Adult Protective Services RMTS Participant Training

Florida Department of Children and Families

March 2023

Click here to watch a recorded training



Agenda

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General RMTS Info

Account Setup

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Some Things to Remember!

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Introduction

- The Florida Department of Children and Families (FL DCF) is partnering with Public Consulting Group LLC (PCG) to begin the administration of the Random Moment Time Study (RMTS) in PCG's EasyRMTS™ system
- On April 1, 2023, all APS staff members in the current RMTS will begin using the EasyRMTS™ system to support FL DCF's cost allocation plan (CAP) and program cost claiming



The RMTS is part of a larger cost allocation process



Why We Complete A Random Moment Time Study

- An RMTS is a process where participants are emailed short surveys and asked to indicate what they were doing at an assigned minute or "moment" through a series of questions
- The RMTS is continuous (all working days of the year going forward). Historical data cannot be used to claim current or future costs
- The survey is required to determine the collective amount of time (and cost) spent on various activities
- Based on these results FL DCF determines the amount that can be charged to various funding sources.





RMTS Myths

- An RMTS is not a "big brother" tool to monitor participants
- An RMTS is not a job performance evaluation tool
- An RMTS cannot be used to determine what a single participant is doing throughout the day
- No answer is better than another (the "right" answer is what you happened to be doing at the time of your survey)





Account Setup

1. You will receive an automatic email when you have been added to the EasyRMTS™ system.

Note: The subject of the email will read "You Have Been Added to the FL DCF – Adult Protective Services Random Moment Time Study"

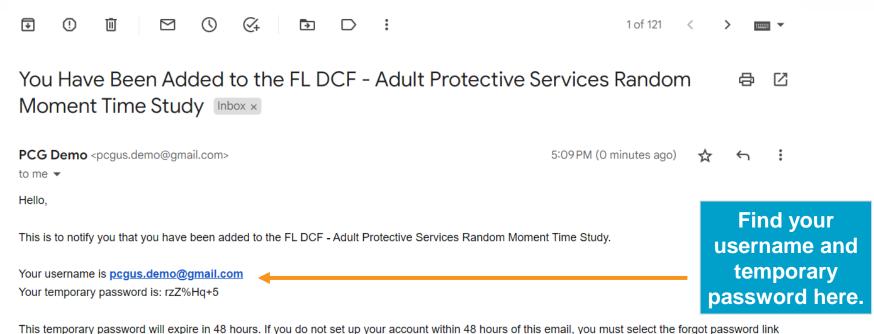
- 2. The email will contain a temporary password. The temporary password is valid for 48 hours.
- 3. Your username is your email address. Log in to the system using the temporary password provided.
- 4. Complete the security questions and set up an EasyRMTS™ password.

Your Password Must Contain:

- 1. At least 8 Characters
- 2. One Uppercase Character
- 3. One Lowercase Character
- 4. One Number
- 5. One Special Character (!@#?)



Example: Account Setup (cont.)



This temporary password will expire in 48 hours. If you do not set up your account within 48 hours of this email, you must select the forgot password lini on the EasyRMTS™ login screen to get a new temporary password.

Please logon to https://www.easyrmtspcg.com/ to set up your account and password. You can click on the website link in this email or type the address into your web browser.

If you have any questions, please contact your PCG adn

Select the Link in the email:

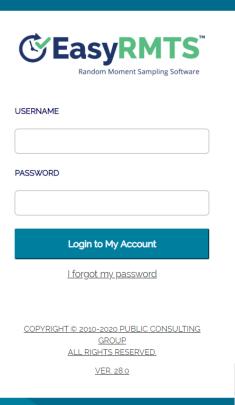
https://www.easyrmtspcg.com/



Example: Account Setup (cont.)



Remember!
Your Temporary
Password is Valid for
48 hours



PCG's web-based random moment sampling software. EasyRMTS™, is a proprietary random moment sampling tool that is used to conduct statistically valid random moment time studies (RMTS) of a roup of workers. EasyRMTS™ uses a decision-tree question design that allows each time study to be set up in a way that ensures participants select only valid combinations of programs and activities.

