Early Childhood Intervention (ECI) Local Health Department/District (LHD) Mental Health & Intellectual Developmental Disabilities (MH-IDD)

Random Moment Time Study – FY 2024

RMTS Agenda

Random Moment Time Study (RMTS) will include:

- ❑ 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

❑ Measures the participant's time performing work activities.

❑ 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 entity by including the name of the entity.

Overview – Purpose of RMTS

❑ To determine the percentage of time the entity employees incurs assisting individuals to access medically necessary Medicaid funded services.

- 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.
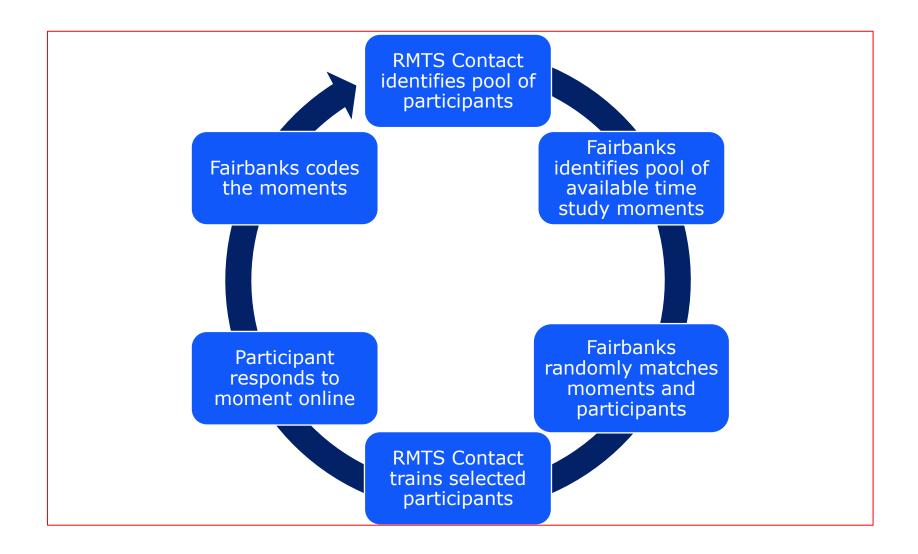
Overview – Time Study Activities

❑ **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 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

5

RMTS Process

RMTS Contact identifies pool of participants

Fairbanks identifies pool of available time study moments

Fairbanks randomly matches moments and participants

RMTS Contact trains selected participants

Participant responds to moment online

Fairbanks codes the moments

RMTS Requirements

Requirements	MAC
HHSC executed contract by the first day of the federal quarter.	Yes
Annual Training for RMTS contacts and time study participants	Yes
Quarterly participant list (PL) certification for time study participation. Note: To report cost, the position must be on the PL.	Yes
Statewide 85% required response rate	Yes
Participate in all four federal fiscal quarters: 1st quarter: October – December 2nd quarter : January – March 3rd quarter: April – June 4th quarter: July – September	Yes

Fiscal Year Quarterly Dates

Event	Participant List Open	Participant Close (6p.m. CT)	Time Study Begin	Time Study End (5pm)
1st Qtr	08/11/23	9/15/23	10/2/23	12/31/23
2nd Qtr	09/16/23	12/15/23	01/02/24	03/28/24
3rd Qtr	12/16/23	03/15/24	04/01/24	06/30/24
4th Qtr	03/16/24	06/14/24	07/01/24	09/30/24

RMTS Training

❑An RMTS contact is required to complete training.

❑Annual training is required to meet RMTS requirements and compliance.

❑ Granted full Access in STAIRS
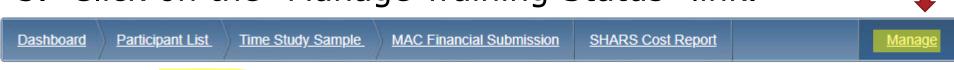
Note: Select ECI, LHD or MH-IDD for more training information.

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.

| Dashboard | Participant List | Time Study Sample | MAC Financial Submission | SHARS Cost Report | | Manage |

Manage Contacts | Manage Training Status ⬅

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

Training Verification

RMTS – Training Verification

Understanding Entities 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 entities that have met the annual RMTS training requirement.

STAIRS Contact Roles

CEO/Director

Primary RMTS Contact

Secondary RMTS+

Primary MAC Financial Contact

Secondary MAC Financial Contact+

Contact Roles

CEO/Director

- ❑ 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 your entity and be sure to update the roles in STAIRS.

Contact Roles

RMTS Contact

❑A Primary and at least one Secondary RMTS Contact is required to be an entity employed contact.

