

NUMBER

#17-32-09

DATE

March 30, 2017

OF INTEREST TO

County Directors

Mental Health Certified
Facilities DirectorsMental Health Certified
Facilities Supervisors,
Coordinators and Staff**ACTION/DUE DATE**Please read information,
comply with procedures and
use as a continuing reference.**EXPIRATION DATE**

March 30, 2019

Mental Health Certified Facilities (MHC) Time Study- Operations and Activity Codes

TOPIC

Mental Health Certified Facilities (MHC) operational procedures, training materials for MHC Coordinators and all staff participants. Includes activity codes and definitions for the MHC time study.

PURPOSE

Provides current operating instructions for Mental Health Certified Facilities of the per diem time study. Provides the current MHC activity codes and definitions.

CONTACT

Bridgit Olson, Federal Time Studies Program Accountant

DHS Financial Operations Division (651) 431-3800 or
Bridgit.Olson@state.mn.us or fax (651)431-7565

SIGNED

ALEXANDRA KOTZE
Chief Financial Officer

TERMINOLOGY NOTICE

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

I. BACKGROUND

The Adoption Assistance and Child Welfare Act, PL 96-272, created Title IV-E to set standards and allow states to claim federal funds for both the adoption assistance and foster care systems. Some of the eligible reimbursement include administrative costs, maintenance and training activities for staff, as well as foster parents and private agency staff.

The Mental Health Certified facilities project is Minnesota's federally approved claiming mechanism. The project has two components; the time study and the annual cost report. Bulletin #16-32-09 provides information to counties and tribes that is needed to claim Title IV-E and Title XIX federal reimbursement for children's group residential facilities with mental health certification. In addition to the bulletin, the Fiscal Reporting section on DHS public [CountyLink website](#) provides a list of the names of the IV-E approved facilities and their programs. Find the most recent report listed under "Title IV-E Foster Care Per Diem Rates & Percentages Report."

Agencies that wish to be approved as providers of Title IV-E services enter into contracts with Minnesota counties which establishes the per diem rates. Facilities must participate in the time study and complete the annual cost report in order for them to appear on the *Per Diem Bulletin*. Placing children in Title IV-E approved child caring institutions, group homes, shelters and other group residential facilities is advantageous to counties as they may be reimbursed the federal share of eligible costs. Non-compliance with the Mental Health Certified Facilities project will result in the facility being removed from the bulletin as an approved Title IV-E provider of services.

New facilities and/or programs need to participate in the project as soon as they are eligible for Title IV-E. The new program can be sampled in the time study beginning with the first full quarter of operation.

The Mental Health Certified facility (MHC) time study assigns two randomly selected days each quarter to participants to record their daily activities. Each participant is required to match his or her activity, for each assigned day, with the correct MHC activity code definition. DHS calculates percentages using both time study results and cost reports from the participating facilities of this project. The percentages represent the portions of the per diem rate which are federally reimbursable under Title IV-E and Title XIX.

The project has permitted DHS to process federal claims in excess of \$4 million annually. Most of this funding would be lost without this project.

II. CHANGES

New required ADA bulletin format used to meet accessibility standards per [Minnesota Statutes, section 16E.03, subdivision 9.](#)

III. REVIEW AND IMPLEMENTATION

- Roles in the Administration of the MHC Time Study
- Attachment A: MHC Coordinator Responsibilities
- Attachment B: MHC Participant Instructions
- Attachment C: MHC Categories, Code Descriptions and Definitions
- Attachment D: Participant Change Form
- Attachment E: Coordinators and Fiscal Representative List

IV. Roles in Administration of the MHC Time Study

A. Lead or Host County

The lead or host county establishes or amends the contract between the eligible facility and the county. The lead county then properly notifies DHS using the DHS-2825, which then initiates the addition or maintains participation of a mental health certified facility in the time study. See Bulletin 16-32-09, Title IV-E Foster Care Per Diem Rates for Children's Residential Facilities and Child Placing Agencies, for more details.

B. Facility Director

Mental Health Certified Facility Directors must ensure that a MHC Coordinator has been assigned to oversee the project throughout the organization. Also, the director is usually the Lead or Host County's main contact.

C. Facility Coordinator

Coordinators must read this bulletin and all materials attached. Coordinators serve as the primary MHC administrator and facility liaison for all DHS communication. They are the contact person for all participants when questions arise. Coordinators are responsible for ensuring time study tasks are completed, that all policies and procedures are followed, and that staff complete and submit their day logs in a timely manner.

Attachment A provides instructions and directions for the time study administration and participant training. The coordinator is responsible for reading all attachments, to become familiar with and understand all participating roles in the time study.

Coordinators must then train participants and distribute associated materials.

D. Facility Participants

All MHC participants are assigned two days per quarter to complete a log sheet. It is the responsibility of the participant to complete each day log by selecting the activity which best represents what they are working on at the time of observation.

Each participant should be given Attachment B and Attachment C to review and understand. Attachment B contains a day log example on page B-5 and also a practice activity on B-6, both will help participants understand how to complete the day log correctly. The corresponding answer key for the practice activity is on page B-7 and allows participants to check their understanding.