PCG's EasyRMTS™ system has many features, including but not limited to:

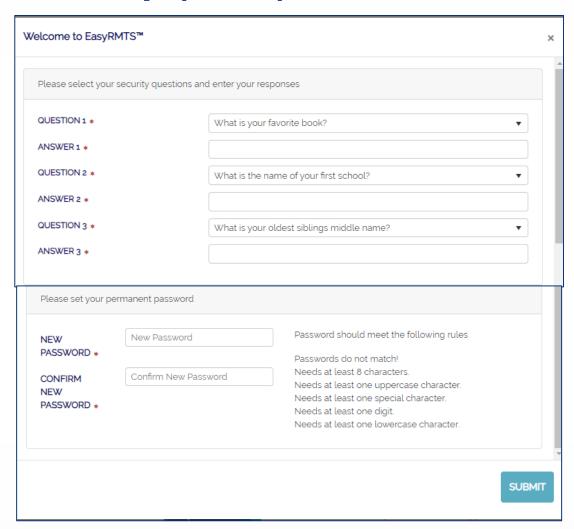
- · Decision-tree response process.
- . Flexible sample parameters (e.g., number of moments, sample response times, etc.).
- · Ability to set multiple reminders and cc supervisors.
- User-friendly calendar functionality.
- Ability to set multiple work schedules and time zones.
- · Configurable administrator dashboard.
- · Approved random moment generation algorithm.
- Automated sub-sample process.
- · Quality control checks when recording responses.
- · Standard reports that meet result tabulation and monitoring needs.
- · Customized reports.
- Customized, detailed user manual.
- · Secure website and data transfer.
- · Secure login credentials.
- · Configurable roles and user access permissions.
- · Extensive data back-up and disaster recovery plan.

Enter your Username and Temporary Password to log in.



Example: Account Setup (cont.)

Answer three security questions and set up your permanent password.





Email Based System Overview

- 1. You will receive an email that contains information that you have been selected to complete an RMTS for FL DCF.
 - * Note: The subject of the email will read: "URGENT! TIME SENSITIVE RMTS RESPONSE REQUIRED"
- 2. You will log on to https://www.easyrmtspcg.com/ using your username and password. This link is contained in the email.
 - *Note: The RMTS emails participants receive will come from FLDCF_APS@pcgus.com
- 3. Once logged in, you will select the specific moment to respond to.
 - * Note: If you have multiple outstanding moments, each moment will be listed.
- 4. The first question will always be: "Were you working on a case at the assigned moment?"

Email Based System Overview (cont.)

- 5. Based on the response, you will be guided through a series of questions asking what the activity was that they were performing at the specific day and time of the moment.
- 6. If you selected "Yes" to the first question, you will be asked to provide what type of case you are working on, an Intake Number, specify the program, and then select the activity you were working on.
- 7. If you selected "No" to the first question, you will be asked to select a Non-Case related activity.
- 8. You "submit" the response once the RMTS has been completed.

You have 24 hours to respond to the assigned RMTS! Please respond within 1 business day!

You will receive reminder emails at 4 and 6 hours after the initial email if you have not yet responded.



Survey Example

Email Based Overview

Email Based System Overview

URGENT! TIME SENSITIVE RMTS RESPONSE REQUIRED Inbox ×







FLDCF_APS@pcgus.com

Feb 27, 2023, 2:48 PM (20 hours ago)





to me ▼

Hello,

You have been selected to complete a Random Moment Time Study (RMTS) observation by the Florida Department of Children and Families. Your participation is mandatory and allows the state to receive federal funding to support your program, the department, and related services.

Your username is pcgus.demo@gmail.com. Please access your observation here: https://www.easyrmtspcg.com/

You will no longer be able to answer this observation after 02/28/23 02:42 PM. It is imperative that you complete this sample before it expires.

In your observation, please record the activity you were performing at 02/27/23 02:42 PM.

If you need to set up a password or can't remember your password, please use the "I forgot my password" function on the login page.

If you have questions or need assistance, please reply directly to this email.

