Sampled Participant Notification Email

Timing: 3 business days prior to the sampled moment and 24 hours prior to the moment

Subject: NM Medicaid School-Based Program <quarter> Time Study

Body:
Name:
District:
District Contact:
MAC Category:
Random Moment:

You have been selected to participate in a Medicaid School-Based Services (MSBS) Random Moment Time Study (RMTS). To participate in the Time Study, you will need to respond to an online survey. Your participation is required and should take no longer than a few minutes to complete.

In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN. You will then need to log in with the information below and answer a few short questions to report the activity you were performing at your sampled moment of <XX>.

Username: username
Password: password

If you do not have access to a computer, you can complete the survey by calling Fairbanks directly at (877) 340-1453. Please call or email Fairbanks at info@fairbanksllc.com with any questions.

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Sampled Participant Reminder Email

Timing: Sent every calendar day, excluding weekends, starting the day after the moment occurred, until the moment is expired

Subject: NM Medicaid School-Based Program <quarter> Time Study - REMINDER

Body:

This is a reminder that you have not completed the Medicaid School-Based Services (MSBS) Time Study for your district. The time study must be completed no later than <the 3rd business day> in order for your district to receive credit for your participation.

Below is the original email with your username and password needed for the Time Study. If you have any questions, please contact Fairbanks at (877) 340-1453 or at info@fairbanksllc.com.

Name:
District:
District Contact:
MAC Category:
Random Moment:

You have been selected to participate in a Medicaid School-Based Services (MSBS) Random Moment Time Study (RMTS). To participate in the Time Study, you will need to respond to an online survey. Your participation is required and should take no longer than a few minutes to complete.

In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN. You will then need to log in with the information below and answer a few short questions to report the activity you were performing at your sampled moment of <XX>.

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Sampled Participant – Fairbanks Follow-Up Email (If Insufficient Information for Coding)

Subject: NM Urgent RMTS Follow-Up Required -- <participant name, time study moment>

Body:

Thank you for submitting the Random Moment Time Study (RMTS) on behalf of your district; we appreciate your effort and participation. Based on your submission, we do not have sufficient information to accurately code your response. You are receiving this email to request additional or clarifying information regarding your RMTS response. Please respond to this message with necessary detail within 3 business days. Thank you in advance for your help. Please reply to this email answering the following question: Your RMTS response provided the following information:

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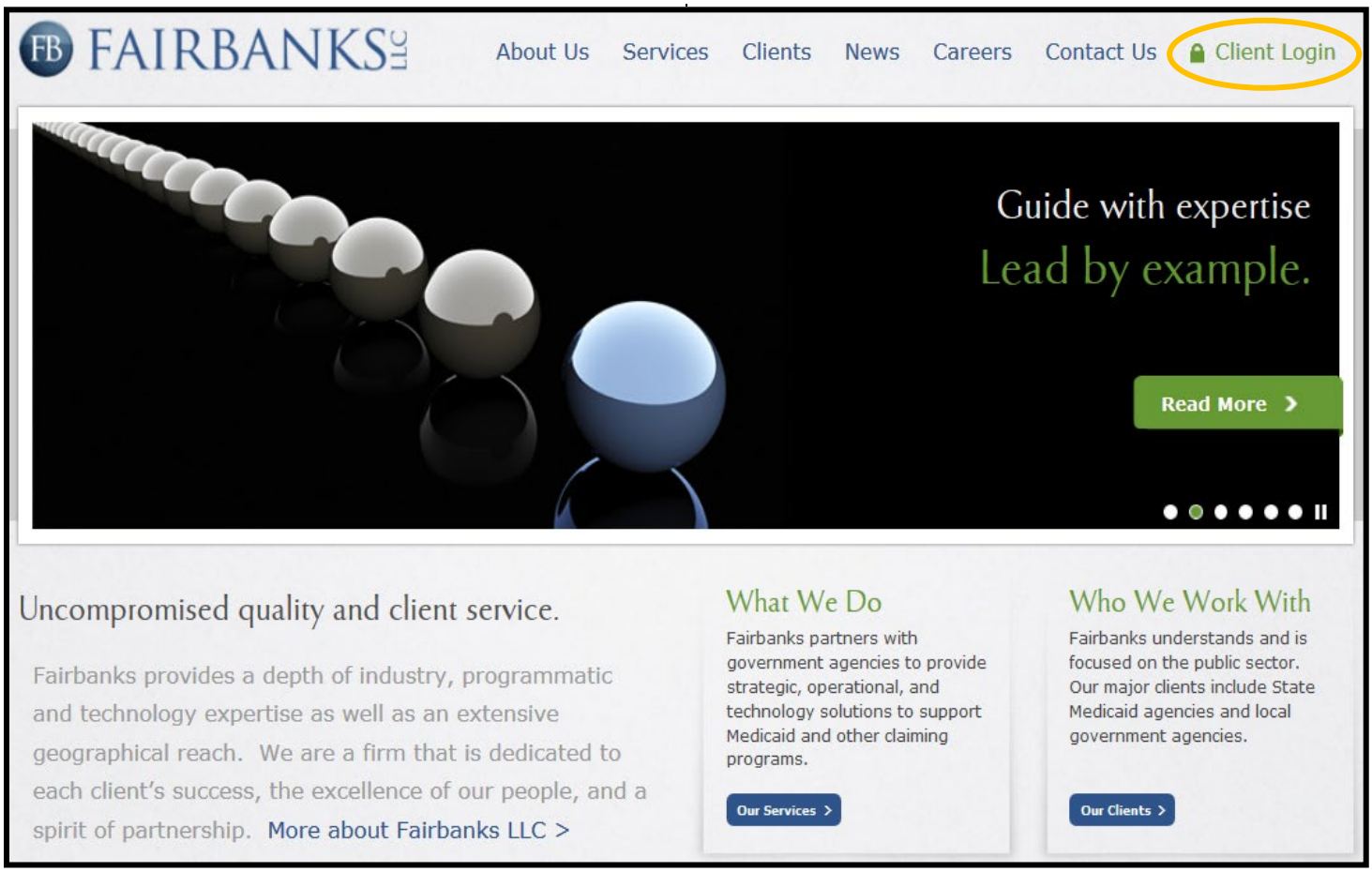
New Mexico MSBS Program

