

Logging Service Records in PSSP – [Direct Service Staff](#)

All logged services are due the 15th of the following month (eg. September due October 15th).

***CASELOAD:** It is important to keep your caseload current. Add new students as necessary and remove students as necessary. If removing students, do this only after all Service Records have been completed.

***PSSP homepage:** Report titled [\[WISD\] My Medicaid Caseload](#) (right column) automatically lists who on your caseload is Medicaid eligible. ***For these students:** you log a monthly summary + your services.

NOTE: *If you do not see the 'My Medicaid Caseload' report on your homepage, please contact me.*

Logging Service Records:

1. **PSSP Homepage:** Scroll down to your caseload and click the **Calendar icon** to the left of student name
2. Highlight the Student for whom you are logging services, or check the box, if using a Mac
3. Select the calendar date of your service. Right click on that date. Click **Record Past Service**.
4. Fill in the following fields: **Service** (click on your title in the pink field)

Service Type:

- Select the **Service** that best describes the service you are providing, i.e. individual/group therapy, evals, REEDs, etc.
- If attending/amending/evaluating or prepping for an IEP/IFSP, select [IEP/IFSP Participation](#)
- If completing a monthly summary, select [Monthly Progress Summary](#)

Time and Duration: Select the time of your service or IEP meeting and include # of minutes in Duration

Progress Report: Select from the drop-down your student's overall progress. If it is not applicable to the service you are logging, select **Not Applicable**.

5. **Provider Notes:** Include enough detail to allow reconstruction of what transpired for each **Service** you are logging; e.g., what was done, how did the student respond, what is the plan going forward.

For IEPs/IFSPs: State what **your role/task** was in the IEP/IFSP; e.g., evals, reports, mtgs, next steps.

6. **Areas Covered:** Select one area. If you feel none fit, choose **Other** and *specify* what "Other" is to the right.
7. Check the box titled: **Has this service been completed** and click [Save](#).
8. **WARNINGS:** Prescriptions are handled by the Medicaid Dept.; no worries. **NOTE:** Your Service Records can be edited by right clicking on the purple calendar tab; click edit and make changes. Once it's submitted for billing, you can no longer edit. If you **HAVE** to make a change, contact the Medicaid Dept. for assistance.

*Log Monthly Progress Summaries ONLY on students listed in [\[WISD\] My Medicaid Caseload](#)

- Monthly summaries must be dated in the month services were provided. **Using the last school day of the month is recommended.**
- Repeat Steps 1-4 from above. **NOTE:** For **Service Type**, you **must** select "Monthly Progress Summary"
- **Time** field should be a time when school is in session.
- **Duration** is not required for monthly summary.
- **Provider Notes:** Summarize how the student did overall during the month. Include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change.
- **Areas Covered:** Choose **Monthly Summary**. If not listed, choose **Other** and write monthly summary to the right.
- Check the box titled: **Has this service been completed** and click [Save](#).

Occupational Therapist Tip Sheet

Provider Notes must include enough detail to allow reconstruction of what transpired for each service.

All logged services are due the 15th of the following month (eg. September due October 15th)

Understanding Modifiers

HT: Eligibility Recommendation (IDEA Eval) – used when billing for an assessment/evaluation/test performed for the IDEA Assessment. Date of service is the date of determination of eligibility.

TM: (IEP/IFSP Meeting) – used when billing for the multi-disciplinary team assessment to develop, review and revise an IEP/IFSP. Date of service is the IEP/IFSP meeting date.

TL: (REED) – used to identify when a re-evaluation of existing data (REED) was used in the determination of eligibility for special education services.

No Modifier: (Other Eval) – used when assessments/evaluations/tests are completed for purposes other than the IDEA assessment or the IEP/IFSP. Date of service is the date the assessment/eval/test is completed.

96: Habilitative Services: Learning a new skill the student never possessed.

97: Rehabilitative Services: Regaining a skill the student lost.

Assistive Technology (ATD)

ATD: OT ATD Assessment [97755 GO]	To restore, augment, or compensate for existing function and/or maximize environmental accessibility: direct 1:1 provider contact required. If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to. <i>Do not use if assessments for DME are billed by a Medicaid medical supplier.</i>
ATD: OT Self-care Home Management Training HABILITATIVE [97535 GO 96]	Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1.
ATD: OT Self-care Home Management Training REHABILITATIVE [97535 GO 97]	Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1.
Service Type	Service Type Description
Communication	Use for record keeping purposes only.
Consultation	Consult services are not separately reimbursable. If you are providing consult services, use the service type Consultation to document the service.
Group Therapy, 2-8 students HABILITATIVE [97150 GO 96]	Habilitative therapeutic procedure(s), group (2-8 students). This means the number of students physically present, regardless of Medicaid eligibility.
Group Therapy, 2-8 students REHABILITATIVE [97150 GO 97]	Rehabilitative therapeutic procedure(s), group (2-8 students). This means the number of students physically present, regardless of Medicaid eligibility.

