



TEXAS
Health and Human
Services

Local Health Department/Districts (LHD)

Participant Training

Random Moment Time Study

What is Random Moment Time Study (RMTS)

- Measures the participant's time performing work activities.
- The "Moment" represents one minute of time.
 - The participant should only respond to what activity was being done at the exact time their moment occurs.
 - Do not include a summary of job duties for the day or their 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 they are providing the services for.



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Contacts – Participants

Participants

- Required to be trained annually (before their first moment occurs for the FFY).
 - Participants are trained by the HHSC trained RMTS contact.
- Must answer each of the questions in the sampled moment.
 - Failure to enter the information will disqualify the moment.
- Notified of their sampled moment 3 days in advance.
 - Enter response within 5 business days of moment.
 - Reminders sent to participants via e-mail at 24, 48, & 72 hrs.
 - Primary RMTS Contact is copied on the 72- hour reminder.
- Receives email from coders if follow-up information is needed.
 - Participant is required to respond within 3 business days from receipt of e-mail.
 - Primary RMTS Contact will be copied on the e-mail.



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RMTS Moment Notification



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From: [redacted]@fairbanksllc.com



To: [redacted]

Cc & Bcc

Medicaid Random Moment Time Study AJ22

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

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

In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer three simple questions to report the activity you were performing at your sampled moment of 10:56 AM on 04/14/2022.

User Name: [redacted]
Password: [redacted]

If you need any assistance or have any questions, please contact your District Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.

Sent from [Mail](#) for Windows

RMTS Moment – Fairbanks LLC

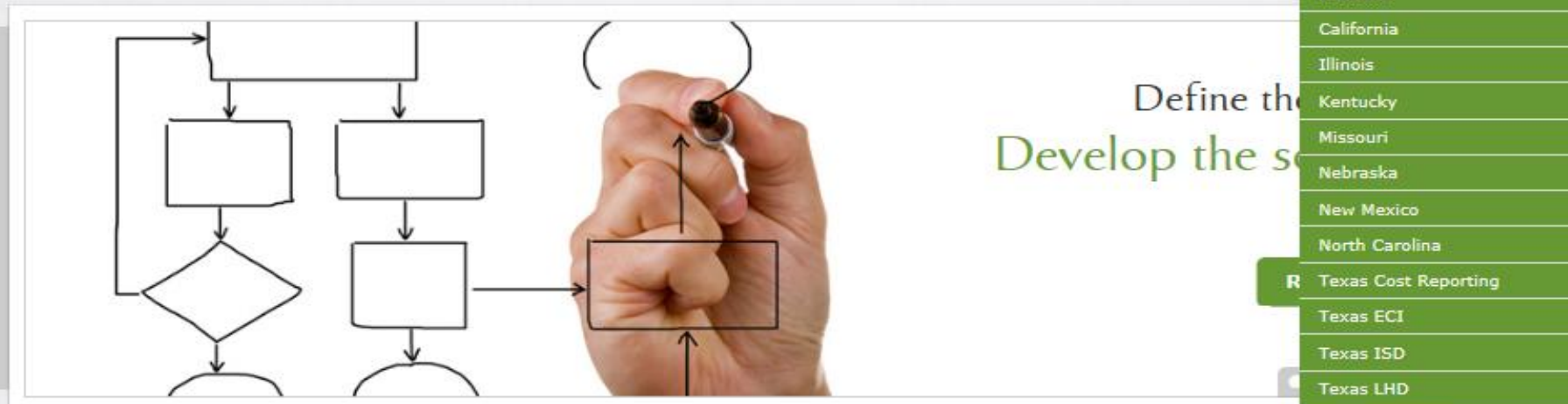


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[Client Login](#)



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

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. [More about Fairbanks LLC >](#)

What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

[Our Services >](#)

Who We Work With

Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

[Our Clients >](#)

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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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: 

Email: 

Program:  (ECI)

MAC Category: Speech Language Pathologist - Licensed (SLP)

Reference Materials

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

Do You Need Help?

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



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RMTS Moment - Instruction Screen



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

Random Moment Time Study

RMTS Training & Completion Instructions

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

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

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

Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
(ECI)
MAC Category: **Early Intervention Specialist**
(EIS)

Reference Materials

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

Do You Need Help?

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

Moment Response - LHD

- WHO** was with you?
- WHAT** were you doing?
- WHY** Were you performing the activity?



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LHD Moment Response – 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: [redacted] 08:38 AM Central Time

Who was with you during your selected moment?

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

[Next](#)

Your Profile ([Edit](#))

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

Reference Materials

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

Do You Need Help?

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

Moment – Question #1

“Who was with you?”

Client

Was the client an:

- Existing client
- New client

Client (Multiple)

Medical Provider

Administrative Staff

Health Department Staff

Other Agency Staff

Community Contact

Contractor/Vendor

No one/Alone

Not Working

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

Other (please specify below)



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LHD Moment Response – Question #2

“What were you doing?”



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

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

What were you doing during your selected moment?

[Next](#)

Your Profile ([Edit](#))

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

Reference Materials

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

Do You Need Help?

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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



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LHD Moment Response – Question #3

“Why were you performing this activity?”



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

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

Why were you performing this activity?

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

[Next](#)

Your Profile ([Edit](#))

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

Reference Materials

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

Do You Need Help?

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



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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:
 - Medical service
 - Non-Medical service
 - Other (please describe)

Identify the service



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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**
 - Medical training
 - Non-Medical training
 - Other (please specify)
- Provide or receive supervision**
 - General supervision
 - Utilization Review
 - QA/Administrative Policies and Procedures



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Moment – Question #3

“Why were you performing this activity?”

Not working

Other



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LHD Moment Response – Question #3, Pt2



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

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

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

[Next](#)

Your Profile ([Edit](#))

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

Reference Materials

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

Do You Need Help?

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



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Time Study Completion – LHD “Certify/Submit”



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

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

Who was with you during your selected moment?

[Edit](#) Administrative Staff

What were you doing during your selected moment?

[Edit](#) test

Why were you performing this activity?

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

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

[Edit](#) test

Your Profile ([Edit](#))

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

Reference Materials

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

Do You Need Help?

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Time Study Completion – LHD “Printed” Copy



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

Random Moment Time Study

✓ CONGRATULATIONS CHRISTINE BARRON, YOU HAVE COMPLETED THE TIME STUDY!

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

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

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

Your Profile

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

Reference Materials

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

Do You Need Help?

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



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Time Study Completion – LHD Confirmation Receipt



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

Random Moment Time Study

YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT AM CENTRAL TIME.

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

Here are your answers:

Who was with you during your selected moment?

Administrative Staff

What were you doing during your selected moment?

test

Why were you performing this activity?

Refer the person to a needed service

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

test

[Print](#)

Your Profile

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

Reference Materials

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

Do You Need Help?

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



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Questions and Contact Information

Time Study:

(737) 867-7794

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

E-Mail Address:

TimeStudy@hhs.texas.gov

Website:

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

Fairbanks, LLC:

(888) 321-1225

info@fairbanksllc.com



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Thank you!!! 😊

Time Study Unit

Time Study Unit