



Random Moment Time Survey (RMTS) Time Survey Participant (TSP) Training

**Presented by the DHCS
School-Based Claiming Units**

September 28, 2021

TRAINING WILL BEGIN AT 1:00pm



Introductions

California Department of Health Care Services (DHCS) has Two School-Based Claiming Units:

Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) administers the **direct service claiming** program

School-Based Medi-Cal Administrative Activities Program (SMAA Program) administers the **administrative claiming** program

Guidehouse

Contractor to DHCS
Provides assistance to DHCS as a subject-matter expert



Agenda

Section	Topic
1	Overview of RMTS
2	Responding to Moments
3	Moment Response Examples



Training Goals

By the end of this training, participants will understand:

Basics of the **Random Moment Time Survey (RMTS)**
and How RMTS Will Impact LEAs

Responsibilities of a **Time Survey Participant (TSP)**

Why **TSP Participation** in RMTS is Important

What “**Clarifying Questions**” Are and How to Respond



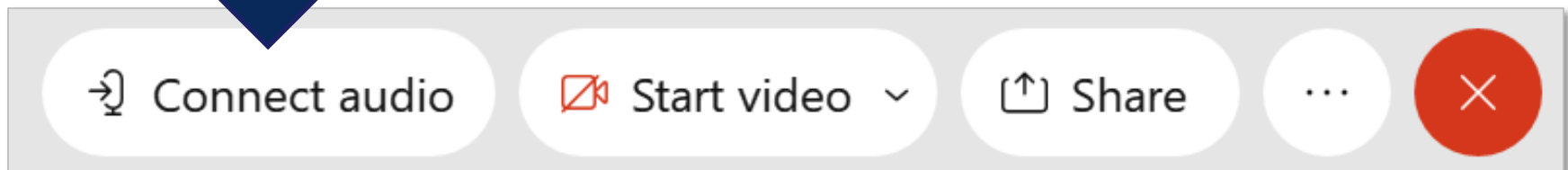
Housekeeping Items

- Questions
 - Submit via the **Q&A function** (not the chat function)
 - Time for Q&A at end of each section
 - An FAQ document will be compiled with questions submitted via the Q&A function and those sent to LEA@DHCS.CA.gov
- Training materials **distributed after the training**
 - Enroll in the LEA BOP email subscription service (the listserv) to receive a copy of the training materials and FAQs
 - LEA BOP listserv:
<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>



Webex Audio Help

- Connect to meeting audio:
 - Open the event from Webex rather than calling the Webex call-in number, and use the call-in options provided there
 - Select microphone icon at bottom of screen
 - Select the option for how you would like to connect





Chat, Feedback, and Q&A

The screenshot displays the Zoom meeting interface with the following components:

- Participants Panel:** Shows a search bar, a panelist named "Amarbir Ta... Host", and an attendee named "Amarbir Takhar Me".
- Chat Panel:** Labeled "Chat".
- Q&A Panel:** Labeled "Q&A", showing "All (1)" and "My Q&A (1)". A message from "Amarbir Takhar - 3:44 PM" is visible.
- Bottom Navigation Bar:** Contains icons for "Participants", "Chat", and a "More" menu (three dots).
- Feedback Menu:** A dropdown menu with options: "Yes", "No", "Too Fast", "Too Slow", "Applause", "Laughter", and "Check Feedback Result...".

