

## *Your response is needed! Direct Service*

### Random Moment Time Study

If selected to participate in the RMTS, you will receive an email from PCG with "State of Colorado Time Study" in the subject line.

After the moment has passed, use the instructions in the email to log-on the survey website and answer the questions. Please note the following in responding to the survey:

- Responses are crucial to secure additional revenue for health services in the district
- It should take less than 5 minutes to complete
- Must be completed within 120 hours from the assigned moment
- Answers should be thorough and accurate
- Describe any health-related activities from a health and safety standpoint
- Do not modify activities during the assigned moment
- Do not include identifying information, such as a student's name

### Time Study Questions

The following outlines concise, descriptive responses to the RMTS questions:

1. Were you working? **Answer yes or no.**  
**Regardless of your answer, you must respond to all remaining questions.**
2. Describe your activity. If a health-related activity was completed, please describe the activity from a health and safety standpoint. *Example responses:*
  - **Completing a mental health evaluation**
  - **Providing OT services to a group of students**
  - **Providing 1:1 speech therapy**
  - **Giving medication to a student**
  - **Providing information on Medicaid/CHP+ or assisting a parent or guardian complete a Medicaid/CHP+ application**
  - **Gathering information for a medical/dental/mental health referral**
  - **Driving to attend a meeting or provide services for a student.**
3. Describe why you were doing the activity. If a health-related activity was completed, please describe the activity from a health and safety standpoint. *Example responses:*
  - **To determine if a student is eligible for an IEP**
  - **Working on student's goals as outlined on IEP**
  - **The student's IEP/Health Plan requires medication to be administered**
  - **Student identified with health insurance needs**
  - **Student in need of medical/dental/mental health-services**
4. Were you working with a student? **Answer this question yes or no accordingly**
5. Was the service listed on the IEP/IFSP? **Answer this question yes or no accordingly**

Once finished responding to all RMTS questions, please remember to click the Submit button.

Questions: contact the Medicaid Coordinator [jaweaver@aps.k12.co.us](mailto:jaweaver@aps.k12.co.us)