



Virginia Medicaid

Department of Medical Assistance Services



**Virginia School-Based Services
Random Moment Time Study
Instruction Manual**

**Commonwealth of Virginia
Department of Medical Assistance Services (DMAS)**

Effective July 1, 2022

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SECTION I: OVERVIEW

Introduction

Virginia's Local Educational Agencies (LEAs), including the Virginia School for the Deaf and Blind at Staunton (VSDB), provide a range of school-based health services to students in order to ensure their safety, attendance and academic performance in the school setting. Some of the students receiving these services are covered by Virginia's Medicaid program or Virginia's Children's Health Insurance Program (known as Family Access to Medical Insurance Services or FAMIS), and some of the school-based health services provided are covered under these programs as medically necessary services (hereafter referred to as "direct health care services"). The Department of Medical Assistance Services (DMAS) oversees the Medicaid and FAMIS programs for Virginia, and LEAs that meet DMAS provider screening and enrollment requirements may seek reimbursement for the costs of providing those covered services when rendered by appropriately qualified providers to students enrolled in Medicaid or FAMIS. Furthermore, under DMAS' cost-based reimbursement methodology, LEAs may also be eligible for reimbursement for a portion of the costs associated with administrative activities that support access to these services for eligible students.

Covered direct health care services provided by LEAs include medical evaluations, other health-related assessments and evaluations, occupational therapy, physical therapy, speech therapy, audiological, personal care, nursing, mental/behavioral health and specialized transportation services. More information about the direct health care services covered by DMAS through the Medicaid in Schools program can be found on the School Based Services page of the DMAS website: <https://www.dmas.virginia.gov/providers/school-based-services/> and in the *LEA Provider Manual*, which can be accessed from the website as well.

Reimbursable administrative activities performed by LEAs include Medicaid outreach and application assistance, school-based health program planning and training, individual student health care planning and coordination, arranging Medicaid-covered transportation, arranging, or providing language translation or sign-language interpretation to enable students to access health care services, and activities performed in response to state or federally mandated public health guidance. More information about the administrative activities that are reimbursable through the School-Based Services program can be found

in Appendix B and in the *Virginia School-Based Services: Guide for Medicaid Claiming of Administrative Costs and Costs Associated with Specialized Transportation*, which can be accessed from the DMAS website: <https://www.dmas.virginia.gov/for-providers/school-based-services/>.

The Virginia School-Based Services Direct Services reimbursement and Medicaid Administrative Activity Reimbursement programs are Federal match claiming programs. Federal matching funds (called Federal Financial Participation or FFP) for allowable state and local expenditures are available to contracted LEAs through participation in the School-Based Services program. Final reimbursement to participating LEAs consists of the FFP only. (No state Medicaid funds are used.) The Federal medical assistance percentage (FMAP) is used to calculate the FFP to be paid. The FMAP does fluctuate, which means that this percentage may differ based on the period of services that are being reimbursed.

DMAS determines reimbursable personnel costs for the provision of direct health care services by qualified staff and administrative activities through the following steps:

1. Accumulating personnel costs for those providing direct health care services and/or performing administrative activities,
2. Multiplying these costs by percentages of time spent by personnel on either direct health care services or administrative activities, and
3. Multiplying the above by the relevant Medicaid or FAMIS eligibility percentages.

DMAS uses the Random Moment Time Study (RMTS) to determine percentages of staff time spent providing direct health services or performing administrative activities (step 2 above). LEA participation in the RMTS is required as a condition for receiving any reimbursement through the School-Based Services program. All qualified employees for whom the LEA wishes to seek Direct Service or administrative activity reimbursement must be included in the RMTS. LEAs receive administrative reimbursement for all staff included in the RMTS participant list, in all participant pools. LEAs receive Direct Service reimbursement only for staff included in an appropriate Direct Service participant pool.

LEAs are required to designate an individual from the LEA as the primary contact for all matters related to the operations of the RMTS (Medicaid Coordinator). LEAs may also designate others to assist with RMTS operations. The LEA is ultimately responsible for ensuring compliance with the RMTS, as well as all other program requirements and deadlines as outlined in this guide. The RMTS is a factor that impacts revenue for each LEA

and the entire Commonwealth. Designated Medicaid Coordinators and other staff involved with the administration of the RMTS should carefully review this guide to gain an understanding of LEA requirements and to ensure reimbursable costs are accurately captured through the RMTS.

This version of the manual is applicable to RMTS activities performed on or after July 1, 2022.

Contact Information

The primary point of contact for questions, concerns or assistance related to the Random Moment Time Study is the UMass RMTS Help Desk:

University of Massachusetts Chan Medical School (UMass)

Health Care Financing Solutions

RMTS Help Desk

333 South Street

Shrewsbury, MA 01545

800-535-6741

RMTSHelp@umassmed.edu

SECTION II: RESPONSIBILITIES

We're All In This Together!

The RMTS is the key to a successful and accurate cost-based reimbursement program for Virginia's school divisions (LEAs). The RMTS is conducted statewide, which means that staff from every participating LEA across the Commonwealth are pooled together based on the type of work that they perform, and the single statewide results of the RMTS are used to calculate reimbursement for all participating LEAs. Therefore, it is important that every participating LEA, together with DMAS, VDOE and UMass (the state's contractor), perform their respective responsibilities conscientiously and accurately, and to the very best of their abilities.

DMAS: Program Oversight and Policy Setting

DMAS has overall responsibility for conducting a valid, reliable RMTS time study in support of accurate and compliant cost claiming for school-based direct health care services and administrative activities that support the program. As the state's Medicaid agency, DMAS works with CMS to gain approval for the state's reimbursement methodology and is ultimately responsible for the integrity of the Medicaid in Schools program.

UMass: Administration of the RMTS Time Study

The University of Massachusetts Chan Medical School (UMass) is the contractor engaged by DMAS to manage the day-to-day administration of the RMTS. In this capacity, UMass will:

- Provide and support the web-based RMTS system.
- Control user access to the RMTS system based on properly completed LEA Contact/Designee forms.
- Provide technical assistance to LEA Medicaid Coordinators and Time Study Participants.
- Operate an RMTS Help Desk that is available Monday through Friday from 7:30am - 7:30pm, except on federal holidays. The Help Desk can be reached by toll free phone at 800-535-6741 or by email at RMTSHelp@umassmed.edu.
- Send email reminders to LEA Medicaid Coordinators about approaching deadlines related to submission of RMTS participant lists and work schedule information.

- Provide training to LEA Medicaid Coordinators about how to utilize the various functions in the RMTS system to perform their responsibilities.
- Provide an online training module for LEA RMTS Participants that is fully integrated with the web-based RMTS system.
- Perform quality assurance reviews of LEA RMTS participant and work schedule data, and follow-up with LEA Medicaid Coordinators with questions, as needed.
- Verify that LEA staff included in a direct service pool, where a license is required, have a valid license number, type and expiration date listed in the RMTS participant list, and follow-up with LEA Medicaid Coordinators on any issues.
- Compare LEA RMTS direct service pool staff to the U.S. Department of Health & Human Services, Office of Inspector General List of Excluded Individuals/Entities (LEIE), and follow-up with LEA Medicaid Coordinators on any potential conflicts.
- Generate the quarterly random moment sample, ensuring compliance with all program requirements.
- Configure and schedule system-generated email notifications and reminders to RMTS participants regarding assigned moments.
- Provide central coding staff to review and manually assign appropriate activity codes to random moments that could not be “automapped” by the RMTS system.
- Follow-up with RMTS participants when additional clarifying information is needed in order to assign an activity code to a moment response.
- Review and process LEA-submitted Change of Status requests.
- Calculate RMTS Percentages.
- Calculate LEA and statewide response rates, inform DMAS of any issues, and take corrective action as required.
- Perform statistical validity check to ensure minimum valid sample size was achieved in all pools, inform DMAS of any issues, and take corrective action as required.

