



Random Moment Time Study

Local Health Departments/Districts

Contact Information

512-490 -3194

Time Study Unit

- Ray Wilson - Director
- Beverly Tackett – Lead
- Alexandra Young – Rate Analyst

E-Mail Address: TimeStudy@hhsc.state.tx.us

- The HHSC Time Study Unit assists with questions pertaining to:
 - Random Moment Time Study (RMTS)
 - On-line System (Fairbanks, LLC)
 - Participation Eligibility
 - Training
 - Quarterly Participant List
 - Sampled Participants
 - Compliance
 - Disqualification

Agenda

- Random Moment Time Study (RMTS)
 - RMTS Overview
 - RMTS Requirements
 - Contacts - Roles and Responsibilities
 - Participant List
 - Moment Selection
 - Moment Response
 - System Demonstration
 - Polling Questions
- Wrap up

Overview – What is Random Moment Time Study (RMTS)?



- A federally accepted statistically valid random sampling technique that measures the participant's time performing work activities
- A RMTS “Moment” represents one minute at a time that is randomly selected from all available moments within the time study period
- Statewide time study sample
- Significantly reduces staff time needed to record participant activities

Overview - Purpose of RMTS

A blue stethoscope is positioned in the top right corner of the slide, partially overlapping the dark blue header background.

- Determine the percentage of time the LHD incurs assisting individuals to access medically necessary Medicaid funded services through:
 - Medicaid Outreach
 - Medicaid Eligibility Determination
 - Medicaid Referral, Coordination, and Monitoring
 - Medicaid Staff Training
 - Medicaid Transportation
 - Medicaid Translation
 - Medicaid Program Planning, Development & Interagency Coordination
 - Medicaid Provider Relations
- Reasonably identifies staff time spent on activities during the given quarter

Overview – Time Study Activities



- **Direct Medical** – Providing care, treatment and/or counseling
- **Outreach** – Informing students, families and groups about available services
- **Eligibility** – Assisting students or families with the Medicaid eligibility process
- **Referral, Coordination, and Monitoring** – Making referrals, coordinating and/or monitoring the delivery of medical services
- **Staff Training** – Coordinating, conducting or participating in training pertaining to medical or Medicaid services
- **Transportation** – Arranging or providing transportation to medical or Medicaid services
- **Translation** – Arranging or providing translation to an individual or family to access 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

Overview - RMTS Process



HHSC contractor codes moment



Participant responds to selected moment by answering moment online



RMTS Contact ensures selected participants are trained



RMTS Contact identifies pool of time study participants



HHSC Contractor identifies pool of available time study moments



HHSC Contractor randomly matches moments and participants



Requirements for RMTS

- Time Study Periods (Federal Fiscal Quarters)
 - 1st Quarter - October, November, December
 - 2nd Quarter - January, February, March
 - 3rd Quarter - April, May, June
 - 4th Quarter - July, August, September
- To participate in MAC must participate in RMTS.
- Participant List (PL) must be certified for entity to participate in the time study.
- To be included on the MAC claim, position must be included on the PL.
- A statewide response rate of 85% for RMTS sampled moments is required.
- There are Mandatory training requirements.

Requirements – Important Dates



Event	Opens/Begins	Closes/Ends
<u>Participant List (PL)</u>		(6 p.m. CT)
1st Quarter PL	08/17/2015	09/15/2015
2nd Quarter PL	09/16/2015	12/15/2015
3rd Quarter PL	12/16/2015	03/15/2016
4th Quarter PL	03/16/2016	06/15/2016
<u>Time Study (TS)</u>		
1st Quarter TS	10/01/2015	12/18/2015
2nd Quarter TS	01/04/2016	03/31/2016
3rd Quarter TS	04/01/2016	06/30/2016
4th Quarter TS	07/01/2016	09/30/2016

* Dates subject to change

Requirements - Training



- Each RMTS Contact must complete HHSC training annually.
 - HHSC recommends that all participating LHD entities have at least 2 employees attend mandatory RMTS Contact training
- Each Time Study (TS) participant must be trained annually by a HHSC trained RMTS Contact.
- Those who have never attended RMTS training must attend an initial training. Initial training must be interactive and therefore must be conducted via face-to-face, Webinar or teleconference.
- Those who have ever attended an initial training must attend refresher training or may attend an initial training again. Refresher training may be conducted via CD's, videos, web-based and self-paced training.