Idea Evaluation — Encompasses all meetings, reports, testing and observations completed for the IDEA Assessment. The evaluation should only be reported once, even if the evaluation is administered over several days (one log for all work done). The date of service is the date eligibility is determined (IEP/IFSP mtg). Note: An evaluation must be completed to use this code.	
Complexity Components on page 5 for reference	
IDEA Eval: Occupational Therapy, High Complexity HABILITATIVE [97167 GO HT 96]	High Complexity, 60 min, Habilitative MET/Eval
IDEA Eval: Occupational Therapy, High Complexity REHABILITATIVE [97167 GO HT 97]	High Complexity, 60 min, Rehabilitative
IDEA Eval: Occupational Therapy, Low Complexity HABILITATIVE [97165 GO HT 96]	Low Complexity, 30 min, Habilitative
IDEA Eval: Occupational Therapy, Low Complexity REHABILITATIVE [97165 GO HT 97]	Low Complexity, 30 min, Rehabilitative
IDEA Eval: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 GO HT 96]	Moderate Complexity, 45 min, Habilitative
IDEA Eval: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 GO HT 97]	Moderate Complexity, 45 min, Rehabilitative
IEP/IFSP Participation — Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. Date of service is the date of the IEP meeting.	
Complexity Components on page 5 for reference	
IEP/IFSP Participation: Occupational Therapy, High Complexity HABILITATIVE [97167 GO TM 96]	IEP – High Complexity, 60 min, Habilitative
IEP/IFSP Participation: Occupational Therapy, High Complexity REHABILITATIVE [97167 GO TM 97]	IEP – High Complexity, 60 min, Rehabilitative
IEP/IFSP Participation: Occupational Therapy, Low Complexity HABILITATIVE [97165 GO TM 96]	IEP – Low Complexity, 30 min, Habilitative
IEP/IFSP Participation: Occupational Therapy, Low Complexity REHABILITATIVE [97165 GO TM 97]	IEP – Low Complexity, 30 min, Rehabilitative
IEP/IFSP Participation: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 GO TM 96]	IEP – Moderate Complexity, 45 min, Habilitative
IEP/IFSP Participation: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 GO TM 97]	IEP – Moderate Complexity, 45 min, Rehabilitative
IEP/IFSP Participation- Vision Services [V2799 GO TM]	
Service Type	Service Type Description
Individual Occupational Therapy, HABILITATIVE [97110 GO 96]	Therapeutic exercises to develop strength, endurance, range of motion and flexibility.
Individual Occupational Therapy, REHABILITATIVE [97110 GO 97]	Therapeutic exercises to develop strength, endurance, range of motion and flexibility.
Initial Re-eval Vision Assessment/IDEA [V2799 GO HT]	Vision Assessment, report and eligibility recommendation meeting. Date of service is date IEP meeting was held.
Monthly Progress Summary	Monthly Progress Summaries are REQUIRED for all months in which therapy services are reported and should include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change. Summaries must be dated in the month the services were provided. <i>Using the last school day of the month is recommended.</i>

Neuromuscular Re-education OT HABILITATIVE [97112 GO 96]	Re-education of movement, balance, coordination, kinesthetic sense, posture, and /or proprioception for sitting and/or standing activities.
Neuromuscular Re-education OT REHABILITATIVE [97112 GO 97]	Re-education of movement, balance, coordination, kinesthetic sense, posture, and /or proprioception for sitting and/or standing activities.
No School Day	Use for record keeping purposes only.
Non-billable Group (size 9+)	If your group is larger than 8, select Service Type Non-billable Group [size 9+] to document the service.
Occupational Therapy Sensory Integration Therapy HABILITATIVE [97533 GO 96]	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one on one) patient contact by the provider, each 15 mins.
Occupational Therapy Sensory Integration Therapy REHABILITATIVE [97533 GO 97]	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one on one) patient contact by the provider, each 15 mins.
Orthotic Management Training OT HABILITATIVE [97760 GO 96]	Includes assessment and fitting when not otherwise reported, upper extremity(s), lower extremity(s), and/or trunk, initial encounter
Orthotic Management Training OT REHABILITATIVE [97760 GO 97]	Includes assessment and fitting when not otherwise reported, upper extremity(s), lower extremity(s), and/or trunk, initial encounter
OT: Wheelchair Management HABILITATIVE [97542 GO 96]	Assessment, fitting, training If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to. <i>Do not use if assessments for DME are billed by a Medicaid medical supplier</i>
OT: Wheelchair Management REHABILITATIVE [97542 GO 97]	Assessment, fitting, training If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to. <i>Do not use if assessments for DME are billed by a Medicaid medical supplier</i>
Other	Use for record keeping purposes only.

