



State of Connecticut Department of Social Services School-Based Child Health Program

Random Moment Time Study

Updated for 2017

Original release July 15, 2014

RMTS Overview

Effective October 1, 2014, a statewide Random Moment Time Study (RMTS) will be used in the School Based Child Health (SBCH) Program:

- Three statewide RMTS pools
- Completed using on-line web-based system hosted by UMMS
- Results will be combined into statewide percentages

Results will be used for the School Based Child Health Cost Report.

RMTS Overview

A random sample of participants are asked to answer the following questions at a random moment (one minute):

- What type of activity were you doing?
- What are you doing?
- Who are you doing it with?
- Why are you performing this activity?

Participants choose a response from a list of answers:

- For each question, a list of pre-defined answers will be provided
- If answers do not apply, participants have the option to type in a response in their own words.

UMMS will code responses to an activity code and calculate RMTS percentages:

- Participants are NOT responsible for knowing/matching activity code descriptions to activities

RMTS Time Study Coordinator Role & Responsibilities

The RMTS Time Study Coordinator will perform the activities listed below. To assist Time Study Coordinators with the various deadlines associated with RMTS, a checklist is included in your training packet.

<u>Before the Quarter</u>	<u>During the Quarter</u>
Review System Technical Specifications Document with technical staff	Monitor participation using live reports
Update participant lists, calendars and hours	Communicate with UMMS on participant changes (such as medical leave, unpaid leave, etc.)
Notify participants to complete online training	Answer participant questions pertaining to RMTS
Provide participant training when necessary	

RMTS Process— Step 1: Identify Eligible Participants

For the RMTS, participants should be identified while considering the following information:

- Contractors are excluded; billing vendors are excluded
- Staff whose salaries are 100% federally funded are excluded
- Participants may only be in 1 of the 3 pools:
 - **Administrative only Providers:** Staff who complete reimbursable Medicaid administrative tasks, such as Medicaid outreach and facilitating Medicaid Eligibility and Enrollment or staff that are qualified providers who do not submit claims through Medicaid, but perform Medicaid reimbursable administrative tasks. These individuals are reasonably expected as part of their current job duties to perform Medicaid-related administrative activities.
 - **Nursing, Psychological & Medical Services Providers, claiming:** Staff who are qualified providers that submit claims through Medicaid and retain documentation to substantiate their claiming activities.
 - **Therapy Service Providers, claiming:** Staff who are qualified providers that submit claims through Medicaid and retain documentation to substantiate their claiming activities.

RMTS Process— Step 1: Identify Eligible Participants

- Qualified Direct Service Providers must possess the required qualifications/certifications/licensure
- The following slides provide information pertaining to:
 - Eligible participants for the three cost pools
 - Provider qualifications/certifications/licensure requirements
 - A listing of SBCH covered health services

Eligible RMTS participants – Administrative only Providers

- | | |
|--|--|
| <ul style="list-style-type: none">• Special Education Director, Administrator or Assistant• Special Education Department Support personnel• Medicaid Coordinator/Clerk• Therapy Department Director, Administrator or Assistant• Therapy Department Support personnel• Pupil Services Personnel, Director• Pupil Services Support personnel• Audiologist, Licensed, Admin only• Audiologist Assistant, Admin only• Alcohol & Drug Counselor, Admin only• Assistive Technology Consultant, Admin only• Licensed Professional Counselor, Admin only• School Counselor, Admin only• Licensed Clinical Social Worker (LCSW), Admin only• Licensed Hearing Instrument Specialist, Admin only• Nurse (APRN), Licensed, Admin only• Nurse (LPN), Licensed, Admin only• Nurse (RN), Licensed, Admin only• Behavior Technician, Admin only• Board Certified Behavior Analyst (BCBA), Admin only• Board Certified Assistant Behavior Analyst (BCaBA), Admin only | <ul style="list-style-type: none">• School Nurse, Admin only• Occupational Therapist, Admin only• Occupational Therapy Assistant, Admin only• Optometrist, Admin only• Physical Therapist, Admin only• Physical Therapist Assistant, Admin only• Physician, Admin only• Physician Assistant, Admin only• Psychiatrist, Licensed, Admin only• Clinical Psychologist, Admin only• School Psychologist, Admin only• Naturopathic Physician, Admin only• Respiratory Care Practitioner, Admin only• School Social Worker, Admin only• Speech & Language Pathologist Assistant, Admin only• Licensed Speech & Language Pathologist, Admin only• Marital & Family Therapist, Admin only• School Marriage and Family Therapist, Admin only• Personal Care Assistant, Admin only |
|--|--|

