CALIFORNIA SCHOOL-BASED MEDICAID SERVICES

Time Study Implementation Plan

Effective Date: July 1, 2026

DRAFT

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

TABLE OF CONTENTS

INTRODUCTION

This California School-Based Medicaid Time Study Implementation Plan (TSIP or "the Plan") provides a comprehensive description of the methods and processes in place related to the Random Moment Time Study (RMTS or "time study"), which will capture both direct service and administrative time reimbursed through the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) and the School-Based Medi-Cal Administrative Activities (SMAA) Program.

Medi-Cal is California's Medicaid health care program. Medi-Cal pays for a variety of medical programs/services, some of which are not reimbursed using federal matching funds. Because Medi-Cal and Medicaid are not interchangeable terms, for the purposes of this TSIP, this document will use the term "Medicaid" when describing allowable activities under the LEA BOP and/or SMAA Program. This ensures that this distinction is clear and that activities identified in the TSIP are limited to activities that are eligible for federal financial participation (FFP).

The non-federal share of expenditures will be funded by participating LEAs and will comply with the Code of Federal Regulations (CFR), Title 42 Section 433.51(c). Additional detail on billing through the LEA BOP, including documentation requirements, rendering practitioner qualifications, and covered services can be found in the LEA BOP Provider Manual at: http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx.

Additional detail on the SMAA Program, including documentation requirements and SMAA invoice preparation and submission details, can be found in the SMAA Manual at: https://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx.

The RMTS is used to allocate costs to both the LEA BOP and the SMAA Program. To receive reimbursement through either of these two school-based Medicaid programs (LEA BOP and SMAA) in California, a LEA must participate in the time study. The only exception to this is when a LEA contracts out all LEA BOP direct services *and* chooses not to participate in the SMAA Program. These contract-only LEA BOP providers[1] may receive reimbursement through LEA BOP without being part of the time study. However,

---

1 Under the LEA BOP, contract-only providers are referred to as "Model 2" providers. These providers must submit a "Model 2 Certification Form" (available on the DHCS website) to identify as 100 percent contracted providers, exempting them from RMTS participation.

all other LEAs must participate in the time study to receive FFP reimbursement through California's school-based Medicaid programs.

LEAs that choose to participate in either or both school-based Medicaid programs are required to contract with a RMTS Administrative Unit to participate in the RMTS process. LEAs are not required to participate in their respective Local Educational Consortia (LEC) RMTS; however, LEAs may not implement and operate a RMTS at the district level independent from a LEC. Los Angeles Unified School District (LAUSD) is the only LEA exception to this requirement because LAUSD has their own time study implementation plan that is reviewed and approved by the Centers for Medicare & Medicaid Services (CMS). Although LAUSD's RMTS implementation plan generally mirrors what is described in this TSIP, LAUSD's time study will operate pursuant to their separately approved plan.

Random Moment Time Study (RMTS or "Time Study")

A time study reflects how participants' time is distributed across a range of activities. A time study is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities. In most LEAs, it is uncommon to find staff whose activities are limited to just one or two specific functions. Staff typically perform various activities, which may or may not be related to Medicaid covered services. Determining the proportion of time spent by staff on activities related to the provision of Medicaid covered services and to all other functions requires a statistically valid time allocation methodology that is objective and empirical (i.e., based on documented data). Staff time has been accepted as the basis for allocating staff costs. The federal government has developed an established tradition of using time studies as an acceptable basis for cost allocation.

To ensure the school-based Medicaid programs can accurately account for the percentage of time a qualified individual spends on the provision of eligible direct and administrative services, California utilizes a CMS-approved statistically valid time study methodology that is in compliance with 2 CFR Part 200 et seq.

Time Study Methodology

California's RMTS methodology studies select individuals, known as time study participants (TSPs), at random points in time on a quarterly basis and totals the results to determine the work effort for the entire population of TSPs over that sampling period. Each TSP has equal opportunity to be randomly selected for any moment.

The RMTS in California is conducted on a quarterly basis at a regional level. The purpose of the time study is to identify the proportion of administrative, outreach, and direct service time allowable and reimbursable under the LEA BOP and SMAA Program. The quarterly time studies enable the Department of Health Care Services (DHCS) to conduct a cost settlement at the end of the fiscal year (FY) for the LEA BOP and facilitate submission of quarterly invoices for the SMAA Program.

The time study is designed to capture 100 percent of time worked. Once a sampled TSP responds to a moment, the moment can only be coded to a single activity code. The coding of each moment follows definitions of the activity codes and examples that are outlined in the *Activity Codes* section of this TSIP. The reimbursement status of each code is also detailed in this Plan.

RMTS Structure & Enrollment Criteria

DHCS allows three types of entities to administer a regional RMTS for the school-based Medicaid programs: (1) Local Educational Consortia (LECs)[2], (2) Local Governmental Agencies (LGAs), and (3) LAUSD. These regional entities are called RMTS Administrative Units and are required to oversee and maintain a viable universe of potential TSPs to conduct quarterly time studies. RMTS Administrative Units must work with their participating LEAs to identify the appropriate staff to participate in the RMTS[3] and implement the time study in accordance with DHCS policy.

Some LECs may choose to join other LECs in groups known as "LEC consortia" to share the costs and duties of preparing the quarterly time studies to form a viable TSP Universe for the RMTS. If a LEC consortium is formed as a RMTS Administrative Unit, at least one point of contact will need to be identified to communicate with DHCS on all matters concerning the consortium's RMTS. All LEC consortia must be developed and identified three months prior to the beginning of a FY. To form a LEC consortium, the participating LECs must submit to DHCS, as instructed on the DHCS School Based RMTS webpage, a "Condition for Consortium RMTS Participation (Condition)" letter agreeing to all processes and procedures described in this TSIP.

---

[2] Includes both individual LECs and LECs that join together to form a LEC consortium.
[3] Each LEA's list of staff participating in the RMTS is known as a TSP List. TSP Lists are aggregated quarterly under their respective RMTS Administrative Unit to form a TSP Universe for a quarter.

Required Roles & Responsibilities

DHCS, the RMTS Administrative Units, and the LEAs hold unique responsibilities to ensure a proper and compliant RMTS process. Outlined below are the overarching responsibilities of each of the three responsible parties.

DHCS

As the state Medicaid agency responsible for oversight of the school-based Medicaid programs, DHCS oversees and monitors the RMTS process and results, ensuring compliance with State and federal guidelines and consistent implementation of the RMTS across RMTS Administrative Units. DHCS responsibilities related to RMTS include, but are not limited to:

» Ensuring California's TSIP is aligned with State and federal policies.

» Overseeing the implementation of time studies to ensure compliance with State and federal guidelines, including:

- Reviewing time study sampling methodology, moment responses, and results,
- Reviewing and approving TSP Lists and monitoring TSP Universes,
- Tracking all approved TSP Equivalency Requests.

» Developing and providing training to LEA BOP and SMAA Program partners, including holding the annual coder training and RMTS-related training, as needed.

» Overseeing and reviewing RMTS Administrative Unit central coding moment responses, including a review of ten percent, at a minimum, of the sample per sampling period.

» Reviewing LEA coding appeals and providing a final decision to all impacted parties.

» Acting as a resource for RMTS Administrative Units and LEAs to enhance the programs.

RMTS Administrative Units

Each RMTS Administrative Unit must designate an employee to be the LEC RMTS Coordinator. The LEC RMTS Coordinator responsibilities include, but are not limited to:

» Acting as the liaison between DHCS, the RMTS Administrative Unit, and their participating LEAs.

» Overseeing the RMTS Administrative Unit's implementation of the RMTS with its participating LEAs, complying with the requirements outlined in this TSIP.

» Attending all required DHCS trainings and meetings.

» Understanding the LEA BOP and SMAA Program policies related to RMTS, including an understanding of the programs' covered services and activities, as well as knowledge of the impact of the time study on the LEA BOP Direct Medical Service Percentage (DMSP) and the SMAA invoice.

» Verifying that the LEA RMTS Coordinators participate in mandatory RMTS Administrative Unit trainings.

» Providing training and support, as needed, to help LEA RMTS Coordinators achieve and maintain compliance and fulfill their roles and responsibilities outlined in this TSIP.

» Overseeing the RMTS Administrative Unit's TSP Universe.

» Tracking all LEA RMTS Coordinator-submitted TSP Equivalency Request Forms, submitting them to DHCS for approval, and maintaining the form and DHCS decision.

» Ensuring that TSPs providing Targeted Case Management (TCM) services through LEA BOP are distinctly noted in the TSP Universe and TCM-related moments are coded according to DHCS' policy.

» Ensuring all TSPs are provided the required annual training. If training is handled outside of the System Software Platform, prior notification and approval is required from DHCS.

» Ensuring all TSPs complete the refresher training screens which is provided prior to responding to an assigned moment.

» Maintaining documented proof that the required training was provided to all TSPs.

» Notifying DHCS timely if a TSP was inadvertently included in either a certified Participant Pool 1 or Participant Pool 2 TSP list for a given quarter.

» Maintaining the SSP calendars to reflect:
- Paid working days and holidays for each participating LEA,
- Individual paid working days for each TSP,
- Individual schedules (shifts) for each TSP.

» Ensuring that the RMTS Administrative Unit primary and senior coders teams have coded all moments in compliance with this TSIP.

» Ensuring that each moment must be coded to a non-reimbursable activity code when a moment response does not clearly substantiate a reimbursable service.

» Ensuring that the RMTS Administrative Unit reviews at least ten percent per participant pool of all coded moments (inclusive of the associated Clarifying Questions (CQs)) each sampling period and maintaining documentation of the review in an audit file.

» Cooperating with DHCS and/or federal staff during reviews or other requests for information.

» Providing accurate and timely information and compliance documents to DHCS, as scheduled and when requested.

» Compiling the Quarterly Coding Report (QCR) for all participating LEAs each quarter.

» Notifying DHCS if a LEA failed to meet the 85 percent response rate.

» Sending a warning letter and/or corrective action plan to a LEA that fails to meet the 85 percent response rate.

» Collecting and maintaining the completed QCR Coding and Documentation Certification Form, signed by the appropriate LEA coordinator(s), for all participating LEAs each quarter.

LEAs

Each participating LEA is responsible for ensuring LEA compliance with all RMTS requirements outlined in this TSIP, including overseeing RMTS responsibilities performed by any contracted billing vendor. Each LEA must designate an employee as the LEA RMTS Coordinator to support the administration of the RMTS for their LEA.

When the LEA RMTS Coordinator is not also the LEA BOP Coordinator and/or SMAA Program Coordinator, the LEA RMTS Coordinator is expected to work collaboratively with the LEA BOP and SMAA Program Coordinator(s) to make sure RMTS participation accurately reflects, and incorporates, both school-based Medicaid programs. The LEA RMTS Coordinator responsibilities include, but are not limited to:

» Acting as a liaison between the RMTS Administrative Unit, DHCS, and the LEA's TSPs.

» Attending all required RMTS-related trainings.

» Identifying paid working days and holidays for the LEA and the individual working days and schedules (shifts) for each TSP to share with the RMTS Administrative Unit.

» Maintaining the LEA's RMTS TSP List, including:
  • Identifying qualified staff for participation in the time study,
  • Identifying work schedules (shifts) for TSPs,
  • Identifying TSPs who will bill for TCM services under the LEA BOP,
  • Providing timely participant information for the RMTS TSP List to their RMTS Administrative Unit, including but not limited to participant name, e-mail, paid workdays, work schedule (shift), job title, and whether they provide LEA BOP TCM services,
  • Confirming that TSPs are **not** 100 percent federally funded or funded by the indirect cost rate (ICR) prior to the start of each quarter,
  • Notifying the LEA's RMTS Administrative Unit of funding source changes that occurred during or after the close of the quarter, as soon as confirmed and/or finalized, with their fiscal department,
  • Identifying staff requiring equivalency request(s) and completing the Equivalency Request Form(s) to share with their LEC RMTS Coordinator,
  • Providing their RMTS Administrative Unit with information on direct replacement TSPs or TSPs filling vacant positions.

» Monitoring staff participation in the time study to ensure moments are responded to within the required response timeframe and meet LEA RMTS compliance requirements.

» Verifying and reconciling any expired moments classified as paid time off (PTO).

» Reviewing the QCR generated by the RMTS Administrative Unit, containing the activity code associated with the LEA's moments for the sampling period.

» Collaborating with the appropriate LEA Coordinator(s) to complete the QCR Coding and Documentation Certification Form.

» Maintaining documentation to support reimbursable moments as activities or services that directly benefit the Medicaid program. (See the *Documentation Requirements* section below in this TSIP for documents that can be used to support reimbursable random moments.)

» Maintaining RMTS-related documentation to support State or federal audit(s).

» Cooperating with RMTS Administrative Unit staff, DHCS, and federal officials during reviews or other requests for information.

» Providing accurate and timely information and compliance documents to the RMTS Administrative Unit or DHCS, as applicable.

Documentation Requirements

Documentation of the RMTS process and accurate reporting of time study results are critical to upholding the integrity of the school-based Medicaid programs. RMTS Administrative Units and LEAs must maintain different types of documentation, based on their role in conducting and/or participating in the RMTS. The documentation maintained may be used to aid in any financial reviews or audits by DHCS or the federal government as evidence to support the allocation of costs for direct and administrative services, as identified by time study moments and results. Important records for RMTS Administrative Units and LEAs to maintain are outlined below.

