TEXAS
Health and Human Services

Local Education Agency (LEA)

Participant Training

Random Moment Time Study

Agenda

Random Moment Time Study (RMTS) will include:

- ❑Contacts – Roles and Responsibilities
- ❑Participant List
- ❑Moment Selection
- ❑Moment Response
- ❑System Demonstration

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Health and Human Services

Contacts – Participants

Participants

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

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Educational or Direct Medical

Educational Services include:

- ❑Reading/English/Language Arts
- ❑Writing
- ❑Mathematics
- ❑Science
- ❑Social studies
- ❑Physical education
- ❑ Functional curriculum
- ❑Electives

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Educational or Direct Medical Service

Direct Medical Services are:

- **Medical Services** that require a licensed skilled, trained professional, such as:
  - Nursing
  - Psychology, Counseling
  - Physician services
  - OT, PT, ST
  - Audiology
  - Personal Care Services (PCS) - Personal care services include a range of human assistance provided to persons with disabilities or chronic conditions which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability.

Personal Care Service

The RMTS Contact is responsible for training time study participants as it pertains to personal care service.

- ❑ A personal care service **is a direct medical service that is billable to Medicaid.**
  - ○ A student receiving a personal care service should have an IEP that lists the specific activity and personal care service needed.
- ❑ If the "Why" states "to provide a direct medical service as defined on a student IEP", then the "What" should clearly define the personal care service.
- ❑ In situations where lesson planning is being done, please indicate the specific student audience and if it is IEP related.
  - ▪ A participant should address if they are with a student before other employees.

Note: To ensure Personal Care Services are being documented correctly, follow-up questions may be asked.

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Personal Care Service (PCS)

- PCS is provided to assist a student with a disability or chronic health condition so they may benefit from special education services.
- PCS includes a range of human assistance provided to students to accomplish ADLs or IADLs the student would normally do for themselves if they did not have a disability.
  - An individual may be physically capable of performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) but may have limitations in performing these activities because of a functional, cognitive, or behavioral impairment.

PCS may be provided by a wide range of school personnel:

Teacher Aides	Bus Aides/Monitors
Mobility Specialists	Health Care Aides Orientation
Instructional Aides	Teachers
Bilingual Aides	Clerks

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Personal Care Service

PCS Services included but are not limited to:

- Eating/feeding
- Meal preparation
- Toileting
- Maintaining continence
- Dressing
- Grooming
- Transferring
- Assisting with self administering medication
- **Monitoring***
- **Redirection***
- Personal hygiene
- **Cueing***
- Respiratory assistance
- Positioning
- Ambulation
- Intervening with behaviors

Note: ***PCS includes direct intervention (assisting the child in performing a task) or indirect intervention (monitoring, cueing or redirecting the student to perform a PCS task).**

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RMTS Moment Information Outline

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

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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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RMTS Moment – Login

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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RMTS Moment – Welcome Screen

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]@[redacted]cisd.net

Program: [redacted] CISD

MAC Category: Personal Care Service Provider

Reference Materials

RMTS Information Website (TX - HHSC)

RMTS Participant Manual 2-11-09

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

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 (RMTS) on behalf of your center/district. You are required to complete the following RMTS screens, which will ask a series of questions you will need to answer for your sampled moment. It is important that you complete the RMTS screens as accurately as possible.

1. Keep in mind that you are responding for one precise minute in time. Document what you were doing at the sampled moment of time.
2. Dropdowns and/or optional activity descriptions are provided to assist you. If you do not see a response that applies, choose "other" and you will be provided an explanation box in which you can describe what you were doing.
3. If a blue question mark icon appears at the end of an optional activity description, you may click on the "?" to obtain additional information.
4. The person who will be reviewing your response has no idea of your job description, tasks you perform, or why you perform them, so it is up to you to provide the proper information needed to adequately describe what you were doing at the time of your moment. If you provide insufficient information, you will receive a follow-up email or telephone call requesting additional information.
5. Responses such as the following do not provide sufficient information and should be avoided:
   - "I was doing my job."
   - "I was completing my job responsibilities."
   - "I was completing this time study response."
6. It is best to avoid the use of acronyms and to instead spell out the definition, description, or title.
7. Do not provide client/student-specific names. Instead, your response should state that you were working with a client/student or a group of clients/students, if that were the case.
8. If you are traveling at the time of your sampled moment, please include a description of the activity you will be performing upon arrival.
9. If you were not working at the time of your moment, please indicate if it was paid or unpaid leave/time off.

