

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																					
Adcock, Paula		Teacher, Elementary								42075								Riverside Unified								Adams El																					
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total						
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8							
1) School-Related, Educational & Other Activities	1.00	1.00	0.75	1.00	1.00	0.75	1.00	0.50	1.00	1.00	1.00	1.00	1.00	0.50	0.75																						1.00	1.00	1.00	1.00	1.00	1.00	0.75	0.50	0.50	26.75	
2) Direct Medical Services																																														0	
3) Non-Medi-Cal Outreach																																														0	
4) Initial Medi-Cal Outreach			0.25				0.25																																							0.75	
5) Facilitating Application For non-Medi-Cal Programs																																														0	
6) Facilitating Medi-Cal Application																																														0	
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																													0.25	0.25	
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services														0.50	0.25																													0.25	0.25	1.25	
9) Transportation for non-Medi-Cal Services																																														0	
10) Arranging Transportation in support of Medi-Cal Services																																														0	
11) Non-Medi-Cal Translation																																														0	
12) Translation to Access Medi-Cal Services															0.50																														0.50	1	
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																														0	
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																														0	
15) Medi-Cal Claims Administration, Coordination and Training																																														0	
16) General Administration/Completing TS Form/Paid Time Off																1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50																								7.5
TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	37.5		
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE: (blue ink only)								DATE:																					

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Paula Adcock

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Discussed and passed out Medi-Cal information forms with students.
made an initial referral for health assessment for SLP

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

attended IEP meeting and discussed ongoing speech therapy.
attended IEP meeting and discussed ongoing speech therapy.

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

arranged for a translator for an IEP re. health and speech
translated for SST with referral for SLP and mental health concerns

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

ill, paid time off
paid time off

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Atchison, R		Teacher, Resource/Spec Projects								149550								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	0.75	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	0.75	1.00	1.00	0.75	1.00	1.00	1.00	0.50	36.75
2) Direct Medical Services																																								0	
3) Non-Medi-Cal Outreach																																								0	
4) Initial Medi-Cal Outreach														0.25																		0.25		0.25						0.75	
5) Facilitating Application For non-Medi-Cal Programs																																								0	
6) Facilitating Medi-Cal Application																																								0	
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																								0	
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12) Translation to Access Medi-Cal Services																																								0	
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																								0	
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																								0	
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TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	37.5	
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

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NO WHITE OUT ALLOWED

Name*: R Atchison

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Resource/Spec Projects

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Sent home flyer regarding Medi-cal Services.

Made initial referral for speech therapy for a student.

Made a phone call to parent in regards to a child's behavior and referred parent to medi-cal as an option if needed

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

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Sample Narratives:

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Sample Narratives:

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Carlson, Kirsten		Teacher, Sdc/Sh								212456								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																				
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4		5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00	1.00	1.00	0.75	0.25	1.00	1.00	0.50	1.00	0.75	1.00	1.00	0.25	1.00	0.75	0.50									1.00	1.00	1.00	0.75	0.25	1.00	0.50	0.50	25.5
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5) Facilitating Application For non-Medi-Cal Programs																																									0
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8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																			0.25																	0.25					0.5
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13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																									0
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15) Medi-Cal Claims Administration, Coordination and Training																																									0
16) General Administration/Completing TS Form/Paid Time Off					0.75								0.75									0.75			1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50				0.75		0.50			11
TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	37.5	
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

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NO WHITE OUT ALLOWED

Name*: Kirsten Carlson

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Sdc/Sh

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

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Sample Narratives:

Made an initial referral to SLP regarding speech therapy for a student.
Discussed need for speech therapy for student during IEP, initial referral recommended

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Follow up for student referral for needed OT services.
coordinating services for student and reviewing progress with PT after recent surgery

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

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Sample Narratives:

paid lunch
paid lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Chavez, Alicia		Teacher, Elementary								153977								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
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7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																									0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																							0.25		0.25
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TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	37.5
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

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NO WHITE OUT ALLOWED

Name*: Alicia Chavez

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

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Sample Narratives:

I made an initial referral for a child to our speech pathologist for pronunciation issues.

