

A high-angle photograph of a classroom with several black chairs and wooden desks arranged in rows. A large white circle is centered over the image, containing text. To the left of the circle, there are several yellow dashed lines. To the right, there is a solid orange circle.

Independent School Districts

Participant Training

Random Moment
Time Study

Time Study Participant Responsibilities

- Must answer the following to document the sampled moment:

Who was with you?

What were you doing?

Why were you performing activity?

- Must attend annual training provided by trained RMTS Contact
- Participant notified of moment 3 days in advance
- Enter response within 5 business days of moment
- Reminders sent to participants via e-mail at 24, 48, & 72 hrs.
 - Primary RMTS Contact copied on the 72- hour reminder
- Failure to enter the information will disqualify the moment
- Respond to follow-up questions from coders within 3 business days from receipt of e-mail.

Primary RMTS Contact will be copied on the e-mail

Educational or Direct Medical

Educational Services Include:

- Reading/English/Language Arts
- Writing
- Mathematics
- Science
- Social studies
- Physical education
- Electives

Educational or Direct Medical

Direct Medical Services are:

- **Medical Services** that require a licensed skilled, trained professional, such as:
 - Nursing
 - Psychology
 - Counseling
 - OT, PT, Speech, Evaluations
- **Personal Care Services (PCS)** - *Activities of Daily Living (ADL)* or *Instrumental Activities of Daily Living (IADL)* that require human intervention to accomplish the task the student would normally do for themselves if they did not have a disability or chronic medical condition, i.e., hands on assistance, monitoring, cueing, redirection.

Personal Care Services

The RMTS Contact is responsible for training time study participants as it pertains to personal care services, such as:

- A personal care service **is** a direct medical service
- A student receiving a personal care service should have an IEP that lists the specific activity and personal care service needed
- When responding to a time study moment, PCS Providers' response should be restricted to the one minute in time. **DO NOT** list multiple activities or their job description/responsibilities
- A response should always include the specific human intervention (cueing, monitoring, etc.) for the ADL being provided
- If the “Why” states “to provide a direct medical service as defined on a student IEP”, then the “What” should clearly define the personal care service
- In situations where lesson planning is being done, please indicate the specific student audience and if it is IEP related.

Note: To ensure Personal Care Services are being documented correctly, a list of follow-up questions will be asked.

Personal Care Services

Personal care services (PCS) are provided to assist a student with a disability or chronic health condition so they may benefit from school/educational services

Personal care services include a range of human assistance provided to students to accomplish ADLs or IADLs the student would normally do for themselves if they did not have a disability

A student may be physically capable of eating lunch but is unable to independently eat in the cafeteria because of functional, cognitive, or behavioral impairments

PCS may be provided by a wide range of school personnel:

Teacher Aides

Bus Aides/Monitors

Mobility Specialists

Health Care Aides Orientation

Instructional Aides

Teachers

Bilingual Aides

Clerks



Personal Care Services

Included but are not limited to:

Eating/feeding

Meal preparation

Personal hygiene

Toileting

Maintaining continence

Dressing

Grooming

Transferring

Monitoring

Redirection

Cueing

Positioning

Ambulation

Intervening with behaviors

Respiratory assistance

Assisting with self administering medication



Personal Care Services

PCS are often provided in Life Skills/Self-Contained classrooms because:

- The Life Skills class consists of students with Moderate to Severe disabilities, showing limitations in communication, social skills and activities of daily living (ADL)
- The course curriculum is driven by the student's needs as stated in each student's IEP
- These classes may have different skill areas addressed based on student needs, such as:

Domestic skills

Daily living skills

Pre-vocational skills

Vocational skills

Social skills

What is Monitoring?

Monitoring is a Direct Medical Service when:

- The student has received medication as indicated on his/her IEP and the participant is monitoring the student for a reaction.

This activity is a delegated nursing service

- The student's IEP requires that he/she receive continuous monitoring due to a behavior problem.

This activity is a personal care service (PCS)

Monitoring is an Educational Service when:

- General monitoring of students in a cafeteria to ensure all students' behaviors are in accordance with school policy.

