University of
Massachusetts
**UMASS.** Medical School

# INSTRUCTION GUIDE
# FOR MANAGING RMTS PARTICIPANTS

# For Connecticut's Medicaid
# School Based Child Health
# Participating School Districts

# Effective October 2018

# Participant Management for RMTS

## Contents

# A. Participant Management: Overview and Purpose

On a quarterly basis, prior to the start of the Random Moment Time Study (RMTS), each school district must update information in the RMTS system that will identify individuals who will be participating in the RMTS in the upcoming quarter.

Part of this process is to identify a Work Schedule for each RMTS participant. Please see the RMTS Work Schedule Calendar Instruction Guide for the details of that process. Information for all RMTS participants must be completed in the RMTS system no later than the first Friday of the month preceding the start of each quarter.

| Time Study Quarter: | Calendar Entry/Edit Deadline: |
|---|---|
| October 1 – December 31 | First Friday of September |
| January 1 – March 31 | First Friday of December |
| April 1 – June 30 | First Friday of March |

# B. Logging on to the system

1. Participant Management information is entered into the RMTS section of the system.

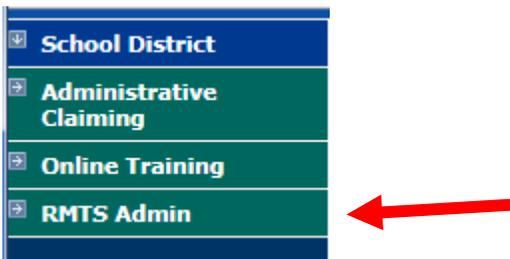   https://cbe.chcf-umms.org/RMTSAdmin

   Login with your User ID and password

   

   

   If you are logged into the School Based Claiming system, select '**RMTS Admin'** from the left-hand navigation menu to transfer to Participant Management.

# C. Who Should Participate in the RMTS?

Your school district's RMTS participants will be included in one of three job pools for the purpose of the time study. When adding a staff member to the RMTS, you will need to assign them to the correct pool, based on the duties and functions that they perform, their licensure status (if they are a health care provider), and whether or not your school district is submitting claims under the Direct Medical Services portion of the reimbursement program for the services provided by the staff member.

**The three Job Pools for the RMTS are:**

Pool 1: Administrative Services Only

Pool 2: Nursing, Psychological & Medical Services

Pool 3: Therapy Service Providers

- Direct Service Providers in either Pool 2 or 3 should only be included if they are approved by CMS as Qualified Medicaid SBCH program direct service providers, and who submit claims for direct services;
- Medicaid Billing Personnel should be included in Pool 2
- Administrative Staff essential to successful execution of the Medicaid SBCH program and who provide support to the direct services providers should be included in Pool 1.

## What are Reimbursable Administrative Activities?

The Administrative activities that are reimbursable under the Medicaid program fall into a few different categories: Medicaid outreach, Medicaid application assistance, specialized transportation scheduling/arranging, translation services related to health care, program planning and policy development related to the delivery of health services, and referral, coordination and monitoring of health services. Some additional description and examples of each are provided below.

### Medicaid Outreach

If staff do things that are intended to inform eligible or potentially eligible students/families about Medicaid and how to access it, they are doing Medicaid Outreach. Some examples would be:

- Developing a process to enable school staff to help identify students who might be in need of health resources or Medicaid assistance.
- Gathering data/developing action plan to outreach to families based on insurance status questions from school registration or emergency contact forms
- Preparing handouts/literature or information to be distributed at special school events as a platform to reach families, such as school health fairs, PTA meetings, Back-to-School Night, school performances
- Writing a social media campaign on health resources as a way to reach teens

### Facilitating Medicaid Applications

Staff who help students/families navigate and understand the Medicaid application process. Some examples would be:

- Assisting students or families with the Medicaid application process

- Assisting students or families with gathering necessary information needed to apply for Medicaid

- Providing forms and materials to assist in the application process

### Arranging for Medicaid-Covered Transportation

Staff who schedule specially adapted or equipped transportation services to meet the medical needs of students. Staff who actually provide transportation should not be included. Some examples would be:

- Scheduling or arranging for transportation to a Medicaid covered service

- Scheduling or arranging Specialized (specially equipped or adapted) Transportation busses

- Clerical/paperwork activities required in scheduling specialized transportation

### Translation Related to Medicaid Covered Services

Both staff who schedule or coordinate translation services as well as those who provide translation services to students so that the student can understand their care and treatment should be included. Some examples:

- Scheduling or arranging for a translator or sign-language interpreter to assist a student or family member access to or understand health-related care or treatment outside of an IEP meeting

- Providing translation services to assist a student or family member access to or understand health-related care or treatment, outside of an IEP meeting

### Program Planning, Policy Development or Interagency Coordination related to Health Services

Staff involved in "big picture" planning and development of health care delivery resources for all students. Some examples would be:

- Developing referral relationships and resources among groups of health professionals within, or external to, the school division

- Identifying gaps or duplication of medical/mental health services to school age children and developing strategies to improve the delivery and coordination of these services

### Referral, Coordination and Monitoring of Health Services

Staff involved with this activity would be focused on monitoring and coordinating health-related care for specific student(s). Some examples would be:

- Making referrals for and/or coordinating health services

- Arranging for/scheduling health related services

- Monitoring and evaluating the Medicaid service component of the IEP as appropriate

- This does not include any referrals or scheduling related to state-mandated health services or screenings

# D. What Information is Needed about Each Participant?

After identifying your staff who should participant in RMTS in section C above, you will need to gather the following information about each staff member.

