



Random Moment Time Study (RMTS)

Local Education Agency

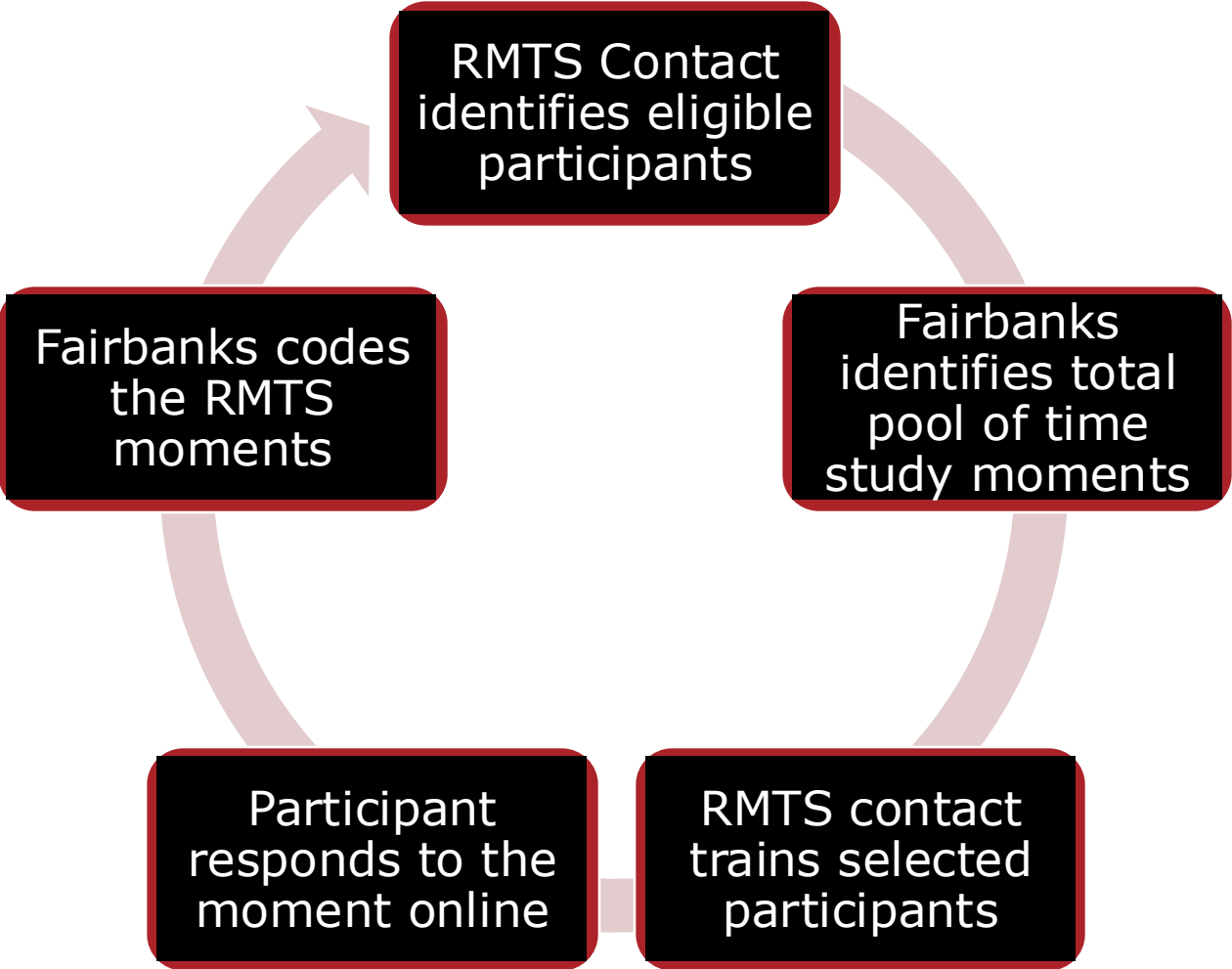
Random Moment Time Study (RMTS)

It is a valid rapid sampling technique that:

- Reduces the amount of staff time needed to record an individual time study participant activity
- Statewide Time Study
 - Participants will also need to respond to the moment if providing services outside their home district (include service provided and district name)



RMTS Process



RMTS – Fiscal Quarterly Dates

Quarter	Time Study Begin	Time Study End
1 st	10/1/24	12/13/24
2 nd	01/06/25	03/31/25
3 rd	04/01/25	05/23/25
4 th	08/18/25	09/30/25



RMTS – Educational or Direct Medical

Educational Services include any services or accommodations to assist in any of the following:

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



RMTS – Educational or Direct Medical

Direct Medical Services are medical services that require a licensed, skilled, or trained professional, such as:

- Nursing
- Psychology, Counseling
- Physician services
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Audiology
- Personal Care Services (PCS)



RMTS – Personal Care Service (PCS)

- Personal care service (PCS) is a range of human assistance provided to accomplish ADLs (Activities of Daily Living) or IADLs (Instrumental Activities of Daily Living) the student would normally do for themselves if they did not have a disability.
 - An individual may physically be capable of performing ADLs and IADLs, however has limitations in performing these activities because of a functional, cognitive, or behavioral impairment.
- PCS is a direct medical service that is billable to Medicaid.
 - An IEP should list the specific activity and personal care service needed and why.
- If providing a direct medical service defined on a student's IEP, then the personal service should define the personal care service being performed.
- *Provide a detailed description of the PCS assistance being provided to the student and why it is needed.*

Note: *Follow-up questions may be asked to ensure PCS is being documented correctly.*



RMTS – PCS

PCS Services included but are not limited to:

ADL

- Bathing (ADL)
- Dressing (ADL)
- Eating (ADL)
- Locomotion or mobility (ADL)
- Personal hygiene (ADL)
- Positioning (ADL)
- Toileting (ADL)
- Transferring (ADL)

IADL

- Escort (IADL)
- Medication Assistance (IADL)
- Money Management (IADL)
- Telephone Use or Other Communication (IADL)

Note: PCS providers are required to carefully review and document PCS services ([TMPPM SHARS Handbook Section 2.3.4](#))



RMTS – PCS

Per TMPPM, Personal Care services *DO NOT* include the following:

- ADLs, IADLs, or HMAs that a typically developing child of the same chronological age could not safely and independently perform without adult supervision.
- Services that provide direct intervention when the client has the physical, behavioral, and cognitive abilities to perform the ADL or IADL without adult supervision.
- Services used for or intended to provide respite care, childcare, or restraint of a client.
- Stand-by supervision related to safety.

RMTS – Moment Response

Participant Moment Response:

- Participants are required to be trained annually
 - Before their first RMTS moment of the fiscal year occurs.
- If the participant is absent when the moment occurs but will return within five working days.
 - RMTS contact has option to respond as paid or unpaid leave.
- Filled vacant position after the RMTS notification is sent.
- Participants will have five working days to respond to their RMTS moments
- Coders will review the participant's response for the sampled moment and assign an activity code.
 - Coders will request additional information from participants if needed.
- Make sure the employee filling a vacant position during the time study quarter include their name in the RMTS moment.



RMTS – Moment Information



- RMTS “moments” are randomly selected throughout the entire quarter
- Participants must be trained annually before their first RMTS moment occurs for the fiscal year.
- RMTS moments represent “one minute” at the selected time.”
- Participant will receive a notification three days prior to their upcoming RMTS moment.
- Participants will have **five** workdays to complete the moment
- Participants must document (in detail) the activity being performed when responding to the moment.
- *Do not* list multiple activities, summary of job duties or tasks.
- ***Do not list any names of students or staff,*** including abbreviations
- A participant should address if a student, staff or both were present during time study
- One participant reminder is sent after 24, 48 and 72 hours if not responded to.
- Primary RMTS Contact is copied on the 72 hour reminder
- Fairbanks Central Coders may email a participant if additional information is needed. Primary RMTS is copied on email.
- Failure to respond within five working days will disqualify the moment.
- Some options have “hover-over” and/or a “question mark” that will provide additional information

RMTS – Time Study Activities

- **Direct Medical** – Providing care, treatment and/or counseling
- **Outreach** – Informing students, families and groups about available services
- **Eligibility** – Assisting students or families with the Medicaid eligibility process
- **Referral, Coordination, and Monitoring** – Making referrals, coordinating and/or monitoring activities on a student’s Individualized Education Program (IEP)
- **Staff Training** – Coordinating, conducting or participating in training pertaining to medical or Medicaid services
- **Translation** – Arranging or providing translation to a student or family to access medical or Medicaid services
- **Transportation** – (Excludes bus drivers, bus aides and other transportation aides) arranging transportation to medical services
- **Program Planning, Development & Interagency Coordination** – Developing strategies to improve the coordination and delivery of medical or Medicaid services
- **Provider Relations** – Activities to secure and maintain Medicaid providers



