



Commonwealth of Massachusetts

**MassHealth
School-Based Medicaid
Program**

**Instruction Guide
For
Statewide
Random Moment Time Study
(RMTS)**

**Revised July 2015
Replaces Guide Issued July 2010**

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Summary of Changes from Prior Version

Please note: This manual has been through a full review and rewrite, so it should be reviewed in its entirety. This summary of changes is provided as a tool to direct special attention to certain areas of the most substantive changes, but it should not be considered as all-inclusive.

- Section II: Random Moment Time Study
- Section III: School-Based Medicaid Provider Responsibilities
 - Direct Service Practitioners
 - Administrative Only Staff
 - Uploading RMTS Participant Lists

Introduction

The Massachusetts School-Based Medicaid Program (formerly the Municipal Medicaid program) coordinates claims by School-Based Medicaid providers for partial federal reimbursement of qualifying direct health services provided to MassHealth members in schools (known as “Direct Service Claiming”). The School-Based Medicaid program also provides a means for schools to seek federal reimbursement for certain administrative expenditures for MassHealth children (known as “Administrative Activity Claiming”).

One component of both the Administrative Activity Claiming and the Direct Service Claiming is the completion of a Random Moment Time Study (RMTS). This guide provides step-by-step instructions for completing the RMTS. Included in this guide is information on the following.

- The RMTS process
- Provider responsibilities to participate in the RMTS
- Determining RMTS participants
- Obtaining and updating a User ID and password for participants
- Resetting forgotten passwords
- Entering data
- Understanding the RMTS deadlines
- Accessing reports for compliance monitoring
- Contacting the University of Massachusetts Medical School (UMMS) for systems help

Contact Information

University of Massachusetts Medical School (UMMS)
Center for Health Care Financing
School-Based Medicaid Program
333 South Street
Shrewsbury, Massachusetts 01545

schoolbasedclaiming@umassmed.edu

Phone: (800) 535-6741, option 1
Fax: (508) 856-7643

Random Moment Time Study (RMTS)

The Random Moment Time Study (RMTS) methodology quantifies the work of a statewide group of health professionals and support staff involved in the delivery of medical and health-related services provided through the School-Based Medicaid Program by sampling the work efforts of these individuals. The RMTS methodology requires employees to be polled at random moments, over a quarter of a calendar year, and calculates the results of the polling. This method provides a statistically valid means of determining which portion of the group's time is spent performing activities that are reimbursable by Medicaid in the Direct Service Claiming (DSC) program or the Administrative Activity Claiming (AAC) program. The results of the RMTS are combined with provider-specific costs, which will be submitted in an annual cost report to determine provider reimbursement for Direct Service Claiming, and will be submitted as part of the quarterly Administrative Activity Claims. The RMTS process is designed to be as quick and unobtrusive to participants as possible.

The RMTS is completed online using the statewide RMTS system. A detailed description of this system is provided throughout this document.

The RMTS does not replace the requirement to document direct medical services provided to students.

An outline of the RMTS process follows below.

- Step 1:** Providers enter district-wide calendars and staff hours into the RMTS system on-line, prior to August 15 each year. Providers update calendars with any changes to the last day of school, prior to March 1 each year.
- Step 2:** Providers upload the list of eligible RMTS participants into the RMTS system 30 days prior to the start of the quarter.
- Step 3:** RMTS participants receive passwords from the RMTS system via email as needed.
- Step 4:** Participants and moment dates and times are randomly selected from the statewide pool through the RMTS system.
- Step 5:** Participants receive notification of moments from the RMTS system at the time of the moment.

Note: Please note the change required by Center for Medicare and Medicaid (CMS) that participants, all school district staff, and their designated billing agents/vendors are not allowed any advanced notification of moments. This includes a restriction on all RMTS reports so that future moments will not be available on any reports.
- Step 6:** Participants login to the RMTS system and respond to the questions within the five calendar-day grace period (120 hours).
- Step 7:** Participants will be contacted as needed by UMMS for clarification of answers.

Step 8: Participants receive follow-up email reminders from the RMTS system if data is not entered two, 24, 48, 72, and 96 hours after the moment. The participant's supervisor and the district's RMTS manager are copied on emails sent 72 and 96 hours after the moment.

Note: The schedule of which reminder email notifications include a copy to the supervisor and RMTS Manager for each school district is customizable by district. Please contact UMMS for additional information.

Step 9: After five calendar days (120 hours), the participant will not be able to complete or edit the moment.

Step 10: Quarterly statewide time study results are calculated by UMMS and distributed to providers for inclusion in the AAC claims. The Direct Service cost report will also include statewide time study results.

School-Based Medicaid Providers' Responsibilities

Each provider is responsible for completing the following tasks to ensure that the RMTS process is successfully completed.

Step 1: Designate a time study contact and send that person's name, phone number, fax number, and email to UMMS. Update this information as required. This information should be sent to UMMS via email to schoolbasedclaiming@umassmed.edu or fax to 508-856-7643. See *Appendix* for the School-Based Medicaid Program District Contact Designee Information form.

Step 2: In order to determine the eligible moments to be included in the RMTS, providers must enter their annual school district calendar and staff hours into the RMTS system **prior to August 15**. In addition, any updates to the calendar, specifically changes to the last day of school, must be made by March 1.

Step 3: Providers must identify the personnel who are eligible to participate in the time study.

For Direct Service Practitioners

- Include personnel who meet the credentialing qualifications outlined in the Direct Service Practitioners chart below **and** who will **be reasonably expected as part of their current job duties to provide** Medicaid-covered, IEP-related, direct medical services to students (Medicaid eligible and/or non-Medicaid eligible) in the quarter being requested (these staff should be designated as 'Medical Yes' on the RMTS participant list).
- Include personnel who **meet** the credentialing qualifications outlined in the Direct Service Practitioners chart **and** who will be **reasonably expected as part of their current job duties to perform** Medicaid-related administrative activities in the quarter being requested and will not provide Medicaid-covered IEP related medical services to students (these staff should be designated as 'Medical No' on the RMTS participant list).
- Include Medicaid Billing Personnel who will be **reasonably expected as part of their current job duties to perform** School-based Medicaid billing functions in the quarter being requested (these staff should be designated as 'Medical Yes' on the RMTS participant list).
- Staff whose salary costs are duplicative of costs reimbursed through the application of the Indirect Cost Rate must be **excluded** from the RMTS. (See *School-Based Medicaid Bulletin* 28, July 2015.)

Direct Service Practitioners (Providers must meet the provider qualifications and perform direct services)

- | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Speech/Language Therapist – Medicaid Definition (130 CMR 432.404(C) or 432.405)• Speech/Language Assistant – Medicaid Definition (260 CMR 10.02)• Occupational Therapist – Medicaid Definition (130 CMR 432.404(B) or 432.405)• Occupational Therapy Assistant – Medicaid Definition (259 CMR 3.02 (1) through (3))• Physical Therapist – Medicaid Definition (130 CMR 432.404 (A) or 432.405)• Physical Therapy Assistant – Medicaid Definition (259 CMR 5.02 (1) through (3))• Nurse Registered Nurse – Medicaid Definition (130 CMR 414.404 (A))• Licensed Practical Nurse – Medicaid Definition (130 CMR 414.404 (A))• Audiologist – Medicaid Definition (130 CMR 426.404)• Audiologist Assistant – Medicaid Definition (260 CMR 10.02) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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- | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Hearing Instrument Specialist - Medicaid Definition (130 CMR 416.404) • Counselor – Medicaid Definition (130 CMR 429.424(E)(2)) • Psychologist 1 – Medicaid Definition (130 CMR 429.424.(B)(1) or 429.424(B)(2)) • Psychologist 2 – Medicaid Definition (130 CMR 429.424.(B)(1) or 429.424(B)(2)) • Social Worker 1 – Medicaid Definition (130 CMR 429.424 (C)(1) or 429.424 (C)(2)) • Social Worker 2 – Medicaid Definition (130 CMR 429.424 (C)(1) or 429.424 (C)(2)) • Personal Care Service Provider – Medicaid Definition (42 CFR 440.167) • Medicaid Billing Personnel • Psychiatrist – Medicaid Definition (130 CMR 429.424(A)(1) or 429.424(A)(2)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For Administrative Only Staff

