



## The “Must Knows” of the Random Moment Time Study (RMTS)

**Step 1:** Watch for an email from [claimingsystem@pcgus.com](mailto:claimingsystem@pcgus.com) or [miaop@pcgus.com](mailto:miaop@pcgus.com). You will receive this email if you have been selected for a Random Moment Time Study. DO NOT DELETE IT. This email will contain a link that will take you directly to your randomly selected moment.

**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, locate and open your email that contains the hyperlink. Click on the link. Complete the time study. You will need to move through many informational screens before you arrive at the questions for your moment. Your first question will ask you 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) Is the service you provided part of the child’s Medical plan of care or for which medical necessity has been determined?**

- ❖ **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**

**2) 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

**3) 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; providing behavior intervention service per the student’s IEP.

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.

**4) Why were you performing that activity?**

Examples: Because the student cannot perform this task alone; Because it is part of the student’s therapy goal; or Because I provide individual therapy every week at this time; Because it is part of my daily work responsibilities; Because I am making sure the student stays on task through behavior intervention, as outline on the personal care services page of the student’s IEP.

**5) Are you this student’s Designated Case Manager? (for targeted case management pool only)**

- ❖ 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

If you have questions, you should contact Macomb ISD’s RMTS contact, Mary Germain

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