TEXAS
Health and Human Services

Early Childhood Intervention (ECI),

Participant Training

Random Moment Time Study

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.

RMTS Moment Information Outline

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

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Health and Human Services

RMTS Moment Notification

TEXAS Health and Human Services

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

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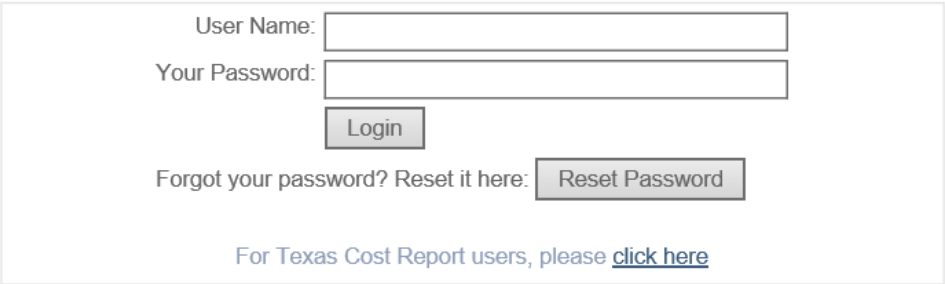
Health and Human Services

RMTS Moment – Login



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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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

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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?

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

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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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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

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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)

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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

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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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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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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

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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**

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

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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

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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

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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**

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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

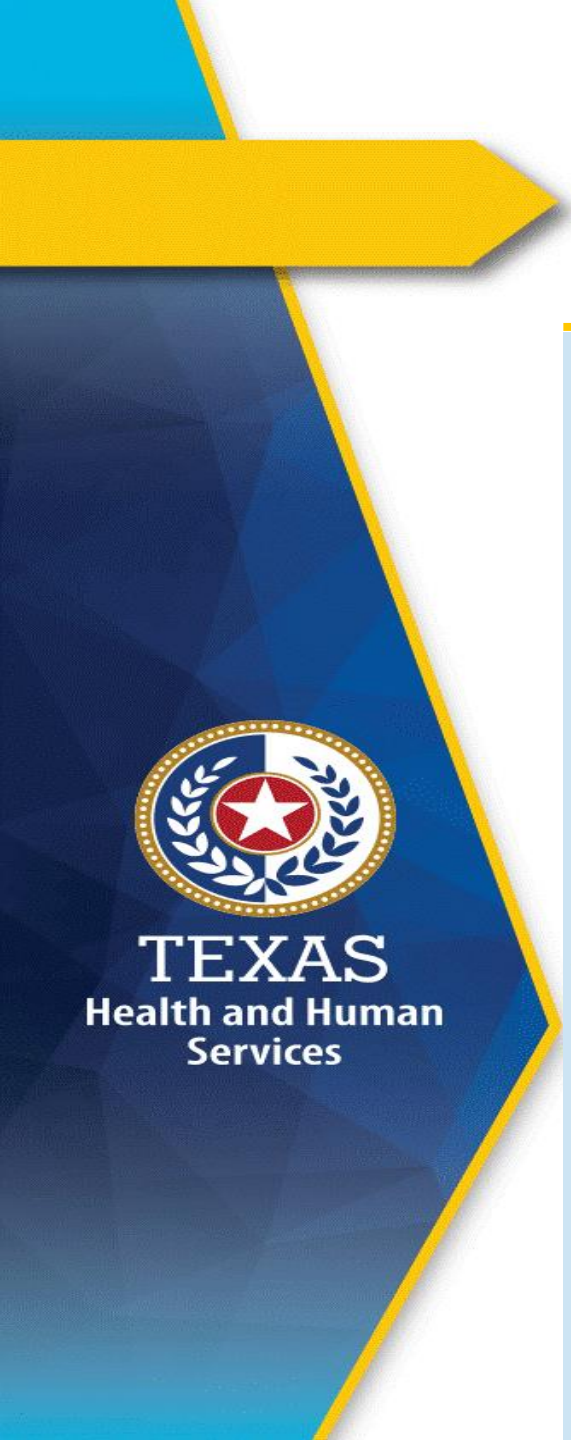
  Please provide a 1-2 sentence description of what you were doing

- ❑ **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 "Activity was a direct benefit to a?"



