

Bulletin

December 22, 2000

Minnesota Department of Human Services ■ 444 Lafayette Rd. ■ St. Paul, MN 55155

OF INTEREST TO

- County Human Services Directors
- SSTS Coordinators
- Rule 79 Case Management Supervisors
- Adult Mental Health Initiative Supervisors

ACTION

Replace #99-32-17C dated 7/29/99 and implement changes as specified.

DUE DATE

Changes outlined are effective with this bulletin.

DHS reissues social service time study (SSTS) codes and updated

TOPIC

Revision of Social Service Time Study (SSTS) Codes and Instructions

PURPOSE

- Redefine examples of Court Related and Other Child Welfare Administration under code M and Service Coordination under codes J, K and L
- Expand role of SSTS Coordinator
- Modify procedures for collecting RTC staff salaries
- Replaces DHS Bulletin No. 99-32-17C (July 29, 1999)

CONTACT

See page 6

SIGNED

DENNIS W. ERICKSON
Assistant Commissioner
Finance and Management Operations

BACKGROUND

The Social Service Time Study (SSTS) was implemented in late 1985 as the federally approved mechanism for reimbursing county agencies for certain social service costs. The SSTS is designed to assure the proper distribution of county social service costs among the various federal funding sources which support social service programs in Minnesota.

Each SSTS participant is required to characterize his or her activity in the moment being recorded according to the service activity definitions defined by the SSTS.

The SSTS employs a Random Moment Time Study System to generate valid statewide estimates of the distribution of social service staff time among various activities that are supported by federal funding sources. County agencies provide cost pool data on the quarterly Social Service Fund Report (DHS-2556). The percentages derived from the SSTS are then applied to the Social Service Cost Pool to allow computation of reimbursement from various funding sources.

Since 1993 the SSTS has also been used to calculate annual Child Welfare-Targeted Case Management (CW-TCM) rates for certified counties to use in claiming Medical Assistance reimbursement through MMIS.

WHY THE CHANGE

The SSTS is being revised for a number of reasons, including:

Redefine examples of Court Related and Other Child Welfare Administration under code M and Service Coordination under codes J, K and L,

Expand role of SSTS Coordinator,

Modify procedures for collecting RTC staff salaries, and

Replace Bulletin No. 99-32-17C (July 29, 1999).

Mental Health – Targeted Case Management

The reimbursement method for Mental Health–Targeted Case Management (MH-TCM) changed for both children and adults effective July 1, 1999.

The SSTS is currently used to gather the statistics needed to set rates for county groupings. Counties will receive one rate for Children’s Rule 79 Case Management and another rate for Adult Rule 79 Case Management. Claims for Rule 79 Case Management

will be paid through MMIS. DHS conducted an intensive SSTS sampling similar to the intensive sampling used to set the initial rates for Child Welfare-Targeted Case Management for the purpose of setting an initial rate effective July 1, 1999.

DHS also added specific state staff to the SSTS from the Regional Treatment Centers (RTCs) who provide Rule 79 Case Management services in the community for counties as part of the Adult Mental Health Initiative. These RTC staff are sampled along with their county colleagues.

LEGAL REFERENCES

Public Law 103-432

Public Law 105-89

United States Code, Title 42, 1396 et seq., as amended

Minnesota Statutes, § 256B.04

Minnesota Statutes, § 256.01

Minnesota Statutes, § 259.67

Minnesota Statutes, § 256B.094

Minnesota Statutes, § 245.462

The Comprehensive Mental Health Acts, M.S. 245.4711 and 245.4881

Minnesota Rules, parts 9520.0900 – 9520.0926

Minnesota Rules, parts 9530.6600 – 9530.6660

ACTION REQUIRED

Training sessions were provided for all SSTS Coordinators and trainers by DHS via interactive videoconference. Copies of the revised codes were made available to all coordinators.

A. Train Social Services and RTC Staff

SSTS Coordinators are responsible for training their social services staff on the revised SSTS codes and definitions. All participants in the Intensive Sampling were required to complete training by March 31, 1999. A variety of tools were available to assist coordinators in training Recorders and SSTS participants. Coordinators were provided with the revised codes and definitions prior to the interactive videoconference. In addition, videotapes of the "Train the Trainer" videoconference were mailed to all counties on March 12, 1999. The revised codes and definitions were also provided to all SSTS Coordinators along with an *SSTS Decision Steps Reference* and an *SSTS Codes Quick Guide*.

SSTS coordinators are also responsible for training RTC staff who are assigned to their county to provide Rule 79 Case Management services in the community.

DHS recommends that county coordinators develop periodic refresher training sessions for SSTS participants. This ongoing availability of training will ensure that staff are well acquainted with the SSTS codes and definitions.

B. Submit Training Verification

Training Verification Forms (DHS SSTS-9902) on all retrained staff were due prior to the intensive sampling beginning April 1, 1999. On an ongoing basis training verification forms must be submitted BEFORE an employee can participate in the social service time study. Please send forms to:

DHS Financial Management
Attention: SSTS Project Manager
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3810

C. Use Revised SSTS Codes and Modified Definitions

This bulletin revises some of the definitions of the codes that were implemented on April 1, 1999. Modifications were made to the following examples of activities to satisfy federal compliance and have also been included in Attachment C of this bulletin.

Code H – Title IV-E Eligibility Determination

“Preparing for and participating in all fair hearing and appeals stemming from Title IV-E eligibility determinations” was changed to “Compiling documentation of eligibility and IVE continuing reimbursement criteria (court order, AFDC relatedness, etc.).”

Codes J, K, L – Service Coordination

Removed referral and coordination of services.

“Coordinating, monitoring and evaluating overall services on a regular basis to ensure appropriateness and continued need” was changed to “Monitoring and

evaluating overall services on a regular basis to ensure appropriateness and continued need”.

Changed “Arranging for the provision of preventive or protective services” to “Referrals to preventative and protective services”.

D. Use the April, 1999 revised SSTS Forms and Random Moment Log Sheet

The following forms were revised in April of 1999 and can be found in Attachment B:

- SSTS Participant List (DHS SSTS-9901)
- SSTS Training Verification Form (DHS SSTS-9902)
- SSTS Random Moment Follow-up Form (DHS SSTS-9903)
- SSTS Random Moment Log Sheet (DHS SSTS-9904)

Effective April 1, 1999, each county’s SSTS Coordinator and Recorders began using the revised Log Sheet and Follow-up forms. The Participant List and Training Verification Forms became effective with bulletin #99-32-17. A simplified version was introduced beginning with Q32000.