▪Each entity assumes all responsibility for designee's actions/non-actions.

❑Attends annual training provided by HHSC

❑Ensure all contact information is current and accurate

❑Verifies and updates quarterly participant list each quarter.

❑Monitors annual training completion for the entity's RMTS contacts

❑Provides RMTS training to sampled participants.

❑Ensures compliance rate of 85%.

▪Receives weekly list of participants that did not respond to their moments (document reason for missed expired moments).

❑Enters "paid" or "unpaid" leave for participants who are not in attendance.

❑Provides ongoing technical assistance to participants

❑Monitors and adjusts selected participant start times (**MHIDD only)**

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

Contact Roles

Participant

❑ Annual training requirement <u>before 1st moment of FFY.</u>
- 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

❑ Works with appropriate federal agencies to design and implement programs

❑ 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
- Assist in annual training for RMTS Contacts
- System support
- Sends 3-day notification prior to the sampled moment
- Send weekly e-mail for non-response moments

❑ **Coders**
- Receives training from HHSC on activity codes
- 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 two independent coders and for agreement a 3rd coder reviews for quality assurance.

18

STAIRS – Managing Contacts

❑ Update Contacts
- Immediately delete and update contacts no longer with your entity (do not backspace)

❑ Primary contacts
- Can only be one person
- Can change to a secondary role

❑ Secondary contacts
- Are unlimited in number
- Cannot change to primary role

❑ There is only one primary contact for each role
- CEO/Director
- RMTS
- MAC Financial

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"

Dashboard | Participant List | Time Study Sample | Manage

Manage Contacts | Manage Training Status

Note: The CEO 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.
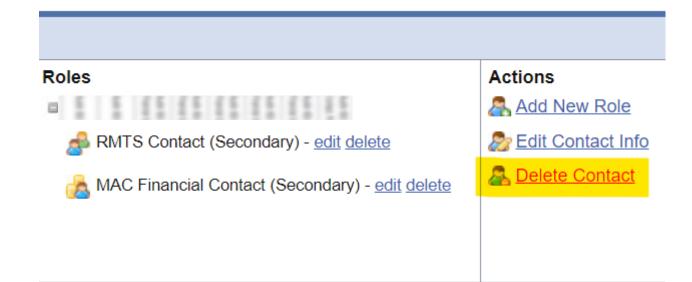
Save Cancel

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"

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.

Note: Checking the box for primary contact means the individual will be the primary. Leaving it unchecked means the individual will be secondary.

Who Responds? – RMTS Contact or Participant Response

RMTS Contact OR **Participant**

Participant absent when moment occurs and will not return within 5 business day.

Vacant positions

Participant absent but will return within 5 business days.

*RMTS has option to respond.

Vacant positions filled after 3 days

23

RMTS Contact – Paid vs Unpaid Leave Response

Paid Leave OR **Unpaid leave**

Paid Leave:
- Participant absent when moment occurs

Unpaid leave:
- Participant absent when moment occurs
- Participant no longer with district
- Vacant positions not filled

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

Time Study Sample - Manage

Time Study Sample - Manage

- ❑ Future Moment shaded grey without the option to email or print - indicates the 3-day notification hasn't occurred and any changes to the moment will need to be saved and forwarded on to the time study participant
- ❑ Future Moment shaded grey with the option to email or print - indicates the 3-day notification has occurred and any changes to the moment will need to be saved and the system will forward on to the time study participant once the 3-day notification occurs
- ❑ Green Check Mark – indicates the time study participant assigned to the moment responded
- ❑ Green Check Mark with the letters FB embedded – indicates that the moment was completed Fairbanks CIC by recording the TS participant responses to the moment
- ❑ Green Check Mark with the letters PC embedded – indicates that the moment has been completed by Program Contact (RMTS) as paid or unpaid leave
- ❑ Red Stop Sign – indicates that the moment is ready to be responded to within the 5 business days
- ❑ Red Stop Sign shaded pink with option to "Enter an Explanation" – indicates the moment wasn't responded to within the 5 business days and is ineligible and an explanation must be entered why no response

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.

❑ The PL provides the positions that are included in the MAC quarterly claim.

❑ Employees on the PL will be categorized in staff pool(s):

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

PL Development

Staff Pools:

- ❑ **ECI** (2 staff pools)
  1. Staff who participate in administrative activities only and do not participate in direct service activities
  2. Staff who participate in administrative and direct service (DS) activities
     - Because the time study results will be used to claim only for MAC, only DS staff that provide administrative activities are to be included.

- ❑ **LHD/MHIDD** (1 staff pool)
  1. Staff who participate in administrative activities only, DS activities and administrative activities

PL Development - Certification

❑ 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.

