Local Collaborative Time Study (LCTS) Operations and Activity Codes

TOPIC

Time study operations and activity code definitions for administering the Local Collaborative Time Study (LCTS).

PURPOSE

To provide a single Bulletin that covers time study operations and activity codes and definitions. This is the first publication of this Bulletin. All materials that are currently in publication have simply been compiled into a single, central resource. Activity codes and definitions have not changed. Neither have the materials related to the operation of this time study.

CONTACT

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SIGNED

ALEXANDRA KOTZE
Chief Financial Officer

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. BACKGROUND

The Local Collaborative Time Study (LCTS) is Minnesota's federally-approved claiming mechanism for Medicaid (MA) and Title IV-E administrative reimbursement for Minnesota's Family Service and Children's Mental Health collaboratives. The three types of public entities that participate in this project are eligible public school districts, county public health agencies and correction agencies. Reimbursement is earned by staff in public school districts, public health, and correction agencies for eligible activities they perform to assist the state in administration of the MA and Title IV-E state plans.

LCTS funds received by collaboratives have been designated by state statute for use in the expansion of early intervention and prevention services in Minnesota communities. The Department of Human Services (DHS) disburses MA and Title IV-E reimbursement claimed through the LCTS to county social service agencies who, in turn must transfer the funds to the integrated fund of the collaborative.

The LCTS also claims MA administrative reimbursement for Long Term Services & Support (LTSS) on behalf of participating public health staff. These funds are paid directly to the designated public health entity.

This bulletin serves as an aid and training resource to counties/collaboratives in the facilitation of the LCTS and its related operations.

II. LEGAL REFERENCES

Public Law 103-432

Public Law 105-89

United States Code, Title 42, Chapter 7, subchapter XIX, section 1396 et seq., as amended

Minnesota Statutes, section 245.4932

Minnesota Statutes, section 245.495

Minnesota Statutes, section 256F.13

III. Attachments

A. Local Collaborative Time Study (LCTS) Coordinator Responsibilities
B. Primary Contact Form
C. LCTS Public Schools Participant Checklist Introduction
D. LCTS Public Schools Participant Checklist
E. Examples of Qualifying Activities for LCTS Public Schools
F. LCTS Corrections Participant Checklist
G. LCTS Public Health Participant Checklist
H. Training Verification
I. 2014-15 Time Lines for LCTS
J. Web-Based Application Instructions
K. Non-Sample Times for Public Schools
L. LCTS Public School Activity Code Flow Chart
M. LCTS Public School Activity Code Table
N. LCTS Public School Activity Code Reference Guide
O. LCTS Public Health Activity Code Table
P. LCTS Public Health Activity Code Reference Guide
Q. LCTS Corrections Activity Code Table
R. LCTS Corrections Activity Code Reference Guide
S. Foster Care Candidacy Imminent Risk Definition
T. Foster Care Candidacy Determination Form
U. DHS Contacts for LCTS Questions

IV. ACTION REQUIRED

The following staff must read this bulletin in its entirety (or the applicable Attachments) before administering or participating in the LCTS. This bulletin is intended to serve as the mandatory training that is required of the following individuals.

- ***NEW*** LCTS Coordinators (read entire Bulletin)
- ***NEW*** LCTS Designated Site Contacts (read entire Bulletin)
- ***NEW*** LCTS Trainers (read entire Bulletin)
- ***NEW*** LCTS Time Study Participants (read applicable Attachments only)

Review of this Bulletin and its attachments by the individuals above is a federal requirement for participation in the LCTS.

LCTS Coordinators must provide training to each time study participant prior to their participation in the time study. LCTS Coordinators must also maintain their county-specific Participant Database and submit changes per the required time lines. These are found in Attachment I – *2014-15 Time Lines for LCTS*.

LCTS Coordinators must retain a copy of the completed web-based participant list and share it with the LCTS Fiscal Reporting and Payment Agent each quarter to ensure accurate fiscal reporting of the participants' expenses, wages and benefits on the LCTS Cost Schedule.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-3777 (voice) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

LOCAL COLLABORATIVE TIME STUDY (LCTS)

Duties and Responsibilities of the LCTS Coordinators

An LCTS coordinator must be identified to carry out the administration of the Local Collaborative Time Study for each contract signed by DHS on behalf of local collaboratives. The LCTS coordinator is the main contact between the Department of Human Services and the collaborative partners. As the LCTS coordinator, they are responsible for all aspects of the LCTS. This individual has overall responsibility for the success of the LCTS, and are responsible for the implementation, training and ongoing participation of the collaborative partners. The LCTS coordinator keeps track of the time lines and ensure compliance with the deadlines, the LCTS processes and procedures.

The following are examples of the types of responsibilities that are required of the LCTS coordinator:

RESPONSIBILITIES DURING TRAINING

- Ensure that training on the LCTS codes and definitions is provided to all time study participants BEFORE they begin the time study. Ensure that training on time study procedures is provided to all trainers. The trainers are responsible for training all of the time study participants, designated site contacts and validators.
- Ensure that training dates are entered in the county-specific Participant Database for all of the time study participants.
- Ensure that each participating partner maintains an up-to-date list of participants.
- Ensure that the LCTS Fiscal Reporting and Payment Agent has been trained by DHS, and that they have in turn provided instruction to all of the fiscal site contacts (the individuals who fill out the quarterly cost reports for each agency).

ONGOING RESPONSIBILITIES

- Responsible for control of the random moments. DHS emails the random moments prior to the sampling time to the time study participant. It is the LCTS coordinator's responsibility to follow up with any late or missed random moments.
- Ensure that a process is in place with all participating partners that achieves accurate time coding submitted to DHS within seven days after the date of the moment.
- Prior to the beginning of the quarter, DHS requires LCTS coordinators to submit all changes related to the time study participants. These changes include new employees added to the time study; removing someone from the time study or moving someone from one partner/county to another. The LCTS coordinator is responsible for submission of these changes by the required due date. Also, these changes must be communicated to the Fiscal

Last Revised: January 1, 2015

Reporting and Payment Agent, so that the appropriate changes can be reflected on the quarterly cost schedules.

- Ensure that training on the LCTS activity codes and definitions is provided to all time study participants BEFORE they begin the time study. Ensure that training on the time study procedures is provided to all trainers. The trainers are responsible for the ongoing training of all the time study participants, designated site contacts and validators. When staff changes occur among the designated site contacts and validators, training must be provided to the new staff.
- Ensure that training dates are entered into the Participant Database for all of the time study participants.
- Provide DHS with *Local Collaborative Time Study (LCTS) Non-sample Times for Public Schools*.
- Serve as troubleshooter and problem-solver between DHS and all participating partners in the ongoing administration of the LCTS. All questions, problems and notifications from DHS will go to the LCTS coordinator, who will then work with the partner(s) in resolving the problem or question.
- Responsible for the addition of new partners to the time study in the future. All information, training and implementation work is the responsibility of the LCTS coordinator.

RESPONSIBILITIES DURING IMPLEMENTATION

- Serve as the primary source of LCTS information to all the local partners.
- Serve as the liaison to DHS and ensure that all the local responsibilities are fulfilled. Facilitate the signing of the LCTS contract between DHS and the county social service agency; organize and coordinate meetings as necessary to ensure successful implementation for new collaboratives joining the LCTS.
- Establish and maintain a network with all participating time study partners for administration of the LCTS. If the LCTS coordinator chooses, he or she may train and delegate partial responsibility to a *"designated site contact"*. Your network must also provide for initial and ongoing training for the time study participants; as well as initial and ongoing training for your designated site contacts and validators on the random moment log sheets.
- Assist your designated site contacts in determining which staff should be participating in the time study.
- Recruit trainer(s) to train the time study participants, the designated site contacts and the validators.
- Establish a communication and working relationship with the assigned LCTS Fiscal Reporting and Payment Agent. Ensure that your designated site contacts establish a working relationship with the *"fiscal site contact"* - the individual who completes and submits the Quarterly Cost Reports for the agency. The designated site contacts must keep the fiscal site contacts advised of the time study participant changes (additions or deletions from the time study) on an ongoing basis.
- Provide DHS with *Local Collaborative Time Study (LCTS) Non-sample Times for Public Schools*.

Last Revised: January 1, 2015

<p style="text-align:center"><u>ATTACHMENT B</u></p>

<p style="text-align:center"><u>LCTS Primary Contact Form</u></p>

<p style="text-align:right">DHS-4546-ENG</p>

Use side 1 of this form to inform DHS of changes regarding LCTS Coordinator and LCTS Fiscal Reporting & Payment Agents. Use side 2 of this form to inform DHS of changes regarding LCTS Fiscal Site Contacts, and LCTS Trainers. Use the appropriate places for deletions and changes.

All new information submitted must be followed up with LCTS Training Verification Form DHS LCTS-3221.

PLEASE PRINT CLEARLY OR TYPE

<u>Current</u> LCTS Coordinator

Current LCTS Coordinator being deleted: _____

County Name:_____

<u>NEW</u> LCTS Coordinator

New LCTS Coordinator being added: _____

Phone number: (_____)_____ Fax number: (_____) _____

E-mail address: _____ Effective Date: _____

U.S. mailing address: _____
<p style="text-align:center">(Street number, P.O. Box, Suite #, etc.)</p>

_____
<p style="text-align:center">(City)   (Zip Code)</p>

<u>Current</u> LCTS Fiscal Reporting & Payment Agent

Reminder: all Fiscal Reporting & Payment Agents <u>must be</u> a county Social Services employee.

Current LCTS Fiscal Reporting & Payment Agent being deleted:

_____

County ID#: _____

<u>NEW</u> LCTS Fiscal Reporting & Payment Agent

New LCTS Fiscal Reporting & Payment Agent being added:

_____

Phone number: (_____)_____ Fax number: (_____) _____

E-mail address: _____ Effective Date: _____

U.S. mailing address: _____
<p style="text-align:center">(Street number, P.O. Box, Suite #, etc.)</p>

_____
<p style="text-align:center">(City)   (Zip Code)</p>

<p style="text-align:right">Last Revised: January 1, 2015</p>

LCTS Primary Contact Form

<u>Current</u> LCTS Fiscal Site Contact

Current LCTS Fiscal Site Contact being deleted: _____

Partner: _____

<u>NEW</u> LCTS Fiscal Site Contact

New LCTS Fiscal Site Contact being added: _____

Partner: _____ Effective Date:_____

<u>Current</u> LCTS Fiscal Site Contact

Current LCTS Fiscal Site Contact being deleted: _____

Partner: _____

<u>NEW</u> LCTS Fiscal Site Contact

New LCTS Fiscal Site Contact being added: _____

Partner: _____ Effective Date:_____

<u>Current</u> LCTS Trainer

Current LCTS Trainer being deleted: _____

Partner: _____

<u>NEW</u> LCTS Trainer

New LCTS Trainer being added: _____

Partner: _____ Effective Date:_____

<u>Current</u> LCTS Trainer

Current LCTS Trainer being deleted: _____

Partner: _____

<u>NEW</u> LCTS Trainer

New LCTS Trainer being added: _____

Partner: _____ Effective Date:_____

Mail/fax forms to:
LCTS Project Manager
DHS Financial Operations Division
P.O. Box 64940
St. Paul, MN 55164-0940
(651) 431-7480

2

LCTS PUBLIC SCHOOLS PARTICIPANT CHECKLIST INTRODUCTION

You have the potential to participate in the Local Collaborative Time Study (LCTS). Through collaborative partnerships and Local Collaborative Time Study participation, some staff on the payrolls of public schools, public health and corrections generate federal reimbursement funding. The collaboratives then spend the LCTS funds to develop or expand prevention and early intervention education, social, health, or health-related services for children and families. LCTS funds support many programs such as truancy prevention, school readiness, school-based mental health and social services, health services, and before and after school activities.

The LCTS Participant Checklist is a tool to determine who can participate in the LCTS. Proper use of the checklist ensures that the LCTS includes all the appropriate persons possible and excludes those who are not appropriate. This is important for preserving the integrity of the LCTS, complying with federal requirements and optimizing the funding available to communities for meeting the needs of their children.

Please complete the Checklist to learn whether you are eligible to participate in the LCTS. Note that only employed staff – *not* contracted vendors/staff/consultants - can participate in the LCTS. The purpose of the checklist is to help determine whether you should participate in the LCTS. The checklist is not intended to monitor your time or assign value to your work; rather, the checklist is the means to screen who is eligible to participate in the Local Collaborative Time Study. (Please remember to consider your total time spent working to include professional activities performed before or after school as well as those performed on- and off-site.)

If you are a supervisor or manager completing the Checklist on behalf of other staff, then please share a completed copy of this form with your staff. We encourage you to welcome new participants to the LCTS and briefly discuss the program with them. This helps staff to better understand how they were selected and their role as LCTS participants.

The *LCTS Participant Checklist* is the only approved method for determining participation in the LCTS.

Thank you for your cooperation!

LCTS Public Schools Participant Checklist

Are you involved with casework, care management, service coordination, or outreach activities for children? These are those "administrative" types of social & health services that you may provide for children experiencing risk factors, special needs or health concerns.

If you spend your time working to provide case management, service coordination or outreach on behalf of these children, then you are eligible to participate in the LCTS. Case management, service coordination & outreach related to children's welfare, risk of placement or health generally include:

- Helping children & their families access appropriate services & resources
- Developing & reviewing intervention or care plans
- Assessing or identifying the needs of children
- Following up & evaluating the effectiveness of services
- Providing information through outreach activities, such as training, public speaking & community planning meetings

If you spend all or most of your time directly delivering services to children (such as regular classroom teaching & direct therapy services), then you are *not* eligible to participate.

If you are employed at least 20 hours a week & spend *40%* of your total working hours engaged in the types of case management, service coordination or outreach activities listed above (including related supportive activities such as paperwork & travel), then you qualify to participate in the LCTS. (If you are not certain whether you qualify, please see your LCTS Coordinator.)

Please check

_____   I do meet the above requirements & should be on the LCTS

_____   I do not meet the above requirements & should not be on the LCTS

Name   _____

Position Title   _____

Employed by   _____

Signature   _____
Staff Participant

Other Signature   _____
Supervisor, LCTS Coordinator, Other Authorized Signer

Date   _____

Thank you!

LCTS Public Schools Participant Checklist

Examples of Qualifying Activities

Casework, Care Management or Service Coordination

General Coordination

- *Providing case management service to children at risk of out-of-home placement*
- *Participating in case conferences, child staffings, administrative reviews, or informal conferences regarding an identified child*
- *Meeting or talking & communicating with the child, family, substitute care providers, social services or other relevant persons about the status of the child, progress, goals, or closure of the case*
- *Implementing & coordinating the health related services contained in an IEP or IFSP*
- *Meeting with child crisis teams*

Coordination with Court Services

➢ *General*
  - *Preparing for or appearing in court*
  - *Providing legal advocacy*
  - *Assisting a social worker in seeking court approval for voluntary placement*
  - *Preparing for or participating in any judicial determination, including presenting testimony*
  - *Assisting a social worker to prepare for a periodic judicial review*
  - *Participating in a judicial review*

➢ *Child Custody*
  - *Preparing a petition or making a determination to support a petition to seek custody of a child*
  - *Providing information to assist a social worker to prepare a petition*
  - *Appearing in court or preparing information for a court appearance where county is seeking custody of a child or status of child in county custody is being reviewed*

➢ *Truancy*
  - *Preparing truancy petitions or other information for truancy court*

Coordination of Health Services[1]

- *Serving as liaison with MA[2] providers & local health departments*
- *Participating in a meeting or discussion to coordinate or review a child's health care needs*
- *Participating in intake & assessment meetings for day treatment services*
- *Providing information to other staff on a child's related medical/dental/mental health services & plans*

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[1] *"Health services" refers to those services (physical, dental, mental health, & substance abuse) which are reimbursable or covered by Medicaid*
[2] *MA refers to Title XIX or Medicaid*

Last Revised: January 1, 2015

Helping Children & Their Families Access Appropriate Services & Resources

Providing Referrals & Arranging Access to

- *Necessary medical health, dental health, mental health, or substance abuse services*
- *Medical/dental/mental health evaluations*
- *Chemical dependency (CD) assessments*
- *Family planning, pregnancy testing or HIV testing*
- *Admission to hospitals or medical facilities*
- *Child protective services*
- *County child welfare services*
- *EPSDT screenings, interperiodic screens & appropriate immunization*

Assisting with Obtaining Resources

- *Assisting with TEFRA applications*
- *Helping a child or family with eligibility forms, such as MA*
- *Assisting with obtaining resources, such as SSI & day treatment*
- *Collecting information such as income verification, social security number, citizenship, birth certificates, etc.*
- *Gathering information required in advance of referrals*
- *Collaborating with county social services to learn which students are in foster care or assisting them with Foster Care Candidacy determinations*
- *Coordinating with corrections to learn which students are on probation*
- *Participating in non-child/student specific planning meetings (district, school, community, collaborative, interagency) concerning children at risk of out-of-home placement and/or children with health & medical concerns*
- *Developing strategies to assess or increase capacity of school medical/dental/mental health programs*
- *Working with other agencies &/or providers to improve collaboration around early identification of medical/dental/mental health problems*

Developing & Reviewing Intervention or Care Plans

- *Developing health or service plans (other than IEPs) relating to MA services*
- *Developing or monitoring informal intervention plans for children at risk, including updating initial plans, social service case plans & required updates*
- *Developing or updating non-educational case plans*
- *Working with social services or probation staff to plan & coordinate services for youth at risk of out-of-home placement*
- *Developing goals, writing service agreements & engaging in other case management activities*

Assessing or Identifying the Needs of Children

Health Related Needs

- *Completing IEP health related assessments*
- *Identifying gaps or duplication of medical/dental/mental health services to children & developing strategies to improve the delivery & coordination of these services*
- *Assessing the need for & arranging for admission to long-term health care facilities*
- *Charting a child receiving MA supported services*

Child Safety & Welfare Related Needs

- *Assessing the need for child protection referral or out-of-home placement*
- *Interviewing to determine the validity & scope of an emergency that possibly places the child at risk of out-of-home placement or child maltreatment*
- *Acting in capacity of mandated reporter*
- *Convening or contacting Child Protection Team if suspected child maltreatment has occurred*
- *Meeting with Child Protection Team for individual assessments & case consultations*

Following Up & Evaluating the Effectiveness of Services

- *Ongoing monitoring & assessing progress & effectiveness of health or social services*
- *Ongoing evaluation & assessment of the child & family*
- *Making parent, child or collateral contacts to monitor health regimes or provide follow up services*
- *Assisting children to re-enter the school & community after discharge from out-of-home placement or corrections*
- *Visiting a truant child's home to develop, implement or monitor an individual performance contract*

Providing Information through Outreach Activities, such as Training, Public Speaking & Community Planning Meetings

Providing Individual or Group Education & Information on

- *Issues affecting children at risk of out-of-home placement*
- *Identifying the health needs of children*
- *Accessing MA supported services*
- *EPSTD screenings*
- *Developing health related (medical, dental, mental health, behavioral, substance abuse) information & referral sources, such as directories of Medicaid providers, who will provide services to targeted population groups*
- *Providing or participating in individual or group prevention or awareness activities about substance abuse, AIDS or pregnancy*
- *Providing information on issues related to children at risk of placement through health fairs, presentations or school programs (not part of a curriculum or syllabus)*

Last Revised: January 1, 2015

Participating in Community Planning Meetings Related to

- *Developing community strategies to address the delivery of health care services to the school population*
- *Working with other community agencies to improve collaboration around the early identification of the medical/dental/mental health problems of children*

Preparing for, Providing or Attending Training for Staff (Professional & Paraprofessional) in Collaborative Member Agencies Related to

- *Training to perform administrative services related to children at risk of out-of-home placement*
- *Training to develop competence in the delivery of services to child at risk of out-of-home placement*
- *Training to generally benefit preventive & protective programs or services designed for children at risk of out-of-home placement*
- *Training to improve delivery of medical/Medicaid related services*
- *Training to enhance early identification, intervention, screening & referral of students with special health needs to medical/Medicaid related services*
- *Training on administrative requirements related to medical/Medicaid services*

Educating Foster or Adoptive Parents on

- *Child protection/child welfare issues*
- *Child development issues*
- *Common behavioral issues pertaining to children in their placement*
- *Individual child's special needs*

Spending time on preparation, planning, paperwork, clerical activities, & travel associated with all of the above activities

Examples of Some Activities that Do Not Qualify

- Academic or educational training for staff & volunteers
- Development of instructional plans
- Regular classroom teaching or training of children
- IEP meetings to develop IEP plans
- Formal annual or triennial reviews of IEP plans
- Working with children & youth in secure detention facilities
- Activities billed to MA or third party sources

ATTACHMENT F

LCTS CORRECTIONS PARTICIPANT CHECKLIST

It is important that the Local Collaborative Time Study (LCTS) does not include participants who are inappropriate for this time study. Every LCTS Collaborative must be certain that only appropriate staff is included on the time study or the entire LCTS funding stream is at risk. This is part of ongoing efforts to assure the integrity of the LCTS, ensure the program is audit proof, & ascertain that we meet federal requirements.

