

State of New York
School Supported Health Services Program (SSHSP)
March/April 2012





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Why Do We Complete the Time Study?

- The time study is required to determine the amount of time (and cost) spent on various activities.
- Based on these results, we determine the amount that can be charged to various funding sources.
- This is one of the most crucial reimbursement determinants used by DOH and SED.



RMTS Overview

- RMTS is NOT a management tool used to evaluate staff activities or performance
- The federal Centers for Medicare & Medicaid Services (CMS) require time study participation from agencies claiming Medicaid reimbursement for school health services
- It is required as part of the annual cost reconciliation process
- RMTS is administered quarterly

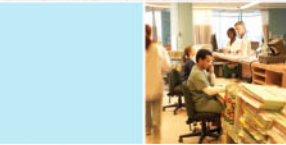


E-mail Based System Overview

- All moments will be received via e-mail.
- You will receive an e-mail notification 5 days and 24 hours prior to your moment.
- At the time of your moment, you will then logon to a secure website using the username and password provided in the e-mail.
- You will respond to a series of questions describing the activity you were performing at that time.
- Please Note:
 - All data transferred and collected is secure and confidential.
 - You will only have 5 days to complete your response in order for it to be considered valid.
 - You will receive follow-up e-mails 24 hours and 72 hours after the moment if you have not yet completed your moment.



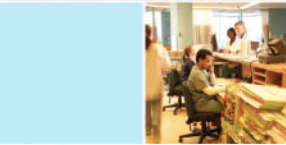
E-mail Based System Overview (Continued)



- Participants selected for a moment must log onto the website and answer the following 6 questions:
 - Were you working during your sampled moment?
 - Who was with you?
 - What were you doing?
 - Why were you performing this activity?
 - Is this activity regarding a Special Education student?
 - Is the service you provided part of the child's IEP?
- Responding to a moment should not take more than a few minutes
- Responses are critical
 - The state **must** maintain an 85% response rate for the time study to be valid
 - Districts/Counties/4201 Schools may be penalized for not meeting the rate



E-mail Based System Overview (Continued)



- Role of the Participant
 - Respond to all moments in a timely fashion – within 5 days of the moment
 - Answer candidly and thoroughly
 - Describe activity performed during the **one minute moment**
 - Do not delete time study notification e-mails until the moment has been completed
 - Seek assistance from the RMTS Coordinator or the RMTS Help Desk
 - Provide timely clarification on moments requiring additional information by the RMTS Coding Staff



E-mail Based System Overview (Continued)



- Role of the RMTS Coordinator
 - Assign an alternate/assistant RMTS Coordinator to fill in when you are unavailable
 - Inform all relevant staff included on the roster they may be selected for the RMTS and why they are required to respond to their moment
 - Send general reminders about what the SSHS program is, what to do if selected for a moment, e-mail address that sample information comes from, importance of their role, etc.
 - Coordinate with RICs to accurately identify appropriate staff
 - Submit and certify accurate staff pool lists (rosters) of all eligible staff who routinely perform direct services in a school-based environment
 - First and last name, e-mail address, job title, and school location
 - Update staff pool lists (rosters) quarterly



E-mail Based System Overview (Continued)



- Role of the RMTS Coordinator (continued)
 - Notify the RMTS Help Desk via NYSSHSP@pcgus.com of replacements
 - Provide first and last name and termination date of staff currently on roster
 - Provide first and last name and e-mail address of replacement staff member
 - Monitor follow-up e-mails from the RMTS Help Desk regarding requests for additional information on participant moments, rosters, etc.
 - Review compliance reports and encourage participation in the time study
 - Maintain a minimum of 85% response rate (strive for 100%) to meet compliance requirements
 - If participant is unable to respond within the allowable 5 day time frame due to absence or a leave, send the RMTS Help Desk an e-mail stating that they were out during their entire 5 day response period; indicate whether the absence or leave was paid or unpaid and include relevant start/end date of absence or leave.



E-mail Based System Overview (Continued)

- Role of RICS
 - Facilitate the RMTS process
 - Provide training materials and instruction, where necessary
 - Provide phone and e-mail support for RMTS coordinator questions
 - Review district/county/4201 school compliance and work with the RMTS Coordinators to improve performance if necessary



Staff Pool List Updates

- Collaborate with your RMTS Coordinator to accurately identify staff who should be on the staff pool list
- The staff pool list (roster) must be updated for all cost pools in which the district is participating
- Certify each staff pool list (roster) after all updates are completed by sending it to the RMTS Help Desk at NYSSHSP@pcgus.com
- Each participant should only be listed once regardless of how many cost pools or districts they may participate in
- Each participant must have a unique e-mail address that is not shared
 - RMTS system usernames and passwords are confidential
 - Participants selected for a moment will be notified of their moment and system username/password via e-mail

Staff Pool List Updates (Continued)

- The RMTS Help Desk does not share user credentials with anyone other than the user
- Only the user should respond to their moment; supervisors, coordinators, or colleagues cannot respond on the participant's behalf
- Once the new quarterly sample has been generated, updates to staff e-mail addresses can be made
 - Any changes in status or addition of a new staff will not affect the sample for the current quarter once it has been generated
 - Changes made mid-quarter will not take effect until the beginning of the next sample quarter

Example: How the E-mail Looks

E-mail text:

Hello,

This is to notify you that you have been randomly selected to complete a random moment time study (RMTS) for the New York School Supported Health Services Program.