For the purposes of this time study:

Direct Medical Services
Include:

- Activities that require human interventions such as hands on assistance, supervision, or cueing of a student with a disability or chronic medical condition, to accomplish tasks that the student would not normally do for themselves if they did not have a disability or chronic medical condition;
- Personal care services;
- Specialized transportation services;
- Psychological services;
- Physical therapy;
- Speech therapy; and
- For additional examples click here.

Educational Services
Include activities associated with traditional courses that do not require human intervention to accomplish tasks the student would normally do for themselves if they did not have a disability or chronic medical condition.
Traditional courses such as:

- Reading/English/language arts;
- Writing;
- Mathematics;
- Science;
- Social studies; and
- Physical educational.

Please click on the button below to continue.

Continue to Random Moment Time Study

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Outreach Worker (MAC ONLY)

Reference Materials
RMTS Information Website (TX - HHSC)
RMTS Participant Manual 2-11-09

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 - Questions

- **WHO** Was With You?
- **WHAT** Were You Doing?
- **WHY** Were You Doing It?

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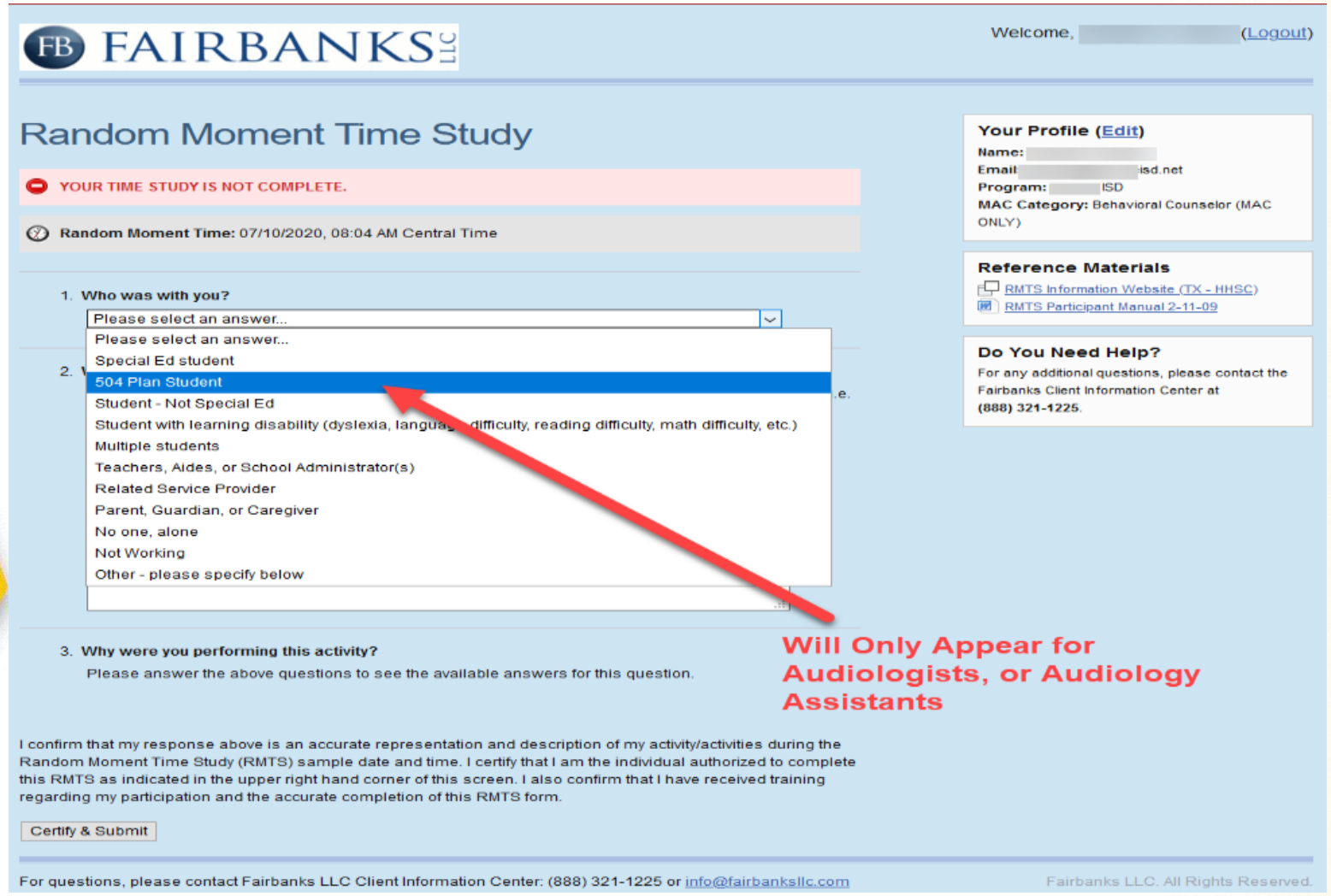
RMTS Moment – What's New???