Here is a checklist to assist corrections staff to determine if they should be on the time study. If staff cannot assure the LCTS Coordinator that these conditions are met, they should **not** be on the LCTS.

Staff must answer "yes" to the following statements below. If the answer to any of these statements is "no", then you must notify your LCTS Coordinator that you should not be included on the LCTS.

Name _____ Job Title: _____

Agency _____ Date: _____

1. I work at least 20 hours a week.
2. I am on the payroll of Community Corrections.
3. I spend at least *40%* of my time doing at least one of the following types of activities:
   a. Providing case management service to children who would be at risk of out-of-home placement absent the provision of preventive services.
   b. Working with social services or probation staff in planning & coordinating services, including court interventions, for youth at risk of out-of-home placement.
   c. Coordinating services for youth at risk of out-of-home placement that are related to an IEP (non-educational services); developing intervention plans (not IEP/IFSP); assisting with obtaining resources such as TEFRA, SSI, Day Treatment; or prevention activities.
   d. Providing health related referrals; preparing health assessment & developing health plans (not IEP/IFSP); arranging for family planning, pregnancy testing, or HIV testing; making referrals for child & teen check-ups; providing parents education on child development, immunizations & substance abuse.
   e. Training collaborative staff on case management for children at risk of out-of-home placement; or training foster or adoptive parents on child protection/child welfare issues. Child welfare issues include such topics as child development, common behavioral issues, etc. (This does not include any classroom teaching or training of children). Also included in this area is public speaking or non-child specific planning meetings on issues affecting children at risk of out-of-home placement.

Check one

_____ I meet the above requirements; I should be on the LCTS

_____ I do not meet the above requirements; I should **not** be on the LCTS

*If you are not able to answer yes to all the questions above, you should **not** be on the LCTS. Please notify your LCTS coordinator if you are incorrectly on the LCTS so s/he is able to correct this mistake.*

LCTS PUBLIC HEALTH PARTICIPANT CHECKLIST

It is important that the Local Collaborative Time Study (LCTS) does not include participants who are inappropriate for this time study. Every LCTS Collaborative must be certain that only appropriate staff is included on the time study or the entire LCTS funding stream is at risk. This is part of ongoing efforts to assure the integrity of the LCTS, ensure the program is audit proof, & ascertain that we meet federal requirements.

Following is a checklist to assist public health staff to determine if they should be on the time study. If staff cannot assure the LCTS Coordinator that these conditions are met, they should **not** be on the LCTS.

Staff must answer "yes" to the following statements below. If the answer to any of these statements is "no", then you must notify your LCTS Coordinator that you should not be included on the LCTS.

Name_____ Job Title:_____

Agency_____ Date:_____

1. I work at least 20 hours a week.
2. I am on the payroll of the LCTS Public Health partner and not a contracted individual.
3. I spend at least **40%** of my time doing at least one of the following types of activities:
    a. Providing health related referrals; preparing health assessment & developing health plans (not IEP/IFSP); arranging for family planning, pregnancy testing, or HIV testing; making referrals for child & teen check-ups; providing parents education on child development, immunizations & substance abuse.
    b. Determining if an assessment is needed for long term services & supports (LTSS) eligibility; conducting an assessment or reassessment of eligibility for LTSS; all preparation and follow-up activities related to the assessment and support planning process.
    c. Information gathering to identify if a person should be referred for an assessment for LTSS including HCBS waivers, Alternative Care, Nursing Facility, Personal Care Assistance, ICF/DD, Consumer Support Grant, Semi-Independent Living Services, Family Support Grant, VA/DD Targeted Case Management, or Relocation Service Coordination.
    d. Developing a community support plan for individuals who need long term services & supports or have chronic care needs.
    e. Providing case management services and/or working with social services staff in planning & coordinating services to children who would be at risk of out-of-home placement absent the provision of preventive services.
    f. Coordinating services for youth at risk of out-of-home placement that are related to an IEP (non-educational services); developing intervention plans (not IEP/IFSP); assisting with obtaining resources such as TEFRA, SSI, Day Treatment; or prevention activities.

Check one

_____ I meet the above requirements; I should be on the LCTS

_____ I do not meet the above requirements; I should **not** be on the LCTS

*If you are not able to answer yes to all the questions above, you should **not** be on the LCTS. Please notify your LCTS coordinator if you are incorrectly on the LCTS so s/he is able to correct this mistake.*

ATTACHMENT H

LCTS Training Verification Form

County Name _____

LCTS Coordinator's Name _____

The following people have been trained and are newly certified: **(Please print legibly or type)**

Position:

C = LCTS Coordinator
T = Trainer
F = LCTS Fiscal Reporting & Payment Agent
FC = Fiscal Site Contact

Partner:

Write the ISD # to identify the School District
P = Public Health
C = Corrections
(In some cases, partner identification will not be necessary)

Name	**Email**	**Position**	**Partner**	**Training Date**
1. _____	_____	___	___	_____
2. _____	_____	___	___	_____
3. _____	_____	___	___	_____
4. _____	_____	___	___	_____
5. _____	_____	___	___	_____
6. _____	_____	___	___	_____
7. _____	_____	___	___	_____
8. _____	_____	___	___	_____
9. _____	_____	___	___	_____

LCTS Coordinator's Signature: _____
(Required for positions "C" and "T")

LCTS Fiscal Reporting & Payment Agent's Signature: _____
(Required for positions "F" and "FC")

Return this form to:

LCTS Project Manager
DHS Financial Operations Division
P.O. Box 64940
St. Paul, MN 55164-0940
Fax: 651-431-7480

2014-2015 TIME LINES FOR LCTS

QUARTER	Participant Database Notification Email	Participant Database Changes DEADLINE!!	Participant Training DEADLINE!!	RANDOM MOMENTS BEGIN	Cost Reports Notification Email	Cost Reports are Available for Data Entry	Cost Reports Due on or before	Receive Payments Month of	LCTS ANNUAL Spending Report Due on or before
QTR 4 2014 OCT - DEC	Aug 20 14 (Wednesday)	Sep 20 14 (Saturday)	Sep 30 14 (Tuesday)	October 1, 2014 (Wednesday)	Dec 20 14 (Saturday)	Jan 1 15 (Thursday)	Jan 20 15 (Tuesday)	Feb 2015	Mar 2 15 (Monday)
QTR 1 2015 JAN - MAR	Nov 20 14 (Thursday)	Dec 20 14 (Saturday)	Dec 31 14 (Wednesday)	January 1, 2015 (Thursday)	Mar 20 15 (Friday)	Apr 1 15 (Wednesday)	Apr 20 15 (Monday)	May 2015	Mar 1 16 (Tuesday)
QTR 2 2015 APR - JUN	Feb 20 15 (Friday)	Mar 20 15 (Friday)	Mar 31 15 (Tuesday)	April 1, 2015 (Wednesday)	Jun 20 15 (Saturday)	Jul 1 15 (Wednesday)	Jul 20 15 (Monday)	Aug 2015	Mar 1 16 (Tuesday)
QTR 3 2015 JUL - SEP SEP	May 20 15 (Wednesday) Jul 20 15 (Monday)	Jun 20 15 (Saturday) Aug 20 15 (Thursday)	Jun 30 15 (Tuesday) Aug 31 15 (Monday) (Public Schools only)	July 1, 2015 (Wednesday) September 1, 2015 (Tuesday)	Sep 20 15 (Sunday)	Oct 1 15 (Thursday)	Oct 20 15 (Tuesday)	Nov 2015	Mar 1 16 (Tuesday)
QTR 4 2015 OCT - DEC	Aug 20 15 (Wednesday)	Sep 20 15 (Saturday)	Sep 30 15 (Wednesday)	October 1, 2015 (Thursday)	Dec 20 15 (Saturday)	Jan 1 16 (Friday)	Jan 20 16 (Wednesday)	Feb 2016	Mar 1 16 (Tuesday)

Local Collaborative Time Study (LCTS)

Web-based Time Study Operations Manual

January 1, 2015

Minnesota Department of **Human Services**

Table of Contents

Web-based Application (with screen shots)

Web-based Application (with screen shots)

Instructions for LCTS LCTS coordinators

Quarterly Reminder Emails
LCTS Coordinator's Quarterly Participant Database Update Email

Prior to each NEW quarter, the web-based application will automatically send an email to LCTS coordinators. This email will contain a new link to your county's participant database. LCTS coordinators are responsible for maintaining the participant database within the specified deadline and may forward this email containing the link on to others for their assistance. Maintenance includes updating information such as additions or deletions of participants, training dates and email addresses, and corrections or changes to names.

Notifications for Participant Database Maintenance

LCTS coordinators are notified via email on or about the 20th day of the middle month of the quarter informing them that it is time to update their county's LCTS participant database. If the 20th falls on a weekend or a holiday, the email will be sent on the last business day prior to the 20th. The email contains a county-specific link that opens the database and allows the LCTS coordinator to update information as needed. Details on this process are addressed later in this manual.

Following is the list of specific notification dates that counties can expect to receive an email notice that it is time to update the participant database.

- Quarter 3 – Notification date is on or about May 20th
- Quarter 3 (Public Schools Only) – Notification date is on or about August 20th
- Quarter 4 – Notification date is on or about August 20th
- Quarter 1 – Notification date is on or about November 20th
- Quarter 2 – Notification date is on or about February 20th

Current Deadlines for Participant Database Maintenance Updates

The current deadline for submitting participant database changes is close of business on the 20th day of the month preceding the first month of the new quarter. If the 20th falls on a weekend or a holiday, the deadline is the last business day prior to the 20th. All changes must be completed before DHS can generate the next quarter's random moments. Counties must adhere to these deadlines. The addition of participants after the deadline will be retained and applied to the next quarter's participant database.

- Quarter 3 – Due date for participant maintenance is on or about June 20th
- Quarter 3 (Public Schools Only) – Due date for participant maintenance is on or about August 20th
- Quarter 4 – Due date for participant maintenance is on or about September 20th
- Quarter 1 – Due date for participant maintenance is on or about December 20th
- Quarter 2 – Due date for participant maintenance is on or about March 20th

Because LCTS coordinators are able to make changes throughout the quarter using the same participant database, it is essential to save the email containing the new participant database link or save the link on your web browser for 95 days. The link becomes inactive when the next notification is sent to LCTS coordinators to update the new quarter. Each notification will contain a unique link to that quarter's employee database.

**IMPORTANT--LCTS coordinators must print out and retain a copy of their participant database for historical and reference purposes. It is not currently possible to pull up an employee list from a previous quarter.

Below is an example of the email that contains the county specific link to the participant database. Missing information will be highlighted in **RED**:

To: [**Coordinator Name**] – LCTS Coordinator

County = [**County Name**]

Please update your data by **[date]**.

Click on this link to make the corrections or copy and paste this address into your web browser.

[actual link to the address of the web-based application]

Employee Name	Training Date	Email Address
[Participant Name]	[Date]	Missing
[Participant Name]	[Date]	Missing
[Participant Name]	[Date]	Missing

This message is being sent from an unmonitored email address. Please do not reply to this email.

To begin entering your LCTS participants, please click on your county-specific link in the quarterly participant database web-based email to open your participant database and the following screen will appear:

County:	Aitkin	▼

Add New Staff

Search employee by:	Last Name ▼	for:		Search

You are able to edit only your county information. If you do a search by "All" employees (using the drop down box), your complete staff list will appear. To make changes to existing staff, click on "Select" in front of their name and you can make the change in a screen similar to the one below. ***Save all your changes!***

You can also search by either last or first names for individual changes. To add or delete staff, click on "Add New Staff" in the participant database and you can make the change in a screen similar to the one below. Training dates can be added at a later date. However, LCTS participants must be trained prior to participating in the time study. ***Save all your changes!***

Add/Edit Employee info

System:	LCTS ▼	
Title:	Mr ▼	
First Name		First Name is required.
Last Name		Last Name is required.
Phone:		xxx-xxx-xxxx
Email:		Email Address is required.
Position Type:	Employee ▼	
Work Hours:	6:00 AM - 4:30 PM, Monday - Friday ▼	
Training Date:		mm/dd/yyyy
Partner Name:	Aitkin ▼	

PH

Save	Delete Staff	Cancel

To delete staff from the participant database, enter the last day of their employment (effective date) and click on "Delete". If the last day of the LCTS participant's employment is prior to the deadline of changes due for the participant database (see page 3 for details), random moments will not be generated for that LCTS participant for the next quarter. If the last date of the LCTS participant's employment is after the deadline of changes due for the participant database, random moments will be generated and sent for that LCTS participant for the next quarter, up until the last date of employment.

NOTE: Any remaining random moments for the quarter after the LCTS participant's last day of employment must remain incomplete!

Delete Staff Record

Delete Effective Date: [   ]

[Delete] [Cancel]

LCTS coordinators do not have the authority to make coordinator changes to the database when new LCTS coordinators are appointed. The DHS Project Manager is the only one with authority to make LCTS coordinator changes within the parent database software. Please inform DHS of these changes using the _Primary Contact Form_, followed with a _Training Verification_.

Any LCTS participants that are added after the beginning of the quarter will <u>not</u> be eligible to participate in the LCTS until the next quarter. ***NOTE: Make sure to save all changes!***

Scenarios:

1. The LCTS coordinator receives the quarterly participant update email and makes corrections to names by the designated deadline. ***The information will be uploaded and applied to the <u>new</u> quarter.***

2. The LCTS coordinator receives the quarterly participant update email and makes corrections to email addresses by the designated deadline. ***The information will be uploaded and applied to the <u>new</u> quarter.***

3. The LCTS coordinator receives the quarterly participant update email and makes corrections to training dates by the designated deadline. ***The information will be uploaded and applied to the <u>new</u> quarter.***

4. The LCTS coordinator receives the quarterly participant update email and needs to add LCTS participants. They add the necessary LCTS participants' information by the designated deadline. ***The information will be uploaded and applied to the <u>new</u> quarter.***

5. The LCTS coordinator receives the quarterly participant update email and needs to delete LCTS participants. They make the deletions by entering a deletion date by the designated deadline. ***The information will be uploaded and applied to the <u>new</u> quarter.***

6. If an LCTS coordinator enters a deletion date for an LCTS participant after the random moments are generated, the random moments will be sent to the LCTS participant up until the deletion date. ***Deletion dates are processed nightly.***

Weekly Reminder Emails
    Participant Database Reminder Email (Mondays)

In addition to the LCTS Coordinator's Quarterly Participant Database Update email, a weekly email will be sent each Monday containing missing participant information. These ongoing emails allow the LCTS coordinator to update certain participant database criteria during an open quarter. Included are revisions to incorrect emails or inclusion of a missing email address to ensure the delivery of random moments to the LCTS participants. LCTS coordinators can also enter a termination date for LCTS participants who left county employment or no longer are required to participate in the LCTS. Any information highlighted in **RED** needs to be corrected. Following is an example of the email:

To: [**Coordinator Name**] - LCTS Coordinator

County = [**County Name**]

The following staff has data that needs to be corrected.

Please click on this link to make the corrections or copy and paste this address into your web browser.

[actual link to the address of the web-based application]

Employee Name	Training Date	Email Address
Name	Date	Missing
Name	Date	Missing
Name	Date	Missing
Name	Date	Missing
Name	Date	Missing
Name	Date	Missing
Name	Date	Missing
Name	Date	Missing

This message is being sent from an unmonitored email address. Please do not reply to this email.

Any participants that are added to the employee database after the published deadline will be eligible to participate in the LCTS in a subsequent quarter. Make sure to save all changes!

Note: LCTS coordinators are unable to make changes to the LCTS coordinator data in the application. That data is maintained in the parent database by DHS.

Scenarios:

1. The LCTS coordinator receives the participant database reminder email and enters the missing training dates right away. ***NOTE: LCTS participants must be trained prior to participating in the LCTS.*** As long as LCTS participant names were entered prior to the deadline and they were trained on the codes and definitions, random moments will be generated for them. ***The information will be uploaded and applied to the <u>current</u> quarter.***

2. The LCTS coordinator receives the participant database reminder email and makes corrections to the LCTS participants before the designated quarterly deadline. The LCTS participant names are locked for the quarter as soon as random moments are generated. ***The information will be uploaded and applied to the <u>new</u> quarter.***

3. The LCTS coordinator receives the participant database reminder email and needs to add LCTS participants. Additions are made after the random moments have already been generated for the current quarter. ***The information will be uploaded and applied to the <u>new</u> quarter.***

4. The LCTS coordinator receives the participant database reminder email and needs to delete LCTS participants. Deletions are made after the random moments have already been generated for the current quarter by entering a deletion date. ***The information will be uploaded and applied to the quarter containing the deletion date.***

5. The LCTS coordinator receives the participant database reminder email and makes corrections to email addresses right away. As long as LCTS participant names were entered prior to the current quarter deadline, random moments were generated for these LCTS participants. Random moments that occur after an email address has been corrected will go directly to the participant for completion, although they will be addressed to the previous email address.

6. Email address corrections require overnight processing. If an email address has been corrected while a random moment is in process, the email will "bounce back" to the LCTS coordinator because the overnight processing has not been completed. The LCTS coordinator can forward the link to the LCTS participant so the random moment can be completed. The LCTS coordinator will need to forward the remainder of the quarter's random moments for that time study participant until the next quarter random moments are generated.

LCTS coordinators will receive Wednesday email reminder notices. The email will contain a list of random moments that have not been received by DHS. These emails could include any of the following:

- Random moments that were not completed (or were submitted incorrectly) by the LCTS participant;
- Random moments that were not completed (or were submitted incorrectly) by the LCTS validator;
- Random moments that missed the 7 calendar day deadline.

It is the responsibility of the LCTS coordinator to follow up on random moments that did not reach the designated LCTS participant or validator. Some of the reasons why a random moment did not reach the intended LCTS participants include email address errors, the LCTS participant attempted to validate the random moment themselves, etc. Resolution of the issues will ensure that the intended recipient receives the random moment.

Following is an example of this email:

To: [**Coordinator Name**] LCTS Coordinator

County = [**County Name**]

The following random moment(s) have not been completed.

Thank you for your ongoing commitment to the LCTS.

This message is being sent from an unmonitored email address. Please do not reply to this email.

Please follow up with the participants listed below. Random moments will remain on this list until they are completed.

Employee Name	Observation	Date Time
[Participant Name]	[Random Moment Number]	[Date Time]
[Participant Name]	[Random Moment Number]	[Date Time]
[Participant Name]	[Random Moment Number]	[Date Time]
[Participant Name]	[Random Moment Number]	[Date Time]
[Participant Name]	[Random Moment Number]	[Date Time]

The following random moments need to be validated.

Employee Name	Observation	Date Time
[Participant Name]	[Random Moment Number]	[Date Time]

In circumstances when an LCTS coordinator is knowledgeable of an LCTS participant's absence, they may complete the random moment for them. When the LCTS coordinator clicks on the random moment control reference number, the random moment will open and the LCTS coordinator must select activity code K – General Administration—Not Program Related. Activity code K is used when LCTS participants are on vacation or away from work for an extended period of time.

When a validation for a random moment is needed, the LCTS coordinator may forward the link to the validator or complete the validation if the validator is not available.

If the random moment has not been resolved within 7 calendar days of the random moment, the random moment becomes invalid. Invalid random moments occur when the LCTS participant fails to complete the random moment or the LCTS validator fails to complete the validation process.

Scenarios:

1. The LCTS coordinator receives the Wednesday weekly random moment email notification. The LCTS coordinator contacts the LCTS participant and forwards the link contained in the email to the LCTS participant. The LCTS participant completes the random moment, clicks on "Submit" and receives a "thank you message". ***The random moment is complete.***

2. The LCTS coordinator receives the Wednesday weekly random moment email notification. The LCTS coordinator contacts the LCTS validator and forwards the link contained in the email to the LCTS validator. The LCTS validator completes the validation process, clicks on "Submit" and receives a "thank you message". ***The validation is complete.***

   NOTE: Only the indicated validator should validate a random moment.

3. The LCTS coordinator receives the Wednesday weekly random moment email notification. The LCTS coordinator clicks on the link and a message will appear that the random moment has been completed. In some instances, this will happen because of a timing issue between the process of completing the random moment and the application process of the Wednesday random moment email notification.

4. Random moments will continue to appear on the Wednesday email until they are completed. Those random moments that have missed the 7 calendar day deadline will remain on the Wednesday email list until the quarter closes. In some instances, the LCTS participant is on an extended leave of absence or it is known to the LCTS coordinator that the LCTS participant is out of the office on vacation.

Web-based Application (with screen shots)

Instructions for LCTS Participants

Random Moment Sampling

In the web-based application, the electronic random moment is emailed directly to the LCTS participant. In an LCTS participant's short term absence, the LCTS coordinator can respond on behalf of the absent LCTS participant by selecting the activity code that indicates they are on vacation, or out sick, or on leave *only if they have prior knowledge of the participants' absence*.

