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## **Early Childhood Intervention (ECI),**

Participant Training

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## **Random Moment Time Study**

# Contacts – Participants

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## Participants

- Required to be trained annually (before their first moment occurs for the FFY).
  - Participants are trained by the HHSC trained RMTS contact.
- Must answer each of the questions in the sampled moment.
  - Failure to enter the information will disqualify the moment.
- Notified of their sampled 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 is copied on the 72- hour reminder.
- Receives email from coders if follow-up information is needed.
  - Participant is required to respond within 3 business days from receipt of e-mail.
  - Primary RMTS Contact will be copied on the e-mail.



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# RMTS Moment Information Outline

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- Sampling and Notification
- Participant Questions
- Moment Completion



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# RMTS Moment Notification



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From: [redacted]@fairbanksllc.com



To: [redacted]

Cc & Bcc

Medicaid Random Moment Time Study AJ22

Name: [redacted]  
District [redacted]  
District Contact: [redacted]  
RMTS Category: Outreach Worker (MAC ONLY)  
Random Moment: 10:56 AM on 04/14/2022

You have been selected to participate in the Random Moment Time Study (RMTS) 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](http://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 10:56 AM on 04/14/2022.

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](mailto:info@fairbanksllc.com).

Sent from [Mail](#) for Windows

# RMTS Moment – Fairbanks LLC

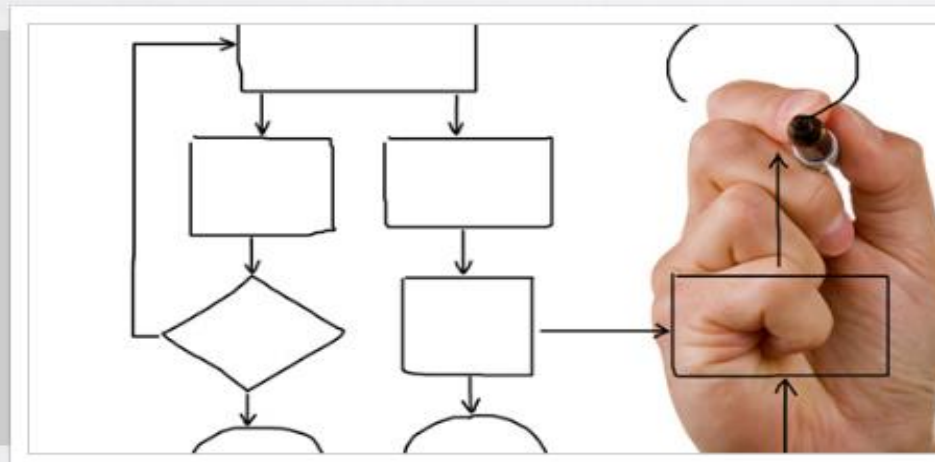


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[Client Login](#)



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

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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 >](#)

[www.fairbanksllc.com](http://www.fairbanksllc.com)



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# RMTS Moment – Login



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User Name:

Your Password:

Forgot your password? Reset it here:

For Texas Cost Report users, please [click here](#)

For questions, please contact Fairbanks Client Information Center: **(888) 321-1225** or [info@fairbanksllc.com](mailto:info@fairbanksllc.com)  
For ICF/ID, HCS/TxHmL and CPC questions, please contact: **(877) 354-3831**  
For Kentucky Medicaid SBHS Cost Report questions, please contact: **(866) 303-7501**  
For Missouri SDAC questions, please contact: **(877) 285-0388**  
For Nebraska questions, please contact: **(877) 219-1316**  
For New Mexico MSBS questions, please contact: **(877) 340-1453**  
For New Mexico HSD sister agency questions, please contact: **(877) 354-3842**  
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## 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: [redacted]

Email: [redacted]

Program: [redacted] (ECI)

MAC Category: Speech Language Pathologist - Licensed (SLP)

### 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.



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# RMTS Moment - Instruction Screen



Welcome, [redacted] ([Logout](#))

## Random Moment Time Study

### RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study on behalf of your organization. You are required to complete the following Time Study questionnaire, which will ask you several questions that you will answer for your sampled date and time. The specific information that you provide on the Time Study is not shared with your organization, however it is reviewed by Fairbanks personnel and coded for Medicaid reimbursement purposes. As a result, it is important that you complete the Time Study accurately.

