

# Medicaid Administrative Claiming Random Moment Time Study *Coordinator* Manual

*for*

**King County Superior Court Juvenile Probation Services**

**November 21, 2013**



## TABLE OF CONTENTS

|   |      |
|---|------|
| INTRODUCTION  | C-5  |
| CONTACT INFORMATION   | C-5  |
| METHODOLOGY   | C-5  |
| Statistical Validity  | C-5  |
| Reimbursable Participant MAC Activities                         | C-5  |
| KCSCJPS staff positions eligible to participate in the MAC RMTS | C-5  |
| RMTS Process Summary  | C-6  |
| Annually  | C-6  |
| Quarterly   | C-6  |
| Minimum Response Rate and Non-Responses                         | C-6  |
| RMTS Coordinator Responsibilities                               | C-8  |
| Initial Set-Up  | C-8  |
| Quarterly Tasks   | C-8  |
| Ongoing Responsibilities  | C-8  |
| MANAGING THE RMTS SYSTEM FOR YOUR AGENCY                        | C-9  |
| Agency Calendars  | C-9  |
| Setting up the Agency Calendar                                  | C-9  |
| Confirming Calendars  | C-12 |
| Initial Steps to Upload Participants                            | C-12 |
| Participant Spreadsheet   | C-12 |
| Uploading Participant Files                                     | C-15 |
| Mid quarter participant changes                                 | C-16 |
| Managing Existing Participant Lists                             | C-16 |
| Extracting Files  | C-16 |
| Template Files  | C-16 |
| Uploading Files   | C-16 |
| RMTS MOMENTS  | C-18 |
| Receiving a Moment  | C-18 |
| Completing a Moment   | C-18 |
| Locating Moments  | C-18 |
| Answering a Moment  | C-19 |
| Drop Downs  | C-19 |
| Documentation to Support Moment Recorded                        | C-20 |
| Required Narrative Box  | C-21 |
| Editing an Answered Moment                                      | C-23 |
| ON-LINE MANAGEMENT REPORTS                                      | C-22 |
| Training Documents Viewed Report                                | C-22 |
| Training Summary Exception Report                               | C-23 |
| RMTS Compliance Status Report                                   | C-24 |
| RMTS Participant Moment Listed by Date Report                   | C-25 |

|   |      |
|---|------|
| RMTS Participant Moments Completed Report | C-25 |
| COORDINATOR TOOLS AND FORMS               | C-26 |
| Technical Notes   System Specifications   | C-26 |
| Initial Implementation Checklist          | C-28 |
| Quarterly Maintenance Checklist           | C-30 |
| KCSCJPS Drop Down Activity Selections     | C-31 |
| Tip Sheets for Drop Downs                 | C-34 |
| Change of Status Form                     | C-38 |
| Lost Password Process                     | C-39 |

# Introduction

This *Coordinator* Manual has been developed for the agency Random Moment Time Study (RMTS) Coordinator of the Health Care Authority (HCA) RMTS System administered by the University of Massachusetts Medical School (UMMS).

The RMTS Coordinator is critical to the successful launch and maintenance of the RMTS. This manual provides step-by-step instructions for setting up participants and managing the RMTS. *Note: More information on loading salary and benefits will be added by December 2013.*

## Contact Information

### University of Massachusetts Medical School (UMMS)

Center for Health Care Financing  
RMTS & School-Based Medicaid Program  
333 South Street  
Shrewsbury, MA 01545  
[MedicaidAdmMatch@umassmed.edu](mailto:MedicaidAdmMatch@umassmed.edu)  
Phone: 800-535-6741, Option 6  
Fax: 508- 856-7643

### Health Care Authority

Medicaid Administrative Claiming  
P.O. Box 45530  
Olympia, WA 98504-5530  
[MAC@hca.wa.gov](mailto:MAC@hca.wa.gov)  
MAC Help Desk: 800-562-3022 ext. 55147  
Fax: 360-664-4371

## Methodology

- The RMTS methodology quantifies activities of time study participants (participants) who provide outreach and linkage activities to eligible and potentially eligible Medicaid clients.
- Staff is eligible to participate in the RMTS based on duties included in their job description.
- The RMTS polls participants at random moments during their normal workday, over a quarter and calculates the results.
- Participants only complete the time study when prompted during a randomly selected moment.
- Staff should NOT change their normal work activities, but should conduct their normal routine and respond to events as they would any other day. This is essential to the accuracy and validity of the RMTS.

## **Statistical Validity**

- HCA uses a sampling methodology to achieve a 95% confidence level with a precision of +/- 2%.

## **Reimbursable Participant MAC Activities Include:**

- Informing Washington State residents about Medicaid and providing them with applications for the program.
- Assisting them in completing and submitting the Medicaid application for eligibility determination and eligibility reviews.
- General Administration.

## **KCSCJPS Staff Positions Eligible to Participate in the MAC RMTS**

- At-Risk Youth Case Manager/Juvenile Court Specialist

- Education and Employment Specialist
- Juvenile Probation Counselor
- Juvenile Probation Counselor, Lead
- Juvenile Probation Supervisor
- Social Worker

## **RMTS Process Summary**

### **Annually:**

- The MAC contractor updates the claiming year calendar in the HCA MAC claiming System (System) by June 1 each year. (The calendar year mirrors the state fiscal year and runs from July 1 through June 30.)

### **Quarterly:**

- The MAC contractor enters/confirms a list of eligible RMTS participants, staff hours, and any updates to the calendar in the System 30 days prior to the start of each quarter

Note: HCA will confirm the eligible participant list on a quarterly basis. Participants and moment times are randomly selected from the RMTS pool of participant lists.

- New participants receive User IDs and Passwords via email, and are reminded to complete online training before they receive their initial randomly selected moment.
- Participants receive email notification of a moment approximately five (5) minutes before the designated time. A non-response to a moment will be coded as non-Medicaid.
- These emails will be followed by a reminder email that will be sent to the participant at 24, 48 and 72 hours after they receive the initial email to complete a moment. The RMTS coordinator and/or supervisor are notified by email if a participant fails to complete their moment within 72 hours.
- Participants complete the RMTS moment using pre-selected drop downs or free typed responses.
- Free typed responses are reviewed and coded by HCA staff. If responses are illogical or need clarification, HCA staff will follow-up with an email to the participant.
- After five (5) work days, a moment expires and the participant will not be able to complete or edit the response.
- The MAC Contractor enters/confirms actual staff salary and benefits in the RMTS System to be used for claim calculation within 60 days after the close of the quarter.

## **Minimum Response Rate and Non-Responses**

Non-responses are moments not completed by participant within five (5) work days. The return rate of valid responses for the MAC Contractor must be a minimum of 85%. To ensure enough moments are completed for a statistically valid sample, HCA oversamples by 15%.

A moment will be considered a non-response when it has expired after five (5) work days or if HCA has requested additional information from a participant and the information has not been received within 15 days.

The response rate is calculated by dividing the number of completed moments by the total of all moments generated. If the response rate falls below 85%, all moments not completed will be added to the denominator for the calculation of each activity code percentage. The numerator will be the number of moments coded to the given activity code. Oversampled moments are not tracked separately.

HCA and UMMS will monitor the response rate of the MAC Contractor by reviewing the RMTS Compliance monitoring Report. Any non-response rate greater than 15% is unacceptable, and HCA will require remedial action:

- Non-response rates greater than 15%:
  - HCA will send written notification to the MAC Contractor requesting a corrective action plan.
    - The MAC Contractor must develop and submit the corrective action plan to HCA for approval within 30 days of HCA notification.
  - Failure to provide a timely corrective action plan may result in contract termination.
  - 85% compliance rate must be met in the following quarter.
  
- Non-response rates greater than 15% for two (2) consecutive quarters:
  - HCA will reduce reimbursement by 35% for the second consecutive quarter.
  - The MAC Contractor will be notified via certified mail of the reduced reimbursement.
  - 85% compliance rate must be met in the following quarter.
  
- Non-response rates greater than 15% for three (3) consecutive quarters:
  - HCA will deny all reimbursement for the third consecutive quarter.
  - The MAC Contractor will be prohibited from participating in MAC for the following quarter (4th consecutive quarter).
  - The MAC Contractor will be notified via certified mail of the withheld reimbursement and prohibited participation in MAC.

The MAC Contractor may not claim for any denied or withheld reimbursement. The MAC Contractor may begin participating in MAC following the prohibited quarter (5th consecutive quarter). Once the MAC Contractor resumes claiming during the 5th consecutive quarter, and still fails to meet the minimum response rate of 85%, the contract will be terminated.

## **RMTS Coordinator Responsibilities**

- Coordinate with agency IT staff to ensure System compatibility with UMSS
  
- Identify/verify MAC contractor staff eligible to participate in the RMTS. These staff should only be included in the RMTS participant list if they are expected to actually perform MAC outreach and linkage activities. King County Court must not include staff in the time study if their position is included in the indirect rate, and must not claim any expenses as a direct cost on an A19 if those costs are included in the direct rate
  
- Upload to the System 30 days before the start of each claiming quarter:
  - RMTS participant list. *By including a participant on the list, the coordinator is certifying they are eligible to participate.*
  - Staff hours and calendar updates
  
- Ensure that participating staff complete training on the System. A report showing who has completed training is available from the System.
  
- The System will prevent any participant from answering moments if they have not completed the online training.

- The MAC Contractor enters/confirms actual staff salary and benefits in the RMTS System to be used for claim calculation within 60 days after the close of the quarter.
- Complete [Change of Status](#) form if an RMTS participant's status changes. For example, if a participant is:
  - No longer employed
  - Retired
  - On extended leave / Vacation
  - Change of job position
- Review reports available for the claiming group through the System to ensure staff is answering their moments within (5) work days.

### **Initial Set-Up**

- Complete RMTS Coordinator Responsibilities. See [Initial Implementation Checklist](#) (see page C-28)

### **Quarterly Tasks**

- Complete RMTS Coordinator Responsibilities. See [Quarterly Maintenance Checklist](#) (see page C-30)

### **Ongoing Responsibilities**

- Follow up with participants who have incomplete moments
- Participate in scheduled Medicaid update meetings
- Answer general participant questions throughout the quarter
- Maintain required documentation for audit file
- Serve as liaison between the MAC contractor and HCA
- Request review and approval for all potential subcontracts from HCA



## Managing the RMTS System for Your Agency

This portion of the manual provides detailed step-by-step instructions for setting up participants and managing the RMTS. HCA and UMMS staffs are available to guide and advise you with any questions you may have or problems you may encounter.