Other Eval- Evaluations completed for purposes other than the IDEA assessment. The date of service is the date the test is completed.	
Complexity Components on page 5 for reference	
Other Eval: Occupational Therapy, High Complexity HABILITATIVE [97167 GO 96]	High Complexity, 60 min, Habilitative
Other Eval: Occupational Therapy, High Complexity REHABILITATIVE [97167 GO 97]	High Complexity, 60 min, Rehabilitative
Other Eval: Occupational Therapy, Low Complexity HABILITATIVE [97165 GO 96]	Low Complexity, 30 min, Habilitative
Other Eval: Occupational Therapy, Low Complexity REHABILITATIVE [97165 GO 97]	Low Complexity, 30 min, Rehabilitative
Other Eval: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 GO 96]	Moderate Complexity, 45 min, Habilitative
Other Eval: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 GO 97]	Moderate Complexity, 45 min, Rehabilitative
Service Type	Service Type Description
Prosthetic Training OT HABILITATIVE [97761 GO 96]	Prosthetic training, upper and/or lower extremity(s), initial encounter
Prosthetic Training OT REHABILITATIVE [97761 GO 97]	Prosthetic training, upper and/or lower extremity(s), initial encounter
Provider Absent	Use for record keeping purposes only.
Provider Not Available	Use for record keeping purposes only.
REED — Participation in the Re-evaluation of Existing Data. Date of service is the date the team completes its review of data.	
Complexity Components on page 5 for reference	
REED – Participation [V2799 GO TL]	
REED: Occupational Therapy, High Complexity HABILITATIVE [97167 GO TL 96]	High Complexity, 60 min, Habilitative
REED: Occupational Therapy, High Complexity REHABILITATIVE [97167 GO TL 97]	High Complexity, 60 min, Rehabilitative
REED: Occupational Therapy, Low Complexity HABILITATIVE [97165 GO TL 96]	Low Complexity, 30 min, Habilitative
REED: Occupational Therapy, Low Complexity REHABILITATIVE [97165 GO TL 97]	Low Complexity, 30 min, Rehabilitative
REED: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 GO TL 96]	Moderate Complexity, 45 min, Habilitative
REED: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 GO TL 97]	Moderate Complexity, 45 min, Rehabilitative
Service Type	Service Type Description
Student Absent	Use for record keeping purposes only.
Student not Available	Use for record keeping purposes only.
Telepractice	
Twenty-two (22) telepractice codes available for virtual (visual/audio) services.	
Service Type	Service Type Description
Vision Service, Misc. [V2799 GO]	Rehabilitation for 1:1 Low Vision Services

Evaluation Components

Low Complexity

- History – An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem
- Examination – An assessment that identifies 1-3 performance defects (i.e. relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions
- Decision Making – Clinical decision making of low analytic complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable patient to complete evaluation component
- Time – Typically, 30 minutes are spent face-to-face with patient and/or family

Moderate Complexity

- History – An occupational profile and medical and therapy history, which includes an expanded brief review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance
- Examination – An assessment that identifies 3-5 performance defects (ie, relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions
- Decision Making – Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of a several treatment options. Patient may present with co-morbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable the patient to complete evaluation component
- Time – Typically, 45 minutes are spent face-to-face with patient and/or family

High Complexity

- History – An occupational profile and medical and therapy history, which includes an expanded brief review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance
- Examination – An assessment that identifies 5 or more performance defects (ie, relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions
- Decision Making – Clinical decision making of high analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of a several treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable the patient to complete evaluation component.
- Time – Typically, 60 minutes are spent face-to-face with patient and/or family

**If you have any questions, please contact the Medicaid Department
Anisa Isap - aisap@washtenawisd.org - 734-994-8100 x1556**

Logging a Direct Service

Service Record

Student Sample, A

Staff Sample, B

Service Date Time

11/15/2022



11:30



Duration Minutes

20

Progress Report

Slight Progress



Provider Notes

Student participated in tabletop fine motor skills to address scissor skills. Needed physical assistance for correct hand placement on scissors and two verbal cues to maintain thumb on top while cutting. Slight progress being made in goal areas and will continue to remediate hand placement to promote independent cutting with scissors.