- Include health personnel who **do not meet** the provider qualifications outlined in the Direct Service Practitioners chart below **BUT** who will **be reasonably expected as part of their current job duties to provide** Medicaid-covered, IEP-related, direct medical services to students (Medicaid eligible and/or non-Medicaid eligible) in the quarter being requested. (These staff should be designated as ‘Medical No’ on the RMTS participant list.)
- Include health personnel who **do not** meet the provider qualifications outlined in the Direct Service Practitioners chart **BUT** who will **be reasonably expected as part of their current job duties to perform** Medicaid-related administrative activities in the quarter being requested. (These staff should be designated as ‘Medical No’ on the RMTS participant list.)
- Include other personnel listed on the Administrative Only Staff chart who will **be reasonably expected as part of their current job duties to perform** Medicaid-related administrative activities in the quarter being requested. (These staff should be designated as ‘Medical No’ on the RMTS participant list.)
- Staff whose salary costs are duplicative of costs reimbursed through the application of the Indirect Cost Rate must be **excluded** from the RMTS. (See *School-Based Medicaid Bulletin 28*, July 2015.)

Administrative Only Staff

- Speech/Language Aide, Assistant
- Speech/Language Therapist
- Occupational Therapist
- Occupational Therapist Aide, Assistant
- Physical Therapist Aide, Assistant
- Physical Therapist
- Audiologist
- Audiologist Assistant or Aide
- School Psychologist
- Hearing Instrument Specialist
- School Psychologist Intern
- Case Manager
- Counselor
- School Adjustment Counselor
- School Guidance Counselor
- Nurse
- Nurse's Aide
- Psychiatrist
- Psychologist
- Social Worker
- Personal Care Service Provider
- Direct Support Personnel
- Vision Specialist
- Physician

Administrative activities that are reimbursable under the School-Based Medicaid Program are described in detail in the School-Based Medicaid provider contract. These activities include the following.

Medicaid Outreach: Performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it;

Facilitating/Assisting in the MassHealth Application Process: Assisting individuals in applying for Medicaid;

Provider Networking/Program Planning/Interagency Coordination: Performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid-covered services to school-age children, and when performing collaborative activities with other agencies regarding Medicaid-covered services;

Individual Care Planning, Monitoring, Coordination and Referral: Making referrals for, coordinating, and/or monitoring the delivery of Medicaid-covered services; and

Arrangement of Transportation and Translation Related to Medicaid Services: Assisting an individual to obtain Medicaid-covered transportation or translation services.

Related Materials

MassHealth School-Based Medicaid Bulletin 17 (April 2009)
School-Based Medicaid Provider Bulletin 28 (July 2015)

Step 4: Providers must prepare and upload the quarterly RMTS Participant List.

RMTS participant files must be uploaded approximately 20 days before the start of each quarter, even if you have no changes from the current quarter.

The ‘Quick Guide to Uploading RMTS Participants’ document is a helpful resource to extract and upload the RMTS participant lists for the RMTS Designee.

It is important to review the information for each participant on the list to ensure that it is accurate for the quarter being uploaded. By including a participant on the list, you are certifying that he/she has the qualifying credentials for the job description listed *and is reasonably expected to provide/perform* Medicaid-covered, IEP-related, direct medical services, Medicaid-related administrative activities, or School-Based Medicaid billing services for the quarter being requested.

On-line Training for Time Study Participants

On-line training is available for time study participants and at the School-Based Medicaid Program site at www.chcf.net/chcfweb/sbc/administration/user/userlogin.do.

‘**MARMTS Training Updated**’ provides both an overview of the RMTS process and a step-by-step guide to completing the RMTS online.

To access and review the module:

Step 1: After logging in, click “**Online Training Materials**” in the left navigation.

Step 2: Select ‘**MA-RMTS Training: Updated**’.

The screenshot shows the website interface for the School-Based Medicaid Program. At the top, there is a navigation bar with 'My Profile', 'Home', and 'Logoff'. Below this is a banner for the 'School-Based Medicaid Program' with a photo of a family and the 'Mass.gov' logo. A secondary navigation bar includes 'Mass.Gov Home', 'State Agencies', and 'State Online Services'. On the left, a vertical navigation menu has 'Administrative Claiming' and 'Online Training' highlighted. The main content area is titled 'Online Training Materials' and 'Online Training Links'. It contains instructions: 'To access online training, select the appropriate link.' and a note: 'Note: If you have a Popup Blocker enabled, select the link, then follow your browser's instructions to allow popup windows from www.chcf.net.' Below this is a table with one row of data:

Title	Description	Upload Date
MA - RMTS Training: Updated	MA - Understanding and Completing RMTS	09/14/2012
MA RMTS Reports	MA RMTS Reports	02/17/2010

Step 3: Follow the instructions as presented in the self-guided module.

Step 4: Once the training module is completed or is closed prior to completion, the following screen will appear. Click on the button that indicates whether or not the RMTS training has been completed.

Online Training Materials Group Online Training

Training Completion Certification for MA - RMTS Training: Updated

You recently accessed the "MA - RMTS Training: Updated" training module. Please select from the choice below.

I certify that I have completely read and understand the training materials provided.

I have not yet completed reading the training materials.

Submit Cancel

Step 5: Click 'Submit'

On-line Training Management Reports

Training reports are available that indicate those participants who have accessed the training module.

1. Training Documents Viewed Report: This report lists all participants who have viewed the online training module. It includes the time study participant's name, employee ID number, job type, job description, job code, email, module name, and the date and time that the module was accessed.
2. Training Documents Not Viewed Report: This report lists participants and training modules they have not reviewed. It includes the time study participant's name, employee ID number, job type, job description, job code, email, and module name that was not accessed.

The following steps outline the process for accessing and using the summary reports.

Step 1: After logging into the RMTS system, click "Online Training" in the left navigation bar.

Step 2: Click "Training Summary" in the left navigation bar.

Executive Office of Health and Human Services (EOHHS) My Profile Home Logoff

School-Based Medicaid Program

Mass.gov Home State Agencies State Online Services

Administrative Claiming Online Training Materials

Online Training Online Training Links

To access online training, select the appropriate link.

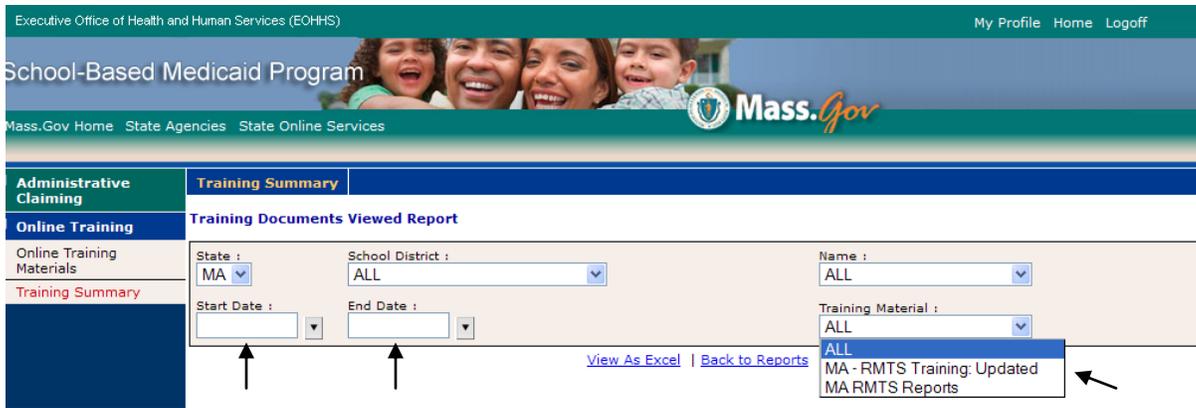
Note: If you have a Popup Blocker enabled, select the link, then follow your browser's instructions to allow popup windows from www.chcf.net.

