

Local Health Department (LHD)

Random Moment Time Study

The Agenda

Random Moment Time Study (RMTS) will include:

RMTS Overview

RMTS Requirements

Contacts – Roles and Responsibilities

Participant List

Moment Selection

Moment Response

System Demonstration

Polling Questions

Medicaid Administrative Claiming (MAC) Overview

Wrap up

What is Random Moment Time Study (RMTS)?



A valid random sampling technique that measures the participant's time performing work activities



The “Moment” represents one minute of time that is randomly selected from all available moments within the quarter



Statewide time study sample

Regardless of the LHD the time study participant is located, once the moment has occurred, please logon to STAIRS and respond to the series of questions documenting the activity being performed and the name of the entity.



Significantly reduces staff time needed to record participant activities

Overview – Purpose of RMTS

- **To determine the percentage of time the LHD incurs assisting individuals to access medically necessary Medicaid funded services**
 - Medicaid Outreach
 - Medicaid Eligibility Determination
 - Medicaid Referral, Coordination, and Monitoring
 - Medicaid Staff Training
 - Medicaid Transportation
 - Medicaid Translation
 - Medicaid Program Planning, Development & Interagency Coordination
 - Medicaid Provider Relations
- **To reasonably identify staff 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 a student's Individualized Educational Plan (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

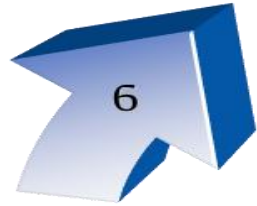
Transportation – (Exclude bus drivers) aides and monitors accompanying students in need of personal care services or arranging transportation to medical services

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

Overview – RMTS Process

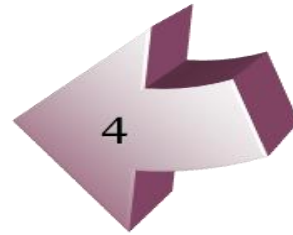
HHSC contractor codes moment



Participant responds to selected moment by answering moment online



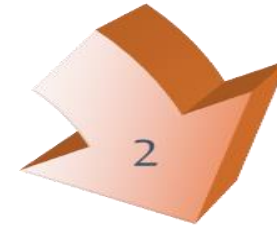
RMTS Contact ensures selected participants are trained



RMTS Contact identifies pool of time study participants



HHSC Contractor identifies pool of available time study moments



HHSC Contractor randomly matches moments and participants



Requirements for RMTS

- **Time Study Periods (Federal Fiscal Quarters)**

 - 1st Quarter - October, November, December

 - 2nd Quarter - January, February, March

 - 3rd Quarter - April, May, June

 - 4th Quarter – July, August, September

- To claim MAC must participate in time study.

- Participant List (PL) must be certified for entity to participate in the random moment time study (RMTS).

- To be included on the MAC claim, the position must be included on the PL.

- A statewide response rate of 85% for RMTS moments is required.

- Mandatory annual training for RMTS Contact and participants is required.

Requirements - Important Dates

<u>Event</u>	<u>Opens/Begins</u>	<u>Closes/Ends</u> (6 p.m CT)
<u>Participant List (PL)</u>		
• 1st Quarter PL	08/13/2021	09/15/2021
• 2nd Quarter PL	09/16/2021	12/15/2021
• 3rd Quarter PL	12/16/2021	03/15/2022
• 4th Quarter PL	03/16/2022	06/15/2022
<u>Time Study (TS)</u>		
• 1st Quarter TS	10/01/2021	12/31/2021
• 2nd Quarter TS	01/03/2022	03/31/2022
• 3rd Quarter TS	04/01/2022	06/30/2022
• 4th Quarter TS	07/01/2022	09/30/2022

Requirements — Training

Each RMTS Contact must complete HHSC training annually

RMTS contacts are required to complete only one HHS annual initial training and then are eligible to take “refresher” trainings.