Service

Occupational Therapy



Service Type

Individual Occupational Therapy

Group Size

1

Select the service type that best fits what you are seeing the student for.

In your professional opinion, select the progress that fits the service you are providing. If it is "not applicable," choose it from the drop down.

Provider notes must contain enough detail to be able to reconstruct what transpired during your service, e.g. who was present, what was done, next steps. A couple sentences with good details is all you need.

Areas Covered/Assessed:

Fine Motor Skills



(If Other Specify):

Areas covered: select one item from the drop down. If nothing fits what you did, selecting "Other" is fine. However, be sure to fill in the field to the right: (If Other Specify)... as in what does "other" mean to you.

(none)



(If Other Specify):

(none)



(If Other Specify):

Has this service been completed?



Check this box when you are done.

Lastly, click save.

Save

Cancel

A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

Logging IEP Meetings

Service Record

Student Sample, A

Service Occupational Therapy

Staff Sample, B

Service Type IEP/IFSP Participation: Occupat

Service Date Time 10/26/2022



11:30



Date of service is the date of the IFSP/IEP.

Group Size 1

Duration Minutes 60

Progress Report Achieved

In your professional opinion, select the progress that fits the service you are providing. If it is "not applicable," choose it from the drop down.



Provider Notes

Attended virtual IEP meeting with team and student's parents. Reviewed goal progress- student has achieved all previous goals and new goals were established with the family. Parents report satisfaction with progress, but report aversion/avoidance responses when participating in activities involving tactile/sensory media.

State what your particular role and/or tasks were for this IFSP/IEP, What did you discuss/advise at this meeting? Plan going forward? Does not need to be lengthy, 2-3 sentences with detail. Writing "IEP Meeting" is insufficient and an audit risk.

Areas Covered/Assessed:

IEP Development/Review

(If Other Specify):

Areas covered: select IEP Development/Review

(none)

(If Other Specify):

(none)

(If Other Specify):

Has this service been completed?

Check this box when you are done.

Save






Cancel

Lastly, click save.




A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

Logging a Monthly Summary

Service Record

Student	Sample, A	Service	Occupational Therapy
Staff	Sample, B	Service Type	Monthly Progress Summary You MUST select "Monthly Progress Summary."
Service Date Time	11/30/2022  11:30  Select a time when school is in session.	Group Size	1
Duration Minutes	<input type="text"/> Duration is not required		
Progress Report	Moderate progress  In your professional opinion, select the progress the student made for the month.		
Provider Notes	  <div style="border: 1px solid black; padding: 5px;">Student is progressing with forming prewriting shapes. Currently able to produce 6-9 shapes using model. Will continue to work toward shapes involving intersecting line and formation with a writing tool.</div>		Summarize how the student did overall during the month. Include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change.

Areas Covered/Assessed:

Other 	(If Other Specify):	Monthly Summary	Areas covered: select "Other" and in the field to the right "(If Other Specify):" type in "Monthly Summary."
(none) 	(If Other Specify):	<input type="text"/>	
(none) 	(If Other Specify):	<input type="text"/>	

Has this service been completed? Check this box when you are done.

Lastly, click save.