1

Title	Description	Upload Date
MA - RMTS Training: Updated	MA - Understanding and Completing RMTS	09/14/2012
MA RMTS Reports	MA RMTS Reports	02/17/2010

Step 3: Click on the name of the report to view or print.

The screenshot shows the website for the Executive Office of Health and Human Services (EOHHS) under the School-Based Medicaid Program. The page has a green header with the program name and a navigation menu. A left sidebar contains a tree view with 'Administrative Claiming', 'Online Training', 'Online Training Materials', and 'Training Summary'. The 'Training Summary' section is expanded, showing a 'Training Summary Reports' box with two links: 'Training Documents Viewed Report' and 'Training Documents Not Viewed Report'. Two arrows point from the 'Training Summary' link in the sidebar to the 'Training Summary Reports' box, and two more arrows point from the box to the two report links. The browser's status bar at the bottom shows 'Done' and 'Internet'.



The “State” field will default to MA for Massachusetts. The “School District” field will display your school district name.

Step 1: In the “Name” field, either select an individual participant from the drop-down list or choose “All” to view data for all RMTS participants.

Step 2: Enter “Start Date” and “End Date.”

Step 3: The “Training Material” lists all online trainings.

Step 4: Click “View As Excel.”

Please refer to the *Appendix* for additional sample reports.

Time Study Participant Responsibilities and Instructions

The provider-specific lists of time study participants will be combined into two statewide pools. From these pools, participant moment(s) days and times will be randomly selected for completion. Each selected participant will receive a notification email at the time of his/her moment(s). The participant will answer four questions, and certify his/her responses. If the moment remains unanswered, reminder emails will be sent two hours, 24 hours, 48 hours, 72 hours and 96 hours after the selected moment. After five calendar days (120 hours), the participant will no longer be able to enter or edit data for the selected moment.

Note: Please note the change required by Centers for Medicare and Medicaid (CMS) that participants, all school district staff, and their designated billing agents/vendors are not allowed any advanced notification of moments. This includes a restriction on all RMTS reports so that future moments will not be available on any reports.

This section provides detailed instructions for the time study participant so they can successfully log in and complete the time study. Included is information on

- Obtaining User ID and password
- Reset/Forgot Password
- Entering and saving data
- Certifying data

Obtaining User ID and Password

Step 1: An email will be sent from schoolbasedclaiming@umassmed.edu with a User ID, a temporary password, and a link to the website. Note: Please save the email where you can retrieve it easily.

Sample Email Text

Welcome Susan Handy,

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

Your user ID is HandyS12

Your initial, temporary password is c3hsanbc

Please use the following web site to login: <https://www.chcf.net/chcfweb/sbc/ma-rms?userID=HandyS12>

NOTE:

- 1) The user ID and password are case sensitive. Please enter them exactly as shown above in upper and lower-case.
- 2) For security reasons, when you login for the first time, you will be asked to set a new password. Passwords must be at least eight (8) characters long with a combination of both letters and numbers. Once you create your private password, the initial, temporary password becomes invalid.
- 3) 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 schoolbasedclaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Thank you.

Step 2: Click on the link provided in the email notification www.chcf.net/chcfweb/sbc/ma-rms/.

Step 3: When clicking on the link, the designated User ID, composed of parts of the user's last and first name, will prepopulate in the User ID field. Note: *The User ID is only prepopulated when the website link is used. If the link was not used, the user must type in his/her User ID.*

Step 4: Type in or copy and paste your temporary password. Click **“Login.”**

Executive Office of Health and Human Services (EOHHS)

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services 

[EOHHS Home](#) [For Consumers](#) [For Providers](#) [For Researchers](#) [For Government](#)

Random Moment Time Study

Login

User ID:

Password:

Remember User ID

[Reset/Forgot Password?](#)

[Instructions for Logging in](#)

[Download Program Materials](#)

Massachusetts

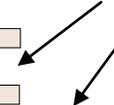
Welcome to the Random Moment Time Study (RMTS) home page for Massachusetts School Based Services ("School-Based Medicaid") providers. This website can be used to:

- Complete your time study moment
- Track your time study moments

For District Contact Staff, this site may also be used to track whether or not staff in your district have responded to their moments.

Training materials for completing the RMTS, including an online tutorial, are available after logging on.

Please call 800-535-6741 and press Option 1 for more information.



Step 5: Read the Non-UMMS User Data Access Agreement form and check the box ‘I accept the terms and conditions of this agreement.’

Create and enter a new password in the box to the right of “New Password.” Click “**Clear**” to clear the field and retype the password. Verify the password by entering it a second time in the box to the right of “Confirm Password.” Click “**Save**.”

- *NOTE: Passwords must be a minimum of eight characters, must contain at least one uppercase, one lowercase, and one numerical value. In addition, you cannot repeat previously used passwords.*

Passwords will expire every 90 days, at which time the system will prompt the user to create a new one when logging in.

Change Password!

User Access Agreement

To enter and use this application for the first time, you must first **read** and **agree** to the Non-UMMS User Agreement below. Please check the "Accept Terms" checkbox below to enter the system.

Non-UMMS User Data Access Agreement

I acknowledge and agree that the security of UMMS computer systems and the privacy and security of the University of Massachusetts Medical School ("UMMS") electronic data is of utmost priority. As a condition of obtaining access to UMMS systems and/or electronic data, I agree that I will:

1. Access and use UMMS systems and electronic data only as authorized;
2. Not transmit or post any information utilizing the UMMS system that is unrelated to or beyond the scope of my permission to utilize the system for school-based claiming.
3. Keep confidentially all information pertaining to the security of UMMS systems;
4. Treat confidentially all user IDs and passwords needed to gain access to UMMS systems or electronic data;
5. Not transmit personally identifiable or confidential UMMS data over open networks unless specifically authorized and unless encrypted;
6. Not attempt to access any data which is not necessary to achieve the purpose of my access authorization;
7. Not attempt to access the files of another UMMS user without clear authorization;
8. Not attempt to discover the password(s) of any other UMMS user by any means;
9. Not circumvent or attempt to circumvent any security mechanism or procedure applicable to UMMS systems or to UMMS electronic data;
10. Not use UMMS systems to gain unauthorized access to any other computer system or for any other purpose.

I accept the terms and conditions of this agreement.

Change Password

The following information is required for changing your password:

User ID :

The password must be a minimum of 8 characters in length, include both letters and numbers, and is case sensitive.

New Password :

Confirm Password :

The time study page will then appear on the screen.

Reset/Forgot Password

If the participant has forgotten his/her password, he/she may reset their password using the login screen. To do this, see below.

Step 1: Click on the “**Reset/Forgot Password?**” link underneath the User ID and password section.

Step 2: Provide the User ID and the email address that the RMTS system has on record. (*Note: If your email address has changed, email UMMS at schoolbasedclaiming@umassmed.edu or call (800) 535-6741, option 1, to update your information.*)

Step 3: Click “**Reset.**”

Executive Office of Health and Human Services (EOHHS)
School-Based Medicaid Program
Mass.Gov Home State Agencies State Online Services

Reset Password.

