

SAMPLE LOG SHEET*Effective April 1, 2008***SOCIAL SERVICE TIME STUDY (SSTS)
Random Moment Log Sheet**County
Cluster
Control #

Random Moment Time:

**Category A
Determination and Eligibility Activity**

DHS Code #	Code Description
10	Determination of Foster Care Candidacy
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 follow-up form and send to recorder.

Category B**Assessments, Case Management and Service Coordination**

DHS Code #	Code Description
20	Initial Intake and Investigation of Reports of Abuse and/or Neglect
21	DD Screenings for MA Eligible Clients
22	Rule 25 Assessments for MA Eligible Clients
23	Health & Medical Case Mgmt Services for MA Eligible Adults
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
37	Service Coordination and Court Related Activity - child FC Candidate
38	Service Coordination and Court Related Activity - child FC Placement

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

Record DHS code number on any available line:

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

**Category C
Treatment and Therapy**

DHS Code #	Code Description
41	Treatment or Therapy for Children and Adults

**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	Training for Foster/Adoptive Parents or Foster Care Providers

**Category E
Other**

DHS Code #	Code Description
61	Other Health and Medical
62	Other Child Welfare/Child Protections & Court Related Activity
68	Other Social Services and Third Party Billings
69	General Administration

Recorders 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