RMTS Moment – Survey Questions

- **Who was with you?**
- **What were you doing?**
- **Why were you doing it?**

RMTS – Moment Notification



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

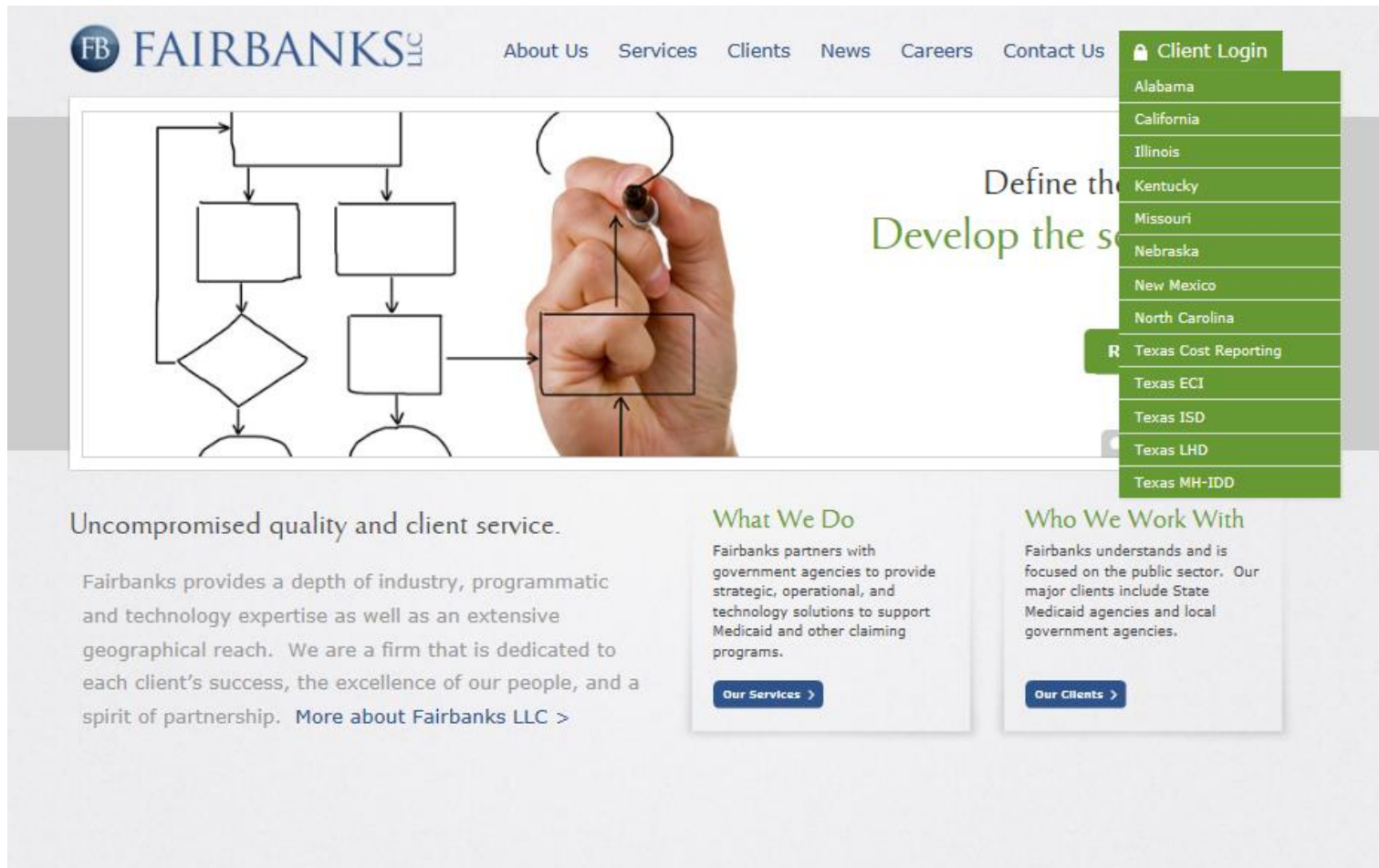
You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your school District. Your participation is mandatory and assists your school District in obtaining reimbursement for school-based health and outreach activities.

In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com 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.
Sent from [Mail](#) for Windows

RMTS Moment – Login



The screenshot shows the Fairbanks LLC website. The navigation bar includes 'About Us', 'Services', 'Clients', 'News', 'Careers', 'Contact Us', and 'Client Login'. The 'Client Login' dropdown menu is open, listing states: Alabama, California, Illinois, Kentucky, Missouri, Nebraska, New Mexico, North Carolina, Texas Cost Reporting, Texas ECI, Texas ISD, Texas LHD, and Texas MH-IDD. The main content area features a hand-drawn flowchart, a hand holding a pen, and the text 'Define the... Develop the s...'. Below this are three columns: 'Uncompromised quality and client service.', 'What We Do', and 'Who We Work With'. Each column has a brief description and a 'More about' link.

FB FAIRBANKS LLC About Us Services Clients News Careers Contact Us **Client Login**

- Alabama
- California
- Illinois
- Kentucky
- Missouri
- Nebraska
- New Mexico
- North Carolina
- R Texas Cost Reporting**
- Texas ECI
- Texas ISD
- Texas LHD
- Texas MH-IDD

Define the...
Develop the s...

