LEA Medi-Cal Billing Option Program Random Moment Time Study (RMTS)

Quick Profile

The Department of Health Care Services (DHCS) is working on the design and development of a new Random Moment Time Study (RMTS) for direct services provided through the LEA Medi-Cal Billing Option Program. This page provides an **overview of RMTS and highlights RMTS areas and topics that impact LEAs** participating in the Medi-Cal Billing Option Program. Further information will be provided as the new RMTS is developed and as stakeholder feedback is collected.

DHCS welcomes input from stakeholders on RMTS implementation issues and encourages comments be submitted using our <u>Stakeholder Feedback Tool</u>. The RMTS Implementation Advisory Group (IAG), comprised of a limited number of technically qualified representatives who are working with DHCS on RMTS implementation issues, will consider all submitted input from LEAs and other stakeholders throughout their meeting calendar. This calendar is meant to be short-term – the IAG suggests no one wait to submit comments.

Why is DHCS moving to RMTS for the LEA Medi-Cal Billing Option Program? What is RMTS?

As a term and condition of DHCS' resolution to the School-Based Medi-Cal Administrative Activities (SMAA) program deferral, **DHCS agreed to implement a combined cost allocation methodology** for the SMAA and LEA Medi-Cal Billing Option Programs. The Center for Medicare & Medicaid Services (CMS) requires DHCS to submit a State Plan Amendment (SPA) no later than September 30, 2015 that includes RMTS for the LEA Medi-Cal Billing Option Program. CMS is requiring that the LEA Medi-Cal Billing Option Program transition to the use of a RMTS as a component of the Medicaid reimbursement methodology.

The RMTS is a federally approved, web-based, and accepted statistical sampling method that will be used to capture the amount of time spent providing **direct services** to students by qualified health service practitioners that participate in the LEA Medi-Cal Billing Option Program. Administrative activities related to the provision of direct services are also captured through the RMTS in the SMAA program (see Program Integration). The RMTS will be conducted quarterly during the school year, excluding the summer quarter.

What is a random moment?

A random moment consists of one minute of work time for a preidentified eligible school district employee. School district staff that are identified and participate in RMTS will be referred to as time study participants (TSPs). Both the moments and TSPs are chosen at random during each quarter in which an RMTS is conducted. The RMTS method provides a statistically valid means of measuring the work effort of an entire group of TSPs by sampling and analyzing a randomly selected cross-section of the group. Due to the random nature of the RMTS methodology, there is a possibility that a particular TSP may or may not receive one or more RMTS moments in a given quarter.

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When will the LEA Billing Option Program RMTS begin?

CMS requires that DHCS submit their SPA no later than September 30, 2015, but has not mandated an RMTS implementation date for the LEA Program. DHCS will work with CMS to determine the implementation calendar and will keep LEAs informed as information from CMS becomes available.

Potential Program Integration

It is anticipated that, the existing SMAA RMTS would be revised to ensure that it captures time spent by LEA Medi-Cal Billing Option Program direct health service practitioners, in addition to SMAA participants. DHCS will work with CMS to determine LEA Program integration details and will keep LEAs informed as information becomes available.

Direct Billing and Claiming

LEAs will continue to be responsible for completing and submitting claims to Medi-Cal throughout the year as direct services are provided to Medi-Cal eligible students. RMTS does not eliminate interim claiming and cost reporting, nor does it eliminate interim reimbursement to LEAs based on direct billing for services rendered. The Billing Option Program's Cost and Reimbursement Comparison Schedule (CRCS) report will be modified to accept RMTS results (the percent of time providing direct health services, which will effectively replace the existing CRCS' claims-based estimates and time components), but LEAs will continue to report salaries, benefits and other costs for their direct health service practitioners on an annual basis in a cost report. The results of the RMTS are the basis for the calculation of the direct services percentage, which will be used during the cost reporting process to allocate costs to the Medi-Cal Program.

The **timing** of new cost reporting formats, instructions and training have not yet been established, and will depend on the final LEA Medi-Cal Billing Option Program RMTS implementation calendar (note above "When will the LEA Billing Option Program RMTS begin?")

Service Documentation

Qualified rendering practitioners will continue to document the delivery of direct services. The RMTS does not replace service documentation requirements or eliminate staff qualifications and/or LEA responsibilities to complete and maintain direct service documentation.

For additional information regarding the LEA Medi-Cal Billing Option Program, please visit our website at: http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx.