



RANDOM MOMENT TIME STUDY (RMTS)

WHAT PROVIDERS NEED TO KNOW

The RMTS Connection

- The Medicaid in Schools program is not a “fee-for-service” program. Schools aren’t paid based on submitting claims for the individual services provided to students.
- Instead, schools submit “interim” claims to document to DMAS that a covered service was provided to a Medicaid-enrolled student, but those “interim” claims are paid at “interim” (temporary) rates that are later re-calculated via a cost settlement process.
- This type of reimbursement program, referred to as “cost-based” or “cost settlement” is great for schools because it allows school divisions to ultimately receive reimbursement based on actual incurred costs to provide Medicaid-covered services.

The RMTS Connection

- The Medicaid in Schools program uses the RMTS to measure and quantify the amount of time all of the staff (providers) employed by school divisions across the state spend doing work activities that qualify for Medicaid reimbursement.
- Therefore, when you answer a moment, the RMTS is determining whether the work activity happening at the time “counts” for reimbursement in the Direct Services program, the Medicaid Administrative program, or neither program.

The RMTS Connection

- When responding to the RMTS, providers should apply your understanding of program reimbursement and interim billing requirements to your moment responses.
- Your moment response must provide enough complete information so that we can determine whether the work you were doing can be “counted.”
- **Note:** You’ll never need to identify any student specifically, and you’ll never need to consider whether the student you were working with is enrolled in Medicaid or FAMIS when responding to an assigned moment.
 - A moment response is never about the student – it’s about your work activity

RMTS Tips

- Provide sufficient information so that the ***context*** of your work is understood.

| Don't Say: | Say this instead: |
|----------------------|--|
| Completing paperwork | Documenting notes about the SLP session I provided to an IEP student |
| In a meeting | In a meeting with the school psychologist and an SLP discussing a student's recent health concerns and their impact on treatment/therapy |
| Student absent | My scheduled session was canceled because the student was absent, so I was preparing materials for my afternoon PT session with an IEP student |

RMTS Tips

- You are all licensed, qualified health care professionals working in a school setting. But we see many moments answered saying that you're addressing the student's educational needs.
- Remember that educational needs and health care needs can and do overlap!
- As a licensed provider, you have special skills and training to address underlying health issues that are impacting a student's ability to succeed in the educational environment.
- When applying the skills and training of your license to a student who needs your skilled interventions, in Medicaid's view, you are addressing health care needs first and should answer moments accordingly.

RMTS Tips

- Provide sufficient information so that it's clear whether or not the service being provided meets Medicaid requirements for interim billing (*ignoring the actual Medicaid status of the student*).
- RMTS uses language like “Medicaid-qualified” to encompass many aspects of service delivery, like
 - Was supervision in place, where required?
 - Is there an active plan of care?
 - Are services continuing after the qualified provider has discharged the student?

RMTS Tips

- For interim billing purposes, you submit an interim claim for each “visit” or “session” that meets Medicaid’s requirements – thinking about “face-to-face” time with the student.
- Medicaid determines the true cost of providing all those services by “counting” all working time that is an ***integral component*** of service delivery through the RMTS, including:
 - Time spent documenting your service notes/progress
 - Time spent preparing for a therapy session (e.g. gathering the materials you’ll need, getting out supplies/equipment, reviewing your plan for the upcoming session or your notes from last session)
 - Time spent traveling to provide a covered services (e.g. between the elementary school and the middle school)
 - Time spent completing paperwork or electronic interim billing forms/documents

RMTS Tips

- Because the RMTS needs to capture and “count” all the working time that is an ***integral component*** of service delivery, even when not “face-to-face” with the student, we still need to know that the Medicaid requirements for reimbursement of the related service are met.
 - If your moment responses are not clear, you might get a follow-up question asking you about the “purpose of your travel” and things of that nature.
- **Note:** with the expansion of program reimbursement to include services that are not related to a student’s IEP, your RMTS moment responses need to clearly identify work that is related to a student’s IEP vs. when it’s not.

RMTS – “Administrative” Claiming

- Many work activities that school-based providers perform may not be reimbursable as a “direct service” but instead are reimbursed through Medicaid Administrative Claiming.
- In the Administrative Claiming program there are no interim claims, just the RMTS is used to quantify work time spent doing reimbursable activities, such as:
 - Referrals, care coordination, monitoring – “indirect service” time
 - “Big picture” planning (not specific to any one student) for health care service delivery needs/programs
 - Clinical supervision
 - Conducting or receiving training related to health care services and practice



Q&A