

Medicaid Administrative Claiming Time Study Participant Quiz

Print Name: _____ Job Title: _____ Date: _____

Each staff person chosen to participate in the Random Moment Time Study must be trained prior to completing an observation form. Annual training helps guarantee adequate understanding of activities and the coding system and ensures the statewide accuracy of the allocation percentages used in the calculation of the reimbursement amounts. **This quiz is proof of your annual RMS training.**

Read each comment and choose the appropriate activity code. You may want to look back at the PowerPoint presentation, in your Time Study Completion Guide, or at the Definition of Activity Codes sheet.

	If at the time of your random moment sample survey you are performing the following activity:	What Code...
1.	A parent is interested in your school's after school care for his child. You are a counselor referring him to the person who can answer his questions.	
2.	A student in your school is physically impaired and needs a wheelchair. The family can't afford one. You are a physical therapist explaining to the parents, the Medicaid services available that can assist with the purchase of equipment even though both parents work.	
3	You are a Physical Therapist evaluating whether a student needs a brace.	
4.	You are a Speech Language Pathologist and are meeting with a team of para-professionals about how to improve augmentative communication skills of your schools non-verbal students	
5.	You are a dietician helping a family fill out an application for food stamps.	
6.	You are in a staff meeting to develop strategies to improve school safety.	
7.	You are an administrator arranging for a translator to help a non-English speaking family understand the paperwork they need to fill out for their child to apply for Medicaid services.	
8.	You are a program specialist helping enroll a new student at your school.	
9.	You're a speech language pathologist providing group therapy to a number of students.	
10.	You are a Health Aide documenting a child's disability on a form sent to you for the purpose of the child obtaining SSI and Medicaid benefits.	
11.	You are writing a recommendation letter for a student to apply for college scholarships.	
12.	A student at your school would be better served at a special center for seriously emotionally disturbed children. You are a counselor telephoning to coordinate services between your school and the special center for an easy transition for the student.	
13.	You're a part-time employee and your sample time is before your workday is scheduled to begin.	
14.	You're in an IEP meeting discussing what educational placement level is best for a child whose testing indicates a need for speech language therapy.	
15.	You're arranging transportation for students to be honored at the Capital for academic achievement.	
16.	You are a billing clerk, and your random moment sample time is during your lunch break.	
17.	Fill out the attached sample Random Moment Observation Form according to the information given in question #7 above.	

Participant Signature

Coordinator Signature

Random Moment Observation Sampling Form

Montana -Medicaid Admin Claiming

For the period: 2-October-2015 to 22-December-2015

Your Name Here

Administrator for Special Education
Montana Public School – Admin BuildingSample Moment: **Oct/05/2019 8:26:00AM**Sample Sequence #: **1**

Participant Signature _____ Date _____

Please provide a brief answer to each of the questions below. You need to sufficiently describe what you were doing at the date and time listed above in order to support your activity code selection. Please do not use individually identifiable health information in your description.

What were you doing? _____

Who were you with? Student Family/Parent Colleague Self Other: _____

What is the purpose of this activity? _____

Section I: Job Title (Please select only one [x])

- 01 Administrators for Special Education
- 02 Audiologists and Audiology Assistant
- 03 Bilingual Specialists
- 04 Counselors
- 05 Diagnosticians
- 06 Dietitians
- 07 Coordinators/Liaisons for Spec. Ed.
- 08 Interpreters
- 09 Licensed Nurses or School Health Aides
- 10 Medicaid Billing Clerks
- 11 Occupational Therapists and Assistants
- 12 Orientation and Mobility Specialists
- 13 Physical Therapists and Assistants
- 14 Program and Staffing Specialists
- 15 Psychologists and Interns
- 16 Recreation Therapists
- 17 Registered Nurses
- 18 Respiratory Therapists
- 19 Social Workers
- 20 Speech-language Pathologist and Aides
- 21 Student Services Personnel
- 22 Work-Study Coordinator

Section II: Activities (Please select only one [x])

- 01 Direct Medical and School Health-Related Services
- 02 Educational and Other Social Activities, Non-Medicaid
- 03 Outreach to Medicaid Programs
- 04 Outreach to Non-Medicaid Programs
- 05 Facilitating an Application for Medicaid
- 06 Facilitating an Application for Non-Medicaid Programs
- 07 Referral, Coordination and Monitoring of Medical Services
- 08 Referral, Coordination and Mntrg of Non-Medical Svcs
- 09 Client Assistance to Access Medicaid Services
- 10 Client Assistance to Access Non-Medicaid Services
- 11 Prgm Planning, Devlpmt & Mntrg of Medicaid Services
- 12 Prgm Planning, Devlpmt & Mntrg of Non-Medicaid Services
- 13 General Administration
- 14 Not Scheduled to Work

Instructions for Completing the Random Moment Sample Form

1. Check the name and job title at top left of the sample form. Make a note of the sample time.
2. After your sample moment, provide a brief answer to each of the three questions that accurately describes what you were doing at the date and time listed above. This description should sufficiently describe what you were doing to support the activity code you choose.
3. In Section I, (middle left of RMS form), select the box next to your job title. This should match the job title under your name. If the title is incorrect under your name, cross it out, and write in the correct job title from the choices in Section I.
4. In Section II, (middle right of RMS form), select the box next to the activity code that matches your answers to the questions above. Use the definition of activity codes on the back of this sheet to help you choose the correct code.
5. If you need to make a correction, cross out the incorrect information. Circle, re-mark and initial the corrected information. White-out invalidates the form.
6. Sign, and date the form under your name (top left of form). Promptly return the form to your MAC Coordinator.

Please use ink to complete this form.

Validation Signature _____ Date _____

If "TRUE", your MAC Coordinator, or supervisor must check the form for accuracy, then sign and date.

If "FALSE", do nothing.

DO NOT USE WHITEOUT