Each LCTS participant will continue to receive random moments throughout the calendar quarter. The quarters are as follows: Qtr 1: January 1–March 31; Qtr 2: April 1–June 30; Qtr 3: July 1–September 30; and Qtr 4: October 1–December 31. There is an exception to the scheduled quarters for public schools only for Quarter 3 which occurs September 1st – September 30th.

To ensure that web-based emails to the LCTS coordinator, participant or the validator are not inadvertently blocked by any anti-spam software, please be sure to add the following email address to your list of allowed senders and contacts. The email address is: dhs.fod.LCTS@state.mn.us If you need assistance to complete this task, please contact your local IT department.

As stated earlier, the LCTS participants will receive their random moment email directly from the web-based application. The email will appear as follows:

[**Participant Name**]

Click on the link below to complete your random moment for **[date time]**.

Access to this random moment expires on: **[date time]**.

Consult the time study instructions to complete your random moment. If you have questions or need a copy of the instructions—please contact your time study coordinator.

All random moment responses are subject to federal audit. Falsification of this information diminishes the integrity of the random moment sample and compromises the federal administrative claim.

Random moments that are not returned may impact your federal administrative reimbursement.

Click on this link **[actual link to the address of the web-based application]** or copy and paste this address into your web browser.

This message is being sent from an unmonitored email address. Please do not reply to this email.

If the name that appears at the top of the random moment is not you, click on "Not You" and you will receive the following message:

Welcome [Participant Name]! Please complete the random moment for [date time].
I am NOT [Participant Name]

Please contact your time study coordinator immediately.

[Back]

If you are the intended recipient of the random moment, select an activity code by clicking on the radio button in front of the activity code number and description. If you select the wrong activity code and need to change your selection, simply choose another activity code and the first one will be replaced with the new selection. *NOTE: You will not be able to change your activity code once you click on "Submit".*

● F – Therapy and Treatment

Click on "Submit" after you have selected the correct activity code that best represents the activity you are doing at the time of the random moment.

[Submit]

When the participant clicks on "Submit", they will receive the following message:

Thank You!

You have successfully completed your random moment!

Scenario:

1. The LCTS participant receives their random moment email, opens the link and selects the activity code. If no validation is required, the LCTS participant clicks on "Submit" and the participant receives a "thank you message". ***The random moment is complete.***

One of the following four random moments will appear when the LCTS participant clicks on the link within the random moment email. They differ due to partner type and validation requirements.

The random moment for a *public school or corrections participant that does not require validation* will appear as follows:

Welcome [Participant Name]! Please complete the random moment for [date/time].   (Not you?)

Please select a code below that represents the activity performed at the time of the random moment. A selection is required.

○ A - Determination of Risk

○ B1 - Service Coordination – Child is in Foster Care Placement

○ B2 - Service Coordination – Child is a Foster Care Candidate

○ C - Court Related and Other Child Related Administration

○ D - Child Welfare Training of Local Collaborative Staff

○ E - Training of Foster and Adoptive Parents or Provider Staff

○ F – Therapy and Treatment

○ G - MA Eligibility Determination Assistance

○ H - Health / Medical Related Service Coordination

○ I - Direct Medical Services

○ J - Other Services

○ K - General Administration – Not Program Related

Please provide a brief general description of the activity being performed during the time of the random moment per federal regulations.

What were you doing?

Who were you with?

☐ Self   ☐ Family

☐ Student/Child   ☐ Colleague

☐ Other

13

If other, please specify. [   ]

Submit

The random moment for a *public school or corrections participant that requires validation* will appear as follows:

Welcome [Participant Name]! Please complete the random moment for [date/time].   (Not you?)

Please select a code below that represents the activity performed at the time of the random moment.
A selection is required.

○ A - Determination of Risk

○ B1 - Service Coordination – Child is in Foster Care Placement

○ B2 - Service Coordination – Child is a Foster Care Candidate

○ C - Court Related and Other Child Related Administration

○ D - Child Welfare Training of Local Collaborative Staff

○ E - Training of Foster and Adoptive Parents or Provider Staff

○ F – Therapy and Treatment

○ G - MA Eligibility Determination Assistance

○ H - Health / Medical Related Service Coordination

○ I - Direct Medical Services

○ J - Other Services

○ K - General Administration – Not Program Related

Please provide a brief general description of the activity being performed during the time of the random moment per federal regulations.

What were you doing?

Who were you with?

☐ Self   ☐ Family

☐ Student/Child   ☐ Colleague

☐ Other

If other, please specify. ☐

Last Revised: January 1, 2015

Validator Name: [   ]

Email Address: [   ] Email Address invalid.

All random moment responses are subject to federal audit. Falsification of this information diminishes the integrity of the random moment sample and compromises the federal administrative claim.

[Submit]

The random moment for a *public health participant* *that does not require validation* will appear as follows:

Welcome [Participant Name]! Please complete the random moment for [date/time].   (Not you?)

Please select a code below that represents the activity performed at the time of the random moment. A selection is required.

○ A - Determination of Risk

○ B1 - Service Coordination – Child is in Foster Care Placement

○ B2 - Service Coordination – Child is a Foster Care Candidate

○ C - Court Related and Other Child Related Administration

○ D - Child Welfare Training of Local Collaborative Staff

○ E - Training of Foster and Adoptive Parents or Provider Staff

○ F – Therapy and Treatment

○ G - MA Eligibility Determination Assistance

○ H - Health / Medical Related Service Coordination

○ I - Direct Medical Services

○ J - Other Services

○ K - General Administration – Not Program Related

○ L - Intake for Long Term Services and Supports (LTSS)

○ M - Other Intake and Investigation

○ N - LTSS Assessment and Support Planning for persons MA Eligible or MA Status is Unknown/Undetermined

○ O - LTSS Assessment & Support Planning for non-MA Eligible or on a Health Plan Providing Payment

Please provide a brief general description of the activity being performed during the time of the random moment per federal regulations.

What were you doing?

Who were you with?

☐ Self

☐ Student/Child

☐ Other

If other, please specify. [_____]

[Submit]

☐ Family

☐ Colleague

The random moment for a *public health participant that requires validation* will appear as follows:

Welcome [Participant Name]! Please complete the random moment for [date/time].   (Not you?)

Please select a code below that represents the activity performed at the time of the random moment.
A selection is required.

○ A - Determination of Risk

○ B1 - Service Coordination – Child is in Foster Care Placement

○ B2 - Service Coordination – Child is a Foster Care Candidate

○ C - Court Related and Other Child Related Administration

○ D - Child Welfare Training of Local Collaborative Staff

○ E - Training of Foster and Adoptive Parents or Provider Staff

○ F – Therapy and Treatment

○ G - MA Eligibility Determination Assistance

○ H - Health / Medical Related Service Coordination

○ I - Direct Medical Services

○ J - Other Services

○ K - General Administration – Not Program Related

○ L - Intake for Long Term Services and Supports (LTSS)

○ M - Other Intake and Investigation

○ N - LTSS Assessment and Support Planning for persons MA Eligible or MA Status is Unknown/Undetermined

○ O - LTSS Assessment & Support Planning for non-MA Eligible or on a Health Plan Providing Payment

Please provide a brief general description of the activity being performed during the time of the random moment per federal regulations.

What were you doing?

Last Revised: January 1, 2015

Who were you with?

☐ Self   ☐ Family

☐ Student/Child   ☐ Colleague

☐ Other

If other, please specify. [   ]

Validator Name: [   ]

Email Address: [   ]   Email Address invalid.

All random moment responses are subject to federal audit. Falsification of this information diminishes the integrity of the random moment sample and compromises the federal administrative claim.

[Submit]

Random Moment Reminder

Because LCTS participants are not always available at the time of the random moment, a random moment reminder email will be sent to them from the web-based application <u>two days</u> after the date of the random moment. These reminders provide another opportunity for the LCTS participant to complete and submit their random moment. Following is an example of the reminder email:

[**Participant Name**]

Click on the link below to complete your random moment for **[date time]**.

Access to this random moment expires on: **[date time]**.

Consult the time study instructions to complete your random moment. If you have questions or need a copy of the instructions—please contact your time study coordinator.

All random moment responses are subject to federal audit. Falsification of this information diminishes the integrity of the random moment sample and compromises the federal administrative claim.

Random moments that are not returned may impact your federal administrative reimbursement.

Click on this link **[actual link to the address of the web-based application]** or copy and paste this address into your web browser.

This message is being sent from an unmonitored email address. Please do not reply to this email.

The random moment screen will appear when the LCTS participant clicks on the link within the random moment reminder email. Please refer to the four random moment screens in the previous section and follow the instructions for completing the random moment.

If the following message is received by the LCTS participant, the random moment was completed prior to the reminder email and the following message will appear:

This random moment has been completed.
This random moment was completed on [**date time**]. Please make sure you click on the correct link and make sure the email is the most current. Thanks!

Scenarios:

1. The LCTS participant receives their random moment and does not complete it right away. After two days, they receive a reminder email, open their random moment, choose an activity code and click on "Submit" and receive a "thank you message". ***The random moment is complete.***

2. The LCTS participant receives their random moment and does not complete it right away. After two days, they receive a reminder email and still are unavailable to complete the random moment. The LCTS coordinator will receive notice of this random moment in their Wednesday email as incomplete and follows up with the LCTS participant by forwarding the link to the random moment back to the LCTS participant who selects an activity code, clicks on "Submit" and receives a "thank you message". The LCTS coordinator is also allowed to complete the random moment for an LCTS participant if they have prior knowledge that the LCTS participant is out of the office on vacation. The LCTS coordinator may open the random moment to select the activity code that indicates the LCTS participant is out of the office, clicks on "Submit" and receives a "thank you message". ***The random moment is complete.***

3. The LCTS participant receives their random moment and does not complete it right away. After two days, they receive a reminder email; however they do not complete it at that time either. The LCTS coordinator will receive notice of this random moment in their Wednesday email as incomplete and does not follow up with the LCTS participant nor do they complete the random moment in their absence within seven calendar days. ***The random moment is invalid.***

Web-based Application (with screen shots)

Instructions for LCTS Validators

Random Moment Validation

The federal government requires validation of 5% of the random moments each quarter. Random moments that require validation are randomly selected by the LCTS parent software during the generation of random moments each quarter.

Counties/collaboratives are responsible for determining who will perform the validation process for their county. Once that decision is made, the LCTS coordinator is responsible for informing the LCTS participants and ensuring that they have access to the applicable email address for each individual designated as an LCTS validator.

LCTS validators must be knowledgeable of the work that LCTS participants are engaged in on a daily basis and must be trained on the activity codes. LCTS validators can be the LCTS coordinator, a supervisor or a co-worker. At no time can an LCTS participant validate their own random moment. Attempts by the LCTS participant to validate their own random moment will generate an error message. It is critical that LCTS participants accurately enter the LCTS validator's name and email address before they click on "Submit". The random moment cannot be recovered by the LCTS participant once they have clicked on "Submit".

Responsibilities of the LCTS validator include validating what the individual was doing at the time of the random moment, choosing to validate or not validate a random moment, submitting the completed, validated random moment and responding to the random moment needing validation within the specified 7 calendar days after the occurrence of the random moment.

Random moments that are not validated because they have missed the deadline or because the LCTS validator selected "Can NOT validate" are invalid. Once a random moment is completed and submitted by the LCTS participant for validation, no changes can be made to the selected code.

No statistical reports are created or available to counties for tracking purposes.

The LCTS participant must enter the correct name and email address of the LCTS validator as designated by the LCTS coordinator. If an error is made entering the LCTS validator's email address, the random moment becomes undeliverable and will not reach its intended destination. This random moment will then appear on the LCTS coordinator's Random Moment Weekly Reminder email that they receive on the following Wednesday. Once the LCTS coordinator receives the link to the undelivered random moment that needs validation, they can forward the link to the intended LCTS validator who was designated on the random moment.

When the LCTS participant selects the "Submit" button, they have forwarded their activity code choice on to the LCTS validator. The validator will receive the following email:

[**Validator Name**]

Please click on the link below to validate the random moment for [**Date**] [**Time**] for [**Participant Name**].

Access to this random moment expires on: [**Date 7 calendar days from observation date**].

[**Participant Name**] choose the following for the random moment.

Activity Code = K

What were you doing = Not working at this time

Who were you with = Self

Click on this link [**actual observation number**] Logsheet

Or Copy and paste this address into your web browser

[**actual link to the address of the web-based application**]

This message is being sent from an unmonitored email address. Please do not reply to this email.

When the LCTS validator clicks on the link of the random moment that they have been designated to validate, the following screen and example appears for them to complete:

> Welcome [Validator Name]! Please validate this random moment for [Participant Name].   (Not you?) [Participant Name] provided the following response. Please validate.
>
> F - Therapy and Treatment
>
> *All random moment responses are subject to federal audit. Falsification of this information diminishes the integrity of the random moment sample and compromises the federal administrative claim.*
>
> | Validate | Can NOT validate |

When completed, the LCTS validator will also receive the message "Thank You! You have successfully completed your random moment!"

If the LCTS validator selects a link contained in a random moment email that they have already completed, they will receive the following message:

> This random moment has been completed.
> This random moment was completed on [**date time**]. Please make sure the email containing the link you clicked on is the most current. Thanks!

They must go back into their inbox and select the correct email that contains a random moment validation link because the email they chose has already been validated.

Scenarios:

1. The LCTS validator receives the LCTS participant's completed random moment and validates the activity code by clicking on "Validate" and receives a "thank you message". ***The random moment is complete.***

2. The LCTS validator receives the LCTS participant's completed random moment, but does not validate the activity code by clicking on "Can NOT validate". ***The random moment is invalid.***

Random Moment Validation Reminder

Two day reminder emails are also sent to LCTS validators reminding them to validate a particular random moment. The email is an exact duplicate of the original _Validate Random Moment_ email that contains the link to the completed random moment that requires validation and an example is given below:

[**Validator Name**]

Please click on the link below to validate the random moment for [**date time**] for [**Participant Name**].

[**Participant Name**] chose the following for the random moment.

Activity Code = F - Therapy and Treatment

Click on this link or copy and paste this address into your web browser.

[actual link to the address of the web-based application]

This message is being sent from an unmonitored email address. Please do not reply to this email.

When the LCTS validator clicks on the link above, the following screen appears for them to complete:

Welcome [Validator Name]! Please validate this random moment for [Participant Name]. (Not you?) [Participant Name] provided the following response. Please validate.

F - Therapy and Treatment

All random moment responses are subject to federal audit. Falsification of this information diminishes the integrity of the random moment sample and compromises the federal administrative claim.

| Validate | Can NOT validate |

When completed, the LCTS validator will receive the message "Thank You! You have successfully completed your random moment!"

If the LCTS validator selects a link contained in a random moment email that they have already completed, they will receive the following error message:

This random moment has been completed.

This random moment was completed on [**date time**]. Please make sure the email containing the link you clicked on is the most current. Thanks!

26

They must go back into their inbox and select a more current email that contains a random moment validation link. The email they chose has already been validated.

Scenarios:

1. The LCTS validator receives an email containing the LCTS participant's activity code choice and does not validate it right away. After two days, they receive a reminder email containing the link to the random moment, they click on "Validate or "Can NOT validate", click on "Submit" and receive a "thank you message". ***The validation is complete.***

2. The LCTS validator receives an email of an LCTS participant's activity code choice and does not validate it right away. After two days, they receive a reminder email and still are unavailable to validate the LCTS participant's activity code choice. The LCTS coordinator will receive notice of this validation in their Wednesday email as incomplete and follows up with the LCTS validator by forwarding the link to the random moment back to the LCTS validator who clicks on "Validate or "Can NOT validate", clicks on "Submit" and receives a "thank you message". The LCTS coordinator is also allowed to complete the validation for an LCTS validator if they have prior knowledge the LCTS validator is out of the office on vacation. The LCTS coordinator may open the random moment to validate the activity code and click on "Validate or "Can NOT validate", click on "Submit" and receive a "thank you message". ***The validation is complete.***

3. The LCTS validator receives an email of an LCTS participant's activity code choice and does not validate it right away. After two days, they receive a reminder email and still are unavailable to validate the LCTS participant's activity code choice. The LCTS coordinator will receive this request for this validation in their Wednesday email as incomplete and does not follow up with the LCTS validator by forwarding the link to the random moment back to them nor does the LCTS coordinator complete the validation in their absence within seven calendar days. ***The validation is incomplete.***

Error Message

LCTS Participants and Validators

The web-based application is designed to serve as a step by step process encompassing choices for the LCTS user such as "click on the link", "select next", "enter the validator's name", "enter the validator's email address" and "submit". These step by step processes are used to guide the LCTS user through each step when completing a random moment.

If the LCTS user chooses any other action or does not follow the step by step process, the software is unable to recognize that action. Some examples of these unrecognizable actions would include selecting "back" or "refresh" directly on the Internet toolbar. If this happens, the following error message will appear:

Welcome to RMS – Random Moment Time Studies!

The MN Department of Human Services uses Random Moment Time Studies (RMTS) to retrieve time sampling information electronically from staff across a number of different projects. They include the Income Maintenance Random Moment Study (IMRMS), the Social Service Time Study (LCTS) and the Local Collaborative Time Study (LCTS).

If you are a participant of one of the time studies, and you received this page after clicking on a link that was sent to you—you have encountered an error. Please go back and re-try the operation you were attempting, and if you encounter this message again, you are attempting an action that is not possible. If you require further assistance, contact your Time Study Coordinator. Thank you!

Frequently Asked Questions

Changes/Responsibilities

Why doesn't DHS require paperwork anymore?

> DHS no longer requires paperwork as changes to the LCTS participants now occur within the web-based application and random moment responses are uploaded electronically for federal claiming purposes.

Will DHS be responsible for the retention of records since everything is electronic?

> DHS will be responsible only for the retention of LCTS participant responses. This information is used for federal claiming purposes.

Are there any records we still need to retain in the county?

> It is recommended that you print and keep a copy of the participant changes. We recommend that you also consult your county's record retention schedule for local requirements.

Will there be a new bulletin?

> DHS bulletins must be reviewed and updated every two years per agency policy, regardless of whether content changes occur.

What are the times of the random moment sampling?

- o   6:00 a.m. – 4:30 p.m. Monday – Friday
- o   8:00 a.m. – 4:30 p.m. Monday - Friday
- o   7:00 a.m. – 5:30 p.m. Monday – Friday (default)
- o   Noon – 10:30 p.m. Monday – Friday
- o   Weekend Shift – Friday 3:00 p.m. – Sunday 10:00 p.m.
- o   4:00 a.m. – Midnight Monday – Sunday

> Any of these times may be selected by the LCTS coordinator for a time study participant, regardless of partner-type.

> Federal holidays are excluded from the sample, as are dates indicated on *Non-sample Times for Public Schools.* These policies promote consistency across the state and a uniform sample.

Will the random moments come from one consistent email source or from several?

> The random moment emails will be generated from only one email source. To ensure that web-based emails to the LCTS coordinator, participant or the validator are not inadvertently blocked by any anti-spam software, please be sure to add the following address to your list of allowed senders and contacts. The address is: dhs.fod.LCTS@state.mn.us If you require assistance to complete this task, please contact your local IT department.

LCTS Coordinators

What if I am out of the office on vacation or sick leave and a participant hasn't responded?

> Prior to your vacation, please instruct your LCTS participants of the importance of completing their random moments in a timely manner as there will be no reminders from you.

Why can't an LCTS validator or participant ask DHS questions directly?

The LCTS coordinator is DHS' local contact. All communication must channel through them. They need to be aware of questions and concerns that arise within their county. Questions from individuals other than the LCTS coordinator will be re-directed back to the LCTS coordinator. If the LCTS coordinator is unable to answer a local question or needs additional information, it is their responsibility to contact DHS.

Do we need a second LCTS coordinator?

The web-based application is set up to communicate with a single LCTS coordinator.

How do we change LCTS coordinators?

The *Primary Contact Form* must be completed and sent to DHS when changes are made to key personnel. This form is typically submitted by the current LCTS coordinator.

Can we change LCTS coordinators in the middle of a quarter?

When DHS receives the new LCTS coordinator information, we will make the change in the LCTS database. The change will then get uploaded into the web-based application the following day. Emails are sent to the newly appointed LCTS coordinator from that point forward.

LCTS Participants

What happens when an LCTS participant is away from their desk on business for a couple of days and doesn't get to the random moment before the deadline?

If the LCTS participant has not responded within two days of the random moment, they will receive a random moment reminder email notifying them that they have a random moment that has not been completed. If the random moment is not completed within the 7 calendar day deadline, it becomes invalid and the link becomes inactive. The LCTS participant will no longer be able to complete that particular random moment.

If we have a worker that needs to be added to the LCTS, how do we do that—do we complete the same form as we always have?

On or about the 20th day of the second month of the quarter, LCTS coordinators will receive a quarterly participant database update email for the upcoming quarter. This email contains the current link for their county-specific database. All changes to the participant database are done electronically using this application. Counties are encouraged to retain the email or copy the link so they have access to the database throughout the quarter. This will enable LCTS coordinators to make changes as they occur instead of waiting until the next reminder email is sent out.