Initial training must be interactive and therefore must be conducted via Face-to-Face, Webinar, Skype or Teleconference


Refresher training may be conducted via CD's, videos, web-based and self-paced training

HHSC **requires** that all participating LHD's have at least 2 employees attend mandatory RMTS Contact training

Trained RMTS contacts are responsible for training Time Study (TS) participants annually

MAC Financial Contact training is mandatory and held separately

Requirements – Managing Training

Welcome,  ([Logout](#))

(ECI)

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





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

FY2020 --  (ECI)

RMTS Contact Trainings

Filters:



Actions	FB User Id	First Name	Last Name	District	Trained	Status	Training	Training Period	Willing to Hire Out? *
Make View-only	273685			(ECI) (Secondary RMTS Contact, Secondary MAC Financial Contact)	Yes	Full Access to PL and TS	RMTS 2020 - ECI Refresher (Webinar 2019-08-07, 08:30:00-11:00:00)	FY2020	No
Yourself	806587			(ECI) (Primary RMTS Contact, Primary MAC Financial Contact)	Yes	Full Access to PL and TS	RMTS 2020 - ECI Initial (Webinar 2019-08-14, 13:00:00-16:30:00)	FY2020	No Change to Yes
Make View-only	274027			(ECI) (Secondary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2020 - ECI Refresher (Webinar 2019-11-13, 08:30:00-11:00:00)	FY2020	No
Not Trained	1410084			(ECI) (Secondary RMTS Contact)	No	No Access to			
Not Trained	1649950			(ECI) (Secondary RMTS Contact)	No	No Access to			
Not Trained	1268409			(ECI) (Primary CEO)	No	No Access to			

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

RMTS Information


MAC Information


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

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- Full Access versus View Only Access.
- System Access is limited to “View Only” until training is completed

STAIRS Contacts

Entity Contacts

- Chief Executive Officer (CEO)
- RMTS Contacts
- MAC Financial Contacts

Time Study Participants

Health and Human Services Commission

HHSC Contractor

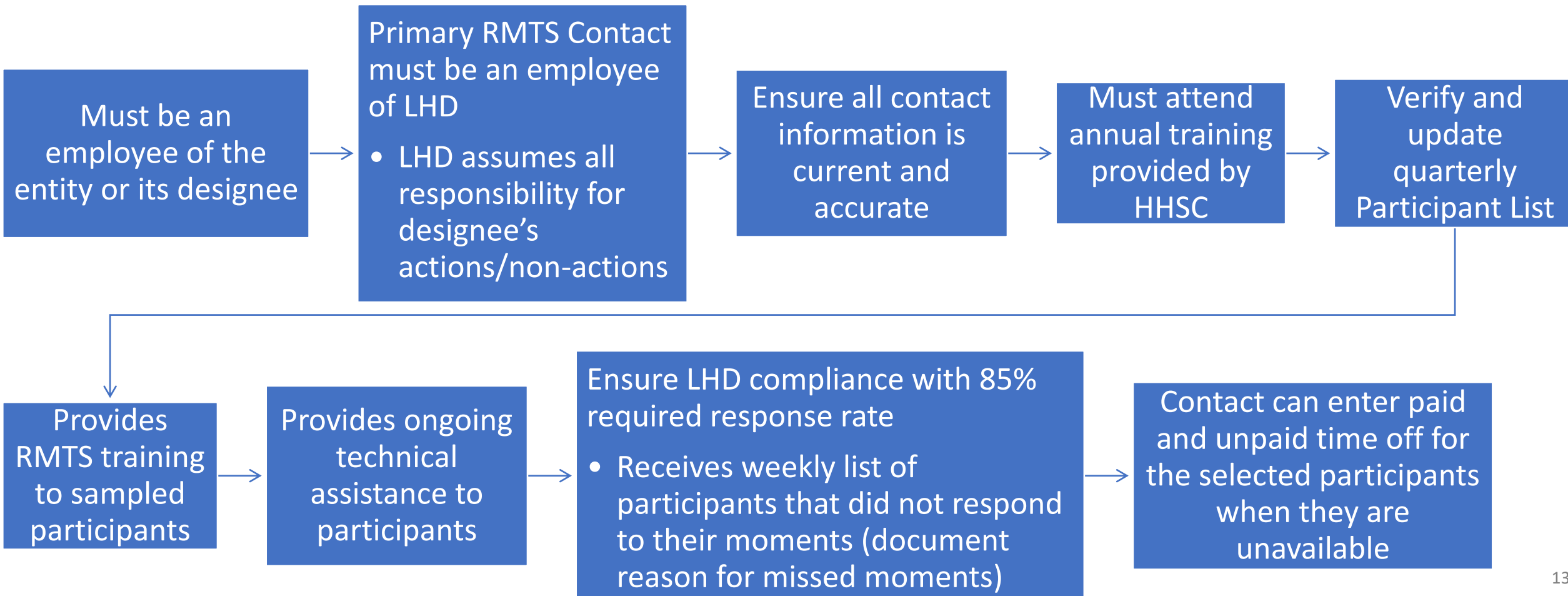
- Fairbanks LLC
- Technical Support
- Central Coding Staff

Chief Executive Officer (CEO)

- Must be designated as a contact in STAIRS. Username and password will be provided via E-mail
- Has the ability to add the “Primary” RMTS contact.
- Primary RMTS Contact can add Secondary Contacts

When a Primary or Secondary RMTS contact is added, it automatically generates an e-mail containing their username and password.

