Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Training Date: 2012-09-11

Page 1 of 2

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

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School-Related, Educational Other Activities	1.00	1.00	0.75	1.00	0 1.0	00 0).75	1.00	0.50	1.00	1.00	1.00	1.0	00 1	.00	0.50	0.75											1.00	1.00	1.00	0 1.0	0 1.0	00 1.	00	0.75		1.00	1.00	ე 1.0	00 1	.00	1.00	0.75	0.50	0.50	26.75
2) Direct Medical Services																																														0
3) Non-Medi-Cal Outreach																																														0
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5) Facilitating Application For non-Medi-Cal Programs																																														0
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7) Ongoing Referral,Coordination & Monitoring of non-Medi-Cal Services	,																																											0.25	;	0.25
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9) Transportation for non-Medi-CalServices																																														0
10) Arranging Transportation in support of Medi-Cal Servcies																																														0
11) Non-Medi-Cal Translation																																														0
12) Translation to Access Medi-Cal Servcies																		0.50																		0.50										1
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																														0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies																																														0
15) Medi-Cal Claims Administration, Coordination and Training																																														0
16) General Administration/Completing TS Form/Paid Time Off																			1.00	1.0	0 1.0	00 1.0	00 1	.00 1	.00	1.00	0.50			\perp																7.5
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- 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.
- Complete the survey on a daily basis for the designated time survey period.
 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.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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-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:

ararnged 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. 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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

ill, paid time off paid time off

Caifornia Department of Health Care Services

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FY/QTR: 12-13/Q2

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Page 1 of 2

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

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code in 15-minutes increments	1	2	3	4	5	5	6	7	8	1	2	3	4	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	1.0	0 1.0	00 1	1.00	1.00	0.50	1.00	1.00	0 1.0	0 1.0	00 1	.00	0.75	1.00	0.50	1.00	1.00	1.00	0 1.0	0 1.0	0 1.	.00 1	.00	0.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.50	0.7	5 1.0	10 1	.00 0	1.75	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																				0.2	5		0	0.25					0.75
5) Facilitating Application For non-Medi-Cal Programs																																													0
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7) Ongoing Referral,Coordination & Monitoring of non-Medi-Cal Services	,																																												0
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13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																													0
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TOTAL HOURS:	1	1	1	1	1	1	ı	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
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- 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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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

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Sample Narratives:

Sent home flyer regarding Medi-cal Services.

Made inital 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-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:

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Sample Narratives:

Caifornia Department of Health Care Services

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FY/QTR: 12-13/Q2

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Page 1 of 2

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

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Carlson, Kirsten	,	, ,				┪	Tea	cher,	Sdc/							21	2456			,				Rive	rside	Unif	ied				(====	,					Adar	ms El							
Record 5 consecutive days	Date	:	03-1	3-201	13			,		Da	ite:	0:	3-14-	2013		_			1	Date:		03-15	5-2013					Dat	e:	03-1	8-201	3					Date			9-201	3				Total
Start with first hour paid Record the type of activity by code in 15-minutes increments	1	2	3	Т	\top	5	6	7	8	1	1 2	\neg	3	4	5	6	7		, †	1	2	3	4	5	6	7	8	1	2	3	4	5	6	Т	7	8	1	2	3	4	5	6	7	8	
	'		3	+ -	+		0		0	Ľ	+ -	-	3	-	,	-	+'	+	+	'	-	3	-	J	0	<u>'</u>	1 0	├_		"	+-	+ 3	+ 0	-	<i>'</i>	0	Ľ		۲,	+ -	+	-	<u>+</u> '	$\overset{\circ}{+}$	-
School-Related, Educational Other Activities	1.00	1.00	1.0	0 1.0	0.:	25 1	1.00	1.00	0.50	1.0	0 1.0	00 1	.00	0.75	0.25	1.0	0 1.0	0 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 0.50	25.5
2) Direct Medical Services																																													0
3) Non-Medi-Cal Outreach																																													0
4) Initial Medi-Cal Outreach														0.25												0.25																			0.5
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B) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																					0.25																			0.25	;				0.5
9) Transportation for non-Medi-CalServices																																													0
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16) General Administration/Completing TS Form/Paid Time Off					0.	75									0.75									0.75				1.00	1.00	1.00	1.00	1.0	0 1.0	0 1.	.00	0.50					0.75		0.50	0	11
TOTAL HOURS:	1	1	1	1	1	1	ı	1	0.5	1	1	1	ıŢ	1	1	1	1	0.9	5 1	ī	1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	7	0.5	1	1	1	1	1	1	1	0.5	37.5
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- 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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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 intial referral to SLP regarding speech therapy for a student. Discussed need for speech therapy for student during IEP, initial referal 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-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:

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Sample Narratives:

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Sample Narratives:

paid lunch

Caifornia Department of Health Care Services

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

Name(Last	, Firs	t, MI)								Jol	b Cla	ssifi	catio	n					Em	ploy	/ee N	Numb	oer							CI	aimir	ng Ui	nit (C	Distri	ct)								Scl	hool	Site)			
Chavez, Alicia							Tea	ache	r, Ele	emei	ntary	,				П	1539	977							F	River	side	Unif	ied										7	Adam	ns El	<i></i>							
Record 5 consecutive days - Start with first hour paid	Date	e:	03-	13-20	013					ı	Date		03-1	4-20	13					D	Date:		03-1	5-20	13					Da	ite:	03	3-18-	2013					Ī	Date:	:	03-1	9-20	13					Total
- Record the type of activity by code in 15-minutes increments	1	2	3		4	5	6	7	8	3	1	2	3	4	:	5	6	7	8		1	2	3	4		5	6	7	8	1	2	2	3	4	5	6	7		3	1	2	3	4	\prod	5	6	7	8	
School-Related, Educational & Other Activities	1.00	1.00	1.0	0 1.	.00	1.00	1.00	1.0	0 0.4	50 0).75	1.00	1.00	1.0	00 1.	.00	1.00	1.00	0.5	0 1.	.00	1.00	1.00	0 1.0	00 1	.00	1.00	1.00	0.50	1.0	0 1.0	00 1	.00	1.00	1.00	1.00	1.0	0 0.	25 1	1.00	1.00	1.00	1.0	0 1.	.00	1.00	1.00	0.25	36.75
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										o).25																																						0.25
7) Ongoing Referral,Coordinatior & Monitoring of non-Medi-Cal Services	1,																																																0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																						0.	25										0.25
9) Transportation for non-Medi-CalServices																																																	0
10) Arranging Transportation in support of Medi-Cal Servcies																																																	0
11) Non-Medi-Cal Translation																																																	0
12) Translation to Access Medi-Cal Servcies																																									<u></u>								0
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																																	0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies	, ,																																																0
15) Medi-Cal Claims Administration, Coordination and Training																																																	0
16) General Administration/Completing TS Form/Paid Time Off																																									L_								0
TOTAL HOURS:	1	1	1	1		1	1	1	0.5	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	0.5	37.5
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- 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.
 Complete the survey on a daily basis for the designated time survey period.
 Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
 Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
 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.
- 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.

Name*: Alicia Chavez 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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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 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-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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 40