504 Audiology RMTS Update

504 Audiology Services

- Effective FFY 2023, these services are being time studied and can now be billed to Medicaid.
- RMTS has an additional drop-down option for **"Who?"** Question 1 ("504 Plan Student") & **"What?"** Question 3 ("To provide 504 Audiology Services") for the time study participant.

RMTS Moment – 504 Audiology RMTS Update Question #1



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RMTS Moment – 504 Audiology RMTS Update Question #2 and #3

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

1. **Who was with you?**

   504 Plan Student

2. **What were you doing?**

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

   I was assisting a student with an Audiology eval/test as part of their 504 Plan

Name: Jennifer M. Garcia
Email: [redacted]@[redacted]isd.net
Program: [redacted] ISD
MAC Category: Audiologist - Licensed

Reference Materials

RMTS Information Website (TX - HHSC)
RMTS Participant Manual 2-11-09

Do You Need Help?

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

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RMTS Moment – Question #1
Who was with you?

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Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 04/13/2022, 11:36 AM Central Time

1. **Who was with you?**

Please select an answer...

- Please select an answer...
- Special Ed student
- 504 Plan Student
- Student - Not Special Ed
- Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)
- Multiple students
- Teachers, Aides, or School Administrator(s)
- Related Service Provider
- Parent, Guardian, or Caregiver
- No one, alone
- Not Working
- Other - please specify below

2. W … e.

3. **Why were you performing this activity?**

Please answer the above questions to see the available answers for this question.

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

Certify & Submit

Your Profile (Edit)

Name: [redacted]

Email [redacted]

Program: [redacted]

MAC Category: Nurse - Delegated Nursing Services Provider

Reference Materials

RMTS Information Website (TX - HHSC)

RMTS Participant Manual 2-11-09

Do You Need Help?

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

RMTS Moment – Question #1
Who was with you?

- Special Education student
  - With health Impairment (chronic medical condition)
  - With physical disability
  - With intellectual disability (IDD)
  - With mental health/psychological disability (emotionally disturbed, etc.)
  - With autism
- 504 Plan Student
- Student not Special Education
- Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)
- Multiple students
  - All with either a disability or medical impairment
  - Some with disability or medical impairment and some with no disability or impairment
  - All without any disability or medical impairment

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RMTS Moment – Question #1
Who was with you?

- ❑ Teachers, Aides or School Administrator(s)
- ❑ Related Service Provider
- ❑ Parent, Guardian or Caregiver
- ❑ No one, alone
- ❑ Not Working
  - Paid time off
  - Unpaid time off
- ❑ Other

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RMTS Moment – Question #2
What were you doing?

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Welcome, (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 04/01/2015, 08:41 AM Central Time

2. **What were you doing?**

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

Your Profile (Edit)
Name:
Email:
Program:
MAC Category: Physical Therapist - Licensed

Reference Materials
RMTS Information Website (TX - HHSC)
RMTS Participant Manual 2-11-09

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

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RMTS Moment – Question #2
What were you doing?

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (teaching, therapy, supervision, cueing, employee meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.)

Please keep in mind:

- When providing PCS, the "WHAT" is more about why the student needs the support rather than what is going on in the class.
- Describe exactly what took place only in the 60 seconds of the moment. (Do not list multiple activities).
- Respond to the moment in detail as if no one has knowledge of the LEA job descriptions, tasks performed or what Special Education is.
- Do not use acronyms in the description without explanation.
- Do not identify others by name when proving responses.
- Indicate if it was paid or unpaid time off if not working.

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RMTS Moment – Question #3
Why were you performing this activity?

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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 04/01/2015, 08:41 AM Central Time

Your Profile (Edit)
Name:
Email:
Program:
MAC Category: Physical Therapist - Licensed

Reference Materials
RMTS Information Website (TX - HHSC)
Manual 2-11-09

3. Why were you performing this activity?

Please select an answer...

