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Health and Human Services

Early Childhood Intervention (ECI), Local Health Department/Districts (LHD) and Mental Health and Intellectual Developmental Disabilities (MH-IDD)

Random Moment Time Study

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
- ❑Questions?

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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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Overview – Purpose of RMTS

- To determine the percentage of time the entity's 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.

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Time Study Activities

- ❑**Direct Medical –** Providing care, treatment and/or counseling
- ❑**Outreach –** Informing individuals, families and groups about available services
- ❑**Eligibility –** Assisting an individual or family 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 an individual 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

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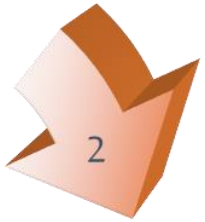
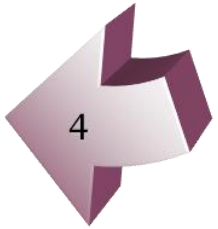
Overview – RMTS Process

RMTS Contact identifies pool of time study participants



HHSC Contractor identifies pool of available time study moments

HHSC Contractor randomly matches moments and participants



RMTS Contact ensures selected participants are trained

Participant responds to selected moment by answering moment online

HHSC contractor codes moment

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Requirements for RMTS

Applicable for MAC	Program:

• Participate in Time Study Periods in all Federal Fiscal Quarters.
  • 1st Quarter – October, November, December
  • 2nd Quarter – January, February, March
  • 3rd Quarter – April, May, June
  • 4th Quarter – July, August, September
 	
• Mandatory annual training for RMTS Contact and participants is required.
• Participant List (PL) must be certified to participate in the random moment time study (RMTS).
• A statewide response rate of **85%.**
• The position must be included on the PL to
	MAC: An executed contract with HHSC is required for participation and due by the first day of the federal quarter.

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Important Quarterly Dates for RMTS

Event	Participant List Open	Participant Close (6p.m. CT)	Time Study Begin	Time Study End (5pm)
1st Quarter	08/12/22	9/15/22	10/3/22	12/30/22
2nd Quarter	09/16/22	12/15/22	01/02/23	03/31/23
3rd Quarter	12/16/22	03/15/23	04/03/23	06/30/23
4th Quarter	03/16/23	06/15/23	07/03/23	09/29/23

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RMTS Training

Each RMTS Contact must complete HHSC training annually:

- ❑ An RMTS contact is required to complete only one HHS annual initial training and then are eligible to take "refresher" trainings .
  - **Initial training** - Initial training must be interactive and therefore must be conducted via face-to-face, webinar or teleconference.
  - **Refresher training** –Refresher training may be conducted via CDs, videos, web-based and self-paced training.
- ❑ HHSC requires that all participating entities have at least 2 entity employees attend mandatory RMTS Contact training.
- ❑ Trained RMTS Contacts are responsible for training Time Study (TS) participants
- ❑ MAC Financial Contact training is mandatory and help separately.

Note: RMTS contacts who have not completed annual training will be given view-only access to the RMTS PL and will not have the ability to input, or update the RMTS PL.

RMTS Training Verification

Entities can verify their RMTS contacts annual training status by:

1. Logging into STAIRS (www.Fairbanksllc.com).
2. Select “Manage” tab.
3. Click on the “Manage Training Status” link.

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RMTS Training – RMTS Contact Training Verification

Filters: FY2022 | Any Baby Can Child and Family Resource Center | RMTS Contact Trainings | All Users | Confirm

Preparers Available for Hire

Actions	FB User Id	First Name	Last Name	District	Trained	Status	Training	Training Period	Willing to Hire Out? *
Yourself	271365	Alexandra	Alfau	Any Baby Can Child and Family Resource Center (Primary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ECI Refresher (Webinar 2022-05-04, 08:30:00-11:00:00 Austin, TX)	FY2022	No Change to Yes
Make View-only	1158383	Guillermo	Lopez	Any Baby Can Child and Family Resource Center (Secondary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ECI Refresher (Webinar 2021-08-18, 13:00:00-15:30:00 Austin, TX)	FY2022	No
Make View-only	764980	Cynthia	Quiñones	Any Baby Can Child and Family Resource Center (Secondary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2022 - ECI Refresher (Webinar 2021-08-18, 13:00:00-15:30:00 Austin, TX)	FY2022	No
Not Trained	271003	Veronda	Durden	Any Baby Can Child and Family Resource Center (Primary CEO, Secondary RMTS Contact)	No	No Access to PL and TS			

* 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.

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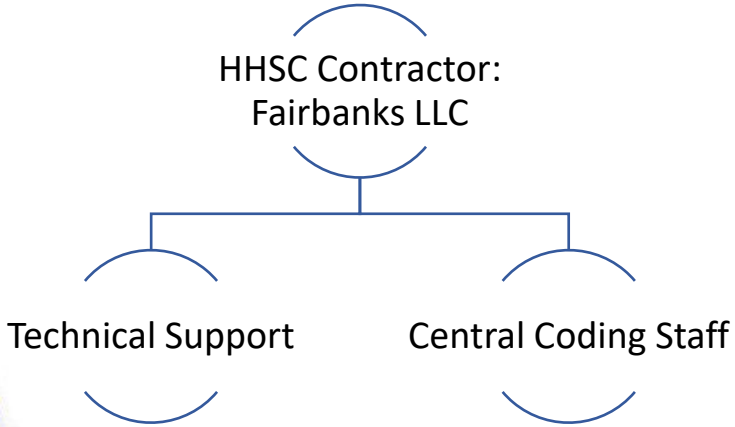
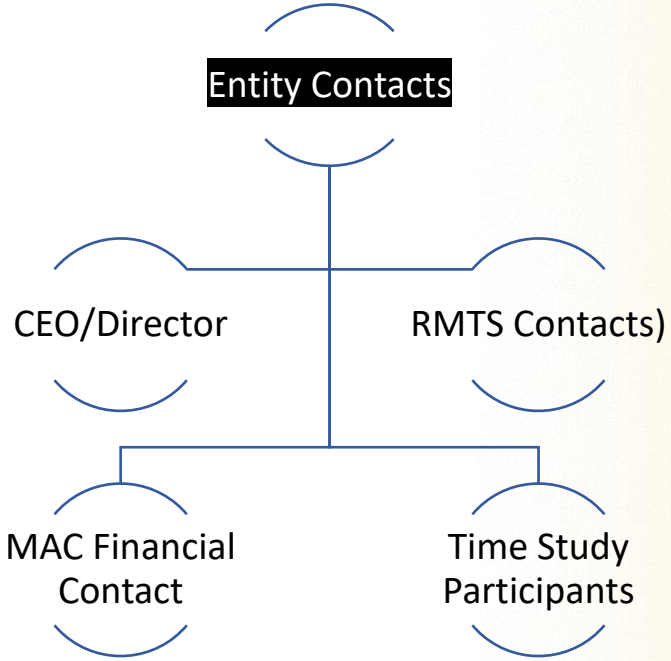
(cont'd) RMTS Training Verification

Understanding LEA's RMTS training status:

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

STAIRS Contacts





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Contacts – CEO/Director

CEO/Director

- ❑ Must be designated as a contact in STAIRS
  - Username and password will be provided via email
- ❑ Ability to add the "Primary" RMTS Contact in STAIRS
- ❑ Should not be included on the participant list in any job category

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Contacts - RMTS Contact

RMTS Contact Responsibilities

- ❑ 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.

(cont'd) Contacts – RMTS Contact

- ❑ 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)**

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(cont'd) Contacts - RMTS Contact

- ❑Participants absent at the time of their selected moment but will return within 5 business days should complete the moment.
- ❑The RMTS contact will respond to a moment as "paid or unpaid" leave if the participant will not return within 5 business days.
- ❑ Responds to vacant position not filled as "unpaid" leave.
  - If a position has been filled, the selected moment should be forwarded to the new employee for response.
- ❑A vacant position filled after the emailed 3-day notification has been sent 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.