E. Facility Fiscal Representative

Fiscal representatives are responsible for completing the annual cost report and submitting it to DHS in a timely manner. The cost report is a major component of the time study used by DHS to accurately separate allowable and unallowable child care cost activities associated with children placed in group residential facilities. These eligible operational costs are used in conjunction with time study results to calculate the percentage of the facility's total costs that are eligible for Title IV-E and Title XIX federal reimbursement.

Instructions for completing the Mental Health Certified (MHC) cost report are published separately. Please refer to Bulletin #17-32-10.

F. Department of Human Services (DHS)

The role of DHS in this time study is to act on behalf of the counties and local agencies, providing customer service and helping to obtain federal revenue. It is also our responsibility to act as the agents of the federal government by ensuring federal regulations are followed.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-3725 (voice) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

2017

MHC Coordinator Responsibilities

Summarizes responsibilities of the coordinator and provides direction to administer the MHC time study training to staff

Your Role as a MHC Time Study Coordinator

Coordinators serve as the primary MHC time study administrator and liaison for all DHS communication. In addition, they are the contact person for all participants when questions arise. Coordinators make the IV-E Mental Health Certified Facilities time study project work not only for the children, but for the providers and taxpayers of Minnesota as well. The Random Day Log Time Study is the heart of the project, and as the Time Study Coordinator or Back-up Coordinator, you are the center of the operations.

Each coordinator is responsible for training all time study participants. Training is mandated for all MHC coordinators and participants. This attachment describes the expectations and provides instructions regarding the materials needed to train all roles in the time study.

Time Study Participation Overview

Participation in the Random Day Log Time Study and completion of the Mental Health Certified Facilities Cost Report are requirements of all mental health certified facilities that serve children who wish to be approved as providers of MHC facilities Title IV-E and Title XIX reimbursable services.

In deciding whether to include someone in the time study, look at their activities, not just their job titles. However, not all staff will be participants in the time study, including the time study coordinator; the person assigned that position should not be a participant. Any staff that are responsible for the daily care and supervision of the children are always included in the time study regardless of the amount of time devoted to those activities.

Participants should be both full and part time staff who:

- Have salaries and other costs included in the Per Diem
- Are employed by the agency (not contracted)
- Staff who perform direct supervision of the children such as:
 - Child Care Workers
 - Crisis Team Worker
 - Nurse
 - Program Coordinator
 - Resident Assistant
 - Residential Youth Counselor
 - Social Worker

- Treatment Counselor
- Youth Worker

This will normally include the majority of an agency's staff. For time study purposes, full-time staff are defined as staff who work 32 hours or more per week.

Staff who work in multiple programs within a facility should participate with the program they work with the majority of the time.

If an agency does not have any staff that meet the participant guidelines above they should contact DHS. See Special Requests.

A. Participant Exclusions

Individuals working on-call positions should be excluded from the time study. In addition, workers who are contracted employees should also be excluded from the time study. The purpose of the time study is to determine how much time is spent on multiple activities, therefore staff who perform one exclusive activity, such as medical treatment, education or administration are not eligible participants. However, if these staff perform multiple activities or spend a portion of their time supervising children, or providing direct maintenance or room and board services, then they must be included in the time study.

Example:

- Gloria spends half her time as a secretary (administrative) and half her time doing laundry and cooking (room and board). **Include** Gloria in the time study.
- Theodore is the director. On Mondays, Theodore meets with the staff to help them with case management and planning activities. **Include** Theodore in the Time Study.
- Dana is the bookkeeper. On Wednesdays, Dana takes a shift providing child care to the children. **Include** Dana in the Time Study.
- Ann is the receptionist. She spends a large portion of her time doing intake activities to receive the children. **Include** Ann in the time study.
- Earl is a teacher. He works exclusively in formal classroom instruction approved by the State Department of Education. **Do not include** Earl in the time study.
- Cleo is the director. She performs exclusively administrative functions, except when she is out fund-raising. **Include** Cleo in the time study

Staff who perform EXCLUSIVELY direct maintenance or room and board activities including positions such as cooks, housekeepers, maintenance/custodial staff, drivers or laundry should also be excluded. Although these activities are performed for the direct care of the child, they may or may not have responsibility to supervise the child(ren).

However if these staff are responsible to supervise the children, then these staff should be included in the time study.

Example:

- Ed is a bus driver. He takes children to school or other activities. There is always a child care worker on the bus to supervise the children. Ed does not have responsibility for supervision of the children and therefore is **not in the time study**.
- Lois is the cook. She prepares lunch and dinner for all of the children. There is always a child care worker in the dining hall. Once a week Lois invites the children into the kitchen to teach them some cooking skills. She is responsible to supervise the children during this activity. Lois is **included in the time study**.

B. Special Requests

Other exclusions or additions to MHC staff participants must be approved by DHS. Requests should be addressed to Bridgit Olson of the Financial Operations Division at (651) 431-3800 or Bridgit.Olson@state.mn.us

II. Random Day Logs

The time study employs a Random Day Log system to record employee time. DHS mails the log sheets to the facilities approximately two weeks prior to the beginning of the sampling period. The sampling period is conducted on a quarterly basis as follows: January 1 – March 31, April 1 – June 30, July 1 – September 30 and October 1 - December 31. Coordinators will distribute these to participants prior to the date of the randomly selected day log.