- **Employee ID:** The employee ID should uniquely identify each staff member. It can be a real employee ID from your school district payroll/human resources information system, or you can choose to let the RMTS system randomly assign a unique ID number to each person.
- **Last Name:** The last name of the staff member
- **First Name:** The first name of the staff member
- **Email Address:** The email address of the participant. This field is very important because all communication with the participants when they are randomly selected to respond to a moment are sent by email.
- **Job Description:** Each participant's RMTS job description must be selected from the drop-down list provided. This may or may not exactly match their job title by which you refer to them at your school division. You will provide your school division's job title for each participant in the field called 'Actual Job Title.'
- **Active Yes or No:** This indicates whether the participant will be participating in the RMTS for the quarter. Participants who will not be participating should be marked as 'No.' If any inactive participant returns to work or otherwise needs to begin to participate in RMTS at a later time, they can be re-activated.
- **Fed Fund %:** Federal Funding Percentage: enter the percentage of the staff member's salary that is funded by Federal Grants, including federal IDEA grants
- **Work Schedule:** Enter the name of the Work Schedule chosen for each participant. For more information about work schedules, see the instruction guide for RMTS work schedule calendars.
- **Supervisor Email #1 - #3:** Add up to 3 email addresses of 'supervisors' or individuals who will be responsible for following up with each participant to make sure all moments are completed. Any email addresses provided here will be cc'd on 'late' reminder notifications if the participant fails to respond to any assigned moments.
- **Official Job Title:** This is the job title used within your school district to refer to the position that each participant holds.

# E. Participant Management

The **My Participants** grid for the Random Moment Time Study (RMTS) identifies individuals from your School District that you have named to participate in the RMTS.

From this screen, you will be able to:

- Add new participants
- Update information about current participants who will be continuing to participate
- De-activate staff members who will no longer be participating
- Re-activate staff who participated in the past, but did not participate in the most recent RMTS quarter

The system allows more than one way to complete most functions, including clicking on an action icon in the left hand column of the participant grid, opening a form by clicking on the Employee ID, making changes directly in the participant grid, or importing and exporting files.

## Confirm that you are Working in the Correct Quarter

The RMTS System will default to displaying participant information related to the Next Quarter. But it's always a good practice to double check that the Next Quarter is displayed in the '**Quarter**' navigational field near the top left of the screen.

On the grid, you will notice that the first four columns will freeze as you scroll to the right, and filters at the top of every field will help you search for information as you type in the field. Find what works best for you.
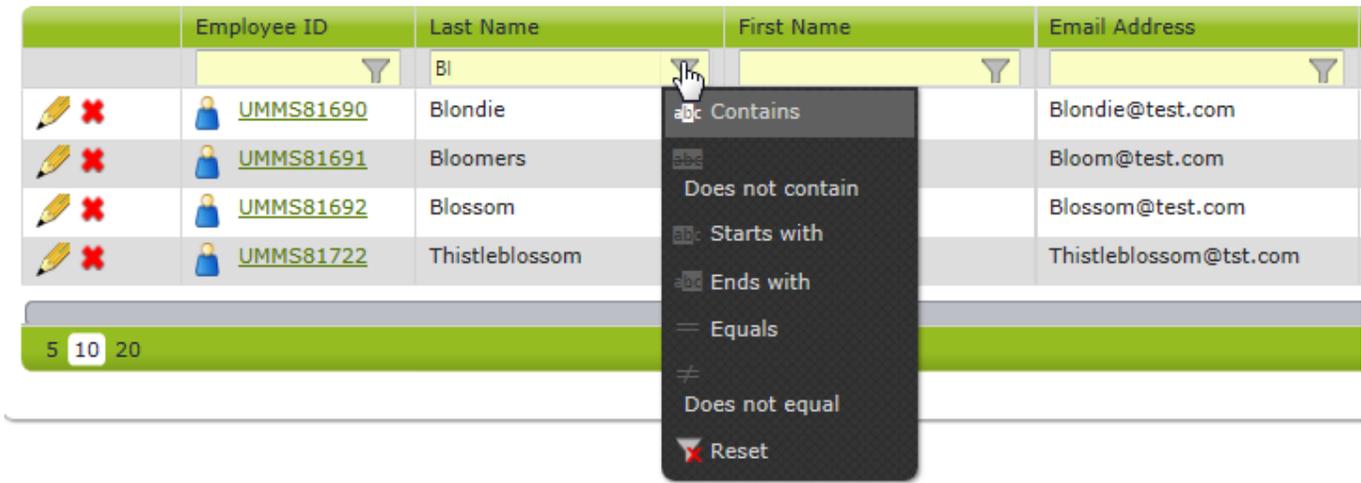


