

# Random Moment Time Study



For the Connecticut  
Department of Mental Health &  
Addiction Services



*The academic partner of UMass Memorial Health Care*



# What is a Random Moment Time Study?

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- RMTS is a statistically valid means of determining what portion of time a group of people spend doing different categories of activities.
- A statistically random sample of ‘moments’ (minutes) of activities across the group will yield the same results as capturing 100% of the group’s time.

# **RANDOM MOMENT TIME STUDY**



## **Why do I need to participate in the Random Moment Time Study?**

- **DMHAS is conducting this time study because the federal Centers for Medicaid and Medicare requires it as part of the Department's rate setting methodology.**

# **RANDOM MOMENT TIME STUDY**



## **What happens if I do not complete my Random Moment Time Study?**

- If the statewide response rate does not reach 85% for a given quarter, all moments for which there is no response are treated as non-reimbursable activities.
- If the statewide response rate reaches or exceeds 85%, all non-responses will be discarded.

# Who participates in the RMTS?



- 492 staff from 6 public Mental Health Centers (Q4 2017).
- 941 staff from 35 private Mental Health agencies (Q4 2017).
- Licensed Clinical Social Workers, Advanced Practice Registered Nurses, Clinical Psychologists, Case Managers and other staff as required.

# Who participates in the RMTS?



- RMTS Participants are grouped into 3 participant pools based on the type of work that you do and where you work.
- Each participant pool shares 2,762 ‘moments’ per quarter (2,401 moments + 15% over-sample).
- The assignment of moments is completely random.

# How will I participate in RMTS?



- If you are chosen for a moment, you will have 2 working days to answer the moment. After 2 days, the moment is considered 'expired' and can no longer be answered.

# How will I participate in RMTS?



- Moments are answered online using the web-based RMTS system hosted by UMass on behalf of DMHAS.
- Click on the hyperlink that will be included in all email notifications and reminders.
- The RMTS moment can be answered from a computer, tablet/i-Pad or mobile device/cell phone.



# How will I participate in RMTS?



If you have been included in a participant pool for the RMTS, you will receive a 'welcome' email from the RMTS system which contains:

- ❖ User ID
- ❖ Temporary Password (you will log in and choose a personal password)
- ❖ URL to access the website

# SAMPLE E-MAIL

Welcome Emily Training,

This confirms your registration in the University of Massachusetts Medical School's DMHAS Claiming system.

In the event you are selected to participate in this quarter's Random Moment Time Study process, you will receive future email notification(s) to that effect.

You will then need the following information to log in and complete your assigned moment(s):

Your user ID is TrainiE6



Your initial, temporary password is xd4kL72



The website: <https://cbe-rmts-uat.chcf-umms.org/?username=TrainiE6>



## IMPORTANT INFORMATION:

- 1) The user ID and password are case sensitive. Please enter them exactly as stated above in upper and lower-case.
- 2) If you forget your password or need a new one, you can reset your password. On the main login screen, click on the "Reset/Forgot Password?" hyperlink and follow the instructions.

For further assistance, please e-mail your supervisor with program related questions on time study. For all other questions, please e-mail

dmhasTCMtimeStudy@ct.gov.



<  Your DMHAS RMTS Moment will expire soon



dmhasTCMtimeStudy...



02/27/2016 10:08 AM



Welcome Emily Trainer,

Recently, you were selected to participate in the Random Moment Time Study for the Department of Mental Health and Addiction Services, but our record indicates that you have not yet recorded your assigned moment.

Your participation is an important part of the Medicaid reimbursement for your organization. Please complete your sample moment which occurred on [02/26/2016 10:12 AM](#) before it expires on the second business day. Simply click on the link below and record your activity for the assigned time:

<https://cbe-rmts-uat.chcf-umms.org/?username=TraineE8>

Your UserID is TraineE8

NEED A PASSWORD? Click the link above to



## Logon

Please enter your User ID and Password. If you don't have an account, contact your System Administrator.

User ID:

Password:

[Forgot Password](#)



Click [here](#) to read Non-UMMS User Data Access Agreement.

[Contact Us](#)

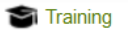
## Random Moment Time Study

### Moments

#### ▲ Answer a moment (2)

 Thu, Feb 25 2016 3:52 PM	Expires Mon, Feb 29 2016 3:52 PM
 Fri, Feb 26 2016 10:33 AM	Expires Tue, Mar 1 2016 10:33 AM

#### ▼ Prior Moments (0)



Welcome Emily Example, Your active moments are listed below. The grace period for completing or revising your activity is 2 business days from the Moment time. Please "click" the moment you wish to complete and answer the displayed questions. Thank you for your participation!