VDOE: LEA Training & Technical Assistance

The Virginia Department of Education (VDOE) provides technical assistance and advice to DMAS in administering the RMTS. VDOE conducts statewide LEA trainings, in collaboration with DMAS and UMass, and is available for technical assistance to individual LEAs. The VDOE Medicaid Coordinator is Amy Edwards, who is reachable at

Amy.Edwards@doe.virginia.gov.

LEAs: Manage LEA RMTS Participants and Data

In order to receive reimbursement for either Medicaid Administrative Activities or Direct Services, LEAs are required to participate in the RMTS. LEA responsibilities include:

- Each LEA must assign a staff member to act as the Medicaid Coordinator for purposes of carrying out the RMTS within each LEA. A back-up or assistant Medicaid Coordinator may also be assigned.
- Ensure that all LEA personnel whose costs will be included in the direct health care services annual cost report and/or the quarterly administrative activities claim participate in the RMTS time study, are included in the correct RMTS pool, and meet all qualifications for participation in that pool.
- Maintain accurate work schedules in the RMTS system for participating staff.
- Meet all established deadlines. Failure to meet the deadline to submit RMTS participant list and work schedule information, including failure to follow-up and address any issues raised by UMass during a quality assurance review, will result in removal of the LEA's participants for the upcoming quarter, which means that the LEA will not be eligible for administrative activity or direct services reimbursement for the quarter.
- Ensure that LEA RMTS participants complete the CMS required online training module integrated within the RMTS system prior to answering any moments, and then at least annually thereafter.
- Provide supplementary training and information to RMTS participants, as needed, to fill in the LEA-specific details and expectations that staff need to know to successfully participate.
- Ensure that LEA RMTS participants respond to all assigned moments. Each LEA must achieve a minimum response rate of 85% per pool, per quarter.
- Ensure that supporting documentation for RMTS moments is maintained for the required record retention period with all other documentation to support LEA administrative claims and the annual cost report (see Appendix E).

LEA RMTS Participants: Participate in the RMTS

All LEA personnel whose costs will be included in the direct health care services annual cost report and/or the quarterly administrative activities claim of costs must participate in the RMTS time study. All participants are expected to:

- Complete the CMS required online training module at least once annually.
- Complete any LEA required training.
- Respond to all assigned random moments conscientiously and accurately within 3 school days of the assigned moment date and time.

Each participant will answer the following five (5) questions and certify their responses:

1. What type of activity were you doing?
2. What, specifically, were you doing?
3. Was this activity pursuant to a student's IEP?
4. Who were you working or interacting with? (Please do not use actual names.)
5. Why were you performing this activity?

In order to answer these questions, the participant must login to the secure, web-based RMTS system. Within the system, the participant can select answers to the questions from a drop-down menu or, if none of the answers provided appropriately answer the questions, the participant must provide a written response. Before the survey can be submitted online, the respondent must check a box that says, "I certify that this information is complete and accurate."

- Respond to all follow-up questions sent by central coders and provide clarifying information about moment responses within 5 school days of receiving the question.
- Follow instructions provided by their LEA regarding supporting documentation for RMTS moments.
- Follow instructions provided by their LEA regarding what to do if a moment is missed due to a leave of absence or other extenuating circumstances.

SECTION III: RMTS REQUIREMENTS

Who Should Participate in the RMTS?

At the beginning of the school year, each LEA participating in the program must provide a list of personnel that participate in the delivery of administrative and direct health care services. (Lists may be updated on a quarterly basis.)

Direct health care services, for purposes of the RMTS, are defined as services, interventions or activities performed by LEA personnel with a specified student or group of students to identify or address any physical, behavioral or mental health issue. The decision to include an individual LEA employee in the RMTS must be based on activities performed rather than their job title.

Individuals included in the RMTS under the Administrative Only category should be staff members who are expected to perform Medicaid-related administrative activities but who do not qualify for participation as providers of direct health care services.

Qualified LEA participants are grouped into three (3) mutually exclusive pools:

1. Administrative Services Only
2. Nursing, Behavioral Health and Medical Services
3. Rehabilitation Therapy Services

Each participant is assigned to one pool. Personnel that provide direct health care services are included in either pool 2 or 3. These personnel must be qualified to provide covered services based on state laws; must have completed screening and enrollment-related processes, as applicable and required by DMAS; and have a reasonable expectation of providing one or more covered services for students (regardless of the student's status with Medicaid or FAMIS). Direct health care service personnel who engage in reimbursable activities, but do not meet these requirements may be included in pool 1, Administrative Services Only, if the staff member is reasonably expected to perform covered Medicaid administrative activities (e.g., an unlicensed speech therapy assistant arranges specialized transportation for students to access Medicaid covered services).

Participant information collected includes the individual's name, email address, job position, time study pool, full-time-equivalent (FTE) status and a unique ID number (such as

employee ID number). Relevant professional license information for staff in pools 2 or 3 is included as applicable. Additionally, each staff member's funding source is identified by the percentage of their position that is funded through state/local funds, IDEA funds, federal funds, and other funding sources. Participants in pool 1, Administrative Services Only, include both employed and contracted personnel. Participants in pools 2 or 3 (the direct health care services pools) consist only of employed personnel. (Contracted staff are excluded from pools 2 and 3.) Any staff whose position is included in the calculation of the school division's indirect cost rate are excluded from participation in all RMTS pools.

Minimum Response Rate and Non-Response Policy

To ensure that the time study is completed properly, the DMAS contractor, in its role as the RMTS Administrator, and each LEA's Medicaid Coordinator monitor response rates and provide follow up to participants who have not completed their assigned moment(s). If a participant has changed positions and is no longer working in a position that is eligible to participate in the time study, the moment is be excluded from the State's non-response rate calculation. Similarly, if a participant left employment or retired, the moment is excluded. These exclusions are captured through a Change of Status request submitted by the LEA's Medicaid Coordinator, as described in Section III, part 5 of this guide.

Except as indicated in the paragraph above, the non-response rate includes any assigned moments not completed by the time study participant within three (3) school days of the moment date and moments where the participant failed to respond to three (3) attempts by central coding staff to request clarification to moment responses. The State allows three (3) school days from the time and date of the sampled moment for sampled time study participants to submit an initial response. An additional 5 school days is allowed for central coders to ask follow-up clarifying questions, if needed. Non-responses are not included in the time study results calculation.

DMAS requires 2,401 valid moment responses for each cost pool for each quarter in order to ensure statistical validity. For this reason, DMAS "over-samples" by 20% per pool. If LEA response to public health guidelines is expected to result in unusual fluctuation of staffing and staff schedules that would therefore compromise the usable moments sample size, DMAS oversamples by 25% or more. If the statewide response rate does not reach 85% per pool for a given quarter, all moments in that pool for which there was no response are treated as non-Medicaid activities in the calculation of the percentages/results.