RMTS Administrative Units

All RMTS Administrative Units are required to maintain documentation supporting the RMTS process, statistical methodologies and compliance, and quality assurance findings in an aggregated audit file. RMTS Administrative Units must make documentation and/or the complete audit file available to DHCS or federal entities upon request. Documentation related to the RMTS process should be maintained by each RMTS

Administrative Unit or stored within the SSP.[4] Documentation that may be requested during a state or federal audit or review and must be produced includes, but is not limited to:

» List of centralized coders used in the RMTS.

» TSP Universe identifying each approved TSP by name, job classification, and participant pool for each participating LEA.

» List of participating LEAs' calendars, encompassing TSPs' paid working days, and approved TSP work schedules (shifts).

» List of direct replacement TSPs.

» Evidence that TSPs were provided the annual training.

» Master Moment List of all generated moments.

» QCRs that were shared with participating LEAs of all coded moments.

» Completed QCR Coding and Documentation Certification Forms for all participating LEAs.

» Paper-based moment responses.

» All coded moments, including initial and final coding, communication with LEA RMTS Coordinators, TSPs, and DHCS related to a moment, revisions or corrected codes, and records of appealed moments and outcomes.

» Full RMTS results data.

» Statistical compliance reports detailing compliance with RMTS response rate and statistical validity requirements.

» Quality review process documentation.

» Sampling and selection methods used, including supporting documentation to allow reproduction and verification of the RMTS Administrative Unit's sample results (e.g. maintaining seed numbers, moment and response time stamps, etc.).

» Any other documentation or coding certification forms.

---

[4] If the RMTS Administrative Unit changes SSP, this documentation must be exported and retained by the RMTS Administrative Unit.

LEAs

LEAs are required to maintain proof of a contract with their RMTS Administrative Unit and documentation to support reimbursable time study moments, when the moment response requires back-up documentation. LEAs must make documentation available to their RMTS Administrative Unit, DHCS, or federal entities upon request. If the LEA fails to maintain supporting documentation, the LEA may be subject to financial recoupment in the event of a state or federal audit. Documentation or records that may support a time study moment include, but are not limited to:

Direct Service Documentation (*Participant Pool 1 Only)*

LEAs must maintain documentation to support Code 2A (direct service) moments, such as:

- » Student's care plan (IEP/IFSP/IHSP).

- » Authorization for services.

- » Documentation of the service performed on the date of service (e.g., service and diagnostic codes, start/finish time of service, where the service was provided and who provided the service), including clinical notes signed/dated by the practitioner and treatment logs.

- » Medical practitioner qualifications associated with licensing/certification and evidence of practitioner licensure/certification.

- » Practitioner schedules and payroll records associated with school personnel providing services.

- » Contracts with medical providers.

- » Copy of the service claims submitted to DHCS (*as applicable*).

Administrative Activity Documentation (*Participant Pools 1 and 2)*

LEAs must maintain documentation of paid time off. In addition, LEAs may choose to maintain additional documentation (beyond the detailed moment narrative response) to support administrative moments, such as:

- » Medicaid outreach materials and/or flyers.

- » Referrals for Medicaid services.

- » Calendar entry, e-mail, meeting notes, and/or Medicaid policy development detail.

Additional Moment Documentation *(Participant Pools 1 and 2)*

- » Detailed RMTS moment narrative responses/RMTS source documents.

- » LEA certification of the QCR.

- » School attendance records for the date(s) of service of the moment (*as applicable*).

- » Calendar entries supporting appointments/meetings/work tasks (*as applicable*).

RMTS System Software Platform (SSP)

The RMTS SSP is a web-based system that utilizes the internet to generate and catalog time study moments. Each RMTS Administrative Unit must utilize DHCS-authorized SSPs in their respective region. LAUSD will independently maintain its SSP and RMTS methodology, as approved by CMS.

DHCS' authorization of a SSP will be based on the following standards and criteria. All SSPs that are used by RMTS Administrative Units must include and allow for, at a minimum, the following:

- » Real-time access for senior coder(s).

- » Real-time access to system operations and all RMTS data for DHCS.

- » Real-time, read-only access for LEA RMTS Coordinators.

- » The ability to identify TSPs who need paper moments, generate a paper copy moment, paper version of the pre-moment refresher training, and manually input paper copy moment responses, when required.

- » The ability to create standardized reports for DHCS and LEAs.

- » A built-in locking mechanism for time study samples generated by TSPs, all coding activity, and all moment coding-related communication to retain original content.

- » Storage of seed numbers and information used to generate the random sample.

- » Historical tracking of all RMTS coding changes.

- » The ability to incorporate training for a TSP prior to a moment response.

» The ability to accurately capture 100 percent of paid working time for the entire TSP Universe. When the LEA has TSPs in both participant pools, a minimum of two calendars per LEA are required to differentiate start and end dates per participant pool. When applicable, another categorization may be used to achieve the same purpose. Additionally, individual TSP work schedules (shifts) should account for the following:

- A TSP's work schedule (shift) is inclusive of all the time that the TSP spends during the workday, including lunch and breaks.

- Full-time TSPs may be grouped into one shift that captures total paid working time for each working day, based on the start and end times that these TSPs are required to be at work.

- Part-time TSPs may be grouped into one or more similar shifts, based on individual TSP scheduled working days and hours. In all cases, 100 percent of part-time TSP shifts should be captured.

While the majority of sampled TSPs receive notifications via e-mail, DHCS also allows paper-based moments and CQs for TSPs that do not have e-mail or access to the internet at work. A RMTS paper-based method will only be accepted in instances where LEAs and/or TSPs do not have access to electronic information systems or have policies that restrict the use of such systems. The paper-based moment form mirrors the online time study, asking sampled TSPs to respond to the same questions in the same order. The LEA RMTS Coordinator must inform their RMTS Administrative Unit of a TSP's need to receive a paper-based moment when the LEA submits their TSP List to the Unit to ensure approval and delivery of the paper-based moment to the TSP. Paper-based moments will be entered into the SSP by the RMTS Administrative Unit and maintained in the audit file.

TIME STUDY PARTICIPANTS

Individuals that take part in the time study process are referred to as time study participants (TSPs). For the purpose of the RMTS, TSPs are categorized into one of two mutually exclusive participant pools to designate whether they are generally assigned as a direct service staff (Participant Pool 1) or as an administrative service staff (Participant Pool 2). TSPs may include employed LEA staff, including long-term substitutes[5], that provide direct services and/or administrative activities. In addition, LEAs may designate contracted staff that provide administrative activities as TSPs, based on whether the LEA participates in one school-based program or both programs, as follows:

- » For LEAs that only participate in the SMAA Program: Contractors hired to perform direct service and administrative service functions may be included as a TSP (on the Participant Pool 2 TSP List), as long as the contractors will provide administrative claiming activities during the quarter.

- » For LEAs that only participate in the LEA BOP: Direct service contractors that provide direct services should not be included in any TSP List for the RMTS. Reimbursement for direct service contractors is made through the LEA BOP interim claiming and cost settlement process.

- » For LEAs that participate in both the SMAA Program and the LEA BOP: The LEA Coordinator must decide on a quarterly basis how they would like to handle direct service contractors that provide both direct service and administrative service functions. If the LEA intends to submit claims for the contractor's direct services through LEA BOP, the contractor should not be included on any TSP List for RMTS. If the LEA will <u>not</u> submit claims for the contractor's direct services through LEA BOP, direct service contractors may be included as a TSP in the Participant Pool 2 TSP List. However, in this case, the LEA must not submit claims through LEA BOP for any direct services rendered by the contractor during the quarter and must not include these contractor costs on the Cost and Reimbursement Comparison Schedule (CRCS) report.

---

[5] A long-term substitute replacing permanent staff on extended leave must be identified prior to the start of the quarter and included in the quarterly certified TSP List as long as the long-term substitute meets the same qualifications of the TSP being substituted on the TSP List. The long-term substitute must be employed by the LEA for at least 30 calendar days within a quarter.

In addition to direct service contractors that will claim through the LEA BOP, staff that direct charge under the SMAA Program[6], and individuals such as parents or other volunteers who receive no compensation for their work, may not be a TSP. For the purposes of this TSIP, individuals receiving compensation from LEAs for their services are termed "LEA staff".

LEA staff with job titles listed below as eligible for RMTS Participant Pool 1 or 2 are not automatically included in the time study. The LEA RMTS Coordinator must determine whether staff meet TSP requirements and identify whether the TSP is 100 percent federally funded. Individuals who are 100 percent federally funded or funded by the California Department of Education (CDE)-approved ICR at the time of the TSP List certification must be excluded from the time study. Staff who are partially federally funded may be included in the time study.

Participant Pools & Job Categories

In order for each RMTS Administrative Unit's TSP Universe to be determined to support appropriate cost allocation procedures, participating LEA staff performing similar school-based job functions are identified and grouped into job categories that are assigned to one of two participant pools. **The two participant pools are mutually exclusive, i.e. no staff can be included in more than one participant pool.** The two participant pools are:

> » Participant Pool 1: Direct Service Practitioners

> » Participant Pool 2: Administrative Service Personnel

The following lists provide an overview of the eligible job categories of staff in each participant pool.

Participant Pool 1: Direct Service Practitioners

---

[6] RMTS Administrative Unit staff that track and certify 100 percent of their time was spent on activities for the direct benefit of the Medicaid program may list their costs as "direct charges" instead of participating in the RMTS. Staff that meet this criterion are not TSPs and must certify their time using the Certified Time Factor Form and are billed through the SMAA Invoice. More information can be found in the SMAA Manual.

The following job categories are eligible to bill LEA BOP direct medical services, as detailed in the California State Plan.[7] LEAs must certify that all Pool 1 TSPs meet the California State Plan educational, experiential, and regulatory requirements as outlined in the LEA BOP Provider Manual:

- » Associate Marriage and Family Therapist

- » Associate Professional Clinical Counselor

- » Certified Nurse Practitioner

- » Certified Public Health Nurse

- » Certified Wellness Coach

- » Community Health Worker

- » Credentialed Audiologist

- » Credentialed School Counselor

- » Credentialed School Psychologist

- » Credentialed School Social Worker

- » Credentialed Speech-Language Pathologist

- » Licensed Audiologist

- » Licensed Clinical Social Worker

- » Licensed Educational Psychologist

- » Licensed Marriage and Family Therapist

- » Licensed Occupational Therapist

- » Licensed Optometrist

- » Licensed Physician

- » Licensed Professional Clinical Counselor

- » Licensed Psychiatrist

---

[7] The LEA BOP Provider Manual *Rendering Practitioner Qualifications* section outlines qualifications for Participant Pool 1 direct service practitioners.

- » Licensed Physical Therapist

- » Licensed Physician Assistant

- » Licensed Psychologist

- » Licensed Registered Nurse

- » Licensed Respiratory Care Practitioner

- » Licensed Speech-Language Pathologist

- » Licensed Vocational Nurse

- » Occupational Therapy Assistant

- » Orientation and Mobility Specialist

- » Physical Therapist Assistant

- » Program Specialist (limited to LEA BOP TCM services only)

- » Registered Associate Clinical Social Worker

- » Registered Credentialed School Nurse

- » Registered Dietician

- » Registered School Audiometrist

- » Speech-Language Pathology Assistant

- » Trained Health Care Aide

- » Other: Any job category that is added in a future California State Plan as a qualified rendering practitioner will be included in the above list.

Participant Pool 2: Administrative Service Personnel

The following job categories are eligible to participate in the SMAA Program:

- » Certified Wellness Coach

- » Community Health Worker

- » Community Liaison

- » Coordinator – various selected positions (Medicaid, Behavioral Health, Speech, Nursing, etc.)

» Direct Service Practitioner (Pool 1) that is not qualified to be billed under the LEA BOP (i.e., a Speech Language Pathologist Assistant without supervision)

» Direct Service Practitioner (Pool 1) that is not providing direct billable health services

» Director/Administrator – various selected positions (i.e., Behavioral Health, Speech, Nursing, etc.)

» Education/Instructional Aide

» Family Resource Center Staff (i.e., manager, secretary, office manager, clerk, assistant, director, coordinator, etc.)

» Health Care Assistant/Advocate

» Health Center Staff (i.e., manager, secretary, office manager, clerk, assistant, director, coordinator, etc.)

» Health Services Special Education Teacher

» Health Technician/Specialist

» Interpreters & Interpreters Assistant

» Instructor, Orientation and Mobility (visually handicapped)

» Medical Administrative Coordinator/Assistant

» Medical Assistant

» Medical Intern

» Office Clerical Staff (i.e., technician, secretary, office manager, clerk, assistant, etc.)

» Organization Facilitator

» Parent Community Facilitator/Liaison

» Placement Assistant

» Principal and/or Assistant Principal

» Professional Expert

» Pupil Support Services Administrator

- » Pupil Support – Technician

- » School Bilingual Assistant

- » Secretary, Senior Secretary

- » Sign Language Interpreter

- » Special Education Administrator

- » Special Education Support Technician/Assistant

- » Student Support Services Coordinator/Case Manager

- » Teacher – various selected positions (Special Education, Alternative Education, Resource, Special Day Care Class)

- » Translator, Senior Translator

- » Transportation Planner/Router

Note for both Participant Pools: If a practitioner's job title is not listed in the above practitioner job categories, DHCS requires the submission of a TSP Equivalency Request Form.

Equivalency Request Process

LEC RMTS Coordinators must submit a TSP Equivalency Request to DHCS for an exception to the list of approved TSP job classifications on behalf of a participating LEA. All Equivalency Requests must be approved by DHCS before the quarter's sample is generated. Equivalency Requests must be submitted for LEA job classifications or individual staff that perform duties that are substantially similar to the DHCS-approved TSP job classifications but have differing job titles. All Equivalency Requests must be made prior to the beginning of a quarter using the TSP Equivalency Request Form, published on the DHCS website. The due dates for TSP Equivalency Request Forms will be specific to the RMTS Administrative Unit and determined by DHCS prior to the start of each FY. Once the TSP Equivalency Request Form is approved, the TSP may be included in the Unit's TSP Universe.

DHCS will track the approved TSP Equivalency Request Forms for all RMTS Administrative Units, by LEA, including the equivalent job classifications and TSP information. If any approved TSPs' job descriptions have changed since DHCS provided approval, a new TSP equivalency request form must be resubmitted.

TSP Lists & TSP Universe

A LEA's quarterly list of the staff identified in Participant Pools 1 and 2 who are eligible to participate in the RMTS is called a TSP List. LEA RMTS Coordinators must prepare and certify[8] their TSP List through the RMTS SSP each quarter to submit to their RMTS Administrative Unit by the due date set by their Unit, prior to the start of each sampling period.

While sampling and TSP Lists are designed to capture the eligible number of positions within a LEA, when possible, LEAs should provide the name of the person associated with that position at the time of submission to make the process of participant notification and collection of salary information more efficient and consistent for placing on the LEA BOP CRCS report and the SMAA invoice.

LEA RMTS Coordinators must ensure that all Participant Pool 1 (Direct Service Practitioners) that intend to bill LEA BOP for TCM services are identified as a TCM practitioner on their TSP List to assist the RMTS Administrative Unit in accurate coding.

Once all TSP Lists within the region are received, the RMTS Administrative Unit has a complete TSP Universe for that quarter. Part of the RMTS quality assurance process is to ensure the TSP Universe is accurate. Each RMTS Administrative Unit must review their initial TSP Universe to verify the following, prior to certification and submission to DHCS:

» Verification that all participating LEAs' TSP Lists are included in the TSP Universe, including member LEAs participating in a LEA BOP billing consortia.

» Verification that TSPs are eligible for their assigned participant pool based on RMTS requirements for the LEA BOP and SMAA Program (as applicable).

» Verification that TSPs providing TCM have the letters "TCM" added to the suffix of the TSP name.

» Resolution of any discrepancies and coordination with the relevant LEA and/or DHCS to coordinate and resolve such discrepancies.

---

[8] RMTS Coordinators will certify that the quarterly TSP List accurately reflects participants that meet the qualification requirements as well as the salary and benefit cost requirements for Certified Public Expenditures found in 42 CFR 433.41, in which they are not fully funded by federal resources or through the LEA's ICR.

RMTS Administrative Units must submit their region's certified TSP Universe to DHCS at least 14 calendar days before the start of each quarter. DHCS will review and approve all TSP Universes prior to the start of the quarter.

The RMTS Administrative Unit will generate the time study sample for the quarter. No new positions can be added to a TSP List once the time study sample has been generated for the quarter. Positions that are not identified on the quarterly TSP List are not eligible to have their costs included on that quarter's SMAA invoice or that quarter of the LEA BOP CRCS report.

Details of TSPs that participated during the sampling period, including direct replacements and vacated positions, must be maintained by the RMTS Administrative Units in their respective SSP. The data must reflect all TSPs in the Unit's TSP Universe for the quarter. This information may be used to generate costs for the SMAA invoice and/or the LEA BOP CRCS report. LEAs are instructed that they can only report and claim costs for TSPs that were included on their RMTS certified TSP List, with the exception of eligible direct replacements. The prorated costs of staff who directly replace an approved TSP during the sampling period may also be included in the SMAA invoice and/or the LEA BOP CRCS report for the applicable quarter.

In the event that an error was made in establishing the TSP Universe, TSP List, or TSP participant pool assignment, the RMTS Administrative Unit must notify DHCS so the Department can inform the RMTS Administrative Unit of the appropriate steps to remediate the issue.

TSP Vacancies and Direct Replacements

TSP Lists may include vacant positions that the LEA plans to fill during the sampling period. Staff filling a vacant position listed on the LEA's TSP List must participate in the time study, resulting in eligible costs for the position(s) being included in the SMAA invoice or the LEA BOP CRCS report on a pro rata basis for the sampling period.

If a certified TSP List position becomes vacated during the sampling period, it may be filled with a direct replacement to complete any future sampled moments. LEAs must maintain documentation that the direct replacement holds the same qualifications as the original TSP being replaced. LEAs may claim prorated costs incurred during the sampling period for both the original TSP and the direct replacement. Any vacant positions not filled at the time of a sampled moment must be assigned Code 17 "Not Working/Not Paid" and only those proportional costs eligible during the period that

TSPs received compensation are to be reported on the SMAA invoice or the LEA BOP CRCS report.

TSP Funding Change Exceptions

To participate in the RMTS, a TSP must hold a position that is funded – at least in part – by non-federal sources, such as county funds or State General Funds. [9]

If a TSP is initially eligible and included in a participant pool, they become ineligible to participate in the RMTS if their position during that quarter later becomes 100 percent federally funded or funded through the ICR.

When this is identified during the quarter:

» The TSP must be vacated so that they may not respond to any future RMTS moments.

» Any moments the TSP responded to in that quarter will be assigned to Code 17.

» The salary and benefit costs for that TSP must be excluded from the SMAA invoice or the LEA BOP CRCS report.

When this is identified after the quarter:

» The TSP must be vacated so that they may not respond to any future RMTS moments.

» Any moments the TSP responded to before being identified as 100 percent federally funded will remain in the quarter's RMTS results and be coded accordingly.

» The salary and benefit costs for that TSP must be excluded from the SMAA invoice or the LEA BOP CRCS report.

By March 31, following the closing of every RMTS FY, each RMTS Administrative Unit must report to DHCS the total number of TSPs whose funding became 100 percent federally funded or funded by the ICR during the previous FY. The RMTS Administrative Unit will report this information on the TSP Funding Change Form, located on the DHCS website.

---

[9] Positions that are fully (100 percent) funded by county funds or State General Funds that have already received federal match, are not eligible to participate in the RMTS for the applicable time period.

RMTS SAMPLING & CODING

RMTS Sampling Periods

The RMTS is run on a quarterly basis using the FY calendar as follows*:

Quarter 1	July 1– September 30
Quarter 2	October 1– December 31
Quarter 3	January 1– March 31
Quarter 4	April 1– June 30

Although sampling periods fall within a standard quarter, the Sample Universe only captures moments associated with TSPs' paid working hours and days.

Each sampling period, LEA RMTS Coordinators (in collaboration with their LEA BOP and SMAA Coordinators, as applicable) will work with their RMTS Administrative Unit to identify all paid working hours and days within the quarter. LEAs and RMTS Administrative Units are instructed to include all working days when LEA staff whose costs will be on the LEA BOP CRCS report or the SMAA invoice, are paid to work, including in-service days when students are not in attendance. Each quarter, LEA RMTS Coordinators must confirm that TSP paid working days and schedules (shifts) are accurate.

RMTS Sampling Requirements

The RMTS sampling methodology for all sampling periods (Q1–Q4) will be constructed to achieve a 95 percent confidence level with a level of precision (margin of error) of +/- three percent. For all sampling periods, a minimum sample of 1,068 moments per participant pool is adequate to obtain a margin of error of +/- three percent when the total pool of moments is greater than 3,839,197.[10] However, DHCS will require a minimum oversample of 40 percent for every RMTS Administrative Unit to maintain a sufficient sample that will account for any invalid moments or non-responsive moments, as well as to decrease the volatility that may result from a smaller sample size. DHCS will notify the RMTS Administrative Units what the required oversample is for the quarter (no less than the required minimum oversample of 40 percent) and will ensure that all

---

[10] All RMTS Administrative Units have a total pool of moments greater than 3,839,197.

Units meet the required minimum sample size for the sample to be valid at the stated confidence level and margin of error requirements outlined in this TSIP.

The following formula is used to calculate the minimum number of moments that RMTS Administrative Units are required to sample for each sampling period participant pool:

$$n = p(1-p) / (d/z)^2$$

Where   n = sample size

p = maximum anticipated rate of occurrence of the activities being observed

d = desired error rate

z = 95 percent confidence level factor (equal to 1.96)

The following tables show the minimum sample sizes necessary to assure statistical validity at a 95 percent confidence level and tolerable margin of error of three percent. To determine the sample size, the Population (or N) is defined as the number of working days in the sample period multiplied by the number of work hours of each work day multiplied by the number of minutes per hour. That total is multiplied by the number of participants within the time survey.

Minimum Sample Sizes for 95% Confidence Level, 3% Margin of Error

N= (Pop.)	Sample Size Required (minimum)	Sample Size plus 40% Oversample (minimum)
100,000	1,056	1,479
200,000	1,062	1,487
300,000	1,064	1,489
400,000	1,065	1,491
500,000	1,065	1,491
750,000	1,066	1,493
1,000,000	1,066	1,493
3,000,000	1,067	1,494
>3,839,197	1,068	1,495

RMTS Sample Selection Process

The RMTS selection process is described below as four steps:

1. Identify total pool of TSPs (TSP Universe).

2. Identify total pool of time study moments (Sample Universe).

3. Randomly select moments and randomly match each moment to a TSP.

4. Notify TSPs about their selected moments.

Step 1: Identify Total Pool of TSPs - The TSP Universe

Prior to the start of each time study period, participating LEAs must submit a TSP List to the RMTS Administrative Unit, providing a comprehensive list of staff eligible to participate in the Unit's RMTS. All TSPs are assigned into one of two mutually exclusive participant pools. The TSP Lists are updated on a quarterly basis. All participating LEA TSP Lists are aggregated to develop the RMTS Administrative Unit's TSP Universe.

RMTS Administrative Units must submit their region's proposed TSP Universe to DHCS at least 14 calendar-days before the start of each time study period. DHCS will review all quarterly TSP Universes prior to the start of the time study sampling period.

Step 2: Identify Total Pool of Time Study Moments – The Sample Universe

DHCS requires each RMTS to capture 100 percent of the paid time worked by each participating TSP during the quarter. Before the beginning of each sampling period, the participating LEAs must submit to their RMTS Administrative Unit detailed information on all paid working hours and days for each of the LEA's TSPs who will be included in the LEA BOP CRCS report or the SMAA invoice. The RMTS Administrative Unit will specify the date that all TSP working days and hours are due from the LEA RMTS Coordinator.

When there are differences in TSP start dates or end dates (by participant pool or another categorization) for a quarter, LEAs must submit a minimum of two calendars to reflect the earliest and latest working day of the quarter for each group of TSPs. If there are no variations in starting or ending dates in the quarter, a single LEA calendar is permitted. Whether one or multiple calendars are submitted by the LEA, the LEA must ensure that they have captured 100 percent of paid working days for the quarter. Additionally, a TSP's work schedule (shift) should reflect the days of the week and times that the TSP is scheduled to work. The work schedule (shift) for all full-time TSPs may be based on the total hours in the LEA's workday, inclusive of breaks and lunch. For example, in Quarter 1, an LEA's administrative staff in Pool 2 may return for the school

year on August 1, while the direct service personnel in Pool 1 may not return until August 15. Due to this discrepancy in calendar start dates for the two groups of TSPs, the LEA would submit a calendar for all Pool 2 staff starting work on August 1 and another calendar for all Pool 1 staff starting on August 15. Along with the submission of these two calendars, the LEA would provide TSP-specific work schedules (shifts) to account for the days of the week and times that each TSP is scheduled to work. If the LEA's standard working hours for full-time employees are 7:45 A.M. to 3:45 P.M., the shift entered for full-time TSPs would reflect this entire eight-hour period.

The TSP Universe and all paid working time is used to determine the RMTS Administrative Unit's Sample Universe. A Sample Universe is defined as all potential working minutes that may be selected for a moment within a sampling period.

Each RMTS Administrative Unit's Sample Universe is represented by calculating the number of working days in the sample period, multiplied by the number of work hours each day, multiplied by the number of minutes per hour, multiplied by the number of TSPs within the Unit's TSP Universe. The only days and times that are not included in the Sample Universe are days and times during which no one is working and paid.

Step 3: Randomly Select Moments and Randomly Match Each Moment to a TSP

Using a statistically valid random sampling technique, each RMTS Administrative Unit selects the desired number of random moments from the Sample Universe based upon the *Minimum Sample Size Table* detailed in the *RMTS Sampling Requirements* section of this TSIP. Next, each randomly selected moment is matched, using a statistically valid random sampling technique, with a TSP from the RMTS Administrative Unit's TSP Universe. Each moment represents a one-minute unit of time in the Sample Universe.[11]

Each time a minute and a TSP name are selected, both are returned to the overall sample pool, making them available for future selection. In other words, the random selection process is done with replacement so that each minute and each person is available to be selected each time a selection occurs. This step guarantees the randomness of the selection process.

---

[11] Since a "moment" in the RMTS methodology is defined as one minute in time, no moments shall be issued at the final minute of a TSP's assigned work schedule because that moment goes past the scheduled time (shift).

