



Random Moment Time Study (RMTS)

Early Childhood Intervention (ECI)

Local Health Department/entity (LHD)

Mental Health Intellectual & Developmental Disability (MH-IDD)

RMTS – Agenda

- 1) Housekeeping
- 2) RMTS Reference Guides
- 3) RMTS Overview
- 4) RMTS Requirements
- 5) RMTS Process
- 6) RMTS Training
- 7) State of Texas Automated Information Reporting System (STAIRS) Contact(s)



RMTS – Agenda (cont.)

- 8) Participant List (PL) Development
- 9) System Demonstration
- 10) Moment Selection
- 11) Moment Response
- 12) Polling Questions



RMTS – Housekeeping Items

- **Webinar audio options**
 - ▶ Phone Call
Must use the telephone number, access code, and audio pin found on the right side of screen.
 - ▶ Computer Audio
Must have a microphone-enabled computer to speak during the webinar.
- **Technical difficulties**
 - ▶ Contact Webinar Support at 1-800-263-6317 and
 - ▶ Notify Time Study Unit via email at TimeStudy@hhs.Texas.gov.
- **Training** duration – 2 hours
- **Breaks**
- **Present and attentive** during the entire training presentation for training credit eligibility.

RMTS – Housekeeping Items (cont.)

- **Group Participation**

- ▶ Email the list of attendees to Time Study Unit (TSU).

- **Polling Questions**

- ▶ Each participant must respond to each polling question for training credit eligibility.
- ▶ Each participant is responsible for sending their individual responses to polling questions. Group responses are not allowed.

* Have you taken a Federal Fiscal Year (FFY) 2025 RMTS training and received credit? To verify your status:

- Log into [STAIRS](#)
- Select “Manage”
- Select “Manage Training Status”



RMTS – Reference Guide

- [Time Study and MAC Guide](#)



What is RMTS?

RMTS is a valid rapid sampling technique that:

- **Reduces the amount of staff time** needed to record an individual time study participant activity.
- **Identifies the proportion of allowable and reimbursable administrative time** under the Medicaid Administrative Claiming (MAC) program.
- **Identifies the proportion of allowable and reimbursable direct service (DS)** time under Medicaid.

Statewide Time Study

- Participants must respond to the moment if providing services outside their home entity (include name and entity).

Note: Any entity seeking reimbursement is required to participate in a time study using the Random Moment Time Study methodology.



RMTS Requirements

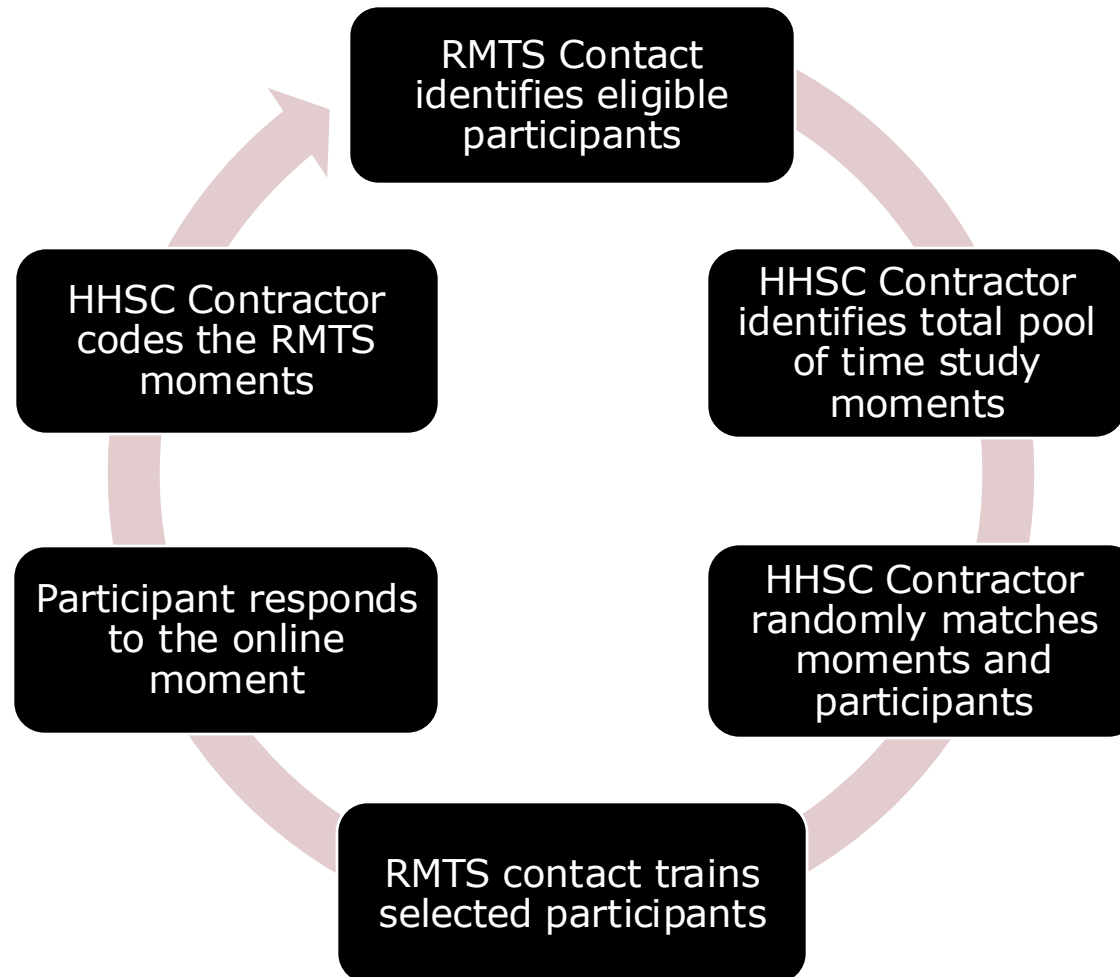
- Provider must have an HHSC-executed MAC contract and approved Program Operating Plan (POP) before the first quarter PL due date, if participating in MAC.
- Provider must participate in ALL four federal fiscal quarters:
 - ▶ October – December (Q1)
 - ▶ January – March (Q2)
 - ▶ April – June (Q3)
 - ▶ July – September (Q4)



RMTS Requirements

- Annual RMTS training for RMTS contacts and participants.
- Quarterly PL certification is required.
 - ▶ To report claims or costs, the position must be on the PL.
- Entity response rate of at least 85%.
- Statewide response rate of 95%.