Maximize your screen to see as many fields as possible. Fields listed include: Employee ID, Last Name, First Name, Email Address, Job Pool, Job Description, Federally Funded %, Work Schedule, Supervisor Email #1, Supervisor Email #2, Supervisor Email #3, Official Job Title.
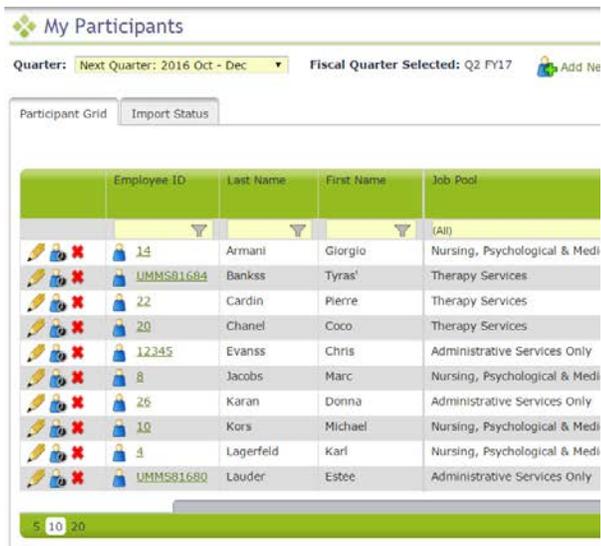


Use the Scroll Bar to move left and right to see additional fields

If you need to navigate to a different quarter, select the quarter from the '**Quarter**' drop-down menu.
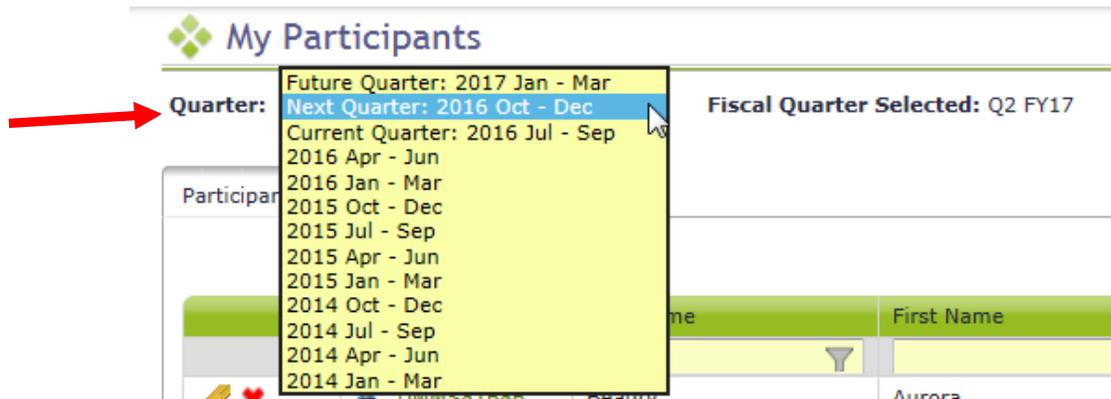


## What can I do from My Participant Grid?

### Editing Information

1. Click on the '**pencil**' in the left hand column.



   a. As you tab across each field, it becomes interactive and you can update information.
   b. After your edits are complete, save your changes by clicking on the green check mark icon in the left column, or cancel your changes and return to the grid view without saving by clicking on the black 'reverse' arrow.



2. Click on the '**Employee ID**'



   a. Edit Participant form opens. Make edits and click 'Save.'

**Fiscal Quarter Selected:** Q2 FY17

**Profile**

| | |
|---|---|
| * Employee ID : | UMMS42250 |
| * Last Name : | Cupcake |
| * First Name : | Kelly |
| * Email Address : | Kelly@Myschool.Net |
| * Active Yes or No : | Yes |

**Additional Information**

| | |
|---|---|
| Official Job Title : | School Counselor |

New Change of Status Request    Save    Cancel

**Job Details**

| | |
|---|---|
| * Job Pool : | Nursing, Psychological & Medical S... |
| * Job Description : | School Counselor, Claiming |
| * Fed Fund % : | 0 |
| * Work Schedule : | Bloomfield High School |

**Supervisor Emails**

| | |
|---|---|
| Supervisor Email #1 : | Supervisor@Myschoo.Net |
| Supervisor Email #2 : | |
| Supervisor Email #3 : | |

## Inactivating Participants

If someone is no longer going to participate in the RMTS program for the next quarter, or indefinitely, they can be marked as inactive. If someone leaves during the quarter and moments have been generated, see the section on Change of Status (COS) requests.