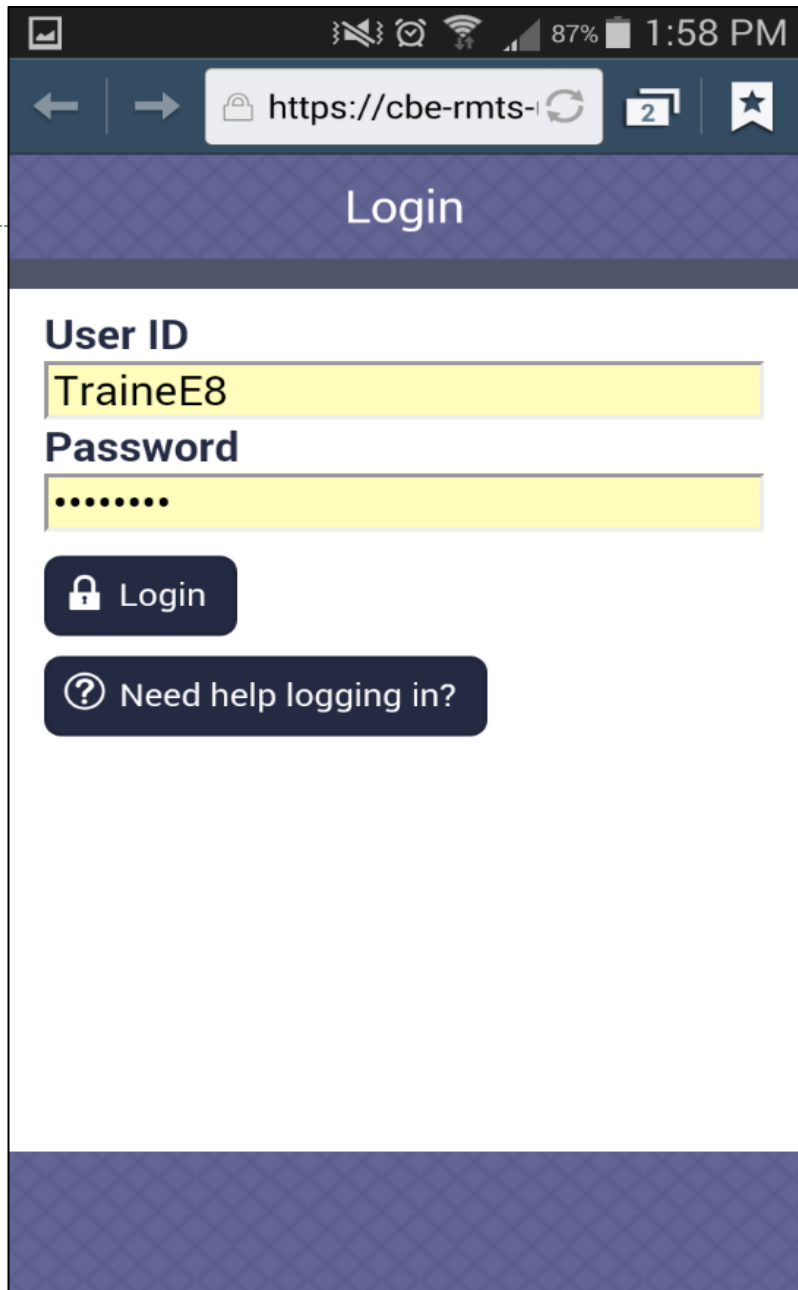
For further assistance, please e-mail your supervisor with program related questions on time study. For all other questions, please e-mail [dmhasTCMtimeStudy@ct.gov](mailto:dmhasTCMtimeStudy@ct.gov)



*List of moments assigned to you*



*Information panel*




## Login

**User ID**

TraineeE8

**Password**

.....

 Login

 Need help logging in?




## Welcome Emily Training


### I would like to ...

 Answer a moment (4)

 View a submitted moment (0)

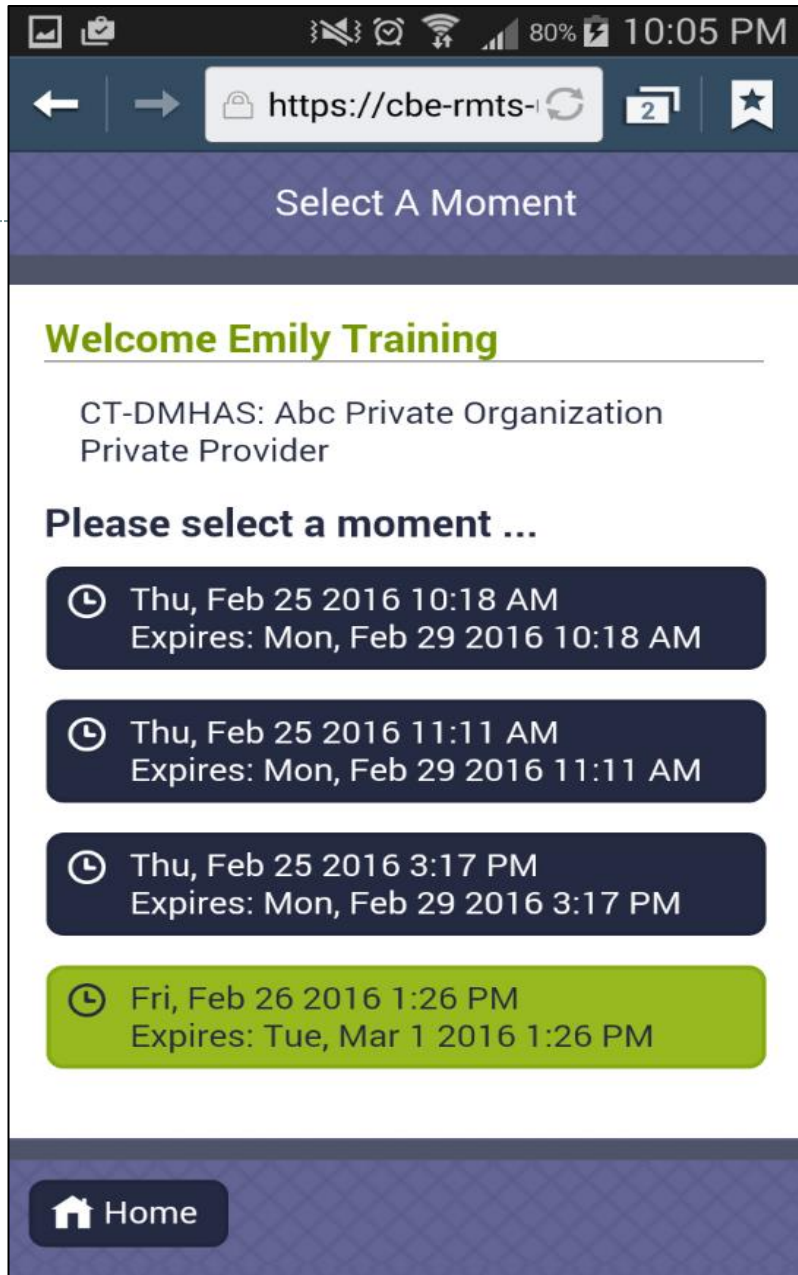
 View prior moments (0)