### Entering Agency Calendars

Calendars must be set up prior to generating moments. Calendars are based on the State Fiscal Year.

| Fiscal Year | First Quarter      | Second Quarter    | Third Quarter        | Fourth Quarter     |
|-------------|--------------------|-------------------|----------------------|--------------------|
| 2014        | July '13–Sept '13  | Oct. '13–Dec. '13 | Jan. '14 – March '14 | April '14–June '14 |
| 2015        | July '14 –Sept '14 | Oct. '14–Dec. '14 | Jan. '15 – March '15 | April '15–June '15 |
| 2016        | July '15 –Sept '15 | Oct. '15–Dec. '15 | Jan. '16– March '16  | April '16–June '16 |

**Step 1:** Under the “Administrative Claiming” tab, select “Calendar.”

**Step 2:** The System should default to “Claiming Unit,” otherwise, click on “Claiming Unit.”

**Step 3 :** Select the year for the calendar to be created and click “Show Calendar.”

The screenshot shows the 'Calendar' setup interface. At the top, there is a header for the 'Center for Health Care Financing' and 'UMASS MEDICAL CENTER'. Below this is a navigation menu with 'Administrative Claiming' selected. The main content area is titled 'Global Calendar Setup' and contains the following fields and buttons:

- Search Criteria:** Fiscal Year (2012) and Show Calendar button.
- Global Calendar Setup:** The calendar will be created using the parameters selected below.
- Start Date:** 07/01/2011
- End Date:** 06/30/2012
- Weekends:** Non-Working Days
- \*Start Time:** AM
- \*End Time:** PM
- Generate Calendar:** A button with an arrow pointing to it from the text below.

**Step 4:** If a calendar has already been entered, it will appear on the screen. To edit this calendar, follow the steps below. If no calendar exists, select a “Start Date” and “End Date” (which defaults to the beginning and end of the fiscal year), indicate if weekends will be “Working Days” or “Non-Working Days,” and a general “Start Time” and “End Time,” then click “Generate Calendar.” The MAC contractor agency’s default start and end time must be entered (i.e. 6:00 a.m. to 9 p.m. This allows individual participant schedules to be entered.

The calendar will be generated. (See screen shot example on the next page.)

User Management | Calendars

Entity

Administrative Claiming

Random Moments

Calendar

File Upload

File Extract

Reports

Claiming Unit
Program
Work Schedule
Health Personnel

**Search Criteria**

Fiscal Year:

**Global Calendar Setup**

The calendar will be created using the parameters selected below

Start Date:  End Date:

Weekends:

\*Start Time:   \*End Time:

Quarter 1  , Quarter 2  , Quarter 3  , Quarter 4

| July 2011 |    |    |    |    |    |    | August 2011 |    |    |    |    |    |    | September 2011 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|-------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|
| Su        | Mo | Tu | We | Th | Fr | Sa | Su          | Mo | Tu | We | Th | Fr | Sa | Su             | Mo | Tu | We | Th | Fr | Sa |
| 26        | 27 | 28 | 29 | 30 | 1  | 2  | 31          | 1  | 2  | 3  | 4  | 5  | 6  | 28             | 29 | 30 | 31 | 1  | 2  | 3  |
| 3         | 4  | 5  | 6  | 7  | 8  | 9  | 7           | 8  | 9  | 10 | 11 | 12 | 13 | 4              | 5  | 6  | 7  | 8  | 9  | 10 |
| 10        | 11 | 12 | 13 | 14 | 15 | 16 | 14          | 15 | 16 | 17 | 18 | 19 | 20 | 11             | 12 | 13 | 14 | 15 | 16 | 17 |
| 17        | 18 | 19 | 20 | 21 | 22 | 23 | 21          | 22 | 23 | 24 | 25 | 26 | 27 | 18             | 19 | 20 | 21 | 22 | 23 | 24 |
| 24        | 25 | 26 | 27 | 28 | 29 | 30 | 28          | 29 | 30 | 31 | 1  | 2  | 3  | 25             | 26 | 27 | 28 | 29 | 30 | 1  |
| 31        | 1  | 2  | 3  | 4  | 5  | 6  | 4           | 5  | 6  | 7  | 8  | 9  | 10 | 2              | 3  | 4  | 5  | 6  | 7  | 8  |

| October 2011 |    |    |    |    |    |    | November 2011 |    |    |    |    |    |    | December 2011 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|---------------|----|----|----|----|----|----|---------------|----|----|----|----|----|----|
| Su           | Mo | Tu | We | Th | Fr | Sa | Su            | Mo | Tu | We | Th | Fr | Sa | Su            | Mo | Tu | We | Th | Fr | Sa |
| 25           | 26 | 27 | 28 | 29 | 30 | 1  | 30            | 31 | 1  | 2  | 3  | 4  | 5  | 27            | 28 | 29 | 30 | 1  | 2  | 3  |
| 2            | 3  | 4  | 5  | 6  | 7  | 8  | 6             | 7  | 8  | 9  | 10 | 11 | 12 | 4             | 5  | 6  | 7  | 8  | 9  | 10 |
| 9            | 10 | 11 | 12 | 13 | 14 | 15 | 13            | 14 | 15 | 16 | 17 | 18 | 19 | 11            | 12 | 13 | 14 | 15 | 16 | 17 |
| 16           | 17 | 18 | 19 | 20 | 21 | 22 | 20            | 21 | 22 | 23 | 24 | 25 | 26 | 18            | 19 | 20 | 21 | 22 | 23 | 24 |
| 23           | 24 | 25 | 26 | 27 | 28 | 29 | 27            | 28 | 29 | 30 | 1  | 2  | 3  | 25            | 26 | 27 | 28 | 29 | 30 | 31 |
| 30           | 31 | 1  | 2  | 3  | 4  | 5  | 4             | 5  | 6  | 7  | 8  | 9  | 10 | 1             | 2  | 3  | 4  | 5  | 6  | 7  |

| January 2012 |    |    |    |    |    |    | February 2012 |    |    |    |    |    |    | March 2012 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|---------------|----|----|----|----|----|----|------------|----|----|----|----|----|----|
| Su           | Mo | Tu | We | Th | Fr | Sa | Su            | Mo | Tu | We | Th | Fr | Sa | Su         | Mo | Tu | We | Th | Fr | Sa |
| 1            | 2  | 3  | 4  | 5  | 6  | 7  | 29            | 30 | 31 | 1  | 2  | 3  | 4  | 26         | 27 | 28 | 29 | 1  | 2  | 3  |
| 8            | 9  | 10 | 11 | 12 | 13 | 14 | 5             | 6  | 7  | 8  | 9  | 10 | 11 | 4          | 5  | 6  | 7  | 8  | 9  | 10 |
| 15           | 16 | 17 | 18 | 19 | 20 | 21 | 12            | 13 | 14 | 15 | 16 | 17 | 18 | 11         | 12 | 13 | 14 | 15 | 16 | 17 |
| 22           | 23 | 24 | 25 | 26 | 27 | 28 | 19            | 20 | 21 | 22 | 23 | 24 | 25 | 18         | 19 | 20 | 21 | 22 | 23 | 24 |
| 29           | 30 | 31 | 1  | 2  | 3  | 4  | 26            | 27 | 28 | 29 | 1  | 2  | 3  | 25         | 26 | 27 | 28 | 29 | 30 | 31 |
| 5            | 6  | 7  | 8  | 9  | 10 | 11 | 4             | 5  | 6  | 7  | 8  | 9  | 10 | 1          | 2  | 3  | 4  | 5  | 6  | 7  |

| April 2012 |    |    |    |    |    |    | May 2012 |    |    |    |    |    |    | June 2012 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|----------|----|----|----|----|----|----|-----------|----|----|----|----|----|----|
| Su         | Mo | Tu | We | Th | Fr | Sa | Su       | Mo | Tu | We | Th | Fr | Sa | Su        | Mo | Tu | We | Th | Fr | Sa |
| 1          | 2  | 3  | 4  | 5  | 6  | 7  | 29       | 30 | 1  | 2  | 3  | 4  | 5  | 27        | 28 | 29 | 30 | 31 | 1  | 2  |
| 8          | 9  | 10 | 11 | 12 | 13 | 14 | 6        | 7  | 8  | 9  | 10 | 11 | 12 | 3         | 4  | 5  | 6  | 7  | 8  | 9  |
| 15         | 16 | 17 | 18 | 19 | 20 | 21 | 13       | 14 | 15 | 16 | 17 | 18 | 19 | 10        | 11 | 12 | 13 | 14 | 15 | 16 |
| 22         | 23 | 24 | 25 | 26 | 27 | 28 | 20       | 21 | 22 | 23 | 24 | 25 | 26 | 17        | 18 | 19 | 20 | 21 | 22 | 23 |
| 29         | 30 | 1  | 2  | 3  | 4  | 5  | 27       | 28 | 29 | 30 | 31 | 1  | 2  | 24        | 25 | 26 | 27 | 28 | 29 | 30 |
| 6          | 7  | 8  | 9  | 10 | 11 | 12 | 3        | 4  | 5  | 6  | 7  | 8  | 9  | 1         | 2  | 3  | 4  | 5  | 6  | 7  |

Mark As Working Days

Mark as Non-Working Days

Modify Shifts

**Color Codes**

- 1 Standard Working Day (Editable)
- 1 Non-Working Day (Editable)
- 1 Different Shifts Configured (Editable)
- 1 Selected for Editing
- Outside the Fiscal Year Calendar Days (Non-Editable)
- 1 Day not of current month (Non-Editable)
- 1 Day highlighted (Editable)
- 1 Standard Working Day (Non-Editable)
- 1 Non-Working Day (Non-Editable)
- 1 Different Shifts Configured (Non-Editable)

C-10

Step 1: To change specific days to “Non-Working Days,” select the days to be changed and they will turn blue. Click “Mark as Non-Working Days.” The selected dates will turn pink:

The screenshot shows the calendar interface with three calendar views: December 2011, March 2012, and another December 2011 view. In the first December 2011 view, days 4-10 are pink, 11-17 are blue, and 18-24 are pink. In the second December 2011 view, days 4-10 are pink, 11-17 are blue, 18-24 are pink, and 25-31 are blue. In the March 2012 view, days 4-10 are pink and 11-17 are blue. To the right, a 'Color Codes' legend lists: Standard Working Day (Editable) in blue, Non-Working Day (Editable) in pink, Different Shifts Configured (Editable) in green, Selected for Editing in blue, Outside the Fiscal Year Calendar Days (Non-Editable) in grey, Day not of current month (Non-Editable) in grey, Day highlighted (Editable) in blue, Standard Working Day (Non-Editable) in blue, Non-Working Day (Non-Editable) in pink, and Different Shifts Configured (Non-Editable) in green. Above the legend are buttons for 'Mark As Working Days', 'Mark as Non-Working Days', and 'Modify Shifts'.

