

State of Connecticut Department of Social Services School-Based Child Health Program

Training for New School Districts
December 12, 2017

Agenda

- Welcome & SBCH Overview
- Interim Claims, Documentation, and Statistics
- Random Moment Time Study
- Administrative Claiming
- Cost Reporting

Welcome & SBCH Overview

- The budget implementation language for the biennium FY 2018-2019 state budget included legislative language that requires all public LEAs participate in the CT School Based Child Health (SBCH)program.
- The SBCH program provides a share of the Federal Financial Participation or Federal Match to the enrolled districts for services that you are already providing to your students.

Legislative Language on SBCH Participation

- 10-76d (a) (2) Not later than December 1, 2017, each local and regional board of education shall (A) enroll as a provider in the state medical assistance program, (B) participate in the Medicaid School Based Child Health Program administered by the Department of Social Services, and (C) submit billable service information electronically to the Department of Social Services, or its billing agent.
- 10-76d (d) Any such private school, hospital or other institution receiving such reasonable cost of special education instruction by such board of education shall submit all required documentation to such board of education for purposes of submitting claims to the Medicaid School Based Child Health Program administered by the Department of Social Services.

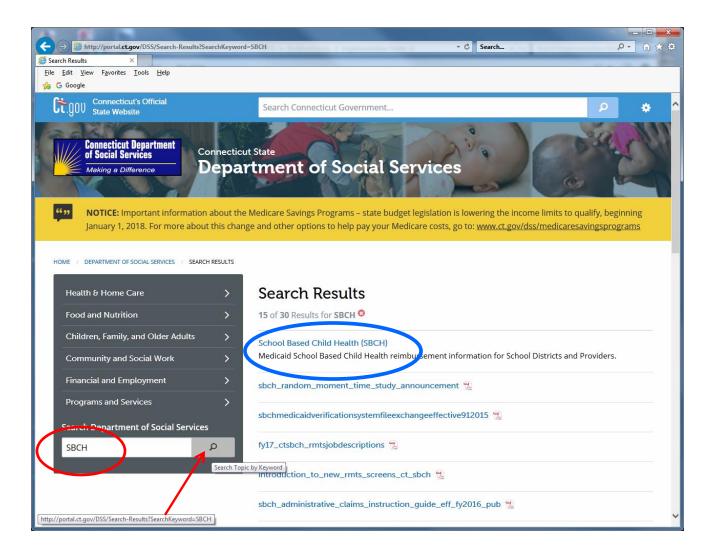
What is School Based Child Health?

- IDEA ensures children between ages 3-21 have available a free appropriate public education and under Part B, school districts must prepare an individualized education plan specifying special education and related services.
- State Plan Amendment (SPA) is the "agreement" between states and CMS for the Medicaid services to be reimbursed by the Federal government.

What is School Based Child Health?

- CT SBCH SPA 16-014, effective July 1, 2016, modified the prior SPA to add Behavior Modification Services, Personal Care Services and included 504 Plans (in addition to the IEPs).
- Other approved SBCH services include: assessments, audiology, behavioral health, nursing, occupational therapy, physical therapy services, and speech/language services.

DSS SBCH Website



SBCH Provider Enrollment

- Steps to enroll in the SBCH program:
 - Obtain an NPI number
 - Enroll with Medicaid
 - Official notice to DSS of enrollment intent, with contacts (as applicable)
- Before claiming can start:
 - Active NPI and Performing Provider ID and
 - Random Moment Time Study (RMTS) participant lists, work schedules, and calendar uploads completed

Timeframes for Claiming

Quarter Start

TS Submission Date (1st Friday)

January 2018

December 2017

April 2018

March 2018

October 2018 *

September 2018

- There is no Time Study conducted in the July through September quarter.
- Please note, given the time constraints, new districts will not be able to complete the required steps to participate and claim for the January 2018 quarter. The next opportunity for claiming and time study participation is April 2018.

SBCH Program Steps

- Enroll as a Medicaid Provider (including obtaining an NPI)
- 2. Participate in RMTS
- 3. Eligibility Lists & Parental Consent
- 4. Perform Medicaid covered services
- 5. Submit billing for those services
- 6. File quarterly Administrative Claims
- 7. File annual Cost Report

Interim Claiming

- For covered services performed throughout the year, enrolled districts will submit claims.
 - These claims will include services performed by:
 District qualified practitioners included in the
 Time Study and Contracted qualified
 practitioners not included in the Time Study.
- In order to report services on the Cost Report, districts must submit interim claims.
 The only exception to this is transportation costs which are an administrative claim submitted with the cost report.

Interim Claiming

- Each month that claims are submitted to DSS, or our agent (Department of Administrative Services), Remittance Advice (RA) are generated.
- The RA results in a monthly payment issued by DSS for 25% of the claim amount, which is half of the Federal Match.

Documentation Requirements

Section 17b-262-220, Documentation and Record Retention Requirements, in the State of Connecticut Regulation of the Department of Social Services concerning requirements for payment for SBCH services states (note, the regulation language below is draft and in the process of being promulgated):

- (a) A permanent service record documenting each SBCH service provided to each Medicaid eligible child shall be maintained by the LEA at which the child is enrolled at the time of service. The permanent service record may be in paper or electronic format, shall provide an audit trail and shall include, but is not limited to:
 - (I) The written evaluation and the results of any diagnostic tests;
 - (2) The child's diagnosis or diagnoses in a manner acceptable to the department;
 - (3) the IEP in accordance with section 10-76d (d) (9) of the Connecticut General Statutes; and
 - (4) progress notes signed by a licensed or certified allied health professional who performed or supervised the services within the scope of his or her practice under law.

Documentation Requirements

Section 17b-262-220

- b) For each date of service, the qualified health care provider shall keep a service record within the child's record containing all of the following:
 - (I) the date of service;
 - (2) the type of service;
 - (3) the units of service;
 - (4) a brief description of the service provided;
 - (5) Whether the service was performed in a group or individual setting; and
 - (6) the signature of the qualified health care provider performing the service.
- c) The LEA shall maintain a current record of the applicable licenses or certificates of practice of all licensed or certified persons performing SBCH services.
- d) The LEA shall maintain all supporting records of costs reported for SBCH services.
- e) All records shall be maintained for at least six (6) years.

Quarterly Statistics

 For claiming purposes, DSS collects statistics on a quarterly basis. The following details are submitted by each enrolled LEA:

Total District Students
Total District Medicaid Students
Total Students with medical(1) services included in IEP's
Total Medicaid Students receiving medical(1) services included in IEP's WITH Parental Consent on file
Total SpEd Students with Transportation
Total Medicaid SpEd Students with Transportation listed in IEP
Total Students with SBCH approved services in 504 Plans
Total Medicaid Students receiving SBCH approved services in 504 Plans with Parental Consent on file
Total Medicaid Students with Transportation listed in 504

- Collection Dates:
 - Data as of I/3/18 due to DSS 2/1/18
 - Data as of 4/2/18 due to DSS 5/1/18

Questions?

