

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

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

**\*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.

## Physical Therapist Tip Sheet

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

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

### 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 services must be listed in a student’s IEP with a doctor’s prescription in order to use the codes below. If ATD is not in the student’s IEP, please use a non-billable code to track your service. ATD services are intended to directly assist with a disability in the selection, coordination of acquisition or use of an ATD; selecting, providing for the acquisition of an ATD device, designing, fitting, customizing, adapting, applying, retaining, or replacing the ATD, including orthotics.

ATD: PT ATD Assessment [97755 GP]	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
ATD: PT Self-care Home Management Training HABILITATIVE [97535 GP 96]	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact; each 15 minutes.
ATD: PT Self-care Home Management Training REHABILITATIVE [97535 GP 97]	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact; each 15 minutes.
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.
Gait Training, PT, Includes Stair Climbing HABILITATIVE [97116 GP 96]	Therapeutic procedure, one or more areas, each 15 minutes, gait training (includes stair climbing). The clinician instructs the patient in specific activities that will facilitate ambulation and stair climbing with or without an assistive device.

Gait Training, PT, Includes Stair Climbing REHABILITATIVE [97116 GP 97]	Therapeutic procedure, one or more areas, each 15 minutes, gait training (includes stair climbing). The clinician instructs the patient in specific activities that will facilitate ambulation and stair climbing with or without an assistive device.
Group Therapy, 2-8 students HABILITATIVE [97150 GP 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 GP 97]	Rehabilitative therapeutic procedure(s), group (2-8 students). This means the number of students physically present, regardless of Medicaid eligibility.
<b>Idea Evaluation</b>	
Indicate initial or re-eval in the provider note section. An evaluation must have been done; it encompasses all observations, meetings (except the REED & IEP/IFSP, which have separate codes below) and reports which culminate in a determination of eligibility for Special Education or early-on services. The service date is the date of the eligibility meeting. Use the proper code utilizing the HT modifier for IDEA evaluations.	
<b>Complexity Components on page 5 for reference</b>	
IDEA Eval: Physical Therapy, High Complexity HABILITATIVE [97163 GP HT 96]	High Complexity, 45 min, Habilitative MET/Eval
IDEA Eval: Physical Therapy, High Complexity REHABILITATIVE [97163 GP HT 97]	High Complexity, 45 min, Rehabilitative
IDEA Eval: Physical Therapy, Low Complexity HABILITATIVE [97161 GP HT 96]	Low Complexity, 20 min, Habilitative
IDEA Eval: Physical Therapy, Low Complexity REHABILITATIVE [97161 GP HT 97]	Low Complexity, 20 min, Rehabilitative
IDEA Eval: Physical Therapy, Moderate Complexity HABILITATIVE [97162 GP HT 96]	Moderate Complexity, 30 min, Habilitative
IDEA Eval: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 GP HT 97]	Moderate Complexity, 30 min, Rehabilitative
<b>IEP/IFSP Participation</b> — Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. Date of service is the date of the IEP meeting.	
<b>Complexity Components on page 5 for reference</b>	
IEP/IFSP Participation: Physical Therapy, High Complexity HABILITATIVE [97163 GP TM 96]	IEP – High Complexity, 45 min, Habilitative
IEP/IFSP Participation: Physical Therapy, High Complexity REHABILITATIVE [97163 GP TM 97]	IEP – High Complexity, 45 min, Rehabilitative
IEP/IFSP Participation: Physical Therapy, Low Complexity HABILITATIVE [97161 GP TM 96]	IEP – Low Complexity, 20 min, Habilitative
IEP/IFSP Participation: Physical Therapy, Low Complexity REHABILITATIVE [97161 GP TM 97]	IEP – Low Complexity, 20 min, Rehabilitative
IEP/IFSP Participation: Physical Therapy, Moderate Complexity HABILITATIVE [97162 GP TM 96]	IEP – Moderate Complexity, 30 min, Habilitative
IEP/IFSP Participation: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 GP TM 97]	IEP – Moderate Complexity, 30 min, Rehabilitative