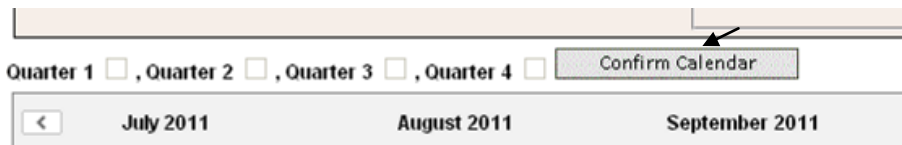
Step 2: To change the times of specific days, select the days and they will turn blue. Click “Modify Shifts.” A pop-up will show the current shift for that day. “Delete” the current shift (If certain, click “Yes” when it prompts), then enter new start and end times, click “Add” and then “Close.” The dates changed will turn green:

The first screenshot shows the 'Modify Shifts' pop-up window. It has a title bar 'Modify Shifts' and a 'Shifts' section. Under 'Shifts', there are fields for '\*Start Time' and '\*End Time', each with a dropdown for AM/PM and an 'Add' button. Below this is a table with columns 'Start Time', 'End Time', and 'Delete'. The table contains one row: 07:30 AM, 05:00 PM, and a red 'X' in the Delete column. A 'Close' button is at the bottom. An arrow points to the 'Modify Shifts' title bar.

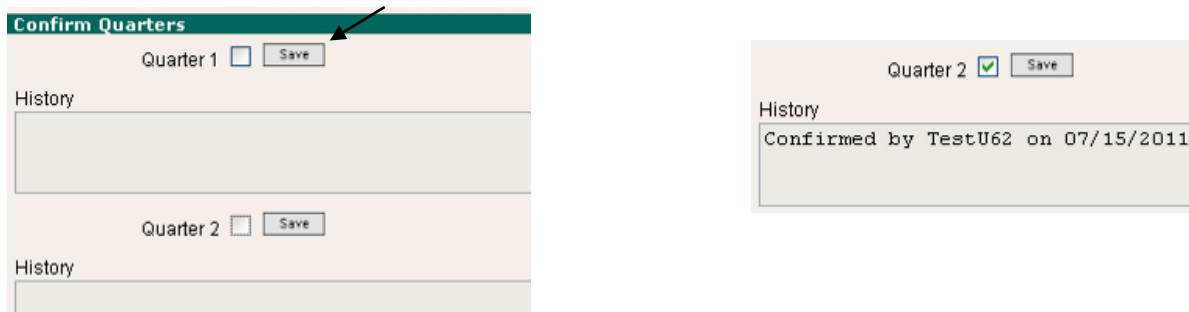
The second screenshot shows the same 'Modify Shifts' pop-up window. The table now contains two rows: 07:30 AM, 05:00 PM, and a red 'X'; and 07:30 AM, 11:15 AM, and a red 'X'. The 'Add' button is now highlighted with an arrow. The 'Close' button at the bottom is also highlighted with an arrow.

## Confirming Calendars

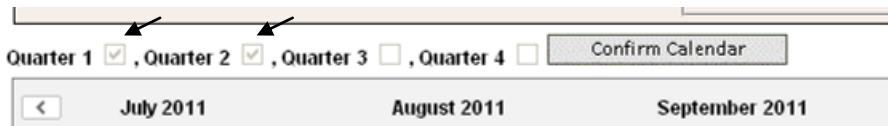
Step 1: Once a calendar is entered and complete, it must be confirmed by quarter. Click “Confirm Calendar:”



Step 2: Select the quarter to confirm by checking the appropriate box, then click “Save.” A note will generate in the “History” box indicating when it was confirmed:



Step 3: Confirmed quarters will show check marks on the calendar screen:



Note: Changes can be made at any time before moments are generated for that quarter. Once moments are generated, the calendar is locked and changes cannot be made. Ensure that all information is accurate and complete before UMSS generates moments. A calendar for the subsequent quarter must be in place prior to generating moments for a quarter. For example, prior to generating moments for Quarter Ending (QE) 9/12, the calendars for both QE 9/12 and 12/12 must be entered.

## Initial Steps to Upload Participants

This section describes how to create the initial staff list for RMTS participants.

## Participant Spreadsheet

Provided by UMSS. Please see Sample Participant Spreadsheet (p. 12)

Complete spreadsheet and email to HCA at: [MAC@hca.wa.gov](mailto:MAC@hca.wa.gov)

## Uploading Participant Files

Participant files must be uploaded approximately 30 days before the start of each quarter, even if you have no changes from the current quarter. All participant files must be uploaded before moments are generated. This ensures an accurate pool of participants.

1. Under the “Administrative Claiming” tab, select “File Upload.”
2. Click on either “Program” or “Year” to change the group and fiscal year.
3. Click “Browse” to find your file. Click “Open.”

**Note:** Files must follow the naming convention provided by UMMS.

4. Step 4: Click “Upload.” The file will show up on the uploaded list below and will take some time before it is ready to be checked.

Fields marked with an (\*) are mandatory fields

\* Component :

**Status during upload**

| File Name     | Quarter | Date ▼ | Status | Uploaded By |
|---------------|---------|--------|--------|-------------|
| No Data Found |         |        |        |             |

[Refresh](#)

5. Click “Refresh” after a few minutes to verify if the file status has changed.
6. After the file is uploaded and there are no errors, click “Review” to review the file for changes.

| Date ▼                 | Status                 |
|------------------------|------------------------|
| 07/27/2010 11:10:07 AM | <a href="#">Review</a> |

**Note:** If the file has errors, click on “Error” and then “View Detailed Report” to review the issues that caused the file to fail. Correct any errors in your upload file in Excel, then once all problems are fixed in the file, delete the Error file by checking the box next to the file and clicking “Delete.” Then upload the corrected file.

| Date ▼                 | Status                 | Uploaded By | <input type="checkbox"/>            |
|------------------------|------------------------|-------------|-------------------------------------|
| 07/27/2010 11:10:07 AM | <a href="#">Review</a> | QhicksoQ    | <input checked="" type="checkbox"/> |

[Delete](#)

[Delete](#)

| Date ▼                 | Status                     | Uploaded By | <input type="checkbox"/> |
|------------------------|----------------------------|-------------|--------------------------|
| 12/12/2012 05:44:16 PM | <a href="#">Successful</a> | GrahamMe    | <input type="checkbox"/> |
| 09/10/2012 10:36:37 AM | <a href="#">Successful</a> | GrahamMe    | <input type="checkbox"/> |
| 08/24/2012 01:59:49 PM | <a href="#">Successful</a> | AudetteE    | <input type="checkbox"/> |
| 06/01/2012 10:50:39 AM | <a href="#">Successful</a> | RonnquiR    | <input type="checkbox"/> |
| 03/11/2013 11:53:13 AM | <a href="#">Successful</a> | GrahamMe    | <input type="checkbox"/> |
| 03/11/2013 11:46:40 AM | <a href="#">Error</a>      | GrahamMe    | <input type="checkbox"/> |

[Delete](#)

- Review the New Health Personnel (participants), Deactivated Health Personnel (participants), and Updates by clicking on the appropriate “View Detailed Report” link. If changes need to be made to the file, delete; re-load; and check the file again. When everything is correct, check the “Verified Upload File Results” box and upload the file.

**File Upload**

### Health Personnel File Upload Results

File Name: HP\_TS\_  
File Type: Time Study  
File Mode: Preview  
File Status: Review

Number of Records : 97  
Number of New Health Personnel : 0  
Number of Deactivated Health Personnel : 15  
Number of Updates : 2  
Number of Errors : 0

Verified Upload File Results

[View Detailed Report](#)  
[View Detailed Report](#)

**Note:** Changes and additions in the file will not be made to the system until this step has been completed. Participants who are NOT listed on the upload file will be deactivated for the upcoming quarter and will be reported on the “Deactivated Health Personnel” Report.

Deactivated participants will appear on the “Deactivated Health Personnel” Report and must have their corresponding User ID deactivated manually by HCA.

User IDs for any new participants will be listed as “Pending” and must be approved manually by HCA.

- When the file is submitted and uploaded, the status will change to “Successful.” At this point, all changes and additions will be made to Health Personnel (participant) records. The detailed reports can be reviewed at any time by clicking “Successful” and “View Detailed Report.”

| Quarter | Date ▼                 | Status                     |
|---------|------------------------|----------------------------|
| 4       | 03/01/2010 09:08:36 AM | <a href="#">Successful</a> |
| 3       | 11/25/2009 11:31:22 AM | <a href="#">Successful</a> |
| 1       | 09/11/2009 02:36:48 PM | <a href="#">Successful</a> |
| 1       | 09/02/2009 09:44:03 AM | <a href="#">Successful</a> |

| Quarter | Date ▼                 | Status                                  |
|---------|------------------------|---|
| 3       | 12/03/2012 08:41:24 AM | <a href="#">Successful - No Changes</a> |
| 2       | 08/22/2012 11:06:06 AM | <a href="#">Successful</a>              |
| 4       | 02/26/2013 12:47:38 PM | <a href="#">Successful</a>              |
| 4       | 02/25/2013 08:18:34 AM | <a href="#">Successful</a>              |

**Note:** Any files uploaded that have no changes will read “Successful – No Changes” after clicking on “Review.” There will be no check box or upload process.

Additional Note: Files should not be left in Review status. If any files are left in Review status, they must be deleted in order to upload future files.

### Mid quarter participant changes

Changes can be made during the quarter by contacting HCA at [MAC@hca.wa.gov](mailto:MAC@hca.wa.gov) or 1-800-562-3022 ext. 55147.

Mid quarter changes include:

- Updating participant email addresses
- Updating supervisor email addresses
- Updating participant name

### Managing Existing Participant Lists

#### Extracting Files

For claiming groups that already have active participants, you can extract a list of those users from the System. This list can be used to create an editable template that can be updated and uploaded to create the next quarter’s participant list.

**Note:** The initial templates contain drop down lists of the allowable job descriptions. These need to be added to the extracted files before sending them to be updated.

1. Under the “Administrative Claiming” tab, select “File Extract.”
2. Click on either “Program” or “Year” to change the group and fiscal year.

After clicking 'Submit', an Excel file containing the Health Personnel Data will be downloaded to the current system.