Requirements – Training

Full Access versus View Only Access

System Access is limited to “View Only” until training is completed

FB FAIRBANKS LLC Welcome, Fred Emy (Logout)

Edgar County Public Health Department

Dashboard Participant List Time Study Sample Manage

Manage Contacts | **Manage Training Status**

FY2015 -- Edgar County Public Health Department RMTS Contact Trainings

Filters: FY2015 Edgar County Public Health Department RMTS Contact Trainings All Users Preparers Available for Hire

Actions	FB User ID	First Name	Last Name	District	Trained	Status	Training	Training Period	Willing to Hire Out? *
Make View-only	273387	Picante	Callente	Edgar County Public Health Department (Secondary RMTS Contact, Primary MAC Financial Contact, Secondary Director)	Yes	Full Access to PL and TS	RMTS 2015 - LHD Refresher (Webinar 2014-08-20, 08:30:00-11:00:00 Austin, TX)	FY2015	No
No Access	898837	Shawna	Davis	Edgar County Public Health Department (Secondary MAC Financial Contact)	Yes	No Access to PL and TS	RMTS 2015 - LHD Refresher (Webinar 2014-08-06, 13:00:00-15:30:00 Austin, TX)	FY2015	No
Make View-only	273405	Raul	Erasides	Edgar County Public Health Department (Secondary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2015 - LHD Refresher (Webinar 2014-11-19, 13:00:00-15:30:00 Austin, TX)	FY2015	No
Yourself	421941	Fred	Emy	Edgar County Public Health Department (Primary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2015 - LHD Refresher (Webinar 2014-08-06, 13:00:00-15:30:00 Austin, TX)	FY2015	No Change to Yes
Not Trained	777122	Janice	Blucher	Edgar County Public Health Department (Secondary MAC Financial Contact)	No	No Access to PL and TS			
Not Trained	440299	Jalapena	Delciosa	Edgar County Public Health Department (Secondary RMTS Contact)	No	No Access to PL and TS			
Not Trained	271125	Gerald	Dermont	Edgar County Public Health Department (Primary Director)	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.

RMTS Information

RMTS information Website (TX - HHSC)

MAC Information

MAC information Website (TX - HHSC)

STAIRS Contacts



- Three System Contact Types
 - Director
 - RMTS Contact(s)
 - MAC Financial Contact(s)
 - MAC Contacts will be discussed only briefly during the MAC Overview presentation. The mandatory MAC Financial Contact training will be held separately.

STAIRS Contacts



- Other Contacts
 - Sampled Participants
 - HHSC Time Study Unit
 - HHSC Contractor
 - Fairbanks LLC
 - Technical Support
 - Central Coding Staff

Contact - Roles



- Director
 - The Director is the first contact designated when a new entity chooses to participate in RMTS
 - The Director receives their user name and password via E-mail
 - The Director has the ability to add a different “Primary” RMTS contact
 - Primary RMTS Contact can add Secondary Contacts
 - When a Primary or Secondary contact is added it automatically generates an e-mail containing their username and password

Contact - Roles



- RMTS Contact

- Must be an employee of LHD entity or its designee
 - Primary RMTS Contact must be an employee of LHD entity
 - LHD assumes all responsibility for designee's actions/non-actions
- Ensure all contact information is current and accurate
- Must attend annual training provided by HHSC
- Verify and update quarterly Participant List
- Provides RMTS training to sampled participants
- Provides ongoing technical assistance to participants
- Ensures LHD entity compliance with 85% required response rate
 - Receives weekly list of participants that did not respond to their moments (document reason for past moments)
- May enter paid and unpaid time off for the selected participants when they are unavailable.

RMTS Contact

Helpful Hints

- If you have a time study participant that is absent on their selected moment and will be returning within the 5 business days, then the participant should respond to the moment. If the time study participant will not be returning within the 5 business days, then the RMTS Contact should respond to the moment as “paid or unpaid” leave.
- If you have an employee who has terminated/retired or changed positions and has been chosen for a selected moment...If the position is Vacant then the RMTS Contact should respond to the moment as “unpaid” leave. If the position has been filled then the selected moment should be forwarded to the new employee to respond.

