



The “Must Knows” of the Random Moment Time Study

Step 1: Place your notification letter somewhere safe. If you misplace the notification letter you should contact Public Consulting Group at (888) 277-6334.

Step 2: At the exact date and time of your RMTS you should make a mental note/jot down what you are doing. You do not have to stop what you are doing to do the RMTS, you will only be able to access your moment after the assigned date and time.

Step 3: Later that day, before you go home, logon and complete the time study. You will be prompted to select one of the answers below:

- **Moment was before or after workday** (does not include lunch)
- **Unpaid or Paid Day off**
- **Yes, I was working**

If you select, “Yes, I was working,” you will be prompted to answer four additional questions. If you are completing a Case Management Survey, you may be prompted to indicate if you are the student’s *Case Manager*. The questions and examples of some ‘possible’ responses are listed below. Remember, your answers should always be descriptive but they should never include student-specific information.

1) Who was with you?

Examples: Student/Group of students, Speech Pathologist, Parent or IEP team.

- If no one was with you, tell us that you were alone.
- If this question is not applicable; write N/A.

2) What were you doing?

Examples: Attending the IEP meeting; Reviewing the student’s goals and objectives; Providing individual speech therapy; Helping a student with mobility issues board the bus to go home; Consulting with the SSW about the student’s behavior plan; Assisting a student with toileting; or Providing group therapeutic procedures for three students.

Note: “**Direct Medical**” activities include the services you provide for Speech, Audiology, Assistive Technology, Psychology, Social Work, Nursing, Occupational Therapy, Physical Therapy, vision Orientation and Mobility and Personal Care needs. “**Indirect Medical**” activities include the Consultative, Coordination and Case Management services you provide on behalf of the student. You may use words like *Observed, Reviewed or Supervised* to describe the “Indirect Medical” activities you perform, but you should avoid using “Academic” terms like *Math, Handwriting, Reading, Lesson Plans or Report Cards* to describe your “**Direct/Indirect Medical**” activities.

3) Why were you doing this activity?

Examples: Because the student disability will not allow him/her to perform the activity alone; Because it’s part of the student’s therapy goal; Because I provide individual therapy every week at this time; or Because speech is an IEP prescribed service.

MORE INSTRUCTIONS ON BACK

- If this question is not applicable, write N/A.

Note: Responses like: Because it's my job or It's my assigned duty aren't detailed enough and PCG may contact you to obtain additional information

4) Does the student have an IEP in place for the services you are performing?

- Select Yes, if the need for the service is documented on the student's IEP.
- Select No, if the student does not have an IEP in place, or if the question is not applicable.

Examples: Personal Care Aide was "Toileting" the student and Personal care is documented on the IEP/IFSP; The CCC-SLP was providing "Individual Speech Therapy" and Speech & Language is documented on the IEP/IFSP; or The Licensed Social Worker was providing "Group Psychotherapy" and Social Work is documented on the IEP/IFSP.

Finally, you must **SUBMIT** your completed time study to PCG. In order to activate the SUBMIT button you must check the box next to the statement that attests that you have accurately completed the Random Moment Time Study. Click the active SUBMIT button.

Your random moment should be completed ASAP after the moment or within 24 hours.

Participants are asked to provide an email address and/or phone number to contact them in case a follow up is needed for any of their responses.

If a follow up for a random moment is needed, the email for follow up questions will be sent to the participant from the address ClaimingSystem@pcgus.com.

An email is sent to the sampled participant showing them their response and asking for detailed clarification. If only a phone number is provided, PCG staff will telephone, but follow the same questioning for clarification.

If no response is received by PCG, a second email is sent to the sampled participant requesting clarification. The ISD Coordinator is copied on this email. If a second phone attempt is made with no response, the ISD Coordinator will be sent an email describing that two follow up attempts have been made to the participant.

If no response is received from the second email or phone call, a third and final attempt is made to the participant via email or telephone. The ISD Coordinator is copied or notified by a separate email that this is the third and final attempt with a specific time frame in which the participant must respond.

Follow up moments that are not clarified will be coded "unbillable".

If you have questions you should contact Carol Sink, Berrien RESA's Medicaid Coordinator.

Phone: 269-471-7725, extension 1143

E-Mail: Heidi.Cuthbert@berrienresa.org.