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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.

Contacts – HHSC Time Study Unit

- ❑ Provides RMTS support and guidance
- ❑ Provides 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
  - Compliance with training requirements
  - Documentation compliance
- ❑ Sends out the non-compliance notification letters

Contacts - Fairbanks LLC., Central 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
  - Information is requested via email
  - Participants must submit a response within 3 business days of request
- ❑ Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance

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Contacts – Fairbanks, 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

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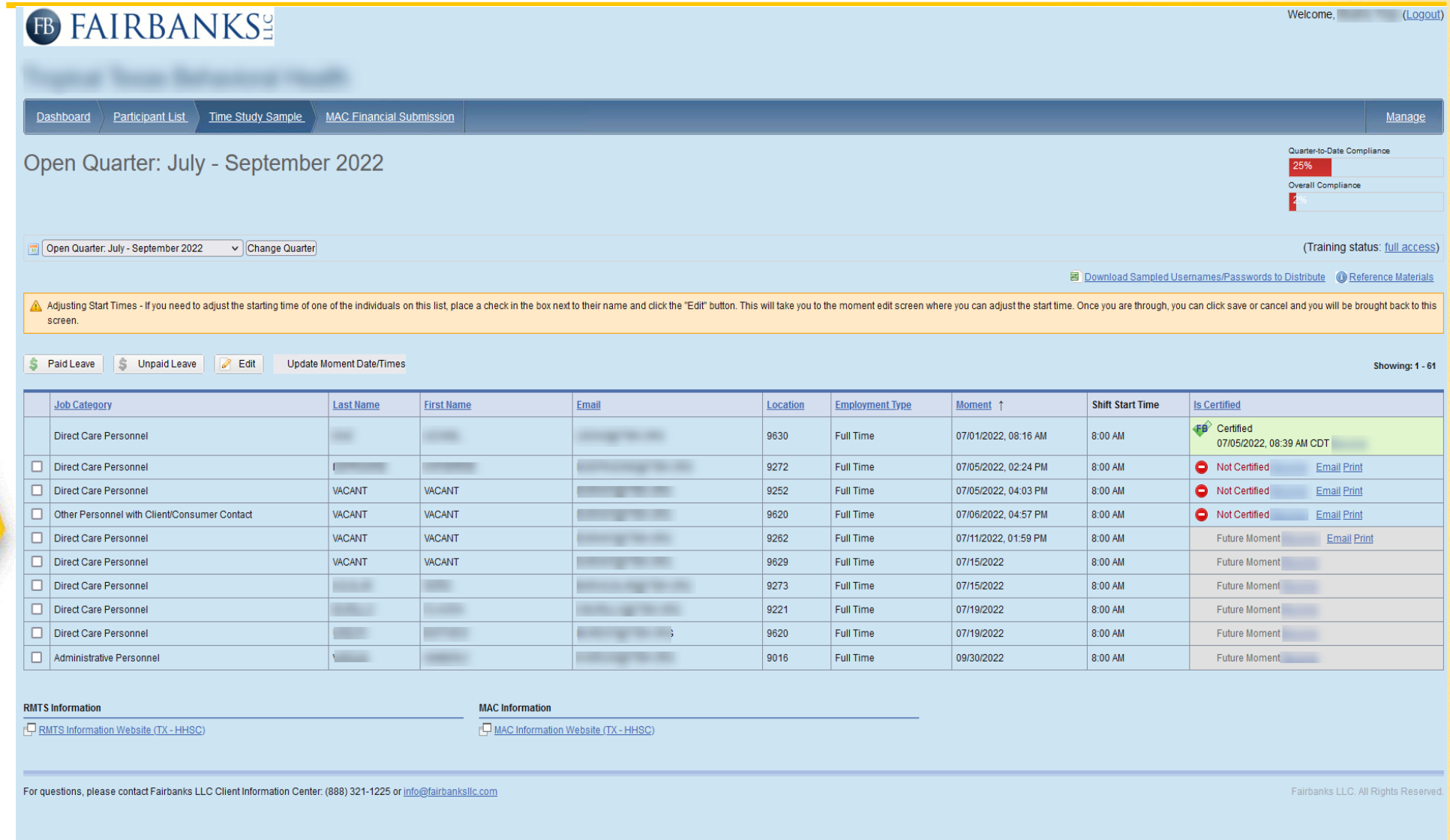
Manage Time Study Sample



FAIRBANKS LLC

Welcome, [redacted] (Logout)

[redacted]

Dashboard | Participant List | Time Study Sample | MAC Financial Submission | Manage

Open Quarter: July - September 2022

Quarter-to-Date Compliance 25%

Overall Compliance [redacted]

Open Quarter: July - September 2022 | Change Quarter

(Training status: full access)

Download Sampled Usernames/Passwords to Distribute | Reference Materials

Adjusting Start Times - If you need to adjust the starting time of one of the individuals on this list, place a check in the box next to their name and click the "Edit" button. This will take you to the moment edit screen where you can adjust the start time. Once you are through, you can click save or cancel and you will be brought back to this screen.

Paid Leave | Unpaid Leave | Edit | Update Moment Date/Times

Showing: 1 - 61

	Job Category	Last Name	First Name	Email	Location	Employment Type	Moment ↑	Shift Start Time	Is Certified
	Direct Care Personnel	[redacted]	[redacted]	[redacted]	9630	Full Time	07/01/2022, 08:16 AM	8:00 AM	Certified 07/05/2022, 08:39 AM CDT [redacted]
☐	Direct Care Personnel	[redacted]	[redacted]	[redacted]	9272	Full Time	07/05/2022, 02:24 PM	8:00 AM	Not Certified [redacted] Email Print
☐	Direct Care Personnel	VACANT	VACANT	[redacted]	9252	Full Time	07/05/2022, 04:03 PM	8:00 AM	Not Certified [redacted] Email Print
☐	Other Personnel with Client/Consumer Contact	VACANT	VACANT	[redacted]	9620	Full Time	07/06/2022, 04:57 PM	8:00 AM	Not Certified [redacted] Email Print
☐	Direct Care Personnel	VACANT	VACANT	[redacted]	9262	Full Time	07/11/2022, 01:59 PM	8:00 AM	Future Moment [redacted] Email Print
☐	Direct Care Personnel	VACANT	VACANT	[redacted]	9629	Full Time	07/15/2022	8:00 AM	Future Moment [redacted]
☐	Direct Care Personnel	[redacted]	[redacted]	[redacted]	9273	Full Time	07/15/2022	8:00 AM	Future Moment [redacted]
☐	Direct Care Personnel	[redacted]	[redacted]	[redacted]	9221	Full Time	07/19/2022	8:00 AM	Future Moment [redacted]
☐	Direct Care Personnel	[redacted]	[redacted]	[redacted]	9620	Full Time	07/19/2022	8:00 AM	Future Moment [redacted]
☐	Administrative Personnel	[redacted]	[redacted]	[redacted]	9016	Full Time	09/30/2022	8:00 AM	Future Moment [redacted]

RMTS Information

RMTS Information Website (TX - HHSC)

MAC Information

MAC Information Website (TX - HHSC)

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

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Manage Time Study Sample

- **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
- **Red Stop Sign** – indicates that the moment is ready to be responded to within the 5 business days
- **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 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