The following provides guidance on the accurate completion of the Time Study:

1. Please keep in mind that you are responding for one precise minute in time.
2. Choices are provided for your convenience. If you do not see a response that applies, click "other" and provide details.
3. If you use acronyms in the description of your activity, please provide a definition of the acronym.
4. If you were with a child, Do not provide client-specific names, instead your response can state that you were working with a child or group of children.
5. Some responses do not provide enough description. Examples of unacceptable responses:
  - "I was doing my job."
  - "I was completing my job responsibilities."
  - "I was completing this time study form."
6. If insufficient information is provided, you will receive a follow-up email or phone call requesting more information.
7. If you are travelling at the selected moment, please associate the time spent travelling with the activity you will be performing when you are done travelling. For example, travelling to a direct service appointment, the travel time is reported as direct service.
8. The term **caregiver** includes all individuals who are responsible for the child's safety and well being throughout the day. Examples: Parent, foster parent, extended family, daycare provider.
9. Time spent **travelling** to or from the activity is considered a part of that activity. For example, travel to a child's home to provide case management is considered as time spent providing case management.
10. Time spent **preparing** for the activity and **documenting** the activity are to be considered a part of that activity. For example, collecting the necessary forms in preparation of an evaluation is considered time spent performing the evaluation.

Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

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

Name: [redacted]  
Email: [redacted]  
Program: [redacted]  
(ECI)  
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 – System Demonstration

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## **Participants' Moment Demonstration**

How Sample Participant's respond to their time study moment



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## Moment Response - ECI

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- WHAT** Were You Doing?
  - WHY** Were You Doing It?
  - It's a Benefit to **Whom?**
  - WHO** Were You With?



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# ECI Moment Response – Question #1

## “What were you doing?”

### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

Random Moment Time: [redacted], 08:02 AM Central Time

#### What were you doing?

- |  |   |
|--|---|
| <input type="radio"/> Break  | <input type="radio"/> Supervision   |
| <input type="radio"/> General administrative function                          | <input type="radio"/> Outreach  |
| <input type="radio"/> Interagency Coordination                                 | <input type="radio"/> Pre-Eligibility   |
| <input type="radio"/> Lunch  | <input type="radio"/> Referral  |
| <input type="radio"/> Not at work  | <input type="radio"/> IFSP development, review, or revision                         |
| <input type="radio"/> Policy development and program planning                  | <input type="radio"/> Attending a Staff Meeting                                     |
| <input type="radio"/> Service provider relations, development, and recruitment | <input type="radio"/> Case consultation   |
| <input type="radio"/> Staff training   | <input type="radio"/> None of the above   |
| <input type="radio"/> Case management  | <input type="radio"/> Transportation - arranging                                    |
| <input type="radio"/> ECI Eligibility Determination                            | <input type="radio"/> Transportation - provision                                    |
| <input type="radio"/> Discipline specific assessment                           | <input type="radio"/> Translation - arranging                                       |
| <input type="radio"/> Discipline specific service on the IFSP                  | <input type="radio"/> Translation - provision                                       |
| <input type="radio"/> Specialized Skills Training                              | <input type="radio"/> Application for monetary assistance or public health benefits |

[Next](#)

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

Name: [redacted]  
Email: [redacted]  
Program: [redacted]  
MAC Category: Speech Language Pathologist - Licensed (SLP)

#### 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.



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# Moment – Question #1

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## **What were you doing?**

- Application for monetary assistance or public health benefits?**

*(hover over ) Examples: CHIP, Medicaid, WIC*

For what type of assistance?

- Food stamps
- CHIP
- Medicaid
- TANF
- WIC
- SSDI
- SSI
- None of the above

*Please identify the type of assistance (open text)*

**Are you the assigned service coordinator?**

Yes

No



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## Moment – Question #1

---

### ***What were you doing?***

**Attending a Staff Meeting**

Client(s) specific meeting

General staff meeting

Sharing new strategies in the field to better serve children

**Break**

**Case Consultation** (*hover over – 2 or more staff*)

Peers within ECI

Collateral consultation – with staff outside of ECI

None of the above

*Please provide a 2-3 sentence description of what you were doing at that moment. (open text)*



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## Moment – Question #1

---

### ***What were you doing?***

**Case Management**

Coordination and transitioning

IFSP development, review, or revision

Referral

Monitoring

**Are you the assigned Service Coordinator?**

**Yes**

**No**

***Type of Contact***

Face to Face

Phone

None of the above



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# Moment – Question #1

---

## **What were you doing?**

Case Management (cont.)

