



## The "Must Knows" of the Random Moment Time Study

**Step 1:** Place your notification letter somewhere safe. If you misplace the notification letter, you should call the MISD Medicaid Office at 586.228.3343

**Step 2:** At the exact date and time of your RMTS you should make a mental note/jot down what you are doing. You do not have to stop what you are doing to do the RMTS, and you will only be able to access your moment after the assigned date and time.

**Step 3:** Later that day, before you go home, logon and complete the time study. You will need to get through about eight informational screens before you arrive at the link that will take you to your selected moment. You will be prompted to select one of the answers below:

- **Moment was before or after workday** (does not include lunch)
- **Unpaid or Paid Day off**
- **Yes, I was working** (this would encompass your scheduled workday)

If you select, "Yes, I was working," you will be prompted to answer five additional questions. The questions and examples of some appropriate responses are listed below. Remember, your answers should always be descriptive but they should never include student-specific information.

### 1) Who was with you?

Examples: Students; Group of students; Speech Pathologist; Parent; IEP Team

- ❖ If no one was with you, tell them that you were alone
- ❖ If this question is not applicable; write N/A

### 2) What were you doing?

Examples: Attending the IEP meeting; Reviewing the student's goals and objectives; Providing individual speech Therapy; Helping a student with mobility issues to board the bus to go home; Consulting with the SSW about the student's behavior plan; Assisting a student with toileting; or Providing group therapeutic procedures for three students.

Note: "Medical" activities include the services you provide for Speech, Audiology, Assistive technology, Psychology, Social Work, Nursing, Occupational Therapy, Physical Therapy, Vision Orientation and Mobility and Personal Care needs. You should AVOID using "Academic" terms like *Math*, *Handwriting* or *Reading* to describe the "Medical" activity you were doing.

### 3) Why were you doing this activity?

Examples: Because the student cannot perform this task alone; Because its part of the student's therapy goal; or Because I provide individual therapy every week at this time

- ❖ If this question is not applicable; write N/A

### 4) Does the Student have an IEP in place for the services you are performing?

- ❖ Select Yes, if the need for the service is documented on the student's IEP
- ❖ Select No, if the student does not have an IEP in place, or the question is not applicable

Examples: Personal Care Aide was "Toileting" the student and Personal Care is documented on the IEP; The CCC-SLP was providing "Individual Speech Therapy: and Speech & Language is documented on the IEP; or The Social Worker was providing "Group Psychotherapy" and Social Work is documented on the IEP

### 5) Is the Student 21 years of age or older?

- ❖ Select Yes, if the student you worked with is 21 years of age or older
- ❖ Select No, if the student you worked with is 20 years of age or younger, or if the question is not applicable.

If you have questions, you should contact Macomb ISD's RMTS Coordinator, Katy Irwin

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