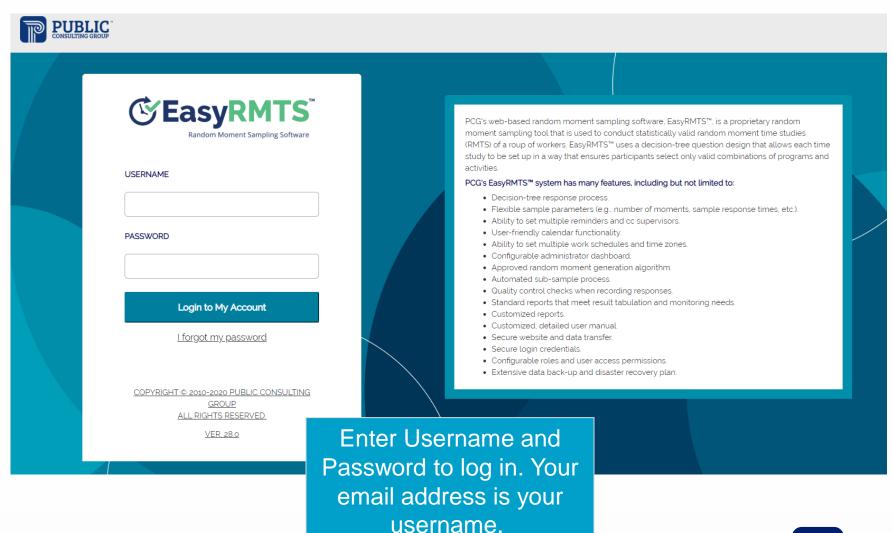
Thank you,

PCG Time Study Staff

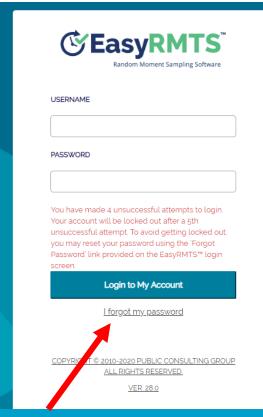
Find the date and time of your survey here.



Example: Login Page



Example: Lock Out Warning



PCG's web-based random moment sampling software, EasyRMTS™, is a proprietary random moment sampling tool that is used to conduct statistically valid random moment time studies (RMTS) of a roup of workers. EasyRMTS™ uses a decision-tree question design that allows each time study to be set up in a way that ensures participants select only valid combinations of programs and activities.

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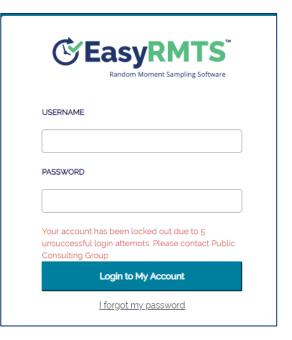
To avoid getting locked out, reset your password by selecting the "I forgot my password" button. This will email you a new temporary password.

You will be locked out if the password is entered incorrectly 5 consecutive times. You will receive a warning notification if you have entered the wrong password 4 times.



What Should I Do If I am Locked Out?

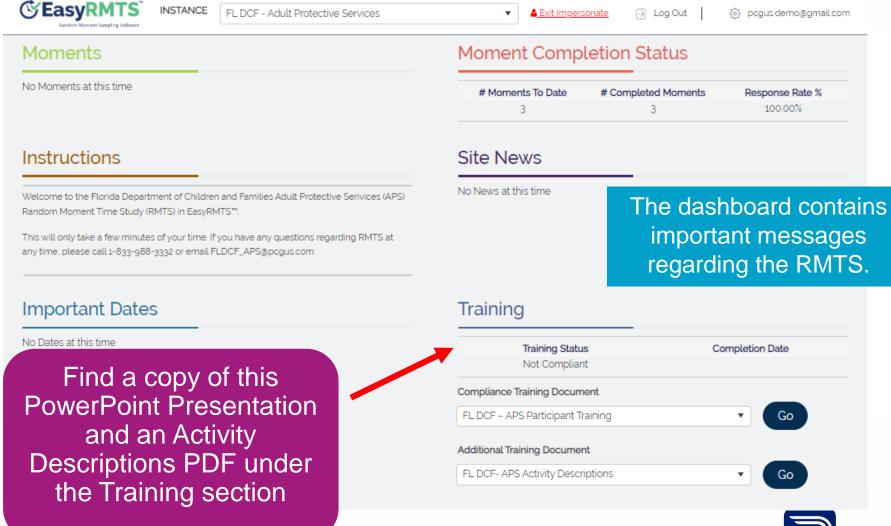
Contact FLDCF_APS@pcgus.com
(or reply to the moment email
you received). Your supervisor
can also unlock your account.



