



# 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

<b>Section</b>	<b>Topic</b>
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



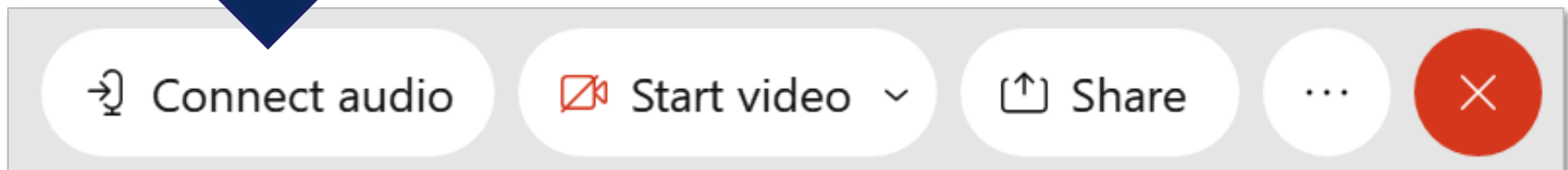
# Housekeeping Items

- 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](mailto: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 elements:

- Participants Panel:** Shows a search bar, a panelist named "Amarbir Ta... Host", and an attendee named "Amarbir Takhar Me".
- Chat Panel:** Shows a "Chat" header.
- Q&A Panel:** Shows "All (1)" and "My Q&A (1)". A message from "Amarbir Takhar - 3:44 PM" is visible.
- Feedback Menu:** A dropdown menu with options: Yes (green checkmark), No (red X), Too Fast (person running), Too Slow (person walking), Applause (clapping hands), Laughter (laughing face), and Check Feedback Result... (blue arrow).
- Bottom Navigation Bar:** Contains icons for "Participants", "Chat", and a "More" icon (three dots).



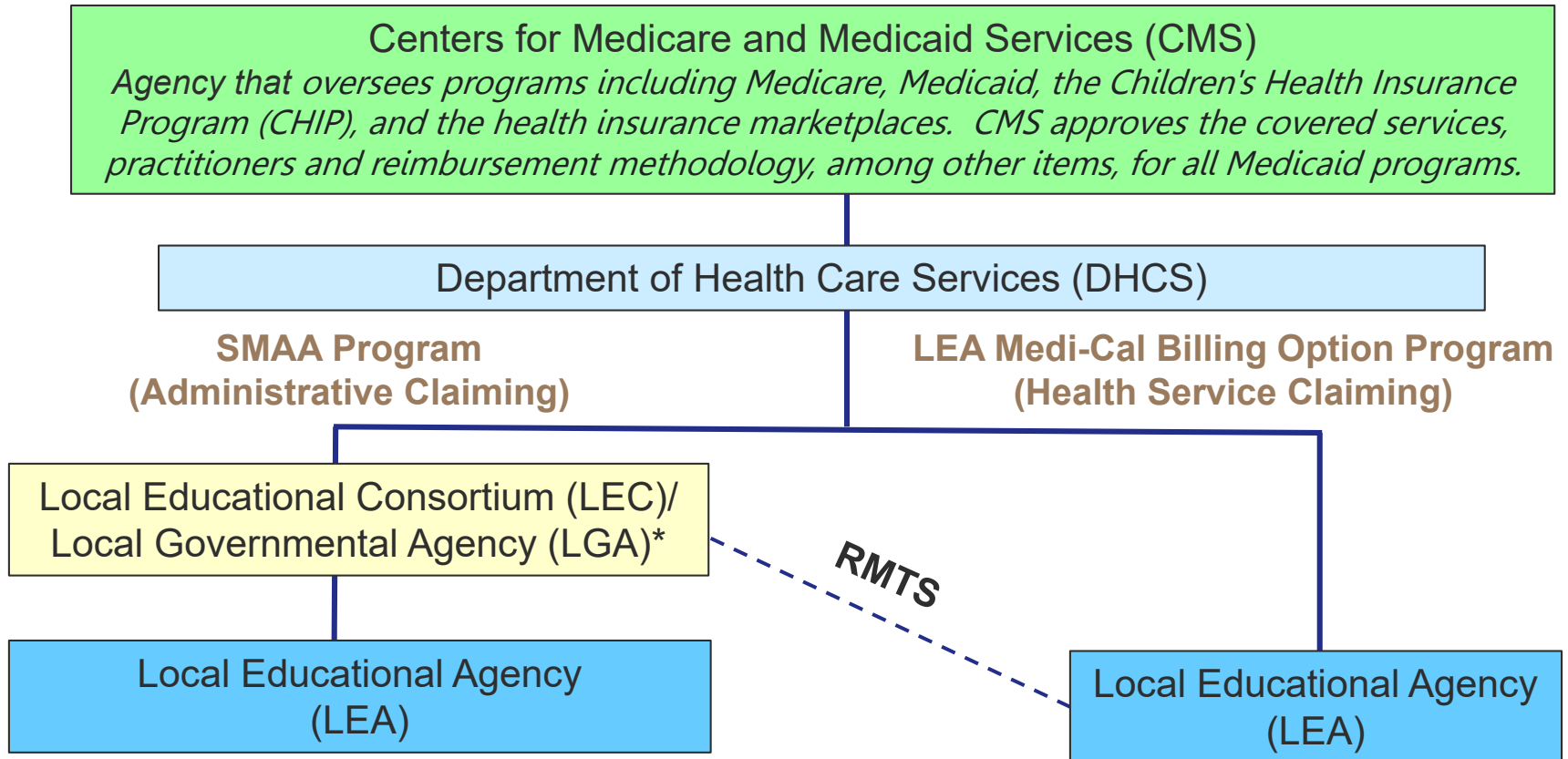
# Section 1

## 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.

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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](mailto: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](mailto:LEA@DHCS.CA.gov)

Any additional **Pool 2** questions can be submitted to the RMTS mailbox:  
[RMTS@dhcs.ca.gov](mailto: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](mailto: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 <b>by myself</b> in my office.
What were you doing?	Working on an IEP	<b>Writing an IEP assessment report for a student</b>
Why were you doing this activity?	Required for IEP	<b>The student is due for a triennial assessment, and I must complete the report prior to the IEP meeting</b>

**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 <b>from a parent and providing her with the phone number and hours of a community clinic in her neighborhood.</b>
Why were you doing this activity?	Parent had a question.	The parent had a question <b>about where she could get her children immunized.</b>



# 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 <b>with a guardian.</b>
What were you doing?	Referring her to our family resource center.	Referring a guardian to our family resource center, <b>as she is looking for mental health services for her 16 year old niece who lives with her.</b>
Why were you doing this activity?	To meet her needs.	<b>She is concerned about her niece's behavior— she cries all the time and won't eat.</b>



# 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 <b>with the student until she was picked up by a parent</b>
Why were you doing this activity?	She couldn't be alone	<b>The student was sick and needed support</b>



# 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 <b>for next week for an IEP student</b>
Why were you doing this activity?	To make sure I'm targeting student goals appropriately during their session.	To make sure I'm targeting <b>my student's IEP goals</b> 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	<b>I was updating the student's present level of performance, documenting the areas of need</b>
Why were you doing this activity?	Upcoming meeting	<b>To document an IEP student's current functionality so we can identify goals and services to address the student's needs</b>



# QUESTIONS – SECTION 3 & GENERAL QUESTIONS

Any additional questions can be submitted  
to the RMTS mailbox:

[RMTS@dhcs.ca.gov](mailto:RMTS@dhcs.ca.gov)