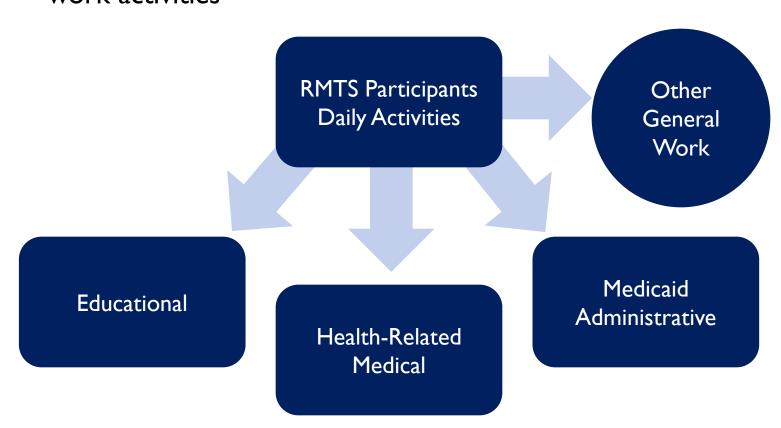
What is RMTS?

The Random Moment Time Study (RMTS) is a statistically valid means of measuring the amount of time that participants spend doing different types of activities by sampling a sub-set of all possible working minutes in time for the group. The results are used for both Administrative Claiming and the Direct Services Cost Report.



What is RMTS?

The Random Moment Time Study categorizes and quantifies work activities



RMTS Overview

How does the Random Moment Time Study work?

- 1. School Districts update all participants quarterly
- 2. Participants are divided into 3 "pools" based on their job description and whether or not they are a qualified Medicaid direct service provider
- 3. From these 3 statewide pools, moments will be selected randomly throughout the quarter. Some participants may not be selected at all in a quarter, and some will be selected more than once
- 4. A moment = one minute of scheduled work time for a participant
- 5. Each participant MUST complete all randomly assigned moments

RMTS Overview

- 6. From the responses, UMass will determine the quarterly percentage of time staff spend performing reimbursable health-related administrative and direct service activities
- 7. Statewide percentages are applied to total salary and fringe benefits expenditures reported by each School District for their participating staff members
 - This is how Medicaid reduces the total claimable expenditure to the amount that is related to performing activities that are reimbursable under the Medicaid program
- 8. Percentages are applied in Administrative Claims and the Direct Services Cost Report

RMTS Overview

Participants are asked to answer the following questions at a random moment (one minute):

- What type of activity were you doing?
- What are you doing?
- Who are you doing it with?
- Why are you performing this activity?

Participants choose a response from a list of answers:

- For each question, a list of pre-defined answers will be provided
- If answers do not apply, participants have the option to type in a response in their own words.

RMTS Time Study Coordinator Role & Responsibilities

The RMTS Time Study Coordinator will perform the activities listed below. To assist Time Study Coordinators with the various deadlines associated with RMTS, a checklist is included in your training packet.

Before the Quarter	During the Quarter
Review System Technical Specifications Document with technical staff	Monitor participation using live reports
Update participant lists, calendars and hours	Communicate with UMMS on participant changes (such as medical leave, unpaid leave, etc.)
Notify participants to complete online training	Answer participant questions pertaining to RMTS
Provide participant training when necessary	

RMTS Steps

- 1. Identify Eligible Participants
- 2. Update Work Schedules
- 3. Update Participant Lists
- 4. Notification of User IDs & Passwords
- 5. Participant Training
- 6. Completing Moments

RMTS Process— Step 1: Identify Eligible Participants

For the RMTS, participants should be identified while considering the following information:

- Contractors are excluded; billing vendors are excluded
- Staff whose salaries are 100% federally funded are excluded
- Participants may only be in 1 of the 3 pools:
 - Administrative only Providers: Staff who complete reimbursable
 Medicaid administrative tasks, such as Medicaid outreach and facilitating
 Medicaid Eligibility and Enrollment or staff that are qualified providers
 who do not submit claims through Medicaid, but perform Medicaid
 reimbursable administrative tasks. These individuals are reasonably
 expected as part of their current job duties to perform Medicaid-related
 administrative activities.
 - Nursing, Psychological & Medical Services Providers, claiming: Staff who are qualified providers that submit claims through Medicaid and retain documentation to substantiate their claiming activities.
 - Therapy Service Providers, claiming: Staff who are qualified providers that submit claims through Medicaid and retain documentation to substantiate their claiming activities.

RMTS Process—Step 1: Identify Eligible Participants

Recommendation for identifying what staff members should be included on the RMTS Participant list

What services does my School District claim for in the Direct Services program?

Who does Medicaid Billing

Who is 'reasonably expected' to perform Medicaid work for my School District? reimbursable Administrative activities?

- Identify the staff who deliver those IEP or 504-prescribed direct medical services to students
- If Medicaid billing is performed by the Medicaid Coordinator, then include them (yourself?) on the RMTS participant list as a "Medicaid Billing" in the medical service providers pool.
- Think about the duties and functions that staff perform, not about their job titles.

- Determine whether they meet the Medicaid qualifications for their service type, and if they do,
- Include them on the RMTS participant list in the appropriate Direct Services cost pool

Medicaid Reimbursable Administrative Activities

- Medicaid Outreach: Performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it;
- Facilitating/Assisting in the Medicaid (HUSKY) Application
 Process: Assisting individuals in applying for;
- Provider Networking/Program Planning/Policy Development, and Interagency Coordination relating to IEP/504-prescribed SBCH covered health services: Performing activities associated with the development of strategies to improve coordination and delivery of Medicaid-covered services to school-age children, and performing collaborative activities with other agencies regarding Medicaid-covered services;
- Individual Care Planning, Monitoring, Training, Coordination and Referral: Making referrals for, coordinating, training on and/or monitoring the delivery of Medicaid-covered services; and
- Arrangement of Transportation and Translation Related to Medicaid Services: Assisting an individual to obtain Medicaidcovered transportation or translation services.

Medicaid Reimbursable Administrative Activities

Key things that are NOT reimbursable:

- I. IEP/PPT or 504 meetings (attending, scheduling, coordinating, taking minutes or notes, filing paperwork related to etc.)
- 2. Writing, editing an IEP/PPT or 504
- 3. Obtaining parental consent
- 4. Chairing an IEP/PPT or 504 meeting
- 5. Educational, vocational, disciplinary, general student supervision services
- 6. Providing, arranging, coordinating, monitoring IEP/PPT or 504 academic accommodation or support services

Potentially Eligible RMTS participants – Administrative only Providers

- Special Education Director, Administrator or Assistant
- Special Education Department Support personnel
- Medicaid Coordinator/Clerk
- Therapy Department Director, Administrator or Assistant
- Therapy Department Support personnel
- Pupil Services Personnel, Director
- Pupil Services Support personnel
- Audiologist, Licensed, Admin only
- Audiologist Assistant, Admin only
- Alcohol & Drug Counselor, Admin only
- Assistive Technology Consultant, Admin only
- Licensed Professional Counselor, Admin only
- School Counselor, Admin only
- Licensed Clinical Social Worker (LCSW), Admin only
- Licensed Hearing Instrument Specialist, Admin only
- Nurse (APRN), Licensed, Admin only
- Nurse (LPN), Licensed, Admin only
- Nurse (RN), Licensed, Admin only
- Behavior Technician, Admin only
- Board Certified Behavior Analyst (BCBA), Admin only
- Board Certified Assistant Behavior Analyst (BCaBA), Admin only

