Medicaid Administrative Claiming RMTS Coordinator Manual

• SCHOOL DISTRICTS •

UPDATED April 2025

Washington State
Health Care Authority

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REVISION HIGHLIGHTS

1. Summer quarter participation: New CMS guidance states that if there are any Medicaid-covered services or allowable activities that occur during the summer months, a time study for the summer months must be conducted in order to claim any salary and benefit expenses.

2. Response window: New CMS policy states staff participating in the RMTS have up to 2 business days to respond with information about their activity at their assigned random moment. This policy is intended to help ensure the reliability of the RMTS results.

3. RMTS Pool Report: Rather than using the previous File Extract when preparing claiming data, pulling the RMTS Pool Report will ensure that there are no errors in participants when gathering salary and benefit data.

4. Eligible job descriptions: New positions have been added to the options for the Social and Health Services Pool.

5. CMS guidance: CMS has released new guidance for all School-Based Medicaid Service billing and claiming that takes the place of any and all previously published guidance. This new guidance is effective as of May 2023.

INTRODUCTION

The purpose of this HCA MAC RMTS Coordinator Manual (Manual) is to provide an overview of the Medicaid Administrative Claiming (MAC) program and the roles and responsibilities of the MAC Coordinator/backup for the Random Moment Time Study (RMTS). This Manual also provides step-by-step instructions for completing the Coordinator's duties.

PURPOSE OF THE WASHINGTON STATE MAC PROGRAM

Federal funds are available through the Health Care Authority's (HCA) MAC program to reimburse School Districts, Educational Service Districts, Tribal Schools, and Charter Schools (hereinafter referred to as SDs) for the cost of activities that support the efficient administration of the Washington State Medicaid Plan. HCA contracts with multiple local governmental entities in addition to SDs to carry out the goals of the MAC program, which include:
- Outreach to residents with no or inadequate medical coverage
- Explaining benefits of the Medicaid program
- Assisting residents in applying for Medicaid
- Linking residents to appropriate Medicaid covered services
- Informing individuals about Medicaid and the benefits or services offered through Medicaid.
- Providing applications or assisting individuals in gathering documentation to complete an application for Medicaid eligibility determination.
- Facilitating access to Medicaid-covered services by arranging or coordinating translation/interpretation and transportation services.
- Evaluating and improving access to Medicaid-covered services through program planning, policy development, and interagency coordination.
- Providing or receiving training related to Medicaid services or MAC.
- Referring individuals to Medicaid-covered medical, dental, vision, mental health, family planning, pharmacy, and/or substance abuse treatment services. This includes coordinating and monitoring their delivery.

Note: *Application assistance activities solely for the purpose of determining eligibility for a qualified health plan within the Washington Health Benefit Exchange will be coded as Non-Medicaid application assistance (see activity code 2a).*

APPLICABLE LAWS, REGULATIONS AND PUBLISHED GUIDANCE

Any SD or subcontractor participating in the MAC program must comply with applicable federal and state laws, regulations, published guidance, or their successors. These include, but are not limited to:
- Social Security Act §1902
- eCFR :: Title 42 of the CFR -- Public Health and eCFR :: Title 45 of the CFR -- Public Welfare
- Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative ClaimingRevised Code of Washington (RCW)
- This Manual
- Uniform Administrative Requirements Cost Principles and Audit Requirements for Federal Awards
- OMB Circular A-133 -- Audits of States, Local Governments, and Non-Profit Organizations
- Medicaid (Title XIX) State Plan | Washington State Health Care Authority

MAC PARTICIPATION REQUIREMENTS

INTERAGENCY AGREEMENT WITH HCA

An SD must enter into an interagency agreement with HCA in order to participate in the MAC program. The contract must be fully executed (signed by both parties) prior to the first calendar quarter in which an SD first participates in the MAC Program.

HCA-UMASS AGREEMENT

HCA has entered into a contract with ForHealth Consulting at University of Massachusetts Chan Medical School (UMass) for the operation of the statistically valid RMTS model and for the day-to-day administration of the time study and claim calculations. HCA and UMass meet on a regular basis and have worked closely to develop and implement the RMTS model for SDs.

Contact Information	
University of Massachusetts Chan Medical School	**Health Care Authority**
Center for Health Care Financing	Medicaid Administrative Claiming
RMTS & School-Based Medicaid Program 333	P.O. Box 45530
South Street	Olympia, WA 98504-5530
Shrewsbury, MA 01545	MAC@hca.wa.gov
MedicaidAdmMatch@UMassmed.edu	Phone: 360-725-1907
Phone: 800-535-6741	Fax: 360-664-4371
Fax: 508- 856-7643	

HCA ADMINISTRATIVE FEES

HCA charges MAC contractors an administrative fee to offset HCA's costs for the administration of the MAC program. The rate is based on the costs associated with the staff effort spent on MAC related work for an entire State Fiscal Year (SFY) and is billed as a line item on the quarterly claim form A19-1A submitted by the SD. This cost is divided by the dollar amount of administrative claims submitted by the participating contractors in the MAC program for the same SFY. The calculated rate is used on the claims for the subsequent SFY. At the end of the period, the rate used will be validated using the actual claimed expenditures for that period and any variances will be settled with the contractor during the second quarter of the new SFY. SDs may pass these costs to their subcontractors, however they are prohibited from charging or requiring subcontractors to pay an administrative fee in order to participate in MAC.

UMASS FEES

HCA charges MAC contractors a fee to offset HCA's costs for the RMTS system vendor contract. The rate is based on the costs associated with UMMS effort spent on RMTS related work for an entire State Fiscal Year (SFY) and is billed as a line item on the quarterly claim form A19-1A submitted by the SD. This cost is divided by the dollar amount of administrative claims submitted by the participating contractors in the MAC program for the same SFY. The calculated rate is used on the claims for the subsequent SFY. At the end of the period, the rate used will be validated using the actual claimed expenditures for that period and any variances will be settled with the contractor during the second quarter of the new SFY. SDs may pass these costs to their subcontractors, however they are prohibited from charging or requiring subcontractors to pay an administrative fee in order to participate in MAC.

SUBCONTRACTORS

SDs are permitted to include subcontractor costs on the MAC invoice if the subcontractor is assisting the SD in furthering its MAC program goals. Typically an SD will subcontract with a community-based partner to perform MAC activities when the SD does not have sufficient resources or staffing to perform the activities. Subcontractors must have a written agreement with the SD. The SD is required to provide a summary of the subcontractor's costs with each invoice, and maintain source documentation on site necessary for meeting federal claiming requirements. HCA will review all costs included on the SD's MAC invoice and may ask for supporting documentation or for unallowable or unsupported costs to be removed from the invoice.

MAC COORDINATOR AND BACKUP

Each SD is required to establish a MAC Coordinator and assign a Backup Coordinator. These coordinators are responsible for monitoring their SD's MAC program to ensure compliance with all applicable laws, regulations and guidelines specific to MAC. They are required to comply with all roles, responsibilities, limitations, restrictions, and documentation requirements described in the HCA MAC contract, manuals, training materials or other documentation provided.

The MAC Coordinator is responsible for ensuring all aspects of the time study, claiming, and invoicing processes are functioning and in compliance. HCA expects the MAC program to be managed similarly to other federal awards and expects the Coordinator to report to, or work closely, with an administrator assigned oversight authority of the SD.

MAC Coordinators and backups may be able to receive reimbursement for the time they spend managing the MAC program for their district. This is done through their participation in the RMTS. A coordinator may not participate in the RMTS if their salary and benefits are one-hundred (100) percent federally funded or are used to calculate their district's indirect cost rate. These are the same limitations that apply to non-coordinator RMTS participants.

THE ROLE OF THE MAC COORDINATOR

The MAC Coordinator is responsible for the participation of its SD in the MAC program. This portion of the Manual provides step-by-step instructions for managing the time study components of the SD's MAC program. The specific documents referenced in this Manual can be found on the School District MAC website.
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The MAC Coordinator responsibilities are best understood as a set of distinct tasks which are generally time-limited to before, during, and after the quarter, as well as annual and ongoing tasks. There are many resources available to help you understand your responsibilities and ensure you meet program requirements and deadlines.

USEFUL RMTS COORDINATOR TOOLS

1. MAC Participation Tasks. This is a step-by-step list of tasks that must be completed before, during and after the quarter as well as annually and ongoing. The list is described below.
2. Coordinator Calendar. The calendar is maintained on theand displays key preparation and claiming deadlines.
3. Quick Reference Guides and Resources. Located on the Public school districts webpage are various forms and quick reference guides regarding participant lists, claiming, and scheduling.

MAC PARTICIPATION TASKS

This list of tasks offers a step-by- step process for the successful management of your MAC program. As outlined below, the list includes explanations of why the tasks must be completed and refers to more detailed sections of the Manual and supporting documents.

BEFORE THE QUARTER STARTS

STEP 1: Ensure there is a fully executed MAC agreement between the SD and HCA.

STEP 2: Identify staff who will participate in the time study.

    STEP 2a: Review Current Time Study Participants
- Update participant information and/or status in the RMTS system.
- Verify that no participants are 100% federally funded or included in the district's indirect cost rate.
- Verify or update the participant's work schedule

    STEP 2b: Identify New Time Study Participants
- Verify the participant has an "Eligible Job Classification." If the classification is not listed but the participant regularly performs MAC activities, it must be submitted to HCA for review and approval.
- Remove any participants that are 100% federally funded or have 100% of their costs in your agency's indirect rate.
- Verify whether a participant is an agency employee or contracted employee.
- Assign participants to an RMTS pool:
  - Administrative Pool
  - Educational Pool
  - Social and Health-Related Services Pool
- Enter participant demographics, work schedule, and other data into the RMTS system.

STEP 3: Update the SD and Work Schedule Calendars in the RMTS

- Update the annual district level calendar in the RMTS system. This calendar sets the standard business days, holidays, and closures. **Note:** *This step only needs to be completed annually during Quarter 1 readiness activities and for SDs new to the MAC program.*
- Update each work schedule calendar in the RMTS system. Common updates include updating the last day of school to account for snow days, etc. **Note:** *Each individual work schedule calendar will need to be updated to reflect these changes. Making changes to the district level calendar will **NOT** reflect on the work schedule calendars.*

STEP 4: Certify the Participant List

- You must certify the participant data entered is in compliance and accurate by checking the certification box in the RMTS system. You cannot change the participant list once it has been certified. You must be sure all participant data (work schedules and demographics) is entered for new participants or updated for current participants, and that the agency calendar has been updated. The RMTS system will then auto generate a master list of RMTS participants for the quarter and store it. Please contact HCA if you've certified the list and need to make updates.

STEP 5: Verify all staff participating in the MAC program have completed the required training prior to answering their first moment.

- New participants are notified of the training requirements via their RMTS "welcome" emails. The coordinator is responsible for ensuring all participants have completed the required trainings on time.

Staff cannot participate in the MAC program until they have completed the online training.

Use the "Training Documents Viewed" and "Training Documents Not Viewed" reports to review which participants have completed this requirement.

DURING THE QUARTER

STEP 1: Monitor the RMTS to ensure moments are answered within 2 working days.

- You should view moments in the RMTS system and e-mail participants asking them to complete their random moments.
- Follow up with participants who have not completed their moments in a timely manner; stress the importance of completion for the statistical validity of the RMTS.
- Use the "RMTS Participant Moment Not Completed Report" to track the number of expired moments in the RMTS, by individual participant.

STEP 2: Update Participant Data as needed

- Limited participant data can be updated during the quarter. This includes updating email addresses or the participant's work/employment status (termination, retirement, extended leave). "Extended leave" means the participant will be absent from work for the majority of the quarter (two or more months). These changes will not affect moments already drawn for the current quarter. Updates are made on the "participant" page in the RTMS system.

STEP 3: Complete Change of Status (COS).

- If a participant's status changes during a quarter, submit a COS electronically in the RMTS system. For example, if a participant is:
  - No longer employed
  - Retired
  - On extended leave / vacation (2 or more consecutive working days)
  - Change of job position

See the Change of Status section of this Manual for additional details.

AFTER THE QUARTER ENDS

STEP 1: Confirm and enter actual staff salary and benefits into RMTS.

- This information is required for claim calculation, and must be entered within 120 days of the close of the quarter. (All salaries and benefits entered into the RMTS must be reconciled with SD Financial statements.)
- See the Claiming section of this Manual for additional details regarding this step.

STEP 2: Complete any outstanding Change of Status (COS) forms.

- If any "undetermined" pay COSare submitted, the type of pay (paid or unpaid) leave will need to be updated/indicated. UMass will reach out to coordinators if any of these COS submissions are in the system.

- Check the "RMTS Participant Moment Not Completed Report" for multiple incomplete expired moments for any one participant. Research to see if these participants were perhaps out on extended leave or left the district. A COS form in this situation could help the district meet compliance requirements.

ANNUALLY

STEP 1: Enter the district level calendar for the year.

- Ensure all holidays and other known dates of closure are captured on the district level Calendar.

STEP 2: Ensure all MAC Participants Complete the Annual online Training

- Remind current RMTS participants of the annual online refresher training requirement.
- Verify participants received the "welcome" or "welcome back" email notifications for accessing the RMTS system and training.

STEP 3: Attend quarterly/annual HCA sponsored trainings

- HCA will conduct various trainings throughout the year. Email notifications will be sent to coordinators allowing them to register. Coordinators are encouraged to attend these webinars as they provide updates and reminders on several topics including but not limited to:
  - Claiming
  - Participant Management
  - Calendar Management
  - Reports
  - Program/procedural updates

ONGOING

- **Provide training and technical assistance to staff participating in the MAC program as needed.**
  - Follow up with participants who have incomplete moments
  - Monitor participation and minimum response rates
  - Answer general participant questions throughout the quarter
  - Maintain required documentation
  - Serve as liaison between HCA, SDs, and/or MAC subcontractor
  - Assist with providing HCA with any requested documentation

QUALITY ASSURANCE AND PROGRAM ADMINISTRATION

A collaborative effort is required between HCA, UMass, and the SD to run a successful MAC program. HCA is responsible for administration and oversight of all MAC programs in the State of Washington. UMass provides technical assistance to HCA and the SDs regarding the System. It is the responsibility of the SD to ensure their MAC program and participating staff comply with all HCA, state, and federal guidelines.

HCA ADMINISTRATION

HCA will provide oversight to the SDs MAC program by:

- Training the primary and backup MAC Coordinators
- Monitoring MAC related training
- Collecting time study and claims data for review

- Identifying areas of concern and requesting corrective action plans, if necessary
- Managing all activity coding
- Reviewing 'real time' time study results
- Reviewing quarterly invoices and claimed costs
- Reviewing the SDs supporting documentation for the time study and claim calculations

HCA conducts fiscal monitoring at least once every three (3) years for each contracted SD. HCA fiscal review will consist of an in depth analysis of one quarter of claims. HCA may select additional quarters for further claims review as needed. HCA Financial Services Accounting staff will:

- Compare a 15% sampling of SDs payroll records to the information in the System.
- An HCA public information data analyst will generate the sample of 15% or a minimum of ten (10) participants (whichever is greater)
- Review source of funding to ensure CPE complies with all federal, state, HCA and MAC regulations.

UMASS TECHNICAL SUPPORT

UMass provides technical support to HCA and the SDs. UMass has built the time study and claiming systems based on the unique needs of Washington school districts. UMass supports the dynamic needs in Washington by updating the System as needed and producing reports that consolidate various data elements. These reports are used for monitoring and reviewing time study and claiming results. The reports provide information such as:

Total numbers of:
- Participants
- Moments per participant
- Moments not answered

Identification of:
- Sampled participant
- Job title/description
- Assigned moments
- Participant responses

Trends in time study results:
- Incomplete or contradictory responses
- Non-responders
- Manually coded moments

UMass also provides technical assistance on a variety of issues from account access, annual training requirements, system issues, claiming submissions, calendar creation, and participant management. Coordinators or participants can reach out to UMass via phone or email using the following contact information:
Email: MedicaidAdmMatch@UMassmed.edu
Phone: 800-535-6741 (4 am to 4 pm Pacific)

SCHOOL DISTRICT OVERSIGHT

The SDs are required to ensure their MAC program complies with all HCA, state, and federal guidelines, and is in support of the State Medicaid Plan. Major components of proper oversight include but are not limited to:

Training:
- Required for MAC Coordinators, backups, and participants
- Must be provided by UMass and/or HCA
- Proof of training must be documented
- Completion of moments is critical

Monitoring:
- Participant list for accuracy
- Salary and benefit data for accuracy
- Minimum response rates
- Resolving issues related to participation rates that fall below 85%
- Reports related to participation

RANDOM MOMENT TIME STUDY MANAGEMENT

The RMTS system (System) is a web-based program designed to determine the amount of time and corresponding cost that can be claimed to the MAC program. The System uses a common set of activity codes.

MAC ACTIVITY CODES

In order to determine the amount of time spent performing MAC activities and their related costs, staff participate in an RMTS. This method identifies the amount of time staff spent performing one or more federally-approved MAC activity codes. The activity codes represent all the work performed by SD staff participating in the MAC program. Some of these activities are allowable for MAC reimbursement; others are not. The activity codes are summarized in the following chart. The Activity Code Descriptions provide detailed information on each code, as well as activity examples, and is available on the HCA website.