RMTS Process



RMTS – Fiscal Quarterly Dates

Quarter	PL Open	PL Close 6 p.m. (CST)	Time Study Begin	Time Study End
1 st	08/12/24	09/13/24	10/2/24	12/31/24
2 nd	09/14/24	12/13/24	01/02/25	03/31/25
3 rd	12/14/24	03/14/25	04/01/25	06/30/25
4 th	03/15/25	06/13/25	07/01/25	09/30/25

RMTS - Training

- An RMTS Contact is required to complete one annual training per federal fiscal year.
- Granted full access to STAIRS
- Annual training is required to meet RMTS compliance.
- Once training is completed and training credit is received, annual training compliance is met.

RMTS – Training Requirements

- **Appoint *at least two entity employees* as RMTS contacts:**
 - ▶ Primary
 - ▶ *At least one* Secondary
- **Complete annual RMTS Contact training** before fiscal year end date. See training schedule.



RMTS – Training Requirements (cont.)

Failure to adhere to the training requirements will result in:

- View-only access
 - ▶ Inability to update or certify the PL.
 - ▶ Inability to manage the time study sample.
- CEO or Director is notified
- Ineligibility for participation
 - ▶ Inability to participate in MAC or submit a quarterly claim for the upcoming quarter.

Note: Please make sure to verify training status in STAIRS to ensure compliance.

RMTS – Training Verification



RMTS contacts can verify their annual training status and compliance by:

- Logging into STAIRS.
- Selecting the “Manage” tab.
- Clicking on the “Manage Training Status” link.

Note: The primary RMTS contact is responsible for ensuring the entity meets its annual training compliance and meets all entity RMTS requirements.

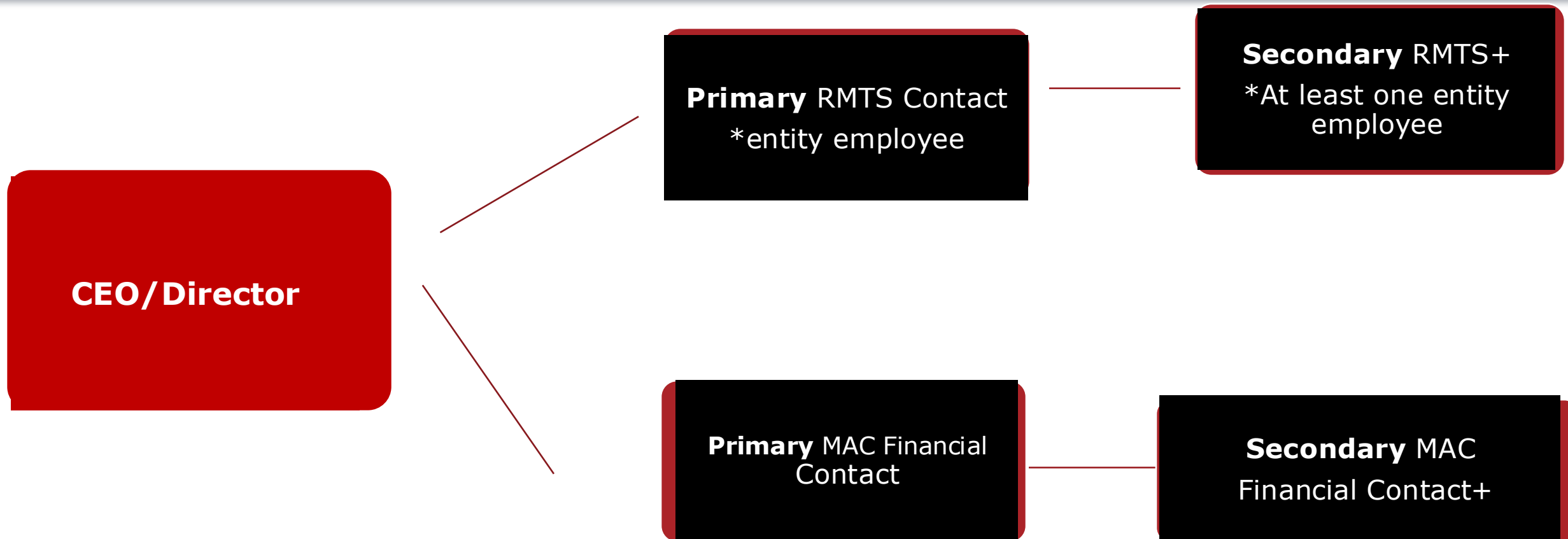
Filters: FY2022 ▾ Any Baby Can Child and Family Resource Center ▾ RMTS Contact Trainings ▾ All Users ▾ Confirm

Preparers Available for Hire

Actions	FB User Id	First Name	Last Name	District	Trained	Status	Training	Training Period	Willing to Hire Out? *
Yourself	271365			Family Resource Center	Yes	Full Access to PL and TS	RMTS 2022 - ECI Refresher (Webinar 2022-05-04, 08:30:00-11:00:00 Austin, TX)	FY2022	No Change to Yes
Make View-only	1158383			Family Resource Center (ct)	Yes	Full Access to PL and TS	RMTS 2022 - ECI Refresher (Webinar 2021-08-18, 13:00:00-15:30:00 Austin, TX)	FY2022	No
Make View-only	764980		s	Family Resource Center (ct)	Yes	Full Access to PL and TS	RMTS 2022 - ECI Refresher (Webinar 2021-08-18, 13:00:00-15:30:00 Austin, TX)	FY2022	No
Not Trained	271003			Family Resource Center (Primary CEO, Secondary RMTS Contact)	No	No Access to PL and TS			

* Choosing "Yes" means that you authorize the release of your name and contact information to the general public as someone who is willing to be hired to provide contract services to others.
NOTE: You must have attended training for the relevant period and role type in order to select "Yes". Neither HHSC nor Fairbanks will endorse an individual's capabilities to provide the contract service.