Welcome to RMTS	×
Too many attempts to the security questions have been made. Please contact the administrative t reset security questions.	eam to
	CLOSE



Example: Dashboard



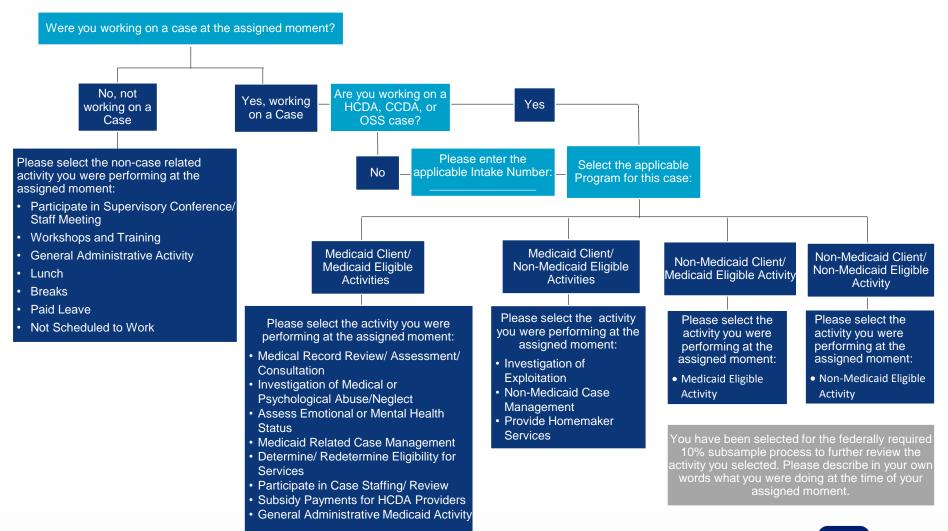
Example: Moment/Observation List



Any moment that you have "open" will be listed here.

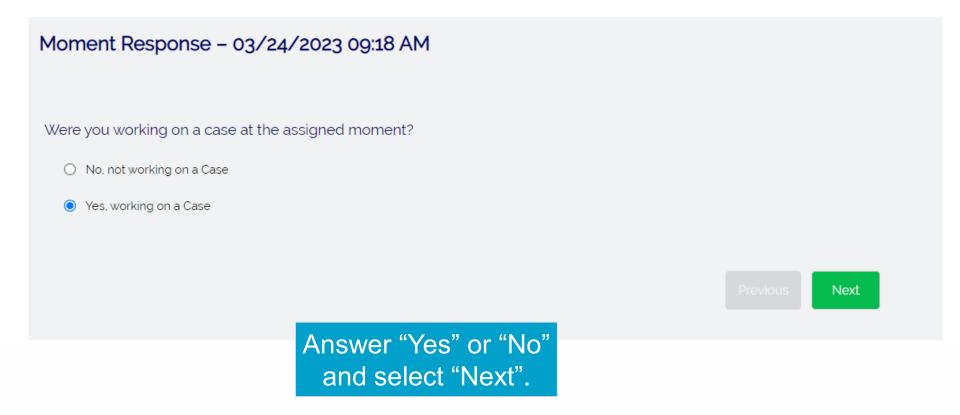
Select the moment day and time to answer a survey.

APS Decision Tree





Example: Case Type Screen (Initial Question)



Example: HCDA, CCDA, or OSS Case Screen

Moment Response - 03/24/2023 09:18 AM Are you working on a HCDA, CCDA, or OSS case? O Yes O No If you select "Yes", you will be directed to the program list. **Previous** Next If you select "No", you will be directed to provide the Intake

number. Select "Next" after

choosing your response.

Example: Intake Number Screen

Moment Response - 03/24/2023 09:18 AM

Please enter the applicable intake number.

Intake number format is a 10 digit number with a hyphen (ie. 4503-829451).

Provide an Intake Number for the client you were working on at the time of your survey.

Note This number should never be a social security number.





Example: Program Screen

Moment Response - 03/24/2023 09:18 AM

Select the applicable program for this case.

- Medicaid Client/Medicaid Eligible Activities
- Medicaid Client/Non-Medicaid Eligible Activities
- Non-Medicaid Client/Medicaid Eligible Activity
- Non-Medicaid Client/Non-Medicaid Eligible Activity

Previous

Next

Select the program you were working on. Click "Next".