A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

Service Record Examples

Occupational Therapists

Service Captures	Monthly Progress Summaries
<p>Student participated in tabletop fine motor activities to address scissors skills. Needed physical assistance for correct hand placement on scissors and 2 verbal cues to maintain thumb on top while cutting.</p>	<p>Student was able to maintain correct hand placement on scissors after initial demonstration 1 of 2 sessions this month. Continue to remediate hand placement to promote independent cutting with scissors.</p>
<p>Student participated in cutting out shapes for fine motor project. Following initial demonstration, student was able to maintain correct hand placement on scissors while cutting a circle.</p>	<p>Student is progressing with forming prewriting shapes. Currently able to produce 6/9 shapes using model. Will continue to work toward shapes involving intersecting lines and formation with a writing tool.</p>
<p>Prewriting shape activity: student was able to imitate horizontal lines with marker on easel. Student produced 2/6 horizontal lines independently.</p>	<p>Student's perceptual motor skills are improving as student is now able to imitate and efficiently form 22/26 upper case letters. Will focus on diagonals to master imitation of all upper-case letters.</p>
<p>Used HWT wooden pieces to build prewriting shapes. Student was able to produce 6 of 9 shapes using a model/template.</p>	<p>Student is participating in activities involving tactile/sensory media with less aversion/avoidance responses. The use of sensory strategies (brushing/joint compressions) prior to exposure has improved tolerance.</p>
<p>Student participated in small group session w/ grade level peers. Completed series of midline, developmental gross motor activities w/ little difficulty. Able to indecently identify all upper-case letters; able to imitate and efficiently form 22/26 upper case lets within the given space.</p>	<p>Students imitating many motor movements of adult, pulls up to stand at supportive surface; stands at couch but easily loses balance so adult supervision needed; Fine motor: pokes with index finger to press toy button; using immature to neat pincer grasp for tiny objects; improving with transition movements supine/prone to sit. Rolling if he needs to, but dislikes rolling. Self-feeding early solids- dry cereal pieces and crackers, phase 2 baby food/mashed/blended foods. He is very social and enjoys playing with his 2 year old brother. Progress being made in all goal areas.</p>

<p>Completed craft activity to reinforce diagonals. Visual perceptual/discrimination skills are functional to maintain angle of line. Was able to imitate 7/11 upper case letters containing diagonals. (A,K,N,O,V,X,Z).</p>	<p>Student is meeting goals related to fine motor and self-help. He is challenged with emotional outbursts and difficulty with self-soothing. He understands directions (receptive language) but parents are worried about his verbal communication (expressive). Will have speech therapist on team consult this fall.</p>
<p>Student was able to visually attend to a tactile/sensory media (shaving cream) within arm's length without aversion. Following brushing, student tolerated touching media x5 with both hands. Unable to tolerate smelling media without provoking a gag reflex.</p>	<p>Agitation continues with some slight progress toward goal of increased tolerance to interventions.</p>
<p>Student willingly participated in sensory bin activities containing rice and sand. Student was able to scoop, pour and search for buried items within containers with no aversions with a moderate level of encouragement.</p>	<p>Student continues to give good effort to tasks but is very impulsive and can have melt-downs easier than was seen before medication was given. Motor planning and reflex integration look WNLs, and although his work is sloppy during visual and fine motor worksheet completion, when he slows down it is much more legible.</p>
<p>Student did well with colored links to make a chain. He was able to make 2 of them from a model with at least 90% success. He completed a midline crossing worksheet with 5 different shapes, first tracing them and then connecting shapes that matched with a line with 100% success. He was able to isolate first finger of right hand to flick small balls of play dough into a container with about 50% success and moderate verbal cuing to place finger to thumb in an "O" shape. He was able to place straw pieces onto contact paper to make some simple shapes with success. Good effort and tolerance was noted this date.</p>	<p>Increase noted this month in student's sensory motor, strength, bilateral motor coordination and manual dexterity activities for improved fine motor skills. More consistency for letters to rest correctly on the base line, not float. She continues to write big with the same spacing between letters and words.</p>

<p>Provide opportunities to engage in sensory motor activities with independence, choice making and peer interaction. Encourage bilateral coordination, improved endurance & strength as well as visual perceptual development through appropriate activities.</p>	<p>Behavior problems and absenteeism has interfered with forward progress on OT goals, especially activities of daily living. Limited progress in Sam's ability to match and put together sock pairs. No change in medical or mental status, or treatment plan.</p>
<p>Excellent session with student. She wanted to get in large, red inflated ball. Very fearful initially, allowed us to provide desensitization (approach, retreat) to gain trust & confidence. Eventually crawled in up to knees, stayed about 7 min. rocking and engaged with light toys. Good tolerance to all with a level of enjoyment I have not seen.</p>	<p><u>Examples of Insufficient Monthly Summaries:</u> "Continues to progress on IEP goals." "Coordinated Services." "Limited progress." "Services Delivered." "Made progress on goals." "Student doing well." "Some progress towards goals." "The student is making some progress toward his/her IEP goals and objectives." "Coordinating and monitoring IEP services on behalf of student." "Maintenance of Case Records."</p>
<p>9/9/15 – With visual and verbal prompts, student worked on therapy, ABC clothes pins and in Handwriting without Tears work book, upper & lower case T, t.</p>	

Random Moment Time Studies - a Guideline for Direct Service Providers

When chosen, you will receive an email from miaop@pcgus.com that you have been randomly selected to complete a web-based random moment time study. The time study gathers information on the activities that school staff are performing and classifies these activities based on whether they are educational or related to the delivery of designated health services that could be federally matched by Medicaid.