FY/QTR: 12-13/Q2

Training Date: 2012-08-30

Page 1 of 2

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

Name(Last	t. Firs	t. MI)				Т			ob CI	assific	cation			ı		Fmn	loyee	Num	her		Г				Clai	imina	Unit (Distri	ct)				1		Date		ool Si				
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	Date	ə:	03-13	201	2	1	погра	i, Lici	Date	•	03-14	2012	,	12-10	-		Date	e:	02.1	5-2013		ioiac	011111	Cu	Date	e:	03-18	2012	,				Date			9-201:					Total
Record 5 consecutive days - Start with first hour paid - Record the type of activity by		П		П	T		П	Ι										Ι					Π		\vdash						Г	Т	+	Т		Т		\top	\top	$\overline{}$	\vdash
code in 15-minutes increments	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	↓
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	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.75	1.00	1.00			1.00	1.00	J 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																												0.25			1.00	1.00						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	n,																																								0
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services									0.50																																0.5
9) Transportation for non-Medi-CalServices																																									0
10) Arranging Transportation in support of Medi-Cal Servcies																																									0
11) Non-Medi-Cal Translation																																									0
12) Translation to Access Medi-Cal Servcies																																									0
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																									0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies	y'																																								0
15) Medi-Cal Claims Administration, Coordination and Training								0.25																																	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	40
EMPLOYEE SIGNATURE: (blue	e ink	only)	•			DAT	E:	•	•				•		TEL	EPHC	NE N	UMBI	R:	1		•	•	SUP	ERVI	SOR S	SIGNA	TURE	E:(blue	e ink	only)	•	•	•	DA ⁻	ſE:					_

- 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.
- Complete the survey on a daily basis for the designated time survey period.
 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.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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-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:

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

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Training Date: 2012-09-11

Page 1 of 2

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

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Delgado, Angelina	,	.,,				寸:	Teac	her,					-		7	6747			,				Riv	ersid	le Uni	fied	Ť		.9 0	(2.		<u>., </u>				Ada	ams E		<u> </u>	00					
Record 5 consecutive days - Start with first hour paid - Record the type of activity by	Date	:	03-1	3-201	3					Dat	•	03-1	4-20	13					Dat	e:	03-1	15-20°					D	ate:	03	-18-2	013					Dat			-19-:	2013					Total
Record the type of activity by code in 15-minutes increments	1			T	1	. T	,	7		1		Т.	\top	\top		_	7	_		2	1			6	7	Τ,	+	<u>. T</u>	\neg	\neg	\neg	5	6	7	Τ,	1	Τ,						7	8	
	1	2	3	4	٥	<u>'</u>	6	′	8		2	3	4	+	5	6	/	8	1	2	3	4	5	6	+ '	8	+	1 4	2 :	3	4	5	ь		8	1	2	+`	3	4	5	6	<u> </u>	8	├ ─
School-Related, Educational & Other Activities	1.00	1.00	1.00	0.50	0 1.0	00 1.	.00	1.00	1.00	1.00	1.00	0.50	0.7	5 0.	50 1	1.00	1.00	1.00	1.00	1.0	0.7	5 0.7	5 0.5	0.5	0 1.0	0 1.0	o o.	75 1.	00 1.	00 1	.00	1.00	0.75	1.00	1.00	0.50	1.0	0 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	0.2	5									0.5	0.5	0																				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-CalServices																																													0
10) Arranging Transportation in support of Medi-Cal Servcies																																													0
11) Non-Medi-Cal Translation																																													0
12) Translation to Access Medi-Cal Servcies																																													0
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																													0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies																																													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	1	0.7	5 0.7	5 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
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- 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.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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-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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Training Date: 2012-09-11