Medicaid Reimbursable Administrative Activities

- **Medicaid Outreach:** Performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it;
- **Facilitating/Assisting in the Medicaid (HUSKY) Application Process:** Assisting individuals in applying for;
- **Provider Networking/Program Planning/Policy Development, and Interagency Coordination relating to IEP/504-prescribed SBCH covered health services:** Performing activities associated with the development of strategies to improve coordination and delivery of Medicaid-covered services to school-age children, and performing collaborative activities with other agencies regarding Medicaid-covered services;
- **Individual Care Planning, Monitoring, Training, Coordination and Referral:** Making referrals for, coordinating, training on and/or monitoring the delivery of Medicaid-covered services; and
- **Arrangement of Transportation and Translation Related to Medicaid Services:** Assisting an individual to obtain Medicaid-covered transportation or translation services.

Eligible RMTS participants- Nursing, Psychological & Medical Service Providers

- Alcohol and Drug Counselor, Claiming
- Licensed Professional Counselor, Claiming
- School Counselor, Claiming
- Nurse (APRN), Claiming
- Nurse (LPN), Claiming
- Nurse (RN), Claiming
- School Nurse, Claiming
- Medicaid Billing
- Optometrist, Claiming
- Physician, Claiming
- Physician Assistant, Claiming

- Psychiatrist Licensed, Claiming
- Clinical Psychologist, Claiming
- School Psychologist, Claiming
- Naturopathic Physician, Claiming
- Licensed Clinical Social Worker, LCSW, Claiming
- School Social Worker, Claiming
- School Marriage and Family Therapist, Claiming
- Marital and Family Therapist, Claiming

Eligible RMTS participants- Therapy Service Providers

- | | |
|---|---|
| <ul style="list-style-type: none">• Assistive Technology Consultant, Claiming• Audiometrist, Claiming• Audiologist, Claiming• Behavior Technician, Claiming• Board Certified Behavior Analyst (BCBA), Claiming• Board Certified Assistant Behavior Analyst (BCaBA), Claiming | <ul style="list-style-type: none">• Licensed Hearing Instrument Specialist, Claiming• Licensed Speech and Language Pathologist, Claiming• Occupational Therapist, Claiming• Occupational Therapy Assistant, Claiming• Personal Care Assistant, Claiming• Physical Therapist, Claiming• Physical Therapist Assistant, Claiming• Respiratory Care Practitioner, Claiming |
|---|---|

Qualified Provider Titles & Qualifications

<u>Qualified Provider Title</u>	<u>Qualifications</u>
Advanced Practice Registered Nurse (APRN)	Means a person licensed under section 20-94a of the Connecticut General Statutes
Alcohol and Drug Counselor	Means a person licensed or certified pursuant to section 20-74s of the Connecticut General Statutes
Assistant Behavior Analyst, Board Certified	Means a person who has been certified as an assistant behavior analyst by the Behavior Analyst Certification Board as provided in section 20-185(3) of the Connecticut General Statutes
Audiologist	Means a person licensed to practice audiology pursuant to section 20-395c of the Connecticut General Statutes
Audiology Assistant	Has the same meaning as provided in section 20-395a of the Connecticut General Statutes
Behavior Analyst, Board Certified	Means a person who has been certified as a behavior analyst by the Behavior Analyst Certification board as provided in section 20-185i(2) of the Connecticut General Statutes
Behavior Technician	Means a person with a bachelor's degree in a behavioral health field, behavior analysis or related field, plus one year of full-time equivalent providing ASD treatment services, or have an associate's degree in a behavioral health field, behavior analysis or related field, plus two years of full-time equivalent providing ASD treatment services