### Option 1: Click on the red **X** in the left hand column.

| | Employee ID | Last Name | First Name |
|---|---|---|---|
| | | | |
| ✏ ✖ 👤 | UMMS81686 | Beauty | Aurora |
| ✏ ✖ 👤 | UMMS81687 | Berry | Snow White |
| ✏ ✖ 👤 | UMMS81688 | Bibbidy | Cinderella |

   a.   You will see a confirmation box. Click 'Yes.'

**Confirm**

Do you want to deactivate the participant?

Yes    No

   b.   The person's information will no longer be displayed on the grid (unless you choose the option to display inactive participants).

### Option 2: Click on the Employee ID

| | Employee ID | Last Name | First Name |
|---|---|---|---|
| | | | |
| ✏ ✖ 👤 | UMMS81686 | Beauty | Aurora |
| ✏ ✖ 👤 | UMMS81687 | Berry | Snow White |
| ✏ ✖ 👤 | UMMS81688 | Bibbidy | Cinderella |

c. Edit Participant form opens. Change 'Active Yes or No' field to 'No'. Click Save.



## Returning Inactive Participants

When a prior RMTS participant returns to the RMTS program for the next quarter, you can reactivate their participant information to include them. This prevents having to re-enter information.

Option 1: Click on the box labeled 'Include Inactive Participants' on the right side, above the grid.



a. Click on the green arrows in the left hand column.

b. You will see a confirmation box. Click 'Yes.'

d. The person's information will be displayed on the grid as an 'active' participant.



## Option 2: Click on the Employee ID



a. Edit Participant form opens. Change 'Active Yes or No' field to 'Yes.' Click 'Save.'

## Adding New Participants

Click on the '**Add New Participant**' link at the top of the grid.



Complete the 'Add Participant' form and click 'Save.'



**Important Notes:**

- Required fields are marked with a red asterisk (*).
- Employee ID can be left blank and the system will assign a unique ID number to the participant, or you may use a payroll/HR employee ID that is unique to this person.
- Do not forget to include Supervisor Email address(es) if there are people who can help be responsible for making sure this participant responds to any selected moments.

*See Appendix A for a complete list of job descriptions, job pools, and licensure requirements*

## What can I do with Exporting/Importing Files?

If you have many changes to make, you may find it easier to use the '**Export to Excel**' and '**Import Participant File**' icons on the top right of the participant grid. Begin by downloading your current list of participants by clicking on '**Export to Excel**' as shown below.
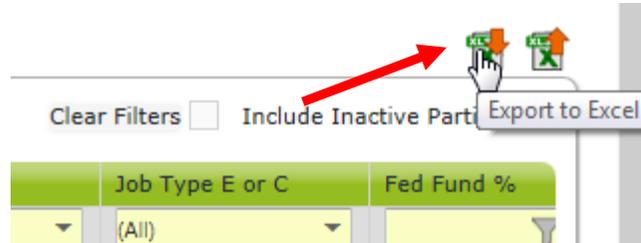


a. **Update participants** by making edits directly in the Excel spreadsheet as needed.
   i. Edit any field directly in the spreadsheet
   ii. Use Dropdowns to help select valid choices for each field
   iii. Use Excel functions if helpful, such as 'Copy / Paste' and Sort/Filter
   iv. Make sure all information for all participants is current and accurate for the new quarter
      1. Do not forget to check participant email addresses and Supervisor email addresses that may have changed.

| | A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Employee ID | Last Name | First Name | Email Address | Job Pool | Job Description | Active Yes or No | Fed Fund % | Work Schedule | Supervisor Email #1 |
| 2 | UMMS7409 | Apple | Nancy | Nancy@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 3 | UMMS7436 | Apricot | Rodwins | Rodwins@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claiming | Y | 0 | High School | supervisor@myschool.net |
| 4 | UMMS7421 | Banana | Karen | Karen@myschool.net | Therapy Service Providers | Licensed Speech and Language Pathologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 5 | UMMS7442 | Berry | Chelsey | Chelsey@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claiming | Y | 0 | All Middle Schools | supervisor@myschool.net |
| 6 | UMMS7411 | Blueberry | Barbara | Barbara@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Claiming | Y | 0 | High School | supervisor@myschool.net |
| 7 | UMMS27247 | Cabbage | Nina | Nina@myschool.net | Therapy Service Providers | Licensed Speech and Language Pathologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 8 | UMMS7412 | Carrot | Jennifer | Jennifer@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 9 | UMMS7443 | Endive | Deborah | Deborah@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claiming | Y | 0 | All Middle Schools | supervisor@myschool.net |
| 10 | UMMS7448 | Fig | Denise | Denise@myschool.net | Administrative Services Only | Special Education Director, Administrator or Assistar | Y | 0 | All Schools | supervisor@myschool.net |
| 11 | UMMS7413 | Grape | Megan | Megan@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Claiming | Y | 0 | All Middle Schools | supervisor@myschool.net |
| 12 | UMMS7422 | Grapefruit | Karen | Karen@myschool.net | Therapy Service Providers | Licensed Speech and Language Pathologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 13 | UMMS7445 | Huckleberry | Pamela | Pamela@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claiming | Y | 0 | All Middle Schools | supervisor@myschool.net |

b. **Add New Participants** by scrolling down to the bottom of the participant list and adding the required information to a new, blank row of the spreadsheet.
   i. Use the drop-down menus to select valid values for accurate information.
   ii. You may choose to leave the 'Employee ID' field blank for the system to generate a unique ID for your new participants.