DHS assigns only two reporting days to each participant per quarter. On the randomly selected day, participating staff are asked to complete a log at 15-minute intervals which characterizes their activity throughout the day. This short survey is to be completed for the time worked within the twenty-four hour time study period. No one needs to log their activities at any other time than those two days.

A seven day time limit exists for completing random moments; after seven calendar days the moment becomes invalid. Non-compliance with this deadline can affect data that comprises the federal claim, and affect payments to counties—as well as the rate setting process. Log sheets will not be accepted seven days into the first month of the next quarter.

Training

Train your facility's staff in advance on time study procedures, and why the time study is important. The accuracy of the time study depends on the thorough training of each staff member and the Coordinator to ensure their understanding of the federal definitions. This accuracy is important to ensure maximum federal reimbursement.

A. Participants

Participants must receive training prior to receiving their first random day log. If a participant previously participated in the MHC time study in another facility, the participant must be retrained and the training date must be verified using the Participant Change Form, see Attachment D.

Two handouts to be given to participants are Attachment B, "MHC Participant Instructions" and Attachment C, "MHC Categories, Codes and Definitions." Both handouts contain instructional material regarding MHC categories, code definitions and procedures required for completing random day logs. Participant training must include reviewing each of the MHC categories and code definitions used when completing random day logs. The Attachment B handout explains the role of the participant and an explanation of the importance of the MHC Time Study. An example of a Random Day Log, as well as a practice quiz, is included within the attachment.

If the MHC coordinator chooses, they may train and delegate the participant training responsibilities to other staff. DHS will continue to provide coordinators with additional training as needed.

Both the Administration for Children and Families and the Department of Human Services recommend annual refresher training sessions for all participants. This ongoing training has proven effective in improving both the accuracy of the time study and in maximizing reimbursement.

B. Activity Categories, Codes and Definitions

The MHC random day log is divided into 96 boxes from Midnight to 11:45 for that day, where each square represents a fifteen-minute increment. Activity is characterized according to the attached time study definitions. This approach enables the MHC participant to select the code for the activity definition which most appropriately reflects their activity for that 15-minute period. The staff member will then record the appropriate code on a day log. At the end of the day, the staff member initials the log sheet and forwards it to the facility Time Study Coordinator. The observation is then complete. Attachment C provides a list of the categories and code detail within each category. A copy of Attachment C should be given to all participants.

*****At a minimum, periodic refresher TRAINING SHOULD INCLUDE an overview of Attachment C: MHC Activity Categories, Codes and Definitions*****

C. Absence

If the staff member is not at the facility on the designated log day, e.g., the staff person is out of the office on a home visit or on personal leave, the facility coordinator will leave the day log form with the time study definitions for the staff member. Upon his or her return, the staff member recalls the activity being performed during the period spent

away from their desk, enters the appropriate code on the log sheet, initials the log sheet in the space provided, and returns the log sheet to the time study coordinator.

If the coordinator finds the staff member will not be at work on the observation day due to sickness, personal leave, vacation, etc., the coordinator may check the box on the log sheet marked "NOT ON DUTY" without consulting the worker or seeking the worker's initials. But, the coordinator needs to initial the bottom of the sheet in place of the worker. This should facilitate completion of all log sheets at the facility so they can be submitted in a timely fashion.

D. Training Verification

The coordinator must notify DHS of training dates for all participants using the Participant Change Form or the "Training of Group Residential Facilities Participants" memo prior to participants receiving their first random moment. Training verification is also required for coordinators.

Communication

Since much of the administrative correspondence regarding the time study is done via email, coordinators must notify DHS of changes to their email as well as to their USPS address when they occur.

Coordinator Changes

If coordinator changes occur, written notification must be provided to DHS by completing the form titled Coordinators and Fiscal Representative List. Please see Attachment E.

Adding/Changing/Deleting Participants

In order to update the database it is the responsibility of the coordinator to submit all new time study participants, participant changes and deletions to DHS. Participants must be removed from the database when they no longer meet time study participation requirements or have terminated employment. Please see the Participant Change Form; Attachment D.

A. Instructions

Participant change forms should be used for any change in participant data base.

If new participant information is received by DHS during the quarter and before the quarter end deadline the employee will receive their first day log the following quarter.

If the last day of the participant's employment is prior to the deadline for submitting quarter changes, random day logs will not be generated for that participant for the next quarter. If the participant's last day of employment occurs after the deadline for quarterly changes, day logs may still exist. Any remaining day logs for the quarter after the

participant's last day of employment should be returned to DHS with the Participant Change form attached showing the date of the end of employment indicating deletion of the participant.

B. Placeholders

Coordinators are allowed to create a participant placeholder position. Placeholders are used when a vacant position is anticipated to be filled within the next quarter. The title of the position will be used to distribute the log sheets to the appropriate participant in that position. A participant change form should be used to identify which new participant will replace the placeholder position.

C. Deadlines

Coordinators may return participant changes to DHS throughout the quarter. In order to have the changes reflected in a new quarter's time study however, participant changes must be received by the project manager by the following deadlines:

Effective Date	Deadline for Entry of Participant Changes
Quarter 1, 2017 (January 1, 2017)	December 20, 2016
Quarter 2, 2017 (April 1, 2017)	March 20, 2017
Quarter 3, 2017 (July 1, 2017)	June 20, 2017
Quarter 4, 2017 (October 1, 2017)	September 20, 2017

Additions or changes to participant records after the specified deadline will be retained and applied to the next quarter's participant database.