 View Full Site

 Ask for help

 Complete Training

 Logout





# How do I answer a Moment?



- You will answer **4** questions or queries
- All have drop down menus that include most answers
- All have a box where you can write in your response if it is not on the drop down menu (don't use names)
- ***The CATEGORY chosen in Query #1 determines the drop down options for Query #2; and NA may appear for Query #3 and #4 as a result of the CATEGORY chosen in Query #1***

# RANDOM MOMENT TIME STUDY



## What information will I provide about my moment?

You will be asked to respond to the following four (4) queries about your ‘moment’:

1. Choose the **CATEGORY** that best describes what you were doing during the moment.
2. Choose the **ITEM** that best describes what you were doing.
3. Was this **ACTIVITY** part of the client’s treatment plan?
4. **WHERE** was the **client** when this activity occurred?

# QUERY #1



*Choose the **CATEGORY** that best describes what you were doing:*

- Case Management with client, family member, significant other and/or another provider agency
- Skill Building
- Psycho-Education
- Depression Screening
- Clinical Outpatient
- Other Outpatient
- Primary Care Consultation/Indirect Services
- Administrative/Collateral Work
- Not working
- Other Not Listed Above

***The CATEGORY determines the drop down options available for the rest of the RMTS.***

## QUERY #2



*The **CATEGORY** chosen in Query #1 determines the drop down options available for these items.*

- Choose the **ITEM** that best describes what you were doing during the moment.

# QUERY #3



*Was the **ACTIVITY** part of the client's treatment plan?*

*Yes or No choice*

*NA may appear as a result of the **CATEGORY** chosen in Query #1*

# QUERY #4



***WHERE*** was the client when  
this activity occurred?

***NA*** may appear as a result of the  
***CATEGORY*** chosen in Query #1

# **RANDOM MOMENT TIME STUDY**



## **What happens if I'm not working at the time of my moment?**

- If you are chosen for a moment when you are not working, choose “Not working” in Query 1.
- If you are chosen for a moment when you were not at work due to illness or something of that nature, and you do not return to work until after the moment has expired, simply notify your Time Study Coordinator at your facility.

# QUERY #1



*Choose the **CATEGORY** that best describes what you were doing:*

- Case Management with client, family member, significant other and/or another provider agency
- Skill Building
- Psycho-Education
- Depression Screening
- Clinical Outpatient
- Other Outpatient
- Primary Care Consultation/Indirect Services
- Administrative/Collateral Work
- Not working
- Other Not Listed Above

***The CATEGORY determines the drop down options available for the rest of the RMTS.***



# QUERY #2



Thu, Feb 25 2016 3:52 PM

Question 2 of 4

**Choose the item that best describes what you were doing.**

- Paid time off- Sick, personal leave, vacation, or holiday time
- Non Paid Time- Break or lunch
- Non Paid Time- Not scheduled to work

Previous

Cancel Moment

Next

# How will I participate in RMTS?



## Reminders:

- You will receive the initial 'welcome' email
- You will receive email notifications of any random moments assigned to you:
  - ✓ 24 hours prior to the moment
  - ✓ At the moment
  - ✓ Reminders at 4 hours, 24 hours, 28 hours after the moment and 12 hours prior to expiration

***Responding to the 'moment' STOPS the email!***



# **ANSWERING RANDOM MOMENTS**

## **SCREEN SHOTS**


## Logon

Please enter your User ID and Password. If you don't have an account, contact your System Administrator.

