

ATTACHMENT R

*LCTS Corrections Activity Code
Reference Guide*



January 1, 2015

LOCAL COLLABORATIVE TIME STUDY

LCTS Federal Code Titles

I. Children at Risk

- A. *Determination of Risk*
- B. *Child Service Coordination*
 - B1. *Service Coordination – Child is in Foster Care Placement*
 - B2. *Service Coordination –Child is a Foster Care Candidate*
- C. *Court Related and Other Child Related Administration*
- D. *Child Welfare Training of Local Collaborative Staff*
- E. *Training of Foster and Adoptive Parents or Provider Staff*
- F. *Therapy and Treatment*

II. Health/Medical Related

- G. *MA Eligibility Determination Assistance*
- H. *Health/Medical Related Service Coordination*
- I. *Direct Medical Services*

III. Other

- J. *Other Services*
- K. *General Administration – Not Program Related*

LCTS ACTIVITY CODES

The following definitions and examples will help you in your selection of activity codes.

I. Children at Risk

Codes A through F should only be used when the activity is associated with a child currently in a non-secure/non-detention placement or at imminent risk of foster care placement including determination of imminent risk, direct case management of a child at risk, training surrounding dealing with children at imminent risk, and general administrative duties surrounding children at risk. These codes cannot be used when the purpose is to adjudicate the child for delinquent behavior and seek detention in a locked correctional facility, forestry or boot camp.

Code A – Determination of Risk

Federally Approved Code, May 1996

This code should be used whenever the worker is engaged in activities to determine the following:

1. Is there the need for placement or a risk of being placed out of the home.
2. Is there a risk of maltreatment, an occurrence of maltreatment, or a need for protection or services, and whether the agency will respond to address the needs as identified.

Choose this code if you are doing an activity that helps to decide if a situation is present that would result in mandated reporting to county social services or local authorities; or if you are determining the need to recommend a child to the Foster Care Candidacy Specialist at county social services, up to the point of filling out the "Foster Care Candidacy Determination Form". Some examples include:

- ✚ Consulting with others regarding the maltreatment of a child following a child's disclosure of possible abuse;
- ✚ Deciding whether there is an abuse, neglect, or maltreatment situation that warrants referral and/or reporting to appropriate authorities and making that referral/report;
- ✚ Participating in discussions and/or investigations on whether a child's or child's family situation warrants referral and/or reporting to appropriate authorities;
- ✚ Participating in discussions and/or investigations on whether there have been significant changes in the child's or child's family situation which warrants referral and/or reporting to appropriate authorities;
- ✚ Participating in child protection risk assessment;

- + Reporting maltreatment to County Social Services or local authorities;
- + Paperwork and staff travel related to the above activities.

NOTE: *This is a time-limited activity in response to a new report or incident. This activity ends at the point the staff person refers the case to County Social Services or law enforcement or when the staff person decides **not** to make a referral.*

Code B - Child Service Coordination

Federally Approved Code, May 1996

This code should be used when a worker is engaged in any placement prevention or placement services (excluding correctional placements), or accessing other services, other than health/medical related on the behalf of a client under 18 years of age or 18 and in school.

Choose this code if you are coordinating child welfare services for a child who is either in foster care or has been identified as a Foster Care Candidate.

This code is separated into two categories (B1 and B2) to differentiate the child's status as either "In Foster Care Placement" or "Foster Care Candidate".

Note: This does not include working with a child who has been adjudicated delinquent while they are in a locked detention facility, forestry or boot camp.

Some examples include:

B1: Service Coordination – Child is in Foster Care Placement

- ✚ Participating in initial and subsequent discussions with or referrals to a social worker concerning child welfare services available to a child or their family;
- ✚ Coordinating with agencies on possible child welfare services available to help the family to improve the home situation and increase the possibility that the child could return home.
- ✚ Making referrals to County Social Services or other agencies to provide services to a child and their foster family;
- ✚ Referring or arranging for a child to attend a teen support group to help cope with a parent who is a substance abuser;
- ✚ Participating in meetings to assist a child's re-entry back into the community following out-of-home placement or transition from a secure correctional program and into a foster care placement;
- ✚ Contacting the appropriate staff if you suspect maltreatment has occurred for a child;
- ✚ Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss child welfare services needed;

- ✚ Contacting, monitoring or communicating with a child, family members, County Social Services or other relevant persons regarding the provision of services for the child and assessing and evaluating the effectiveness of child welfare services;
- ✚ Arranging for or providing access or referral to translation services (oral and signing) to help facility staff communicate with a child or the child's parent regarding services provided to the child and/or family;
- ✚ Visiting a truant child's foster home to develop and implement an individual performance contract, monitoring performance or to report on progress;
- ✚ Meeting with school staff, county staff, family and/or children about truancy related issues;
- ✚ Paperwork and staff travel related to the above activities.