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

I assisted a parent in determining eligibility in regards to medi-cal application

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

I monitored the health services in student's IEP

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-08-30

Name(Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																																															
Defoe, Paul		Principal, Elementary								24331								Riverside Unified								Adams El																																															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minutes increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total																																
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8																																	
1) School-Related, Educational & Other Activities	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.75	0.50	1.00	1.00	1.00																								1.00	1.00	1.00	1.00	1.00	1.00	0.75	1.00	1.00										1.00																		0.75	32.25
2) Direct Medical Services																																																											0														
3) Non-Medi-Cal Outreach																																																												0													
4) Initial Medi-Cal Outreach			0.50																																																									2.75													
5) Facilitating Application For non-Medi-Cal Programs																																																												0													
6) Facilitating Medi-Cal Application																																																													0												
7) Ongoing Referral,Coordination, & Monitoring of non-Medi-Cal Services																																																													0												
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																																													0.5												
9) Transportation for non-Medi-Cal Services																																																													0												
10) Arranging Transportation in support of Medi-Cal Services																																																														0											
11) Non-Medi-Cal Translation																																																														0											
12) Translation to Access Medi-Cal Services																																																														0											
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																																														0											
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																																														0											
15) Medi-Cal Claims Administration, Coordination and Training																																																														0.25											
16) General Administration/Completing TS Form/Paid Time Off																																																													1.00 1.00 1.00 1.00 0.25 4.25												
TOTAL HOURS:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40																
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:																																															

Instructions:

1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
2. Complete the survey on a daily basis for the designated time survey period.
3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
6. Be sure to include each activity for codes 1-16 during the survey period.
7. If hours paid equal more than 8, continue on second survey form.
8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Paul Defoe

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Principal, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Provided a list of Medi-Cal providers to the parent of one of my students so she could have him evaluated by a medical doctor. During an IEP I informed a parent about Medi-Cal services referral for her son and encouraged her to apply.

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Attended IEP meeting where ongoing speech therapy and progress were discussed.

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Sent reminder emails to MAA participants

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid time off approved by supervisor under.
Took Paid Personal Business days off away from work.
Completed the MAA time survey

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Delgado, Angelina		Teacher, Elementary								67477								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	0.50	0.75	0.50	1.00	1.00	1.00	1.00	1.00	0.75	0.75	0.50	0.50	1.00	1.00	0.75	1.00	1.00	1.00	1.00	0.75	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	35.75
2) Direct Medical Services																																									0
3) Non-Medi-Cal Outreach																																									0
4) Initial Medi-Cal Outreach											0.50	0.25									0.50	0.50																			1.75
5) Facilitating Application For non-Medi-Cal Programs																																									0
6) Facilitating Medi-Cal Application																																									0
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																									0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																									0
9) Transportation for non-Medi-Cal Services																																									0
10) Arranging Transportation in support of Medi-Cal Services																																									0
11) Non-Medi-Cal Translation																																									0
12) Translation to Access Medi-Cal Services																																									0
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																									0
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																									0
15) Medi-Cal Claims Administration, Coordination and Training																																									0
16) General Administration/Completing TS Form/Paid Time Off																																									0
TOTAL HOURS:	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	0.75	0.75	1	1	1	1	0.75	1	1	1	1	0.75	1	1	0.5	1	1	1	1	1	1	1	37.5
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Angelina Delgado

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Distributed and talked to students about medi-cal and dental fair and application assistance.
Reminded students about medi-cal flyer.

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Fennell, Mona		Teacher, Elementary								71480								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities	0.75	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	0.75	0.50	1.00	1.00	1.00	0.25	1.00	1.00	0.75	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	33
2) Direct Medical Services																																									0
3) Non-Medi-Cal Outreach																																									0
4) Initial Medi-Cal Outreach	0.25																																								0.25
5) Facilitating Application For non-Medi-Cal Programs																																									0
6) Facilitating Medi-Cal Application																																									0
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																									0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services															0.25								0.25																		0.5
9) Transportation for non-Medi-Cal Services																																									0
10) Arranging Transportation in support of Medi-Cal Services																																									0
11) Non-Medi-Cal Translation																																									0
12) Translation to Access Medi-Cal Services																																									0
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																									0
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																									0
15) Medi-Cal Claims Administration, Coordination and Training																																									0
16) General Administration/Completing TS Form/Paid Time Off				0.75								0.75							0.75								0.75								0.75					3.75	
TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	37.5	
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Mona Fennell