RMTS Contact



RMTS Contact

(con't)

- Time study participants should complete their moment if they will be returning within 5 business days of their occurred moment.
- The RMTS Contact should respond to a participant's moment as “paid or unpaid” leave if the participant will not return within 5 business days.
- The RMTS Contact should respond to moment of a vacant position as “unpaid” leave. If a position has been filled, the selected moment should be forwarded to the new employee for response.
- If the position is filled after the 3-day notification has been e-mailed to the vacant position or the employee previously in that position, the new employee will have to use the username and password provided on the 3-day notification
- If you have an employee (contractor or regular) has been selected for a moment but is working for another LHD at the time of their moment, they will still respond to the moment and include the name of the LHD they were located.

Managing The Time Study Sample

FB FAIRBANKS LLC (ECI)

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

[Dashboard](#) [Participant List](#) [Time Study Sample](#) [Manage](#)

Open Quarter: July - September 2020

Quarter-to-Date Compliance: 85%
Overall Compliance: 17%

Open Quarter: July - September 2018 [Change Quarter](#) (Training status: [full access](#))

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

[Paid Leave](#) [Unpaid Leave](#) [Edit](#) Showing: 1 - 69

Job Category	Last Name	First Name	Email	Location	Employment Type	Moment ↑	Is Certified
Early Intervention Specialist (EIS)	[Redacted]	Joanne	[Redacted]	Allen	Part Time	07/03/2018, 05:54 AM	Certified 05/28/2018, 09:46 AM
Speech Language Pathologist - Intern (CFY)	[Redacted]	Whitney	[Redacted]@[Redacted].org		Full Time	07/19/20 11:49 AM	Not Certified Print Email
Early Intervention Specialist (EIS)	[Redacted]	Cassandra	[Redacted]@[Redacted].org		Full Time	07/02/20 10:09 AM	Certified 07/02/20 11:16 AM CDT
Marriage & Family Therapist (LMFT)	[Redacted]	Sarah	[Redacted]@[Redacted].org		Full Time	07/02/20 11:08 AM	Certified 07/02/20 07:28 AM CDT
Occupational Therapist - Licensed (OT)	[Redacted]	Megen	[Redacted]@[Redacted].org		Full Time	07/20/20 01:26 PM	Certified 07/20/20 11:16 AM CDT
Early Intervention Specialist (EIS)	[Redacted]	Lisa	[Redacted]@[Redacted].org		Full Time	07/20/20 02:58 PM	Future Moment Email Print
Early Intervention Specialist (EIS)	[Redacted]	[Redacted]	[Redacted]@[Redacted].org		Full Time	07/27/20 11:42 AM	Future Moment

Annotations:

- A Moment that has not been certified yet.
- A Moment that has been certified by the participant.
- A Moment that has been certified by the Program Contact.
- A Moment that has been certified by the Fairbanks CIC.
- A Future Moment within the certification deadline.
- A Future Moment

For questions, please contact Fairbanks LLC Client Information

Time Study Participant Responsibilities

Time Study Participant must:

- Must answer the following to document the sampled moment:

Who was with you?

Why were you performing the activity?

What were you doing?

- Must attend annual training provided by trained RMTS Contact
- Participant notified of moment 3 days in advance
- Enter response within 5 business days of moment

Time Study Participant

A Time Study Participant must:

- Reminders sent to participants via e-mail at 24, 48, & 72 hrs.

Primary RMTS Contact copied on the 72-hour reminder

- Failure to enter the information will disqualify the moment
- Respond to follow-up questions from coders within 3 business days from receipt of e-mail.

Primary RMTS Contact will be copied on the e-mail

HHSC

—

Time Study Unit

Provides RMTS support and guidance

Provides training to RMTS Contacts

Provides training to Central Coders

Works with appropriate federal agencies to design and implement programs

Conducts ongoing program review to include:

- Time Study results
- Compliance with training requirements
- Documentation compliance

Sends out the non-compliance notification letters

Fairbanks

-

Central Coders

Central Coders

- Receive training from HHSC on activity codes
- Review the participant's response for the sampled moment
- Assign activity code using uniform time study codes
- Obtain clarifying information if needed from time study participants via follow-up e-mail within 3 business days of request.
- Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance.