- Please select an answer...
- To ensure safety for student(s) from self, others, environment that they cannot perceive independently
- To keep the student on task, in seat, awake that they cannot manage independently
- To assist the student physically
- To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)
- To assist the student toileting
- To monitor the student that requires supervision or physical assistance
- To transition the student that requires supervision or physical assistance
- To assist the student feeding/eating that requires supervision or physical assistance
- To monitor/intervene with behaviors (aggression, self-stimulation, verbal interference, etc.)
- To provide classroom instruction
- To supervise students in general population
- To provide medication/medical care/first aide
- To provide therapy (Speech, OT, PT, Sensory stimulation)
- To conduct assessment/evaluation
- To provide or obtain information to or from a student's family
- To determine student's/family's eligibility for Medicaid/Health benefits
- To determine student's/family's eligibility for other programs/benefits
- To upgrade professional skills through training
- To improve social/vocational/educational services for the district's students
- To improve health related services for the district's students
- To coordinate/provide transportation
- To coordinate/provide translation
- To provide counseling
- To participate in a meeting
- Not Working
- Other - please specify below

I confirm
Random
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Certify

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ation Center at

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RMTS Moment – Question #3
Why were you performing this activity?

- **To ensure safety for student(s) from self, others, environment that they cannot perceive independently**
  - Per IEP
  - Without IEP
- **To keep the student on task, in seat, awake that they cannot manage independently**
  - Per IEP
  - Without IEP
- **To assist the student physically**
  - Per IEP
  - Without IEP
- **To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)**
  - Per IEP
  - Without IEP

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RMTS Moment – Question #3
Why were you performing this activity?

- **To assist the student toileting**
  - Due to inability (cognitive, physical or mental health) – Per IEP
  - Due to disability (cognitive, physical or mental health) – Without IEP
  - As part of age-appropriate toilet training (Pre-K and Kindergarten)
- **To monitor the student that requires supervision or physical assistance**
  - Per IEP
  - Without IEP
- **To transition the student that requires supervision or physical assistance**
  - Per IEP
  - Without IEP
- **To assist the student feeding/eating that requires supervision or physical assistance**
  - Per IEP
  - Without IEP

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RMTS Moment – Question #3
Why were you performing this activity?

- **To monitor/intervene with behaviors (aggression, self-stimulation, verbal interference, etc.)**
  - With BIP (Behavioral Intervention Plan) Per IEP
  - With BIP (Behavioral Intervention Plan) Without IEP
  - Without BIP – Per IEP
  - Without BIP – Without IEP
- **To provide classroom instruction**
- **To supervise students in general population**
- **To provide medication/medical care/first aide**
  - Per IEP
  - Without IEP
- **To provide therapy (Speech, OT, PT, Sensory Stimulation)**
  - Per IEP
  - Without IEP

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RMTS Moment – Question #3
Why were you performing this activity?

- **To conduct assessment/evaluation**
  - Full Individual Evaluation (FIE) for Special Ed determination
  - Academic Assessment
  - Hearing/Vision Assessment
  - Speech, OT, PT, Nursing or Nutritional Assessment
- **To provide or obtain information to or from student's family**
  - Regarding SHARS (School Health and Related Services)
  - Regarding all other services
- **To determine student/family eligibility for Medicaid/Health benefits**
- **To determine student/family eligibility for other programs/benefits**
- **To upgrade professional skills through training**
  - Through medical/health related training
  - Through educational training

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RMTS Moment – Question #3
Why were you performing this activity?

- **To improve social/vocational/educational services for the district's students**
- **To improve health related services for the district's students**
- **To coordinate/provide translation**
  - For medical services for a specific student
  - For social/vocational/educational purposes
- **To coordinate/provide translation**
  - For medical services for a specific student and/or student's family
  - For social/vocational/educational purposes
- **To provide counseling**
  - Academic Counseling
  - Vocational Counseling
  - Mental Health Counseling per IEP
  - Mental Health Counseling without IEP
  - Other

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RMTS Moment – Question #3
Why were you performing this activity?

