

# Rhode Island SBMP

## Completing the On-Line Time Study

**Presented to:**

Rhode Island Time Study  
Participants

**Presented by:**

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Client Services Coordinator

# Completing the Online Time Study Email

1. Friday before your Time Study (TS) you will receive an email from MedicaidInSchools@umassmed.edu.
2. Click the link to site, OR launch browser and go to [www.chcf.net](http://www.chcf.net). Click School-Based Claiming.
3. Enter User ID and password. If you do not recall your password, click 'Reset/Forgot Password?' then enter your User ID and email used for the TS to generate a new temporary password.
4. If your password has expired, the system will prompt you for a new one.
5. Call 1-844-247-1411 for help or questions.

# This is the Online Time Study Screen



## SCHOOL-BASED MEDICAID PROGRAM

A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

My Profile | Home | Logoff

State: RI School District: A A A School District Quarter: Third Year: 2023

Administrative Training	<b>TS Data Submission</b>								
Time Study	Last Name : Handy				First Name : Tinna				
Reports	Job Position Code :				Job Type : Employee				
Online Training	Job Description : Occupational Therapist				Submission Deadline : 03/03/2023				
	Date	1st hr	2nd hr	3rd hr	4th hr	5th hr	6th hr	7th hr	8th hr
	02/20/2023	▼	▼	▼	▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼	▼	▼	▼
	<ul style="list-style-type: none"> <li>1A - <a href="#">Non-Medicaid Outreach</a></li> <li>1B - <a href="#">Medicaid Outreach</a></li> <li>2A - <a href="#">Facilitating application for non-Medicaid programs</a></li> <li>2B - <a href="#">Facilitating Medicaid eligibility determination</a></li> <li>3 - <a href="#">School related and educational activities</a></li> <li>4 - <a href="#">Direct Medical Service</a></li> <li>5A - <a href="#">Transportation for non-Medicaid services</a></li> <li>5B - <a href="#">Transportation for Medicaid services</a></li> <li>6A - <a href="#">Non-Medicaid translation</a></li> <li>6B - <a href="#">Translation related to Medicaid services</a></li> </ul>								

# There are three ways to enter information.

**Center for Health Care Financing**  
A Commonwealth Medicine Center of Distinction

## SCHOOL-BASED MEDICAID PROGRAM

A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

My Profile | Home | Logoff

State: RI School District: A A A School District Quarter: Third Year: 2023

**Administrative**  
**Study**  
**ports**  
**ne Training**

TS Data Submission

Last Name : Handy First Name : Tinna  
Job Position Code : Job Type : Employee  
Job Description : Occupational Therapist Submission Deadline : 03/03/2023

Date	1st hr	8th hr
02/20/2023	<input type="text"/>	<input type="text"/>

**To enter your Activity Code, you may:**

1. Type in the field.
2. Choose from the pulldown menu.
3. Click on the activity code in the list.

**To read an explanation of the Activity Codes, click on the link for the code name.**

- 1A - [Non-Medicaid Outreach](#)
- 1B - [Medicaid Outreach](#)
- 2A - [Facilitating application for non-Medicaid programs](#)
- 2B - [Facilitating Medicaid eligibility determination](#)
- 3 - [School related and educational activities](#)
- 4 - [Direct Medical Service](#)
- 5A - [Transportation for non-Medicaid services](#)
- 5B - [Transportation for Medicaid services](#)
- 6A - [Non-Medicaid translation](#)
- 6B - [Translation related to Medicaid services](#)

# To select the Activity Code:

State: RI School District: A A A School District Quarter: Third Year: 2023

TS Data Submission

First Name : Tinna  
Job Type : Employee  
Assignment Deadline : 03/03/2023

Click on the arrow to pull down the code listing for each 15-minute increment and select the activity code.

	3rd	4th hr	5th hr	6th hr	7th hr	8th hr
02/20/2023						
1A						
1B						
2A						
2B						
3						
4						
5A						
5B						
6A						
6B						
7A						
7B						
8A						
8B						
9A						
9B						
10						

1A - Non-Medicaid Outreach  
1B - Medicaid Outreach  
2A - Facilitating application for non-M  
2B - Facilitating Medicaid eligibility de  
3 - School related and educational a  
4 - Direct Medical Service  
5A - Transportation for non-Medicaid  
5B - Transportation for Medicaid servi  
6A - Non-Medicaid translation  
6B - Translation related to Medicaid se  
7A - Program planning, policy develop  
7B - Program planning, policy develop  
8A - Non-medical/non-Medicaid relate  
8B - Medical/Medicaid related training  
9A - Referral, coordination, and monit  
9B - Referral, coordination, and monit  
10 - Referral, coordination, and monit

To enter your Activity Code, you may:

1. Type in the field then press tab to move to the next field. Type the letter twice to switch from 'a' to 'b' code.
2. Choose from the pulldown menu.
3. Click on the activity code in the list.