3. Select the quarter for which you want the file.
4. Click “Submit.” The file can be opened or saved in Excel.

### Template Files

Use a template to make changes to the extracted file to upload it with accurate information. Templates can be populated with data provided by the extracted file, or populated manually. Use the drop down menus where provided to populate or edit information.

| Last Name | First Name | Email Address | Job Description | Job Type or C | Active or N | F F P | FTE | Medical Yes or No | School | Supervisor Email #1 | Supervisor Email #2 | Supervisor Email #3 |
|-----------|------------|---------------|-----------------|---------------|-------------|-------|-----|-------------------|--------|---------------------|---------------------|---------------------|
|           |            |               |                 |               |             |       |     |                   |        |                     |                     |                     |
|           |            |               |                 |               |             |       |     |                   |        |                     |                     |                     |
|           |            |               |                 |               |             |       |     |                   |        |                     |                     |                     |

Once completed, all drop down menus must be removed before the file can be uploaded. When saving the file to upload, the naming convention is: HP\_TS\_state\_Provider#\_Qtr\_Year\_Version#.xls

Example: Q2 2011, MAC-Internal = HP\_TS\_WA\_WA-MACInternal\_2\_2011\_01.xls

After the first file upload, if a new file with changes needs to be uploaded, simply change the version number at the end of the file name.

*This file is ready for upload*

|   | A           | B         | C          | D  | E                         | F               | G             | H   | I   | J                 | K              | L  | M  | N                   |
|---|-------------|-----------|------------|--|---------------------------|-----------------|---------------|-----|-----|-------------------|----------------|--|--|---------------------|
|   | Employee ID | Last Name | First Name | Email Address  | Job Description           | Job Type E or C | Active Y or N | FFP | FTE | Medical Yes or No | School         | Supervisor Email #1                                    | Supervisor Email #2                                    | Supervisor Email #3 |
| 1 | 100         | Smith     | Tom        | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | WA Time Study Participant | E               | Y             | 0   | 1   | YES               | Standard Hours | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> |                     |
| 2 | 101         | Jones     | Alice      | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | WA Time Study Participant | E               | Y             | 0   | 1   | YES               | Monday Off     | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> |                     |
| 3 | 102         | Diaz      | Bill       | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | WA Time Study Participant | E               | Y             | 0   | 1   | YES               | Monday Off     | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> |                     |
| 4 | 103         | Williams  | John       | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | WA Time Study Participant | E               | Y             | 0   | 1   | YES               | Standard Hours | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> |                     |
| 5 | 104         | White     | James      | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | WA Time Study Participant | E               | Y             | 0   | 1   | YES               | Standard Hours | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> | <a href="mailto:email@hca.wa.gov">email@hca.wa.gov</a> |                     |
| 6 |             |           |            |  |                           |                 |               |     |     |                   |                |  |  |                     |
| 7 |             |           |            |  |                           |                 |               |     |     |                   |                |  |  |                     |

### Uploading Files

Files must be uploaded before moments are generated to ensure an accurate pool of participants because moments are assigned based on Active status.

1. Under the “Administrative Claiming” tab, select “File Upload.”
2. Click on either “Program” or “Year” to change the group and fiscal year.
3. Click “Browse” to find your file. Click “Open.”

**Note:** Files MUST follow the naming convention described above.



Fields marked with an (\*) are mandatory fields

\* Component : HP\_TS  
 \* Location :

**Status during upload**

| File Name     | Quarter | Date | Status | Uploaded By |
|---------------|---------|------|--------|-------------|
| No Data Found |         |      |        |             |

[Refresh](#)

- Click "Upload." The file will show up on the uploaded list below and will take some time before it is ready to be checked. Click "Refresh" after a few minutes for the file status to change.
- After the file is uploaded and there are no errors, click "Review" to review the file for changes.

| Date                   | Status                 |
|------------------------|------------------------|
| 07/27/2010 11:10:07 AM | <a href="#">Review</a> |



**Note:** If the file has errors, click on "Error" and then "View Detailed Report" to review the issues that caused the file to fail. Once all problems are fixed in the file, delete the Error file by checking the box next to the file and clicking "Delete." Then upload the corrected file.

| Date                   | Status                 | Uploaded By | <input type="checkbox"/>            |
|------------------------|------------------------|-------------|-------------------------------------|
| 07/27/2010 11:10:07 AM | <a href="#">Review</a> | QhicksoQ    | <input checked="" type="checkbox"/> |

[Delete](#)



- Review the New Health Personnel, Deactivated Health Personnel, and Updates by clicking on the appropriate "View Detailed Report" link. If changes need to be made to the file, delete; re-load; and check the file again. When everything is correct, check the box and upload the file.

**File Upload**

**Health Personnel File Upload Results**

File Name: HP\_TS\_  
 File Type: Time Study  
 File Mode: Preview  
 File Status: Review

Number of Records : 97  
 Number of New Health Personnel : 0  
 Number of Deactivated Health Personnel : 15  
 Number of Updates : 2  
 Number of Errors : 0

[View Detailed Report](#)  
[View Detailed Report](#)

Verified Upload File Results

**Note:** Changes and additions in the file will not be made to the System until this step has been completed.

- Participants who are NOT listed on the upload file will be deactivated for the upcoming quarter.
- Deactivated participants must have their corresponding User ID deactivated manually.
- New participants will be listed as Pending and must be approved manually.

7. When the file is submitted and uploaded, the status will change to “Successful.” At this point, all changes and additions will be made to Health Personnel records. The detailed reports can be reviewed at any time by clicking “Successful” and “View Detailed Report.”

**Note:** *Any files that are uploaded that have no changes will read “No changes have been made to file” after clicking on “Review.” There will be no check box or upload process. These and other files that are left in Review status must be deleted in order to upload future files.*

| Quarter | Date ▼                 | Status                     |
|---------|------------------------|----------------------------|
| 4       | 03/01/2010 09:08:36 AM | <a href="#">Successful</a> |
| 3       | 11/25/2009 11:31:22 AM | <a href="#">Successful</a> |
| 1       | 09/11/2009 02:36:48 PM | <a href="#">Successful</a> |
| 1       | 09/02/2009 09:44:03 AM | <a href="#">Successful</a> |

## **RMTS Moments**

Participants will begin receiving moments once the coordinator has registered them in the RMTS System. A welcome email is sent to participants with their user ID and temporary password. The email gives instructions for creating a private password and completing the required training modules.

### **Receiving a Moment**

Participants will receive one email notification of their moment approximately 5 minutes prior to the scheduled time.

If the moment is not completed, the participant will receive email reminders

- 24 hours prior to moment expiration with copy to supervisor
- 48 hours prior to moment expiration with copy to supervisor
- 72 hours after with a copy sent to the coordinator and/or supervisor for follow up

### **Completing a Moment**

A moment consists of a series of questions the participant will answer according to *the activity* they performed precisely at the random moment. Only one response is allowed for each question. Participants must select the box indicating they certify the answers submitted are accurate and complete in order to submit their responses. Participants must complete moments within five (5) work days after the sampled moment.

### **Locating Moments**

Once participants log into the System they will see two tabs: ‘Active Moments’ and ‘Prior Moments’. All unanswered moments will be listed under the Active Moments tab. All moments that have either been answered or have expired (moments that were not answered within five (5) work days) will be listed under Prior Moments.

## Example of Active Moments

Active Moments    Prior Moments

[Document your Activity for 10/05/2012 10:11 AM](#)

[Document your Activity for 10/05/2012 12:19 PM](#)

[Document your Activity for 10/05/2012 03:41 PM](#)

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

## Answering a Moment

### Drop Downs

Once participants select an active moment, there will be four (4) questions to answer. Each question has a set of drop down answers which correspond with activities they perform. If no choices on the drop down apply to that given moment, they may free type an answer in the space provided. Once finished, participants must check the box indicating they certify the answers are true and complete, and select submit. See page C-31 for examples of [possible drop down answers](#) and page C-34 for [explanations of the drop downs](#)

**Note:** If the participant enters an illogical combination of answer, they will be prompted to review their choices.

### Example of Drop Down Choices and Free Type Space

<https://www.chcf.net/chcfweb/sbc/popup/selectAnswer.jsp?RMSStateQASeqId=36>

- [Advisory/workgroup meeting](#)
- [Claim review and approval](#)
- [Contract monitoring](#)
- [Contract review/development/risk](#)
- [Contractor training](#)
- [Data analysis](#)
- [E-mails/phone calls](#)
- [Fiscal activities](#)
- [General staff meeting](#)
- [Interagency coordination](#)
- [General work activities](#)
- [Meetings](#)
- [Policy/program development](#)
- [Policy/program review/improvement](#)

If none of the above responses accurately describes your activity, please type your answer below:

Save    Close

## Documentation to Support Moment Recorded

### Required Narrative Box

Once a participant completes their answers, the System provides a separate narrative box requiring the participant space to further document their activity (limited to 250 characters).

Examples:

- "Take Medication Application to family"
- "Court for issuance of bench warrant"
- "School visit"

CMS specifies that documentation maintained in support of administrative claims must be sufficiently detailed in order to determine whether the activities are necessary for the proper and efficient administration of the state Medicaid plan.

Documentation can also be saved in, but not limited to:

- Calendars
- Chart notes
- Activity logs

**Note:** It is the MAC contractor's responsibility to ensure participants maintain adequate documentation.

Documentation to support moments recorded are required to be legible and usable, in the event of an audit.

All records including documentation to support moments recorded shall be retained for six (6) years after the expiration or termination of the agreement between HCA and the MAC contractor.

All support documentation is required to be made available, as requested, by HCA MAC program staff, CMS, and State Auditors.

Claims will be disallowed if the support documentation is not retained or is not provided in a timely manner.

### Example of narrative box

Observation Moment : 07/12/2012 09:21 AM

\* Activity Description: [Answer the Question](#)  
MAM Staff Activities

\* What were you doing? [Answer the Question](#)  
Policy/program development

\* Who were you working with? [Answer the Question](#)  
Alone

\* Why were you doing it? [Answer the Question](#)  
Administrative Requirement

\* Where were you? [Answer the Question](#)

Optional: Narrative for documentation of activity (limited to 250 characters)

CAP Time Study Checklists

I certify that the answers submitted are accurate and complete.

## Editing an Answered Moment

Participants have five (5) work days after the moment to edit responses. All moments previously completed within the quarter will be listed under the *Prior Moments* tab. Participants select the moment they wish to edit to make changes.