Step 4: Selected TSP Moment Notification and Response

Selected TSPs are notified via e-mail (or paper, if applicable) of their requirement to participate in the time study and of their sampled moment. TSPs will be notified of their sampled moment date and time up to one day prior to the sampled moment. At the prescribed moment, each TSP is asked to record and submit their activity for that particular minute. All TSPs that have not completed their moment response within one day after their selected moment will receive a late notification prompting them to complete their moment within the required response timeframe. TSPs are given three standard LEA working days to respond, starting the day after the assigned moment.

Throughout the entire process, DHCS and the LEA RMTS Coordinators have real-time access to the SSP to view TSP and moment response data, including whether or not a TSP has responded to their selected moment.

Each RMTS Administrative Unit's central coders will code each moment selected from the Sample Universe according to the detailed response submitted by the sampled TSP. See the *Activity Codes* section of this TSIP for detailed information about coding.

RMTS Questions and Responses

TSPs are assigned a unique username and password or hyperlink to the secure system login that connects the TSP to the moment. All moment responses provided by sampled TSPs must sufficiently detail what the TSP was doing at the time of the moment, as required for accurate coding:

1. Were you working at the time of your moment?

   Response options include:

   » Yes, I was working

   » No, I was on paid time off

   » No, I was on unpaid time off

   » No, moment was before/after workday

   » No, I was on break

   » No, I was on paid lunch

   » No, I was on unpaid lunch

2. Who were you working with during this sample moment? *(The sampled participant must create a narrative to answer this question without using personally identifiable information, such as student or staff names.)*
3. Describe in detail the activity you were performing during your sampled moment. *(The sampled participant must create a narrative to answer this question.)*
4. Describe in detail why you were doing this activity during your sampled moment. *(The sampled participant must create a narrative to answer this question.)*
5. (Participant Pool 1 Only) Is the activity in your response (including pre- and post-service time) being performed as part of the student's plan of care?

   Response options include:

   » Yes, this confirms the activity was performed in accordance with one of the following (select one):

   - The student's IEP/IFSP.
   - The student's other type of care plan, such as a 504 Plan, a student health plan, or a nursing plan.
   - The student's behavioral health plan.
   - Doctor's order/prescription.
   - The student's vision/hearing screening or assessment.
   - The student's physical, mental, or behavioral health screening or assessment.
   - Required immunization, or other covered EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) service.

   » No, the activity was not applicable to any of the above.

Sampled TSPs have three standard LEA working days after the moment to submit and certify a response to the time study regarding their activity during their selected moment. After answering the sample moment questions in the SSP, the TSP is shown their responses and asked to certify that the information they are submitting is accurate. Since each sampled TSP only has access to their individual information, this conforms to the electronic signature policy and allows them to verify that their information is accurate. Once the TSP has certified their moment, the sample is locked in the SSP and cannot be altered. The TSP may provide clarification through the SSP to a coder, if requested, but the initial sample is never altered.

Unplanned Work Stoppage

In the event of an unplanned work stoppage[12], the RMTS Administrative Unit must notify DHCS of the unplanned closure and may elect to identify this unplanned closure in the SSP. The RMTS Administrative Unit must e-mail DHCS (by notifying the SMAA and LEA BOP analysts and e-mailing the RMTS inbox) and submit substantiation of the unplanned work stoppage, such as a district memo or e-mail. DHCS and the RMTS Administrative Unit will retain notification documentation for audit purposes. Any moments that were generated for the unplanned closure day(s) will continue to be sent to TSPs, as scheduled. However, the unplanned closure day(s) will not count in the response timeline, thereby extending the response timeline to account for the fact that the LEA experienced an unforeseen closure. RMTS Administrative Units must have processes in place that would allow TSPs to respond to moments by paper, when issued during the unplanned closure day(s), if that is feasible given the unique circumstances. This unplanned closure exception will not impact moments scheduled for the days of the unplanned closure; it only extends time for responses.

RMTS Coding & Clarifying Questions (CQs)

The RMTS process captures activities performed by sampled TSPs by assigning each moment response to one of 18 activity codes, associated with school-based Medicaid program reimbursable and non-reimbursable time. All TSP moments must be assigned an activity code. Each RMTS Administrative Unit must utilize a centralized coding methodology; a sampled TSP is not required or expected to code their moment.

RMTS Administrative Units will code all moments submitted using a two-tier coder system, comprised of, at a minimum, two primary coders (Tier 1) and one senior coder (Tier 2). The RMTS Administrative Unit will assign the primary coders to review TSP moment responses and the senior coder to resolve any coding discrepancies. If additional information is needed to correctly code the moment, the senior coder may contact the TSP for additional information by asking up to two CQs per moment response within 15 working days from the date the TSP completed their moment response. All CQs must be posed within the 15 working day timeframe. Each TSP will

---

[12] An unplanned work stoppage is a day originally marked as a working day upon quarterly TSP List certification and included in the RMTS Administrative Unit's Sample Universe, which unexpectedly becomes a non-working day. For example, a day when normal operations cease, due to a non-scheduled school closure for an unforeseen event, such as fire, flood, earthquake, adverse weather, or cyberattacks.

have five LEA working days to respond to a CQ. All CQs, TSP responses, and moment coding-related communication with LEAs and TSPs must be documented in the SSP.

DHCS will make a standardized Quarterly Coding Report (QCR) Coding and Documentation Certification Form available for RMTS Administrative Units to use each quarter. Units will have 30 calendar days after the close of the quarter to assign codes for all moments for the sampling period. Once all moments are coded, the Unit must provide to their participating LEAs the QCR, detailing the assigned code for each LEA's moments. Participating LEAs will then have 30 calendar days to review the QCR and have the appropriate LEA Coordinator(s) certify their agreement with the QCR or submit requests for coding corrections to their RMTS Administrative Unit. The RMTS Administrative Unit will have 30 calendar days to review coding correction requests and make corrections, if appropriate. If no correction requests are submitted and/or the LEA coding correction requests are agreed upon, the LEA will certify the QCR Coding and Documentation Certification Form, indicating that the LEA has the appropriate documentation[13] to support moments for their TSPs. Signed QCRs will be submitted by the RMTS Administrative Unit to DHCS upon request. DHCS will begin their moment review after the 30-calendar day coding correction review period has closed.

If the RMTS Administrative Unit and a LEA do not reach an agreement on a coding correction within the 30 days, the coding decision may be elevated to DHCS through a coding appeal. All coding appeals will be submitted by the RMTS Administrative Unit on behalf of the appealing LEA. If a coding appeal is submitted to DHCS, the appealing LEA shall not certify the QCR Coding and Documentation Certification Form until all relevant coding appeals are resolved. DHCS will request the reason for the correction and any back-up documentation to support the LEA's coding appeal. DHCS will evaluate the appeal request and supporting documents under relevant State and federal law. DHCS may interview relevant parties, as necessary, for clarification or additional information and may exercise its discretion to allocate an appropriate amount of time during the appeal process period to obtain any additional relevant records or information. DHCS will issue a written coding decision to all parties within 60 business days of receiving the appeal request. Once DHCS has resolved all coding appeals for a LEA and all coding changes are updated in the SSP, the appropriate LEA Coordinator(s) at the impacted LEA must certify their QCR Coding and Documentation Certification Form.

---

[13] See the *Documentation Requirements* section of this TSIP for the appropriate documentation required for direct service and administrative activity moments.

Moments selected, matched with TSPs, and coded for each sampling period are documented in a Master Moments List maintained by each RMTS Administrative Unit in a secure location. Each Unit's Master Moments List includes participating LEA identifying information, the name of each selected TSP, the date and time of the moment selected for that TSP, and the assigned final code. Master Moment Lists will be made available by RMTS Administrative Units to DHCS after the Unit has coded all moments in the sampling period, for DHCS quality assurance and monitoring purposes.

State of Emergency Exception

In the event there is a "state of emergency", or other disaster declared in the State of California or a portion of California, that is declared by the president, governor, or mayor, that results in prolonged LEA closures that impact the statistical validity of the RMTS sample as defined in this TSIP. DHCS will identify which affected sampling period(s) are statistically invalid for which LEAs/RMTS Administrative Units. In such cases, for impacted LEAs and RMTS Administrative Units, the RMTS may continue to be administered, and results used if statistical validity requirements are met during the impacted quarter(s). However, if the sample is not statistically valid for the impacted quarter(s), the RMTS percentages will be calculated using an average of the RMTS percentages for the two most recent comparable quarters with finalized RMTS data available to DHCS. This claiming methodology will apply to statistically invalid sampling periods occurring during the "state of emergency," including the sampling period in which the state of emergency is declared and the sampling period in which the "state of emergency" period ends. DHCS will notify CMS within 15 business days of determining that a sampling period is statistically invalid, including the reason for the determination, along with details and dates of the declaration of emergency.

QUALITY ASSURANCE & TRAINING

Coding Quality Assurance

RMTS Administrative Units are responsible for monitoring their region's moment responses and coding moments in a timely manner. Each RMTS Administrative Unit must review a minimum of ten percent of each participant pool's (Pool 1 and Pool 2) coded moments for the sampling period. The ten percent review of each pool's moments will also include a review of any CQs associated with those moments. Each review shall consist of verifying the following:

- » TSP responses, submission, and certification of moments.
- » Accuracy of the assigned codes for selected moment responses.
- » Coding error escalation and revision processes.
- » Compliance of CQ details and process.

Using the SSP, once the RMTS Administrative Unit has verified coding, DHCS will randomly select a minimum ten percent sample of total valid moments (Codes 1-16) within each RMTS Administrative Unit during the sampling period for independent validation. DHCS's validation will consist of reviewing the sampled TSP responses, the corresponding code assigned by the RMTS Administrative Unit's primary and senior coders, and any related CQs asked by the coders. If DHCS does not agree with the codes assigned, the Unit will have ten calendar days to provide additional details to DHCS before a final coding decision is made by DHCS. DHCS holds final approval for all coding decisions.

Each RMTS Administrative Unit must submit the prior FY's finalized RMTS results from all sampling periods to DHCS by December 31, following the close of the prior FY time study. The form used to submit finalized RMTS results will be published annually on the DHCS website.

Note: Final determinations for all coded moments in the appeal process will be made by DHCS no later than January 31, at which time, the RMTS Administrative Unit must submit their finalized RMTS percentages to DHCS.

RMTS Statistical Validity Compliance

A statistical validity check of the time study results is completed by each RMTS Administrative Unit's SSP vendor and verified by the RMTS Administrative Unit at the

conclusion of each sampling period. The validity check ensures that the minimum number of valid responses is received each sampling period, in order to meet required statistical validity. The number of completed and returned valid time study moments is analyzed to confirm that the confidence level requirements and margin of error outlined in the *RMTS Sampling Requirements* section of this TSIP have been met. After a sample has been verified to meet statistical validity, the RMTS Administrative Unit must determine the sample's response rate.

The RMTS Administrative Units will generate statistical compliance reports to serve as documentation that the sample results have met the necessary statistical requirements. The validity of the sample must be confirmed before the time study results are calculated for the sampling period.

RMTS Response Rate Compliance

RMTS Administrative Unit Level

DHCS will require 85 percent of moments to be valid moments to meet response rate requirements. A moment response is considered valid if the response was properly submitted by a TSP within the required response timeframe or if the TSP was verified to be on paid time off (Codes 1-16).

The response rate for each RMTS Administrative Unit's quarterly time study will be calculated as follows:

$$\frac{Total\ Valid\ Moments\ (Codes\ 1-16)}{Total\ Valid\ Moments + Total\ Non-Response\ Moments\ (Codes\ 1-16\ \&\ Code\ 18)}$$

If a RMTS Administrative Unit's rate of valid moments is less than 85 percent, **<u>all</u>** non-response moments (Code 18) will be re-coded as non-allowable codes/non-Medicaid time (Code 1) and included in the numerator. Invalid moments (Code 17) do not count against the 85 percent response rate because they are fully excluded from the calculation (numerator and denominator).

LEA Level

To assist in reaching the 85 percent response rate at the RMTS Administrative Unit level, each Unit will monitor their participating LEAs to make sure they are properly

responding to sampled moments. LEA compliance with the 85 percent response rate is initially determined using the formula above by analyzing total aggregated moments (Pool 1 and Pool 2) for each LEA when the LEA's total moment count is 56 or more moments in a sampling period. LEAs that fail to meet the 85 percent response rate will then undergo a pool-specific response rate analysis for each participant pool that has 14 or more moments to ensure each participant pool met the 85 percent response rate. Within two weeks of the close of a quarter, the RMTS Administrative Unit will make available to DHCS a statistical compliance report that includes details on all LEAs with 56 or more moments and will identify any LEAs that fail to meet compliance for that quarter (including participant pool-specific response rates).

LEAs that fail to meet compliance for a quarter will receive a warning letter from the RMTS Administrative Unit (using a DHCS template) that will include the following:

- The LEA's combined pool response rate.

- A further breakdown of the LEA's response rates by participant pool.

- Recommendations for actions the LEA may take to improve their compliance percentage.

- The action that will be taken if the LEA fails to meet a combined participant pool response rate of 85 percent for any additional quarters within the FY (as described below).