SUMMARY OF MAC ACTIVITY CODES

Code 1a	Non-Medicaid Outreach
Code 1b	Medicaid Outreach
Code 2a	Facilitating Application for Non-Medicaid Programs
Code 2b	Facilitating Medicaid Eligibility Determination
Code 3	School Related and Educational Activities
Code 4a	Direct Medical Services – Non-Medicaid
Code 4b	Direct Medical Services – Medicaid IEP
Code 4c	Direct Medical Services – Medicaid Non - IEP
Code 5a	Arranging Transportation for Non-Medicaid Services
Code 5b	Arranging Transportation for Medicaid Services
Code 6a	Arranging or Coordinating Non-Medicaid Translation or Interpretation
Code 6b	Arranging or Coordinating Translation or Interpretation related to Medicaid Services
Code 7a	Program Planning, Policy Development and Interagency Coordination Related to Non-Medical Services
Code 7b	Program Planning, Policy Development and Interagency Coordination Related to Medical Services
Code 8a	Non-Medical/Non-Medicaid Related Training
Code 8b	Medical/Medicaid Related Training
Code 9a	Referral, Coordination and Monitoring of Non-Medicaid Services
Code 9b	Referral, Coordination and Monitoring of Medicaid Services
Code 10	General Administration

Direct Medical Services
Any activity that is integral to or an extension of a direct medical service (a service that can be billed to Medicaid or other third parties) - cannot be reimbursed through the MAC program. These activities are reported to Code 4a/b/c: Direct Medical Services.

ELIGIBLE JOB CLASSIFICATIONS

The following job classifications have been approved to participate in the MAC program. They are grouped into three broad job pools, Administrative (pool 1), Educational (pool 2), and Social and Health-Related Services (pool 3). Staff in these job classifications who perform allowable MAC activities as part of their regular work may be included in the MAC program. These examples are not all-inclusive. If you have a job classification that is not listed below, please consult with HCA. HCA will work with UMass to evaluate the job classification to determine if it is allowable in the MAC program.

Job Category	Examples of Job Titles/Classifications
Elementary Principal	Performs the assigned activities of the administrative head of an elementary school, normally any span of grades not above Grade 6.
Elementary Vice Principal	Performs assigned activities in support of the head administrator of an elementary school, normally any grade span not above Grade 6.
Office/Clerical	Performs clerical-type work such as preparing, transcribing, systematizing, or filing written communications and reports and operates such equipment as bookkeeping machines, typewriters, and tabulation machines. Includes administrative assistants, secretaries, bookkeepers, messengers, clerks, typists.
School Administrator	Directs staff members and/or manages a function, a program, or a support service in a school. Includes broaden office/clerical, administrative interns, and supervisors of school programs.
Secondary Principal	Performs assigned activities of the administrative head of a secondary school, normally any grade span combination of Grades 7-12. Includes junior high, middle school and senior high principals.
Secondary Vice Principal	Performs assigned activities in support of the administrative head of a secondary school, normally any grade span combination of Grades 7-12.

Educational Pool

Job Category	Examples of Job Titles/Classifications
Paraprofessional	Assists classroom teachers or staff members performing professional education teaching assignments on a regularly scheduled basis. Includes teacher aides, classroom attendants, and community service aides.
Elementary Teacher	Instructs pupils in a classroom situation for which daily pupil attendance is kept, normally in any span of grades not above Grade 6. Includes preparation period and music, band, and physical education teachers, etc.
Secondary Teacher	Instructs pupils in a classroom situation for which daily pupil attendance is kept, normally in any grade span combination of Grades 7-12. Includes preparation period and music, band, and physical education teachers, etc.
Other Teacher	Instructs pupils in ungraded classes, special education, gifted, disadvantages, early childhood / pre-k.

Social and Health-Related Services Pool

Job Category	Examples of Job Titles/Classifications
Board Certified Behavioral Analyst	Responsible for both direct and indirect support of students. Conducts behavioral assessments and analysis, works with school team to design and implement behavior interventions to produce positive behavioral change in students.
Counselor	Assists pupils to assess and understand their abilities, aptitudes, interests, environmental factors, personal and social adjustments, educational needs, and occupational opportunities.

Health Room Assistant	Assists school nurse in health room operations, performing delegated nursing tasks such as medication administration or medical treatments.
Nurse	Registered Nurse or Licensed Practical Nurse licensed to perform activities requiring substantial specialized judgment and skill in observation, care and counsel of ill and injured pupils, and in illness prevention.
Occupational Therapist	Assists pupils whose abilities to cope are impaired by develop mental deficits, poverty and cultural differences, physical injury or illness, or psychological and social disability.
Orientation & Mobility Specialist	Provides orientation and education of adaptive tools and techniques, conducts skills assessments and makes formal recommendations for aids, monitors progress and evaluates tools and devices.
Physical Therapist	Seeks to relieve disability and pain, develop or restore motor function, and maintain maximum performance within the student's capabilities.
Psychologist	Evaluates and analyzes pupils through such activities as measuring and interpreting pupils' intellectual, emotional, and social development to enhance their educational progress.
Registered Behavior Technician	Works under the direction of and performing tasks assigned by the BCBA, such as data collection, progress reports, implementation and evaluation of behavior intervention plan.
Social Worker	Assists in the prevention of or solution to the personal, social, and emotional problems of pupils which involve family, school, and community relationships when such problems affect the school work of the pupil.
Speech-Language Pathologist or Audiologist	Provides diagnostic, therapeutic, and consultative services for individuals disable by disorders of language, speech, and/or hearing.

Note: *Small school districts may include superintendents as eligible participants if their positions are not already included in the indirect rates. Any position included in the indirect rate must be excluded from participation.*

THE RANDOM MOMENT TIME STUDY

The RMTS is the primary basis of allocating allowable costs to the MAC program. The System allows participants to record their work activities at random moments during their standard work hours throughout the quarter. These random moments represent a one (1) minute interval of time.

When participants are responding to a moment, they will use the internet to log into the web-based System to record their activities. The participant will respond to four main questions in the System to document what they were doing during that moment. The questions will have several predefined responses to choose from, or the participant may free-type a response. The System will randomly assign moments throughout the entire quarter to all staff who are participating in the RMTS.

The System is comprised of the web-based time study and claiming systems. After the end of the quarter, the System calculates all the random moments to determine the percentage of time staff spent performing various activities. These time study results are used in the claiming system to calculate the amount of time staff spent performing various activities including MAC activities and calculate the MAC reimbursement amount. The System uses this data in conjunction with the SD specific expenditure data to generate the SD's quarterly A19-1A Invoice Voucher (A19).

STATE OF EMERGENCY

In the event there is a "state of emergency" or other disaster declared in the State of Washington that results in prolonged school closures that impact the statistical validity of the RMTS, HCA will apply the summer quarter claiming methodology to the quarters in which the "state of emergency" is declared through the quarters in which the national

state of emergency period ends. This means no RMTS will be ran during the impacted quarter(s) and claiming will be based on the average of the quarters that were completed.

RMTS RESPONSE RATE AND STATISTICAL VALIDITY

It is a federal requirement that any RMTS used for the MAC program must be statistically valid and it must achieve 2,401 valid moments each quarter. To ensure there are enough valid moments to reach statistical validity, the RMTS includes a 20% oversample for quarters 2, 3 and 4 for a total of 2,881 moments, and a 30% oversample for quarter 1 for a total of 3,121 moments. The moments in each quarterly RMTS consist of all scheduled time within the individual work schedules of all participating staff. Agency holidays and weekends are excluded from the sample.

The RMTS generates a random sample of moments prior to the start of the quarter. No participants will be assigned moments outside their work schedules. All moments must be completed within two (2) business days (Monday-Friday, excluding holidays), and be certified as true and accurate by the participant. Any moment completed after the two (2) business day deadline, not returned at all, or if HCA/UMass has requested additional information from a participant and the information has not been received within fourteen (14) calendar days, will be counted as invalid unless there is supporting documentation why the moment was not answered.

NON-COMPLIANCE AND CORRECTIVE ACTION

HCA and UMMS will monitor the response rate of SDs by reviewing the [RMTS Compliance Status Report](). If the 85% compliance rate (a minimum of 2401 completed moments) is not met, the invalid moments are reported to a non-Medicaid time study code, and included in the calculation of time study results. Any non-response rate greater than 15% is unacceptable, and HCA will require remedial action:

- **Non-response rates greater than 15%:**
  - HCA may send written notification to the SD requesting a corrective action plan.
  - SDs must develop and submit the corrective action plan to HCA for approval within 30 working days of HCA's notification.
  - Failure to provide a timely corrective action plan may result in contract termination.
  - 85% compliance rate must be met in the following quarter.

- **Non-response rates greater than 15% for two (2) consecutive quarters:**
  - HCA may reduce reimbursement by 35% for each pool that does not meet the 85% compliance rate for two consecutive quarters.
  - SDs will be notified via certified mail of the reduced reimbursement.
  - 85% compliance rate must be met in the following quarter.

- **Non-response rates greater than 15% for three (3) consecutive quarters:**
  - HCA may deny all reimbursement for the third consecutive quarter.
  - HCA will evaluate on individual basis the SD continue participation in the MAC program.
  - The SD will be notified via certified mail of the withheld reimbursement and HCA decisions regarding continue participation of the MAC program.

SDs must abide by all rules and limitations as outlined in the contract and this Manual. HCA may perform on-site monitoring visits for SDs that are not in compliance and/or need any additional support at any time in the program.
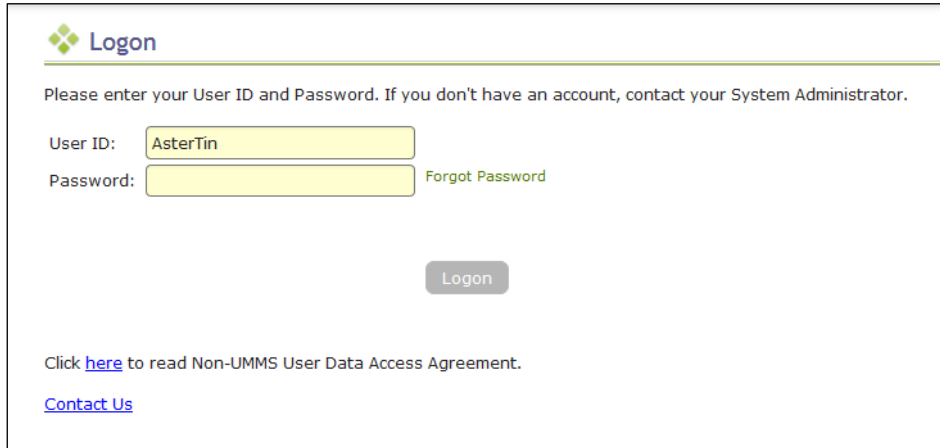
OVERVIEW OF THE RMTS SYSTEM

This section of the Manual contains an overview of the components of the RMTS, with a goal of providing a better picture of how the tasks that must be completed by the MAC coordinator fit into the larger RMTS system. Detailed instructions for using the RMTS site are also included in this section.

THE LOG IN

Each participant has a unique user ID and password that is used to log into the RMTS site to respond to moments and to access training videos and other resources.

Login with your User ID and password.
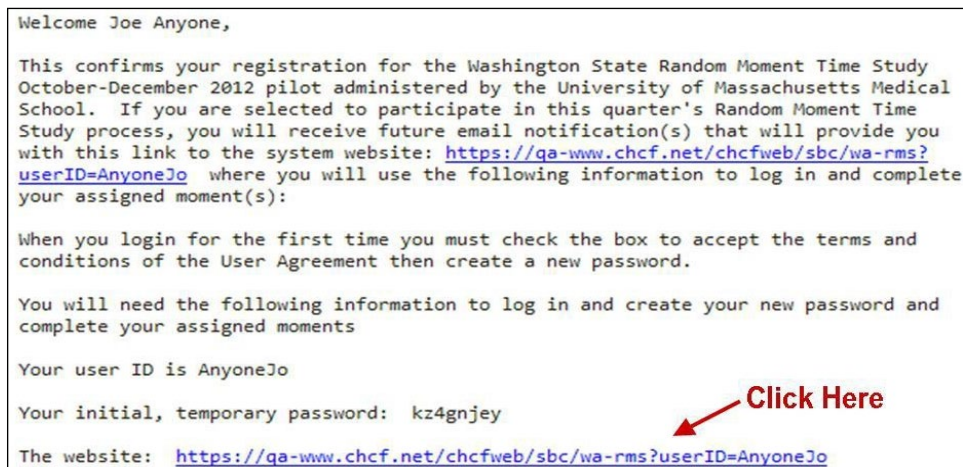
RMTS PASSWORD RESET

Lost passwords can be reset quickly and easily. Just follow the step by step directions and screen shot examples:

STEP 1: Navigate to the UMMS website or from any of the RMTS emails you have received notifying you of a random moment, click on the hyperlink to take you to the RMTS website.

STEP 2: From the login page of the RMTS website, click on the *'Forgot Password'* hyperlink.

STEP 3: Enter your user ID and e-mail address where indicated, and click the *'submit'* button.

STEP 4: An automated email will be delivered to your email box within a few minutes. This email contains your user ID and a temporary password that you can use to access the website. Copy the temporary password from the email and click on the website link.

STEP 5: At the login page of the RMTS website, paste in the temporary password where indicated (your User ID will already be pre-populated if you accessed the email link) and click the **_'Log In'_** button.

STEP 6: If you have never logged in before, you will need to accept the User Access Agreement. Whether you have logged in before or not, you will be prompted to change your password. Choose a password you will easily remember, and click the **_'Save'_** button.

Tip: If you are unable to reset your password with the above method, you can call the UMass support team for assistance. The number is 800-535-6741 and is operated 4:30 am to 4:30 pm (Pacific).

Note: When you set your password, it will be valid for 90 days. When your password expires, it may indicate that you have entered invalid log in information. Just follow the password reset steps above to update your password.

PARTICIPANT MANAGEMENT

If you are logged into the School Based Claiming system, select *'RMTS Admin'* from the left-hand navigation menu to transfer to Participant Management.

The My Participants grid for the RMTS identifies individuals from your School District that you have named to participate in the RMTS. Prior to the start of a quarter, the MAC Coordinator uploads or updates information about each RMTS participant in the RMTS system. The information includes the participant's name, job description, job pool, supervisor, work schedule, and employment status.

From this screen, you will be able to:
- Add new participants
- Update information about current participants
- De-activate staff members who will no longer be participating
- Re-activate staff who participated in the past, but did not participate in the most recent RMTS quarter

The system allows more than one way to complete most functions, including clicking on an action icon in the left hand column of the participant grid, opening a form by clicking on the Employee ID, making changes directly in the participant grid, or importing and exporting files.

CONFIRM THAT YOU ARE WORKING IN THE CORRECT QUARTER

The RMTS System will default to displaying participant information related to the Next Quarter. But it's always a good practice to double check that the Next Quarter is displayed in the *'Quarter'* navigational field near the top left of the screen.
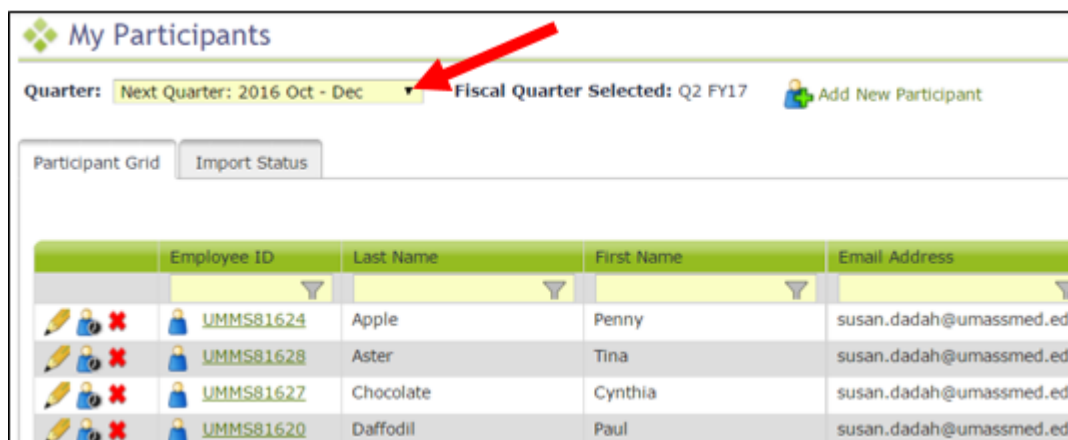
GENERAL INFORMATION ABOUT USING THE 'MY PARTICIPANTS' GRID

On the grid, you will notice that the first four columns will freeze as you scroll to the right, and filters at the top of every field will help you search for information as you type in the field. Find what works best for you.

Maximize your screen to see as many fields as possible. Fields listed include: Employee Number, Last Name, First Name, Email Address, Job Pool, Job Description, Job Type (Employee or Contractor), Federally Funded %, Schedule, Supervisor Email 1, 2, 3, and Building.

If you need to navigate to a different quarter, select the quarter from the *'Quarter'* drop-down menu.

CREATING A PARTICIPANT LIST

UMass/HCA provides an Excel file template to complete the **initial** upload process. Dropdown menus, where provided, must be used to populate information (no manual entry allowed). Each field must be completed. If the System does not recognize any data entered, it will not allow the file to upload. For subsequent uploads the MAC Coordinator can use the extraction function to make any changes to future quarter participant lists.

Note: *A participant file upload is not needed for every quarter. Typically, the file upload is only needed for first time school districts. However, if there are major changes required to a district's participant list, a new file upload may be an easier option.*

Note: *Rather than completing a brand new spreadsheet each quarter, the previous quarter's participant list is "rolled over" to the next quarter to allow for easier mangement.*

The following is an example of the participant spreadsheet:

Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Job Type E or C	Active Yes or No	Fed Fund %	Work Schedule	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3	Building
1001	Smith	Bob	bsmith@school.org	Administration Pool 1	Elementary Principal	E	Y	0	Schedule A	sup1@school.org	sup2@school.org	sup3@school.org	Bldg 1
1002	Doe	Jane	jdoe@school.org	Education Pool 2	Paraprofessional	C	N	25	Schedule B	sup1@school.org	sup2@school.org	sup3@school.org	Bldg 2
1003	Johnson	Mary	mjohnson@school.org	Social & Health Care Services Pool 3	Speech-Language Pathologist or Audiologist	E	Y	10	Schedule C	sup1@school.org	sup2@school.org	sup3@school.org	Bldg 3

- There is no naming convention for the participant list file.
- The participant list file must be a .xlsx file extension. The system will **not** accept the upload if the file is a .xls or other file extension.
- The System will **not** accept the upload if there are errors in the spreadsheet.