The **SSTS Participant List** (DHS SSTS-9901) was created for the purpose of identifying employee work hours and providing employee position titles for all SSTS participants. Counties may now choose to organize their SSTS clusters to accommodate the various work schedules of the SSTS participants. Counties can identify any continuous full time work schedule that falls within a twenty four-hour period. Expansion of SSTS clusters is limited to the Monday through Friday work week.

The **SSTS Training Verification Form** (DHS SSTS-9902) must be submitted to DHS whenever SSTS Coordinators, Recorders and SSTS participants have completed training on the revised SSTS codes and definitions. Training verification forms on all retrained staff were due prior to the intensive sampling conducted during April 1999. On an ongoing basis training verification forms must be submitted BEFORE an employee can participate in the social service time study. This includes new staff, even when those staff have previously been trained by another county.

The **SSTS Random Moment Follow-up Form** (DHS SSTS-9903) was designed for the purpose of sampling an employee when they are unavailable at the time of a scheduled random moment. This form is made up of two sections: Section A is to be filled out by the Recorder and left at the employee’s work station. Section B must be completed by the employee and returned to the Recorder as soon as possible. All codes have been listed at the bottom of the follow-up form. The Random Moment Follow-up Forms are retained at the county and have a record retention requirement of four years.

The **SSTS Random Moment Log Sheet** (DHS SSTS-9904) was revised to reflect the new codes and became effective beginning with the intensive sampling during April 1999. The log sheet format was modified for the quarter beginning January 1, 2000 eliminating the need for workers to write in their code selections. The new format provides an

alternative method where workers fill in a circle under the code that best represents the activity being performed at the time of the random moment.

The SSTS Random Moment Log Sheet is used for recording employees' activities. At the time of the random moment the Recorder is responsible for ensuring that each employee's chosen code is recorded accurately on the log sheet and verified by the employee.

After each employee's response has been recorded, the SSTS Recorder must sign the log sheet and mail it to DHS at the address indicated on the bottom of the log sheet. All log sheets must be returned within seven (7) working days of the random moment.

Contacts

Please contact the following individuals if you have questions:

Rule 79 Case Management – Children: Sunday Olanyinka (651) 296-7905 or sunday.olanyinka@state.mn.us

Rule 79 Case Management - Adults: Dan Myhre (651) 582-1817 or dan.myhre@state.mn.us; or Virginia Selleck at (651) 582-1821 or virginia.selleck@state.mn.us

DD Case Management: - Robin Rohr (651) 582-1945 or robin.rohr@state.mn.us

Rule 25 Chemical Dependency: Diane Hulzebos (651) 582-1840 or diane.hulzebos@state.mn.us

Child Welfare Codes: Lynn Beutel (651) 284-3292 or lynn.beutel@state.mn.us

Child Care: Troy Vick at (651) 582-8463 or troy.vick@state.mn.us

SSTS Codes Training: Lynn Beutel (651) 284-3292 or lynn.beutel@state.mn.us

SSTS Forms and Procedures: Joan Manske at (651) 296-4898 or joan.manske@state.mn.us

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Other questions regarding this bulletin: Joan Manske (651) 296-4898 or
joan.manske@state.mn.us

SPECIAL NEEDS

This information is available in other forms to people with disabilities by calling 651-206-2711 (voice) or contact us through Minnesota Relay Services at 1-800-627-3529 (TTY).

Attachments follow

ATTACHMENT A

INSTRUCTIONS FOR SSTS COORDINATORS AND RECORDERS

GENERAL INSTRUCTIONS

All non-supervisory program personnel who are funded by the county's Social Service Fund, are on the county's social services staff payroll, and hold professional or paraprofessional positions must participate in the time study. Examples of paraprofessionals would include case management aides and family service aides. Workers who spend less than half of their time supervising other workers and/or engaging in program administration should be considered "non-supervisory" and included as participants. For details on what is included in the Social Service Fund Report please refer to Attachment B of Bulletin No. 99-32-3 (January 19, 1999).

State Regional Treatment Center staff who are providing Rule 79 Case Management related services as part of the Adult Mental Health Initiative should be included as SSTS participants. These individuals will be identified as county staff for purposes of the SSTS.

No individuals under contract or under a purchase-of-service agreement should be included in the SSTS. In addition, workers whose activity is billed 100 percent to third party sources, or financed 100 percent by a direct federal grant, should be excluded from the time study. Staff employed in a residential facility, even if county owned and operated, should be excluded from this time study.

State costs related to the RTC staff who are providing Adult Rule 79 Case Management services and are participating in the SSTS will be accessed through the State Accounting System and will be added to SSTS cost pool for each county by DHS.

Other exclusions or additions to SSTS staff participants must be approved by DHS and associated SSTS staff expenditures must correspond to the Social Service Cost Pool. Requests should be addressed to Joan Manske of the Financial Management Division at (651) 296-4898 or joan.manske@state.mn.us. For more details on SSTS exclusions and additions please refer to Attachment A of Social Service Fund Report Bulletin No. 99-32-3 (January 19, 1999).

APPOINT SSTS COORDINATOR AND RECORDERS

Each county director must appoint an SSTS Coordinator and back up coordinator to carry out the administration of the Social Service Time Study for their county. If a new Coordinator is appointed, a letter from the director should be sent to Joan Manske at the above address verifying the new appointment.

Each county agency must also appoint a sufficient number of SSTS Recorders and back up recorders, usually clerical staff and non-SSTS participants, to record the responses of all staff during their random moment times.

SSTS FORMS and RANDOM MOMENT LOG SHEET

The SSTS forms and log sheet have been revised and assigned new form numbers. The number coding on each document will identify the department, program and year the form was revised. A detailed description of these forms appear on pages three and four of Attachment C.

The new Random Moment Log Sheet (DHS SSTS-9904) and the Random Moment Follow-up Form (DHS SSTS-9903) reflect the revised codes and became effective April 1,1999.

OBSERVATION DATES AND TIMES

SSTS Control Number Reference Lists

Each quarter following the intensive sampling, the SSTS software will randomly select five moments per cluster for CW-TCM certified counties and twenty moments per cluster for non CW-TCM certified counties. In addition, the SSTS software will generate a Random Moment Log Sheet to record the responses for each moment. DHS will send the Random Moment Log Sheets (DHS SSTS-9904) along with two SSTS control number reference lists (one sorted by date and time, the other sorted by cluster with date and time) to the designated SSTS Coordinator. The control number reference lists indicate day, date and time that each random moment is to occur as well as the quarter code. DHS recommends that the coordinator retain one of the reference lists for their use. The other reference list can be made available to the Recorders of each of the clusters being sampled. The dates and times of the random moments are predetermined and under NO circumstances may you change the date and time of the moment. The SSTS control number reference lists replace the DHS-3009.

