



# Independent School Districts Random Moment Time Study

# Texas Health & Human Services (HHSC) Time Study Unit



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- E-Mail Address: [TimeStudy@hhsc.state.tx.us](mailto: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
- School Health and Related Services (SHARS) Cost Reporting Overview
- Medicaid Administrative Claiming (MAC) Overview
- 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 of 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



- Determine the percentage of time the ISD incurs assisting individuals to access medically necessary Medicaid funded services
  - Direct Medical Services
  - Medicaid Outreach
  - Medicaid Eligibility Determination
  - Medicaid Referral, Coordination, and Monitoring
  - Medicaid Staff Training
  - Medicaid Transportation
  - Medicaid Translation
  - Medicaid Program Planning, Development & Interagency Coordination
  - Medicaid Provider Relations
- 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 activities on a student's IEP

Staff Training – Coordinating, conducting or participating in training pertaining to medical or Medicaid services

Translation – Arranging or providing translation to a student or family to access medical or Medicaid services

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

Program Planning, Development & Interagency Coordination – Developing strategies to improve the coordination and delivery of medical or Medicaid services

Provider Relations – Activities to secure and maintain Medicaid providers

# Overview - RMTS Process



HHSC contractor codes moment



RMTS Contact identifies pool of time study participants



Participant responds to selected moment by answering moment online



HHSC Contractor identifies pool of available time study moments



RMTS Contact ensures selected participants are trained



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 – No Time Study conducted
- To claim SHARS you must have an active Texas Provider Identifier (TPI) number obtained from TMHP **and** participate in time study.
- To claim MAC you must have a valid HCAT number obtained from HHSC **and** participate in time study.
- Participant List (PL) must be certified for ISD to participate in the random moment time study (RMTS).
- To be included on the MAC claim and/or SHARS cost report position must be included on the PL.
- A statewide response rate of 85% for RMTS 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	05/16/2016	09/15/2016
2nd Quarter PL	09/16/2016	12/15/2016
3rd Quarter PL	12/16/2016	03/10/2017
<u>Time Study (TS)</u>		
1st Quarter TS	10/03/2016	12/16/2016
2nd Quarter TS	01/09/2017	03/31/2017
3rd Quarter TS	04/03/2017	05/25/2017

\* Dates are subject to change

# Requirements - Training



- Each RMTS Contact must complete HHSC training annually.
  - HHSC recommends that all participating ISD's 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

FAIRBANKS LLC

Welcome, [User] (Logout)

ISD

Dashboard | Participant List | MAC Financial Submission | SHARS Cost Report | Manage

Manage Contacts | **Manage Training Status**

FY2015 -- [User] ISD  
RMTS Contact Trainings

Filters: FY2015 | [User] ISD | 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? *
<a href="#">Make View-only</a>	142909	[User]	[User]	[User] ISD (Secondary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2015 - ISD Refresher (Webinar 2014-05-20, 13:00:00-15:30:00 Austin, TX)	FY2015	No
Primary	731946	[User]	[User]	[User] (Primary RMTS Contact, Secondary MAC Financial Contact, Secondary SHARS Financial Contact)	Yes	Full Access to PL and TS	RMTS 2015 - ISD Refresher (Webinar 2014-05-20, 13:00:00-15:30:00 Austin, TX)	FY2015	No
<a href="#">Make View-only</a>	904648	[User]	[User]	[User] ISD (Secondary RMTS Contact, Secondary SHARS Financial Contact)	Yes	Full Access to PL and TS	RMTS 2015 - ISD Refresher (Webinar 2014-08-21, 13:00:00-15:30:00 Austin, TX)	FY2015	No

\* 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 \(TX - HHSC\)](#)

**SHARS Information**  
[SHARS Information Website](#)

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

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# STAIRS Contacts



- Four STAIRS Contact Types
  - Superintendent
  - RMTS Contacts
  - MAC Financial Contacts
  - SHARS Financial Contacts
    - MAC and SHARS Contacts will be discussed only briefly during the MAC and SHARS overview presentations. The mandatory MAC Financial Contact training and SHARS Financial Contact training will both be held separately.