The warning letter shall be sent to all impacted parties (e.g., LEA Superintendent, LEA RMTS Coordinator, LEA BOP Coordinator, LEA SMAA Coordinator, etc.) as soon as possible after notifying DHCS but within thirty (30) days after the end of the non-compliant quarter. The RMTS Administrative Unit must further collaborate with DHCS for outreach to and education of the non-compliant LEAs

LEAs that fail to meet the combined pool response rate of 85 percent for a second quarter, within the same FY, will be placed on a corrective action plan by their RMTS Administrative Unit. If the LEA is non-compliant for a third quarter in a FY, that LEA may not claim or receive federal funding for the participant pool(s) that did not meet the 85 percent response rate for all non-compliant quarters, and may be disenrolled from the program(s).

RMTS Training

LEA RMTS Coordinator Training (RMTS Process and Compliance)

Each RMTS Administrative Unit is responsible for providing annual training for the Unit's participating LEA RMTS Coordinators, which will include an overview of the RMTS SSP, information on how to access and input information into the RMTS SSP, and how to appropriately identify staff that are eligible to participate in each RMTS participant pool. It is essential for LEA RMTS Coordinators to understand the purpose of the time study, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the school-based Medicaid programs. All training materials will be accessible to LEA RMTS Coordinators through their RMTS Administrative Unit.

All portions of annual training(s) provided by a RMTS Administrative Unit that include information on school-based Medicaid program policy require submission to DHCS for review prior to the training date. DHCS may notify the RMTS Administrative Unit if there are any concerns or changes required for the training(s).

Central Coding Staff Training (Activity Coding)

Activity code training is required for central coding staff. DHCS will provide annual central coder training for each RMTS Administrative Unit's senior coding staff who will then train their individual primary coding staff. The training will overview the coding process, and may review topics including, but not limited to, activity codes and sample responses for each code, review of sample moments coded in prior quarters, CQ procedures and requirements, and coding best practices.

TSP Training

DHCS will provide a standardized TSP training that will be used annually to train all TSPs. The TSP training includes information on the school-based Medicaid programs, the sampled TSP's role in the RMTS, as well as how to complete the moment. RMTS Administrative Units may supplement this training with additional training materials to support TSPs in their region.

Every RMTS Administrative Unit must submit a training plan to DHCS by May 1 for the upcoming fiscal year starting July 1. Training plans must include the timeline for training, how the training will be administered, how the Unit will ensure that any TSPs added after the Q1 TSP List is submitted are trained in a timely manner throughout the

upcoming fiscal year, and an agreement that the RMTS Administrative Unit must maintain a record of all trainings provided to TSPs and make available a report, upon request, which includes the date and time the training was provided.

In addition to the required annual training for all TSPs, RMTS AU must provide training as part of the moment response process for TSPs that receive a moment. This training must be developed by the RMTS AU and reviewed by DHCS before it is incorporated into the RMTS SSP. TSPs must review the training prior to completing and certifying their moment. The training in the SSP must contain the following components:

- Relevant internal controls

- Time study procedures and protocols

- Documentation requirements

- Oversight and monitoring procedures

- Claiming requirements, including the level of detail needed in documentation of activities

Time Study Quality Assurance Processes

Each RMTS Administrative Unit shall maintain a quality review process and perform quality reviews to monitor the integrity of the RMTS, the accuracy of all time study data, and the results within their region to ensure that:

» The quarterly sample is generated according to the requirements in this TSIP.

» The seed numbers are maintained so that the random sample can be validated, if needed.

» All moments are reviewed by two primary coders, resulting in an assigned activity code for all moments.

» An internal review of at least ten percent of total moments is conducted by the senior coder each sampling period.

» All coding changes resulting from the DHCS review process and/or the coding appeals process are incorporated into the SSP.

» Statistical validity is confirmed for each sampling period.

» LEAs that did not meet the 85 percent compliance threshold are notified of their non-compliance and made aware that costs may not be placed on the LEA's LEA BOP CRCS report and/or the SMAA invoice for the non-compliant quarters if three or more quarters of non-compliance are identified within a FY.

To ensure proper quality assurance practices, state and federal officials may review the electronic RMTS records, summary reports, TSP responses, CQs, and the assigned code for any random moment throughout the quarterly time study process, as necessary.

When necessary, DHCS will review a sample of LEA moment responses to ensure compliance with documentation requirements. DHCS will work cooperatively with LEAs to remediate any identified deficiencies and provide moment documentation best practices. DHCS may elect to provide additional education and training, as well as develop prospective corrective action plans for LEAs, if needed.

DHCS meets with the RMTS Administrative Units on a regular basis to discuss compliance-related topics. If DHCS identifies discrepancies or inconsistencies in the coding or quality of RMTS results when sampling moment responses, DHCS will request an explanation, clarification, and/or correction of identified discrepancies or inconsistencies. DHCS may also request a RMTS Administrative Unit to provide details on its quality review process. In certain cases, DHCS may pursue remedial action against LEAs and/or RMTS Administrative Units for failing to meet LEA BOP or SMAA Program RMTS requirements or failing to correct problems identified during a review. Resulting sanctions that DHCS may impose include, but are not limited to:

» Placing LEAs on "payment hold" until the issues are resolved.

» Limiting LEA participation in RMTS, which prevents costs being placed on the LEA BOP CRCS report or SMAA invoice for that quarter.

» Recouping funds.

» Conducting more frequent RMTS Administrative Unit comprehensive program compliance reviews.

» Canceling the LEA's or RMTS Administrative Unit's contract.

ACTIVITY CODES

Introduction to Time Study Activity Codes

Time study activity codes assist in the determination of time and associated costs related to and reimbursable under the LEA BOP and the SMAA Program. The time study codes have been designed to reflect all activities performed by TSPs.

The activity codes are assigned indicators that determine allowability, FFP rate, and Medicaid population. A code may have one or more indicators associated with it. These indicators should not be provided to TSPs. The time study code indicators are:

Code	Activity Description
U	**Unallowable** – refers to an activity that is unallowable under the school-based Medicaid programs. This is regardless of whether the population served includes Medicaid-eligible individuals.
TM	**Total Medicaid** – refers to an activity that is 100 percent allowable.
PM	**Proportional Medicaid** – refers to an activity, which is allowable under the Medicaid program, but for which the allocable share of costs must be determined by the application of the discounted or proportional Medicaid share (using the Medicaid Enrollment Ratio, or MER). The proportional Medicaid share is determined for each LEA. For both the LEA BOP and SMAA Program, the Medicaid share is determined as the ratio of Medicaid enrolled students to total students.
R	**Reallocated** – refers to those general administrative activities which must be reallocated across the other activity codes on a prorated basis. These reallocated activities are reported under Code 16 (General Administration/Paid Time Off). Note that certain functions, such as payroll, maintaining inventories, developing budgets, and executive direction are considered overhead; therefore, they are only allowable through the application of an approved ICR.

The following time study codes are to be used for the RMTS:

Activity Code	Type of Activity	Description	Allowable Program	Allowable Percent FFP
1	Educational	School-Related and Educational Activities	Unallowable	U
2A	Direct Medical	Covered Direct Medical Services	Direct Services	PM/FFP varies by covered population
2Z	Direct Medical	Non-Covered Direct Medical Services	Unallowable	U
3	Outreach	Non-Medicaid Outreach	Unallowable	U
4	Outreach	Medicaid Outreach	Administrative	TM/50 percent
5	Enrollment	Facilitating Application for Non-Medicaid Programs	Unallowable	U
6	Enrollment	Facilitating Medicaid Application	Administrative	TM/50 percent
7	Referral	Referral, Coordination, and Monitoring of Non-Medicaid Services	Unallowable	U
8	Referral	Referral, Coordination, and Monitoring of Medicaid Services	Administrative	PM/50 percent
9	Transportation	Arranging Transportation for Non-Medicaid Services	Unallowable	U
10	Transportation	Arranging Transportation in Support of Medicaid Services	Administrative	PM/50 percent
11	Translation	Non-Medicaid Translation	Unallowable	U

Activity Code	Type of Activity	Description	Allowable Program	Allowable Percent FFP
12	Translation	Translation Related to Medicaid Services	Administrative	PM/75 percent
13	Planning	Program Planning, Policy Development, and Interagency Coordination Related to Non-Medicaid Services	Unallowable	U
14	Planning	Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Services	Administrative	PM/50 percent
15	SMAA Administration	Medicaid Claims Administration, Coordination, and Training	Administrative	TM/50 percent
16	General Administration	General Administration / Paid Time Off	Administrative and Direct Services	R
17	Unallowable	Not Working / Not Paid	Unallowable	U
18	Unallowable	No Response	Unallowable	U

After a TSP responds to their moment, it is the coders' responsibility to categorize the response into one of the above activity categories, using the detailed code definitions contained in this section. The coding structure identifies whether the activities logged are claimable, non-claimable, or an allocated expense. All time study results are aggregated at the RMTS Administrative Unit level and applied uniformly to LEAs participating in the school-based Medicaid programs in the RMTS Administrative Unit's region.

Code 1.   School-Related and Educational Activities

This code should be used when TSPs perform school-related activities that are not health-related, such as social, educational, and teaching services, and employment and job training required for employment. Additionally, this code should be used for responses that are returned with entirely blank fields or that contain unacceptable content, such as "N/A". Activities that are specific to education and students, particularly instructional-, curriculum-, and student-focused areas (including attendance reports and all other student records), should be coded here. Included in Code 1 are supervisory activities (as it pertains to students), and travel related to these activities. These activities include the development, coordination, and monitoring of a student's education plan. The following list provides examples of Code 1 activities:

a. Providing classroom instruction (including lesson planning).

b. Providing individualized instruction (e.g., math concepts) to special education students.

c. Testing, correcting papers.

d. Compiling attendance reports.

e. Monitoring student academic achievement.

f. Performing activities that are specific to instructional, curriculum, student-focused areas, including those performed by health providers.

g. Reviewing the education record for students who are new to the school.

h. Providing general supervision of students (e.g., playground, lunchroom).

i. Monitoring student academic achievement.

j. Providing individualized instruction (e.g., math concepts) to special education students.

k. Conducting external relations related to school educational issues/matters.

l. Compiling report cards.

m. Applying discipline activities.

n. Performing clerical activities specific to instructional or curriculum areas.

o. Compiling, preparing, and reviewing reports on textbooks or attendance.

p. Enrolling new students or obtaining registration information.

q. Conferring with students or parents about discipline, academic matters, or other school-related issues.

r. Evaluating curriculum and instructional services, policies, and procedures.

s. Non-Medicaid training and professional development activities, including coordinating, conducting or participating in training events and seminars related to:

    i. Curriculum or instruction (e.g., language arts workshop, computer or technology instruction, differentiated instruction, etc.),

    ii. Enhancing IDEA (Individuals with Disabilities Education Act) child find activities,

    iii. Understanding the IEP/IFSP process / documents and how to implement the academic portions of the IEP/IFSP in the classroom,

    iv. Classroom management, positive discipline and general strategies to manage student behavior.

k. Performing clerical activities specific to instructional or curriculum areas.

l. Developing, coordinating, and monitoring the educational components of the IEP/IFSP for a student, which includes the following activities:

    i. Ensuring annual reviews of the IEP are conducted,

    ii. Ensuring that parental sign-off on the IEP/IFSP is obtained,

    iii. Scheduling or attending the IEP/IFSP team meetings (Note: If a health service practitioner's moment occurs when they are reporting out to the IEP/IFSP team on their health-related findings, time may be eligible for a Code 2A), and

    iv. Completing the educational components of the IEP/IFSP, including updating progress indicators such as grades and attendance, recommending appropriate educational placement, and drafting details for adaptive physical education services.

m. Preparing for and providing behavior management principles to students (Note: this is separate from behavioral health services).

n. Academic and educational staff meetings (student meetings, school, staff, off-site, etc.).

o. Routine maintenance of files to ensure student files are up to date, including checking that immunizations are current to comply with school attendance policies.

Code 2.   Direct Medical Services

This code is used when a direct medical service is provided to a student. Direct medical services also include administrative activities that are an integral part of or an extension of a medical service (e.g., patient follow-up; patient assessment; patient counseling; patient education, and patient, parent, and practitioner consultations).

Code 2 may be assigned to a moment submitted by a TSP in either Participant Pool 1 or Participant Pool 2. If a direct medical service is provided by a Participant Pool 2 TSP, it must be assigned to Code 2Z, non-billable direct medical services. For example, a TSP in Participant Pool 2 that responds to a moment indicating that they were providing speech therapy to a student, would be coded to 2Z.