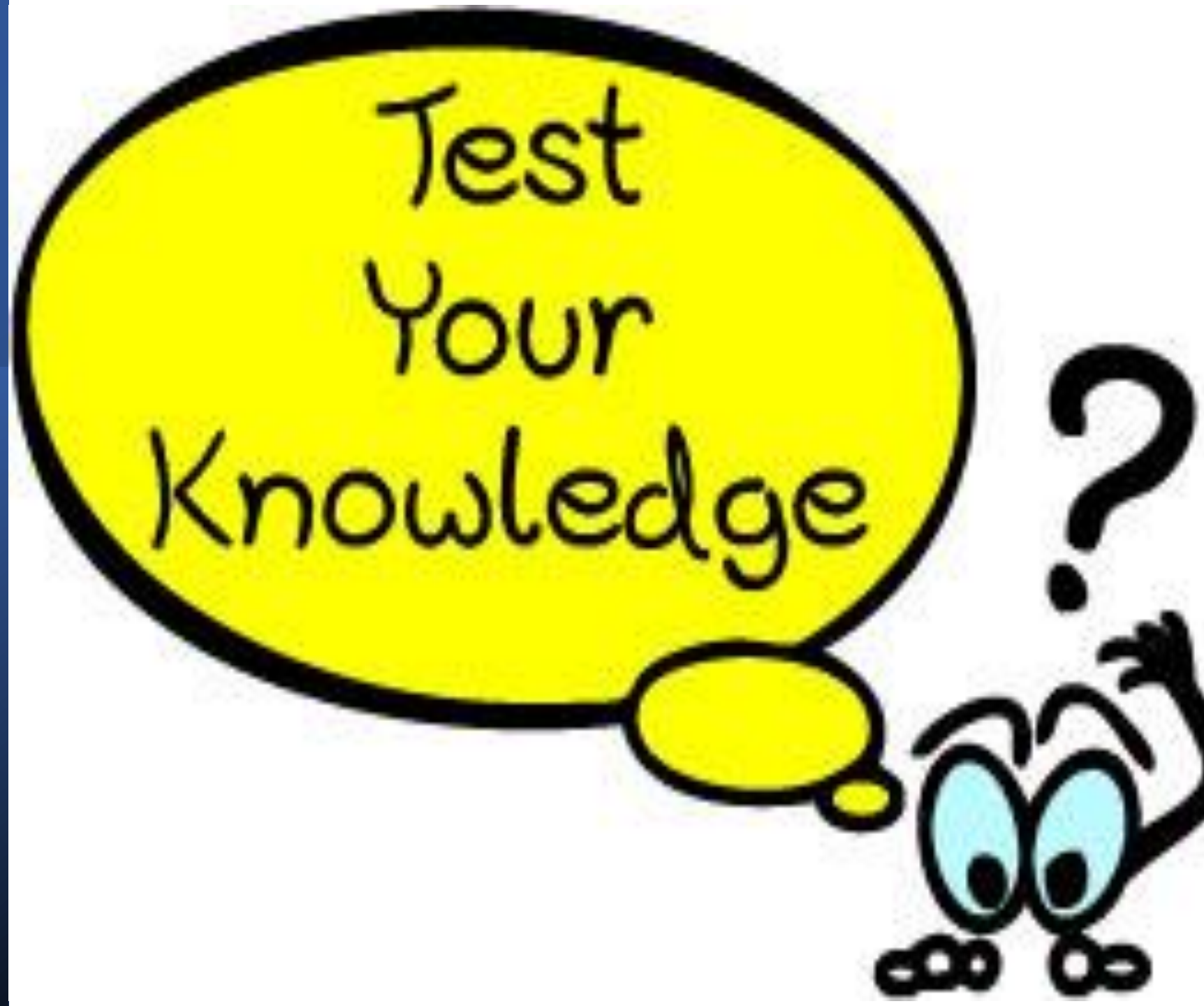
Fairbanks,
LLC.