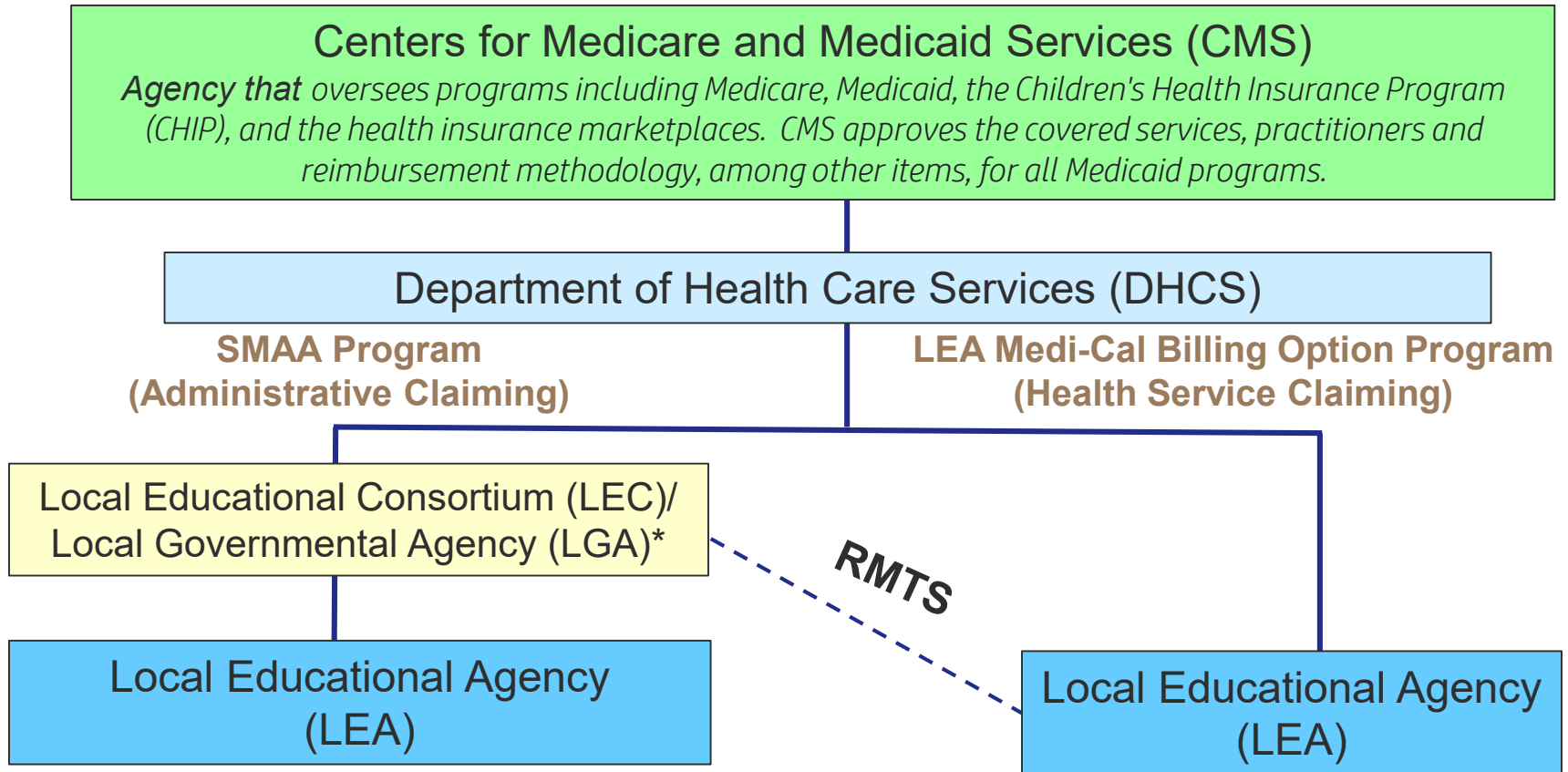


Section 1

Overview of RMTS



California School-Based Program Partnerships



* In California, the SMAA Program is locally administered by a Local Educational Consortium (LEC) or Local Governmental Agency (LGA). The LECs/LGAs are responsible for day-to-day administration of the RMTS.



California's School-Based Medi-Cal Programs

1

LEA BOP:

Federal program that reimburses LEAs for providing **direct health services** to Medi-Cal enrolled students (*i.e., speech therapy, occupational therapy, nursing, psychological services*)

2

SMAA Program:

Federal program that reimburses LEAs for providing **administrative and outreach** activities for Medi-Cal related services (*i.e., outreach and referral, arranging transportation, translation services, SMAA claims coordination*)



What is the RMTS?



The RMTS is a time study mechanism that California uses to determine **the amount of time spent** on activities throughout a participant's workday.



Random moment = **one minute of work** done by a **TSP**. Moments are randomly assigned on a quarterly basis.

As of July 1, 2020, **both** school-based programs are incorporated into one RMTS.

****[RMTS webpage](#) contains additional resources****



Types of TSPs

TSPs are classified by the LEA Coordinator as either:

- **Pool 1 participants:** direct health service practitioners that are qualified to bill under the LEA BOP.

