

Responses taken in part from COVID FAQs

<https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>

1. Since the RMTS is a statewide time study and not individual district time study. How will the RMTS be handled with some schools online, some in person and others hybrid...the RMTS percentage will be way off depending on all the different ways districts are trying to serve students?

CMS Response:

FAQ 3 page 59/99: If school is in session but being conducted remotely, for the purposes of the Random Moment Time Study (RMTS) used in allocating Medicaid administrative cost, please confirm that eligible RMTS school staff may continue to respond to their sampled RMTS moment indicating their activity for their sampled date and time (even if they were working remotely).

Yes, even though the participant is working remotely, he or she may respond to the sampled RMTS moment.

Further from CMS: If revisions to the Public Assistance Cost Allocation Plans and other CMS-approved cost allocation plans and methodologies, including time study methodologies, are needed specifically to address the impact of COVID-19 public health emergency, the state should reach out to CMS, and we will work with the state to process necessary revisions expeditiously. The RMTS changes are relevant for either administrative claiming or direct medical services personnel. CMS encourages states to contact us with any questions so that we can provide any necessary technical assistance.

2. Most therapists are overwhelmed with providing school-based IEP services, and have noted that they are sometimes providing services on evenings and weekends (due to COVID); however school calendars and the IEP have not yet been adjusted to reflect evening and weekend hours, can the service still be captured in RMTS and reimbursed?

CMS Response:

RMTS is designed to capture all work hours during which allowable activities/services may occur. Therefore, any therapists providing services in the evening should have their work schedule updated for purposes of inclusion in the sample universe in order to capture the additional and/or updated work hours. If there are problems doing this, or the state has additional questions, please contact CMS.

3. As school districts across the country continue to have students return to in person instruction, protocols for addressing cases of positive COVID tests among students and staff, including contact tracing procedures, have become necessary administrative functions.
 - * Can contact tracing a reimbursable activity under the Medicaid Administrative Claiming program?
 - * If so, would CMS provide guidance to states regarding the appropriate Medicaid claimable activity code in the Random Moment Time Study code set to code

activities related to contact tracing under, as well as to outline the series of contract tracing activities that would be considered claimable under that code?

- * In most cases there are staff within a school that are designated to record instances of positive COVID tests, determine the extent of exposure, notify the public health department and provide notice of exposure, as appropriate, dependent on state or district policy. Would CMS agree that the full scope of that administrative process would be considered a Medicaid claimable activity?

CMS Response:

See FAQ 1. On page 59/99:

Can states claim Medicaid administrative match for COVID-19 related activities, such as surveillance activities related to the spread of COVID-19?

Yes, to the extent states conduct COVID-19-related activities for the administration of the Medicaid program and can determine Medicaid costs through an allocation methodology that meets all applicable cost allocation requirements, administrative match is available. Amendments may be needed to the public assistance cost allocation plan to allocate additional costs to the Medicaid program. CMS will work with states on an expedited basis to assist in determining cost allocation methodologies and updating cost allocation plans.

Two specific examples of CMS advice to states/territories:

CMS told Puerto Rico that Medicaid funding is available for COVID-19 surveillance activities to the extent the activities are conducted for the administration of the Medicaid program and the state can determine Medicaid costs through an allocation methodology that meets all applicable cost allocation requirements. However, other funds were made available to support state expenditures for contact tracing under the supplemental appropriation to the Public Health and Social Services Emergency Fund (PHSSEF) made by the Paycheck Protection Program and Health Care Enhancement Act, PL 116-139. Therefore, states would need to ensure that claims for surveillance activities are not duplicated under these two federal funding authorities or any other federal funding source. Additionally, absent any statutory authorization, the state cannot use funds received from the PHSSEF as the non-federal share (local match) of contact tracing expenditures paid by Medicaid.

In Ohio, CMS stated that, to the extent states conduct COVID-19-related activities for the administration of the Medicaid program and can determine Medicaid costs through an allocation methodology that meets all applicable cost allocation requirements, administrative match would be available. We also noted that amendments may be needed to the public assistance cost allocation plan to allocate additional costs to the Medicaid program. CMS will work with states on an expedited basis to assist in determining cost allocation methodologies and updating cost allocation plans.

****Please note that activities that are an integral part of or extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, parent consultations, billing activities, etc.) are considered paid for as part of the service itself and may not be claimed separately as Medicaid administration.*