EXPLANATION OF THE INFORMATION NEEDED FOR THE PARTICIPANT UPLOAD FILE

Title	Explanation
Employee ID:	An SD assigned employee ID number specific to a participant. This is an optional field. If left blank, or no employee ID exists, UMMS will assign one. The participant will be identified by this number across participating quarters.
Last Name:	The last name of the participant.
First Name:	The first name of the participant.
Email address:	The worksite email address of the participant. No personal email addresses.
Job Pool:	The Pool in which the participant is classified based on Job Description.
Job Description:	The participant's job title/classification.
Job Type E or C:	Employee of the SD or a contracted staff
Active Yes or No:	This indicates the participant is actively participating in the time study or not.
Fed Fund %:	The percentage of salary that is paid from federal funds.
Schedule:	The schedule assigned to this participant based on the schedules created by the MAC coordinator in the RMTS system
Supervisor email #1:	This is the first person other than the participant to receive a reminder if a participant fails to complete their moment 24 hours after moment occurance, 72 hours, 48 hours, and 24 hours before the moment's expiration date.
Supervisor email #2:	This is the second person other than the participant to receive a reminder at if a participant fails to complete 24 hours after moment occurance, 72 hours, 48 hours, and 24 hours before the moment's expiration date.
Supervisor email #3:	This is the third person other than the participant to receive a reminder if a participant fails to complete their moment 24 hours after moment occurance, 72 hours, 48 hours, and 24 hours before the moment's expiration date.
Building:	The SD building in which the participant works. This is an optional field. UMMS will not assign a value to this field if left blank.

EDITING INFORMATION

OPTION 1: Click on the *'pencil'* in the left hand column.

a. As you tab across each field, it becomes interactive and you can update information.
b. After your edits are complete, save your changes by clicking on the *'green check mark icon'* in the left column, or cancel your changes and return to the grid view without saving by clicking on the *'black reverse arrow'*.
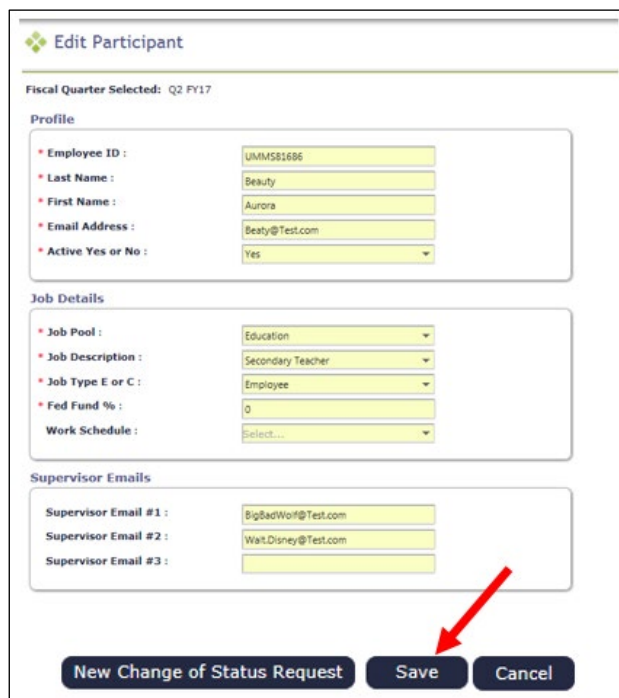

OPTION 2: Click on the *'Employee ID'*.

a. Edit Participant form opens. Make edits and click *'Save'*.

DEACTIVATING PARTICIPANTS

If someone is no longer going to participate in the RMTS program for the next quarter or indefinitely, they can be marked as deactivated. If someone leaves during the quarter and moments have been generated, see the section on Change of Status (COS) forms.

OPTION 1: Click on the *'red x'* in the left hand column.

	Employee ID	Last Name	First Name
✏ ✖ 🔒	UMMS81686	Beauty	Aurora
✏ ✖ 🔒	UMMS81687	Berry	Snow White
✏ ✖ 🔒	UMMS81688	Bibbidy	Cinderella

You will see a confirmation box. Click *'Yes'*.

Confirm ✖

Do you want to deactivate the participant?

Yes   No

The person's information will no longer be displayed on the grid (unless you choose the option to display inactive participants).

OPTION 2: Click on the *'Employee ID'*.

	Employee ID	Last Name	First Name
✏ ✖ 🔒	UMMS81686	Beauty	Aurora
✏ ✖ 🔒	UMMS81687	Berry	Snow White
✏ ✖ 🔒	UMMS81688	Bibbidy	Cinderella

   a.   Edit Participant form opens. Change *'Active Yes or No'* field to *'No'*. Click *'Save'*

Profile

* Employee ID :	UMMS81687
* Last Name :	Berry
* First Name :	Snow White
* Email Address :	Berry@Test.com
* Active Yes or No :	Yes
	Yes
	No

Job Details

* Job Pool :	Education
* Job Description :	Other Teacher
* Job Type E or C :	Employee

New Change of Status Request   Save   Cancel

RETURNING DEACTIVATED PARTICIPANTS

When a prior RMTS participant returns to the RMTS program for the next quarter, you can reactivate their participant information to include them. This prevents having to re-enter information. **Do not** click *'Add New Participant'* to reactivate a participant. This will create a duplicate record in the system. Check your inactive participant list first before adding new participants.

OPTION 1: Click on the box labeled *'Include Inactive Participants'* on the right side, above the grid. Click on the *'green arrows'* in the left hand column.

You will see a confirmation box. Click *'Yes'*.

The person's information will be displayed on the grid as an active participant.

OPTION 2: After clicking the box labeled *'Include Inactive Participants',* click on the *'Employee ID'.*

      a.   Edit Participant form opens. Change *'Active Yes or No'* field to *'Yes'.* Click *'Save'*.

ADDING NEW PARTICIPANTS

STEP 1: Click on the *'Add New Participant'* link at the top of the grid.

   a.   Add Participant form opens. Add the appropriate information. Click *'Save'*.

Note: As with reactivating participants, you should always check your inactive participant list prior to adding a new participant. If the new participant previously participated in the RMTS, they should already have a record in the system. Adding a new record for a previously known participant creates a duplicate record which can cause participant management issues.

EXTRACTING PARTICIPANT FILES

Following the initial quarter, the MAC Coordinator can extract a file listing all of the time study participants from the System. Edit this file to create the next quarter's eligible participant list and upload.

STEP 1: Select *'RMTS Admin'* from the left-hand navigation menu to transfer to Participant Management.
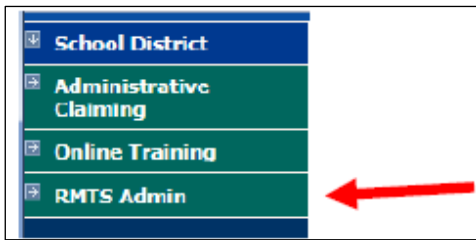
STEP 2: From the *'Quarter'* dropdown menu, select the quarter you'd like to extract your participant file from.

STEP 3: Click on the *'Export to Excel'* icon on the right-side of the screen.
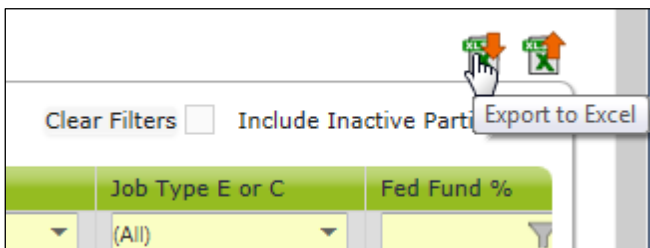
STEP 4: Make any required changes to participant's information.

STEP 5: Add new participants.

STEP 6: Delete any participant as necessary.

STEP 7: Save file for upload.

This file is ready for upload

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Job Type E or C	Active Yes or No	Fed Fund %	Work Schedule	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3	Building
2	100	Smith	Tom	email@hca.wa.gov	Administration Pool 1	Elementary Principal	Employee	YES	0	Schedule A	email@hca.wa.gov			Bldg 1
3	101	Jones	Alice	email@hca.wa.gov	Education Pool 2	Other Teacher	Employee	YES	0	Schedule B	email@hca.wa.gov			Bldg 2
4	102	Diaz	Bill	email@hca.wa.gov	Education Pool 2	Other Teacher	Employee	YES	0	Schedule C	email@hca.wa.gov			Bldg 3
5	103	Williams	John	email@hca.wa.gov	Education Pool 2	Other Teacher	Employee	YES	0	Schedule D	email@hca.wa.gov			Bldg 4
6	104	White	James	email@hca.wa.gov	Social & Health Care Services Pool 3	Nurse	Employee	YES	0	Schedule E	email@hca.wa.gov			Bldg 5

Note: The participant list file must be a .xlsx file extension. The system will **not** accept the upload if the file is a .xls or other file extension.

UPLOADING PARTICIPANT FILES

Uploading a participant list can be useful if you are making major changes to your existing list. Follow the steps below to complete this process.

Note: *A participant file upload is not needed for every quarter. The system is designed to "roll" your previous quarter's list into the following quarter.*

STEP 1: Click on the *'Import'* icon on the right-side of the screen.
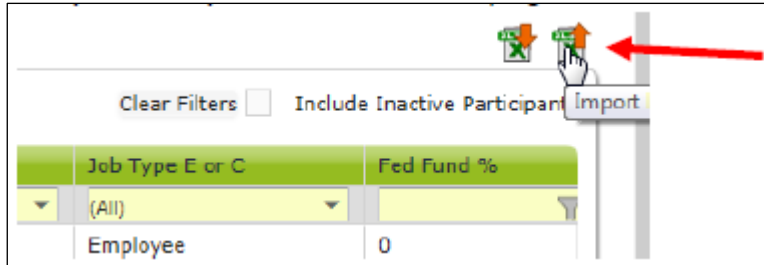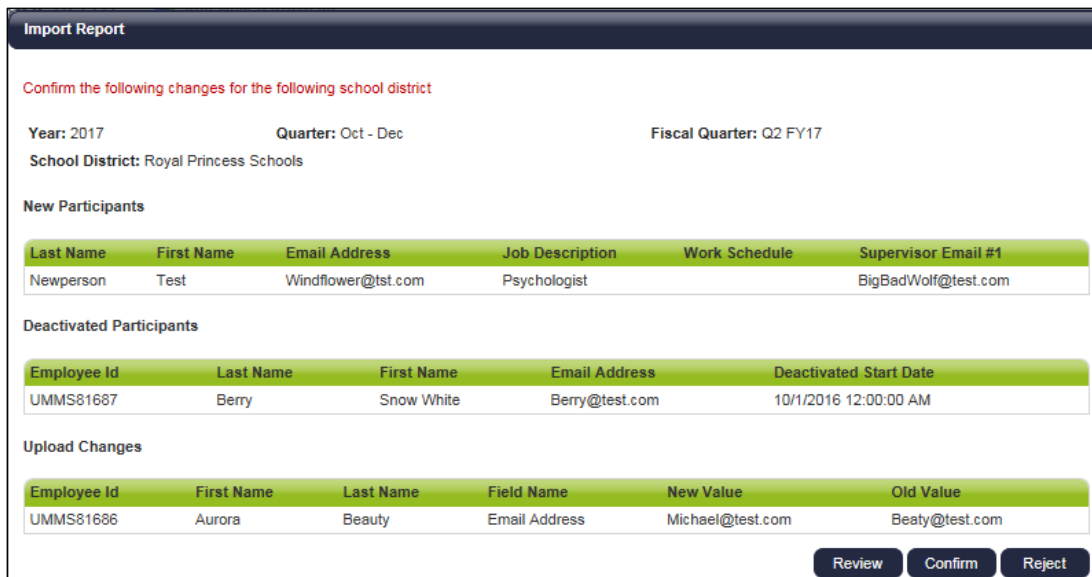
STEP 2: Confirm the Year, Quarter, and School District Name, then click *'Browse'*.
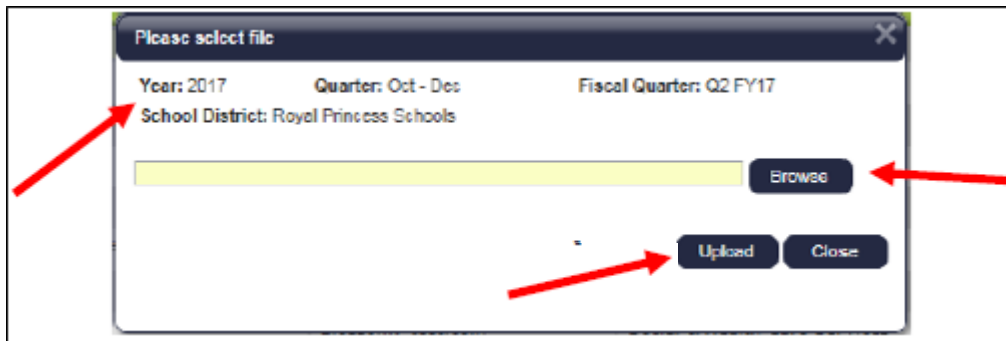
STEP 3: Select your file based on the name you assigned it and click *'Upload'.*

STEP 4: The Import Report will display. This report identifies all changes that your upload file will make to your participant list. These changes are detailed in three (3) sections:
- New Participants
- Deactiviated Participants
- Upload Changes

STEP 5: Review the changes to make sure that everything is accurate. Then select one of the following actions:

- Review: Click this button to export an Excel version of the report for further review. **Note***: If you select this option, you will need to return to the 'Import Status' tab to confirm or reject the upload file.*
- Confirm: Click this button to confirm that the changes in the file are accurate and to process those changes.
- Reject: Click this button to reject the upload file if errors have been found. You will need to correct any errors and upload a new file.

STEP 6: Click on the *'Import Status'* tab, click on the Excel Report icon to open the Imported Report and *'Confirm'* the report if it is still in *'Review'* status. The report should be displayed as *'Successful'* when done.

Note: *Changes and additions in the file will not be made to the system until this step has been completed. Participants who are not listed on the upload file will be deactivated for the upcoming quarter and will be reported on the "Deactivated Health Personnel" report.*

Note: *Files should not be left in Review status. If any files are left in Review status, they must be deleted in order to upload future files.*

COMPLETE QUARTER – FINALIZING PARTICIPANT MANAGEMENT

When all updates have been completed, and before the submission deadline, click the *'I Certify'* check box in the lower right hand and then click *'Complete Quarter'.* This will confirm that you have completed your updates for the next quarter and it will lock the system. If for any reason you realize you need to make changes after you have already marked a quarter as complete, contact HCA to open the Participant Management screens for you.

NEW CHANGE OF STATUS REQUEST DURING THE QUARTER

A Change of Status (COS) is used when a participant is unable to respond to a moment. There are three (3) COS types:
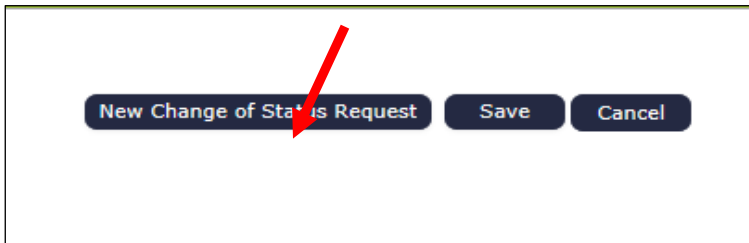
- Change of Employment Status – Participant is now fully federally funded or is now in an ineligible job position
- Leave of Absence – Participant is absent from work for five (5) or more consecutive working days.
- Termination – Participant was terminated from employment, has retired, or left the district for another reason.

The COS process was created so eligible unanswered moments do not count againt the district's compliance rate. You can submit a **Change of Status Request** using the *'My Participants'* screens.
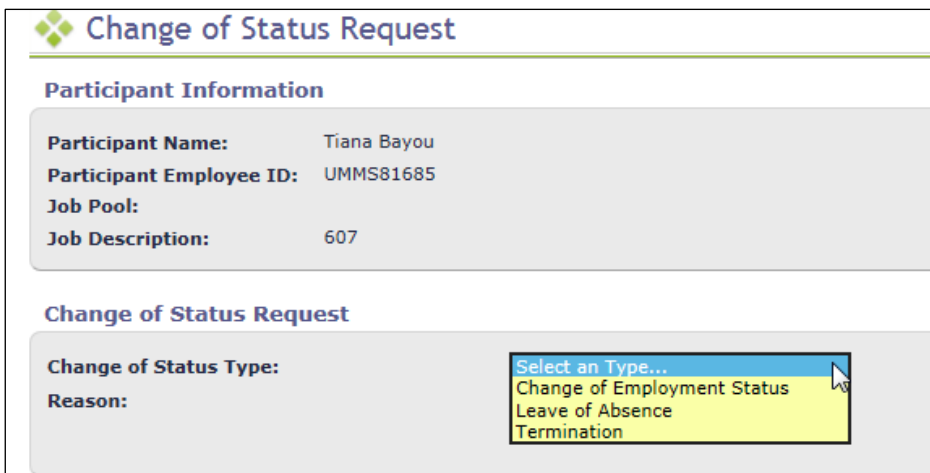
STEP 1: Locate the participant for the Change of Status and click on their *'Employee ID'.*

		Employee ID	Last Name	First Name
🖊 ✖	👤	UMMS81686	Beauty	Aurora
🖊 ✖	👤	UMMS81687	Berry	Snow White
🖊 ✖	👤	UMMS81688	Bibbidy	Cinderella
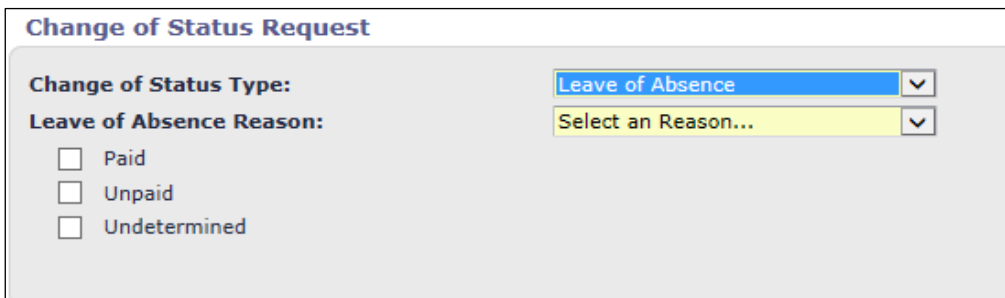
STEP 2: Click *'New Change of Status Request'*

New Change of Status Request   Save   Cancel

STEP 3: Select Change of Status Type from the drop-down menu.