**Who were you working with ?**

Child who is eligible for ECI

Child whose eligibility for ECI has not been determined yet

Child determined to not be eligible for ECI

Family member/caregiver and NOT THE ECI CHILD

Group of people

None of the above

*Please indicate the focus of the activity (open text)*

**Discipline Specific Assessment**

Select the service

**Discipline Specific Service on the IFSP**

Select the service



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## Moment – Question #1

---

### *What were you doing?*

#### ECI Eligibility Determination

Which evaluation did you perform?

Initial

Annual

Was the evaluation within your scope of practice under state law?

Yes

What is your license or certification? (open text)

No

Don't know



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# Moment – Question #1

## *What were you doing?*

### IFSP development, review or revision

(hover over) includes comprehensive needs assessment

Are you the assigned Service Coordinator?

Yes

No

Was the parent physically present?

Yes

No

Please indicate your discipline:

- EIS
- Licensed Dietitian
- Occupational Therapist
- Physical Therapist
- Speech Language Pathologist
- Other (open text )



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## Moment – Question #1

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### *What were you doing?*

- General Administration**
- Interagency Coordination**
  - Select service
- Lunch**
- None of the above (text box)**
- Not Working**
  - Paid Time Off
  - Leave without pay
- Outreach**



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# Moment – Question #1

---

## ***What were you doing?***

### **Policy Development/Program Planning**

The policy or planning was related to

### **General Administration**

Provide 2-3 sentence description (text box)

Service Provision

Select Service

### **Pre-Eligibility**

- Service Coordination
- Screening
- Initial Evaluation
- None of the above (text box)

### **Referral**



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# Moment – Question #1

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## ***What were you doing?***

- Service provider relations, development, and recruitment**  
(hover over – External and internal to your ECI program)

### **Indicate what you were doing:**

- Developing resource directory of external providers
- Recruiting service providers (*Hover over – includes developing job descriptions, advertising the opening, and conducting interviews for employees or contractors*)
- Providing technical assistance to external provider(s)
- Providing information to external provider(s) on policy, regulation, and/or statute
- None of the above

*Please provide a 2-3 sentence description of what you were doing at that moment.  
(open text)*



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# Moment – Question #1

## **What were you doing?**

Service provider relations, development, and recruitment (con't)

Does or will the provider(s) provide Medicaid reimbursable services?

**Yes**

### **Please identify the discipline:**

Advanced Practice Nurse	Occupational Therapy
Audiology	Optometry
Counseling	Physical Therapy
Dentist	Physician/Physician Assistant
Home Health Care	Psychological
Hospice	Social Work
Nutritional	Speech
None of the above (Open Text)	

**No**



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## Moment – Question #1

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### *What were you doing?*

**Specialized Skills Training**

**Staff Training**

Participating, Providing or Coordinating training for specific services.

#### **For which service?**

- Developmental Services (Hover over – Skills training and development)
- Case Management
- Other (prompts service list)

**Participating, Providing or Coordinating all other training**



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# Moment – Question #1

---

***What were you doing?***

**Supervision**

- Administrative Supervision
- General Service Provision
- Supervision related to EIS certification
- Service Specific

Specialized Skills Training

Case Management

Other (Select Service)

**Translation (Arranging)**

**Translation (Providing)**

**Transportation (Arranging)**

**Transportation (Providing)**



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# Moment – Service List

---

Academic/GED

Audiology

Behavioral intervention services

Case management

Day care

Dental care

Employment/Vocational

Family education and training (*Hover over – Assisting family in understanding the special needs of the child (Examples – Love and Logic, CPS, Safety Training, Parents as Teachers)*)

Family planning

Genetic counseling

Head Star

Health Services

Home health care/DMEPOS

Hospice

Housing



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## Moment – (cont'd) Service List

---

Legal

Medical (*hover over* – physician, hospital, lab, x-ray, nursing)