It is important that the person who reviews and assigns a code to your answers understands your activity. Please follow these guidelines: Use medical terms, when applicable, to describe activities which are health related in nature. Using detail and providing thorough responses will help to avoid follow-up questions.

Best Practice: Respond the same day, or w/in 24 hrs, while information for that moment in time is fresh in your mind.

Question 1- Who was with you?

Too Vague	Detailed Response
A student	A student who is severely, multiply impaired
A parent	A parent of a student with autism
A teacher	The SXI classroom teacher
A principal and staff	The principal of our center program for special ed. students, along with the OT and PT and Social Worker

Question 2 – What were you doing?

Too Vague	Detailed Response
Seeing a student	Providing individual therapy to a student. We worked on her goal of answering simple WH questions with decreasing cues.
Compiling Data	Compiling medical evaluations and assessments for an upcoming IEP
Looking at records ... or Paperwork	Reviewing a student’s history and medical records to prepare for an IEP... or ... Documenting a student’s progress on IEP goals

Question 3- Why were you doing this activity

Too Vague	Detailed Response
Planning	We are holding an IEP. Our team is recommending a change in certification from speech impairment to autism spectrum disorder. I will be presenting evaluation results.
Per IEP goals	The student is non-verbal and needs support for effective communication during her activities of daily living due to multiple impairments
Student needed assistance	Student was having difficulty breathing, probably due to seasonal allergies ... or ... Student needs help with actuation due to limited hand strength

Question 4 - Is the service you provided part of the child’s medical plan of care or for which medical necessity has been determined? Options: Pick One

- Yes – IEP/IFSP
- Yes – Medical Plan of Care other than an IEP/IFSP (i.e. 504 plan, student health plan, nursing plan, physician’s order, crisis intervention services)
- Medical necessity established in other method
- No, or N/A

Random Moment Time Study AT • A • GLANCE

Frequently Asked Questions: RMTS

What is the Random Moment Time Study (RMTS)?

The RMTS is the federally accepted method of documenting the amount of staff time spent on direct service and administrative outreach activities.

What is the purpose of the RMTS?

The RMTS is a program requirement that helps schools receive federal reimbursement for time spent on allowable related activities.

What is my role in the RMTS?

Your role is to respond to all moments you have been selected for in a timely manner.

How did I get selected to complete an RMTS survey?

Your district's RMTS coordinator identified you as a person who performs activities related to Medicaid and health-related services as part of your job.

How many RMTS surveys will I get?

It varies, but people typically receive 0-5 surveys per quarter.

How long does it take to complete an RMTS survey?

The survey is five questions and can usually be completed in less than five minutes.

How should I respond to the RMTS survey questions?

- Provide truthful and thorough responses. There are no wrong answers, but remember to answer completely and accurately. Do not include student names.
- The survey is asking about one minute in time. When answering your RMTS survey, provide specific information about that sixty second period.

Tips for specific situations:

IF YOU WERE...	TELL US...
In an IEP meeting	What was the single topic of discussion at your assigned RMTS time?
Conducting an assessment	What type of assessment were you conducting?
Discussing a student	What was the single topic of discussion at your assigned RMTS time?
On a prep period	What were you preparing at the time of your moment?
Completing an IEP	What specific part of the IEP was being worked on at the time of your moment?
Working on an IEP goal	What specific goal was being worked on at the time of your moment?
Working on email	What was the content of the specific email you were reading or writing?
Driving to next location	What was the first task completed upon arriving at your next location?
Completing multiple tasks	What one specific task was being completed at the exact time of your moment?
At a conference/training/PD	What was the topic of discussion at the time of your moment?

Final Tips:

- When responding to the "why" question, think about the intended outcome of the activity you were doing.
- You should not drop everything to complete your RMTS survey. However, you should complete it as soon as possible after the moment passes. Ideally, complete the RMTS survey before leaving work for the day.
- If you are absent, not scheduled, or leaving work before your moment occurs, complete it the next day.
- If you are not working with a student at the time of your moment, that is fine. You should still complete the moment and respond with the activity you were doing at that date and time.