

## EDMS Massachusetts RMTS Checklist

- I. Has the District entered districtwide calendars and staff work schedules<sup>1</sup> into the RMTS system on-line by the first Friday of each month preceding the start of each quarter?<sup>2</sup> Y\_\_\_N\_\_\_
- II. Has the District uploaded the list of eligible RMTS participants into the system 30 days prior to the start of the quarter? Y\_\_\_N\_\_\_
- III. Are Participants responding to the moment within the 5 calendar day grace period? Y\_\_\_N\_\_\_
- IV. Has the District designated an administrative time study contact and sent the proper info to UMMS? Y\_\_\_N\_\_\_
- V. Has the District identified the personnel who are eligible to participate in the time study?<sup>3</sup> Y\_\_\_N\_\_\_
  - a. Direct Services Practitioners:
    - i. Do they meet the credentialing requirements of Direct Service Practitioners? Y\_\_\_N\_\_\_
    - ii. Are they reasonably expected as part of current job duties to provide Medicaid covered IEP related direct medical services to students (Medicaid eligible and/or non—Medicaid eligible) in the quarter being requested? Y\_\_\_N\_\_\_
    - iii. Or are they reasonably expected as part of current job duties to provide Medicaid related administrative activities in the quarter to be requested and will not provide Medicaid covered IEP related direct medical services to students (Medicaid eligible and/or non—Medicaid eligible) in the quarter being requested? Y\_\_\_N\_\_\_
    - iv. Are Medicaid Billing Personnel reasonably expected as part of their current job duties to perform School-Based Medicaid billing functions in the quarter being requested? Y\_\_\_N\_\_\_
    - v. Are staff whose salary costs are duplicative of costs reimbursed through the application of the Indirect Cost rate excluded from the RMTS?<sup>4</sup> Y\_\_\_N\_\_\_
  - b. Administrative Only Staff
    - i. Has the District included health personnel who do not meet the provider qualifications but will be reasonably expected as part of their current job duties to provide Medicaid covered, IEP related direct medical services to students (Medicaid eligible and/or non-Medicaid eligible) in the quarter being requested? Y\_\_\_N\_\_\_
    - ii. Has the District included health personnel who do not meet the provider qualifications but who will be reasonably expected as part of their current job duties to perform Medicaid related administrative activities in the quarter being requested? Y\_\_\_N\_\_\_
    - iii. Has the District included other personnel who will be reasonably expected as part of their current job duties to perform Medicaid related administrative activities in the quarter being requested? Y\_\_\_N\_\_\_
    - iv. Has the District excluded staff whose salary costs are duplicative of costs reimbursed through the application of the Indirect Cost rate from the RMTS?<sup>5</sup> Y\_\_\_N\_\_\_

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<sup>1</sup> Work Schedule is defined as work days and hours. Instruction Guide for RMTS Calendars and Work Schedules for the Commonwealth of Massachusetts Medicaid School Based Claiming, Effective August, 2016, p. 3

<sup>2</sup> Time Study Quarters: October 1- December 31; January 1-March 31; April 1-End of School Year, Id., p. 3

<sup>3</sup> "It is important to review the information for each participant on the list to ensure that it is accurate for the quarter being uploaded. By including a participant on the list, you are certifying that he/she has the qualifying credentials for the job description listed *and is reasonably expected to provide/perform* Medicaid covered, IEP related, direct medical services, Medicaid-related administrative activities, or School based Medicaid billing services for the quarter being requested." MassHealth School based Medicaid Program Instruction Guide for Statewide Random Moment Time Study (RMTS), July 2015, p. 9

<sup>4</sup> See, School Based Medicaid Bulletin 28, July 2015

<sup>5</sup> Id.

- VI. Are reimbursable Administrative Activities being provided? Y\_\_\_N\_\_\_
- a. Medicaid outreach - Performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it? Y\_\_\_N\_\_\_
  - b. Facilitating/Assisting in the MassHealth Application Process - Assisting individuals in applying for Medicaid? Y\_\_\_N\_\_\_
  - c. Provider Networking/Program Planning/Interagency Coordination - Performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered services to school-age children and when performing collaborative activities with other agencies regarding Medicaid covered services? Y\_\_\_N\_\_\_
  - d. Individual Care Planning, Monitoring, Coordination and Referral- Making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered services? Y\_\_\_N\_\_\_
  - e. Arrangement of Transportation and Translation Related to Medicaid Services - Assisting an individual to obtain Medicaid covered transportation or translation services? Y\_\_\_N\_\_\_
- VII. Time Study Participant Responsibilities
- a. Are participants answering the 4 questions in a timely matter? Y\_\_\_N\_\_\_
  - b. Are participants certifying the responses? Y\_\_\_N\_\_\_
  - c. Is the RMTS manager designee for each School District monitoring participation to ensure a participation rate of at least 85%? Y\_\_\_N\_\_\_