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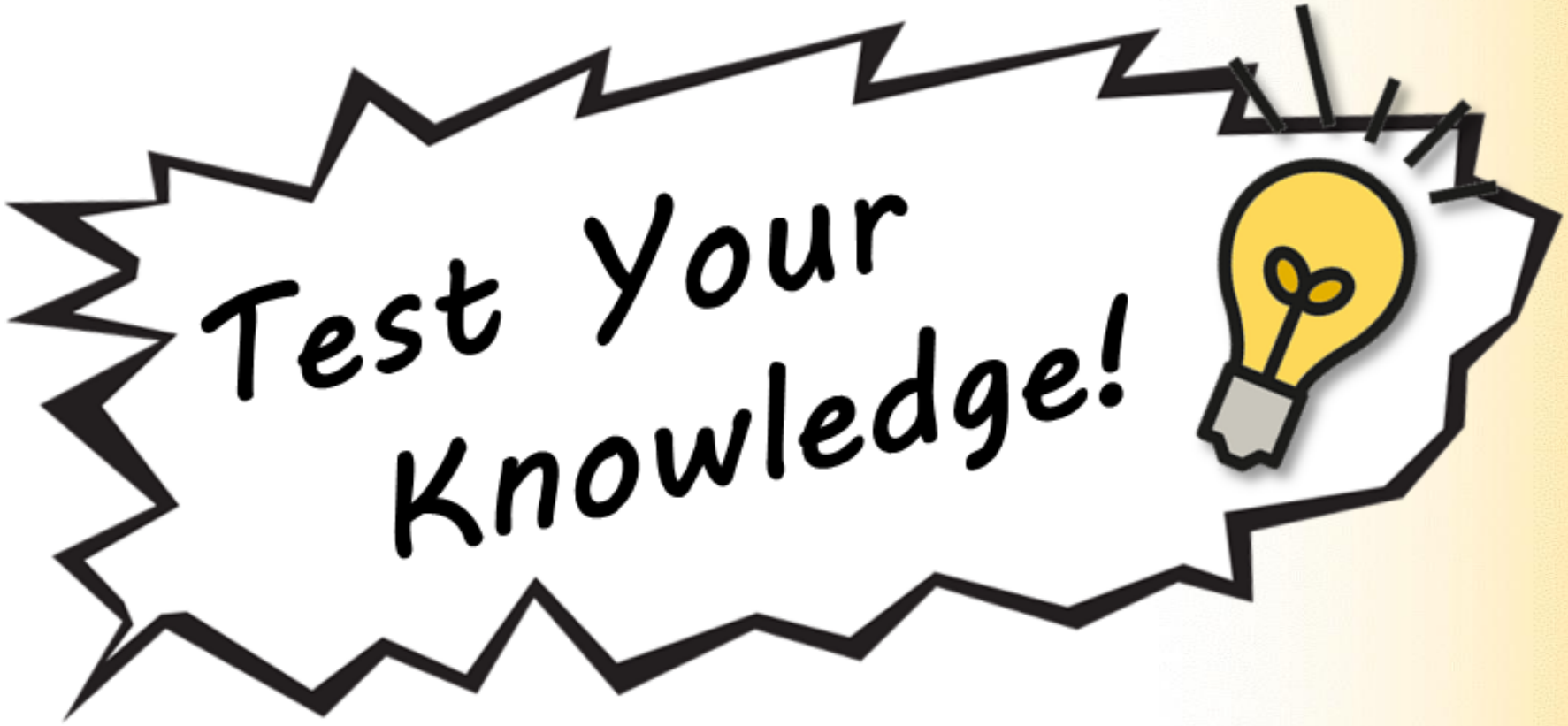
Polling Questions Time!!!!



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Polling Questions

1. **A participant should explain only one specific activity at the time their moment occurs. True/False?**

A. True

B. False

2. **An RMTS Contact can take a refresher before taking an initial training and still get training credit. True/False?**

A. True

B. False

Participant List (PL) Agenda

- ❑ Development
- ❑ Certification
- ❑ Participant List Eligible Employees
- ❑ Drop Down Options
- ❑ System Demonstration

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PL Development

A trained RMTS contact provides a list of eligible employees to be on the participant list in STAIRS. The PL provides a basis to identify the positions that are included in the MAC report.

- ❑ When the PL is closed:
  - A participant cannot be added/deleted or change position/function category.
- ❑ Every time the PL is updated, it is certified.
  - Certify the PL even if there are no changes to the participant list from the previous quarter.
- ❑ If an entity does not update/certify its PL by the deadline:
  - They are ineligible to submit a MAC claim for the quarter.
    - The entity will not be able to claim any costs for the current quarter.
- ❑ Entities must adhere to the PL requirements.
  - Time Study may conduct random PL audits to ensure the positions listed are adhering to the PL requirements.

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

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(cont'd) 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 entity is ineligible to submit a MAC claim for that quarter
- Reminder e-mails will be sent only to those entities who have not certified their PL.
  - If your entity 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.

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PL Development –Vacant Positions

Vacant Positions

Are inconsistent implementations from year to year and entity to entity.

- ❑ Are selected for RMTS.
- ❑ "Vacant" should be written as the first and last name on the PL.
- ❑ Only add vacant position(s) anticipated on being filled during the quarter on the PL.
  - Remove any vacant positions on the current PL open that were not filled during the previous quarter.
- ❑ Should be reviewed, edited and removed each quarter before the PL closes.
- ❑ Excessive number of vacant positions limits the moment as a "reimbursable" response.
- ❑ RMTS Contact responds to the vacant moment as "paid" or "unpaid" leave.
- ❑ Excess ultimately lowers the RMTS percentage across the state.

PL Development- Duplicates

Duplicate Positions

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.

- ❑ Please review your PL for duplicates before certifying the PL.
- ❑ 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.
  - Time Study does not/cannot remove duplicates.
- ❑ 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 value
  - Be sure to identify and remove any duplicates.

Participant List Eligible Employees

- Employees who perform MAC activities as part of their regular duties at least on a weekly basis:
  - Regular employees
  - Federally funded employees
    - If these employees are excluded from the PL and the funding source changes during the quarter, then the costs cannot be claimed.
- Contractors (including all positions) who are not employees of the district but provide services for district.
  - 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 anticipated to be filled (with reasonable certainty) during the quarter.

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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 Director
- 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

(cont'd) PL Drop Down Options– 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

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PL Drop Down Options - MHIDD

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

(cont'd) PL Drop Down Options - MHIDD

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

This Photo by Unknown Author is licensed under CC BY-ND

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

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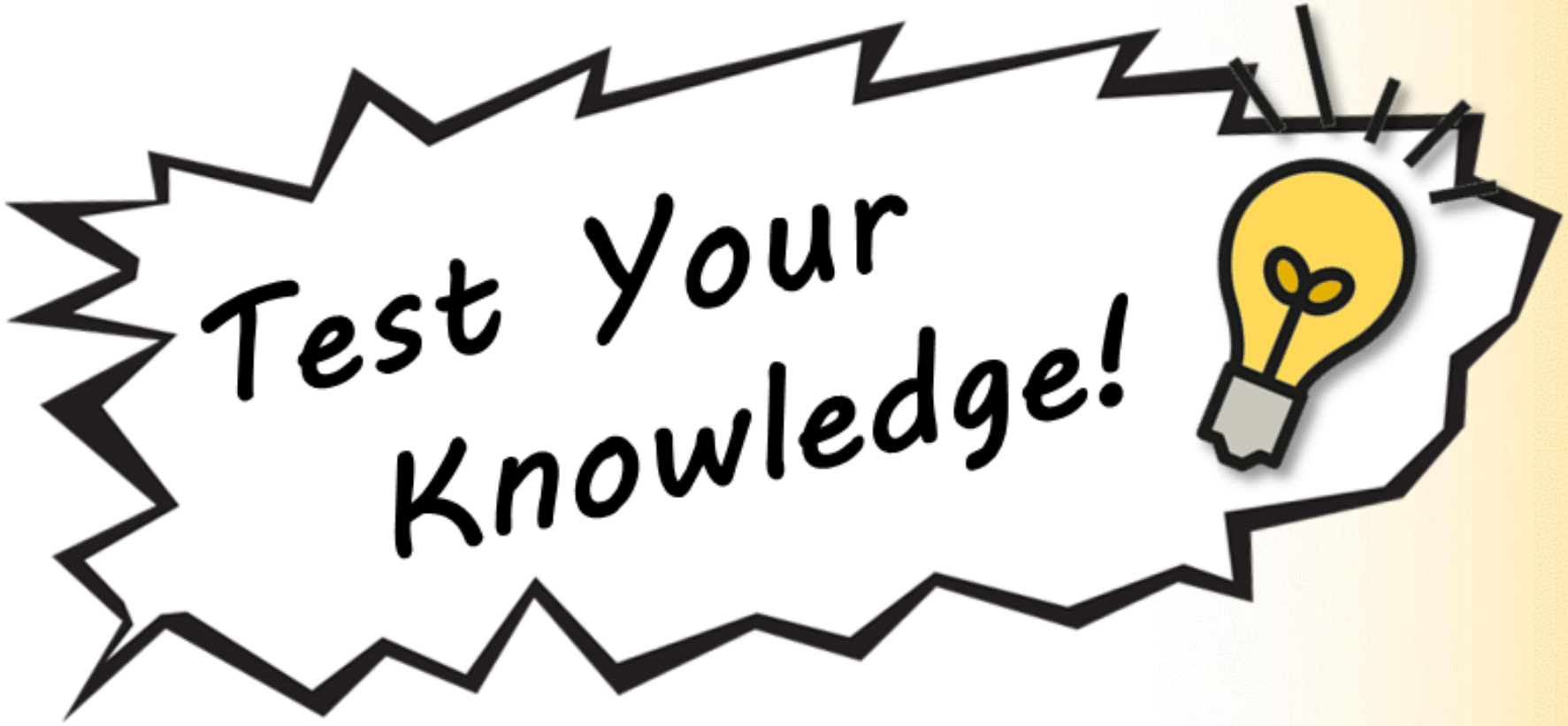
Polling Questions Time!!!!