Neonatal Intensive Care Unit

Nutrition

Occupational therapy

Parenting classes

Pharmacy

Physical therapy

Prenatal care

Psychological/Counseling

Respite care

Specialized Skills Training (*hover-over: Developmental Svcs*)

Social work

Speech therapy

Assistive technology services and devices

Vision

None of the above



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# ECI Moment Response – Question #2

## “Why were you doing it?”

FB FAIRBANKS LLC Welcome, [redacted] ([Logout](#))

### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

Random Moment Time: [redacted] 08:02 AM Central Time

**Previous Answer:**  
✔ WHAT WERE YOU DOING?  
[EDIT](#) [OUTREACH](#)

**Why were you doing it?**

- To tell people about a service or to explain the benefits of a service
- To identify children with disabilities who are in need of ECI services
- To determine the person's eligibility
- To enroll the person into a service
- To help the person to obtain a needed service
- To coordinate services for someone
- To monitor the provision of a service
- To refer the person to a needed service
- To report on the person's progress
- To provide a service that is identified on the IFSP or treatment plan
- To address agency business that did not involve talking about specific children or their families. 🗨️
- To improve the agency's provision of services.
- Other

[Next](#)

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

Name: [redacted]  
Email: [redacted]  
Program: [redacted]  
MAC Category: Speech Language Pathologist - Licensed (SLP)

#### 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.



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## Response – Question #2

---

### Why were you doing it?

- To tell people about a service or to explain the benefits of a service**  
Is the person or their child already receiving services?

Yes

No

Are you the assigned service coordinator?

Yes

No

- To identify children with disabilities who are in need of ECI services**  
Did you discuss Medicaid or Medicaid funded services?

Yes

No

- To enroll the person into a service**

Select Service

Are you the assigned service coordinator?

Yes

No



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## Response – Question #2

### **Why were you doing it?**

- To determine the person's eligibility**

For funding or monetary assistance:

CHIP

TANF

SNAP

WIC

Medicaid

Other – text box

SSI

For Services

Select service

Are you the assigned Service Coordinator?

Yes

No

- To help the person obtain a needed service**

Select Service

Are you the assigned Service Coordinator?

Yes

No



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## Response – Question #2

### *Why were you doing it?*

**To coordinate service for someone**

*Select Service*

Are you the assigned Service Coordinator?

Yes

No

**To monitor the provision of a service**

*Select Service*

Are you the assigned Service Coordinator?

Yes

No

**To refer the person to a needed service**

*Select Service*

Are you the assigned Service Coordinator?

Yes

No



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## Response – Question #2

### Why were you doing it?

- To report on the person's progress

Select Service

Are you the assigned Service Coordinator?

Yes

No

- To provide a service that is identified on the IFSP or treatment plan

Select Service

- To address agency business that did not involve talking about specific children or their families

- To improve the agency's provision of services

- Other – text box



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## Response – Question #3

### ***Activity was of direct benefit to a?***

- No one/alone/by myself**

#### **Were you?**

Traveling to or from the activity

Preparing for the activity

Documenting the activity

None of the above

Please provide a 1-2 sentence description of what you were doing

- With family/caregiver and child**
- With family/caregiver and collateral**
- With collateral, no family/caregiver**
- None of the above**

Please Identify who was with you (open text) and do not use proper names.



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# ECI Moment Response – Question #3

## “Activity was a direct benefit to a?”

FB FAIRBANKS LLC

Welcome, [redacted] ([Logout](#))

### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

Random Moment Time: [redacted], 08:02 AM Central Time

**Previous Answer:**

ARE YOU THE ASSIGNED SERVICE COORDINATOR?  
[EDIT YES](#)

The activity was of direct benefit to a:

- Child who is eligible for ECI
- Child whose eligibility for ECI has not been determined yet
- Child determined to not be eligible for ECI
- Family member/caregiver and NOT THE ECI CHILD
- Group of people
- None of the above

[Next](#)

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

Name: [redacted]  
Email: [redacted]  
Program: [redacted]  
MAC Category: Speech Language Pathologist - Licensed (SLP)

**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.



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## Response – Question #3

### **Activity was of direct benefit to a?**

- No one/alone/by myself

#### **Were you?**

Traveling to or from the activity

Preparing for the activity

Documenting the activity

None of the above

Please provide a 1-2 sentence description of what you were doing

- With family/caregiver and child
- With family/caregiver and collateral
- With collateral, no family/caregiver
- None of the above

Please Identify who was with you (open text) and do not use proper names.