- School Nurse, Admin only
- Occupational Therapist, Admin only
- Occupational Therapy Assistant, Admin only
- Optometrist, Admin only
- Physical Therapist, Admin only
- Physical Therapist Assistant, Admin only
- Physician, Admin only
- Physician Assistant, Admin only
- Psychiatrist, Licensed, Admin only
- Clinical Psychologist, Admin only
- School Psychologist, Admin only
- Naturopathic Physician, Admin only
- Respiratory Care Practitioner, Admin only
- School Social Worker, Admin only
- Speech & Language Pathologist Assistant, Admin only
- Licensed Speech & Language Pathologist, Admin only
- Marital & Family Therapist, Admin only
- School Marriage and Family Therapist, Admin only
- Personal Care Assistant, Admin only

Potentially Eligible RMTS participants- Nursing, Psychological & Medical Service Providers

- Alcohol and Drug Counselor, Claiming
- Licensed Professional Counselor, Claiming
- School Counselor, Claiming
- Nurse (APRN), Claiming
- Nurse (LPN), Claiming
- Nurse (RN), Claiming
- School Nurse, Claiming
- Medicaid Billing
- Optometrist, Claiming
- Physician, Claiming
- Physician Assistant, Claiming

- Psychiatrist Licensed, Claiming
- Clinical Psychologist, Claiming
- School Psychologist, Claiming
- Naturopathic Physician, Claiming
- Licensed Clinical Social Worker, LCSW,
 Claiming
- School Social Worker, Claiming
- School Marriage and Family Therapist, Claiming
- Marital and Family Therapist, Claiming

Potentially Eligible RMTS participants - Therapy Service Providers

- Assistive Technology Consultant,
 Claiming
- Audiometrist, Claiming
- Audiologist, Claiming
- Behavior Technician, Claiming
- Board Certified Behavior Analyst (BCBA), Claiming
- Board Certified Assistant Behavior
 Analyst (BCaBA), Claiming

- Licensed Hearing Instrument Specialist, Claiming
- Licensed Speech and Language Pathologist, Claiming
- Occupational Therapist, Claiming
- Occupational Therapy Assistant, Claiming
- Personal Care Assistant, Claiming
- Physical Therapist, Claiming
- Physical Therapist Assistant, Claiming
- Respiratory Care Practitioner, Claiming

Qualified Provider Title	<u>Qualifications</u>
Advanced Practice Registered Nurse (APRN)	Means a person licensed under section 20-94a of the Connecticut General Statutes
Alcohol and Drug Counselor	Means a person licensed or certified pursuant to section 20-74s of the Connecticut General Statutes
Assistant Behavior Analyst, Board Certified	Means a person who has been certified as an assistant behavior analyst by the Behavior Analyst Certification Board as provided in section 20-185(3) of the Connecticut General Statutes
Audiologist	Means a person licensed to practice audiology pursuant to section 20-395c of the Connecticut General Statutes
Audiology Assistant	Has the same meaning as provided in section 20-395a of the Connecticut General Statutes
Behavior Analyst, Board Certified	Means a person who has been certified as a behavior analyst by the Behavior Analyst Certification board as provided in section 20-185i(2) of the Connecticut General Statutes
Behavior Technician	Means a person with a bachelor's degree in a behavioral health field, behavior analysis or related field, plus one year of full-time equivalent providing ASD treatment services, or have an associate's degree in a behavioral health field, behavior analysis or related field, plus two years of full-time equivalent providing ASD treatment services

Qualified Provider Title	<u>Qualifications</u>
Licensed Hearing Instrument Specialist	Has the same meaning as provided in section 20-396 of the Connecticut General Statutes
Clinical Psychologist	Means a person licensed pursuant to section 20-188 to the Connecticut General Statutes
Licensed Clinical Social Worker (LCSW)	Means a person licensed pursuant to section 20-195n of the Connecticut General Statutes
Licensed Hearing Instrument Specialist	Has the same meaning as provided in section 20-396 of the Connecticut General Statutes
Licensed Practical Nurse (LPN)	Means a person licensed pursuant to section 20-96 of the Connecticut General Statutes
Licensed Professional Counselor	Means a person licensed pursuant to section 20-195dd of the Connecticut General Statutes
Licensed Speech and Language Pathologist	Has the same meaning as provided in section 20-408 and 20-410 of the Connecticut General Statutes
Marital and Family Therapist	Means a person licensed pursuant to section 20-195c of the Connecticut General Statutes
Naturopathic Physician	Means a person licensed pursuant to section 20-37 of the Connecticut General Statutes

Qualified Provider Title	<u>Qualifications</u>
Occupational Therapist	Means an individual licensed pursuant to section 20-74b or section 20-74c of the Connecticut General Statutes
Occupational Therapy Assistant	Has the same meaning as provided in section 20-74a of the Connecticut General Statutes
Optometrist	Means a person licensed pursuant to Chapter 380 of the Connecticut General Statutes to practice optometry as delineated in subsections (a) (1) and (2) of the section 20-127 of the Connecticut General Statutes
Personal Care Assistant	Means a person performing activities of daily living or instrumental activities of daily living, as defined in 42.CFR.440.167
Physical Therapist	Means a person licensed pursuant to 20-70 or 20-71 of the Connecticut General Statutes
Physical Therapist Assistant	Has the same meaning as provided in section 20-66 of the Connecticut General Statutes
Physician	Means a person licensed pursuant to section 20-13 of the Connecticut General Statutes

Qualified Provider Title	<u>Qualifications</u>
Physician Assistant	Means a person licensed pursuant to section 20-12b of the Connecticut General Statutes
Respiratory Care Practitioner	Has the same meaning as provided in 20-162n of the Connecticut General Statutes
Registered Nurse (RN)	Means a person licensed to practice nursing pursuant to subsection (a) of section 20-87a of the Connecticut General Statutes
School Counselor (includes previously Certified Guidance Counselors)	Means a person certified by the State Department of Education pursuant to 10-145d-556 to 10-145d-558, inclusive, of the Regulations of Connecticut State Agencies
School Marriage and Family Therapist	Means a person certified by the State Department of Education pursuant to 10-145d-556b to 10-145d-566f, inclusive, of the Regulations of Connecticut State Agencies
School Nurse	Means a person certified by the State Department of Education pursuant to sections 10-145d-548 to 10-145d-550, inclusive, of the Regulations of Connecticut State Agencies

Qualified Provider Title	<u>Qualifications</u>
School Psychologist	Means a person certified by the State Department of Education pursuant to sections 10-145d-560 to 10-145d-562, inclusive, of the Regulations of Connecticut State Agencies
School Social Worker	Means a person certified by the State Department of Education pursuant to section 10-145d-564 to 10-145d-566, inclusive, of the Regulations of Connecticut State Agencies
Speech and Language Pathologist Assistant	Means a person providing assistance to a speech and language pathologist pursuant to subsection (5) of section 20-413 of the Connecticut General Statutes

SBCH Covered Health Services

Direct medical (physical, mental or behavioral) care services are covered under the SBCH program when:

- Service was provided by a Medicaid qualified direct service practitioner acting within the scope of practice of their license for the service performed
- Service was provided pursuant to the documented "prescription" for medically necessary services in the service delivery needs section of the student's IEP or 504 plan
- Evaluations for services not currently prescribed in a student's IEP or 504 are covered when they result in a determination that the student is eligible for services
- The student is enrolled in Husky Healthcare on the date of service
- The servicing practitioner has been included in the correct direct medical services cost pool in the RMTS.