❖ Change of Status Request

Participant Information

Participant Name:	Tiana Bayou
Participant Employee ID:	UMMS81685
Job Pool:	
Job Description:	607

Change of Status Request

Change of Status Type:

Reason:

Select an Type...
Change of Employment Status
Leave of Absence
Termination

STEP 4: Depending upon the Change of Status Type, other questions will be asked including whether the leave take was paid or unpaid and the start/end dates. When completed, click Submit.

Change of Status Request

Change of Status Type:	Leave of Absence ▾
Leave of Absence Reason:	Select an Reason... ▾
☐ Paid	
☐ Unpaid	
☐ Undetermined	

Tip: Use the *'Undetermined'* pay status option above if you do not know the pay status for the leave of absence. This will allow you to entire the leave of absence into the system right away. You will need to update the pay status to *'Paid'*, *'Unpaid'*, or a combination of the two prior to the quarterly RMTS results being calculated. UMMS will email coordinators who still have *'Undetermined'* leave of absences in the system.

Change of Status Request

Change of Status Type:	Change of Employment Status ▾
Change of Employment Status Reason:	Select an Reason... ▾
Change of Employment Status Start Date:	

Change of Status Request

Change of Status Type:	Termination ▾
Termination Reason:	Select an Reason... ▾
Termination Start Date:	

STEP 5: You will receive a confirmation message. Click confirm.

Confirm

Once approved, this participant will be removed from the RMTS process. Are you sure you want to submit the Change of Status?

Confirm   Cancel

The system will notify you if a COS request was filled out incorrectly and needs to be resubmitted.

Note: When submitting a COS with multiple pay status types, the time periods must be consecutive. For example, paid status from 5/6/2024 – 5/13/2024 and unpaid status from 5/14/2024 – 5/21/2024 would be appropriate. An incorrect submission would be paid status from 5/6/2024 – 5/13/2024 and unpaid status from 5/15/2024 – 5/22/2024. These time periods are not consecutive and will result in an error when submitting.

RMTS CALENDAR MANAGEMENT

The purpose of this section is to provide an overview of the calendaring feature within the RMTS system. This section also provides step-by-step instructions for how to successfully set up district-wide and work schedule specific calendars.

CALENDAR OVERVIEW

The System follows the state fiscal year which runs from July 1st through June 30th. The following table lists the dates for each quarter of a fiscal year. The first quarter of each claiming state fiscal year is an average of the previous three quarters.

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
July – Sept.	Oct. — Dec.	Jan. – March	April —June

Prior to beginning the time study, SDs must identify their general work hours, work days, scheduled closures such as holidays or non-school days, and typical employee work shifts. The MAC Coordinator enters this calendar information into

the System and updates are made (if any) prior to the beginning of each quarter. All calendar changes must be made before moments are generated. Moments will only be generated during the days and hours the MAC Coordinator enters in the System's calendar.

Prior to each RMTS quarter, you will complete the following tasks:
- Annually, by June 10th, enter your School District (district-wide) calendar
- Quarterly, create any new Work Schedules and corresponding calendars
- Quarterly, edit your Work Schedule calendar date and time information, if needed
- Review system-generated reports to ensure the accuracy of your Work Schedules

TASK ONE: ENTER YOUR SCHOOL DISTRICT (DISTRICT-WIDE) CALENDAR INFORMATION

Start by entering a *'School District'* calendar. This calendar will contain your district-wide school vacation days and holidays. By entering these district-wide days off on the *'School District'* calendar, the information will automatically be populated into each of the *'Work Schedule'* calendars for you, saving you time, and ensuring consistency.

Note: If changes to the *'School District'* calendar are made **after** the *'Work Schedule'* calendars have been generated, the *'School District'* changes **will not** carry over to the *'Work Schedule'* calendars. Each *'Work Schedule'* calendar will need to be modified manually.

STEP 1: From the left hand navigation bar select *'Administrative Claiming'* and that menu section will expand. Then select *'Calendar'.* Across the top of the screen will be two tabs: *'School District'* and *'Work Schedule'.*
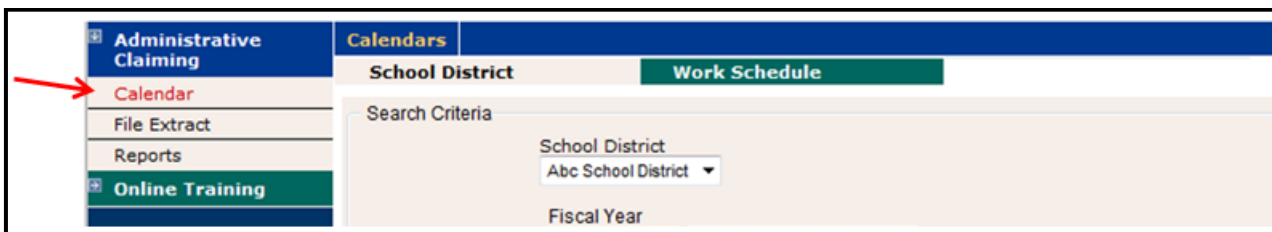
STEP 2: Click on the *'School District'* tab from across the top of the screen.

STEP 3: Select your School District in the Search Criteria drop down.

STEP 4: Select the correct Fiscal Year from the Fiscal Year drop down menu (for example, 7/1/124-6/30/25 = FY 2025).

STEP 5: Click on the *'Show Calendar'* button.
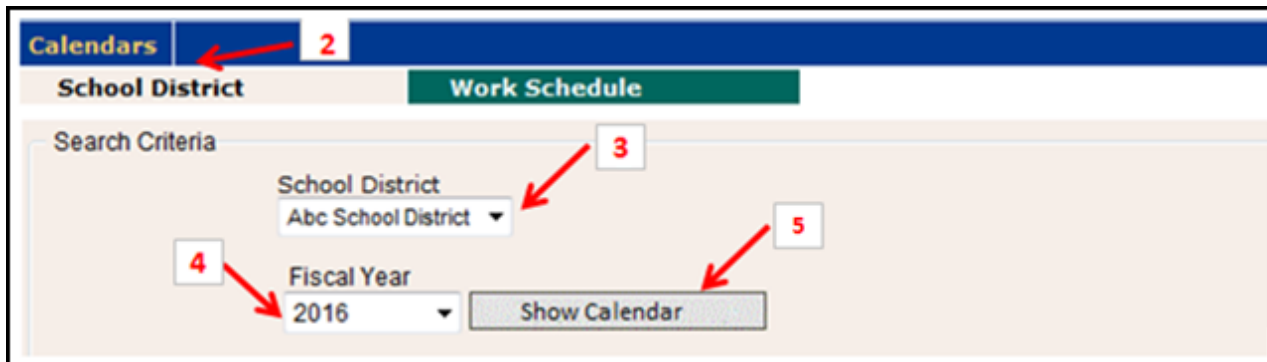
STEP 6: In the Global Calendar Setup section of the top of the screen, choose Weekends as *'Non-Moment Days'.* This option should be default but if not, select it and click the *'Update Calendar'* button.

STEP 7: Enter a default start and end time. This should be the most common start and end times for your staff. (Don't worry, you will be able to change this as you set up each *'Work Schedule'* calendar). Click the *'Save'* floppy disk icon.

STEP 8: Click on the *'Generate Calendar'* button. This step may appear after step 5 if you are creating a new fiscal year calendar.

STEP 9: Enter all district-wide non-working days, such as federal holidays or school vacation time, by clicking on any days off so that the selected days turn blue.

STEP 10: Click on the **'Mark as Non-Moment Days'** button.

STEP 11: All selected days turn pink to indicate that they are non-working or non-moment days.

Note: There is no **'Save'** button or action. Work is saved automatically as you go.

Tip: When selecting the last moment day before a major break (i.e. winter break, summer break), consider choosing a day or two before the actual break begins. For example, the last day of school is June 15th, make the last moment day as the 13th or 14th. This will help ensure all participants receiving moments on the last day will have enough time to respond.

TASK TWO: CREATE ANY NEW WORK SCHEDULES

Review your participants and the scheduled hours that they work. Group participants together by common work schedule. For each work schedule that you'll be assigning to one or more of your participants, you'll create a 'Work Schedule' name in the system. That name will then be used on your list of participants to match up your participants to their correct Work Schedule so that the RMTS will select random moments for your participants on dates and times when they will be working.

STEP 1: From the left hand navigation bar select *'School District'* and the screen below will be displayed. Click on the hyperlink for your School District Name.

STEP 2: A list of all the current Work Schedules, if any, will be displayed on the next screen. To add a new Work Schedule, click on the *'Add'* hyperlink. If you accidentally add a schedule to the list and wish to delete it, click the checkbox for the schedule(s), and then click on the *'Delete'* hyperlink.

Note: You cannot delete a schedule that has been used in one (1) or more RMTS quarters. Once used, a work schedule becomes a historical record in the system and cannot be deleted.

Note: You should not rename any existing work schedules. This will break the historical record in the system for that work schedule. Instead, just add a new work schedule using the steps in this section.

STEP 3: Enter a name for your work schedule in the *'Name'* field and enter a *'Start Date'* as of the first day of the quarter when you will first use this schedule. Then click *'Save'.*

TASK THREE: EDIT YOUR WORK SCHEDULE DATE AND TIME INFORMATION

STEP 1: Return to the *'Calendar'* tab (see step 1 from task 1 above) and click on the *'Work Schedule'* tab.

STEP 2: Select your School District in the Search Criteria drop down.

STEP 3: Select a Work Schedule Group from the *'Work Schedule'* drop down menu.

STEP 4: Select the correct Fiscal Year from the Fiscal Year drop down menu (for example, 7/1/24-6/30/25 = FY 2025).

STEP 5: Click on the *'Show Calendar'* button.

STEP 6: Click on the *'Generate Calendar'* button.

Note: The *'Work Schedule'* calendar is automatically populated with the non-moment days that were set up on the *'School District'* calendar. Enter any additional days off or change days off that are specific to the particular Work Schedule Calendar you are editing.

STEP 7: To change days that are marked as Non-Moment Days (pink) and make them working days, simply click on the selected days so that they turn blue, then click on the button *'Mark as Working Days'.*

STEP 8: Update the Start and End times for the selected Work Schedule Group by editing those times in the *'Shifts'* section at the top of the screen.

STEP 9: To change the hours for a specific day, for example for a partial day, follow the steps below:

> **STEP 9a:** Select the day, (if multiple days, simply click on the selected days to turn them blue) highlighting it blue means it's selected. In the example below, the day before Thanksgiving is selected.

> **STEP 9b:** To modify the hours, click on *'Modify Shifts'.*

STEP 9c: The *'Modify Shifts'* dialog box will appear.

> **STEP 9d:** Select the *'red x'* to delete the current shift times.

> **STEP 9e:** Then enter the new Start and End times – carefully review the data entry, you must specify AM/PM. Select the *'Add'* button and then the *'Close'* button.
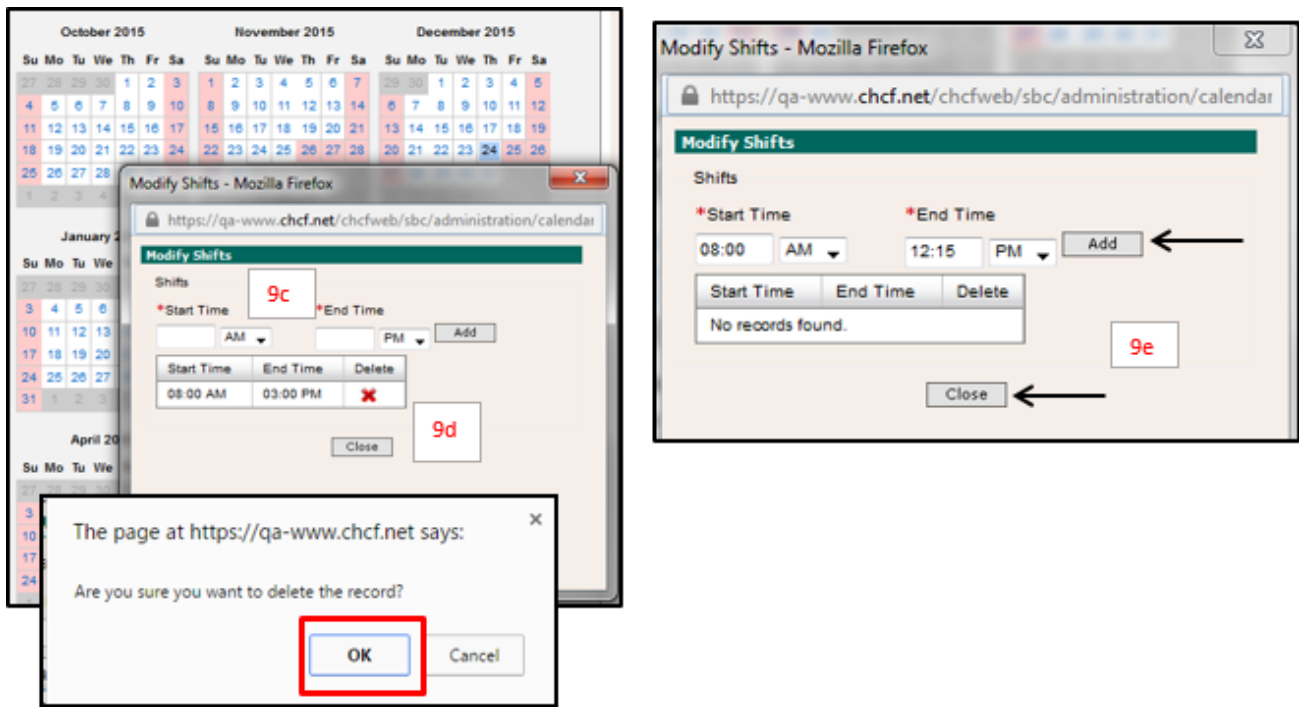
Note: If you receive the above message, select *'OK'*.

STEP 9f: The selected day will change from white to green.
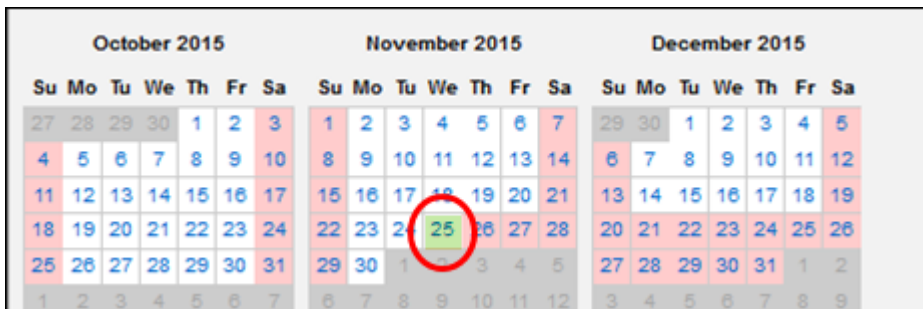
The system will save your data. Complete the steps above for the entire school year and for every work schedule assigned to active participants.

Tip: When selecting the last moment day before a major break (i.e. winter break, summer break), consider choosing a day or two before the actual break begins. For example, the last day of school is June 15th, make the last moment day as the 13th or 14th. This will help ensure all participants receiving moments on the last day will have enough time to respond.

WELCOME/WELCOME BACK EMAIL AND TRAINING

Prior to the start of the quarter, "welcome" or "welcome back" emails are automatically sent to all new and returning RMTS participants with instructions on how to login and establish a unique password. The welcome/welcome back email lets new participants know they must complete online training before the quarter begins. All participants **must** complete online refresher training annually. The online training will help participants to:

- Log into the RMTS System
- Understand the RMTS
- Answer a moment

As the RMTS Coordinator, you can monitor the completion of the online quarterly training (for new participants) and annual training (for all participants) using the RTMS training reports. Participants will be prevented by the System from answering moments until they have completed the online training.