RMITS – STAIRS Contact Roles



Note: “entity-employee” means the email address is specific to the entity participating in RMITS.

RMTS – STAIRS Contact Roles

- **CEO/Director**

- ▶ Designated contact in STAIRS.
- ▶ Appoints primary contact.
- ▶ Ability to update contact roles.
- ▶ Not included on the PL.

- **RMTS Contact**

- ▶ Responsible for entity actions/non-actions.
- ▶ Ensures quarterly PL Certification.
- ▶ Responds to vacant moment(s).
- ▶ Ability to respond to moments of absent participants.
- ▶ Ability to update contact changes.
- ▶ Ability to add secondary contact(s).
- ▶ Ensure entity RMTS compliance.
- ▶ Add in MH-IDD participant start/stop times on the PL.



RMTS – STAIRS Contact Roles

Contact Rules for CEO/Director and RMTS Contact:

- A Primary can change to a secondary role.
- A Secondary cannot change to a primary.
- Only one primary contact permitted.
- Unlimited secondary contacts can be added.



RMTS – Participant List (PL) Development

Staff Pools

- **ECI:**
 - ▶ Staff who want to participate in administrative activities only and do not participate in direct service (DS) activities
 - ▶ Staff who participate in administrative and DS activities
 - ◊ Because the time study results will be used only to claim for MAC, only DS staff that provide administrative activities are to be included.
- **LHD/MHIDD:**
 - ▶ Staff who participate in administrative activities only, DS activities and administrative activities

Note: Administrative employees such as executive directors, program directors, principals, assistant principals, special education directors, and other managers or supervisory employees are not to be included in the time study.

RMTS – PL Certification

- PL certification is required quarterly to participate in MAC.
- Updates to the PL are unlimited during the open PL quarter.
- No updates to the PL after the quarter closes.
 - ▶ RMTS contact can only update positions on the PL during the current open PL period.

If an entity fails to certify the PL, they will be:

- Ineligible to participate or submit a quarterly claim for the upcoming quarter if participating in MAC.



RMTS PL Development - Vacant Positions

- Add vacant positions to the PL that are anticipated to be filled during the time study period.
 - ▶ First/last name written as “vacant.”
 - ▶ Only an entity RMTS contact email address should be listed as the contact.
 - ▶ Review, edit, and remove each quarter if not filled from previous quarter.
- Vacant positions are elected for RMTS moments.
 - ▶ Vacant positions are responded to by the RMTS contact as “unpaid leave” if not filled.



RMTS PL Development - Vacant Positions

- Vacant positions are not reimbursable.
 - ▶ Do not count towards the time study percentage.
- Excess of vacant positions will:
 - ▶ Limit the opportunity of filled positions being selected for a reimbursable response that can be counted towards the time study percentage.



RMTS PL Development - Duplicates

- Only one job function can be listed on the PL.
 - ▶ Dual roles are prohibited.
 - ▶ Include only the job performed the *majority of the time*.
- Review the PL for any duplicates before certifying the PL.
- The Primary RMTS contact is notified and responsible for removing duplicates.
 - ▶ Time Study Unit **DOES NOT** remove duplicates.

How to remove a duplicate:

Export your PL to Excel. Choose the column of data (i.e., address, external ID) that may have duplicates. Highlight that column and choose the “conditional formatting” option. You will see an option to “highlight duplicate value.”

RMTS PL Development - PL Participants

Employees who perform MAC activities:

- **Regular employees** - Regular duties performed on a weekly basis.
- **Contractors** (including all positions) who are not employees of the entity but provide services for the entity.*

* For one position being filled by multiple contractors, it should be listed as one position on the PL. For multiple positions filled by one or more contractors, each position should be listed on the PL.



RMITS – PL ECI only Medical Categories



- ABA Specialist
- Assistant Director
- Audiologist – Licensed
- Dietitian - Licensed
- Early Intervention Specialist (EIS)
- Licensed Professional Counselor (LCP)
- Marriage and Family Therapist
- Nurse – Advanced Practice (APN)
- Nurse – Licensed Vocational (LVN)
- Nurse – Registered (RN)
- Occupational Therapist – Licensed (OT)
- Occupational Therapist – Certified Assistant (COTA)
- Other Management Staff
- Parent Educator
- Physical Therapist – Licensed (PT)
- Physical Therapist – Assistant (LPTA)
- Pre-Enrollment Staff
- Program Supervisor
- Psychologist – Licensed
- Psychologist – Licensed Associate (LPA)
- Public Outreach/Child Find Staff
- Service Coordinator
- Site Manager
- Social Worker – Licensed Clinical (LCSW)
- Social Worker – Licensed Master (LMSW)
- Social Worker – Licensed Baccalaureate (LBSW)
- Speech and Language Pathologist – Licensed (SLP)
- Speech and Language Pathologist – Licensed Assistant (SLPA)
- Team Leader
- Trainer/Coordinator