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

I distributed the Medi-Cal health insurance flyers and discussed these benefits to my students

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Follow up with staff member for referral to discuss further need for health services

Review of referral paperwork with staff member and discussion of further need for health services

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid lunch
Paid lunch
Paid lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Griffin, Sharon		Teacher, Elementary								36562								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	33.75
2) Direct Medical Services																																									0
3) Non-Medi-Cal Outreach																																									0
4) Initial Medi-Cal Outreach																																									0
5) Facilitating Application For non-Medi-Cal Programs																																									0
6) Facilitating Medi-Cal Application																																									0
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																									0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																									0
9) Transportation for non-Medi-Cal Services																																									0
10) Arranging Transportation in support of Medi-Cal Services																																									0
11) Non-Medi-Cal Translation																																									0
12) Translation to Access Medi-Cal Services																																									0
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																									0
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																									0
15) Medi-Cal Claims Administration, Coordination and Training																																									0
16) General Administration/Completing TS Form/Paid Time Off				0.75								0.75								0.75								0.75								0.75					3.75
TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	37.5
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Sharon Griffin

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

paid lunch
paid lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Schafer, Christina		Teacher, Elementary								168346								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	33.75
2) Direct Medical Services																																									0
3) Non-Medi-Cal Outreach																																									0
4) Initial Medi-Cal Outreach																																									0
5) Facilitating Application For non-Medi-Cal Programs																																									0
6) Facilitating Medi-Cal Application																																									0
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																									0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																									0
9) Transportation for non-Medi-Cal Services																																									0
10) Arranging Transportation in support of Medi-Cal Services																																									0
11) Non-Medi-Cal Translation																																									0
12) Translation to Access Medi-Cal Services																																									0
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																									0
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																									0
15) Medi-Cal Claims Administration, Coordination and Training																																									0
16) General Administration/Completing TS Form/Paid Time Off					0.75								0.75								0.75								0.75								0.75				3.75
TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	37.5	
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Christina Schafer

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid lunch
Paid lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Lowe, Alicia		Teacher, Elementary								28300								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	0.50	1.00	0.50	1.00	1.00	1.00	37
2) Direct Medical Services																																									0
3) Non-Medi-Cal Outreach																																									0
4) Initial Medi-Cal Outreach																																									0
5) Facilitating Application For non-Medi-Cal Programs																																									0
6) Facilitating Medi-Cal Application																																									0
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																									0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																			0.50						0.5
9) Transportation for non-Medi-Cal Services																																									0
10) Arranging Transportation in support of Medi-Cal Services																																									0
11) Non-Medi-Cal Translation																																									0
12) Translation to Access Medi-Cal Services																																									0
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																									0
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																									0
15) Medi-Cal Claims Administration, Coordination and Training																																									0
16) General Administration/Completing TS Form/Paid Time Off																																									0
TOTAL HOURS:	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	37.5
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Alicia Lowe

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Discussed with SLP progress for a student receiving speech services.

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-08-28

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																				
Mcintyre, Janice		Lsh Specialist								157142								Riverside Unified								Adams El																				
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013								Date: 03-14-2013								Date: 03-15-2013								Date: 03-18-2013								Date: 03-19-2013								Total					
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8						
1) School-Related, Educational & Other Activities									0.50		0.25	0.50	0.25		0.50	0.50	0.25		0.25	0.50	0.25	1.00	1.00	0.50										0.50	0.75	0.50	0.25	1.00	1.00		0.25	10.5				
2) Direct Medical Services									0.50	1.00	0.75	0.50		1.00	0.50		0.75	1.00	0.75	0.50																	0.50							1.00	8.75	
3) Non-Medi-Cal Outreach																																													0	
4) Initial Medi-Cal Outreach																																					0.25	0.50							0.75	
5) Facilitating Application For non-Medi-Cal Programs																																													0	
6) Facilitating Medi-Cal Application																																													0	
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																													0	
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																													0	
9) Transportation for non-Medi-Cal Services																																													0	
10) Arranging Transportation in support of Medi-Cal Services																																													0	
11) Non-Medi-Cal Translation																																													0	
12) Translation to Access Medi-Cal Services																																													0	
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																													0	
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																													0	
15) Medi-Cal Claims Administration, Coordination and Training																																													0.25	0.25
16) General Administration/Completing TS Form/Paid Time Off													0.75								0.75					1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50			0.75	9.75									
TOTAL HOURS:	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	1	1	1	0.5	30									
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE: (blue ink only)								DATE:																				