### Prior Moments example

| Active Moments  | Prior Moments                       |
|---|-------------------------------------|
| Prior Moments may be revised only if they fall within the acceptable grace period for that moment. If you need to revise your moment during the grace period, please click on the applicable moment time below, revise your answers and resave your moment. |                                     |
|   | <a href="#">10/04/2012 04:44 PM</a> |
|   | <a href="#">10/04/2012 03:36 PM</a> |
|   | <a href="#">10/04/2012 01:40 PM</a> |
|   | <a href="#">10/04/2012 12:13 PM</a> |
|   | <a href="#">10/04/2012 09:46 AM</a> |
|   | <a href="#">10/04/2012 08:57 AM</a> |
|   | <a href="#">10/03/2012 02:21 PM</a> |
|   | <a href="#">10/03/2012 01:28 PM</a> |
|   | <a href="#">10/02/2012 01:35 PM</a> |

## On-Line Management Reports

### Training Documents Viewed Report

This report details the online training that RMTS participants have viewed.

#### *Training Documents Viewed Report*

State : WA

School District : All School Districts

Name : All Users

Training Document : All Training Documents

Date Range - 01/01/2011 to 03/31/2011

Report ran on 9:54:16 AM EDT

| School District      | Last Name | First Name | Employee Id | Job Type | Job Description                          | Email Address   | Training Material Title | Date Accessed          |
|----------------------|-----------|------------|-------------|----------|--|-----------------|-------------------------|------------------------|
| Test School District | Duck      | Donald     | 2054        | Employee | Direct Support Personnel                 | dduck@wa.org    | WA - Completing RMTS    | 02/18/2011 01:35:12 pm |
| Test School District | Duck      | Donald     | 2054        | Employee | Direct Support Personnel                 | dduck@wa.org    | WA - Completing RMTS    | 02/18/2011 01:35:17 pm |
| Test School District | Frost     | Jack       | 5           | Employee | Physical Therapist - Medicaid Definition | jfrost@wa.org   | WA - Completing RMTS    | 02/27/2011 02:25:38 pm |
| Demo Public Schools  | Showers   | April      | 5           | Employee | Physical Therapist - Medicaid Definition | ashowers@wa.org | WA - Understanding RMTS | 02/27/2011 02:19:37 pm |
| Demo Public Schools  | White     | Snow       | 127         | Employee | Direct Support Personnel                 | swhite@wa.org   | WA - Completing RMTS    | 01/04/2011 07:17:29 pm |
| Demo Public Schools  | White     | Snow       | 127         | Employee | Direct Support Personnel                 | swhite@wa.org   | WA - Completing RMTS    | 01/04/2011 07:19:48 pm |

## Training Summary Exception Report

This report details staff that has not completed RMTS on-line training. It has email addresses that allow the MAC RMTS coordinator to send reminders to participants. A participant is unable to answer moments until they have completed the on-line training.

| <b>Training Summary Exception Report</b> |                          |                   |                    |                 |  |                 |                                |
|--|--------------------------|-------------------|--------------------|-----------------|--|-----------------|--------------------------------|
| <b>State :</b>                           | WA                       |                   |                    |                 |  |                 |                                |
| <b>School District :</b>                 | Test School              |                   |                    |                 |  |                 |                                |
| <b>Name :</b>                            | Duck,Donald              |                   |                    |                 |  |                 |                                |
| <b>Training Document :</b>               | ALL                      |                   |                    |                 |  |                 |                                |
| <b>Run Date</b>                          | 06/07/2011               |                   |                    |                 |  |                 |                                |
| <b>Run Time</b>                          | 10:09:06 AM EDT          |                   |                    |                 |  |                 |                                |
| <b>Date Range :</b>                      | 01/01/2011 to 03/31/2011 |                   |                    |                 |  |                 |                                |
| <b>School District</b>                   | <b>Last Name</b>         | <b>First Name</b> | <b>Employee ID</b> | <b>Job Type</b> | <b>Job Description</b>                   | <b>Email</b>    | <b>Training Material Title</b> |
| Test School                              | White                    | Snow              | 2054               | Employee        | Direct Support Personnel                 | dduck@wa.org    | WA - Understanding RMTS        |
| Test School                              | White                    | Snow              | 2054               | Employee        | Direct Support Personnel                 | dduck@wa.org    | WA - Completing RMTS           |
| Test School                              | Showers                  | April             | 5                  | Employee        | Physical Therapist - Medicaid Definition | jfrost@wa.org   | WA - Completing RMTS           |
| Test School                              | Showers                  | April             | 5                  | Employee        | Physical Therapist - Medicaid Definition | ashowers@wa.org | WA - Understanding RMTS        |
| Test School                              | Frost                    | Jack              | 127                | Employee        | Direct Support Personnel                 | swhite@wa.org   | WA - Completing RMTS           |
| Test School                              | Frost                    | Jack              | 127                | Employee        | Direct Support Personnel                 | swhite@wa.org   | WA - Understanding RMTS        |

## ***RMTS Compliance Status Report***

This report provides the following details:

- How many moments the RMTS MAC contractor agency has during the quarter
- How many moments have occurred to date
- How many moments are completed, and the percentage of completed moments to total quarterly moments
- Number of moments not completed and expired
- Number of moments not completed and not expired
- Number of moments completed to date/total number of moments for the quarter

### WA-MAC RMTS Compliance Status Report

Run Date: 12/20/2011

Run Time: 02:25:15 PM PST

Claiming Unit: WA-MAC

Program: M A M Internal

Year: 2012

Quarter: 2

Job Code: 1

Total Number of Moments for quarter: 2762

Number of Moments occurred to date: 2422

Number of Moments completed to date: 2399

Number of Moments: Left - LOA: 0

Number of Moments not completed and expired: 5

Number of Moments not completed and not expired: 358

Number of Moments completed to date/Total Number of Moments for quarter: 86.86 %



## RMTS Participant Moment Listed by Date Report

This report lists details of moments the participants have completed. It allows MAC RMTS coordinators to know which participants have successfully answered the questions for their assigned moment. It includes the participant's name, employee ID, email, job description, job code, the date and time of the moment, the date and time of the end of the grace period, and the status of the moment.

| RMTS Participant Moment by Date Report |        |                                       |          |                         |                         |                 |               |
|--|--------|---------------------------------------|----------|-------------------------|-------------------------|-----------------|---------------|
| <b>Run Date:</b> 07/28/2010            |        |                                       |          |                         |                         |                 |               |
| <b>Run Time:</b> 8:42:38 AM EST        |        |                                       |          |                         |                         |                 |               |
| <b>State:</b> WA                       |        |                                       |          |                         |                         |                 |               |
| <b>School District:</b> Central Office |        |                                       |          |                         |                         |                 |               |
| <b>Job Position:</b> ALL               |        |                                       |          |                         |                         |                 |               |
| <b>Year:</b> 2011                      |        |                                       |          |                         |                         |                 |               |
| <b>Quarter:</b> 1                      |        |                                       |          |                         |                         |                 |               |
| <b>Date:</b> 07/01/2010 - 07/28/2010   |        |                                       |          |                         |                         |                 |               |
| Name                                   | Emp ID | Job Desc                              | Job Code | Moment                  | End of Grace Period     | Email           | Status        |
| Brown,Greg                             | 652    | Mental Health Administrator           | 1        | 07/01/2010 11:04 AM EST | 07/09/2010 11:04 AM EST | email@email.com | Auto Mapped   |
| Davidson,Sean                          | 132    | Medicaid Health Systems Administrator | 1        | 07/01/2010 11:06 AM EST | 07/09/2010 11:06 AM EST | email@email.com | Auto Mapped   |
| Freeman,Morgan                         | 147    | Rehabilitation Program Specialist     | 1        | 07/06/2010 12:15 PM EST | 07/13/2010 12:15 PM EST | email@email.com | Auto Mapped   |
| Jones,Henry                            | 859    | Rehabilitation Program Specialist     | 1        | 07/06/2010 12:16 PM EST | 07/13/2010 12:16 PM EST | email@email.com | Auto Mapped   |
| Lane,Lois                              | 348    | System Analyst                        | 1        | 07/06/2010 12:39 PM EST | 07/13/2010 12:39 PM EST | email@email.com | Approved      |
| Brown,Mary                             | 114    | Data Security Supervisor              | 1        | 07/14/2010 01:37 PM EST | 07/21/2010 01:37 PM EST | email@email.com | Approved      |
| Lopez,Jennifer                         | 659    | Rehabilitation Program Specialist     | 1        | 07/14/2010 01:48 PM EST | 07/21/2010 01:48 PM EST | email@email.com | Auto Mapped   |
| Apple,Bill                             | 349    | Mental Health Administrator           | 1        | 07/14/2010 02:23 PM EST | 07/21/2010 02:23 PM EST | email@email.com | Approved      |
| Holiday,Pamela                         | 147    | Human Capital Management Analyst      | 1        | 07/19/2010 02:29 PM EST | 07/26/2010 02:29 PM EST | email@email.com | Approved      |
| Red,Alice                              | 559    | Rehabilitation Program Specialist     | 1        | 07/19/2010 02:07 PM EST | 07/26/2010 02:07 PM EST | email@email.com | Auto Mapped   |
| George,Emily                           | 147    | External Auditor                      | 1        | 07/23/2010 03:01 PM EST | 07/30/2010 03:01 PM EST | email@email.com | Not Paid Time |
| Lane,Lois                              | 348    | Fiscal Specialist                     | 1        | 07/23/2010 03:06 PM EST | 07/30/2010 03:06 PM EST | email@email.com | Auto Mapped   |

## RMTS Participant Moments Completed Report

This report gives information on moments already completed by the participants and the final status of the moment.