Qualified Provider Titles & Qualifications

<u>Qualified Provider Title</u>	<u>Qualifications</u>
Licensed Hearing Instrument Specialist	Has the same meaning as provided in section 20-396 of the Connecticut General Statutes
Clinical Psychologist	Means a person licensed pursuant to section 20-188 to the Connecticut General Statutes
Licensed Clinical Social Worker (LCSW)	Means a person licensed pursuant to section 20-195n of the Connecticut General Statutes
Licensed Hearing Instrument Specialist	Has the same meaning as provided in section 20-396 of the Connecticut General Statutes
Licensed Practical Nurse (LPN)	Means a person licensed pursuant to section 20-96 of the Connecticut General Statutes
Licensed Professional Counselor	Means a person licensed pursuant to section 20-195dd of the Connecticut General Statutes
Licensed Speech and Language Pathologist	Has the same meaning as provided in section 20-408 and 20-410 of the Connecticut General Statutes
Marital and Family Therapist	Means a person licensed pursuant to section 20-195c of the Connecticut General Statutes
Naturopathic Physician	Means a person licensed pursuant to section 20-37 of the Connecticut General Statutes

Qualified Provider Titles & Qualifications

<u>Qualified Provider Title</u>	<u>Qualifications</u>
Occupational Therapist	Means an individual licensed pursuant to section 20-74b or section 20-74c of the Connecticut General Statutes
Occupational Therapy Assistant	Has the same meaning as provided in section 20-74a of the Connecticut General Statutes
Optometrist	Means a person licensed pursuant to Chapter 380 of the Connecticut General Statutes to practice optometry as delineated in subsections (a) (1) and (2) of the section 20-127 of the Connecticut General Statutes
Personal Care Assistant	Means a person performing activities of daily living or instrumental activities of daily living, as defined in 42.CFR.440.167
Physical Therapist	Means a person licensed pursuant to 20-70 or 20-71 of the Connecticut General Statutes
Physical Therapist Assistant	Has the same meaning as provided in section 20-66 of the Connecticut General Statutes
Physician	Means a person licensed pursuant to section 20-13 of the Connecticut General Statutes

Qualified Provider Titles & Qualifications

<u>Qualified Provider Title</u>	<u>Qualifications</u>
Physician Assistant	Means a person licensed pursuant to section 20-12b of the Connecticut General Statutes
Respiratory Care Practitioner	Has the same meaning as provided in 20-162n of the Connecticut General Statutes
Registered Nurse (RN)	Means a person licensed to practice nursing pursuant to subsection (a) of section 20-87a of the Connecticut General Statutes
School Counselor (includes previously Certified Guidance Counselors)	Means a person certified by the State Department of Education pursuant to 10-145d-556 to 10-145d-558, inclusive, of the Regulations of Connecticut State Agencies
School Marriage and Family Therapist	Means a person certified by the State Department of Education pursuant to 10-145d-556b to 10-145d-566f, inclusive, of the Regulations of Connecticut State Agencies
School Nurse	Means a person certified by the State Department of Education pursuant to sections 10-145d-548 to 10-145d-550, inclusive, of the Regulations of Connecticut State Agencies

Qualified Provider Titles & Qualifications

<u>Qualified Provider Title</u>	<u>Qualifications</u>
School Psychologist	Means a person certified by the State Department of Education pursuant to sections 10-145d-560 to 10-145d-562, inclusive, of the Regulations of Connecticut State Agencies
School Social Worker	Means a person certified by the State Department of Education pursuant to section 10-145d-564 to 10-145d-566, inclusive, of the Regulations of Connecticut State Agencies
Speech and Language Pathologist Assistant	Means a person providing assistance to a speech and language pathologist pursuant to subsection (5) of section 20-413 of the Connecticut General Statutes