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Janice McIntyre

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Lsh Specialist

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Attended meeting for initial referral for a student to psychological services
Discussed initial referral of student for health assessment with psychologist

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Coordinated with staff about completing MAA survey

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid Lunch
Paid Lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site														
Mckee, Janis		Teacher, Elementary								4039								Riverside Unified								Adams EI														
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																			
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8								
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	33.75							
2) Direct Medical Services																																	0							
3) Non-Medi-Cal Outreach																																	0							
4) Initial Medi-Cal Outreach																																	0							
5) Facilitating Application For non-Medi-Cal Programs																																	0							
6) Facilitating Medi-Cal Application																																	0							
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																	0							
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																	0							
9) Transportation for non-Medi-Cal Services																																	0							
10) Arranging Transportation in support of Medi-Cal Services																																	0							
11) Non-Medi-Cal Translation																																	0							
12) Translation to Access Medi-Cal Services																																	0							
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																	0							
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																	0							
15) Medi-Cal Claims Administration, Coordination and Training																																	0							
16) General Administration/Completing TS Form/Paid Time Off				0.75								0.75									0.75							0.75					3.75							
TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	37.5
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:														

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Janis Mckee

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

paid lunch
paid lunch
paid lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name(Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																
Murdock, Diane		Teacher, Elementary								3822								Riverside Unified								Adams El																
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments		Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																				
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8									
1) School-Related, Educational & Other Activities		1.00	1.00	1.00	1.00	0.50	0.50	1.00	1.00	1.00	0.75	0.75	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	0.50	1.00	0.50	1.00	1.00	1.00	36
2) Direct Medical Services																																									0	
3) Non-Medi-Cal Outreach																																									0	
4) Initial Medi-Cal Outreach						0.50																											0.50								1	
5) Facilitating Application For non-Medi-Cal Programs																																									0	
6) Facilitating Medi-Cal Application												0.25																													0.25	
7) Ongoing Referral,Coordination, & Monitoring of non-Medi-Cal Services																																									0	
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																									0	
9) Transportation for non-Medi-Cal Services																																									0	
10) Arranging Transportation in support of Medi-Cal Services																																									0	
11) Non-Medi-Cal Translation																																									0	
12) Translation to Access Medi-Cal Services												0.25																													0.25	
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																									0	
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																									0	
15) Medi-Cal Claims Administration, Coordination and Training																																									0	
16) General Administration/Completing TS Form/Paid Time Off																																									0	
TOTAL HOURS:		1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	37.5	
EMPLOYEE SIGNATURE: (blue ink only)				DATE:				TELEPHONE NUMBER:				SUPERVISOR SIGNATURE:(blue ink only)				DATE:																										

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Diane Murdock

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Met with SLP to discuss applying for Medi-Cal services for one of my students and his younger brother. Reminded kids about IEHP and Medi-Cal for when they get sick, and passed out flyer.

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Helped parent with a list of paperwork and materials she needed to bring with her in order to apply for Medi-Cal.

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

I arranged for an office secretary to help translate the forms for a parent to apply for Medi-Cal.