-

Technical
Support

- Contracted by HHSC to operate and administer the web-based RMTS system
- Assist in annual training for RMTS Contacts
- Ongoing system support
- Send e-mail notification to selected participant 3 days prior to the sampled moment
- Send reminder e-mails for non-response to the sampled moment

Polling
Question



Polling Question

1. If a participant is selected for a “moment,” the participant should respond to the moment stating:
 - A. A summary of what their job duties are
 - B. What was specifically done at the time of their moment
 - C. What they were doing in that one minute of the moment
 - D. B&C
 - E. None of the above

Agenda

Participant List- - Agenda

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

PL - Development

A trained RMTS Contact provides in STAIRS a comprehensive list of staff eligible to participate in the RMTS at the beginning of each quarter.

After the PL closes, you cannot add/delete a participant nor change position/function category.

Each time the PL is updated, it is also certified.

The RMTS Contact must open the PL and click the “certify the PL” button prior to the deadline, even if there are no changes to the participant list from the previous quarter.

PL - Development

An accurate PL is a critical part for ensuring eligibility for MAC

- If the PL is not updated/certified by the deadline, the LHD is ineligible to submit a MAC claim for that quarter

Reminder e-mails will be sent only to those LHDs that have not certified their PL.

- If your LHD receives an email, please check to make sure your PL has been certified.

The PL provides a basis to identify the positions that may be included in the MAC claim

- The positions that perform MAC activities should only be listed on the PL.

PL Development — Vacant Positions

Vacant Positions

Inconsistent implementations from year to year and entity to entity

- Only the vacant position(s) the LHD anticipates filling during the quarter should be included on the PL
- Should be reviewed and edited each quarter before the PL closes
- Loading the PL with vacant positions limits the opportunity for the selected moment to be a reimbursable response
- RMTS Contact responds to the moment as paid/unpaid leave
- Excess ultimately lowers the RMTS percentage across the State

PL Development — Duplicate Positions

Duplicate Positions

- Identify and Remove from 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.
- Email(s) will be sent to those entities identified as having possible duplicate entries.
- HHSC trained RMTS Contact will be responsible for removing duplicate entries prior to the PL close date.

To remove duplicates from the PL do the following:

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 values”

It’s easy to identify and remove any duplicates.

Participant List - Who's In???

- Staff who perform MAC activities:
 - Regular duties on a weekly basis
 - Regular Staff
 - Federally funded employees
- Contractors (including all positions) who are not employees of the entity but provide services for entity.
 - For one position being filled by multiple contractors, it should be listed as one position on PL
 - For multiple positions filled by one or more contractors, then each position should be listed on PL.
- Vacant positions that are anticipated to be filled (with reasonably certainty) during the quarter.