Example: A school nurse that provides direct health services to students

- **Pool 2 participants:** administrative claiming staff that will not bill direct medical services

Example: A case manager that links families to health insurance, or refers and coordinates health, dental or mental health services



Time Survey Questions

- If selected to receive a moment, TSPs will be asked **up to 5 quick questions**:
 1. Were you working at the time of your moment?
 2. Was this activity related to an assessment or screening, or related to a service that is authorized in an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or other service/care plan? (*Asked only to Pool 1 TSPs*)
 3. Who were you with?
 4. What were you doing?
 5. Why were you performing this activity?
- Simply respond with your activity during your **assigned one minute**.
 - No need to worry about whether the service was billed or whether the student was enrolled in Medi-Cal



How are TSPs Selected?

- Meet criteria for Pool 1 or Pool 2
- Identified by your LEA's Coordinator as either a direct service staff or an administrative claiming staff
- Listed as eligible to receive moments on a quarterly basis in the RMTS system platform

TSPs: Identify your Coordinator and how to contact them.

If you aren't sure who your LEA Coordinator is, you can email RMTS@dhcs.ca.gov and DHCS staff will assist you.

Include your LEA's Name, job title and City in your email request.



Pool 1 (Direct Service) – Approved Participants

Hearing and Speech Services

- Credentialed Audiologists
- Credentialed Speech Language Pathologists
- Licensed Audiologists
- Licensed Speech Language Pathologists
- Registered School Audiometrists
- Speech-Language Pathology Assistants

Nursing Services

- Certified Nurse Practitioners
- Certified Public Health Nurses
- Licensed Registered Nurses
- Licensed Vocational Nurses
- Registered Credentialed School Nurses
- Trained Health Care Aides

Nutrition Services

- Registered Dieticians

Occupational Therapy Services

- Licensed Occupational Therapists
- Occupational Therapy Assistants

Orientation and Mobility Services

- Orientation and Mobility Specialists

Physical Therapy Services

- Licensed Physical Therapists
- Physical Therapist Assistants



Pool 1 (Direct Service) – Approved Participants (cont'd)

Physician Services

- Licensed Physicians
- Licensed Physician Assistants

Psychology/Counseling Services

- Credentialed School Counselors
- Associate Marriage and Family Therapists
- Credentialed School Psychologists
- Credentialed School Social Workers
- Licensed Clinical Social Workers
- Licensed Educational Psychologists
- Licensed Marriage and Family Therapists
- Licensed Psychologists

- Registered Associate Clinical Social Workers

Respiratory Care Services

- Licensed Respiratory Care Practitioners

Vision Services

- Licensed Optometrists

Other Services

- Program Specialists (Targeted Case Management)



Pool 2 (Administrative) – Approved Participants

- Community Liaison
- Coordinator, various selected positions (i.e., Medi-Cal, Mental Health, Speech, Nursing, etc.)
- Direct health service practitioners (Pool 1) that are unqualified to bill under the LEA BOP reimbursement rules (i.e., a practitioner that requires supervision to bill under LEA BOP, but the LEA does not have a supervisor to oversee the services, etc.)
- Direct health service practitioners (Pool 1) that are not providing direct billable health services (i.e., a practitioner that is in a supervisory role)
- Director/Administrator - various selected positions (i.e., Mental Health, Speech, Nursing, etc.)
- Education/Instructional Aides
- Family Resource Center Staff (i.e., manager, secretary, office manager, clerk, assistant, director, coordinator, etc.)
- Health Care Assistant/Advocate
- Health Center Staff (i.e., manager, secretary, office manager, clerk, assistant, director, coordinator, etc.)
- Health Services Special Education Teachers
- Health Technicians/Specialist
- Interpreters/Interpreter Assistants
- Instructor, Orientation and Mobility (visually handicapped)



Pool 2 (Administrative) – Approved Participants (cont'd)

- Medical Administrative Coordinator/Assistant
- Medical Assistant
- Medical Interns
- Office Clerical Staff (i.e., technician, secretary, office manager, clerk, assistant, etc.)
- Organization Facilitator
- Parent Community Facilitator/Liaison
- Placement Assistant
- Principal and/or Assistant Principal, Principal at Special Education Schools
- Professional Expert
- Pupil Support Services Administrators
- Pupil Support – Technicians
- Secretary, Senior Secretary
- School Bilingual Assistants
- Sign Language Interpreter
- Special Education Administrators
- Special Education Support Technician/Assistant
- Student Support Services Coordinator/Case Manager
- Teacher- various selected positions (i.e., special ed, alternative ed, resource, SDC)
- Translator; Senior Translator
- Transportation Planner / Router



What Should I Know About RMTS?