User ID:

Password:

[Forgot Password](#)



Click [here](#) to read Non-UMMS User Data Access Agreement.

[Contact Us](#)

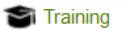
## Random Moment Time Study

### Moments

#### ▲ Answer a moment (2)

 Thu, Feb 25 2016 3:52 PM	Expires Mon, Feb 29 2016 3:52 PM
 Fri, Feb 26 2016 10:33 AM	Expires Tue, Mar 1 2016 10:33 AM

#### ▼ Prior Moments (0)



Welcome Emily Example, Your active moments are listed below. The grace period for completing or revising your activity is 2 business days from the Moment time. Please "click" the moment you wish to complete and answer the displayed questions. Thank you for your participation!

For further assistance, please e-mail your supervisor with program related questions on time study. For all other questions, please e-mail [dmhasTCMtimeStudy@ct.gov](mailto:dmhasTCMtimeStudy@ct.gov)



*List of moments assigned to you*



*Information panel*



# RANDOM MOMENT TIME STUDY

## Random Moment Time Study

### Moments

#### ▲ Answer a moment (2)



Thu, Feb 25 2016 3:52 PM

Expires Mon, Feb 29 2016 3:52 PM



Fri, Feb 26 2016 10:33 AM

Expires Tue, Mar 1 2016 10:33 AM



#### ▼ Prior Moments (0)

## Answer Moment Questions

Fri, Feb 26 2016 10:33 AM

Question 1 of 4

Choose the Category that best describes what you were doing.

- Case Management with client, family member, significant other and/or another provider agency
- Clinical Outpatient
- Other Outpatient
- Skill Building
- Administrative/Collateral Work
- Not working
- Other Not Listed Above

Previous

Cancel Moment

Next

### Moment Questions

**Q:** Choose the Category that best describes what you were doing.

**A:**

**Q:** Choose the item that best describes what you were doing.

**A:**

**Q:** Was this activity part of the client's treatment plan?

**A:**

**Q:** Where was the client when this activity occurred?

**A:**

## Answer Moment Questions

---

Fri, Feb 26 2016 10:33 AM

Question 1 of 4

**Choose the Category that best describes what you were doing.**

- Case Management with client, family member, significant other and/or another provider agency
- Clinical Outpatient
- Other Outpatient
- Skill Building
- Administrative/Collateral Work
- Not working
- Other Not Listed Above



Previous

Cancel Moment



Next



## Answer Moment Questions

Fri, Feb 26 2016 10:33 AM

Question 2 of 4

Choose the item that best describes what you were doing.

- Coordinating or following up on treatment, care and/or services
- Engaging new or difficult to engage client
- Linking/referring client to a community resource or other provider
- Monitoring medication, medical, or nutritional status
- Obtaining or maintaining housing, entitlements or other services
- Recovery/Treatment Planning - Assessing service needs
- Supporting or advocating for client
- Completing medical record, chart documentation, or progress notes
- Traveling to provide service or attend meeting
- If none of the above answers are applicable, please type your answer here:

Previous

Cancel Moment

Next

*Your answers  
are displayed  
here for your  
reference*

### Moment Questions

**Q:** Choose the Category that best describes what you were doing.

**A:** Case Management with client, family member, significant other and/or another provider agency

**Q:** Choose the item that best describes what you were doing.

**A:**

**Q:** Was this activity part of the client's treatment plan?

**A:**

**Q:** Where was the client when this activity occurred?

**A:**

## Answer Moment Questions

Fri, Feb 26 2016 10:33 AM

Question 2 of 4

**Choose the item that best describes what you were doing.**

- Coordinating or following up on treatment, care and/or services
- Engaging new or difficult to engage client
- Linking/referring client to a community resource or other provider
- Monitoring medication, medical, or nutritional status
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- Supporting or advocating for client
- Completing medical record, chart documentation, or progress notes
- Traveling to provide service or attend meeting
- If none of the above answers are applicable, please type your answer here:

Previous

Cancel Moment

Next



## Answer Moment Questions

Fri, Feb 26 2016 10:33 AM

Question 3 of 4

Was this activity part of the client's treatment plan?

Yes

No

Previous

Cancel Moment

Next

## Answer Moment Questions

Fri, Feb 26 2016 10:33 AM

Question 4 of 4

Where was the client when this activity occurred?

- Client's Home
- In the Community
- Office Based
- On the telephone
- Inpatient Hospital, Skilled Nursing Facility or Prison
- All other locations

Previous

Cancel Moment

Next

### Moment Questions

**Q:** Choose the Category that best describes what you were doing.

**A:** Case Management with client, family member, significant other and/or another provider agency

-----  
**Q:** Choose the item that best describes what you were doing.


**A:** Monitoring medication, medical, or nutritional status

-----  
**Q:** Was this activity part of the client's treatment plan?

**A:** Yes

-----  
**Q:** Where was the client when this activity occurred?