Random Moment Time Study (RMTS) Sample Participant Screens

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Sampled Participant RMTS Screens

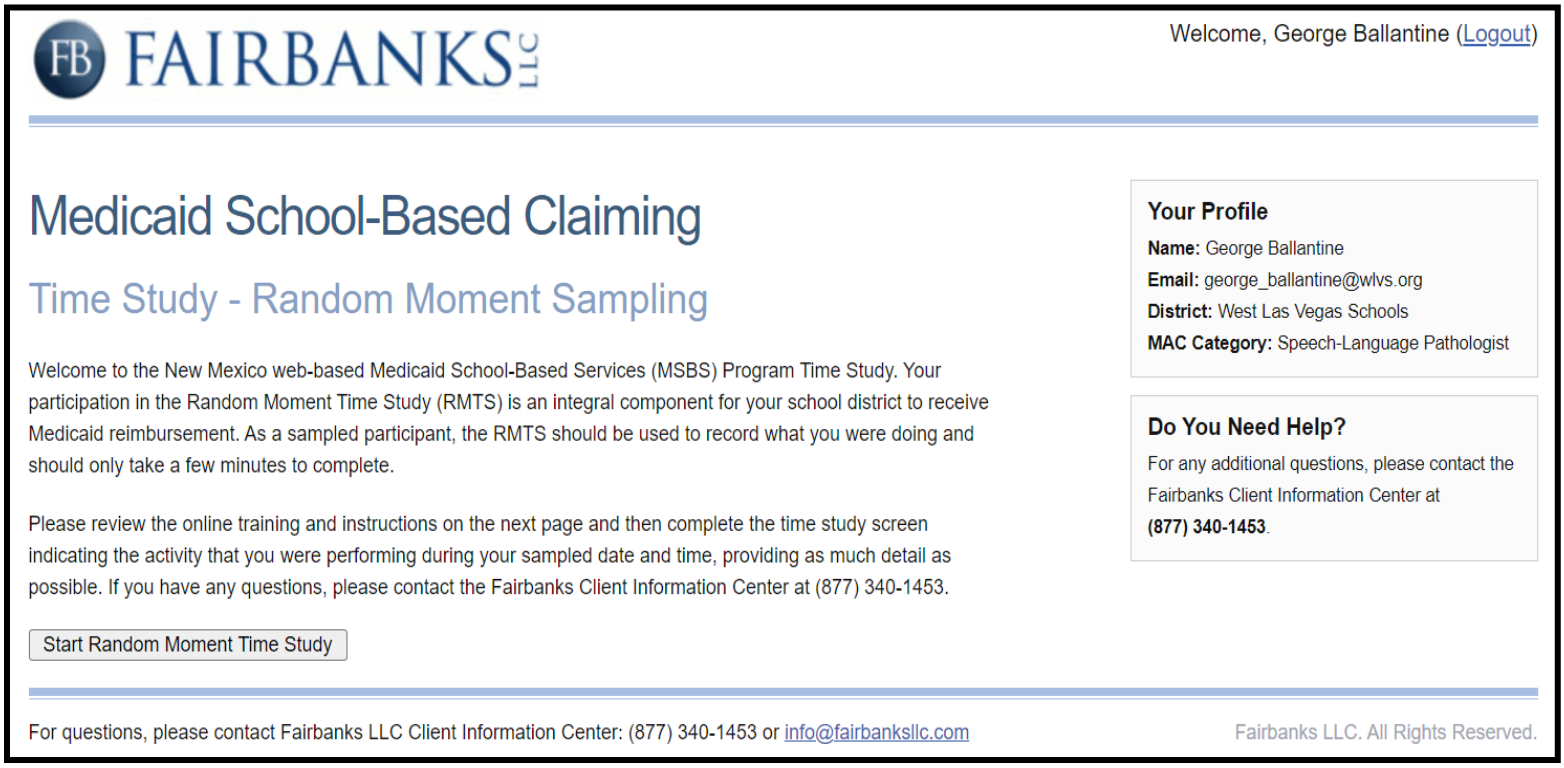
Three days as well as 24 hours prior to the sampled date and time, each RMTS sampled participant will receive an email notification from Fairbanks with instructions regarding the RMTS, system access, and a unique login and password. In order to access the RMTS, sampled participants will login through the Fairbanks website at: www.fairbanksllc.com and select "Client Login":