This activity is general supervision of students

Moment Example



Moment

Job Category	Personal Care Service Provider
Random Moment Time	05/26/2021 3:14 PM
Date Certified	05/26/2021 3:25 PM
Who was with you?	Multiple students All with either a disability or medical impairment
Why were you performing this activity?	To provide classroom instruction
What were you doing?	I was teaching vocational skills to two students as part of their IEP goals. I was supervising one student who was typing on a website. I was teaching another student how to properly shred paper, how to work our paper shredder at the moment with prompting and cueing.

The participant listed multiple tasks. We only want to know what one specific activity they were engaging in at the time their moment occurred.

Moment Example



Job Category	Personal Care Service Provider
Random Moment Time	05/25/2021 1:50 PM
Date Certified	05/28/2021 9:09 AM
Who was with you?	Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)
Why were you performing this activity?	To keep the student on task, in seat, awake that they cannot manage independently Per IEP
What were you doing?	I was in the classroom with about 6 kids.. The teacher was given a lesson on science. I was just making sure the kids were listening and explaining to them something that they did not understand.

The participant did not mention what personal care service they were providing (ie. IEP related redirection OR prompting OR cueing, etc.). This prompted a f/u question from the Coders.

Moment Example



Moment

Job Category	Personal Care Service Provider
Random Moment Time	05/21/2021 10:30 AM
Date Certified	05/21/2021 5:55 PM
Who was with you?	Multiple students All with either a disability or medical impairment
Why were you performing this activity?	To assist the student toileting Due to disability (cognitive, physical, or mental health) unable to accomplish independently - Per IEP
What were you doing?	I was supervising my 2 students as they took a restroom break. Verbal prompts were given to tell them to wash hands, use soap, dry hands and flush the toilet.

The participant mentioned one specific task and the personal care service they were providing (ie. IEP related redirection OR prompting OR cueing, etc.).

RMTS Moment



- Sampling and Notification
- Participant Questions
- System Demonstration
- Moment Completion

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RMETS - Moment Notification

Example of E-mail sent to selected Participants

Medicaid Random Moment Time Study AJ20

1 message

Fairbanks - Time Study <info@fairbanksllc.com>

Tue, Apr 14, 2020 at 5:12 AM

To: [REDACTED]

Name: [REDACTED]

District: [REDACTED]

District Contact: [REDACTED]

RMETS Category: Service Coordinator/Case Manager (MAC ONLY)

Random Moment: 08:00 AM on 04/17/2020

You have been selected to participate in the Random Moment Time Study (RMETS) which is a brief online survey on behalf of your school District. Your participation is mandatory and assists your school District in obtaining reimbursement for school-based health and outreach activities.

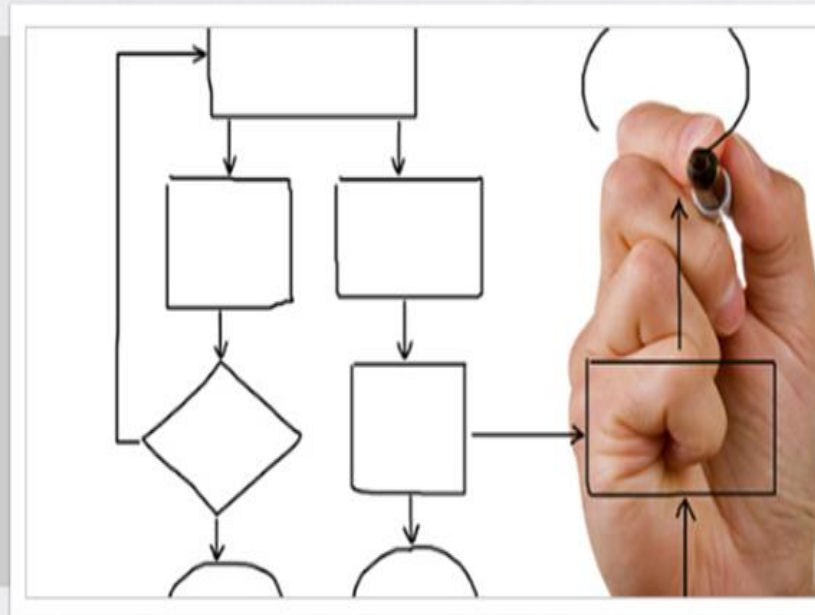
In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer three simple questions to report the activity you were performing at your sampled moment of 08:00 AM on 04/17/2020.

