

Bulletin

July 27, 2007

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

OF INTEREST TO

- County Directors
- SSTS Coordinators
- Social Services Supervisors and Staff
- Fiscal Supervisors

ACTION/DUE DATE

Replaces Bulletin No. 02-32-17 dated September 12, 2002.

EXPIRATION DATE

The policies in this bulletin are in effect through July 31, 2009 unless replaced with revisions or additional policies.

Operational Procedures and forms reissued for Social Service Time Study

TOPIC

Social Service Time Study (SSTS) forms, procedures and instructions for directors, SSTS coordinators and recorders.

PURPOSE

Provide current operating instructions for county administration of the SSTS.

Update existing SSTS forms with current DHS mailing address, phone and fax number information.

Comply with DHS policy requiring replacement of outdated bulletins.

CONTACT

Joan Manske (651) 431-3800 or joan.manske@state.mn.us or fax # (651) 431-7480.

SIGNED

CHRISTINE BRONSON

Deputy Commissioner

Department of Human Services

Background

The Minnesota Department of Human Services requires that each county director appoint a social service time study coordinator and at least one back up coordinator to carry out the administration of the Social Service Time Study for their county. Coordinators are responsible for all communication with DHS and are responsible for training a sufficient number of recorders on the procedures necessary to carry out the routine tasks of sampling SSTS participants. Other coordinator responsibilities include ensuring that initial and ongoing training is provided to all SSTS participants including State Operated Services staff assigned to counties as part of the adult mental health initiative.

Purpose

- update and outline all administrative procedures relating to the SSTS;
- republish existing Mandatory Training Requirements for all SSTS participants, coordinators and recorders;
- replace SSTS bulletin no. 02-32-17 dated September 12, 2002; and
- provide current phone, fax and mailing address information on all SSTS log sheets and forms.

Legal References

Public Law 103-432

Public Law 105-89

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

Minnesota Statutes, section 256.01

Minnesota Rules, Chapter 9550

Action Required

Continue to:

- provide initial and periodic SSTS training on the existing SSTS categories and codes;
- submit training verification forms, SSTS coordinator appointments and names of State Operated Services (SOS) employees participating in the SSTS;
- advise DHS of revised SSTS coordinator's e-mail address.

Implement instructions relating to timeliness of subsequently reporting new participants after training is completed.

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 Services at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).

INSTRUCTIONS FOR COUNTY ADMINISTRATION OF THE SSTS FOR DIRECTORS, COORDINATORS AND RECORDERS

GENERAL INSTRUCTIONS

A. Include

All non-supervisory program personnel who are funded by the county's Social Service Fund, are on the county's social service staff payroll, and hold professional or paraprofessional positions must participate in the time study. Case management aides and family service aides are examples of paraprofessionals that would be included in the SSTS. Workers who are classified as supervisors but 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. Bulletin no. 07-32-02 (March 1, 2007) provides details on what is included in the Social Service Fund.

Only Minnesota State Operated Services staff (SOS formerly RTC) who are providing Rule 79 Case Management related services, as part of the adult mental health initiative should also be included as SSTS participants. These individuals will be identified as county staff for purposes of the SSTS. New SOS staff who have completed training on the SSTS categories and codes and the training information has been submitted to DHS by the scheduled deadline will be added to the following quarter's SSTS random moment log sheets and can begin participation in the SSTS when their name appears preprinted on the random moment log sheet.

B. Exclude

Individuals under contract or under a purchase-of-service agreement should be excluded from 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 also 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.

C. Special Requests

Other exclusions or additions to SSTS staff participants must be approved by DHS. Requests should be addressed to Joan Manske of the Financial Operations Division at (651) 431-3800 or joan.manske@state.mn.us. For more details on SSTS exclusions and additions please refer to Attachment A of the Social Service Fund Report bulletin no. 07-32-01 (March 1, 2007).

D. Associated Costs

The SSTS cost pool consists of two parts. County costs are reported quarterly on the DHS-2556.1 Schedule which is part of the Social Service Fund Report (DHS-2556). State costs related to the SOS 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 the SSTS cost pool for each county by DHS.

