



TEXAS
Health and Human
Services

Local Education Agency

Random Moment Time Study – FY 2024



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RMTS Agenda

- RMTS Overview
- RMTS Process
- RMTS Requirements
- RMTS Training & Requirements
- STAIRS Contacts & Responsibilities
- PL Development
- System Demonstration - Fairbanks
- Moment Selection
- Moment Response
- Polling Questions



What is Random Moment Time Study

- ❑ Identifies the proportion of direct service time allowable and reimbursable.
- ❑ Identifies the proportion of administrative time allowable.
- ❑ Staff performing Medicaid related activities in a school district seeking reimbursement, will participate in a time study
- ❑ The “Moment” represents one minute in time.
 - What is the participant doing at the exact time the moment occurred?*
 - **Do not** include a summary of job duties
 - **Do not** include job description.
 - **Do not** list multiple activities.
- ❑ Statewide time study sample.
 - The participant will still respond to their moment if providing services outside of their district by including the name of the district.

Overview – Purpose of RMTS



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❑ To determine the percentage of time the Local Education Agency (LEA) employees incurs assisting individuals to access medically necessary Medicaid funded services.

- **Direct Medical Services - SHARS**

- Medicaid Outreach
- Medicaid Eligibility Determination
- Medicaid Referral, Coordination, and Monitoring
- Medicaid Employee Training
- Medicaid Transportation
- Medicaid Translation
- Medicaid Program Planning, Development & Interagency Coordination
- Medicaid Provider Relations

❑ To reasonably identify employees time spent on activities during the given quarter.

Overview – Time Study Activities

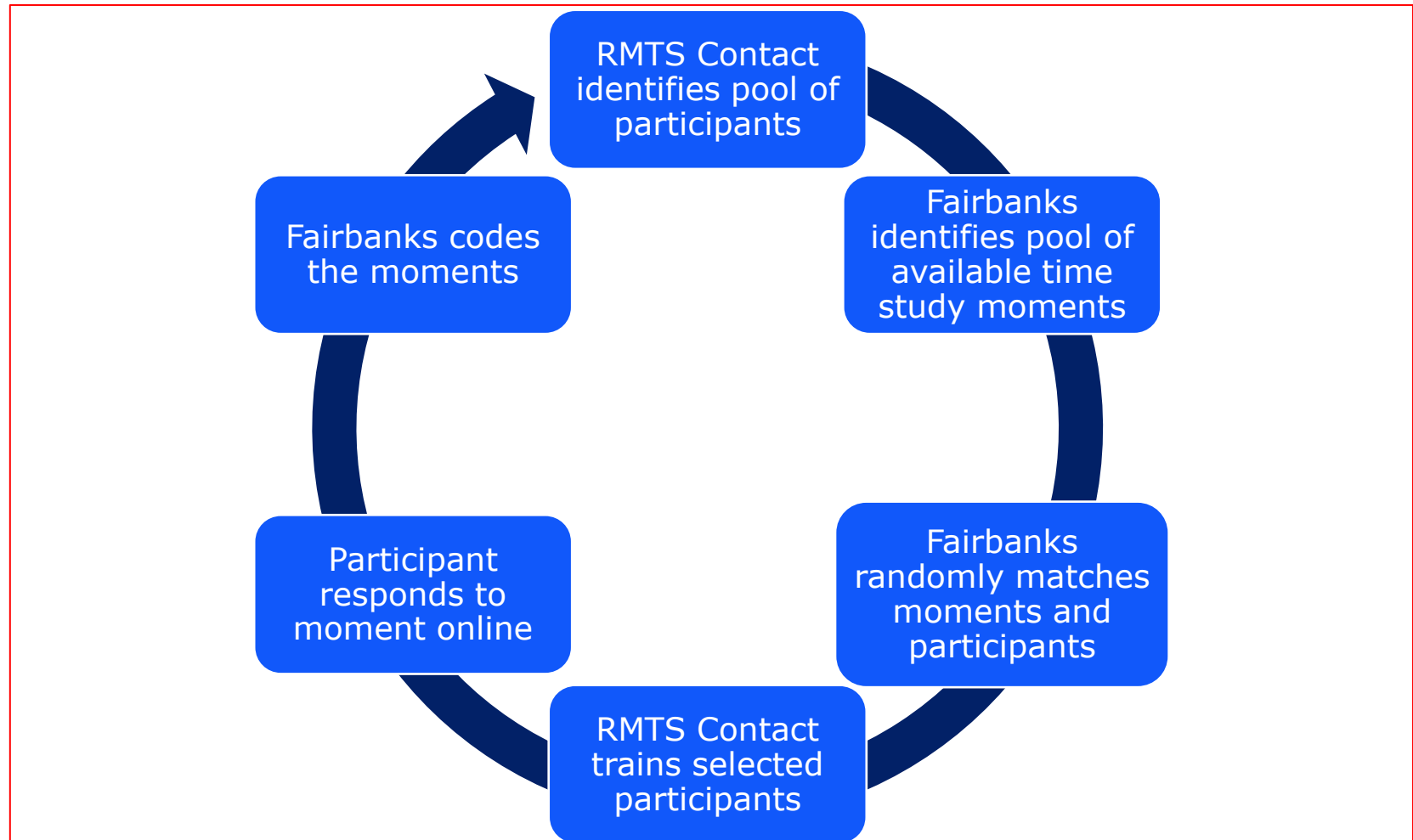


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- ❑ **Direct Medical** – Providing care, treatment and/or counseling
- ❑ **Outreach** – Informing students, families and groups about available services
- ❑ **Eligibility** – Assisting students or families with the Medicaid eligibility process
- ❑ **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** – (Exclude bus drivers) aides and monitors accompanying students in need of personal care services or 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 Process



RMTS Requirements



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Requirements	SHARS	MAC
Enrolled as a Texas Medicaid SHARS Provider before the 1 st PL due date.	Yes	No
HHSC executed contract & approved Program Operating Plan (POP) by the first day of the federal quarter.	No	Yes
Annual Training for RMTS contacts and time study participants	Yes	Yes
Quarterly participant list (PL) certification for time study participation.	Yes	Yes
Note: To report claims or cost, the position must be on the PL.		
Statewide 85% required response rate	Yes	Yes
Participate in all four federal fiscal quarters: 1 st quarter: October – December 2 nd quarter : January – March 3 rd quarter: April – June 4 th quarter: Mid-August - September	Yes	Yes

NEW



Fiscal Year Quarterly Dates

Event	Participant List Open	Participant Close (6p.m. CT)	Time Study Begin	Time Study End (5p.m. CT)
1 st Qtr	05/12/23	9/15/23	10/2/23	12/15/23
2 nd Qtr	09/16/23	12/15/23	01/09/24	03/28/24
3 rd Qtr	12/16/23	03/08/24	04/01/24	05/24/24
4 th Qtr	03/09/24	05/15/24	08/19/24	09/30/24

***Note:** Districts are now required to participate in the 4th quarter. Dates are to be announced (TBA) soon.



RMTS Training

- An RMTS contact is required to complete only one HHS initial training **before** becoming eligible to take “refresher” training.
- Annual training is required to meet RMTS requirements and compliance.
- Completed annual training grants full Access in STAIRS

For more RMTS LEA training information, please click [here](#).

RMTS Training Requirements



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In order to meet the annual training requirements, each district is required to:

- ❑ Appoint 2 district employees to attend and complete the required annual training:
 - Primary RMTS Contact – district employee
 - Secondary RMTS Contact [at least one] - district employee

- ❑ **Primary RMTS Contact** must have completed training before the 1st quarter PL due date. *Please check training & fiscal quarterly dates.*

- ❑ **Secondary District RMTS contact** must have completed training before the 2nd quarter PL due date. *Please check training & fiscal quarterly dates.*

Note: *SSA, Co-ops and third-party vendor's training credit will not be counted as fulfilling a districts annual training compliance. They will still be able to fulfill any district obligations as previously assigned and/or contracted to do by the district.*



RMTS Training Requirements

Failure to adhere to the training requirements will result in a non-compliance and:

- ❑ View only access:
 - Inability to update the PL
 - Inability to certify the PL
 - Inability to respond in the Time Study Sample
- ❑ Superintendent notified
- ❑ Ineligible to participate in RMTS, SHARS and MAC for the entire quarter and/or fiscal year.
 - SHARS
 - Cannot submit a cost report for the entire year.
 - Any reimbursements received for the year will be recouped
 - MAC
 - Cannot submit a MAC claim for the quarter
 - If a district has certified their PL, the district will be removed from participation for the quarter and/or entire fiscal year.



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RMTS Training Requirements – Deadline Dates

Below are the RMTS training deadlines for the primary and secondary RMTS contact that correspond with the PL close date

Quarter	PL Close Date	RMTS Training
1	September 15th	August 2023
2	December 15th	November 2023
3	March 8th	February 2023
4	May 15th	April 2023 <small>*No RMTS training credits given</small>



RMTS Training Requirements – How To Stay Compliant?

Each district and current FY must show two district employees trained. If a district is not in current compliance, they have an opportunity to meet compliance by:

- ❑ Re-assigning a [RMTS] contact role with another contact role who has current annual training in order to be in training compliance:
 - A primary who has not complied with their annual training requirement after the deadline may temporarily re-assign and edit their role to a secondary contact until they have completed the required annual training for the current FY. **The district will still need to make sure they have 2 district employees trained.**
 - A primary can make themselves a secondary contact in STAIRS.
 - A primary can only re-assign their role with a secondary RMTS contact if the secondary contact has already completed current annual.

(cont'd) **RMTS Training Requirements – How To Stay Compliant?**



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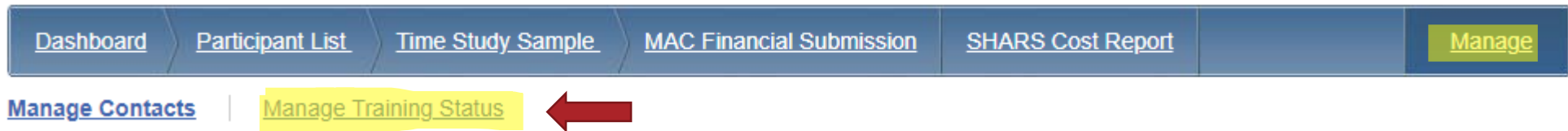
- A secondary may temporarily be assigned a primary contact role if the secondary RMTS contact has already completed their current annual training.
 - Secondary contacts cannot change to primary contact status. The Superintendent will need to make the changes in STAIRS.
 - The secondary contact will need to remain in the primary role until the primary contact has completed their current annual training.
- A district non-RMTS contact who has completed current annual RMTS training may be assigned an RMTS contact role to ensure the 2-district employee annual training compliance is met.



Training Verification

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

1. Logging into [STAIRS](#)
2. Select "Manage" tab.
3. Click on the "Manage Training Status" link.



Note: The primary RMTS contact is responsible for ensuring the district meets its annual training compliance.



Training Verification

Filters:

[Preparers Available for Hire](#)

Actions	FB User Id	First Name	Last Name	District	Trained	Status	Training	Training Period	Willing to Hire Out? *
Yourself	1262984	[REDACTED]	[REDACTED]	D (Primary RMTS Contact, Primary MAC Financial Primary SHARS Financial Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ISD Refresher (Webinar 2021-05-04, 08:30:00-11:00:00 [REDACTED] X)	FY2022	No Change to Yes
Make View-only	17613	[REDACTED]	[REDACTED]	D (Secondary RMTS Contact, Secondary MAC Contact, Secondary SHARS Financial Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ISD Initial ([REDACTED] 2021-05-11, 13:00:00-16:30:00 Au [REDACTED])	FY2022	No
Make View-only	15279	[REDACTED]	[REDACTED]	D (Secondary RMTS Contact, Secondary MAC Contact, Secondary SHARS Financial Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ISD Refresher (Webinar 2021-05-04, 08:30:00-11:00:00 [REDACTED] X)	FY2022	No
Make View-only	10338	[REDACTED]	[REDACTED]	D (Secondary RMTS Contact, Secondary MAC Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ISD Refresher (Webinar 2021-05-04, 08:30:00-11:00:00 [REDACTED] X)	FY2022	No
Make View-only	15220	[REDACTED]	[REDACTED]	D (Secondary RMTS Contact, Secondary MAC Contact, Secondary SHARS Financial Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ISD Initial ([REDACTED] 2021-08-19, 13:00:00-16:30:00 Au [REDACTED])	FY2022	Yes
Make View-only	16499	[REDACTED]	[REDACTED]	D (Secondary RMTS Contact, Secondary MAC Contact, Secondary SHARS Financial Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ISD Refresher (Webinar 2021-05-04, 08:30:00-11:00:00 [REDACTED] X)	FY2022	No
Make View-only	13174	[REDACTED]	[REDACTED]	D (Secondary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ISD Refresher (Webinar 2021-11-10, 13:00:00-15:30:00 [REDACTED] X)	FY2022	No
Not Trained	16628	[REDACTED]	[REDACTED]	D (Primary Superintendent)	No	No Access to PL and TS			