B2: Service Coordination – Child is a Foster Care Candidate

- ✚ Participating in initial and subsequent discussions with or referrals to a social worker concerning social services available to a child or their family;
- ✚ Coordinating with agencies on possible social services available to help the family to improve the home situation and lessen the possibility that the child would have to be removed from the home;
- ✚ Making referrals to County Social Services or other agencies to provide social services to a child or the family;
- ✚ Referring or arranging for a child to attend a teen support group to help cope with a parent who is a substance abuser;
- ✚ Contacting the appropriate staff if you suspect maltreatment has occurred for a child;
- ✚ Participating in case conferences, administrative reviews, child staffing and informal conferences when the purpose of the discussion is to discuss needed social services;
- ✚ Contacting, monitoring or communicating with a child, family members, County Social Services or other relevant persons regarding the provision of services for the child and assessing and evaluating the effectiveness of services that were put in place;
- ✚ Arranging for or providing access or referral to translation services (oral and signing) to help facility staff communicate with a child or the child's parents regarding services provided to the child and/or family;

- ✦ Visiting a truant child's home to develop and implement an individual performance contract, monitoring performance or to report on progress;
- ✦ Meeting with school staff, county staff, family and/or children about truancy related issues;
- ✦ Paperwork and staff travel related to the above activities.

Code C – Court Related and Other Child Related Administration

Federally Approved Code, May 1996

This code should be used when the worker is engaged in any activity involved in preparing for or participating in any judicial activity on behalf of a child under age 18 or 18 and in school or when the activity is not related to a specific case.

This code has two parts. The first part of this code is other child welfare related activity that is not related to a specific child. Child welfare activities are those that ensure the safety and well-being of a child. Some examples include:

- ✚ Participating in discussions or planning meetings (school, community, county, collaborative, interagency) concerning the general topic of children and the factors that put them at risk of being removed from the home;
- ✚ Paperwork and staff travel related to the above activities.

The second part of this code is court related activity for a specific child who is currently in foster care. Some examples include:

- ✚ Preparing for or participating in any court hearing or administrative review including presenting testimony where the purpose of the hearing/review is not to adjudicate the child for delinquent behavior and not to seek detention in a locked correctional facility, forestry or boot camp;
- ✚ Assisting with any activities to support a petition for County Social Services related to foster care placement;
- ✚ Providing information for a CHIPS (Children in need of Protective Services) petition to County Social Services for the removal of a child from the home;
- ✚ Preparing or providing a truancy petition for County Social Services;
- ✚ Paperwork and staff travel related to the above activities.

Code D – Child Welfare Training of Local Collaborative Staff

Federally Approved Code, May 1996

This code should be used when the worker is engaged in or preparing for training, either as a trainer of other local collaborative staff or as a trainee, and the subject of the training is related to performing administrative services related to out-of-home placement. This code should also be used when the local collaborative staff worker is engaged in or preparing for training volunteers or persons preparing for employment with the local collaborative.

Choose this code if you are receiving training on issues that fall within the definition of child welfare. This generally includes training concerning topics that have a goal of keeping families together and helping families access services needed to meet the safety and well-being needs of children. Some examples include:

- ✚ Presenting or attending training for collaborative partners or facility staff on increasing ability of staff to recognize children in trouble and identifying needed child welfare services;
- ✚ Attending child welfare training provided by the state or county;
- ✚ Presenting or attending training on Foster Care Candidacy;
- ✚ Paperwork and staff travel related to the above activities.

Code E – Training of Foster or Adoptive Parents or Provider Staff

Federally Approved Code, May 1996

This code should be used when the worker is engaged in or preparing for training to:

1. Current or prospective foster and adoptive parents, including relatives; or
2. Staff of residential facilities, group homes, shelters, or Rule 4 child placement agencies, which are licensed or approved by the state or Tribal government, including private agency staff working under a purchase of service agreement with the county agency. These facilities or agencies must be providing care to adoptive children or children in substitute care.

This training must be directed at increasing the ability of the participants to provide support and assistance to the children in their care.