E. Deadline

The completed Random Moment Log Sheets (DHS SSTS-0204) are due at DHS Financial Operations 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. The Social Service Cost Pool Schedule (DHS-2556.1) is due 20 days after the quarter ends.

SPECIFIC INSTRUCTIONS

A. County Directors

County directors 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, written notification from the director must be sent to the DHS SSTS project manager verifying the new appointment.

County directors must also oversee the decision process used to determine which county State Operated Services (SOS) staff are assigned to.

The incorporation of SOS employees into the county SSTS system is a multi-step process.

First identify SOS staff working 100% of the time in the community as part of the adult mental health initiative. Then if they spend at least 50% of their time providing case management to SPMI adults under Rule 79, they are eligible to participate in the SSTS.

If the SOS state worker provides services in multiple counties, the determination must be made to assign the worker to one county for purposes of the SSTS and for client count reporting and for mental health targeted case management billing. This county will be referred to as the host county. The decision of who will be the host county is a local one made by county directors, adult mental health initiative representatives and applicable county social service or mental health supervisors of all affected counties. Once the decision has been made the county director or social service/mental health supervisor of the host county must contact their SSTS coordinator and the affected SOS staff person(s). The SOS staff person(s) should be educated in the role, purpose and importance of the SSTS and understand their tasks in SSTS reporting, client count reporting, and billing for clients served. The SSTS coordinator must be notified so that the SOS worker can

be incorporated into the SSTS coordinator's random moment processes and receive appropriate SSTS training.

B. SSTS COORDINATORS

1. Contact

The SSTS coordinator serves as the contact for the SSTS. All paper correspondence and e-mail notifications regarding the SSTS will be sent to the SSTS coordinator. SSTS coordinators are responsible for all communications with DHS including employee changes, staff additions and deletions, cluster reorganizations and random moment log sheets. SSTS coordinators are responsible for all State Operated Services (SOS) staff hosted by their county. It is important that good communication between the SSTS coordinator and the social service or adult mental health initiative representative exists so that all parties are informed about SOS staff who are participants in the SSTS. In addition, their responsibilities include overall implementation, training of SSTS participants, coordination and ongoing operation of the time study.

2. 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 circumstance may any participant be given prior notice of a random moment time.

3. Appoint Recorders

Each coordinator must 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.

Back up recorders will ensure that random moments are not missed in the event the main recorder is not available on the day that the random moment occurs.

4. Training

Training is mandated for all SSTS coordinators, recorders and participants. SSTS coordinators were responsible for attending the "Train the Trainer" training provided by DHS on July 22, and July 23, 2002 to ensure that they have been trained on the new activity categories, DHS codes within each category and descriptions. If the coordinator chooses, they 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 relative 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 (DHS SSTS-0704) before the first random moment occurs. In the event that the recorder is new for a 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-0702) is submitted to DHS.

Each coordinator is then responsible for training all SSTS participants on the new SSTS categories, code definitions and procedures required for recording random moments. Participants would include county social service staff and SOS employees who are assigned to counties to provide Rule 79 case management services in the community. For more specific information see general instructions on whom should be included or excluded from participation on the SSTS.

5. Ongoing Training and Other Training

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 activity categories, code definitions and procedures.

Training of staff new to your county is required even if the individual was previously employed by and participated in the SSTS in another county.

6. Notification

Provide DHS with training information for coordinators, recorders, SSTS participants including State Operated Services (SOS) staff. Coordinators must keep DHS informed of current e-mail addresses.

- Training Verification Required

Completion of the training verification is required prior to any participation in the time study. Training Verification Forms (DHS SSTS-0702) must be completed and submitted to DHS for all SSTS participants, coordinators and recorders. This includes SOS staff assigned to provide Rule 79 case management services to county clients. (See director’s instructions for the process used to determine and assign SOS employees to counties.)

Submit all Training Verification Forms (DHS SSTS-0702) to DHS as soon as SSTS training is completed.

On an ongoing basis, all Training Verification Forms must be submitted prior to a county or SOS employee’s participation in the SSTS. Please send forms to the address provided on the bottom of the form.