PL Drop-down Options

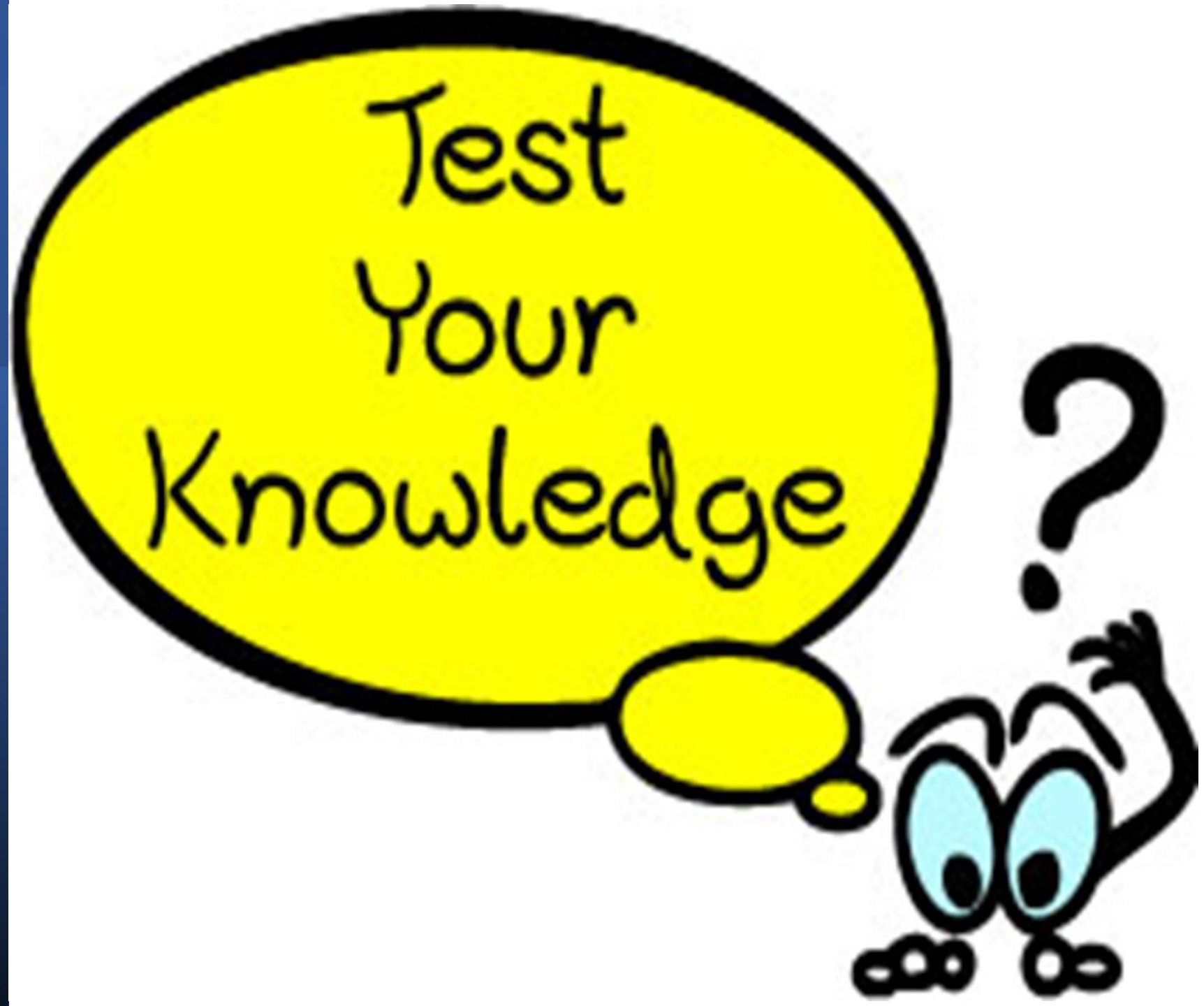
Administrative Assistant/Technician	Physical Therapist - Licensed (PT)
Aide – Health Clinic	Physical Therapist - Licensed Assistant (LPTA)
Audiologist	Physician - Medical Doctor (MD)
Clerk - Intake/Screening/Eligibility	Physician Assistant (PA)
Coordinator – Immunization/HIV/STD/TB	Psychiatrist – Licensed
Dental Assistant	Psychologist - Licensed
Dental Hygienist	Psychology – Licensed Intern
Dentist (DO)	Receptionist/Telephone Operator
Dietitian	Registered Nurse (RN)
Health Education - (Specialist/Technician)	Service Coordinator/Case Manager
Interpreter/Translator/Bilingual Specialist	Social Worker - Licensed Baccalaureate (LBSW)
Licensed Chemical Dependency Counselor (LCDC)	Social Worker - Licensed Clinical Social Worker (LCSW)
Licensed Marriage and Family Therapist (LMFT)	Social Worker – Licensed Master (LMSW) – (Non-clinical)
Licensed Professional Counselor (LPC)	Specialist - Pregnancy, Education and Parenting Program
Medical Assistant	Specialist - Prevention (Immunization/HIV/STD/TB)
Nurse -Advanced Practitioner (APN)	Speech Language Pathologist - Licensed (SLP)
Nurse - Licensed Vocational (LVN)	Technical – Medical Records/Quality Assurance
Occupational Therapist - Licensed (OT)	Technician – Laboratory/Radiology
Occupational Therapist - Certified Assistant (COTA)	
Outreach Worker/Case Worker/Community Relations Specialist	

PL Development — System Demonstration

Demonstration of RMTS online system:

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

Polling
Question



Polling Question

2. To be included on the MAC claim and/or SHARS cost report, the position must be included on the PL. **True/False**
3. A Primary RMTS Contact does not have to be trained annually? **True/False**

Polling Question

4. Which of the following **IS NOT** a requirement for Random Moment Time Study participation?
- A. Certify the Participant List (PL) for each quarter
 - B. Have an “active” MAC contract
 - C. To meet the mandatory training requirements quarterly
 - D. Maintain the 85% response rate for selected moments

Time Study Moment — General Information

- ❑ Total pool of moments calculation
$$(\text{work days in quarter}) \times (\text{work hours each day}) \times (60) \times (\# \text{ of participants})$$
- ❑ 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