RMTS Contact



Helpful Hints

- If you have a VACANT position that is selected for a moment and it has been filled then it should be forwarded to the new employee to respond to the moment. If the position is filled after the 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. Remember the username/password is unique to that moment.
- Because this is a STATEWIDE time study sample if you have an employee (contractor or regular) that has been selected for a moment but is working for another district at the time of their moment they still respond to the moment what they were doing.

Contact – Role Manage Time Study Sample



Open Quarter: July September 2014



Open Quarter: July September 2014

(Training status: [full access](#))

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

Showing: 1 - 13

Job Category	Last Name	First Name	Email	Location	Employment Type	Moment 1	Is Certified
Social Worker - Licensed Baccalaureate (LBSW)			@esc16.net	5800 Bell, Amarillo	Full Time	07/01/2014, 08:47 AM	Certified 07/01/2014, 08:42 PM
<input type="checkbox"/> Speech Language Pathologist - Licensed (SLP)			@esc16.net	5800 Bell St, Amarillo	Full Time	07/23/2014, 04:07 PM	Not Certified Email Print
<input type="checkbox"/> Speech Language Pathologist - Licensed (SLP)			@esc16.net	5800 Bell, Amarillo	Full Time	07/24/2014, 09:54 AM	Not Certified Email Print
<input type="checkbox"/> Director - Program			@esc16.net	5800 Bell St, Amarillo	Full Time	07/29/2014, 02:13 PM	Future Moment Email Print
<input type="checkbox"/> Social Worker - Licensed Master (LMSW)			@esc16.net	817 W. Ave, Wellington	Full Time	08/05/2014, 04:17 PM	Future Moment
<input type="checkbox"/> Early Intervention Specialist (EIS)			@esc16.net	5800 Bell, Amarillo	Full Time	08/06/2014, 09:43 AM	Future Moment

RMTS Information

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

MAC Information

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

Contact - Roles



- Time Study Participant
 - Must answer the following to document the sampled moment:
 - Question 1. Who was with you?
 - Question 2. Why were you performing the activity?
 - Question 3. What were you doing?
 - Participant notified of moment 3 days in advance
 - Enter response within 5 business days of moment
 - Reminders sent to participants via e-mail at 24, 48, & 72 hours
 - Primary RMTS Contact copied on the 72 hour reminder
 - Failure to enter the information will disqualify the moment
 - Respond to follow-up questions from coders within 3 business days from receipt of e-mail.
 - Primary RMTS Contact will be copied on the e-mail

Contact - Roles

- HHSC – Time Study Unit
 - Provides RMTS support and guidance
 - Provides training to RMTS Contacts
 - Provides training to Central Coders
 - Works with appropriate federal agencies to design and implement programs.
 - Conducts ongoing program review to include:
 - Time Study results
 - Compliance with training requirements
 - Documentation compliance
 - Sends out the non-compliance notification letters

Contact - Roles

- Fairbanks, LLC.
 - Central Coders
 - Receives training from HHSC on activity codes
 - Reviews the participant's response for the sampled moment
 - Assigns activity code using uniform time study codes
 - When additional information is needed must obtain clarification from time study participants via follow-up e-mail within 3 days of request.
 - Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance

Contract - Roles

- Fairbanks, LLC.
 - Technical Support
 - Contracted by HHSC to implement and support the web-based RMTS system
 - Assist in annual training for RMTS Contacts
 - Ongoing system support
 - Send e-mail notification to selected participants 3 days prior to the sampled moment
 - Send reminder e-mails for non-response to the sampled moment

Participant List (PL)

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

PL - Development



- At the beginning of each quarter the trained RMTS Contact provides a comprehensive list of staff eligible to participate in the RMTS.
- The Participant List (PL) can only be updated by a HHSC trained RMTS Contact.
- Once PL is closed:
 - Cannot add/delete participants; and
 - Cannot change position/function category
- If the participant performs more than one function.
 - Only list on the PL once in the function which most closely matches the majority of their time during the quarter

NEW →

To remove duplicates from the PL do the following: Export your PL to Excel. Then, choose the column of data (e.g. address, external ID) that may be duplicated. Then, highlight that column and choose the “conditional formatting” option. You’ll see an option there to “highlight duplicate values”. It’s easy to identify and remove any duplicates.