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RMTS Sampled Participant – Welcome Screen

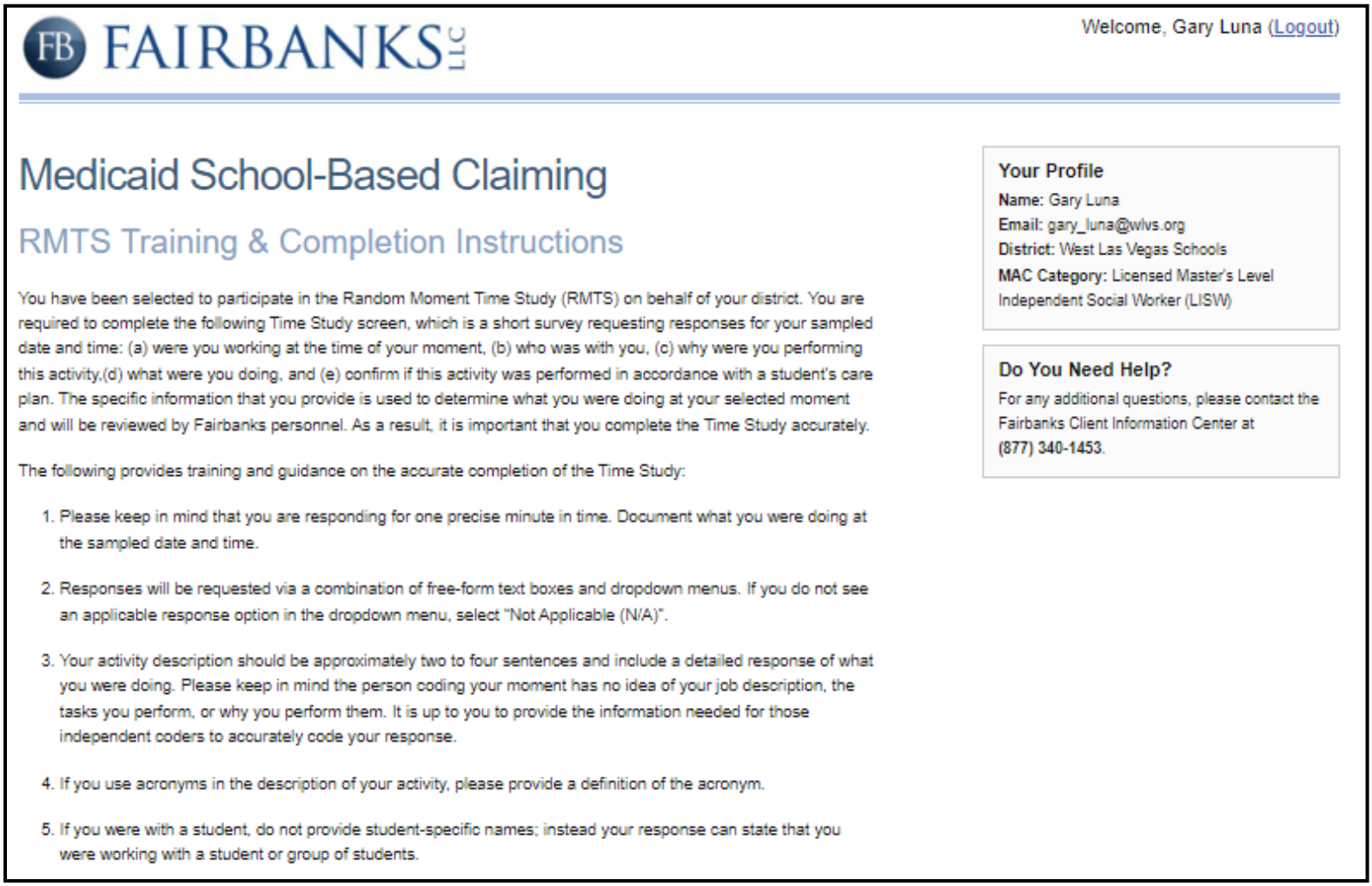
Upon login, the sampled participant will view a welcome screen that validates their information:



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RMTS Sampled Participants – RMTS Training Screen

The training and instructions page is provided for sampled participants to understand the appropriate completion of the RMTS. Fairbanks Central Coders are used to apply Medicaid activity codes, and therefore participant training is focused on the accurate completion of the RMTS process.



FAIRBANKS LLC

Welcome, Gary Luna (Logout)

Medicaid School-Based Claiming

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study (RMTS) on behalf of your district. You are required to complete the following Time Study screen, which is a short survey requesting responses for your sampled date and time: (a) were you working at the time of your moment, (b) who was with you, (c) why were you performing this activity,(d) what were you doing, and (e) confirm if this activity was performed in accordance with a student's care plan. The specific information that you provide is used to determine what you were doing at your selected moment and will be reviewed by Fairbanks personnel. As a result, it is important that you complete the Time Study accurately.

The following provides training and guidance on the accurate completion of the Time Study:

1. Please keep in mind that you are responding for one precise minute in time. Document what you were doing at the sampled date and time.
2. Responses will be requested via a combination of free-form text boxes and dropdown menus. If you do not see an applicable response option in the dropdown menu, select "Not Applicable (N/A)".
3. Your activity description should be approximately two to four sentences and include a detailed response of what you were doing. Please keep in mind the person coding your moment has no idea of your job description, the tasks you perform, or why you perform them. It is up to you to provide the information needed for those independent coders to accurately code your response.
4. If you use acronyms in the description of your activity, please provide a definition of the acronym.
5. If you were with a student, do not provide student-specific names; instead your response can state that you were working with a student or group of students.

Your Profile

Name: Gary Luna
Email: gary_luna@wlvs.org
District: West Las Vegas Schools
MAC Category: Licensed Master's Level Independent Social Worker (LISW)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at **(877) 340-1453**.

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RMTS Training Screen Continued

6. If you were performing a direct service or an activity in preparation or conclusion of the direct service (such as paperwork and travel) at the time of your moment, ensure the appropriate documentation is retained on behalf of the district to support the activity in the event of an audit.

7. If you were not working, please indicate if it was paid or unpaid time-off.

8. If you work for multiple districts, please note the following: If you were working at the district listed on your time study, please document what you were doing at the time. Otherwise, please respond indicating you were not working and it is unpaid time off.

9. If you were participating in training, please indicate the topic of the training.

10. Some responses do not provide enough description for coding purposes. Examples of unacceptable responses:

    - "I was doing my job."
    - "I was completing my job responsibilities."
    - "I was completing this time study form."

11. If insufficient information is provided, you will receive a follow-up email or phone call requesting more information.