- ❑ **To participate in a meeting**
  - Staff – Academic discussion
  - Staff – SHARS Medical/Medicaid discussion
  - IEP – Academic discussion
  - IEP – SHARS Medical/Medicaid discussion
  - Other
- ❑ **To provide 504 Audiology Services** (for 504 Audiology only)
- ❑ **Not working**
  - Paid time off
  - Unpaid time off
- ❑ **Other** (please explain and specify below)

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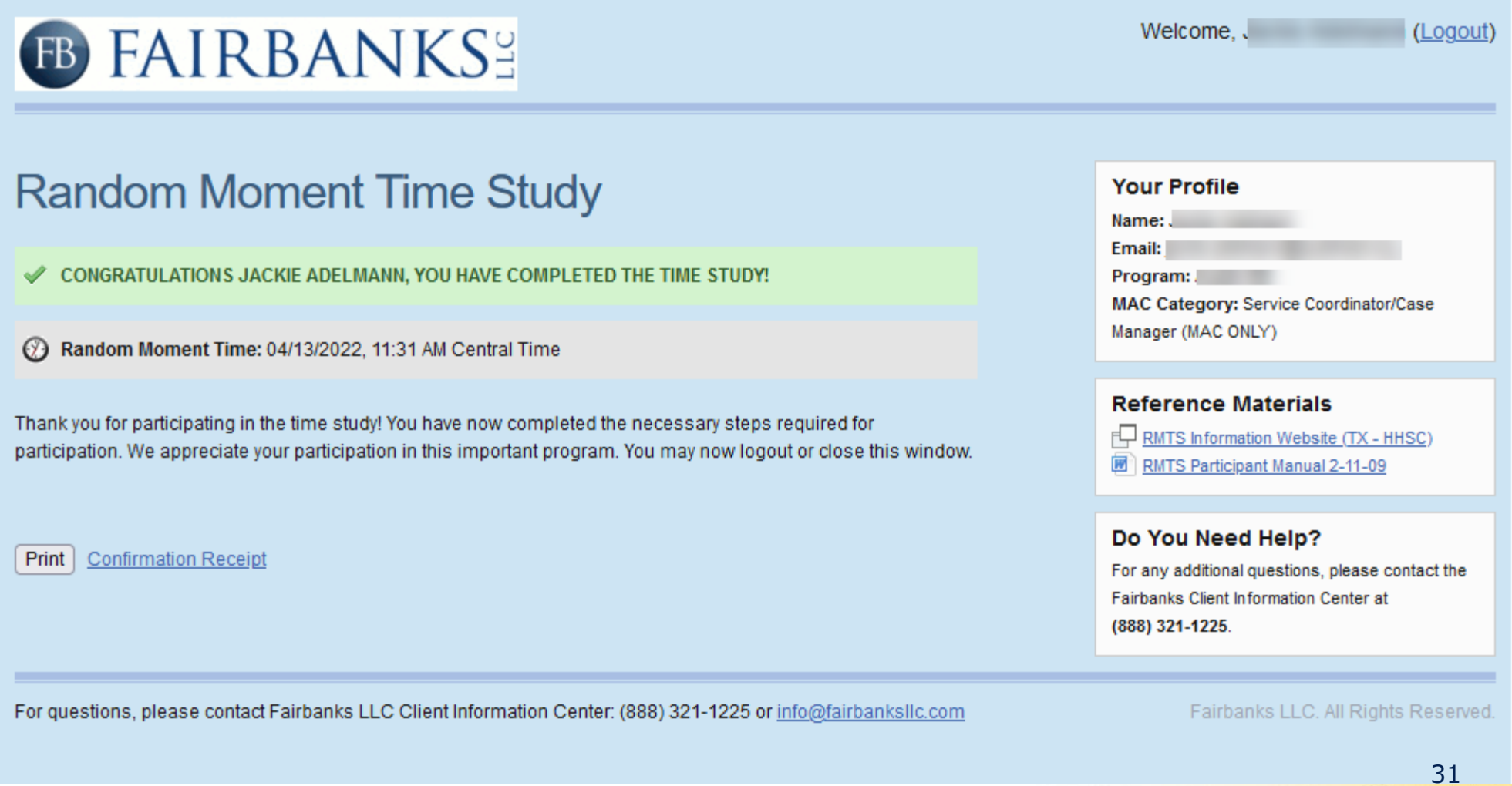
RMTS Moment – Complete, Review & Submit