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 >](#)

RMTS Moment – Moment Notification



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
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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RMTS Moment – Welcome Screen



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

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]@[redacted].isd.net
Program: [redacted] CISD
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.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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RMTS Moment – Instruction Screen

FB FAIRBANKS LLC Welcome, _____ (Logout)

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](#)

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Your Profile (Edit)

Name: _____
Email: _____
Program: _____
MAC Category: Outreach Worker (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.



RMTS Moment – Question #1

Who was with you?

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.

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.



RMTS Moment – Question #1

Who was with you?

- 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



RMTS Moment – Question #1

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

RMTS Moment – Question #2

What were you doing?



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...

2. What were you doing?

Please provide a 2-4 sentence description of your sampled moment; do not include acronyms, student specific names or job descriptions.

[Text input area for question 2]

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: 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.

Note: If with a child, please make sure to explain what activity is being done and why the child is needing the assistance/service.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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RMTS Moment – Question #2

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, employee 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 LEA 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.



RMTS Moment – Question #3

Why were you performing this activity?

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 aide
- 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

I confirm
Random
this RMT
regardin

Certify



RMTS Moment – Question #3

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



RMTS Moment – Question #3

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



RMTS Moment – Question #3

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



RMTS Moment – Question #3

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

RMTS Moment – Question #3

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

RMTS Moment – Question #3

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
- To provide 504 Audiology Services** (for 504 Audiology only)
- Not working**
 - Paid time off
 - Unpaid time off
- Other** (please explain and specify below)



RMTS Moment – Complete, Review & Submit

The screenshot shows a web interface for Fairbanks LLC. At the top left is the logo 'FB FAIRBANKS LLC'. At the top right, it says 'Welcome, [redacted] (Logout)'. The main heading is 'Random Moment Time Study'. Below this is a green banner with a checkmark icon and the text 'CONGRATULATIONS JACKIE ADELMANN, YOU HAVE COMPLETED THE TIME STUDY!'. Underneath is a grey banner with a clock icon and the text 'Random Moment Time: 04/13/2022, 11:31 AM Central Time'. A paragraph of text follows: '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.' Below the text are two buttons: 'Print' and 'Confirmation Receipt'. On the right side, there are three white boxes. The first is titled 'Your Profile' and contains fields for Name, Email, and Program, all with redacted values. Below these is the text 'MAC Category: Service Coordinator/Case Manager (MAC ONLY)'. The second box is titled 'Reference Materials' and contains two links: 'RMTS Information Website (TX - HHSC)' and 'RMTS Participant Manual 2-11-09'. The third box is titled 'Do You Need Help?' and contains the text: 'For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.' At the bottom of the page, there is a footer with contact information: 'For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com' and 'Fairbanks LLC. All Rights Reserved.'



RMTS Moment – Confirmation Receipt

The screenshot shows a web interface for Fairbanks LLC. At the top left is the logo with 'FB' in a circle and 'FAIRBANKS LLC' in a box. At the top right, it says 'Welcome, [redacted] (Logout)'. The main heading is 'Random Moment Time Study'. A green notification bar states: 'YOUR TIME STUDY IS COMPLETE AND WAS CERTIFIED AT 04/20/2022, 09:45 AM CENTRAL TIME.' Below this, a grey bar shows 'Random Moment Time: 04/13/2022, 11:31 AM Central Time'. The text 'Here are your answers:' is followed by three questions: 'Who was with you?' (Special Ed student With health impairment (chronic medical condition)), 'What were you doing?' (I was working with ...), and 'Why were you performing this activity?' (To provide classroom instruction). A 'Print' button is at the bottom left. On the right side, there are three boxes: 'Your Profile' (Name, Email, Program, MAC Category: Service Coordinator/Case Manager (MAC ONLY)), 'Reference Materials' (links to RMTS Information Website (TX - HHSC) and RMTS Participant Manual 2-11-09), and 'Do You Need Help?' (For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225). At the bottom, it says 'For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com' and 'Fairbanks LLC. All Rights Reserved.'

RMTS – POLLING QUESTIONS

- 1) A participant should respond a RMTS moment with multiple activities? T/F
- 2) Participants are required to complete training annually? T/F
- 3) A participant should be on the PL if they *do not* bill to Medicaid? T/F
- 4) An educational service and accommodation provided is a personal care service? T/F
- 5) Behavioral intervention is a personal care service? T/F
- 6) Helping a student (w/ IEP) to read their book is educational? T/F
- 7) Giving verbal cues to help a student (w/ IEP) use the bathroom is not PCS. T/F





Thank you

Time Study Unit

Time.Study@hhs.Texas.gov