

NC Medicaid School-Based Services
100% Direct Health Care Contractor Time Study Exemption
Joint Attestation Form for Local Education Agencies (LEAs) and Contractors

This form attests that the School-Based Services (SBS) contractor named below provides direct health care services 100% of the time. Therefore, the contractor is excluded from the Random Moment Time Study (RMTS) under North Carolina's State Plan and The Centers for Medicare and Medicaid Services (CMS) [2023 School-Based Services Guide](#). By signing, both the local education agency (LEA) and the contractor attest that the contractor is not paid to perform any of the activities listed in Section B. Complete one form per contractor (or contracted agency) per contract term.

Section A – Identification

Field	Entry
Local Education Agency (LEA):	
Contractor / Agency name:	
Provider Name(s) & Credential(s) (e.g., OT, SLP, RN, BCBA):	
Contract / PO number:	
Contract term (start – end dates):	
Service(s) to be provided:	

Section B – Activities the Contractor is Not Paid to Perform

We attest that, under this contract, the contractor is paid only to deliver Medicaid-covered direct medical services to students for whom medical necessity has been established, plus the directly-related tasks of traveling to provide the service, documenting the service, and writing the plan of care for that service. The contractor is NOT paid, expected, or assigned to do any of the following:

- **Medicaid administrative claiming (MAC) activities** — outreach, program promotion, helping determine Medicaid eligibility, or collecting/processing Medicaid consent or enrollment paperwork.
- **Care coordination or referral** that is not part of delivering the contractor's own covered service (e.g., linking students/families to outside programs or benefits).
- **Child Find, screening, or identification** of students who do not yet have an established plan of care / medical necessity.
- **Services to students without an established plan of care** or where medical necessity has not been established for the covered service.
- **Non-direct service interventions** — e.g., whole-class or schoolwide Social-Emotional Learning (SEL), Tier 1/Tier 2 multi-tiered system of supports (MTSS), classroom behavior management, or general instruction.
- **Medicaid billing, claiming, or scheduling administration** for the LEA or for other providers (including billing follow-up or data entry beyond documenting the contractor's own service).
- **Supervision, training, or oversight of other staff** where the LEA seeks reimbursement for that supervisory time as an administrative activity.
- **General school duties** — bus/car-line, arrival/dismissal, lunch, recess, hall, or substitute coverage; committee or staff meetings unrelated to a student's covered service.

- **Program coordination / consulting** — managing the LEA's school-based services (SBS) or RMTS program, completing time studies, or grant/report writing.
- **Any duty paid on a contingency or percentage basis** tied to Medicaid recovery (prohibited under 45 C.F.R. § 75.459 and the CMS 2023 SBS Guide).

If the contractor performs one or more of the activities above, this exemption does not apply; instead, the contractor must be enrolled in the time study. An individual paid by the LEA on a W-2 is considered an employee, not a contractor, and therefore ineligible for this exemption.

Section C – Attestation Statements

Both parties attest that all of the following are true:

- The written contract limits the contractor's duties solely to Medicaid-covered direct medical services as described in North Carolina's [State Plan](#), Attachment 3.1-A.1 and 4.19-B or [NC Medicaid Clinical Coverage Policy 10C](#).
- The contractor is a non-LEA entity/individual (not paid through LEA payroll / not issued a W-2 by the LEA).
- None of the contractor's costs will be included on the LEA's MAC (administrative) claim.
- Contractor compensation is not contingent upon, or a percentage of, Medicaid reimbursement.
- Both parties will notify the other and the LEA's SBS Program Coordinator immediately if the contractor's duties change such that this attestation is no longer accurate, at which time the contractor will be added to the time study.
- This signed form and the underlying contract will be retained and made available to the Division of Health Benefits (DHB) upon audit.

Section D – Signatures

Local Education Agency (LEA)

LEA Authorized signature

Printed name

Title

Date

Contractor/Agency

Contractor Authorized signature

Printed name

Title

Date