RMTS – Training Verification

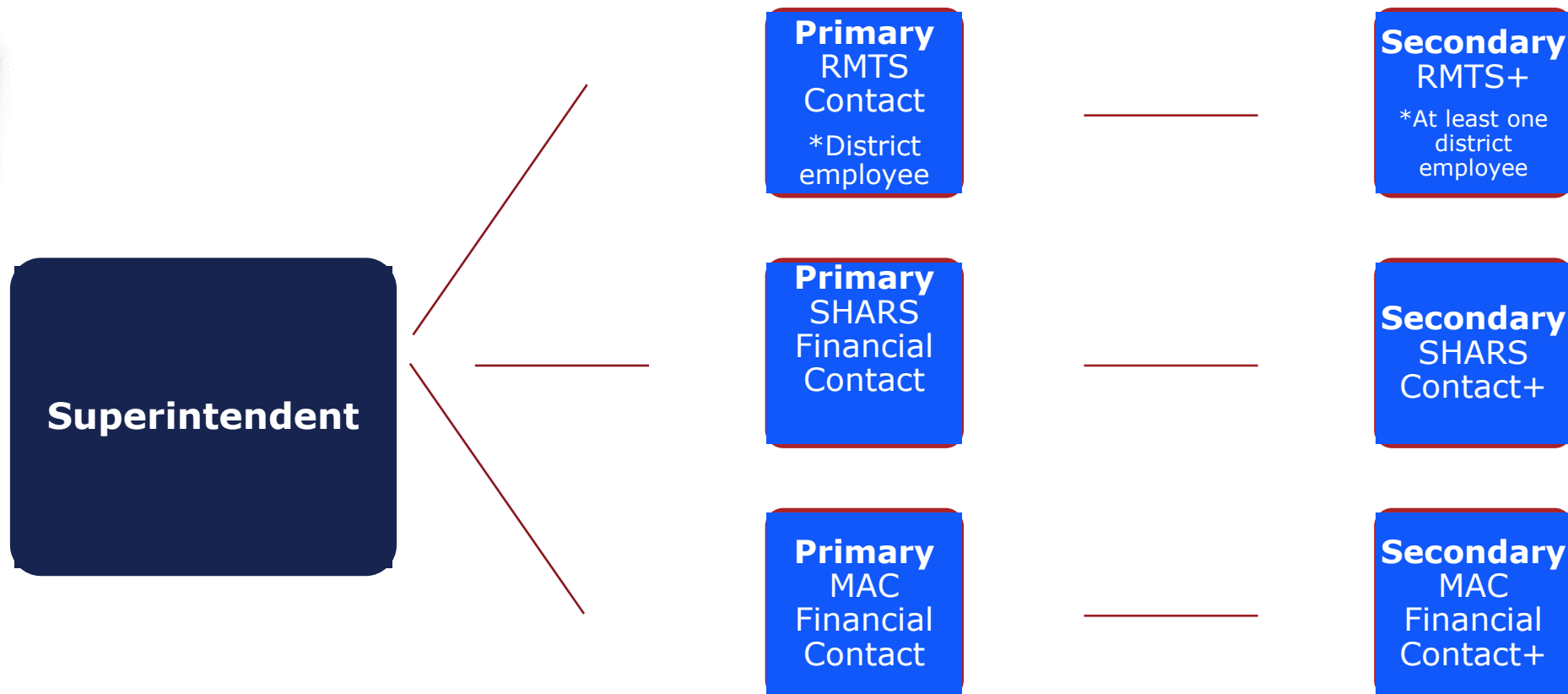
Understanding LEA's RMTS training status:

- Filters – Select the FFY and the trainings (RMTS/MAC Financial) you are needing to verify by selecting the drop-down option.
- Trained - Yes (trained) / No (not trained)
- Status - Full access to PL and TS / No access to PL and TS.
- Training - Type, Date and Time of training.
- Training Period - Federal Fiscal Year.
- Willing To Hire Out - Yes (included spreadsheet) / No (excluded on spreadsheet).
- Preparers Available for Hire - Includes trained RMTS Contacts that are available to assist LEAs that have met the annual RMTS training requirement.

STAIRS Contact Roles



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Note: "District-employee" means the staff is an actual employee of the district and their email address is specific to their own district that is participating in RMTS (ex: Johnson ISD-- jdoe@johnsonisd.net). An SSA, Co-op or third-party vendor is not considered an "actual" employee of the district and can only be a secondary contact.



Contact Roles

Superintendent

- A designated contact in STAIRS
- Ability to add Primary contact in STAIRS
- Ability to update contact role changes
- Not included on PL

Note: Delete contacts in STAIRS who are no longer with the district and be sure to update the roles in STAIRS.

RMTS Contact

- Responsible for districts actions/non actions.
- Participant list
- Ensure district compliance
- Participant training
- Responds to vacant moments
- Respond to moments of absent participants.
- Update/notify of contact change
- Adds secondary contacts



Contact Roles

Participant

- Annual training requirement before 1st moment of FFY.
 - A trained RMTS Contact is responsible for training participants..

- Receives 3-day notification
 - Participant responds within 5 business days
 - Participant reminders sent at 24, 48, & 72 hrs.
 - Primary RMTS Contact is copied on the 72-hour reminder

- Receives follow-up request via email if needed from Fairbanks Central Coders
 - If additional information from participants is needed.
 - Required response within 3 business days.
 - Primary RMTS Contact will be copied on the e-mail.

- Respond to sampled moment.
 - Failure to respond will disqualify the moment.



Contacts Roles

Time Study:

- Provide RMTS support and guidance
- Provide training to RMTS Contacts and Central Coders
- Conducts ongoing program review to include:
 - Time Study results
 - Training Compliance
 - Documentation compliance
- Sends out the non-compliance notification letters



Contacts Roles

Fairbanks

Technical Support

- Operate and administer the web-based RMTS system
- System support
- Sends 3-day notification prior to the sampled moment
- Send weekly e-mail for non-response moments

Coders

- Review the participant's response for the sampled moment
- Assigns activity code using uniform time study codes
- Requests additional information from participants if needed
- Moments are reviewed by a 2nd and 3rd coder for agreement and quality assurance.



STAIRS – Managing Contacts

- ❑ Update Contacts
 - Immediately delete and update contacts no longer with the district (**do not backspace**)
 - Can result in your district being non-compliant with annual training requirement if not updated.
- ❑ Primary contacts
 - Only one person assigned for each role:
 - Superintendent
 - RMTS
 - SHARS Financial
 - MAC Financial
 - Can change to a secondary role
- ❑ Secondary contacts
 - Are unlimited in number
 - Cannot change to primary role



STAIRS – Add Contact

To add a contact in STAIRS:

- 1) Log into Fairbanks @ www.Fairbanksllc.com
- 2) Select “Manage” tab
- 3) Select “Manage Contacts”
- 4) Select the link, “[Add a new contact](#)”
- 5) Complete required fields and click “Save”



[Manage Contacts](#) | [Manage Training Status](#)



[Reference Materials](#)

Note: A Superintendent and Primary contact roles can only make changes to contacts in STAIRS.