***Tip*** *If you need to re-activate an individual who participated in the RMTS previously, but not in the most recent quarter, please do not add them as a new participant. Instead, use the online screen option to re-activate them, as described in the 'Returning Inactive Participants' section of this manual on prior pages.*

| | A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Employee ID | Last Name | First Name | Email Address | Job Pool | Job Description | Active Yes or No | Fed Fund % | Work Schedule | Supervisor Email #1 |
| 2 | UMMS7409 | Apple | Nancy | Nancy@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 3 | UMMS7436 | Apricot | Rodwins | Rodwins@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claiming | Y | 0 | High School | supervisor@myschool.net |
| 4 | UMMS7421 | Banana | Karen | Karen@myschool.net | Therapy Service Providers | Licensed Speech and Language Pathologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 5 | UMMS7442 | Berry | Chelsey | Chelsey@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claiming | Y | 0 | All Middle Schools | supervisor@myschool.net |
| 6 | UMMS7411 | Blueberry | Barbara | Barbara@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Claiming | Y | 0 | High School | supervisor@myschool.net |
| 7 | UMMS27247 | Cabbage | Nina | Nina@myschool.net | Therapy Service Providers | Licensed Speech and Language Pathologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 8 | UMMS7412 | Carrot | Jennifer | Jennifer@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 9 | UMMS7443 | Endive | Deborah | Deborah@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claiming | Y | 0 | All Middle Schools | supervisor@myschool.net |
| 10 | UMMS7448 | Fig | Denise | Denise@myschool.net | Administrative Services Only | Special Education Director, Administrator or Assistar | Y | 0 | All Schools | supervisor@myschool.net |
| 11 | UMMS7413 | Grape | Megan | Megan@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Claiming | Y | 0 | All Middle Schools | supervisor@myschool.net |
| 12 | UMMS7422 | Grapefruit | Karen | Karen@myschool.net | Therapy Service Providers | Licensed Speech and Language Pathologist, Claiming | Y | 0 | All Elementary Schools | supervisor@myschool.net |
| 13 | UMMS7445 | Huckleberry | Pamela | Pamela@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claiming | Y | 0 | All Middle Schools | supervisor@myschool.net |
| 14 | | Newperson | Amanda | Amanda@myschool.net | | | | | | |
| 15 | | | | | Administrative Services Only | | | | | |
| 16 | | | | | Nursing, Psychological & Medical Services | | | | | |
| 17 | | | | | Therapy Service Providers | | | | | |

**De-activate participants** by highlighting the entire row that contains the participant's information, and deleting that entire row from the file.

***Tip*** *This is most easily accomplished by clicking on the row number on the left hand side of the spreadsheet to highlight the row, then use the 'right click' of your mouse to bring up a drop down menu. Choose 'delete' from the drop down menu. You will know you completed this step correctly when the participant's information you selected to delete is gone from the spreadsheet, and there are **no blank row(s)** where the information used to be.*

| | A | B | C | D | E | |
|---|---|---|---|---|---|---|
| 1 | Employee ID | Last Name | First Name | Email Address | Job Pool | Job De |
| 2 | | | | @myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Clai |
| 3 | | | | hs@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claimi |
| 4 | | | | @myschool.net | Therapy Service Providers | Licensed Speech and Lang |
| 5 | UMMS7442 Berry | | Chelsey | Chelsey@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claimi |
| 6 | UMMS7411 Blueberry | | Barbara | Barbara@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Clai |
| 7 | Cut | | Nina | Nina@myschool.net | Therapy Service Providers | Licensed Speech and Lang |
| 8 | Copy | | Jennifer | Jennifer@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Clai |
| 9 | | | Deborah | Deborah@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claimi |
| 10 | Paste Options: | | Denise | Denise@myschool.net | Administrative Services Only | Special Education Directo |
| 11 | | | Megan | Megan@myschool.net | Nursing, Psychological & Medical Services | School Psychologist, Clai |
| 12 | | t | Karen | Karen@myschool.net | Therapy Service Providers | Licensed Speech and Lang |
| 13 | Paste Special... | rry | Pamela | Pamela@myschool.net | Nursing, Psychological & Medical Services | School Counselor, Claimi |
| 14 | | | | | | |
| 15 | Insert | | | | | |
| 16 | Delete | | | | | |
| 17 | Clear Contents | | | | | |
| 18 | | | | | | |
| 19 | Format Cells... | | | | | |
| 20 | Row Height... | | | | | |
| 21 | Hide | | | | | |
| 22 | | | | | | |

c. **Name and save your file**.
   i. Note there is no special naming convention requirement for the file name.
   ii. We suggest you name the file something that will be helpful and meaningful to you so that you can accurately identify the file when you browse for it.
   iii. File names cannot exceed 45 characters in length.
   iv. The file format cannot be changed (i.e. the file must be in the latest version of Excel (.xlsx)

d. Click on the '**Import Participant File**' icon on the top right.