SBCH Covered Health Services

<u>SBCH Covered Health Service Category</u> (Individual/Group/Family)	<u>SBCH Health Service Description</u>
Assessment	Evaluation conducted to determine a child's health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purposes of determining educational recommendations.
Audiology	Hearing Screening; Hearing Service
Behavioral Health Services (Psychological & Counseling Services)	Psychiatric Diagnostic Evaluation with Medical Services; Psychological Testing with Interpretation and report; Psychiatric Diagnostic Evaluation; Psychotherapy
Behavior Modification Services (Applied Behavior Analysis)	Face-to-face service providing redirection and modeling of appropriate behaviors in order to enhance the student's functioning within their home or community.
Clinical Diagnostic	Unlisted Chemistry Procedure
Medical Services	Medical diagnostic and evaluative services recommended by the PPT to determine the child's medically related disability as approved by a licensed practitioner of the healing arts.

SBCH Covered Health Services

<u>SBCH Covered Health Service Category</u> (Individual/Group/Family)	<u>SBCH Health Service Description</u>
Nursing Services	RN Services; LPN/LVN Services
Optometric Services	Vision Services
Occupational Therapy	Occupational Therapy Evaluation; Therapeutic Exercised to Develop Strength and Endurance, Range of Motion, Flexibility
Personal Care Assistance	Physical assistance with ADLs and IADLs.
Physical Therapy	Physical Therapy Evaluation; Therapeutic Exercised to Develop Strength and Endurance, Range of Motion and Flexibility
Respiratory Care Services	Therapeutic Procedures to Increase Strength or Endurance of Respiratory Muscles; Therapeutic Procedures to Improve Respiratory Function
Speech Language	Evaluation of Speech Fluency; Evaluation of Speech Sound Production; Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression; Behavioral and Qualitative Analysis of Voice and Resonance; Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder

RMTS Process – Step 2: Establishing Groups

It is important when determining Participant and/or Work Schedule Groups to realize that the hours for available moments are based upon the work hours of staff, not the school hours.

Some suggestions in considering groups are to group by school name, work schedule (such as M-W-F 10-2), or groups of people within the district that have the same title and same schedule.

- Examples for 'school' (list each school separately if each has various start and end times):
 - Elm Street School
 - Oak Avenue School
- Examples for 'group' (group school together if multiple schools have the same start/end times):
 - All elementary schools
 - All Middle Schools
 - All High Schools

Group information must be updated/submitted to UMMS by 9/1 for the October time study.

RMTS Process— Step 3: Entering Calendars & Hours

School calendars and hours must be entered by RMTS coordinator:

- Example
 - Indicate holidays, vacation weeks, partial days
 - Begin and end times per school or group
 - Personal Development Days for staff **should not** be entered as days off

Submission deadline:

- September 1st: Initial calendar
- March 1st: Updated calendar, including changes made for vacations and/or for the final day of school

UMMS should be contacted any time there is a calendar change

- Example
 - February or April vacation days are eliminated due to excessive snow days
 - Last day of school is modified due to unplanned days off during the course of the year

RMTS Process– Step 4: Completing the Participant Template

Complete all required fields for each participant:

- Employee ID: Up to 15 characters
- First/Last Name/ Email address of participant
- Job Description: Choose appropriate description from drop-down list
- FF%: Federally funded percentage. Indicate the portion of the person’s salary paid with federal funds.
- School Group Name
- Up to three supervisor’s emails – this is optional
- Actual Job Title used within the district