- Termination of State Operated Services (SOS) Staff

SSTS Coordinators must notify DHS when an SOS employee is no longer eligible to participate in the SSTS because they no longer meet the conditions of working 100% in the community with at least 50% time spent on Serious and Persistent Mental Illness case management or terminated their assignment with the county as an SOS employee, or when an SOS employee terminates state service and becomes an employee of the county. The SOS Staff Termination Form (DHS

SSTS-0706) was developed for the purpose of reporting this information to the SSTS Project Manager.

- SOS Staff Switching Counties during the Quarter

If an SOS employee is reassigned to another county during the quarter, he or she will not be recognized as an employee of the new host county for purposes of the SSTS until the start of the next quarter and only if they are re-trained and DHS receives a new training verification form.

- E-mail Addresses

SSTS coordinators must notify and keep DHS informed of their e-mail addresses and changes. All bulletins and most other administrative correspondence *other than* the actual random moment log sheets and supporting documentation concerning the SSTS will be transmitted electronically.

7. Managing SSTS Participants

- Adding new county SSTS Participants

When adding new county employees as SSTS participants, complete the SSTS Participant (DHS SSTS-0701) and send to the DHS SSTS Project Manager. 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 use the Cluster Change Form (DHS SSTS-0705) to report the deletion. The employee will appear on a 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 quarter. These staff will be added to the following quarter's database and can begin participation in the SSTS when their preprinted names appear on subsequent log sheets.

- Deleting existing county SSTS Participants

Use the SSTS Cluster Change Form (DHS SSTS-0705). In some cases, the employee can be sampled even though they are about to be deleted from the SSTS. 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. Recorders must delete employees on a leave of absence. These staff can be added back to the SSTS when they return from their leave of absence.

- Adding or deleting State Operated Services (SOS) Participants

Only eligible SOS employees can participate in the SSTS. In order to be eligible, they must be qualified to provide Rule 79 (Minnesota Rules, parts 9520.0900-9520.0926) case management services, working in the community 100% of the time and spending at least 50% of their time on SPMI (Rule 79) case management. A team consisting of the

county director, county social service/mental health supervisor and a representative of the adult mental health initiative will jointly decide which SOS staff qualify. If the SOS staff serve multiple counties, the decision must be made as to which county will be the host county (see instructions under Director's Responsibilities). The SSTS coordinator is responsible for providing written notification to DHS when an SOS employee is added or deleted from the SSTS. As with county staff, the SSTS coordinator should use the SSTS Participant List (DHS SSTS-0701) to add a participant. The State Operated Services (SOS) Staff Termination Form (DHS SSTS-0706) should be used to delete a SOS worker from the SSTS.

- Reorganizing Participants

Use the SSTS Cluster Change Form (DHS SSTS-0705) when reorganizing participants that are changing from one cluster to another.

8. Clusters

- Cluster Composition

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 recognized that SSTS participants sometimes work hours other than 8-4:30. Sampling is still limited to the Monday through Friday workweek and must include all hours that SSTS participants are scheduled to work. Therefore, as you consider reorganization of your cluster, please be aware that you may 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.

- Cluster Change Requests

The SSTS Participant List (DHS SSTS-0701) has been designed for counties to report cluster-specific information. The purpose of the SSTS Cluster Change Form (DHS SSTS-0705) is to report changes to existing clusters.

To ensure cluster reorganizations and other changes are updated in the SSTS data base before the random moments are generated for the next quarter, submit changes using the following schedule:

Changes for Q4 (October – December) must reach DHS by September 1st

Changes for Q1 (January – March) must reach DHS by December 1st

Changes for Q2 (April – June) must reach DHS by March 1st

Changes for Q3 (July – September) must reach DHS by June 1st

Changes received after the dates specified above will appear on the following quarter's log sheets.

9. SSTS Activity Categories and Codes

SSTS categories and codes that were effective 10/01/02 are still in effect. The SSTS codes continue to be organized into the following five categories:

- Eligibility Activity
- Assessments, Case Management and Service Coordination
- Treatment and Therapy
- Training
- Other

This categorized approach directs the SSTS participant to identify what they are doing by choosing an activity category and then the DHS code number within the category. Bulletin no. 02-32-12, dated July 15, 2002, provides the detailed descriptions of each category and codes needed to understand and train all employees on the existing system. You can view the codes in Attachment B and on the log sheet and the Random Moment Follow-up Form (DHS SSTS-0703).

