South Dakota Random Moment Time Study (RMTS)

RMTS Participant Training
School Based Medicaid Program (SBMP)





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Presentation Notes

- Sivic Solutions Group (SSG)
- Please remain on mute during the presentation to reduce background noise
- Please take a moment to locate the GoTo Training “questions” feature where you can post questions throughout the presentation
- Attached to this presentation under “Handouts” are the slides if you want to download them at any point during this presentation
- We will pause for questions at the end of today’s presentation to take questions

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Welcome!

This training will introduce you to the Random Moment Time Study (RMTS) and explain your role as an RMTS participant.

We will also walk you through the process of responding to a random moment and we'll provide some helpful tips to keep in mind.

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What do I need to know?

- The School Based Medicaid program is a partnership between public school districts and the South Dakota Department of Social Services (DSS).
- DSS is the agency that administers School Based Medicaid in South Dakota. SSG works with DSS to support schools in providing services to students.
- RMTS is a state-wide time study where participants from school districts across the state are pooled together into groups according to each participant's job duties.
- Your School District has designated you as a staff member who performs activities that are reimbursable under the Medicaid and Schools Program.
  - Receive reimbursement for Medicaid eligible costs
  - Receive funds to support staff efforts

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What do I need to know?

- RMTS is a statistically valid means of sampling a randomly distributed portion of working hours across a group of people to quantify the portion of time that the group spends performing different categories of work activities.
- Each randomly selected “moment” consists of one minute, at a specific date and time.
- Six (6) questions are asked about the participant’s activity at the assigned time, and generally will take about 5 minutes to answer
- It varies, but most participants will only receive 0-5 moments per quarter

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What do I need to know?



What do I need to know?

Participant e-mail: Initial Notification

- You will receive an initial registration email containing your User ID and a temporary password from sdrms@sivicsolutionsgroup.com to access the SSG RMTS system
- The initial e-mail will contain the following information:
  - The sample moment date and time
  - Employee Name
  - Participant ID
  - Instructions on accessing and completing the observation form
  - A hyperlink to the e-SivicMACS observation form
  - Contact information for technical questions or concerns

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What do I need to know?

Participant e-mail: Initial Notification Example

Hello Participant:

You were selected for a random moment sampling at 11:35 AM (CT) on Thursday, October 7, 2025.

1) Click on the RMTS web link to access your internet sample observation form.
2) The initial screen is a sign-on for the entry of your employee ID, which is provided below.
3) After the RMTS form is displayed, select a program and an activity, using the drop down menus.
4) Record your comments, describing the activity being performed at the sample moment or training attended.
5) If working with a client, enter the case number.
6) Click Save and Exit to complete your sample observation.

You will have only 3 business days from the Moment date/time to access the observation form.

If you have difficulty or questions in completing your sample observation form, please contact Sivic Solutions Group (SSG) at sdsupport@sivicsolutionsgroup.com immediately.

PLEASE DO NOT RESPOND TO THIS E-MAIL.

Participant ID: 00012345

Observation ID: 36347

Observation Link

Thank you,
RMTS Administrator

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Why me?

- Your school district has included you in the RMTS because some portion of the work that you do helps DSS accomplish its mission of keeping children healthy and ensuring that all of South Dakota's children have access to quality health care services.

- Examples:
  - Deliver medically necessary health-related services, such as PT, OT, Speech Therapy, Psychological Counseling, and Nursing Services
  - Coordinate care children receive in school with other providers in the community
  - Conduct outreach to families who might qualify for Medicaid and/or assist families with the Medicaid application process
  - Arrange for medically necessary specialized transportation to ensure that children can safely get to school where they will receive important health-related services

