Beginning October – December (OD21), HHSC will begin tracking the 504 Audiology services in the time study, however at this time you will not be able to bill for the services.

To track Audiology Services provided by an RMTS Participant in the direct service categories; “Audiologist – Licensed” or the “Audiology Assistant”, a new drop-down option has been added. This modification will add an option to the “Who?” Question 1 drop-down (“504 Student”) and a subsequent addition of an option to the “What?” Question 3 drop-down (“To Provide 504 Audiology Services”) when the “504 Student” is selected in question1.

These new options should be used in the drop-downs for those participants who are in the direct service categories “Audiologist – Licensed” or “Audiology Assistant”.

Below are screenshot examples of the changes stated above. Please include in your FFY 2022 RMTS participant training.
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]

For questions, please contact Fairbanks LLC Client Information Center (888) 321-1225 or info@fairbanksllc.com
Screen 2: The RMTS Survey Instructions Screen – NO CHANGE

Random Moment Time Study

RMST Training & Completion Instructions

1. Keep in mind that you are responding for one precise minute of time. Describe what you were doing at the sampled moment of time.

2. Descriptors of an optional activity description can be provided to assist you. If you do not see an appropriate response that applies, choose "other" and you will be provided an explanation as to why you can describe what you were doing.

3. If a true-false question mark icon appears at the end of an optional activity description, you may click on the "T" to infer additional information.

4. The person who will review your responses 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 the time study response."

6. Do not provide time-specific responses. Instead, your response should state that you were working with a client/client group, and/or clients/and or patients, if that were the case.

7. If you are traveling at the time of your sampled moment, please include a description of the activity you will be performing/has performed.

8. If you were not working at the time of your moment, please indicate if you were paid or unpaid leave/t ime off.

For the purposes of this time study:

Direct Medical Services

- Activities that require human intervention such as therapy, assistance, supervision, or care of a student with a disability or chronic medical condition.

- Personal care services:

  - Occupational therapy services.
  - Psychological services.
  - Physical therapy.
  - Speech therapy.

- For additional examples, click here.

Educational Services

- Includes activities associated with educational sources of instruction or learning. The student would normally do for themselves if they did not have a disability or chronic medical condition.

- Traditional services such as:

  - Reading/language; writing.
  - Mathematics.
  - Science.
  - Social studies.
  - Physical education.

Please click on the section below to continue:

Continue to Random Moment Time Study

For questions, please contact Fairbanks LLC Client Information Center (888) 201-8255 or info@fairbanks.com

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Screen 3: The RMTS Survey Questions Screen – AS IT CURRENTLY APPEARS

Random Moment Time Study

- YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 07/10/2020, 08:52 AM Central Time

1. Who was with you?
   Please select an answer.

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

3. Why were you performing this activity?
   Please answer the above questions to see the available answers for this question.

I confirm that my response above is an accurate representation and description of my activity/activity 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

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

Welcome, [Login]
Screen 4: The RMTS Survey Questions Screen – AS IT CURRENTLY APPEARS with Q1 Dropdown Options
Screen 5: The RMTS Survey Questions Screen –CHANGE – with NEW Q1 Dropdown

Random Moment Time Study

1. Who was with you?
   - Please select an answer...
   - Please select an answer.
   - Special Ed student
2. 504 Plan Student
   - Student - Not Special Ed
   - Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)
   - Multiples students
   - Teacher, Aide, or School Administrator(s)
   - Related Service Provider
   - Parent, Guardian, or Caregiver
   - No one, alone
   - Not working
   - Other - please specify below
3. Why were you performing this activity?
   - Please answer the above questions to see the available answers for this question.

I confirm that my response above is an accurate representation and description of my activity/activities during Random Moment Time Study (RMTS) sample date and time. I certify that I am the individual authorized to this RMTS as indicated in the upper right hand corner of this screen. I also confirm that I have received and read the information regarding my participation and the accurate completion of this RMTS form.

Certify & Submit

For questions, please contact Fairbanks LLC Client Information Center: (866) 321-1225 or info@fairbanks
Screen 6: The RMTS Survey Questions Screen –CHANGE – When new “504 Plan Student” is selected NEW Q3 Dropdown Options
Screen 7: The RMTS Survey Questions Screen – with new options selected

Random Moment Time Study

Your time study is not complete.

Random Moment Time: 07/10/2020, 09:34 AM Central Time

1. Who was with you?
   
   504 Plan Student

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.

   I was assisting a student with an Audiology gage test as part of their 504 Plan.

3. Why were you performing this activity?
   
   To provide 504 Audiology Services

I confirm that my response above is an accurate representation and description of my activity/activities during the Random Moment Time Study (RMTS) sample data 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

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

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Screen 8: The RMTS Survey Certification Screen – NO CHANGE

Random Moment Time Study

Congratulations, you have completed the time study!

Random Moment Time: 07/10/2020, 08:04 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

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

Screen 9: The RMTS Survey Confirmation Screen – NO CHANGE

Random Moment Time Study

Your time study is complete and was certified by Fairbanks at 07/10/2020, 12:59 PM Central Time.

Random Moment Time: 07/10/2020, 08:04 AM Central Time

Here are your answers:

Who was with you?
504 Plan Student

What were you doing?
I was assisting a student with an Audiology eval test as part of their 504 Plan

Why were you performing this activity?
To provide 504 Audiology Services

Print

For questions, please contact Fairbanks LLC Client Information Center (888) 321-1225 or info@fairbanksllc.com
If you have any questions, please contact the Texas Health and Human Services Commission (HHSC) Time Study Unit at Timestudy@hhs.texas.gov or at (737) 867-7794.