SBCH Covered Health Services

SBCH Covered Health Service Category (Individual/Group/Family)	SBCH Health Service Description
Assessment	Evaluation conducted to determine a child's health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purposes of determining educational recommendations.
Audiology	Hearing Screening; Hearing Service
Behavioral Health Services (Psychological & Counseling Services)	Psychiatric Diagnostic Evaluation with Medical Services; Psychological Testing with Interpretation and report; Psychiatric Diagnostic Evaluation; Psychotherapy
Behavior Modification Services (Applied Behavior Analysis)	Face-to-face service providing redirection and modeling of appropriate behaviors in order to enhance the student's functioning within their home or community.
Clinical Diagnostic	Unlisted Chemistry Procedure
Medical Services	Medical diagnostic and evaluative services recommended by the PPT to determine the child's medically related disability as approved by a licensed practitioner of the healing arts.

SBCH Covered Health Services

SBCH Covered Health Service Category (Individual/Group/Family)	SBCH Health Service Description
Nursing Services	RN Services; LPN/LVN Services
Optometric Services	Vision Services
Occupational Therapy	Occupational Therapy Evaluation; Therapeutic Exercised to Develop Strength and Endurance, Range of Motion, Flexibility
Personal Care Assistance	Physical assistance with ADLs and IADLs.
Physical Therapy	Physical Therapy Evaluation; Therapeutic Exercised to Develop Strength and Endurance, Range of Motion and Flexibility
Respiratory Care Services	Therapeutic Procedures to Increase Strength or Endurance of Respiratory Muscles; Therapeutic Procedures to Improve Respiratory Function
Speech Language	Evaluation of Speech Fluency; Evaluation of Speech Sound Production; Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression; Behavioral and Qualitative Analysis of Voice and Resonance; Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder

- 1. Participants should only be selected for moments at times when they are working
- 2. This is accomplished by associating participants with an accurate work schedule



Group staff who share common working days and hours into a single 'Work Schedule'

Staff Name	Job Description	Work Location	Hours	Works School Vacation Wks?	School Year or Year-round?
Amy Apple	Nurse	Elem. School	M-F 7:30 - 3:00	No	School Year
Betty Banana	Social Worker	High School	M-F 7:30 - 3:00	No	School Year
Carla Carrot	PT	Middle School	M-F 7:30 - 3:00	No	School Year
Cara Cucumber	OT	Middle & H.S.	Tue/Thu 7:45 - 3:15	No	School Year
Denise Date	PCA	Elem. School	M-F 7:35 - 3:05	No	School Year
Louise Lettuce	Nurse	Middle School	M-F 7:30 - 3:00	No	School Year
Mary Melon	Audiologist	All Schools	Tue/Thu 7:50 - 3:20	No	School Year

Look for common schedules

- Schedule A: M-F 7:30 3:00 for Amy, Betty, Carla, Denise & Louise
- Schedule B: Tue/Thu 7:45 3:15 for Cara & Mary

RMTS Process – Step 2: Establishing Work Schedules

It is important when determining Participant and/or Work Schedule Groups to realize that the hours for available moments are based upon the work hours of staff, not the school hours.

Some suggestions in considering groups are to group by school name, work schedule (such as "M-W-F 10-2"), or groups of people within the district that have the same title and same schedule.

- Examples for 'school' (list each school separately if each has various start and end times):
 - Elm Street School
 - Oak Avenue School
- Examples for 'group' (group school together if multiple schools have the same start/end times):
 - All elementary schools
 - All Middle Schools
 - All High Schools

All calendar entry (or changes) must be completed in the RMTS system no later than the first Friday of the month preceding the start of each quarter.

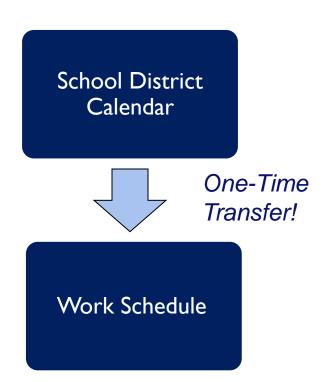
Time Study Quarter:	Calendar Entry/Edit Deadline:
October 1 – December 31	First Friday of September
January 1 – March 31	First Friday of December
April 1 – End of School Year	First Friday of March

Prior to each RMTS quarter, complete the following tasks:

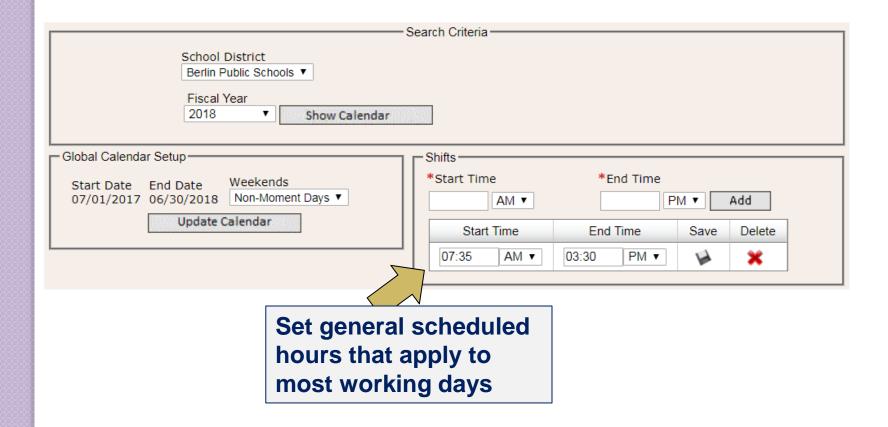
- I. Annually: Enter School District wide calendar days and shifts
- 2. Quarterly: Create new work schedules, if necessary; Enter or edit work schedules as needed (days and shifts)
- 3. Review system-generated reports to ensure the accuracy of work schedules

Calendar Hierarchy

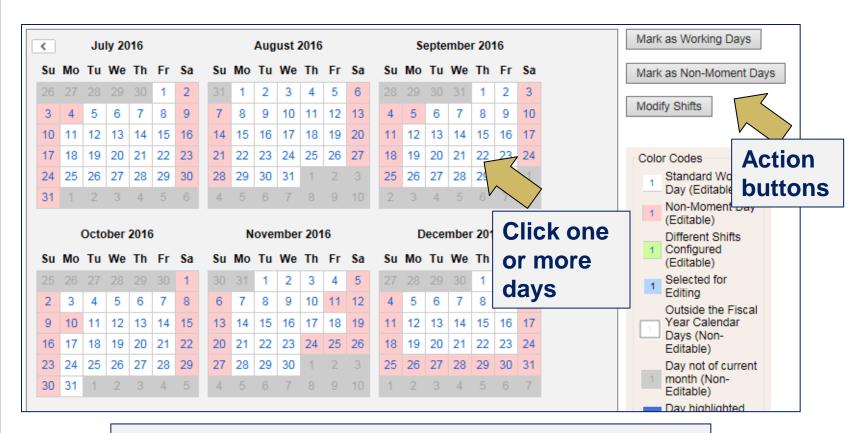
- The calendars work in a hierarchical order. School District-wide holidays and non-working days should be entered into the School District calendar first.
- 2. When Work Schedule calendars are generated they will be pre-populated with the School District holidays and days off.
- 3. This <u>only works once</u>, at the exact time that the work schedule is initially generated for the year.