10. SSTS Random Moment Log Sheet (DHS SSTS-0704)

The random moment log sheet identifies activity categories and lists DHS Code Numbers and descriptions within each category. The format published on September 12, 2002 is still in effect. If for any reason, a random moment is missed, the SSTS coordinator must contact the SSTS project manager immediately.

Part 1

If the information in this section is altered in any way, the observation becomes invalid.

- 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.

The day before the scheduled random moment, the recorder should prepare for the sampling process by organizing the training materials on the categories and code definitions, obtaining a supply of the Random Moment Follow-up Forms (DHS SSTS-0703) and preparing the log sheets that are to be used.

Part 2

This section of the Random Moment Log Sheet shows the specific categories of activities. Within each category are listed valid DHS Code numbers specific to a program or service.

- Category A – Eligibility Activity contains code numbers 11 through 14;
- Category B – Assessments, Case Management and Service Coordination Activities include code numbers 21, 22, 23, 31, 32, 33, 34 and 35;
- Category C – Treatment and Therapy contains code 41;
- Category D – Training Activities include code numbers 51 through 54; and
- Category E – Other Activities include code numbers 61, 62, 68 and 69.

Part 3

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 indicating that the DHS code number 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, it is the recorder's responsibility to make any necessary changes such as corrections, additions or deletions.

- Corrections to a participant's name can be indicated on the random moment log sheet.
- Additions of new employees must be submitted using the Participant List (DHS SSTS-0701).
- Deletions of county SSTS participants or reorganization of cluster must be submitted using the Cluster Change Form (DHS SSTS-0705).
- Use the SOS Staff Termination Form (DHS SSTS-0706) when deleting an SOS employee from the SSTS. This form is exclusively for SSTS coordinator use.

Requested changes will be reflected on the next quarter's random moments if the information is received by DHS before the subsequent quarter's random moments are generated. See schedule of deadlines for submitting cluster changes listed in Item Number 8.

Part 4

This area of the Random Moment Log Sheet is reserved for SSTS participants to record the DHS code number for the activity being performed at the time of the random moment observation. SSTS participants must select the activity category then the code within that category which best represents what they are doing at the time of the random moment. After determining the code number, either the recorder or the participant must record it on a line in this section of the random moment log sheet. The code number must be clearly written in

black or blue ink. **After all the DHS code numbers are recorded, the recorder must sign the log sheet indicating that each employee's chosen code was recorded accurately and verified by the employee.** If the recorder is new, the SSTS coordinator must submit a signed Training Verification Form (DHS SSTS-0702) to ensure that the recorder was trained prior to the sampling process.

After all responses have been recorded, the SSTS recorder must sign the log sheet and mail it to DHS at the address provided on the bottom of the log sheet. All log sheets must be returned within seven (7) working days of the random moment.

11. SSTS Supporting Forms

All SSTS supporting forms have been updated with current phone and fax numbers and mailing address. They have also been renumbered. The scheme for identifying the forms indicates the department (DHS), the program (SSTS) and the year (2007) in which they were published or revised. Please replace all existing forms with the updated forms that are listed below (and found in Attachment B of this bulletin).

- SSTS Participant List (DHS SSTS-0701)

This form provides employee work hours and position titles and indicates if the SSTS participant is a State Operated Services (SOS) employee. Failure to indicate that a participant is an SOS employee will have an impact on cost pool data used to generate administrative reimbursement and the targeted case management rate setting process. As was stated previously, counties can continue to organize their SSTS clusters to accommodate the various work schedules of the SSTS participants. Counties should identify the days that each cluster is to be sampled and must include all days that SSTS participants are scheduled to work during the Monday through Friday workweek.