Clusters are normally composed of six to twelve workers participating in the SSTS. A cluster may contain fewer than six members, but never more than twelve. A cluster should be as large as possible, up to the maximum of twelve workers. (It is usually desirable for purposes of efficiency to include in the same cluster workers who are co-located.)

DHS recognizes that SSTS participants sometimes work hours other than 8–4:30. Sampling is still limited to the Monday through Friday work week. Therefore, as you consider reorganization of your clusters, please be aware that you may now assign a different time period for each cluster. Counties must ensure that recorders are present to sample participants outside the normal 8 – 4:30 workday. The SSTS Participant List (DHS SSTS-9901) has been designed for counties to report cluster-specific information.

Coordinator's Responsibilities

Contact: The SSTS Coordinator serves as the county contact for the SSTS and is responsible for all communications with DHS including employee changes, cluster reorganizations and random moment log sheets. The SSTS coordinator is further responsible for notifying DHS when RTC staff are added or deleted from the SSTS. It is important that communication exists with the County Mental Health Supervisor so that all parties are informed about RTC staff who are participants in the SSTS. In addition, their responsibilities

include overall implementation, training of participating staff, coordination and ongoing operation of the time study.

Security: The SSTS Coordinator must keep the random moment times secret and must ensure that anyone involved with the log sheets prior to the time of a random moment does so as well. Under no circumstances may any participant be given prior notice of a random moment time.

Training: SSTS coordinators were responsible for attending the “Train the Trainer” training provided by DHS and to ensure that all participants have been trained on the new codes and definitions. If the coordinator chooses, he/she may train and delegate the staff training responsibility to other staff. In that case, those staff should also attend “Train the Trainer” training.

Each coordinator is responsible for training a sufficient number of individuals to serve as recorders and is responsible for establishing a relatively fail-safe back-up system. A sufficient number of back-up recorders should be trained in the event that the regular recorder is unavailable on the day of the scheduled sampling. All recorders must be trained in the procedures and process of recording participant’s responses on the Random Moment Log Sheet before the first random moment occurs. In the event that the recorder is new for that quarter, the SSTS Coordinator must make sure that the “New” line is checked on the log sheet and that a Training Verification Form (DHS SSTS-9902) is submitted to DHS.

Training verification is also mandated for SSTS participants and a Training Verification Form (DHS SSTS-9902) must be submitted to DHS before an employee can participate in the SSTS. Training must also be provided to staff new to your county even if they have been previously trained in another county. Names on the Training Verification Form should be printed, not signed.

Recorder’s Duties and Responsibilities

Special note: All response circles must be filled in completely.

Provide all SSTS participants with a copy of the revised codes and definitions so that the employee has a reference available at all times.

Employees present at the time of the random moment:

- At the time of the random moment, the recorder should be equipped with the Random Moment Log Sheet (DHS SSTS-9904), a number of Random Moment Follow-up Forms (DHS SSTS-9903), and a number of copies of the SSTS training materials on the codes and definitions (Attachment C).
- A Recorder must attempt to locate each employee in the cluster being sampled. When an employee is contacted, the recorder indicates that a random moment is occurring and asks the employee to select a code for the activity they are performing.

- After the employee indicates the correct code for the activity they are performing, either the recorder or the worker being sampled records the selected circle on any line in Part 3 of the Random Moment Log Sheet. Logged codes do not have to follow the same numerical order as the employee's names listed in Part 2 of the log sheet. However, everyone in the cluster must have a code recorded on the log sheet. Remember to record only one code per employee listed on the log sheet and that the number of staff appearing on each log sheet is limited to twelve staff.
- After the code is recorded on the log sheet, the employee being sampled must initial next to their preprinted name found in part 2 of the log sheet. The Recorder is responsible for making sure all employees have chosen a code, completely filled in the circle for that code and initialed by their name on the log sheet.

Employees not present at the time of the random moment:

If an employee is unavailable at the time of the random moment, the Recorder has several options:

1. Fill out the recorder portion of the Random Moment Follow-up Form and leave it on the employee's desk for them to complete when they return.
 - In the event that the employee does not return the Random Moment Follow-up Form (DHS SSTS-9903), it is the Recorder's responsibility to pursue the employee for the random moment form and obtain it. These follow-up forms must be retained at the county for four years.
 - After receiving the Random Moment Follow-up Form, the recorder must enter the appropriate code on the Random Moment Log Sheet and **put her/his own initials next to the name of the employee in the top section and finally, place an asterisk (*) next to their initials.** The asterisk indicates that the initials are those of the recorder.
2. If there is an employee in the cluster who is ordinarily at a remote location and cannot be readily reached in person by the recorder, the recorder may obtain the code information in a variety of ways:
 - Telephone
 - Pager
 - Fax
 - E-mail
 - If by phone, the recorder must fill in the circle of the code selected by the individual being sampled and indicate by their preprinted name that the information was received by phone. The recorder must put her/his own initials next to the name of the employee and place an asterisk (*) next to the initials. The asterisk indicates that the initials are those of the recorder.
 - If some employees wish to use pagers, we recommend choosing a pager code which would indicate to staff that a random moment has occurred. In these instances, the recorder must ensure that these

staff always have with them a supply of Random Moment Follow-up Forms, which they can fill them out at the first opportunity after their pager has indicated a random moment time has occurred. The other requirements of the use of follow-up forms detailed in option #1 would also apply. These staff should always have a copy of the codes and definitions readily available.

- If a pager is used only to get the participating staff to phone the recorder, then the rules regarding phone responses would be applicable.
 - Faxes can be used only for the purpose of returning the Follow-up Form to the recorder.
 - If e-mail is used the recorder should use the participant's e-mail response to enter the appropriate code on the random moment log sheet and again put her/his own initials next to the name of the employee and place an asterisk (*) next to the initials. The asterisk indicates that the initials are those of the recorder.
 - The recorder should retain the e-mail response as documentation in lieu of a follow-up form and retain the e-mail for four years.
3. If an employee is on leave or gone for the day at the time the random moment occurs and this is known to the recorder, the recorder may enter Code "U", 'General Administration – Not Program Related' on the Random Moment Log Sheet (DHS SSTS-9904), without consulting the employee or seeking the employee's initials. If any or all of the employees in the cluster are gone for the day, the recorder may enter code "U" on all the lines without consulting the employees.
- Whenever the employee is unable to initial her/his name in person, the recorder must enter their own initials and place an asterisk (*) by them.
 - The recorder should sign the Random Moment Log Sheets (DHS SSTS-9904) and return them to the SSTS coordinator. The recorder's signature is necessary at all times, even if the moment is missed.