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Polling Questions Time!!!!

3. To be included on the MAC quarterly claim, the position must be included on the PL, True/False.

A. True
B. False

4. Only staff who do not provide a reimbursable MAC activity should be on the PL, True/False?

A. True
B. False

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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.

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RMTS Moment Information Outline

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

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RMTS Moment Notification

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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

www.fairbanksllc.com

TEXAS
Health and Human Services

RMTS Moment – Login

FAIRBANKS LLC

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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TEXAS
Health and Human Services

FAIRBANKS LLC

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**.

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

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RMTS Moment - Instruction Screen

TEXAS
Health and Human Services

FAIRBANKS LLC

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?
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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?

TEXAS
Health and Human Services

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

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:02 AM Central Time

What were you doing?

- Break
- General administrative function
- Interagency Coordination
- Lunch
- Not at work
- Policy development and program planning
- Service provider relations, development, and recruitment
- Staff training
- Case management
- ECI Eligibility Determination
- Discipline specific assessment
- Discipline specific service on the IFSP
- Specialized Skills Training
- Supervision
- Outreach
- Pre-Eligibility
- Referral
- IFSP development, review, or revision
- Attending a Staff Meeting
- Case consultation
- None of the above
- Transportation - arranging
- Transportation - provision
- Translation - arranging
- Translation - provision
- Application for monetary assistance or public health benefits

Next

Your Profile (Edit)

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Speech Language Pathologist - Licensed (SLP)

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

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

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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

TEXAS Health and Human Services

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)

TEXAS
Health and Human Services

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

TEXAS Health and Human Services

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

TEXAS
Health and Human Services

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

TEXAS
Health and Human Services

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)

TEXAS Health and Human Services

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**

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Health and Human Services

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**

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Health and Human Services

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)

TEXAS Health and Human Services

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

TEXAS Health and Human Services

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**

TEXAS
Health and Human Services

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)**

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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

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Health and Human Services

Moment – (cont'd) Service List

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

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Health and Human Services

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

FB FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:02 AM Central Time

Previous Answer:

WHAT WERE YOU DOING?
EDIT OUTREACH

Why were you doing it?

- To tell people about a service or to explain the benefits of a service
- To identify children with disabilities who are in need of ECI services
- To determine the person's eligibility
- To enroll the person into a service
- To help the person to obtain a needed service
- To coordinate services for someone
- To monitor the provision of a service
- To refer the person to a needed service
- To report on the person's progress
- To provide a service that is identified on the IFSP or treatment plan
- To address agency business that did not involve talking about specific children or their families.
- To improve the agency's provision of services.
- Other

Next

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
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**.

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

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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

TEXAS Health and Human Services

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

TEXAS Health and Human Services

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

TEXAS
Health and Human Services

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

TEXAS Health and Human Services

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

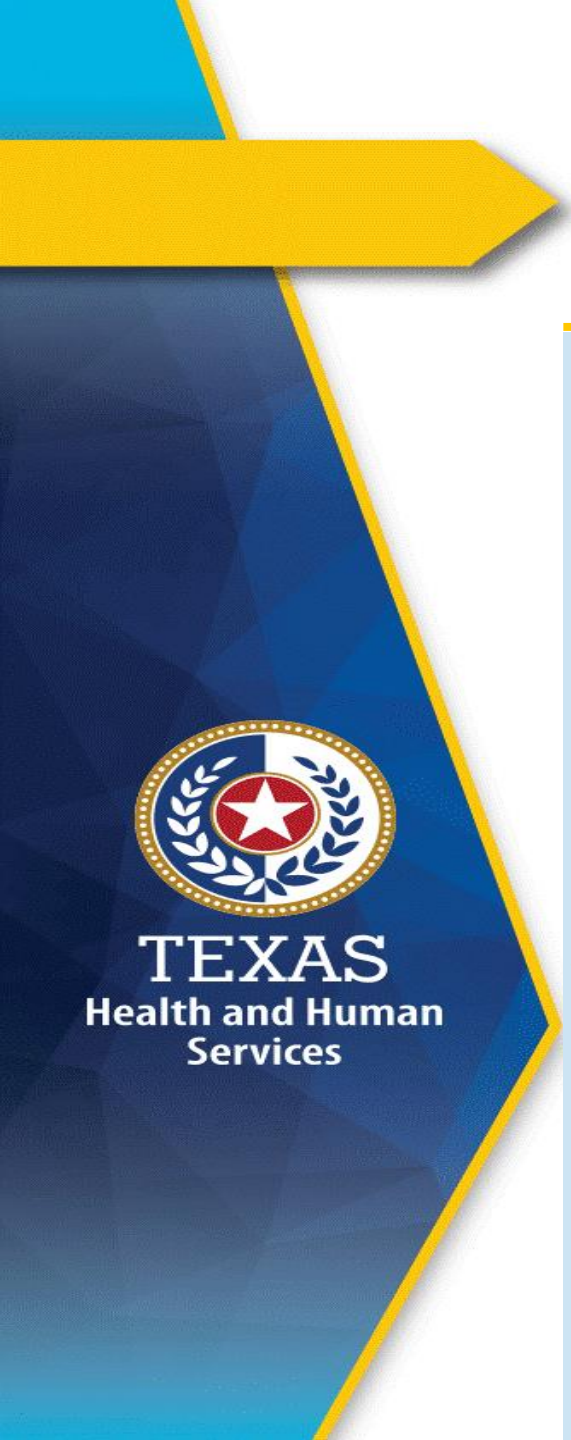
  Please provide a 1-2 sentence description of what you were doing

- ❑ **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.

TEXAS
Health and Human Services

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



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:02 AM Central Time

Previous Answer:

ARE YOU THE ASSIGNED SERVICE COORDINATOR?
EDIT YES

The 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

Next

Your Profile (Edit)

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Speech Language Pathologist - Licensed (SLP)

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

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

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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.

TEXAS Health and Human Services

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

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted], 08:02 AM Central Time

Previous Answer:

THE ACTIVITY WAS OF DIRECT BENEFIT TO A:
EDIT CHILD WHOSE ELIGIBILITY FOR ECI HAS NOT BEEN DETERMINED YET

Who were you working with?