If you'd like to review the Online Training for RMTS Participants, you can do so by following these step by step directions and screen shot examples:

STEP 1: Clicking on *'Online Training'* from the left navigation bar.
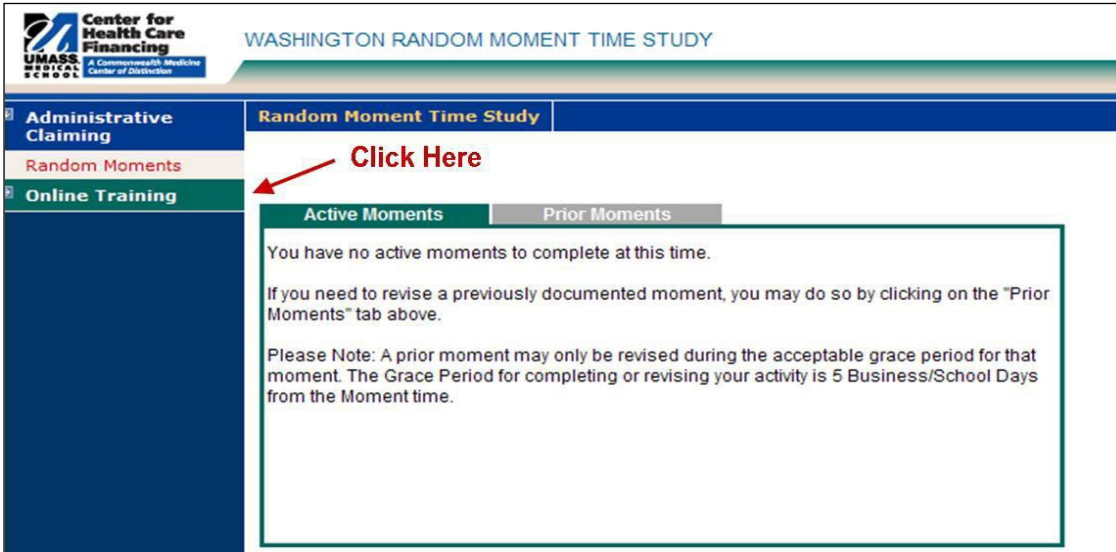
STEP 2: To review the Online Training module, click on the Hyperlink for *'WA Schools RMTS Training'.*
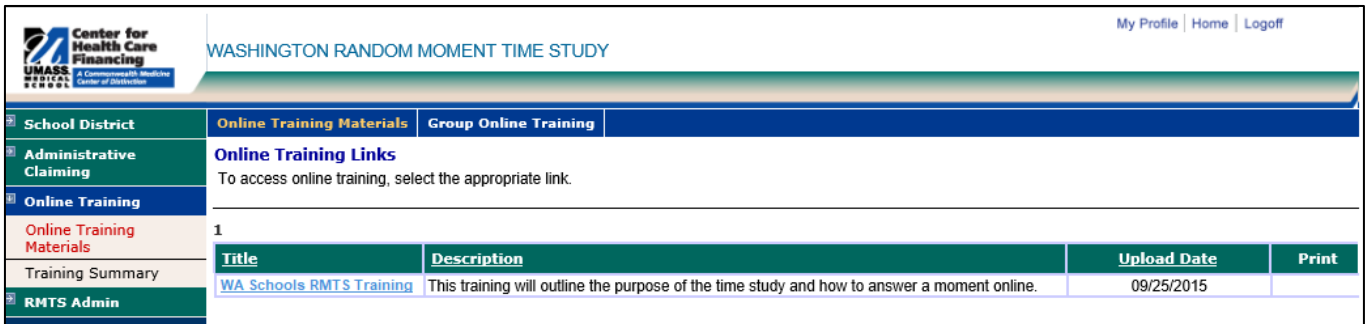
Tip: You can use the above option to have all your participants watch the training video at the same time. This is a great option especially if the participants are meeting for required trainings or in-service days. If you choose this option, UMass can mass certify your participants as having completed the required annual training. This will ensure participants can enter the system and answer their moments without needing to stop and watch the training. Just provide UMass with a list of the participant names and email addresses.

Note: Participants can also log into their RMTS accounts and click on the *'Training'* hyperlink in the upper right hand corner of their home page.
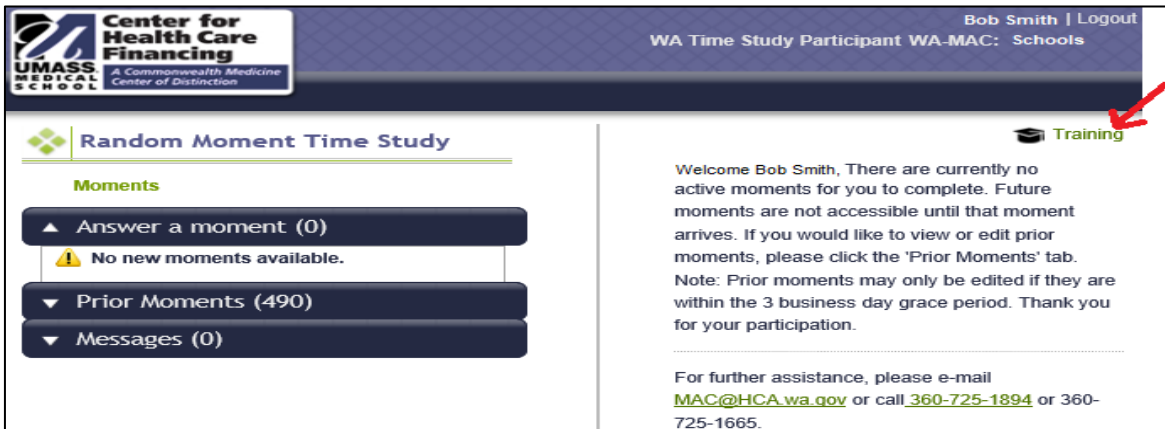
Note: When participants watch the annual training video, they will need to "certify" that they've completed the training. To do this, they will need to click the *'I certify'* checkbox below the video and then the *'Submit'* button. Participants may need to "scroll down" the video player to display these buttons.

Note: Participants can recertify their annual training at any time during the year. Doing so will set their training requirement out 365 days.
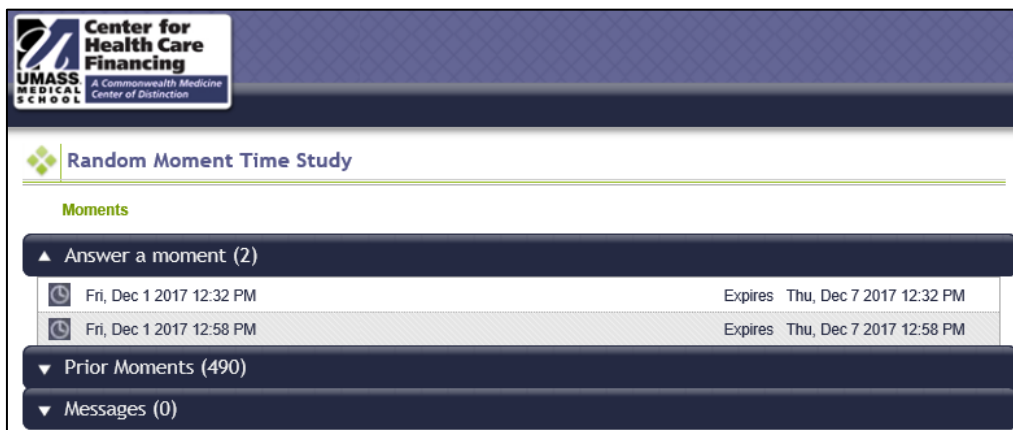
EMAIL NOTIFICATION

Participants will receive an email notification at the exact designated moment. The notice will include the date and time of the random moment as well as a unique URL that links the participant to the moment in question. Participants have up to two (2) working days to complete moments. Moments are no longer available after the two (2) working day grace period. If a moment is not completed, participants will receive email reminders from the System 24 hours after moment occurance, 72 hours, 48 hour, and 24 hours before the moment expires. The email reminders are also sent to the MAC Coordinator, backup coordinator and anyone listed in supervisor email 1 through 3 on the participant list.

ANSWERING AND COMPLETING A RANDOM MOMENT

VIEWING MOMENTS

Once participants log into the System they will see two tabs: *'Active Moments'* and *'Prior Moments'.* All unanswered moments will be listed under the *'Active Moments'* tab. All moments that have either been answered or have expired (moments that were not answered within two (2) working days) will be listed under *'Prior Moments'*. Below is an example of active moments:

ANSWERING A MOMENT

A moment consists of a series of questions the participant will complete according *to the activity* they performed precisely at the random moment. The questions, in chronological order, are:

- What type of activity were you doing?
- What specifically were you doing?
- Why were you performing this activity?
- Who were you primarily working with?

PREDEFINED AND FREE-TYPED RESPONSES

Each question has a set of predefined responses which correspond with activities staff might perform. Only one response is allowed for each question. If none of the predefined responses apply to that given moment, participants can select the "If none of the above responses…" option and must free type a response in the space provided.

Note: Predefined dropdown responses are preferable to free-typed responses as this allows the System to allocate the correct activity code to the moment.

NARRATIVE DESCRIPTION

In addition to answering the four above questions, participants must provide a narrative description of the activity they recorded through the predefined dropdown responses. Once the participant selects a response for each question, a free type box appears, and the participant may enter up to 250 characters in the space provided to record their narrative.

Narratives must clearly describe why the activity was being performed and who was involved. Referral activities should specifically state to whom or where a referral was made, and coordination activities should clearly explain what services were being coordinated and specifically state who was involved. Example narratives include, but are not limited to:

- I was working with the counselor and student A.J.H. regarding student's inability to complete homework assignments.
- I was completing the daily attendance report to be forwarded to the front office.

Note: Due to public disclosure, HIPAA, and FERPA policies, the use of Personally Identifiable Information (PII) is prohibited in moment narratives. You can use student initials in your narrative. Please do not use names, social security numbers, or student ID numbers.

COMPLETING A MOMENT

When a participant finishes answering the four questions and entering a narrative, they must check the box indicating they certify the answers are true and complete, and select **'submit'**. Participants must complete moments within two (2) working days after the sampled moment. The MAC Coordinator is responsible for monitoring and ensuring all participants complete moments in a timely manner. They can follow up with the participant and monitoring the RMTS Participant Moment Not Completed Report.
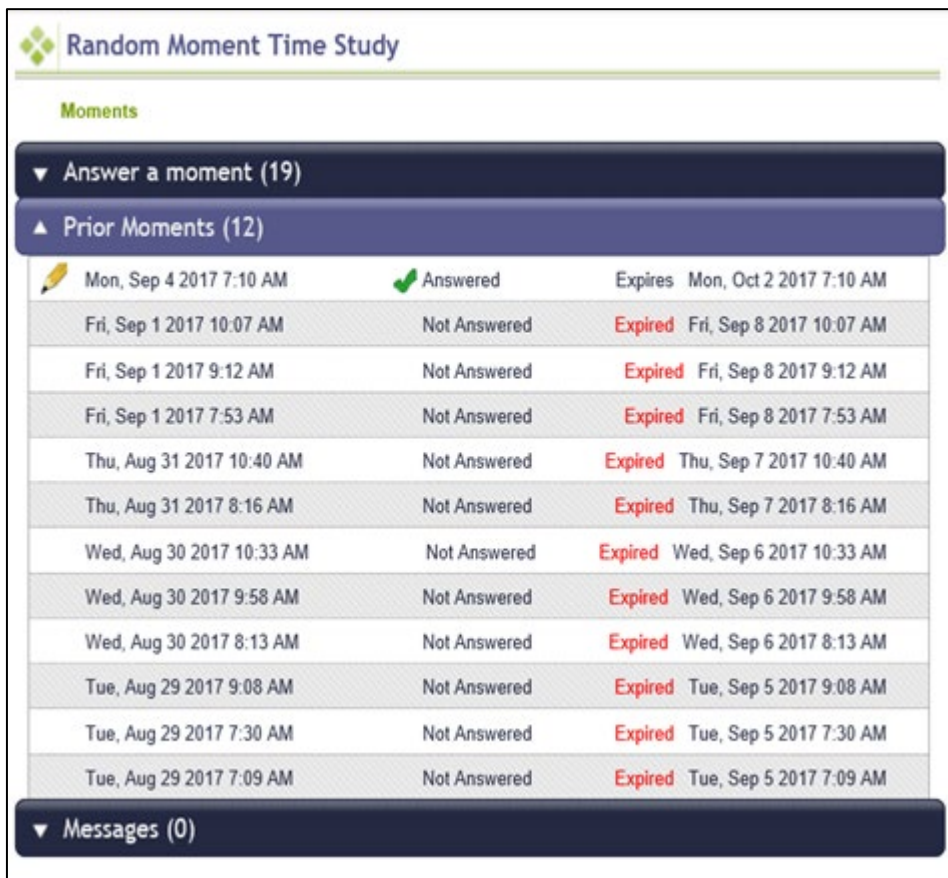
DOCUMENTATION TO SUPPORT AN RMTS MOMENT

HCA requires all participants maintain documentation for the activities they were performing during all time study moments. This documentation must be sufficiently detailed in order for HCA to determine whether the activities were necessary for the proper and efficient administration of the state Medicaid plan. It is the MAC Coordinator's responsibility to ensure participants maintain adequate documentation and ensure it is accessible for review for a minimum of six (6) years as per RCW 40.14.060. Examples of supporting documentation include, but are not limited to:

- Calendars
- Chart notes
- Activity log
- RMTS Narrative

EDITING AN ANSWERED MOMENT

Participants have two (2) working days after the moment to edit responses. All moments previously completed within the quarter will be listed under the *'Prior Moments'* tab. Participants select the pencil icon next to the moment they wish to edit to make changes. If no pencil icon appears and the word *'expired'* appears next to the moment then it cannot be edited. These moments are outside the two (2) day grace period.

CLAIMING PROCESS

OVERVIEW

The following describes how to complete and submit a Medicaid Administrative Claiming (MAC) claim for the three cost pools.

CLAIMING PROCESS OVERVIEW

The quarterly Medicaid Administrative Claiming process is designed to utilize the participant data and time study results from the RMTS as the building blocks for calculating an Administrative Activity Claim. Additional data on actual costs/expenditures per quarter are uploaded and/or entered into the system and the system performs the calculations.

Elements of the claim include:

- Quarterly state-wide time study results for each RMTS cost pool are calculated following the end of the quarter.
- The SD's MAC Coordinator enters quarterly claim data (participant salary/benefits).
- HCA staff conduct a quarterly claim review to ensure claiming information is correct.
  - If there are questions regarding the claim, HCA will notify the SD.
- The SD's MAC Coordinator prepares and prints the Certified Public Expenditures (CPE) form.
- The CPE is signed, dated, scanned, and emailed to HCA.
- The SD's MAC Coordinator prints the A19-1A invoice voucher (A19).
- The A19 is signed, dated, scanned, and emailed to HCA.
- HCA staff review and approve the SDs quarterly CPE and A19. CPEs and A19s are forwarded to HCA fiscal to process.
- Approved A19 invoices will be processed by HCA within thirty (30) calendar days.

As a general rule, only participant's base salary and benefits should be included in each quarterly claim as eligible MAC expenses. If you have questions about allowable or non-allowable MAC expenses please reach out to HCA program staff. See the table below for a partial list of common expenses and their allowability in the MAC program.

Expense	*Allowable MAC Expense?*
Coaching, Club, or Activity Stipend	No. Expenses outside normal school hours. Not associated with participant's MAC eligible job.
Annual, Sick, Other Leave Payouts	No. Expenses are indirect costs
National Board Certification Bonus/Stipend	Yes. Expenses are associated with participant's MAC eligible job.
Salary/benefits for "mandatory days" or "teaching days"	Yes. As these are contractually required days the associated costs are MAC eligible.
Salary/benefits for "responsibility days"	No. As these are not contractually required and are optional the associated costs are not MAC eligible.

EXTRACTS AND UPLOADS

This section will go over how to add quarterly salary and benefit data into the system. To create and manage data manually, please refer to the Data Submission Section.

EXTRACTING FILES

By the time an Administrative Activity Claim is being processed, the entities have already completed the RMTS for the quarter. Therefore, a list of active participants for that quarter can be extracted from the system. This list can be used to create an editable template to update in order to upload with salary and benefit data.

STEP 1: Under the *'Administrative Claiming'* tab, select *'Reports' and locate the "RMTS Pool Report"*

STEP 2: Using the drop-down menus, select the School District, Year, and Quarter. Year and Quarter are based on fiscal year. See the Calendar Overview Section for an explantion of the quarter timeframe.

STEP 3: Click *'View As Excel'*.

8	School District	Employee ID	Last Name	First Name	Job Pool	Job Description	Job Type E or C	Fed Fund %	Building
9	Aaa Training District	UMMS98854	Allium	Susan	Education Pool 2	Secondary Teacher	E	0	
10	Aaa Training District	UMMS98921	Antelope	Diana	Administration Pool 1	Office/Clerical	E	0	
11	Aaa Training District	UMMS98922	Aster	Angela	Education Pool 2	Elementary Teacher	E	0	
12	Aaa Training District	UMMS98857	Astilbe	Tony	Education Pool 2	Other Teacher	E	0	
13	Aaa Training District	UMMS98862	Button	Lisa	Education Pool 2	Other Teacher	E	0	
14	Aaa Training District	UMMS98863	Bears	Melissa	Education Pool 2	Secondary Teacher	E	0	
15	Aaa Training District	UMMS108701	Birds	Joan	Education Pool 2	Other Teacher	E	0	

Note: Do not use an exported participant list from the *'RMTS Admin'* system (participant management system) as your claiming file. This file will result in an error while uploading.

CREATING AN UPLOAD FILE

Use the extracted Pool Report to create the claiming file to be uploaded.