Recorder's final duties before mailing:

Before mailing the random moment log/code sheet to DHS, make one final check to ensure that:

- Initials of the employees or recorder appear next to each preprinted name;
- If response was obtained by another means, the specific means is written next to the staff person's name;
- Only one filled in circle appears on each line on Part 3 of the Random Moment Log Sheet;
- All codes are recorded in ink, legible and printed in upper case letters;
- The recorder has signed the log sheet;
- The recorder has indicated whether or not they are new for the quarter; and
- Participant changes are noted correctly on the log sheet.

For deletions of county staff: cross off the employee's name, write "DELETE" next to the name. In some cases, the employee can be sampled even though the word "DELETE" has been written by their name. An example of this would be when the employee's termination date or leave date will occur after a particular random moment time has been completed.

For additions of county staff: print the new employee's name on a blank line in Part 1 of the SSTS Random Moment Log Sheet; if the employee has been trained, proceed with the random moment sampling process. Remember the maximum number of participants in a cluster is limited to twelve individuals. If twelve staff have been sampled and one is being deleted after being sampled, simply indicate the new employee's name on the log sheet. That new employee will appear on subsequent quarter's Random Moment Log Sheets but will not be sampled on this particular Random Moment Log Sheet. This is because twelve employees have already been sampled for this cluster.

For additions/deletions of RTC staff: before an RTC employee can participate in the SSTS, they must be qualified to provide Rule 79 Case Management services. A team consisting of the county director, county Mental Health Supervisor and a representative of the RTC will jointly decide which RTC staff qualify and to which county they will be assigned. The SSTS coordinator is also responsible for providing written notification to DHS when an RTC employee is deleted from the SSTS. County directors, the Mental Health Supervisor and the RTC representative must also be advised of these deletions.

DEADLINE

The completed Random Moment Log Sheets (DHS SSTS-9904) are due at DHS Financial Management within seven calendar days of the random moment. DHS recommends that you send the completed log sheets immediately after the random moment has been completed to ensure meeting the deadline. Non-compliance with this deadline can affect data that comprises the federal claim and subsequent payments to counties as well as the rate setting process used for all targeted case management rates. All Random Moment Log Sheets are to be returned to DHS at the address appearing on the bottom of the log sheet.

MISSED RANDOM MOMENTS

If for whatever reason, a random moment is missed, the recorder must write "MISSED" on the log sheet, sign it and mail it as usual. Missed or lost Random Moment Log Sheets have an impact on county earnings and the statistics gathered for the various rate setting processes.

SSTS RANDOM MOMENT LOG SHEET (DHS SSTS-9904)

The random moment log sheet is divided into four parts:

Part 1

The following information is contained in Part 1 of the log sheet:

- County name and number;
- Cluster number;
- Control number for DHS internal use;
- Day, date and time of the random moment;
- Date and time the moment was generated; and
- Quarter code.

If this information is altered in any way the observation becomes invalid. The day before the scheduled random moment, the recorder should prepare for the sampling process by organizing the training materials on the codes and definitions, obtaining a supply of the Random Moment Follow-up Forms and preparing the log sheets that are to be used.

Part 2

This section of the Random Moment Log Sheet alphabetically lists all employees in a particular cluster. Space is provided next to the employee's name for them to place their initials after they have been sampled and the code they have selected has been properly recorded. This space is also used by the recorder in those instances when the recorder must initial on behalf of the individual being sampled.

If the list of employees is incorrect the recorder should make any necessary changes such as corrections, additions or deletions. DHS will enter updated information into the database. Requested changes will be reflected on the next quarter's generated random moments.

All new employees must be trained prior to the observation process. The DHS SSTS-9902, Training Verification Form, is used to notify DHS when a new employee, coordinator or recorder has been trained. This includes employees new to your county even if they have previously participated in the SSTS in another county.

Part 3

This area of the Random Moment Log Sheet is used for recording the codes selected by the staff being observed. Either the recorder or the employee must completely fill in the circle under the code selected by the employee being observed. Each employee is limited to filling in one circle. However, the circle can be completed on any available line within Part 3 of the log sheet. **After all the circles for the corresponding codes are recorded, the recorder must sign the log sheet.** If the recorder is new, the SSTS Coordinator must submit a signed Training Verification Form to ensure that the recorder was trained prior to the sampling process.

Part 4

Valid activity codes make up Part 4 of the Random Moment Log Sheet. The new codes have been expanded and are divided into three categories: Health and Medical, Child Welfare and Children's Mental Health and Adult Mental Health and Other. Codes "A" through "G" fall into the Health and Medical Section. Codes "H" through "P" are in the Child Welfare and Children's Mental Health Section. The remaining codes, "Q" through "U" fall into the Adult Mental Health and Other section.

ATTACHMENT B-1

**SOCIAL SERVICE TIME STUDY (SSTS)
*Participant List***

County: _____ Cluster Number: _____

Hours to be sampled: from _____ to _____

Recorder for this cluster: _____

Coordinator approval: _____ Date: _____

Coordinator's phone number _____

	Employee's Name (Please Print)	Employee's Position Title	Check if RTC Employee
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

SEND COMPLETED FORM TO:

SSTS Project Manager
Minnesota Department of Human Services
Financial Management Division
444 Lafayette Road
St. Paul, Minnesota 55155-3810

ATTACHMENT B-2

**SOCIAL SERVICE TIME STUDY (SSTS)
Training Verification Form**

County Name _____

County No. _____

The following staff have been trained and are newly certified:

<u>Cluster Number</u>	<u>Name</u>	<u>CODE</u> C=Coordinator R=Recorder E=Employee	<u>Training Date</u>
_____ 1	_____	_____	_____
_____ 2	_____	_____	_____
_____ 3	_____	_____	_____
_____ 4	_____	_____	_____
_____ 5	_____	_____	_____
_____ 6	_____	_____	_____
_____ 7	_____	_____	_____
_____ 8	_____	_____	_____
_____ 10	_____	_____	_____
_____ 11	_____	_____	_____
_____ 12	_____	_____	_____

County SSTS Coordinator's Signature _____

Date _____

Phone No. _____

SEND COMPLETED FORM TO:
SSTS Project Manager
DHS Financial Management Division
444 Lafayette Road
St. Paul, MN 55155-3810
Telephone: (651) 297-2899

**SOCIAL SERVICE TIME STUDY (SSTS)
Random Moment Follow-up Sheet**

A. To be completed by the Recorder:

Recorder's Name _____

Employee's Name _____

Moment to be recorded: Day: _____

Date: _____

Time: _____

B. To be completed by the employee participating in the time study:

SSTS Code selected (A-U): _____

Employee's initials: _____

The employee should return this form to the Recorder indicated in section A.