Add Contact Profile

Prefix

First Name *

Last Name *

Job Title

Email *

Street 1

Street 2

City

State *

Postal Code

Phone

Fax

District Role *

Primary Contact

WARNING: By designating this individual as a "Primary Contact" in the system, you are asserting that this person is an employee of the provider entity that is contracted with the State of Texas to provide Medicaid Administrative Claiming (MAC), and/or School and Related Health Services (SHARS) services. An employee is a person who is employed by the Provider Entity who earns a salary or wages from the Provider Entity. Falsification of this information may impact the provider entity's federal funds and may be subject to prosecution under Federal or State civil or criminal law. Additionally, by designating this individual as a "Primary Contact" in the system, you are authorizing this person to act on behalf of the Provider Entity to discuss any and all matters regarding financial records related to Provider Entity's MAC Claim and/or SHARS cost report.

Save Cancel



STAIRS – Managing Contacts

To delete a contact in STAIRS:

- 1) Log into Fairbanks @ www.Fairbanksllc.com
- 2) Select “Manage” tab
- 3) Select “Manage Contacts”
- 4) Go to the contact’s name and select “Delete Contact”

SHARS Coordinator		
	Roles	Actions
 San Antonio, TX 78238	 RMTS Contact (Secondary) - edit	Add New Role
Phone		Edit Contact Info
Fax:		Delete Contact



STAIRS – Managing Contacts

To add/re-assign a role to an existing contact:

- 1) Log into Fairbanks @ www.Fairbanksllc.com
- 2) Select “Manage” tab
- 3) Select “Manage Contacts”
- 4) Go to the contact’s name and select “Add a new role” if adding a role.
- 5) Go to the contact’s name and select “edit”. Check primary box if re-assigning a primary to secondary role.

Add Contact Role

District: [Redacted] ISD

District Role:
RMTS Contact
MAC Financial Contact
RMTS Contact
SHARS Financial Contact
Superintendent

Add Contact Role

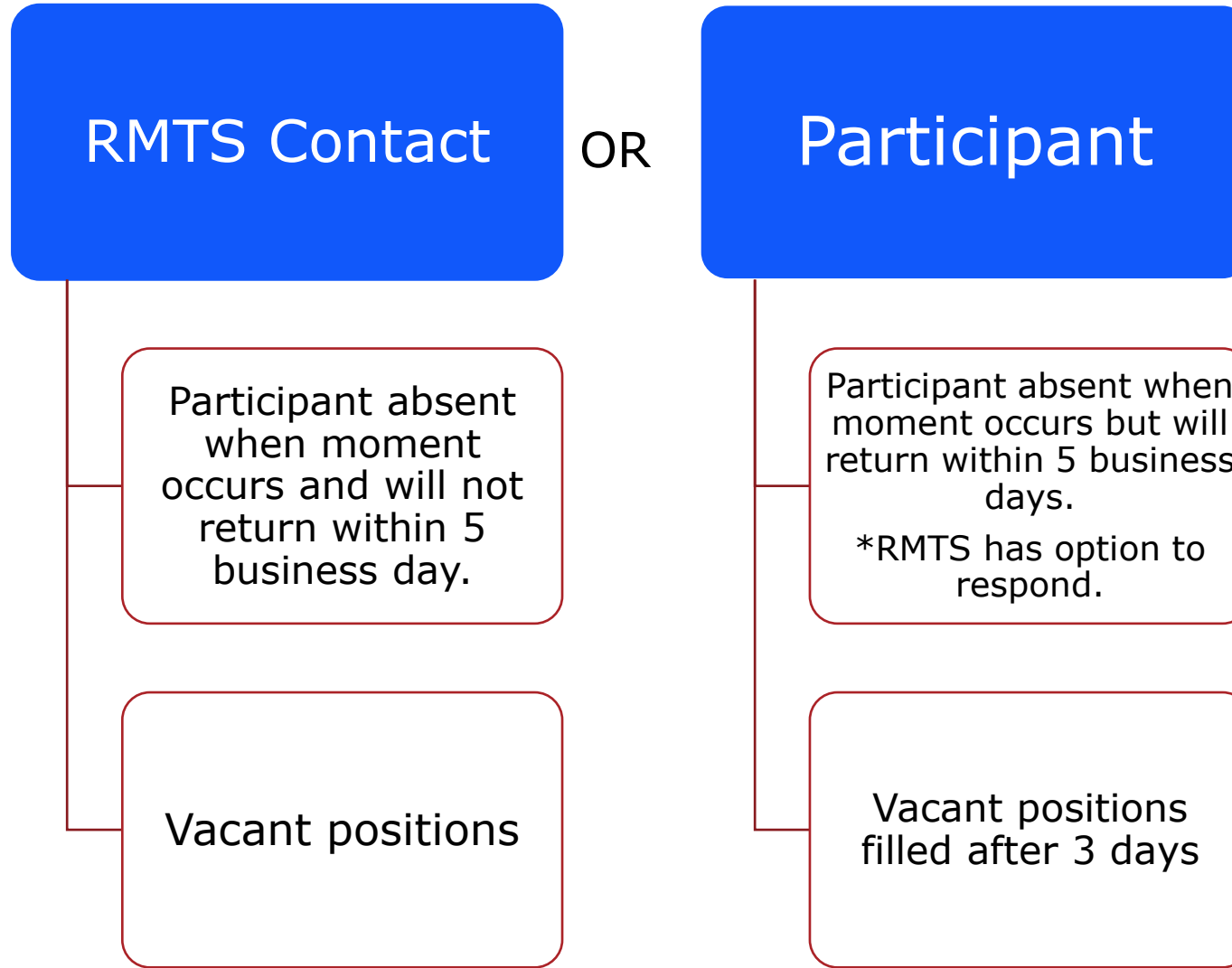
District: [Redacted] ISD

District Role: RMTS Contact

Primary Contact:

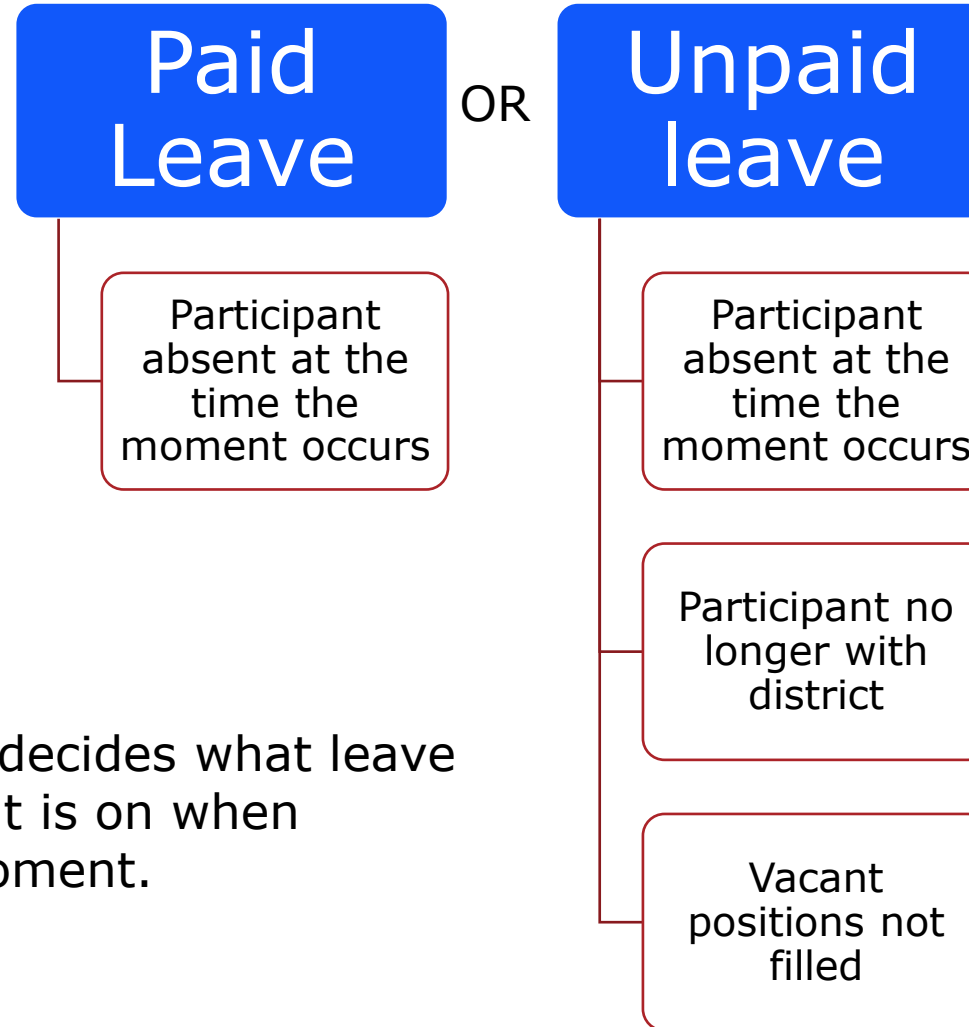


Who Responds? – RMTS Contact or Participant Response





RMTS Contact – Paid vs Unpaid Leave Response



Note: RMTS Contact decides what leave the absent participant is on when responding to the moment.



Time Study Sample - Manage

FAIRBANKS LLC Welcome, [Logout](#)

[Dashboard](#) | [Participant List](#) | **Time Study Sample** | [MAC Financial Submission](#) | [SHARS Cost Report](#) | [Manage](#)

Open Quarter: April - June 2022
 Quarter-to-Date Compliance: **47%**
 Overall Compliance: **15%**

[Change Quarter](#) (Training status: [full access](#))

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

[Paid Leave](#) | [Unpaid Leave](#) | [Edit](#) Showing: 1 - 146

Job Category	Last Name	First Name	Email	Location	Employment Type	Moment ↑	Is Certified
Outreach Worker (MAC ONLY)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/05/2022, 12:16 PM	✔ Certified 04/05/2022, 12:17 PM CDT
Outreach Worker (MAC ONLY)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/05/2022, 12:29 PM	✔ Certified 04/06/2022, 02:32 PM CDT
<input type="checkbox"/> Psychology - Licensed Specialist in School Psychology	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Contract	04/07/2022, 11:14 AM	❌ Not Certified Become Enter Explanation
Outreach Worker (MAC ONLY)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/07/2022, 02:21 PM	✔ Certified 04/07/2022, 05:10 PM CDT
<input type="checkbox"/> Nurse - Delegated Nursing Services Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/08/2022, 08:34 AM	❌ Not Certified Become Enter Explanation
<input type="checkbox"/> Personal Care Service Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/08/2022, 09:17 AM	❌ Not Certified Become Enter Explanation
Outreach Worker (MAC ONLY)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/11/2022, 01:41 PM	✔ Certified 04/05/2022, 09:44 AM CDT
<input type="checkbox"/> Interpreter/Translator/Bilingual Specialist (MAC ONLY)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Contract	04/11/2022, 02:21 PM	❌ Not Certified Become Enter Explanation
<input type="checkbox"/> Personal Care Service Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/12/2022, 11:38 AM	❌ Not Certified Become Enter Explanation
<input type="checkbox"/> Service Coordinator/Case Manager (MAC ONLY)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/13/2022, 11:31 AM	❌ Not Certified Become Email Print
<input type="checkbox"/> Psychology - Licensed Specialist in School Psychology	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Contract	04/20/2022, 12:37 PM	Future Moment <input type="text"/> Email Print
<input type="checkbox"/> Nurse - Delegated Nursing Services Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/20/2022, 01:05 PM	Future Moment <input type="text"/> Email Print
<input type="checkbox"/> Social Worker - Licensed Clinical Social Worker (LCSW)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	04/20/2022, 01:21 PM	Future Moment <input type="text"/> Email Print
<input type="checkbox"/> Psychology - Licensed Specialist in School Psychology	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Contract	04/29/2022, 03:10 PM	Future Moment <input type="text"/>
<input type="checkbox"/> Service Coordinator/Case Manager (MAC ONLY)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Contract	05/02/2022, 08:24 AM	Future Moment <input type="text"/>
<input type="checkbox"/> Personal Care Service Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Full Time	05/27/2022, 02:54 PM	Future Moment <input type="text"/>

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

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STAIRS Dashboard

Can access the following information:

- 1) Important Upcoming Dates for RMTS and MAC
- 2) Links to register for annual RMTS and MAC trainings
- 3) Participant List and Time Study Sample tabs
- 4) Verify annual RMTS training credit
- 5) RMTS and MAC reference materials website information



STATE OF TEXAS AUTOMATED INFORMATION REPORTING SYSTEM (STAIRS)



TXISD

Important Upcoming Dates

- 03/31/2023: January - March 2023 Time Study Ends (1 Week Away)
- 04/03/2023: April - June 2023 Time Study Begins (2 Weeks Away)
- 04/28/2023: October - December 2022 Financial Due Date (5 Weeks Away)
- 05/25/2023: April - June 2023 Time Study Ends (9 Weeks Away)
- 06/05/2023: January - March 2023 Financial Open (11 Weeks Away)
- 07/21/2023: January - March 2023 Financial Due Date (17 Weeks Away)
- 08/28/2023: April - June 2023 Financial Open (23 Weeks Away)
- 10/13/2023: April - June 2023 Financial Due Date (29 Weeks Away)

Upcoming Trainings

- [Click to Register for SHARS](#)
- [Click to Register for RMTS or MAC](#)
- 07/13/2023: MAC 2023 - ISD Training (16 Weeks Away)
MAC Financial Contact

Reference Materials

TXISD

RMTS Information:

- [RMTS Information Website \(TX - HHSC\)](#)
- [RMTS Workplan 2016](#)
- [RMTS Workplan 2017](#)
- [RMTS Workplan 2018](#)
- [Fairbanks MAC Firefox](#)

MAC Information:

- [MAC Information Website \(TX - HHSC\)](#)
- [MAC Workplan 2018](#)
- [MAC Workplan 2019](#)
- [MAC Workplan 2020](#)
- [MAC Financial Edits](#)



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PL - Agenda

- Development
- Certification
- Who's In
- Drop Down Options
- System Demonstration



PL Development

Eligible employees are added on the participant list by the RMTS contact.