DMAS monitors response rates by individual school divisions to ensure the needed 85% statewide response rate.

1. If the **statewide** response rate **meets** the minimum required 85% for all 3 pools in the previous RMTS quarter, then individual LEAs failing to meet the response rate standard will be notified within 30 calendar days of the end of the quarter as follows:
 - a. If an LEA's non-response rate falls between 15 and 20% in any pool in the previous quarter, DMAS will request the LEA to submit a letter explaining the reasons for the rate of non-returns.
 - b. If an LEA's non-response rate exceeds 20% in any pool in the previous quarter, DMAS will require the LEA to submit a letter of explanation. DMAS may also request a corrective action plan. If DMAS does request a corrective action plan, the LEA will be able to continue participation while the corrective action plan is under development and review. DMAS must approve or reject the corrective action plan within 30 calendar days of receipt. If DMAS rejects the plan, DMAS will offer technical assistance to the LEA and may disallow the LEA from participation until a corrective action plan is approved.
 - c. If an LEA's non-response rate exceeds 15% in any pool for three consecutive quarters, DMAS will require the LEA to submit a letter of explanation with a corrective action plan. The LEA will be able to continue participation while the corrective action plan is under development and review. DMAS must approve or reject the corrective action plan within 30 calendar days of receipt. If DMAS rejects the plan, DMAS will offer technical assistance to the LEA and may disallow the LEA from participation until a corrective action plan is approved.
2. If the **statewide** response rate fails to meet the 85% minimum in any pool(s) for the quarter, the actions described in 1a., b., and c. above will apply. DMAS will also review how each LEA's non-response rates contributed to the statewide failure. If an LEA's non-response rate exceeds 15% in the pool(s) that failed to meet the 85% minimum statewide for the quarter, DMAS will offer technical assistance and may request additional information, which may include a letter of explanation and a corrective action plan. DMAS will consider other actions, including disallowing the LEA from participation until a corrective action plan is taken.

When Do RMTS Moments Occur?

Participants complete the time study for randomly selected moments during three quarters of the state fiscal year, which coincide with RMTS quarters as follows:

Q2: October - December

Q3: January - March

Q4: April - June

An average of the prior three quarterly RMTS results is applied to Quarter 1: July-September. Quarter 1 includes the summer months and the first weeks of the start of the academic year.

Prior to each quarter, each LEA must submit a list of qualified staff for participation in the RMTS and their LEA's calendar showing dates that schools will be open and operating versus holidays or vacation periods. "Open and operating" dates include dates of state-wide testing and days when staff are working and students are not present. Additionally, each time study participant must be associated with a defined "Work Schedule" in the time study participant list that accurately reflects the participant's scheduled work days and hours. The LEA's Medicaid Coordinator must enter and/or update all work schedules into the RMTS system by the established deadline prior to the start of each quarter.

Random Sampling of Moments/Participants

DMAS uses a sampling methodology to achieve a level of precision of +/- 2% with a 95% confidence level for activities. Once compiled statewide, each time study pool is sampled to identify participants in the RMTS. The total pool of statewide moments within each time study pool is created by combining each participant with their identified Work Schedule to create the total pool of potential working minutes (moments) available to be sampled in the quarter. A time study moment is therefore defined as a combination of (1) a specific one-minute unit of time within the quarter and (2) an individual time study participant. Time study moments are randomly selected from the total pool of available moments using randomizer software that uses a statistically valid random sampling technique. To ensure statistical validity of the RMTS, 2,401 answered moments that captured a work activity are required for each job group for each quarter. DMAS intends to oversample by 20% for a total of 2,881 moments per pool, per quarter.

Notification to Participants of Assigned Moments

The RMTS participants are alerted via email of the date and time of any randomly assigned moment, at the assigned moment time. The email prompts them to record the work activity that occurred at that moment and submit their response online. The participant will also receive reminders one hour after the moment and daily until the random moment is submitted, or three (3) school days has elapsed. The participant will not have access to the moment after three (3) school days has elapsed and the moment will be considered “incomplete expired.”

Coding RMTS Responses

Participants complete the time study moment using an online, web-based system. Respondents can select only one response for each question. For all the questions, the participant has the option to write-in an answer. Participants are not required to know activity codes, instead they simply respond carefully and accurately to the series of five questions. If the participant chooses to write-in their response, the DMAS contractor is responsible for coding the response. In these cases, the contractor’s trained staff of RMTS coders review the write-in answers and manually assign the appropriate code. The RMTS coders will contact participants directly in cases where additional information is required to code the response. After three (3) attempts, if the additional information needed is not obtained, the moment will be considered “expired,” and it will not be used in the calculation of the results.

Training

Two types of training will be conducted (1) Medicaid Coordinator Training, and (2) RMTS Participant Training. The following is an overview of each training type.

Medicaid Coordinator and Designated LEA Staff Training

VDOE, in conjunction with UMass and DMAS, will provide at least annual training for the Medicaid Coordinators and any other LEA-designated staff, which will include an overview of the RMTS software system and information on how to access and input information into the system. It is essential for the coordinators to understand the purpose of the RMTS, how to accurately identify staff to be included in the RMTS, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program.

RMTS Participant Training

Participants are trained on how to complete the RMTS through an online training module that includes a demonstration. The training covers important timeframes and deadlines, and how to complete the online RMTS survey and certify and save responses. RMTS participants must complete training prior to responding to any assigned moments, and then at least annually thereafter.

Supporting Documentation for Work Activities Performed

Additionally, each participating LEA is required to maintain documentation that supports the work activities recorded in response to any assigned random moments for their staff. This documentation must be maintained for the record retention period specified in the Medical Services Cost Report and Instructions and the Administrative Claiming Manual and included in Appendix E, and must be made available to DMAS, or other appropriate auditors/reviewers, as needed.

At its discretion, DMAS can review the original participant documentation at any time throughout the claim process, or as needed for further review or audit purposes.

SECTION III: LEA RESPONSIBILITIES

LEA Responsibilities

Each participating LEA must assign a staff member to act as the Medicaid Coordinator for purposes of carrying out the RMTS within each LEA. A back-up or assistant Medicaid Coordinator may also be assigned. Medicaid Coordinators and back-up coordinators will only be given access to the RMTS system upon submission to the UMass RMTS Help Desk of a properly completed and signed Contact/Designee Information Form, available on the School Based Services page of the DMAS website: <https://www.dmas.virginia.gov/providers/school-based-services/> (See Appendix A for a sample form).

Section II of this manual outlined the LEA responsibilities for participating in the RMTS. The Medicaid Coordinator is the key person for each LEA who carries out duties and functions to ensure that their LEA fully complies with all program requirements. This section will provide the details about exactly how to fulfill each of the requirements.