This form should be retained by the county for four years.

I. HEALTH/MEDICAL

- A. Health/Medical MA Reimbursable Service - Child < 21 – MA Eligible Child
- B. Health/Medical MA Reimbursable Service - Child < 21 – Non MA Eligible Child
- C. Health/Medical MA Reimbursable Service - Other Child/Adult Administration - MA Eligible Person
- D. Health/Medical MA Reimbursable Service - Other Child/Adult Administration – Non MA Eligible Person
- E. Health/Medical Case Management Services Billable under MA HCBS waivers and PASARR
- F. Rule 25 Chemical Dependency Assessment – MA Eligible Person
- G. Rule 25 Chemical Dependency Assessment – Non MA Eligible Person

II. CHILD WELFARE AND CHILDREN'S MENTAL HEALTH

- H. Title IV-E Eligibility Determination
- I. Service Coordination – Child < 18 – Rule 79 Case Management
- J. Service Coordination – Child < 19 Non Placement
- K. Service Coordination - Child < 19 Placement
- L. Service Coordination – Child 19 and 20 years of age
- M. Court Related and Other Child Welfare Program Administration
- N. Training of County Staff
- O. Training of Foster and Adoptive Parents or Provider Staff
- P. Therapy and Treatment

III. ADULT MENTAL HEALTH AND OTHER

- Q. Service Coordination-Adults 18 & Older - Rule 79 Case Management
- R. MFIP Child Care
- S. Basic Sliding Fee Child Care
- T. Other Social Services and Third Party Billing
- U. General Administration – Not Program Related

ATTACHMENT C

SOCIAL SERVICES TIME STUDY SSTS CODES AND DEFINITIONS (Effective 4/99)

SSTS CODES

These codes are arranged into three sections for your convenience.

I. HEALTH/MEDICAL

- A. Health/Medical MA Reimbursable Service – Child < 21 – MA Eligible Child
- B. Health/Medical MA Reimbursable Service - Child < 21 – Non-MA Eligible Child
- C. Health/Medical MA Reimbursable Service – Other Child/Adult Administration – MA Eligible Person
- D. Health/Medical MA Reimbursable Service – Other Child/Adult Administration – Non-MA Eligible Person
- E. Health/Medical Case Management Services Billable under MA HCBS waivers and PASARR
- F. Rule 25 Chemical Dependency Assessment - MA Eligible Person
- G. Rule 25 Chemical Dependency Assessment – Non-MA Eligible Person

II. CHILD WELFARE & CHILDREN'S MENTAL HEALTH

- H. Title IV-E Eligibility Determination
- I. Service Coordination – Child < 18 - Rule 79 Case Management
- J. Service Coordination – Child < 19 Non-Placement
- K. Service Coordination – Child < 19 Placement
- L. Service Coordination – Child 19 and 20 years of age
- M. Court Related and Other Child Welfare Program Administration
- N. Training of County Staff
- O. Training of Foster and Adoptive Parents or Provider Staff
- P. Therapy and Treatment

III. ADULT MENTAL HEALTH AND OTHER

- Q. Service Coordination – Adults 18 and older - Rule 79 Case Management
- R. MFIP Child Care
- S. Basic Sliding Fee Child Care
- T. Other Social Services and Third Party Billing
- U. General Administration – Not Program Related

OVERVIEW SSTS CODE DEFINITIONS

Those workers who work 100 percent in activities paid for by a direct federal grant should not participate in the SSTS.

Activities coded under Health and Medical or under Child Welfare and Children's Rule 79 Case Management must meet the definitions below. If you remain uncertain of your selection, please contact your county's SSTS Coordinator, who will answer your question or contact DHS for clarification.

A **SSTS Decision Steps Reference** to assist you in locating the correct code for an activity has been included for your convenience. This reference can be found on page C-4.

The codes are divided into three sections. They are:

I. Health/Medical

These are activities (*other than Rule 79 Case Management*) designed to help clients attain and maintain a favorable condition of health (mental or physical) by assisting them in identifying and understanding their health needs and by securing and monitoring necessary **MA reimbursable** treatment and maintenance services.

II. Child Welfare and Children's Mental Health

Child Welfare activities are designed to support and preserve families; prevent abuse, neglect, dependency, placement and the need for a more restrictive environment; facilitate placement and reunify families, facilitate permanency for a child including adoption assistance and interstate compact. Children's Mental Health activities are Rule 79 Case Management activities which are coordinated with family community support services, designed to help the child with severe emotional disturbance obtain needed mental health, social, educational, health, vocational, recreational and related services.

III. Adult Mental Health and Other

Adult Mental Health activities are Rule 79 Case Management activities which are coordinated with family community support services, designed to help the adult with serious and persistent mental illness obtain needed mental health, social, educational, health, vocational, recreational and related services. Other activities in this section are related to child care assistance, third party billing including HCBS waived services, other service activities for adults and children not found under the above two headings, and non-program related activities.

Also designed and provided separately from this bulletin is a three page **SSTS Codes Quick Guide** as another reference to help with the decision process of selecting a code.

SSTS Frequently used Acronyms

AFDC	- Aid to Families with Dependent Children
BSF	- Basic Sliding Fee
CAC	- Community Alternative Care Waiver
CADI	- Community Alternative for Disabled Individuals
CD	- Chemically Dependent
CPP	- Concurrent Permanency Planning
CPS	- Child Protective Services
CW-TCM	- Child Welfare – Targeted Case Management
DD	- Developmental Disability
DHS	- Minnesota Department of Human Services
DT&H	- Day Training and Habilitation
EPSDT	- Early Periodic Screening, Diagnosis and Treatment
EW	- Elderly Waiver
HCBS	- Home and Community Based Services
ICF/MR	- Intermediate Care Facility for Persons with Mental Retardation
MA	- Medical Assistance
MFIP	- Minnesota Family Investment Program
MH-TCM	- Mental Health – Targeted Case Management
MR/RC	- Mental Retardation/Related Conditions (Waiver)
PAS	- Pre-Admission Screening
PASARR	- Pre Admission Screening and Annual Resident Review
PP	- Placement Plan
SED	- Severe Emotional Disturbance
SILS	- Semi Independent Living Services
SPMI	- Serious and Persistent Mental Illness
SSI	- Supplemental Security Income
SSTS	- Social Services Time Study
TBI	- Waiver for persons with traumatic or acquired brain injury
TCM	- Targeted Case Management
URM	- Unaccompanied Refugee Minor

