

COMMON MESSAGE

Local Educational Consortium (LEC) School-Based Medi-Cal Administrative Activities Program Update

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BACKGROUND

Since 1999, the School-Based Medi-Cal Administrative Activities (SMAA) program has been regionally administered through 11 Local Education Consortiums (LECs). The 11 LECs are housed within the following county offices of education: Sonoma, Glenn, Sutter, Contra Costa, Santa Cruz, Stanislaus, Madera, Kern, Orange, San Bernardino and Los Angeles.

The goal of the LECs is to efficiently and effectively administer the SMAA program in a way that maximizes access to services for California's more than 6 million students.

The LEC Common Message is intended to provide information in a common language to county offices of education (COEs) and districts as they navigate changes to the SMAA program and implementation of the Random Moment Time Survey (RMTS) claiming methodology.

NEW INFORMATION ITEMS

RMTS NOTIFICATION AND RESPONSE TIMELINE

On Friday, December 22, 2017, the California Department of Health Care Services (DHCS) notified stakeholders of the Centers for Medicare and Medicaid Services' (CMS) initial comments pertaining to the November 2017 revision of the School-Based Medi-Cal Administrative Activities (SMAA) Manual. In the email, DHCS indicated:

*"CMS has revised its time study policy in consultation with the Division of Cost Allocation Services within the U.S. Department of Health & Human Services (HHS) and with input from the Office of the Inspector General (OIG) due to numerous audit findings. As a result, CMS now requires **no upfront notification to time study participants and a 2-day response window, after which participants will no longer be able to revise their responses.** This change in policy is a control designed to enhance the reliability of time study responses and minimize bias."*

In an effort to avert this requirement, the LECs, along with national vendors and stakeholder groups, provided information to DHCS that would be helpful in advocating for the reversal of the new requirement.

DHCS has been made aware that implementing a process with no advance notice and a significantly reduced response window would be harmful to the program, create significant challenges to LEAs and their participants, and reduce compliance and validity of results. School providers operate in a unique environment and under different requirements and rules than are common to other Medicaid providers in community or institutional settings. The recommendation of a 2-day response window does not consider the implications of how that guidance will affect school-based health providers.

The purpose of a random sample is to lessen the administrative burden and to mitigate the mere possibility of manipulation. There is no evidence that supports the view that prior notification can cause bias to the RMTS or cause a respondent to intentionally manipulate their duties. Prior notice has not been shown to contribute to manipulation of the RMTS results.

The majority of CMS approved plans allow for prior notification to the sampled RMTS respondent for their sampled moment. The amount of notice given by state may vary, but the majority of programs provide for prior notification as it provides a practical and sensible approach that has been acceptable since the inception of RMTS programs nationally.

The LECs are strongly encouraging DHCS to advocate for the notifications and response times to remain unchanged. We will continue to work with DHCS until this issue has been resolved.