1. Maintain an Accurate RMTS Participant List

The LEA must ensure that all LEA personnel whose costs will be included in the direct health care services annual cost report and/or the quarterly administrative activities claim are included in the correct RMTS pool and meet all qualifications for participation in that pool. LEAs must include staff in the RMTS as of the earliest possible RMTS quarter following a staff member's date of hire or transfer to a qualified position. The following process should be used to identify staff to include in the RMTS:

1. For the Direct Service pools, identify staff who are direct medical service providers who meet the Medicaid licensing qualifications for their specialty area, and who are reasonably expected to provide Medicaid reimbursable services in the upcoming RMTS quarter. LEA-based practitioners who are not included in a Direct Service pool may not submit interim claims, and the LEA may not claim the staff's costs in the Annual Direct Service Cost Report. Refer to the LEA Provider Manual (<https://vamedicaid.dmas.virginia.gov/manuals/local-education-agency>) for Medicaid qualification details and to Appendix C for Direct Service pool assignments by job description.

Note: When including a staff member in a Direct Service RMTS pool when there are specific license restrictions, the LEA must include the appropriate active license information for each staff member. This includes the state license number, license type, and license expiration date. Staff found to have an inactive or expired license or whose license information is invalid or cannot be verified will be required to be removed from the Direct Service RMTS pool, and their associated costs will not be claimable.

2. Identify staff who perform Medicaid billing activities, including any tasks related to completing, submitting, tracking, or other recordkeeping directly for the purpose of submitting interim claims to the Medicaid Management Information System (MMIS). This may include LEA staff who work directly with contracted billing agents to accomplish Medicaid billing for the LEA. These staff members should be included in the Direct Service pool.
3. For the Administrative Only RMTS pool, identify staff who routinely perform at least one of the eight types of Medicaid administrative activities. Note that LEAs also receive administrative cost reimbursement for staff included in a Direct Service RMTS pool. The Administrative Only RMTS pool is designed to identify additional staff for whom the LEA is not claiming, or cannot claim, Direct Service reimbursement, but who perform reimbursable Medicaid administrative activities. Staff can be listed in only one RMTS pool. The eight types of Medicaid administrative activities are described in detail in Appendix B.

LEAs must exclude all staff in all participant pools in the following situations:

- 100 percent of the staff person's salary is paid through a federal grant or from other federal funds [including Individuals with Disabilities Education Act (IDEA) funds]. As a reminder, this includes any state or local funds that were a required match to receive the federal grant, which are considered part of the federal funding percentage related to staff salary,
- Any staff member whose salary is included in the LEA's Indirect Cost Rate (see Appendix F for additional information).

The following information must be gathered and provided about each staff member included in the RMTS participant list:

- **Employee ID:** The employee ID should uniquely identify each staff member. It can be a real employee ID from your school division payroll/human resources information system, or you can choose to leave it blank and the RMTS system will randomly assign a unique ID number to each person.
- **Last Name:** The last name of the staff member
- **First Name:** The first name of the staff member
- **Email Address:** The email address of the participant. This field is very important because all communication with the participants when they are randomly selected to respond to a moment are sent by email.
- **Job Pool:** Identify the job pool that the participant will be part of.
- **Job Description:** Each participant's RMTS job description must be selected from the drop-down list provided. This may or may not exactly match their job title by which you refer to them at your school division. You will provide your school division's job title for each participant in the field called 'Actual Job Title.'
- **Job Type E or C:** The designation E or C stands for Employee or Contractor. Contracted staff may only be included in the RMTS in the Administrative Only pool. If you have contracted staff who provide direct medical services to students, and who meet the Medicaid provider license qualifications for a service type for which your school division is filing claims in the Direct Service portion of the program, you will not include them in the RMTS, but their costs may be claimed in the annual Direct Service Cost Report.
- **Active Yes or No:** This indicates whether the participant will be participating in the RMTS for the quarter. Participants who will not be participating should be marked as 'No.' If any inactive participant returns to work or otherwise needs to begin to participate in RMTS at a later time, they can be re-activated.
- **Funding Source(s):** For all staff, a breakdown of the funding sources used by the LEA to pay for their position must be provided, in the following categories. (Note: the sum of the 4 funding percentages should equal 100%):
 - **Fed Fund %:** Enter the percentage of the staff member's salary that is funded by Federal Grants, other than an IDEA grant (IDEA funding is identified separately)
 - **State/Local %:** Enter the percentage of the staff member's salary that is funded by State/Local revenue.
 - **IDEA %:** Enter the percentage of the staff member's salary that is funded by Federal IDEA Grants

- **Other Funding %:** Enter the percentage of the staff member's salary that is funded by any other funding source not already listed.
- **Other Funding (Specify):** Enter a brief description of the funding source indicated in the Other Funding % column if applicable.
- **FTE:** Full Time Equivalency. Most full-time staff are an FTE = 1. Part-time staff would have an FTE between 0 and 1 based on the number of hours that they work.
- **Work Schedule:** Enter the name of the Work Schedule that is accurate for each participant.
- **Supervisor Email #1 - #3:** Add up to 3 email addresses of 'supervisors' or individuals who will be responsible for following up with each participant to make sure all moments are completed. Any email addresses provided here will be cc'd on 'late' reminder notifications if the participant fails to respond to any assigned moments.
- **Actual Job Title:** This is the job title used within your school division to refer to the position that each participant holds.
- **License Number:** For any participants in either of the direct service pools where an active clinical license is required for the type of service that the participant provides, enter their license number in this field.
- **License Type:** Enter the type of clinical license held by the participant.
- **License Expiration Date:** Enter/update the expiration date of the license of the participant. Only staff with current, active licenses may be included in a Direct Service participant pool where such licensure is required.
- **SD Comment:** This is a comment field for the School Division to enter any information needed about unusual licensing circumstances.
- **New Hire Date:** Any time a new staff member is added to the RMTS, please provide their hire date in this field. For staff members who have been existing employees, but are just joining the RMTS now due to a change of job position, enter the effective date that the participant became eligible to be included.

A detailed description, including screen shots, of how to manage and maintain RMTS Participant information in the RMTS system is available in the "*Step by Step Handbook for RMTS Coordinators*," available on the School Based Services page of the DMAS website: <https://www.dmas.virginia.gov/for-providers/school-based-services/> or from the UMass RMTS Help Desk.

2. Maintain Accurate RMTS Participant Work Schedules

The LEA must maintain accurate work schedules for participating staff in the RMTS system. The RMTS methodology depends on sampling all paid time and only paid time. LEAs must carefully review the working days and hours of staff included in the RMTS to ensure that all paid time is captured through the accurate assignment of staff to RMTS Work Schedules, including work hours that occur when no students are present. This helps improve accuracy, as required by CMS. Similarly, unpaid time (which may include scheduled unpaid break or lunch time during the school day) should be excluded from schedules.

Staff should be grouped into common work schedules based on sharing the same scheduled days of the week and start and end times per working day. The RMTS system allows flexibility to create individual work schedules to accommodate staff with complex schedules, including part-time staff and staff with varied hours per day, rotating schedules that vary by week, and split shifts. LEAs must adhere to the following requirements when creating and maintaining RMTS Work Schedules.

- All scheduled working time must be available to be sampled, including days or hours when students are not in school; all working hours in all buildings and travel time between buildings; and time scheduled to work during school vacations or holidays, as applicable.
- Staff members who hold more than one job at the LEA should be associated with an RMTS work schedule that reflects only their time spent performing reimbursable activities. For example, a part-time librarian who is also a part-time occupational therapy assistant should be associated only with the occupational therapy work schedule. This must be based on a reasonable estimate of scheduled hours related to the staff member's different duties.
- Staff paid a stipend to provide supervision for extracurricular activities (such as an athletic coach or club advisor, etc.) should not be available for RMTS sampling when performing those duties, to the extent that this schedule is known. For example, after-school hours spent coaching would not be included in the RMTS schedule; but an unpredicted club or athletic team meeting or event during regular school hours cannot be predicted and therefore cannot be accommodated in the work schedules.