Polling
Question



Polling Question

5. Districts should review and remove any duplicate positions on the PL before certifying. True/False

6. What is true about “Contract positions on the PL?”

- a. List each contracted person under one position
- b. List one position being filled by multiple
- c. Each contracted multiple position should be listed on PL.
- d. Contract positions do not belong on the PL
- e. B&C

RMTS Participant Moment

Demonstration of RMTS Online System:

- ☐ Sampling and Notification
- ☐ Participant Questions
- ☐ System Demonstration
- ☐ Moment Completion

E-mail sent to selected participants

Name: [REDACTED]
Entity: [REDACTED]
Entity Contact: ([REDACTED])
RMTS Category: Pre-Enrollment Staff |
Random Moment: 09:29 AM on 07/25/2018

You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your entity. Your participation is mandatory and assists your entity in obtaining reimbursement for Medicaid Administrative Claiming (MAC).

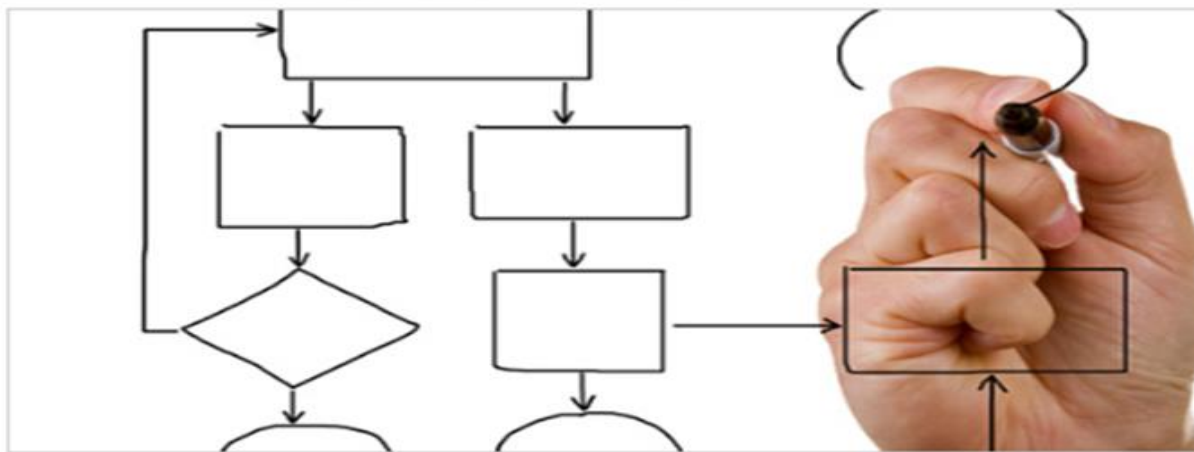
In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer the questions asked to report the activity you were performing at your sampled moment of 09:29 AM on 07/25/2018.

User Name: [REDACTED]
Password: [REDACTED]

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

Moment – Notification Example

Moment – Web Page Screen

[About Us](#)[Services](#)[Clients](#)[News](#)[Careers](#)[Contact Us](#)[Client Login](#)[Alabama](#)[California](#)[Illinois](#)[Kentucky](#)[Missouri](#)[Nebraska](#)[New Mexico](#)[North Carolina](#)[Texas Cost Reporting](#)[Texas ECI](#)[Texas ISD](#)[Texas LHD](#)[Texas MH-IDD](#)

Define the
Develop the s

Uncompromised quality and client service.

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

What We Do

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

[Our Services >](#)

Who We Work With

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

[Our Clients >](#)


Moment – Log-in Screen

Fairbanks LLC MAC Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites RSS Feeds Print Mail News Groups

Address <http://mac.fairbanksllc.com/login/> Go Links

**FAIRBANKS**
LLC

Login:

Your Password:

Login

Forgot your password? Reset it here: [Reset Password](#)

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

Moment — Welcome Screen



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

Random Moment Time Study

Welcome to the Random Moment Time Study. Your participation in the random moment Time Study is an integral component for your program to receive Federal reimbursement and should only take a few minutes to complete.

Please complete the following screen indicating the activity that you were performing during your sampled date and time, providing as much detail as possible. If you have any questions, do not hesitate to contact the Fairbanks Client Information Center at (888) 321-1225.

[Start Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: [redacted] (ECI)

MAC Category: Speech Language Pathologist -
Licensed (SLP)

Reference Materials

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

Do You Need Help?