RMITS – PL LHD only Categories



- Administrative Assistant/Technician
- Aide – Health Clinic
- Audiologist
- Clerk - Intake/Screening/Eligibility
- Coordinator – Immunization/HIV/STD/TB
- Dental Assistant
- Dental Hygienist
- Dentist (DO)
- Dietitian
- Health Education - (Specialist/Technician)
- Interpreter/Translator/Bilingual Specialist
- Licensed Chemical Dependency Counselor (LCDC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Counselor (LPC)
- Medical Assistant
- Nurse -Advanced Practitioner (APN)
- Nurse - Licensed Vocational (LVN)
- Occupational Therapist - Licensed (OT)
- Occupational Therapist - Certified Assistant (COTA)
- Outreach Worker/Case Worker/Community Relations Specialist
- Physical Therapist - Licensed (PT)
- Physical Therapist - Licensed Assistant (LPTA)
- Physician - Medical Doctor (MD)
- Physician Assistant (PA)
- Psychiatrist – Licensed
- Psychologist - Licensed
- Psychology – Licensed Intern
- Receptionist/Telephone Operator

RMITS – PL LHD only Categories (cont.)

- Registered Nurse (RN)
- Service Coordinator/Case Manager
- Social Worker - Licensed Baccalaureate (LBSW)
- Social Worker - Licensed Clinical Social Worker (LCSW)
- Social Worker – Licensed Master (LMSW) – (Non-clinical)
- Specialist - Pregnancy, Education and Parenting Program
- Specialist - Prevention (Immunization/HIV/STD/TB)
- Speech Language Pathologist - Licensed (SLP)
- Technical – Medical Records/Quality Assurance
- Technician – Laboratory/Radiology

RMITS – PL MH-IDD only Categories



- Direct Care Personnel
- Case management / service coordination
- Continuity of care
- Client / consumer supervision
- Counseling / psychological services
- Habilitation / rehabilitation / skills training
- Licensed medical personnel
- Other client / consumer service
- Administrative Personnel
- Contract management
- Director / manager / supervisor
- External / public relations
- Quality assurance / management
- Utilization management/service authorization
- Other administrative positions

RMITS – PL MH-IDD only Categories (cont.)



- Other Personnel with client/consumer contact
- Benefits assistance / eligibility
- Client / consumer rights
- Enrollment / intake / service eligibility
- Hotline / information line/ screening
- Transportation / van driver
- Other client / consumer support

Fairbanks – System Demonstration

Fairbanks Demonstration:

- PL Development
- Managing Contacts
- Designating Contacts
- Tracking Training
- Time Study Sample
- Monitoring Response Completion
- Documenting Non-Response



RMTS – Polling Questions – True or False (T/F)

- 1) Participants should respond to a RMTS moment with multiple activities? T/F
- 2) Two entity employees must complete annual training for training compliance? T/F
- 3) Dual roles are prohibited on the participant list? T/F
- 4) RMTS contacts should review and remove duplicates from the PL before certifying? T/F
- 5) Loading the PL with vacant positions *does not affect* the time study percentage? T/F



RMTS – Moment Response

RMTS Contact Moment Response:

- Participant is absent when the moment occurs and will not return within five business days to provide a response.
 - ▶ Paid leave, or
 - ▶ Unpaid leave
- Vacant Positions
 - ▶ Unpaid leave
- If the participant is no longer with the entity.
 - ▶ Unpaid leave

If a vacant position is still listed on the PL but has been filled, the RMTS contact will need to:

- Forward the notification letter from the “Time Study Sample” tab to complete, or
- Update vacant position with the new employee’s name and contact info and send an email to the employee from the “Time Study Sample” tab.

Note: Make sure the employee filling the vacant position name is included in the moment




RMTS – Moment Response

Participant Moment Response:

- If the participant is absent when the moment occurs but will return within five business days.
 - ▶ RMTS contact has the option to respond as paid or unpaid leave.
- Filled vacant position after the three-day RMTS notification is sent.



RMTS – Time Study Sample


Welcome, [Name] (Logout)

[Dashboard](#)

[Participant List](#)

[Time Study Sample](#)

[MAC Financial Submission](#)

[Manage](#)

Open Quarter: July - September 2022

Open Quarter: July - September 2022
Change Quarter

Quarter-to-Date Compliance: 25%
Overall Compliance: 2%

[\(Training status: full access\)](#)

[Download Sampled Usenames/Passwords to Distribute](#)
[Reference Materials](#)

⚠ Adjusting Start Times - If you need to adjust the starting time of one of the individuals on this list, place a check in the box next to their name and click the "Edit" button. This will take you to the moment edit screen where you can adjust the start time. Once you are through, you can click save or cancel and you will be brought back to this screen.

Paid Leave
Unpaid Leave
Edit
Update Moment Date/Times

Showing: 1 - 61

<input type="checkbox"/>	Job Category	Last Name	First Name	Email	Location	Employment Type	Moment ↑	Shift Start Time	Is Certified
<input checked="" type="checkbox"/>	Direct Care Personnel	[Redacted]	[Redacted]	[Redacted]	9630	Full Time	07/01/2022, 08:16 AM	8:00 AM	✔ Certified 07/05/2022, 08:39 AM CDT
<input type="checkbox"/>	Direct Care Personnel	[Redacted]	[Redacted]	[Redacted]	9272	Full Time	07/05/2022, 02:24 PM	8:00 AM	✘ Not Certified Email Print
<input type="checkbox"/>	Direct Care Personnel	VACANT	VACANT	[Redacted]	9252	Full Time	07/05/2022, 04:03 PM	8:00 AM	✘ Not Certified Email Print
<input type="checkbox"/>	Other Personnel with Client/Consumer Contact	VACANT	VACANT	[Redacted]	9620	Full Time	07/06/2022, 04:57 PM	8:00 AM	✘ Not Certified Email Print
<input type="checkbox"/>	Direct Care Personnel	VACANT	VACANT	[Redacted]	9262	Full Time	07/11/2022, 01:59 PM	8:00 AM	Future Moment Email Print
<input type="checkbox"/>	Direct Care Personnel	VACANT	VACANT	[Redacted]	9629	Full Time	07/15/2022	8:00 AM	Future Moment
<input type="checkbox"/>	Direct Care Personnel	[Redacted]	[Redacted]	[Redacted]	9273	Full Time	07/15/2022	8:00 AM	Future Moment
<input type="checkbox"/>	Direct Care Personnel	[Redacted]	[Redacted]	[Redacted]	9221	Full Time	07/19/2022	8:00 AM	Future Moment
<input type="checkbox"/>	Direct Care Personnel	[Redacted]	[Redacted]	[Redacted]	9620	Full Time	07/19/2022	8:00 AM	Future Moment
<input type="checkbox"/>	Administrative Personnel	[Redacted]	[Redacted]	[Redacted]	9016	Full Time	09/30/2022	8:00 AM	Future Moment