Can I enter new participant information directly into the database, or should I continue to send in the forms?

The electronic web-based application for LCTS participant changes is the only way to make revisions to your county's participant database. All paper documentation for the administration of the LCTS participant database has been eliminated. Any paper communication regarding employee changes will be discarded.

In the new "live" system, if a new person starts in the middle of January on a Monday and we train her on Tuesday and enter her into the database on Wednesday, it is possible that she will begin getting random moments immediately, or will she not begin receiving random moments until the next quarter?

New employees cannot be added to a quarter <u>after</u> the random moments have been generated for the quarter. LCTS coordinators can update the participant database and new LCTS participants will be added to the subsequent quarter's random moment sample.

Who should be a participant?
> The criteria for becoming a participant has not changed. Please refer to the following documents for detailed information: *Public Schools LCTS Participant Checklist*, *Corrections LCTS Participant Checklist* and *LCTS Public Health Participant Checklist.*

Why don't the changes that I make to the participant database appear the next time I go in?
> Whenever a change has been made in the participant database and it has been saved, it should appear in the database. After saving the change or changes, close the database and reopen it. The change should appear in the database. If a random moment became "undeliverable" because of an email address issue, the email address will automatically be deleted from the participant database. In these instances, the LCTS coordinator will see that the email address is missing and should reenter the corrected email address and be sure to resave the change.

Why does the LCTS coordinator's name appear on the participant database?
> The LCTS coordinator must remain on the database as it is necessary for the purpose of receiving the reminder emails and any "bounce back" emails. This does not mean that random moments are generated for the LCTS coordinator. DHS is responsible for any changes to the LCTS coordinator and will make them upon receipt of the *Primary Contact Form.*

Do we need to enter titles, phone numbers, etc. in the participant database?
> Those fields are available for data if you wish to use them. They are not currently used by DHS for any data purposes. Names, email addresses and training dates are required information.

How can I keep a record of the LCTS participants in my county?
> You can print out a list of your LCTS participants by going into the participant database, clicking on "All" and printing out the screen using the "Print" tab.

Random Moments

Is the LCTS coordinator notified so they can track a late random moment down?
> LCTS coordinators can track the status of random moments through their Wednesday email reminders. The email will contain lists of missing random moments, random moments that have not yet been validated and random moments that have not been completed within the 7 calendar day deadline. Random moments that miss the 7 calendar-day deadline become inactive and the opportunity to respond has been lost. The status of a random moment can be identified by the category it is listed in. LCTS coordinators can choose to save the email or print and retain a copy of emails for tracking purposes.

Will an LCTS participant receive random moments for the remainder of the quarter after they have been deleted?
> No, they will not receive random moments after their deletion date.

Validation Process

What is the expectation of the staff that validate the random moments?
> The validation process replaces the previous role of the recorder. The LCTS validator must be knowledgeable of the work being performed by the LCTS participant, the LCTS codes and definitions and the web-based application used to validate a random moment response. The LCTS validator is certifying that the activity code selected by the LCTS participant best represents what the LCTS participant was doing at the time of the random moment.

How do we choose the LCTS validators?
> Each county/collaborative determines who will validate random moments for the LCTS. LCTS coordinators, supervisors or co-workers can serve as LCTS validators.

Do we get a printout each quarter of the 5% that need to be validated?
> The significance of the 5% of random moments is to satisfy federal requirements. This information cannot be shared externally.

How do the LCTS participants' connect with the LCTS validators regarding the code they have selected?
> Boxes will appear on the bottom of a random moment that must be validated. The LCTS participant is required to enter an LCTS validator's name and the LCTS validator's email address. Once that information is entered, the LCTS participant clicks on the "Submit" button. An email is then created by the software and a new random moment link is attached to the email and the original link to the random moment becomes invalid. When the LCTS validator opens the email and clicks on the link, they will be able to view the code selected by the LCTS participant.

Can the LCTS validator be an LCTS participant in the time study as long as they are not validating their own random moment?
> Yes, the LCTS validator may be an LCTS participant as long as they meet the criteria for participating in the LCTS. Please refer to the following documents for detailed information regarding who is eligible to participate in the LCTS: *Public Schools LCTS Participant Checklist*, *Corrections LCTS Participant Checklist* and *LCTS Public Health Participant Checklist.*

Should there be only one LCTS validator or several per department?
> Counties/collaboratives may choose as many LCTS validators as necessary for them to carry out the administration of the validation process.

Should the LCTS validator be someone in the same unit or in a different unit?
> The LCTS validator can be someone in either the same unit or a different unit.

What information does this person need to be able to validate a code for someone else?
> The LCTS validator needs to be knowledgeable of the LCTS participant's job duties, LCTS activity codes and definitions and the web-based application process.

What exactly are the LCTS validators "validating"?
> They are validating that the LCTS participant's activity code choice reflects what they were doing at the time of the random moment.

What happens to a random moment if it doesn't get validated?

    The LCTS validator will receive a reminder email that the validation has not been completed. If they do not validate the random moment at that time it will then appear on the LCTS coordinator's weekly random moment reminder email. If the validation is not completed within the 7 calendar day deadline of the random moment, it becomes invalid and will appear on future LCTS coordinator email reminders as a random moment that has missed the opportunity for completion.

LOCAL COLLABORATIVE TIME STUDY (LCTS)
Non-Sample Times for Public Schools

Name of the County/Collaborative: _____

_____

Signature of the LCTS Coordinator:_____

School Fiscal Year:_____

* This form includes data for: (circle one)   **Entire County**   or   **Individual District(s)**

Instructions: Although school may not be in session (i.e. in-service days, conferences, etc.) staff must continue to be sampled while they are performing <u>all</u> of the functions that make up their position. Please indicate below legal holidays, Thanksgiving, Christmas, Easter (and their associated breaks), all other holiday breaks, the Winter and Spring breaks, MEA week, and any other time that all buildings within the district are closed. We will not schedule random moments for those days. Do <u>not</u> include in-service days or parent/teacher conference days on this form as they do not qualify as non-sampling times for random moment purposes.

***DO NOT ATTACH INDIVIDUAL SCHOOL CALENDARS WITH THIS FORM.*

Note: If the start/end dates and/or the information is the same for one or more districts, you may consolidate the information on one form. Otherwise, please submit separate forms for each district.

*First Day of School*_____

ISD #: _____   ISD #: _____   ISD #: _____   ISD #: _____

ISD #: _____   ISD #: _____   ISD #: _____   ISD #: _____

SEPTEMBER:

_____

OCTOBER:

_____

NOVEMBER:

DECEMBER:

_____

JANUARY:

_____

FEBRUARY:

_____

MARCH:

_____

APRIL:

_____

MAY:

*Last Day of School*_____

ISD #: _____   ISD #: _____   ISD #: _____   ISD #: _____

ISD #: _____   ISD #: _____   ISD #: _____   ISD #: _____

RETURN THIS FORM TO:
LCTS PROJECT MANAGER
DHS Financial Operations Division
P.O. Box 64940
St. Paul, MN 55164-0940
Fax (651) 431-7480

*LCTS **PUBLIC SCHOOLS** Activity Code Selection Flow Chart*

What is the purpose of the activity you were performing at the time of the random moment?

"Health/Medical" services include medical, dental, mental health and chemical health

IEP / IFSP / IIIP Activity	Health / Medical Related Activity	Child Welfare (Non-Medical)	Academic and Other Services	General Admin

IEP / IFSP / IIIP Activity

Was the activity "face to face" with the child?

YES / **NO**

YES branch:
- Observing the child
- Performing non-health related assessments and testing (pre-IEP)
Code J

- Providing mental health services, nursing, speech/audiology, occupational/physical therapy and other MA billable activities
- Performing health related assessments and testing
Code I

- Counseling or Therapy and Treatment for a student who is *currently in foster care* or has been *identified as a Foster Care Candidate*
Code F

- Counseling or Therapy and Treatment for a student who is **not** *currently in foster care* or has **not** been *identified as a Foster Care Candidate*
Code J

- Other face to face IEP / IFSP / IIIP activities
Code J

NO branch:
- Evaluating test results
- Meeting with parents and colleagues
- Collecting data (pre-IEP)
Code J

- Developing (or assisting), monitoring, reviewing or evaluating the outcomes of *ACADEMIC* goals in the IEP / IFSP / IIIP
Code J

- Accessing…
- Arranging…
- Coordinating…
- Referring…
- Monitoring…
- Evaluating the effectiveness of…
HEALTH / MEDICAL services within the IEP / IFSP / IIIP
Code H

- Service coordination for a student who is *currently in foster care* **Code B - Part 1** or has been *identified as a Foster Care Candidate.* **Code B - Part 2**

- Other non-face to face IEP / IFSP / IIIP activities
Code J

Health / Medical Related Activity

- Contacting pregnant and parenting teenagers to discuss MA prenatal or well baby care services
- Referring a student or family to the county to apply for MA benefits
- Assisting with MA eligibility determination
Code G

- Making referrals for Child & Teen Check-ups
- Making referrals to family planning services
- Arranging for health/medical screenings
- Accessing, arranging, coordinating, referring, monitoring, evaluating *HEALTH / MEDICAL* services
- Program planning related to health/medical services
Code H

- Providing speech, occupational, physical, and other therapies; or MA billable services
Code I

- Services billed directly to an insurance company
Code J

Child Welfare (Non-Medical)

- Determination of Risk
Code A

Other Child Welfare
- General meetings on child welfare topics
- Providing info for approval of foster/adoptive parents
Code C - Part 1

- Staff training on issues related to students who are *currently in foster care* or have been *identified as Foster Care Candidates*
Code D

- Training Foster/Adoptive Parents
Code E

STOP…
You can only select the following codes if the student is currently in foster care --OR-- the student must have already been determined as a Foster Care Candidate by county human services

- Service coordination of the services necessary to prevent the student from being removed from the home
Code B - Part 1

Court Related
- Provide info for a student's court hearing
- Assisting with a truancy petition
Code C - Part 2

- Counseling or Therapeutic Treatment
Code F

Academic and Other Services

- Classroom instruction
Code J

- General education activities
Code J

- On-going charting and documentation of a student's education performance
Code J

- Contacting parents to discuss their child's academic needs, discipline issues or to obtain parental sign-off or data sharing forms
Code J

- Contacting parents to discuss available special ed services, the Free & Reduced Lunch program or to discuss vocational & educational programs
Code J

General Admin

- General staff meetings
Code K

- Completing time sheets
Code K

- Providing or receiving LCTS activity code training
Code K

- No School
- At Lunch
- On a Break
- On Vacation
- Out Sick
- On Leave
Code K

- Not working at the time of random moment
Code K

- Completing the Foster Care Candidacy Determination Form
Code K

Last Revision: January 1, 2015

See "LCTS Activity Code Table" and "LCTS Activity Code Reference Guide" for more detailed examples if at any time you are uncertain.

Code A	Code B	Code C	Code D	Code E	Code F
Determination of Risk	*Child Service Coordination*	*Court Related and Other Child Related Administration*	*Child Welfare Training of Local Collaborative Staff*	*Training of Foster and Adoptive Parents or Provider Staff*	*Treatment & Counseling*
Deciding if a situation is present that would result in mandated reporting to county social services or local authorities; or if you are determining the need to recommend a student to the Foster Care Candidacy Specialist at county social services, up to the point of filing out a "Foster Care Candidacy Determination Form"	**Part 1. Coordinating child welfare services for a specific student who is in foster care placement.** **Part 2. Coordinating child welfare services for a specific student who has been identified as a Foster Care Candidate.** **These activities are the coordination of the service. This does not include providing the actual service itself.**	**Part 1. Other child welfare related activity not related to a specific student. Child welfare activities are activities that ensure the safety and well-being of a child** **Part 2. Court related activity for a specific student who is currently in foster care**	**Receiving training on making recommendations for Foster Care Candidacy or if you are receiving or providing training on issues that fall within the definition of child welfare. This generally includes training concerning topics that have a goal of keeping families together & helping families access services needed to meet the safety & well-being needs of students**	**Training current or prospective foster or adoptive parents, including relatives, on the care of children who have been entrusted in their care**	**Providing counseling to students who are currently in foster care or have been identified as Foster Care Candidates. Also choose this code if you are providing counseling to a student's family if the student has been identified as a Title Foster Care Candidate or is currently in foster care**
EXAMPLES	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**
Participating in discussions and/or investigations on whether a student's or student's family situation warrants referral and/or reporting to appropriate authorities.	*Part 1* Referring or arranging for a student and their foster family to receive counseling, participate in the Big Brother Program, work with a mentor, or receive other child welfare services.	*Part 1* Participating in planning meetings on child welfare issues (district, school, community, collaborative and interagency) for children at imminent risk of being removed from the home.	Attending child welfare training provided by the state or the county.	Educating foster parents regarding child development issues pertinent to the children in their care.	Counseling a student who is out of control in an effort to get the student able to address the issues at hand.
Deciding whether there is an abuse, neglect, or maltreatment situation that warrants referral and/or reporting to appropriate authorities and making that referral/report.	*Part 2* Coordinating with agencies on possible services available to help the family to improve the home situation & lessen the possibility that the student would have to be removed from the home.	*Part 2* Assisting the county with truancy or child protection petitions or any other activities that are requested by the county to support court petitions to remove a student from the home.	Presenting or attending training for collaborative partners/school staff on increasing ability of staff to recognize students in trouble & identifying needed services to remedy a student's situation.	Providing parenting classes for new foster or adoptive parents.	Providing face to face therapeutic treatment and counseling services to a student, their family and/or a substitute care provider to resolve personal problems.
	Part 2 Participating in reviews and/or discussions with relevant agencies or individuals to determine the effectiveness of current services to resolve the situation causing the student to be identified as a Foster Care Candidate.	*Part 2* Working with a school liaison police officer in preparation for court.	Presenting or attending training on Foster Care Candidacy.		Leading a group therapy session where one or more students is currently in foster care or has been identified as a Foster Care Candidate.
Paperwork and staff travel related to above activities.	Paperwork and staff travel related to above activities.	Paperwork and staff travel related to above activities.	Paperwork & staff travel related to above activities	Paperwork & staff travel related to above activities	Paperwork/staff travel related to above activities

Code G	Code H	Code I	Code J	Code K
MA Eligibility Determination Assistance	*Health/Medical Related Service Coordination*	*Direct Medical Services*	*Other Services*	*General Administration – Not Program Related*
Conducting Medical Assistance (MA) outreach or assisting in the MA eligibility process	**Referring, arranging, monitoring and evaluating health/medical services. Performing activities related to improving the delivery of health services in schools**	**Performing activities and services for students that are billable directly to MA. It is not necessary to know if your school actually does send a bill**	**Performing job specific activities that are not included in the other codes or that are billed to a third party other than MA**	**School general operating functions and activities, personal time taken during the work day, or when you are not at work to perform your job**
EXAMPLES	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**
Informing parents on MA services available for their child and seeking out families who may be eligible for MA and encouraging them to apply for MA.	Arranging for, coordinating, & monitoring the health services needed per a student's IEP/IFSP/IIIP or other case plan, including arranging for necessary support services such as translation/transportation & consulting with other staff on implementing the health services outlined in a student's IEP/IFSP/IIIP	IEP/IFSP/IIIP: ♦ Student needs assessments or continued services, writing reports and interpreting results of tests. ♦ Providing the services contained in the IEP/IFSP/IIIP.	Obtaining parental consent forms for educational activities or to discuss their child's academic needs, to discuss discipline issues, special education services available, the Free and Reduced Lunch Program, and vocational and educational programs available.	Any type of leave including vacation, sick, personal, jury duty and snow days, lunch, break, personal discussions with colleagues, personal phone calls or internet use.
Assisting a family to complete the MA application. Referring the parents to a county staff person who will assist them with MA.	Advising a parent of a possible health issue for their child & encouraging them to make appointments with medical professionals. Educating parents on identifying their child's health needs, child development, proper health care & substance abuse.	Administering prescribed injections, medication or immunizations to a student.	All classroom instruction and related activity, cafeteria & study hall activity, recess & after school activity. Activities performed by a school truancy officer for students not currently in foster care or have been identified as a Foster Care Candidate.	Completing time sheets, working on goals and objectives, participating in employee grievance processes, EEO or union activity, reading professional magazines or articles, reviewing administrative policies or office procedures.
Contacting pregnant and parenting teens to discuss MA prenatal and well baby care programs available to them.	Referring and arranging for medical screenings, & providing appropriate follow-up.	Providing health/medical services or procedures such as physical therapy and speech therapy that are billed to MA.	IEP Activities not included in codes H or I. Providing health/medical services including first aid or performing medical procedures.	General staff meetings, planning sessions, orientations, policy and procedure review sessions, discussion on curriculum changes or changes in staffing.
	Meetings to address how MA health services are delivered within the school.		Obtaining parental consent forms for sharing data between partners & county social services for the purpose of submitting a Foster Care Candidacy recommendation to the county	Completing and submitting the Foster Care Candidacy Determination Form" to county social services.
Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.

LCTS Public School Activity Code Reference Guide

January 1, 2015

LOCAL COLLABORATIVE TIME STUDY

LCTS Federal Code Titles

I. **Children at Risk**

 A. *Determination of Risk*
 B. *Child Service Coordination*

 B1. Service Coordination – Child is in Foster Care Placement
 B2. Service Coordination –Child is a Foster Care Candidate

 C. *Court Related and Other Child Related Administration*
 D. *Child Welfare Training of Local Collaborative Staff*
 E. *Training of Foster and Adoptive Parents or Provider Staff*
 F. *Therapy and Treatment*

II. **Health/Medical Related**

 G. *MA Eligibility Determination Assistance*
 H. *Health/Medical Related Service Coordination*
 I. *Direct Medical Services*

III. **Other**

 J. *Other Services*
 K. *General Administration – Not Program Related*

LCTS ACTIVITY CODES

The following definitions and examples will help you in your selection of activity codes.

I.   Children at Risk

Codes A through F should only be used when the activity is associated with a child currently in placement or at imminent risk of placement including determination of risk, direct case management of a child at imminent risk, training surrounding dealing with children at risk, and general administrative duties surrounding children at risk.

Code A – Determination of Risk

Federally Approved Code, May 1996

This code should be used whenever the worker is engaged in activities to determine the following:
1. Is there the need for placement or a risk of being placed out of the home.
2. Is there a risk of maltreatment, an occurrence of maltreatment, or a need for protection or services, and whether the agency will respond to address the needs as identified.

Choose this code if you are doing an activity that helps to decide if a situation is present that would result in mandated reporting to county social services or local authorities; or if you are determining the need to recommend a student to the Foster Care Candidacy Specialist at county social services, up to the point of filling out the "Foster Care Candidacy Determination Form". Some examples include:

- Consulting with others regarding the maltreatment of a student following a student's disclosure of possible abuse;

- Deciding whether there is an abuse, neglect, or maltreatment situation that warrants referral and/or reporting to appropriate authorities and making that referral/report;

- Participating in discussions and/or investigations on whether a student's or student's family situation warrants referral and/or reporting to appropriate authorities;

- Participating in discussions and/or investigations on whether there have been significant changes in the student's or student's family situation which warrants referral and/or reporting to appropriate authorities;

- Participating in child protection risk assessment;

Last Revised: January 1, 2015

- Contacting child abuse team if suspected maltreatment has occurred to a student;

- Reporting maltreatment to a county social service agency or local authorities;

- Paperwork and staff travel related to the above activities.

*NOTE: This is a time-limited activity in response to a new report or incident. This activity ends at the point the staff person refers the case to county social services or law enforcement or when the staff person decides **not** to make a referral.*

Code B - Child Service Coordination

Choose this code if you are <u>coordinating</u> child welfare services for students who are either in foster care or have been identified as Foster Care Candidates. This does not include providing the actual service itself.

This code is separated into two categories (B1 and B2) to differentiate the child's status as either "In Foster Care Placement" or as a "Foster Care Candidate". Some examples include:

B1: Service Coordination – Child is in Foster Care Placement

- Participating in initial and subsequent discussions with or referrals to a social worker concerning child welfare services available to a student or their family;

- Referring or arranging for a student and their foster family to receive counseling, participate in the Big Brother Program, work with a mentor, or receive other child welfare services;

- Making referrals to the county or other agencies to provide services to a student and their foster family.

- Referring or arranging for a student to attend a teen support group to help cope with a parent who is a substance abuser;

- Participating in meetings to assist a student's planned return to school following foster care placement or transition from corrections;

- Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss child welfare services;

- Contacting, monitoring or communicating with a student, family members, substitute care providers, social services or other relevant persons regarding the provision of child welfare services for the student and assessing and evaluating the effectiveness of child welfare services;

- Visiting a truant student's foster home to develop and implement an individual performance contract, monitoring performance or to report on progress;

- Contacting the appropriate staff if you suspect maltreatment has occurred for a student;

- Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss child welfare services;

- Arranging for or providing access or referral to translation services (oral and signing) to help school staff communicate with a student or the student's parents regarding child welfare services provided to the student and their family;

- Meeting with school staff, county staff, caregivers and/or students about truancy related issues.