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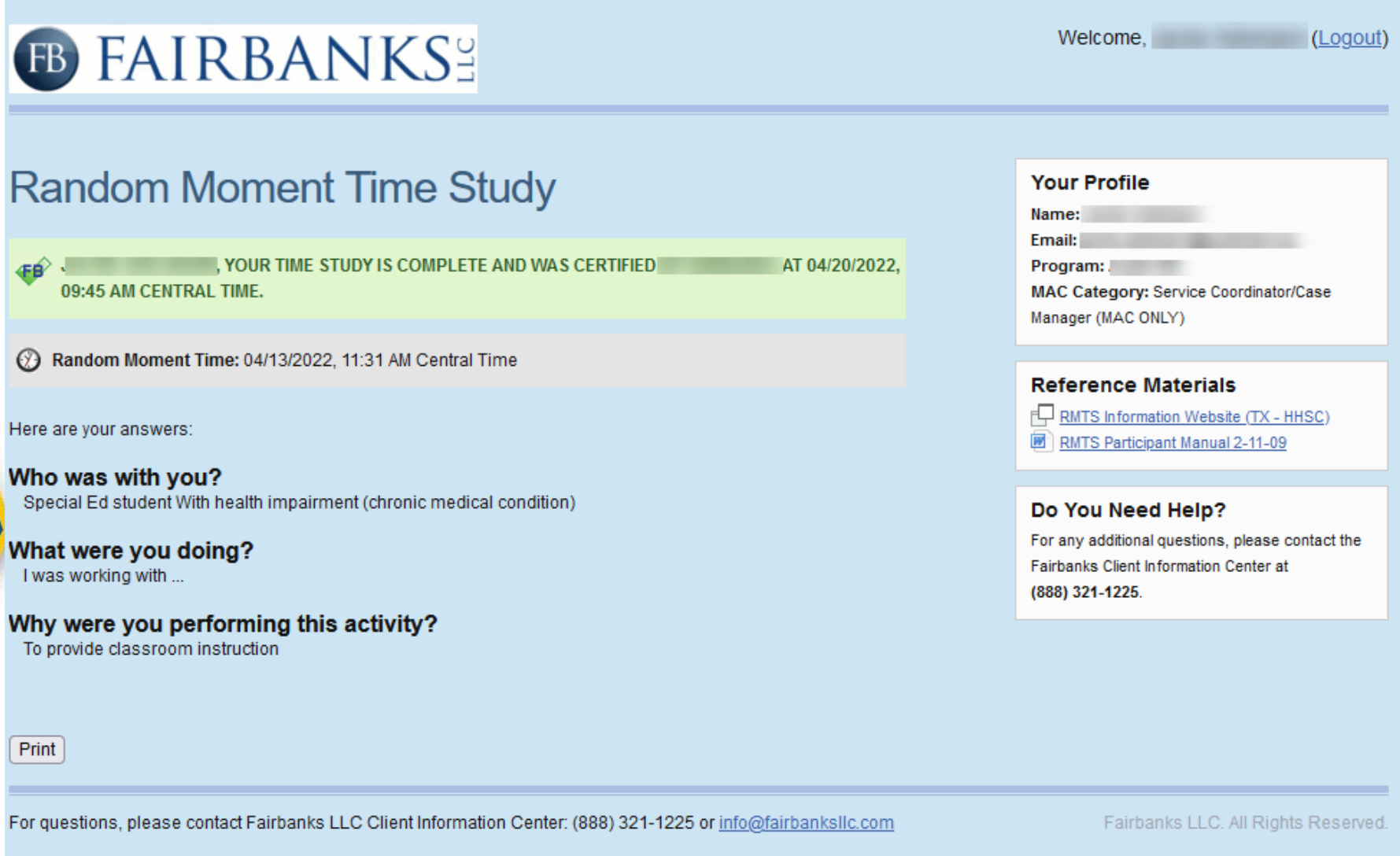
RMTS Moment – Confirmation Receipt



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Welcome, (Logout)

Random Moment Time Study

, YOUR TIME STUDY IS COMPLETE AND WAS CERTIFIED AT 04/20/2022, 09:45 AM CENTRAL TIME.

Random Moment Time: 04/13/2022, 11:31 AM Central Time

Here are your answers:

Who was with you?
Special Ed student With health impairment (chronic medical condition)

What were you doing?
I was working with ...