Employees who perform a direct service that is billed to Medicaid or a MAC claimable service, should only be listed on the PL.

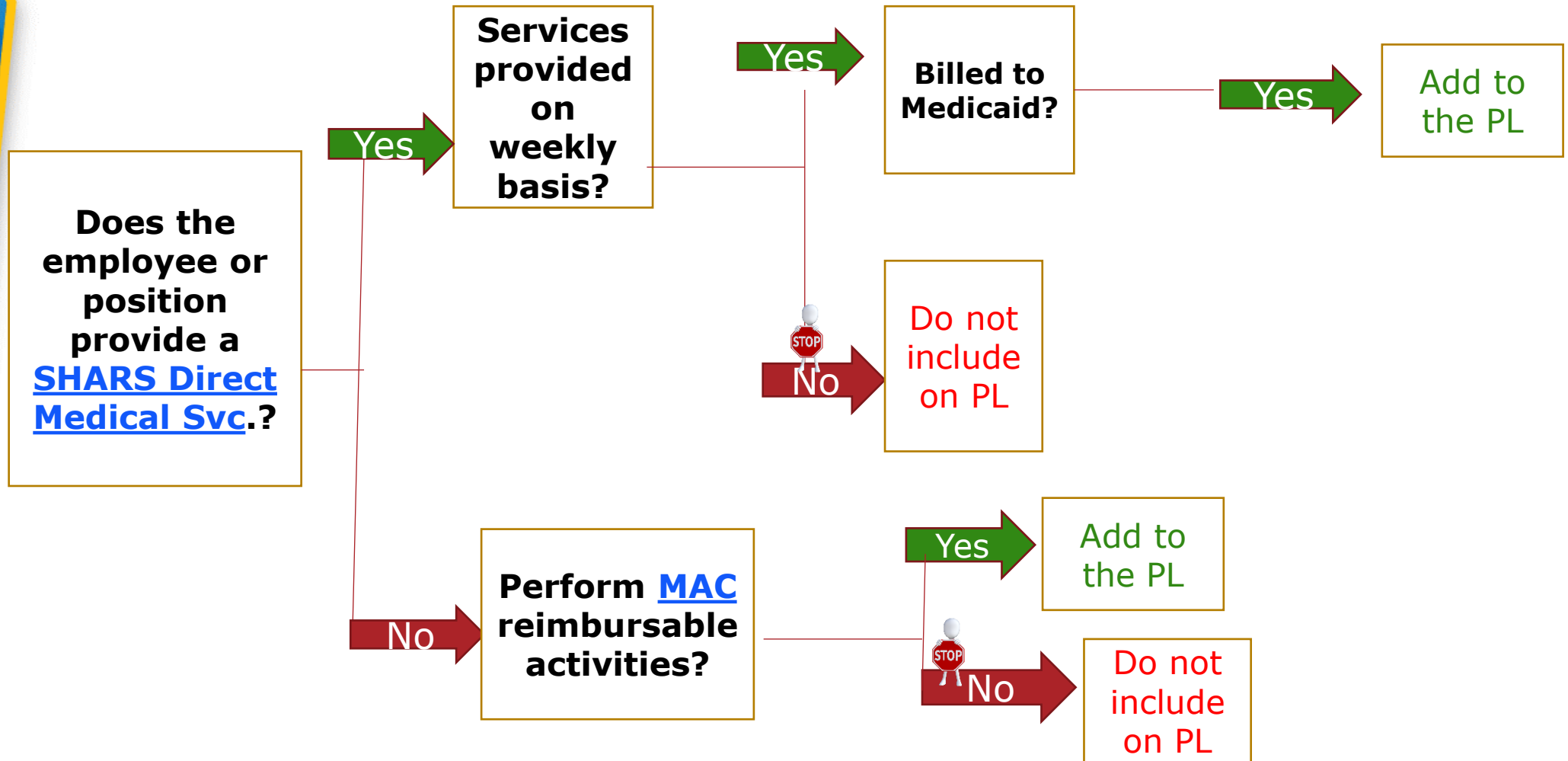
- The PL provides the positions that are included in the MAC claim and SHARS cost report.

- Employees on the PL will be categorized in one of two staff pools:
 - **Administrative Services** (MAC only)- Only includes employees who perform administrative activities associated with billing Medicaid.
 - **Direct Medical and Administrative Services** - Eligible employees providing direct medical services and administrative activities for the purposes of billing Medicaid.

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



PL Development





PL Development - Certification

- ❑ 1st Quarter Participant List Access:
 - PL early access granted pending completed RMTS training in May (every year).

- ❑ No changes to the PL?
 - Certify the PL quarterly even if there are no changes.

- ❑ Updating the PL recertifies it.
 - If an update is needed to the PL after certifying it, it will recertify.

- ❑ Participant List Close Date
 - A participant cannot be added, deleted or change position/function category after the PL close date/time.

Note: Random audits may occur to ensure the positions listed are adhering to the PL requirements.



PL Development – Certification

If a district fails to certify the PL, the district will be ineligible to participate in RMTS and:

- Ineligible to participate in MAC and submit a MAC claim for the quarter.
- Ineligible to participate in SHARS and submit a SHARS cost report for the entire current fiscal year.



PL Development – Vacant Positions

Selected for RMTS

Add positions anticipated to be filled during the quarter.

Vacant positions are not “reimbursable.”

Excess lowers the RMTS percentage across the state.

- District RMTS contact email address required for vacant positions.
 - A third-party email address is not permitted.

- “Vacant” should be written as first/last name on the PL.

- Review, edit and remove each quarter before the PL closes.
 - Remove vacant positions not filled from previous quarter.



PL Development – Vacant Positions

If a vacant position has been filled with a new employee, the RMTS contact should:

1. Login to STAIRS
2. Select "Time Study Sample Tab"
3. Locate and select the vacant moment for the current TS quarter

<input type="checkbox"/>	Nurse - Licensed Vocational/Practical Nurse (LVN/LPN)	Vacant	Vacant	rmts@houstonisd.org	9700 - Hattie Mae White	Contract	05/19/2023, 09:42 AM	Future Moment
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4. Select "edit" at the top of the screen.

Filtering Options

Paid Leave

Unpaid Leave

Edit

5. Fill in the last name, first name and email of the new employee filling the vacant position and save. If an employee is no longer with the district and the position has not been filled, list it as "vacant, vacant" and RMTS contact email address.