- RMTS results impact **school-based reimbursement**
- **Responses must be detailed so that moments can be coded** into one of several pre-determined categories
- Responses represent your **activity during one minute of time**
- It is **VERY** important to complete your moment within four-student attendance days, or it becomes **invalid**
- Each participating LEA must have an **85% moment completion response rate** to be eligible to participate in the school-based programs



QUESTIONS – SECTION 1

Any additional **Pool 1** questions can be submitted to the LEA Program inbox:
LEA@DHCS.CA.gov

Any additional **Pool 2** questions can be submitted to the RMTS mailbox:
RMTS@dhcs.ca.gov



Section 2

Responding to Moments



How Do TSPs Participate in RMTS?

If you are randomly selected to participate, you will receive notification via email **one student attendance day in advance.**



A direct link to the **secure RMTS website** will be provided in the e-mail notification along with the **date/time of your moment.**

Example email subject line (may differ between regions):
Upcoming moment for (TSP NAME) at 11/5/2021 9:16 a.m. PST

After the assigned time has passed, you must submit your time survey response within four student attendance days!

Note: TSPs may have no moments or multiple moments assigned in a quarter



What Will I Be Asked in the Time Survey?

1. Pre-Sample Question:

“Were you working at the time of your moment?”

- *Yes, I was working.*
- *No, I was on paid time off.*
- *No, I was on unpaid time off.*
- *No, moment was before/after my work day.*
- *No, I was on a break.*
- *No, I was on a paid lunch.*
- *No, I was on an unpaid lunch.*

If you respond “No,” additional questions will not be asked, and the time survey can be submitted.

If you respond “Yes, I was working,” you will need to respond to the following additional questions.



What Will I Be Asked in the Time Survey? *(continued)*

2. For Pool 1 (Direct Service) Practitioners Only:

“Was this activity related to an assessment or screening, or related to a service that is authorized in an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or other service/care plan?”

- *Yes*
- *No*
- *Not Sure*

A ‘**Care Plan**’ may be a 504 Plan, Nursing Plan, Health Plan, or other plan prescribing medically necessary services.



Goal of Question #2

- The goal of Question 2 is to determine if a Pool 1 TSP's activity at the time of their moment is **related to a covered LEA BOP service or an extension of a covered service**
- Answering 'yes' to the question **does not** mean that the activity resulted in a billed service
- **Answer 'yes'** if you are doing an activity related to an assessment or screening, or the activity supports a service in a student's IEP, IFSP or Care Plan
- **Answer 'no'** if the activity is not related to an assessment or screening, or a service listed in the IEP, IFSP or Care Plan



Question #2 – “Yes” Responses

“Was this activity related to an assessment or screening, or related to a service that is authorized in an IEP, IFSP or other service/care plan?”

Some Possible Examples of a ‘Yes’ Response:

1. Conducting or scoring an IEP assessment
2. Writing a report that summarizes assessment results
3. Conducting a screening service (e.g., vision or hearing screening)
4. Administering medication for a student with a 504 Plan
5. Completing treatment notes related to a service listed in an IEP/IFSP/Care Plan
6. Traveling to provide a treatment service to an IEP student
7. Preparing for or administering a specialized healthcare procedure (e.g., a g-tube feeding or catheterization)



Question #2 - “No” Responses

Some Possible Examples of a ‘No’ Response

1. Providing first aid to a student
2. Waiting with a sick student for parent pick-up
3. Checking supply inventory
4. Filing paperwork
5. Reviewing a calendar to prepare for the week
6. Attending a mandatory department meeting
7. Learning about a new application the district is using



What Will I Be Asked in the Time Survey? *(continued)*

3. The “Who”:

“Who were you with?”

Use **job title or categories** and not actual names.

For example:

“My student”

...or Parent, Social Worker, Occupational Therapist, Speech Language Pathologist, Teacher, Health Aide, etc.

If no one was with you, respond saying **you were alone.**



What Will I Be Asked in the Time Survey? *(continued)*

4. The “What”:

“What were you doing?”

Be **specific**, **detailed**, and **precise** for the one-minute moment.