Code 2A. Direct Medical Services Covered by the LEA BOP

This code is used when the TSP is providing medically necessary LEA BOP covered health services. This code can be used when the student is present but also includes pre- and post-time directly related to providing direct care services when the student is not present, including time to complete all paperwork related to the direct care service. Pre- and post-service time includes, but is not limited to: preparation of progress notes and session notes; creating and updating progress reports; review of evaluation testing/observation; planning and scheduling activities for the direct service session; travel to/from the direct service treatment session; researching a student's diagnosis to use for recommending direct services; inputting medical notes into student information systems; or completion of billing activities. Refer to the LEA Provider Manual for details on qualified rendering practitioners (Section *loc ed rend*) to ensure that compliance with coding is met. Examples of Code 2A include, but *are not limited* to:

I. **Assessment Services** – The LEA BOP covers all types of IEP/IFSP assessments (initial evaluations, triennial reviews, annual meetings and amendments) to determine eligibility for special education services and to inform the development of a student's Plan. In addition, the LEA BOP also covers assessments for students that do not meet the criteria to qualify for special education services (referred to as non-IEP/IFSP assessments, which would cover

other care plan assessments). The following activities are encompassed in Code 2A for LEA BOP covered assessments, which include, but *are not limited* to:

a. Review student records, such as cumulative files, health history, and/or medical records.

b. Interview the student, teacher, practitioner and/or parent/guardian.

c. Observe the student in the classroom and other appropriate settings.

d. Consult with other practitioners, the student's Primary Care Practitioner, teachers, parents/guardians.

e. Schedule and administer tests.

f. Score and interpret test results.

g. Write a report to summarize assessment results and recommendations for services.

h. Draft or update the student's present level of performance and/or goals included in the IEP/IFSP/IHSP (or other care plan).

i. Develop a treatment plan (medical plan of care) for a student, outlining the need for medical services.

j. Report out to parents and/or school personnel on a student's health-related assessment findings, present level of performance, progress toward meeting goals and/or impact of the student's disability on performance. This includes time when a health service practitioner is reporting out on a student's health-related assessment results or is recommending services during an IEP/IFSP or other care plan meeting.

k. Evaluating a student in crisis, conducting a threat/risk assessment, or discussing results of the risk assessment with parents/guardians/school personnel.

II. **EPSDT Services, Including Screenings** – The LEA BOP also covers preventive EPSDT services for all students, those in special education and those that do not qualify for special education services (non-IEP/IFSP services), including screening services. The following activities are encompassed in a Code 2A EPSDT health/behavioral health service:

a. Review student records to determine who is eligible for screening services, such as vision screenings, hearing screenings, depression or suicide risk screenings, or other health/behavioral health screenings.

b. Schedule and administer the screening service.

c. Summarize the screening results, including documenting the screening in the student record.

d. Follow-up with parents/guardians or health service professionals on screening results, including referring individual students that fail screenings for additional evaluation and/or treatment. Group referrals, such as letters sent to a group of parents/guardians informing them of screening results, should be coded to Code 8.

e. Schedule follow-up diagnostic tests, when needed.

f. Provide developmentally appropriate individual or group preventive risk factor reduction counseling to students or anticipatory guidance to parents or students when age appropriate. Examples include promoting injury or disease prevention on topics such as:

- Preventing self-harm and suicide,
- Promoting a tobacco-free lifestyle,
- Promoting an alcohol and drug-free lifestyle,
- Promoting mental, behavioral, and emotional health, including signs of depression or anxiety and addressing coping skills, and
- Providing age-specific information on health and safety-related topics.

g. Vaccine counseling to students and/or their families for recommended vaccines.

h. Other covered services listed on the Bright Futures Periodicity Schedule.

III. **Treatment Services** – The following activities are encompassed in a Code 2A treatment service when they are included in the student's IEP/IFSP/IHSP/Care Plan (referred to as "Care Plan" hereinafter).

a. Providing the following therapies:

- Speech-language therapy

- Occupational therapy
- Physical therapy
- Respiratory therapy

b. Behavioral health counseling/treatment services, including crisis counseling.

c. Nursing services and school health aide services, including:

- Specialized physical health care services such as catheterization, gastric tube feeding and suctioning,
- Assistance with Activities of Daily Living (ADLs) to meet essential personal physical needs, such as dressing, toileting, transfers, positioning, mobility, grooming, use of assistive device and feeding,
- Administer medications or injections, pursuant to Care Plan, and
- Administering immunizations/vaccines pursuant to the Bright Futures Periodicity Schedule and/or documenting immunizations in student record and to California Immunization Registry (CAIR).

d. Physician services.

e. Optometry services.

f. Audiology services, including hearing checks (fitting/orientation/checking of hearing aid).

g. Orientation and mobility services (services to low vision, blind, or visually impaired students).

h. Nutritional services.

For the above treatment services, pre- and post-time activities directly related to providing the treatment service are considered allowable as a Code 2A. Examples of this include, but *are not limited to*:

» Preparing for or breaking down equipment related to the student's treatment service (for example, time to build a customized standing frame for the student's upcoming physical therapy session).

» Planning and/or developing materials for treatment services (for example, preparing worksheets for use in a student's therapy sessions that are pursuant to

a student's medical plan of care included in the when students with a Care Plan will be involved in the session).

» Scheduling treatment services for students with Care Plans.

» Consulting with another health service practitioner, staff member, or parent/guardian related to a student's need for covered services. (Note: only the treating practitioner's time is eligible for Code 2A. The health care practitioner that is being consulted is eligible for Code 8).

» Discussing a student's health-related needs, progress or goals with a parent or teacher (for example, parent consultation or education regarding a medication administration plan that is part of a student's Care Plan or a health service practitioner's instruction to a teacher on how to implement related services in a classroom setting).

» Accompanying a student to a covered health service (Pool 1 TSP only).

» Traveling to or from a direct service or initiating a telehealth treatment session.

» Training and professional development activities, including coordinating, conducting or participating in training events and seminars that improve the delivery of Medicaid covered services, including:

- Training to promote advanced practitioner skills, including training to support health service practitioners on delivery of Medicaid covered services (e.g., practitioners training or being trained on catheterization or tube feeding),

- How to develop and implement Medicaid covered case management / wraparound service coordination and manage chronic health conditions, such as diabetes management or asthma management,

- How to conduct Medicaid covered health-related assessments / procedures and implement standardized protocols,

- How to promote trauma-informed care delivery and implement Medicaid covered targeted or universal mental health screenings,

- Attendance at conferences that improve the delivery of Medicaid health services, such as a conference for school psychologists where the TSP is attending a training on suicide prevention, and

- Professional development or continuing education for health practitioners to maintain eligible Medicaid provider status, to promote improved service delivery, such as a licensed Speech-Language Pathologist attending a continuing education training by the California Speech Language Hearing Association.

» Completing paperwork associated with the delivery of a direct care service pursuant to a student's Care Plan, including the interpretation of the evaluation results, preparation of progress notes and reports, documentation of session notes, or completion of billing activities for the student.

» Updating goals and objectives of IEPs/IFSPs/Care Plans related to a student's health services.

IV. **Targeted Case Management Services (TCM):**

Note that to have TCM moments coded to Code 2A, the LEA must include the TSP on their TCM Certification Statement for the applicable quarter. If the TSP is included on the TCM Certification Statement, the LEA will also need to flag that TSP as a LEA BOP TCM provider to assist central coders in coding TCM-related moments. TCM-related moments from TSPs that are flagged as a LEA BOP TCM provider may be coded to Code 2A, depending on whether the service was pursuant to an IEP/IFSP/IHSP. If the TCM activity was pursuant to an IEP/IFSP/IHSP, the moment may be coded to a 2A. If the TCM activity was **not** pursuant to an IEP/IFSP/IHSP, that moment must not be coded to a 2A (but may be coded as any other appropriate Activity Code).

TCM includes the following components:

a. Comprehensive Assessment and Periodic Assessment of Individual Needs.

b. Development of a Specific Care Plan:

- The goals/actions to address the medical, social, educational and service needs,
- Includes meeting with the individual and parents/guardian to establish needs,
- Includes activities for the active participation of the individual to develop those goals, and
- Identifies a course of action to respond to the assessed needs of the individual.

c. Referral and Related Activities:

- Activities that help link the individual with medical, social, educational providers or other programs and services that are capable of providing needed services in the care plan.

d. Monitoring and Follow-Up Activities:

- Activities include making necessary adjustments in the care plan,
- Periodic reviews are to be completed at least every six months,
- Activities and contacts to ensure the care plan is implemented to address needs:
  i. Services furnished in accordance with the individuals care plan,
  ii. Services in the care plan are adequate, and
  iii. Changes in the needs or status of the individual are reflected in the care plan.

The following are additional examples of TCM that would be considered Code 2A when the TSP is flagged as a LEA BOP TCM provider in the SSP:

» Arranging for any Medicaid covered medical/dental/behavioral health diagnostic or treatment services.

» Making referrals to other Medicaid service providers.

» Making referrals for and/or scheduling EPSDT screenings.

» Making referrals for appropriate immunizations.

» Coordinating the delivery of community-based medical/dental/behavioral health services for a child with special health care needs.

» Providing follow-up contact to ensure that a child has received the prescribed medical/behavioral health services covered by Medicaid.

» Coordinating the completion of the prescribed services or termination of services.

» Explaining to other practitioners and teachers results of diagnoses or other EPSDT screenings, or results of a student's evaluation, and the need for any diagnostic or treatment services.

> » Sharing results of screenings or a student's evaluation and arranging for any diagnostic or treatment services, which may be required as the result of a medical condition identified during the student's EPSDT screening.

Code 2Z. Direct Medical Services Not Covered by the LEA BOP

This code includes direct medical services, or an extension of a direct medical service, that are non-billable for reimbursement under the LEA BOP. This includes, but is not limited to, the following services:

a. Emergency cardiopulmonary resuscitation (CPR) treatment and first aid.

b. Monitoring students related to a short-term illness or recent injury that is not included in an IEP/IFSP/IHSP (e.g., attending to a student injured at recess or evaluating a student that does not feel well).

c. Direct services provided by non-qualified practitioners (including TSPs in Participant Pool 2).

d. Accompanying a student to a covered service (only for Pool 2 TSPs).

e. Filling out LEA BOP administrative forms (not related to a student or a service), such as completing a provider enrollment form or registering for a National Provider Identifier (NPI).

f. Substance Use Disorder (SUD) services.

g. Obtaining vaccines or storage supplies, inventorying vaccines or organizing supplies to prepare for a vaccination clinic.

h. Attending to ill staff members.

i. Working on plans for future sessions for students without Care Plans (Note: planning activities for student sessions must be related to students with Care Plans to be considered an extension of the medical service and coded as 2A).

j. Any direct medical treatment services that are not pursuant to a Care Plan. Examples of this include:

- Providing counseling to a student without a Care Plan (for example, spontaneous grief counseling or crisis intervention),
- Administering medication when not pursuant to a Care Plan,

- Providing nursing services when not pursuant to a Care Plan, and
- Any non-student specific tasks supporting the delivery of direct medical services. Examples of this include:
  - Conducting an inventory of supplies to prepare for future services (e.g., organizing the conducting of an inventory of diabetic supplies),
  - Reviewing all student files to determine which students must be assessed per IDEA guidelines (Note: reviewing a student-specific file or medical record as part of an assessment is considered an extension of the medical service and coded as 2A),
  - Organizing supplies to make sure that treatments run smoothly,
  - Setting up a flu shot/vaccine clinic,
  - Reviewing planners and to do lists to prepare for the week or organize the day, and
  - Reviewing technical literature and research articles to increase general knowledge or professional development.

Code 3.   Non-Medicaid Outreach

This code should be used when TSPs perform activities that inform individuals about non-Medicaid social, vocational, general health and educational programs (including special education). Code 3 should also be used when informing individuals about how to access these programs, describing the range of benefits covered and how to obtain enrollment. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities. The following list provides examples of Code 3 activities:

a. Informing families about non-Medicaid wellness programs and how to access these programs (excluding EPSDT, Well Baby, or prenatal programs - see Code 4).

b. Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and healthy practices.

c. Conducting general health education programs or campaigns addressed to the general population.

d. Conducting outreach campaigns directed toward encouraging persons to access social, educational, legal, or other services not covered by Medicaid.

e. Assisting in the early identification of children with special medical/behavioral health needs through various IDEA child find activities.

f. Outreach activities in support of programs that are funded 100 percent by State general revenue.

g. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.

Code 4.   Medicaid Outreach

This code should be used when TSPs perform activities that inform eligible or potentially eligible individuals about Medicaid programs and services and how to access them.

Activities include determining student Medicaid eligibility/enrollment, describing the range of services available through Medicaid and EPSDT, the cost (if any), location, how to obtain services, and the benefits of preventive healthcare. This code also includes related paperwork, clerical activities, or staff travel required to perform these activities (including initiating and responding to e-mail and voicemail).

LEAs are only reimbursed when conducting outreach for the populations served by their schools (i.e., students and their parents or guardians). The following are examples of activities that are considered Medicaid outreach:

a. Providing information about Medicaid covered services and/or EPSDT screenings (e.g., dental, vision and hearing screenings, recommended immunizations, etc.) in the schools that will help identify medical conditions that can be corrected or improved by services through Medicaid.

b. Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid, including services provided through the EPSDT program.

c. Informing children and their families on how to effectively access, use, and maintain participation in all health resources under the federal Medicaid program.

d. Assisting in the early identification of children who could benefit from the health services provided by Medicaid as part of a Medicaid outreach

campaign. Not claimable are child find activities that are required under Special Education regulations (use Code 3 Non-Medicaid Outreach).

e. Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal and well-baby care programs and services.

f. Conducting a family planning health education outreach program or campaign if it is targeted specifically to family planning Medicaid services that are offered to Medicaid eligible individuals.

g. Participating in, facilitating or coordinating outreach and training activities designed to inform, educate, and connect students and families with available Medicaid-covered services.

h. Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.

Code 5. Facilitating Application for Non-Medicaid Programs

This code should be used when TSPs inform an individual and/or family about programs such as CalWORKs, Supplemental Nutritional Assistance Program (SNAP), Women, Infants and Children (WIC) Program, childcare, legal aid and other social or educational programs and referring them to the appropriate agency to complete the application. This code includes related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to e-mail and voicemail. The following are examples of Code 5 activities:

a. Explaining the eligibility process for non-Medicaid programs.

b. Assisting the individual or family in collecting/gathering information and documents for the non-Medicaid program application.

c. Assisting the individual or family in completing the application.

d. Supporting the individual or family to enroll the student in Extended School Year (ESY), credit recovery, summer school, enrichment camps or after school programs.

e. Developing and verifying initial and continuing eligibility for a federal school nutrition program.

f. Contacting families about the Universal Benefits Application (UBA) for LEAs that participate in a federal school nutrition program.

g. Using client information from Medicaid to facilitate federal school nutrition programs.

h. Informing or assisting an individual with a college application or financial application.