User Access Agreement

- Access to the Municipal Medicaid School-Based Claiming application (SBC), operated by the University Of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts Office of Medicaid, has been established to aid school districts and local educational authorities to claim more
- It is the responsibility of each individual user to understand and comply with the rules and spirit of these and all applicable policies, laws and regulations, and the responsibility of each participating school district to make sure that users from that district comply.

Click [here](#) to get back to the Home Page.

Reset Password - Used for Forgotten Passwords

Enter your user id:
CintoT3

Enter the e-mail address associated with your account:
[Yellow highlighted field]

Once you click Reset, we'll send you an e-mail message containing your new temporary password

Reset Cancel Help

Done Internet

A message stating that the password has been successfully reset will appear on the screen. A system-generated email will be sent with the same User ID and a new temporary password.

Note: You must know your User ID to reset your password.

Failed Login

If an error was made when logging in, the system will display ‘Incorrect User ID or Password.’ The participant may try again to enter his/her User ID and password. After three failed attempts, the system will suspend the password. Email UMMS at schoolbasedclaiming@umassmed.edu or call (800) 535-6741, option 1, for assistance.



Notification and Recording of Moment

Step 1: The participant will receive an email from schoolbasedclaiming@umassmed.edu indicating the date and time of his/her moment. This email will be sent at the time of the moment.

Sample Email Text

Welcome Smith James,

As indicated through prior emails, you have been selected to participate in the Massachusetts Random Moment Time Study for ABC School District.

If you have already completed your sample moment, thank you!

If you have not, it is essential that you now take the time to click on the link below and document your activity. This will ensure that your county receives the proper Medicaid reimbursement.

Your sample moment in time occurs at 03/02/2009 10:27 AM. Once your moment is 'active' you will have 120 hours to document your time.

<https://www.chcf.net/chcfweb/sbc/ma-rms?userID=SmithJ>

Note: Your User ID, SmithJ, will be pre-populated, but you will need your password to access your form. Click on the 'Forgot Password?' link on the site if you need to have your password reset.

If you have already completed your moment, you may verify or edit your entry by logging in, and clicking 'Prior Moments'.

Thank you for your time and dedication to this important revenue-generating program for your school district.

For further assistance, please email SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Step 2: The participant will log in and click on the link for the moment.

Executive Office of Health and Human Services (EOHHS) Profile Home Logoff

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services

School District: ABC Public Schools State: MA

Administrative Claiming

Random Moment Time Study

Random Moments Welcome James Smith. Please complete your active moments.

Online Training

Active Moments Prior Moments

[Document your Activity for 08/26/2008 10:57 AM](#)

[Document your Activity for 08/26/2008 11:22 AM](#)

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 120 hours from the Moment time.

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press Option 1.

Step 3: The participant will click on “Answer the Question.”

Executive Office of Health and Human Services (EOHHS) My Profile Home Logoff

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services

State: MA School District: ABC Public Schools

Administrative Claiming

Random Moment Time Study

Profile

Participant : James Smith Job Description : Nurse Licensed - RN - Medicaid Definition

Online Training

Observation Moment : 04/01/2013 11:46 AM

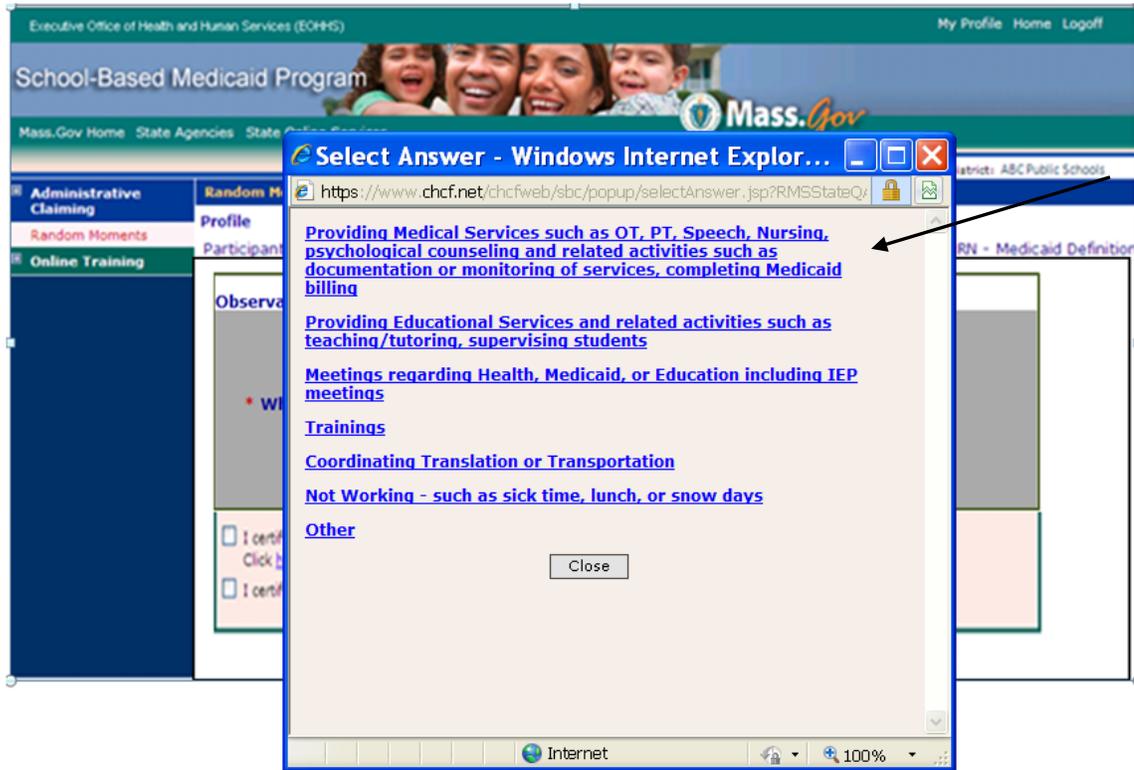
- * What type of activity were you doing? [Answer the Question](#)
- * What were you doing? [Answer the Question](#)
- * Who were you doing it with? Please do not use actual names. [Answer the Question](#)
- * Why were you performing this activity? [Answer the Question](#)

I certify that the direct medical services I was providing or documenting meet the Medicaid Claiming Requirements. Click [here](#) to review the Medicaid Claiming Requirements.

I certify that the answers submitted are accurate and complete.

Submit Close

Step 4: The participant will click on the appropriate answer to each question or select “Other” to be able to free-type answers to the subsequent questions. Then click “Save.” Repeat this process for the remaining three questions.



Step 5: Certifications and submission of moment responses: When all four questions have been completed, the responses will appear below each question. Below the questions and responses are two certification check boxes.

Executive Office of Health and Human Services (EOHHS) My Profile Home Logoff

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services

State: MA School District: ABC Public Schools

Administrative Claiming Random Moment Time Study

Profile

Participant : James Smith Job Description : Nurse Licensed - RN - Medicaid Definition

Observation Moment : 04/03/2013 10:46 AM

- What type of activity were you doing? [Answer the Question](#)
Meetings regarding Health, Medicaid, or Education including IEP meetings
- What were you doing? [Answer the Question](#)
Attending an IEP meeting or writing/typing an IEP
- Who were you doing it with? Please do not use actual names. [Answer the Question](#)
Student, school staff and parents/guardians
- Why were you performing this activity? [Answer the Question](#)
Provide information regarding evaluation/assessment for medical or educational services

I certify that the direct medical services I was providing or documenting meet the Medicaid Claiming Requirements. [Click here](#) to review the Medicaid Claiming Requirements.