Notifications

In an effort to assist agencies with managing and maintaining their MHC Time Study, DHS provides notifications to all coordinators regarding deadlines, changes and errors existing in the time study database. These reminders communicate important time study information and ensure delivery of random moments to time study participants.

A. No Training Memo:

Throughout the quarter a mailing will be sent to facilities that have participants with no training date on file with DHS. Every participant must receive training prior to receiving their first random day log. Once the participant has received time study training the form can be completed with the correct training date and then returned to the address listed below.

B. Active Employee List Memo

Throughout the quarter, a memo is sent to each agency showing their active participant list for the time study. This report assists Coordinators to make the necessary changes to the participant list; to add, change or remove the participant from the time study.

Coordinators may also request that this report be sent to them at any time during the quarter in order to keep accurate participants active on the time study.

C. Late Logs

Throughout the quarter a mailing will be sent to facilities that have any outstanding Day Logs that have not been received by DHS. This notification will show any day logs older than seven days. The memo will show the employee name, date of the observation, due date, control number that is in the upper right hand corner of the day log and the number of notices that have been sent regarding that particular day log.

Send all completed log sheets to:

**Department of Human Services
Financial Operations Division
ATTN: Mental Health Certified Facility Project Manager
PO Box 64940
St Paul, MN 55164-0940**

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MHC Participant Instruction

MHC Participant Instructions to
participate in and complete the time
study

Mental Health Certified Facilities Time Study

The Adoption Assistance and Child Welfare Act, PL 96-272, created Title IV-E to set standards and allow states to claim federal funds for both the adoption assistance and foster care systems. Some of the eligible reimbursement include administrative costs, maintenance and training activities for staff, as well as foster parents and private agency staff.

The Mental Health Certified facilities project is Minnesota's federally approved claiming mechanism. The project has two components; the time study and the annual cost report. Bulletin #16-32-09 provides information to counties and tribes that is needed to claim Title IV-E and Title XIX federal reimbursement for children's group residential facilities with mental health certification. In addition to the bulletin, the Fiscal Reporting & Accounting section on DHS public [CountyLink website](#) provides a list of the names of the IV-E approved facilities and their programs. Find the most recent report listed under "Title IV-E Foster Care Per Diem Rates & Percentages Report."

Agencies that wish to be approved as providers of Title IV-E services enter into contracts with Minnesota counties which establishes the per diem rates. Facilities must participate in the time study and complete the annual cost report in order for them to appear on the Per Diem Bulletin. Placing children in Title IV-E approved child caring institutions, group homes, shelters and other group residential facilities is advantageous to counties as they may be reimbursed the federal share of eligible costs. Non-compliance with the Mental Health Certified Facilities project will result in the facility being removed from the bulletin as an approved Title IV-E provider of services.

The project has permitted DHS to process federal claims in excess of \$4 million annually. Most of this funding would be lost without this project.

Your Role as a MHC Participant

The Mental Health Certified Facilities Time Study is one of the two components which make up the Mental Health Certified Facilities Project. The purpose of the over-all project is to determine which costs at a particular facility or location meet federal Title IV-E criteria for reimbursement. The function of the time study component is to break down staff time into recognized activities. This is not always an easy task. The peculiarities of the definitions that describe which activities the federal government will fund do not always correspond well with the terms and concepts through which these programs are described. Consequently, it is important that staff have a clear understanding of the concepts and definitions used in the time study. The results are later used to break down staff costs in proportion to the time spent.

DHS conducts the Mental Health Certified Facilities Time Study every quarter. DHS assigns two reporting days to each participant each quarter. The two days are selected at random and log sheets are mailed to the Time Study Coordinator. No one needs to log their activities outside of the two reporting days. The State of Minnesota keeps the completed log sheets

confidential. We are interested in only the over-all statewide statistics. The results of this time study are not used for any other purpose except for this project.

The Mental Health Certified facilities project is only successful because of the cooperation of Mental Health Certified facilities and their staff. We have designed this project to fulfill all federal mandates, while placing the least amount of burden on facilities and their staff. We very much appreciate your continued cooperation, patience and support. Thank you.

Random Day Logs

All MHC participants are assigned two reporting days each quarter to complete a log sheet. It is the responsibility of the participant to complete each day log by selecting the activity which best represents what they are working on at the time of observation.

Participants must complete the logs themselves unless they are not on duty during the twenty-four hour observation period. In this case, the coordinator may check the "Not on Duty" box and initial the bottom of the form. This includes vacation days, sick days, and the days the participant is not on duty to work in that particular program. A seven day time limit exists for completing the day logs; completed log sheets should be mailed and are due to DHS no more than seven calendar days after the date of the observation.

Training

Activity code training is mandated for all participants. Both the Administration for Children and Families and the Department of Human Services recommend annual refresher training sessions for all participants. This ongoing availability of training will ensure that all staff is well acquainted with the activity categories, codes, definitions and procedures.