RMTS Information

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

MAC Information

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

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

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RMTS – Moment Information



- RMTS “moments” are randomly selected throughout the entire quarter.
- RMTS moments represent “one minute” at the selected time.
- Participants are required to be trained annually before their first RMTS moment occurs.
- Participant will receive a 3-day notification of an upcoming RMTS moment.
- Participants are to 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.

RMTS – Moment Information (cont.)



- A participant should address if a student, staff, or both were present during the time study.
- Fairbanks Central Coders may email a participant if additional information is needed. The Primary RMTS contact will be copied on email.
- Participant reminders are sent after 24, 48 and 72 hours.
- The Primary RMTS Contact is copied on the 72-hour reminder.
- Participants will have five workdays to complete the moment, or it will expire.
- Participants are required to respond to the moment.
- Failure to respond will disqualify the moment.
- Some options have a “hover-over” and/or “question mark” that will provide additional information.

RMITS – Time Study Activities



- **Direct Medical** – Providing care, treatment, and/or counseling.
- **Outreach** – Informing individuals, families, and groups about available services.
- **Eligibility** – Assisting individuals or families with the Medicaid eligibility process.
- **Referral, Coordination, and Monitoring** – Making referrals, coordinating, and/or monitoring the delivery of medical services.
- **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** – Arranging or providing transportation to medical or Medicaid 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 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

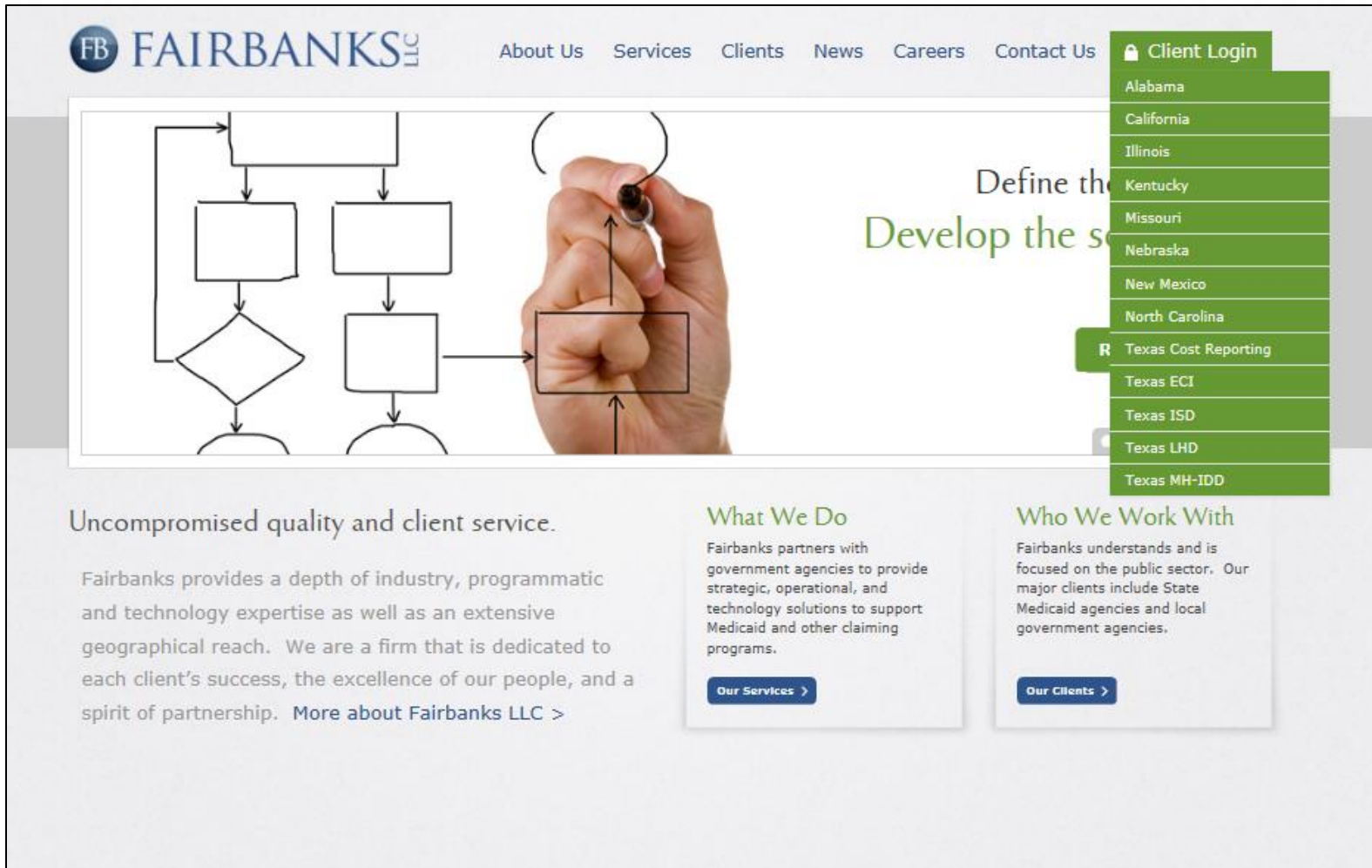
You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your school District. Your participation is mandatory and assists your school District in obtaining reimbursement for school-based health and outreach activities.