Confirm the Year, Quarter and School District Name, then click 'Browse.'
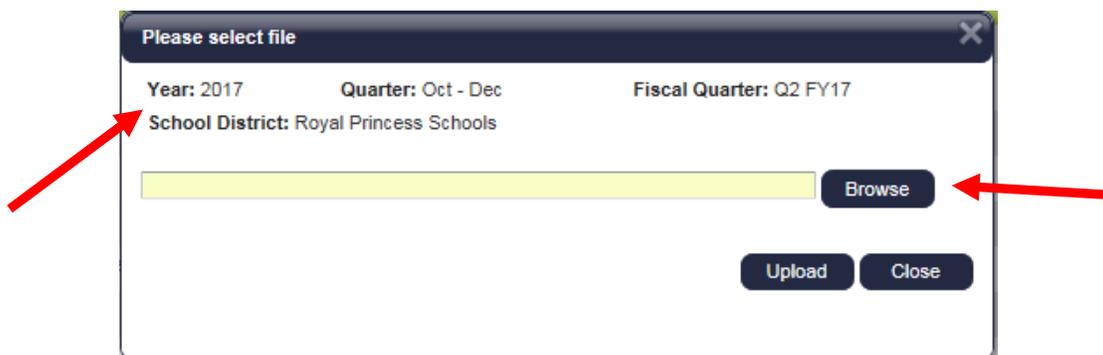


e. Select your file based on the name you assigned it and click 'Upload.'

f.  Review the **Import Report** to verify the changes. This report identifies all changes that your upload file will make to your list of participants. These changes are detailed in three (3) sections:
    i.   New Participants
    ii.  Deactivated Participants
    iii. Upload Changes



**Import Report**

Confirm the following changes for the following school district

**Year:** 2017                **Quarter:** Oct - Dec                **Fiscal Quarter:** Q2 FY17

**School District:** Royal Princess Schools

**New Participants**

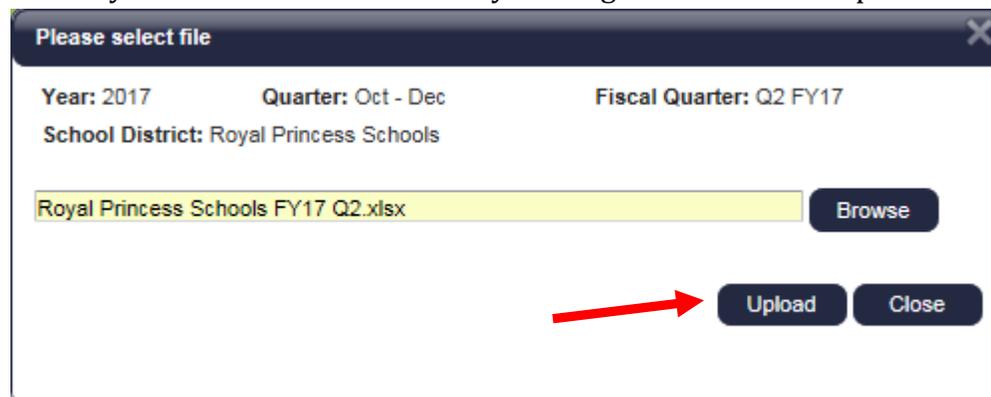| Last Name | First Name | Email Address | Job Description | Work Schedule | Supervisor Email #1 |
|-----------|------------|---------------|----------------|---------------|---------------------|
| Newperson | Test | Windflower@tst.com | Psychologist | | BigBadWolf@test.com |

**Deactivated Participants**

| Employee Id | Last Name | First Name | Email Address | Deactivated Start Date |
|-------------|-----------|------------|---------------|------------------------|
| UMMS81687 | Berry | Snow White | Berry@test.com | 10/1/2016 12:00:00 AM |

**Upload Changes**

| Employee Id | First Name | Last Name | Field Name | New Value | Old Value |
|-------------|------------|-----------|------------|-----------|-----------|
| UMMS81686 | Aurora | Beauty | Email Address | Michael@test.com | Beaty@test.com |

[ Review ]   [ Confirm ]   [ Reject ]

g.  **Review the changes** to make sure that everything is accurate. Then you must choose one of the following actions:
    i.   **Review**: Click this button to export an Excel version of the report for further review. This is helpful if you have made many changes and would like more time to check that they are all correct.
         *Note: If you select this option, you will need to return to the '**Import Status**' tab screen later to 'confirm' or 'reject' the upload file.*
    ii.  **Confirm**: Click this button to confirm that the changes in the file are accurate and to process those changes.
    iii. **Reject**: Click this button to reject the upload file if errors have been found. Once an upload file has been rejected, you then need to correct and re-upload a new file.

h.  Click on the **Import Status** tab, click on the Excel Report icon to open the Import Report and **Confirm** it if the report is still in Review status. It should be 'successful' when done.