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# ECI Moment Response – Question #3, Pt 2

## “Who were you working with?”

FB FAIRBANKS LLC Welcome, [redacted] ([Logout](#))

### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

Random Moment Time: [redacted], 08:02 AM Central Time

**Previous Answer:**

✓ THE ACTIVITY WAS OF DIRECT BENEFIT TO A:  
[EDIT](#) CHILD WHOSE ELIGIBILITY FOR ECI HAS NOT BEEN DETERMINED YET

**Who were you working with?**

- No one/alone/by myself
- With family/caregiver and child
- With family/caregiver and collateral
- With collateral, no family/caregiver
- None of the above

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

Name: [redacted]

Email: [redacted]

Program: [redacted]

MAC Category: Speech Language Pathologist - Licensed (SLP)

**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.



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## Response – Question #3, Pt 2

---

### *Activity was of direct benefit to a?*

- Child who is eligible for ECI
- Child whose eligibility for ECI has not been determined yet
- Child determined to not be eligible for ECI
- Family member, caregiver and NOT the ECI child
- Group of people
- None of the above



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# Time Study Completion – ECI “Certify/Submit”



Welcome, [redacted] ([Logout](#))

## Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

**Random Moment Time:** [redacted] 08:02 AM Central Time

You have completed the Random Moment Time Study. Please take a moment to review your answers, and make any corrections. When you are ready, please hit the "Certify & Submit" button to finalize your survey responses.

### What were you doing?

[Edit](#) Outreach

### Why were you doing it?

[Edit](#) To enroll the person into a service

**Please identify the service that was performed or discussed:**

[Edit](#) Audiology

**Are you the assigned service coordinator?**

[Edit](#) Yes

### The activity was of direct benefit to a:

[Edit](#) Child whose eligibility for ECI has not been determined yet

### Who were you working with?

[Edit](#) With family/caregiver and child

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

**Name:** [redacted]  
**Email:** [redacted]  
**Program:** [redacted]  
**MAC Category:** Speech Language Pathologist - Licensed (SLP)

### 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.



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# Time Study Completion – ECI “Printed” Copy



Welcome, [redacted] ([Logout](#))

## Random Moment Time Study

✓ CONGRATULATIONS KATHRINE MAXFIELD, YOU HAVE COMPLETED THE TIME STUDY!

🕒 Random Moment Time: [redacted], 08:02 AM Central Time

Thank you for participating in the MAC 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: Speech Language Pathologist - Licensed (SLP)

### 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.



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# Time Study Completion – ECI Confirmation Receipt



Welcome, [redacted] ([Logout](#))

## Random Moment Time Study

KATHRINE MAXFIELD, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY I [redacted] AT [redacted], 08:44 AM CENTRAL TIME.

Random Moment Time: [redacted], 08:02 AM Central Time

Here are your answers:

### What were you doing?

Outreach

### Why were you doing it?

To enroll the person into a service

Please identify the service that was performed or discussed:

Audiology

Are you the assigned service coordinator?

Yes

### The activity was of direct benefit to a:

Child whose eligibility for ECI has not been determined yet

### Who were you working with?

With family/caregiver and child

[Print](#)

### Your Profile

Name: [redacted]  
Email: [redacted]  
Program: [redacted]  
MAC Category: Speech Language Pathologist - Licensed (SLP)

### 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.



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# Questions and Contact Information

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## Time Study:

(737) 867-7794

- Sarah Hollister- Director
- Ri-Chard Thomas – Team Lead
- Alexandra Young – Rate Analyst

## E-Mail Address:

[TimeStudy@hhs.texas.gov](mailto:TimeStudy@hhs.texas.gov)

## Website:

<https://pfd.hhs.texas.gov/time-study/early-childhood-intervention-eci>

## Fairbanks, LLC:

(888) 321-1225

[info@fairbanksllc.com](mailto:info@fairbanksllc.com)



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**Thank you!!! 😊**

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**Time Study Unit**

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Time Study Unit