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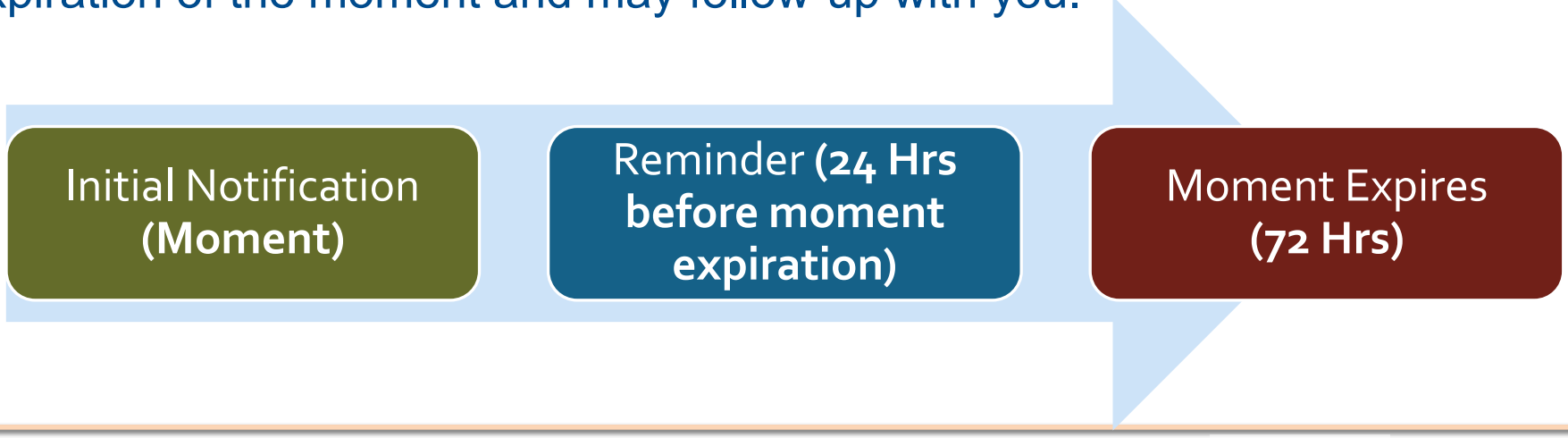
How does RMTS work?

- **Prior Notification:** If you are selected for a moment, you will receive a 'prior notification' email notification informing you of a future date and time of an assigned moment 24 hours before the 'actual moment' occurs.
- **Actual Moment:** If you are selected for a moment, you will receive an email notification informing you of the actual date and time of the assigned moment.
  - **Please respond as to the date & time on the moment email, not when you are actually filling out the moment.*
- **Reminders:** You will receive an email reminder 24 hours before the expiration of the moment with your supervisor and/or RMTS Coordinator(s) copied on the emails to answer your moment until you respond.

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How does RMTS work?

- After three (3) business days / 72 hours, if your assigned moment is not answered, you will no longer be able to access the moment because it will be considered “expired.”
  - This counts against your School District’s compliance requirement and may affect South Dakota schools’ federal funding, therefore it is important that you respond to all assigned moments.
- If you do not answer your assigned moment, your supervisor and/or RMTS Coordinator at your school division will be notified 24 hours before the expiration of the moment and may follow-up with you.



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RMTS Question & Answers

- **Note 1*: Bullet points are dropdowns for questions 1, 5, 6 with no 'write in' response required.
- **Note 2*: Questions 2, 3, 4 are 'write in' responses to be filled in by the participant.

The questions that each participant to be asked are below:

1) Please select the following dropdown answers:
   - Working for a school/district at time of moment
   - Paid Time Off (Vacation/Sick/Personal/Inclement Weather or Event)
   - On lunch or break at time of moment & working for a school/district
   - Unpaid Time Off (You were not working or paid by school/ district at time of your moment)

2) If you were working at the time of your moment, please answer the following question. Who was with you? Indicate classifications (e.g., Speech Therapist, Student, Parent, etc.) rather than names. *Write in N/A for paid or unpaid time off/lunch/break.

3) If you were working at the time of your moment, describe in detail the specific activity you were doing during the exact minute indicated in the time study (e.g. if driving, please provide purpose of destination & what you will be doing). *Write in N/A for paid or unpaid time off/lunch/break.