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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.

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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**

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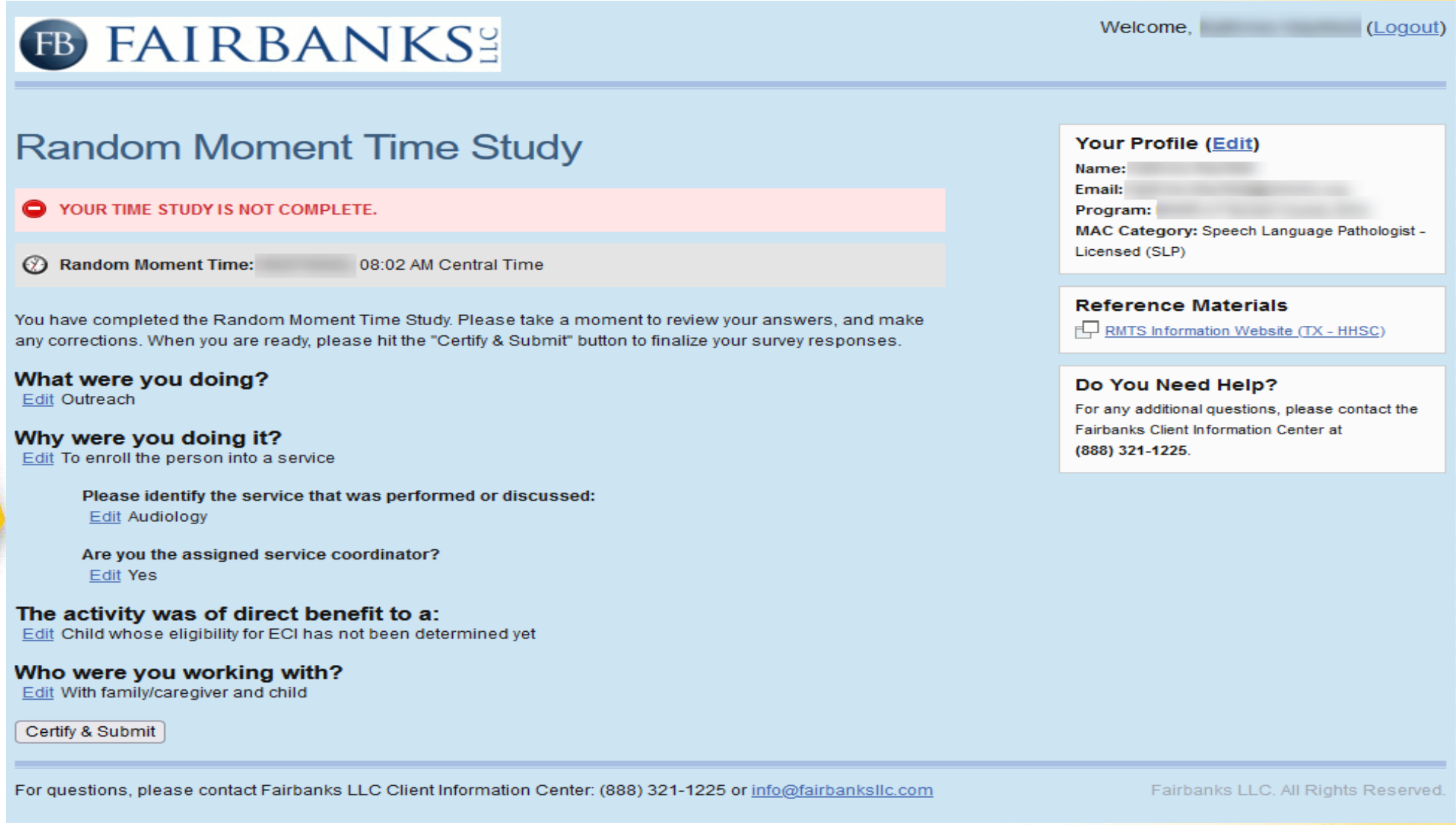
Time Study Completion – ECI "Certify/Submit"



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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)

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Time Study Completion – ECI Confirmation Receipt

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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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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

Fairbanks, LLC: (888) 321-1225

info@fairbanksllc.com

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Thank you!!!☺

Time Study Unit

Time Study Unit