- Staff who take a predictably scheduled unpaid lunch break should be scheduled accordingly, with a split shift in their work schedule to prevent them from being selected for a random moment during unpaid, non-working time.

LEAs must do the following:

- At the beginning of each school year, no later than the first Friday of September, enter the annual school division calendar and detailed participant work schedule information, indicating the days of the week and times of the day when staff are scheduled to work;
- Create additional schedules quarterly and make updates as necessary; and
- No later than the first Friday of March, adjust any changes to the last day of school that may have occurred because of snow days or other school closures in all impacted work schedules.

A detailed description, including screen shots, of how to manage and maintain RMTS Work Schedules in the RMTS system is available in the “*Step by Step Handbook for RMTS Coordinators*,” available on the School Based Services page of the DMAS website: <https://www.dmas.virginia.gov/for-providers/school-based-services/> or from the UMass RMTS Help Desk.

3: Meet All Established Deadlines

Meet all established deadlines. Failure to meet the deadline to submit RMTS participant list and work schedule information, including failure to follow-up and address any issues raised by UMass during a quality assurance review, will result in removal of the LEA’s participants for the upcoming quarter, which means that the LEA will not be eligible for administrative activity or direct services reimbursement for the quarter.

Table 1: RMTS Participant List & Work Schedule Deadlines:

Time Study Quarter	RMTS Admin Task Deadline
Q2: October 1-December 31	First Friday of September
Q3: January 1-March 31	First Friday of December
Q4: April 1-June 30	First Friday of March

Prior to the beginning of each school year, DMAS posts all important program deadlines, including RMTS deadlines, on the School-Based Services page of the DMAS website: <https://www.dmas.virginia.gov/for-providers/school-based-services/>.

4. RMTS Participant Training

Ensuring that staff are adequately trained in their role in the RMTS leads to better, more-accurate answers, which leads to more-accurate RMTS percentages and can result in more revenue for all participating LEAs across the Commonwealth.

LEAs must ensure that LEA RMTS Participants complete the CMS required online training module integrated within the RMTS system prior to answering any moments, and then at least annually thereafter. The RMTS system will automatically send a “Welcome” email to new participants prior to the start of the quarter, which should prompt staff to login to the website, pick a personal password, and go ahead and complete the mandatory training. Additionally, staff who have never completed the training, or who last completed the training over 365 days in the past, will be prompted to watch the training video upon logging in to the RMTS website.

PRO TIP:

Communicate with staff who will be new to the time study and let them know to expect the “Welcome” email from the RMTS system. People are much more likely to respond positively to the email and complete the training when they know what to expect!

RMTS and Medicaid program training can be incorporated during professional development time or at staff meetings early in the school year. If the required RMTS online training video is used during a group training session, the Medicaid Coordinator can send the list of trainees to the UMass Help Desk so that the training can be recorded in the RMTS system for all those who participated.

LEAs should monitor the Online Training Management reports and follow up with participants to ensure that they are properly trained. Instructions and examples of the monitoring reports that are available in the RMTS system are included in the “*Step by Step Handbook for RMTS Coordinators*,” available on the School Based Services page of the DMAS website: <https://www.dmas.virginia.gov/for-providers/school-based-services/> or from the UMass RMTS Help Desk.

In addition to the CMS required online training video, LEAs should design LEA supplementary training and information for RMTS Participants to fill in LEA-specific details

and expectations that staff need to know to successfully participate. LEA-supplemental RMTS training should do the following:

1. Explain what the RMTS is and why it is important to complete, including fiscal impact to the LEA and why each particular staff member is included in the time study;
2. Explain the LEA's expectations, including LEA oversight and staff compliance expectations and consequences;
3. Inform staff who are new to the time study about their required participation in the RMTS;
4. Inform staff about the required online training module and the need to complete the training before answering any random moments, and annually thereafter;
5. Provide staff with appropriate LEA resources for troubleshooting any problems or answering questions about the Medicaid program;
6. Instruct participants what to do if they return to work after being out for several days and discover that they have missed a random moment;
7. Discuss whether participants can access school email from their personal cell phone (so they can take advantage of the option to respond from their mobile device);
8. Indicate how participants without a dedicated computer at the school will be notified and respond to moments. This includes questions such as, "What is the school's expectation for how frequently I should check my email?" and "Where should I go to check my email and/or respond to RMTS moments?"
9. Specify where participants must save or submit RMTS moment supporting documentation;
10. Identify the staff in participants' building that they can go to if they have questions or need assistance related to the RMTS;
11. Describe LEA policy around copying "supervisors" on RMTS moments; and
12. Address any other topics participants need to understand to be fully compliant, including responding to moments timely and accurately.

5. Monitor RMTS Participation Compliance

LEAs should monitor the RMTS to ensure that LEA RMTS Participants respond to all assigned moments. Each LEA must achieve a minimum response rate of 85% per pool, per quarter. The RMTS system is designed to help you achieve this by providing:

- automated reminder emails to participants until moments are answered. Participants receive an initial notification that they have been assigned a moment “at the moment.” Then, if a response is not entered, reminders are sent at the following intervals:
 - 1 hour after the moment
 - 24 hours after the moment
 - 24 hours before the moment’s expiration date and time (with email notification to the Medicaid Coordinator and any “supervisors”)
 - 4 hours before the moment’s expiration date and time with email notification to the Medicaid Coordinator and any “supervisors”)
- live reports allow Medicaid Coordinators to monitor any assigned moments that have not been answered, including the expiration date and time of the moments and the participant’s email address for easy follow-up.

PRO TIP:

Let building-level “supervisors” help you achieve participation compliance. Supervisors do not need to have actual supervisory authority over the staff; rather, they are intended to be individuals who work in the same building or department as the RMTS participant who will take responsibility for following up with the participant regarding unanswered moments.

Instructions and examples of the monitoring reports that are available in the RMTS system are included in the “*Step by Step Handbook for RMTS Coordinators*,” available on the School Based Services page of the DMAS website: <https://www.dmas.virginia.gov/providers/school-based-services/> or from the UMass RMTS Help Desk.

There are certain situations which may occur that qualify for a participant to be “excused” from answering an assigned moment. In such situations, the Medicaid Coordinator can submit a Change of Status (COS) Request in the RMTS Administration system. Instructions and screenshots for submitting an online COS are included in the “*Step by Step Handbook for RMTS Coordinators*.” The following is a list of guidelines for assessing whether a COS is appropriate.

- If participants were working at the time of their moment, or at any time during the grace period, they should complete the moment. A COS request may not be submitted.