Job Category*	Last Name*	First Name*	Job Title*	Email*	External ID	Location	Employment Type*
Nurse - Licensed Vocational/Practical Nurse (LVN/LPN)	Vacant	Vacant	Nurse	rmts@houstonisd.org		9700 - Hattie Mae White	Contract



PL Development – Duplicates

- ❑ One job function can only be listed on the PL.
 - If more than one job function is performed by the participant, include it only once on the PL in the category/function **performed majority of the time.**
 - Review and edit the PL before certifying to remove duplicate names.

- ❑ Review PL for duplicates and remove
 - Review and edit the PL to check for duplicates before certifying.
 - Time Study reviews each district to check for duplicates.
 - Primary RMTS contact is notified and responsible for explaining and/or removing duplicate entry. **Time Study does not/cannot remove duplicates.**

- ❑ Removing duplicate(s):

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



PL - Participant List Employees

Employees who perform SHARS Direct Medical Services or MAC activities:

Regular employees

- Regular duties performed on a weekly basis

Federally funded employees

- If excluded from the PL and funding source changes during the quarter, the costs cannot be claimed.

Contractors (including all positions) who are not employees of the district but provide services for district.

- Shared Service Staff
- Co-Op Staff
- Contracted Vendor's staff

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



PL - Participant List Employees

Substitutes

- Must be in one specific position 51% of the time per quarter (at least 7 consecutive weeks).

Bus Monitor

- Only add bus monitors who provide a SHARS service that is billed to Medicaid for children on specialized adaptive transportation (bus).

Note: Bus Drivers are not permitted on the PL and must be removed.



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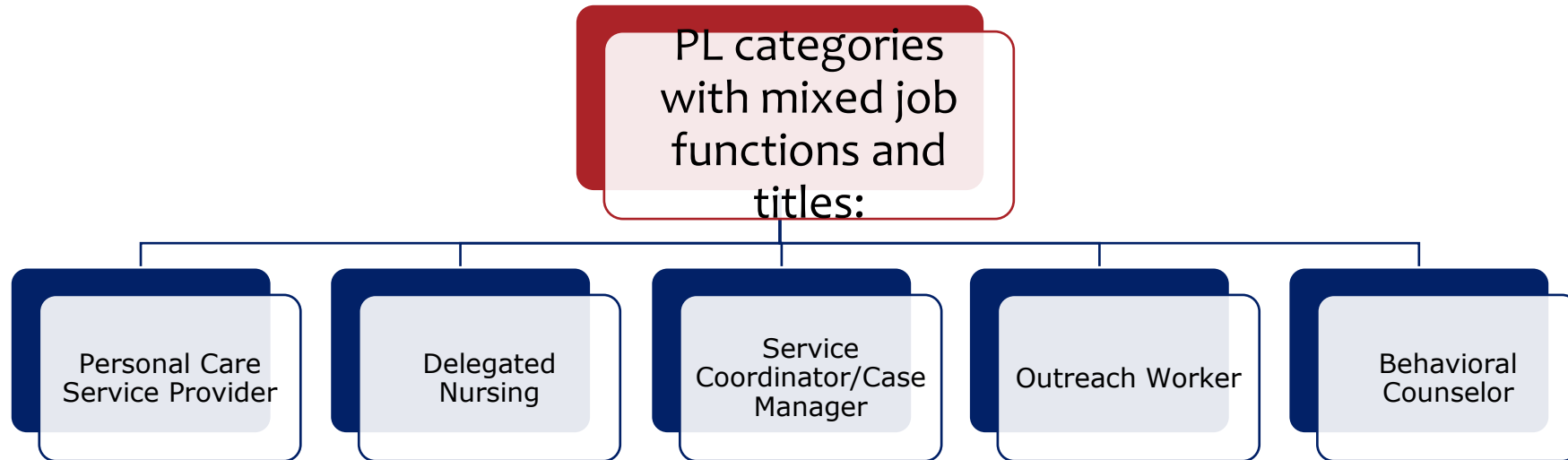
RMTS – Polling Question

1. Do not respond to the moment if providing services outside the district? T/F
2. Include the exact activity at the time the moment occurs? T/F
3. Districts are required to have at least 2 district employees trained annually? T/F

PL Category Classification



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Who is NOT eligible for SHARS:

Educational Diagnostician job title, unless performing PCS and/or being on PL for MAC if school participates in MAC.

Note: Educational Diagnosticians have to qualify under the Admin Cost Pool eligible category by performing Medicaid allowable activities to be included in the RMTS.



PL - SHARS Direct Medical Categories

- Registered Nurses (RN)
- Licensed Vocational Nurses (LVN)
- Advanced Practical Nurses (APRN)
- **Delegated Nursing Services**
- Physicians (MDs & DOs)
- Licensed Audiologist
- Licensed Assistant in Audiology
- Licensed Occupational Therapist (OT)
- Certified Occupational Therapy Assistant (COTA)
- Licensed Physical Therapist (PT)
- Licensed Physical Therapy Assistant (LPTA)
- Licensed Psychologist
- Licensed Specialist in School Psychology (LSSP)
- Licensed Psychiatrist
- Licensed SLP
- Licensed Assistant in SLP
- Licensed SLP Intern
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Clinical Social Worker (LCSW)
- **Personal Care Service Providers**

Note: All inclusive list of SHARS providers approved by Center for Medicare & Medicaid Services (CMS)



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PL – MAC only Categories

- Behavioral Counselor
- Interpreter/Translator/Bilingual Specialist
- Licensed Bachelor of Social Work (LSW)
- Licensed Master of Social Work (LMSW)
- Physician Assistant (PA)
- Pregnancy, Education & Parenting Program Personnel
- Psychology Intern
- Orientation & Mobility Specialist
- Outreach Workers
- Service Coordinator/Case Managers
- TEA - or SBEC-Certified Speech Therapist



PL – System Demonstration Agenda

Demonstration of online system:

- Participant List Development
- Managing Contacts
- Designating “Willing to Hire Out”
- Training Tracking
- Time Study Sample
- Monitoring Response Completion
- Documenting non-response



Educational or Direct Medical

Educational Services include:

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



Educational or Direct Medical Service

Direct Medical Services include:

- **Medical Services** that require a licensed skilled, trained professional, such as:
 - Nursing
 - Psychology, Counseling
 - Physician services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
 - Audiology
 - Personal Care Services (PCS)



Personal Care Service

The RMTS Contact is responsible for training time study participants as it pertains to personal care service.

- ❑ A personal care service [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.

- ❑ If lesson planning, indicate the specific student audience and if the activity is IEP related.
 - Address if a student is present first before acknowledging other staff in attendance.

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



Personal Care Service (PCS)

- ❑ Assists a student with a disability or chronic health condition to benefit from special education.
- ❑ 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 but have limitations in performing these activities because of a functional, cognitive, or behavioral impairment.