- Paperwork and staff travel related to the above activities.

B2: Service Coordination – Child is a Foster Care Candidate

- Participating in initial and subsequent discussions with or referrals to a social worker concerning social services available to a student or their family;

- Coordinating with agencies on possible social services available to help the family to improve the home situation and lessen the possibility that the student would have to be removed from the home;

- Referring or arranging for a student or their family to receive counseling, attend an anger management group, participate in the Big Brother Program, work with a mentor, or receive other social services;

- Making referrals to the county or other agencies to provide social services to a student or the family;

- Referring or arranging for a student to attend a teen support group to help cope with a parent who is a substance abuser;

- Contacting the appropriate staff if you suspect maltreatment has occurred for a student;

- Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss needed social services;

- Contacting, monitoring or communicating with a student, family members, social services or other relevant persons regarding the provision of services for the student and assessing and evaluating the effectiveness of services that were put in place;

- Arranging for or providing access or referral to translation services (oral and signing) to help school staff communicate with a student or the student's parents regarding services provided to the student and/or family;

- Visiting a truant student's home to develop and implement an individual performance contract, monitoring performance or to report on progress;

- Meeting with school staff, county staff, family and/or students about truancy related issues;

- Paperwork and staff travel related to the above activities.

Code C – Court Related and Other Child Related Administration

This code has two parts. The first part of this code is other child welfare related activity that is not related to a specific student. Child welfare activities are those that ensure the safety and well-being of a child. Some examples include:

- Participating in discussions or planning meetings (district, school, community, collaborative, interagency) concerning the general topic of students and the factors that put them at risk of being removed from the home;

- Paperwork and staff travel related to the above activities.

The second part of this code is court related activity for a specific student who is currently in foster care. Some examples include:

- Working with a school liaison police officer in preparation for court;

- Assisting with any activities to support any petitions for the county related to foster care placement;

- Preparing or providing a truancy petition for the county;

- Preparing for or participating in any court hearing or administrative review including presenting testimony related to foster care placement;

- Paperwork and staff travel related to the above activities.

Code D – Child Welfare Training of Local Collaborative Staff

Choose this code if you are receiving or providing training on issues that fall within the definition of child welfare. This generally includes training concerning topics that have a goal of keeping families together and helping families access services needed to meet the safety and well-being needs of students. Some examples include:

- Presenting or attending training for collaborative partners or school staff on increasing ability of staff to recognize students in trouble and identifying needed child welfare services;

- Presenting or attending training on issues regarding students who may be at risk or in foster care placement;

- Attending child welfare training provided by the state or county;

- Presenting or attending training on Foster Care Candidacy;

- Paperwork and staff travel related to the above activities.

Code E – Training of Foster or Adoptive Parents or Provider Staff

Choose this code if you are training current or prospective foster or adoptive parents, including relatives, on the care of children who have been entrusted in their care. Some examples include:

- Preparing for training for current or prospective foster and adoptive parents, regarding child development issues, behavior modification or management, identification of and treatment strategies for chemical dependency, mental health or abnormal behavior;

- Educating foster or adoptive parents regarding child development issues pertinent to the children in their care;

- Providing parenting classes for new foster or adoptive parents;

- Paperwork and staff travel related to the above activities.

Code F – Treatment and Counseling

Choose this code if you are providing counseling to students who are currently in foster care or who have been identified as Foster Care Candidates. Also choose this code if you are providing counseling to a student's family if the student has been identified as a Foster Care Candidate or is currently in foster care. Some examples include:

- Providing face to face therapeutic treatment and counseling services to a student, their family and/or a substitute care provider to resolve personal problems;

- Leading a group therapy session where one or more students have been identified as a Foster Care Candidate or is currently in foster care;

- Providing counseling for substance abuse conditions;

- Providing psychiatric services;

- Providing psychological counseling;

- Providing rehabilitative mental health services;

- Providing guidance counseling;

- Listening to and providing therapeutic intervention when a student is talking to you about committing suicide and the conversation is to prevent the suicide;

- Talking with and providing therapeutic intervention for a student who is rageful and out of control in an effort to get him/her in control and address the issues at hand;

- Providing therapeutic intervention when you are leading a group therapy session (distinct from a friendship group);

- Facilitating a formal grief group;

- Paperwork and staff travel related to the above activities.

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II. Health/Medical Related

Codes G through I should be used when the activity performed is designed to help clients attain or maintain a favorable condition of health (mental or physical) by assisting them in identifying and understanding their needs and securing and monitoring necessary treatment and maintenance services that are MA reimbursable.

*** In this Reference Guide:

> **MA** *refers to Medical Assistance and/or Medicaid*

> **Health/medical services** *refers to medical/dental/mental health/chemical health services*

Code G – MA Eligibility Determination Assistance

Federally Approved Code, May 1996

This code should be used when a worker is performing activities related to assisting in the determination of whether or not a child or the child's family is eligible for Medical Assistance.

Choose this code when you are collecting information regarding MA eligibility processes and conducting MA outreach. Some examples include:

- Gathering or assisting a student and/or family in collecting information and documents related to an MA eligibility application or review income verification, social security number, citizenship, etc.;

- Assisting a student and/or family in filling out and processing MA eligibility forms or updating MA eligibility forms when circumstances change;

- Training or receiving training for staff that provide outreach if the subject of the training is how to assist families to access MA services and understand the benefits of the services available, or how to more effectively refer students and their families for MA services. Also include presenting or attending training for staff in MA eligibility requirements;

- Informing potential MA eligible students and their families about the services provided by MA;

- Providing information about Child and Teen Check-Ups to help identify medical conditions that can be corrected or improved by services offered through the MA program;

- Providing MA outreach services such as passing out brochures explaining MA, and informing people about MA eligibility requirements and the MA enrollment process;

- Referring an individual or family to the county to apply for MA benefits;

- Contacting pregnant and parenting teenagers to discuss the availability of MA prenatal and well-baby care programs and services;

- Paperwork and staff travel related to the above activities.

Code H – Health/Medical Related Service Coordination

Federally Approved Code, May 1996

This code should be used for any non-invoiced activities that aid clients to attain and maintain a favorable condition of health (mental or physical) by assisting them in identifying and understanding their health needs and securing and monitoring necessary treatment and maintenance services that are MA eligible for MA and non-MA clients.

*** In this Reference Guide:

MA refers to Medical Assistance and/or Medicaid

Health/medical services refers to medical/dental/mental health/chemical health services

Choose this code when you are referring and monitoring treatment and maintenance of MA services and participating in interagency coordination of services. Some examples include:

- Gathering any information that may be required in advance of health/medical referrals;

- Making referrals for Child and Teen Check-Ups;

- Acting as a liaison with MA providers and local health departments;

- Participating in the development of a plan relating or pertaining to the health/medical needs of a **Non-IEP/IFSP/IIIP** student, i.e. individual health plan (IHP);

- Completing health review forms on students not part of the IEP/IFSP/IIIP process;

- Making referrals to family planning services;

- Making referrals to other MA covered services;

- Arranging for a CD assessment;

- Arranging for HIV testing;

- Providing information regarding the identification of health/medical needs, child development, substance abuse or providing proper child health/medical care;

- Developing health/medical related information and referral sources, such as directories of MA providers, who will provide services to targeted population groups;

- Providing assistance in implementing health/medical regimes;

- Coordinating, documenting or monitoring MA services identified in a student's IEP/IFSP/IIIP;

- Guiding, coaching or supervising paraprofessionals on how to improve the delivery of health/medical related services for students;

- Meeting with other staff concerning the health care needs of a specific student;

- Making a referral to day treatment services;

- Participating in intake and assessment meetings for day treatment services;

- Writing a referral for a student to receive necessary health/medical evaluations or examinations;

- Recommending to a parent or guardian that they make an appointment with a medical professional such as a mental health provider, dentist, ophthalmologist or audiologist for their student;

- Developing procedures for tracking families' requests for assistance with health/medical services and providers, including MA;

- Advising a parent or guardian of necessary health/medical services needed in regards to a student's illness or injury, including the need for immunizations;

- Arranging for transportation in order that an ill or injured student is able to receive necessary health care services;

- Arranging for or providing access or referral to translation services (oral and signing) to help school staff communicate with a student or the student's parent regarding non-IEP/IFSP/IIIP related health care issues;

- Participating in or coordinating training for school staff that improves the delivery of health/medical related services or improves the referral of students with health/medical needs to MA services;

- Evaluating health/medical delivery systems in the school district and identifying gaps or duplication of health/medical services to children;

- Evaluating the need for health/medical services in relation to specific populations or geographic areas;

- Developing strategies to improve the delivery and coordination of school health care services and programs to students, or developing strategies to assess or increase the capacity and/or cost effectiveness of these programs;

- Participating in discussions or work groups with state agencies, counties, other schools, community agencies and/or MA providers to improve the coordination and delivery of health care services for children and the identification of health care problems of children;

- Participating in discussions or work groups to expand access to health care services for specific populations of MA eligible children;

- Providing information, consultation and advice to health professionals regarding the delivery of health care services to children;

- Arranging for medical screenings and providing appropriate follow-up;

- Paperwork and staff travel related to the above activities.

Code I – Direct Medical Services

*** In this Reference Guide:*

MA *refers to Medical Assistance and/or Medicaid*

Health/medical services *refers to medical/dental/mental health/chemical health services*

Choose this code when you are providing program activities that can be billed to MA. It is not necessary to know if your school actually does send a bill. Some examples include:

- Health related IEP/IFSP/IIIP evaluations that result in the determination of need or continued need for services. This includes pre-IEP/IFSP/IIIP evaluations and ongoing assessments to determine progress/need for changes in services and re-evaluations. Activities included are:

    o administering tests;
    o interpreting test results;
    o writing reports;

- Providing the services contained in the IEP/IFSP/IIIP;

- Evaluating the effectiveness, continued need, etc. of the MA services listed in a student's IEP/IFSP/IIIP or other health plan;

- Arranging for or providing access or referral to translation services (oral and signing) to help school staff communicate with a student or the student's parent regarding IEP/IFSP/IIIP related health care issues;

- Conducting health/medical assessments, developmental assessments or evaluations and diagnostic testing and preparing related reports;

- Providing direct medical procedures;

- Providing physical, speech, occupational and other therapies;

- Administering a prescribed injection to a student;

- Administering a prescribed medication to a student;

- Paperwork and staff travel related to the above activities.

III. OTHER

Code J – Other Services and Third Party Payment

Federally Approved Code, May 1996

This code should be used when the worker is engaged in the provision of services other than those covered in Codes A through I.

Choose this code when you are performing job specific activities that are not included in the other codes or that are billed to a third party other than MA. Some examples include:

- IEP/IFSP/IIIP related activities including:
  - planning, developing or writing the IEP/IFSP/IIIP;
  - communications, consultations with staff and parents;
  - meetings to discuss evaluations;
  - make recommendations;

- Participating in the development of a plan relating or pertaining to the health/medical needs of a **non-IEP/IFSP/IIIP** student, i.e. 504 plan;

- Assisting in early identification of students with special health/medical needs through Child Find activities;

- Assisting a student and/or family in filling out and processing Minnesota Care/Basic Health Program (BHP) eligibility forms or updating Minnesota Care/Basic Health Program (BHP) eligibility forms when circumstances change;

- Leading a group therapy session with students who are <u>not</u> currently in foster care or have <u>not</u> been identified as Foster Care Candidates;

- Counseling or therapy and treatment for a student who is <u>not</u> currently in foster care or has <u>not</u> been identified as a Foster Care Candidate or and the service is <u>not</u> part of an IEP/IFSP/IIIP;

- Obtaining parental consent forms for educational activities;

- Obtaining parental consent forms for sharing data between partners and county social services for the purpose of submitting a Foster Care Candidacy recommendation to the county;

- Participating in the assistance of determining SSI eligibility;

- Participating in the training of day care staff;

- Participating in first aid and CPR training;

- Examining a student for head lice;

- Administering first aid to a student;

- Participating in chemical dependency and chemical abuse assessments;

- Providing medications to students;

- Participating in routine or annual vision or hearing screenings;

- Administering specific health care procedures for students;

- Performing activities that are specific to instructional, curriculum, and student-focused areas;

- Providing classroom instruction or general education activities, including lesson plans;

- Correcting papers;

- Scheduling courses;

- Supervising field trips;

- Providing educational testing;

- Supervising playground or lunchroom activities;

- Supervising study hall and/or after school activity;

- Completing report cards;

- Attending parent conferences;

- Attending school safety drills;

- Providing personal aide services;

- Scheduling or arranging transportation to social, vocational and/or educational programs and activities;

- Arranging for or providing translation services (oral or signing services) that assist the student and/or parents to access and understand social, educational, and vocational services (non-medical services);

Last Revised: January 1, 2015

- Providing clerical activities specific to instructional or curriculum areas;

- Compiling, preparing and reviewing reports on textbooks or attendance;

- Collecting data;

- Reviewing education records for students who are new to the school district;

- Enrolling new students or obtaining registration information for a new student;

- Communicating with parents regarding a specific student's education curriculum;

- Providing on-going charting and documentation of a student's education performance;

- Providing individualized instruction (e.g. math concepts) to a special education student;

- Providing basic education skills to an individual student;

- Performing activities (non-MA eligible) that are billed directly to a third party (either private insurance or covered under direct federal grant activities);

- Performing activities that inform students and their families about their eligibility for non-MA programs such as special education, Free and Reduced Lunch, legal aid and vocational, educational and wellness programs;

- Attending or presenting training related to curriculum or instruction (e.g. language arts workshop, computer instruction);

- Developing, coordinating and monitoring a student's educational plan, talking with a student about their school achievement, or communicating with a parent regarding a specific student's education curriculum;

- Talking to a student in a weekly meeting with him/her about his/her school achievement;

- Conferring with students or parents about discipline, academic matters or other school related issues on behalf of a student;

- Attending or presenting individual or group prevention or awareness activities about substance abuse, AIDS or pregnancy;
- Carrying out discipline;

- Visiting a truant student's home to develop and implement an individual performance contract, monitoring performance or to report on progress if the student is not currently in foster care and is not at imminent risk of being removed from the home;

- Meeting with caregivers and/or students about truancy related issues if the student is not currently in foster care and is not at imminent risk of being removed from the home;

- Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices;

- Conducting general health education programs or campaigns that address life-style changes in the general population (e.g. dental prevention, anti-smoking, alcohol reduction, etc.);

- Paperwork and staff travel related to the above activities.

Code K – General Administration

Choose this code when you are doing general school operating functions and activities that are directly related to your job and/or agency. Some examples include:

- Filling out and reviewing time sheets;

- Participating in general staff orientation, training and meetings;

- Participating in administrative and/or program planning and coordination meetings;

- Participating in school or unit staff meetings, training or board meetings;

- Participating in general training courses for the employee such as orientation, time management or computer software applications;

- Participating in reviews or conferences on general employee performance;

- Reviewing agency office procedures;

- Participating in physical plant management;

- Participating in employee grievance procedures;

- Participating in EEO or union activities;

- Participating in activity code, time study operations and fiscal LCTS trainings;

- Completing and submitting the "Foster Care Candidacy Determination Form" to county social services;

- Working on goals and objectives for your area as part of the school's annual or multi-year plan;

- Reviewing school or district policies, procedures and/or rules;

Last Revised: January 1, 2015

- Reviewing technical literature and professional journals and research articles;

- Providing general supervision of staff, including student teachers or classroom volunteers;

- Taking lunch, breaks, leave or other paid time not at work;

- Taking any type of leave including vacation, sick, personal, jury duty and snow days;

- Performing administrative or clerical activities related to general building or district functions or operations;

- Paperwork and staff travel related to the above activities.

MA SERVICES IN MINNESOTA
All services listed are covered unless noted otherwise

Mandatory services for the categorically needy:

- inpatient (other than IMD) & outpatient hospital services
- physicians' services
- medical supplies and surgical dental services (doctor of dental medicine or dental surgery)
- NF services for persons 21 and older (other than IMDs)
- home health services (nursing, home health aides, med supplies/equipment/appliances) for persons eligible for NF services* (PT, OT, speech, & audiology optional components)
- family planning services & supplies
- rural health clinic (RHC) and federally qualified health center (FQHC) services & any other ambulatory services offered by them that are otherwise covered under the State plan
- other lab & x-ray services
- certified pediatric and family nurse practitioner services (to extent authorized to practice in a state)
- nurse-midwife services (to extent authorized to practice in a state)
- EPSDT for those under 21
- pregnancy-related services and services for the other conditions that might complicate pregnancy -- up to 60 days after pregnancy ends

Mandatory services if a State covers the medically needy:

- prenatal care and delivery services for pregnant women
- for women, while pregnant, applied for, were eligible as medically needy for, and received MA services under the plan, services under the plan that were pregnancy-related for up to 60 days after pregnancy ends
- ambulatory services to individuals under age 18 and individuals entitled to institutional services
- home health services for persons entitled to NF services
- if a State plan includes ICF/MR or IMD services, either of the following sets of services: a) inpatient & outpatient hospital, RHC/FQHC services, lab & x-ray, physicians' services, medical and surgical dental services and, to extent authorized to practice in a State, nurse-midwife services; or b) the services contained in any seven of the sections in 42 CFR 440.10-440.165

Optional services:

- ICF/MR services
- IMD services (for persons 65 or older)
- inpat. psych services for persons under 21
- prosthetic services (includes orthotics)

- medical or other remedial care provided by licensed practitioners (in Minnesota: podiatrists, optometrists, chiropractors, "mental health" [psychiatrists, psychologists, licensed independent clinical social workers, certain registered nurses, licensed marriage & family therapists], public health nursing, ambulatory surgical centers, certified registered nurse anesthetists, nurse practitioners, case management (patient monitoring) services as a component of receiving
clozapine, clinical nurse specialists)
- optometrist services & eyeglasses
- dental services (diagnostic, preventive, or corrective procedures provided by/under supervision of dentist; includes dentures)
- prescribed drugs
- TB-related services for TB-infected persons (MN covers direct observation of prescribed drugs as part of the services provided by public health nurses)
- private duty nursing services
- clinic services

* must provide for recipients 21 and older. For those through age 20, must provide if the State plan provides NF services for them, individuals, and the medically needy (42 CFR §441.15(b))

- physical therapy services
- occupational therapy services
- speech, language, and hearing therapy services (provided by/under supervision of speech pathologist/audiologist)
- other diagnostic, screening, preventive and rehabilitative services (in Minnesota, rehab is: community mental health center services; day treatment; MH community support services for adults (independent living skills); mental health crisis response services; assertive community treatment services; residential rehab services; services for chemical abuse; rehab restorative and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services; respiratory therapy services; & EPSDT rehab services in an IEP/IFSP under IDEA and provided to children with IEPs/IFSPs during the school day)
- hospice services
- (targeted) case mgt. services (in Minnesota: mental health TCM, child welfare TCM, TCM for vulnerable adults and those with DD not on a §1915(c) waiver, relocation service coordination)
- ambulatory prenatal care to pregnant women during presumptive elig. period (MN does not cover)
- respiratory care services (MN does not cover as stand-alone service)
- personal care services
- primary care case mgt. services (MN does not cover)
- "any other medical care or remedial care recognized under the State plan and specified by" the Centers for Medicare & Medicaid Services: transportation, services furnished in a religious nonmedical health care institution, services of nurses in a religious nonmedical health care institution (MN does not cover), NF services for persons under age 21, emergency hospital services, critical access hospital services
- Program of All-Inclusive Care for the Elderly services (MN does not cover)

G – O Health/Medical and Other

Last Revised: January 1, 2015

"Health/Medical" services include medical, dental, mental health and chemical health

Code G	Code H	Code I	Code J	Code K	Code L	Code M	Code N	Code O
MA Eligibility Determination Assistance	*Health/Medical Related Service Coordination*	*Direct Medical Services*	*Other Services*	*General Administration – Not Program Related*	*Intake for Long Term Services and Supports (LTSS)*	*Other Intake and Investigation*	*LTSS Assessment and Support Planning for Persons who are MA Eligible or whose MA Eligibility Status is Undetermined /Unknown*	*LTSS Assessment and Support Planning for Persons Determined non-MA Eligible or Those on a Health Plan Providing Payment to the County*
Conducting Medical Assistance (MA) outreach or assisting in the MA eligibility process	**Referring, monitoring, or assisting a child and/or family to access MA services (not LTSS and/or CTC related). Performing activities related to improving the delivery of MA health/medical services**	**Performing activities and services for children and/or families that are billable directly to MA**	**Performing job specific activities that are not included in the other codes or that are billed to a third party other than MA**	**Public health agency general operating functions and activities, personal time taken during the work day, or when you are not at work to perform your job**	**Collecting information and other activities necessary to determine if an assessment for LTSS eligibility is warranted**	**Collecting information and other activities related to intake, screening and investigation activity not addressed in any other code**	**Assessment or reassessment of eligibility for LTSS, and development of a community support plan for individuals with LTSS or chronic care needs – for MA clients or when MA eligibility status is undetermined or unknown**	**Conducting an initial assessment or reassessment of eligibility for LTSS – when you are working with persons who have been determined as non-MA eligible or those on a health plan providing payment to the county**
EXAMPLES	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**
• Providing MA outreach services. • Assisting in the completion of an MA application.	• Advising a parent or guardian of necessary health/medical services needed regarding a child's illness or injury, including the identification of health/medical needs (not CTC related).	• Providing direct medical procedures that are billable to MA. • Providing Home and Community Based Services (HCBS waivers). • Administering prescribed injections, medications or immunizations.	• Providing direct medical procedures <u>not</u> billable to MA. • Activities that are billed to a third party. • Client services not specifically mentioned or implied in the Reference Guide under the other codes.	• Completing time sheets. • Any type of leaving including vacation, sick, personal, jury duty & snow days. • Lunch or break • Personal business (incl. phone/internet/ discussions) • Staff meetings.	• Information gathering related to identifying if a person should be referred for an assessment for LTSS. • Collection of information to determine whether an LTSS assessment is needed.	• Intake not addressed in any other code.	• Examples include: - HCBS Waiver - PCA - <u>Assessment</u> for VA/DD Adult TCM (not the TCM services themselves) - RSC - Alternative Care - SILS - CSG, FSC - ICF-DD	• Activities related to development of a community support plan for individuals with LTSS or chronic care needs – for non-MA eligible clients or those on a health plan providing payment to the county.
Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.

