



Reasonableness Test Criteria RTC

School-Based Medi-Cal
Administrative Activities

SMAA



RTC: 3 Step Process

1. Eliminate Questionable Job Classifications.
2. Limit the Total Number of Clerical, Administrative, and Support Staff.
3. Apply Benchmark Percentage limits to the Overall Time Survey Results for Each Billable Code.



RTC: 3 Step Process

1. Eliminate Questionable Job Classifications.
Review all job classifications in the participant universe and remove all regular general education teachers, coaches, athletic staff, librarians, food service staff, etc.

Note: Should there be a need for specific job classifications not listed on the Time Survey Participant Universe Authorized Positions list, the LEA must complete the RTC Certification Form to justify the additional positions and attach a duty statement/job description.



Time Survey Participant Universe Authorized Positions

Group 1: Provider

- A. Audiologist
- B. Audiometrist
- C. Director - various selected positions (Mental Health, Speech, Nursing, etc.)
- D. Medical Assistant
- E. Mental Health Clinician
- F. Nurse
- G. Occupational Therapist
- H. Physical Therapist
- I. Physician
- J. Psychologist
- K. Social Worker
- L. Speech Language Pathologist
- M. Speech Therapist
- N. Specialist - various selected positions (psychology, speech, occupational therapy, etc.)
- O. Credentialed School Counselor

Group 2: Special Education Professional

- A. Assistant Superintendent, Student Health and Human Services
- B. Instructor, Orientation and Mobility (visually handicapped)
- C. Principal at Special Education Schools
- D. Resource Specialist - Special Education
- E. Teacher - various selected positions (special ed, resource, etc.)

Group 3: Clerical

- A. Clerk Typist
- B. Office Technician, Sr. Office Technician
- C. Organization Facilitator
- D. Secretary, Sr. Secretary

Group 4: Administration

- A. Principal, Assistant (at elementary schools)
- B. Dean - various selected positions (Attendance, Instruction, etc.)

Group 5: Support Staff

- A. Bus Supervisor
- B. Education Aides
- C. Health Care Advocate
- D. Health Center Manager
- E. Medical Administrative Assistant; Sr. Medical Administrative Assistant
- F. Parent Community Facilitator
- G. Parent Network Liaison
- H. Sign Language Interpreter
- I. Special Education Assistant; Special Education Trainee
- J. Translator; Sr. Translator
- K. Student Support Services Case Manager
- L. Student Support Services Coordinator (MAA Coordinator)
- M. Transportation Planner
- N. Transportation Router



RTC: 3 Step Process

2. Limit the Total Number of Clerical, Admin., and Support Staff.

Review all clerical and administrative job classifications in the participant universe and limit the overall number of positions to no more than twenty percent of the total number of job classifications in the participant universe.

Note: Should there be a need for more clerical, admin. or support staff positions than twenty percent of the total number of positions in the participant universe, the LEA must complete the RTC Certification Form to justify the additional positions and attach a duty statement/job description.

RTC: 3 Step Process

3. Apply Benchmark Percentages to the Overall Time Survey Results for Each Billable Code

Review the overall Time Survey results (after the positions identified in Steps 1 and 2 above have been eliminated) and compare the results to the established benchmark percentages which will be used to determine the level of detail that will need to be reviewed in the overall Time Survey results.

RTC: 3 Step Process

Benchmark Percentages

Code 4	4%
Code 6	2%
Code 8	8%
Code 10	3%
Code 12	3%
Code 14	3%
Code 15	4%
Code 16	10%



SCHOOL MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

REASONABLENESS TEST CRITERIA (RTC) Certification

Claiming Unit Name:				Today's Date:			
DHCS Contractor:				Contract Year/Quarter:			
Contract #:				Period of Service:			

1. Provide a detailed description of all activities performed for billable codes that exceed the established benchmark percentages listed in the RTC. List the specific code and the reasons for the excess time being claimed. (Use additional sheets as necessary and attach a copy of the overall Time Survey results.)

2. For each job classification requested that is not on the Time Survey Participant Universe Authorized Positions list, please provide a detailed description of the activities to be performed for each billable SMAA activity code.

Claiming Unit Certification

I certify under penalty of perjury that the time survey participants within this claiming unit are not instructed to perform any additional SMAA related activities (other than those related to the actual recording of time on the time survey form) during the time survey week and that the activities recorded by the participants accurately represent 100% of time and effort for the specified time frame and reflect only those activities that would be performed during the normal course of an average work day. Based on my knowledge of the activities normally performed by the time survey participants within this claiming unit, I believe that the summary time survey results are a reasonable proxy of the time spent during the entire period of service and will result in allowable costs consistent with the requirements of OMB Circular A-87.

Name				Signature			
Title				Date			
LEC/LGA Certification							

I hereby certify to the best of my knowledge and belief that the information contained herein accurately describes the SMAA activities performed during the time survey period and the time survey results capture 100% of the activities performed in the specified timeframe (whether Medicaid allocable or not) and are reflective of SMAA activities performed during the entire period of service. I concur with the claiming unit's assessment that the summary time survey results are a reasonable proxy of the claiming unit's activities for the entire period of service and result in allowable costs consistent with the requirements of OMB Circular A-87.