Calendar Screen Example – Global Information Section (Top):



Calendar Screen Example – Detail Daily Calendar (Bottom):



Click on one or more days, then select an Action

Check your work!

- I. Review system-generated reports to ensure the accuracy of Work Schedules
 - Calendar Data Entry Report
 - Calendar Date Entry Summary Report
- 2. Review system-generated reports to make sure all staff have been associated with the correct schedule
 - RMTS Participant Export/Extract



Complete all required fields for each participant:

- Employee ID: Up to 15 characters
- First/Last Name/ Email address of participant
- Job Description: Choose appropriate description from drop-down list
- FF%: Federally funded percentage. Indicate the portion of the person's salary paid with federal funds.
- Work Schedule Name
- Up to three supervisor's emails this is optional, but recommended
- Actual Job Title used within the district

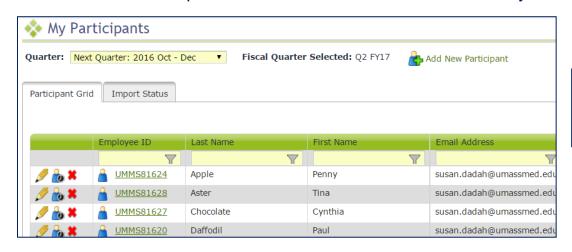
Emplo	/ee				Fed			
ID	Last Name	First Name	Email Address	Job Description	Fund %	School/Group	Supervisor Email #1	Actual Job Title
	200 Blue	Mary	Mblue@yahoo.com	Registered Nurse, Claiming	0% l	Jpper Elementary	Bobsuper@yahoo.com	RN
	201 Doe	Joe	Jdoe@yahoo.com	Speech/Language Therapist, Claiming	20% E	lementary	Bobsuper@yahoo.com	SLP
	202 Gold	Jane	Jgold@yahoo.com	Physical Therapist, Claiming	2% I	High School	Bobsuper@yahoo.com	PT
	203 Red	Ann	Ared@yahoo.com	Special Education Support Personnel, Admin Only	0% /	Administration	Bobsuper@yahoo.com	Special Services Secretary



RMTS Participant information must be updated and marked 'complete' in the system no later than the first Friday of the month preceding the start of each quarter.

Time Study Quarter
October 1 – December 31
January 1 – March 31
April 1 – June 30

Participant Entry/Edit Deadline
First Friday of September
First Friday of December
First Friday of March



Use the '*My Participants*' screens to make updates

RMTS Process— Step 3: Updating Participant List

Use the My Participants online screens to:

- Add new participants
- Inactivate participants who will no longer be participating or have left employment
- 3. Re-activate a previous participant who is returning
- 4. Edit/Update participant information

Note: Refer to the Instruction Guide for detailed steps.



For your first quarter in the program, all staff identified for the time study will receive "welcome" emails from Umass approximately 10 days prior to the start of the quarter.

- Participants will receive an email that includes their User ID, temporary password and the URL for the system.
- The selection of moments and participants is random. Some participants will receive no moments, some will receive one and some will receive multiple moments during each quarter.
- Participants will receive an email at the moment(s) they have been selected for.

RMTS Process - Step 5: Participant Training

It is a CMS requirement that all RMTS participants be trained annually on their role in the SBCH program and how to respond to any moments which may be assigned to them.

- Participants are required to complete a short training video. It is recommended that they go ahead and view the training when they receive their User ID to avoid any 'last minute' problems when they are selected for a moment.
 - The RMTS system tracks participant training
 - Live online training tracking reports are available to RMTS Coordinators
 - Participants are reminded that training is required each time they login to the system if they have never completed training, or if it has been more than 365 days since they last completed training.
- If the district RMTS Coordinator conducts a group training session where the required RMTS training video is included in the training, email your attendance list to UMass.
 - UMass will record training attendance in the system for each participant listed.
 - Live online training tracking reports will reflect that the training was completed.

Moments are answered online in the web-based system which is available 24/7/365.

- Participants complete the RMTS by providing answers to the following questions at their randomly assigned moment and certifying their responses:
 - What type of activity were you doing?
 - What are you doing?
 - Who are you doing it with?
 - Why are you performing this activity?
- It is important to note that when staff participate in the RMTS, staff do not need to know whether the activities they are performing involve children covered by Medicaid. The RMTS process is not concerned with the Medicaid-coverage status of students. The focus of the RMTS is on the type of activities that staff members are carrying out (IEP/504 health related, educational, administrative, etc.) regardless if the children benefitting from the activities/services are Medicaid-covered or not.

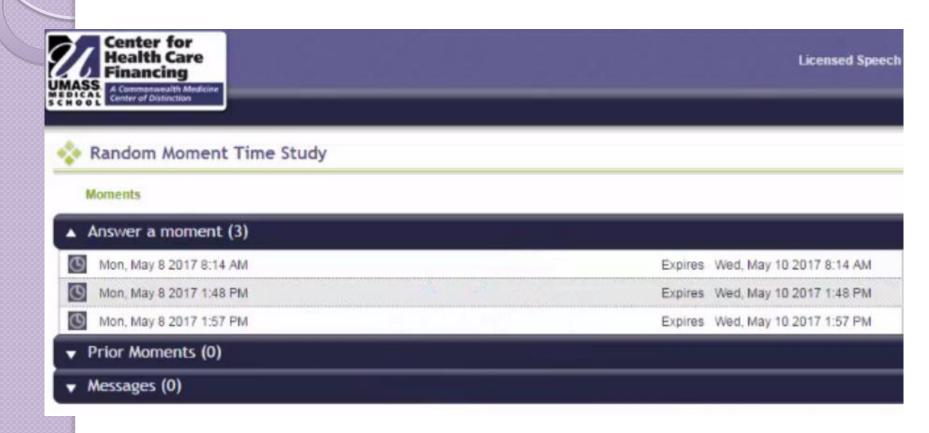
Participants will receive reminder emails as follows:

- At the moment.
- 4 hours after the moment time
- 24 hours after the moment time
- 28 hours after the moment time (with a cc to the supervisor indicated)
- 12 hours prior to the expiration time (with a cc to the supervisor indicated)

After two (2) school days, the participant will no longer be able to complete or edit their moment.

RMTS Moments can be accessed from any internet-ready device, including cell phones, tablets and i-pads.

Please note, CMS requires a 10% validation sample on completed moments. This is conducted by DSS and is typically sent to TS Coordinators after the quarter ends. Additional documentation showing the RMTS activity is required to be submitted or the moment is not validated.







Answer Moment Questions

Mon, May 8 2017 8:14 AM

Question 1 of 4

What type of activity were you doing?