	A	B	C	D	E	F	G	H
	Employee ID	Last Name	First Name	Job Description	Active Yes or No	Fed Fund %	Salary	Employer Paid Benefits
	UMMS98854	Allium	Susan	Elementary Principal	Y	0	7850.25	1200.21
	UMMS98921	Antelope	Diana	MAC Coordinator/back-up	Y	0	5412.01	821.31
	UMMS98922	Aster	Angela	MAC Coordinator/back-up	Y	0	4258.35	598.35
	UMMS98857	Astilbe	Tony	School Administrator	Y	0	6540.25	1250.52
	UMMS98862	Button	Lisa	Nurse	Y	0	4125.51	1121.21
	UMMS98863	Bears	Melissa	Secondary Principal	Y	0	6200.12	958.25
	UMMS108701	Birds	Joan	Secondary Vice Principal	Y	0	5631.21	1210.21

The file must have the headings *'Employee ID', 'Last Name', 'First Name', 'Job Description', 'Active Yes or No', 'Fed Fund %', 'Salary',* and *'Employer Paid Benefits'.*

Tip: Remove the *'School District'*, *'Job Pool'*, *'Job Type E or C'* and *'Building'* columns from the file first, then remove rows 1-7. Then simply add 'Active Yes or No' in column heading E, *'Salary'* in column heading G and *'Employer Paid Benefits'* in column headingH . Do not add any additional columns or rows other than the ones outlined above. Add **quarterly** salary and benefits data for each participant as necessary.

Note: The *'Fed Fund %'* column should only contain whole numbers (i.e. 15, 50, 80, etc.) and not decimals (i.e. 0.15, 0.50, 0.80, etc). Whole numbers will be treated as whole number percentages while decimals will be treated as fractions of 1%.

Note: Do not include any formulas in the Excel file. The upload will err out. Instead, copy your cells containing a formula, then right-click and select the "paste values" option.

When saving the file to upload, the naming convention is: HP_CC_WA-SCHOOLS_VendorID_Qtr_Year_Version#.xls

Example: Q4 2024, Demo School District = HP_CC_WA-SCHOOLS_123456_4_2024_01.xls

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UPLOADING FILES

Upload the claiming file to add salary and benefits data to the claim.

STEP 1: Under the *'Administrative Claiming'* tab, select *'File Upload'*.

STEP 2: Click on either *'School District'* or *'Year'* to change the School District and fiscal year (upper-right corner).

STEP 3: Select *'Participant_CC'* under *'Component'*. Click *'Browse'* and select your file. Click *'Open'*.

Note: Files must follow the naming convention described in the previous section.

STEP 4: Click *'Upload'.* The file will show up on the uploaded list below and will take some time before it is ready to be checked. You will need to click *'Refresh'* after a few minutes for the file status to change.

STEP 5: After the file is uploaded and there are no errors, click *'Review'* to review the file for errors and changes.

File Name	Quarter	Date ▼	Status	Uploaded By	☐
HP_CC_WA-SCHOOLS_33212_2_2016_01.XFR	2	12/30/2015 03:46:43 PM	Review	TemilyEm	☐
					Delete
			Refresh		

Note: If your file has errors, you will need to click on *'Error'* and then *'View Detailed Report'* to review the issues that caused the file to fail. Once you have fixed the problems in the file, delete the error file by checking the box next to the file and clicking *'Delete'*. Then upload the corrected file.

STEP 6: Review the New Health Personnel, Deactivated Health Personnel, and Update reports by clicking on the appropriate *'View Detailed Report'* link. If changes are required, delete, re-upload, and check the file again. Once everything is correct, check the *'Verified Upload File Results'* box and click *'Upload'* to upload the file.

Note: Changes and additions in the file will not be made to the system until this step has been completed.

Note: The *'View Details Report'* link may not appear if there are no updates or errors in the uploaded file.

STEP 7: When the file is submitted and uploaded, the status will change to *'Successful'* when completed. You will need to click *'Refresh'* after a few minutes for the file status to change. You may review the detailed reports at any time by clicking *'Successful'* and *'View Detailed Report'.*

DATA SUBMISSION

The previous section, *'Extracts and Uploads'* explains how to upload a large amount of information at one time. This section will go over how to review and/or manually enter salary data and other claim data if needed. If you are beginning a new claim each component will show *'NOT Received'* and will change depending on the status of the claim. *'Received'* will show after data is submitted, *'Calculated'* if the claim has been calculated, *'Approved'* if the claim is approved, and *'Final'* after the claim has been finalized.

SALARY DATA

STEP 1: Under the *'Administrative Claiming'* tab, select *'Data Submission'.*

STEP 2: Click on either *'Quarter'* or *'Year'* to change the quarter and fiscal year (upper-right corner).

STEP 3: If no data has been entered or uploaded, you will click *'NOT Received'* otherwise you will click *'Received'* next to the name of the claim component you wish to enter. In this case, choose the *'Salary'* component.

STEP 4: Click on the last name hyperlink for the employee you want to add/edit data for.

STEP 5: Enter data in the *'Original Salary'*, employer paid benefits in any of the *'Other'* fields, and federal funding percentage in the *'Fed. Fund %'* field and click *'Next'*. This will save the data submitted and open the next employee's screen. If you are done entering data or want to review the data before the end of the list of employees, click *'Close'* to return to the front screen.

STEP 6: When you have completed and checked all of the salary data, enter the date at the bottom of the screen and click *'Save'*. This will generate a note in the system which includes who saved the data and the date it was saved.

Note: If salary data was uploaded this screen, including the Received Date and Notes History, will be populated.

MATERIALS AND SUPPLIES COSTS

Materials and Supplies Costs are for items that are a direct expense for administration of the MAC program. For example, if you purchased a ream of paper to print out MAC training materials for your participants. The cost of the ream of paper would be an eligible MAC expense and could be entered below.

Note: HCA staff will ask for supporting documentation to back up any expenses listed in this section. Supporting documentation could include but is not limited to invoices, receipts, business ledgers, etc.

STEP 1: From the data submission screen, click the hyperlink next to the Materials and Supplies Costs. If no data has been entered, you will click *'NOT Received'* otherwise you will click *'Received'*.

STEP 2: Enter Materials and Supplies Amount.

STEP 3: Enter Received Date and click *'Save'.*

MEDICAID ELIGIBILITY RATE AND INDIRECT COST RATE

STEP 1: This data is entered by HCA, but you can view the information by clicking on *'Received'* next to the Medicaid Eligibility Rate or Indirect Cost Rate Component.

STEP 2: View the Medicaid Eligibility Rate or Indirect Cost Rate on the screen. You cannot change these rates.

CONSULTANT SERVICES COSTS

Consultant Services Costs are for expenses incurred to hire an external entitiy to manage your district's MAC program. For example, you pay company A to manage your MAC participant list, calendars, and claiming . The fee company A charges would be an eligible MAC expense and could be entered below.

Note: HCA staff will ask for supporting documentation to back up any expenses listed in this section. Supporting documentation could include but is not limited to invoices, receipts, business ledgers, etc.

STEP 1: From the data submission screen, click the hyperlink next to the Consultant Services Costs. If no data has been entered, you will click *'NOT Received'* otherwise you will click *'Received'.*

STEP 2: Enter the quarterly Consultant Services Cost and the Received Date.

STEP 3: Enter Received Date and click *'Save'.*

CLAIM CALCULATION AND APPROVAL

When all of the claim data has been entered and checked, the claim will need to be calculated.

Note: You will not be able to calculate the claim until the RMTS percentages have been calculated. SDs will receive e-mail notification from HCA informing them when this has been completed and their claim can be calculated. However, you do not need to wait for this notification in order to enter your claim data.

CLAIM CALCULATION

STEP 1: Under the *'Administrative Claiming'* tab, select *'Claim Calculation'.*

STEP 2: Click on either *'Quarter'* or *'Year'* to change the quarter and fiscal year (upper-right corner).
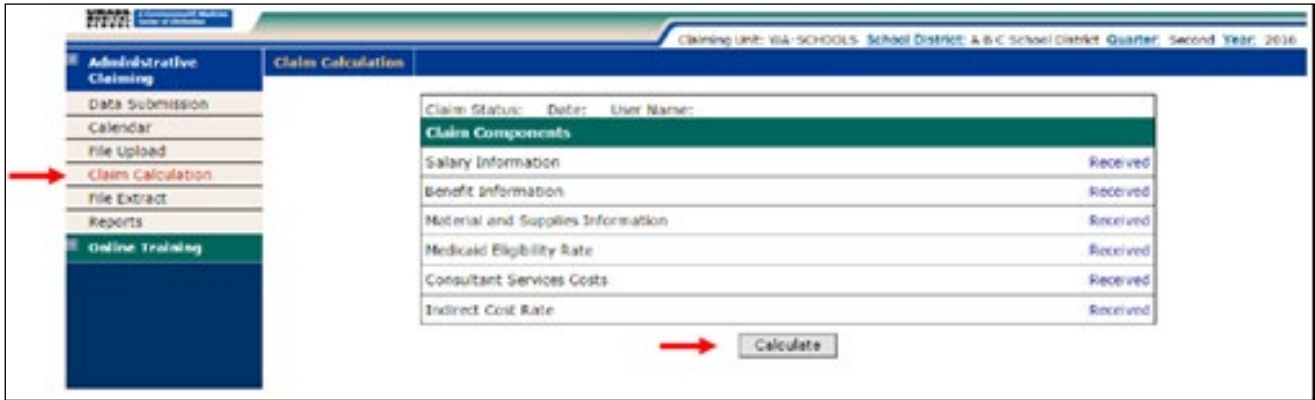
STEP 3: Click *'Calculate'.* While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.

STEP 4: When the claim has finished calculating, the screen will show that the Claim Status is *'Calculated'*, the date it was calculated, and the User Name of the person who calculated the claim. The *'Net Claim Amount'* will populate at the bottom of the Claim Component table.
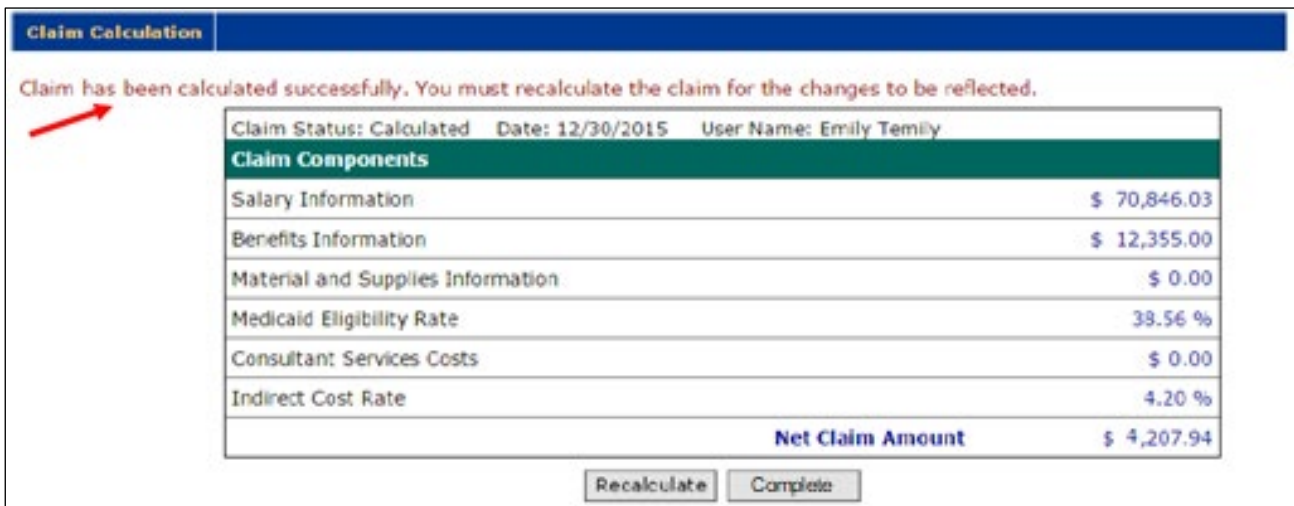
COMPLETING THE CLAIM

STEP 1: Click *'Complete'*. When prompted, click *'OK'*. While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.
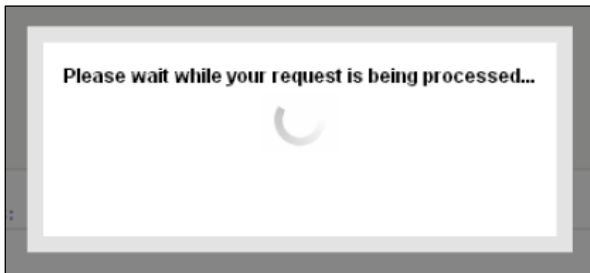
STEP 2: When the claim is approved, the screen will show that the Claim Status is *'Completed',* the date it was approved, and the User Name of the person who approved the claim. An email will be auto-generated telling HCA that your claim is ready for their review. You can send yourCPE/Local Match Form and A19 to mac@hca.wa.gov so that your claim can be processed. However, if updates to the claim need to be made new CPE and A19 forms will need to be completed.
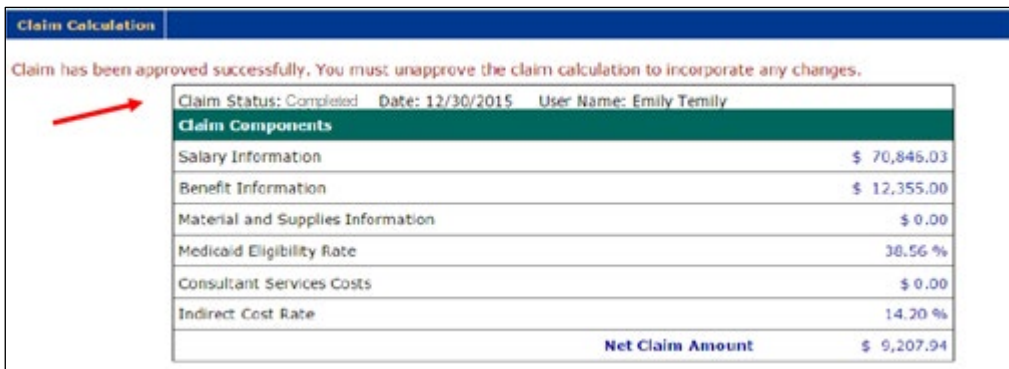
Note: If any changes are made to the claim, you will need to *'Recalculate'* the claim. Only when the claim is complete, the data has been checked, and calculated for the last time should you approve the claim.

Note: Claims are finalized by HCA. The Claim Status will reflect this.
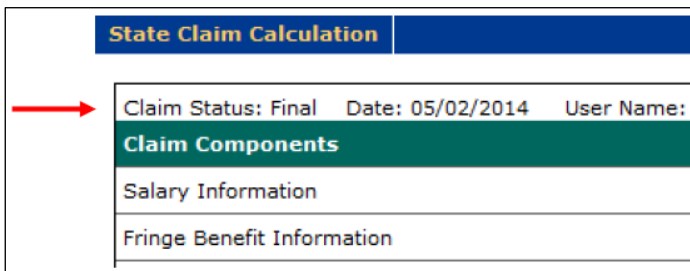
CLAIM REPORTS

Under *'Administrative Claiming'* and *'Reports'*, click on the report you wish to view. Each report is run by clicking *'View in Excel'* or *'View as PDF'* and can be saved. To return back to the list of reports, click *'Back to Reports'.*

CLAIM SUMMARY REPORT

Use the dropdown menus to select your school district, year, and quarter you wish to view. This report can be viewed as a PDF.

Sample Report:

Quarterly Claim Calculation Summary Report

Claim Year:	2018	**Print Date:**	09/14/2018
Claim Quarter:	4		
HCA MAC Contract #:	44001		
Claiming Unit:	**Washington School Districts**		
School District:	**Abc School District**		

1	**Indirect Cost Rate**	1.53%
2	**Medicaid Eligibility Rate**	35.71%

ACTIVTY GROUP ONE	COST POOLS' TOTAL GROSS CLAIM AMOUNTS FROM QUARTERLY CALCULATION DETAIL REPORT	COSTS FOR WHICH THE FFP = 50%
3	SUM SUBTOTAL GROSS CLAIM AMOUNT	$21,489.44
4	SUM OF QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS	$.00
5	ADJUSTED QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS	$.00
6	INDIRECT COSTS	$328.79
7	SUM OF QUARTERLY CONSULTANT SERVICES COSTS	$.00
8	ADJUSTED QUARTERLY CONSULTANT SERVICES COSTS	$.00
9	TOTAL GROSS CLAIM AMOUNT	$21,818.23
10	TOTAL NET CLAIM AMOUNT	$10,909.12

CLAIM CALCULATION DETAIL REPORT

Change the School District, year, and quarter. This report can be viewed as a PDF.

Claim Calculation Detail Report

Claiming Unit :	School District :
WA-SCHOOLS ▾	A B C School District ▾
Year :	**Quarter :**
2016 ▾	Second Quarter ▾

View As PDF | Back to Reports

Sample Report:

Claim Year:	2016					Run Date:	12/30/2015
Claim Quarter:	2						
Claiming Unit:	Washington School Districts						
School District:	A B C School District						
HCA MAC Contract #:	33212						

WA-SCHOOLS Claim Calculation Report

Admin Cost Pool	Activity Code	Percent Of Time Spent On Activity	Total Cost Pool Costs Amount	Medicaid Eligibility Rate (MER)	General Administration Factor	Amount Of Total Cost Pool Costs	Subtotal Gross Claim Amount
1	1a	0.67	$31,185.80	N/A	N/A	$208.94	N/A
1	1b	0.07	$31,185.80	N/A	N/A	$21.83	$21.83
1	2a	0.54	$31,185.80	N/A	N/A	$168.40	N/A
1	2b	0.13	$31,185.80	N/A	N/A	$40.54	$40.54
1	3	32.70	$31,185.80	N/A	N/A	$10,197.76	N/A
1	4	2.83	$31,185.80	N/A	N/A	$882.56	N/A
1	5a	1.01	$31,185.80	N/A	N/A	$314.98	N/A
1	5b	0.00	$31,185.80	38.56	N/A	$0.00	$0.00
1	7a	2.02	$31,185.80	N/A	N/A	$629.95	N/A
1	7b	0.07	$31,185.80	38.56	N/A	$21.83	$8.42
1	8a	0.61	$31,185.80	N/A	N/A	$190.23	N/A
1	8b	0.13	$31,185.80	38.56	N/A	$40.54	$15.63
1	9a	10.59	$31,185.80	N/A	N/A	$3,302.58	N/A
1	9b	4.65	$31,185.80	38.56	N/A	$1,450.14	$559.17
1	10	43.96	$31,185.80	N/A	3.7	$13,709.28	$507.24
	Totals :	**99.98**				**$31,179.56**	**$1,152.84**
2	1a	0.07	$28,790.18	N/A	N/A	$20.15	N/A
2	1b	0.00	$28,790.18	N/A	N/A	$0.00	$0.00
2	2a	0.07	$28,790.18	N/A	N/A	$20.15	N/A
2	2b	0.07	$28,790.18	N/A	N/A	$20.15	$20.15
2	3	80.60	$28,790.18	N/A	N/A	$23,204.89	N/A
2	4	0.82	$28,790.18	N/A	N/A	$236.08	N/A

Page 1 of 3

The *'General Administration Factor'* is is calculated to allocate costs for performing general administration activities by MAC activity code. The formula for calculating the General Administration Factor is as follows:

$$\frac{[1b\% + 2b\% + (MER * (5b\% + 6b\% + 7b\% + 8b\% + 9b\%))]}{[1a\% + 1b\% + 2a\% + 2b\% + 3\% + 4\% + 5a\% + 5b\% + 6a\% + 6b\% + 7a\% + 7b\% + 8a\% + 8b\% + 9a\% + 9b\%]}$$

COST POOL CALCULATION REPORT

Change the School District, year, and quarter. This report can be opened as a PDF or in Excel.