| RMTS Participant Moments Completed Report |        |                                       |         |                        |                    |                 |               |
|---|--------|---------------------------------------|---------|------------------------|--------------------|-----------------|---------------|
| <b>Run Date:</b> 07/28/2010               |        |                                       |         |                        |                    |                 |               |
| <b>Run Time:</b> 1:11:58 PM EST           |        |                                       |         |                        |                    |                 |               |
| <b>State:</b> WA                          |        |                                       |         |                        |                    |                 |               |
| <b>School District:</b> Central Office    |        |                                       |         |                        |                    |                 |               |
| <b>Job Position:</b> ALL                  |        |                                       |         |                        |                    |                 |               |
| <b>Year:</b> 2011                         |        |                                       |         |                        |                    |                 |               |
| <b>Quarter:</b> 1                         |        |                                       |         |                        |                    |                 |               |
| <b>Date:</b> 07/01/2010 - 07/28/2010      |        |                                       |         |                        |                    |                 |               |
| Name                                      | Emp ID | Job Desc                              | JobCode | Moment                 | End of GracePeriod | Email           | Status        |
| Brown,Greg                                | 652    | Mental Health Administrator           | 1       | 07/01/2010 09:27AM EST | 07/09/2010 09:27AM | email@email.com | Auto Mapped   |
| Davidson,Sean                             | 132    | Medicaid Health Systems Administrator | 1       | 07/01/2010 09:42AM EST | 07/09/2010 09:42AM | email@email.com | Auto Mapped   |
| Freeman,Morgan                            | 147    | Rehabilitation Program Specialist     | 1       | 07/01/2010 09:48AM EST | 07/09/2010 09:48AM | email@email.com | Approved      |
| Jones,Henry                               | 859    | Rehabilitation Program Specialist     | 1       | 07/01/2010 09:53AM EST | 07/09/2010 09:53AM | email@email.com | Approved      |
| Lane,Lois                                 | 348    | System Analyst                        | 1       | 07/01/2010 09:54AM EST | 07/09/2010 09:54AM | email@email.com | Not Paid Time |
| Brown,Mary                                | 114    | Data Security Supervisor              | 1       | 07/01/2010 10:05AM EST | 07/09/2010 10:05AM | email@email.com | Auto Mapped   |
| Lopez,Jennifer                            | 659    | Rehabilitation Program Specialist     | 1       | 07/01/2010 10:35AM EST | 07/09/2010 10:35AM | email@email.com | Auto Mapped   |
| Apple,Bill                                | 349    | Mental Health Administrator           | 1       | 07/01/2010 10:39AM EST | 07/09/2010 10:39AM | email@email.com | Auto Mapped   |
| Holiday,Pamela                            | 147    | Human Capital Management Analyst      | 1       | 07/01/2010 10:42AM EST | 07/09/2010 10:42AM | email@email.com | Auto Mapped   |
| Red,Alice                                 | 559    | Rehabilitation Program Specialist     | 1       | 07/01/2010 10:47AM EST | 07/09/2010 10:47AM | email@email.com | Auto Mapped   |
| George,Emily                              | 147    | External Auditor                      | 1       | 07/01/2010 10:53AM EST | 07/09/2010 10:53AM | email@email.com | Auto Mapped   |
| Lane,Lois                                 | 348    | Fiscal Specialist                     | 1       | 07/01/2010 10:58AM EST | 07/09/2010 10:58AM | email@email.com | Approved      |

# Coordinator Tools And Forms

## Technical Notes | System Specifications

### Workstation Requirements

#### Operating Systems

Win 98 or higher

Macintosh

#### Web Browsers

Internet Explorer 7.0, 8.0, 9.0 with MS Windows XP, Windows 7, or Vista (**Note:** IE 5.x to 6.x are no longer supported)

Safari 3.0 or Higher

Mozilla Firefox 4.x or Higher (**Note:** Firefox 2.x through 3.x are no longer supported)

**Note:** Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE.

#### Cookies

Workstations: Enable cookie in browser.

See below “Instructions for Finding your Browser/Enabling Cookies”

#### Web Filters

Workstations should allow access to the following URL

Production Secure connection: <https://www.chcf.net/chcfweb/sbc/wa-rms/>

#### Email

Email should allow delivery from [MedicaidAdmMatch@umassmed.edu](mailto:MedicaidAdmMatch@umassmed.edu) and [MAC@HCA.wa.gov](mailto:MAC@HCA.wa.gov) in large quantities on a single day.

#### Online Training Application

Flash Player is needed to run the online training program. The following link

<http://www.adobe.com/software/flash/about/> has a connection to Player Download Center, which will walk you through the process of downloading the most recent version of Player. It takes about two minutes.

### System Administration Requirements

#### Cookies

System administrator: If there is a proxy server, set proxy NOT to cache the [www.chcf.net](http://www.chcf.net) domain.

#### Actual Web Site URL

<https://www.chcf.net/chcfweb/sbc/wa-rms/>

Note: [www.chcf.net](http://www.chcf.net) cookies (sessions) are tied to the URL and IP address.

#### Routers

If SBC IP address needs to be explicitly defined on routers, SBC IP address is 146.189.217.25

### **Email**

Email servers should allow email delivery from [MedicaidAdmMatch@umassmed.edu](mailto:MedicaidAdmMatch@umassmed.edu) and [MAC@HCA.wa.gov](mailto:MAC@HCA.wa.gov)

Email server IP – emails may be sent through the following mail gateways:

146.189.195.117  
146.189.195.118  
146.189.144.105  
146.189.144.106  
146.189.144.107

### **Web Filters**

Allow access to the following URL

Production Site Secure Connection: <https://www.chcf.net/chcfweb/sbc/wa-rms/>

## **Instructions for Finding your Browser/Enabling Cookies**

### **Internet Explorer**

1. Choose *Help > About Internet Explorer*
2. Find out Internet Explorer version.

### **Safari**

1. Choose *Help*
2. Find out Safari version

### **Mozilla Firefox**

1. Choose *Help*
2. Find out Mozilla version

## **Enabling Cookies**

### **Internet Explorer 6, 7, 8, 9**

1. Choose *Tools > Internet Options*
2. Click the *Privacy tab*
3. Click the *Default* and choose *Medium level*

### **Internet Explorer 5**

1. Choose *Tools > Internet Options*
2. Click the *Security tab*
3. Click *Internet*, then *Default Level*
4. Select *Medium Level*

### **Mozilla Firefox**

1. Choose *Tools > Options*
2. Select *Privacy*
3. Click *Accept cookies from sites*

## **Download Internet Browser**

Use the following web sites to download a free copy of the latest browser for:

**Internet Explorer**                      <http://www.microsoft.com/windows/ie/worldwide/ie6sp1downloads.asp>

**Apple's Safari Browser**                <http://support.apple.com/downloads#safari>

### ***Initial Implementation Checklist***

| <b>Status</b>                           | <b>Due Date</b>                         | <b>Task</b>   |  |
|---|---|---|--|
| <b><i>Before the Quarter Begins</i></b> |   |   |  |
|   | 40 days before the quarter begins       | Receive coordinator training from HCA staff   |  |
|   | 12 to 15 days before the quarter begins | Remind participating staff that they will be receiving email with user name and temporary password                            |  |
|   | 15 to 30 days before the quarter begins | HCA Schedule and conduct brief check in with MAC Coordinator  |  |
|   | 7 to 10 days before the quarter begins  | UMMS will release and activate participants. Participants will be sent initial email with user name and temporary password    |  |
|   | 5 to 7 days before the quarter begins   | Notify participating staff to complete the on line training.  |  |
|   | 5 to 7 days before the quarter begins   | UMMS will run the random moments for the quarter for the Court  |  |
|   | 3 to 5 days before the quarter begins   | Check the <i>Training Summary Exception Report</i> . Encourage participants who have not viewed the training modules to do so |  |

| <b><i>During the Quarter</i></b>     |   |   |  |
|--------------------------------------|---|---|--|
|                                      | First working day of quarter                                | Participants will begin to receive and respond to moments   |  |
|                                      | Ongoing weekly during the quarter                           | Monitor <i>RMTS Participant Moment Not Completed Report</i> to remind participants to complete moments  |  |
|                                      | Ongoing during the quarter, within 5 working days of change | Inform HCA at <a href="mailto:MAC@hca.wa.gov">MAC@hca.wa.gov</a> as soon as any participant's employment status changes   |  |
| <b><i>After the Quarter Ends</i></b> |   |   |  |
|                                      | 1 to 3 days after the end of the quarter                    | Monitor <i>RMTS Participant Moment Not Completed Report</i> to remind participants to complete all moments. <u>This report should be printed and kept in your audit file.</u> |  |
|                                      | Within 60 days after the end of the quarter                 | Upload staff salary and benefits to the System  |  |
|                                      | Within 365 days after the end of the quarter                | Enter quarterly MAC related materials, supply costs, and administrative staff costs into the System   |  |
|                                      | Within 365 days after the end of the quarter                | Print, sign, and send original A-19 and companion paperwork to HCA for reimbursement  |  |
|                                      | UMMS contact information                                    | Telephone: 800 535 6741<br>Email: <a href="mailto:MedicaidAdmMatch@umassmed.edu">MedicaidAdmMatch@umassmed.edu</a>  |  |
|                                      | HCA MAC contact information                                 | Telephone: 800 562 3022 ext. 55147<br>Email: <a href="mailto:MAC@hca.wa.gov">MAC@hca.wa.gov</a>   |  |

## Quarterly Maintenance Checklist

| Status                           | Due Date   | Task  |
|----------------------------------|--|---|
| <b>Before the Quarter Begins</b> |  |   |
|                                  | 30 days before the quarter begins                                  | Pull participant extract update and upload as needed  |
|                                  | 30 days before the quarter begins                                  | Update MAC contractor 's quarterly calendar in the System   |
|                                  | 30 days before the quarter begins                                  | Update any programmed work schedules  |
|                                  | 15 to 30 days before the quarter begins                            | Schedule and conduct additional staff training, if necessary  |
|                                  | 7 to 10 days before the quarter begins                             | Release and activate any new participants. Participants will be sent initial email with user name and temporary password.   |
| <b>During the Quarter</b>        |  |   |
|                                  | First working day of quarter                                       | Participants will begin to receive and respond to moments   |
|                                  | Ongoing  | Monitor <i>RMTS Participant Moment Not Completed Report</i> to remind participants to complete all moments  |
|                                  | Continuous throughout the quarter, within 5 working days of change | Inform HCA at <a href="mailto:MAC@hca.wa.gov">MAC@hca.wa.gov</a> as soon as any participant's employment status changes   |
| <b>After the Quarter Ends</b>    |  |   |
|                                  | 1 to 3 days after the end of the quarter                           | Monitor the <i>RMTS Participant Moment Not Completed Report</i> to remind participants to complete all moments. <u>This report should be printed and kept in your audit file.</u> |
|                                  | Within 60 days after the end of the quarter                        | Upload and/or update staff salary and benefits to the System  |
|                                  | Within 365 days after the end of the quarter                       | Enter quarterly MAC related materials, supply costs, and administrative staff costs into the System   |
|                                  | Within 365 days after the end of the quarter                       | Print, sign, and send A-19 and companion paperwork to HCA for reimbursement   |
|                                  | UMMS contact information   | Telephone: 800 535 6741<br>Email: <a href="mailto:MedicaidAdmMatch@umassmed.edu">MedicaidAdmMatch@umassmed.edu</a>  |
|                                  | HCA MAC contact information  | Telephone: 800 562 3022 x 55147<br>Email: <a href="mailto:MAC@hca.wa.gov">MAC@hca.wa.gov</a>  |