The date and time of your moment is: (April 9 2012 9:52AM).

Please respond to your moment as soon as possible. You will receive a reminder of your sample moment 24 hours before it occurs.

Please logon to https://easyrmts.pcgus.com/rmtsv2/LoginCheck.aspx?Client_Id=171015 to access your moment after the selected time. You can click on the website link or type the address into your web browser.

Your username is JWilson171072

Your password is 29153627

If you have any questions, please call 1-866-912-2974.

Thank you for your response!



Example: Login Page



Random Moment Time Study New York School Supportive Health Services Program

EasyRMTS™

Enter User Name
and Password
(contained in the
initial moment email)
and press “Login”

User Name:

Password:

[Forgot your password?](#)

Have trouble logging into the system? Please contact Public Consulting Group by using the toll-free number listed in the e-mail notification you received.



Example: Welcome Screen



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Random Moment Time Study

New York School Supportive Health Services Program

EasyRMTS™

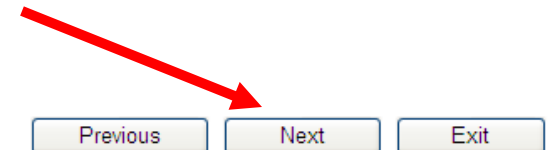
[Logout](#)

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	

What is the Random Moment Time Study (RMTS)? The Random Moment Time Study (RMTS) process is a federally approved technique of polling a statistically valid sampling of randomly selected moments (one moment = one minute), which are assigned to randomly selected participants. The RMTS method measures the work effort of the entire group of approved participants involved in the Schools Supportive Health Services Program by sampling and analyzing the work efforts of a randomly selected cross-section of the group. A computer program chooses each moment randomly from the total working hours of all the school days of the entire quarter and assigns the selected moment to an eligible participant. Notification of the chosen moment will go out to the chosen participants within ten minutes of their actual moment time; after "living" the moment, participants will document their activity.

The welcome screen will contain any important messages regarding the time study.

Please select Next to Continue.





Example: Example Responses



Random Moment Time Study New York School Supportive Health Services Program

EasyRMTS™

[Logout](#)

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	

Random Moment Time Study Examples: PLEASE DO NOT USE ACRONYMS IN YOUR ANSWERS! BE AS SPECIFIC AS POSSIBLE.

Who was with you? District staff.

What were you doing? Attending a monthly department meeting in which we covered the upcoming schedule for school-wide testing.

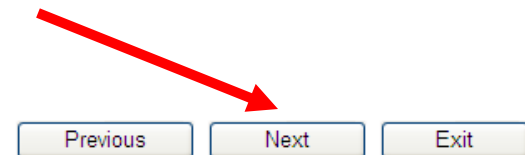
Why were you doing this activity? This is a regularly scheduled department meeting.

Is this activity regarding a Special Education student? No.

Is the service you provided part of the child's IEP? No.

The next screen gives specific examples of how to respond appropriately to your assigned moment.

Please select Next to Continue.



Example: Instructions Screen



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Random Moment Time Study New York School Supportive Health Services Program

EasyRMTS™

[Logout](#)

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	

Instructions:

1. Your selected survey moment is pre-determined. Do not answer the activity questions for any time other than your selected moment.
2. Sufficiently answer the activity questions with enough detail about your activity so that if you are asked about your assigned moment during a possible audit, you are able to easily recall the activity you were performing without revealing student information. Please indicate the specific type of: meeting or training you attended; form you filled out; discussion you had; etc.
3. Please do not use individually identifiable health information in your response.
4. Completion of the RMTS is mandatory. The study must be completed even if you were not working during your selected date and time.
5. If you have questions about completing this process, please contact the RMTS hotline at (866) 912-2974 or NYSSHSP@pcgus.com.

The next screen provides you with particular instructions for how to respond to your moment.

Please select Next to Continue.

[Previous](#) [Next](#) [Exit](#)





Example: Moment List



Random Moment Time Study New York School Supportive Health Services Program

EasyRMTS™

Moment List

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	

Any Moment that a participant has “open” (not answered within 5 days) will be listed here.

*Note: Participants can only respond to one moment at a time.

Select Respond to answer a moment.