User Name: [REDACTED]

Password: [REDACTED]

If you need any assistance or have any questions, please contact your District Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.

RMTS Moment - Welcome Screen



Define the
Develop the s

Alabama

California

Illinois

Kentucky

Missouri

Nebraska

New Mexico

North Carolina

R Texas Cost Reporting

Texas ECI

Texas ISD

Texas LHD

Texas MH-IDD

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. [More about Fairbanks LLC >](#)

What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

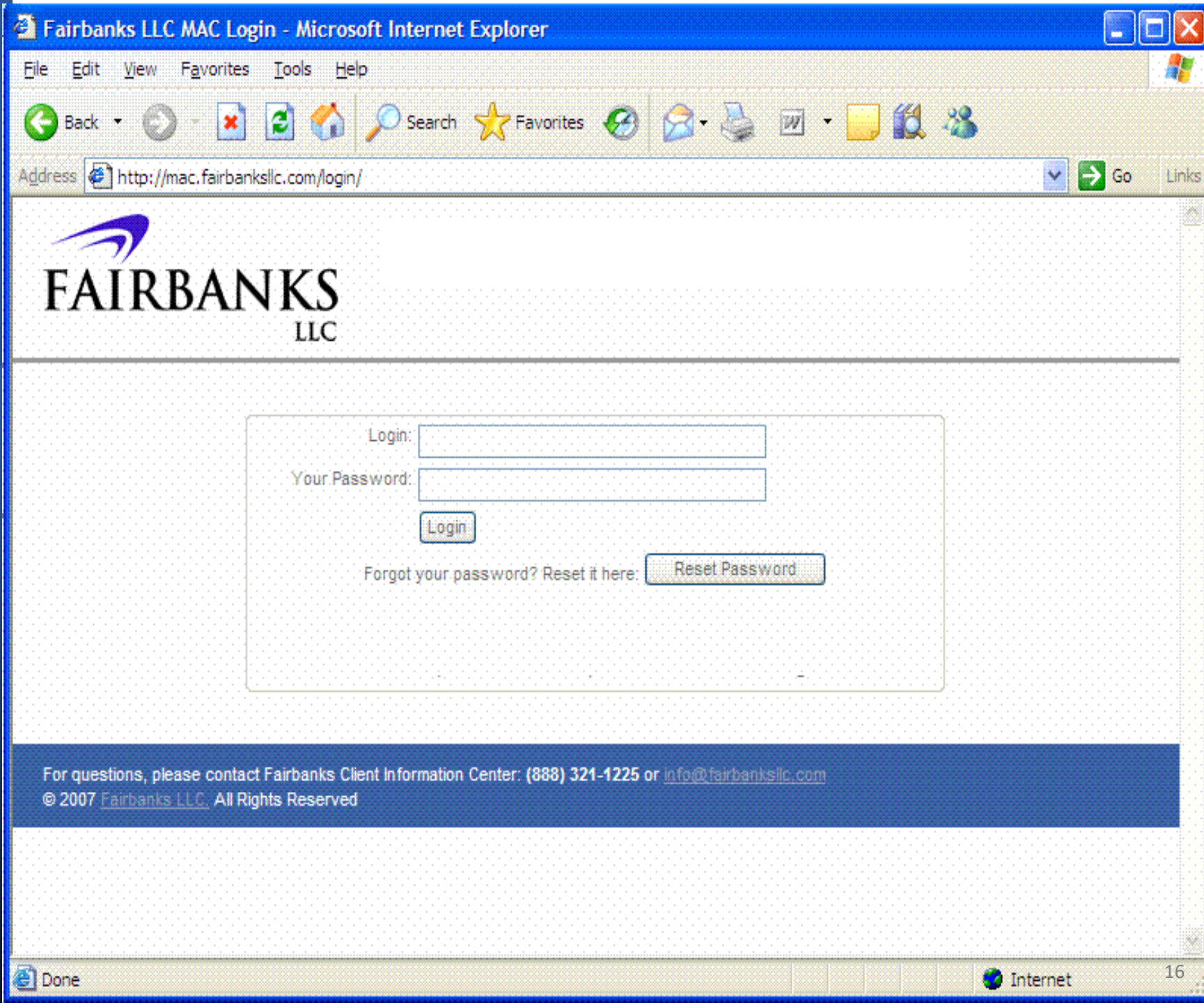
[Our Services >](#)