SSTS DECISION STEPS

The following decision steps have been designed to assist you in determining your code selection:

1. Is the worker assisting a client in identifying and understanding their health needs or performing activities surrounding a Health/Medical service (not related to Rule 79 service coordination) that is reimbursable by MA?
NO – Go to question 6
YES – Go to question 2

2. Is the worker providing case management or service coordination for an MA reimbursable service for a child under the age of 21?
YES – Choose Code A or B
NO – Go to question 3
3. Is the worker involved in determining MA eligibility, performing medical outreach or performing administrative case management activities related to health/medical reimbursable services for children or adults not covered in codes A and B?
YES – Choose Code C or D
NO – Go to question 4
4. Is the worker involved in case management services billable under MA HCBS waivers and PASARR?
YES – Choose Code E
NO – Go to question 5
5. Is the worker conducting a Rule 25 assessment?
YES – Choose Code F or G
NO – Go to question 6
6. Is the worker providing Rule 79 service coordination for a child under 18 years of age?
YES – Choose Code I
NO – Go to question 7
7. Is the worker involved in Rule 79 case management for an adult 18 years of age and older.
YES – Choose Code Q
NO – Go to question 8
8. Is the worker providing service coordination that meets the general Child Welfare Definition?
YES – Choose Codes H or J through P
YES – Go to question 9
9. Is the worker involved in administering the MFIP child care program?
YES – Choose Code R
NO – Choose Codes S, T, or U

While the above decision points may serve as a guide to choosing a code, please review the actual code definition to ensure accuracy.

I. HEALTH/ MEDICAL ACTIVITIES

- A. Health/Medical MA Reimbursable Service - Child < 21 – MA Eligible Child**
- B. Health/Medical MA Reimbursable Service - Child < 21 – Non-MA Eligible Child**

Use these codes when the worker is providing case management services, *other than Rule 79*, or is engaged in activities for children under 21 and the service being coordinated is eligible for MA reimbursement. Use code A if the client is MA eligible. Use code B if the client is not MA eligible, but the service would be MA reimbursable, if the client were MA eligible.

All of the following are examples of such activities:

- Assisting the child and family in obtaining needed services by coordination with other agencies;
- Assisting in obtaining a mental health diagnostic assessment;
- Assessing/reassessing the delivery, appropriateness and effectiveness of services over time;
- Providing information about a child's eligibility for and frequency of case management services, the benefits of case management services and community support services, potential costs of the services and the full array of services available;
- Arranging for MA covered health services;
- Arranging for a CD assessment ;
- Arranging for services such as transportation, lodging, meals, or child care in order to access MA covered services;
- Liaison with MA providers;
- Development of service plans relating to MA services;
- Discharge planning activity from an MA facility; and
- Arranging for Child and Teen Checkups (EPSDT).

C. Health/Medical MA Reimbursable Service – Other Child & Adult Administration - MA Eligible Person

D. Health/Medical MA Reimbursable Service – Other Child & Adult Admin. - Non-MA Eligible Person

Use these codes when the worker is engaged in administrative case management activities for children and adults **and codes A and B do not apply**. Use code C if the client is MA eligible. Use code D if the client is not MA eligible, but the service would be MA reimbursable if the client were MA eligible.

All of the following are examples of such activity:

- Determining MA eligibility (**both children and adults**);
- Medical/Health outreach;

Adults only:

- Case management administrative activities such as intake or determining eligibility for MR/RC case management based on diagnosis, appeals, etc. (see section M.S. Section 256B.092, subd 1a) ;
- Discharge planning activity from an MA facility;
- MR/RC Case Management activities (both administrative and service activities) under Rule 185 related to accessing MA covered health services and monitoring the utilization of MA covered health services contained in the Individual Service Plan for persons who are **NOT** receiving HCBS waived service or who are not eligible under a HCBS waiver;
- Activities directed at determining mental health case management eligibility;
- Assisting the adult in obtaining needed health related services by coordinating with other agencies;

- Assist the client in obtaining third party covered services;
- Assessing/reassessing the delivery, appropriateness and effectiveness of services over time;
- Providing information to the adult/guardian about eligibility for and frequency of case management services, the benefits of case management services and community support services, potential costs of the services and the full array of services available;
- Arranging for MA covered health services including CD treatment, Day Training and Habilitative (DT&H) and ICF/MR services;
- Arranging for a CD assessment;
- Arranging access to MA covered services including arranging for transportation, lodging, or meals;
- Arranging for child care so that an adult can access MA covered health services;
- Liaison with MA providers, including DT&H and ICF/MR providers;
- Assistance in implementing health regimes;
- Development of health plans/service plans relating to MA services and individual program plans for MA covered services;
- Arranging for family planning;
- Arranging for admission to long term health care facilities such as nursing homes and ICF/MR;

NOT included in Codes A - D:

- PASARR (Code E);
- MR/RC Screening billable to MA (Code E);
- MA HCBS waiver activities (Code E);
- Case Management Service activities for MA HCBS waiver recipients (Code E);
- Actual direct medical treatment (usually Code E or T);
- Rule 185 activities that do not involve an MA covered health service (Code I, J, K, L, Q or T);
- Health/medical related service not reimbursable under MA or HCBS waived Programs (Code I, J, K, L, Q or T).

E. Case Management Services Billable under MA HCBS waivers and PASARR

Use this code when the worker is involved in any of the following activities:

- PASARR activities (Pre-Admission Screening and Annual Resident Review);
- MR/RC Screening billable to MA;
- Other MA Case Management directly billable to MA except Child Welfare Targeted Case Management and Mental Health Targeted Case Management;
- Any case management service activities for MA HCBS waiver recipients including:
 - MR/RC (Mental Retardation and Related Condition);
 - EW (Elderly HCBS waiver);
 - PAS (Pre-Admission Screening);
 - CAC (Community Alternative Care);
 - CADI (Community Alternatives for Disabled Individuals);
 - TBI waiver

Only use Code E for Case Management Services for Persons receiving HCBS waived services. (For Non-Wavier Case Management, and all Health/Medical Case Management prior to the billing stage use Codes A through D as appropriate. For Child Welfare - Targeted Case Management Activities use codes A, B, J, K, L as appropriate. For Mental Health Targeted Case Management Activities use codes I or Q as appropriate.)

F. Rule 25 Chemical Dependency Assessment - MA Eligible Person

G. Rule 25 Chemical Dependency Assessment - Non-MA Eligible Person

Use these codes when determining a child or adult's need for chemical abuse/dependency treatment, and the appropriate level of care for persons seeking treatment, in accordance with Rule 25.