# STAIRS Contacts



## Other Contacts

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

# Contact - Roles



- Superintendent
  - Superintendent is the only contact currently designated in the Fairbanks system
  - Username and password will be provided via E-mail
  - Superintendent has the ability to add “Primary” RMTS contact
    - Primary RMTS Contact can add Secondary Contacts
  - When a Primary or Secondary RMTS contact is added it automatically generates an e-mail containing their username and password

# Contact - Roles



- RMTS Contact

- Must be an employee of ISD or its designee
  - Primary RMTS Contact must be an employee of ISD
  - ISD 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
- Ensure ISD compliance with 85% required response rate
  - Receives weekly list of participants that did not respond to their moments (document reason for past moments)
- Contact can enter paid and unpaid time off for the selected participants when they are unavailable

# RMTS Contacts



- **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 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 “paid or unpaid” leave. If the position has been filled then the selected moment should be forwarded to the new employee to respond.

# RMTS Contacts



- 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



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

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

Open Quarter: July September 2014

Open Quarter: July September 2014 [Change Quarter](#)
(Training status: [full access](#))

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

[Paid Leave](#) | [Unpaid Leave](#) | [Edit](#)
Showing: 1 - 13

Job Category	Last Name	First Name	Email	Location	Employment Type	Moment ↑	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 <a href="#">Email Print</a>
<input type="checkbox"/> Speech Language Pathologist - Licensed (SLP)			@esc16.net	5800 Bell, Amarillo	Full Time	07/24/2014, 09:54 AM	Not Certified <a href="#">Email Print</a>
<input type="checkbox"/> Director - Program			@esc16.net	5800 Bell St Amarillo	Full Time	07/29/2014, 02:13 PM	Future Moment <a href="#">Email Print</a>
<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 \(TX - HHSC\)](#)

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# Contact - Roles



- Time Study Participant

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

# 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
    - Review the participant's response for the sampled moment
    - Assigns activity code using uniform time study codes
    - When additional information is needed they must obtain clarifying information from time study participants via follow-up e-mail within 3 business days of request.
    - Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance

# Contact - Roles

- Fairbanks, LLC.

- **Technical Support**

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



# Participant List (PL)



- Participant List
  - 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
  - Cannot Change position/function category
  - No changes after the 3rd quarter until the next FFY PL opens
- If the participant performs more than one function
  - Select function which most closely matches the majority of their time during the quarter

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 and/or SHARS
  - If an ISD does not update/certify its PL by the deadline:
    - They are ineligible to submit a MAC claim for that quarter
    - They are ineligible for SHARS reimbursement for the entire FFY 2017
- 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 ISDs that have not certified their PL.
- The PL provides a basis to identify the positions that may be included in the MAC claim and SHARS cost report.

# PL - Development



- All staff chosen to participate in RMTS will be categorized in one of two staff pools in the Fairbanks system.
  - Administrative Services identified on the list as (MAC only)
  - Direct Service and Administrative
- **Direct Service and Administrative**
  - Includes eligible staff that provide direct medical services and administrative activities associated with Medicaid
- **Administrative Services Only**
  - Includes staff that perform administrative activities associated with Medicaid

# PL - Who's In ?



- Participant List includes:
  - Staff who perform MAC activities or SHARS Direct Medical 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 ISD and are not employees of ISD
    - Vacant positions: include those that are anticipated to be filled (with reasonable certainty) during the quarter

# PL – Category Clarification



- The following PL categories can include a mix of job functions and job titles:
  - Personal Care Service Provider
  - Delegated Nursing
  - Service Coordinator/Case Manager
  - Outreach Worker
  - Behavioral Counselor
- These categories must include the functional (or working) job title to be included on the PL

# PL – Category Clarification



- SBEC Certified or TEA Certified School Counselor and Educational Diagnostician job titles are not eligible categories for SHARS (unless they perform PCS) but can be included on the Participant List for MAC if the district is a MAC participant
- Please note the SBEC Certified or TEA Certified School Counselors and Educational Diagnosticians still have to qualify under the Admin Cost Pool eligible category by performing Medicaid allowable activities to be included in the RMTS