Please click on the button below to indicate that you have read the above training/instructions and to continue to the RMTS survey.

Continue to Random Moment Time Study

For questions, please contact Fairbanks LLC Client Information Center: (877) 340-1453 or info@fairbanksllc.com

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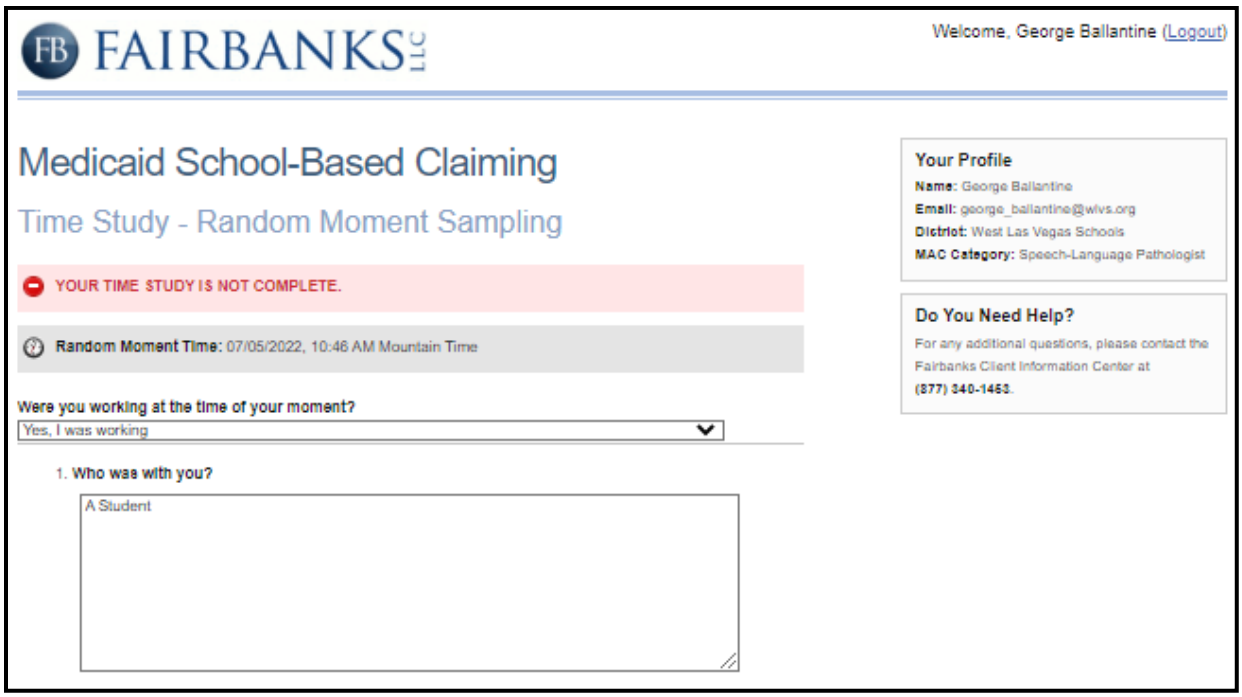
RMTS Sampled Participant – RMTS Survey Screen

The RMTS screen includes five questions necessary for the sampled participant to complete:

1. Were you working at the time of your moment?
2. Who was with you?
3. What were you doing?
4. Why were you performing this activity?
5. Please confirm if this activity was performed in accordance with one of the following:

The system provides a pulldown menu for the first and last questions. The other questions require a written response from the sampled participant to provide sufficient detail for coding purposes.

RMTS Sample Screen



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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.

Working with a student on Speech Therapy

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

To provide a Direct Service for the students IEP

4. **Please confirm if this activity was performed in accordance with one of the following:**

The student's Individualized Education Plan (IEP)

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: (877) 340-1453 or info@fairbanksllc.com