**A:**

 **Answer Moment Questions**

Fri, Feb 26 2016 10:33 AM

Question 4 of 4

**Where was the client when this activity occurred?**

- Client's Home
- In the Community
- Office Based
- On the telephone
- Inpatient Hospital, Skilled Nursing Facility or Prison
- All other locations

Previous

Cancel Moment

Next



## RANDOM MOMENT TIME STUDY

### Review Your Answers

*Fri, Feb 26 2016 10:33 AM*

**Q:** *Choose the Category that best describes what you were doing.*

**A:** *Case Management with client, family member, significant other and/or another provider agency*

**Q:** *Choose the item that best describes what you were doing.*

**A:** *Monitoring medication, medical, or nutritional status*

**Q:** *Was this activity part of the client's treatment plan?*

**A:** *Yes*

**Q:** *Where was the client when this activity occurred?*

**A:** *Client's Home*

I certify that the answers submitted are accurate and complete.

Previous

Cancel Moment

Submit

## Review Your Answers

*Fri, Feb 26 2016 10:33 AM*

**Q:** *Choose the Category that best describes what you were doing.*

**A:** *Case Management with client, family member, significant other and/or another provider agency*

**Q:** *Choose the item that best describes what you were doing.*

**A:** *Monitoring medication, medical, or nutritional status*

**Q:** *Was this activity part of the client's treatment plan?*

**A:** *Yes*

**Q:** *Where was the client when this activity occurred?*

**A:** *Client's Home*

I certify that the answers submitted are accurate and complete.

Previous

Cancel Moment

Submit

# RANDOM MOMENT TIME STUDY

## Confirm Your Submission



Are you sure you want to submit the answers?



Yes

No

## Answers

that best describes what you were doing.

th client, family member, significant other and/or another provider agency

best describes what you were doing.

, medical, or nutritional status

of the client's treatment plan?

when this activity occurred?


submitted are accurate and complete.

Submit



## Submitted Moment

*Fri, Feb 26 2016 10:33 AM*

 **Submission Confirmation Number: CBE-CT-DMHAS-2153902-11279**

**Q:** *Choose the Category that best describes what you were doing.*

**A:** *Case Management with client, family member, significant other and/or another provider agency*

**Q:** *Choose the item that best describes what you were doing.*

**A:** *Monitoring medication, medical, or nutritional status*

**Q:** *Was this activity part of the client's treatment plan?*

**A:** *Yes*

**Q:** *Where was the client when this activity occurred?*

**A:** *Client's Home*

I certify that the answers submitted are accurate and complete.

 [Home](#)

## Random Moment Time Study

### Moments

#### ▲ Answer a moment (1)



Thu, Feb 25 2016 3:52 PM

Expires Mon, Feb 29 2016 3:52 PM

#### ▼ Prior Moments (1)



Welcome Emily Example, Your active moments are listed below. The grace period for completing or revising your activity is 2 business days from the Moment time. Please "click" the moment you wish to complete and answer the displayed questions. Thank you for your participation!

For further assistance, please e-mail your supervisor with program related questions on time study. For all other questions, please e-mail [dmhasTCMtimeStudy@ct.gov](mailto:dmhasTCMtimeStudy@ct.gov)  
1-800-440-7010

## Random Moment Time Study

### Moments

▼ Answer a moment (1)

▲ Prior Moments (1)



Fri, Feb 26 2016 10:33 AM



Answered

Expires

Tue, Mar 1 2016 10:33 AM



*Green Check indicates the moment was answered!*

## Random Moment Time Study

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### Moments


▲ Answer a moment (1)



Thu, Feb 25 2016 3:52 PM

Expires Mon, Feb 29 2016 3:52 PM

▼ Prior Moments (1)



## Answer Moment Questions

Thu, Feb 25 2016 3:52 PM

Question 1 of 4


**Choose the Category that best describes what you were doing.**

- Case Management with client, family member, significant other and/or another provider agency
- Clinical Outpatient
- Other Outpatient
- Skill Building
- Administrative/Collateral Work
- Not working
- Other Not Listed Above

Previous

Cancel Moment

Next

 **Answer Moment Questions**

*Thu, Feb 25 2016 3:52 PM*

*Question 2 of 4*

**Choose the item that best describes what you were doing.**

- Paid time off- Sick, personal leave, vacation, or holiday time
- Non Paid Time- Break or lunch
- Non Paid Time- Not scheduled to work

Previous

Cancel Moment

Next



## Answer Moment Questions

*Thu, Feb 25 2016 3:52 PM*

*Question 3 of 4*


**Was this activity part of the client's treatment plan?**

Not applicable

Previous

Cancel Moment

Next

 **Answer Moment Questions**

*Thu, Feb 25 2016 3:52 PM*

*Question 4 of 4*

**Where was the client when this activity occurred?**

Not applicable

Previous

Cancel Moment

Next



## Review Your Answers

*Thu, Feb 25 2016 3:52 PM*

**Q:** *Choose the Category that best describes what you were doing.*

**A:** *Not working*

**Q:** *Choose the item that best describes what you were doing.*

**A:** *Non Paid Time- Not scheduled to work*

**Q:** *Was this activity part of the client's treatment plan?*

**A:** *Not applicable*

**Q:** *Where was the client when this activity occurred?*

**A:** *Not applicable*

I certify that the answers submitted are accurate and complete.