# PL - Drop Down Options



## SHARS Direct Medical Categories

- Registered Nurses (RN)
- Licensed Vocational Nurses (LVN)
- Advanced Practical Nurses (APN)
- **Delegated Nursing Services**
- Physicians (MDs & DOs)
- Licensed Audiologist
- Licensed Assistant in Audiology
- Licensed Occupational Therapist (OT)
- Certified Occupational Therapy Assistant (COTA)
- Licensed Physical Therapist (LP)
- Licensed Physical Therapy Assistant (LPTA)
- Licensed Psychological Associate
- Licensed Psychologist
- Licensed Specialist in School Psychology (LSSP)
- Licensed Psychiatrist
- ASHA-Equivalent Speech Language Pathologist (SLP) with Texas license and master's degree
- ASHA SLPs with Texas licenses
- Grandfathered SLP with Texas license and no master's degree
- TEA- or SBEC-Certified Speech Therapists
- Licensed Assistant in SLP
- Licensed SLP Intern
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Clinical Social Worker (LCSW)
- **Personal Care Service Providers**

**All inclusive list of SHARS providers approved by Center for Medicare & Medicaid Services (CMS)**

# PL - Drop Down Options



## MAC Only Categories

- Behavioral Counselor
- Interpreter/Translator/Bilingual Specialist
- Licensed Bachelor of Social Work (LSW)
- Licensed Master of Social Work (LMSW)
- Physician Assistant (PA)
- Pregnancy, Education & Parenting Program Personnel
- Psychology Intern
- Orientation & Mobility Specialist
- Outreach Workers
- Service Coordinator/Case Managers

# PL – System Demonstration



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

# Educational or Direct Medical?



- Educational Services Include:
  - Reading/English/Language Arts
  - Writing
  - Mathematics
  - Science
  - Social studies
  - Physical education
  - Electives
  - Activities that do not require human intervention to accomplish the task the student would normally do for themselves if they did not have a disability or chronic medical condition

# Educational or Direct Medical?



## Direct Medical Services Include:

- Medical services that require a licensed, skilled, trained professional
  - Nursing
  - Psychology
  - Counseling
  - OT, PT, Speech,
  - Evaluations

- Personal Care Services

Activities that require human intervention to accomplish the task the student would normally do for themselves if they did not have a disability or chronic medical condition, i.e. hands on assistance, monitoring, cueing, Activities of Daily Living (ADL)

# Updates and Concerns



- Personal Care Services are not being documented appropriately when responding to the time study. As a result there will be follow-up questions when this occurs.
- As the RMTS Contact you are responsible for training the time study participants on the following as it pertains to personal care services.
  - A personal care service IS a direct medical service.
  - A student receiving a personal care service should have an IEP that list the specific activity and personal care service needed.
  - Personal Care Service provider should know when responding to a time study moment the response should be restricted to the one minute in time. Do not list multiple activities or their job description/responsibilities.
  - A response should always include the specific PC activity (cueing, monitoring) and the service being provided.
  - When responding to a time study moment 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.

# Personal Care Services



- Personal care services (PCS) are provided to assist a student with a disability or chronic health condition so they may benefit from educational services
- Personal care services include a range of human assistance provided to students to accomplish tasks the student would normally do for themselves if they did not have a disability

A student may be physically capable of eating lunch but is unable to independently eat in the cafeteria because of functional, cognitive, or behavioral impairments

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

Teacher Aides

Bus Aides/Monitors

Health Care Aides

Orientation/Mobility Specialists

Instructional Aides

Teachers

Bilingual Aides

Clerks

# Personal Care Services (con't)



- Includes but is not limited to:

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

# Personal Care Services (con't)



- Personal Care Services are often provided in Life Skills/Self-Contained classrooms because:
  - ❑ The Life Skills class consists of students with Moderate to Severe disabilities, showing limitations in communication, social skills, and activities of daily living (ADL)
  - ❑ The course curriculum is driven by the student's needs as stated in each student's IEP
  - ❑ These classes may have different skill areas addressed based on student needs, like
    - ❑ Domestic skills
    - ❑ Daily living skills
    - ❑ Pre-vocational skills
    - ❑ Vocational skills
    - ❑ Social skills