❑ Failure to certify
  ▪ Ineligible to participate in MAC and submit a MAC claim <u>for the quarter.</u>

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.

❑ RMTS contact email address required for vacant positions.
- Third parties email address are 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 – 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.
    o Review and edit the PL before certifying to remove duplicate names.

❑ When a duplicate is identified:
  ▪ Primary RMTS contact is notified
  ▪ Primary RMTS contact is responsible for explaining and/or remove duplicate entry.
    o 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 MAC activities:

❑ **Regular employees**
  ▪ Regular duties on performed on a weekly basis

❑ **Contractors** (including all positions) <u>who are not</u> employees of the entity but provide services for entity.
  • For <u>one</u> position being filled by multiple contractors, <u>it should be listed as one position on PL.</u>
  • For <u>multiple</u> positions filled by one or more contractors, <u>then each position should be listed on PL.</u>

❑ **Vacant positions**
  ▪ Vacant positions only anticipated being filled during the time study quarter

RMTS – Polling Question

1. Do not respond to the moment if providing services outside the entity? T/F

2. Include the exact activity at the time the moment occurs? T/F

3. Entities are required to have at least 2 employees trained annually? T/F

PL Drop Down Options - ECI

- 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
  - 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

PL Drop Down Options - LHD

- 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

PL Drop Down Options – (cont'd) LHD

- 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

PL Drop Down Options – MH-IDD

- 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

PL Drop Down Options – (cont'd) MH-IDD

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

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

Time Study Moment –General Information

❑Total pool of moments calculation

   ❑(work days in quarter) x (work hours each day) x (60) x (# of participants).

❑Time study "moments" are randomly selected throughout the entire quarter.

❑A time study "moment" represents one minute at the selected time.

❑If a participant is sampled for a "moment," their only responsibility is to document what they were doing at that precise minute.

❑Some options have "hover-over" and/or "question marks" that provide additional information that helps the participant make the best selection.

RMTS Moment Information Outline

❑Sampling and Notification

❑Participant Questions

❑System Demonstration

❑Moment Completion

RMTS Moment Notification

From: ▓▓▓▓@fairbanksllc.com

To: ▓▓▓▓▓▓▓▓▓▓▓▓▓   👤   Cc & Bcc

Medicaid Random Moment Time Study AJ22

Name: ▓▓▓▓▓▓▓
District ▓▓▓▓
District Contact: ▓▓▓▓
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: ▓▓▓▓▓
Password: ▓▓▓▓

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 – Fairbanks LLC

RMTS Moment – Login

User Name:	
Your Password:	

Login

Forgot your password? Reset it here: Reset Password

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

RMTS Moment - Instruction Screen

FB FAIRBANKS LLC

Welcome, ▮▮▮▮▮▮ (Logout)

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study 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: ▮▮▮▮
Email: ▮▮▮▮▮▮▮▮
Program: ▮▮▮▮
(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.**

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

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Moment – System Demonstration

Participants' Moment Demonstration

How Sample Participant's respond to their time study moment

Moment Response - ECI

❑ ***WHAT*** *Were You Doing?*

   ❑ ***WHY*** *Were You Doing It?*

      ❑ *It's a Benefit to **Whom?***

        ❑ ***WHO** Were You With?*

ECI Moment Response – Question #1
"What were you doing?"

Moment – Question #1

What were you doing?

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

(hover over) Examples: CHIP, Medicaid, WIC

For what type of assistance?

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

Please identify the type of assistance (open text)

Are you the assigned service coordinator?

Yes

No

Moment – Question #1

What were you doing?

❑**Attending a Staff Meeting**

Client(s) specific meeting

General staff meeting

Sharing new strategies in the field to better serve children

❑**Break**

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

Peers within ECI

Collateral consultation – with staff outside of ECI

None of the above

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

Moment – Question #1

What were you doing?

❑ **Case Management**

Coordination and transitioning
IFSP development, review, or revision
Referral
Monitoring

Are you the assigned Service Coordinator?

Yes   No

Type of Contact

Face to Face
Phone
None of the above

Moment – Question #1

What were you doing?

Case Management (cont.)

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

Please indicate the focus of the activity (open text)

Discipline Specific Assessment
Select the service
Discipline Specific Service on the IFSP
Select the service

Moment – Question #1

What were you doing?

❑ **ECI Eligibility Determination**

    Which evaluation did you perform?

        Initial

        Annual

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

        Yes

          What is your license or certification? (open text)

        No

        Don't know

Moment – Question #1

What were you doing?

❑ **IFSP development, review or revision**

(hover over) includes comprehensive needs assessment

Are you the assigned Service Coordinator?