Code A	Code B	Code C	Code D	Code E	Code F
Determination of Risk	*Child Service Coordination*	*Court Related and Other Child Related Administration*	*Child Welfare Training of Local Collaborative Staff*	*Training of Foster & Adoptive Parents or Provider Staff*	*Treatment & Counseling*
Deciding if a situation is present that would result in mandated reporting to county social services or local authorities; or if you are determining the need to recommend a child to the Title IV-E Candidacy Specialist at county social services, up to the point of filling out the "Local Collaborative Time Study (LCTS) Title IV-E Candidacy Determination Form" (DHS LCTS-3333)	**Part 1**. **Coordinating child welfare services for a specific child who is in foster care placement.** **Part 2**. **Coordinating child welfare services for a specific child who has been identified as a Foster Care Candidate.** **These activities are the coordination of the service. This does not include providing the actual service itself.**	**Part 1. Other child welfare related activity not related to a specific student. Child welfare activities are activities that ensure the safety and well-being of a child** **Part 2. Court related activity for a specific child who has already been determined a Title IV-E Candidate or is currently in foster care**	**Receiving training on making recommendations for Title IV-E candidacy or if you are receiving or providing training on issues that fall within the definition of child welfare. This generally includes training concerning topics that have a goal of keeping families together & helping families access services needed to meet the safety & well-being needs of students**	**Training current or prospective foster or adoptive parents, including relatives, on the care of children who have been entrusted in their care**	**Providing counseling to children who are currently in foster care or have been identified as Title IV-E Candidates. Also choose this code if you are providing counseling to a child's family if the child has been identified as a Title IV-E Candidate or is currently in foster care**
EXAMPLES	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**
Participating in discussions and/or investigations on whether a child's or child's family situation warrants referral and/or reporting to appropriate authorities.	*Part 1* Referring or arranging for a child or their family to receive counseling or other child welfare services.	*Part 1* Participating in discussions or planning meetings concerning the general topic of children & the factors that put them at imminent risk of being removed from home.	Presenting or attending training for collaborative partners/school staff on increasing ability of staff to recognize children in trouble & identifying needed services to remedy a child's situation.	Educating foster parents regarding child development issues pertinent to the children in their care.	Providing face to face therapeutic treatment & counseling services to a child, their family and/or a substitute care provider to resolve personal problems.
Deciding whether there is an abuse, neglect, or maltreatment situation that warrants referral and/or reporting to the appropriate authorities and making that referral/report.	*Part 2* Coordinating with agencies on possible services available to help the family improve the home situation & lessen the possibility of removal from home.	*Part 1* Providing information to the county for the recruitment, study, & approval of foster, adoptive, potential volunteers & other substitute care facilities.	Attending child welfare training provided by the state or the county.	Providing parenting classes for new foster or adoptive parents.	Listening to & providing therapeutic intervention when a child is talking to you about committing suicide & the conversation is to prevent the suicide.
Participating in child protection risk assessment.	Participating in discussions or reviews with relevant agencies or individuals to determine the effectiveness of current services to resolve the situation that caused the placement or the determination of Foster Care Candidacy.	*Part 2* Assisting with any activities to support any petitions for County Social Services for the removal of a child from the home.	Presenting or attending training on Title IV-E Candidacy.		Leading a group therapy session where one or more children is currently in foster care or have been identified as a Title IV-E Candidate.
Paperwork and staff travel related to above activities.	Paperwork and staff travel related to above activities.	Paperwork and staff travel related to above activities.	Paperwork & staff travel related to above activities	Paperwork/staff travel related to above activities	Paperwork & staff travel related to above activities

2

LCTS Public Health Activity Code Reference Guide

January 1, 2015

LOCAL COLLABORATIVE TIME STUDY

LCTS Federal Code Titles

I. Health/Medical Related

G.   *MA Eligibility Determination Assistance*

H.   *Health/Medical Related Service Coordination*

I.   *Direct Medical Services*

L.   *Intake for Long Term Services and Supports (LTSS)*

M.   *Other Intake and Investigation*

N.   *LTSS Assessment and Support Planning for Persons who are MA Eligible or whose MA Eligibility Status is Undetermined/Unknown*

O.   *LTSS Assessment and Support Planning for Persons Determined non-MA Eligible or Those on a Health Plan Providing Payment to the County.*

II. Children at Risk

A.   *Determination of Risk*

B.   *Child Service Coordination*

  B1. Service Coordination – Child is in Foster Care Placement

  B2. Service Coordination –Child is a Foster Care Candidate

C.   *Court Related and Other Child Related Administration*

D.   *Child Welfare Training of Local Collaborative Staff*

E.   *Training of Foster and Adoptive Parents or Provider Staff*

F.   *Therapy and Treatment*

III. Other

    J.   Other Services
    K.   General Administration — Not Program Related

LCTS ACTIVITY CODES

The following definitions and examples will help you in your selection of activity codes.

I. Health/Medical Related

Codes G through I should be used when the activity performed is designed to help clients attain or maintain a favorable condition of health (mental or physical) by assisting them in identifying and understanding their needs and securing and monitoring necessary treatment and maintenance services that are MA reimbursable.

*** In this Reference Guide:

MA *refers to Medical Assistance and/or Medicaid*

Health/medical services *refers to medical/dental/mental health/chemical health services*

Code G – MA Eligibility Determination Assistance

> Federally Approved Code, May 1996
>
> This code should be used when a worker is performing activities related to assisting in the determination of whether or not a child or the child's family is eligible for Medical Assistance.

Choose this code when you are assisting a child and/or family to determine whether or not they are MA eligible and/or conducting MA outreach. Some examples include:

- Gathering or assisting a child and/or family in collecting information and documents related to an MA eligibility application or review income verification, social security number, citizenship, etc.;

- Assisting a child and/or family in filling out and processing MA eligibility forms or updating MA eligibility forms when circumstances change;

- Training or receiving training for staff that provide outreach if the subject of the training is how to assist families to access MA services and understand the benefits of the services available, or how to more effectively refer children and their families for MA services. Also include presenting or attending training for staff in MA eligibility requirements;

- Informing potential MA eligible children and their families about the services provided by MA;

- Providing MA outreach services such as passing out brochures explaining MA, and informing people about MA eligibility requirements and the MA enrollment process;

- Referring an individual or family to the county intake office to apply for MA benefits;

- Contacting pregnant and parenting teenagers to discuss the availability of MA covered prenatal and postpartum services;

Last Revised: January 1, 2015

➕ Paperwork and staff travel related to the above activities.

Code H – Health/Medical Related Service Coordination

*** In this Reference Guide:

MA *refers to Medical Assistance and/or Medicaid*

Health/medical services *refers to medical/dental/mental health/chemical health services*

Choose this code when you are referring, monitoring, or assisting a child and/or family access to MA services and/or participating in interagency coordination of MA services. Some examples include:

- Gathering any information that may be required in advance of health/medical referrals;

- Acting as a liaison with MA providers;

- Participating in the development of health plans/service plans (not related to assessment for long term services and supports or Child and Teen Check-up) relating to MA services and individual program plans for MA covered services;

- Making referrals to family planning services;

- Making referrals to other MA covered services (not related to assessment for long term services and supports or Child and Teen Check-up);

- Arranging for a CD assessment;

- Arranging for HIV testing;

- Providing information regarding the identification of health/medical needs, child development, substance abuse or providing proper child health/medical care (not related to assessment for long term services and supports or Child and Teen Check-up);

- Developing health/medical related information and referral sources, such as directories of MA providers, who will provide services to targeted population groups;

- Providing assistance in implementing health/medical regimes;

- Meeting with other staff concerning the health care needs of a specific child and/or family;

- Writing a referral for a child and/or family to receive necessary health/medical evaluations or examinations;
- Recommending to a parent or guardian that they make an appointment with a medical professional such as a mental health provider, dentist, ophthalmologist or audiologist for their child;

- Developing procedures for tracking families' requests for assistance with health/medical services and providers, including MA;

- Advising a parent or guardian of necessary health/medical services needed in regards to a child's illness or injury (non Child and Teen Check-up related);

- Arranging for transportation in order that an ill or injured child is able to receive necessary health care services;

- Developing translation materials that assist individuals to access and understand necessary care or treatment covered by MA;

- Participating in or coordinating training for agency staff that improves the delivery of MA health/medical related services or improves the referral of children and/or families with health/medical needs to MA services (non Child and Teen Check-up related);

- Evaluating health/medical delivery systems in the public health system and identifying gaps or duplication of MA health/medical services to children and/or families;

- Evaluating the need for MA health/medical services in relation to specific populations or geographic areas;

- Developing strategies to improve the delivery and coordination of MA health care services and programs to children and/or families, or developing strategies to assess or increase the capacity and/or cost effectiveness of these programs;

- Participating in discussions or work groups with state agencies, County Social Services, schools, community agencies and/or MA providers to improve the coordination and delivery of health care services for children and/or families and the identification of health care problems of children and/or families;

- Participating in discussions or work groups to expand access to health care services for specific populations of MA eligible children and/or families;

- Providing information, consultation and advice to health professionals regarding the delivery of MA covered health care services to children and/or families;

- Arranging for medical screenings and providing appropriate follow-up (not related to assessment for long term services and supports or Child and Teen Check-up);

- Paperwork and staff travel related to the above activities.

Code I – Direct Medical Services

*** In this Reference Guide:

MA refers to Medical Assistance and/or Medicaid

Health/medical services refers to medical/dental/mental health/chemical health services

Choose this code when you are providing program activities that can be billed to MA. Some examples include:

- Conducting health/medical assessments, developmental assessments or evaluations and diagnostic testing and preparing related reports;

- Health charting related to MA billable activities;

- Providing direct medical procedures;

- Providing physical, speech, occupational and other therapies;

- Administering immunizations and/or vaccines;

- Administering prescribed medications;

- Child and Teen Check-up activities (administrative and direct services);

- Home and Community Based Services (HCBS waivers);

- Relocation Service Coordination (RSC);

- Post pregnancy and/or well baby visits to mother and baby;

- Paperwork and staff travel related to the above activities.

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Code L — Intake for Long Term Services and Supports (LTSS)

Choose this code when collecting information and other activities necessary to determine if an assessment for LTSS eligibility is warranted. Examples of such activity are as follows.

Information gathering to identify:

- If a person should be referred for an assessment for long term services and supports including HCBS waivers, Alternative Care, Nursing Facility, Personal Care Assistance, ICF/DD, Consumer Support Grant, Semi-Independent Living Services, Family Support Grant, VA/DD Targeted Case Management or Relocation Service Coordination.

Collection of information to determine whether an LTSS assessment is needed such as:

- Caller or individual's contact and general information

- Referral source information

- Statement of reason for calling

- Diagnostic information (medical or psychological)

- Disability certification information

- Health insurance information

- Providing information about medical assistance eligibility

- Determining whether there is a substitute decision maker or other authorized representative

- Contact and demographic information

- Special accommodations needed

- Scheduling appointment, including time, location, persons necessary to be present

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Code M — Other Intake and Investigation

Choose this code when collecting information and other activities related to:

- Intake, screening and investigation activity not addressed in any other code

Code N — LTSS Assessment and Support Planning for Persons who are MA Eligible or whose MA Eligibility Status is Undetermined/Unknown

Choose this code when engaged in activities related to conducting an assessment or reassessment of eligibility for long term services and supports (LTSS).

These services and supports include: Home and Community Based Services (HCBS) Waiver, Personal Care Assistance (PCA), Vulnerable Adult/Developmental Disabilities Adult Targeted Case Management (TCM)—*this does not include the actual provision of TCM services*; Alternative Care (AC); Consumer Support Grant (CSG); Family Support Grant (FSG); Semi-Independent Living Services (SILS); Relocation Service Coordination (RSC); Nursing Facility (NF) or Intermediate Care Facility for persons with Developmental Disabilities (ICF-DD); or long term services and supports that are funded by other payment sources, are informal and/or paid privately.

Additional examples of such activities include:

- Developing a community support plan for individuals who need long term services and supports or have chronic care needs.

- All preparation and follow-up activities related to the assessment and support planning process including:

  o Gathering or reviewing information
  o Scheduling an appointment—including time, location, persons necessary to be present
  o Arranging special accommodations when needed
  o Communicating with the person or their representative (e.g. face-to-face, by phone, in writing or by other personal or electronic methods)
  o Conducting the assessment interview
  o Consulting regarding assessment and support planning for specific individuals
  o Developing the community support plan
  o Making referrals
  o Completing documentation
  o Communicating with case manager
  o Preparing for and participating in appeals related to assessments for long term services and supports
  o Supporting an assessor by assisting with activities such as
    - Preparing packets
    - Entering screening documents and other forms
    - Editing or updating person specific demographic information
    - Transferring documents

- Travel and paperwork associated with these activities

This code is used any time assessment or support planning is conducted—regardless of whether the person is determined eligible for long term services and supports.

Use this code for assessment and support planning activities when working with persons who are MA eligible or whose MA eligibility status is undetermined or unknown.

Code O — LTSS Assessment and Support Planning for Persons Determined non-MA Eligible or on a Health Plan Providing Payment to the County

Use this code when engaged in activities related to conducting an assessment or reassessment of eligibility for long term services and supports, and developing a community support plan for individuals who have been determined not to be eligible for MA or those on a health plan under contract with the county.

Last Revised: January 1, 2015

II. Children at Risk

Codes A through F should only be used when the activity is associated with a child currently in placement or at imminent risk of placement including determination of risk, direct case management of a child at imminent risk, training surrounding dealing with children at risk, and general administrative duties surrounding children at risk.

Code A — Determination of Risk

Federally Approved Code, May 1996

This code should be used whenever the worker is engaged in activities to determine the following:
1. Is there the need for placement or a risk of being placed out of the home.
2. Is there a risk of maltreatment, an occurrence of maltreatment, or a need for protection or services, and whether the agency will respond to address the needs as identified.

Choose this code if you are doing an activity that helps to decide if a situation is present that would result in mandated reporting to county social services or local authorities; or if you are determining the need to recommend a child to the Foster Care Candidacy Specialist at county social services, up to the point of filling out the "Foster Care Candidacy Determination Form". Some examples include:

- Consulting with others regarding the maltreatment of a child following a child's disclosure of possible abuse;

- Deciding whether there is an abuse, neglect, or maltreatment situation that warrants referral and/or reporting to appropriate authorities and making that referral/report;

- Participating in discussions and/or investigations on whether a child's or child's family situation warrants referral and/or reporting to appropriate authorities;

- Participating in discussions and/or investigations on whether there have been significant changes in the child's or child's family situation which warrants referral and/or reporting to appropriate authorities;

- Participating in child protection risk assessment;

- Reporting maltreatment to County Social Services or local authorities;

- Paperwork and staff travel related to the above activities.

NOTE: *This is a time-limited activity in response to a new report or incident. This activity ends at the point the staff person refers the case to County Social Services or law enforcement or when the staff person decides **not** to make a referral.*

Code B — Child Service Coordination

13

Choose this code if you are <u>coordinating</u> child welfare services for students who are either in foster care or has been identified as a Foster Care Candidate. This does not include providing the actual service itself.

This code is separated into two categories (B1 and B2) to differentiate the child's status as either "In Foster Care Placement" or as a "Foster Care Candidate".

Some examples include:

B1: Service Coordination — Child is in Foster Care Placement

- Participating in initial and subsequent discussions with or referrals to a social worker concerning child welfare services available to a child or their family;

- Coordinating with agencies on possible child welfare services available to help the family improve the home situation and increase the possibility that the child could return home;

- Making referrals to County Social Services or other agencies to provide services to a child or their foster family;

- Referring or arranging for a child to attend a teen support group to help cope with a parent who is a substance abuser;

- Participating in meetings to assist a child's planned return to school following foster care placement or transition from corrections;

- Contacting the appropriate staff if you suspect maltreatment has occurred for a child;

- Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss child welfare services;

- Contacting, monitoring or communicating with a child, family members, County Social Services or other relevant persons regarding the provision of child welfare services for the child and assessing and evaluating the effectiveness of services;

- Arranging for or providing access or referral to translation services (oral and signing) to help agency staff communicate with a child or the child's parents regarding child welfare services provided to the child and/or family;

- Paperwork and staff travel related to the above activities.

B2: Service Coordination – Child is a Foster Care Candidate

- Participating in initial and subsequent discussions with or referrals to a social worker concerning social services available to a child or their family;

- Coordinating with agencies on possible social services available to help the family improve the home situation and lessen the possibility that the child would have to be removed from the home;

- Making referrals to County Social Services or other agencies to provide social services to a child or the family;

- Referring or arranging for a child to attend a teen support group to help cope with a parent who is a substance abuser;

- Contacting the appropriate staff if you suspect maltreatment has occurred for a child;

- Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss needed social services;

- Contacting, monitoring or communicating with a child, family members, County Social Services or other relevant persons regarding the provision of services for the child and assessing and evaluating the effectiveness of services that were put in place;

- Arranging for or providing access or referral to translation services (oral and signing) to help agency staff communicate with a child or the child's parents regarding services provided to the child and/or family;

- Paperwork and staff travel related to the above activities.

Code C — Court Related and Other Child Related Administration

Federally Approved Code, May 1996

This code should be used when the worker is engaged in any activity involved in preparing for or participating in any judicial activity on behalf of a child under age 18 or 18 and in school or when the activity is not related to a specific case.

This code has two parts. The first part of this code is other child welfare related activity that is not related to a specific child. Child welfare activities are those that ensure the safety and well-being of a child. Some examples include:

- Participating in discussions or planning meetings (school, community, county, collaborative, interagency) concerning the general topic of child welfare and the factors that put children at risk of being removed from the home;

- Paperwork and staff travel related to the above activities.

The second part of this code is court related activity for a specific child who is currently in foster care. Some examples include:

- Assisting with any activities to support any petitions for County Social Services related to foster care placement;

- Preparing for or participating in any court hearing or administrative review including presenting testimony related to foster care placement;

- Paperwork and staff travel related to the above activities.

Code D — Child Welfare Training of Local Collaborative Staff

Federally Approved Code, May 1996

This code should be used when the worker is engaged in or preparing for training, either as a trainer of other local collaborative staff or as a trainee, and the subject of the training is related to performing administrative services related to out-of-home placement. This code should also be used when the local collaborative staff worker is engaged in or preparing for training volunteers or persons preparing for employment with the local collaborative.

Choose this code if you are receiving training on issues that fall within the definition of child welfare. This generally includes training concerning topics that have a goal of keeping families together and helping families access services needed to meet the safety and well-being needs of students. Some examples include:

+ Presenting or attending training for collaborative partners or agency staff on increasing ability of staff to recognize children in trouble and identifying needed child welfare services;

+ Attending child welfare training provided by the state or county;

+ Presenting or attending training on Foster Care Candidacy;

+ Paperwork and staff travel related to the above activities.

Code E — Training of Foster or Adoptive Parents or Provider Staff

Federally Approved Code, May 1996

This code should be used when the worker is engaged in or preparing for training to:

1.   Current or prospective foster and adoptive parents, including relatives; or
2.   Staff of residential facilities, group homes, shelters, or Rule 4 child placement agencies, which are licensed or approved by the state or Tribal government, including private agency staff working under a purchase of service agreement with the county agency. These facilities or agencies must be providing care to adoptive children or children in substitute care.

This training must be directed at increasing the ability of the participants to provide support and assistance to the children in their   care.