Choose this code if you are training current or prospective foster or adoptive parents, including relatives, on the care of children who have been entrusted in their care. Some examples include:

- ✚ Preparing for training for current or prospective foster and adoptive parents, regarding child development issues, behavior modification or management, identification of and treatment strategies for chemical dependency, mental health or abnormal behavior;
- ✚ Educating foster or adoptive parents regarding child development issues pertinent to the children in their care;
- ✚ Providing parenting classes for new foster or adoptive parents;
- ✚ Paperwork and staff travel related to the above activities.

Code F – Treatment and Counseling

Federally Approved Code, May 1996

This code should be used when providing face to face treatment and counseling services to a child, the child's family, or to the child's substitute care provider to ameliorate or remedy personal problems, behaviors, or home conditions specifically identified in the case plan.

Choose this code if you are providing counseling to children who are currently in foster care or who have been identified as Foster Care Candidates. Also choose this code if you are providing counseling to a child's family if the child has been identified as a Foster Care Candidate or is currently in foster care. Some examples include:

- ✚ Providing face to face therapeutic treatment and counseling services to a child, their family and/or a substitute care provider to resolve personal problems;
- ✚ Leading a group therapy session where at least one child has been identified as a Foster Care Candidate or currently in foster care;
- ✚ Providing counseling for substance abuse conditions;
- ✚ Providing counseling for truancy or probation related issues;
- ✚ Listening to and providing therapeutic intervention when a child is talking to you about committing suicide and the conversation is to prevent the suicide;
- ✚ Talking with and providing therapeutic intervention for a child who is rageful and out of control in an effort to get him/her in control and address the issues at hand;
- ✚ Providing therapeutic intervention when you are leading a group therapy session (distinct from a friendship group);
- ✚ Facilitating a formal grief group;
- ✚ Paperwork and staff travel related to the above activities.

II. Health/Medical Related

Codes G through I should be used when the activity performed is designed to help clients attain or maintain a favorable condition of health (mental or physical) by assisting them in identifying and understanding their needs and securing and monitoring necessary treatment and maintenance services that are MA reimbursable.

**** In this Reference Guide:*

MA refers to Medical Assistance and/or Medicaid

Health/medical services refers to medical/dental/mental health/chemical health services

Code G – MA Eligibility Determination Assistance

Federally Approved Code, May 1996

This code should be used when a worker is performing activities related to assisting in the determination of whether or not a child or the child's family is eligible for Medical Assistance.

Choose this code when you are collecting information regarding MA eligibility processes and conducting MA outreach. Some examples include:

- ✚ Gathering or assisting a child and/or family in collecting information and documents related to an MA eligibility application or review income verification, social security number, citizenship, etc.;
- ✚ Assisting a child and/or family in filling out and processing MA eligibility forms or updating MA eligibility forms when circumstances change;
- ✚ Training or receiving training for staff that provide outreach if the subject of the training is how to assist families to access MA services and understand the benefits of the services available, or how to more effectively refer children and their families for MA services. Also include presenting or attending training for staff in MA eligibility requirements;
- ✚ Informing potential MA eligible children and their families about the services provided by MA;
- ✚ Providing MA outreach services such as passing out brochures explaining MA, and informing people about MA eligibility requirements and the MA enrollment process;

- ✚ Referring an individual or family to County Social Services to apply for MA benefits;
- ✚ Paperwork and staff travel related to the above activities.

Code H – Health/Medical Related Service Coordination

Federally Approved Code, May 1996

This code should be used for any non-invoiced activities that aid clients to attain and maintain a favorable condition of health (mental or physical) by assisting them in identifying and understanding their health needs and securing and monitoring necessary treatment and maintenance services that are MA eligible for MA and non-MA clients.

**** In this Reference Guide:*

MA refers to Medical Assistance and/or Medicaid

Health/medical services refers to medical/dental/mental health/chemical health services

Choose this code when you are referring, monitoring, or assisting a child and/or family access to MA services and/or participating in interagency coordination of MA services. Some examples include:

- ✚ Gathering any information that may be required in advance of health/medical referrals;
- ✚ Making referrals for Child and Teen Check-Ups;
- ✚ Acting as a liaison with MA providers and local health departments;
- ✚ Participating in the development of a plan relating or pertaining to the health/medical needs of a child;
- ✚ Completing health review forms on children;
- ✚ Making referrals to family planning services;
- ✚ Making referrals to other MA covered services;
- ✚ Arranging for a CD assessment;
- ✚ Arranging for HIV testing;
- ✚ Providing information regarding the identification of health/medical needs, child development, substance abuse or providing proper child health/medical care;