Yes   No

Was the parent physically present?

Yes   No

Please indicate your discipline:

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

Moment – Question #1

What were you doing?

❑ **General Administration**

❑ **Interagency Coordination**

    Select service

❑ **Lunch**

❑ **None of the above (text box)**

❑ **Not Working**

    Paid Time Off

    Leave without pay

❑ **Outreach**

Moment – Question #1

What were you doing?

❑ **Policy Development/Program Planning**

The policy or planning was related to

❑ **General Administration**

Provide 2-3 sentence description (text box)

Service Provision

Select Service

❑ **Pre-Eligibility**

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

❑ **Referral**

Moment – Question #1

What were you doing?

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

Indicate what you were doing:

▪ Developing resource directory of external providers

▪ Recruiting service providers (*Hover over* – includes developing job descriptions, advertising the opening, and conducting interviews for employees or contractors)

▪ Providing technical assistance to external provider(s)

▪ Providing information to external provider(s) on policy, regulation, and/or statute

▪ None of the above

Please provide a 2-3 sentence description of what you were doing at that moment. (open text) 59

Moment – Question #1

What were you doing?

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

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

Yes

Please identify the discipline:

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

No

Moment – Question #1

What were you doing?

❑ **Specialized Skills Training**

❑ **Staff Training**

Participating, Providing or Coordinating training for specific services.

    For which service?

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

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

Moment – Question #1

What were you doing?

❑ **Supervision**

- Administrative Supervision

- General Service Provision

- Supervision related to EIS certification

- Service Specific

    Specialized Skills Training

    Case Management

    Other (Select Service)

❑ **Translation (Arranging)**
❑ **Translation (Providing)**
❑ **Transportation (Arranging)**
❑ **Transportation (Providing)**

Moment – Service List

Academic/GED
Audiology
Behavioral intervention services
Case management
Day care
Dental care
Employment/Vocational

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

Family planning
Genetic counseling
Head Star
Health Services
Home health care/DMEPOS
Hospice
Housing

Moment – (cont'd) Service List

Psychological/Counseling
Respite care
Specialized Skills Training *(hover-over: Developmental Svcs)*
Social work
Speech therapy
Assistive technology services and devices
Vision
None of the above

Legal
Medical *(hover over – physician, hospital, lab, x-ray, nursing)*
Neonatal Intensive Care Unit
Nutrition
Occupational therapy
Parenting classes
Pharmacy
Physical therapy
Prenatal care

ECI Moment Response – Question #2
"Why were you doing it?"

Response – Question #2

Why were you doing it?

❑ **To tell people about a service or to explain the benefits of a service**

Is the person or their child already receiving services?

Yes   No

Are you the assigned service coordinator?

Yes   No

❑ **To identify children with disabilities who are in need of ECI services**

Did you discuss Medicaid or Medicaid funded services?

Yes   No

❑ **To enroll the person into a service**

Select Service

Are you the assigned service coordinator?

Yes   No

Response – Question #2

Why were you doing it?

❑ **To determine the person's eligibility**

For funding or monetary assistance:

CHIP	TANF
SNAP	WIC
Medicaid	Other – text box
SSI	

For Services

Select service

Are you the assigned Service Coordinator?

Yes   No

❑ **To help the person obtain a needed service**

Select Service

Are you the assigned Service Coordinator?

Yes   No

Response – Question #2

Why were you doing it?

❑ **To coordinate service for someone**

   Select Service

   Are you the assigned Service Coordinator?

       Yes   No

❑ **To monitor the provision of a service**

   Select Service

   Are you the assigned Service Coordinator?

       Yes   No

To refer the person to a needed service

   Select Service

   Are you the assigned Service Coordinator?

       Yes   No

Response – Question #2

Why were you doing it?

❑ **To report on the person's progress**
>> Select Service
>> Are you the assigned Service Coordinator?
>>> Yes   No

❑ **To provide a service that is identified on the IFSP or treatment plan**
>> Select Service

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

❑ **To improve the agency's provision of services**

❑ **Other – text box**

Response – Question #3

Activity was of direct benefit to a?

❑ **No one/alone/by myself**

    Were you?

        Traveling to or from the activity

        Preparing for the activity

        Documenting the activity

        None of the above

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

❑ **With family/caregiver and child**

❑ **With family/caregiver and collateral**

❑ **With collateral, no family/caregiver**

❑ **None of the above**

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

ECI Moment Response – Question #3
"Activity was a direct benefit to a?"

Response – Question #3

Activity was of direct benefit to a?