Use Code F when the client is MA eligible. Use code G if the client is not MA eligible, but the service would be MA reimbursable, if the client were MA eligible.

II. CHILD WELFARE AND CHILDREN'S MENTAL HEALTH ACTIVITIES

H. Title IV-E Eligibility Determination

Use this code whenever the worker is performing any activity that contributes to making the determination of whether or not a child is eligible for participating in the Title IV-E Foster Care and Adoption Assistance Program.

The following are examples of activities that are considered eligibility determination:

- Collecting information from family or others for use in the determination (income, AFDC parental deprivation, resources, social security numbers, birth certificates, etc.);
- Verifying the above information;
- Filling out and processing associated eligibility forms;
- Querying systems, records, etc. to determine if the AFDC criteria has been met;
- Compiling documentation of eligibility (court order, AFDC relatedness, etc.);
- Compiling documentation of IV-E continuing reimbursement criteria.

I Service Coordination – Rule 79 Case Management for Children under 18

Use this code when the worker is providing case management services or is engaged in activity covered under Rule 79.

Some examples of these types of activity are:

- Assisting the child and family in obtaining needed services by coordination with other agencies;
- Activities that are coordinated with the family community support services, designed to help the child and the child's family obtain needed mental health, social, educational, health, vocational, recreational, and related services;

- Developing a functional assessment;
- Developing an Individual Family Community Support Plan;
- Assessing/reassessing the delivery, appropriateness and effectiveness of services over time;
- Assisting in obtaining a mental health diagnostic assessment.
- Providing information to the child and family about eligibility for and frequency of case management services, the benefits of case management services and community support services, potential costs of the services to the child and family, and the full array of services available;
- Arranging for a CD assessment;
- Arranging for transportation, lodging, meals or child care in order to access services;
- Arranging for Child and Teen Checkups (EPSDT).
- Monitoring a case plan;
- Ongoing evaluation and assessment of the child and family's condition for purposes of an individual service plan;
- Arranging for out of home placement for purposes of treatment and rehabilitation;
- Referral and coordination of services;
- Case conferences, administrative reviews, client staffing and informal conferences;
- Development of goals, service plans, written service agreement, and routine case supervisory activities;
- Clinical supervision and receipt of clinical supervision regarding an identified child with Severe Emotional Disturbance or a child receiving services under MR 79;
- Routine contacts, other monitoring and/or communication with the child, family members, substitute care providers, or other relevant persons regarding the status of the child, the individual service plan, progress, goals for the child and the family, or closure of the case, and activities related to transitioning from child mental health to adult mental health services;
- All planning, assessments, record keeping and documentation which contributes to the above activities; and
- Travel associated with the above activities.

Not included in this code:

- Actual treatment or therapy (Code P);
- MA HCBS waiver activities (Code E);
- Activities involving children eligible for Child Welfare Targeted Case Management (Code A, B, J, K, L).

J. Service Coordination – Child < 19 – Non-Placement

K. Service Coordination – Child < 19 – Placement

L. Service Coordination – Child 19 and 20 Years of Age

Use these codes when a worker is engaged in any placement prevention, placement services or reunification services, or accessing other services excluding Rule 79 and health/medical MA reimbursable services on the behalf of a client under 21 years of age.

Use Code J whenever the activity is directed to a case where the child is not in placement but the county agency has determined the child to be at risk of placement and a case plan has been prepared. This would include activities for children in post-finalized adoption.

Use Code K whenever the activity is directed to a case where the child, under age 19, is in placement including child specific adoption activities.

Not included in Code K:

- Activities for non-child specific recruitment of foster and adoptive parents. (For these recruitment activities use Code M.)

Use Code L whenever the client is between ages 19 and 20 whether or not the client is in placement.

All of the following are examples of Service Coordination:

- Developing and monitoring a case plan with a client (including CPS, CPP, Placement Plan, Child Welfare plan and updated initial plan, comprehensive reunification plan, and updates required by any state or public law);
- Ongoing evaluation and assessment of the client and family's condition including determination of resources, needed services and family strengths;
- Working with parents to develop a voluntary placement agreement;
- Working with foster or prospective adoptive parents to prepare them to receive a child;
- Out of home placement, reunification and permanency planning;
- Case conferences, administrative reviews, client staffing, informal conferences and other meetings with professionals regarding an identified client;
- Development of goals, service plans, written service agreement, and routine case supervisory activities related to specific cases;
- Assessment of maltreatment occurrence, or assessment of a client's need for case management or child protective services;
- Routine contacts, other monitoring and/or communication with the client, family members, substitute care providers, social service contacts, or other relevant persons regarding the status of the client, the individual service plan, progress, goals for the client and the family, or closure of the case. This includes mandated meetings with all individuals relevant to the case.
- Monitoring and evaluating overall services on a regular basis to ensure appropriateness and continued need;
- Referrals to preventative or protective services;
- Activities after finalization of an adoption except in the case of an independent adoption;
- Concurrent Permanency Planning and relative care conference activities;
- All planning, assessments, and paperwork which contributes to the above activities; and
- Travel associated with the above activities including transportation of the child only if the transporter would be making the trip to participate in the activity whether or not the child was along; **or** if the transporter and child have a meaningful conversation relating to the case. (Other wise use Code M).

Not included in these codes:

- Actual treatment or therapy (Code P);
- MA HCBS waiver activities (Code E);
- Intake screening and investigation activities related to a specific maltreatment allegation to decide if it will be assigned for CPS assessment (Code T);
- Unaccompanied Refugee Minors (URM) activities (Code T); and
- Activities involving clients eligible for Rule 79 Case Management (Code I or Q).

M. Court Related and Other Child Welfare Administration

Use this code when the worker is engaged in any activity involved in preparing for or participating in any judicial activity on behalf of a child or when the activity is not related to a specific child welfare case.

The following are examples of Court Related and Other Child Welfare Administration:

- Preparing a petition, or making a determination to support a petition to seek custody of a child;
- Preparing for or participating in any judicial determination including presenting testimony;
- Seeking court approval for voluntary placement;
- Participation in a periodic judicial review;
- Any court appearance where the county is seeking custody of a child or the status of the child in the county custody is being reviewed;
- Recruitment, study, and approval of foster, adoptive, and other substitute care facilities;
- Child Welfare public information, child specific recruitment through the media and other outreaching contacts with the media, special interest groups, and recruitment of potential volunteers, and alternative care providers;
- Securing and preparing all required documentation that contributes to the above activities;
- Legal advocacy;
- Title IV-D Child Support Enforcement activity for a child in substitute care;
- Assisting in determining SSI eligibility;
- Transportation of a child (not coded under J, K, or L) and travel associated with the above activities.