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 (STAIRS) website. The top navigation bar includes links for 'About Us', 'Services', 'Clients', 'News', 'Careers', 'Contact Us', and 'Client Login'. The 'Client Login' dropdown menu is open, listing various states and programs: 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 large image of a hand drawing a flowchart, with the text 'Define the' and 'Develop the s'. Below this, there are three columns of text: '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 >](#)

Fairbanks (STAIRS) website page.

RMTS Moment – STAIRS Login Screen



User Name:

Your Password:

Forgot your password? Reset it here:

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

STAIRS
Login
Screen

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]
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.

STAIRS
Welcome Screen

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.



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RMTS Moment – ECI Survey Questions

- What were you doing?
- Why were you doing it?
 - It's a Benefit to Whom?
- Who were you with?



RMTS Moment – ECI Question #1

What were you doing?

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

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?

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RMTS Moment – ECI Question #2

Why were you doing it?

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](#)

Your Profile ([Edit](#))

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

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RMTS Moment – ECI Question #2, pt. 2

The activity was a direct benefit to whom?


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Random Moment Time Study

 **YOUR TIME STUDY IS NOT COMPLETE.**

 **Random Moment Time:** , 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](#)

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Your Profile ([Edit](#))


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RMTS Moment – ECI Question #3

Who were you working with?

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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

[Next](#)

Your Profile ([Edit](#))

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

Reference Materials


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Do You Need Help?

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RMTS Moment – ECI Complete, Review, & 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.

RMTS Moment – ECI Confirmation Receipt

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

Random Moment Time Study

✓ CONGRATULATIONS [redacted], 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?

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ECI Website Information

ECI Website Information:

Below is the link to the HHSC RMTS website to access the following information:

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

- RMTS Training Schedule
- Registration for RMTS trainings
- RMTS Training Materials for the RMTS Contact and Time Study Participants

RMTS Moment – LHD Question #1

Who was with you?



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:38 AM Central Time

Who was with you during your selected moment?

- Client
- Client (Multiple)
- Medical Provider
- Administrative Staff
- Health Department Staff
- Other Agency Staff
- Community Contact
- Contractor / Vendor
- No one (I was alone)
- I was not working
- Other

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted] Department of Health and Human Services
MAC Category: Outreach Worker/Case Worker/Community Relations Specialist

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.



RMTS Moment – LHD Question #2

What were you doing?



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:38 AM Central Time

Previous Answer:
✓ WHO WAS WITH YOU DURING YOUR SELECTED MOMENT?
[EDIT ADMINISTRATIVE STAFF](#)

What were you doing during your selected moment?

[Next](#)

Your Profile ([Edit](#))
Name: [redacted]
Email: [redacted]
Program: [redacted] Department of Health and Human Services
MAC Category: Outreach Worker/Case Worker/Community Relations Specialist

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

Do You Need Help?
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RMTS Moment – LHD Question #3

Why were you performing this activity?



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:38 AM Central Time

Previous Answer:

WHAT WERE YOU DOING DURING YOUR SELECTED MOMENT?
[EDIT TEST](#)

Why were you performing this activity?

- Determine the client's eligibility
- Program Planning, Development and Interagency Coordination
- Tell people about a service
- Help a person obtain a needed service
- Monitor the provision of a service
- Refer the person to a needed service
- Provide a direct medical service
- Coordinate services for someone
- Coordinate or provide transportation
- Coordinate or provide translation
- Arranging or attending a meeting
- Secure and/or maintain eligible Medicaid providers
- Provide or attend staff training
- Provide or receive supervision
- Not Working
- Other

[Next](#)

Your Profile ([Edit](#))
Name: [redacted]
Email: [redacted]
Program: [redacted] Department of Health and Human Services
MAC Category: Outreach Worker/Case Worker/Community Relations Specialist


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.



RMTS Moment – LHD Question #3, pt 2

Why were you performing this activity?

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

Random Moment Time Study

⊘ YOUR TIME STUDY IS NOT COMPLETE.

🕒 Random Moment Time: [redacted] 08:38 AM Central Time

Previous Answer:

✓ **WHY WERE YOU PERFORMING THIS ACTIVITY?**
[EDIT](#) REFER THE PERSON TO A NEEDED SERVICE

If you were referring the person to a needed service, can you identify what service you were referring to?

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted] Department of Health and Human Services
MAC Category: Outreach Worker/Case Worker/Community Relations Specialist

Reference Materials

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Do You Need Help?

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



RMTS Moment – LHD Complete, Review, & Submit



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:38 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.

Who was with you during your selected moment?

[Edit](#) Administrative Staff

What were you doing during your selected moment?

[Edit](#) test

Why were you performing this activity?

[Edit](#) Refer the person to a needed service


If you were referring the person to a needed service, can you identify what service you were referring to?

[Edit](#) test

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted] Health and Human Services
MAC Category: Outreach Worker/Case Worker/Community Relations Specialist

Reference Materials

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Do You Need Help?

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Services

RMTS Moment – LHD Confirmation Receipt



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

Random Moment Time Study

✓ CONGRATULATIONS [redacted], YOU HAVE COMPLETED THE TIME STUDY!

🕒 Random Moment Time: [redacted], 08:38 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] of Health and Human Services
MAC Category: Outreach Worker/Case Worker/Community Relations Specialist

Reference Materials

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Do You Need Help?