❑ **No one/alone/by myself**

> **Were you?**
>> Traveling to or from the activity
>> Preparing for the activity
>> Documenting the activity
>> None of the above
>>> Please provide a 1-2 sentence description of what you were doing

❑ **With family/caregiver and child**

❑ **With family/caregiver and collateral**

❑ **With collateral, no family/caregiver**

❑ **None of the above**

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

ECI Moment Response – Question #3, Pt 2
"Who were you working with?"

Response – Question #3, Pt 2

Activity was of direct benefit to a?

❑ Child who is eligible for ECI

❑ Child whose eligibility for ECI has not been determined yet

❑ Child determined to not be eligible for ECI

❑ Family member, caregiver and NOT the ECI child

❑ Group of people

❑ None of the above

Time Study Completion – ECI "Certify/Submit"

Time Study Completion – ECI "Printed" Copy

Time Study Completion – ECI Confirmation Receipt

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
    o RMTS Contact – ECI RMTS Training Presentation
    o Time Study Participant – RMTS Training Time Study Participant

Moment Response - LHD

- ❑ *WHO* was with you?

- ❑ *WHAT* were you doing?

- ❑ *WHY* Were you performing the activity?

LHD Moment Response – Question #1
"Who was with you?"

Moment – Question #1

Who was with you?

❑ **Client**

    Was the client an:
- o Existing client
- o New client

❑ **Client (Multiple)**

❑ **Medical Provider**

❑ **Administrative Staff**

❑ **Health Department Staff**

❑ **Other Agency Staff**

❑ **Community Contact**

❑ **Contractor/Vendor**

❑ **No one/Alone**

❑ **Not Working**

- o Taking a break
- o Paid Response – Question 1
- o Not Paid
- o Having Lunch
  - o Paid
  - o Not Paid
  - o Paid Time Off
  - o Leave without pay

❑ **Other** (please specify below)

LHD Moment Response – Question #2
"What were you doing?"

Moment – Question #2

What were you doing?

Typically, 2-4 sentences that provides specific information about what you were doing at that minute.

- Please keep in mind that the person coding the moment has no idea of the participant's job description; tasks performed or why they are performed

- Participant needs to provide detailed information for the coders to code the response accurately

- Do not use acronyms in the description

- Do not use names in the responses

- If not working, indicate if it was paid or unpaid leave

LHD Moment Response – Question #3
"Why were you performing this activity?"

Moment – Question #3

Why were you performing this activity?

❑ **Determine the eligibility**

❑ **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 to a:**

     o   Medical service

     o   Non-Medical service

     o   Other (please describe)

Identify the service

Moment – Question #3

Why were you performing this activity

❑ **Coordinate or provide translation for or during a:**

 Medical service

 Non-Medical service

 Other (please describe)

❑ **Secure and/or maintain eligible Medicaid providers**

❑ **Program Planning, Development & Interagency Coordination**

❑ **Provide or attend staff training**

- o Medical training
- o Non-Medical training
- o Other (please specify)

❑ **Provide or receive supervision**

- o General supervision
- o Utilization Review
- o QA/Administrative Policies and Procedures

Moment – Question #3

Why were you performing this activity?

❑ Not working

❑ Other

LHD Moment Response – Question #3, Pt2

Time Study Completion – LHD "Certify/Submit"

Time Study Completion – LHD "Printed" Copy

Time Study Completion – LHD Confirmation Receipt

91

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
    - o RMTS Contact – LHD RMTS Training Presentation
    - o Time Study Participant – RMTS Training Time Study Participant

Moment – MH-IDD Questions

❑ *WHAT* were you doing?

❑ *WHY* were you doing it?

❑ *WHAT* other services?

❑ *WHERE* do they reside?

MH-IDD Moment Response – Question #1
"What were you doing?"