PL - Development



- An accurate PL is a critical part for ensuring eligibility for MAC
 - If an LHD entity does not update/certify its PL the entity is ineligible to submit a MAC claim for that quarter.
- Every time the PL is updated, it is also certified
 - Even if there are no changes to the participant list from the previous quarter the RMTS Contact must open the PL and click the certify the PL button prior to the deadline.
- Reminder e-mails will be sent only to those LHD entities that have not certified their PL.
- The PL provides a basis to identify the positions that may be included in the MAC claim.

PL - Who's In ?



- Participant List includes:
 - Staff who perform MAC activities
 - As a part of their regular duties at least on a weekly basis
 - Regular Staff
 - Include Federally Funded Employees
 - Contractors: include all position(s) that provide services for the LHD entity and are not employees of LHD
 - Vacant positions: Vacant positions can be selected for a sampled moment and will need to be forwarded to individual if filled

PL - Drop Down Options



- 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
- 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

PL – System Demonstration



- Demonstration of RMTS online system
 - Participant List Development
 - Managing Contacts
 - Training Tracking
 - Time Study Sample
 - Monitoring Response Completion
 - Documenting non-responses

RMTS Moment

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

Moment - General



- 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-overs” and/or  “question marks” that provide additional information that helps the participant make the best selection.

Moment - Notification

Name: DAVID PURSER

Entity: Edgar County Public Health Department

Entity Contact: Fred Erny

RMTS Category: Physician Assistant (PA)

Random Moment: 08:56 AM on 06/03/2015

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

In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer the questions asked to report the activity you were performing at your sampled moment of 08:56 AM on 06/03/2015.

User Name: dpurser14

Password: run53lid

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

Moment - Welcome Screen

www.fairbanksllc.com

Fairbanks LLC

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Create insight
Bright ideas in action.

Read More

Uncompromised quality and client service.

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

What We Do

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

[Our Services >](#)

Who We Work With

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

[Our Clients >](#)

MAC Client Dashboard

Enter your username...

Enter your password...

[Login](#) [Forgot password?](#)

Latest News

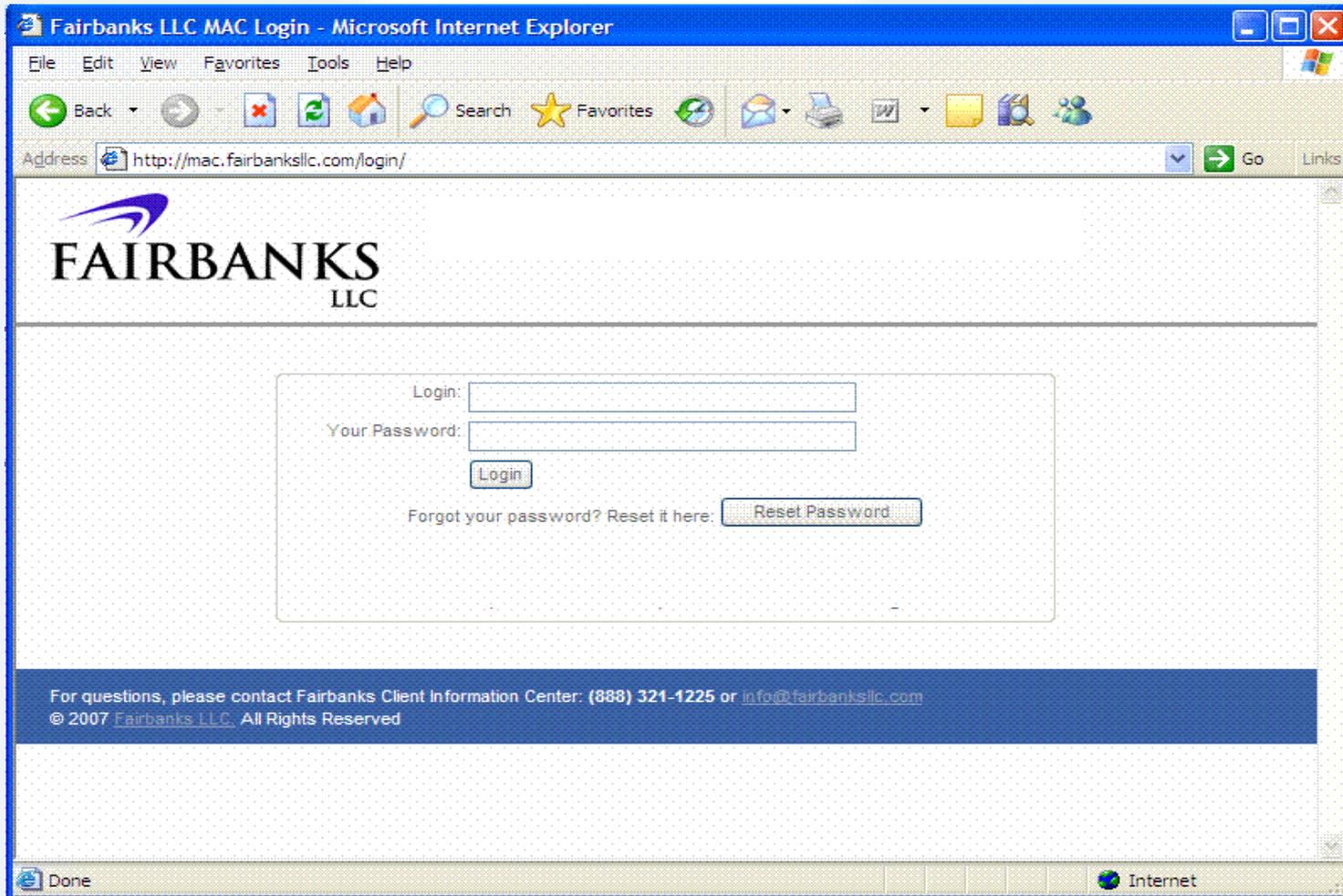
April 11, 2011
Commonwealth of Kentucky Awards Fairbanks Contract to Review LEA Cost Reports Under New Payment Methodology
[Full story](#)