# To activate other days in the Time Study

Date	1st hr	2nd hr	3rd hr	4th hr	5th hr	6th hr	7th hr	8th hr
<u>02/20/2023</u>	1A ▾	4 ▾	9B ▾	10 ▾	5A ▾	2A ▾	▾	▾
	1A ▾	4 ▾	9B ▾	10 ▾	5A ▾	2A ▾	▾	▾
	4 ▾	4 ▾	9B ▾	10 ▾	5B ▾	2A ▾	▾	▾
	4 ▾	9B ▾	9B ▾	10 ▾	5B ▾	2A ▾	▾	▾

- [1A](#) - [Non-Medicaid Outreach](#)
- [1B](#) - [Medicaid Outreach](#)
- [2A](#) - [Facilitating application for non-Medicaid programs](#)
- [2B](#) - [Facilitating Medicaid eligibility determination](#)
- [3](#) - [School related and educational activities](#)
- [4](#) - [Direct Medical Service](#)
- [5A](#) - [Transportation for non-Medicaid services](#)
- [5B](#) - [Transportation for Medicaid services](#)
- [6A](#) - [Non-Medicaid translation](#)
- [6B](#) - [Translation related to Medicaid serv](#)
- [7A](#) - [Program planning, policy developm](#)
- [7B](#) - [Program planning, policy developm](#)
- [8A](#) - [Non-medical/non-Medicaid related](#)
- [8B](#) - [Medical/Medicaid related training](#)
- [9A](#) - [Referral, coordination, and monitor](#)
- [9B](#) - [Referral, coordination, and monitoring of Medicaid services](#)
- [10](#) - [General administration](#)

To complete other days in your Time Study, you may click on any of the underlined dates to activate them. You will not be able to see future dates.

[Click here for time study data entry instructions](#)

<u>02/21/2023</u>								
<u>02/22/2023</u>								

# To complete other days in the Time Study

State: RI School District: A A A School District Quarter: Third Year: 2023

**TS Data Submission**

Last Name : Handy

First Name : Tinna

Job Position Code :

Job Type : Employee

Job Description : Occupational Therapist

Submission Deadline : 03/03/2023

Date	1st hr	2nd hr	3rd hr	4th hr	5th hr	6th hr	7th hr	8th hr
<a href="#">02/20/2023</a>	1A	4	9B	10	5A	2A		
	1A	4	9B	10	5A	2A		
	4	4	9B	10	5B	2A		
	4	9B	9B	10	5B	2A		
<a href="#">02/21/2023</a>	▼	▼	▼	▼	▼	▼	▼	▼
	▼	▼	▼	▼	▼	▼	▼	▼
	▼	▼	▼	▼	▼	▼	▼	▼
	▼	▼	▼	▼	▼	▼	▼	▼

- 1A - [Non-Medicaid Outreach](#)
- 1B - [Medicaid Outreach](#)
- 2A - [Facilitating application for non-Medicaid program](#)
- 2B - [Facilitating Medicaid eligibility determination](#)
- 3 - [School related and educational activities](#)
- 4 - [Direct Medical Service](#)
- 5A - [Transportation for non-Medicaid services](#)
- 5B - [Transportation for Medicaid services](#)
- 6A - [Non-Medicaid translation](#)
- 6B - [Translation related to Medicaid services](#)
- 7A - [Program planning, policy development and interagency coordination related to non-medical services](#)

**These boxes are now active and ready for activity code input.**

# Save your work

02/24/2023	3 ▾	4 ▾	9B ▾	8B ▾	2A ▾	▾	▾	▾
	3 ▾	4 ▾	9B ▾	8B ▾	2A ▾	▾	▾	▾
	4 ▾	9B ▾	7A ▾	1B ▾	2A ▾	▾	▾	▾
	4 ▾	9B ▾	7B ▾	1B ▾	2A ▾	▾	▾	▾

- 1A - [Non-Medicaid Outreach](#)
- 1B - [Medicaid Outreach](#)
- 2A - [Facilitating applicatio](#)
- 2B - [Facilitating Medicaid](#)
- 3 - [School related and e](#)
- 4 - [Direct Medical Servic](#)
- 5A - [Transportation for no](#)
- 5B - [Transportation for Me](#)
- 6A - [Non-Medicaid transla](#)
- 6B - [Translation related to](#)
- 7A - [Program planning,\\_p](#)
- 7B - [Program planning,\\_p](#)
- 8A - [Non-medical/non-Me](#)
- 8B - [Medical/Medicaid rel](#)
- 9A - [Referral, coordinatio](#)
- 9B - [Referral, coordinatio](#)
- 10 - [General administrati](#)

Remember to save your work periodically, using the **SUBMIT** button at the bottom of the form. If you do not save your work, the screen will be cleared after a period on inactivity.

