

Bulletin

August 31, 2006

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Income Maintenance Supervisors
- Fiscal Supervisors
- IMRMS Coordinators

ACTION/DUE DATE

Currently in effect.

EXPIRATION DATE

The policies in this bulletin are in effect through August 15, 2008 unless revised to include either new programs or changes to existing programs.

Operational Procedures and Forms for the Income Maintenance Random Moment Time Study (IMRMS)

TOPIC

Income Maintenance Random Moment Time Study (IMRMS) operational procedures, coordinator responsibilities, code definitions and forms.

PURPOSE

Provide current operating instructions on administration of the IMRMS. This bulletin replaces Bulletin 86-32D, dated April 10, 1986.

CONTACT

Joan Manske, IMRMS Project Manager (651) 431-3800 or joan.manske@state.mn.us

SIGNED

DENNIS W. ERICKSON

Assistant Commissioner

Finance and Management Operations

Background

The Minnesota Department of Human Services implemented the Income Maintenance Random Moment Time Study (IMRMS) in 1986. The purpose of this time study methodology is to allocate administrative costs borne by county income maintenance agencies to federally assisted grants, contracts and cooperative agreements to enable counties to receive appropriate federal funding.

Action Required

- Each county is required to assign an IMRMS Coordinator and at least one alternate to administer the IMRMS for their county. The procedures the coordinator must follow are listed in Attachment A.
- County IMRMS Coordinators must ensure that participants receive the list of responsibilities in Attachment B, are familiar with the Observation Form (Attachment C) applicable codes in Attachment D and the matrix on Attachment E.
- County IMRMS Coordinators must certify all written responder observation forms submitted to DHS using the IMRMS Certification Form (see Attachment F).
- County IMRMS Coordinators must keep DHS updated on the current coordinator and alternate (see updated form - Attachment G).

Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 431-3725 (voice), or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).

County IMRMS Coordinator Procedures

- A. Once per quarter you will receive a listing of all workers currently being sampled in the IMRMS. You should collect all changes to the list of Financial Workers, Financial Assistance Specialists, Collection Officers and Childcare Case Aides (if applicable) employed in your county income maintenance office(s). These changes, including new employees hired, terminations, transfers and name changes should be forwarded to DHS. This will enable DHS to update its data base from which to select individual workers for sampling.
- B. Prior to the beginning of the quarter, you will receive a County Control Number Reference list. This list shows which workers will be sampled and the date and time of their observations. At the time of an electronic observation, the sampled worker will receive notification that there is a new e-mail. After the e-mail is read, the electronic observation form will appear on the screen. This form is identical to the paper observation form. The worker must select a program or programs and an activity or activities and then press PF3 to exit the observation form. You will also receive paper observation forms for 4% of the sampled workers. Each paper observation requires that you personally interview the worker by asking which program or programs and activity or activities he/she is working on at the time listed on the observation form. After completing the interview, place a check mark in the box labeled personally interviewed @ and sign the bottom of the form. These forms should be returned to DHS each week with a batch form (Attachment F).
- C. Once you have established your own system of observation, an alternate should be designated to distribute observation forms when you are unavailable. It is your responsibility to notify the DHS coordinator (IMRMS project manager) of any changes in coordinators or alternates in your county. Please use the form enclosed (Attachment G) to notify DHS of any changes.
- D. If you cannot find a worker at the selected moment, leave the form at his/her desk to be completed when the worker returns. It is also acceptable to contact a worker by telephone at the observation moment. This should be noted in the "remarks" section on the observation form.
- E. Ensure that responses are valid according to the definitions attached. One or more programs must be selected and one or more activities should be selected. If programs #801 Employee Not Available, or #802 Invalid Response are selected, then no activity should be selected. Check for other mistakes that would invalidate the response. The definitions of programs and activities that are attached specify certain activities that can only be selected in combination with certain programs. These should be checked for mistakes which may invalidate the response.

- F. Once per quarter you will also receive an Import Error List and a Missing Control Number Reference list. These reports will show which workers have submitted invalid program/activity combinations and which observations are missing. You may request updated reports during the quarter by calling or e-mailing the DHS coordinator (IMRMS Project Manager).

IMRMS Participant Responsibilities

The objective of the random moment time study you have been asked to participate in is to enable the Minnesota Department of Human Services to equitably allocate administrative costs among the various programs and activities you are normally engaged in on a day-to-day basis. You have been selected at random to tell us which programs you are working on and which activities you are engaged in at a randomly chosen moment. This information will be compiled along with the random responses of your co-workers to help us allocate your costs on the basis of your responses. **THIS IS NOT A DEVICE FOR EVALUATING YOUR INDIVIDUAL PERFORMANCE.**

Electronic Responders

When notification of a random moment appears on your computer, you should respond as soon as possible. On the IMRMS log sheet appearing on the screen, select a program (or programs) that you are working on and an activity (or activities) that you are performing. You may select more than one program and more than one activity. If you need help determining which box to check, please refer to the program and activity descriptions in Attachment C and the matrix on Attachment E.