A. MHC Categories, Codes and Definitions

Activity is characterized according to the attached time study definitions. Please refer to Attachment C to familiarize yourself with and understand all the options. A key concern is that federal definitions of the activities differ from those generally used by workers.

The federal Title IV-E and Title XIX categories are sets of activities. When completing the day log participants must focus on what activity they are engaged in, not what their job title is. For example, someone with the title "Counselor" may spend most of the day doing what is federally defined as "Daily Supervision and Care" rather than "Counseling and Therapy." The important thing is to read and understand the federal definition, not simply use one's job title and make assumptions from that.

B. Random Day Log Example

Please refer to the example on page B-5 of this handout to familiarize yourself with the full layout of the Mental Health Certified facilities day log. The example contains annotations to help understand the expectations when completing the day log. This may

The practice activity on page B-6, titled “Do you know the MHC Activity Code,” lists probable scenarios of daily activities that a participant could be engaging in. To complete the activity read and follow the instructions. See your Coordinator to correct the practice activity.

Page Number: 1

					D/E	D/E	D/E	D/E	D/E	D/E	A----->
--	--	--	--	--	-----	-----	-----	-----	-----	-----	---------

After completion of the day log participants must initial the log in the space indicated on the bottom of the page. If the employee is unavailable the Coordinator may initial the log sheet in place of the participant as an indication that the log is complete and accurate.

6 pm	6:15	6:30	6:45	7 pm	7:15	7:30	7:45	8 pm	8:15	8:30	8:45	9 pm	9:15	9:30	9:45	10 pm	10:15	10:30	10:45	11 pm	11:15	11:30	11:45

Initials When completed give this log sheet to your Time Study Coordinator

C. Out of Office

If the staff person is not at the facility on the designated log day the coordinator will leave the day log with the time study definitions for the staff member. Upon his or her return, the staff member recalls the activity being performed during the period spent away from their desk, enters the appropriate code on the log sheet, initials the bottom in the space provided and returns the log sheet to the coordinator.

If the staff person was not on duty at all during the 24 hours of the assigned log day, check the box marked "Not on Duty." This includes vacation days, sick days, personal leave and the days the participant is not on duty to work in that particular program. If the "Not on Duty" box is checked, initial the day log and return it to the Time Study Coordinator.

The participant may not be available for completion if they are out of the office. The Coordinator may complete the log by checking the "Not on Duty" box without consulting the worker or seeking the worker's initials. However, the coordinator must initial the log in the provided space.

These options should facilitate completion of all log sheets at the facility so they can be submitted in accordance with the seven day time frame.

Log Day and Date	Friday 20 November 2013
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Check this box if staff person is not on duty during log day ☐

A	Intake, Treatment Planning & Support / With * Diagnosis
B	Living Skills Development / With * Diagnosis
C	Therapy Consultation & Assessments / With * Diagnosis

Questions

If a participant has questions or concerns regarding completion of a log sheet the MHC Coordinator for your agency should be contacted as soon as possible.

Mental Health Certified Facilities Random Day Log Time Study

Name of Agency ABC Agency
 Name of Time Study Coordinator Cora Coordinator
 Telephone Number of Coordinator (651) 431-3800

Day Log Number 05 001A 264

Page Number: 1

Name of Person Completing Log Paul Participant

Title of Staff Person Youth Worker

Log Day and Date Friday 17 November 2017 **DO NOT CHANGE**



Check this box if staff person is not on duty during log day

☐

- A Intake, Treatment Planning & Support / With * Diagnosis
- B Living Skills Development / With * Diagnosis
- C Therapy, Consultation & Assessments / With * Diagnosis
- D Case Management, Planning & Intake / No * Diagnosis
- E Daily Supervision & Care / No * Diagnosis
- F Counseling & Therapy / No * Diagnosis
- G Health Related Services / No * Diagnosis
- H Medical Treatment & Psychological Testing / No * Diagnosis
- I Room & Board / all kids
- J Education, Religion, Research & Fundraising / all kids
- K General Administration / all kids
- L Leave, Meal Break & Relief Break / all kids

*Emotional Disturbance and Associated Functional Impairment

(See the Time Study instruction sheet for the definition of these categories.)

**USE ONLY 1 CAPITAL LETTER FOR EACH SQUARE
 REPRESENTING A 15 MINUTE TIME FRAME**

Midnight	12:15	12:30	12:45	1 am	1:15	1:30	1:45	2 am	2:15	2:30	2:45	3 am	3:15	3:30	3:45	4 am	4:15	4:30	4:45	5 am	5:15	5:30	5:45
6 am	6:15	6:30	6:45	7 am	7:15	7:30	7:45	8 am	8:15	8:30	8:45	9 am	9:15	9:30	9:45	10 am	10:15	10:30	10:45	11 am	11:15	11:30	11:45
Noon	12:15	12:30	12:45	1 pm	1:15	1:30	1:45	2 pm	2:15	2:30	2:45	3 pm	3:15	3:30	3:45	4 pm	4:15	4:30	4:45	5 pm	5:15	5:30	5:45
6 pm	6:15	6:30	6:45	7 pm	7:15	7:30	7:45	8 pm	8:15	8:30	8:45	9 pm	9:15	9:30	9:45	10 pm	10:15	10:30	10:45	11 pm	11:15	11:30	11:45

Initials _____ When completed give this log sheet to your Time Study Coordinator

MUST INITIAL BEFORE RETURNING TO DHS

Do you know the MHC Activity Code?