4) If you were working at the time of your moment, why were you doing this activity? (please be more specific than 'it is part of your job duties'), *Write in N/A for paid or unpaid time off/lunch/break.

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RMTS Question & Answers

- *Note 1: Bullet points are dropdowns for questions 1, 5, 6 with no 'write in' response required.
- *Note 2: Questions 2, 3, 4 are 'write in' responses to be filled in by the participant.

Continued - The questions that each participant to be asked are below:

5) Is the activity you were doing, as described above, with or on behalf of a student that has a 'Health-related' or 'Academic-related' IEP/IFSP or 'Other Plan of Care' (e.g. 504 plan)?

- Yes, I was working on the HEALTH-related section(s) of an IEP/IFSP that involves a student's medical/ health needs (OT, PT, Speech, Nursing, Psych/ Mental Health, Behavioral) which affects their ability to participate in school-related activities
- Yes, I was working on the HEALTH-related section(s) of an 'Other Plan of Care' (e.g. 504 plan) that involves a student's medical/ health needs (OT, PT, Speech, Nursing, Psych/ Mental Health, Behavioral) which affects their ability to participate in school-related activities
- Yes, I was working on the Academic/ Learning Disability/ Educational section(s) of IEP/IFSP and/or 'Other plan of Care (e.g. 504 plan) that ONLY involves student academic needs
- I was working on none of the above activities
- N/A (paid or unpaid time off/lunch/break)

6) If you were working with or on behalf of a student that has a 'HEALTH-Related' IEP/IFSP and/or 'Other Plan of Care'(e.g. a 504 plan), please indicate 'Yes' if the activity you were doing is a requirement in the student's IEP/IFSP and/or 'Other Plan of Care' (e.g. a 504 plan). Select 'No' if not.

- Yes, the activity I was working on involved the HEALTH-related section(s) of an IEP/IFSP and/ or 'Other Plan of Care' (e.g. 504 plan) that involves a student's medical/ health needs (OT, PT, Speech, Nursing, Psych/ Mental Health, Behavioral) which affects their ability to participate in school-related activities
- No, the activity I was working on DID NOT involve the HEALTH-related section(s) of an IEP and/ or 'Other Plan of Care' (e.g. 504 plan) that involves a student's medical/ health needs (OT, PT, Speech, Nursing, Psych/ Mental Health, Behavioral) which affects their ability to participate in school-related activities
- N/A (paid or unpaid time off/ lunch/ break)

It is important to answer moment even if you weren't working at the time!

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Hints and Reminders

- A moment = one minute
- You have three (3) days / 72 hours to complete your moment
- Be sure to check your e-mail at least once each day if possible
- It is important to respond to all assigned moments, even if you were not at work.
  - Paid time off still results in reimbursement
  - Let your Coordinator know if you are going to be not working for an extended period of time
- If you are working for multiple schools, and the moment says it's a school you aren't working for at the moment, you should still answer to as exactly what you were doing at the time of the moment. It's a state-wide time study, not an individual school time study.
  - This also applies to if you are working for another facility & not for a school, please answer the moment as to what you were doing.
- If you are doing several things at once, choose the one that has your predominate attention
- It is important to answer all follow-up messages regarding answered moments!

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Hints and Reminders

- Be sure to respond to the moment by indicating what you were doing at the time, rather than what you were not doing
- Think about the specifics of what you were doing at the time of the moment
  - Don't say this:
    - I wasn't working with students at this time.
  - Do say this instead:
    - This was during my prep period and I was preparing materials to use with my Speech students in the afternoon.

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Hints and Reminders

- If you were engaged in communication at the time of your moment (either in person or via email or on the telephone), please describe the topic of the conversation.

- Don’t say this:
  - I was checking email.
- Do say this instead:
  - I was responding to an email from a parent who needed information about an upcoming field trip.

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Contact Information

Live Support:

By Phone: 1-877-916-3222

Technical Support e-mail: sdsupport@sivicsolutionsgroup.com

DSS SBMP Website: https://dss.sd.gov/medicaid/providers/schoolbased.aspx

Thank you for your participation in the RMTS!

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