Cost Pool Calculation Report

Claiming Unit :	School District :
WA-SCHOOLS ▾	A B C School District ▾

Year :	Quarter :
2016 ▾	Second Quarter ▾

View As PDF | View As Excel | Back to Reports

Sample Report:

	A	B	C	D	E	F	G	H	I	J	K
1					**Cost Pool Calculation Report**						
2	**Claim Year:**	2016									
3	**Claim Quarter:**	2							**Print Date:**	12/30/2015	
4	**Claiming Unit:**	**Washington School Districts**									
5	**School District:**	**A B C School District**									
6	**HCA MAC Contract #:**	33212									
7											
8	**Grand Total:**	$83,201.03									
9											
10	**Participant**	**Participant**	**Participant**	**Job**	**Job Position**	**Job**	**Quarterly**	**Salary**	**Quarterly**	**Employer**	**Employer Paid**
11	**Last Name**	**First Name**	**Unique ID**	**Pos**	**Description Title**	**Pos**	**Salary**	**Reduced by**	**Employer**	**Paid**	**Tot Salary + Benefits**
12				**Code**		**Federally**	**Amount**	**Federally**	**Paid Fringe**	**Benefits**	**Reduced by**
13						**Funded**		**Funded %**	**Benefit**	**Reduced by**	**Federally Funded %**
14						**%**			**Amount**	**Federally Funded %**	
15	Blueberry	Cassie	UMMS54017	1	Secondary Principal	0.00%	$5,120.65	$5,120.65	$800.00	$800.00	$5,920.65
16	Gouda	Sandy	UMMS54019	1	Office/Clerical	0.00%	$5,120.65	$5,120.65	$1,250.00	$1,250.00	$6,370.65
17	Paprika	Lisa	UMMS54015	1	Elementary Principal	0.00%	$8,544.25	$8,544.25	$1,250.00	$1,250.00	$9,794.25
18	Thyme	Aaron	UMMS54016	1	Secondary Principal	0.00%	$7,850.25	$7,850.25	$1,250.00	$1,250.00	$9,100.25
19	**Total Job Position Code**	1									$31,185.80
20											
21	Elm	Kaye	UMMS54021	2	Other Teacher	0.00%	$6,588.21	$6,588.21	$1,250.00	$1,250.00	$7,838.21
22	Mozzarella	Gina	UMMS54023	2	Other Teacher	0.00%	$6,588.21	$6,588.21	$1,250.00	$1,250.00	$7,838.21
23	Sage	Chris	UMMS54024	2	Other Teacher	0.00%	$6,588.21	$6,588.21	$1,250.00	$1,250.00	$7,838.21
24	Strawberry	Melissa	UMMS54022	2	Other Teacher	0.00%	$4,025.55	$4,025.55	$1,250.00	$1,250.00	$5,275.55
25	**Total Job Position Code**	2									$28,790.18
26											
27	Avocado	Aceshia	UMMS54018	3	Counselor	0.00%	$7,850.25	$7,850.25	$1,250.00	$1,250.00	$9,100.25
28	Flour	Anu	UMMS54020	3	Nurse	0.00%	$8,544.25	$8,544.25	$755.00	$755.00	$9,299.25
29	Lemon	Brad	UMMS54014	3	Psychologist	0.00%	$4,025.55	$4,025.55	$800.00	$800.00	$4,825.55
30	**Total Job Position Code**	3									$23,225.05
31											
32											
33	**Total:**										$83,201.03

A19 FORM AND INSTRUCTIONS

STEP 1: Use the dropdown menus to select the school district, year, and quarter you wish to view. This report can be viewed in Excel or as a PDF.

A19 Form

Claiming Unit : WA-SCHOOLS ⌄   School District : Abc School District ⌄

Year : 2019 ⌄   Quarter : First Quarter ⌄

View As PDF | View As Excel | Back to Reports

STEP 2: Print the form and have your district's authorizing representative sign, list their title, and date in the upper right corner.

STEP 3: Scan a copy of the completed form and email to your HCA Program contact or mac@hca.wa.gov.

A sample report of the A19 Form can be found in the appendix.

CERTIFICATE OF PUBLIC EXPENDITURE FORM AND INSTRUCTIONS

STEP 1: Use the dropdown menus to select the school district, year, and quarter you wish to view.

Certificate of Public Expenditure Form

Claiming Unit : WA-SCHOOLS ▾   School District : Training Public Schools ▾

Year : 2017 ▾   Quarter : Fourth Quarter ▾

STEP 2: The area to add local matching source information will appear below the search fields.

STEP 3: To add a new funding source click on *'Add Row'*.

STEP 4: Fill in the name, revenue account code, and amount of the local matching source.

Note: The above name, revenue account code, and amount is only an example and not indicative of how the district should fill this form out each quarter. Check with your fiscal/accounting team to confirm this information.

STEP 5: To add more local matching sources, click *'Add Row'.*

STEP 6: When all local matching sources are accounted for, click *'Save'.*

STEP 7: Click on *'View as Excel'* and save a copy to your computer.

STEP 8: Print the form and have your district's authorizing representative sign, list their title, phone number and date at the bottom.

STEP 9: Scan a copy of the completed form and email to your HCA Program contact or mac@hca.wa.gov.

A sample CPE form can be found in the appendix.

MEDICAID ELIGIBILITY RATE (MER) AND MER CALCULATION

Part of the MAC claiming requires the application of a MER:

- For each quarter, HCA staff extract an unduplicated report of all Medicaid enrolled children, ages 0-20 from HCA's ProviderOne data base.
- The data extracted is forwarded to the Washington State Office of the Superintendent of Public Instruction (OSPI).
- For each quarter OSPI staff completes a data match comparing the unduplicated count of Medicaid enrolled students (the numerator) with the student enrollment for each school district (the denominator). This comparison results in the MER for each district.
- HCA staff then enters the MER for each district into the claiming system. Please see the below example:

School District Name	District Student Enrollment	Medicaid Enrolled	District MER
ABC School District	2,808	791	28.17%

- HCA staff monitors the MERs on a regular basis. Any significant variations from historical trends are noted and are communicated to OSPI for an explanation of the variance in the data; any needed adjustments to the MER are then applied.

LOCAL MATCH CERTIFICATION, SOURCES OF FUNDING, AND CERTIFIED PUBLIC EXPENDITURES (CPE)

FEDERAL GUIDELINES

The federal government (Medicaid) provides partial Federal Financial Participation (FFP) reimbursement for allowable MAC activities through the Certified Public Expenditure (CPE) process. Federal regulations permit state, local, and tribal governments to provide the non-federal share of Medicaid expenditures. The funding of the non-federal share may be directly appropriated to government units by their legislature or other authority, transferred between the government units or actual expenditures incurred by the government unit may be certified as expenditures eligible for Medicaid reimbursement.

CMS policy is authorized by Section 1903(w) (6) (A) of the Social Security Act which specifically identifies States, and units of government within a State, as the appropriate agencies to fund the non-federal share of Medicaid costs. The non-federal share may be funded with proceeds derived from:

- State and local taxes.
- Funds appropriated to State University teaching hospitals.
- Funds transferred from or certified by units of government within a State.
- Funds of the unit of government not considered to be provider-related donations.
- Funds of the unit of government not derived from an impermissible health care related-tax.

Funds of the unit of government that are not considered to be provider-related donations, or are not derived from an impermissible health care related-tax, may only be used as the non-federal share of MAC expenditures when these funds have been approved by CMS' Center for Medicaid and State Operations' National Institutional Reimbursement Team (NIRT).

THE CERTIFICATION PROCESS

Quarterly, each SD must identify the allowable local matching funds that pay for MAC activities by certifying them as public expenditures. HCA provides a CPE form that should be filled out by the SD listing the allowable funding sources used. BARS codes are required for all funds used as local match. Please reference the OSPI Accounting Manual for Public School Districts in the State of Washington for a list of BARS codes.

INDIRECT RATE

The SDs must use the **restricted** indirect rate in the claiming process. The restricted indirect rates are approved by the federal Department of Education. HCA enters the **restricted** indirect rates in the System at the beginning of the school year. The formulas in the System apply the restricted indirect rate to the appropriate costs. The SD is prohibited from claiming any expenses as direct costs/expenses on any A19 if those expenses are included in an approved indirect rate. All staff included in operating costs or an approved indirect rate is prohibited from participating in the time study.

REVENUE OFFSET

Certain revenues must be offset to reduce costs to determine the total amount of costs in which the federal government will participate. (Federal Regulations (2CFR), Part 225).
Sample categories of revenue offset may include the following (not all inclusive):

- All federal funds
- All state expenditures which have been previously matched by the federal government (includes Medicaid funds for medical assistance, such as payments for services under fee- for-service)
- Insurance and other fees collected from non-governmental sources
- All applicable credits such as receipts or reduction of expenditure type transactions offsetting or reducing expense items allocable to federal awards as direct or indirect costs.
- When the costs of employees who provide medical services are fully met/covered by federal funding sources (Schools Based Health Services) or third party payers, those employees should not be included in the time study and their costs should not be included in the cost pool. (Example: Psychologist, Speech Therapist, Occupational Therapist, Physical Therapist)

Note: Employees whose costs are fully met/covered by Title III federal funding sources should not be included in the time study and their costs should not be included in the cost pool.

REVENUE OFFSET PROCESS

- To determine the amount of total allowable salary and benefits for the quarter, the SD must first perform revenue offset by subtracting any disallowed funds included in the salary and benefits. To comply with this requirement, the SD must subtract from the salary and benefits, any funding types listed above.
- Time study statistics and MER must be applied to the remaining salary and benefits (total allowable staff salary).
- In some cases, the revenue offset amount could include donations if those donations were specifically given to a program.

Example - Revenue Offset Process and Claim

Quarterly Gross Staff Salary/ Benefits	$100,000
Other disallowed funds (Offset Amount)	($ 20,000)
Claimable Quarterly Net Salary/Benefits	$ 80,000
RMTS results (MAC 50% / Non-MAC 50%)	($ 40,000)
Adjusted Salary/Benefits	$ 40,000

In actuality, the Adjusted Salary/Benefits are added to those other RMTS participants in the RMTS group cost pool, before applying the MER percentage and the 50% Federal Financial Participation. But, to depict the effect in this example, applying a MER percentage of 30% to the Adjusted Salary/Benefits for the individual would create the Net Total Computable (TC): $12,000
$6,000 local funds & $6,000 Medicaid funds = $12,000 TC
The 50% Federal Financial Participation would be: $ 6,000

NON-DUPLICATION OF PAYMENT

Federal, state, and local government resources should be expended in the most cost effective manner possible.

SDs may not claim any FFP for administrative activities if related costs have already been paid by another revenue source. A government program may not be reimbursed in excess of its actual costs, i.e., make a profit.

Example activities where costs may not be claimable due to the potential for duplicate payments include but are not limited to:

- An activity that is an integral part or extension of a direct medical service, such as patient follow-up, patient assessment, patient education, or counseling.
- An activity that has been, or will be, paid for as a service of another non-Medicaid program.
- An activity that has been, or will be, paid for as a Medicaid administrative cost through another MAC program.
- An activity that is included as part of a managed care rate and is reimbursed by a managed care organization.
- Costs for activities that are included in a direct medical service encounter rate.
- Costs or expenses that are included in an approved indirect cost rate.

It is important to distinguish between duplicate payments for the same activity and an inefficient use of resources, which may result in the unnecessary repeated performance of an activity. Duplicate performance of services or administrative activities must be mitigated through coordination of activities.

CLAIM FINALIZATION PROCESS

FILING DEADLINE AND CERTIFICATION

- Claims will be submitted and calculated electronically through the System. All quarterly claims must be calculated and completed within 120 days following the end of the quarter being claimed. Claims calculated after 120 days may not be processed for payment and could lead to corrective action.

- Original and amended claims must be submitted to HCA by the 23rd month of the two-year federal filing deadline. HCA will not seek reimbursement for claims submitted after this deadline.
- All quarterly claims, including billing documentation required by the claiming module of the System or by HCA, must be completed and forwarded to HCA if requested.
- The Local Match Certification must be emailed with the A19-1A Invoice Voucher quarterly.
- All A19s and the Local Match Certification must be signed by an authorized representative who is legally designated as a signatory for the SD.

RMTS MANAGEMENT REPORTS

The System generates many reports for the MAC Coordinator to review which assist in RMTS management. The reports display historical or real-time information including moments, participant demographics, and compliance rates.

ACCESSING THE REPORTS

Once logged into the System the MAC Coordinator can review reports of the online training and time study. This section describes how to access and run reports for the online training and time study.

- To access training reports select *'Online Training'* then *'Training Summary'*.
- To access RMTS reports, select *'Administrative Claiming'* then *'Reports'*. A list of all available reports will be displayed. Simply click on the report you wish to run.

TRAINING DOCUMENTS VIEWED REPORT

This report is located under *'Online Training', 'Training Summary'* details the online training that RMTS participants have viewed and completed.

Training Documents Viewed Report

State:	WA-SCHOOLS
School District:	Abc School District
Name:	ALL
Training Docume	ALL
Run Date:	4/15/2015
Run Time:	01:07 PM PT

School District	Last Name	First Name	Employee Id	Job Type	Job Description	Email Address	Training Material Title	Date Accessed	Certification Da	Certification
	Cucumber	Bill	1225	Employee	Guidance Counselor	Bill.Cucumber@abcschools.wa.edu	MAC RMTS Training	09/01/2015		No
Abc School District	Banana	Betty	1235	Employee	Guidance Counselor	Betty.Banana@abcschools.wa.edu	MAC RMTS Training	09/02/2015		No
Abc School District	Grape	George	1240	Employee	Guidance Counselor	George.Grape@abcschools.wa.edu	MAC RMTS Training	09/10/2015		No
Abc School District	Sample	Joyce	1245	Employee	Guidance Counselor	Joyce.Sample@abcschools.wa.edu	MAC RMTS Training	09/02/2015	09/02/2015	Yes

TRAINING DOCUMENTS NOT VIEWED REPORT

This report is located under *'Online Training', 'Training Summary'* and lists participants who have not completed the RMTS on-line training. It includes participant email addresses for the MAC Coordinator to send reminders.

	A	B	C	D	E	F	G	H
1	**Training Documents Not Viewed Report**							
2	State:	WA-SCHOOLS						
3	School District:	Abc School District						
4	Name:	ALL						
5	Training Document:	ALL						
6	Run Date:	09/09/2015						
7	Run Time:	03:13 PM PT						
8								
9								
10	**School District**	**Last Name**	**First Name**	**Employee ID**	**Job Type**	**Job Description**	**Email Address**	**Training Material Title**
11	Abc School District	Cucumber	Bill	1236	Employee	Guidance Counselor	Bill.Cucumber@abcSchools.WA.edu	MAC RMTS Training
12	Abc School District	Dill	Jim	1237	Employee	Guidance Counselor	Jim.Dill@abcSchools.WA.edu	MAC RMTS Training
13	Abc School District	Eggplant	David	1238	Employee	Guidance Counselor	David.Eggplant@abcSchools.WA.edu	MAC RMTS Training
14	Abc School District	Fruit	Elaine	1239	Employee	Guidance Counselor	Elaine.Fruit@abcSchools.WA.edu	MAC RMTS Training
15	Abc School District	Grape	George	1240	Employee	Guidance Counselor	George.Grape@abcSchools.WA.edu	MAC RMTS Training
16	Abc School District	Sample	Anne	1244	Employee	Guidance Counselor	Anne.Sample@abcSchools.WA.edu	MAC RMTS Training
17	Abc School District	Sample	Fran	1247	Employee	Guidance Counselor	Fran.Sample@abcSchools.WA.edu	MAC RMTS Training
18	Abc School District	Sample	Patricia	1246	Employee	Guidance Counselor	Patricia.Sample@abcSchools.WA.ed	MAC RMTS Training
19	Abc School District	Sample	Peter	1248	Employee	Guidance Counselor	Peter.Sample@abcSchools.WA.edu	MAC RMTS Training

RMTS PARTICIPANT MOMENTS COMPLETED TO DATE REPORT

This report is located under *'Administrative Claiming', 'Reports'* and gives information on moments already completed by the participants and the final status of the moment.