Code 6. Facilitating the Medicaid Application

This code should be used when TSPs assist an individual and/or family in becoming eligible for Medicaid. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to e-mail and voicemail. The following are examples of Code 6 activities:

a. Verifying a student's current Medicaid eligibility status for the purposes of the Medicaid program.

b. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.

c. Assisting students or families to complete a Medicaid application.

d. Gathering information related to the application and eligibility determination for an individual, including resource information and transaction processing language information, as a prelude to submitting a formal Medicaid application.

e. Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.

f. Referring a student or family to the local Medicaid eligibility office to complete the application for Medicaid insurance.

g. Assisting the individual or family in collecting/gathering required information and documents for the Medicaid/Covered California insurance application.

h. Participating as a Medicaid eligibility outreach outstation.

i. Using client information gathered from various programs (i.e., Children's Presumptive Eligibility (CPE), Universal Benefits Application and federal school nutrition programs) to facilitate the Medicaid application process to expand enrollment into Medicaid programs and services.

Code 7. Referral, Coordination, and Monitoring of Non-Medicaid Services

This code should be used when TSPs are making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid services, such as educational services. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to e-mail and voicemail. The following are examples of Code 7 activities:

a. Making referrals for and coordinating access to social and educational services such as childcare, employment, job training, and housing.

b. Making referrals for, coordinating, and/or monitoring the delivery of scholastic, vocational, and other non-health-related examinations including making referrals to community organizations (i.e. Lions club for glasses). Gathering any information that may be required in advance of these non-Medicaid related referrals.

c. Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health-related services not covered by Medicaid.

d. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

e. Monitoring and evaluating the non-Medicaid-covered service components.

Code 8. Referral, Coordination, and Monitoring of Medicaid Services

This code should be used when TSPs perform referrals for, coordinate, and/or monitor the delivery of Medicaid covered services. Referral, coordination and monitoring activities related to services in an IEP/IFSP/Care Plan are reported in this code when a TSP is **not** flagged as a LEA BOP TCM provider in the SSP. However, a TSP that is flagged as a LEA BOP TCM provider may not have TCM-related moments coded to Code 8. Code 8 includes related paperwork, clerical activities, or staff travel necessary to perform these activities, as well as initiating and responding to e-mail and voicemail.

Developing, coordinating, and monitoring that the IEP/IFSP meeting is scheduled, the IEP/IFSP is drafted, and parental sign-off of the final document is obtained should be reported under Code 1. Referral and coordination for the initial assessment of IEP services must not be claimed as Medicaid administration. Once the IEP/IFSP meeting is complete and IEP services are established, monitoring and coordination related to those Medicaid services is allowable under this code for SMAA claiming. The following are examples of Code 8 activities:

a. Making referrals for and/or coordinating medical or physical examinations and necessary medical/behavioral health evaluations.

b. Making referrals for and/or scheduling certain Medicaid covered screening, inter-periodic screening, immunizations and health testing.

c. Referring students for necessary medical, behavioral health, or substance abuse services covered by Medicaid. This may include sending notification to a group of parents whose students need additional evaluation universal screenings or referring high risk students for additional services. (Note: a Pool 1 TSP that is following up with a parent/additional practitioner for an individual student post-service delivery would be considered an extension of the medical service and coded as 2A).

d. Arranging for any Medicaid-covered medical/behavioral health diagnostic or treatment services that may be required as the result of a specifically identified medical/mental health condition.

e. Gathering any information that may be required in advance of these referrals.

f. Providing follow-up contact to ensure that a child has received the prescribed medical/mental health services.

g. Coordinating services is identified in an IEP/IFSP/Care Plan to ensure services are being delivered in accordance with the student's plan.

h. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.

i. Coordinating the delivery of interdistrict and community-based medical/behavioral health services for children.

j.   Coordinating medical/behavioral health service provisions with managed care plans as appropriate.

k.   Providing initial and ongoing referral assistance to families where Medicaid services can be provided.

l.   Identifying and referring adolescents who may need Medicaid family planning services.

m.   Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid (IEP/IFSP meetings are not included).

n.   Providing information to other staff and parents on the child's related medical/dental/behavioral health services and plans.

o.   Monitoring and evaluating the Medicaid service components identified during an IEP/IFSP meeting as appropriate.

Code 9.   Arranging Transportation for Non-Medicaid Services

This code should be used when TSPs are assisting an individual to obtain transportation to services not covered by Medicaid or accompanying the individual to services not covered by Medicaid. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to e-mail and voicemail. The following are examples of Code 9 activities:

a.   Scheduling or arranging transportation to social, vocational, educational, and/or any other non-Medicaid services, programs, and activities.

b.   Arranging medical transportation (such as an ambulance) for school sporting events.

c.   Accompanying a student to non-Medicaid covered services.

Code 10. Arranging Transportation in Support of Medicaid Services

This code should be used when TSPs are assisting a student or family to obtain transportation to the site where services covered by Medicaid are provided. This does not include the provision of the actual transportation service, accompanying the

Medicaid eligible individual to Medicaid services, arranging campus security or medical transportation for school sporting events (e.g. ambulances), or the direct cost of transportation, but rather the administrative activities involved in arranging the transportation. Code 10 includes related paperwork, clerical activities, including initiating and responding to e-mail and voicemail. However, a TSP that participates as a TCM provider under the LEA BOP and answers "Yes" to the post-question, indicating that the activity was pursuant to an IEP/IFSP/IHSP, may not have the moment coded to Code 10. This activity includes:

a. Scheduling or arranging transportation to Medicaid covered services.

b. Coordinating IEP/IFSP specialized medical transportation services to the location where services are provided.

c. Reviewing routes and maps for transportation to or from a Medicaid covered service.

d. Troubleshooting early and/or late pick-ups for transportation to or from a Medicaid covered service.

Code 11. Non-Medicaid Translation

This code should be used when TSPs provide translation services for non-Medicaid activities. Include related paperwork, clerical activities or staff travel required to perform these activities, including initiating and responding to e-mail and voicemail. The following are examples of Code 11 activities:

a. Arranging for or providing translation services (oral, written or signing services) that assist the individual to access and understand social, educational, and vocational services.

b. Arranging for or providing translation services that assist the individual to access and understand general student health education outreach campaigns.

Code 12. Translation Related to Medicaid Services

Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service. However, translation must be provided by a third-party performing a translation function for the school and it must facilitate access to Medicaid covered services. LEAs may enter into contracts or employ staff that provide translation or interpretation functions. In no case should a practitioner that is translating

their own work be dual coded as a direct service and translation because a third-party was not fulfilling the role of the translator. Please note that a school district does not need to have a separate administrative unit for translation.

This code should be used when TSPs perform Medicaid translation services. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to e-mail and voicemail. However, a TSP that participates as a TCM provider under the LEA BOP and answers "Yes" to the post-question, indicating that the activity was pursuant to an IEP/IFSP/IHSP, may not have the moment coded to Code 12. Code 12 is claimable at an enhanced FFP rate of 75 percent and includes the following activities:

a. Arranging for or providing translation services (oral, written, or signing services) that assist the individual to access and understand necessary care or treatment covered by Medicaid.

b. Arranging for or providing translation to student/family to understand how to access the application process for Medicaid.

c. Arranging for or providing translation services that assist the student/parent to access and understand screening services, including the state-mandated health screenings (e.g., vision and hearing screenings) or recommended immunizations.

d. Arranging for or providing translations services (oral, written, or signing services) during the IEP/IFSP/IHSP meeting to assist the student/parent to access and understand necessary care or treatment covered by Medicaid.

Code 13. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medicaid Services

This code should be used when TSPs perform collaborative activities with other agencies associated with the development of strategies to improve the coordination and delivery of non-medical/non-mental health services to students and their families. This typically involves large-scale collaborative projects, which are across schools, school departments within a district, and/or between the school district and outside agencies. Non-medical services may include social, educational, and vocational services. This code should include related paperwork, clerical activities, or travel required to perform these

activities, including initiating and responding to e-mail and voicemail. The following list contains examples of Code 13 activities:

a. Identifying gaps or duplication of other non-medical services (e.g., social, vocational, and educational programs) to students and their families and developing strategies to improve the delivery and coordination of these services.

b. Developing strategies to assess or increase the capacity of non-medical school programs.

c. Monitoring the non-medical delivery systems in schools.

d. Evaluating the need for non-medical services in relation to specific populations or geographic areas.

e. Analyzing non-medical data related to a specific program, population, or geographic area.

f. Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.

g. Defining the scope of each agency's non-medical service in relation to the other.

h. Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services to the school populations.

i. Developing non-medical referral sources.

j. Coordinating with interagency committees to identify, promote, and develop non- medical services in the school system.

k. Developing and processing non-medical Memoranda of Understanding (MOUs), contracts, and agreements.

l. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.

m. Planning and policy development, interagency coordination for mandated non-medical/dental or mental health services.

Code 14. Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Services

This code should be used when TSPs perform activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered medical/dental/mental health services to students and their families, and also when performing collaborative activities with other agencies and/or providers. This typically involves large-scale collaborative projects, which are across schools, school departments within a district, and/or between the school/district and outside agencies. This code includes related paperwork, clerical activities or travel required to perform these activities, including initiating and responding to e-mail and voicemail. The following are examples of Code 14 activities:

a. Identifying gaps or duplication of medical/dental/mental health services to students and their families and developing strategies to improve the delivery and coordination of these services.

b. Developing strategies to assess or increase the capacity of non-mandated school medical/dental/mental health programs.

c. Monitoring the medical/mental health delivery systems in schools.

d. Developing procedures for tracking families' requests for assistance with Medicaid-covered services and providers. (This does not include the actual tracking of requests for Medicaid services).

e. Evaluating the need for Medicaid services in relation to specific populations or geographic areas.

f. Analyzing Medicaid data related to a specific program, population, or geographic area.

g. Working with other agencies and/or providers that provide Medicaid services, to expand access to specific populations of Medicaid eligible beneficiaries, and to improve collaboration around the early identification of medical problems.

h. Defining the scope of each agency's Medicaid service in relation to the other.

i. Working with Medicaid resources, such as the managed care plans, to make good faith efforts to locate and develop health services referral relationships.

j. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of Medicaid care services to the school populations.

k. Developing medical referral sources, such as directories of Medicaid providers and managed care plans, which will provide services to targeted population groups such as Medicaid and/or CPE children.

l. Coordinating with interagency committees to identify, promote, and develop Medicaid and/or EPSDT services in the school system.

m. Negotiating and processing MOUs and special agreements that support interagency coordination to improve the delivery of Medicaid services.

n. Participating in or coordinating training that enhances early identification, intervention, screening, and referral of students with special health needs to Medicaid services. (This is distinguished from IDEA child find programs.)

Code 15. Medicaid Claims Administration, Coordination, and Training

This code should be used for TSPs performing administrative activities that support the provision of Medicaid covered services. Code 15 includes claims administration, coordination, and RMTS training activities. This code includes related paperwork, clerical activities, or staff travel necessary to perform these activities, including initiating and responding to e-mail and voicemail. Code 15 does not include any activities related to providing a direct medical service. The following are examples of Code 15 activities:

a. Serving as liaison for regional or local school-based Medicaid programs and with the State and federal governments on Medicaid administration (i.e., LEA BOP Coordinators, LEA RMTS Coordinators, LEC RMTS Coordinators, SMAA Coordinators or their designees).

b. Monitoring the performance of school-based Medicaid programs.

c. Administering SMAA, including overseeing, preparing, compiling, revising, and submitting claims.

d. Ensuring that school-based Medicaid claims do not duplicate Medicaid claims for the same activities from other providers.

e. Coordinating, conducting or participating in training events or seminars on administrative requirements related to Medicaid school-based services, including trainings that support:

i. Medicaid school-based claiming, such as DHCS-facilitated trainings on Medicaid billing requirements, documentation requirements, audit process, practitioner enrollment as a Medicaid provider, etc.,

ii. Medicaid school-based RMTS requirements, such as updates to the RMTS system, instruction on how to utilize the system and/or reports, managing follow-up of random moments, and

iii. Program and subcontractor staff knowledge on state, federal, and local requirements for SMAA claiming.

Code 16. General Administration/Paid Time Off

This code should be used for General Administration, excluding activities related to curriculum instruction (Code 1). Paid time off is also included in this code. General Administration duties are more specific to general administrative/clerical activities related to facilities, district functions and operations. This code should be used by TSPs when performing duties that are not directly assignable to LEA BOP or SMAA Program activities.

NOTE: Certain functions, such as payroll, maintaining inventories, developing budgets, etc., are considered overhead and, therefore, are only allowable through the application of an approved ICR.