I certify that the answers submitted are accurate and complete.

Submit Close

The first box states, ‘I certify that the direct medical services I was providing or documenting meet the Medicaid Claiming Requirements. Click ‘here’ to review the Medicaid Claiming Requirements.’ By checking the box, the participant is indicating three things.

1. He/she is a Medicaid-Defined provider with the required qualifications and supervision.
2. He/she was preparing for, providing, or documenting Medicaid-covered services such as OT, PT, SLT, Nursing, or Counseling.
3. The student has the service provided/documented in his/her IEP.

NOTE: It does not matter if the student is Medicaid-eligible or not.

If the requirements have been met, click the box next to ‘I certify that the direct medical services I was providing or documenting meet the Medicaid Claiming Requirements.’ Do not click the box if the services did not meet the Medicaid Claiming Requirements.

There is more detail in the first box for your information. To access this chart to view more detail about the certification requirements, you may click on the ‘here’ in the statement: **Click ‘here’ to review the Medicaid Claiming Requirements.**

Program Requirements - Windows Internet Explorer

http://qa-www.chcf.net/chcfweb/sbc/popup/program_requirements.jsp

Program Requirements

Job Description	Required Supervision	Required Authorization of Service	Documentation Required	Co Signing of Documentation Required
Audiologist - Medicaid Definition	No	No	Yes	No
Audiologist Assistant - Medicaid Definition	By a Audiologist - Medicaid Definition or a Speech/Language Therapist - Medicaid Definition	By a Physician or a licensed practitioner of the healing arts within the scope of his/her license	Yes	By a Audiologist - Medicaid Definition or a Speech/Language Therapist - Medicaid Definition
Counselor - Medicaid Definition	By a Psychiatrist - Medicaid Definition, Social Worker 1 - Medicaid Definition or psychiatric nurse	No	Yes	No
Hearing Instrument Specialist - Medicaid Definition	No	No	Yes	No
Nurse Licensed (LPN) - Medicaid Definition	No	No	Yes	No
Nurse Licensed (RN) - Medicaid Definition	No	No	Yes	No
Occupational Therapist - Medicaid Definition	No	By a Physician or a licensed practitioner of the healing arts within the scope of his/her license	Yes	No
Occupational Therapy Assistant -	By a Occupational Therapist - Medicaid	By a Physician or a licensed practitioner of the healing arts	Yes	No

Done Internet 100%

The second box to be checked asks the participant to confirm the accuracy of his/her responses.

Click the box, ‘**certify that the answers submitted are accurate and complete.**’ When the checkmark appears, click ‘**Submit.**’

Executive Office of Health and Human Services (EOHHS) My Profile Home Logoff

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services

State: MA School District: ABC Public Schools

Administrative Claiming Random Moment Time Study

Random Moments Profile

Participant : James Smith Job Description : Nurse Licensed - RN - Medicaid Definition

Online Training

Observation Moment : 04/03/2013 10:46 AM

- What type of activity were you doing? [Answer the Question](#)
Meetings regarding Health, Medicaid, or Education including IEP meetings
- What were you doing? [Answer the Question](#)
Attending an IEP meeting or writing/typing an IEP
- Who were you doing it with? Please do not use actual names. [Answer the Question](#)
Student, school staff and parents/guardians
- Why were you performing this activity? [Answer the Question](#)
Provide information regarding evaluation/assessment for medical or educational services

I certify that the direct medical services I was providing or documenting meet the Medicaid Claiming Requirements. [Click here](#) to review the Medicaid Claiming Requirements.

I certify that the answers submitted are accurate and complete.

Submit Close

If the participant does not click the certification box, the following message will appear.

Executive Office of Health and Human Services (EOHHS) My Profile Home Logoff

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services

State: MA School District: ABC Public Schools

Administrative Claiming Random Moment Time Study

Random Moments Profile

Participant : James Smith Job Description : Nurse Licensed - RN - Medicaid Definition

Online Training

Windows Internet Explorer

Please certify that the answers submitted are accurate and complete by checking the box below.

OK

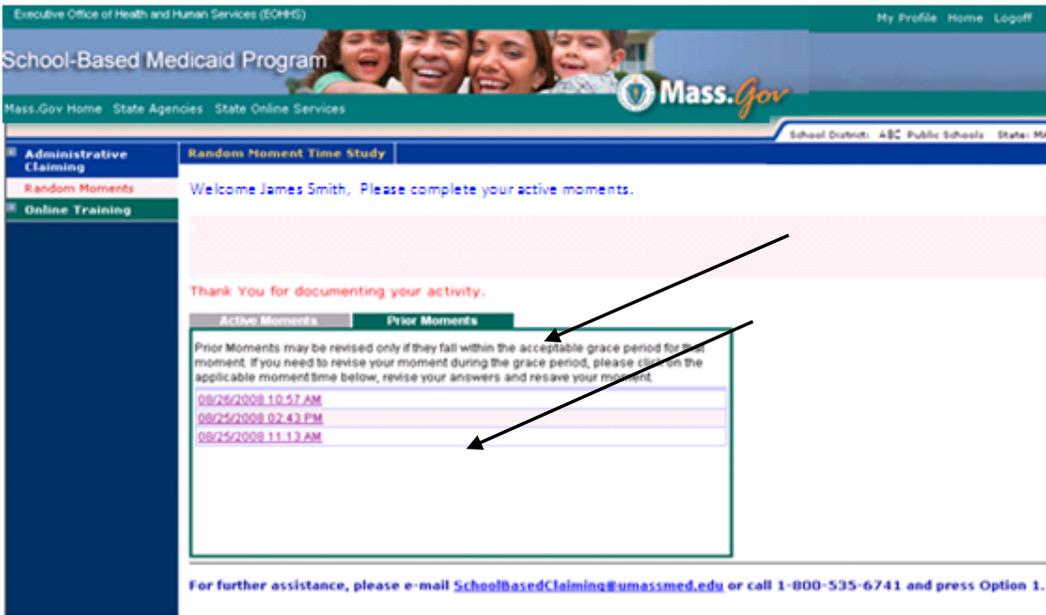
- Why were you performing this activity? [Answer the Question](#)
Provide information regarding evaluation/assessment for medical or educational services

I certify that the direct medical services I was providing or documenting meet the Medicaid Claiming Requirements. [Click here](#) to review the Medicaid Claiming Requirements.

I certify that the answers submitted are accurate and complete.