N. Training of County Staff

Use this code when the worker is engaged in or preparing for training, either as a trainer of other county staff or as a trainee, and the subject of the training falls within the Child Welfare general definition (including children's mental health). This code should also be used when the county worker is engaged in or preparing for training volunteers or persons preparing for employment with the county.

- Travel and paperwork associated with the above activities.

Do not include preparing for training and training of current or prospective foster or adoptive parents, or of substitute care provider staff (Code O).

O. Training of Foster or Adoptive Parents or Provider Staff

Use this code when the worker is engaged in or preparing for training to:

- Current or prospective foster and adoptive parents, including relatives; or
- Staff of residential facilities, group homes, shelters or Rule 4 child placing 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; and
- Travel and paperwork associated with the above activities.

This training must be directed at increasing the ability of the participants to provide support and assistance to the children in their care. **Do not include** preparing for training and training of county staff (Code N).

P. Treatment and Therapy

Use this code 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. This code should be used whenever the activity is with a child (or the family of the child) whether or not the child is in placement.

III. OTHER ADULT MENTAL HEALTH AND OTHER

Q. Service Coordination - Adults 18 years of age and older – Rule 79 Case Management

Use this code when the worker is providing case management services or is engaged in activity covered under Rule 79.

Some examples of these types of activity are:

- Assisting the adult and family in obtaining needed services by coordination with other agencies;
- Assisting in obtaining a mental health diagnostic assessment;
- Development of goals, service plans, functional assessments and routine case supervisory activities;
- Developing an Individual Family Community Support Plan;
- Assessing/reassessing the delivery, appropriateness and effectiveness of services over time;
- Activities that are coordinated with the adult and members of the adult's family, or other persons significant to the adult as authorized by the adult, designed to assist the adult in receiving client-centered community-based appropriate services in pursuing the outcome of improved or maintained mental health and functioning;

- Providing information to the adult/guardian about eligibility for and frequency of case management services, the benefits of case management services and community support services, potential costs of the services and the full array of services available;
- Arranging for a CD assessment;
- Arranging for transportation, lodging, meals or child care for the client in order to access services;
- Arranging for alternative living arrangements such as admission to long term health care facilities
- Ongoing evaluation and assessment of the client's condition for purposes of an individual service plan;
- Arranging for the provision of preventive or protective services;
- Case conferences, administrative reviews, client staffing and informal conferences for an individual having Serious and Persistent Mental illness;
- Receipt of clinical supervision regarding an identified person with Serious and Persistent Mental Illness or a person receiving services under MR 79;
- Referral and coordination of services;
- Routine contacts, other monitoring and/or communication with the client, family members, substitute care providers, or other relevant persons regarding the status of the client, the individual service plan, progress, goals for the client, closure of the case or activities related to transitioning from child mental health to adult mental health services;
- All planning, assessments, record keeping, and documentation which contributes to the above activities; and
- Travel associated with the above activities.

Not included in this definition:

- Actual treatment or therapy (Code P);
- MA HCBS waiver activities (Code E)

R. MFIP Child Care

Use this code when the worker is engaged in administering the MFIP Child Care program. This includes Work First and Transition Year Child Care.

Examples include but are not limited to:

- Reviewing MFIP Employment Plan for compliance with Child Care Assistance Program rules and regulations;
- Reviewing applications for MFIP or Transition Year Child Care, or making redetermination of eligibility;
- Approving provider choice and establishing the payment mechanism with the care giver and provider;
- Notifying clients of copayment;
- Coordinating eligibility of financial workers;
- Publicizing the availability of services; and
- Participating in hearings and appeals.

Not included in this definition:

- Activities related to child protection or child welfare cases (Code I, J, K, L);
- Arranging for child care so that an adult can access MA covered health services (Code C, D);
- Child care activities beyond MFIP Child Care which are related to adult participation in an activity other than employment or training (Code T);
- Activities related to administering MFIP Cash Assistance that do not involve child care (Code T); and
- Monthly, quarterly and annual reports (Code T).

S. Basic Sliding Fee Child Care

This code should be used when the worker is engaged in administering the Basic Sliding Fee (BSF) Child Care Program. This includes the BSF Portability Pool, Transition Year Set-Aside and At Home Infant Care Program.

Examples include but are not limited to:

- Reviewing applications for BSF, Portability Pool, Transition Year Set-Aside and At Home Infant Care Program or making redetermination of eligibility;
- Approving provider choice and establishing the payment mechanism with the care giver and provider;
- Notifying clients of copayment;
- Publicizing the availability of services;
- Participating in hearings and appeals; and
- Maintaining and updating the waiting list.

T. Other Social Services

Use this code when the worker is engaged in the provision of services other than those covered in Codes A through S.

Examples include:

- Mental health activities which do not fall within the Rule 79 definitions of Codes I or Q;
- Chemical dependency activities which do not fall within the definitions of Codes A, B, C, D, F, or G, I or Q;
- Training on case management of adult clients;
- Information and referral services prior to a case being assigned;
- Unaccompanied Refugee Minors (URM) activities;
- Services under the Older Americans Act;
- Semi Independent Living Services (SILS) activities;
- DD Family Support activities;
- Independent adoption activities;

- Post-finalized adoption services for children who are not at risk;
- MFIP non-child care activities;
- Licensing of family day care activities;
- Activities that will be billed to a third party which are covered under direct federal grant activities;
- Providing mental health Clinical Supervision to a case manager who is providing services under Rule 79;
- Screening activities to decide if the case will be assigned;
- Intake screening and investigation activities related to a specific maltreatment allegation to decide if it will be assigned for CPS assessment;
- Child care activities beyond MFIP Child Care which are related to adult participation in an activity other than employment or training; and
- Activities related to administering MFIP Cash Assistance that do not involve child care.

Note: Use this code when actually delivering services under the programs (SILS, DD Family Support, Older Americans Act or URM) itself. Use codes A, B, C, or D for the administrative activities involved in accessing MA covered health care for these services.

Note: Activities billed to a third party source such as the Medicare Program, a program of another state or county agency, or the MA program (unless the activity is covered under an MA HCBS waiver when it would be reported under Code E), or activity financed by a direct federal grant, such as a research and development grant should be included in this code.

U. General Administration

Use this code for any form of leave and for any work that is being performed that is unrelated to a specific service program of the department.

Examples of such activity include:

- Lunch, breaks, vacation, sick leave, holidays, snow days, jury duty;
- Reviewing agency office procedures;
- Completing payroll time sheets;
- Attending training courses such as time management, stress management or computer software user training; and
- Employee performance reviews.