Example: Activity Screen

Moment Response - 03/24/2023 09:18 AM

Please select the activity you were performing at the assigned moment.

- Medical Record Review/ Assessment/ Consultation
- Investigation of Medical or Psychological Abuse/Neglect
- Assess Emotional or Mental Health Status
- Medicaid Related Case Management
- Determine/ Redetermine Eligibility for Services
- O Participate in Case Staffing/Review
- Subsidy Payments for HCDA Providers
- General Administrative Medicaid Activity

Depending on the program selected on the previous screen, you will have a related list of activities to pick from. Select what you were actively working on during the assigned minute of time and click "Next".

Previous

Next



Example: Subsample Screen

Information Your moment has been selected as part of the sub-sample process. Please respond to the additional question(s) and submit your moment. Moment Response - 03/24/2023 09:18 AM You have been selected for the federally required 10% subsample process to further review the activity you selected. Please describe in your own words what you were doing at the time of your assigned moment. Select OK and type in the Previous Next activity that you were performing at the time of your survey and select "Next".

×

OK

Example: Response Summary Screen

Moment Response - 03/24/2023 09:18 AM

Response Summary

Question 1: Were you working on a case at the assigned moment?

Answer: Yes, working on a Case

Question 2: Are you working on a HCDA, CCDA, or DSS case?

Answer: No

Question 3: Please enter the applicable intake number.

Answer: 1235-56897

Question 4: Select the applicable program for this case.

Answer: Medicaid Client/Medicaid Eligible Activities

Question 5: Please select the activity you were performing at the assigned moment.

Answer: Investigation of Medical or Psychological Abuse/Neglect

I certify that my moment response accurately reflects the activity I was performing at the time of my moment.

Review what you have selected in the system. If your response is incorrect, select the "Edit" button and change your response.



Previous





Example: Moment Response Submit Screen

Moment Response - 03/24/2023 09:18 AM

Response Summary

Question 1: Were you working on a case at the assigned moment?

Answer: Yes, working on a Case

Question 2: Are you working on a HCDA, CCDA, or DSS case?

Answer: No

Question 3: Please enter the applicable intake number.

Answer: 1235-56897

Question 4: Select the applicable program for this case.

Answer: Medicaid Client/Medicaid Eligible Activities

Question 5: Please select the activity you were performing at the assigned moment.

Answer: Investigation of Medical or Psychological Abuse/Neglect

I certify that my moment response accurately reflects the activity I was performing at the time of my moment.

The check box must be selected to engage the Submit button to submit your survey.

Note: You must select Submit to complete the RMTS









Example: Confirmation Page

Moment Response - 03/24/2023 09:18 AM

Response Summary

Question 1: Were you working on a case at the assigned moment?

Answer: Yes, working on a Case

Question 2: Are you working on a HCDA, CCDA, or DSS case?

Answer: No

Question 3: Please enter the applicable intake number.

Answer: 1235-56897

Question 4: Select the applicable program for this case.

Answer: Medicaid Client/Medicaid Eligible Activities

Question 5: Please select the activity you were performing at the assigned moment.

Answer: Investigation of Medical or Psychological Abuse/Neglect

This screen confirms that the moment has been submitted.