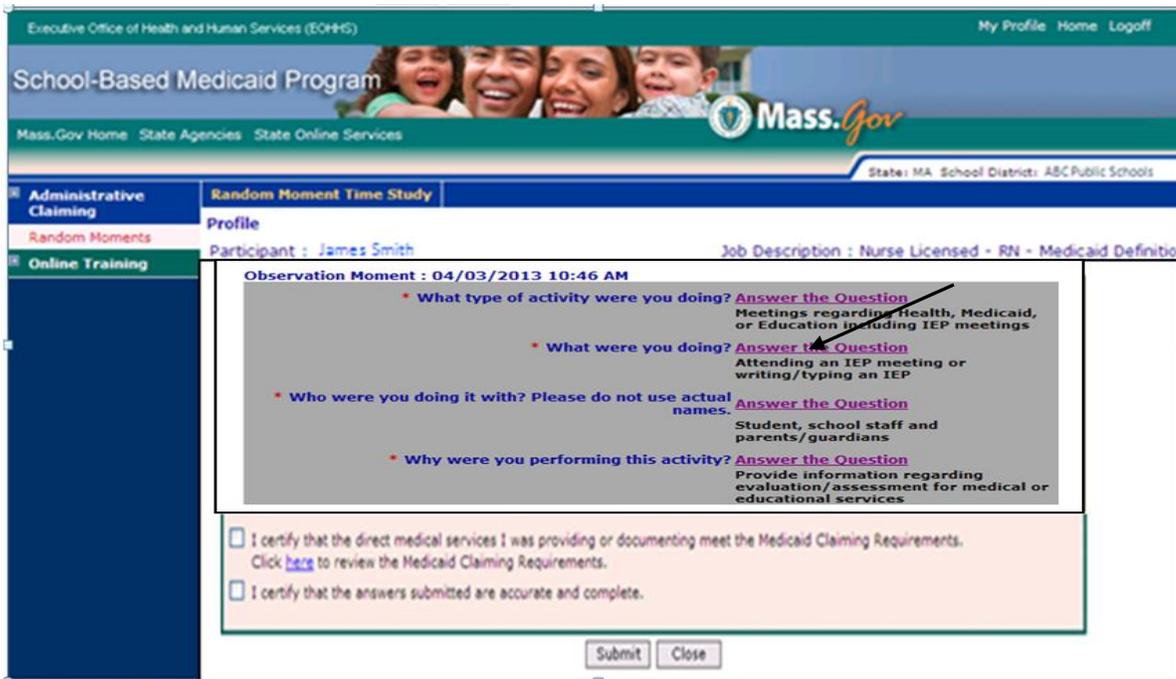
Submit Close

Step 6: To review or edit the response once it has been submitted, click on **“Prior Moments,”** then click on the date and time to review or edit. The participant will be returned to the screen displaying his/her answers.



Step 7: If the grace period has not ended, the data may be changed by clicking **‘Answer the Question’** and selecting a different option. Then click the boxes at the bottom to certify answers.

NOTE: *After the grace period has ended, the data may be viewed but not changed. A grace period is equal to five calendar days (120 hours).*



Step 8: If the participant does not complete the moment, email reminders will be sent automatically from schoolbasedclaiming@umassmed.edu.

Sample Email Text

Welcome James Smith,

Recently, you were selected to participate in the Random Moment Time Study for ABC School District, 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 district. Please complete your sample moment which occurred on 05/08/2009 02:55 PM before it expires.

Simply click on the link below and record your activity for the assigned time: <http://www.chcf.net/chcfweb/sbc/ma-rms?userID=SmithJ>.

Your UserID is SmithJ.

Thank you for your attention and commitment to this important revenue-generating program for your school.

For further assistance, please email SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Participation Requirements and Monitoring Compliance

Participation is crucial to the accuracy of the RMTS results. A statewide compliance rate of 85% per RMTS pool per quarter has been set by CMS. If the statewide participation rate is not met, a statewide penalty will be applied. The penalty is that nonreimbursable time will be added to the time-study results for all non-responses. This will negatively impact federal reimbursement for both Administrative Activity Claiming (AAC) and Direct Service Claiming (DSC) statewide. Throughout the quarter, UMMS will monitor compliance across the state. However, the RMTS manager designee for each provider is also required to monitor compliance for his/her time-study participants.

Every provider whose response rate is lower than 85% in either RMTS pool in a given quarter will receive a notification letter. If the statewide response rate for either RMTS pool does not reach 85% in a given quarter, providers who received a notification letter within the last two years and whose response rate was lower than 85% in that quarter will be unable to claim reimbursement for that quarter. The Executive Office of Health and Human Services reserves the right to grant exceptions to this rule on claiming prohibitions for individual providers in instances of extreme unforeseen circumstances, such as a natural disaster, on a case-by-case basis.

A series of management reports are available to monitor participation. All reports are real-time and are accessible by each the RMTS manager designee. Sample reports have been provided in the appendix. Each report is described in detail below.

All moments have a status. This indicates where the moment is in the process. These statuses are displayed on multiple reports. The RMTS manager designee provider should closely monitor any participants with a status of “Incomplete” and follow up with such participants prior to the end of the grace period. Below are status terms used in the RMTS by UMMS.

Incomplete: The moment is in the future or the time study participant has not answered the questions and the grace period has not ended.

Incomplete Expired: The time study participant has not answered the questions and the grace period is over.

Manual Incomplete: The time study participant has answered the questions and a coder has not reviewed the answers.

Automapped: The time study participant has answered the questions and the system has assigned an activity code.

Pending 1, 2 & 3: The coder has reviewed the time study participant's answers but needs additional information to code the response accurately.

First Approval: One coder has reviewed the time study participant's answers and assigned an activity code to the moment and a second coder has not yet reviewed the assigned code.

Approved: The second coder has reviewed the time study participant's answers and approved the activity code assigned by the first coder.

Not Paid Time: The time study participant has indicated that he/she was not scheduled to work at the time of his/her moment.

RMTS Management Reports

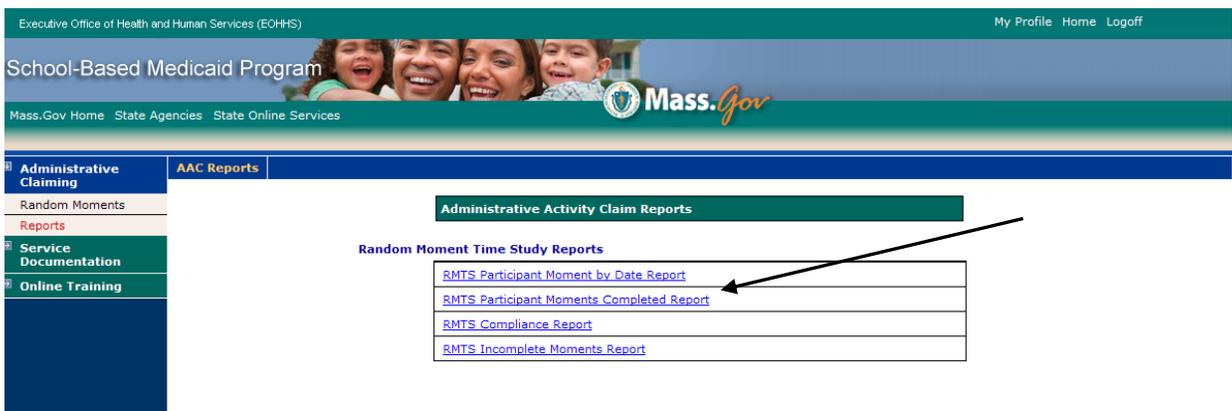
1. RMTS Participant Moment by Date Report: This report lists all moments for the current date range within the quarter by the individual provider. It allows the RMTS manager designee to monitor the status of moments during a specified time and would be used to send reminders to time-study participants. It includes the time-study participant's name, employee ID number, job description, job code, email, school district, school (if available), the date and time of the moment, the date and time of the end of the grace period, and the status of the moment.
2. RMTS Incomplete Moments Report: This report lists details of moments the time-study participant has not completed. It allows RMTS manager designee to know which time-study participants have not answered the questions for their assigned moment so they can send additional reminders. It includes the time-study participant's name, employee ID number, job description, job code, email, school district, school (if available), the date and time of the moment, the date and time of the end of the grace period, and the status of the moment.
3. RMTS Participant Moments Completed Report: This report lists details of moments the time-study participant has completed. It allows RMTS manager designee time study coordinators to know which time-study participants have successfully answered the questions for their assigned moment in a timely fashion. It includes the time-study participant's name, employee ID number, job description, job code, email, school district, school, if available, the date and time of the moment, the date and time of the end of the grace period, and the status of the moment.

4. **RMTS Compliance Report:** This report shows details of how many moments each RMTS pool has during the quarter and how many are completed. It allows Time Study Coordinators to monitor in aggregate how many moments have occurred, how many are completed, and the percentage of completed moments to total quarterly moments. For each RMTS pool it includes total number of moments for quarter, number of moments occurred to date, number of moments completed to date, number of moments not completed and expired, number of moments not completed and not expired, and number of moments completed to date/total number of moments for quarter.