MH-IDD Moment Response – Question #1, *"None of the above"*

95

MH-IDD Moment Response – Question #1
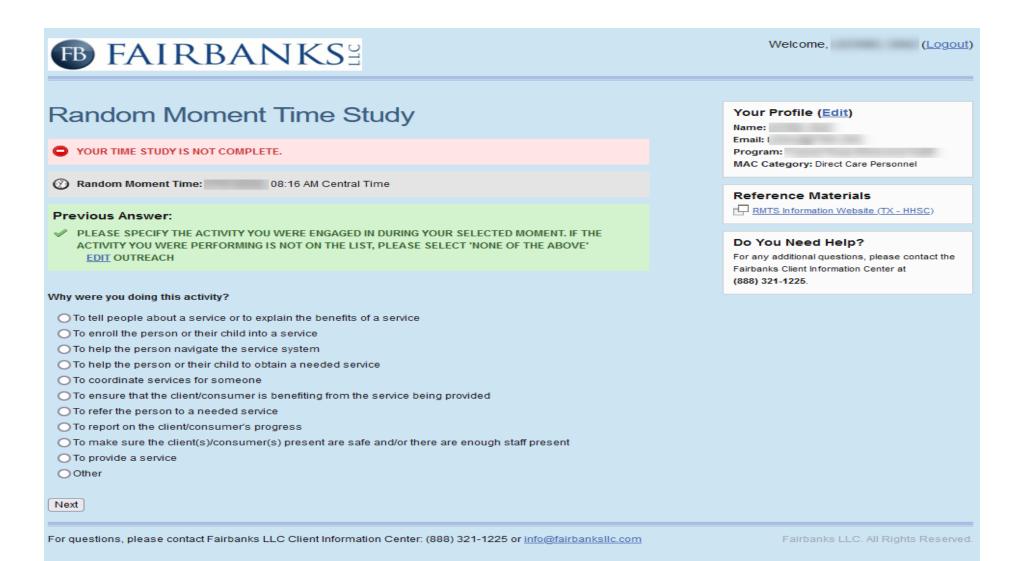## *"None of the above – MH Specific Activities"*

MH-IDD Moment Response – Question #1
"None of the above – IDD Specific Activities"

MH-IDD Moment Response – Question #2
"Why were you doing this activity?"

Response – Question #2
Why were you doing this activity?

❑ **To tell someone 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

Is the recipient or potential recipient under the age of 21?

Yes   No

Identify the service (prompts service list)

❑ **To enroll the person in a needed service**

Is the recipient or potential recipient under the age of 21?

Yes   No

Identify the service (prompts service list)

❑ **To help the person navigate the service system**

Is the recipient or potential recipient under the age of 21?

Yes   No

Identify the service (prompts service list)

Response – Question #2
Why were you doing this activity?

❑ **To help the person obtain a needed service**

Is the recipient or potential recipient under the age of 21?

Yes   No

Identify the service (prompts service list)

❑ **To coordinate services for someone**

Is the recipient or potential recipient under the age of 21?

Yes   No

Identify the service (prompts service list)

❑ **To ensure the benefit of provided services**

Is the recipient or potential recipient under the age of 21?

Yes   No

Identify the service (prompts service list)

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

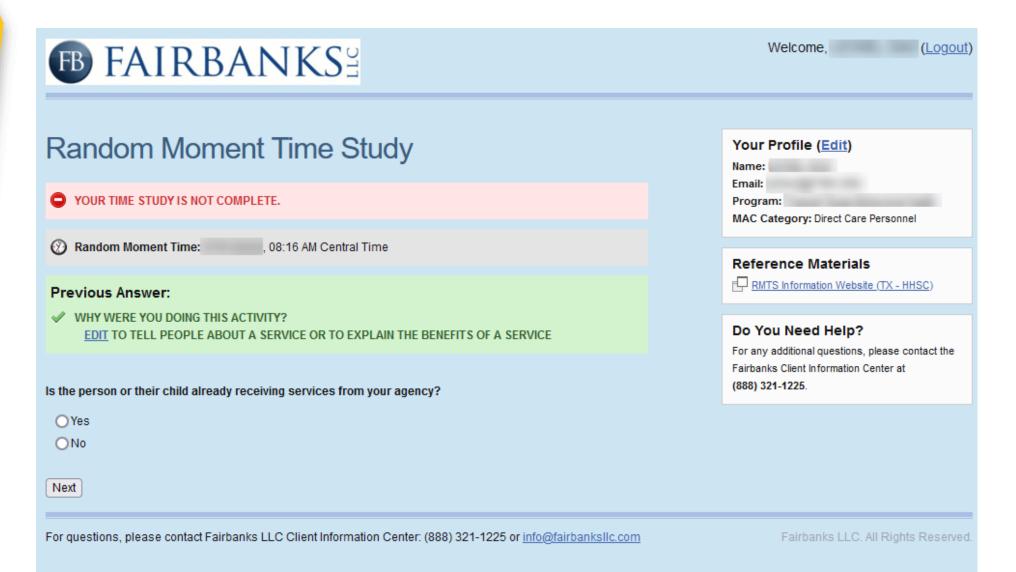Is the recipient or potential recipient under the age of 21?

Yes   No

Identify the service (prompts service list)

Response – Question #2
Why were you doing this activity?

❑ **To report on the person's progress**

    Is the recipient or potential recipient under the age of 21?

        Yes   No

    Identify the service (prompts service list)

❑ **To ensure the person's safety and adequate staff**

    Is the recipient or potential recipient under the age of 21?