Previous

Cancel Moment

Submit

## Random Moment Time Study

### Moments

▼ Answer a moment (0)

▲ Prior Moments (2)

	Fri, Feb 26 2016 10:33 AM	 Answered	Expires	Tue, Mar 1 2016 10:33 AM
	Thu, Feb 25 2016 3:52 PM	 Answered	Expires	Mon, Feb 29 2016 3:52 PM



*Click on the  
pencil to edit  
the moment  
before it expires*

## View Moment

Thu, Feb 25 2016 3:52 PM

### Submission Confirmation Number: CBE-CT-DMHAS-2153901-11280

**Q:** Choose the Category that best describes what you were doing.

**A:** Not working

**Q:** Choose the item that best describes what you were doing.

**A:** Non Paid Time- Not scheduled to work

**Q:** Was this activity part of the client's treatment plan?

**A:** Not applicable

**Q:** Where was the client when this activity occurred?

**A:** Not applicable

I certify that the answers submitted are accurate and complete.

Home

Edit 

## Edit Your Answers

Thu, Feb 25 2016 3:52 PM

Question 1 of 4

Choose the Category that best describes what you were doing.

- Case Management with client, family member, significant other and/or another provider agency
- Clinical Outpatient
- Other Outpatient
- Skill Building
- Administrative/Collateral Work
- Not working
- Other Not Listed Above

Previous

Cancel Moment

Next

### Moment Questions

**Q:** Choose the Category that best describes what you were doing.

**A:** Not working

**Q:** Choose the item that best describes what you were doing.

**A:** Non Paid Time- Not scheduled to work

**Q:** Was this activity part of the client's treatment plan?

**A:** Not applicable

**Q:** Where was the client when this activity occurred?

**A:** Not applicable

## Edit Your Answers

Thu, Feb 25 2016 3:52 PM

Question 1 of 4

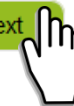
**Choose the Category that best describes what you were doing.**

- Case Management with client, family member, significant other and/or another provider agency
- Clinical Outpatient
- Other Outpatient
- Skill Building
- Administrative/Collateral Work
- Not working
- Other Not Listed Above

Previous

Cancel Moment

Next



## Edit Your Answers

Thu, Feb 25 2016 3:52 PM

Question 2 of 4

**Choose the item that best describes what you were doing.**

- Completing medical record, chart documentation, or progress notes
- Traveling to provide service or attend meeting
- Outpatient psychotherapy
- Providing medication management services
- Psychiatric Diagnostic Evaluation
- If none of the above answers are applicable, please type your answer here:

250 characters remaining

Previous

Cancel Moment

Next

## Edit Your Answers

Thu, Feb 25 2016 3:52 PM

Question 2 of 4

**Choose the item that best describes what you were doing.**

- Completing medical record, chart documentation, or progress notes
- Traveling to provide service or attend meeting
- Outpatient psychotherapy
- Providing medication management services
- Psychiatric Diagnostic Evaluation

If none of the above answers are applicable, please type your answer here:

168 characters remaining

Attending a clinical treatment team meeting to collaborate regarding clients needs|

*Type a brief description  
(250 characters or less).  
Do not use actual client  
names.*

Previous

Cancel Moment



Next

## Edit Your Answers

Thu, Feb 25 2016 3:52 PM

Question 3 of 4

Was this activity part of the client's treatment plan?

Yes

No

Previous

Cancel Moment

Next

*Your answers are displayed here, including the hand typed answer.*

### Moment Questions

**Q:** Choose the Category that best describes what you were doing.

**A:** Clinical Outpatient

**Q:** Choose the item that best describes what you were doing.

**A:** Attending a clinical treatment team meeting to collaborate regarding clients needs...

**Q:** Was this activity part of the client's treatment plan?

**A:** No

**Q:** Where was the client when this activity occurred?

**A:**





## Edit Your Answers

Thu, Feb 25 2016 3:52 PM

Question 4 of 4

**Where was the client when this activity occurred?**

- Office Based
- All other locations

Previous

Cancel Moment

Next

## Review Your Answers

*Thu, Feb 25 2016 3:52 PM*

**Q:** Choose the Category that best describes what you were doing.

**A:** Clinical Outpatient

**Q:** Choose the item that best describes what you were doing.

**A:** Attending a clinical treatment team meeting to collaborate regarding clients needs

**Q:** Was this activity part of the client's treatment plan?

**A:** No

**Q:** Where was the client when this activity occurred?

**A:** All other locations

I certify that the answers submitted are accurate and complete.

Previous

Cancel Moment

Submit



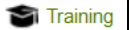


# RANDOM MOMENT TIME STUDY

Emily Example | [Logout](#)

LCSW CT-DMHAS: Bcd Public Mental Health Org

## Random Moment Time Study



### Moments

▼ Answer a moment (0)

▲ Prior Moments (2)

	Fri, Feb 26 2016 10:33 AM	Answered	Expires	Tue, Mar 1 2016 10:33 AM
	Thu, Feb 25 2016 3:52 PM	Answered	Expires	Mon, Feb 29 2016 3:52 PM

Welcome Emily Example, There are currently no active moments for you to complete. Future moments are not accessible until that moment arrives. If you would like to view or edit prior moments, please click the 'Prior Moments' tab. Note: The grace period for completing or revising your activity is 5 business days from the Moment time. Thank you for your participation.