Written Responders

A small number of participants are sampled individually through written interview. In these instances you will log your responses on a written observation form.

Identification

If you are involved with a specific case at the randomly chosen moment, write the case number in the space provided. (This is the only audit trail the federal government has and the entire process could be invalidated if case numbers are not entered where applicable.)

YYYYQQC

Minnesota Department of Human Services
Random Moment Sample Study
Income Maintenance Observation Form

EMPLOYEE:

COUNTY:

DATE: MM/DD/YYYY

TIME:

Case Number: _____

SECTION I: SELECT A PROGRAM (Indicate each program you are working on - select as many as necessary)

- | | | |
|--|---|---|
| <input type="checkbox"/> 116 TANF - Title IV-A | <input type="checkbox"/> 191 Food Stamps | <input type="checkbox"/> 312 MinnesotaCare Parents with SCHIP |
| <input type="checkbox"/> 120 MFIP Statewide | <input type="checkbox"/> 201 Child Support - Title IV-D | <input type="checkbox"/> 318 Separate SCHIP Program for Prenatal Care |
| <input type="checkbox"/> 121 Refugee Assistance | <input type="checkbox"/> 213 Medicaid - Title XIX | <input type="checkbox"/> 321 MinnesotaCare All Others |
| <input type="checkbox"/> 141 Minnesota Supplemental Aid | <input type="checkbox"/> 231 MA PMAP | <input type="checkbox"/> 400 All Other Programs |
| <input type="checkbox"/> 161 Foster Care - Title IV-E | <input type="checkbox"/> 255 TANF/MFIP Child Care | <input type="checkbox"/> 701 Common to All Programs |
| <input type="checkbox"/> 171 General Assistance | <input type="checkbox"/> 256 BASIC Sliding Fee Child Care | <input type="checkbox"/> 801 Employee Not Available |
| <input type="checkbox"/> 175 Group Residential Housing | <input type="checkbox"/> 311 MinnesotaCare for Low Income Families & Children | <input type="checkbox"/> 802 Invalid Response |
| <input type="checkbox"/> 181 Gen Assistance - Medical Care | | |

SECTION II: SELECT AN ACTIVITY (Indicate each activity you are performing - select as many as necessary)

- | | |
|---|--|
| <input type="checkbox"/> 101 Determining or redetermining eligibility | <input type="checkbox"/> 152 Screen and assessments |
| <input type="checkbox"/> 102 Referral of individuals to needed services | <input type="checkbox"/> 153 Development of employability plans |
| <input type="checkbox"/> 103 Verification of Immigration Status | <input type="checkbox"/> 154 Providing work activities |
| <input type="checkbox"/> 112 Investigating and resolving complaints | <input type="checkbox"/> 155 Providing post-employment services |
| <input type="checkbox"/> 113 Appeals and disqualifications | <input type="checkbox"/> 156 Providing work supports |
| <input type="checkbox"/> 121 Staff development and training activities | <input type="checkbox"/> 157 Case management |
| <input type="checkbox"/> 125 Certification of individuals for Food Stamp benefits | <input type="checkbox"/> 158 Fraud and abuse prevention and detection |
| <input type="checkbox"/> 140 Issuance of Food Stamp benefits | <input type="checkbox"/> 159 All other provision of program services |
| <input type="checkbox"/> 150 Providing direct program benefits and services | <input type="checkbox"/> 250 Lunch, leave, other administrative activities |
| <input type="checkbox"/> 151 Providing program information to clients | <input type="checkbox"/> 260 All other activities |

SECTION III: INTERVIEW CERTIFICATION_____
Interviewer Name (printed)☐ Personally Interviewed_____
Interviewer Signature_____
Date_____
Time

IMRMS PROGRAM AND ACTIVITY DEFINITIONS

PROGRAMS - SECTION I

Select the programs on which you are currently working by checking as many boxes in SECTION I as necessary. If you need help in determining the appropriate selection, please refer to the following descriptions:

- 116 TANF** – Temporary Assistance for Needy Families (TANF) should be indicated for TANF programs other than MFIP. Programs included under this category would include Statewide MFIP Employment Services, Diversionary Assistance, Diversionary Work Program (DWP) and Emergency Assistance.
- 120 MFIP Statewide** – Statewide Minnesota Family Investment Program
- 121 Refugee Assistance** – Refugee Assistance Program
- 141 Minnesota Supplemental Aid** – Supplemental State Assistance (MSA)
- 161 Foster Care – Title IVE** – Foster care assistance activities extended under Title IVE
- 171 General Assistance** – State General Assistance
- 175 GRH** – Group Residential Housing
- 181 General Assistance-Medical Care** – General Assistance Medical Care (GAMC)
- 191 Food Stamps** – Food stamp activity under the Food Stamp program only. (Do not select this program if program #120 MFIP Statewide has been selected.)
- 201 Child Support IVD** – Child Support Enforcement activities. These will be charged to TANF.
- 213 Medicaid** – Medical Assistance Program. Programs include Qualified Medicare Beneficiary (QMB) and Specified Low-Income Beneficiary (SLMB).
- 231 MA PMAP** – Prepaid Medical Assistance Program
- 255 TANF/MFIP Child Care** – Activities related to child care for a child in a family who is receiving assistance through the TANF/MFIP program or the transitional year child care program.

- 256 Basic Sliding Fee Child Care** – Activities related to child care in a non-TANF/MFIP family
- 311 MinnesotaCare for low Income Families and Children** – MinnesotaCare for pregnant women and children who are citizens or qualified non-citizens. MinnesotaCare for parents and relative caretakers with income at or below 100% of poverty or above 200% and at or below 275% of poverty who are citizens or qualified non-citizens.
- 312 MinnesotaCare Parents with SCHIP** – MinnesotaCare for parents and relative caretakers with income above 100% and at or below 200% of poverty who are citizens or qualified non citizens.
- 318 Separate SCHIP Program for Prenatal Care** – SCHIP coverage for the unborn of uninsured non citizen pregnant women ineligible for federally-funded Medical Assistance.
- 321 MinnesotaCare All Others** – MinnesotaCare for all other individuals
- 400 All Other Programs** – All other programs not listed above including the Prescription Drug Program
- 701 Common To All Programs** - All programs listed above. (This code should be selected when on lunch, break, paid vacation, paid medical leave, etc.)
- 801 Employee Not Available** – Non attendance by employee in pay status because of flextime or part-time employee only. No activity should be selected with this program.
- 802 Invalid Response** – Incorrect label, unpaid leave, unpaid medical leave, leave without pay, leave of absence, employee terminated. (Only the Coordinator can check this code. No activity should be selected.)

ACTIVITY – SECTION II

Indicate which activities you are performing at the selected moment by checking as many boxes in Section II as necessary. If you need help with your selection, please refer to the following descriptions to assist you.

- 101 Determining or re-determining eligibility:** *(Not to be used with program codes 201, 701, 801 or 802.)* Eligibility determination and re-determination work activities on behalf of applicants, including the provision of assistance in completing forms for benefits eligibility, explanation of benefits, help in completing Combined Application Forms and other activities related to qualifying individuals and families for services.

- 102 Referral of individuals for needed services:** *(Not to be used with program codes 701, 801 or 802.)* The provision of initial information needed to refer an individual to a needed program or services. This activity should be selected in combination with a program code which represents the program to which the individual is referred.
- 103 Verification of Immigration Status:** *(Not to be used with program codes 161, 201, 701, 801 or 802.)* Activities related to verifying the immigration status of clients.
- 112 Investigating and resolving complaints:** *(Not to be used with program codes 161, 701, 801 or 802.)* Work activities related to investigating and/or resolving client complaints.
- 113 Appeals and disqualification:** *(Not to be used with program codes 161, 201, 701, 801 or 802.)* Activities related to handling client appeals and disqualifications.
- 121 Staff development and training activities:** *(Not to be used with program codes 801 or 802.)* Staff development, training and related course work related to the performance of your program management duties.
- 125 Certification of individuals for Food Stamps:** *(Use only with program code 191.)* Work activities related to the certification of individuals for receipt of Food Stamp benefits.
- 140 Issuance of Food Stamp Benefits:** *(Use only with program code 191.)* Work activities related to the issuance of Food Stamp benefits to individuals.
- 150 Providing direct program benefits and services:** *(Not to be used with program codes 161, 181, 201, 213, 231, 701, 801 or 802.)* Activities necessary for the provision of benefits and services of a given program, such as providing cash payments, vouchers or other forms designed to meet ongoing, basic needs: providing diversion payments, etc.
- 151 Providing program information to clients:** *(Not to be used with program codes 161, 701, 801 or 802.)* Activities related to the provision of information, brochures, fact sheets, forms and instructions to applicants and beneficiaries to educate or promote their understanding of program benefits and requirements.
- 152 Screening and assessments:** *(Not to be used with program codes 161, 201, 701, 801 or 802.)* Activities related to screening and/or assessment activities designed to identify the needs of applicants and beneficiaries and to develop appropriate service strategies to meet those needs.
- 153 Development of employability plans:** *(Use only with program codes 116, 120, 121, 141, 171, 191, 255 or 400.)* Activities related to the generation and production of discrete plans, goals and objectives for the attainment of employment for individual applicants and beneficiaries.

