

### **Frequently Asked Questions**

**Q1: Will LEAs be able to continue to submit claims to DHCS/Medi-Cal using the current system or will Random Moment Time Survey (RMTS) eventually be the only way to participate?**

A: LEAs will continue to submit claims through the Fiscal Intermediary in the same manner that they currently do for interim claiming, even with the integration of RMTS. However, when RMTS is implemented in the LEA Medi-Cal Billing Option Program (LEA BOP), LEAs will be required to participate in the RMTS process in order to receive direct medical service reimbursement. The only exception to this will be for LEAs that contract out 100 percent of direct medical services; these LEAs may continue billing without participating in RMTS.

**Q2: Are the Cost Pools for RMTS and the LEA BOP the same pools?**

A: There will be two mutually exclusive Cost Pools – Direct Medical Service Providers (Cost Pool 1) and Administrative Service Providers (Cost Pool 2). More training on the cost pools will be provided, upon approval of State Plan Amendment (SPA) 15-021.

**Q3: Once Targeted Case Management (TCM) is allowed to be billed again in the LEA BOP, how do we make sure that we aren't double billing both the LEA BOP and the SMAA Program for TCM services?**

A: Each LEA that plans to bill for TCM in the LEA BOP will be required to complete a TCM Certification Statement for each RMTS quarter, which will identify all of the practitioners that will be billing direct service TCM in the upcoming quarter. On the TCM Certification Statement, LEAs will certify that they have reviewed training slides in this area and understand that TCM will be billed under the LEA BOP as a direct service or under the SMAA Program as an administrative service, but not under both programs for the individual practitioner. The LEA can decide whether they'd like to receive reimbursement for a particular practitioner under the LEA BOP or the SMAA Program, once they have attended training in this area. The TCM Certification Statement will be implemented after SPA 15-021 is approved. Training on TCM will be provided at that time, as well.

**Q4: Though there are no restrictions on how to allocate SMAA reimbursements, does the LEA need to document how the reimbursements were spent?**

A: No, SMAA funds are unrestricted funds and do not require the LEA to substantiate how they are spent.

**Q5: What will the Local Educational Consortiums (LEC) and Local Governmental Agencies (LGA) charge for the LEA's participation in RMTS?**

A: LEAs will be required to contract directly with the LEC or LGA in their region. Each LEC or LGA has their own fee structure and service offerings; there is no universal fee for LEAs to participate in RMTS, this is negotiated through the LEA's contract with the LEC or LGA.

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**Q6: What resources do LEAs have if we have questions regarding RMTS?**

A: The Resources and Next Steps slides (29-33) provide contact information regarding the LEA BOP, the SMAA Program, and RMTS. DHCS encourages all LEAs to reach out to either the LEA BOP inbox ([lea@dhcs.ca.gov](mailto:lea@dhcs.ca.gov)) or SMAA inbox ([smaa@dhcs.ca.gov](mailto:smaa@dhcs.ca.gov)) if you have questions about RMTS.

**Q7: Is there a reason why we cannot use our third party billing vendor to work with the LEC or LGA?**

A: An LEA may continue to use a billing vendor to submit interim direct medical service claims and to provide support for other LEA BOP activities. However, a billing vendor cannot be used for certain activities tied to RMTS, including, but not limited to: being an RMTS Coordinator, being a Time Survey Participant (TSP), and assigning codes to moments.

**Q8: This new requirement to participate in RMTS may make me reconsider being in the LEA Billing Option Program. Why should I continue participating?**

A: Both school-based programs provide valuable funds to schools and we urge LEAs to consider participating in both programs, rather than forfeiting these funds. RMTS will be a required component of both reimbursement methodologies once SPA 15-021 is approved. RMTS is commonly used across the country for both direct medical and administrative school-based claiming programs. Although RMTS may be new to your LEA, it is not new to California – SMAA has operated a time survey since 2015. The LEA BOP will integrate into the SMAA RMTS and will capitalize on SMAA's nearly three years of experience with RMTS. If your LEA decides to participate, you'll be doing much of the work to qualify for reimbursement under both school-based programs. We urge you to consider signing up for SMAA now so that you can understand RMTS and be up and running with your LEC or LGA before the SPA is approved, and the LEA BOP is required to participate in the time survey.

**Q9: Can LEAs still use a vendor to assist in implementation of the LEA BOP, even though we will also be contracting with LECs or LGAs for the RMTS piece?**

A: LEAs may still use a billing vendor in the same manner that they currently do, including submitting claims on the LEA's behalf and assisting with report preparation, such as the Cost and Reimbursement Comparison Schedule (CRCS). Under RMTS, the role of LECs and LGAs is to supervise and provide oversight of the RMTS process which includes, but is not limited to: providing LEA Coordinator RMTS training, overseeing the TSP list certification, submitting the staff pool lists to DHCS, reaching out to LEAs not meeting the 85 percent compliant threshold, coding of moments, and supervision and oversight of the RMTS process.

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**Q10: How and who will provide the RMTS percentage to LEA providers for the CRCS?**

A: The RMTS percentage for your region that will be used on the CRCS will be provided by DHCS and posted on the LEA BOP website.

**Q11: Does it matter that SMAA averages one quarter? How will that affect my CRCS percentage?**

A: No, the percentages used for the SMAA invoice versus the LEA BOP CRCS are calculated using different formulas. The fact that SMAA averages one quarter will not impact the CRCS percentage.

**Q12: Does this all begin 7/1/2018?**

A: The effective date of the SPA is pending and will be published when CMS approves the SPA.

**Q13: What will happen if my LEA decides NOT to participate in RMTS?**

A: In general, if your LEA bills Medi-Cal for direct medical services provided by employed practitioner(s), you are required to participate in RMTS to continue participation in the LEA BOP. There is one exception for LEAs to not participate in RMTS and to continue billing for direct services: if your LEA contracts out 100 percent of direct medical services billed to Medi-Cal, you are not required to participate in RMTS, and you may continue participation in the LEA BOP.

**Q14: Why should I sign up for the SMAA Program now, when the LEA BOP is not requiring RMTS until later?**

A: Implementation of SPA 15-021 will require participation in the RMTS to continue billing in the LEA BOP. Once you sign up for the SMAA Program your LEA will be included in the RMTS process and will be familiar with participation requirements, creating a smoother transition once SPA 15-021 is approved. Since participation in both programs is likely to increase reimbursements to your LEA, the sooner you sign up for SMAA, the sooner you may see increased Medi-Cal reimbursements.