- SSTS Training Verification (DHS SSTS-0702)

This form must be submitted to DHS immediately after training has been completed on the codes and activity categories. Training is required for all coordinators, recorders and SSTS participants. Be sure to include staff that have previously been trained by another county. Once participants have completed SSTS training they can begin participating in the SSTS the following quarter.

- SSTS Random Moment Follow-up (DHS SSTS-0703)

This form is designed for the purpose of sampling an employee when they are unavailable at the time of a scheduled random moment. This form consists of two sections. Section A is to be filled out by the recorder and left at the employee's workstation. Section B must be completed by the employee and returned to the recorder as soon as possible. The categories and codes are listed on the left side of the follow-up form. All Random Moment Follow-up Forms are retained at the county and have a record retention requirement of four years.

- SSTS Cluster Change Form (DHS SSTS-0705)

This form serves two purposes:

Coordinators and recorders must use this form to report the deletion of SSTS participants, other than State Operated Services (SOS) staff, when they no longer participate in the time study. Record the employee's name and the current cluster number for each participant that is to be deleted.

The second purpose of this form is to report the name of participants including the "old" and "new" cluster numbers whenever an individual is assigned to a new cluster. These changes would occur when clusters are reorganized or employees change positions.

- SSTS SOS Staff Termination Form (DHS SSTS-0706)

This form provides information to DHS on SOS employees who will no longer participate in the SSTS or who have become employees of the county. The top section is used to provide the termination date when an individual is no longer working in the county as part of the mental health initiative and is no longer eligible to participate in the SSTS. The termination date must be the last day the SOS worker delivered service to a client in your county.

The bottom part of the form is for reporting information to DHS when an individual has terminated services with the county as a SOS employee and becomes an employee of the county social service agency.

12. SAMPLE DATES AND TIMES

SSTS random moment sampling dates and times are selected randomly and can occur anytime throughout the entire quarter.

The SSTS software will randomly select five moments per cluster.

SSTS software generates the random moment log sheets. DHS will send the Random Moment Log Sheets (DHS SSTS-2704) 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.

Coordinators should be aware that random moment log sheets generally arrive at the county within a week to ten days prior to the onset of the quarter. **Coordinators must contact DHS prior to the onset of the quarter if they have not received the log sheets.** Random moments cannot be regenerated; however, if DHS is notified prior to the date that a random moment is to occur, the log sheet(s) can be reprinted.

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 the date and time of the moment be changed or altered in any way or shared with participants prior to the moment of the sample.

C. SSTS RECORDERS

1. SSTS Reference Information

Provide all SSTS participants with a copy of the current activity categories, DHS code numbers and descriptions so that the employee has a reference available at all times.

2. Conduct the Random Moment Sampling

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-0704)**, a **number of Random Moment Follow-up Forms (DHS SSTS-0703)**, and **copies of the SSTS materials on the activity categories and codes**.
- 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 number within the category for the activity they are performing.
- After the employee indicates the correct code number for the activity category they are performing, either the recorder or the worker being sampled records the selected DHS code number on any line in the response section of the Random Moment Log Sheet. Logged codes do not have to follow the same order as the employee's names listed at the top of the log sheet. Remember to record only one DHS code number per employee listed on the log sheet and that the number of staff appearing on each log sheet is limited to twelve.
- After the DHS code number is recorded on any line in the response section of the log sheet, the employee being sampled must initial next to their preprinted name listed at the top of the log sheet. The recorder is responsible for making sure all employees have chosen a code number, recorded it on the line provided 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:

- Fill out the recorder portion of the Random Moment Follow-up Form (DHS SSTS-0703) 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, 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 their 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.

- 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 DHS code number information in a variety of ways using whatever technology is available. Examples would be phone, pager, fax and e-mail.
- If by phone, the recorder must fill in the DHS code number selected by the individual being sampled and indicate by their preprinted name that the information was received by phone. The recorder must put their own initials next to the name of the employee and place an asterisk (*) next to the initials.
- If some employees wish to use pagers, DHS recommends 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 complete 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 categories, code numbers 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.

- 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 their own initials next to the name of the employee and place an asterisk (*) next to the initials.

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.