## KCSCJPS Drop Down Activity Selections

| King County Superior Court Juvenile Probation Services Dropdowns |   |   |   |
|--|---|---|---|
| What were you doing?   | Who were you working with?  | Why were you doing it?  | Where were you?   |
| Break  | N/A   | N/A   | N/A   |
| Lunch—not paid   | N/A   | N/A   | N/A   |
| Time off-not paid  | N/A   | N/A   | N/A   |
| Time off-paid  | N/A   | N/A   | N/A   |
| Time not scheduled to work                                       | N/A   | N/A   | N/A   |
|  |   |   |   |
| Explaining program benefits                                      | Attorneys   | Access a non-Medicaid Service   | Home visit  |
|  | Law Enforcement   | Access a Medicaid Service   | Regular worksite  |
|  | Co-Worker/Other court staff   |   | Travel status   |
|  | Community Based Organization  |   | Court/Judicial Site   |
|  | Parent/Guardian/Relatives/Youth   |   | Community Location  |
|  | School/EET staff  |   | Other Agency location   |
|  | If none of the above responses accurately describes who you were working with, please type your answer below: | If none of the above responses accurately describes why you were doing it, please type your answer below: | If none of the above responses accurately describes where you were at, please type your answer below: |
| Application Assistance   | Alone   | Access a non-Medicaid Service   | Home visit  |
|  | DSHS  | Access a Medicaid Service   | Regular worksite  |
|  | DSHS  |   | Travel status   |

|                                      |   |   |   |
|--------------------------------------|---|---|---|
|                                      | Washington Health Plan Finder   |   | Court/Judicial Site   |
|                                      | Community Based Organization  |   | Community Location  |
|                                      | Parent/Guardian/Relatives/Youth   |   | Other Agency location   |
|                                      | School/EET staff  |   |   |
|                                      | If none of the above responses accurately describes who you were working with, please type your answer below: | If none of the above responses accurately describes why you were doing it, please type your answer below: | If none of the above responses accurately describes where you were at, please type your answer below: |
| Court Activities                     | Alone   | Assigned duties   | Home visit  |
|                                      | Attorneys   |   | Regular worksite  |
|                                      | Law Enforcement   |   | Travel status   |
|                                      | Co-worker/Other court staff   |   | Court/Judicial Site   |
|                                      | Other State or County agency  |   |   |
|                                      | Parent/Guardian/Relatives/Youth   |   |   |
|                                      | School/EET staff  |   |   |
|                                      | If none of the above responses accurately describes who you were working with, please type your answer below: | If none of the above responses accurately describes why you were doing it, please type your answer below: | If none of the above responses accurately describes where you were at, please type your answer below: |
| General Work Activities/E-mail/Phone | Alone   | Assigned duties   | Regular worksite  |
|                                      | Co-worker/Other court staff   |   |   |
|                                      | If none of the above responses accurately describes who you were working with, please type your answer below: | If none of the above responses accurately describes why you were doing it, please type your answer below: | If none of the above responses accurately describes where you were at, please type your answer below: |
| Meeting(s)                           | Attorneys   | General Staff Meeting   | Home visit  |



|          |   |   |   |
|----------|---|---|---|
|          | Law Enforcement   | Regarding Non-Medicaid Service  | Regular worksite  |
|          | DSHS  | Regarding Medicaid Service  | Travel status   |
|          | Co-worker/Other court staff   | Assigned Duties   | Court/Judicial Site   |
|          | Community Based Organization  |   | Community Location  |
|          | Parent/Guardian/Relatives/Youth   |   | Other Agency location   |
|          | School/EET staff  |   |   |
|          | If none of the above responses accurately describes who you were working with, please type your answer below: | If none of the above responses accurately describes why you were doing it, please type your answer below: | If none of the above responses accurately describes where you were at, please type your answer below: |
| Training | Alone   | Required Training   | Home visit  |
|          | Attorneys   | Regarding a non-Medicaid Service  | Regular worksite  |
|          | Law Enforcement   | Regarding a Medicaid Service  | Travel status   |
|          | DSHS  |   | Court/Judicial Site   |
|          | Other court staff   |   | Community Location  |
|          | Community Based Organization  |   | Other Agency location   |
|          | Parent/Guardian/Relatives/Youth   |   | Conference-Training site  |
|          | School/EET staff  |   |   |
|          | If none of the above responses accurately describes who you were working with, please type your answer below: | If none of the above responses accurately describes why you were doing it, please type your answer below: | If none of the above responses accurately describes where you were at, please type your answer below: |

## Tip Sheets for Drop Downs

These definitions of the drop-downs were prepared by KCSCJPS staff. The intention is to help the participants decide which answer matches their activity at the sampled moment.

| <b>Tips for Understanding the Drop Downs</b>   |   |
|--|---|
| <b>What were you doing?</b>  |   |
| <b>Break/Paid Lunch</b>  | Federal law mandates every worker have a break of 15 minutes for every four hours worked. Even if you don't usually take your breaks, this code is handy for things like going to the bathroom or getting another cup of coffee. If you are paid for your lunch time, please use this option. |
| <b>Lunch--not paid</b>   | If you are not paid for your lunch time, please choose this option if you do take lunch.  |
| <b>Time off--not paid</b>  | Leave without pay   |
| <b>Time off--paid</b>  | Vacation, sick leave, bereavement, jury duty, military duty. Any time off that you are paid.  |
| <b>Time not scheduled to work</b>  | Choose this if you receive a moment outside of your normal work hours.  |
| Explaining program benefits  | Choose this if you are explaining the benefits of any program to another person.  |
| Application Assistance   | Choose this if you are assisting another person complete an application for any program.  |
| <b>Court Activities</b>  | Writing court reports, attending court hearings, attending required court meetings, other court duties.   |
| <b>General Work Activities/E-mail</b>  | General paperwork; case notes; clerical activities.   |
| <b>Meeting</b>   | Choose if you are in a meeting of any kind.   |
| Training   | Choose if you are giving or receiving training on any topic.  |
| <b>If none of the above responses accurately describes what you were doing, please type your answer below:</b> |   |

| <b>Who were you working with?</b>  |   |
|--|---|
| <b>Alone</b>   | Choose if you are working alone at the moment.  |
| <b>Attorneys</b>   | Any attorney working with the youth and King County Superior court, including King County Prosecutor's Office.        |
| Community Based Organization (CBO)   | Choose when working with any CBO as part of your job.   |
| <b>DSHS</b>  | Choose if you are working with DSHS. This includes all programs such as the CSO, CPS, Voc. Rehab., DDD, DJR, or DBHR. |
| <b>Law Enforcement</b>   | Any individual or group of individuals who are employed as police officers in their jurisdiction.                     |
| <b>Other court staff</b>   | Court Clerks, CASA Staff & Volunteers, Court Coordinators, Bailiffs, Judges, Management, etc.                         |
| <b>Parent/Guardian/Relatives/ Youth</b>  | Self-explanatory  |
| <b>School/EET Staff</b>  | Self-explanatory  |
| <b>If none of the above responses accurately describes who you were working with, please type your answer below:</b> |   |

| <b>Why were you doing it?</b>  |  |
|--|--|
| <b>Access a non-Medicaid service</b>   | Advocating/arranging/applying for access to a non-Medicaid service.  |
| Access a Medicaid service  | Advocating/arranging/applying for access to a Medicaid service.  |
|  | Assisting parent/guardian/relative/youth complete an application for Medicaid coverage. Includes giving form and directing to CSO or on-line application |
|  | Telling parent/guardian/relative/youth about Medicaid and the benefits of coverage.  |
| <b>Assigned duties</b>   | Performing regular job duties.   |
| General Staff Meeting  | Choose when you are attending a general office meeting   |
| Required Training  | Non-voluntary training   |
| <b>If none of the above responses accurately describes why you were doing it, please type your answer below:</b> |  |

| <b>Where were you?</b>  |  |
|---|--|
| <b>Community location</b>   | Provider location, meeting location; i.e. library or community center conference room. Also includes travel to those locations.          |
| <b>Conference/training</b>  | At office, court, community agency, other training or meeting locations. Also includes traveling to those locations.                     |
| <b>Court/Judicial Site</b>  | King County Superior Court: Juvenile Court, KC Courthouse/Seattle, KC RJC/Kent; KC District Court. Also includes travel to those courts. |
| <b>DSHS</b>   | Choose if you are at a DSHS office. This includes all programs such as the CSO, CPS, Voc. Rehab., DDD, DJR, or DBHR.                     |
| <b>Home Visit</b>   | Client's home, client relative's home, client meeting at other location. Also includes travel to home visit.                             |
| Other agency location   | Provider agency location; i.e. library, community center, employment agency, etc. Also includes travel to those locations.               |
| <b>Regular worksite</b>   | The place(s) where you perform your regular job duties. The place where your computer is located.  |
| <b>School/EET</b>   | School site, School District Administration Building, Education/Employment/Training location. Also includes travel to those locations.   |
| <b>Travel status</b>  | Traveling to or from a location where you perform job or training functions.   |
| <b>If none of the above responses accurately describes where you were, please type your answer below:</b> |  |

# Change of Status Form

## Washington Random Moment Time Study

### Change of Status during the Quarter

In the event a RMTS participant leaves your agency (temporarily or permanently), changes job positions, or is no longer eligible to complete the time study, the designated MAC Coordinator for the Tribe must complete this form and email it to: [MAC@hca.wa.gov](mailto:MAC@hca.wa.gov)

**MAC Contractor Name:**

**Time Study Participant Name:**

Please complete the following:

|   |  |
|---|--|
| <p><b><u>Temporary Leave of Absence:</u></b></p> <p>Paid Dates:</p> <p>Unpaid Dates:</p> <p>Pay not determined Dates:</p> | <p><b><u>Change of Job Position:</u></b></p> <p>Previous position title:</p> <p>New position title:</p> <p>Date of change:</p> |
| <p><b><u>Terminated Employment with Agency:</u></b></p> <p>Date of Termination:</p>                                       | <p><b><u>Other change:</u></b></p>   |

|  |   |
|--|---|
| <p><b>Affected Year:</b></p> <p><b>Select affected Quarter</b></p> | <p><input type="checkbox"/> Quarter 1 (Jul 1 – Sep 30)</p> <p><input type="checkbox"/> Quarter 2 (Oct 1 – Dec 31)</p> <p><input type="checkbox"/> Quarter 3 (Jan 1 – Mar 31)</p> <p><input type="checkbox"/> Quarter 4 (Apr 1 – Jun 30)</p> |
|--|---|

**Comments:**

**Your Name:**

**Date:**

**Job Title:**

Please email completed form to [MAC@hca.wa.gov](mailto:MAC@hca.wa.gov)

If you have any questions please email [MAC@hca.wa.gov](mailto:MAC@hca.wa.gov) or call 800 562 3022, Ext. 55147

\*If a participant takes a temporary Leave of Absence, they will be included in the next quarters' RMTS participant list and their status should be reviewed prior to submitting the list to UMMS. If the participant has terminated employment with the Tribe, they will be made inactive and not be included in subsequent time studies.