- No one/alone/by myself
- With family/caregiver and child
- With family/caregiver and collateral
- With collateral, no family/caregiver
- None of the above

Next

Your Profile (Edit)

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Speech Language Pathologist - Licensed (SLP)

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

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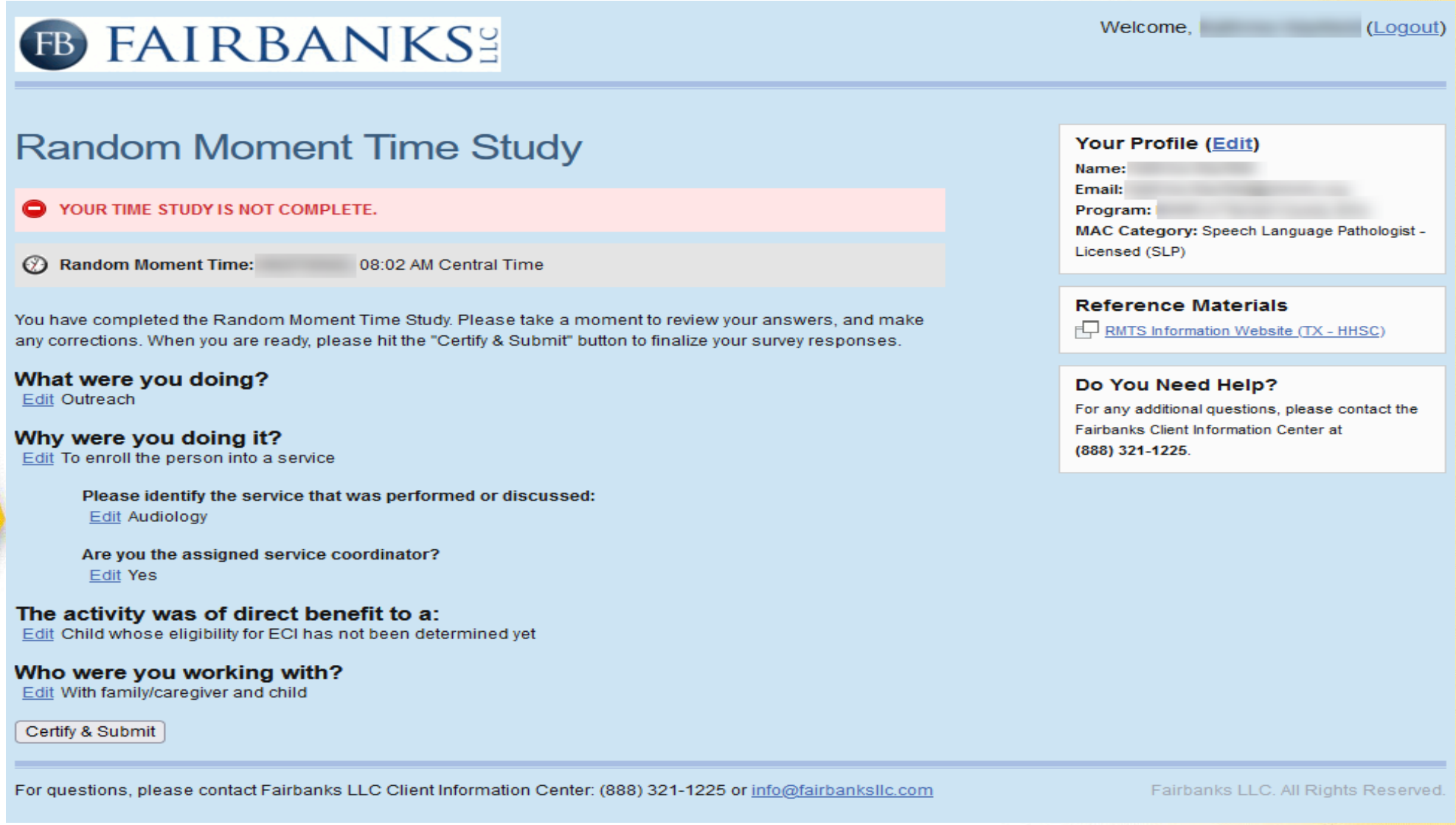
Response – Question #3, Pt 2

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**

TEXAS
Health and Human Services

Time Study Completion – ECI "Certify/Submit"



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:02 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.

What were you doing?
Edit Outreach

Why were you doing it?
Edit To enroll the person into a service

Please identify the service that was performed or discussed:
Edit Audiology

Are you the assigned service coordinator?
Edit Yes

The activity was of direct benefit to a:
Edit Child whose eligibility for ECI has not been determined yet

Who were you working with?
Edit With family/caregiver and child

Certify & Submit

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Speech Language Pathologist - Licensed (SLP)

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
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Time Study Completion – ECI “Printed” Copy

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

✔ CONGRATULATIONS KATHRINE MAXFIELD, YOU HAVE COMPLETED THE TIME STUDY!

Random Moment Time: [redacted], 08:02 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]
MAC Category: Speech Language Pathologist - Licensed (SLP)

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

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Time Study Completion – ECI Confirmation Receipt

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Health and Human Services

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

KATHRINE MAXFIELD, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY [redacted] AT [redacted], 08:44 AM CENTRAL TIME.

Random Moment Time: [redacted], 08:02 AM Central Time

Here are your answers:

What were you doing?
Outreach

Why were you doing it?
To enroll the person into a service

Please identify the service that was performed or discussed:
Audiology

Are you the assigned service coordinator?
Yes

The activity was of direct benefit to a:
Child whose eligibility for ECI has not been determined yet

Who were you working with?
With family/caregiver and child

Print

Your Profile
Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Speech Language Pathologist - Licensed (SLP)

Reference Materials
RMTS Information Website (TX - HHSC)

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

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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
  - RMTS Contact – ECI RMTS Training Presentation
  - 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?

TEXAS
Health and Human Services

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

FAIRBANKS LLC

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?

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

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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)

TEXAS Health and Human Services

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

FAIRBANKS LLC

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)

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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

TEXAS Health and Human Services

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

FAIRBANKS LLC

Welcome, [redacted] (Logout)

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?

- Determine the client's eligibility
- Program Planning, Development and Interagency Coordination
- 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
- Coordinate or provide translation
- Arranging or attending a meeting
- Secure and/or maintain eligible Medicaid providers
- Provide or attend staff training
- Provide or receive supervision
- 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**.

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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

TEXAS
Health and Human Services

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

TEXAS
Health and Human Services

Moment – Question #3

Why were you performing this activity?

- ❑ **Not working**
- ❑ **Other**

LHD Moment Response – Question #3, Pt2

FAIRBANKS LLC

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

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Time Study Completion – LHD "Certify/Submit"

FAIRBANKS LLC

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

Certify & Submit

Your Profile (Edit)
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)

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Time Study Completion – LHD “Printed” Copy

FAIRBANKS LLC

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

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Time Study Completion – LHD Confirmation Receipt

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

[redacted] YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT [redacted] 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)

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

TEXAS
Health and Human Services

Moment – MHIDD Questions

- ***WHAT*** were you doing?
- ***WHY*** were you doing it?
- ***WHAT*** other services?
- ***WHERE*** do they reside?