## Complete Quarter – Finalizing Participant Management

When all updates have been completed, and before the submission deadline listed in Section A, click 'Complete Quarter' in the lower right hand corner. This will confirm that you have completed your updates for the next quarter and it will lock the system. If for any reason, you realize you need to make changes after you have already marked a quarter as complete, contact UMMS to open the Participant Management screens for you.



## Change of Status Requests

In the event that a random moment time study participant leaves the school district temporarily or permanently, or changes jobs and is no longer eligible to complete the time study, the designated time study contact must submit a Change of Status Request. Previously, this was completed by filling out a paper form and emailing or faxing in the information. Going forward, if someone is not able to participate in the Random Moment Time Study after moments have been generated, you can submit a Change of Status Request online using the My Participants screens.

All Change of Status requests will still be reviewed and processed by UMMS to make sure the requests are only submitted in a valid scenario and that moments are handled appropriately. Please note that if a request for a Leave of Absence is submitted, the participant will not be deactivated. In this case, they will be 'excused' from answering moments during the period of their leave of absence, but they will remain as an active participant in the system in anticipation of their return to work.

To submit a Change of Status Request, first locate the staff member on the My Participants grid, and click on their Employee ID number.
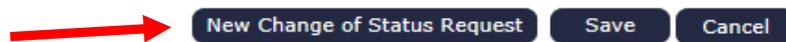


a. From the Edit Participant detail screen, click 'New Change of Status Request'



b. Select Change of Status Type from the drop-down menu.

c. Depending upon the Change of Status Type, other questions will be asked. When completed, click Submit.

**Change of Status Request**

| | |
|---|---|
| **Change of Status Type:** | Leave of Absence ▼ |
| **Leave of Absence Reason:** | Select an Reason... ▼ |
| ☐ Paid | |
| ☐ Unpaid | |
| ☐ Undetermined | |

**Change of Status Request**

| | |
|---|---|
| **Change of Status Type:** | Change of Employment Status ▼ |
| **Change of Employment Status Reason:** | Select an Reason... ▼ |
| **Change of Employment Status Start Date:** | 🗓 |

**Change of Status Request**

| | |
|---|---|
| **Change of Status Type:** | Termination ▼ |
| **Termination Reason:** | Select an Reason... ▼ |
| **Termination Start Date:** | 🗓 |

d. You will receive a confirmation message. Click 'confirm.'

**Confirm** ✕

Once approved, this participant will be removed from the RMTS process. Are you sure you want to submit the Change of Status?

[ Confirm ] [ Cancel ]

# F. Resources

For assistance with the Random Moment Time Study, please e-mail
SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741, option 0.

Additional Web-based Program Resources:

Department of Social Services

Medicaid School Based Child Health Program Information

http://portal.ct.gov/DSS/Health-And-Home-Care/School-Based-Health-Care-Program/School-Based-Child-Health---SBCH

# G. Appendix A

### Direct Service Job Pools and Job Descriptions for RMTS

| RMTS Pool | Qualified Provider Title | Qualified Provider Description |
|---|---|---|
| Medical | Licensed Clinical Social Worker or LCSW | Means a person licensed pursuant to section 20-195n of the Connecticut General Statutes |
| Medical | School Social Worker | Means a person certified by the State Department of Education pursuant to section 10-145d-564 to 10-145d-566, inclusive of the Regulations of Connecticut State Agencies |
| Medical | Clinical Psychologist | Means a person licensed pursuant to section 20-188 of the Connecticut General Statute |
| Medical | School Psychologist | Means a person certified by the State Department of Education pursuant to sections 10-145d-560 to 10-145d-562, inclusive, of the Regulations of Connecticut State Agencies |
| Medical | Marital and Family Therapist | Means a person licensed pursuant to section 20-195c of the Connecticut General Statutes |
| Medical | School Marriage and Family Therapist | Means a person certified by the State Department of Education pursuant to sections 10-145d-566b to 10-145d-566f, inclusive, of the Regulations of Connecticut State Agencies |
| Medical | Advanced Practice Registered Nurse or APRN | Means a person licensed under section 20-94a of the Connecticut General Statutes |
| Medical | Registered Nurse or RN | Means a person licensed to practice nursing pursuant to subsection (a) of section 20-87a of the Connecticut General Statutes |
| Medical | Licensed Practical Nurse | Means a person licensed pursuant to section 20-96 of the Connecticut General Statutes |
| Medical | School Nurse | Means a person certified by the State Department of Education pursuant to sections 10-145d-548 to 10-145d-550, inclusive, of the Regulations of Connecticut State Agencies |
| Medical | Alcohol and Drug Counselor | Means a person licensed or certified pursuant to section 20-74s of the Connecticut General Statutes |
| Medical | Licensed Professional Counselor | Means a person licensed pursuant to section 20-195dd of the Connecticut General Statutes |
| Medical | School Counselor (Including previously Certified Guidance | Means a person certified by the State Department of Education pursuant to 10-145d-556 to 10-145d-558, inclusive, of the Regulations of |