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



LHD Website Information

LHD Website Information:

Below is the link to the HHSC RMTS website to access the following information:

<https://pfd.hhs.texas.gov/time-study/time-study-local-health-districts-lhd/time-study-lhd-training-information>

- RMTS Training Schedule
- Registration for RMTS trainings
- RMTS Training Materials for the RMTS Contact and Time Study Participants.

RMTS Moment – MH-IDD Survey Questions

- What were you doing?
- Why were you doing it?
- What other services?
- Where do they reside?

RMTS Moment – MH-IDD Question #1

What were you doing?

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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:16 AM Central Time

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'

<input type="radio"/> Abnormal Involuntary Movement Scale (AIMS)	<input type="radio"/> Not at work
<input type="radio"/> Application for funding or monetary assistance	<input type="radio"/> Outreach ?
<input type="radio"/> Befriending/engagement/rapport building ?	<input type="radio"/> Policy development and program planning ?
<input type="radio"/> Break	<input type="radio"/> Quality assurance/improvement/management ?
<input type="radio"/> Client rights ?	<input type="radio"/> Referral and linking to services
<input type="radio"/> Court testimony	<input type="radio"/> Residential services ?
<input type="radio"/> Financial assistance ?	<input type="radio"/> Screening
<input type="radio"/> General administrative function ?	<input type="radio"/> Service provider network - including contractors ?
<input type="radio"/> Intake ?	<input type="radio"/> Service provider relations
<input type="radio"/> Interagency Coordination ?	<input type="radio"/> Staff supervision ?
<input type="radio"/> Lunch	<input type="radio"/> Staff training ?
<input type="radio"/> Medical services ?	<input type="radio"/> Translation
<input type="radio"/> Meeting/staffing	<input type="radio"/> Transportation ?
<input type="radio"/> Money Follows the Person (MFP) services	<input type="radio"/> Utilization management/review
<input type="radio"/> Monitoring ?	<input type="radio"/> None of the Above

[Next](#)

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Your Profile ([Edit](#))

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Program: [redacted]
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RMTS Moment – MH-IDD Question #1

What were you doing – None of the above

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

Random Moment Time Study

⊘ YOUR TIME STUDY IS NOT COMPLETE.

🕒 Random Moment Time: [redacted] 08:16 AM Central Time

Previous Answer:

✓ PLEASE SPECIFY THE ACTIVITY YOU WERE ENGAGED IN DURING YOUR SELECTED MOMENT. IF THE ACTIVITY YOU WERE PERFORMING IS NOT ON THE LIST, PLEASE SELECT 'NONE OF THE ABOVE'
[EDIT NONE OF THE ABOVE](#)

Were you engaged in:

- Mental Health specific activities
- Intellectual and Developmental Disabilities (IDD) specific activities
- None of the Above

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

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

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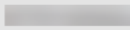
RMTS Moment – MH-IDD Question #1

What were you doing – None of the above – MH Specific activities

Welcome,  ([Logout](#))

Random Moment Time Study



⊘ YOUR TIME STUDY IS NOT COMPLETE.

🕒 Random Moment Time:  08:16 AM Central Time

Previous Answer:

✔ WERE YOU ENGAGED IN:
[EDIT](#) MENTAL HEALTH SPECIFIC ACTIVITIES

What type of Mental Health specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

<input type="radio"/> Case Management - Routine or Intensive	<input type="radio"/> Parent Support Group
<input type="radio"/> Consumer Peer Support	<input type="radio"/> Pharmacological Management
<input type="radio"/> Counseling	<input type="radio"/> Pre-Admission Assessment 
<input type="radio"/> Crisis Follow-up and Relapse Prevention	<input type="radio"/> Psychiatric Diagnostic Interview Examination
<input type="radio"/> Determination of Medical Necessity	<input type="radio"/> Rehabilitative services 
<input type="radio"/> Discharge planning or ATP from a state hospital	<input type="radio"/> Respite Services
<input type="radio"/> Engagement Activity	<input type="radio"/> Safety Monitoring
<input type="radio"/> Extended Observation	<input type="radio"/> Supplemental Nursing Services
<input type="radio"/> Family Case Management	<input type="radio"/> Supported Employment
<input type="radio"/> Family Partner	<input type="radio"/> Supported Housing
<input type="radio"/> Family Training	<input type="radio"/> None of the Above

[Next](#)

Your Profile ([Edit](#))

Name: 

Email: 

Program: 

MAC Category: Direct Care Personnel

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RMTS Moment – MH-IDD Question #1

What were you doing – None of the above – IDD Specific activities

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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:16 AM Central Time

Previous Answer:

✓ WERE YOU ENGAGED IN:
[EDIT](#) INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) SPECIFIC ACTIVITIES

What type of Intellectual and Developmental Disabilities (IDD) specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

- Basic Service Coordination
- Capacity Assessment
- Community Services
- Determination of Intellectual and Developmental Disabilities (IDD) Priority Population
- Enrollment into HCS/ICF-IDD/State Supported Living Center/TxHmL
- Home and Community-based Services (HCS)
- Interest list maintenance
- Inventory of Client and Agency Planning (ICAP) and IDD/Related Conditions (IDD/RC) assessment
- Medicaid Estate Recovery Program (MERP)
- Service Authorization and Monitoring
- Service Coordination Assessment
- Service Coordination - HCS or TxHmL
- Transition planning
- Texas Home Living (TxHmL) services
- None of the Above

[Next](#)

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RMTS Moment – MH-IDD Question #2

Why were you doing it?

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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:16 AM Central Time

Previous Answer:

✓ PLEASE SPECIFY THE ACTIVITY YOU WERE ENGAGED IN DURING YOUR SELECTED MOMENT. IF THE ACTIVITY YOU WERE PERFORMING IS NOT ON THE LIST, PLEASE SELECT 'NONE OF THE ABOVE'

[EDIT](#) OUTREACH

Why were you doing this activity?