Name _____

Date _____

This practice activity prepares participants for the time study. Read each scenario carefully, and then write the corresponding MHC activity code on the line next to the question that best fits the description.

1. ____ You are driving a child to a court hearing. (Child has a mental health diagnosis.)
2. ____ You are driving a child to an appointment with his/her therapist. The conversation in the car is casual and general.
3. ____ You are having lunch with a parent. You are talking with him about the annual parent conference next month at which he will be presenting a workshop.
4. ____ You are at home, on-call and watching TV.
5. ____ You are at home, on call and watching TV. You then receive an intake call- someone needs your assistance immediately.
6. ____ You are talking to a child and the parents about the case plan and their progress on the plan goals, objectives and activities. (Child has a mental health diagnosis.)
7. ____ You are at a meeting at DHS discussing how to redesign the State's residential care programs.
8. ____ You are discussing with your co-workers which program would best suit a child referred to your agency.
9. ____ You are arranging training on adolescent behavior- normal and abnormal.
10. ____ You are meeting with parents on how to arrange for the child's return home.

You are in a staff meeting talking about:

11. ____ the children in your agency's programs- how they are doing
12. ____ this week's activity night for the children- going to a baseball game
13. ____ the time management training next week for staff
14. ____ planning the agency holiday party

Do you know the MHC Activity Code?

Name _____

Date _____

This practice activity prepares participants for the time study. Read each scenario carefully, and then write the corresponding MHC activity code on the line next to the question that best fits the description.

1. A/E You are driving a child to a court hearing. (Child has a mental health diagnosis.)
2. E/G You are driving a child to an appointment with his/her therapist. The conversation in the car is casual and general.
3. K/L You are having lunch with a parent. You are talking with him about the annual parent conference next month at which he will be presenting a workshop.
4. You are at home, on-call and watching TV. **Leave Blank-OR- Not on Duty**
5. A You are at home, on call and watching TV. You then receive an intake call- someone needs your assistance immediately.
6. A You are talking to a child and the parents about the case plan and their progress on the plan goals, objectives and activities. (Child has a mental health diagnosis.)
7. K You are at a meeting at DHS discussing how to redesign the State's residential care programs.
8. A You are discussing with your co-workers which program would best suit a child referred to your agency.
9. K You are arranging training on adolescent behavior- normal and abnormal.
10. A/E You are meeting with parents on how to arrange for the child's return home.

You are in a staff meeting talking about:

11. A the children in your agency's programs- how they are doing
12. E this week's activity night for the children- going to a baseball game
13. K the time management training next week for staff
14. L planning the agency holiday party

2017

MHC Activity Categories, Codes and Definitions

Handout includes Mental Health
Certified (MHC) Facilities Time
Study Activity Categories, Codes and
Definitions

Mental Health Certified Facilities Time Study Categories and Codes

Section I

Intakes, Assessments, Case Management and Service Coordination.

Use these activity codes only for a child that has been diagnosed with emotional disturbance and activities described in the codes are delivered per a treatment plan supervised by a licensed Mental Health Professional.

Day Log Code	Code Description
A	Intake, Treatment Planning and Support
B	Living Skills Development
C	Therapy, Consultation and Assessments

Section II

Intakes, Assessments, Case Management and Service Coordination

Use these activity codes when activities described are NOT delivered per a treatment plan supervised by a licensed Mental Health Professional AND/OR the child that has been diagnosed with emotional disturbance.

Day Log Code	Code Description
D	Case Management, Planning and Intake
E	Daily Supervision and Care
F	Counseling and Therapy
G	Health -Related Services
H	Medical Treatment and Psychological Testing

Section III

Other

Activities that apply to all children in the facility

Day Log Code	Code Description
I	Room and Board
J	Education, Fund Raising, Research and Religion
K	General Administration
L	Leave, Meal Break and Relief Break

Mental Health Certified (MHC) Facilities

Time Study Categories and Code Descriptions

Section I.

Use the codes in this category when engaged in activities described in these codes, and these activities are rehabilitative services and service coordination for a child with an emotional disturbance and associated functional impairments delivered per a treatment plan supervised by a licensed mental health professional.

Code A – Intake, Treatment Planning and Support

This code should be used for program intake and assessment necessary to identify a child's mental health, social, and other rehabilitative treatment service needs.

This code may be used when involved with the county case manager in the development of the individual treatment plan, and coordinating the facility's role in carrying out the plan. Also included is the execution of routine medical activities.

This code may include activities related to preparation for, and participation in, the judicial determination and case review processes when related to a child's emotional disturbance and functional impairments. Also included in this code are referral and follow-up services, as well as arranging for and participating in case conferences.