- 154 Providing work activities:** *(Use only with program codes 116, 120, 121, 141, 171, 191, 255 or 400.)* Activities related to the arrangement for applicants and beneficiaries to engage or formally enroll in work activities, such as unsubsidized employment, subsidized private-sector employment, subsidized public-sector enrollment, work experience programs, on-the-job training, job search and job readiness assistance, community service programs, vocational education training, job skills training directly related to employment, education directly related to employment, attendance at secondary school or in a course of study leading to a certificate of general equivalence, or providing child care services to individuals participating in community service programs.
- 155 Providing post-employment services:** *(Use only with program codes 116, 120, 121, 141, 171, 191, 255 or 400.)* Activities related to the provision of job retention services and post-employment follow-up services, such as counseling, employee assistance, or other post-employment supportive services.
- 156 Providing work supports:** *(Use only with program codes 116, 120, 121, 141, 171, 191, 255 or 400.)* Activities related to work-related supportive services, such as providing arrangements for transportation; providing arrangements for child care, etc.
- 157 Case management:** *(Not to be used with program codes 161, 201, 701, 801 or 802.)* General and routine case maintenance and management activities necessary for maintenance of records, issuance and ongoing determination of benefits, record keeping changes to files, monitoring of client progress, etc.
- 158 Fraud and abuse prevention and detection:** *(Not to be used with program codes 161, 701, 801 or 802.)* Activity related to the prevention and detection of fraud and abusive practices related to any of the programs administered.
- 159 All other provision of program services:** *(Not to be used with program codes 161, 201, 701, 801 or 802.)* All other activities related to the direct provision of program services and benefits not described above.
- 250 Lunch, leave or other administrative activities:** *(Use only with program code 701.)* Includes allowable leave time, regularly scheduled general administrative activities unrelated to program management, work involved in general supervisory conferences, unit meetings, coffee breaks, etc.
- 260 All other activities:** *(Not to be used with program codes 801 or 802.)*

Matrix of Cost Allocation Rules for IMRMS Observation Responses

Activity	Program	TANF	MFIP Statewide	Refugee Assistance	Minnesota Supplemental Aid	Foster Care Title IV-E	General Assistance	Group Residential Housing	General Assistance-Medical Care	Food Stamps	Child Supports IV-D	Medicaid	MA PMAP	TANF/MFIP Child Care	Basic Sliding Fee Child Care	MinnesotaCare for Low Income Fam/Ch	MinnesotaCare Parents with SCHIP	Separate SCHIP Program for Prenatal Care	MinnesotaCare All Others	All other Programs	Common To All Programs	Employee Not Available	Invalid Response
		116	120	121	141	161	171	175	181	191	201	213	231	255	256	311	312	318	321	400	701	801	802
Determining or re-determining eligibility	101																						
Referral to needed services	102																						
Verification of Immigration Status	103																						
Investigating and resolving complaints	112																						
Appeals and disqualification	113																						
Staff development and training activities	121																						
Certification of individuals for Food Stamps	125																						
Issuance of Food Stamp Benefits	140																						
Providing direct program benefits and services	150																						
Providing program information to clients	151																						
Screening and assessments	152																						
Development of employability plans	153																						
Providing work activities	154																						
Providing post-employment services	155																						
Providing work supports	156																						
Case management	157																						
Fraud and abuse prevention and detection	158																						
All other provision of program services	159																						
Lunch, leave and other admin activities	250																						
All other activities	260																						

Legend

 valid
 Invalid

IMRMS Certification Form for Written Responses Only

As the IMRMS County Coordinator, I certify that the enclosed observation forms have been completed in accordance with the approved IMRMS procedures to the best of my knowledge and belief.

Coordinator Name (printed)

County _____ # _____

Coordinator signature

Date

Contains random moment observations from: _____ through _____
(date) (date)

Please return to:

Joan Manske
IMRMS Project Manager
Minnesota Department of Human Services
Financial Operations Division
P. O. Box 64940
St. Paul, MN 55164-0940

Phone: (651) 431-3800
E-mail: joan.manske@state.mn.us
Fax # (651) 431-7480

IMRMS County Coordinator Update

County Name

County #

Coordinator Name (printed)

Phone #

E-mail address

Fax #

Alternate coordinator name

Phone #

E-mail address

Fax #

Date submitted _____

Complete this form when your county changes the IMRMS Coordinator or Alternate.

Send to: Joan Manske
IMRMS Project Manager
Minnesota Department of Human Services
Financial Operations Division
Department of Human Services
P. O. Box 64940
St. Paul, MN 55164-0940

Phone # (651) 431-3800
E-mail: joan.manske@state.mn.us
Fax @ (651)431-7480