

Instructions for Time Study Participants

Local Collaborative Time Study (LCTS) Web Based Application

April 2011



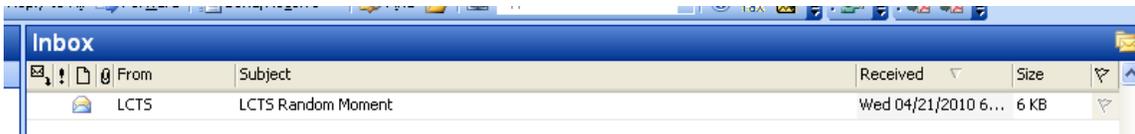
Minnesota Department of **Human Services**

PARTICIPANT INSTRUCTIONS FOR COMPLETING LCTS RANDOM MOMENTS

Upon receipt of an electronic random moment, the participant is expected to complete the random moment in a timely manner. The following instructions will provide step-by-step instruction of the steps necessary to successfully complete random moments received by participants.

Step One: Receive and Access Random Moment by Email

- Receive email in inbox.
Email will be from “LCTS” and the subject line will be “LCTS Random Moment”



- Open email.
- Verify your name and the date of the random moment for accuracy.
- Read instructions and click on the link to the random moment form.

From: LCTS [Dhs.Fod.Lcts@state.mn.us] Sent: Mon 05/17/2010 2:44 PM
To: [Redacted]
Cc:
Subject: LCTS Random Moment

[Participant Name] **Verify Information**
[County Name]

Click on the link below to complete your random moment for [Date and Time]. **Verify Information**

Consult the time study instructions to complete your random moment. If you have questions or need a copy of the instructions—contact your time study coordinator.

This random moment must only be completed and submitted by the time study participant.

All random moment responses are subject to federal audit. Falsification of this information diminishes the integrity of the random moment sample and compromises the federal administrative claim.

Click on this link [450402E 871](#) or copy and paste this address into your web browser. **Active Link - Click Here**

[Actual link to the address of the web-based application]

****This message is being sent from an unmonitored email address. Please do not reply to this email.****

Step Two: Verify Participant Name

- Again, verify that the random moment form is intended for the correct participant.
- If the name is incorrect, click the “Not you?” link
- If the name is correct – proceed to Step Three: Complete the Random Moment.



Minnesota Department of **Human Services**

*Random Moment Time
Studies*

minnesota north star

Welcome [Participant Name] Please complete the random moment for [Date and Time] [\(Not you?\)](#)

Please select a code below that represents the activity performed at the time of the random moment.

- A - Determination of Risk
 - B1 - Service Coordination – Child is in 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
- You will be brought to the following screen that instructs you to “Contact your Site Coordinator Immediately” if you have received a random moment for someone other than yourself. If you clicked the “Not you?” link by mistake, you can get back to the random moment screen by clicking the “Back” button on your web browser.



Minnesota Department of **Human Services**

Random Moment Time Studies

I am NOT [Participant Name] [Redacted]

Please contact your site coordinator immediately.

[Back](#)

Step Three: Access the Random Moment

➤ After you click on the active link in Step One, the blank random moment form should appear.



Welcome [Participant Name] Please complete the random moment for [Date and Time] ([Not you?](#))

Please select a code below that represents the activity performed at the time of the random moment.

- A - Determination of Risk
- B1 - Service Coordination – Child is in 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 - Treatment and Therapy
- G - MA Eligibility Determination Assistance
- H - Health / Medical Related Service Coordination
- I - Direct Medical Services
- J - Other Services and Third Party Payment
- K - General Administration

Please provide a brief general description of the activity being performed during the time of the random moment per federal regulations.

What were you doing?

Who were you with?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Family |
| <input type="checkbox"/> Student/Child | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> Other | |

If other, please specify.

Step Four: Complete the Random Moment

- Complete each of the necessary fields on the random moment form
- First, select your activity code choice by clicking one of the circular radio buttons to the left of the code descriptions to indicate the activity code of your choice.
--It is not possible to make more than one selection so please be sure to select the code that most accurately describes your activity at the time of the random moment.

Please select a code below that represents the activity performed at the time of the random moment.

- A - Determination of Risk
- B1 - Service Coordination – Child is in 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 - Treatment and Therapy
- G - MA Eligibility Determination Assistance
- H - Health / Medical Related Service Coordination
- I - Direct Medical Services
- J - Other Services and Third Party Payment
- K - General Administration

- Second, type a clear and concise narrative (brief one or two sentences) to describe your activity at the time of the random moment – this description is the narrative that supports your activity code choice.
--The character limit is 500+ providing more than adequate space to provide a complete description.