| RMTS Pool | Qualified Provider Title | Qualified Provider Description |
|---|---|---|
| | Counselors) | Connecticut State Agencies |
| Medical | Optometrist | Means a person licensed pursuant to Chapter 380 of the Connecticut General Statutes to practice optometry as delineated in subsections (a)(1) and (2) of section 20-127 of the Connecticut General Statutes |
| Medical | Naturopathic Physician | Means a person licensed pursuant to section 20-37 of the Connecticut General Statutes |
| Medical | Physician | Means a person licensed pursuant to section 20-13 of the Connecticut General Statutes |
| Medical | Physician Assistant | Means a person licensed pursuant to section 20-12b of the Connecticut General Statutes |
| Medical | Board Certified Behavior Analyst | Has the same meaning as provided in section 20-185i(2) of the Connecticut General Statutes |
| Medical | Board Certified Assistant Behavior Analyst | Has the same meaning as provided in section 20-185i(3) of the Connecticut General Statutes |
| Medical | Personal Care Assistant | Means a person performing activities of daily living or instrumental activities of daily living as defined in 42.CFR.440.167 |
| Medical | Registered Behavior Technician | Means a person with a bachelor's degree in a behavioral health field, behavior analysis or related field, plus one year of full-time equivalent providing ASD treatment services, or have an associate's degree in a behavioral health field, behavior analysis or related field, plus two year of full-time equivalent providing ASD treatment services |
| Medical | Medicaid Billing | A person who as is reasonably expected as a regular part of their job to handle Medicaid billing. ("Regular" is typically a recurring task during the week and can be as little as one hour per week.) |
| Therapy | Audiologist | Means a person licensed to practice audiology pursuant to section 20-395c of the Connecticut General Statutes |
| Therapy | Audiology Assistant | Has the same meaning as provided in section 20-395a of the Connecticut General Statutes |
| Therapy | Licensed Hearing Instrument Specialist | Has the same meaning as provided in section 20-396 of the Connecticut General Statutes |
| Therapy | Respiratory Care Practitioner | Has the same meaning as provided in 20-162n of the Connecticut General Statutes |

| RMTS Pool | Qualified Provider Title | Qualified Provider Description |
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| Therapy | Physical Therapist | Means a person licensed pursuant to 20-70 or 20-71 of the Connecticut General Statutes |
| Therapy | Physical Therapist Assistant | Has the same meaning as provided in section 20-66 of the Connecticut General Statutes |
| Therapy | Licensed Speech and Language Pathologist | Has the same meaning as provided in section 20-408 of the Connecticut General Statutes |
| Therapy | Speech and Language Pathologist Assistant | Means a person providing assistance to a speech and language pathologist pursuant to subsection (5) of section 20-413 of the Connecticut General Statutes |
| Therapy | Occupational Therapist | Means an individual licensed pursuant to section 20-74b or section 20-74c of the Connecticut General Statutes |
| Therapy | Occupational Therapy Assistant | Has the same meaning as provided in section 20-74a of the Connecticut General Statutes |

# Administrative Only Job Descriptions for RMTS

Alcohol & Drug Counselor, Admin only
Assistive Tech Consult Admin Only
Audiologist Assistant, Admin only
Audiologist, Licensed, Admin only
Board Certified Behavior Analyst, Admin only
Board Certified Assistant Behavior Analyst, Admin only
Clinical Psychologist, Admin only
Licensed Hearing Instrument Specialist, Admin only
Licensed Professional Counselor, Admin only
Licensed Speech & Language Pathologist, Admin only
Marital & Family Therapist, Admin only
Medicaid Coordinator/Clerk
Naturopathic Physician, Admin only
Nurse (APRN), Licensed, Admin only
Nurse (LPN), Licensed, Admin only
Nurse (RN), Licensed, Admin only
Occupational Therapist, Admin only
Occupational Therapy Assistant, Admin only
Optometrist, Admin only
Personal Care Assistant, Admin only
Physical Therapist Assistant, Admin only
Physical Therapist, Admin only
Physician Assistant, Admin only
Physician, Admin only
Psychiatrist, Licensed, Admin only
Pupil Services Personnel, Director
Pupil Services Support Personnel
Registered Behavior Technician, Admin only
Respiratory Care Practitioner, Admin only
School Counselor, Admin only
School Marriage and Family Therapist, Admin only
School Nurse, Admin only
School Psychologist, Admin only
School Social Worker, Admin only
Special Education Department Support personnel
Special Education Director, Administrator or Assistant
Speech & Language Pathologist Assistant, Admin only
Therapy Department Director, Administrator or Assistant
Therapy Department Support Personnel