Who We Work With

Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

[Our Clients >](#)

Moment - Login Screen



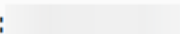
Random Moment Time Study

Welcome to the Random Moment Time Study. Your participation in the random moment Time Study is an integral component for your program to receive Federal reimbursement and should only take a few minutes to complete.

Please complete the following screen indicating the activity that you were performing during your sampled date and time, providing as much detail as possible. If you have any questions, do not hesitate to contact the Fairbanks Client Information Center at (888) 321-1225.

[Start Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: 

Email: 

Program: 

MAC Category: Early Intervention Specialist (EIS)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment
-
Start RMTS

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study (RMTS) on behalf of your center/district. You are required to complete the following RMTS screens, which will ask a series of questions you will need to answer for your sampled moment. It is important that you complete the RMTS screens as accurately as possible.

1. Keep in mind that you are responding for one precise minute in time. Document what you were doing at the sampled moment of time.
2. Dropdowns and/or optional activity descriptions are provided to assist you. If you do not see a response that applies, choose "other" and you will be provided an explanation box in which you can describe what you were doing.
3. If a blue question mark icon appears at the end of an optional activity description, you may click on the "?" to obtain additional information.
4. The person who will be reviewing your response has no idea of your job description, tasks you perform, or why you perform them, so it is up to you to provide the proper information needed to adequately describe what you were doing at the time of your moment. If you provide insufficient information, you will receive a follow-up email or telephone call requesting additional information.
5. Responses such as the following do not provide sufficient information and should be avoided:
 - "I was doing my job."
 - "I was completing my job responsibilities."
 - "I was completing this time study response."
6. It is best to avoid the use of acronyms and to instead spell out the definition, description, or title.
7. Do not provide client/student-specific names. Instead, your response should state that you were working with a client/student or a group of clients/students, if that were the case.
8. If you are traveling at the time of your sampled moment, please include a description of the activity you will be performing upon arrival.
9. If you were not working at the time of your moment, please indicate if it was paid or unpaid leave/time off.

For the purposes of this time study:

Direct Medical Services

Include:

- Activities that require human interventions such as hands on assistance, supervision, or cueing of a student with a disability or chronic medical condition, to accomplish tasks that the student would not normally do for themselves if they did not have a disability or chronic medical condition;
- Personal care services;
- Specialized transportation services;
- Psychological services;
- Physical therapy;
- Speech therapy; and
- For additional examples [click here](#).

Educational Services

Include activities associated with traditional courses that do not require human intervention to accomplish tasks the student would normally do for themselves if they did not have a disability or chronic medical condition.

Traditional courses such as:

- Reading/English/language arts;
- Writing;
- Mathematics;
- Science;
- Social studies; and
- Physical educational.

Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

Your Profile [\(Edit\)](#)

Name:
 Email:
 Program:
 MAC Category: Personal Care Service Provider

Reference Materials

- [RMTS Information Website \(TX - HHSC\)](#)
- [RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at **(888) 321-1225**.

Moment - Instruction Screen

Moment - Responses

☐ **WHO** Was With You ?

☐ **WHAT** Were You Doing ?

☐ **WHY** Were You Doing It ?

Moment - System Demonstration

Question #1: Who was with you?

Who was with you?

FB FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 04/01/2015, 08:41 AM Central Time

1. Who was with you?
Please select an answer...

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Physical Therapist - Licensed

Reference Materials
[RMTS Information Website \(TX - HHSC\)](#)
[RMTS Participant Manual 2-11-09](#)

Do You Need Help?

FB FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 04/13/2022, 11:36 AM Central Time

1. Who was with you?
Please select an answer...

- Special Ed student
- 504 Plan Student
- Student - Not Special Ed
- Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)
- Multiple students
- Teachers, Aides, or School Administrator(s)
- Related Service Provider
- Parent, Guardian, or Caregiver
- No one, alone
- Not Working
- Other - please specify below

2. Why were you performing this activity?
Please answer the above questions to see the available answers for this question.