December 04, 2010
New Mexico Human Services Department Awards Fairbanks Statewide BMS and Administrative Claiming Contract
[Full story](#)

Done

Internet 100%

Moment - Login Screen



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Moment - Start RMTS



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]

MAC Category: Early Intervention Specialist (EIS)

Reference Materials

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

Do You Need Help?

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

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

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Moment - Instruction Screen



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.

Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

Your Profile [\(Edit\)](#)

Name

Email

Program:

Human Services

MAC Category: Medical Assistant

Reference Materials

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

Do You Need Help?

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

Moment - Response



- **Who** was with you?
- **Why** were you performing the activity?
- **What** were you doing?

Moment - System Demonstration

A silver stethoscope is positioned in the top right corner of the slide, partially overlapping the dark blue header. The background of the slide is a light blue gradient with a faint, large-scale pattern of overlapping circles.

- Demonstration of RMTS online system
 - Sampled Participant's Response to Moment

Response Question 1: Who was with you?



Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Who was with you during your selected moment?

- Client
- Client (Multiple)
- Medical Provider
- Administrative Staff
- Health Department Staff
- Other Agency Staff
- Community Contact
- Contractor / Vendor
- No one (I was alone)
- I was not working
- Other

[Next](#)

Your Profile ([Edit](#))

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

Reference Materials

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

Do You Need Help?

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

Response Question 1: Example



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
 - ➔ Not Paid
 - ➔ Having Lunch
 - Paid
 - Not Paid
 - Paid Time Off
 - Leave without pay
- Other (please specify below)

Indicates additional ➔ question based on previous response

Response Question 2: What were you doing?



Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

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

What were you doing during your selected moment?

[Next](#)

Your Profile ([Edit](#))

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

Reference Materials

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

Do You Need Help?

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Fairbanks Client Information Center at
(888) 321-1225.

Response Question 2: Example



What were you doing? (Text Box)

- 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.
 - It is up to the participant to provide the information needed for those independent coders to code the response accurately.
 - Please don't use acronyms in the description.
 - Please don't use people's names in the responses.
 - If not working, indicate if it was paid or unpaid leave.

Response Question 3: Why were you doing it?

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

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

Why were you performing this activity?