- ✚ Developing health/medical related information and referral sources, such as directories of MA providers, who will provide services to targeted population groups;
- ✚ Providing assistance in implementing health/medical regimes;
- ✚ Meeting with other staff concerning the health care needs of a specific child;
- ✚ Making a referral to day treatment services;
- ✚ Writing a referral for a child to receive necessary health/medical evaluations or examinations;
- ✚ Recommending to a parent or guardian that they make an appointment with a medical professional such as a mental health provider, dentist, ophthalmologist or audiologist for their child;
- ✚ Developing procedures for tracking families' requests for assistance with health/medical services and providers, including MA;
- ✚ Arranging for transportation in order that an ill or injured child is able to receive necessary health care services;
- ✚ Arranging for medical screenings and providing appropriate follow-up;
- ✚ Paperwork and staff travel related to the above activities.

Code I – Direct Medical Services

Federally Approved Code, May 1996

This code should be used when the worker is involved in program activities to MA eligible children or families which your agency/organization invoices directly to MA.

**** In this Reference Guide:*

MA refers to Medical Assistance and/or Medicaid

Health/medical services refers to medical/dental/mental health/chemical health services

Choose this code when you are providing direct services to a juvenile which are invoiced to MA by the agency. The kind of services and activities covered by this code are rarely, if ever, used in corrections. Some examples include:

- ✚ Providing direct medical procedures that can be billed to MA;
- ✚ Paperwork and staff travel related to the above activities.

III. OTHER

Code J – Other Services and Third Party Payment

Federally Approved Code, May 1996

This code should be used when the worker is engaged in the provision of services other than those covered in Codes A through I.

Choose this code when you are performing job specific activities that are not included in the other codes or that are billed to a third party other than MA. Some examples include:

- ✚ Participating in first aid and CPR training;
- ✚ Participating in chemical dependency and chemical abuse assessments;
- ✚ Administering first aid to a child;
- ✚ Administering specific health care procedures for children;
- ✚ Scheduling or arranging transportation to programs and activities;
- ✚ Performing activities that inform children and their families about their eligibility for non-MA programs such as legal aid, housing, Food Stamps and vocational programs;
- ✚ Assisting a child and/or family in filling out and processing Minnesota Care/Basic Health Program (BHP) eligibility forms or updating Minnesota Care/Basic Health Program (BHP) eligibility forms when circumstances change;
- ✚ Performing activities that inform children and their families about their eligibility for non-MA programs such as legal aid, housing, Food Stamps and vocational programs;
- ✚ Conferring with children or parents about discipline or other facility related issues on behalf of a child;
- ✚ Carrying out discipline;

- ✚ Preparing for or participating in any court hearing or administrative review including presenting testimony where the purpose of the hearing/review is to adjudicate the child for delinquent behavior and seek detention in a locked correctional facility, forestry or boot camp;
- ✚ Obtaining parental consent forms for sharing data between partners and county social services for the purpose of submitting a Foster Care Candidacy recommendation to the county;
- ✚ Visiting a truant child's home to develop and implement an individual performance contract, monitoring performance or to report on progress if the child is not currently in foster care and is not at imminent risk of being removed from the home;
- ✚ Meeting with caregivers and/or children about probation related issues if the child is not currently in foster care and is not at imminent risk of being removed from the home;
- ✚ Coordinating services for a child while they are in a locked detention program, forestry or boot camp;
- ✚ Paperwork and staff travel related to the above activities.

Code K – General Administration

Federally Approved Code, May 1996

This code should be used when the worker is at lunch, on a break, or on any form of leave. It should also be used when work being performed is unrelated to a specific service program of the department.

Choose this code when you are doing general facility operating functions and activities that are directly related to your job and/or facility. Some examples include:

- ✚ Filling out and reviewing time sheets;
- ✚ Participating in general staff orientation, training and meetings;
- ✚ Participating in administrative and/or program planning and coordination meetings;
- ✚ Participating in facility staff meetings, training or board meetings;
- ✚ Participating in general training courses for the employee such as orientation, time management or computer software applications;
- ✚ Participating in reviews or conferences on general employee performance;
- ✚ Reviewing facility office procedures;
- ✚ Participating in physical plant management;
- ✚ Participating in employee grievance procedures;
- ✚ Participating in EEO or union activities;
- ✚ Participating in activity code, time study operations and fiscal LCTS trainings;
- ✚ Completing and submitting the "Foster Care Candidacy Determination Form" to county social services;
- ✚ Working on goals and objectives for your area as part of the facility's annual or multi-year plan;
- ✚ Reviewing facility policies, procedures and/or rules;

- ✚ Reviewing technical literature and professional journals and research articles;
- ✚ Providing general supervision of staff, including volunteers;
- ✚ Taking lunch, breaks, leave or other paid time not at work;
- ✚ Taking any type of leave including vacation, sick, personal, jury duty and snow days;
- ✚ Performing administrative or clerical activities related to general building or facility functions or operations;
- ✚ Paperwork and staff travel related to the above activities.