For further assistance, please e-mail your supervisor with program related questions on time study. For all other questions, please e-mail [dmhasTCMtimeStudy@ct.gov](mailto:dmhasTCMtimeStudy@ct.gov)

<  Your DMHAS RMTS Moment will expire soon



dmhasTCMtimeStudy...



02/27/2016 10:08 AM



Welcome Emily Trainer,

Recently, you were selected to participate in the Random Moment Time Study for the Department of Mental Health and Addiction Services, but our record indicates that you have not yet recorded your assigned moment.

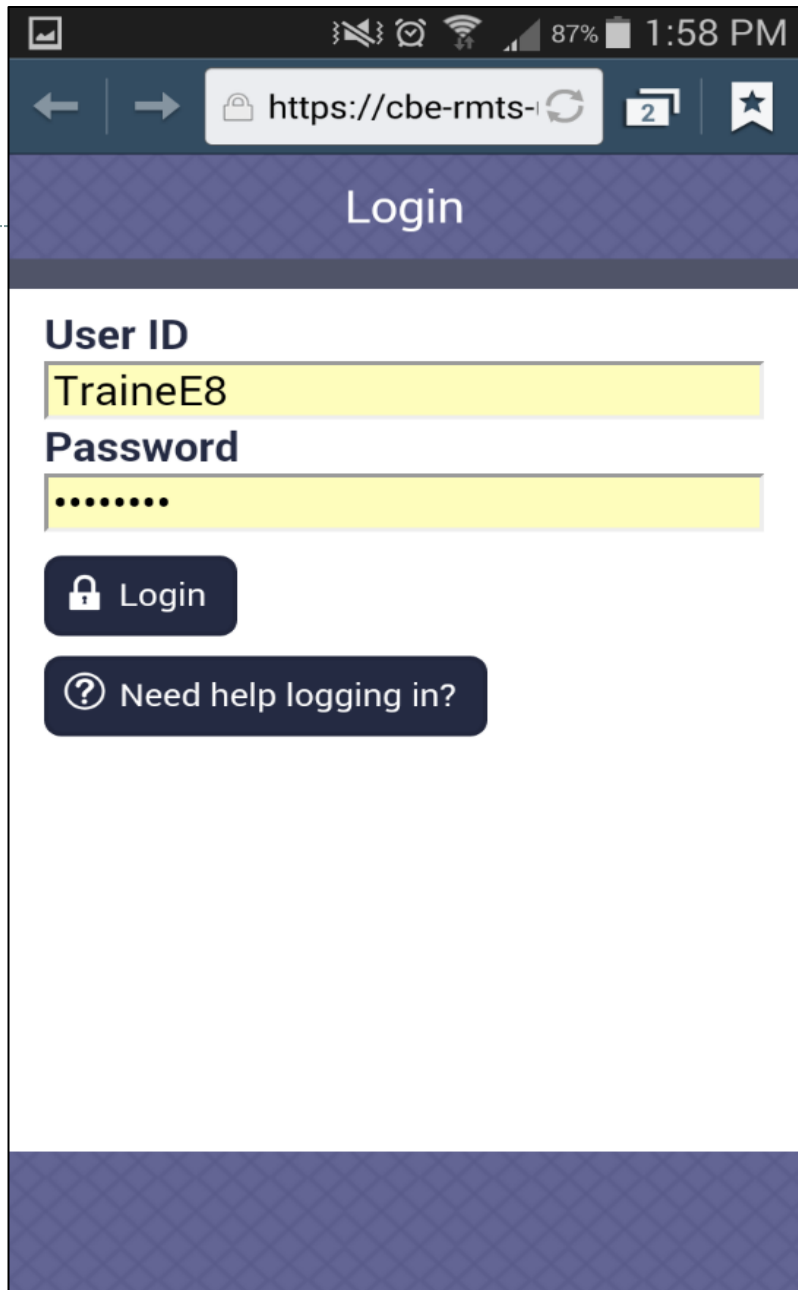
Your participation is an important part of the Medicaid reimbursement for your organization. Please complete your sample moment which occurred on [02/26/2016 10:12 AM](#) before it expires on the second business day. Simply click on the link below and record your activity for the assigned time:

<https://cbe-rmts-uat.chcf-umms.org/?username=TraineE8>

Your UserID is TraineE8

NEED A PASSWORD? Click the link above to









## Welcome Emily Training


### I would like to ...

 Answer a moment (4)

 View a submitted moment (0)

