

# *LCTS Public Health Activity Code Reference Guide*



# LOCAL COLLABORATIVE TIME STUDY

## LCTS Federal Code Titles

### **I. Health/Medical Related**

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

### **II. 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*

### **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. Health/Medical Related

*Codes G through I should be used when the activity performed is designed to help clients (adults and children) 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 assisting a child and/or family to determine whether or not they are MA eligible and/or 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 or MinnesotaCare eligibility forms;
-  Assisting a child and/or family in updating MA or MinnesotaCare 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 benefits, and informing people about MA eligibility requirements and the MA enrollment process;
- ✚ Referring an individual or family to the county intake office to apply for MA benefits;
- ✚ Contacting pregnant and parenting teenagers to discuss the availability of MA covered prenatal and postpartum services;
- ✚ 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;
-  Acting as a liaison with MA providers;
-  Participating in the development of health plans/service plans (non Long Term Care Consultation and Child and Teen Check-up related) relating to MA services and individual program plans for MA covered services;
-  Making referrals to family planning services;
-  Making referrals to other MA covered services (non Long Term Care Consultation and/or Child and Teen Check-up related);
-  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 (non Long Term Care Consultation and/or Child and Teen Check-up related);

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- ✚ 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 and/or family;
- ✚ Writing a referral for a child and/or family 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;
- ✚ Advising a parent or guardian of necessary health/medical services needed in regards to a child's illness or injury (non Child and Teen Check-up related);
- ✚ Arranging for transportation in order that an ill or injured child is able to receive necessary health care services;
- ✚ Developing translation materials that assist individuals to access and understand necessary care or treatment covered by MA;
- ✚ Participating in or coordinating training for agency staff that improves the delivery of MA health/medical related services or improves the referral of children and/or families with health/medical needs to MA services (non Child and Teen Check-up related);
- ✚ Evaluating health/medical delivery systems in the public health system and identifying gaps or duplication of MA health/medical services to children and/or families;
- ✚ Evaluating the need for MA health/medical services in relation to specific populations or geographic areas;
- ✚ Developing strategies to improve the delivery and coordination of MA health care services and programs to children and/or families, or developing strategies to assess or increase the capacity and/or cost effectiveness of these programs;

- ✚ Participating in discussions or work groups with state agencies, County Social Services, schools, community agencies and/or MA providers to improve the coordination and delivery of health care services for children and/or families and the identification of health care problems of children and/or families;
- ✚ Participating in discussions or work groups to expand access to health care services for specific populations of MA eligible children and/or families;
- ✚ Providing information, consultation and advice to health professionals regarding the delivery of MA covered health care services to children and/or families;
- ✚ Arranging for medical screenings and providing appropriate follow-up (non Long Term Care Consultation and/or Child and Teen Check-up related);
- ✚ 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 program activities that can be billed to MA. Some examples include:

-  Conducting health/medical assessments, developmental assessments or evaluations and diagnostic testing and preparing related reports;
-  Health charting related to MA billable activities;
-  Providing direct medical procedures;
-  Providing physical, speech, occupational and other therapies;
-  Administering immunizations and/or vaccines;
-  Administering prescribed medications;
-  Child and Teen Check-up activities (administrative and direct services);
-  Home and Community Based Services (HCBS waivers);
-  Relocation Service Coordination (RSC);
-  Post pregnancy and/or well baby visits to mother and baby;
-  Long Term Care Consultation (LTCC);
-  Paperwork and staff travel related to the above activities.



## II. Children at Risk

*Codes A through F should only be used when the activity is associated with a child currently in placement or at imminent risk of placement including determination of risk, direct case management of a child at imminent risk, training surrounding dealing with children at risk, and general administrative duties surrounding children at risk.*

### **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 student 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.*

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## ***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 students who are either in foster care or have been identified as a Foster Care Candidate. This does not include providing the actual service itself.

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

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 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 or 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 planned return to school following foster care placement or transition from corrections;
- ✚ 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;

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- ✚ Contacting, monitoring or communicating with a child, family members, County Social Services or other relevant persons regarding the provision of child welfare services for the child and assessing and evaluating the effectiveness of services;
- ✚ Arranging for or providing access or referral to translation services (oral and signing) to help agency staff communicate with a child or the child's parents regarding child welfare services provided to the child and/or family;
- ✚ 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 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 agency staff communicate with a child or the child's parents regarding services provided to the child and/or family;
- ✚ 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 child welfare and the factors that put children 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:

- ✚ Assisting with any activities to support any petitions for County Social Services related to foster care placement;
- ✚ Preparing for or participating in any court hearing or administrative review including presenting testimony related to foster care placement;
- ✚ 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 students. Some examples include:

- ✚ Presenting or attending training for collaborative partners or agency 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 or attending 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 is currently in foster care;
- ✚ Providing counseling for substance abuse conditions;
- ✚ Providing psychiatric services;
- ✚ Providing psychological counseling;
- ✚ Providing rehabilitative mental health services;
- ✚ 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.

### 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:

- ✚ Obtaining parental consent forms for health-related reasons;
- ✚ Participating in the assistance of determining SSI eligibility;
- ✚ Participating in the training of day care staff;
- ✚ Participating in first aid and CPR training;
- ✚ Participating in chemical dependency and chemical abuse assessments;
- ✚ Administering prescribed medications;
- ✚ Providing direct medical procedures;
- ✚ Examining for head lice;
- ✚ Collecting data;
- ✚ Performing activities (non MA eligible) that are billed directly to a third party (either private insurance or covered under direct federal grant activities);
- ✚ Performing activities that inform children and their families about their eligibility for non-MA programs such as nutrition education and wellness programs;
- ✚ Attending or presenting individual or group prevention or awareness activities about substance abuse, AIDS or pregnancy;
- ✚ Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices;

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- ✚ Conducting general health education programs or campaigns that address life-style changes in the general population (e.g. dental prevention, anti-smoking, alcohol reduction, etc.);
- ✚ 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;
- ✚ 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 public health agency operating functions and activities that are directly related to your job and/or agency. 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 agency or unit 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 agency 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 agency's annual or multi-year plan;

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- ✚ Reviewing public health agency or district policies, procedures and/or rules;
- ✚ Reviewing technical literature and professional journals and research articles;
- ✚ 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 agency 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)