Your Time Study data will NOT be sent to UMass Chan when you click this button. Your entry will be saved for you to complete when you are ready, as long as you are within the submission deadline.

[Click here for time study data entry instructions](#)

Time Study Completed

# Complete your Time Study

02/24/2023	3 ▾	4 ▾	9B ▾	8B ▾	2A ▾	▾	▾	▾
	3 ▾	4 ▾	9B ▾	8B ▾	2A ▾	▾	▾	▾
	4 ▾	9B ▾	7A ▾	1B ▾	2A ▾	▾	▾	▾
	4 ▾	9B ▾	7B ▾	1B ▾	2A ▾	▾	▾	▾

- [1A](#) - [Non-Medicaid Outreach](#)
  - [1B](#) - [Medicaid Outreach](#)
  - [2A](#) - [Facilitating application for non-Medicaid programs](#)
  - [2B](#) - [Facilitating Medicaid eligibility determination](#)
  - [3](#) - [School related and educational activities](#)
  - [4](#) - [Direct Medical Service](#)
  - [5A](#) - [Transportation for non-Medicaid services](#)
  - [5B](#) - [Transportation for Medicaid services](#)
  - [6A](#) - [Non-Medicaid translation](#)
  - [6B](#) - [Translation related to Medicaid](#)
  - [7A](#) - [Program planning, preparation and implementation](#)
  - [7B](#) - [Program planning, preparation and implementation](#)
  - [8A](#) - [Non-medical/non-Medicaid related](#)
  - [8B](#) - [Medical/Medicaid related](#)
  - [9A](#) - [Referral, coordination of care](#)
  - [9B](#) - [Referral, coordination of care](#)
  - [10](#) - [General administrative](#)
- [Click here for time study data](#)

When you have completed your Time Study for the week, click the TIME STUDY COMPLETED box. You will receive messages asking you to verify that your information is correct.

Your Time Study is not completed until you click the box.

Time Study Completed

Submit Reset

# Verification messages may appear

02/23/2023

**www.chcf.net says**  
Are you sure the Time Study is Complete?

OK Cancel

- 1A - [Non-Medicaid Outreach](#)
- 1B - [Medicaid Outreach](#)
- 2A - [Facilitating application for non-Medicaid programs](#)
- 2B - [Facilitating Medicaid eligibility determination](#)
- 3 - [School related and educational activities](#)
- 4 - [Direct Medical Service](#)
- 5A - [Transportation for](#)
- 5B - [Transportation for](#)
- 6A - [Non-Medicaid tran](#)
- 6B - [Translation related](#)
- 7A - [Program planning,](#)
- 7B - [Program planning,](#)
- 8A - [Non-medical/non-](#)
- 8B - [Medical/Medicaid r](#)
- 9A - [Referral, coordinat](#)
- 9B - [Referral, coordinat](#)
- 10 - [General administr](#)

[Click here for time study](#)

02/24/2023

3	4	9B	8B	2A	10		
3	4	9B	8B	2A	10		
4	9B	7A	1B	2A	9B		
4	9B	7B	1B	2A	9B		

Time Study Completed

Submit Reset

The first message asks if you are sure you are finished with your Time Study.

If you are NOT finished, choose Cancel to return to the Time Study. If you are ready to complete the Time Study, choose OK.





# Time Study Summary Page

Once you have responded to the verification messages, your Time Study has been completed and submitted. A summary screen of the information entered appears for each day.

Quarter: Third Year: 2023

TS Data Submission

Summary

Job #

Day(s)	1st hr				2nd hr				3rd hr				4th hr				5th hr				6th hr				7th hr				8th hr							
02/20/2023	1A	1A	4	4	4	4	4	9B	9B	9B	9B	9B	10	10	10	10	5A	5A	5B	5B	2A	2A	2A	2A												
02/21/2023	4	4	4	4	4	3	3	3	7A	7B	7B	7B	8B	5A	5A	5B	9B	9B	9B	9B	10	10	10	10												
02/22/2023	10	10	10	8B	8B	8B	8B	4	4	4	4	4	3	4	4	3	4	4	9B	9B	9B	9B	9B													
02/23/2023	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10												
02/24/2023	3	3	4	4	4	4	9B	9B	9B	9B	7A	7B	8B	8B	1B	1B	2A	2A	2A	2A	10	10	9B	9B												

Time Study Completed

Reset Time Study Status

Your time study has been marked complete.

If you have mistakenly marked your time study complete, click on the Reset Time Study Status button.

When you have completed the time study, remember to re-check the Time Study Completed box.



Thank You