

# FREQUENTLY ASKED QUESTIONS for MHMR

Updated 08/30/11

## PARTICIPANT LIST

- 1. Should the RMTS Participant List (PL) contain only employees that have historically been studied? I understand the 'weekly MAC activities' has replaced the 5% and 10% rules, but why is there an Administrative category if we won't be able to study the administration folks? I think mine would be limited to the Direct Service and the Other Personnel with consumer contact, right? If not, would I put in Administrative folks who's cost are used in the TAFI but have never been studied due to inactivity with consumers?**

It is important that providers not confuse RMTS with TAFI. By this we mean that TAFI collected time study and cost information for both the MAC and Direct Service activities. RMTS collects information only for MAC activities. Direct Service cost information will be collected by a completely separate financial report that will be submitted on an annual basis. For RMTS and MAC purposes, only staff who perform MAC activities as a part of their regular duties at least on a weekly basis are to be included on the PL. This would include any staff who perform MAC activities regardless if you consider them administrative, direct service, or other personnel with client/consumer contact, as long as they regularly perform MAC activities.

- 2. Does a person who spends time weekly and will be studied and another person that has a similar function but for whatever reason doesn't do as much direct service be studied anyway like under MAC (Similar positions with the 5% and 10%)?**  
Refer to question 1. above.
- 3. If a person is listed as a contact for the time study, can they also be included as a participant?**  
Anyone can be included on the participant list if they meet the criteria for providing MAC reimbursable services at least weekly. Staff that perform only direct service, or staff that have no client/consumer contact, are not be included in the time study.
- 4. Will centers be able to upload Participant List data via an Excel or some other medium?**  
MHMR providers with large numbers of participants to enter on the initial participant list may contact the HHSC Time Study team to discuss the possibility of an upload option.
- 5. "Contractors," are they to be included if they perform MAC activities as a part of their regular duties at least on a weekly basis?**  
Yes, contractors should be included in the time study if they meet this test.

## TRAINING

- 1. Those who have ever attended an initial training must attend refresher training or may attend an initial training again. Refresher training may be conducted via CD's, videos, web-based and self-paced training. Does this refer to quarterly or annually for RMTS Contacts?**  
Annually.

## SAMPLED MOMENTS

- 1. After Participants enter their responses, will RMTS Contacts be able to access Participant responses and/or the central coders assignment of MAC Codes?**  
CMS requires a level of confidentiality so as not to bias the participant response so only the participant can view their responses and only HHSC reviews the central coders assignment of MAC codes.
- 2. "Documentation compliance," what does this mean? What documentation requirements do Participants have to maintain to substantiate their responses, if any?**  
Sampled participants respond to their "moment" by submitting answers to specific questions via the on-line system to document the sampled moment: HHSC Conducts ongoing program review to include "documentation compliance." This pertains to the statewide 85% response rate that is required for a valid time study. If asked to provide proof that the participant was performing the activity they described in their time study moment response, the MHMR provider should be able to provide reasonable assurance such as proof that the participant was/was not at work at the time of the moment, that the participant normally provides the activity described as part of their regular duties at least on a weekly basis, and any other proof available that would back-up the activity description provided by the participant.

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3. **“Basic Service Coordination” and “Service Coordination-HCS or TxHmL”. Does the first one refer to MR Service Coordination that is not for HCS or TxHmL clients, or is it something else?**

Yes, “Basic Service Coordination” refers to MR Service Coordination separate from HCS or TxHmL

4. **After consumer are enrolled in services most services being provided by staff would be considered “direct services”, this would include Case Management, Service Coordination and Rehab Services and would not be included in RMTS correct?**

You have to look at all of the functions performed by the various positions example: do Case Managers assist consumers with Medicaid eligibility or is that task assigned to intake staff. If a Case Manager does assist with this function and on a fairly regular or consistent basis “at least on a weekly basis” then they should be included in the RMTS.

Other positions that would also need to be considered:

LPHA staff – Authorizing services should be included

QA staff – Review of the Intake process, CLOIP, MERP, Service Authorization and Monitoring; oversight of Rehab subcontractors; participating in program planning and interagency coordination.

Supervisors – Who do Program Planning probably for the purposes of Utilization Management should also be included

TCOOMMI – Is the position 100% funded by TCOOMMI or partially?

Family Partner – Do they assist families with Medicaid Eligibility? Are they involved in community outreach, or other MAC activities?

CLOIP – Given that CLOIP is to assist folks out of the SMRFs and into the community, and such activity can get FFP if 180 days prior to discharge to community services, yes, they should be included in the time study

## GENERAL

1. **Please provide a list of the Medicaid Administrative Claiming (MAC) eligible activities.**

Medicaid Outreach  
Medicaid Eligibility Determination  
Medicaid Referral Coordination and Monitoring (MH - pre-eligibility) (MR - Service Authorization & Monitoring)  
Medicaid Translation  
Medicaid Transportation  
Medicaid Program Planning, Development, and Interagency Coordination  
Medicaid Provider Relations

2. **Please provide examples of Direct Service versus MAC.**

Direct Service

Therapeutic benefit to the client/consumer  
Not Time Studied  
No MAC reimbursement  
Targeted Case Management  
MH Rehab

MAC

Assisting client/consumer to access Medicaid services  
Time studied  
MAC reimbursable  
Administrative Case Management (MR only)

3. **I have a question about the Intake case workers, Psychologist for the DMR testing, and the benefits specialist. They appear to be under the “Other”. They are in fact in contact with consumers regularly. Are they really “Other” or are they Direct Care?**

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Intakes and DMRs are not usually perceived as service delivery (direct therapeutic benefit to the client/consumer) but rather client/consumer contact that must occur to get the person into services. Similarly, staff helping the person to access public assistance is not providing direct client care but rather helping the person pay for services they are/will be receiving. It is understood that intake, DMR, benefit personnel, van drivers, etc., are likely to spend as much time with clients/consumers as service coordinators, licensed medical personnel, etc.. The job category designations do not alter the potential responses made available to the time participants or impact the computation of the MAC claim.

- 4. Is the time study going to continue to be used to set rates for TCM, case management, and rehab services? If not, is it correct to assume that we would not include our case managers and rehab providers due to the fact that their primary job functions are not MAC related codes?**

The direct service rates are not being set utilizing the time study data. Staff that provide only direct service would not be included in the time study. See number 1. above under Participant List for additional information.