For example:

Trained Health Care Aide – assisting a student with toileting

Physical Therapist – performing an IEP evaluation

Occupational Therapist – in a therapy session with a student working on fine motor skills

Interpreter – providing translation services for a student

Case Manager – referring a student to mental health services



What Will I Be Asked in the Time Survey? *(continued)*

5. The “Why”:

“Why were you performing this activity?”

Be **specific** and make it **clear** to an outside reviewer the purpose of your activity at that moment.

Do **NOT** respond with “Part of my general job duties.”

Examples:

- Because the student has an **upcoming IEP meeting** that requires an evaluation
- Because **the student’s IEP includes speech therapy services**



Clarifying Questions

Clarifying Questions (CQs)

If a TSP **does not provide sufficient information or provides conflicting information**, they may receive up to two CQs requesting more information.

Example: What was the basis of the discussion at this moment?

TSPs have **five student attendance days** to respond to a CQ

If a TSP does not respond to the CQ, **only the information provided in the original response** will be available

Email subject line may include ***“Request for Follow-Up”***



Clarifying Questions

CQs Related to the IEP/IFSP/Care Plan (Question #2)

“Was this activity related to an assessment or screening, or related to a service that is authorized in an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or other service/care plan?”

When a TSP’s response to Question 2 **conflicts** with their narrative moment response, **they will likely** receive a CQ requesting more information or clarification.

- For example: question 2 response is “no”
- However, the moment response indicates that the TSP was “creating a handout to assist a student with an activity related to the acquisition of **their IEP goals**”



Will I Need Supporting Documentation For My Moment Response?

If you were providing a direct health service (or an extension of a direct service) at the time of your moment, you must be able to support your response, in event of a Federal or State audit of direct service activities



Documentation to substantiate the moment may include items such as **progress notes and treatment logs.**



Consider documentation requirements similar to what you'd need to produce for a **fair hearing process or litigation.**



Make sure to **never include proper names.**



If you have questions about these documentation requirements, contact your **LEA Coordinator.**



TSP Reminders

TSPs have **four student attendance days** to complete their RMTS moment

Not responding will have a **negative fiscal impact** on your LEA



Avoid using acronyms, abbreviations, or names in your RMTS response

If you are unable to access your e-mail, please **notify your LEA / SMAA Coordinator** as soon as possible



Additional Helpful Tips

- RMTS corresponds to **one minute** – be specific! Do not be concerned with what you were doing before or after the assigned one-minute survey

Question	Initial Response
What were you doing?	Talking with the school psychologist about an upcoming district training and discussing a student's progress and reviewing COVID assessment protocols

- Consider setting a **calendar alert** near the time of your moment so that you can respond quickly
- **Be descriptive** and add detail to your response.
- **Complete your moment as soon as possible** after the minute has passed.



Frequently Asked Questions

Question #1: What if I did not respond to my moment within four student attendance days?

- **Answer:** If the moment is not answered within four student attendance days, the moment expires and CANNOT be answered.

Question #2: What if I delete my email with the moment link?

- **Answer:** In addition to the four-student attendance day notice, you will receive a notice the day of your moment that will also contain the moment link. You may also contact your LEA Coordinator to have the email containing the hyperlink resent to you.



FAQs - Continued

Question #3: What if I cannot remember what I was doing?

- **Answer:** Use your best judgement to recall what you were doing. Review your calendar, meeting and/or service notes. If you absolutely cannot remember, simply record that you cannot remember the activity that you were completing at the time of your moment. In the future, take a mental note and/or jot down what you are doing during your assigned minute so that an accurate response may be captured.

Question #4: What if I am assigned to a student but they are not in school?

- **Answer:** Answer the moment indicating what you **are** doing at the time of your assigned moment (do not worry about what you are not doing).



FAQs - Continued

Question #5: What if I am out sick, on vacation, or on leave during a moment?

- **Answer:** Indicate that you weren't working at the time of your moment and if you were on paid/unpaid time off.

Question #6: What if I am traveling at the time of my random moment?

- **Answer:** If you were traveling to/from work, a therapy session, or other meetings, please provide the specific purpose of your travel.

Question #7: What if I have an email or name change?

- **Answer:** Contact your LEA Coordinator as soon as possible to have them update your information in the RMTS system.