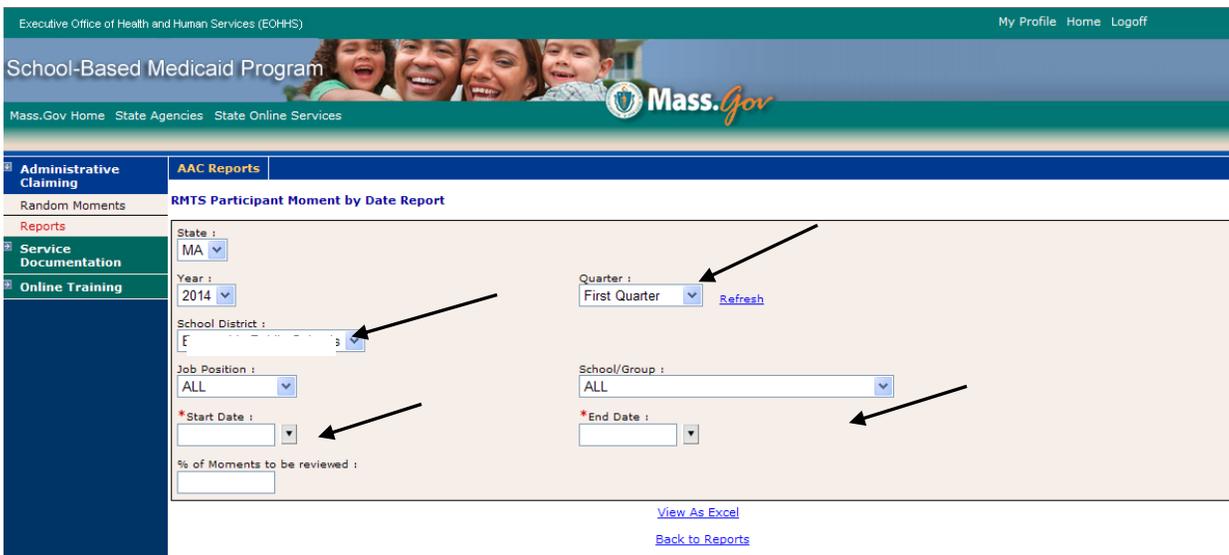
The following steps outline the process for accessing and using the management reports.

Step 1: Click on “**Reports**” in the left navigation bar.

Step 2: Click on the name of the report to view or print.



Step 3: Complete the fields below. Then click ‘**View as Excel**’. Note: The system defaults to the current quarter and year.



Technical Notes/System Requirements

Workstation Requirements

Operating Systems

Win 98 or higher
Macintosh

Web Browsers

Internet Explorer 5.0 – 11.0 with MS Windows XP, Windows 7, or Vista
Safari 3.0 or Higher
Mozilla Firefox 2.0 or Higher

Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE.

Cookies

Workstations: Enable cookie in browser.
See "[Instructions for Finding your Browser/Enabling Cookies](#)"

Web Filters

Workstations should allow access to the following URL.
Production Secure connection: www.chcf.net/chcfweb/ and cbe-rmts.chcf-umms.org/

Email

Email should allow delivery from SchoolBasedClaiming@umassmed.edu in large quantities on a single day.

Instructions for Online Training Application

Flash Player is needed to run the Instructions for the online training program. The link www.adobe.com/software/flash/about/ has a connection to Player Download Center, which will walk you through the process of downloading the most recent version of Player. It takes about two minutes.
MP4 files can be opened with [Windows Media Player](#) and other multiformat media players, such as [VLC](#), [QuickTime](#).

System Administration Requirements

Cookies

System administrator: If there is a proxy server, set proxy NOT to cache the www.chcf.net domain.

Actual Website URL

www.chcf.net/chcfweb and cbe-rmts.chcf-umms.org/
Note: www.chcf.net cookies (sessions) are tied to the URL and IP address.

Routers

If SBC IP address needs to be explicitly defined on routers, SBC IP address is 146.189.217.25, 146.189.217.92 and 146.189.217.21

Email

Email servers should allow email delivery from SchoolBasedClaiming@umassmed.edu.

Email server IP – emails may be sent through the following mail gateways.

146.189.195.117
146.189.195.118
146.189.144.105
146.189.144.106
146.189.144.107
146.189.144.147
146.189.144.148
146.189.144.149

Web Filters

Allow access to the following URL.

Production Site Secure Connection: www.chcf.net/chcfweb/ and cbe-rmts.chcf-umms.org/.

Instructions for Finding Your Browser/Enabling Cookies

Internet Explorer

1. Choose *Help > About Internet Explorer*
2. Find out Internet Explorer version

Safari

1. Choose *Help*
2. Find out Safari version

Mozilla Firefox

1. Choose *Help*
2. Find out Mozilla version

Enabling Cookies

Internet Explorer 6 - 11

1. Choose *Tools > Internet Options*
2. Click the *Privacy tab*
3. Click the *Default* and choose *Medium level*

Internet Explorer 5

1. Choose *Tools > Internet Options*
2. Click the *Security tab*
3. Click *Internet*, then *Default Level*
4. Select *Medium Level*

Mozilla Firefox

1. Choose *Tools > Options*
2. Select *Privacy*
3. Click *Accept cookies from sites*

Download Internet Browser

Use the following websites to download a free copy of the latest browser.

Internet Explorer

www.microsoft.com/windows/ie/worldwide/ie6sp1downloads.asp

Apple's Safari Browser

www.apple.com/safari/download/

Mozilla Firefox

www.mozilla.com/en-US/products/firefox

Appendix: Sample Reports and Designee Form

Time Study Designee Form



Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

School-Based Medicaid Program District Contact Designee Information

The purpose of this form is to identify the individual designated by the School-Based Medicaid Provider to deliver information necessary for the administration of the following processes on behalf of the district.

Please check off the activities or processes for which you are authorizing/designating a contact:

-
- | | |
|-------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> RMTS Contact | <input type="checkbox"/> Medicaid Eligibility Uploader |
| <input type="checkbox"/> Administrative Activities Claim Uploader | <input type="checkbox"/> Medicaid Eligibility Reviewer |
| <input type="checkbox"/> Direct Service Cost-Report Preparer | |

Provider (School District) Information			
MassHealth Provider Name			
MassHealth Provider Number		NPI Number	
Contact Name		Title	
Street			
City	State	Zip Code	
Tel#	Fax#	Email Address	
Contact Information Designed By Provider For Claiming Processes Checked Above			
Contact Name		Start Date	Title
Street			
City	State	Zip Code	
Tel#	Fax#	Email Address	

Authorized District Signature _____ **Date** _____
(Required if designated contact not a district employee)

Please submit completed form to: University of Massachusetts Medical School
School-Based Medicaid Program
Fax: (508) 856-7643
Email: Schoolbasedclaiming@umassmed.edu

On-line Training Management Reports

These reports can be founded under the On-line Training tab, Training Summary.