3. Why were you performing this activity?
Please answer the above questions to see the available answers for this question.

I confirm that my response above is an accurate representation and description of my activity/activities during the Random Moment Time Study (RMTS) sample date and time. I certify that I am the individual authorized to complete this RMTS as indicated in the upper right hand corner of this screen. I also confirm that I have received training regarding my participation and the accurate completion of this RMTS form.

Certify & Submit

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Nurse - Delegated Nursing Services Provider

Reference Materials
[RMTS Information Website \(TX - HHSC\)](#)
[RMTS Participant Manual 2-11-09](#)

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment Response - Drop Downs *Who was with you?*

- Special Education student
 - With health Impairment (chronic medical condition)
 - With physical disability
 - With intellectual disability (IDD)
 - With mental health/psychological disability (emotionally disturbed, etc.)
 - With autism
- 504 Plan Student
- Student not Special Education
- Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)
- Multiple students
 - All with either a disability or medical impairment
 - Some with disability or medical impairment and some with no disability or impairment
 - All without any disability or medical impairment

Note: Address if a child is in attendance first before acknowledging staff present.

(cont'd) **Response**

-

Drop Downs

Who was with you?


- Teachers, Aides or School Administrator(s)
- Related Service Provider
- Parent, Guardian or Caregiver
- No one, alone
- Not Working
 - Paid time off
 - Unpaid time off
- Other

Response – Open Text Box

Question #2

What Were You Doing?

Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 04/01/2015, 08:41 AM Central Time

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Physical Therapist - Licensed

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)
 [RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

2. What were you doing?

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (i.e. teaching, therapy, supervision, cueing, staff meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.) Do not use proper names or acronyms.

What Were You Doing?

Response — (cont'd) Open Text Box

What Were You Doing?

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (teaching, therapy, supervision, cueing, staff meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.)

Please keep in mind:

- When providing PCS, the “WHAT” is more about why the student needs the support rather than what is going on in the class.
- Describe exactly what took place only in the 60 seconds of the moment. (Do not list multiple activities)
- Respond to the moment in detail as if no one has knowledge of the ISD job descriptions, tasks performed or what Special Education is.
- Do not use acronyms in the description without explanation
- Do not identify others by name when providing responses
- Indicate if it was paid or unpaid time off if not working

Response - Drop Downs

Question #3

Why Were You Performing This Activity???

Random Moment Time Study

3. Why were you performing this activity?

Please select an answer...

Please select an answer...

- To ensure safety for student(s) from self, others, environment that they cannot perceive independently
- To keep the student on task, in seat, awake that they cannot manage independently
- To assist the student physically
- To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)
- To assist the student toileting
- To monitor the student that requires supervision or physical assistance
- To transition the student that requires supervision or physical assistance
- To assist the student feeding/eating that requires supervision or physical assistance
- To monitor/intervene with behaviors (aggression, self-stimulation, verbal interference, etc.)
- To provide classroom instruction
- To supervise students in general population
- To provide medication/medical care/first aid
- To provide therapy (Speech, OT, PT, Sensory stimulation)
- To conduct assessment/evaluation
- To provide or obtain information to or from a student's family
- To determine student's/family's eligibility for Medicaid/Health benefits
- To determine student's/family's eligibility for other programs/benefits
- To upgrade professional skills through training
- To improve social/vocational/educational services for the district's students
- To improve health related services for the district's students
- To coordinate/provide transportation
- To coordinate/provide translation
- To provide counseling
- To participate in a meeting
- Not Working
- Other - please specify below

Your Profile (Edit)

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Physical Therapist - Licensed

Reference Materials

- [RMTS Information Website \(TX - HHSC\)](#)
- [RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

I confirm
Random
this RMT
regardin

Certify

(cont'd) **Response**

-

Drop Downs

Why were you performing this activity?