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

- Teacher Aide
- Bus Aide/Monitor
- Healthcare Aide Orientation
- Mobility Specialists
- Instructional Aide
- Bilingual Aides
- Teacher
- Clerk



Personal Care Service

PCS Services included but are not limited to:

- Eating/feeding
- Meal preparation
- Toileting
- Maintaining continence
- Dressing
- Grooming
- Transferring
- Assisting with self administering medication
- Monitoring
- Redirection
- Personal hygiene
- Cueing
- Respiratory assistance
- Positioning
- Ambulation
- Intervening with behaviors
- Escort

Note: PCS includes direct intervention (assisting the client in performing a task) or indirect intervention (cueing or redirecting the client to perform a task).



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RMTS Moment Information Outline Agenda

- Sampling and Notification
- Participant Questions
- 504 Audiology Update
- System Demonstration
- Moment Completion



Time Study Moment – General Information

- Time study “moments” are randomly selected throughout the entire quarter.
- A time study “moment” represents one minute at the selected time.
- Participants are to document what they are doing at the precise minute the moment occurs.
- Some options have “hover-over” and/or “question marks” that provide additional information that helps the participant make the best selection.



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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



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RMTS Moment – Fairbanks LLC

The screenshot shows the Fairbanks LLC website. At the top left is the logo 'FB FAIRBANKS LLC'. To the right of the logo is a navigation menu with links: 'About Us', 'Services', 'Clients', 'News', 'Careers', and 'Contact Us'. Further right is a 'Client Login' button. Below the navigation is a large banner image featuring a hand drawing a flowchart on a whiteboard. The flowchart consists of several rectangular boxes connected by arrows, with a diamond-shaped decision box. To the right of the hand, the text 'Define the' and 'Develop the s' is visible. On the right side of the page, there is a vertical green navigation menu with the following items: 'Alabama', 'California', 'Illinois', 'Kentucky', 'Missouri', 'Nebraska', 'New Mexico', 'North Carolina', 'Texas Cost Reporting', 'Texas ECI', 'Texas ISD', 'Texas LHD', and 'Texas MH-IDD'. A red arrow points to the 'Texas ISD' item. Below the banner are three columns of text: 'Uncompromised quality and client service.', 'What We Do', and 'Who We Work With'. At the bottom of the page is a dark grey bar with the website address 'www.fairbanksllc.com'.



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RMTS Moment – Login



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].cisd.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.



RMTS Moment - Instruction Screen

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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 - Questions

WHO Was With You?

WHAT Were You Doing?

WHY Were You Doing It?



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RMTS Moment – 504 Audiology Update

504 Audiology Services

- Services are being time studied
- Cannot be billed at this time due to pending CMS approval

RMTS Moment - Question #1

Who was with you?



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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?

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

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



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

2. What were you doing?

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

Your Profile ([Edit](#))

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

Reference Materials

- [BMTS 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.



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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?



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Your Profile (Edit)

Name:
Email:
Program:
MAC Category: Physical Therapist - Licensed

Reference Materials

3. Why were you performing this activity?

Please select an answer...

Please select an answer...

To ensure safety for student(s) from self, others, environment that they cannot perceive independently

To keep the student on task, in seat, awake that they cannot manage independently

To assist the student physically

To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)

To assist the student toileting

To monitor the student that requires supervision or physical assistance

To transition the student that requires supervision or physical assistance

To assist the student feeding/eating that requires supervision or physical assistance

To monitor/intervene with behaviors (aggression, self-stimulation, verbal interference, etc.)

To provide classroom instruction

To supervise students in general population

To provide medication/medical care/first aid

To provide therapy (Speech, OT, PT, Sensory stimulation)

To conduct assessment/evaluation

To provide or obtain information to or from a student's family

To determine student's/family's eligibility for Medicaid/Health benefits

To determine student's/family's eligibility for other programs/benefits

To upgrade professional skills through training

To improve social/vocational/educational services for the district's students

To improve health related services for the district's students

To coordinate/provide transportation

To coordinate/provide translation

To provide counseling

To participate in a meeting

Not Working

Other - please specify below

I confirm
Random
this RMT
regardin

Certify

Note: Please make sure the activity being performed matches with the "why" and if the service provided is included in the child's IEP.



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 aid**
 - 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

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

Random Moment Time Study

✓ CONGRATULATIONS  YOU HAVE COMPLETED THE TIME STUDY!

 **Random Moment Time:** 04/13/2022, 11:31 AM Central Time



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

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

Your Profile

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Service Coordinator/Case Manager (MAC ONLY)

Reference Materials

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


Do You Need Help?

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

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RMTS Moment – Confirmation Receipt


FAIRBANKS LLC

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

Random Moment Time Study

 [redacted], YOUR TIME STUDY IS COMPLETE AND WAS CERTIFIED [redacted] AT 04/20/2022, 09:45 AM CENTRAL TIME.

 **Random Moment Time:** 04/13/2022, 11:31 AM Central Time

Here are your answers:

Who was with you?
Special Ed student With health impairment (chronic medical condition)

What were you doing?
I was working with ...

Why were you performing this activity?
To provide classroom instruction

Print

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

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Your Profile


Name: [redacted]


Email: [redacted]

Program: [redacted]

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

Reference Materials

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

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

Do You Need Help?

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



Polling Questions

4. Employees who perform a direct service that is billed to Medicaid should only be listed on the PL. T/F
5. If a district fails to certify the PL and complete annual training compliance, they are still eligible to participate in RMTS, SHARS and MAC? T/F
6. Districts should update their contact role immediately after a contact is no longer with the district. T/F
7. If performing a direct medical service, the PCS should be defined on the IEP's personal care service being performed. T/F



RMTS Correspondence

Contact roles will receive all communication predominantly via e-mail, i.e., such as:

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

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



Helpful Information

Passwords

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

Withdrawing

If the district is no longer wanting to participate in SHARS/MAC:

- The Superintendent or Primary RMTS contact will need to submit a withdrawal request letter with a district letterhead to Time Study immediately.



Wrap - Up

❑ **No Training Certificates**

❑ **Training Credit**

- Cannot be applied until after a STAIRS account is set up
 - Contact your primary RMTS contact or Superintendent to be added
- A maximum of 9 days is needed to apply credits
 - Verify if training credit has been applied in STAIRS before contacting Time Study (see “training verification” slide for instructions).
- A “thank you for attending” email does not imply an attendee receives training credit.
 - Attendees must meet three criteria’s recorded throughout the training.

❑ **STAIRS access**

- Full access is granted after training credit has been applied for:
 - PL certification
 - Time Study Sample



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Contact Information

Time Study:

(737) 867-7794

Mohib Nawab – *Manager*

Ri-Chard Thomas – *Team Lead*

Alexandra Young – *Rate Analyst*

Email Address:

TimeStudy@hhs.Texas.gov

Website:

<https://pfd.hhs.texas.gov/time-study/time-study-independent-school-districts-isd>

Fairbanks:

info@fairbanksllc.com

(888) 321-1225



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Thank you!

Time Study Unit

TimeStudy@hhs.Texas.gov