

Web-based Application (with screen shots)

Instructions for LCTS Participants

Random Moment Sampling

In the web-based application, the electronic random moment is emailed directly to the LCTS participant. In an LCTS participant's short term absence, the LCTS coordinator can respond on behalf of the absent LCTS participant by selecting the activity code that indicates they are on vacation, or out sick, or on leave only if they have prior knowledge of the participants' absence.

Each LCTS participant will continue to receive random moments throughout the calendar quarter. The quarters are as follows: Qtr 1: January 1–March 31; Qtr 2: April 1–June 30; Qtr 3: July 1–September 30; and Qtr 4: October 1–December 31. There is an exception to the scheduled quarters for public schools only for Quarter 3 which occurs September 1st – September 30th.

To ensure that web-based emails to the LCTS coordinator, participant or the validator are not inadvertently blocked by any anti-spam software, please be sure to add the following email address to your list of allowed senders and contacts. The email address is: dhs.fod.LCTS@state.mn.us
If you need assistance to complete this task, please contact your local IT department.

As stated earlier, the LCTS participants will receive their random moment email directly from the web-based application. The email will appear as follows:

[Participant Name]

Click on the link below to complete your random moment for **[date time]**.

Access to this random moment expires on: **[date time]**.

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

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.

Random moments that are not returned may impact your federal administrative reimbursement.

Click on this link **[actual link to the address of the web-based application]** or copy and paste this address into your web browser.

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

If the name that appears at the top of the random moment is not you, click on "Not You" and you will receive the following message:

Welcome [Participant Name]! Please complete the random moment for [date time].
I am NOT [Participant Name]

Please contact your time study coordinator immediately.

Back

If you are the intended recipient of the random moment, select an activity code by clicking on the radio button in front of the activity code number and description. If you select the wrong activity code and need to change your selection, simply choose another activity code and the first one will be replaced with the new selection. **NOTE: You will not be able to change your activity code once you click on "Submit".**

F – Therapy and Treatment

Click on "Submit" after you have selected the correct activity code that best represents the activity you are doing at the time of the random moment.

Submit

When the participant clicks on "Submit", they will receive the following message:

Thank You!

You have successfully completed your random moment!

Scenario:

1. The LCTS participant receives their random moment email, opens the link and selects the activity code. If no validation is required, the LCTS participant clicks on "Submit" and the participant receives a "thank you message". **The random moment is complete.**

One of the following four random moments will appear when the LCTS participant clicks on the link within the random moment email. They differ due to partner type and validation requirements.

The random moment for a public school or corrections participant that does not require validation will appear as follows:

Welcome [Participant Name]! Please complete the random moment for [date/time]. (Not you?)

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

- A - Determination of Risk
- 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
- G - MA Eligibility Determination Assistance
- H - Health / Medical Related Service Coordination
- I - Direct Medical Services
- J - Other Services
- K - General Administration – Not Program Related

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.

The random moment for a public school or corrections participant that requires validation will appear as follows:

Welcome [Participant Name]! Please complete the random moment for [date/time]. (Not you?)

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

A selection is required.

- A - Determination of Risk
- 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
- G - MA Eligibility Determination Assistance
- H - Health / Medical Related Service Coordination
- I - Direct Medical Services
- J - Other Services
- K - General Administration – Not Program Related

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.

Validator Name:

Email Address: Email Address invalid.

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The random moment for a public health participant that does not require validation will appear as follows:

Welcome [Participant Name]! Please complete the random moment for [date/time]. (Not you?)

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

A selection is required.

- A - Determination of Risk
- 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
- G - MA Eligibility Determination Assistance
- H - Health / Medical Related Service Coordination
- I - Direct Medical Services
- J - Other Services
- K - General Administration – Not Program Related
- L - Intake for Long Term Services and Supports (LTSS)
- M - Other Intake and Investigation
- N - LTSS Assessment and Support Planning for persons MA Eligible or MA Status is Unknown/Undetermined
- O - LTSS Assessment & Support Planning for non-MA Eligible or on a Health Plan Providing Payment

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.

The random moment for a public health participant that requires validation will appear as follows:

Welcome [Participant Name]! Please complete the random moment for [date/time]. (Not you?)

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

A selection is required.

- A - Determination of Risk
- 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
- G - MA Eligibility Determination Assistance
- H - Health / Medical Related Service Coordination
- I - Direct Medical Services
- J - Other Services
- K - General Administration – Not Program Related
- L - Intake for Long Term Services and Supports (LTSS)
- M - Other Intake and Investigation
- N - LTSS Assessment and Support Planning for persons MA Eligible or MA Status is Unknown/Undetermined
- O - LTSS Assessment & Support Planning for non-MA Eligible or on a Health Plan Providing Payment

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.

Validator Name:

Email Address: Email Address invalid.

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.