- 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: Edgar County Public Health
Department
MAC Category: Physician Assistant (PA)

Reference Materials

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

Do You Need Help?

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

Response Question 3: Example

A blue stethoscope is positioned in the top right corner of the slide, partially overlapping the dark blue header.

Why were you performing this activity?

- Determine the clients eligibility
- Tell people about a service
- Help a person obtain a needed service
- Monitor the provision of a service
- Refer the person to a needed service
- Provide a direct medical service
- Coordinate services for someone
- Coordinate or provide transportation to a:
 - Medical service
 - Non-Medical service
 - Other (please describe)

Identify the service

Response Question 3: Example



- Coordinate or provide translation for or during a:
 - Medical service
 - Non-Medical service
 - Other (please describe)
- Secure and/or maintain eligible Medicaid providers
- Program Planning, Development & Interagency Coordination
- Provide or attend staff training
 - Medical training
 - Non-Medical training
 - Other (please specify)
- Provide or receive supervision
 - General supervision
 - Utilization Review
 - QA/Administrative Policies and Procedures

Response Question 3: Example

- Not Working
- Other

Response Question 3: Please identify the service?

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

Previous Answer:

WHY WERE YOU PERFORMING THIS ACTIVITY?
[EDIT](#) REFER THE PERSON TO A NEEDED SERVICE

If you were referring the person to a needed service, can you identify what service you were referring to?

Service

[Next](#)

Your Profile ([Edit](#))

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

Reference Materials

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

Do You Need Help?

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

Complete Time Study Review and Submit

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

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

You have completed the Random Moment Time Study. Please take a moment to review your answers, and make any corrections. When you are ready, please hit the "Certify & Submit" button to finalize your survey responses.

Who was with you during your selected moment?

[Edit](#) Client

If you were working with a client, was that person

[Edit](#) An existing client

What were you doing during your selected moment?

[Edit](#) [redacted]

Why were you performing this activity?

[Edit](#) Coordinate services for someone

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

[Edit](#) [redacted]

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

[Edit](#) Yes

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

[Edit](#) Yes

Certify & Submit 

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: Edgar County Public Health
Department

MAC Category: Physician Assistant (PA)

Reference Materials

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

Do You Need Help?

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

Completed Random Moment Time Study



Print Completed RMTS



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

Random Moment Time Study

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

🕒 **Random Moment Time:** 08/02/2013, 02:33 PM Central Time

Thank you for participating in the MAC time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now log out or close this window.

 [Print](#) [Confirmation Receipt](#)

Your Profile

Name: [redacted]
Email: [redacted]
Progr: [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

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

Do You Need Help?

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

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

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Completed Random Moment Time Study



Print Confirmation Receipt

FB FAIRBANKS LLC Welcome, [redacted] (Logout)

Random Moment Time Study

 **, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 06/10/2015, 09:42 AM CENTRAL TIME.**

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

Here are your answers:

Who was with you during your selected moment?
Client

If you were working with a client, was that person
An existing client

What were you doing during your selected moment?

Why were you performing this activity?
Coordinate services for someone

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

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

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



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

E-Mail Messages



- Communication is 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
- It's critical that your LHD 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 @hhsc.state.tx.us, extensions pass through firewalls and spam filters.

Helpful Hints



- Passwords

Passwords will not change.

If you forget your password, you can reset it at the log-in screen.

- Manage Contacts

Delete contacts if they are no longer with your entity

Do not simply type over the name

To add a contact in system use the “Add a new contact” hyperlink

Username & Password will be emailed

The primary contact can change primary status from themselves to a secondary. A secondary contact cannot change primary contact status.

There can be only one Primary contact for each role (RMTS, MAC financial)

There is no limit to the number of secondary contacts

- For system questions contact Fairbanks support line: **1-888-321-1225**

WRAP UP



- If you are not listed in the Fairbanks system as a Contact then you cannot receive credit for completing this training until you have been added by the Primary RMTS contact or 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 7 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

Contact Information



Time Study

512-490-3194

Beverly Tackett
Alexandra Young

E-Mail Address:

TimeStudy@hhsc.state.tx.us

Web site:

<http://www.hhsc.state.tx.us/rad/time-study/ts-lhd.shtml>

Fairbanks, LLC.

888-321-1225

info@fairbanksllc.com