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

FB FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

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'

- Abnormal Involuntary Movement Scale (AIMS)
- Application for funding or monetary assistance
- Befriending/engagement/rapport building
- Break
- Client rights
- Court testimony
- Financial assistance
- General administrative function
- Intake
- Interagency Coordination
- Lunch
- Medical services
- Meeting/staffing
- Money Follows the Person (MFP) services
- Monitoring
- Not at work
- Outreach
- Policy development and program planning
- Quality assurance/improvement/management
- Referral and linking to services
- Residential services
- Screening
- Service provider network - including contractors
- Service provider relations
- Staff supervision
- Staff training
- Translation
- Transportation
- Utilization management/review
- None of the Above

Next

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

Reference Materials
RMTS Information Website (TX - HHSC)

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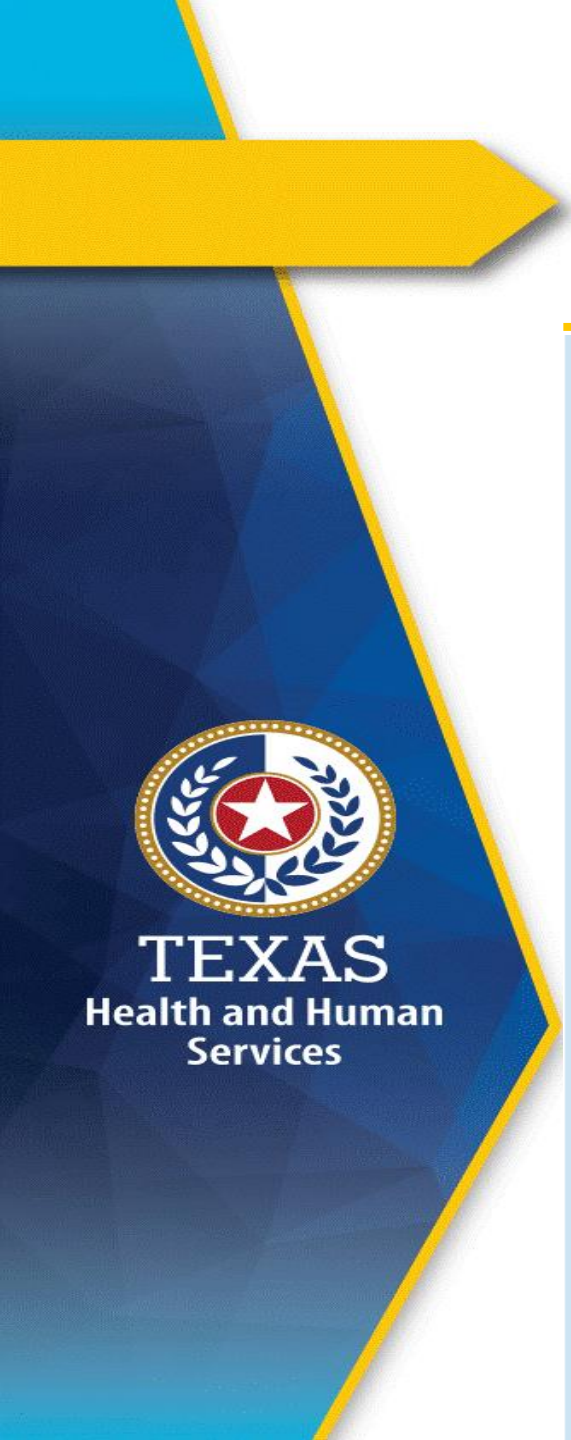
MHIDD Moment Response – Question #1, “None of the above”



FB FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

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'
EDIT NONE OF THE ABOVE

Were you engaged in:

- Mental Health specific activities
- Intellectual and Developmental Disabilities (IDD) specific activities
- None of the Above

Next

Your Profile (Edit)

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

Reference Materials

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

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Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

WERE YOU ENGAGED IN:
EDIT MENTAL HEALTH SPECIFIC ACTIVITIES

What type of Mental Health specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

- Case Management - Routine or Intensive
- Consumer Peer Support
- Counseling
- Crisis Follow-up and Relapse Prevention
- Determination of Medical Necessity
- Discharge planning or ATP from a state hospital
- Engagement Activity
- Extended Observation
- Family Case Management
- Family Partner
- Family Training
- Parent Support Group
- Pharmacological Management
- Pre-Admission Assessment
- Psychiatric Diagnostic Interview Examination
- Rehabilitative services
- Respite Services
- Safety Monitoring
- Supplemental Nursing Services
- Supported Employment
- Supported Housing
- None of the Above

Next

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

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

TEXAS
Health and Human Services

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

WERE YOU ENGAGED IN:
EDIT INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) SPECIFIC ACTIVITIES

What type of Intellectual and Developmental Disabilities (IDD) specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

- Basic Service Coordination
- Capacity Assessment
- Community Services
- Determination of Intellectual and Developmental Disabilies (IDD) Priority Population
- Enrollment into HCS/ICF-IDD/State Supported Living Center/TxHmL
- Home and Community-based Services (HCS)
- Interest list maintenance
- Inventory of Client and Agency Planning (ICAP) and IDD/Related Conditions (IDD/RC) assessment
- Medicaid Estate Recovery Program (MERP)
- Service Authorization and Monitoring
- Service Coordination Assessment
- Service Coordination - HCS or TxHmL
- Transition planning
- Texas Home Living (TxHmL) services
- None of the Above

Next

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

Reference Materials
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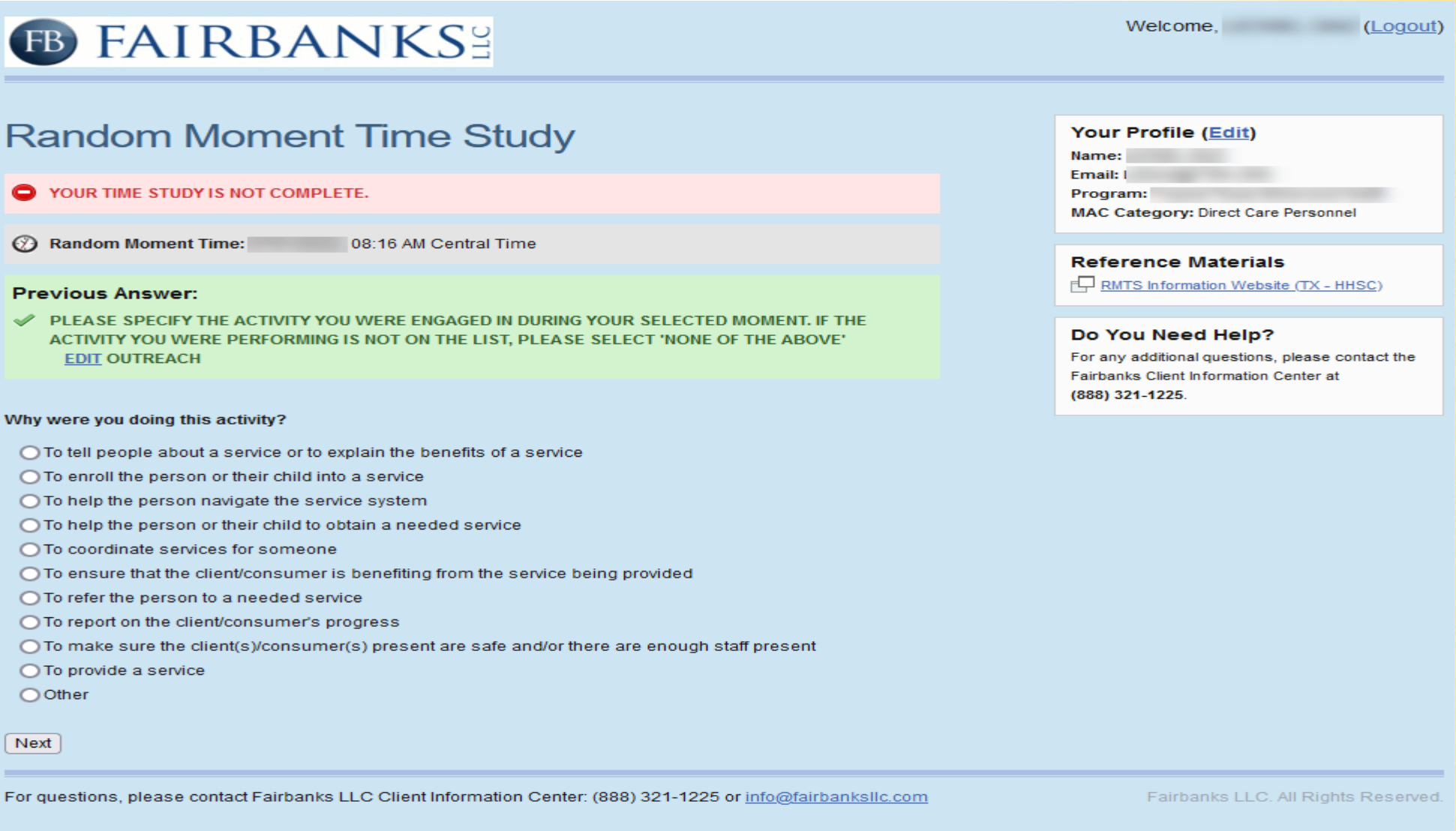
MHIDD Moment Response – Question #2
"Why were you doing this activity?"