# Educational vs. Direct Medical



-  A teacher helping a student solve a math problem that they are having difficulty understanding.
-  A PCSP is assisting a student solve a math problem by providing hand over hand assistance using a calculator.
-  A teacher demonstrating sounding out words during a reading lesson.
-  A Speech Therapist is working with a student on an articulation exercise.
-  A teacher in an inclusion class is teaching a Social Studies lesson.
-  A teacher's aide is monitoring and cueing students in an inclusion class during a Social Studies lesson to stay seated.

# Educational vs. Direct Medical



-  A Licensed Specialist in School Psychology providing academic counseling to a student.
-  A Licensed Specialist in School Psychology providing relaxation therapy to a student as part of their defined BIP.
-  A Nurse teaching students in a health class the benefits of proper hand washing.
-  A Nurse assisting a diabetic student in washing their hands prior to checking their blood sugar.
-  A PCSP in the cafeteria monitoring all students.
-  A PCSP in the cafeteria cueing a student to swallow between bites during lunch.

# What Is Monitoring ?



- Monitoring is a Direct Medical Service when:
  - The student just received medication as indicated on his/her IEP. The participant is monitoring the student for a reaction.
    - This activity is a delegated nursing service
  - Student's IEP requires that he/she receive continuous monitoring due to a behavior problem.
    - This activity is a personal care service (PCS)
  - The teacher's aide is monitoring a student in a wheelchair to ensure they do not slide down in their wheelchair.
    - This activity is a personal care service (PCS)
- Monitoring is an Educational Service when:
  - General monitoring of students in a cafeteria to ensure all students' behaviors are in accordance with school policy.
    - This activity is general supervision of students

# 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 or question marks that provide additional information that helps the participant make the best selection.

# RMTS Moment

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



# Moment – Notification Example



E-mail sent to selected participants

Name: [REDACTED]  
District: [REDACTED]  
District Contact: [REDACTED]  
RMTS Category: Personal Care Service Provider  
Random Moment: 01:52 PM on 04/03/2015 ←

You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your 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](http://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 01:52 PM on 04/03/2015.

User Name: [REDACTED]  
Password: [REDACTED] ←

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](mailto:info@fairbanksllc.com).

# Moment - Welcome Screen

www.fairbanksllc.com



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Bright ideas in action.

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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?

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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 RMS and Administrative Claiming Contract

Full story

Done Internet 100%

# Moment - Login Screen



The screenshot shows a Microsoft Internet Explorer browser window titled "Fairbanks LLC MAC Login - Microsoft Internet Explorer". The address bar displays "http://mac.fairbanksllc.com/login/". The page content includes the Fairbanks LLC logo at the top left. Below the logo is a login form with two input fields: "Login:" and "Your Password:". A "Login" button is positioned below the password field. Below the login button is a link that says "Forgot your password? Reset it here:" followed by a "Reset Password" button. At the bottom of the page, there is a dark blue footer with the text: "For questions, please contact Fairbanks Client Information Center: (888) 321-1225 or [info@fairbanksllc.com](mailto:info@fairbanksllc.com)" and "© 2007 Fairbanks LLC. All Rights Reserved". The browser's status bar at the bottom shows "Done" and "Internet".

# Moment – Start RMTS



Welcome,  ([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:   
Email:   
Program:   
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](mailto: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.

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: \_\_\_\_\_  
Email: \_\_\_\_\_  
Program: \_\_\_\_\_  
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.



# Moment - Responses



**WHO** Was With You?

**WHAT** Were You Doing?

**WHY** Were You Doing It?

# Moment – System Demonstration



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

# Response – PCSP

## Question 1: Were you providing Personal Care Services?



### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

Random Moment Time: 04/01/2015, 09:11 AM Central Time

1. Were you providing Personal Care Services? Please [click here](#) to review examples of Personal Care Services before continuing.