        Yes   No

    Identify the service (prompts service list)

❑ **To provide a service**

    Is the recipient or potential recipient under the age of 21?

        Yes   No

    Identify the service (prompts service list)

❑ **Other (text box)**

    (Explain why you were performing the activity)

MH-IDD Moment Response – Question #2, Pt 2
"Is this person or child already receiving services?"

Service List

Academic / GED / school

Assistive technology services/devices

Audiology

Basic Service Coordination

Case Management routine or intensive

Community Living Options information process

Community Services (hover over) respite, employment asst., nursing, day habilitation, vocational training, etc.

Consumer Peer Support

Continuity of Services – IDD

Counseling

Crises Follow-up

Day Activity and Health Services (DAHS)

Day Care

Dental Care

Early Childhood Intervention

Employment/Vocational

Extended Observation

Family Case Management

Family Partner

Family Training

Genetic Counseling

HCS

(cont'd) Service List

Head Start

Home Health Care/DMEPOS

Homelessness/PATH

Hospice

Hotline

Housing

ICF-IDD/RC

In Home Family Support

Inventory of Client & Agency Planning

Legal

Medicaid Estate Recovery Program

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

Nutrition

Occupational Therapy

Parenting classes

Parenting Support Group

Permanency Planning

Physical therapy

Rehabilitation Services (hover over) Crises Intervention, Medication training and support, Psychosocial Rehab, Day programs acute need, Skills training and development

(cont'd) Service List

Residential services (hover over) Crises residential treatment, Crises Stabilization Unit, Residential treatment, ICF-IDD/RC, HCS, Family Living, Residential Living, Contracted Specialized Residences

Psychology

Respite

Safety Monitoring

Service Authorization and monitoring

Service Coordination – HCS or TxHmL

Speech therapy

Substance use, substance abuse, chemical dependency

Supplemental Nursing Services

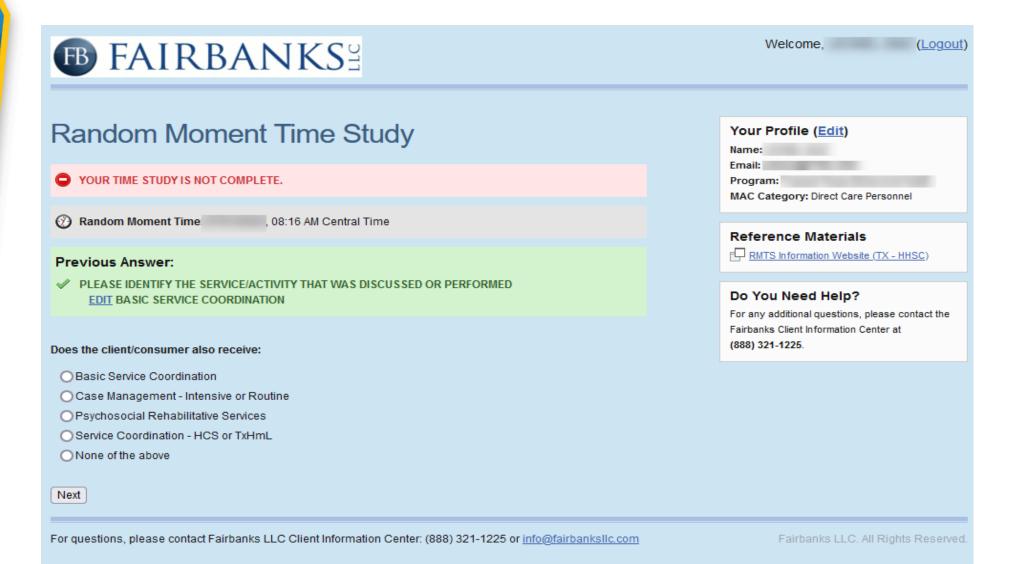**Supported Employment**

Supported Housing

Transportation

TxHmL

None of the above

MH-IDD Moment Response – Question #3
"Does the client/consumer also receive?"

Moment – Question #3

What other services?

❑**Basic Service Coordination**

      Yes   No

❑**Case Management – Intensive or Routine**

      Yes   No

❑**Psychosocial Rehabilitative Services**

      Yes   No

❑**Service Coordination – HCS or TxHmL**

      Yes   No

❑**None of the above (text box)**

MH-IDD Moment Response – Question #4
"Is the client/consumer currently admitted to, enrolled in or residing in:?"

Response – Question #4
"Where do they reside?"

