

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
SBCH PROGRAM - REIMBURSEMENT AND CON
55 FARMINGTON AVENUE · HARTFORD, CT 06105-3725
Phone: 860-424-5695 Fax: 860-424-4812

School Based Medicaid Program
RMTS Coordinator Designee Information

The purpose of this form is to identify the individual designated by the district to deliver information necessary for the administration of the Random Moment Time Study on behalf of the district. The district may only appoint **one RMTS Coordinator**. Billing Vendors may not be designated as primary contacts but may be listed as a secondary contact for the district.

School District Information			
District Name:			
Provider Number:		NPI Number:	
Primary Contact Name:		Primary Contact Title:	
Primary Contact Telephone #:		Primary Contact Email:	
Primary Contact Fax #:		Vendor Name:	

Please submit completed form to: CT Department of Social Services
Email: dss.sbch@ct.gov

AND

University of Massachusetts Medical School
Attn: CT SBCH Program
Fax: (508)856-7643
Email: schoolbasedclaiming@umassmed.edu