Thank you for your response, your moment has been successfully submitted

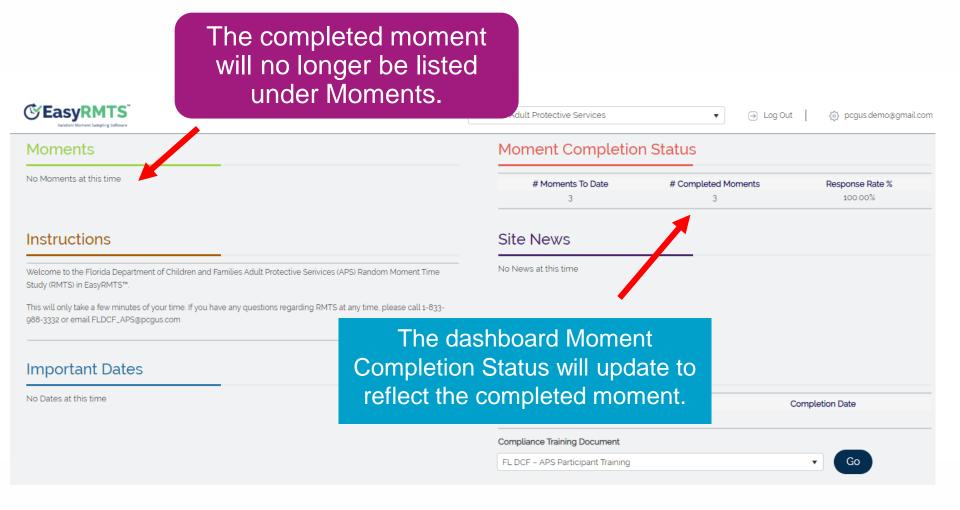
Return to Moments

Print

If you have more than one moment open, select "Return to Moments" to answer any other outstanding surveys.



Example: Dashboard





Subsample Process

- 10% of all surveys include a text box with a question asking for a description of the activity being performed at the time of the survey
- A subsample is required to ensure the proper activity codes are selected relative to the activity being performed
- Please answer as accurately and succinctly as possible to allow for a proper review of RMTS results
- Make sure that the response corresponds to your selected activity, or the survey may be invalidated
- RMTS administrators will review subsample responses and will notify participants of invalid selections.

Some Tips for Your Subsample Response:

- Spell out any acronyms used in your response
- Don't just repeat the activity code—describe the activity you were performing in more detail, including what you were doing and why.



Subsample Process – Follow Up

EasyRMTS™ Moment Clarification Required Inbox ×







FLDCF_APS@pcgus.com via amazonses.com

10:50 AM (0 minutes ago)





to me, mhahn, FLDCF APS -

Hello PCG Demo.

Your moment has been selected as part of the random moment time study review process. Your moment on 3/2/2023 10:37:00 AM requires additional clarification to properly complete the review. Please review our comments by selecting the link below.

https://www.easyrmtspcg.com/

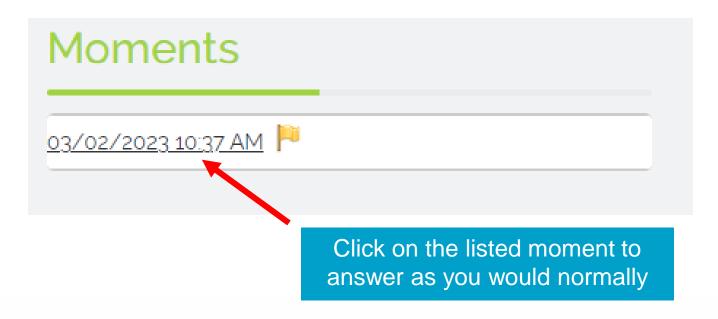
Thank you for your participation and assistance. FL DCF - Adult Protective Services Time Study Team

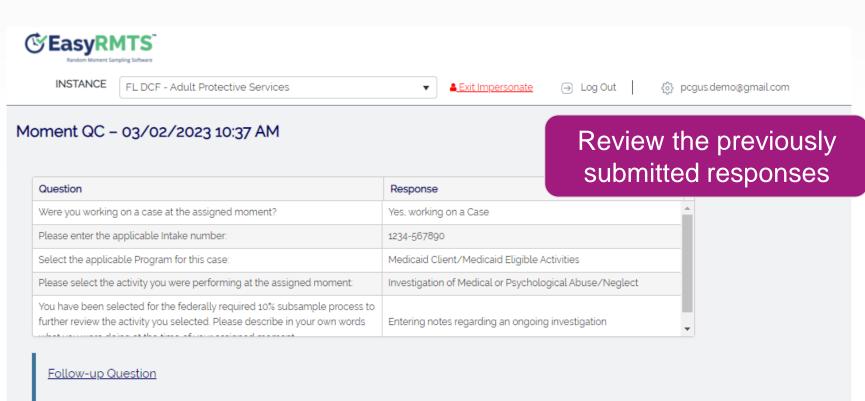
Requests for additional information may be sent via email through the EasyRMTS™ system if a subsample response is unclear.



Subsample Process – Follow Up

- Follow the link to log into EasyRMTS[™] to answer the clarification question asked by the reviewer
- A yellow flag next to a moment indicates that follow up response is needed





PLEASE CLARIFY THE SUBJECT OF THE NOTES YOU WERE ENTERING RELATED THE OPEN CASE.