- Providing or Documenting OT, PT, Speech, Audiology, Psych, Medical Evaluation, Counseling, Nursing completing Medicaid billing
- Completing initial evaluations or re evaluations, including testing, assessment and related paperwork
- Educational Activities (including general student supervision)
- Meetings regarding the Medicaid/Husky program, health issues or Education issues including IEP and
- Training or Professional Development



Review Your Answers

Mon, May 8 2017 8:14 AM

Q: What type of activity were you doing?

A: Providing or Documenting OT, PT, Speech, Audiology, Psych, Medical Evaluation, Counseling, Nursing completing Medicaid billing

Q: What were you doing?

A: Providing OT, PT, Speech, Audiology, ABA or Nursing services in the IEP and/or 504 under the scope of

Q: Who were you working/interacting with? Please do not use actual names.

A: Student(s)

Q: Why were you performing this activity?

A: Prescribed in IEP and/or 504

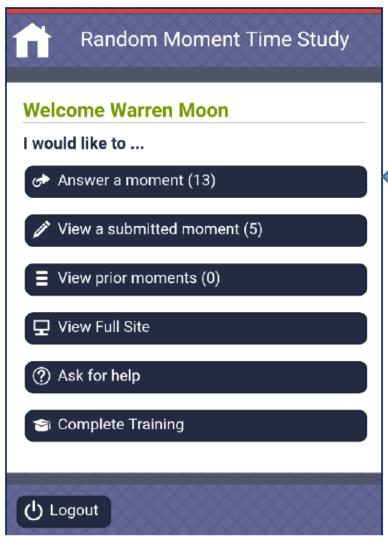
I certify that the answers submitted are accurate and complete.

Previous

Start Over

Submit

Mobile device version:



Change of Status Requests

When to submit a Change of Status request?

- After moments have been generated, during the quarter
- As soon as you become aware of the change, but no later than 5 business days after the close of the quarter
- The participant is not able to complete their moment due to:
 - Leave of Absence
 - Termination from employment
 - No longer appropriate to participate in the RMTS due to a job position change or change in their federal funding status
 - Other circumstances when the participant was not at work at the time of their moment and also did not work at any time during the 'grace period'

NOTE: If a participant was not at work at the time of their moment, but **does** return before the expiration of the assigned moment, **they are expected to answer the moment.** They will indicate that they were not working at the time of the moment.

Change of Status Requests

When NOT to submit a Change of Status request?

- At the beginning of the new school year, staffing changes that occurred over the summer (when there was no RMTS conducted)
 - When updating the Q2 (effective October Ist) participant list, do not submit a Change of Status request for any staffing changes that occurred between the end of last school year and September 30th. Make these changes to Participant data that will be submitted for Q2.
- If the participant was working at the time of their moment, or at any time during the 'grace period'
- When there is an inclement weather school closing which affects all participants, not just an individual participant
 - In case of extended, unplanned school closings that impact many or all participants, email UMMS at <u>SchoolBasedClaiming@umassmed.edu</u> for assistance

Change of Status Requests

How do I submit a Change of Status request for a Leave of Absence where the pay status or return to work date are undetermined?

Submit the Leave of Absence Request with as much information as is available. As soon as the missing information is determined, access the original request and add the information

- Reminder email notifications will be sent periodically until the missing information is submitted
- All unknown information must be 'resolved' no later than five (5) days after the end of the quarter, or the request will not be processed

RMTS Compliance Reporting

CMS requires a statewide compliance rate of 85%. If this is not met there may be a penalty. Updates regarding this requirement will be shared when they are available.

School districts and UMMS will monitor the compliance rate throughout the quarter.

- Using real-time online reports
- RMTS contacts and supervisors are copied on late emails

Sample reports are shown on the following slides.



Center for Health Care Financing MASS, Conversed Indian	A MISSION-DRIVEN APPROACH TO COST-I	EFFECTIVE HEALTH CARE	My Profile Home Logoff
Administrative Claiming	AAC Reports		
Reports		Administrative Activity Claim Reports	
	Random Mo	ment Time Study Reports	
		RMTS Participant Moment by Date Report	
		RMTS Participant Moment Not Completed Report	
		RMTS Participant Moments Completed Report	
		RMTS Compliance Report	

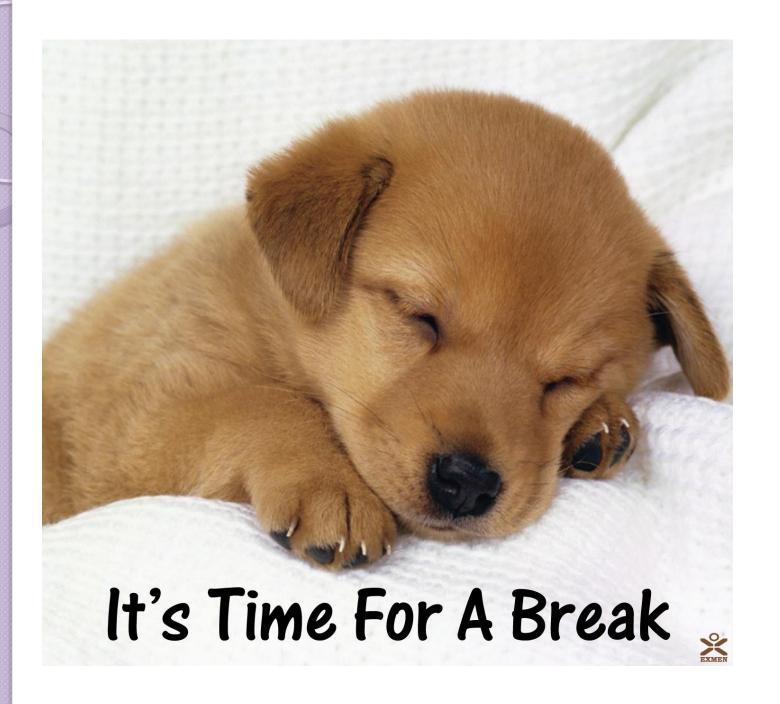
Center for Health Care Financing UMASS, A Commonsell Multing Control (2001) Control	A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE		My Profile Home Logoff
 Administrative Claiming 	AAC Reports		
Reports	RMTS Participant Moment by Date Report		
	State : CT-SBCH ▼		
	Year: 2014 ▼	Quarter : Fourth Quarter ▼ Refresh	
	School District: ABC School District ▼		
	Job Position : ALL		
	*Start Date : 4/10/14 •	*End Date : 4/20/14	
	% of Moments to be reviewed :		
		View As Excel	,
		Back to Reports	

RMTS Reports

Sample Participation Compliance Status Report

73	
RMTS Participation Compliance Status Report	
Run Date:	06/26/2014
Run Time:	08:07 AM ET
State:	CT
School District:	School ABC
Year:	2014
Quarter:	4
Job Code:	1
Total Number of Moments for quarter:	18
Number of Moments occurred to date:	18
Number of Moments completed to date:	12
Number of Moments "Left/LOA" for quarter:	0
Number of Moments "Left/LOA" to date:	0
Number of Moments not completed and expired:	6
Number of Moments not completed and not expired:	0
Compliance Tracking To Date:	
(Number of Moments Completed to date) / (Number of moments Occurred to	66 67 %
Date - "Left/LOA" to date):	00.07 /0
End of Quarter Compliance Rate:	_
(Number of Moments completed to date) / (Total Number of Moments for	66.67 %
quarter - Number of Moments "Left/LOA" for quarter):	
Job Code:	5
	_
Total Number of Moments for quarter:	
Number of Moments occurred to date:	
Number of Moments completed to date:	
Number of Moments "Left/LOA" for quarter:	
Number of Moments "Left/LOA" to date:	
Number of Moments not completed and expired:	
Number of Moments not completed and not expired:	U
Compliance Tracking To Date:	
Compliance Tracking To Date: (Number of Moments Completed to date) / (Number of moments Occurred to	,
(Number of Moments Completed to date) / (Number of moments Occurred to (Date - "Left/LOA" to date)	84.21 %
Dute LenyLon to dute).	
End of Quarter Compliance Rate:	
(Number of Moments for	
quarter - Number of Moments "Left/LOA" for quarter):	84.21 %
quantity is	
Job Code:	3
	_

Questions?