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

Moment – Instruction Screen

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.

Moment — Questions?

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

Moment — System Demonstration

Participants' Moment Demonstration

How Sample Participant's respond to their time study moment

Response - Question 1

Who was with you?

Who was with you?



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 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: Edgar County Public Health

Department

MAC Category: Physician Assistant (PA)

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.

Response – 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)

Response – Question 2

What were you doing?



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 AM Central Time

Previous Answer:

IF YOU WERE WORKING WITH A CLIENT, WAS THAT PERSON
[EDIT](#) AN EXISTING CLIENT

What were you doing during your selected moment?

Next

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: Edgar County Public Health
Department

MAC Category: Physician Assistant (PA)

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.

Response - Question 2

What were you doing?

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

Response – Question 3

Why were you performing the activity?



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

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 AM Central Time

Previous Answer:

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

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: [redacted]
Program: Edgar County Public Health Department
MAC Category: Physician Assistant (PA)

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.

Response - Question 3

*Why were you
performing this activity?*

Why were you performing this activity?

- ☐ Determine the client's 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

Response - Question 3

Why were you
performing this activity?

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

Response – Question 3

*Why were you
performing this activity?*

Why were you performing this activity?

- ☐ Not working
- ☐ Other

Response

Additional Question 3

Identify the service.

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 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?

Service

Next

Your Profile ([Edit](#))

Name: [REDACTED]
Email: [REDACTED]
Program: Edgar County Public Health
Department
MAC Category: Physician Assistant (PA)

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.

Time Study Completion – Review Responses & submit.

Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 06/03/2015, 08:56 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](#) Client

If you were working with a client, was that person

[Edit](#) An existing client

What were you doing during your selected moment?

[Edit](#) [redacted]

Why were you performing this activity?

[Edit](#) Coordinate services for someone

If you were coordinating the provision of services, can you identify what services you were coordinating?

[Edit](#) [redacted]

Could only someone with specialized medical knowledge and training perform this activity?

[Edit](#) Yes

Can you please describe how you used your medical knowledge and training to perform this activity?

[Edit](#) Yes

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: Edgar County Public Health

Department

MAC Category: Physician Assistant (PA)

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.

Time Study Completion

Complete Time Study – Printed completed RMTS .



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

Random Moment Time Study

✓ CONGRATULATIONS LAUREN OLVERA, YOU HAVE COMPLETED THE TIME STUDY!

Random Moment Time: 08/02/2013, 02:33 PM 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]
(MHMR)
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.

Email Messages

Types of Communication managed predominantly via e-mail, i.e.:

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

You will receive messages based on your role in Fairbanks (RMTS, MAC Financial Contact, etc.)

- Authorize your LHD e-mail system to accept emails from Fairbanks.
- Confirm with your IT staff to make sure that e-mails with info@fairbanksllc.com, and @hhsc.state.tx.us extensions pass through firewalls and spam filters.

Helpful Hints

Passwords

- Passwords will not change
- If you forget your password, you can reset it at the log-in screen

Manage Contacts

- Delete contacts no longer with your entity
- Do not back space and type over the name
- To add a contact in system, use the “Add a new contact”
Username & Password will be e-mailed
- Primary contacts can change primary status to a secondary. Secondary contacts cannot change to primary contact status.
- There is only one Primary contact for each role (RMTS and MAC Financial)
- Secondary Contacts are unlimited in number.

**For system questions contact Fairbanks support line:
(888) 321-1225**

WRAP-UP

If you are not listed in the Fairbanks system as a Contact, you cannot receive training credit until the Primary RMTS or CEO has created an account for you.

There are
NO
certificates
for
training:

You will receive an email for attending today's training. It does not mean that you will receive training credit.

RMTS Contacts can view attendance information via Fairbanks by clicking the "Training" tab on the top far right portion of the screen

Please give the required maximum of 9 days processing time after attending training. When credit has been applied the "status" column will show full access.

Once "Full Access" is indicated you will be able to update/certify the participant list

You can print this screen using the printer icon located on the top right corner of the screen for your records

Contact Information

Time Study

(512) 490-3194

Richard Baylie - **Director**

Ri-Chard Thomas – **Team Lead**

Alexandra Young – **Rate Analyst**

E-Mail Address

TimeStudy@hhsc.state.tx.us

Website

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

Fairbanks, LLC.

(888) 321-1225

info@fairbanksllc.com

Thank you



Time Study Unit