Page 1 of 2

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

Name(Last							0				Class					T				vee N	Numb	er						С	laimir	na Ur	nit (D	istric	ct)				Ť		.9 -	Jale.		ol Sit				
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Record 5 consecutive days - Start with first hour paid	Date):	03-1	3-201	13						ate:	0	3-14	-2013		<u> </u>				Date:		03-15	5-2013	_				Da	ate:	03	3-18-2	2013					Da	ate:	С	03-19-	-2013	3				Total
- Record the type of activity by code in 15-minutes increments	1	2	3	4	5	<u>. T</u>	6	7	8	1	Τ.	2	3	4	5	6	7	8	1	1	2	3	4	5	6	7	8	1		2	3	4	5	6	7	8	┪,	Τ,	2	3	4	5	6	7	8	1
1) School-Related, Educational & Other Activities						+				t		$^{+}$							\dagger									t		\dagger							t		1						0 0.50	
2) Direct Medical Services																																														0
3) Non-Medi-Cal Outreach																												T									T		\top							0
4) Initial Medi-Cal Outreach	0.25									T									\dagger											\dagger							\dagger	\dagger	\top							0.25
5) Facilitating Application For non-Medi-Cal Programs																																						T								0
6) Facilitating Medi-Cal Application																																														0
7) Ongoing Referral,Coordination & Monitoring of non-Medi-Cal Services	,																																													0
B) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																	0.2	5								0.2	5																			0.5
9) Transportation for non-Medi-CalServices																																						Ī								0
10) Arranging Transportation in support of Medi-Cal Servcies																																														0
11) Non-Medi-Cal Translation																																					T									0
12) Translation to Access Medi-Cal Servcies																																														0
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																														0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies																																														0
15) Medi-Cal Claims Administration, Coordination and Training																																														0
16) General Administration/Completing TS Form/Paid Time Off				0.7	5									0.75									0.75								c	.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	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	0.5	37.5
EMPLOYEE SIGNATURE: (blue	ink c	only)					DATI	Ē:									TE	LEPH	ION	E NU	IMBE	R:					SU	PER	visoi	R SIG	SNAT	URE	:(blu	e ink	only)			7	DATE	Ē:					

- 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).
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- 6. Be sure to include each activity for codes 1-16 during the survey period.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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 benifits 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-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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid lunch Paid lunch

Paid lunch

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Training Date: 2012-09-11

Page 1 of 2

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

Name(Last	, Firs	t, MI)								Job	Class	sifica	ation					Em	plo	yee N	Numb	er						(Clair	ning	Unit ((Distr	ict)				\perp				Sch	ool Si	ite				
Griffin, Sharon							Tea	che	, Eler	nen	tary					365	62							Riv	erside	e Un	ified										Ac	dams	s El								
Record 5 consecutive days - Start with first hour paid	Date	e:	03-1	3-20)13					D	ate:	0	3-14	-2013	3	•			1	Date:		03-1	5-201:	3				1	Date:	:	03-18	3-201	3				Di	ate:	,	03-19	-201	3				T	Total
- Record the type of activity by code in 15-minutes increments	1	2	3	4	4	5	6	7	8		1 :	2	3	4	5	6	7	8		1	2	3	4	5	6	7	7 {	3	1	2	3	4	5	6	7	8	1	1	2	3	4	5	6	6 7	7 8	8	
School-Related, Educational & Other Activities	1.00	1.00	1.00	0.:	25 1	1.00	1.00	1.00	0.50	1.	00 1.	.00	1.00	0.25	1.00	1.00	1.0	0.5	50 1	.00	1.00	1.00	0.25	1.00	1.00	1.0	00 0.	50 1	1.00	1.00	1.00	0.25	1.00	1.00	1.00	0.5	0 1.0	00 1	1.00	1.00	0.25	1.00	1.0	00 1.0	00 0.	50 (33.75
2) Direct Medical Services																																														-	0
3) Non-Medi-Cal Outreach																																														7	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-CalServices																																														(0
10) Arranging Transportation in support of Medi-Cal Servcies																																														7	0
11) Non-Medi-Cal Translation										Ī																											T	1								7	0
12) Translation to Access Medi-Cal Servcies																																														(0
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																														(0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies	Č																																							İ						(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	5 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	0.9	5 :	37.5
EMPLOYEE SIGNATURE: (blue	ink	only)					DAT	E:									TE	LEPH	ION	E NU	IMBE	R:					S	UPE	RVIS	OR S	IGN/	ATUR	E:(bl	ue ink	only)				DAT	E:						

- 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.