MA SERVICES IN MINNESOTA
All services listed are covered unless noted otherwise

Mandatory services for the categorically needy:

- inpatient (other than IMD) & outpatient hospital services
- physicians' services
- medical supplies and surgical dental services (doctor of dental medicine or dental surgery)
- NF services for persons 21 and older (other than IMDs)
- home health services (nursing, home health aides, med supplies/equipment/appliances) for persons eligible for NF services* (PT, OT, speech, & audiology optional components)
- family planning services & supplies
- rural health clinic (RHC) and federally qualified health center (FQHC) services & any other ambulatory services offered by them that are otherwise covered under the State plan
- other lab & x-ray services
- certified pediatric and family nurse practitioner services (to extent authorized to practice in a state)
- nurse-midwife services (to extent authorized to practice in a state)
- EPSDT for those under 21
- pregnancy-related services and services for the other conditions that might complicate pregnancy -- up to 60 days after pregnancy ends

Mandatory services if a State covers the medically needy:

- prenatal care and delivery services for pregnant women
- for women, while pregnant, applied for, were eligible as medically needy for, and received MA services under the plan, services under the plan that were pregnancy-related for up to 60 days after pregnancy ends
- ambulatory services to individuals under age 18 and individuals entitled to institutional services
- home health services for persons entitled to NF services
- if a State plan includes ICF/MR or IMD services, either of the following sets of services: a) inpatient & outpatient hospital, RHC/FQHC services, lab & x-ray, physicians' services, medical and surgical dental services and, to extent authorized to practice in a State, nurse- midwife services; or b) the services contained in any seven of the sections in 42 CFR 440.10- 440.165

Optional services:

- ICF/MR services
- IMD services (for persons 65 or older)
- inpat. psych services for persons under 21
- prosthetic services (includes orthotics)
- medical or other remedial care provided by licensed practitioners (in Minnesota: podiatrists, optometrists, chiropractors, "mental health" [psychiatrists, psychologists, licensed independent clinical social workers, certain registered nurses, licensed marriage & family therapists], public health nursing, ambulatory surgical centers, certified registered nurse anesthetists, nurse practitioners, case management (patient monitoring) services as a component of receiving clozapine, clinical nurse specialists)

- optometrist services & eyeglasses
- dental services (diagnostic, preventive, or corrective procedures provided by/under supervision of dentist; includes dentures)
- prescribed drugs
- TB-related services for TB-infected persons (MN covers direct observation of prescribed drugs as part of the services provided by public health nurses)
- private duty nursing services
- clinic services

* must provide for recipients 21 and older. For those through age 20, must provide if the State plan provides NF services for them, individuals, and the medically needy (42 CFR §441.15(b))

- physical therapy services
- occupational therapy services
- speech, language, and hearing therapy services (provided by/under supervision of speech pathologist/audiologist)
- other diagnostic, screening, preventive and rehabilitative services (in Minnesota, rehab is: community mental health center services; day treatment; MH community support services for adults (independent living skills); mental health crisis response services; assertive community treatment services; residential rehab services; services for chemical abuse; rehab restorative and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services; respiratory therapy services; & EPSDT rehab services in an IEP/IFSP under IDEA and provided to children with IEPs/IFSPs during the school day)
- hospice services
- (targeted) case mgt. services (in Minnesota: mental health TCM, child welfare TCM, TCM for vulnerable adults and those with DD not on a §1915(c) waiver, relocation service coordination)
- ambulatory prenatal care to pregnant women during presumptive elig. period (MN does not cover)
- respiratory care services (MN does not cover as stand-alone service)
- personal care services
- primary care case mgt. services (MN does not cover)
- "any other medical care or remedial care recognized under the State plan and specified by" the Centers for Medicare & Medicaid Services: transportation, services furnished in a religious nonmedical health care institution, services of nurses in a religious nonmedical health care institution (MN does not cover), NF services for persons under age 21, emergency hospital services, critical access hospital services
- Program of All-Inclusive Care for the Elderly services (MN does not cover)