- If participants are selected for a random moment on a day when they were not scheduled to work due to a work schedule error made by the LEA, a COS request may not be submitted.
- For participants who have terminated their employment for any reason:
 - Submit a COS request for a “termination” indicating the effective date of termination of employment. A termination is appropriate to submit when a participant resigns voluntarily or involuntarily; or a participant retires.
 - If a participant is expected to end employment with the LEA effective as of the start of the next quarter, it is not necessary to submit a COS request as long as the Medicaid Coordinator inactivates the participant when making quarterly updates.
- For participants who are still working for the LEA, but are no longer eligible to participate in the RMTS:
 - Submit a Change of Employment Status request indicating the effective date that the participant is no longer qualified to participate. A Change of Employment Status is appropriate to submit for any of the following reasons.
 - Participant is reassigned to a new job position within the LEA, and in the new job position the participant is not anticipated to perform any Medicaid-reimbursable activities;
 - Participant becomes 100 percent federally funded; or
 - Participant was previously in a position that required a clinical license for Medicaid reimbursement, but no longer has an active and current license.
- For participants who were not at work for several consecutive scheduled work days:
 - Submit a Leave of Absence request indicating the start and end dates when the participant was not working.
 - When reporting a Leave of Absence as paid time off, only LEA-incurred salary expenditures charged to accrued benefit time off, such as vacation or sick time, should be reported as paid time off.

- When a staff member receives some pay during a leave that is funded through a short-term or long-term disability insurance plan or a workers' compensation plan, report this as unpaid time off.
 - A leave of absence can be split between paid and unpaid time by indicating the start and end dates of paid time, as well as the start and end dates of unpaid time.
 - If the paid or unpaid status of a leave of absence is not known, it may be submitted as "unknown" initially, but until the paid or unpaid periods are identified, the leave will not be processed.
- All COS requests related to leaves or terminations within a quarter must be reported no later than five business days following the end of that quarter.
 - Any unanswered and expired moments that occurred while a participant was on leave or occurred after their date of termination or change in employment status will not be processed or excused without a COS request.
 - If a request for a Leave of Absence is submitted, the participant will not be deactivated. The participant will be excused from answering moments during their leave but will remain as an active participant in anticipation of their return to work.
 - If school is closed unexpectedly for an extended period of time that affects all participants, or an entire school building, not just an individual participant, please email the UMass RMTS Help Desk at RMTSHelp@umassmed.edu for assistance.

PRO TIP:

Partner with your LEA's business office, payroll department or Human Resources to build an internal process to ensure that staffing changes are communicated to the Medicaid Coordinator in a timely manner.

6. RMTS Supporting Documentation

LEAs should ensure that supporting documentation for RMTS moments is maintained for the required record retention period with all other documentation to support LEA Administrative claims and the annual cost report. Developing a process to centralize this documentation so that it is available upon audit is strongly recommended. Training LEA staff to submit their supporting documentation for moments to a centralized designee has been a successful strategy employed by many LEAs. The RMTS system reports available to Medicaid Coordinators can be used to track moments and to ensure that supporting documentation for those moments has been gathered and filed appropriately.

SECTION IV: RMTS PARTICIPANT ROLE & RESPONSIBILITIES

What to do When You Receive the “Welcome” Email

All new RMTS participants will receive a “welcome” email from the RMTS system. This email contains a User ID and temporary password and a link to the RMTS website. Participants should login, choose a personal password, and complete the online training module prior to the start of the quarter so that they’ll be ready to go if randomly selected.

RMTS Participant Training

All RMTS participants are required to complete a mandatory online training video that is integrated into the RMTS system prior to answering any assigned moments, and then at least annually thereafter.

Completing the RMTS Time Study

School-based staff selected for participation in the RMTS are alerted via email of the date and time of the upcoming sampling moment. At the assigned moment, each participant receives an additional email prompting them to record their work activity at that moment and submit their responses online via the web link provided. For each randomly selected moment, the participant responds to the following questions:

1. What type of activity were you doing?
2. What specifically were you doing?
3. Was this activity pursuant to a student’s IEP?
4. Who were you working or interacting with (please do not use actual names)?
5. Why were you performing this activity?

The participant can select answers to the questions from a drop-down menu of predefined responses or, if none of the responses provided appropriately answer the question, the participant must provide a written response. In addition, sampled participants will certify the accuracy of their responses prior to submission.

The participant must respond within three (3) school days after the sampled moment. Responses not received within the required time frame will be considered “expired” and count against the LEA’s participation rate.

APPENDIX A

Authorization of Designated LEA Contacts

Form available for download on the School Based Services page of the DMAS website:

<https://www.dmas.virginia.gov/for-providers/school-based-services/>

State of Virginia
Department of Medical Assistance Services
<https://www.dmas.virginia.gov/for-providers/school-based-services/>

School-Based Services
Authorization of Designated LEA Contacts

The purpose of this form is to identify the individuals designated by the school division to deliver information necessary for the administration of the following processes on behalf of the school division.

School Division Name: _____

RMTS Coordinator(s): Responsible for managing participant lists and calendars before the start of each quarter. During the quarter RMTS Coordinators are required to update participant data as needed, submit Change of Status requests, and monitor that moments are answered within the allowed grace period.

Name:		Email:	
Name:		Email:	

Student Eligibility Matching: The below personnel are authorized to Upload your School Divisions' student roster into the Student Medicaid Eligibility Matching System, and also who is authorized to review the student data within the matching system and make decisions about 'Possible Matches.' These designees can both be the same person, or the different functions can be separated between more than one individual.

Uploader Name: (Also Reviewer (Y/N))		Email:	
Reviewer Name:		Email:	
Reviewer Name:		Email:	

Administrative Activity Claim Coordinator(s): Responsible for submitting the quarterly staff salary and benefit information and other allowed expenditure data for the quarterly AAC claims.

Name:		Email:	
Name:		Email:	

Cost Report Preparer(s): Responsible for submitting the annual Direct Medical Services and Transportation Cost Report information for the school Division.

Name:		Email:	
Name:		Email:	

School Division Authorization:

Printed Name

Signature

Title of Division Representative

Date

Please scan the completed and signed form and email to:

University of Massachusetts Chan Medical School
 School Based Medicaid Program
 Email: RMTSHelp@umassmed.edu

APPENDIX B

Medicaid Administrative Activities

Individuals included in the RMTS under the Administrative Only category should be staff members who are expected to perform Medicaid-related administrative activities. Medicaid-related administrative activities must fall into one or more of the categories described here.

Medicaid Outreach

These are activities that inform eligible or potentially eligible students or families about Virginia medical assistance services (Medicaid and the Family Access to Medical Insurance Security (FAMIS) program), and refer them to the appropriate resource to make application and determine their eligibility. LEAs may only conduct outreach for the populations served by their school division, i.e., students and their parents or guardians. Examples include:

- Informing Medicaid or FAMIS eligible and potential Medicaid or FAMIS eligible children and families about the benefits and availability of services provided by Medicaid and FAMIS, including preventive, treatment and screening services for children.
- Informing children and their families on how to effectively access, use, and maintain participation in all services and benefits offered through Medicaid and FAMIS programs.
- Informing children and their families about the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children, including how and where to obtain those services, including any health-related screenings conducted at school.
- Distributing DMAS literature (e.g., brochures, flyers) about the benefits and availability of the Medicaid and FAMIS programs.

Facilitating Medicaid Application and Eligibility Determination

These are activities that assist students or families in determining their eligibility for and/or applying for Medicaid and FAMIS. Examples of these activities include:

- Explaining the eligibility/application process for Medicaid and FAMIS.
- Assisting the individual or family collect/gather information and documents for the application process for Medicaid and FAMIS.