Additional Resources



Services



Individuals



Providers & Partners



Laws & Regulations



Data & Statistics



Forms & Publications



Search

School Based Claiming Random Moment Time Survey

[Back to LEA BOP Home Page](#)

[Back to SMAA Home Page](#)

As of July 1, 2020, the Department of Health Care Services will use the Random Moment Time Survey (RMTS) methodology for both California School-Based Medi-Cal Programs: the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) and the School-Based Medi-Cal Administrative Activities program (SMAA). The RMTS is a federally approved, web-based, and accepted statistical sampling method that will be used to capture the amount of time spent providing both administrative activities and direct services to Medi-Cal enrolled students.

This webpage contains information and resources to assist LEAs with the administration of RMTS for both school-based programs. For specific program information relating to either the LEA BOP or SMAA Program, please visit their respective websites listed at the top of the page.

RMTS Manual and Policy

- 2020 California RMTS Manual (under review)
- 2019 SMAA Manual - RMTS Sections:
 - [Section 5](#) - Activity Codes: Descriptions and Examples
 - [Section 6](#) - Time Survey
- [School-Based RMTS Index of Policy and Procedure Letters](#)

Required Forms

[TSP Equivalency Request](#)

[TSP Equivalency Request Practitioner Reference Sheet](#)

[TCM Certification Form](#)

Resources

[RMTS Fact Sheet](#)

[RMTS Quick Reference](#)

The RMTS TSP Steps document is currently under review with an anticipated posting date of April 1, 2020.

The School-Based Claiming RMTS webpage has additional resources and can be found at [this](#) link.



QUESTIONS – SECTION 2

Any additional questions can be submitted
to the RMTS mailbox:

RMTS@dhcs.ca.gov



Section 3

Moment Response

Examples



Moment Response #1

Pool 1 practitioner: Psychologist

IEP/IFSP/Care Plan Pre-Question Response: **No**

Question	Initial Response	Improved Response
Who were you with?	I was in my office.	I was by myself in my office.
What were you doing?	Working on an IEP	Writing an IEP assessment report for a student
Why were you doing this activity?	Required for IEP	The student is due for a triennial assessment, and I must complete the report prior to the IEP meeting

CQ: Was the activity being conducted at the time of your moment related to services authorized in an IEP, IFSP or service/care plan?

CQ Response: Yes, I was working on a triennial re-evaluation report for a student with an IEP.



Moment Response #2

Pool 1 practitioner: School Nurse

IEP/IFSP Pre-Question Response: No

Question	Initial Response	Improved Response
Who were you with?	By myself	
What were you doing?	Answering a phone call.	Answering a phone call from a parent and providing her with the phone number and hours of a community clinic in her neighborhood.
Why were you doing this activity?	Parent had a question.	The parent had a question about where she could get her children immunized.



Moment Response #3

Pool 2 practitioner: Health specialist

IEP/IFSP Pre-Question Response: Not applicable

Question	Initial Response	Improved Response
Who were you with?	On the phone.	I was on the phone with a guardian.
What were you doing?	Referring her to our family resource center.	Referring a guardian to our family resource center, as she is looking for mental health services for her 16 year old niece who lives with her.
Why were you doing this activity?	To meet her needs.	She is concerned about her niece's behavior— she cries all the time and won't eat.



Moment Response #4

Pool 2 practitioner: Health technician

IEP/IFSP Pre-Question Response: Not applicable

Question	Initial Response	Improved Response
Who were you with?	With a student	
What were you doing?	Waiting	Waiting with the student until she was picked up by a parent
Why were you doing this activity?	She couldn't be alone	The student was sick and needed support



Moment Response #5

Pool 1 practitioner: Speech-language pathologist

IEP/IFSP Pre-Question Response: Yes

Question	Initial Response	Improved Response
Who were you with?	Myself	
What were you doing?	Preparing lesson plan	Preparing a lesson plan for next week for an IEP student
Why were you doing this activity?	To make sure I'm targeting student goals appropriately during their session.	To make sure I'm targeting my student's IEP goals appropriately during their session



Moment Response #6

Pool 1 practitioner: Occupational therapist

IEP/IFSP Pre-Question Response: Yes

Question	Initial Response	Improved Response
Who were you with?	Myself	
What were you doing?	Updating PLP	I was updating the student's present level of performance, documenting the areas of need
Why were you doing this activity?	Upcoming meeting	To document an IEP student' current functionality so we can identify goals and services to address the student's needs



QUESTIONS – SECTION 3 & GENERAL QUESTIONS

Any additional questions can be submitted
to the RMTS mailbox:

RMTS@dhcs.ca.gov