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

❑ **Correctional facility**

   (hover over) Includes jail, detention center, boot camp

❑ **Early Childhood Intervention**

❑ **General Medical Hospital**

   (hover over) Does not include day surgery or the emergency room

❑ **HCS**

❑ **ICF-IDD/RC**

   (hover over) Includes State Supported Living Centers

   Is the consumer within 180 days of discharge?

   Yes   **No**

   Are they being discharged to an inpatient psychiatric treatment or substance abuse facility, a correctional facility, nursing facility or State Supported Living Center?

   Yes   **No**

Response – Question #4
Where do they reside?

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

- ❑ **Inpatient psychiatric treatment or substance abuse facility of 17 or more beds**

- ❑ **NorthSTAR**

- ❑ **Nursing facility** (hover over) Nursing home

  Are they within 180 days of discharge?

  Yes   No

  Are they being discharged to an inpatient psychiatric treatment or substance abuse facility, a correctional facility, ICF-IDD/RC, State Supported Living Center, or nursing facility?

  Yes   No
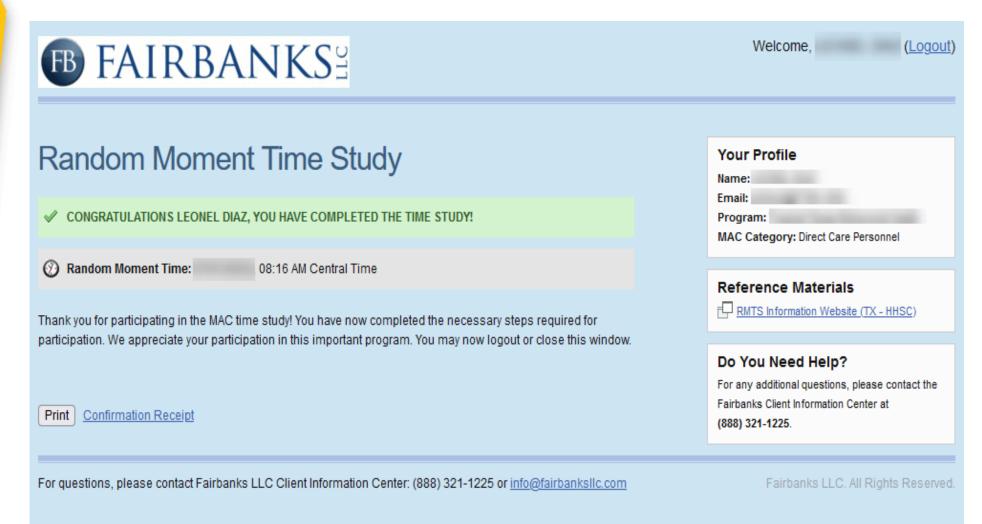
- ❑ **PATH**
- ❑ **TxHmL**
- ❑ **None of the above**

Time Study Completion – MH-IDD
"Certify/Submit"

Time Study Completion – MH-IDD "Print" Receipt

Time Study Completion – MH-IDD "Confirmation" Receipt

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

FB [redacted], YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT [redacted], 08:39 AM CENTRAL TIME.

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

Here are your answers:

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'
Monitoring

Why were you doing this activity?
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

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

Please identify the service/activity that was discussed or performed
Basic Service Coordination

Does the client/consumer also receive:
Case Management - Intensive or Routine

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

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

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.

[Print]

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

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113

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 Contact – MH-IDD RMTS Training Presentation
  - Time Study Participant – RMTS Training Time Study Participant

114

Polling Questions

4. If an entity fails to certify the PL and complete annual training compliance, they are still eligible to participate in RMTS and MAC for the quarter? T/F

5. Entities should update their contact role immediately after a contact is no longer with the district. T/F

6. Not responding to a "moment" within 5 business days will disqualify the moment? 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
- ❏ MAC Financial notifications and follow-ups

Note: A contact's role in Fairbanks dictates what message is received. Please authorize and confirm with your entity 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 entity is no longer wanting to participate in MAC:
   ▪ The CEO/Director or Primary RMTS contact will need to submit a withdrawal request letter on entity letterhead to Time Study immediately at timestudy@hhs.Texas.gov.

Wrap - Up

❑ **No Training Certificates**

❑ **Training Credit**
- Cannot be applied until after a STAIRS account is set up
  - Contact your primary RMTS contact, CEO/Director 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 the criteria's that is recorded in the data during the training.

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

Contact Information

Time Study: (737) 867-7794

Jeffrey Woodall – Manager

Ri-Chard Thomas – Team Lead

Alexandra Young – Rate Analyst

Email Address:
TimeStudy@hhs.Texas.gov

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

Fairbanks:
info@fairbanksllc.com (888) 321-1225

Thank you!

Time Study Unit

TimeStudy@hhs.Texas.gov