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should [only] be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																	
Sbur, Judy		Teacher, Elementary								4697								Riverside Unified								Adams El																	
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments		Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																					
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8										
1) School-Related, Educational & Other Activities		1.00	1.00	1.00	1.00		1.00	1.00	1.00	1.00	1.00	1.00	1.00		1.00	1.00	1.00	1.00	1.00	1.00	1.00		1.00	1.00	1.00	1.00	1.00	1.00	1.00		1.00	1.00	1.00	1.00	1.00	1.00	1.00		1.00	1.00	1.00	1.00	35
2) Direct Medical Services																																										0	
3) Non-Medi-Cal Outreach																																										0	
4) Initial Medi-Cal Outreach																																										0	
5) Facilitating Application For non-Medi-Cal Programs																																										0	
6) Facilitating Medi-Cal Application																																										0	
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																										0	
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																										0	
9) Transportation for non-Medi-Cal Services																																										0	
10) Arranging Transportation in support of Medi-Cal Services																																										0	
11) Non-Medi-Cal Translation																																										0	
12) Translation to Access Medi-Cal Services																																										0	
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																										0	
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																										0	
15) Medi-Cal Claims Administration, Coordination and Training																																										0	
16) General Administration/Completing TS Form/Paid Time Off						0.50								0.50								0.50								0.50												2.5	
TOTAL HOURS:		1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	1	1	1	37.5	
EMPLOYEE SIGNATURE: (blue ink only)				DATE:				TELEPHONE NUMBER:				SUPERVISOR SIGNATURE: (blue ink only)				DATE:																											

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
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 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Judy Sbur

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

paid lunch
paid lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																
Shelley, Sylvia		Teacher, Elementary								34655								Riverside Unified								Adams El																
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments		Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																				
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8									
1) School-Related, Educational & Other Activities		0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.75	0.75	0.75	1.00	1.00	0.50	0.50	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	0.50	1.00	1.00	0.50	1.00	1.00	35.25
2) Direct Medical Services																																										0
3) Non-Medi-Cal Outreach																																										0
4) Initial Medi-Cal Outreach										0.50											0.25					0.50								0.50		0.50						2.25
5) Facilitating Application For non-Medi-Cal Programs																																										0
6) Facilitating Medi-Cal Application																																										0
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																										0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																										0
9) Transportation for non-Medi-Cal Services																																										0
10) Arranging Transportation in support of Medi-Cal Services																																										0
11) Non-Medi-Cal Translation																																										0
12) Translation to Access Medi-Cal Services																																										0
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																										0
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																										0
15) Medi-Cal Claims Administration, Coordination and Training																																										0
16) General Administration/Completing TS Form/Paid Time Off																																										0
TOTAL HOURS:		0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.75	1	0.75	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	37.5	
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:																

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
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 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Sylvia Shelley

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

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Sample Narratives:

I handed out the Dental Medi-Cal brochures to each student and explained the importance of them.
I spoke with the Speech teacher regarding a student initial referral for speech services.
I called a student's home and spoke with his mother and made an initial referral to vision services for her son.

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should [only] be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																
Weathers, Melissa		Teacher, Elementary								93208								Riverside Unified								Adams El																
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments		Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																				
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8									
1) School-Related, Educational & Other Activities		1.00	1.00	1.00	1.00	1.00	1.00	1.00		0.75	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	0.75	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	36.5
2) Direct Medical Services																																									0	
3) Non-Medi-Cal Outreach																																									0	
4) Initial Medi-Cal Outreach										0.25								0.25																						0.5		
5) Facilitating Application For non-Medi-Cal Programs																																								0		
6) Facilitating Medi-Cal Application																																								0		
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																								0		
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																0.50																								0.5		
9) Transportation for non-Medi-Cal Services																																								0		
10) Arranging Transportation in support of Medi-Cal Services																																								0		
11) Non-Medi-Cal Translation																																								0		
12) Translation to Access Medi-Cal Services																																								0		
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																								0		
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																								0		
15) Medi-Cal Claims Administration, Coordination and Training																																								0		
16) General Administration/Completing TS Form/Paid Time Off																																								0		
TOTAL HOURS:		1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	37.5		
EMPLOYEE SIGNATURE: (blue ink only)				DATE:				TELEPHONE NUMBER:				SUPERVISOR SIGNATURE:(blue ink only)				DATE:																										

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Melissa Weathers

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

I referred a parent to a local clinic for access to Medi-Cal covered services for her children.
I made a referral to psych services for student with behavior issues and possible ADD.