Examples:

- ⌘ Intake and initial assessment to identify a child's mental health, social, education, and other rehabilitative treatment service needs
- ⌘ Developing and monitoring a treatment plan to assist the child in reducing the symptoms of the emotional disturbance and overcoming existing functional impairments
- ⌘ Referral for health services
- ⌘ Consultation with medical providers regarding the provision of mental health services as related to medical needs
- ⌘ Assistance in implementing health regimes
- ⌘ Dispensing over-the-counter medications
- ⌘ Supervising the administration of prescribed medications
- ⌘ Administering first aid
- ⌘ Ongoing functional and behavioral assessment of the child and the child's family

- ⌘ Discharge planning and referral for aftercare services
- ⌘ Coordinating home visits when consistent with treatment plan goals
- ⌘ Update/charting medical records
- ⌘ Travel, phone calls, and paperwork related to the above

Code B – Living Skills Development

Living Skills Development refers to those activities necessary to reduce the functional impairments secondary to the child's emotional disturbance and restore the child to the highest possible level of functioning.

Examples:

- ⌘ Helping the child cope with problems of day-to-day living as identified in the child's treatment plan
- ⌘ Engaging the child in productive work, play and recreation activities designed to improve skills and promote independent functioning in these areas
- ⌘ Instructing the child in general life skills to compensate for limitations presented by existing functional impairments
- ⌘ Assisting with homework as necessary to compensate for limitations presented by existing functional impairments
- ⌘ Assisting the child in understanding and adhering to "house rules", as part of socialization in accordance with the child's treatment plan
- ⌘ Emotionally supporting and encouraging the child as necessary to help achieve treatment plan goals
- ⌘ Instructing with regard to manners, dress, eating habits, etc., necessary to overcome deficits in social functioning
- ⌘ Clinical observation of the child's interaction with peers and staff
- ⌘ Travel, phone calls, and paperwork related to the above

Code C – Therapy, Consultation and Assessments

Use this code if you are a licensed mental health professional or mental health practitioner under the clinical supervision of a licensed mental health professional, and you are providing treatment and therapy services to a child either individually, or in a group setting. The purpose of such activity would be to ameliorate or remedy personal problems or behaviors, which have been explicitly recognized in the individual treatment plan(s). Psychological testing and assessment, as well as diagnosis and evaluation of a child's health conditions would also fall into this code.

Examples:

- ⌘ Therapy to help with a child's adjustment in the program
- ⌘ Therapy to help a child and his or her family achieve goals identified in the treatment plan
- ⌘ Clinical consultation with the treatment team related to the treatment issues
- ⌘ Therapy or clinical consultation to plan for the return of the child to the community
- ⌘ Travel, phone calls, and paperwork related to the above

Section II.

Use codes D through H when engaged in an activity described in these codes, and these activities are service and service coordination for children who do not: 1) have a diagnosed emotional disturbance with functional impairments, and/or 2) when the activities are not related to a treatment plan supervised by a licensed mental health professional.

Code D – Case Management, Planning, and Intake

This code includes activities related to preparation for, and participation in, the judicial determination and case review processes. Case management would also include referral and follow-along services, coordinating and participating in case conferences and verifying insurance coverage. It would include assisting the county services worker in coordinating discharge and referring for aftercare services.

Examples:

- ⌘ Working with the county service worker in the development of the case plan
- ⌘ Coordinating a facility's role in carrying out the case plans
- ⌘ Intake services
- ⌘ Making child protection reports
- ⌘ Any travel, phone calls or paperwork related to a specific case plan

Code E – Daily Supervision and Care

Daily supervision and care refers to those activities which are necessary in the daily supervision, care, maintenance of the child in the institution, and the foster care programs. Such activities are those activities which a parent would normally carry out in the day-to-day supervision and direction of a child to assure protection, emotional support, and care of the child.

Examples:

- ⌘ Ensure the health, safety, and well-being of the child (both day and night)
- ⌘ Help the child cope with problems of day-to-day living
- ⌘ Provide discipline when needed
- ⌘ Supervising the child in productive work, play and recreation activities
- ⌘ Coaching a child in an after school sports activity
- ⌘ Instruction in general life skills
- ⌘ Assisting with homework
- ⌘ Providing transportation for the child for home visitation
- ⌘ Establish limits and maintain behavioral adherence to “house rules”
- ⌘ Allow for regular emotional support from caretakers on an as needed basis
- ⌘ Instruction with regard to manners, dress, eating habits, etc.
- ⌘ Travel, phone calls, and paperwork related to the above

Code F – Counseling and Therapy

This code should be employed when the staff member is providing treatment and counseling services to a child or is engaged in a group therapy session with a number of children. The purpose of such activity would be to ameliorate or remedy personal problems or behaviors, which have been explicitly recognized in the case plan or plan of treatment for the individual child or children.

Examples:

- ⌘ Counseling and therapy to help with a child's adjustment at the facility
- ⌘ Counseling and therapy to help a child resolve the problem(s) for which he or she was placed
- ⌘ Counseling and therapy with the child and his or her biological family to resolve the difficulties that led to the need for placement
- ⌘ Counseling and therapy to plan for the return of the child to the community
- ⌘ Travel, phone calls, and paperwork related to the above

Code G – Health Related Services

Health related services refer to all activities that are necessary to gain access to medical care for the children. Also included would be the execution of routine medical activities, which are normally carried out by a parent for a child.