Service Type	Service Type Description
Individual Physical Therapy, HABILITATIVE [97110 GP 96]	Therapeutic procedure, one or more areas, each 15 minutes; to develop strength, endurance, range of motion and flexibility.
Individual Physical Therapy, REHABILITATIVE [97110 GP 97]	Therapeutic procedure, one or more areas, each 15 minutes; to develop strength, endurance, range of motion and flexibility.
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 PT HABILITATIVE [97112 GP 96]	Therapeutic procedure, one or more areas, each 15 minutes. Re-education of movement, balance, coordination, kinesthetic sense, posture, and /or proprioception for sitting and/or standing activities.
Neuromuscular Re-education PT REHABILITATIVE [97112 GP 97]	Therapeutic procedure, one or more areas, each 15 minutes. 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.
Orthotic Management Training PT HABILITATIVE [97760 GP 96]	Training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk per 15 minutes.
Orthotic Management Training PT REHABILITATIVE [97760 GP 97]	Training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk per 15 minutes
Other	Use for record keeping purposes only.
<b>Other Eval-</b> Evaluations completed for purposes other than the IDEA assessment. The date of service is the date the test is completed.	
<b>Complexity Components on page 5 for reference</b>	
Other Eval: Physical Therapy, High Complexity HABILITATIVE [97163 GP 96]	High Complexity, 45 min, Habilitative
Other Eval: Physical Therapy, High Complexity REHABILITATIVE [97163 GP 97]	High Complexity, 45 min, Rehabilitative
Other Eval: Physical Therapy, Low Complexity HABILITATIVE [97161 GP 96]	Low Complexity, 20 min, Habilitative
Other Eval: Physical Therapy, Low Complexity REHABILITATIVE [97161 GP 97]	Low Complexity, 20 min, Rehabilitative
Other Eval: Physical Therapy, Moderate Complexity HABILITATIVE [97162 GP 96]	Moderate Complexity, 30 min, Habilitative
Other Eval: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 GP 97]	Moderate Complexity, 30 min, Rehabilitative

Service Type	Service Type Description
Physical Therapeutic Activities to Improve Functional Performance HABILITATIVE [97530 GP 96]	Therapeutic activities, direct one-on-one patient contact by provider (use of dynamic activities to improve functional performance)
Physical Therapeutic Activities to Improve Functional Performance REHABILITATIVE [97530 GP 97]	Therapeutic activities, direct one-on-one patient contact by provider (use of dynamic activities to improve functional performance)
Prosthetic Training PT HABILITATIVE [97761 GP 96]	Prosthetic training, upper and/or lower extremity(s), per 15 minutes
Prosthetic Training PT REHABILITATIVE [97761 GP 97]	Prosthetic training, upper and/or lower extremity(s), per 15 minutes
Provider Absent	Use for record keeping purposes only.
Provider not Available	Use for record keeping purposes only.
PT: Wheelchair Management HABILITATIVE [97542 GP 96]	Assessment, fitting, training, each 15 minutes 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>
PT: Wheelchair Management REHABILITATIVE [97542 GP 97]	Assessment, fitting, training, each 15 minutes 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>
<b>REED— Participation in the Re-evaluation of Existing Data. Date of service is the date the team completes its review of data.</b>	
<b>Complexity Components on page 5 for reference</b>	
REED: Physical Therapy, High Complexity HABILITATIVE [97163 GP TL 96]	High Complexity, 45 min, Habilitative
REED: Physical Therapy, High Complexity REHABILITATIVE [97163 GP TL 97]	High Complexity, 45 min, Rehabilitative
REED: Physical Therapy, Low Complexity HABILITATIVE [97161 GP TL 96]	Low Complexity, 20 min, Habilitative
REED: Physical Therapy, Low Complexity REHABILITATIVE [97161 GP TL 97]	Low Complexity, 20 min, Rehabilitative
REED: Physical Therapy, Moderate Complexity HABILITATIVE [97162 GP TL 96]	Moderate Complexity, 30 min, Habilitative
REED: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 GP TL 97]	Moderate Complexity, 30 min, Rehabilitative
Service Type	Service Type Description
Student Absent	Use for record keeping purposes only.
Student Not Available	Use for record keeping purposes only.
<b>Telepractice</b>	
Twenty-six (26) telepractice codes available for virtual (visual/audio) services.	

## Evaluation Components

### Low Complexity

- History – A history of present problem with no personal factors and/or comorbidities that impact the plan of care
- Examination – An Examination of body systems using standardized tests and measures in addressing 1 or 2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions
- Clinical Presentation – A clinical presentation with stable and/or uncomplicated characteristics Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome
- Time – Typically, 20 minutes are spent face-to-face with student

### Moderate Complexity

- History – A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care
- Examination – An examination of body systems using standardized tests and measures in addressing the total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions
- Clinical Presentation – An evolving clinical presentation with changing characteristics. Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome
- Time – Typically, 30 minutes are spent face-to-face with student

### High Complexity

- History – A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care
- Examination – An examination of body systems using standardized tests and measures in addressing the total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions
- Clinical Presentation – A clinical presentation with unstable and unpredictable characteristics Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome
- Time – Typically, 45 minutes are spent face-to-face with student

## General Service Information

Therapy/Treatment services are reportable only if the student's IEP/IFSP includes Direct services with a time and frequency.

