

The Random Moment in Time Study, or RMTS, helps DODD, county boards of developmental disabilities, and councils of government (COGs) document the time employees spend on administrative duties that support Medicaid-funded services. The RMTS methodology is used to satisfy the CMS requirements for collecting funds through the Medicaid Administrative Claiming (MAC) program.

Below are survey questions and answers for the DODD central office.

Activity A: Conducting Outreach

1. What type of activity were you doing?

- A. Conducting outreach

2. What were you doing specifically in this category?

- A. Preparing/providing information about Medicaid eligibility requirements or availability of Medicaid services to individuals, organizations, or community groups
- B. Preparing/providing information about eligibility requirements or availability of non-Medicaid services, such as supported living, family support services, housing opportunities, etc.
- C. Preparing/providing information about general health, legal, or social programs

3. Who were you working with?

- A. Resident or staff of a Developmental Center (use if activity supports DCs regardless of who you are working with)
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. Other department or state agency staff
- G. No-one
- H. A combination of individuals above
- I. [Write in option]

Activity B: Facilitating Eligibility Determinations

1. What type of activity were you doing?

- B. Facilitating Eligibility Determinations

2. What were you doing specifically in this category?

- A. Assisting an individual and/or the family/guardian with the Medicaid eligibility or waiver enrollment process
- B. Determining an individual's eligibility for supported living, family support services, housing, or other non-Medicaid programs
- C. Performing work related to PASRR
- D. Reviewing a Prior Authorization Request (PAR)
- E. Work related to OEDI/COEDI determination

3. Who were you working with?

- A. Resident or staff of a Developmental Center (use if activity supports DCs regardless of who you are working with)
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. Other department or state agency staff
- G. No-one
- H. A combination of individuals above
- I. [Write in option]

Activity C: Coordinating Current Services

1. What type of activity were you doing?

- C. Coordinating Current Services

2. What were you doing specifically in this category?

- A. Performing any work related to PAWS, such as entering PAWS data, PAWS utilization reviews, or communicating with providers regarding PAWS issues
- B. Collecting/maintaining data related to IIF/IDS, PICT, waiting lists or waiver slots
- C. Providing fiscal support for waivers, CPT, IDS, DRA, or other Medicaid programs, such as reporting, analysis, processing payments, reconciling waiver match commitment, providing technical or billing assistance
- D. Providing HR support for waivers, CPT, IDS, DRA, or other Medicaid programs, such as payroll, processing/performing personnel-related documents, staff evaluations
- E. Providing Legal support for waivers, CPT, IDS, DRA, or other Medicaid programs, such as researching rules, reviewing legal drafts or contracts
- F. Providing IT support for waivers, CPT, IDS, DRA, or other Medicaid programs, such as coding, repairing, or providing technical assistance in support of Medicaid programs
- G. Providing program support for support of waivers, CPT, IDS, DRA, or other Medicaid programs
- H. Providing fiscal, HR, legal, IT, or program support for grants, DCs, supported living, county board services, capital program, housing, or other non-Medicaid programs
- I. Performing fiscal, program or IT support for ICFs/MR not operated by a governmental agency, such as rate-setting, payment coding, completing Individual Assessment Forms (IAF), providing IT assistance, etc.
- J. Performing any program or fiscal-related activities in support of the Title XX program
- K. Performing any program or fiscal-related activities in support of the DD Council

3. Who were you working with?

- A. Resident or staff of a Developmental Center (use if activity supports DCs regardless of who you are working with)
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. Other department or state agency staff
- G. No-one
- H. A combination of individuals above
- I. [Write in option]

Activity D: Planning and/or developing services, programs, policy and/or resources

1. What type of activity were you doing?

- D. Planning and/or developing services, programs, policy and/or resources

2. What were you doing specifically in this category?

- A. Participating in, preparing for, or providing clerical support for stakeholder meetings, work groups, rule review/development, etc...that aim to improve the availability, quality, or cost-effectiveness of Medicaid services
- B. Participating in, preparing for, or providing clerical support for stakeholder meetings, work groups, rule review/development, etc. that focus on improving coordination and delivery of educational, social, vocational, health, and other non-Medicaid services
- C. Participating in, preparing for, or providing clerical support for stakeholder meetings, work groups, rule review/development, policy and procedure revisions, and coordinating work that affect ICFs/MR not operated by a governmental agency
- D. Developing, reviewing, and revising policies and procedures or writing proposals affecting Medicaid services
- E. Developing, reviewing, and revising policies and procedures or writing proposals that impact non-Medicaid services
- F. Conducting needs assessment related to Medicaid-funded health services
- G. Conducting needs assessment related to health services not funded by Medicaid
- H. Sharing information about the department's waivers, CPT, IDS, DRA, or other Medicaid programs with the public, stakeholders, legislators, or media
- I. Sharing information about department's grants, DCs, budget, or other non-Medicaid programs or discussing current issues affecting the DD system with the public, stakeholders, legislators, or media