- Assisting the individual or family in completing the application, including necessary translation activities.
- Explaining Medicaid and FAMIS eligibility rules and the eligibility determination processes to prospective applicants.
- Referring an individual or family to sources of Medicaid and FAMIS eligibility and enrollment information including on-line resources and their local Department of Social Services.

Arrangement of Transportation in Support of Medicaid-Covered Services

This code is used when assisting an individual to obtain transportation to services covered by Medicaid and FAMIS. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.) but rather the administrative activities involved in arranging transportation. Include related paperwork, clerical activities or staff travel required to perform these activities. This includes:

- Scheduling or arranging transportation to and/or from Medicaid or FAMIS covered services outside of school
- Scheduling or arranging transportation to and/or from school (where the student will be receiving Medicaid or FAMIS covered services in school) that is specially equipped to accommodate the special needs of a disabled student.

Translation or Interpretation Related to Medicaid and FAMIS Services

This code is used when school staff provide translation services related to Medicaid or FAMIS covered services as an activity separate from the activities referenced in other codes. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

- Arranging for or providing translation services that assist the individual to access and understand necessary care or treatment;
- Arranging for or providing signing services that assist the individual or family to access and understand necessary care or treatment.
- Note: translation or interpretation services provided during an IEP meeting are excluded from reimbursement.

Program Planning, Policy Development, and Interagency Coordination Related to Medical Services

This code is used when school staff perform activities associated with the development of strategies to improve the coordination and delivery of Medicaid and FAMIS covered direct health care services to school age children, and when performing collaborative activities with other agencies. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

- Identifying gaps or duplication of medical/mental health services to school age children and developing strategies to improve the delivery and coordination of these services. Developing strategies to assess or increase the capacity of school medical/mental health programs.
- Monitoring the medical/mental health delivery systems in schools.
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.
- Working with other agencies providing Medicaid and FAMIS services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid and FAMIS eligible persons, and to improve collaboration around the early identification of medical problems.
- Defining the scope of each agency's Medicaid and FAMIS services offered in relation to the other.
- Working with Medicaid and FAMIS resources, including the managed care plans, to make good faith efforts to locate and develop health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
- Developing medical referral resources such as directories of Medicaid and FAMIS enrolled providers and managed care plans, who will provide services to targeted population groups (e.g., children with complex, chronic health conditions, children needing health-related screening services or well-child care).

Medicaid/FAMIS Specific Training

This code is used when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the Medicaid and FAMIS programs, how to assist families to access Medicaid and FAMIS services, and how to more effectively refer students for services. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

- Participating in or coordinating training, which improves the delivery of Medicaid and FAMIS services.
- Participating in or coordinating training, which enhances early identification, intervention, screening and referral of students with special health needs for services. (This does not include training on the IDEA child find program.)

Referral, Coordination and Monitoring of Medicaid Services

This code is used when making referrals for, coordinating, and/or monitoring the delivery of Medicaid and FAMIS covered direct health services. Include related paperwork, clerical activities or staff travel required to perform these activities. Activities that are an integral part of or an extension of a covered direct health service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) are considered an integral part of the provision of direct health care services and are coded accordingly. Activities related to the development of an IEP (other than medical assessments) are considered School Related and Educational Activities.

- Making referrals for and/or coordinating medical or physical examinations and performed by a physician, nurse practitioner or physician assistant.
- Making referrals for and/or scheduling health-related screens and appropriate immunization. (Excludes referrals and/or scheduling of child find screens or processes.)
- Making referrals for, coordinating, and/or monitoring the delivery of State education agency mandated child health screens (e.g., vision, hearing).
- Participating in meetings/discussions to coordinate or review a student's needs for health-related services, including medical, vision, dental, behavioral and mental health services, covered by Medicaid and FAMIS, excludes IEP meetings.
- Referring students for necessary health-related services covered by Medicaid and FAMIS.

- Providing follow-up contact to ensure that a child has received the covered services.
- Providing information to other staff on the child's Medicaid and FAMIS covered health-related services and plans.
- Coordinating the delivery of community-based health-related services for a child with health care needs.
- Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid and FAMIS enrolled direct health service providers as may be required to provide continuity of care.

Work Activities in Response to Public Health Guidance

These are activities performed in response to state or federal public health guidance.

Examples of this activity include:

- Infection control activities, including cleaning, sanitizing, and sterilizing activities to control or prevent the spread of infection.
- Developing, planning, or coordinating activities and programs in response to public health guidance
- Investigating, reporting, or monitoring communicable diseases in response to public health guidance
- Monitoring or surveilling activities, including contact tracing efforts or screening of students and staff in response to public health guidance
- Providing or coordinating training for school staff on appropriate infection control protocols and activities necessary in response to public health guidance.
- Making referrals or coordinating medical examinations or services in response to public health guidance

Examples of activities that are NOT reimbursable under the Medicaid Administrative Program:

- IEP meetings (attending, scheduling, preparing for, etc.)
- Writing/editing an IEP
- Obtaining parental consent

- Educational/vocational/social services
- Discipline/general student supervision services
- Monitoring student attendance
- Activities that are an “integral component” of the delivery of a health service (such as planning and preparing to deliver a service or documenting service delivery notes). Medicaid billing activities are part of the Direct Service reimbursement portion of the Medicaid program. These activities are not reimbursable under the administrative program.

APPENDIX C

Time Study Staff Groups (Pools) by Job Position

Table 2: RMTS Pools by Job Position

Position	Administrative Services Only Pool	Nursing, Psychological and Medical Services Pool*	Therapy Services Pool*
Speech Therapist	X		X
OT	X		X
OT Assistant	X		X
PT	X		X
PT Assistant	X		X
Audiologist	X		X
Clinical Psychologist	X	X	
School Psychologist	X	X	
Psychiatrist	X	X	
Clinical Social Worker	X	X	
School Social Worker	X	X	
Substance Abuse Treatment Practitioners	X	X	
Psychiatric Clinical Nurse Specialists	X	X	
Billing Personnel	X	X	
Physician	X	X	
RN/LPN	X	X	
Nurse Practitioner	X	X	
Personal Care Assistant		X	
School Health Coordinator/Nursing Director	X	X	
Psych Technician	X	X	
Behavior Analyst	X	X	
Assistant Behavior Analyst	X	X	
Behavior Technician	X	X	
Vision Specialist	X		
Adjustment Counselor	X		

Position	Administrative Services Only Pool	Nursing, Psychological and Medical Services Pool*	Therapy Services Pool*
Professional Counselor	X	X	
Marriage and Family Therapist	X	X	
Case Manager	X		
School Counselor	X	X	
Health Coordinator	X		
Sign Language Interpreter	X		
Director of Guidance	X		
Special Education Director, Administrator or Assistant	X		
Clerical and Technical Support Personnel	X		
Medicaid Coordinator	X		

*Direct health care service personnel must meet all DMAS qualifications and requirements. If they do not, they are included in the administrative only cost pool if it is determined they are performing Administrative reimbursable activities.

Note: A person who performs more than one job position may be included in one of the direct health care services time study pools if at least one of the job positions would qualify for that pool.