Please select an answer...  
Please select an answer...  
**Yes, I was providing Personal Care Services**  
- Yes, and the service was defined on the student's (or students') IEP(s)  
- Yes, and the service was NOT defined on the student's (or students') IEP(s)  
**No**  
- No, I was not providing Personal Care Services

3. What were you doing?

Please provide a 2-4 sentence description of your sampled moment; do not include acronyms, student specific names or job descriptions.

[Empty text input field for describing the sampled moment]

4. Why were you performing this activity?

Please select an answer...

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: 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.

# Response – Non-PCSP

## Question 1: Who was with you?



FB FAIRBANKS LLC

Welcome, \_\_\_\_\_ (Logout)

### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

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

**1. Who was with you?**

Please select an answer...

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

Student, Special Ed  
Student, Special Ed, Lifeskills  
Student, Not Special Ed  
Student (Multiple)  
No One/Alone  
District Staff  
On the phone with parent  
Community Contact  
Staff Meeting  
Staffing  
Student's Family  
Student AND Family  
Not Working  
Other - please specify below

student

**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

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

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**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.

# Response – Question 1 (Non-PCSP) Example



## Question 1: Who was with you?

- Student, Special Ed
  - ➔ (Age 0-2)
  - ➔ (Age 3-20)
  - ➔ (Age >21)
- Student, Special Ed, Lifeskills
  - ➔ (Age 0-2)
  - ➔ (Age 3-20)
  - ➔ (Age >21)
- Student, Not Special Ed
- Student (Multiple)
- No one alone
- District staff –
  - ➔ Administrator
  - ➔ Teacher
  - ➔ School nurse
  - ➔ SHARS Service Provider
  - ➔ Non SHARS Service Provider
- On the phone with parent
- Community Contact
- Staff meeting
- Staffing
  - ➔ No student/family present
  - ➔ Student and/or family present
- Student's family
  - ➔ Non special Ed students
  - ➔ Special Ed student
- Student AND Family
  - ➔ Non special Ed students
  - ➔ Special Ed student
- Not Working
  - ➔ Paid time off
  - ➔ Non Paid time off
- Other – please specify below

# Response

## Question 2: What were you doing?



FB FAIRBANKS LLC

Welcome, [redacted] (Logout)

### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

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

**1. Who was with you?**  
Please select an answer...

**2. What were you doing?**  
Please provide a 2-4 sentence description of your sampled moment; do not include acronyms, student specific names or job descriptions.

**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**

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

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

# 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 time off.

# Response – Non-PCSP



## Question 3: Why were you performing this activity?

**FB FAIRBANKS LLC** Welcome,  [\(Logout\)](#)

---

### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

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

**1. Who was with you?**

**2. What were you doing?**

Please provide a 2-4 sentence description of your sampled moment; do not include acronyms, student specific names or job descriptions.

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

Please select an answer...

- Please select an answer
- To provide a direct medical service as defined on a student's IEP
- To provide a direct medical service NOT defined on a student's IEP
- To provide an educational service as defined on a student's IEP
- To provide an educational service NOT defined on a student's IEP
- To determine a student's eligibility for services
- To improve health services for the district's students
- To provide or obtain information to or from a student's family
- To assist student/family in applying for health benefits
- To assist student/family in applying for all other programs
- To improve social/vocational/educational services for the district's students
- To coordinate transportation
- To coordinate translation
- To provide translation
- To provide guidance counseling
- To provide direct supervision of a students and student events
- To participate in an IEP meeting
- Other - please specify below

I confirm that I performed this Random Moment Time Study regarding the activity described above. I am certifying the complete and accurate information provided.

For questions regarding this study, please contact the Fairbanks Client Information Center at (888) 321-1225.