What is Administrative Claiming?

Medicaid Administrative Claiming provides partial reimbursement for the work that schools do in partnership with the Medicaid program to

- Identify and inform eligible and potentially eligible individuals about
 Medicaid and how to access the program
- Assist parents, students and families in applying for Medicaid
- Develop programs to address healthcare needs of students
- Make referrals for, coordinate or monitor the delivery of healthcare services, including services outside of school
- Assisting students and families in accessing healthcare, including arranging for translation/interpretation services in a healthcare setting and arranging for transportation to receive Medicaidcovered services for students with special needs

How does the RMTS relate to Administrative Claiming?

The Random Moment Time Study categorizes and quantifies work activities

RMTS Participants Other **Daily Activities** General Work Medicaid Administrative Health-Related Medical

Educational

How does the RMTS relate to Administrative Claiming?

Cost-Based Administrative Reimbursement High-Level Overview:



Administrative Claiming Due Dates

School Districts file quarterly Administrative Activity Claims

Claim Quarter	Quarter Dates	Approval Deadline	C.P.E. Deadline
QI	July I – Sept 30	October 31	November 15
Q2	Oct I – Dec 31	January 31	February 15
Q3	Jan I – Mar 31	April 30	May 15
Q4	Apr I – June 30	July 30	August 15

- All 4 quarterly Administrative claims must be filed no later than October 31st following the end of each fiscal year.
- All claims and cost reports are submitted electronically, online using a web-based system developed by the University of Massachusetts Medical School
 - Available 24 / 7 / 365 with User ID and password
 - All calculations are performed by the system automatically

Administrative Claiming

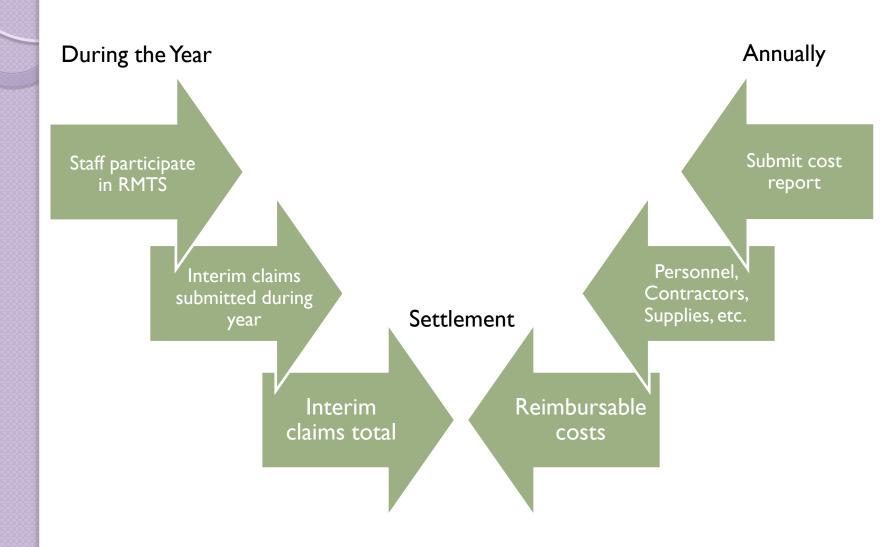
- Training on the details and steps for filing Administrative claims will be provided when it is closer to the time when a first quarterly claim could be filed.
- Detailed Instruction Guide is available.

Questions?

Cost Reporting Overview

 The SBCH rate methodology approved by CMS reflects the certified public expenditure model. This model requires the DSS to annually reconcile and settle the interim payments issued and the actual costs incurred by districts to provide SBCH program covered services to Medicaid covered students enrolled pursuant to students' Individualized Education Program (IEP) or within a Section 504 Plan (effective July 1, 2016).

Cost Report Overview



Timelines

School districts must designate a 'cost report preparer' who will be given access to the cost report system

- Complete cost report contact form & e-mail or fax it to UMass
- Designee will receive a User ID and password
- Cost reports are submitted online, using the web-based system: https://cbe.chcf-umms.org/CR/Reports

Filing Timelines:

- I. Cost reports will be available by December 1st
- 2. Cost reports must be completed by June 30th

Random Moment Time Study

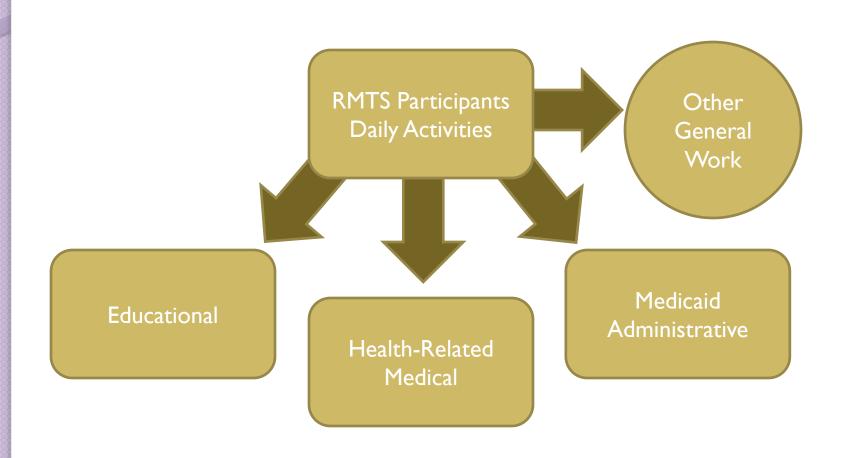
- DSS uses RMTS to track the percentage of time staff has devoted to Medicaidcovered medical services or Medicaid Administrative services
- Staff are divided into 3 pools, based on their job functions







Random Moment Time Study



Direct Service Interim Claims

- Interim Claims must be submitted within one year from the date services were provided to comply with timely filing guidelines.
- Districts are encouraged to submit interim claims at least quarterly to avoid possible missed claim submissions.
- All Medicaid covered services provided to eligible students by qualified program providers whose costs are included on the cost report must be documented as required by Medicaid, Connecticut state statute, and program record retention policies.

Medicaid Eligibility Rate

- The district-specific Medicaid Penetration Rate (IEP/504 Rate) is calculated using the average of all 4 quarterly eligibility matches based on student enrollment, and is applied to determine the Medicaid allowable direct services costs.
- This data is entered by DSS.