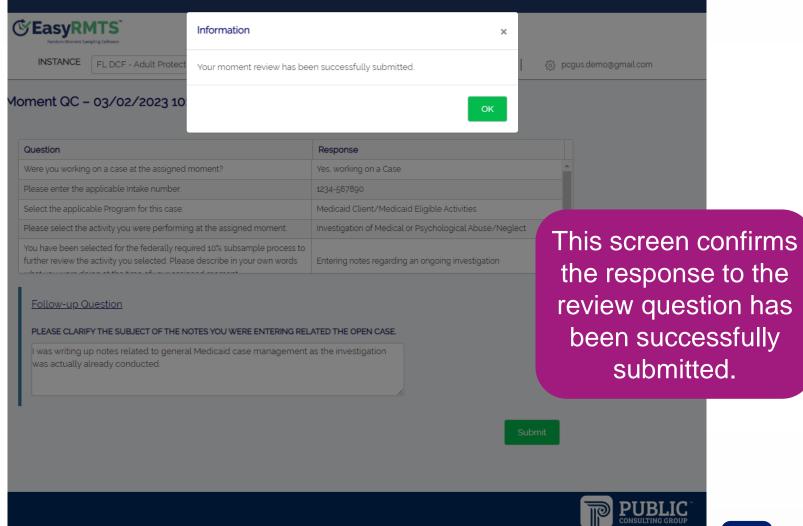
Read the clarification question and type in a response before clicking Submit







Subsample Process – Follow Up



Subsample Process – Invalid Selection

Moment QC - 03/02/2023 10:37 AM

Question	Response
Were you working on a case at the assigned moment?	Yes, working on a Case
Please enter the applicable Intake number:	1234-567890
Select the applicable Program for this case:	Medicaid Client/Medicaid
Please select the activity you were performing at the assigned moment:	Investigation of Medical or
You have been selected for the federally required 10% subsample	

If the reviewer notes that the subsample response does not match the program and activity selected, corrective guidance will be sent.

Follow-up Question

PLEASE NOTE FOR FUTURE MOMENTS, THE ACCURATE ACTIVITY TO SELECT BASED ON YOUR DESCRIBED ACTION WOULD BE "MEDICAID RELATED CASE MANAGEMENT".

Read the provided guidance and confirm it was received before clicking Submit

Submit



Some Things to Remember!

- This training presentation is available to staff each time they access the EasyRMTS™ system
- Select the options that best reflect what you are doing at that moment.
 Keep in mind that your survey represents one minute of your day
- The Intake Number is required (if requested), and it is not a HIPAA violation
- Once a survey is submitted, it CANNOT be changed
- A survey CANNOT be submitted once it has expired
- Supervisors are required to alert RMTS administrators if a moment is assigned while a participant is out of office.

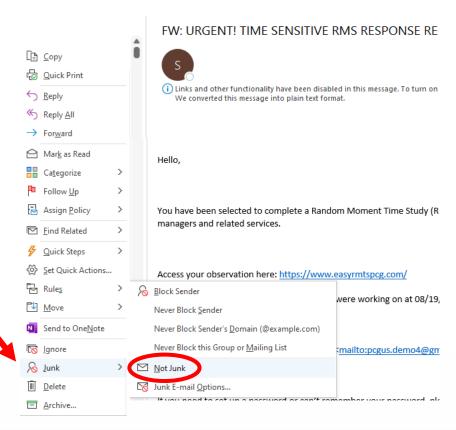
Surveys expire 1
business day
from the date
and time of the
survey



Some Things to Remember! (cont.)

 Please check to ensure that your random moment emails are not being sent to you junk folder.

- Right click on the email in your "Junk email" folder.
- Choose "Junk" from the menu.
- Choose "Not Junk" from the menu.





Contact Information

If you have any questions, please contact:

- Your supervisor
- RMTS Administrators
 - Brett Litt <u>Brett.Litt@myflfamilies.com</u>
 - Sally Hamby <u>sally.hamby@myflfamilies.com</u>
- Call the hotline at 1-833-988-3332 or email the FL DCF inbox at FLDCF_APS@pcqus.com





Solutions that Matter