- Faxes can be used only for the purpose of returning the Follow-up Form to the recorder.
- If an employee is on leave or absent from work at the time the random moment occurs and this is known to the recorder, the recorder may enter the DHS code number used for General Administration Activities on the Random Moment Log Sheet (DHS SSTS-0704), 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 the General Administration DHS code number 69 found in Category E "Other" without consulting the employee/employees.

- Whenever the employee is unable to initial their name in person, the recorder must enter their own initials and place an asterisk (*) by them.
- The recorder must sign the Random Moment Log Sheets (DHS SSTS-0704) and return them to the SSTS coordinator. If, for any reason, a random moment is missed the recorder must contact the SSTS coordinator immediately.

3. Review the SSTS Random Moment Log Sheets

Before mailing the random moment log 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 employee's name;
- only one DHS Code Number appears on each line on the Random Moment Log Sheet;
- all responses are recorded in blue/black ink and are legible;
- the recorder has signed the log sheet;
- the recorder has indicated if they are new for the quarter [attach training document (DHS SSTS-0702) if necessary].

SOCIAL SERVICE TIME STUDY (SSTS)

Participant List

County: _____ Cluster Number: _____

Hours to be sampled: from _____ to _____

Circle scheduled work days: Monday Tuesday Wednesday Thursday Friday

Recorder for this cluster: _____

Coordinator approval: _____ Date: _____

Coordinator's phone number _____

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

* Check this column if the worker is a State Operated Services (SOS) worker assigned to this county.

SEND COMPLETED FORM TO:

SSTS Project Manager
 Minnesota Department of Human Services
 Financial **Operations** Division
PO Box 64940
St. Paul, Minnesota 55164-0940

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

County Name _____

County No. _____

The following staff have been trained and are newly certified:

CODE

C=Coordinator

R=Recorder

EC=Employee

ER=SOS Employee

**Training
Date**

Cluster Number	Name			
_____ 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 **Operations** Division**PO Box 64940**St. Paul, MN 551**64-0940****Telephone: (651) 431-3800**

SOCIAL SERVICE TIME STUDY (SSTS)

Random Moment Follow-up Sheet

Category A
Eligibility Activity

DHS Code # Code Description

- | | |
|----|------------------------------|
| 11 | Title IV-E Eligibility |
| 12 | SSI Eligibility for Children |
| 13 | MA Eligibility |
| 14 | MA Service Eligibility |

A. To be completed by Recorder:

Recorder's Name _____

Employee's Name _____

Category B

Assessments, Case Management and Service Coordination**DHS Code # Code Description**

- | | |
|----|--|
| 21 | MR/RC Screenings for MA Eligible Clients |
| 22 | Rule 25 Assessments for MA Eligible Clients |
| 23 | Health/Medical Case Mgmt Services-MA Eligible Adults |
| 31 | Child Welfare/Child Protection Case Management |
| 32 | Mental Health Case Management for SED Children |
| 33 | Mental Health Case Management for SPMI Adults |
| 34 | Vulnerable Adult Case Management - Non Waiver |
| 35 | DD Adult Case Management - Non Waiver |

Moment to be recorded:

DAY: _____

DATE: _____

TIME: _____

Category C
Treatment and Therapy

DHS Code # Code Description

- | | |
|----|--|
| 41 | Treatment or Therapy for Children and Adults |
|----|--|

B. To be completed by SSTS Participant:

DHS Code Number: _____

Employee's initials: _____

Category D
Training

DHS Code # Code Description

- | | |
|----|---|
| 51 | Child Welfare/Child Protection Training for County Staff |
| 52 | Program Service Training for County Staff |
| 53 | General Training for County Staff |
| 54 | Trng for Foster/Adoptive Parents or Foster Care Providers |

C. The employee should return this form to the recorder indicated in Section A.

Category E
Other

DHS Code # Code Description

- | | |
|----|---|
| 61 | Other Health and Medical |
| 62 | Other Child Welfare/Child Protection |
| 68 | Child Protection Investigation, Other Social Services
and Third Party Billings |
| 69 | General Administration |