Training Documents Viewed Report

Training Documents Viewed Report								
State:	MA							
School District:	ABC School District							
Name:	ALL							
Training Document:	ALL							
Run Date:	07/02/2013							
Run Time:	10:25:55 AM EDT							
Date Range:	04/01/2013 to 06/30/2013							
School District	Last Name	First Name	Employee Id	Job Type	Job Description	Email Address	Training Material Title	Date Accessed
ABC Public Schools	Smith	Brenda	125	Employee	Direct Support Personnel	Brenda_Smith@abc.co	MA - RMTS Training: Updated	4/12/2013
ABC Public Schools	Smith	AnnMarie	126	Contractor	Medicaid Billing Personnel	annmarie.smith@abc.c	MA - RMTS Training: Updated	4/26/2013
ABC Public Schools	Smith	Tara	127	Employee	School Psychologist	tara.smith@abc.com	MA - RMTS Training: Updated	6/28/2013
ABC Public Schools	Smith	Leslie	134	Employee	Occupational Therapist - Medicaid Definition	leslie.smith@abc.com	MA - RMTS Training: Updated	5/19/2013
ABC Public Schools	Smith	Roberta	137	Employee	Speech/Language Therapist - Medicaid Definition	roberta.smith@abc.co m	MA - RMTS Training: Updated	04/12/2013

Training Documents Not Viewed Report

Training Documents Not Viewed Report								
State:	MA							
School District:	ABC Public Schools							
Name:	ALL							
Training Document:	ALL							
Run Date:	7/2/2013							
Run Time:	10:36 AM ET							
Date Range:	06/01/2013 to 06/30/2013							
School District	Last Name	First Name	Employee ID	Job Type	Job Description	Email Address	Training Material Title	
ABC Public Schools	Adams	Patrick	101	Employee	School Guidance Counselor	Patrick@abc.com	MA - RMTS Training: Updated	
ABC Public Schools	Doe	Annmarie	102	Employee	Direct Support Personnel	Annmarie@abc.com	MA - RMTS Training: Updated	
ABC Public Schools	Jones	Ellie	103	Contractor	Occupational Therapy Assistant - Medicaid Definition	Ellie@abc.com	MA - RMTS Training: Updated	
ABC Public Schools	Martin	Deborah	104	Employee	Psychologist 1 - Medicaid Definition	Deborah@abc.com	MA - RMTS Training: Updated	
ABC Public Schools	Myers	Dianne	105	Employee	Medicaid Billing Personnel	Dianne@abc.com	MA - RMTS Training: Updated	
ABC Public Schools	Owen	Lisa	106	Contractor	Occupational Therapist - Medicaid Definition	Lisa@abc.com	MA - RMTS Training: Updated	
ABC Public Schools	Parker	Nancy	107	Employee	Direct Support Personnel	Nancy@abc.com	MA - RMTS Training: Updated	
ABC Public Schools	Smith	Susan	108	Employee	Speech/Language Therapist - Medicaid Definition	Susan@abc.com	MA - RMTS Training: Updated	
ABC Public Schools	Smythe	Carmen	109	Employee	School Adjustment Counselor	Carmen@abc.com	MA - RMTS Training: Updated	

RMTS Management Reports

RMTS Incomplete Moments Report

RMTS Incomplete Moments Report									
Run Date: 07/02/2013									
Run Time: 12:20:36 PM EDT									
State: MA									
School District: ABC Public Schools									
Job Position: ALL									
School: All									
Year: 2013									
Quarter: 4									
Date: 04/01/2013 - 06/28/2013									
Name	Emp ID	Job Desc	Job Code	School	Moment Date	End of Grace Period	Email	Status	
Smith,Jeanette	111	Direct Support Personnel	2	Administrators 1	04/02/2013 04:14 PM	04/07/2013 04:14 PM	SmithJ@abc.k12.ma.us	Incomplete Expired	
Smith,Leslie	112	Direct Support Personnel	2	Administrators 1	04/09/2013 02:47 PM	04/14/2013 02:47 PM	SmithL@abc.k12.ma.us	Incomplete Expired	
Smith,Dale	113	Direct Support Personnel	2	Administrators 1	04/11/2013 02:08 PM	04/16/2013 02:08 PM	SmithD@abc.k12.ma.us	Incomplete Expired	
Smith,William	114	Direct Support Personnel	2	Administrators 1	04/24/2013 01:42 PM	04/29/2013 01:42 PM	SmithW@abc.k12.ma.us	Incomplete Expired	
Smith,Denise	115	Nurse Licensed - RN - Medicaid Definition	1	Administrators 1	04/25/2013 01:57 PM	04/30/2013 01:57 PM	Smithd@abc.k12.ma.us	Incomplete Expired	
Smith,Erica	116	Nurse Licensed - RN - Medicaid Definition	1	Elementary 5	04/25/2013 02:20 PM	04/30/2013 02:20 PM	SmithE@abc.k12.ma.us	Incomplete Expired	
Smith,Nancy	117	Nurse Licensed - RN - Medicaid Definition	1	Elementary 1	04/30/2013 01:40 PM	05/05/2013 01:40 PM	SmithN@abc.k12.ma.us	Incomplete Expired	
Smith,Diana	118	School Psychologist	2	Elementary 3	05/01/2013 08:31 AM	05/06/2013 08:31 AM	SmithD@abc.k12.ma.us	Incomplete Expired	
Smith,Teresa	119	Speech/Language Therapist - Medicaid Definition	1	High School 2	05/07/2013 02:06 PM	05/12/2013 02:06 PM	SmithT@abc.k12.ma.us	Incomplete Expired	

RMTS Participant Moments Completed Report

RMTS Participant Moments Completed Report									
Run Date: 07/02/2013									
Run Time: 12:38:42 PM EDT									
State: MA									
School District: ABC Public Schools									
Job Position: ALL									
School: All									
Year: 2013									
Quarter: 4									
Date: 06/03/2013 -									
Name	Emp ID	Job Desc	Job Code	School	Moment Date	End of Grace Period	Email	Status	
Smith,Jeanette	111	Direct Support Personnel	2	Administrators 1	06/03/2013 02:23 PM	06/08/2013 02:23 PM	SmithJ@abc.k12.ma.us	Auto Mapped	
Smith,Leslie	112	School Adjustment Counselor	2	Middle 2	06/04/2013 01:12 PM	06/09/2013 01:12 PM	SmithL@abc.k12.ma.us	Approved	
Smith,Dale	113	Direct Support Personnel	2	Administrators 1	06/05/2013 12:33 PM	06/10/2013 12:33 PM	SmithD@abc.k12.ma.us	Approved	
Smith,William	114	Direct Support Personnel	2	Administrators 1	06/06/2013 11:45 AM	06/11/2013 11:45 AM	SmithW@abc.k12.ma.us	Auto Mapped	
Smith,Denise	115	Occupational Therapy Assistant - Medicaid Definition	1	Elementary 7	06/06/2013 01:42 PM	06/11/2013 01:42 PM	Smithd@abc.k12.ma.us	Auto Mapped	
Smith,Erica	116	Occupational Therapy Assistant	2	Elementary 7	06/07/2013 11:09 AM	06/12/2013 11:09 AM	SmithE@abc.k12.ma.us	Auto Mapped	
Smith,Nancy	117	School Adjustment Counselor	2	Elementary 7	06/07/2013 01:03 PM	06/12/2013 01:03 PM	SmithN@abc.k12.ma.us	Approved	

RMTS Compliance Report

MA RMTS Compliance Status Report	
Run Date:	07/02/2013
Run Time:	12:42:44 PM EDT
State:	MA
School District:	ABC Public Schools
Year:	2013
Quarter:	4
Job Code:	1
Total Number of Moments for quarter:	34
Number of Moments occurred to date:	34
Number of Moments completed to date:	26
Number of Moments: Left - LOA:	0
Number of Moments not completed and expired:	8
Number of Moments not completed and not expired:	0
Number of Moments completed to date/Total Number of Moments for quarter:	76.47 %
Job Code:	2
Total Number of Moments for quarter:	55
Number of Moments occurred to date:	55
Number of Moments completed to date:	50
Number of Moments: Left - LOA:	0
Number of Moments not completed and expired:	5
Number of Moments not completed and not expired:	0
Number of Moments completed to date/Total Number of Moments for quarter:	90.91 %