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# Response – Question 3 Example



## Question 3: Why were you performing this activity?

- To provide a direct medical service as defined on a student's IEP
- To provide a direct medical service NOT defined on a student's IEP
- To provide an educational service as defined on a student's IEP
- To provide an educational service NOT defined on a student's IEP
- To determine a student's eligibility for services:
  - ➔ SHARS (School Health and Related Service)
  - ➔ All Other Services
- To improve health services for the district's students
- To provide or obtain information to or from a student's family
  - ➔ Regarding SHARS (School Health and Related Service)
  - ➔ Regarding all other service
  - ➔ Regarding an evaluation/assessment for SHARS
  - ➔ Regarding an evaluation/assessment for all other services
- To assist student/family in applying for health benefits

# Response – Question 3 Example



## Question 3: Why were you performing this activity?

- To assist student/family in applying for all other services
- To upgrade professional skills through training
  - ➔ Through medical/health related training
  - ➔ Through educational training
- To improve social/vocational/educational services for the district's students
- To coordinate transportation
  - ➔ To a SHARS (School Health and Related Service)
  - ➔ To all other services
- To coordinate translation
  - ➔ For a SHARS (School Health and Related Service)
  - ➔ For all other services
- To provide translation
  - ➔ For a SHARS service
  - ➔ For all other services
- To provide guidance counseling

# Response – Question 3 Example



## Question 3: Why were you performing this activity?

- To provide direct supervision of a students and student events
- To participate in an IEP meeting
  - ➔ Educational discussion
  - ➔ School health-related discussion
- Other – please specify below

# Response –PCSP



## Question 4: Why were you performing this activity? (Auto-populates based on answer to Q1)

FB FAIRBANKS LLC

Welcome, [redacted] (Logout)

### Random Moment Time Study

**YOUR TIME STUDY IS NOT COMPLETE.**

Random Moment Time: 04/21/2015, 09:51 AM Central Time

**1. Were you providing Personal Care Services? Please [click here](#) to review examples of Personal Care Services before continuing.**

- Yes, and the service was defined on the student's (or students') IEP(s)

**2. Who was with you?**

Please select an answer...

**3. What were you doing?**

Please provide a 2-4 sentence description of your sampled moment; do not include acronyms, student specific names or job descriptions.

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

To provide a direct medical service as defined on a student's IEP

You have indicated this is not an education service. Please review the definition of educational service before continuing. Educational services include: activities that are associated with traditional courses such as reading/English /language arts, writing, mathematics, science, social studies, physical education, and electives and do not require human intervention such as hands on assistance, supervision, or cueing of persons with disabilities and chronic conditions, to accomplish tasks they would normally do for themselves if they did not have a disability or chronic medical condition.

conditions, to accomplish tasks they would normally do for themselves if they did not have a disability or chronic medical condition.

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**

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

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# Complete Time Study - Review and Submit (Print)



Welcome, Kim Kasner ([Logout](#))

## Random Moment Time Study

✓ CONGRATULATIONS KIM KASNER, YOU HAVE COMPLETED THE TIME STUDY!

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

Thank you for participating in the 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:   
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.

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

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# Complete Time Study - Review and Submit (Confirmation Receipt)



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

## Random Moment Time Study

✓ TARA MADRIGAL, YOUR TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 04/10/2015, 09:10 AM CENTRAL TIME.

🕒 Random Moment Time: 04/08/2015, 08:59 AM Central Time

Here are your answers:

### Who was with you?

Student, Special Ed (Age 3-20)

### What were you doing?

I was providing a direct medical service to the child.

### Why were you performing this activity?

To provide an educational service as defined on a student's IEP

### Your Profile

Name: [redacted]  
Email: [redacted]  
Program: [redacted]  
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.

 Print

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

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# Contact Information



Time Study

(512) 490-3194

Beverly Tackett

Alexandra Young

E-Mail Address:

[TimeStudy@hhsc.state.tx.us](mailto:TimeStudy@hhsc.state.tx.us)

Web site:

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

Fairbanks, LLC.

(888) 321-1225

[info@fairbanksllc.com](mailto:info@fairbanksllc.com)

# 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 district 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](mailto:info@fairbanksllc.com), and [@hhsc.state.tx.us](mailto:@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 district

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 and SHARS)

There is no limit to the number of secondary contacts

For system questions contact Fairbanks support line: **(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 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