D. Retain this form at the county for four years.

ATTACHMENT B-4
SOCIAL SERVICE TIME STUDY (SSTS)
Random Moment Log Sheet

County _____
 Cluster _____

Control # _____

Random Moment Time: _____

Category A
Eligibility Activity

DHS Code # Code Description

- 11 Title IV-E Eligibility
- 12 SSI Eligibility for Children
- 13 MA Eligibility
- 14 MA Service Eligibility

Each employee must initial next to their name to verify that the proper code has been recorded, unless the response is obtained through means other than direct contact. In that case the recorder must put their own initials next to the employee's name and place an asterisk next to it. In addition the employee must complete and initial followup form and send to recorder.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

Category B
Assessments, Case Management and Service Coordination

DHS Code # Code Description

- 21 MR/RC Screenings for MA Eligible Clients
- 22 Rule 25 Assessments for MA Eligible Clients
- 23 Health/Medical Case Mgmt Services-MA Eligible Adults
- 31 Child Welfare/Child Protection Case Management
- 32 Mental Health Case Management for SED Children
- 33 Mental Health Case Management for SPMI Adults
- 34 Vulnerable Adult Case Management - Non Waiver
- 35 DD Adult Case Management - Non Waiver

Record DHS code number on any available line:

Category C
Treatment and Therapy

DHS Code # Code Description

- 41 Treatment or Therapy for Children and Adults

1. _____ 7. _____

Category D
Training

DHS Code # Code Description

- 51 Child Welfare/Child Protection Training for County Staff
- 52 Program Service Training for County Staff
- 53 General Training for County Staff
- 54 Trng for Foster/Adoptive Parents or Foster Care Providers

2. _____ 8. _____

3. _____ 9. _____

4. _____ 10. _____

Category E
Other

DHS Code # Code Description

- 61 Other Health and Medical
- 62 Other Child Welfare/Child Protection
- 68 Child Protection Investigations, Other Social Services and Third Party Billing
- 69 General Administration

5. _____ 11. _____

6. _____ 12. _____

Recorder's Signature _____

Is the Recorder New? Yes _____ No _____

(If yes, attach Training Verification Form SSTS 0702)

Return This Form Within Seven Days To:

SSTS Project Manager

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

SSTS CLUSTER CHANGE FORM

Please use this form to submit changes to existing clusters

County _____

County Number _____

Participant Deletions

1 _____	Cluster # _____	7 _____	Cluster # _____
2 _____	Cluster # _____	8 _____	Cluster # _____
3 _____	Cluster # _____	9 _____	Cluster # _____
4 _____	Cluster # _____	10 _____	Cluster # _____
5 _____	Cluster # _____	11 _____	Cluster # _____
6 _____	Cluster # _____	12 _____	Cluster # _____

Existing Participants changing Clusters

Name (print or type)

Cluster Number

1 _____	old _____	new _____
2 _____	old _____	new _____
3 _____	old _____	new _____
4 _____	old _____	new _____
5 _____	old _____	new _____
6 _____	old _____	new _____
7 _____	old _____	new _____
8 _____	old _____	new _____
9 _____	old _____	new _____
10 _____	old _____	new _____
11 _____	old _____	new _____
12 _____	old _____	new _____

Coordinator's/Recorder's Signature _____

Phone number _____

SSTS Project Manager
DHS Financial Operations
PO Box 64940
St. Paul, MN 55164-0940
Fax (651) 431-7490

SOCIAL SERVICE TIME STUDY (SSTS)**State Operated Services (SOS) Staff Termination Form**

County _____ County Number _____

The following individual is no longer working in this county as part of the Mental Health Initiative and is no longer eligible to participate in the SSTS.

SOS Employee Name _____**Cluster Number** _____**Termination date** _____

Note: the termination date must be the last day the worker delivered service to a client in your county.

The following individual has terminated services with this county as an SOS employee and has become an employee of this county.

Employee Name _____**Cluster Number** _____**Termination date as State (SOS) employee** _____**Effective date as county employee** _____

Coordinator's signature _____ Date _____

Phone number _____

SSTS Project Manager

DHS Financial Operations

PO Box 64940

St. Paul, MN 55164-0940

Phone (651) 431-3800 Fax (651) 431-7480