**If you have any questions, please contact the Medicaid SSP Department  
Anisa Isap - [aisap@washtenawisd.org](mailto: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

Joe worked 1:1 with PT on the school playground on frisbee skills, eye hand coordination skills and playground access. He did well with demonstration, verbal cues, visual cues and co-op method and was able to demonstrate skills, grading his throws, catching a frisbee and participated well. Plan: continue with current goals and direct therapy.

Service

Physical Therapy



Service Type

Individual Physical Therapy HAB

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:

Motor Planning Activities



(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 Physical Therapy

Staff Sample, B

Service Type IEP/IFSP Participation: Physical

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. Mom reports that since school closure student has increased tightness in her left arm and leg and is walking up on her toes. Reviewed strategies for this with Mom. Will send her an exercise program to work on these issues.

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.

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 a Monthly Summary

## Service Record

Student Sample, A

Service Physical Therapy

Staff Sample, B

Service Type Monthly Progress Summary

You MUST select "Monthly Progress Summary."

Service Date Time 5/27/2022 11:30

Select a time when school is in session.

Group Size 1

Duration Minutes Duration is not required

Progress Report Moderate progress

In your professional opinion, select the progress the student made for the month.

### Provider Notes

Student worked with PT 3 times in May 2022. He is dribbling a basketball well 3+ times with movement and improving control. He has improved his floor to stand test (getting up from the floor walking 3 yards back and forth and sitting down again) from 11 seconds to 8 seconds and will continue to work on this. Finally, he has been descending stairs consistently by alternating his feet down each step with the railing and will continue to work on strength and balance to complete without the railing. Student has made amazing gains in regards to his motor skills and working hard towards goals.

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):

(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.

## Physical Therapy: Service Record Examples

<b>Service Captures</b>
<p>Student was transitioned out of his gait trainer. He is able to stand with CGA for 5-10 seconds and maintain his upright position. With B hand hold today he was able to stand 30 seconds. He was then transitioned into a standard chair with the retainer prompt. Today he was timed for 30 minutes and required 5 corrections to his posture to maintain balance. This is more than prior sessions however he also was sitting for a longer period of time than before. He continues to make good progress with his core strength and stability.</p>
<p>Student was in kid walk. Used a tumble form and bean bag under R elbow to improve upright trunk position. Due to the nature of the kid walk these items did require some stabilization during use. However this allowed her the ability to maintain a more upright posture during her participation in speech. She also was able to make selections on the iPad during this time with improve accuracy due to improved posture. It was noted when she is motivated to look to the L she is able to have a more upright posture. She is often however in R sidebending/rotation and extension through the head/neck and trunk and looking to the L takes her out of this positioning. Will continue to work to improve posture for student in all positions.</p>
<p>Student was transferred into standard chair dependent x 1. Initially he seemed uncomfortable in the chair and required total assistance to sit up for 5 minutes. Music instruction began shortly after this, at which time he seemed to be more engaged in sitting and was able to sit upright with less support. Today however he required more cues than he ever has to maintain his upright posture in the chair. The amount of corrections were not counted due to the number of corrections that occurred. Dom was able to use his hands however in this position to engage in music and activate switch drums, the guitar and the piano. Will continue to work to support his independence and upright trunk strength.</p>
<p>Attended IEP for J with Mom. Mom does not have any concerns at this time other than continuing to manage her knee pain, her behavior and contacting CMH. Her knee is currently stable and she does have a follow up with ortho soon. Will continue to follow the plan we have been for walking to increase tolerance and function.</p>
<p>Attended IEP for K. Discussed with mom that the goal is to attempt to improve her hip ROM but the biggest goal is to prevent it from regressing. Discussed making sure she is getting opportunities to sit and be upright at home. And that we will continue to support that here at school.</p>

<b>Monthly Summaries</b>
<p>Student continues to be able to tolerate the activity chair for up to 45 minutes per day. Sometimes this is all at one session and others this is divided into 2 daily trials. Student's overall hip flexion ROM remains unchanged at this point despite use of Botox and an increase in Baclofen dosage. Will continue however with daily motor plan to maintain hip ROM to maintain tolerance and ability to sit upright.</p>
<p>Student is given daily opportunities to use the gait trainer. She does raise and lower her feet with VC however has yet to produce enough force to move the gait trainer in any direction. Will continue to give her opportunities to support her as needed.</p>
<p style="text-align: center;">Examples of Insufficient Monthly Summaries:</p> <p>“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>

## Random Moment Time Studies - a Guideline for Direct Service Providers

When chosen, you will receive an email from [miaop@pcgus.com](mailto: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.