- To ensure safety for student(s) from self, others, environment that they cannot perceive independently**
 - Per IEP
 - Without IEP
- To keep the student on task, in seat, awake that they cannot manage independently**
 - Per IEP
 - Without IEP
- To assist the student physically**
 - Per IEP
 - Without IEP
- To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)**
 - Per IEP
 - Without IEP

(cont'd) **Response**

-

Drop Downs

Why were you performing this activity?

- To assist the student toileting**
 - Due to inability (cognitive, physical or mental health) – Per IEP
 - Due to disability (cognitive, physical or mental health) – Without IEP
 - As part of age-appropriate toilet training (Pre-K and Kindergarten)
- To monitor the student that requires supervision or physical assistance**
 - Per IEP
 - Without IEP
- To transition the student that requires supervision or physical assistance**
 - Per IEP
 - Without IEP
- To assist the student feeding/eating that requires supervision or physical assistance**
 - Per IEP
 - Without IEP

(cont'd) **Response**

-

Drop Downs

Why were you performing this activity?

- To monitor/intervene with behaviors (aggression, self-stimulation, verbal interference, etc.)**
 - With BIP (Behavioral Intervention Plan) Per IEP
 - With BIP (Behavioral Intervention Plan) Without IEP
 - Without BIP – Per IEP
 - Without BIP – Without IEP
- To provide classroom instruction**
- To supervise students in general population**
- To provide medication/medical care/first aide**
 - Per IEP
 - Without IEP
- To provide therapy (Speech, OT, PT, Sensory Stimulation)**
 - Per IEP
 - Without IEP

(cont'd) **Response**

-

Drop Downs

Why were you performing this activity?

- To conduct assessment/evaluation**
 - Full Individual Evaluation (FIE) for Special Ed determination
 - Academic Assessment
 - Hearing/Vision Assessment
 - Speech, OT, PT, Nursing or Nutritional Assessment
- To provide or obtain information to or from student's family**
 - Regarding SHARS (School Health and Related Services)
 - Regarding all other services
- To determine student/family eligibility for Medicaid/Health benefits**
- To determine student/family eligibility for other programs/benefits**
- To upgrade professional skills through training**
 - Through medical/health related training
 - Through educational training

(cont'd) **Response**

-

Drop Downs

Why were you performing this activity?

- To improve social/vocational/educational services for the district's students**
- To improve health related services for the district's students**
- To coordinate/provide translation**
 - For medical services for a specific student
 - For social/vocational/educational purposes
- To coordinate/provide translation**
 - For medical services for a specific student and/or student's family
 - For social/vocational/educational purposes
- To provide counseling**
 - Academic counseling
 - Vocational Counseling
 - Mental Health Counseling per IEP
 - Mental Health Counseling without IEP
 - Other

(cont'd) **Response**

-

Drop Downs

Why were you performing this activity?

To participate in a meeting

- Staff – Academic discussion
- Staff – SHARS Medical/Medicaid discussion
- IEP – Academic discussion
- IEP – SHARS Medical/Medicaid discussion
- Other

Not working

- Paid time off
- Unpaid time off

Other (please explain and specify below)

Review and Submit
(Print)

Complete Time Study -

Random Moment Time Study

✓ CONGRATULATIONS KIM KASNER, YOU HAVE COMPLETED THE TIME STUDY!

🕒 Random Moment Time: 04/01/2015, 08:41 AM Central Time

Thank you for participating in the time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

[Print](#) [Confirmation Receipt](#)



Your Profile

Name: [REDACTED]

Email: [REDACTED]

Program: [REDACTED]

MAC Category: Physical Therapist - Licensed

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

 [RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Review and Submit
(Confirmation Receipt)

Complete Time Study

Random Moment Time Study

✔ TARA MADRIGAL, YOUR TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 04/10/2015, 09:10 AM CENTRAL TIME.

🕒 Random Moment Time: 04/08/2015, 08:59 AM Central Time

Here are your answers:

Who was with you?

Student, Special Ed (Age 3-20)

What were you doing?

I was providing a direct medical service to the child.

Why were you performing this activity?

To provide an educational service as defined on a student's IEP

Print

Your Profile

Name: [redacted]

Email: [redacted]

Program: [redacted]

MAC Category: Service Coordinator/Case Manager (MAC ONLY)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

 [RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.



Thank you!!! 😊

Time Study Unit