FAIRBANKS LLC

Welcome, (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08:16 AM Central Time

Previous Answer:

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'
EDIT OUTREACH

Why were you doing this activity?

- To tell people about a service or to explain the benefits of a service
- To enroll the person or their child into a service
- To help the person navigate the service system
- To help the person or their child to obtain a needed service
- To coordinate services for someone
- To ensure that the client/consumer is benefiting from the service being provided
- To refer the person to a needed service
- To report on the client/consumer's progress
- To make sure the client(s)/consumer(s) present are safe and/or there are enough staff present
- To provide a service
- Other

Next

Your Profile (Edit)
Name:
Email:
Program:
MAC Category: Direct Care Personnel

Reference Materials
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TEXAS
Health and Human Services

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)

TEXAS
Health and Human Services

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)

TEXAS
Health and Human Services

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)

TEXAS
Health and Human Services

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

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

WHY WERE YOU DOING THIS ACTIVITY?
EDIT 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
- No

Next

Your Profile (Edit)

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

Reference Materials

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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

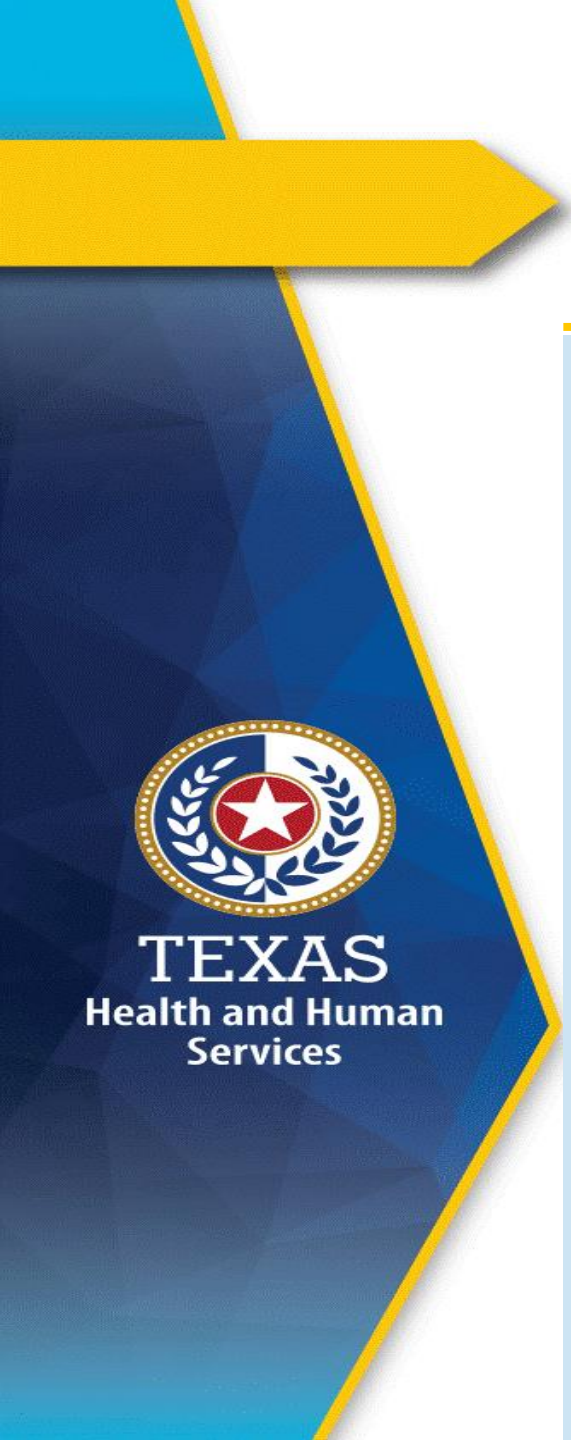
Transportation

TxHmL

None of the above

TEXAS
Health and Human Services

MHIDD Moment Response – Question #3 "Does the client/consumer also receive?"



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

PLEASE IDENTIFY THE SERVICE/ACTIVITY THAT WAS DISCUSSED OR PERFORMED
EDIT BASIC SERVICE COORDINATION

Does the client/consumer also receive:

- Basic Service Coordination
- Case Management - Intensive or Routine
- Psychosocial Rehabilitative Services
- Service Coordination - HCS or TxHmL
- None of the above

Next

Your Profile (Edit)

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

Reference Materials

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Moment – Question #3

What other services?

- ❑ **Basic Service Coordination**

  Yes No

- ❑ **Case Management – Intensive or Routine**

  Yes No

- ❑ **Psychosocial Rehabilitative Services**

  Yes No

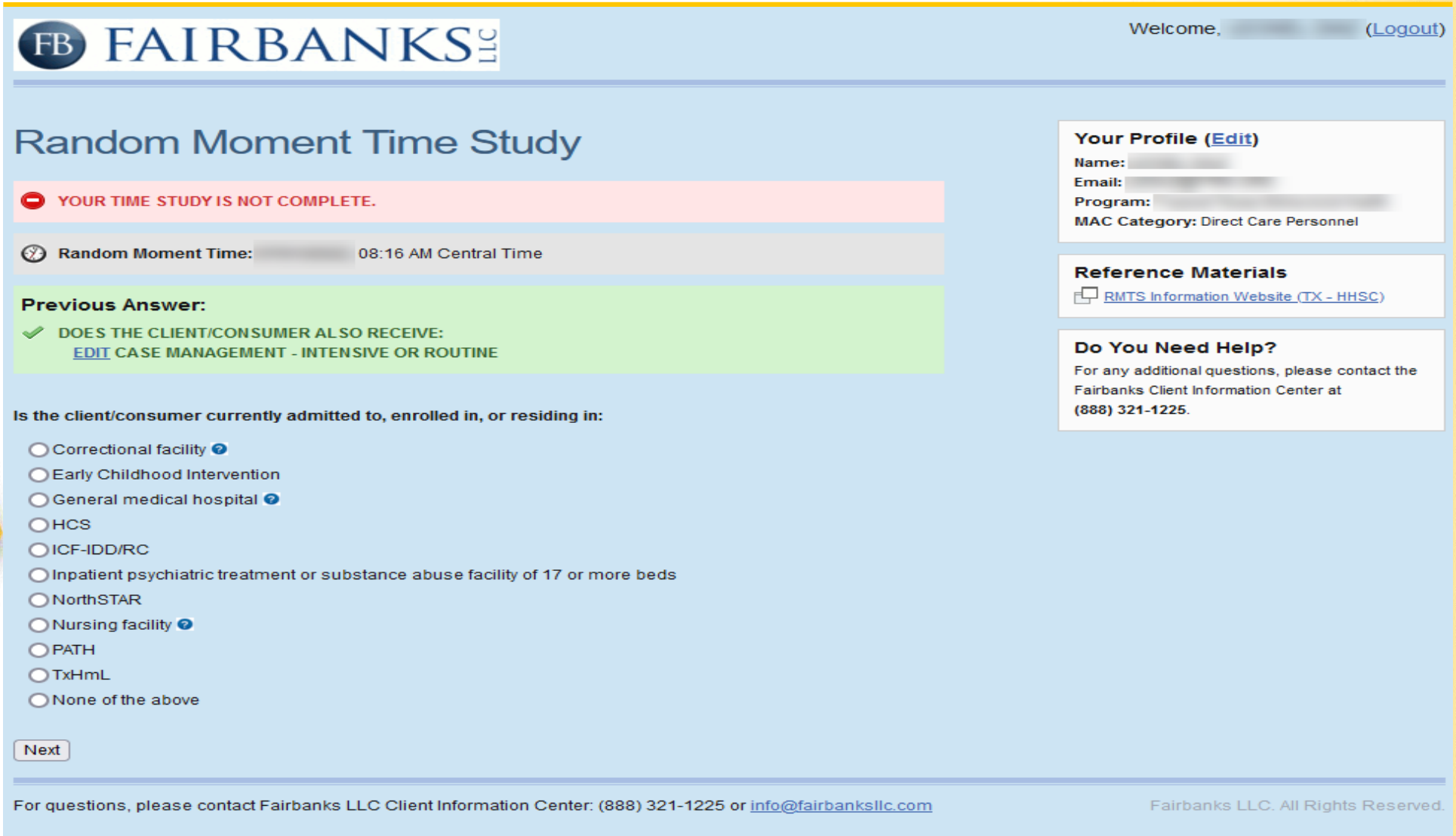
- ❑ **Service Coordination – HCS or TxHmL**