APPENDIX D

Activity Codes and Reimbursement Treatment

Activity Codes	Reimbursable Category	Reimbursable Percent
A. Non-Medicaid Outreach (CMS Code 1.a)	No	
B. Medicaid Outreach (CMS Code 1.b)	Administrative	100%
C. Facilitating Application for Non-Medicaid Programs (CMS Code 2.a)	No	
D. Facilitating Application for Medicaid Programs (CMS Code 2.b)	Administrative	100%
E. School Related and Educational Activities (CMS Code 3)	No	
E1. School-based Disease Prevention and Infection Control Activities in Response to Public Health Guidance	Administrative	100%
F1. Direct Health Care Service (Reimbursable IEP Related Services) (CMS Code 4)	Medical	IEP Eligibility %
F2. Direct Health Care Service (Reimbursable Non-IEP Related Services) (CMS Code 4)	Medical	Non-IEP Eligibility %
F4. Non-Reimbursable Direct Service (CMS Code 4)	No	
G. Provision of Transportation or Arrangement of Transportation for Non-Medicaid Services (CMS Code 5.a)	No	
H. Arrangement of Transportation in Support of Medicaid Services (CMS Code 5.b)	Administrative	Medicaid Eligibility %
H1. Arrangement of Transportation Related to School-based Disease Prevention and Infection Control Activities in Response to Public Health Guidance	Administrative	100%
I. Non-Medicaid Translation (CMS Code 6.a)	No	
J. Translation Related to Medicaid Services (CMS Code 6.b)	Administrative	Medicaid Eligibility %

Activity Codes	Reimbursable Category	Reimbursable Percent
J1. Translation related to School-based Disease Prevention and Infection Control Activities in Response to Public Health Guidance	Administrative	100%
K. Program Planning, Policy Development and Interagency Coordination Related to Non-Medicaid Services (CMS Code 7.a)	No	
L. Program Planning, Policy Development and Interagency Coordination Related to Medicaid Services (CMS Code 7.b)	Administrative	Medicaid Eligibility %
L1. Program Planning, Policy Development and Interagency Coordination in response to public health guidance	Administrative	100%
M. Non-Medicaid Training (CMS Code 8.a)	No	
N. Medicaid Specific Training (CMS Code 8.b)	Administrative	Medicaid Eligibility %
N1. Training Related to School-based Disease Prevention and Infection Control Activities in Response to Public Health Guidance	Administrative	100%
O. Referral, Coordination, and Monitoring of Non-Medicaid Services (CMS Code 9.a)	No	
P. Referral, Coordination, and Monitoring of Medicaid Services (CMS Code 9.b)	Administrative	Medicaid Eligibility %
P1. Referral, Coordination and Monitoring in response to public health guidance	Administrative	100%
Q. General Administration (CMS Code 10)	Both	Allocated

APPENDIX E

Record Retention Policy

The federal government regularly audits the Medicaid and FAMIS programs, and all costs are subject to audit review by DMAS and other state and federal agencies. LEAs are responsible for ensuring that the appropriate documentation can be produced in the event of an audit or other request by DMAS or other state or federal compliance agency. Failure to do so may result in a recoupment or termination from the program. LEAs must follow a 6-year record retention policy by adding one year to the 5-year period as prescribed in section GS-102, Fiscal Records (December 2017), of the Library of Virginia Record Retention Policy.

Below is the link for your reference:

http://www.lva.virginia.gov/agencies/records/sched_state/index.htm

APPENDIX F

Indirect Cost Guidance

It is the responsibility of all participating LEAs to ensure that there is no duplication of expenditures claimed directly and indirectly in Medicaid and School Administrative Activity Claims (AACs) and Direct Service Cost Reports. This requirement is consistent with the CMS Medicaid School-Based Administrative Claiming Guide published May 2003 (Section 6.E., page 45).

Exclusion of Expenditures from AAC Claims and Cost Reports

LEA costs that are reported on the Annual School Report Financial Section (ASRFIN) in the following account codes are included in the calculation of each LEA's Indirect Cost Rate by VDOE, and therefore the LEA must exclude them from RMTS, interim direct claims, Administrative Activity Claims, and Direct Service Cost Reports:

Function Code	Account Name	Account Description
62120	Administration: Executive Administration Services	Activities associated with the overall general administration of, or executive responsibility for, the LEA, including the Superintendent, Assistant Superintendent and other staff who report directly to the Superintendent.
62140	Administration: Personnel Services	Activities concerned with maintaining the school system's staff. This includes such activities as recruiting and placement, staff transfers, inservice training, health services, and staff accounting.
62150	Administration: Planning Services	Activities, other than general administration, that supports each of the other instructional and supporting service programs. These activities include planning, research, development, evaluation, and information.
62160	Administration: Fiscal Services	Activities concerned with the fiscal operations of the LEA. This function includes budgeting, receiving and disbursing, financial and property accounting, payroll, inventory control, internal auditing and managing funds.

62170	Administration: Purchasing Services	Activities concerned with purchasing supplies, furniture, equipment, and materials used in schools or school system operations.
62180	Administration: Reprographics	Activities such as printing and publishing administrative publications such as annual reports, school directories, and manuals. Activities also include centralized services for duplicating school materials and instruments such as school bulletins, newsletters, and notices.
62190	Administration: Data Processing	No longer in use
64100	Operation & Maintenance: Management and Direction	Activities involved in directing, managing, and supervising the operation and maintenance of school plant facilities.
64200	Operation & Maintenance: Building Services	Activities concerned with keeping the physical plant clean and ready for daily use. Include operating the heating, lighting, and ventilating systems, and repairing and replacing facilities and equipment. Also, include the costs of building rental and property insurance.
64300	Operation & Maintenance: Grounds Services	Activities involved in maintaining and improving the land (but not the buildings). Include snow removal, landscaping, grounds maintenance, etc.
64400	Operation & Maintenance: Equipment Services	Activities involved in maintaining equipment owned or used by the LEA. Include such activities as servicing and repairing furniture, machines, and movable equipment.
64500	Operation & Maintenance: Vehicle Services (other than pupil transportation)	Activities involved in maintaining general-purpose vehicles such as trucks, tractors, graders, and staff vehicles. Include such preventive maintenance activities as repairing vehicles, replacing vehicle parts, cleaning, painting, greasing, fueling, and inspecting vehicles for safety.
64600	Operation & Maintenance:	Activities concerned with maintaining order and safety in school buildings, on the grounds, and in the vicinity of schools at all times. Include police activities for school functions, traffic control

	Security Services	on the grounds and in the vicinity of schools, building alarm systems, and hall monitoring services.
64700	Operation & Maintenance: Warehouse Services	Activities such as receiving, storing, and distributing supplies, furniture, equipment, materials, and mail.
68300	Technology: Administration	Include technology-related expenditures that directly support activities concerned with establishing and administering policy for operating the LEA.
68600	Technology: Operation and Maintenance	Include technology-related expenditures that directly support activities concerned with keeping the physical plant open, comfortable, and safe for use, and keeping the grounds, buildings, and equipment in effective working condition.
<i>Exclude all expenditures reported under the following Object Code, for ALL function codes:</i>		
Object Code	Account Name	Account Description
2800	Terminal Leave Costs	Include annual and sick leave payments for personnel who terminate employment. Only employer-paid benefits payments made on the behalf of retirees, including retiree health insurance and health care credits, should be reported under this object code. Also, report pension/retirement plans that are specific to your locality under this object code in the appropriate functions as well as the cost for contract buyouts.