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

I attended an IEP meeting and we monitored the Medi-Cal covered services of a student

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
Wilcoxon, Paula		Teacher, Elementary								58841								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																				
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	0.75	0.25	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.25	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.25	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	33
2) Direct Medical Services																																									0
3) Non-Medi-Cal Outreach																																									0
4) Initial Medi-Cal Outreach				0.25																																					0.5
5) Facilitating Application For non-Medi-Cal Programs																																									0
6) Facilitating Medi-Cal Application																																									0
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																									0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																							0.25		0.25
9) Transportation for non-Medi-Cal Services																																									0
10) Arranging Transportation in support of Medi-Cal Services																																									0
11) Non-Medi-Cal Translation																																									0
12) Translation to Access Medi-Cal Services																																									0
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																									0
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																									0
15) Medi-Cal Claims Administration, Coordination and Training																																									0
16) General Administration/Completing TS Form/Paid Time Off					0.75								0.75																	0.75								0.75			3.75
TOTAL HOURS:	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	37.5	
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:															

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Paula Wilcoxon

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

I gave a Medi-Cal insurance information to all students in my class
Spoke with a parent regarding visions services for her son, made an intial referral

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Followed up with a parent regarding medication for her son and referral already made

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Calcovered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi- Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. UYse this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. Thsi code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid Lunch
Paid Lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site															
McCabe, Jayme		Teacher, Elementary								195967								Riverside Unified								Adams El															
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments		Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																			
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8								
1) School-Related, Educational & Other Activities		1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00	1.00	1.00	1.00	0.25	1.00	1.00	0.50	1.00					0.25	1.00	1.00	0.50	30.75						
2) Direct Medical Services																																		0							
3) Non-Medi-Cal Outreach																																		0							
4) Initial Medi-Cal Outreach																										1.00	1.00	1.00						3							
5) Facilitating Application For non-Medi-Cal Programs																																		0							
6) Facilitating Medi-Cal Application																																		0							
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																		0							
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																		0							
9) Transportation for non-Medi-Cal Services																																		0							
10) Arranging Transportation in support of Medi-Cal Services																																		0							
11) Non-Medi-Cal Translation																																		0							
12) Translation to Access Medi-Cal Services																																		0							
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																		0							
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																		0							
15) Medi-Cal Claims Administration, Coordination and Training																																		0							
16) General Administration/Completing TS Form/Paid Time Off						0.75								0.75										0.75					0.75					3.75							
TOTAL HOURS:		1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	37.5
EMPLOYEE SIGNATURE: (blue ink only)				DATE:				TELEPHONE NUMBER:				SUPERVISOR SIGNATURE:(blue ink only)				DATE:																									

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
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 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Jayme Mccabe

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Elementary

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Participated in IEP meeting where Psychologist and Speech and Language Pathologist discussed initial referral for a student

Participated in IEP meeting where Psychologist and SLP discussed initial referral

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should **[only]** be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

paid lunch

paid lunch

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																
Berry, Jennifer		Teacher, Sdc/Sh								218721								Riverside Unified								Adams El																
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments		Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																				
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities		1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00		1.00	1.00	1.00	0.50	1.00	1.00	0.75		1.00	1.00	1.00	0.50	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.50	1.00	1.00	1.00		1.00	1.00	1.00	0.50	32.75
2) Direct Medical Services																																										0
3) Non-Medi-Cal Outreach																																										0
4) Initial Medi-Cal Outreach																																										0
5) Facilitating Application For non-Medi-Cal Programs																																										0
6) Facilitating Medi-Cal Application																																										0
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																				0.25																						0.25
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services												0.25								0.25														0.25								0.75
9) Transportation for non-Medi-Cal Services																																										0
10) Arranging Transportation in support of Medi-Cal Services																																										0
11) Non-Medi-Cal Translation																																										0
12) Translation to Access Medi-Cal Services																																										0
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																										0
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																										0
15) Medi-Cal Claims Administration, Coordination and Training																																										0
16) General Administration/Completing TS Form/Paid Time Off					0.75							0.75								0.75									0.75							0.75						3.75
TOTAL HOURS:		1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	1	1	1	1	1	1	0.5	37.5	
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:																

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
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 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Jennifer Berry

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Teacher, Sdc/Sh

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

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Sample Narratives:

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Discussed progress with speech services for a student with speech pathologist

Discussed ongoing speech services for a student with speech pathologist

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

Code 12. Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Sample Narratives:

Code 14. Program Planning, Policy Development, and/or Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families and also when performing collaborative activities with other agencies and/or providers.