Please provide a brief general description of the activity being performed during the time of the random moment per federal regulations.

What were you doing?

Type your brief general description here.



- Third, answer the question “Who were you with” by selecting the appropriate checkboxes to describe those present at the time of the random moment.

--You may choose more than one selection when you are with a student and their family, or a colleague and a student, etc.

Who were you with?

Self

Student/Child

Other

Family

Colleague

If other, please specify:

- Fourth, Click the submit button.

Submit

- If you have not completed one of the required fields on the random moment form, you will receive a message at the top of the page reminding you of the area that is incomplete.



Minnesota Department of **Human Services**

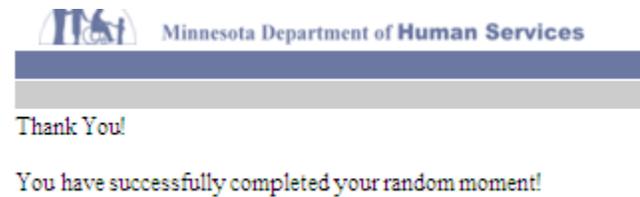
Random

Welcome [Participant Name] Please complete the random moment for [Date and Time]

Please tell us what were you doing.

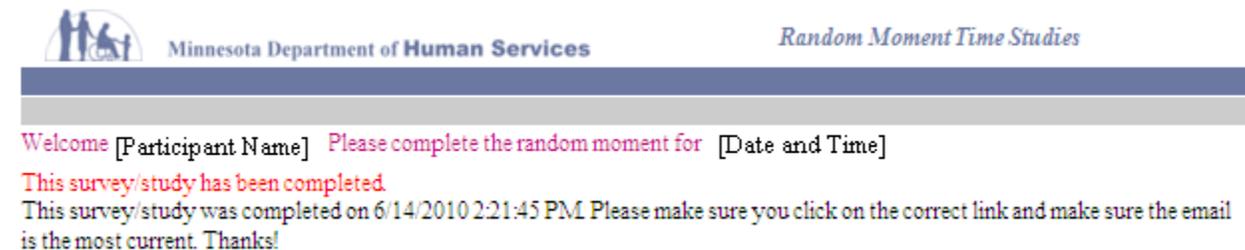
Step Five: Receive Confirmation that your random moment is complete

- If all the required fields were complete when the submit button was clicked, you will receive a confirmation message that your random moment is complete.



- Once you receive a confirmation, you may close the browser window and delete the email.

After a random moment has been completed you cannot access it again to view or correct it. If you try to access the random moment a second time you will receive the following message:



COMPLETING LCTS RANDOM MOMENTS THAT REQUIRE VALIDATION

If you receive a random moment that requires validation, complete Steps 1 through 3 above as normal, however—you will have an additional action required within Step 4.

If a random moment requires validation, it will contain additional information in the lower half of the random moment screen.



Minnesota Department of Human Services

Random Moment Time
Studies

minnesota north star

Welcome [Participant Name] Please complete the random moment for [Date and Time] [\(Not you?\)](#)

Please select a code below that represents the activity performed at the time of the random moment.

- A - Determination of Risk
- B1 - Service Coordination – Child is in 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 - Treatment and Therapy
- G - MA Eligibility Determination Assistance
- H - Health / Medical Related Service Coordination
- I - Direct Medical Services
- J - Other Services and Third Party Payment
- K - General Administration

Please provide a brief general description of the activity being performed during the time of the random moment per federal regulations.

What were you doing?

Who were you with?

Self

Student/Child

Other

Family

Colleague

If other, please specify.

Please enter the validator's name and email address below.

Validator Name:

Email Address:

Submit

Complete the random moment as outlined in steps 1 – 4. Then you must also enter the validator information prior to clicking the “submit” button.

In the blank spaces provided, enter the information for your assigned validator.

DO NOT enter your own email in this space – only enter the validator name and email address.

Please enter the validator's name and email address below.

Validator Name:

Email Address:

Submit

Example Information

After you have entered the validator’s name and email address, you may proceed with submitting your random moment by clicking the “submit” button. Upon submission your email will be forwarded to the validator for approval and will then be submitted to DHS.

Submit

After this step you will receive the confirmation message that the random moment has been completed.



Thank You!

You have successfully completed your random moment!

After you receive the confirmation message you may close and delete the email.