

*Your response is needed! Personal Care Services*

## Random Moment Time Study

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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

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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:*

- *Giving medication to a student*
- *Assisting a student with eating/toileting*
- *Monitoring student safety in the building/on the bus*
- *Checking student’s glucose level*

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:*

- *I was delegated to distribute medication by the nurse*
- *Student needed assistance to complete activity due to disability*
- *Monitoring required for student’s safety and health*
- *Monitoring required for student’s diabetes care*

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.*

*Note: A child receiving specialized care or services on an individual level will most likely have an IEP/IFSP. If you are unsure of the IEP/IFSP, please contact the Special Educator or Nurse at your school.*

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

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