Choose this code if you are training current or prospective foster or adoptive parents, including relatives, on the care of children who have been entrusted in their care. Some examples include:

- Preparing for training for current or prospective foster and adoptive parents, regarding child development issues, behavior modification or management, identification of and treatment strategies for chemical dependency, mental health or abnormal behavior;

- Providing parenting classes for new foster or adoptive parents;

- Paperwork and staff travel related to the above activities.

Code F — Treatment and Counseling

Federally Approved Code, May 1996

This code should be used when providing face to face treatment and counseling services to a child, the child's family, or to the child's substitute care provider to ameliorate or remedy personal problems, behaviors, or home conditions specifically identified in the case plan.

Choose this code if you are providing counseling to children who are currently in foster care or who have been identified as Foster Care Candidates. Also choose this code if you are providing counseling to a child's family if the child has been identified as a Foster Care Candidate or is currently in foster care. Some examples include:

- Providing face to face therapeutic treatment and counseling services to a child, their family and/or a substitute care provider to resolve personal problems;

- Leading a group therapy session where at least one child has been identified as a Foster Care Candidate or is currently in foster care;

- Providing counseling for substance abuse conditions;

- Providing psychiatric services;

- Providing psychological counseling;

- Providing rehabilitative mental health services;

- Listening to and providing therapeutic intervention when a child is talking to you about committing suicide and the conversation is to prevent the suicide;

- Talking with and providing therapeutic intervention for a child who is rageful and out of control in an effort to get him/her in control and address the issues at hand;

- Providing therapeutic intervention when you are leading a group therapy session (distinct from a friendship group);

- Facilitating a formal grief group;

- Paperwork and staff travel related to the above activities.

III.   OTHER

Code J — Other Services and Third Party Payment

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Federally Approved Code, May 1996

This code should be used when the worker is engaged in the provision of services other than those covered in Codes A through I.

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Choose this code when you are performing job specific activities that are not included in the other codes or that are billed to a third party other than MA. Some examples include:

- Obtaining parental consent forms for health-related reasons;

- Participating in the assistance of determining SSI eligibility;

- Participating in the training of day care staff;

- Participating in first aid and CPR training;

- Participating in chemical dependency and chemical abuse assessments;

- Administering prescribed medications;

- Providing direct medical procedures;

- Examining for head lice;

- Collecting data;

- Performing activities (non MA eligible) that are billed directly to a third party (either private insurance or covered under direct federal grant activities);

- Assisting a student and/or family in filling out and processing Minnesota Care/Basic Health Program (BHP) eligibility forms or updating Minnesota Care/Basic Health Program (BHP) eligibility forms when circumstances change;

- Performing activities that inform children and their families about their eligibility for non-MA programs such as nutrition education and wellness programs;

- Attending or presenting individual or group prevention or awareness activities about substance abuse, AIDS or pregnancy;

- Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices;

- Conducting general health education programs or campaigns that address life-style changes in the general population (e.g. dental prevention, anti-smoking, alcohol reduction, etc.);

- Obtaining parental consent forms for sharing data between partners and county social services for the purpose of submitting a Foster Care candidacy recommendation to the county;

Last Revised: January 1, 2015

- Paperwork and staff travel related to the above activities.

Code K — General Administration

This code should be used when the worker is at lunch, on a break, or on any form of leave. Is should also be used when work being performed is unrelated to a specific service program of the department.

Choose this code when you are doing general facility operating functions and activities that are directly related to your job and/or facility. Some examples include:

- ↓ Filling out and reviewing time sheets;

- ↓ Participating in general staff orientation, training and meetings;

- ↓ Participating in administrative and/or program planning and coordination meetings;

- ↓ Participating in agency or unit staff meetings, training or board meetings;

- ↓ Participating in general training courses for the employee such as orientation, time management or computer software applications;

- ↓ Participating in reviews or conferences on general employee performance;

- ↓ Reviewing agency office procedures;

- ↓ Participating in physical plant management;

- ↓ Participating in employee grievance procedures;

- ↓ Participating in EEO or union activities;

- ↓ Participating in activity code, time study operations and fiscal LCTS trainings;

- ↓ Completing and submitting the "Foster Care Candidacy Determination Form" to county social services;

- ↓ Working on goals and objectives for your area as part of the agency's annual or multi-year plan;

- ↓ Reviewing public health agency or district policies, procedures and/or rules;

- ↓ Reviewing technical literature and professional journals and research articles;

- ↓ Taking lunch, breaks, leave or other paid time not at work;

- ↓ Taking any type of leave including vacation, sick, personal, jury duty and snow days;

- ↓ Performing administrative or clerical activities related to general building or agency functions or operations;

- ↓ Paperwork and staff travel related to the above activities.

MA SERVICES IN MINNESOTA
All services listed are covered unless noted otherwise

Mandatory services for the categorically needy:

- inpatient (other than IMD) & outpatient hospital services
- physicians' services
- medical supplies and surgical dental services (doctor of dental medicine or dental surgery)
- NF services for persons 21 and older (other than IMDs)
- home health services (nursing, home health aides, med supplies/equipment/appliances) for persons eligible for NF services* (PT, OT, speech, & audiology optional components)
- family planning services & supplies
- rural health clinic (RHC) and federally qualified health center (FQHC) services & any other ambulatory services offered by them that are otherwise covered under the State plan
- other lab & x-ray services
- certified pediatric and family nurse practitioner services (to extent authorized to practice in a state)
- nurse-midwife services (to extent authorized to practice in a state)
- EPSDT for those under 21
- pregnancy-related services and services for the other conditions that might complicate pregnancy -- up to 60 days after pregnancy ends

Mandatory services if a State covers the medically needy:

- prenatal care and delivery services for pregnant women
- for women, while pregnant, applied for, were eligible as medically needy for, and received MA services under the plan, services under the plan that were pregnancy-related for up to 60 days after pregnancy ends
- ambulatory services to individuals under age 18 and individuals entitled to institutional services
- home health services for persons entitled to NF services
- if a State plan includes ICF/MR or IMD services, either of the following sets of services: a) inpatient & outpatient hospital, RHC/FQHC services, lab & x-ray, physicians' services, medical and surgical dental services and, to extent authorized to practice in a State, nurse-midwife services; or b) the services contained in any seven of the sections in 42 CFR 440.10-440.165

Optional services:

- ICF/MR services
- IMD services (for persons 65 or older)
- inpat. psych services for persons under 21
- prosthetic services (includes orthotics)
- medical or other remedial care provided by licensed practitioners (in Minnesota: podiatrists, optometrists, chiropractors, "mental health" [psychiatrists, psychologists, licensed independent clinical social workers, certain registered nurses, licensed marriage & family therapists], public health nursing, ambulatory surgical centers, certified registered nurse anesthetists, nurse practitioners, case management (patient monitoring) services as a component of receiving clozapine, clinical nurse specialists)
- optometrist services & eyeglasses
- dental services (diagnostic, preventive, or corrective procedures provided by/under supervision of dentist; includes dentures)
- prescribed drugs
- TB-related services for TB-infected persons (MN covers direct observation of prescribed drugs as part of the services provided by public health nurses)
- private duty nursing services
- clinic services

* must provide for recipients 21 and older. For those through age 20, must provide if the
State plan provides NF services for them, individuals, and the medically needy (42 CFR §441.15(b))

- physical therapy services
- occupational therapy services
- speech, language, and hearing therapy services (provided by/under supervision of speech pathologist/audiologist)
- other diagnostic, screening, preventive and rehabilitative services (in Minnesota, rehab is: community mental health center services; day treatment; MH community support services for adults (independent living skills); mental health crisis response services; assertive community treatment services; residential rehab services; services for chemical abuse; rehab restorative and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services; respiratory therapy services; & EPSDT rehab services in an IEP/IFSP under IDEA and provided to children with IEPs/IFSPs during the school day)
- hospice services
- (targeted) case mgt. services (in Minnesota: mental health TCM, child welfare TCM, TCM for vulnerable adults and those with DD not on a §1915(c) waiver, relocation service coordination)
- ambulatory prenatal care to pregnant women during presumptive elig. period (MN does not cover)
- respiratory care services (MN does not cover as stand-alone service)
- personal care services
- primary care case mgt. services (MN does not cover)
- "any other medical care or remedial care recognized under the State plan and specified by" the Centers for Medicare & Medicaid Services: transportation, services furnished in a religious nonmedical health care institution, services of nurses in a religious nonmedical health care institution (MN does not cover), NF services for persons under age 21, emergency hospital services, critical access hospital services
- Program of All-Inclusive Care for the Elderly services (MN does not cover)

Code A	Code B	Code C	Code D	Code E	Code F
Determination of Risk	*Child Service Coordination*	*Court Related and Other Child Related Administration*	*Child Welfare Training of Local Collaborative Staff*	*Training of Foster and Adoptive Parents or Provider Staff*	*Treatment & Counseling*
Deciding if a situation is present that would result in mandated reporting to county social services or local authorities; or if you are determining the need to recommend a child to the Title IV-E Candidacy Specialist at county social services, up to the point of filling out the "Local Collaborative Time Study (LCTS) Title IV-E Candidacy Determination Form" (DHS LCTS-3333)	*Part 1*. **Coordinating child welfare services for a specific child who is in foster care placement.** *Part 2*. **Coordinating child welfare services for a specific child who has been identified as a Foster Care Candidate.** **This does not include working with a child that has been adjudicated delinquent while they are in a locked detention facility, forestry or boot camp.**	*Part 1*. **Other child welfare related activity not related to a specific student. Child welfare activities are activities that ensure the safety and well-being of a child** *Part 2*. **Court related activity for a specific student who has already been determined a Title IV-E Candidate or is currently in foster care**	**Receiving training on making recommendations for Title IV-E candidacy or if you are receiving or providing training on issues that fall within the definition of child welfare. This generally includes training concerning topics that have a goal of keeping families together & helping families access services needed to meet the safety & well-being needs of students**	**Training current or prospective foster or adoptive parents, including relatives, on the care of children who have been entrusted in their care**	**Providing counseling to children who are currently in foster care or have been identified as Title IV-E Candidates. Also choose this code if you are providing counseling to a child's family if the child has been identified as a Title IV-E Candidate or is currently in foster care**
EXAMPLES	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**
Participating in discussions and/or investigations on whether a child's or child's family situation warrants referral and/or reporting to appropriate authorities.	*Part 1* Referring or arranging for a child or their family to receive counseling or other child welfare services.	*Part 1* Participating in planning meetings on child welfare issues (district, school, community, collaborative, interagency) for children at imminent risk of being removed from the home.	Attending child welfare training provided by the state or the county.	Educating foster parents regarding child development issues pertinent to the children in their care.	Counseling a child who is out of control in an effort to get the child able to address the issues at hand.
Deciding whether there is an abuse, neglect, or maltreatment situation that warrants referral and/or reporting to the appropriate authorities and making that referral/report.	*Part 2* Coordinating with agencies on possible services available to help the family to improve the home situation & lessen the possibility that the child would have to be removed from the home.	*Part 2* Preparing or providing a truancy petition for County Social Services for the removal of a child from the home.	Presenting or attending training for collaborative partners/school staff on increasing ability of staff to recognize children in trouble & identifying needed services to remedy a child's situation.		Providing counseling for truancy or probation related issues.
	Participating in discussions or reviews with relevant agencies or individuals to determine the effectiveness of current services to resolve the situation causing the child to be identified as a Foster Care Candidate **(Part 1)** or to be placed in foster care **(Part 2).**	*Part 2* Preparing for or participating in any court hearing or administrative review including presenting testimony where the purpose of the hearing/review is not to adjudicate the child for delinquent behavior & not to seek detention in a locked correctional facility, forestry or boot camp.	Presenting or attending training on Title IV-E Candidacy.		Leading a group therapy session where one or more children is currently in foster care or have been identified as a Title IV-E Candidate.
Paperwork and staff travel related to above activities.	Paperwork and staff travel related to above activities.	Paperwork & staff travel related to above activities.	Paperwork & staff travel related to above activities	Paperwork/staff travel related to above activities	Paperwork/staff travel related to above activities

Code G	Code H	Code I	Code J	Code K
MA Eligibility Determination Assistance	*Health/Medical Related Service Coordination*	*Direct Medical Services*	*Other Services*	*General Administration – Not Program Related*
Conducting Medical Assistance (MA) outreach or assisting in the MA eligibility process	**Referring, arranging, monitoring and evaluating health/medical services. Performing activities related to improving the delivery of health services in facilities**	**Performing activities and services for children that are billable directly to MA. It is not necessary to know if your facility actually does send a bill to MA**	**Performing job specific activities that are not included in the other codes or that are billed to a third party other than MA**	**Correctional facility general operating functions and activities, personal time taken during the work day, or when you are not at work to perform your job**
EXAMPLES	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**	**EXAMPLES**
Informing parents on MA services available for their child and seeking out families who may be eligible for MA and encouraging them to apply for MA.	Participating in the development of a plan relating or pertaining to the health/medical needs of a child.	Providing direct medical procedures that can be billed to MA.	Visiting a truant child's home to develop and implement an individual performance contract, monitoring performance or to report on progress if the child is <u>not</u> currently in foster care or has <u>not</u> been identified as a Title IV-E Candidate.	Any type of leave including vacation, sick, personal, jury duty and snow days, lunch, break, personal discussions with colleagues, personal phone calls or internet use.
Assisting a family to complete the MA application. Referring the parents to the county intake office to assist them with MA.	Referring and arranging for medical screenings, and providing appropriate follow-up.		Obtaining parental consent forms for sharing data between partners and county social services for the purpose of submitting a Title IV-E Candidacy recommendation to the county.	General staff meetings, planning sessions, orientations, policy and procedure review sessions, or changes in staffing.
Contacting pregnant and parenting teens to discuss MA prenatal and well baby care programs available to them.	Advising a parent of a possible health issue for their child and encouraging them to make appointments with medical professionals. Educating parents on identifying their child's health needs, child development, substance abuse & proper health care.		Preparing for or participating in any court hearing or administrative review including presenting testimony where the purpose of the hearing/review is to adjudicate behavior and seek detention in a locked correctional facility, forestry or boot camp.	Completing time sheets, working on goals and objectives, participating in employee grievance processes, EEO or union activity, reading professional magazines or articles, reviewing administrative policies or office procedures.
	Meetings to address how MA health services are delivered.		Meeting with caregivers and/or children about probation related issues if the child is <u>not</u> currently in foster care and has <u>not</u> been identified as a Title IV-E Candidate.	Completing and submitting the "Local Collaborative Time Study (LCTS) Title IV-E Candidacy Determination Form" (DHS LCTS-3333) to county social services.
Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.	Paperwork and staff travel related to the above activities.

LCTS Corrections Activity Code Reference Guide

January 1, 2015

LOCAL COLLABORATIVE TIME STUDY

LCTS Federal Code Titles

I.   Children at Risk

A.   Determination of Risk

B.   Child Service Coordination

B1. Service Coordination – Child is in Foster Care Placement
B2. Service Coordination –Child is a Foster Care Candidate

C.   Court Related and Other Child Related Administration

D.   Child Welfare Training of Local Collaborative Staff

E.   Training of Foster and Adoptive Parents or Provider Staff

F.   Therapy and Treatment

II.   Health/Medical Related

G.   MA Eligibility Determination Assistance

H.   Health/Medical Related Service Coordination

I.   Direct Medical Services

III.   Other

J.   Other Services

K.   General Administration – Not Program Related

Last Revised: January 1, 2015

LCTS ACTIVITY CODES

The following definitions and examples will help you in your selection of activity codes.

I. Children at Risk

Codes A through F should only be used when the activity is associated with a child currently in a non-secure/non-detention placement or at imminent risk of foster care placement including determination of imminent risk, direct case management of a child at risk, training surrounding dealing with children at imminent risk, and general administrative duties surrounding children at risk. These codes cannot be used when the purpose is to adjudicate the child for delinquent behavior and seek detention in a locked correctional facility, forestry or boot camp.

Code A – Determination of Risk

Federally Approved Code, May 1996

This code should be used whenever the worker is engaged in activities to determine the following:
1. Is there the need for placement or a risk of being placed out of the home.
2. Is there a risk of maltreatment, an occurrence of maltreatment, or a need for protection or services, and whether the agency will respond to address the needs as identified.

Choose this code if you are doing an activity that helps to decide if a situation is present that would result in mandated reporting to county social services or local authorities; or if you are determining the need to recommend a child to the Foster Care Candidacy Specialist at county social services, up to the point of filling out the "Foster Care Candidacy Determination Form". Some examples include:

+ Consulting with others regarding the maltreatment of a child following a child's disclosure of possible abuse;

+ Deciding whether there is an abuse, neglect, or maltreatment situation that warrants referral and/or reporting to appropriate authorities and making that referral/report;

+ Participating in discussions and/or investigations on whether a child's or child's family situation warrants referral and/or reporting to appropriate authorities;

+ Participating in discussions and/or investigations on whether there have been significant changes in the child's or child's family situation which warrants referral and/or reporting to appropriate authorities;

+ Participating in child protection risk assessment;

- Reporting maltreatment to County Social Services or local authorities;

- Paperwork and staff travel related to the above activities.

NOTE: *This is a time-limited activity in response to a new report or incident. This activity ends at the point the staff person refers the case to County Social Services or law enforcement or when the staff person decides* **not** *to make a referral.*

Code B - Child Service Coordination

Federally Approved Code, May 1996

This code should be used when a worker is engaged in any placement prevention or placement services (excluding correctional placements), or accessing other services, other than health/medical related on the behalf of a client under 18 years of age or 18 and in school.

Choose this code if you are <u>coordinating</u> child welfare services for a child who is either in foster care or has been identified as a Foster Care Candidate.

This code is separated into two categories (B1 and B2) to differentiate the child's status as either "In Foster Care Placement" or "Foster Care Candidate".

Note: This does not include working with a child who has been adjudicated delinquent while they are in a locked detention facility, forestry or boot camp.

Some examples include:

B1: Service Coordination – Child is in Foster Care Placement

- Participating in initial and subsequent discussions with or referrals to a social worker concerning child welfare services available to a child or their family;

- Coordinating with agencies on possible child welfare services available to help the family to improve the home situation and increase the possibility that the child could return home.

- Making referrals to County Social Services or other agencies to provide services to a child and their foster family;

- Referring or arranging for a child to attend a teen support group to help cope with a parent who is a substance abuser;

- Participating in meetings to assist a child's re-entry back into the community following out-of-home placement or transition from a secure correctional program and into a foster care placement;

- Contacting the appropriate staff if you suspect maltreatment has occurred for a child;

- Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss child welfare services needed;

- Contacting, monitoring or communicating with a child, family members, County Social Services or other relevant persons regarding the provision of services for the child and assessing and evaluating the effectiveness of child welfare services;

- Arranging for or providing access or referral to translation services (oral and signing) to help facility staff communicate with a child or the child's parent regarding services provided to the child and/or family;

- Visiting a truant child's foster home to develop and implement an individual performance contract, monitoring performance or to report on progress;

- Meeting with school staff, county staff, family and/or children about truancy related issues;

- Paperwork and staff travel related to the above activities.

B2: Service Coordination – Child is a Foster Care Candidate

- Participating in initial and subsequent discussions with or referrals to a social worker concerning social services available to a child or their family;

- Coordinating with agencies on possible social services available to help the family to improve the home situation and lessen the possibility that the child would have to be removed from the home;

- Making referrals to County Social Services or other agencies to provide social services to a child or the family;

- Referring or arranging for a child to attend a teen support group to help cope with a parent who is a substance abuser;

- Contacting the appropriate staff if you suspect maltreatment has occurred for a child;

- Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss needed social services;

- Contacting, monitoring or communicating with a child, family members, County Social Services or other relevant persons regarding the provision of services for the child and assessing and evaluating the effectiveness of services that were put in place;

- Arranging for or providing access or referral to translation services (oral and signing) to help facility staff communicate with a child or the child's parents regarding services provided to the child and/or family;

- Visiting a truant child's home to develop and implement an individual performance contract, monitoring performance or to report on progress;

- Meeting with school staff, county staff, family and/or children about truancy related issues;

- Paperwork and staff travel related to the above activities.

Code C – Court Related and Other Child Related Administration

This code has two parts. The first part of this code is other child welfare related activity that is not related to a specific child. Child welfare activities are those that ensure the safety and well-being of a child. Some examples include:

- Participating in discussions or planning meetings (school, community, county, collaborative, interagency) concerning the general topic of children and the factors that put them at risk of being removed from the home;

- Paperwork and staff travel related to the above activities.

The second part of this code is court related activity for a specific child who is currently in foster care. Some examples include:

- Preparing for or participating in any court hearing or administrative review including presenting testimony where the purpose of the hearing/review is not to adjudicate the child for delinquent behavior and not to seek detention in a locked correctional facility, forestry or boot camp;

- Assisting with any activities to support a petition for County Social Services related to foster care placement;

- Providing information for a CHIPS (Children in need of Protective Services) petition to County Social Services for the removal of a child from the home;

- Preparing or providing a truancy petition for County Social Services;

- Paperwork and staff travel related to the above activities.