3. Who were you working with?

- A. Resident or staff of a Developmental Center (use if activity supports DCs regardless of who you are working with)
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. Other department or state agency staff
- G. No-one
- H. A combination of individuals above
- I. [Write in option]

Activity E: Work Related to Monitoring/Quality Assurance

1. What type of activity were you doing?

- E. Work related to Monitoring/Quality Assurance

2. What were you doing specifically in this category?

- A. Providing technical assistance to a provider regarding Medicaid-funded programs
- B. Providing technical assistance to a provider regarding non-Medicaid programs
- C. Conducting an accreditation review or performing other tasks in support of this work (e.g., writing reports, verifying plans of compliance, scheduling meetings, travelling, providing clerical support)
- D. Conducting a licensure review of an ICF/MR or performing other tasks in support of this work (e.g., writing reports, verifying plans of compliance, scheduling meetings, travelling, providing clerical support)
- E. Conducting a review of an ICF/MR not operated by a governmental agency or performing other tasks in support of this work (e.g., performing technical review of cost report submission, review of Individual Assessment Form (IAF))
- F. Conducting a review of provider certification functions or performing other tasks in support of this work (e.g., writing reports, verifying plans of compliance, scheduling meetings, travelling, providing clerical support)
- G. Performing work related to Behavior Support programs or performing other tasks in support of this work
- H. Monitoring NON-ICF provider compliance, including activities related to provider suspension or revocation of a licensed or certified provider
- I. Recruitment, training, and maintenance of a pool of providers
- J. Conducting an audit or review of waivers or other Medicaid-funded services, or performing other tasks in support of this work (e.g., research)
- K. Conducting an audit or review of grants or DD Council or performing other tasks in support of this work (e.g., research)
- L. Conducting an audit or review of a developmental center or performing other tasks in support of this work (e.g., research)
- M. Performing IT work in systems that support provider compliance, provider certification, accreditation or quality assurance.

3. Who were you working with?

- A. Resident or staff of a Developmental Center (use if activity supports DCs regardless of who you are working with)
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. Other department or state agency staff
- G. No-one
- H. A combination of individuals above
- I. [Write in option]

Activity F: Work related to Major Unusual Incidents or Unusual Incidents

1. What type of activity were you doing?

- F. Work related to Monitoring/Quality Assurance

2. What were you doing specifically in this category?

- A. Conducting an MUI/UI case review, including assessing pattern/trend analysis
- B. Implementing the Abuser Registry Process
- C. Performing proactive/prevention filing
- D. Engaging in travel, preparation for or planning of a review or investigation, gathering information, legal review, follow-up, filing, or other work related to MUI/UI reviews/investigations
- E. Organizing, conducting, or attending a training related to MUI/UI
- F. Performing clerical work in support of investigating or monitoring MUI/UI
- G. Performing IT work in systems that support the MUI program

3. Who were you working with?

- A. Resident or staff of a Developmental Center (use if activity supports DCs regardless of who you are working with)
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. Other department or state agency staff
- G. No-one
- H. A combination of individuals above
- I. [Write in option]

Activity G: Performing a General Administrative Task that cannot be Assigned to a Program

1. What type of activity were you doing?

- G. Performing a General Administrative Task that cannot be Assigned to a Program

2. What were you doing specifically in this category?

- A. Reading/responding to general emails or phone calls not related to a program
- B. Attending, facilitating or preparing for staff meetings or trainings regarding topics not related to a program
- C. Performing HR-related activities such as approving Kronos, leave, work related to performance reviews, interviewing, etc.
- D. Performing routine business and fiscal activities, such as budgeting, fleet management, payroll, accounts payable and receivable, etc.
- E. Performing IT work that supports the general operations of the department and is not in support of any particular program, such as IT security and maintenance

3. Who were you working with?

- A. Resident or staff of a Developmental Center (use if activity supports DCs regardless of who you are working with)
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. Other department or state agency staff
- G. No-one
- H. A combination of individuals above
- I. [Write in option]

Activity H: Not Working

1. What type of activity were you doing?

H. Not Working

2. What were you doing specifically in this category?

A. On paid leave, break, or lunch

B. Not scheduled to work

C. On unpaid leave, break, or lunch

3. Who were you working with?

D. Not applicable