Employee ID	Last Name	First Name	Email Address	Job Description	Fed Fund %	School/Group	Supervisor Email #1	Actual Job Title
200 Blue	Mary		Mblue@yahoo.com	Registered Nurse, Claiming	0%	Upper Elementary	Bobsuper@yahoo.com	RN
201 Doe	Joe		Jdoe@yahoo.com	Speech/Language Therapist, Claiming	20%	Elementary	Bobsuper@yahoo.com	SLP
202 Gold	Jane		Jgold@yahoo.com	Physical Therapist, Claiming	2%	High School	Bobsuper@yahoo.com	PT
203 Red	Ann		Ared@yahoo.com	Special Education Support Personnel, Admin Only	0%	Administration	Bobsuper@yahoo.com	Special Services Secretary

RMTS Process- Step 5: Uploading Participant Lists

The list of eligible RMTS participants (determined in Step 1) must be uploaded 30 days prior to the beginning of each quarter by the RMTS contact.

- Initial quarter:
 - UMMS will email the blank template to RMTS contact 45 days prior to the quarter
 - Complete all required fields in the template
 - Upload completed template into RMTS system 30 days prior to the quarter

- Ongoing quarters:
 - RMTS Contact pulls extract from system, which includes current participant information, 45 days prior to the quarter
 - Edit template by making all necessary changes/updates to existing data
 - Upload completed template into RMTS system 30 days prior to the quarter

RMTS Process - Step 6: Notification of User ID & Password

Participants will receive an email that includes their User ID, temporary password and the URL for the system.

The selection of moments and participants is random. Some participants will receive no moments, some will receive one and some will receive multiple moments during each quarter.

Participants will receive an email at the moment(s) they have been selected for.

RMTS Process - Step 7: Completing the Moment

- Participants complete the RMTS by providing answers to the following questions at their randomly assigned moment and certifying their responses:
 - What type of activity were you doing?
 - What are you doing?
 - Who are you doing it with?
 - Why are you performing this activity?
- It is important to note that when staff participate in the RMTS, staff do not need to know whether the activities they are performing involve children covered by Medicaid. The RMTS process is not concerned with the Medicaid-coverage status of students. The focus of the RMTS is on the type of activities that staff members are carrying out (IEP/504 health related, educational, administrative, etc.) regardless if the children benefitting from the activities/services are Medicaid-covered or not.

RMTS Process - Step 7: Completing the Moment

Participants will receive reminder emails as follows:

- At the moment
- 4 hours after the moment time
- 24 hours after the moment time
- 28 hours after the moment time (with a cc to the supervisor indicated)
- 12 hours prior to the expiration time (with a cc to the supervisor indicated)

After two (2) school days, the participant will no longer be able to complete or edit their moment.

Statewide RMTS results will be calculated and included in the administrative and direct services cost report.

RMTS Compliance Reporting

CMS requires a statewide compliance rate of 85%. If this is not met there may be a penalty. Updates regarding this requirement will be shared when they are available.

School districts and UMMS will monitor the compliance rate throughout the quarter.

- Using real-time online reports
- RMTS contacts and supervisors are copied on late emails

Sample reports are shown on the following slides.

RMTS Reports

Center for Health Care Financing
UMASS MEDICAL SCHOOL A Commonwealth Medicine Center of Distinction

A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

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Administrative Claiming

AAC Reports

Reports

Administrative Activity Claim Reports

Random Moment Time Study Reports

- [RMTS Participant Moment by Date Report](#)
- [RMTS Participant Moment Not Completed Report](#)
- [RMTS Participant Moments Completed Report](#)
- [RMTS Compliance Report](#)

Center for Health Care Financing
UMASS MEDICAL SCHOOL A Commonwealth Medicine Center of Distinction

A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

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Administrative Claiming

AAC Reports

Reports

RMTS Participant Moment by Date Report

State :
CT-SBCH

Year :
2014

Quarter :
Fourth Quarter [Refresh](#)

School District :
A B C School District

Job Position :
ALL

*Start Date :
4/10/14

*End Date :
4/20/14

% of Moments to be reviewed :

[View As Excel](#)

[Back to Reports](#)