Below are typical examples of general administrative activities coded to 16:

a. Reviewing non-instructional school policies, procedures, or rules.

b. Completing personal mileage and expense claims.

c. Paid time off (i.e. lunch break, vacation or sick time, bio-breaks, etc.).

d. Reviewing school or district procedures and rules related to personnel or safety.

e. Attending or facilitating school or unit staff meetings, including staff meetings for direct care practitioners.

f. Attending or facilitating board meetings.

g. Providing general supervision of staff and evaluation of employee performance.

h. Performing administrative or clerical activities related to general building or district functions or maintenance and operations.

i. Troubleshooting technical issues related to staff computers or software systems, including student information systems.

j. Reviewing technical literature and research articles not related to a direct medical service or education curriculum.

k. Coordinating, conducting or participating in other training events, seminars and professional development activities that are policy and procedure related, including:

   i. School policies and procedures related to general building or district functions,

   ii. Safety or emergency preparedness, such as active shooter trainings and school safety plan trainings,

   iii. User training on student information systems, fiscal reporting, electronic medical record systems and billing platforms, and

   iv. Training required for employment, such as "onboarding" training for new staff, required trainings for all staff (e.g., harassment prevention training or mandatory reporter training).

l. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

Code 17. Not Working/Not Paid

This code should be used when a TSP responds to a moment and indicates they were not working at the time of the moment and/or on unpaid time off (i.e. unpaid lunch break). This code is also for moments assigned to TSPs that separate from employment during the sampling period, either permanently or temporarily, and/or the position/moment is vacated and there is no direct replacement. Additionally, this code is used for TSPs that were erroneously included in the TSP Universe (i.e., separated from employment prior to the TSP certification).

Code 18. No Response

This code should be used when an active TSP fails to provide a response to an assigned moment within the required response time. For TSPs who were on leave but failed to notify their coordinator prior to moment expiration, Code 18 will be initially assigned as a non-response until the TSP's leave status is verified by the LEA RMTS Coordinator.

If the TSP's leave status can be verified as paid leave, the moment is reassigned to Code 16. If the TSP's leave status relates to unpaid leave, the moment is reassigned to Code 17.

GLOSSARY

Administrative Activity	An activity that is performed in support of medical services that are coverable or reimbursable under the Medicaid or CHIP program.
Business Day	The typical hours in a day when normal LEA business operations take place. A business day excludes weekends and public holidays.
Calendar Day	A continuous 24-hour period, starting at midnight and ending the same day at 11:59 pm. A calendar day is inclusive of all seven days of the week.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that oversees the Medicaid (known as Medi-Cal in California) and Medicare programs. Medicaid is a national health care program that provides coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.
Central Coder(s)	Staff assigned by each RMTS Administrative Unit to determine Activity Codes based on TSP moment responses. Central coders staffed by each RMTS Administrative Unit include two primary coders and one senior coder.
Child Find	A federally mandated process under the Individuals with Disabilities Education Act (IDEA) that requires school districts to actively identify, locate, and evaluate all children, from birth through age 21, who may need special education and related services due to a disability.
Children's Presumptive Eligibility	This allows certain health care providers to approve temporary health coverage for eligible applicants using an electronic application and self-attestation process. Children's Presumptive Eligibility provides immediate temporary, full-scope benefits on a Fee-For-Service basis for up to 60 days for those who qualify.
Clarifying Question (CQ)	An open-ended question posed by the senior coder to a TSP to gain additional information on the activity performed during the TSP's moment to support the assignment of the correct Activity Code.
Coding Appeal	A formal request submitted by a RMTS Administrative Unit on behalf of a LEA to DHCS to resolve a disagreement regarding the code assignment of a moment(s) by the RMTS Administrative Unit.

Condition for Consortium RMTS Participation	A letter submitted to DHCS by the participating LECs that details a formal agreement on the requirements for a LEC to join a LEC consortium that will conduct a RMTS. This agreement specifies the responsibilities and conditions to be part of a LEC consortium.
Confidence Level	A statistical measure of certainty or assurance, expressed as a percentage, that indicates how often the true parameter would fall within the confidence interval if the same experiment or study were repeated multiple times under the same conditions. For example, a 95 percent confidence level suggests that when the same study is conducted 100 times, it is expected for the true parameter to fall within the calculated confidence interval in 95 out of 100 times.
Cost and Reimbursement Comparison Schedule (CRCS)	Also referred to as the "LEA BOP cost report", the CRCS report is used to compare each LEA's actual costs for LEA services to a LEA's interim Medi-Cal reimbursement by fiscal year.
Direct Medical Service Percentage (DMSP)	A calculation based on the RMTS results which indicates the proportion of time that direct medical service practitioners spend providing covered services. The DMSP is one of several allocation factors that is applied to a LEA's costs on its annual CRCS report.
Direct Service	A health-related service provided to a Medi-Cal enrolled student by a qualified practitioner who is employed by or contracted by a LEA.
Direct Replacement Time Study Participant (TSP)	A qualified individual (per TSIP requirements) that replaces an existing TSP in an active quarter, assuming responsibility for all future assigned moments in the quarter. For example, a TSP retires during the quarter and the staff that is hired to replace that position is updated in the RMTS to replace the original staff member.
EPSDT	The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit provides comprehensive health care services for most individuals under age 21 who are enrolled in Medicaid.
Federal Financial Participation (FFP)	FFP refers to the Federal Government's share of funding provided to the State to support the administration of the Medicaid program. Different populations may have different FFPs, depending on the service provided and eligibility under Medicaid.

Indirect Cost Rate (ICR)	A standardized method of charging individual programs for their share of indirect costs, based on the percentage of an organization's indirect costs to its direct costs.
Individuals with Disabilities Education Act (IDEA)	A federal law that requires a free appropriate public education to eligible children with disabilities and ensures special education and related services to qualifying children.
Individualized Education Program or Plan (IEP) *or* **Individualized Family Service Plan (IFSP)**	A legal agreement composed by educational and medical professionals, with input from the child's parent/guardian, for students identified as disabled in accordance with Individuals with Disabilities Education Act (IDEA) requirements. This agreement guides, coordinates, and documents instruction that is specially designed to meet the student's unique needs, as well as the appropriate related services.
Individualized Health and Support Plan (IHSP)	A care plan used by the LEA as a medical management tool for providing medically necessary direct healthcare services to a student in a school setting. Other common names for an IHSP include, but are not limited to, Individualized School Healthcare Plan; plan of care; treatment plan; and nursing plan.
Invalid Moment	An invalid moment is a moment indicating the TSP was not working and/or not paid. Invalid moments are also assigned to TSPs that were erroneously included in the TSP Universe.
Job Classification	A pre-defined grouping of individuals with similar job roles, responsibilities, and qualifications who are eligible to participate in one of the RMTS participant pools.
LEA BOP Coordinator	An individual at a LEA who administers and oversees the LEA's participation in the LEA BOP. The LEA BOP Coordinator may also oversee the SMAA program and/or the RMTS for the LEA.
LEA Calendar	The LEA Calendar represents all business days when staff are working and are paid, regardless of student attendance. The Calendar should exclude all weekends, holidays, and school breaks.

LEA Medi-Cal Billing Option Program (LEA BOP)	A program for participating LEA providers to bill Medi-Cal for specific health care services provided to enroll students and their families in the school setting.
LEA RMTS Coordinator	An individual at a LEA who oversees the RMTS for the LEA. The LEA RMTS Coordinator may also oversee the SMAA program and/or LEA BOP for the LEA.
LEC RMTS Coordinator	An individual at the RMTS Administrative Unit who administers and oversees the region's RMTS.
Local Educational Agency (LEA)	The governing body of any school district or community college district, the County Office of Education, charter school, a state special school, a California State University campus, or a University of California campus.
Local Educational Consortium (LEC)	A local agency that is one of the service regions of the California County Superintendents (CCS).
Margin of Error (± 3 percent)	Also referred to as "level of precision" in the TSIP, the margin of error is a statistical measure that identifies the range of error that could arise from using a sample instead of surveying the entire population. For example, ±3 percent signifies that the survey's result could be off by up to 3 percentage points in either direction.
Master Moment List	A list of all sampled moments with their assigned Activity Code within a RMTS sampling period that is maintained by each RMTS Administrative Unit.
Non-Response Moment	A non-response moment is a moment that is not responded to within the required response timeframe.
Paid Working Day	A day on which the LEA is open for business (regardless of student attendance) and an individual TSP is paid <u>and</u> scheduled to work. LEA holidays, school breaks, and weekends are not considered paid working days.
Paper-Based Moment	A sample moment generated that is delivered to and responded by the TSP on paper, rather than electronically through the SSP.

Participant Pool	The grouping of TSPs based on their job classification / job duties for purposes of participation in a quarterly RMTS. The RMTS includes two participant pools for TSPs who perform direct services and TSPs who perform administrative activities.
Primary Coder	An individual employed by the RMTS Administrative Unit who conducts initial coding for all TSP moment responses.
Quarterly Coding Report (QCR)	A LEA-specific report generated by the RMTS Administrative Unit including all sampled moments in the sampling period and each moment's assigned Activity Code.
QCR Coding and Documentation Certification Form	A form incorporated into the Quarterly Coding Report (or attached to the report) on which the appropriate LEA Coordinator(s) will certify that the LEA maintains supporting documentation for moments, per DHCS requirements.
Random Moment Time Study (RMTS)	Also referred to as "time study", the RMTS is a federally approved, web-based, and accepted statistical sampling method that estimates the amount of time spent on various tasks. The RMTS is a web-based system that randomly selects and assigns a "moment" in time (one minute) to a pre-determined list of TSPs.
RMTS Administrative Unit	A regional body that is responsible for administering the RMTS for participating LEAs in accordance with DHCS policy. There are three types of bodies that may be a RMTS Administrative Unit in California: LECs, LGAs, and LAUSD.
RMTS Moment	A randomly generated one-minute increment of time on a specific date that is assigned to a randomly selected TSP. The TSP is required to respond to the RMTS moment through the SSP detailing what they were doing, who they were with, and why they were doing the activity during the randomly selected minute.
RMTS (Time Study) Sample	The aggregation of randomly selected moments in time that are matched to randomly selected individual TSPs within the sampling period during which the selected TSPs will be requested to record their activity during their selected moment.
Response Rate	A rate that captures the proportion of valid moments responded to within the required timeframe.
Sample Universe	All potential working minutes that may be selected for a moment within a sampling period, defined by all paid working minutes for all TSPs included in that sampling period.

Sampling Period	The timeframe within each quarter when the RMTS is administered. Each sampling period is unique to a RMTS Administrative Unit's quarterly TSP Universe and begins on the first date that a TSP is able to be sampled and closes on the last date that a TSP is able to be sampled, based on participating TSP work schedules (shifts) for the quarter.
School Based Medi-Cal Administrative Activities (SMAA) Program	A DHCS program that authorizes governmental entities to submit claims and receive reimbursement for activities that constitute administration of the federal Medicaid program.
SMAA Invoice	The summary or aggregate of costs for each claiming unit on each quarterly SMAA invoice. Prepared by each RMTS Administrative Unit on behalf of each participating LEA within its jurisdiction, the Invoice is submitted on the DHCS letterhead and is the amount to be subject to FFP reimbursement to the LEC for the quarter.
SMAA Program Coordinator	An individual at a LEA who administers and oversees the LEA's participation in the SMAA program. The SMAA Program Coordinator may also oversee the LEA BOP and/or the RMTS for the LEA.
Seed Number	The specific number (the "seed") to initialize a random number generator, which is then used to draw a random sample.
Senior Coder	An individual employed by the RMTS Administrative Unit who oversees primary coder coding decisions and asking CQs to TSPs.
Statistical Validity	The minimum number of valid responses (moments coded to Activity Codes 1 through 16) that must be received for the sample to be considered statistically valid for a sampling period, based on a stated confidence level and margin of error.
System Software Platform (SSP)	A web-based system that utilizes the internet to generate and catalog time study moments.
Time Study Participant (TSP)	A person who participates in the time study process and may be selected to respond to a RMTS moment during the sampling period.

TSP Equivalency Request	A formal request sent to DHCS requesting approval of an individual or a group of individuals with a job title that is not already included on the list of approved TSP job classifications for Participant Pool 1 or Pool 2.
TSP Funding Change Form	A form for the RMTS Administrative Unit to identify TSPs (by participating LEA) who were initially certified as eligible to be included on the TSP List, but the TSP's funding source subsequently changed to be 100 percent federally funded, making the TSP's costs ineligible for FFP.
TSP List	A quarterly list containing the direct medical services staff (Participant Pool 1) and administrative activities staff (Participant Pool 2) at a LEA who will participate in the RMTS and are eligible to receive a moment during the sampling period.
TSP Universe	The aggregation of all participating LEA TSP Lists of all staff within the region eligible to participate in the quarterly RMTS and who could potentially receive a moment during the sampling period.
TSP Work Schedule	The aggregation of the unique days and hours (shifts) that a TSP is scheduled to work and be paid. Days listed on a TSP's work schedule should include all paid working days and hours, and may be inclusive of lunch and breaks.
Unplanned Work Stoppage (Unplanned Closure)	A day that is originally identified as a working day by a LEA RMTS Coordinator when certifying the LEA's calendar, which unexpectedly becomes a non-working day during which staff are no longer expected to work or perform job duties.
Vacant Position	A position that is not filled but is included in the TSP Universe. Vacant positions can result from an employee terminating employment after the sampling period is underway, or a position that is not filled prior to the start of the sampling period but is expected to be hired during the quarter.
Valid Moment / Response	A valid moment is a TSP moment response that is completed within the required response timeframe for a TSP that is working and being paid or on verified PTO.