  Yes No

- ❑ **None of the above (text box)**

TEXAS
Health and Human Services

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



TEXAS
Health and Human Services

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

TEXAS Health and Human Services

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?

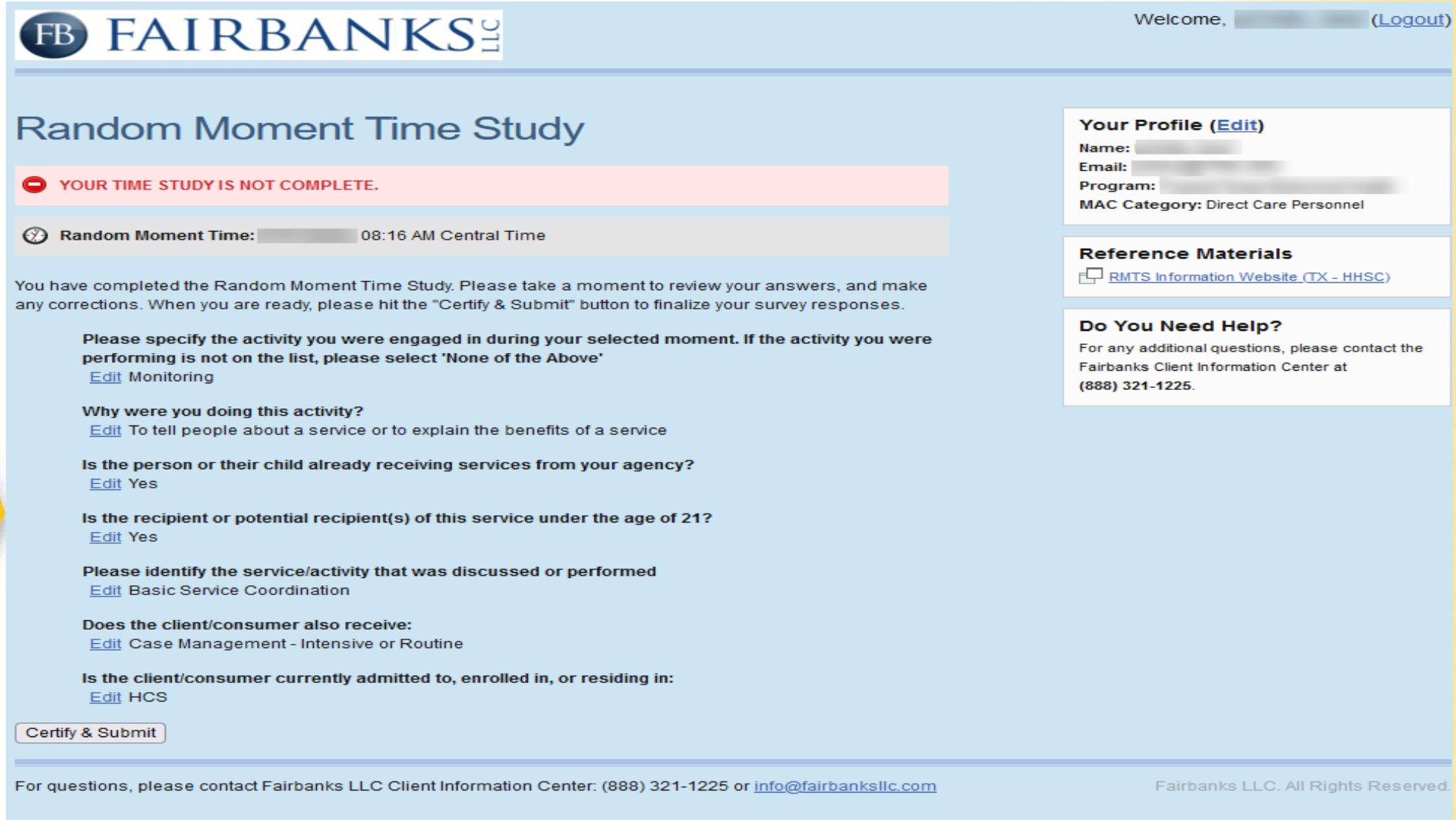
  Yes No

  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**

TEXAS Health and Human Services

Time Study Completion – MHIDD "Certify/Submit"



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:16 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.

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'
Edit Monitoring

Why were you doing this activity?
Edit 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?
Edit Yes

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

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

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

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

Certify & Submit

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

Reference Materials
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TEXAS
Health and Human Services

Time Study Completion – MHIDD “Print” Receipt

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

✔ CONGRATULATIONS LEONEL DIAZ, YOU HAVE COMPLETED THE TIME STUDY!

Random Moment Time: [redacted] 08:16 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]
MAC Category: Direct Care Personnel

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Time Study Completion – MHIDD "Confirmation" Receipt

FAIRBANKS LLC

Welcome, (Logout)

Random Moment Time Study

I , YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT . 08:39 AM CENTRAL TIME.

Random Moment Time: 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

Print

Your Profile
Name:
Email:
Program:
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.**

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

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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

Polling Question

TEXAS
Health and Human
Services

Polling Question

5. **Vacant positions that haven't been filled in a previous quarter, should be removed from the PL until filled.** True/False**?**

A. True
B. False

6. **Entities should review and remove any duplicate positions on the PL before certifying.** True/False**?**

A. True
B. False

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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
- ❑Role in Fairbanks dictates what messages you receive.
- ❑ Authorize your e-mail system to accept emails from Fairbanks.
- ❑ Confirm with your IT staff to make sure that e-mails with **info@fairbanksllc.com**, and **hhs.texas.gov** extensions pass through firewalls and spam filters.

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Helpful Hints

- Passwords
  - Passwords will not change.
  - You can reset your password at the log-in screen.
- Managing Contacts
  - Delete contacts no longer with the district. *(Do not backspace or 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 secondary.
    - Make sure to immediately update any changes to primary contact roles.
  - Secondary contacts cannot change to primary contact status.
  - There is only one primary contact for each role (Superintendent, RMTS, SHARS, MAC Financial).
  - Secondary Contacts are unlimited in number.

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

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Wrap-Up

- If you are not listed in the Fairbanks system as a contact, then you cannot receive credit until you have been added by the Primary RMTS contact, CEO or Program Director
- There are NO certificates for training
- You will receive an email thanking you for attending today's training, however this 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
- A maximum of 9 days processing time is required after attending training before the session attended will be listed next to the RMTS Contact's name and the "status" column will then 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

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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/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, LLC: (888) 321-1225

info@fairbanksllc.com

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Thank you!!!☺

Time Study Unit

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