- To tell people about a service or to explain the benefits of a service
- To enroll the person or their child into a service
- To help the person navigate the service system
- To help the person or their child to obtain a needed service
- To coordinate services for someone
- To ensure that the client/consumer is benefiting from the service being provided
- To refer the person to a needed service
- To report on the client/consumer's progress
- To make sure the client(s)/consumer(s) present are safe and/or there are enough staff present
- To provide a service
- Other

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

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

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

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RMTS Moment – MH-IDD Question #2, pt 2

Why were you doing it ?

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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:16 AM Central Time

Previous Answer:
✓ WHY WERE YOU DOING THIS ACTIVITY?
[EDIT](#) TO TELL PEOPLE ABOUT A SERVICE OR TO EXPLAIN THE BENEFITS OF A SERVICE

Is the person or their child already receiving services from your agency?

Yes
 No

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

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

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RMTS Moment – MH-IDD Question #3

Does the client/consumer already receive



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:16 AM Central Time

Previous Answer:

PLEASE IDENTIFY THE SERVICE/ACTIVITY THAT WAS DISCUSSED OR PERFORMED
[EDIT BASIC SERVICE COORDINATION](#)

Does the client/consumer also receive:

- Basic Service Coordination
- Case Management - Intensive or Routine
- Psychosocial Rehabilitative Services
- Service Coordination - HCS or TxHmL
- None of the above

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

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


Do You Need Help?

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RMTS Moment – MH-IDD Question #4

Where do they reside?

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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:16 AM Central Time

Previous Answer:

✓ DOES THE CLIENT/CONSUMER ALSO RECEIVE:
[EDIT](#) CASE MANAGEMENT - INTENSIVE OR ROUTINE

Is the client/consumer currently admitted to, enrolled in, or residing in:

- Correctional facility
- Early Childhood Intervention
- General medical hospital
- HCS
- ICF-IDD/RC
- Inpatient psychiatric treatment or substance abuse facility of 17 or more beds
- NorthSTAR
- Nursing facility
- PATH
- TxHmL
- None of the above

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

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RMTS Moment – MH-IDD Complete, Review, & Submit

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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:16 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.

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'
[Edit](#) Monitoring

Why were you doing this activity?
[Edit](#) To tell people about a service or to explain the benefits of a service

Is the person or their child already receiving services from your agency?
[Edit](#) Yes

Is the recipient or potential recipient(s) of this service under the age of 21?
[Edit](#) Yes

Please identify the service/activity that was discussed or performed
[Edit](#) Basic Service Coordination

Does the client/consumer also receive:
[Edit](#) Case Management - Intensive or Routine

Is the client/consumer currently admitted to, enrolled in, or residing in:
[Edit](#) HCS

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

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

Do You Need Help?

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RMTS Moment – MH-IDD Confirmation Receipt



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

Random Moment Time Study

✓ CONGRATULATIONS [redacted], YOU HAVE COMPLETED THE TIME STUDY!

🕒 Random Moment Time: [redacted] 08:16 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: Direct Care Personnel

Reference Materials

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Do You Need Help?

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MH-IDD Website Information

MH-IDD Website Information:

Below is the link to the HHSC RMTS website to access the following information:

<https://pfd.hhs.texas.gov/time-study/time-study-mental-healthintellectual-and-developmental-disability-mhidd/time-study-mhidd-training-information>

- RMTS Training Schedule
- Registration for RMTS trainings
- RMTS Training Materials for the RMTS Contact and Time Study Participants

RMTS – Correspondence & Helpful Information



Contact roles will receive all communication predominantly via email, such as:

- RMTS moment notifications and follow-ups.
- Participant list updates
- Compliance issues and follow-ups
- SHARS/MAC Financial notifications and follow-ups

Passwords

- Username and passwords are emailed to contacts immediately after being added.
- Passwords can be reset at the login screen.

Withdrawing

If the entity withdraws participation in SHARS/MAC:

- The Superintendent or Primary RMTS contact must immediately submit a withdrawal request letter with the entity letterhead to the Time Study.

Note: A contact's role in Fairbanks dictates what message is received. *Please authorize and confirm with your entity's IT staff to accept emails from Fairbanks and HHSC to ensure the emails pass through firewalls and spam filters.*

RMTS – Correspondence & Helpful Information (cont.)



- **No Training Certificate**

- ▶ Only training credit is added in STAIRS.

- **Training Credit**

- ▶ Can only be applied after a STAIRS account is set up.
 - ◊ Contact your primary RMTS contact or Superintendent to be added in STAIRS.
- ▶ A maximum of nine days is needed to apply for credits before contacting the TSU.
 - ◊ Verify if training credit has been applied in STAIRS before contacting the TSU (see the "Training Verification" slide for instructions).
- ▶ A "thank you for attending" email will be sent to attendees, but it does not imply an attendee receives training credit.
 - ◊ Attendees must meet three criteria that are recorded throughout the training.

- **STAIRS Access**

Full access is granted after training credit has been applied for:

- ▶ PL certification
- ▶ Time Study Sample

RMTS – Time Study Contact Information



Time Study:

Phone: (737) 867-7794

Email: TimeStudy@hhs.Texas.gov

Mohib Nawab – **Manager**

Ri-Chard Thomas – Team Lead

Alexandra Young – Rate Analyst

Fairbanks:

Phone: (888) 321-1225

Email: info@fairbanksllc.com

Website:

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

<https://pfd.hhs.texas.gov/time-study/time-study-local-health-districts-lhd>

<https://pfd.hhs.texas.gov/time-study/time-study-mental-healthintellectual-and-developmental-disability-mhidd>



Thank you

Time Study Unit

Time.Study@hhs.Texas.gov