Indirect Costs

- Indirect Costs are calculated by applying 10% de minimis rate to direct costs or, if a district submitted a request to the State Department of Education for an Authorized Indirect Cost Rate, apply to direct costs the approved unrestricted rate.
- **Note:** Districts indicating an Authorized Indirect Cost Rate must upload a copy of the letter provided by the State Department of Education indicating the rate with the dates of authorization for the rate to be used. Failure to provide supporting documentation will result in no indirect cost rate being applied.

Personnel Costs

Salary & employer paid fringe benefit costs of employees who:

- I. Provided Medicaid-covered health-related services
- 2. Provided services that were authorized by an IEP or 504 licensure qualifications
- 3. Participated in the RMTS in the appropriate Direct Service Pool
- 4. Staff whose salary was 100% paid from federal funds (or were paid from state/local funds as a required match for a federal grant) must be excluded from the cost report.

NOTE: These costs must be consistent with Super Circular 2 CFR Part 225: Cost Principles for State, Local and Indian Tribal Governments (New OMB Circular A-87) and should reconcile to expenditures reported to the State Department of Education on the ED001 Report, excluding any non-Medicaid/non-SBCH expenses.

Personnel Costs

- UMass will pre-populate your Cost Report with personnel expenditure data submitted in your quarterly Administrative Activity Claims for all claims submitted, certified and approved by DSS.
- Where claim data is not available, RMTS participant data will be populated.

Adding Personnel Costs

- Personnel Costs may be added directly in the Cost Report system if:
- Costs were not pre-populated in the cost report for the quarter(s) because Administrative claims were not filed
- An error or omission was made at the time of the Administrative Claim(s)
- Quarter I costs need to be added for a new hire at the beginning of the year who participated in the RMTS as of IO/I

Reimbursable Personnel Costs



Contractor Costs

Reimbursable Contractor Costs

- I. Contractors who perform Medicaid covered Direct Medical Services are not included in the RMTS
- 2. Contractor costs for direct medical service providers may be included in the Cost Report
- 3. School Districts must submit direct service claims for the services provided by contractors in order for their costs to be reimbursable
- 4. Report the invoice amount paid for services provided during the reporting period as the 'salary' cost for each contractor
- 5. Contractor costs are reported by individual practitioner, not rolled up by agency. (Hint: Request itemized invoices from agencies)

Contractor Costs

Reimbursable Contracted Medicaid Billing Costs

- I. If your district uses a billing agency/vendor/contractor, the costs for their work to do Medicaid Billing can be included in the cost report only if:
 - a. Only costs related to Medicaid Billing can be included (i.e. costs related to the provision of IEP software or other educational work must be excluded)
 - b. Costs may only be included if the contractor/agency/vendor is NOT paid on a contingency fee basis (i.e. if you pay them a percentage of your claims/reimbursement, you cannot include this expenditure).

Non-Personnel Costs

Expenditures may be included for non-personnel items that are used by the direct service providers and Medicaid billing personnel for whom costs are being claimed in the cost report only if used exclusively for direct health care services.

- Medical Supplies & Materials: Enter the total annual non-personnel costs for Medical Supplies & Materials that were used exclusively for direct medical care
- Purchased Property Services: Enter the total annual non-personnel costs for Purchased Property Services that were used exclusively for direct medical care
- Other Expenditures: Enter the total annual nonpersonnel costs for Other Expenditures that were used exclusively for direct medical care

NOTE: All expenditures claimed must reconcile to the ED001 report, excluding non-Medicaid/non-SBCH expenses.

Transportation – Eligibility Statistics

- Transportation Eligibility Statistics must be supported by your Transportation Logs and School District Transportation Submission Detail Worksheet.
- DSS will confirm that the statistics entered match the previously submitted data.
- Report the following statistics:
 - Total Students Transported by Specialized Buses
 - Total Students with Specialized Transportation in their IEP
 - Total Medicaid Students with Specialized Transportation in their IEP.

Transportation Personnel Costs

- Include salary and benefit costs for bus drivers and bus monitors who were employed by the district and provided specialized transportation services.
- Exclude staff members whose salary was 100% paid from federal funds (or were paid from state/local funds as a required match for a federal grant)
- Indicate whether the staff member's costs claimed are 100% directly allocated to specialized transportation
 - Enter "Yes" if the costs claimed are exclusively attributable to working on specialized transportation buses,
 - or "No" if the costs claimed are only partially attributable to working on specialized transportation buses.

Transportation Contractor Costs

- Include costs for contracted bus drivers and bus monitors who were provided specialized transportation services.
- Costs are reported by individual contractor within an 'agency'
- At least some portion of the cost was paid from State/Local funds (which were not a required match for a federal grant)
- Indicate whether the contractor's costs claimed are 100% directly allocated to specialized transportation
 - Enter "Yes" if the costs claimed are exclusively attributable to working on specialized transportation buses,
 - or "No" if the costs claimed are only partially attributable to working on specialized transportation buses.

Transportation Non-Personnel Costs

- Costs for non-personnel specialized transportation services/expenses can be claimed:
 - Fuel
 - Repair and Maintenance
 - Insurance
 - Rentals
 - Contract Vehicle Use
- Indicate whether the costs claimed are 100% directly allocated to specialized transportation

		Directly Allocated to Specialized Transportation?	Portion of Expenditure Allocated to Specialized Transportation
			0.00%
Fuel:	\$36,050.00		\$0.00
Repair and Maintenance:	\$22,980.00	\checkmark	\$22,980.00
Insurance:	\$12,684.00	✓	\$12,684.00
Rentals:	\$0.00		\$0.00
Contract Vehicle Use:	\$0.00		\$0.00

Cost Reporting Hints & Tips

- Track Medicaid IEP/504 students, services prescribed, and services delivered
- Make sure parental consent is obtained to bill from day one
 - Parental consent is required for billing for services delivered
 - The billing process begins after parental consent is signed
 - Consider adding parental consent to the IEP/PPT conference
- Ensure billing is performed for all qualified services delivered
- Ensure rejected claims are corrected and resubmitted, if appropriate
- 5. Ensure that all expenditures claimed reconcile to your State Dept. of Education ED001, excluding any non-Medicaid, non-SBCH expenditures

Questions?

Key Take-Aways

- Start the Provider Enrollment process, including applying for an NPI
- Identify a Medicaid Coordinator to take responsibility for the program in your district
- Determine what internal district processes and procedures need to be utilized/developed to support Interim Claiming?
 - Do you plan to hire a billing agent / vendor?
 - What services do you have Medicaid qualified staff for that you could start claiming for?
 - What service documentation processes/procedures are in place that can be leveraged for Medicaid claiming?
- Determine what staff members are appropriate for participation in the Random Moment Time Study
 - Start gathering staff work schedules and making plans for staff communication and training

Questions

- Technical assistance related to Administrative Activity Claims, the Random Moment Time Study, or the Cost Report application will be provided by UMMS:
 - I-800-535-6741 Monday Friday 7:30am 7:30pm
 - SchoolBasedClaiming@umassmed.edu
- Program assistance regarding Interim Claims, allowable expenditures and other program guidance is provided by DSS:
 - (860) 424-5386
 - DSS.SBCH@ct.gov