Moments	
3/9/2012 11:39:00 AM	Respond
3/9/2012 11:42:00 AM	Respond
3/9/2012 11:46:00 AM	Respond
3/9/2012 1:56:00 PM	Respond



Example: Responding in EasyRMTS™



Random Moment Time Study New York School Supportive Health Services Program

EasyRMTS™

Moment List

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	3/9/2012 11:39:00 AM

Were you working during your sampled moment?


- ☐ No, Moment is before/after workday(This does not include Lunch)
- ☐ No, Moment is during paid day off
- ☐ No, Moment is during an unpaid day off
- ☒ Yes, I was working

Select your answer to the initial question and hit the Next button.

Next > Exit



Example: Responding in EasyRMTS™

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Random Moment Time Study
New York School Supportive Health Services Program
EasyRMTS™

Moment List

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	3/9/2012 11:39:00 AM

1. Who was with you?

A parent

2. What were you doing? Please be as specific as possible

Helping her fill out a Medicaid enrollment form.

3. Why were you performing this activity?

The form will help enroll her children in Medicaid.

4. Is this activity regarding a Special Education student?

☒ 1.Yes

☐ 2.No

5. Is the service you provided part of the child's IEP?

☐ 1. Yes

☒ 2. No


Next>

Fill in answers for each subsequent question and select the Next button.



Example: Moment Response Summary



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Random Moment Time Study
New York School Supportive Health Services Program
EasyRMTS™

Moment List

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	3/9/2012 11:39:00 AM

1. Who was with you?
Answer: A parent
2. What were you doing? Please be as specific as possible
Answer: Helping her fill out a Medicaid enrollment form.
3. Why were you performing this activity?
Answer: The form will help enroll her children in Medicaid.
4. Is this activity regarding a Special Education student?
Answer: Yes
5. Is the service you provided part of the child's IEP?
Answer: 2. No

* ☐ .




Edit Submit

This screen will allow the participant to view their response. If the response is not accurate the participant can return to the previous screen by selecting the Edit button.



Example: Moment Submission





Random Moment Time Study

New York School Supportive Health Services Program

EasyRMTS™

Moment List

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	3/9/2012 11:39:00 AM

1. Who was with you?

Answer: A parent

2. What were you doing? Please be as specific as possible

Answer: Helping her fill out a Medicaid enrollment form.

3. Why were you performing this activity?

Answer: The form will help enroll her children in Medicaid.

4. Is this activity regarding a Special Education student?

Answer: Yes

5. Is the service you provided part of the child's IEP?

Answer: 2. No

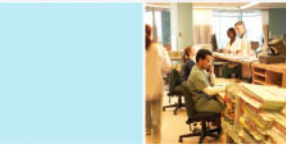


Edit

Submit

If the response is accurate,
check the box and select
Submit.

**NOTE YOU MUST SELECT
SUBMIT TO COMPLETE
THE SURVEY**



Example: Confirmation



Random Moment Time Study New York School Supportive Health Services Program

EasyRMTS™

Moment List

Name	Category	Location	Moment
Jane Wilson	1	JEFFERSON	3/9/2012 11:39:00 AM

1. Who was with you?
Answer: A parent
2. What were you doing? Please be as specific as possible
Answer: Helping her fill out a Medicaid enrollment form.
3. Why were you performing this activity?
Answer: The form will help enroll her children in Medicaid.
4. Is this activity regarding a Special Education student?
Answer: Yes
5. Is the service you provided part of the child's IEP?
Answer: 2. No

* ☒

Thank You for completing your Moment, it has been successfully submitted.

Print

Return to Moment List

This screen confirms that the moment has been submitted. If the participant has more than one moment they can return to the “moment list” screen to answer any other outstanding moments.

Some Things to Remember!

- The two e-mails you receive prior to the actual moment date and time will contain your confidential username and password
- Reminder e-mails after the moment do not contain these credentials
- It is important that you respond to every moment you receive
 - Avoid using acronyms, students' names, and shorthand
 - Be specific and use full, detailed sentences
 - A “moment” refers to one minute in time, not activities performed over a range of time
- RMTS is critical to the overall reimbursement DOH, SED, and the District/County/4201 School receives for participating in the SSHSP.

Some Things to Remember! (Continued)

- If selected for a moment, a response is required, and participation is not optional
 - Potential negative impact on state-wide results if participants do not respond to their moments
 - Participants have 5 business days to complete their moment and to be considered timely
- E-mails associated with the RMTS will always come from NYSSHSP@pcgus.com
 - Do not move to your junk or spam folder
 - Add this e-mail address to your safe sender list
- **Please do your best to respond and be committed to making the SSHSP RMTS a success through your participation!**

What Should I Do If I Have Any Questions?

If you are unsure about the activity categories or have any other time study questions, please contact the NY SSHSP RMTS Hotline at:

(866) 912-2974

or

NYSSHSP@pcgus.com



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