LCTS PUBLIC HEALTH PARTICIPANT CHECKLIST

It is important that the Local Collaborative Time Study (LCTS) does not include participants who are inappropriate for this time study. Every LCTS Collaborative must be certain that only appropriate staff are included on the time study or the entire LCTS funding stream is at risk. This is part of ongoing efforts to assure the integrity of the LCTS, ensure the program is audit proof, & ascertain that we meet federal requirements.

Following is a checklist to assist public health staff to determine if they should be on the time study. If staff cannot assure the LCTS Coordinator that these conditions are met, they should **not** be on the LCTS.

Staff must answer "yes" to the following statements below. If the answer to any of these statements is "no", then you must notify your LCTS Coordinator that you should not be included on the LCTS.

Name_____ Job Title:_____

Agency_____ Date: _____

1. I work at least 20 hours a week.
2. I am on the payroll of the LCTS Public Health partner and not a contracted individual.
3. I spend at least **40%** of my time doing at least one of the following types of activities:
    a. Providing health related referrals; preparing health assessment & developing health plans (not IEP/IFSP); arranging for family planning, pregnancy testing, or HIV testing; making referrals for child & teen check-ups; providing parents education on child development, immunizations & substance abuse.
    b. Determining if an assessment is needed for long term services & supports (LTSS) eligibility; conducting an assessment or reassessment of eligibility for LTSS; all preparation and follow-up activities related to the assessment and support planning process.
    c. Information gathering to identify if a person should be referred for an assessment for LTSS including HCBS waivers, Alternative Care, Nursing Facility, Personal Care Assistance, ICF/DD, Consumer Support Grant, Semi-Independent Living Services, Family Support Grant, VA/DD Targeted Case Management, or Relocation Service Coordination.
    d. Developing a community support plan for individuals who need long term services & supports or have chronic care needs.
    e. Providing case management services and/or working with social services staff in planning & coordinating services to children who would be at risk of out-of-home placement absent the provision of preventive services.
    f. Coordinating services for youth at risk of out-of-home placement that are related to an IEP (non-educational services); developing intervention plans (not IEP/IFSP); assisting with obtaining resources such as TEFRA, SSI, Day Treatment; or prevention activities.

Check one

☐ I meet the above requirements, I should be on the LCTS

☐ I do not meet the above requirements, I should **not** be on the LCTS

*If you are not able to answer yes to all the questions above, you should **not** be on the LCTS. Please notify your LCTS coordinator if you are incorrectly participating on the LCTS.*