RMTS Reports

Sample Participation Compliance Status Report

RMTS Participation Compliance Status Report	
Run Date:	06/26/2014
Run Time:	08:07 AM ET
State:	CT
School District:	School ABC
Year:	2014
Quarter:	4
Job Code:	1
Total Number of Moments for quarter:	18
Number of Moments occurred to date:	18
Number of Moments completed to date:	12
Number of Moments "Left/LOA" for quarter:	0
Number of Moments "Left/LOA" to date:	0
Number of Moments not completed and expired:	6
Number of Moments not completed and not expired:	0
Compliance Tracking To Date:	
(Number of Moments Completed to date) / (Number of moments Occurred to Date - "Left/LOA" to date):	66.67 %
End of Quarter Compliance Rate:	
(Number of Moments completed to date) / (Total Number of Moments for quarter - Number of Moments "Left/LOA" for quarter):	66.67 %
Job Code:	2
Total Number of Moments for quarter:	19
Number of Moments occurred to date:	19
Number of Moments completed to date:	16
Number of Moments "Left/LOA" for quarter:	0
Number of Moments "Left/LOA" to date:	0
Number of Moments not completed and expired:	3
Number of Moments not completed and not expired:	0
Compliance Tracking To Date:	
(Number of Moments Completed to date) / (Number of moments Occurred to Date - "Left/LOA" to date):	84.21 %
End of Quarter Compliance Rate:	
(Number of Moments completed to date) / (Total Number of Moments for quarter - Number of Moments "Left/LOA" for quarter):	84.21 %
Job Code:	3

RMTS Reports

Sample Participant Moment by Date Report

	A	B	C	D	E	F	G	H	I	J
1	RMTS Participant Moment by Date Report									
2	Run Date: 06/26/2014									
3	Run Time: 07:37 AM ET									
4	State: CT									
5	School District: ABC									
6	Job Position: ALL									
7	School/Group: ALL									
8	Year: 2014									
9	Quarter: 4									
10	Date: 04/01/2014 - 04/10/2014									
11										
12	School District	Name	Emp ID	Job Desc	Job Code	School/Group	Moment Date	End of Grace Period	Email	Status
13	ABC	Apple, Amy	222	SBCH Coordinator	1	Middle	04/01/2014 01:00 PM	04/06/2014 01:00 PM	aa@comcast.net	Auto Mapped
14	ABC	Peach, Paul	333	Medicaid Billing Personnel	2	Central Office	04/01/2014 01:00 PM	04/06/2014 01:00 PM	pp@comcast.net	Not Paid Time
15	ABC	Pear, Peter	999	Case Manager	1	High	04/01/2014 01:02 PM	04/06/2014 01:02 PM	ab@comcast.net	Incomplete Expired
16	ABC	Orange, Mary	888	Special Education Director	1	Elementary	04/01/2014 01:02 PM	04/06/2014 01:02 PM	om@comcast.net	Auto Mapped
17	ABC	Lemon, Lynne	444	Registered Nurse	2	Elementary	04/01/2014 01:08 PM	04/06/2014 01:08 PM	ll@comcast.net	Incomplete
18	ABC	Tangerine, Thomas	555	Occupational Therapist	3	Therapist Group	04/01/2014 01:12 PM	04/06/2014 01:12 PM	tt@comcast.net	Auto Mapped
19	ABC	Banana, Brenda	111	School Psychologist	2	High	04/01/2014 01:21 PM	04/06/2014 01:21 PM	BB@comcast.net	Pending 1
20	ABC	Grape, Gary	666	Physical Therapist	3	Therapist Group	04/01/2014 01:22 PM	04/06/2014 01:22 PM	GG@comcast.net	Auto Mapped
21	ABC	Cherry, Cheryl	123	Clinical Psychologist	2	Middle	04/01/2014 01:25 PM	04/06/2014 01:25 PM	CC@comcast.net	Approved
22										

Questions

- Please refer all questions to:

University of Massachusetts Medical School
CT School Based Medicaid Program
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