Code D – Child Welfare Training of Local Collaborative Staff

Choose this code if you are receiving training on issues that fall within the definition of child welfare. This generally includes training concerning topics that have a goal of keeping families together and helping families access services needed to meet the safety and well-being needs of children. Some examples include:

- Presenting or attending training for collaborative partners or facility staff on increasing ability of staff to recognize children in trouble and identifying needed child welfare services;

- Attending child welfare training provided by the state or county;

- Presenting or attending training on Foster Care Candidacy;

- Paperwork and staff travel related to the above activities.

Code E – Training of Foster or Adoptive Parents or Provider Staff

Federally Approved Code, May 1996

This code should be used when the worker is engaged in or preparing for training to:

1. Current or prospective foster and adoptive parents, including relatives; or
2. Staff of residential facilities, group homes, shelters, or Rule 4 child placement agencies, which are licensed or approved by the state or Tribal government, including private agency staff working under a purchase of service agreement with the county agency. These facilities or agencies must be providing care to adoptive children or children in substitute care.

This training must be directed at increasing the ability of the participants to provide support and assistance to the children in their care.

Choose this code if you are training current or prospective foster or adoptive parents, including relatives, on the care of children who have been entrusted in their care. Some examples include:

- Preparing for training for current or prospective foster and adoptive parents, regarding child development issues, behavior modification or management, identification of and treatment strategies for chemical dependency, mental health or abnormal behavior;

- Educating foster or adoptive parents regarding child development issues pertinent to the children in their care;

- Providing parenting classes for new foster or adoptive parents;

- Paperwork and staff travel related to the above activities.

Code F — Treatment and Counseling

Choose this code if you are providing counseling to children who are currently in foster care or who have been identified as Foster Care Candidates. Also choose this code if you are providing counseling to a child's family if the child has been identified as a Foster Care Candidate or is currently in foster care. Some examples include:

- Providing face to face therapeutic treatment and counseling services to a child, their family and/or a substitute care provider to resolve personal problems;

- Leading a group therapy session where at least one child has been identified as a Foster Care Candidate or currently in foster care;

- Providing counseling for substance abuse conditions;

- Providing counseling for truancy or probation related issues;

- Listening to and providing therapeutic intervention when a child is talking to you about committing suicide and the conversation is to prevent the suicide;

- Talking with and providing therapeutic intervention for a child who is rageful and out of control in an effort to get him/her in control and address the issues at hand;

- Providing therapeutic intervention when you are leading a group therapy session (distinct from a friendship group);

- Facilitating a formal grief group;

- Paperwork and staff travel related to the above activities.

II.   Health/Medical Related

Codes G through I should be used when the activity performed is designed to help clients attain or maintain a favorable condition of health (mental or physical) by assisting them in identifying and understanding their needs and securing and monitoring necessary treatment and maintenance services that are MA reimbursable.

*** In this Reference Guide:

MA *refers to Medical Assistance and/or Medicaid*

Health/medical services *refers to medical/dental/mental health/chemical health services*

Code G – MA Eligibility Determination Assistance

Federally Approved Code, May 1996

This code should be used when a worker is performing activities related to assisting in the determination of whether or not a child or the child's family is eligible for Medical Assistance.

Choose this code when you are collecting information regarding MA eligibility processes and conducting MA outreach. Some examples include:

- Gathering or assisting a child and/or family in collecting information and documents related to an MA eligibility application or review income verification, social security number, citizenship, etc.;

- Assisting a child and/or family in filling out and processing MA eligibility forms or updating MA eligibility forms when circumstances change;

- Training or receiving training for staff that provide outreach if the subject of the training is how to assist families to access MA services and understand the benefits of the services available, or how to more effectively refer children and their families for MA services. Also include presenting or attending training for staff in MA eligibility requirements;

- Informing potential MA eligible children and their families about the services provided by MA;

- Providing MA outreach services such as passing out brochures explaining MA, and informing people about MA eligibility requirements and the MA enrollment process;

- Referring an individual or family to County Social Services to apply for MA benefits;

- Paperwork and staff travel related to the above activities.

Last Revised: January 1, 2015

Code H – Health/Medical Related Service Coordination

Federally Approved Code, May 1996

This code should be used for any non-invoiced activities that aid clients to attain and maintain a favorable condition of health (mental or physical) by assisting them in identifying and understanding their health needs and securing and monitoring necessary treatment and maintenance services that are MA eligible for MA and non-MA clients.

*** In this Reference Guide:

MA *refers to Medical Assistance and/or Medicaid*

Health/medical services *refers to medical/dental/mental health/chemical health services*

Choose this code when you are referring, monitoring, or assisting a child and/or family access to MA services and/or participating in interagency coordination of MA services. Some examples include:

- Gathering any information that may be required in advance of health/medical referrals;

- Making referrals for Child and Teen Check-Ups;

- Acting as a liaison with MA providers and local health departments;

- Participating in the development of a plan relating or pertaining to the health/medical needs of a child;

- Completing health review forms on children;

- Making referrals to family planning services;

- Making referrals to other MA covered services;

- Arranging for a CD assessment;

- Arranging for HIV testing;

- Providing information regarding the identification of health/medical needs, child development, substance abuse or providing proper child health/medical care;

- Developing health/medical related information and referral sources, such as directories of MA providers, who will provide services to targeted population groups;

- Providing assistance in implementing health/medical regimes;

- Meeting with other staff concerning the health care needs of a specific child;

- Making a referral to day treatment services;

- Writing a referral for a child to receive necessary health/medical evaluations or examinations;

- Recommending to a parent or guardian that they make an appointment with a medical professional such as a mental health provider, dentist, ophthalmologist or audiologist for their child;

- Developing procedures for tracking families' requests for assistance with health/medical services and providers, including MA;

- Arranging for transportation in order that an ill or injured child is able to receive necessary health care services;

- Arranging for medical screenings and providing appropriate follow-up;

- Paperwork and staff travel related to the above activities.

Code I – Direct Medical Services

*** In this Reference Guide:

MA *refers to Medical Assistance and/or Medicaid*

Health/medical services *refers to medical/dental/mental health/chemical health services*

Choose this code when you are providing direct services to a juvenile which are invoiced to MA by the agency. The kind of services and activities covered by this code are rarely, if ever, used in corrections. Some examples include:

- Providing direct medical procedures that can be billed to MA;

- Paperwork and staff travel related to the above activities.

III. OTHER

Code J – Other Services and Third Party Payment

Federally Approved Code, May 1996

This code should be used when the worker is engaged in the provision of services other than those covered in Codes A through I.

Choose this code when you are performing job specific activities that are not included in the other codes or that are billed to a third party other than MA. Some examples include:

- Participating in first aid and CPR training;

- Participating in chemical dependency and chemical abuse assessments;

- Administering first aid to a child;

- Administering specific health care procedures for children;

- Scheduling or arranging transportation to programs and activities;

- Performing activities that inform children and their families about their eligibility for non-MA programs such as legal aid, housing, Food Stamps and vocational programs;

- Assisting a child and/or family in filling out and processing Minnesota Care/Basic Health Program (BHP) eligibility forms or updating Minnesota Care/Basic Health Program (BHP) eligibility forms when circumstances change;

- Performing activities that inform children and their families about their eligibility for non-MA programs such as legal aid, housing, Food Stamps and vocational programs;

- Conferring with children or parents about discipline or other facility related issues on behalf of a child;

- Carrying out discipline;

- Preparing for or participating in any court hearing or administrative review including presenting testimony where the purpose of the hearing/review is to adjudicate the child for delinquent behavior and seek detention in a locked correctional facility, forestry or boot camp;

- Obtaining parental consent forms for sharing data between partners and county social services for the purpose of submitting a Foster Care Candidacy recommendation to the county;

- Visiting a truant child's home to develop and implement an individual performance contract, monitoring performance or to report on progress if the child is not currently in foster care and is not at imminent risk of being removed from the home;

- Meeting with caregivers and/or children about probation related issues if the child is not currently in foster care and is not at imminent risk of being removed from the home;

- Coordinating services for a child while they are in a locked detention program, forestry or boot camp;

- Paperwork and staff travel related to the above activities.

Last Revised: January 1, 2015

Code K – General Administration

Choose this code when you are doing general facility operating functions and activities that are directly related to your job and/or facility. Some examples include:

- Filling out and reviewing time sheets;

- Participating in general staff orientation, training and meetings;

- Participating in administrative and/or program planning and coordination meetings;

- Participating in facility staff meetings, training or board meetings;

- Participating in general training courses for the employee such as orientation, time management or computer software applications;

- Participating in reviews or conferences on general employee performance;

- Reviewing facility office procedures;

- Participating in physical plant management;

- Participating in employee grievance procedures;

- Participating in EEO or union activities;

- Participating in activity code, time study operations and fiscal LCTS trainings;

- Completing and submitting the "Foster Care Candidacy Determination Form" to county social services;

- Working on goals and objectives for your area as part of the facility's annual or multi-year plan;

- Reviewing facility policies, procedures and/or rules;

- Reviewing technical literature and professional journals and research articles;

- Providing general supervision of staff, including volunteers;

- Taking lunch, breaks, leave or other paid time not at work;

- Taking any type of leave including vacation, sick, personal, jury duty and snow days;

- Performing administrative or clerical activities related to general building or facility functions or operations;

- Paperwork and staff travel related to the above activities.

MA SERVICES IN MINNESOTA
All services listed are covered unless noted otherwise

Mandatory services for the categorically needy:

- inpatient (other than IMD) & outpatient hospital services
- physicians' services
- medical supplies and surgical dental services (doctor of dental medicine or dental surgery)
- NF services for persons 21 and older (other than IMDs)
- home health services (nursing, home health aides, med supplies/equipment/appliances) for persons eligible for NF services* (PT, OT, speech, & audiology optional components)
- family planning services & supplies
- rural health clinic (RHC) and federally qualified health center (FQHC) services & any other ambulatory services offered by them that are otherwise covered under the State plan
- other lab & x-ray services
- certified pediatric and family nurse practitioner services (to extent authorized to practice in a state)
- nurse-midwife services (to extent authorized to practice in a state)
- EPSDT for those under 21
- pregnancy-related services and services for the other conditions that might complicate pregnancy -- up to 60 days after pregnancy ends

Mandatory services if a State covers the medically needy:

- prenatal care and delivery services for pregnant women
- for women, while pregnant, applied for, were eligible as medically needy for, and received MA services under the plan, services under the plan that were pregnancy-related for up to 60 days after pregnancy ends
- ambulatory services to individuals under age 18 and individuals entitled to institutional services
- home health services for persons entitled to NF services
- if a State plan includes ICF/MR or IMD services, either of the following sets of services: a) inpatient & outpatient hospital, RHC/FQHC services, lab & x-ray, physicians' services, medical and surgical dental services and, to extent authorized to practice in a State, nurse- midwife services; or b) the services contained in any seven of the sections in 42 CFR 440.10- 440.165

Optional services:

- ICF/MR services
- IMD services (for persons 65 or older)
- inpat. psych services for persons under 21
- prosthetic services (includes orthotics)
- medical or other remedial care provided by licensed practitioners (in Minnesota: podiatrists, optometrists, chiropractors, "mental health" [psychiatrists, psychologists, licensed independent clinical social workers, certain registered nurses, licensed marriage & family therapists], public health nursing, ambulatory surgical centers, certified registered nurse anesthetists, nurse practitioners, case management (patient monitoring) services as a component of receiving clozapine, clinical nurse specialists)

- optometrist services & eyeglasses
- dental services (diagnostic, preventive, or corrective procedures provided by/under supervision of dentist; includes dentures)
- prescribed drugs
- TB-related services for TB-infected persons (MN covers direct observation of prescribed drugs as part of the services provided by public health nurses)
- private duty nursing services
- clinic services

* must provide for recipients 21 and older. For those through age 20, must provide if the State plan provides NF services for them, individuals, and the medically needy (42 CFR §441.15(b))

- physical therapy services
- occupational therapy services
- speech, language, and hearing therapy services (provided by/under supervision of speech pathologist/audiologist)
- other diagnostic, screening, preventive and rehabilitative services (in Minnesota, rehab is: community mental health center services; day treatment; MH community support services for adults (independent living skills); mental health crisis response services; assertive community treatment services; residential rehab services; services for chemical abuse; rehab restorative and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services; respiratory therapy services; & EPSDT rehab services in an IEP/IFSP under IDEA and provided to children with IEPs/IFSPs during the school day)
- hospice services
- (targeted) case mgt. services (in Minnesota: mental health TCM, child welfare TCM, TCM for vulnerable adults and those with DD not on a §1915(c) waiver, relocation service coordination)
- ambulatory prenatal care to pregnant women during presumptive elig. period (MN does not cover)
- respiratory care services (MN does not cover as stand-alone service)
- personal care services
- primary care case mgt. services (MN does not cover)
- "any other medical care or remedial care recognized under the State plan and specified by" the Centers for Medicare & Medicaid Services: transportation, services furnished in a religious nonmedical health care institution, services of nurses in a religious nonmedical health care institution (MN does not cover), NF services for persons under age 21, emergency hospital services, critical access hospital services
- Program of All-Inclusive Care for the Elderly services (MN does not cover)

<u>**ATTACHMENT S**</u>

Local Collaborative Time Study (LCTS)

Implementing New Federal Title IV-E Language: Definition of Imminent Risk of Removal

Definition: A foster care candidate is a child who is at imminent risk of removal from the home and reasonable efforts are made to prevent the removal from the home or to pursue the removal from the home.

Criteria for Foster Care Candidacy Eligibility Determinations:

The county social services agency must have documentation of the specific reasons why a child is at imminent risk of removal and the specific action(s) the agency took to prevent the removal of the child or to pursue the removal of the child from the home.

- Generally, if a determination of imminent risk of removal has been made the county is providing services to the child.

- County must document the agency's reasonable efforts to prevent the need for removal from the home and/or the agency's reasonable efforts to remove the child from the home. Documentation can be the eligibility documentation form, case plan or evidence of court proceedings.

- Eligibility determinations must be individualized on a case-by-case basis. No group of children can be automatically included or excluded as foster care candidates.

- Eligibility re-determinations are required every six months.

Foster Care Candidates for LCTS

The list of children who are determined to be foster care candidates will be compiled by county social service agencies and shared with the LCTS participating agencies. Counties may compile the list based on recommendations from LCTS participants and/or recommendations from county social workers. This remains a local decision. Releases of information continue to be required when sharing private information between the county, school, public health and correction agencies.

LCTS participants are required to complete the DHS-5410-ENG – *Foster Care Candidacy Determination Form* and release of information.

The foster care candidacy program is not a substitute for the child protection reporting system. Mandated reporters must make reports of child abuse and/or neglect to county child protection or law enforcement. If the LCTS participant believes a child is at imminent risk of removal from the home due to abuse and/or neglect, the participant shall make a mandated report to county child protection or law enforcement.

DHS-5410-ENG   4-08

Foster Care Candidacy Determination Form

Minnesota Department of **Human Services**

☐ Initial Determination   ☐ Six month Re-determination

CHILD'S NAME	BIRTH DATE
NAME OF PERSON COMPLETING FORM	PHONE NUMBER
COUNTY/LOCAL COLLABORATIVE/TRIBAL AGENCY	

Note: If recommending a child as a potential foster care candidate, local collaborative agencies must attach a written and signed release of information.

Definition of a Foster Care candidate

A candidate for foster care is a child who is at imminent risk of removal from home as evidenced by the county or tribal agency either pursuing the child's removal from the home or making reasonable or active efforts to prevent the removal. Completing the documentation to establish a child's foster care candidacy is an indication that the child's entry into foster care is anticipated because the child is at imminent risk of removal.

Candidacy determinations must be individualized on a case-by-case basis. No group of children can be automatically included or excluded. Children already in out-of-home placement are not foster care candidates.
(Social Security Act, Title IV, Part E, Section 471 (a)(15)(B)(i); ACYF-PA-87-05; ACYF-CB-PA-01-02 and DAB Decision No. 1428;Budget Deficit Reduction Act of 2005)

Describe the issues that cause this child to be at imminent risk of being removed from their parent(s) or guardian(s). (Check all that apply)

☐ Report of alleged abuse and/or neglect
☐ Report of abandonment
☐ Child maltreatment determination
☐ Child behavior
☐ Child alcohol abuse
☐ Relinquishment of parental rights
☐ Child has a sibling currently in foster care
☐ Child has past history of being in foster care
☐ Child's mental health needs are being assessed for residential treatment
☐ Child's development disabilities are being assessed for residential treatment
☐ Child's family has an open child protection or child welfare case with
_____ County Social Services

☐ Child disability
☐ Child drug use
☐ Inadequate housing
☐ Parent alcohol abuse
☐ Parent drug abuse
☐ Parent death
☐ Parent incarceration
☐ Parenting issues
☐ Financial problems
☐ Caretaker inability to cope
☐ Domestic violence

Note: This issue by itself does not meet the criteria for foster care candidacy.
Check the issues that led to the case opening.

DESCRIBE OTHER CONDITIONS OR ISSUES (Attach additional sheet if necessary)

SSIS 244

The following reasonable or active efforts are being made to prevent the child from being removed from their parent or guardian.

(Please check all that apply. Provide a description/explanation of those services.)

☐ Child protective services case management
☐ Parenting education
☐ Chemical dependency services
☐ Individual counseling
☐ Mental health services
☐ Information and referrals to community based services
☐ Family based services – counseling
☐ Family counseling
☐ Family based services – life management skills
☐ Housing services
☐ Legal services

☐ Family support services
☐ Truancy prevention services
☐ Special education services
☐ Before and/or after school programming
☐ Youth services
☐ School intervention strategies
☐ In home public health services
☐ Gang prevention efforts
☐ Probation services
☐ Probation services

DESCRIBE REASONABLE/ACTIVE EFFORTS (Attach additional sheet if necessary)

This section for use by the Foster Care Candidacy Specialist

☐ Child or family has an open county/tribal case.

CASE NUMBER

☐ There is evidence of court proceedings in relation to the removal of the child from the home, in the form of:
  ☐ A petition to the court   ☐ A court order or   ☐ A transcript of the court proceedings.

Foster Care Candidacy Determination: ☐ Approved ☐ Not approved

SIGNATURE OF SPECIALIST	DATE

DATE OF INITIAL DETERMINATION	DATE OF SIX MONTH RE-DETERMINATION

You must retain this documentation for 4 years after the determination (or re-determination) date.

DHS Contacts for LCTS Questions

We understand the importance of having a single contact with each county in the administration of the LCTS. All questions directed to DHS must be routed through the county's LCTS Coordinator or LCTS Fiscal Reporting & Payment Agent. We are committed to routing calls and emails from local staff back to these individuals.

Danna Reese
Tribal and Collaborative Reimbursement Specialist
Phone: (651) 431-3785
Email: *danna.reese@state.mn.us*

Beth Chaplin
Foster Care/Title IV-E Specialist
Phone: (651) 431-4919
Email: beth.chaplin@state.mn.us

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*Contact **Danna** for:*

- LCTS Forms or to verify DHS receipt of a form
- Questions regarding quarterly-change due dates
- ALL questions pertaining to LCTS Random Moments
- Reporting a change in the LCTS Coordinator or LCTS Fiscal Reporting & Payment Agent (FRAPA)
- "Timelines for LCTS" questions
- Adding or deleting partners from the LCTS
- *MISSED* Random Moment Log sheets
- LCTS Cost Report and Cost Pool questions
- Annual Settle-up or Miscellaneous Claim Adjustment questions
- Questions pertaining to Desk Audit follow-up
- Remittance Advice and/or LCTS payment questions
- Requests for waivers on the 10% administrative spending rule
- Requests for waivers on the 24 month spending rule
- LCTS Annual Spending Report – questions on how to complete
- LCTS Annual Spending Report publications
- "I'm a new LCTS Coordinator and I need help" type questions
- "I'm a new LCTS Fiscal Reporting & Payment Agent (FRAPA) and I need help" type questions
- LCTS applications (new counties)
- LCTS Contract
- Responsibilities of county, collaborative & participating partners
- Who is eligible to participate on the LCTS
- LCTS activity code questions and related technical assistance
- 40% participation rule
- LCTS claiming
- Federal-related questions
- DHS' administrative costs
- Interest on the LCTS earnings
- DHS' fiscal policies surrounding the LCTS
- LCTS spending questions
- LCTS training for LCTS Coordinators and Recorders
- LCTS training for LCTS Fiscal Reporting & Payment Agents
- LCTS training for time study participants

Last Revised: January 1,2015

*Contact **Beth** for:*

- LCTS Title IV-E Foster Care Candidacy determination questions

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US mail and faxes for Danna may be sent to:

> MN Department of Human Services
> Financial Operations Division
> P.O. Box 64940
> St. Paul, MN 55164-0940
> Fax: (651) 431-7480

For questions regarding ***county reporting of LCTS funds on SEAGR***, please contact:

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