Examples:

- ⌘ Arranging for health services
- ⌘ Providing transportation to health services
- ⌘ Liaison with medical providers
- ⌘ Assistance in implementing health regimes
- ⌘ Dispensing over-the-counter medications
- ⌘ Supervising the administration of prescribed medications
- ⌘ Administering first aid
- ⌘ Travel, phone calls, and paperwork related to the above

Code H – Medical Treatment and Psychological Testing

Medical treatment refers to the administration of medical procedures that require the individual carrying out the procedure to be licensed under state law as a medical professional. Psychological or educational testing or assessment, as well as diagnosis and evaluation of a child's health conditions would also fall into this code.

Examples:

- ⌘ Psychological or educational testing or assessment
- ⌘ Making a diagnosis and evaluation of a child's health conditions
- ⌘ Charting and updating the child's medical records
- ⌘ Travel, phone calls, and paperwork related to the above

Section III.

Use Codes I through L for all children in your facility when engaged in the following activities:

Code I – Room and Board

Use this code when involved in any activity which contributes to providing the children with housing, food, clothing, school supplies, or personal incidentals.

Examples:

- ⌘ Cleaning
- ⌘ Housekeeping
- ⌘ Laundry
- ⌘ Clothing inventory
- ⌘ Meal preparation, including shopping, cooking and clean up
- ⌘ Child specific activities related to the child's clothing, school supplies or personal incidentals, such as taking inventory, making repairs or purchasing new items
- ⌘ Maintenance of the building
- ⌘ Providing transportation for the child

Code J – Education, Fund Raising, Research and Religion

This code should be used for activities which involve operating an on-grounds educational program approved by the State Department of Education. Homework help and tutorial support provided before or after the regular school program would not be included here, but in Code B or in Code E.

In addition this code should be used if you are engaged in fundraising for the support of the facility or the programs of the facility. This code will also be used when you are carrying out formal research. Organized or formal religious activity will also fall into this code.

Examples:

- ⌘ Teaching activities of staff paid by the facility to operate an on-grounds educational program approved by the State Department of Education
- ⌘ Preparing letters, communications or brochures to request funds for this program or facility
- ⌘ Attending fundraising functions, parties, events to promote the program or facility
- ⌘ Planning fundraising functions, parties or events
- ⌘ Conducting formal research for a university or other agency that does not directly benefit the child in placement
- ⌘ Conducting religious ceremonies, instruction or any other activity related to religion
- ⌘ Travel, phone calls, and paperwork related to the above

Code K – General Administration

This code should be used for activities which are necessary, supportive, and managerial functions of the residential care program.

Examples:

- ⌘ Executive direction and supervision
- ⌘ Secretarial and clerical support
- ⌘ Bookkeeping and fiscal management
- ⌘ Staff training, including Coordinator or staff provided training
- ⌘ Travel unrelated to case management
- ⌘ Licensing activities
- ⌘ Research and development related to the evaluation of your child care program

Code L – Leave, Meal Break and Relief Break

Use this Code when you are on leave during a portion of the day, or taking a break for personal time or a meal. In multipurpose agencies, this code should also be used when you are engaged in a task which is unrelated to the agency's program of residential child care. Do not use this code when the worker has the day off.

Examples:

- ⌘ Lunch
- ⌘ Personal errands
- ⌘ Break
- ⌘ Travel, phone calls, and paperwork related to the above

PARTICIPANT CHANGE FORM

Please use this form to add additional or submit changes to your existing participants.
If more space is needed, please complete additional forms as needed.

Time Study (Please Select): **GRF** **MHC** **PATS**

Name of Facility or Agency: _____

Participants being deleted from this program (Please Print or Type)

<u>Participant Name</u>	<u>Last Day</u>	<u>Participant Name</u>	<u>Last Day</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Existing participants changes (ie. name, training date or position)

<u>Participant's Name</u> (Please Print or Type)	<u>Change</u>	<u>Effective Date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

New participants (Please Print or Type)

<u>Participant's Name</u>	<u>Start Date</u>	<u>Participant's Position Title</u>	<u>Training Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Submitted By: _____ Phone (____) _____ Date: __/__/__

Email Address: _____

Fax or mail completed forms to:

DHS Financial Operations Division

Time Studies and Rates

P.O. Box 64940

St. Paul, MN 55164-0940

Fax: (651) 431-7565

Coordinators and Fiscal Representative ListMust **not** be participants in the time study

Please use this form to submit changes to Time Study Coordinators and Fiscal Representatives

Time Study (Please Select): **GRF** **MHC** **PATS****Name of Facility or Agency:** _____

Street Address: _____

City, State, Zip: _____

DIRECTOR'S NAME _____

Email Address: _____ Telephone: _____

TIME STUDY COORDINATOR: Name: _____

Training Date

____/____/____

Title: _____

Telephone: (____) _____

Email: _____

Address: _____

City, State, Zip: _____

BACK-UP COORDINATOR: Name: _____

Training Date

____/____/____

Title _____

Telephone (____) _____

Email _____

FISCAL CONTACT:

Name: _____

Title: _____

Telephone: (____) _____

Email: _____

Submitted By: _____ Phone (____) _____ Date: ____/____/____

Email Address: _____

Please complete and
mail or fax to:DHS Financial Operations Division
Time Studies and Rates
P.O. Box 64940
St. Paul, MN 55164-0940
Phone: (651) 431-3800
FAX: (651) 431-7565