Sample Narratives:

Code 15. Medi-Cal Claims Administration, Coordination, and Training: This code should [only] be used by LEA, LEC and LGA MAA Coordinators when reviewing time survey requirements and working with others to appropriately report activities.

Sample Narratives:

Code 16: General Administration/Completing the Time Survey Form/Paid Time Off: Time survey participants use this code for completing the time survey form. This code is used when performing activities that are not directly assignable to program activities. This code also captures paid time away from your job. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid lunch break

Paid lunch break

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

Training Date: 2012-09-11

Name (Last, First, MI)		Job Classification								Employee Number								Claiming Unit (District)								School Site																																														
Leroy, Natalie		Resource Specialist								233523								Riverside Unified								Adams El																																														
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date: 03-13-2013				Date: 03-14-2013				Date: 03-15-2013				Date: 03-18-2013				Date: 03-19-2013				Total																																																			
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8																																
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	1.00	1.00	0.25	0.50									1.00	1.00	1.00	1.00					1.00	1.00	1.00	0.25									1.00	1.00	1.00	1.00	1.00	0.25	0.50									0.25	1.00	1.00	1.00	1.00	1.00			25.5													
2) Direct Medical Services																																																								0																
3) Non-Medi-Cal Outreach																																																								0																
4) Initial Medi-Cal Outreach																																								0.50																0.5																
5) Facilitating Application For non-Medi-Cal Programs																																																								0																
6) Facilitating Medi-Cal Application																																																								0																
7) Ongoing Referral, Coordination, & Monitoring of non-Medi-Cal Services																																																								0																
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																								0.25																0.25																
9) Transportation for non-Medi-Cal Services																																																								0																
10) Arranging Transportation in support of Medi-Cal Services																																																								0																
11) Non-Medi-Cal Translation																																																								0																
12) Translation to Access Medi-Cal Services																																																								0																
13) Program Planning, Policy Development, & Interagency Coordination Related to non-Medi-Cal Services																																																								0																
14) Program Planning, Policy Development, and/or Interagency Coordination Related to Medi-Cal Services																																																								0																
15) Medi-Cal Claims Administration, Coordination and Training																																																								0																
16) General Administration/Completing TS Form/Paid Time Off																																								0.75								0.75								0.75								0.75								3.75
TOTAL HOURS:	1	1	1	1	1	1	0.5	0	0.25	1	1	1	1	0.75	1	0.5	1	1	1	0.25	0	0.75	0	0	0	1	1	1	1	1	1	0.5	0	0.5	1	1	1	1	1	1	1	1	1	0	30																											
EMPLOYEE SIGNATURE: (blue ink only)		DATE:								TELEPHONE NUMBER:								SUPERVISOR SIGNATURE:(blue ink only)								DATE:																																														

- Instructions:**
1. Include two or three sample narratives of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
 2. Complete the survey on a daily basis for the designated time survey period.
 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
 6. Be sure to include each activity for codes 1-16 during the survey period.
 7. If hours paid equal more than 8, continue on second survey form.
 8. Confirm the sum in bottom right hand corner equals the sum of bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

Name*: Natalie Leroy

FY/QTR* 12-13/Q1

JOB CLASSIFICATION*: Resource Specialist

*Enter these fields on Page 1, information will auto-populate to Page 2 and Time Survey P2 Samples page

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three sample narratives of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narratives page, it must also be signed by the participant. Each sample narrative must report an employee activity

Note: 3 lines Maximum

Code 4. Initial Medi-Cal Outreach: Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Sample Narratives:

Attended an IEP meeting where the psychologist and SLP reviewed assessments we made initial referral for health services.

Code 6. Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Sample Narratives:

Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Sample Narratives:

Coordinated with SLP about ongoing speech therapy for a student.

Code 10. Transportation-Related to Activities in Support of Medi-Cal covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Sample Narratives:

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Sample Narratives:

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Sample Narratives:

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Sample Narratives:

Paid lunch
Paid lunch