RMTS Participant Moments Completed to Date Report								
Run Date: 09/11/2015								
Run Time: 01:52 PM PT								
State: WA-SCHOOLS								
School District: Abc School District								
Job Position: ALL								
Work Schedule: ALL								
Year: 2016								
Quarter: 1								
	Name	**Emp ID**	**Job Desc**	**Job Code**	**Work Schedule**	**Moment Date**	**End of Grace Period**	**Email**
	Dill,Jim	1237	Guidance Counselor	1	Schedule A	09/01/2015 02:19 PM	09/03/2015 02:19 PM	Jim.Dill@abcschools.wa.edu
	Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/07/2015 02:38 PM	09/09/2015 02:38 PM	Joyce.Sample@abcschools.wa.edu
	Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/09/2015 10:12 AM	09/11/2015 10:12 AM	Joyce.Sample@abcschools.wa.edu
	Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/09/2015 10:45 AM	09/11/2015 10:45 AM	Betty.Banana@abcschools.wa.edu
	Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/10/2015 02:31 PM	10/01/2015 02:31 PM	emily.audette@umassmed.edu

RMTS PARTICIPANT MOMENT NOT COMPLETED REPORT

This report is located under *'Administrative Claiming', 'Reports'* and provides details of moments the participant has not completed. It allows the MAC Coordinator to identify participants who have not completed a moment so they can follow up with the participant.

RMTS Participant Moment Not Completed Report									
Run Date: 5/10/2015									
Run Time: 02:08 PM PT									
State: WA-SCHOOLS									
School District: Abc School District									
Job Position: ALL									
Work Schedule: ALL									
Year: 2016									
Quarter: 1									
Date:									
	Name	**Emp ID**	**Job Desc**	**Job Code**	**Work Schedule**	**Moment Date**	**End of Grace Period**	**Email**	**Status**	**Supervis**
	Grape,George	1240	Guidance Counselor	1	Schedule A	09/01/2015 08:27 AM	09/03/2015 08:27 AM	george.grape@abcschools.wa.edu	Incomplete Expired	
	Sample,Patricia	1246	Guidance Counselor	1	Schedule A	09/01/2015 08:32 AM	09/03/2015 08:32 AM	patricia.sample@abcschools.wa.edu	Incomplete Expired	
	Eggplant,David	1238	Guidance Counselor	1	Schedule A	09/01/2015 10:19 AM	09/03/2015 10:19 AM	david.eggplant@abcschools.wa.edu	Incomplete Expired	
	Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/01/2015 01:10 PM	09/03/2015 01:10 PM	joyce.sample@abcschools.wa.edu	Incomplete Expired	
	Grape,George	1240	Guidance Counselor	1	Schedule A	09/01/2015 01:28 PM	09/03/2015 01:28 PM	george.grape@abcschools.wa.edu	Incomplete Expired	
	Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/01/2015 01:33 PM	09/03/2015 01:33 PM	bette.banana@abcschools.wa.edu	Incomplete Expired	
	Cucumber,Bill	1236	Guidance Counselor	1	Schedule A	09/02/2015 08:48 AM	09/04/2015 08:48 AM	bill.cucumber@abcschools.wa.edu	Incomplete Expired	

RMTS CALENDAR CONFIGURATION REPORT

This report is located under *'Administrative Claiming'*, *'Reports'*, and shows when the SD's calendar for the next quarter has been updated for the subsequent quarter. It shows some standardized schedules that SDs may choose to use for participant schedules. There is also an option *'Include Participant'* that will show which participants are assigned to each work schedule for the given quarter.

RMTS Calendar Configuration Report							
Run Date:	09/14/2018						
Run Time:	02:39 PM PT						
Claiming Unit:	WA-SCHOOLS						
School District:	ALL						
Year:	2019						
Quarter:	2						
Include Participant:	Yes						
Claiming Unit	**School District**	**Work Schedule**	**Participant**	**Status**	**User ID**	**Date**	
WA-SCHOOLS	Abc School District			Confirmed	SmithBob	9/14/2018	
WA-SCHOOLS	Abc School District	700 am - 400 pm		Confirmed	SmithBob	9/14/2018	
WA-SCHOOLS	Abc School District	700 am - 400 pm	Doe, Jane	Not Configured			
WA-SCHOOLS	Abc School District	730 am - 400 pm		Confirmed	SmithBob	9/14/2018	
WA-SCHOOLS	Abc School District	730 am - 400 pm	Smith, Bob	Not Configured			
WA-SCHOOLS	Abc School District	800 am - 330 pm		Confirmed	SmithBob	9/14/2018	
WA-SCHOOLS	Abc School District	800 am - 330 pm	Johnson, Joe	Not Configured			

CALENDAR DATA ENTRY REPORT

This report is located under *'Administrative Claiming'*, *'Reports'*, and shows the shift start and end times for each day for each schedule during the given quarter.

Calendar Data Entry Report								
Claiming Unit:	WA-SCHOOLS							
Year:	2019							
Quarter:	2							
Date:	09/14/2018							
	Total Minutes for Moments:	1,500		1,500		1,500		1,500
	Day	10/01/2018		10/02/2018		10/03/2018		10/04/2018
School District	**Work Schedule**	**Minutes/Day**	**Start/End Time**	**Minutes/Day**	**Start/End Time**	**Minutes/Day**	**Start/End Time**	**Minutes/Day Start/End Time**
Abc School District	700 am - 400 pm	540	07:00 AM - 04:00 PM	540	07:00 AM - 04:00 PM	540	07:00 AM - 04:00 PM	540 07:00 AM - 04:00 PM
Abc School District	730 am -400 pm	510	07:30 AM - 04:00 PM	510	07:30 AM - 04:00 PM	510	07:30 AM - 04:00 PM	510 07:30 AM - 04:00 PM
Abc School District	800 am -330 pm	450	08:00 AM - 03:30 PM	450	08:00 AM - 03:30 PM	450	08:00 AM - 03:30 PM	450 08:00 AM - 03:30 PM

RMTS COMPLIANCE REPORT

This report is located under *'Administrative Claiming', 'Reports',* and provides the following details:

- How many moments each SD has during the quarter
- How many moments have occurred to date
- How many moments are completed, and the percentage of completed moments to total quarterly moments
- Number of moments not completed and expired
- Number of moments not completed and not expired
- Number of moments completed to date and total number of moments for the quarter

WA-SDs RMTS Compliance Report	
Run Date:	01/02/2015
Run Time:	02:14:23 PM
Claiming Unit:	SDs-MAC
Program:	SCHOOLS
Year:	2015
Quarter:	3
Job Code:	3
Total Number of Moments for quarter:	52
Number of Moments occurred to date:	50
Number of Moments completed to date:	50
Number of Moments: Left - LOA:	0
Number of Moments not completed and expired:	0
Number of Moments not completed and not expired:	0
Number of Moments completed to date/Total Number of Moments for quarter:	100 %

TECHNICAL NOTES | SYSTEM REQUIREMENTS

UMass recommends that all computer operating systems and browser versions be supported by their software vendor. Each vendor's policy varies so it is important to keep current with the supported software. You can find a copy of the system requirements on the HCA website. These system requirements are updated annually and available on the HCA website by July 1.

- **A19-1A Invoice Voucher (A19) -** The State of Washington Invoice Voucher used by the SD to submit claims for reimbursement of allowable MAC costs. It certifies that all costs, including CPE and the indirect cost rate are certified as accurate, allowable and in accordance with applicable federal regulations.

- **Activity -** Job duties and responsibilities performed by a time study participant.

- **Administrative Fee -** The dollar amount charged to a contractor by HCA based on a percentage of each Contractor's billing for Federal Financial Participation (FFP) claimed at the federally approved match rate. The fee is used to offset HCA's costs incurred in administering the MAC program. Administrative fees charged to Contractor are used to provide the state share of match required to operate the program.

- **Apple Health -** The Washington State Medicaid program funded by the federal and state government, which pays for medical coverage for children and adults who meet specific income criteria.

- **Apple Health Application Assistance -** To assist Apple Health clients in completing the application process.

- **Audit -** An investigation of a contractor's MAC program and financial information to ensure compliance with state, federal, and local laws. The State Auditor's Office completes an annual OMB Circular A-133 audit for all school contractors required to report.

- **Billing Quarter -** A consecutive three (3) calendar month period during the contractor fiscal year. Most MAC contractors utilize the State Fiscal year, July – June, with billing quarters beginning on the first day of month one (1) and ending on the last day of month three (3).

STATE FISCAL YEAR BILLING QUARTERS	
Quarter(s)	Months
Qtr. 1	July – September
Qtr. 2	October – December
Qtr. 3	January – March
Qtr. 4	April - June

- **Centers for Medicare and Medicaid Services (CMS) -** The federal agency with oversight responsibility for the Medicare and Medicaid programs within the Department of Health and Human Services (DHHS).

- **Certified Public Expenditure (CPE) -** The sources of funds certified as actual expenditures by a local or public governmental entity and used as the State share in order to receive federal matching Medicaid funds, or Federal Financial Participation (FFP).

- **Code of Federal Regulation (CFR) -** The codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

- **Cognizant Agency -** The federal agency responsible for reviewing, negotiating, and approving Indirect Cost Rates.

- **Consultant or Billing Agent -** Any subcontractor to include any individual or organization hired by the Contractor to provide support with the System. The Contractor is responsible for all work done by the subcontracted consultants or billing agents or both.

- **Contractor or MAC contractor -** The individual, entity, or claiming unit performing MAC services pursuant to this agreement and includes the contractor's owners, members, officers, directors, partners, employees, or agents, or all, unless otherwise stated in this agreement. For purposes of any permitted subcontract, "contractor" includes any subcontractor and its owners, members, officers, directors, partners, employees, or agents, or all.

- **Corrective Action -** A plan developed after completion of an audit, evaluation, or review where a finding(s) of deficiency are identified. The plan specifies actions the facility or contractor must take to correct the finding of deficiency; the person responsible for developing the plan; the date when the correction will be completed, and the person responsible for correcting the deficiency.

- **Direct Cost -** Costs in direct support of MAC as reported on the quarterly A19 which are not already included in the indirect cost rate.

- **Eligible participants -** Contractor staff, subcontracted individuals or subcontractor individuals that are in compliance with regulations, meeting guidelines, and the Manual criteria, to participate in the school Medicaid Administrative Claiming (MAC) Random Moment Time Study (RMTS).

- **Federal Financial Participation (FFP) -** The level of federal funding to which the federal government will participate to reimburse government agencies for certain Medicaid administrative activities.

- **ForHealth Consulting at University of Massachusetts Chan Medical School (UMass) -** The HCA contracted vendor who oversees the RMTS

- **HCA MAC RMTS Coordinator Manual (Manual) -** The HCA MAC Coordinator Manual or its successor(s), including any updates that describe how to manage the MAC program including the time study and claiming.

- **Health Care Authority (HCA) -** The single state Medicaid agency that has complete authority and responsibility for administration of the State Medicaid Plan and Medicaid Administrative Claiming.

- **Indirect Cost(s) -** An operating expense that is allocated across more than one program.

- **Indirect Cost Rate -** The ratio, expressed as a percentage, of the indirect costs to a direct cost base as approved by the Contractor's Cognizant Agency.

- **Job Title -** A short description of a job position.

- **Job Description -** A summary of specific duties and responsibilities of a job position.

- **Local Matching Funds -** The contractor's non-federal tax dollars that are not otherwise obligated and are designated or certified to match the FFP rate of reimbursement. This revenue must be in the contractor's budget and under the contractor's control. These funds cannot be contributed by healthcare providers as local matching funds and subcontractor cannot certify local match funding. All local match funds must meet CPE requirements.

- **Medicaid -** The federal aid Title XIX program of the Social Security Act under which medical care is provided to eligible persons.

- **Medicaid Administrative Claiming Program (MAC) -** The source of funding for reimbursements provided in this agreement is shared between the contractor and the Federal Financial Participation (FFP).

- **MAC Coordinator -** An employee of the contractor assigned MAC RMTS oversight responsibilities and to act as liaison between HCA and the contractor for purposes of a MAC agreement.

- **Medicaid Client -** A person who is eligible to receive Medicaid Covered Services.

- **Medicaid Covered Services -** The array of federally required and Washington State legislatively appropriated medical and social services available to Medicaid Clients.

- **Medicaid School-Based Administrative Claiming Guide -** The CMS MAC manual issued May 2003 produced by CMS, and any supplements, amendments, or successor, incorporated here by reference into this agreement.

- **Monitoring -** Review of a contractor's MAC program to ensure program integrity.

- **Office of Management and Budget (OMB) -** A division under the Executive Office of the President of the United States.

- **Outreach -** Activities undertaken by the contractor to inform families within its jurisdiction about services available and encourage access to these services.

- **Random Moment Time Study (RMTS) -** A statistically valid time study system that asks each participant to report the activity he or she was performing during a specific moment.

- **Referral -** Providing information and support to clients that will assist them in accessing medical, social, education, or other services.

- **State Fiscal Year (SFY)** - A twelve (12) month period beginning on July 1st of one calendar year and ending on June 30th of the following calendar year. The SFY is broken into four (4) billing quarters.

- **State Medicaid Plan** - The comprehensive written commitment by HCA, submitted under 1902(a) of the Social Security Act and approved by CMS, to administer the Washington State Medicaid program in accordance with federal and state requirements.

FORM **A19-1A** (REV. 6/95)	STATE OF WASHINGTON **INVOICE VOUCHER**	AGENCY USE ONLY		
		AGENCY NO.	**LOCATION CODE**	**P.R. OR AUTH NO.**
AGENCY NAME		1070		K1988

Health Care Authority

Health Care Services

Medicaid Outreach Unit

PO Box 45530

Olympia WA 98504-5530

VENDOR OR CLAIMANT

Training Public Schools

123 Main Street NW

Olympia, WA 98501

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herin are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans Status

BY

(SIGN IN INK)

(TITLE)   (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS) | RECEIVED BY | DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
	For services rendered in performance under					
	Contract Number: K1988					
	Period of Service: April – June 2017					
	Total Outreach & Linkage T19 Computable Cost				$2,000.00	
	FFP Match Rate 50%				$1,000.00	
				Total Computable	$2,000.00	
				Total FFP Reimbursement	$1,000.00	

As the Designated Authorizing Representative: I certify the expended amount shown on this A19 invoice is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance of Certification of Public Expenditure (CPE) CFR 42.Sec 433.51; that applied matching funds are not already used as matching funds in other federal programs and being reimbursed by other federal grants; and any applied donated matching funds have been preapproved for use by Centers for Medicare and Medicaid (CMS). I also certify indirect costs are accurate and allowable under OMB Circular A-87 and comply with all applicable rules and regulations. Costs that have been treated as indirect costs have not been claimed as direct costs.

PREPARED BY		TELEPHONE NUMBER		DATE	AGENCY APPROVAL			DATE
DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF DOC. NO.	VENDOR NUMBER		USE TAX	BDI NUMBER	
		MA		SWV0000000-00				

ACCOUNT NUMBER 38 CHARS

April – June 2017

VENDOR MESSAGE 25 CHARS

Medicaid Admin Claiming

TRANS CODE	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	MOS	PROJ	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE DATE	INVOICE # 38 CHARS
		APPN INDEX	PROGRA M INDEX											
	001		A0912	ER	7310	A7V0	5156		MAC K	15	89	$1,000.00		Contract# K1988

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
		$1,000.00	

Health Care Authority (HCA)

Certification of Public Expenditures (CPE)

Local Match Certification

This form must be completed and submitted per the terms of the contract.

HCA Contractor Name:	Training Public Schools	
HCA Contract#:	00000K1988	
Invoice Time Period:	04/01/2017-06/30/2017	

Federal Financial Participation (FFP) @ 50% / 50% Split

FFP (50%)	Local Match (50%)	Total Computable
$1,000.00 *Note: This amount is the same that appears on the A19 Form*	$1,000.00	$2,000.00

List only the non-federal funds eligible to be used as local matching funds per CFR 42.Sec 433.51.

Name of Local Match (Funding Source)	Prescribed Revenue Account Code	Amount
Investment Earnings	2300	$500.00
Local Property Tax	1100	$500.00
		$1,000.00
	Check Point: Net Zero	$0.00

Note: This is the itemized breakdown of the individual local match funds, as well as the total.

Note: If the FFP and Local Match values balance, this field will display $0.00

As the Designated Authorizing Representative:

I certify the expended amount shown on this document is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance with Certification of Public Expenditure (CPE) CFR 42.Sec 433.51; that applied matching funds are not already used as matching funds in other federal programs and being reimbursed by other federal grants; and any applied donated matching funds have been preapproved for use by Centers for Medicare and Medicaid (CMS).

Authorizing Representative's Signature Date	Date	Title
Printed Name of Authorizing Representative		Telephone Number (Including Area Code)

CPE Local Match Certification Instructions

HCA Contractor Name   The name of the contractor.

HCA Contract Number   The contract number of the entity.

Sub Unit (if applicable)   A cost center or budget unit within the claiming unit.

Invoice Time Period   Period of time the services were provided (e.g., January-March 2016).

Federal Financial Participation (FFP)   Enter the FFP dollar amount in the appropriate FFP box. Dollars reported must agree with amount on the invoice.

Local Match   Enter the dollar amount used to match federal funds in the appropriate local match box.

Name of Local Match (Funding Source)   List the name of the Local Match funding source.

Prescribed Revenue Account Code   List the prescribed account coding for the local match (funding source)

Prescribed revenue account coding for: Public school districts.   Office of the Superintendent of Public Instruction (OSPI) School Apportionment & Finacial Servcies Accounting Manual for School Districts

Authorized Representative's Signature   The signature of the entity's authorized representative.

Date   Date when form was completed.

Title   Title of entity's authorized representative.

Printed Name   Printed name of authorized representative.

Telephone Number (Including Area Code)   Telephone number with area code of authorized representative.