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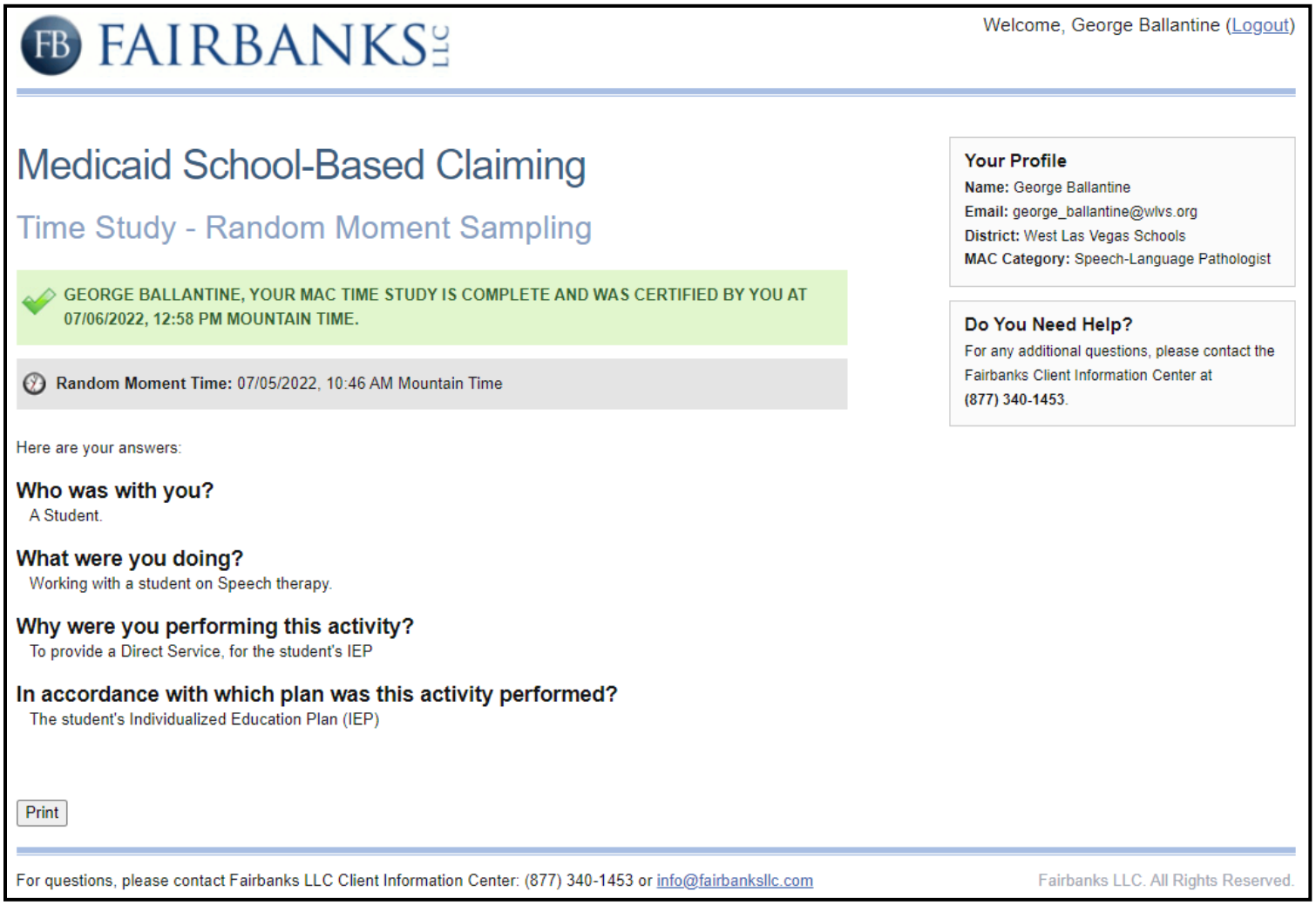
RMTS Complete Screen

Upon completion of the RMTS, a confirmation page appears. The participant can print out a copy for their records or select the "Confirmation Receipt" to receive a validation of their entered response.



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RMTS Confirmation Receipt



FAIRBANKS LLC

Welcome, George Ballantine (Logout)

Medicaid School-Based Claiming

Time Study - Random Moment Sampling

GEORGE BALLANTINE, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY YOU AT 07/06/2022, 12:58 PM MOUNTAIN TIME.

Random Moment Time: 07/05/2022, 10:46 AM Mountain Time

Your Profile
Name: George Ballantine
Email: george_ballantine@wlvs.org
District: West Las Vegas Schools
MAC Category: Speech-Language Pathologist

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at **(877) 340-1453**.

Here are your answers:

Who was with you?
A Student.

What were you doing?
Working with a student on Speech therapy.

Why were you performing this activity?
To provide a Direct Service, for the student's IEP

In accordance with which plan was this activity performed?
The student's Individualized Education Plan (IEP)

Print

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