## Lost Password Process

“I forgot or lost my password for RMTS. What do I do”?

- Don't panic! This is not a problem. A new password can be sent to you very easily.
- Starting from any of the RMTS emails you have received notifying you of a random moment, click on the hyperlink to take you to the RMTS website.

Welcome Joe Anyone,

This confirms your registration for the Washington State Random Moment Time Study October-December 2012 pilot administered by the University of Massachusetts Medical School. If you are selected to participate in this quarter's Random Moment Time Study process, you will receive future email notification(s) that will provide you with this link to the system website: <https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=AnyoneJo> where you will use the following information to log in and complete your assigned moment(s):

When you login for the first time you must check the box to accept the terms and conditions of the User Agreement then create a new password.

You will need the following information to log in and create your new password and complete your assigned moments

Your user ID is AnyoneJo

Your initial, temporary password: kz4gnjey

The website: <https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=AnyoneJo>

If you are selected to participate in this quarter's Random Moment Time Study:

Click Here

- From the login page of the RMTS website, click on the “Forgot/Reset Password” hyperlink.

Center for Health Care Financing  
UMASS MEDICAL SCHOOL  
WASHINGTON RANDOM MOMENT TIME STUDY

### Washington Random Moment Time Study

Login

Welcome to the State of Washington Random Moment Time Study (RMTS) home page.

This website can be used to:

- Complete your Time Study Moment
- Track and maintain a history of your Time Study Moments
- Manage user access to data, ensuring state-of-the-art security and compliance with all applicable federal security and privacy guidelines

Training materials for completing the RMTS, including an online tutorial, are available after logging on.

To learn more about RMTS and Medicaid Administrative Match claiming, please visit: <http://hrsa.dshs.wa.gov/mam/index.htm>

[Reset/Forgot Password?](#) Click Here

[Instructions for Logging in](#)

- Enter your e-mail address where indicated, and click the ‘reset’ button.

**::: Reset Password - Used for Forgotten Passwords**

**Enter your user id:**

**Enter the e-mail address associated with your account:**

**Once you click Reset, we'll send you an e-mail message containing your new tempory password**

- An automated e-mail will be delivered to your email box within a few minutes. This email contains a temporary password that you can use to access the website. Copy the temporary password from the email, and then click on the website link in the email to return to the website.

**Password Re-set: Washington Schools RMTS System Pilot**

MedicaidAdmMatch@umassmed.edu

Sent: Fri 10/5/12 1:41 PM

To: Audette, Emily

Welcome Joe Anyone,

This confirms your password has been reset for the Washington State Random Moment Time Study October-December 2012 pilot administered by the University of Massachusetts Medical School.

Your user ID is AnyoneJo

Your initial, temporary password is **znr5enph**

**Copy this**

Please use the following web site to login: <https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=AnyoneJo>

**Click Here**

NOTE:

1) The user ID and password are case sensitive. Please enter them exactly as stated above in upper and lower-case.

- At the login page of the RMTS website, paste in the temporary password where indicated (your User ID will already be pre-populated) and click the 'login' button.

**Center for Health Care Financing**  
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Center of Distinction

WASHINGTON RANDOM MOMENT TIME STUDY

## Washington Random Moment Time Study

**Login**

Welcome to the State of Washington Random Moment Time Study (RMTS) home page.

This website can be used to:

- Complete your Time Study Moment
- Track and maintain a history of your Time Study Moments
- Manage user access to data, ensuring state-of-the-art security and compliance with all applicable federal security and privacy guidelines

Training materials for completing the RMTS, including an online tutorial, are available after logging on.

To learn more about RMTS and Medicaid Administrative Match claiming, please visit: <http://hrsa.dshs.wa.gov/mam/index.htm>

User ID:

Password:

Remember User ID

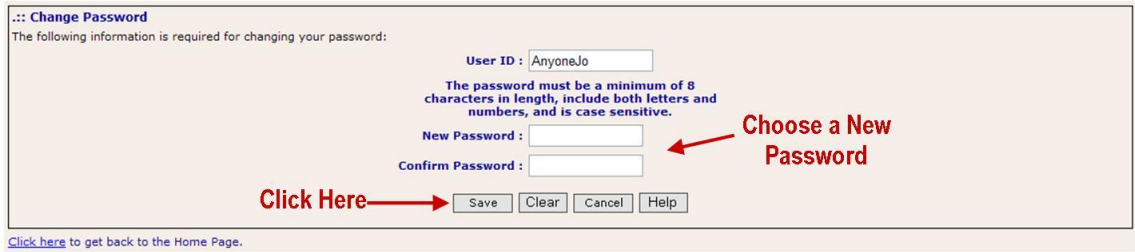
[ResetForqot Password?](#)

[Instructions for Logging in](#)

**Click Here**



- If you have never logged in before, you will need to accept the User Access Agreement. Whether you have logged in before or not, you will be prompted to change your password to a personal password that you can easily remember and then click the 'save' button.



Change Password

The following information is required for changing your password:

User ID : AnyoneJo

The password must be a minimum of 8 characters in length, include both letters and numbers, and is case sensitive.

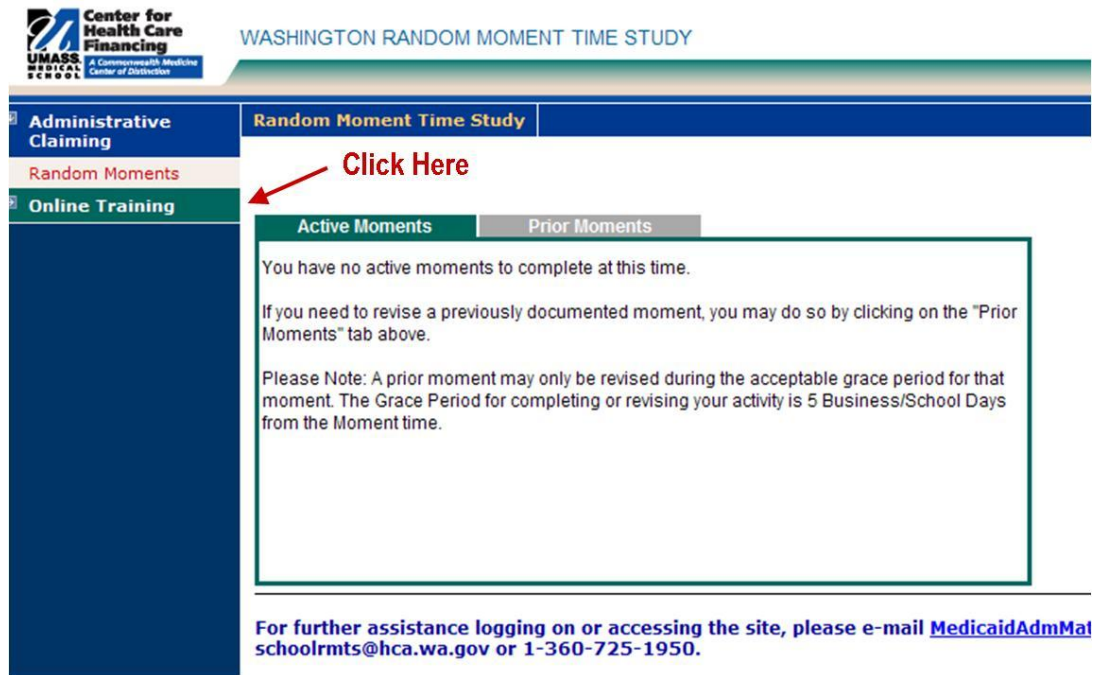
New Password :

Confirm Password :

Click Here →

[Click here](#) to get back to the Home Page.

- You're in!
- If you have not yet viewed the Online Training for RMTS Participants, you can get to that training by clicking on "Online Training" from the left navigation bar.



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WASHINGTON RANDOM MOMENT TIME STUDY

Administrative Claiming

Random Moment Time Study

Random Moments

Online Training

Active Moments

Prior Moments

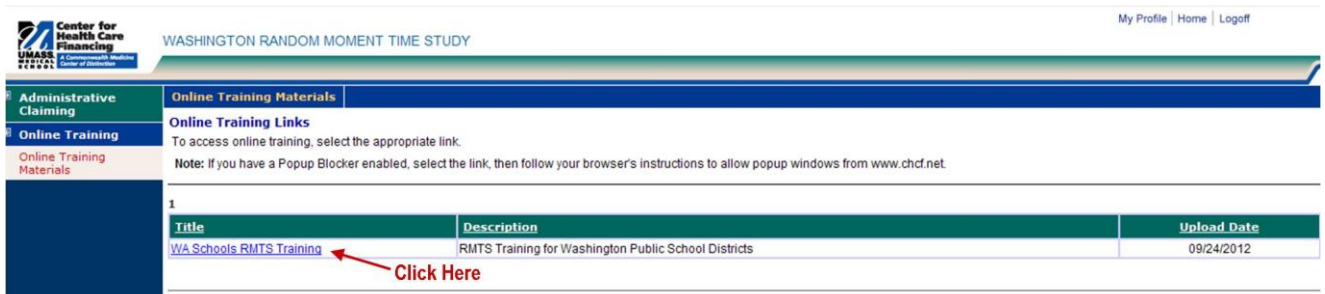
You have no active moments to complete at this time.

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 5 Business/School Days from the Moment time.

For further assistance logging on or accessing the site, please e-mail [MedicaidAdmMail@schoolrmts@hca.wa.gov](mailto:MedicaidAdmMail@schoolrmts@hca.wa.gov) or 1-360-725-1950.

- To view the Online Training module, click on the Hyperlink for 'WA Schools RMTS Training'.



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WASHINGTON RANDOM MOMENT TIME STUDY

My Profile | Home | Logoff

Administrative Claiming

Online Training Materials

Online Training Links

To access online training, select the appropriate link.

Note: If you have a Popup Blocker enabled, select the link, then follow your browser's instructions to allow popup windows from www.chcf.net.

| Title                                    | Description  | Upload Date |
|--|--|-------------|
| <a href="#">WA Schools RMTS Training</a> | RMTS Training for Washington Public School Districts | 09/24/2012  |

Click Here