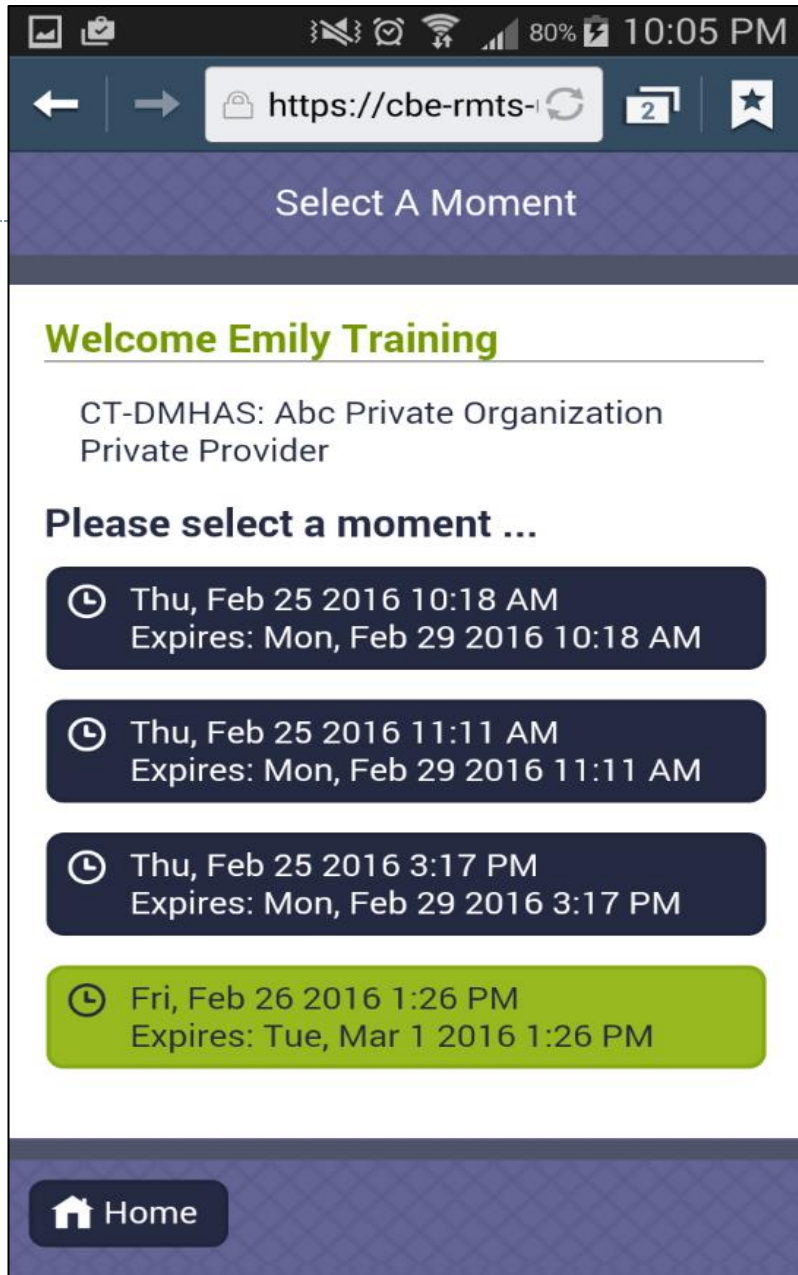
 View prior moments (0)







 View Full Site





 Ask for help

 Complete Training

 Logout



10:05 PM 80%      

← →  https://cbe-rmts-  2 

## Answer Moment Questions







Thu, Feb 25 2016 10:18 AM




**Choose the Category that best describes what you were doing.**

- Case Management with client, family member, significant other and/or another provider agency
- Clinical Outpatient
- Other Outpatient
- Skill Building
- Administrative/Collateral Work
- Not working
- Other Not Listed Above

◀ Previous      ▶ Next



10:05 PM 80%      

← → <https://cbe-rmts-1>   







## Answer Moment Questions




Thu, Feb 25 2016 10:18 AM

**Choose the Category that best describes what you were doing.**

- Case Management with client, family member, significant other and/or another provider agency
- Clinical Outpatient
- Other Outpatient
- Skill Building
- Administrative/Collateral Work**
- Not working
- Other Not Listed Above

◀ Previous      ▶ Next

10:05 PM 80%      

← → <https://cbe-rmts-1>   

## Answer Moment Questions

Thu, Feb 25 2016 10:18 AM

**Choose the item that best describes what you were doing.**

- Attending/completing in-service or training
- Attending/preparing for a team, staff, committee, or other meeting
- Responding to email, voicemail or other administrative/support activities

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# RMTS Tips



- Answer your moment within 2 working days.
- Answer your moment even if you were not working at the time of the moment.
- There's an answer for break/lunch (we don't need you to type in any additional details, such as that you were in the bathroom etc.).

# RMTS Tips



- Please choose an answer to the first question to categorize your response
- A moment = 1 minute (pick your predominant activity)
- Please do not use actual client names when typing in a response
- If dropdown answers do not describe your activity, please type your responses in 'Other.'

# RMTS Tips



- A good answer will allow someone to reasonably understand the topic, context, purpose and content of the activity that is occurring at the time of the moment.
- Answers based on physical location (“I was in the lunch room.”), or a general activity (“I was typing an email at my desk” or “It’s part of my job.”) is not enough & will require more information.

# **RANDOM MOMENT TIME STUDY**



**THANK YOU!**

**Resources:**

**[dmhasTCMtimestudy@ct.gov](mailto:dmhasTCMtimestudy@ct.gov)**