Why were you performing this activity?
To provide classroom instruction

Print

Your Profile
Name:
Email:
Program:
MAC Category: Service Coordinator/Case Manager (MAC ONLY)

Reference Materials
RMTS Information Website (TX - HHSC)
RMTS Participant Manual 2-11-09

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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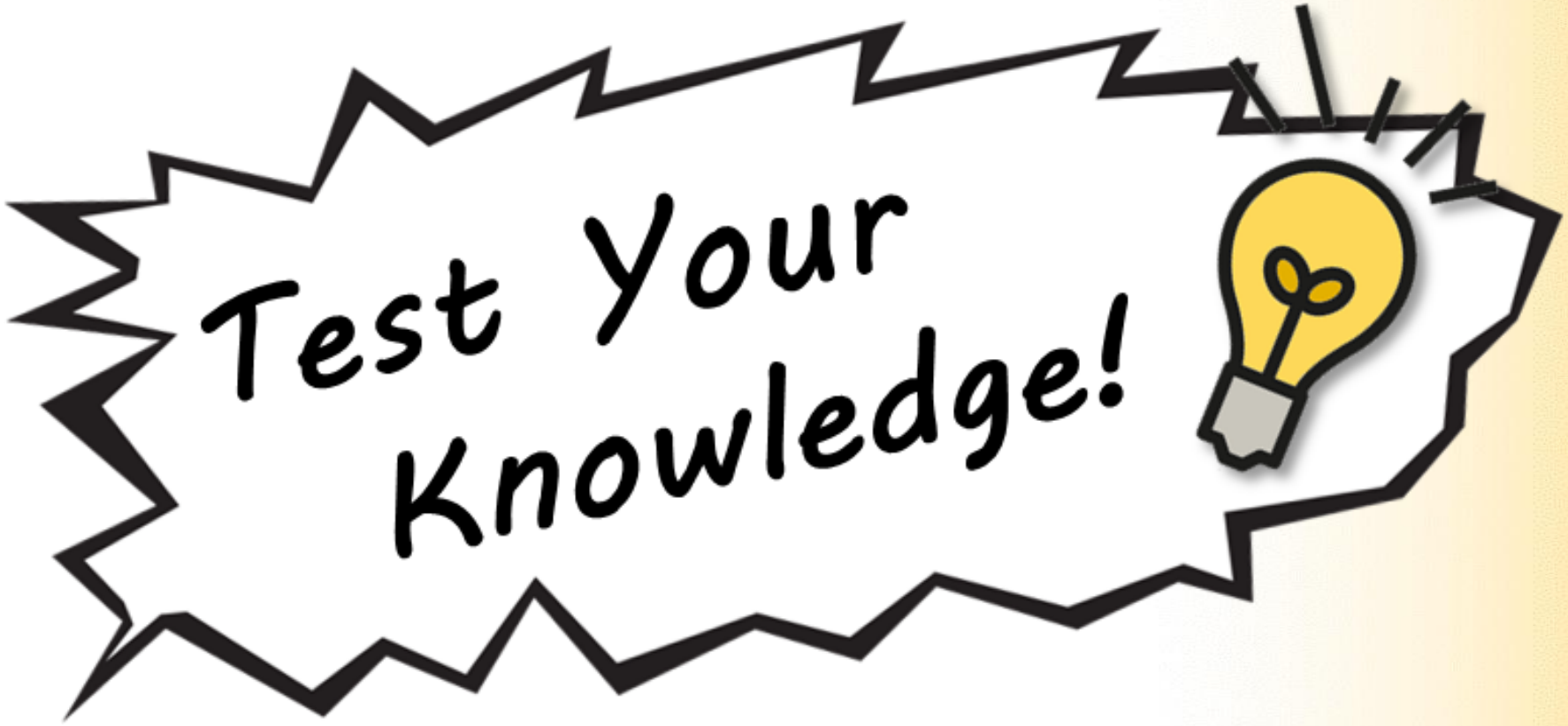
Polling Questions Time!!!!



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Services

Polling Questions Time!!!!

5. **Which is not the role/responsibilities of a district HHSC trained secondary RMTS Contact?**

A. Manage the time study sample
B. Add a primary/secondary contact in STAIRS
C. Update/certify the participant list
D. Train time study participants that have been selected for a moment on RMTS

6. **Districts 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 or Superintendent
- 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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Health and Human Services

Questions and Contact Information

Time Study: (737) 867-7794

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

E-Mail Address:
TimeStudy@hhs.texas.gov

Website:
https://pfd.hhs.texas.gov/time-study/time-study-independent-school-districts-isd

Fairbanks, LLC: (888) 321-1225
info@fairbanksllc.com

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Thank you!!!☺

Time Study Unit