Name				Signature			
Title				Date			

For DHCS Program Use

I hereby certify to the best of my knowledge and belief that the information contained herein captures 100% of the activities performed in the specified timeframe (whether Medicaid allocable or not) and accurately describes the SMAA activities performed by the time survey participants of the named claiming unit. I concur with the claiming unit's assessment that the summary time survey results are a reasonable proxy of the claiming unit's activities for the entire period of service and result in allowable costs consistent with the requirements of OMB Circular A-87. I have evaluated the actual activities performed, the positions of the staff performing the activities, and the amount of time spent in the performance of the activities and believe they are necessary for the proper and efficient administration of the Medi-Cal program.

Name				Signature			
Title				Date			





SCHOOL MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

REASONABLENESS TEST CRITERIA (RTC) Certification

Claiming Unit Name:

Today's Date:

DHCS Contractor:

Contract Year/Quarter:

Contract #:

Period of Service:

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Name

Signature

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Date

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Name

Signature

Title

Date

For DHCS Program Use

I hereby certify to the best of my knowledge and belief that the information contained herein captures 100% of the activities performed in the specified timeframe (whether Medicaid allocable or not) and accurately describes the SMAA activities performed by the time survey participants of the named claiming unit. I concur with the claiming unit's assessment that the summary time survey results are a reasonable proxy of the claiming unit's activities for the entire period of service and result in allowable costs consistent with the requirements of OMB Circular A-87. I have evaluated the actual activities performed, the positions of the staff performing the activities, and the amount of time spent in the performance of the activities and believe they are necessary for the proper and efficient administration of the Medi-Cal program.

Name

Signature

Title

Date





SCHOOL MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

REASONABLENESS TEST CRITERIA (RTC) Certification

Claiming Unit Name:		Today's Date:	
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Name		Signature	
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Name		Signature	
Title		Date	



RTC: Compliance

- ▶ If the deferral invoice (and all subsequent invoices) does not contain unauthorized job classifications AND the overall Time Survey percentages are at or below the benchmark percentages, AND the vendor fees (if claimed) are below the 15% limit, then the invoice complies with the RTC and may be submitted (along with the Time Survey results) with no further changes.

RTC: Noncompliance

If after removing all unauthorized positions the overall Time Survey percentages are above the benchmark percentage(s), justify the overage by applying the following criteria using the RTC Certification Form:

- ▶ Are a majority of the participants Medi-Cal providers in Group 1 or Group 2 (special ed.)? Describe the activities performed.
- ▶ Are the participants in a health support position such as in Group 5? Describe the activities performed.
- ▶ Are the participants housed in a family resource center (FRC)? A family resource center is a hub for linking families to Medi-Cal covered services and social services. Many FRCs have certified application assistors specifically for the Medi-Cal application. Describe the activities performed.



RTC: Vendor Fee Limits

Per-person fee reimbursement will be limited to:

- ▶ 1) no more than fifteen percent of the total amount claimed (after the application of the RTC) during a given fiscal year; and
- ▶ 2) to only the job classifications that participate in the quarterly Time Study regardless of the number of participants trained.

If the application of the RTC resulted in the disallowance of specific job classifications from the Time Study, then the vendor fees being claimed for reimbursement must be reduced by a concomitant amount.

RTC: Vendor Fee Limits

- ▶ Flat fee reimbursement will be limited to no more than fifteen percent of the total amount claimed (after the application of the RTC) during a given fiscal year.
- ▶ If any vendor fees being claimed either annually or relative to any quarterly invoice(s) are greater than the fifteen percent limit, then the overage must be reimbursed to DHCS.

Note: Contingency fee contracts are strictly prohibited by OMB A-87.



RTC: Deferral Certification Form

- ▶ Once the LEA has applied the RTC to the individual invoice identified for the deferral period, the LEA will complete and sign the RTC Certification Form and submit the form along with a copy of the overall Time Survey results to their LEC/LGA.
- ▶ The RTC Certification Form is used to identify and explain any results that exceed the Benchmark Time Survey Percentages for any billable code as well as any additional positions that may be required.
- ▶ The LEC/LGA will review and sign the form and forward the entire package to DHCS for review and approval.



RTC: Deferral Certification Form

- ▶ DHCS will review the RTC Certification Form and the associated Time Survey results and, if approved, the package will be forwarded to the Centers for Medicare and Medicaid Services (CMS) for final approval.
- ▶ If the application of the RTC resulted in changes to the overall Time Survey such as the removal of specific positions, a revised/corrected invoice will be required to be submitted for the deferral invoice as well as all subsequent invoices covered by the deferral period.

RTC: Submission Deadline

- ▶ All materials must be submitted to DHCS no later than six months from 10/30/2013.
- ▶ The 6-month window applies to the deferred invoices only.
- ▶ Any RTC compliance packages received after 04/30/2014 will not be approved and the LEA will forfeit their reimbursement.
- ▶ No extensions will be granted.



Reasonableness Test Criteria

- ▶ All of the necessary forms can be found on the SMAA website found at:

<http://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx>

Submitting the RTC Documents

All documents must be submitted via the general SMAA email box at: smaa@dhcs.ca.gov

The Subject line must include:

- ▶ The name of the LEC/LGA
- ▶ The name of the claiming unit
- ▶ The fiscal year and quarter for the invoice

Example: Orange LEC Santee ESD 10/11-2

If you are submitting RTC documents for multiple invoices, simply put “Multiple RTCs” in the subject line of the email and provide a list of the claiming units being submitted using the above criteria.



Reasonableness Test Criteria

Questions?