- 1. Include two times safingly haracters of activities performed on mine product below each code. In the safing activity is defined to the control of the co
- 6. Be sure to include each activity for codes 1-16 during the survey period.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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-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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

paid lunch

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Training Date: 2012-09-11

Page 1 of 2

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

Name(Last						Ī					lassi					Ī				vee N	lumb	er						Cla	aiming	ı Unit	(Dist	rict)				T			Date.		ool Si				
Schafer, Christina	, .	, ,				┪	Tea	cher,	Elem							168	3346							Rive	rside	Unif	ed			,	,					T _A	dam	ıs El							
Record 5 consecutive days	Date	:	03-1	3-201	3					Da	te:	03	-14-2	2013		_			1	Date:	(03-15	5-2013					Da	te:	03-1	18-201	3				10	Date:		03-19	-2013	3				Total
Start with first hour paid Record the type of activity by code in 15-minutes increments	1	2	3	4		5	6	7	8	1	2	T:	3	4	5	6	7	8	1	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	<u> </u>	1	2	3	4	5	6	7	8	1
1) School-Related, Educational & Other Activities						1				H			$^{+}$						\dagger									1.0							+	\dagger	.00								33.75
2) Direct Medical Services																																											T		0
3) Non-Medi-Cal Outreach																			1																										0
4) Initial Medi-Cal Outreach																																			\dagger	\dagger							T		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
B) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																													0
9) Transportation for non-Medi-CalServices																																													0
10) Arranging Transportation in support of Medi-Cal Servcies																																													0
11) Non-Medi-Cal Translation																																													0
12) Translation to Access Medi-Cal Servcies																																													0
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																													0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies																																													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								0.7	5						L		0.75		\perp		3.75
TOTAL HOURS:	1	1	1	1	1	1	ı	1	0.5	1	1	1	1	1	1	1	1	0.5	5 1		1	1	1	1	1	1	0.5	1	1	1	1	1	1	1	0.5	5 1	1	1	1	1	1	1	1	0.5	37.5
EMPLOYEE SIGNATURE: (blue	ink o	nly)	•		•	Ī	DATI	:				•					TE	LEPI	ION	E NU	MBE	R:					SUF	PERV	ISOR	SIGN	ATUF	RE:(bl	ue inl	conly	′)	•		コ	DAT	E:	•	•		-	

- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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:

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Sample Narratives:

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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:

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Sample Narratives:

Paid lunch Paid lunch

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Training Date: 2012-09-11

Page 1 of 2

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

Name(Last						П					Class					Т				oyee	Num	ber		T				-	Clair	ning l	Unit (Distri	ict)				Т			Date.		ool Sit				
Lowe, Alicia		. ,				ヿ	Tea	cher,	Elem	enta	ary					28	300		•					Riv	ersid	le Un	ified										TA	dam	ıs El							
Record 5 consecutive days Start with first hour paid	Date):	03-1	3-201	13					Da	ite:	0:	3-14	-2013	3					Date	:	03-1	5-201	-				T	Date:		03-18	3-2013	3				0	Date:		03-19	-201;	3				Total
Record the type of activity by code in 15-minutes increments	1	2	3	4	Τ,	5	6	7	8	1	Τ,	2	3	4	5	6	Τ.	7	8	1	2	3	4	5	6	7	, [, †	1	2	3	4	5	6	7	8	Ť	1	2	3	4	5	6	7	8	†
1) School-Related, Educational & Other Activities					t	+				H	t	+						+										†	.00						+	+	t	1							1.00	37
2) Direct Medical Services						1				T		1																1									T								T	10
B) Non-Medi-Cal Outreach																																													T	0
4) Initial Medi-Cal Outreach						1																																							\perp	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
B) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																								0.50						0.5
9) Transportation for non-Medi-CalServices																																														0
10) Arranging Transportation in support of Medi-Cal Servcies																																														0
11) Non-Medi-Cal Translation																												T																	1	0
12) Translation to Access Medi-Cal Servcies																																														0
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																														0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies																																														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	ı	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	1	ı	1	1	1	0.5	1	1	1	1	1	1	1	1	0.5	1	1	1	37.5
EMPLOYEE SIGNATURE: (blue	ink	only)				I	DATI	:									TI	ELEF	PHOI	NE N	JMBE	ER:					SI	JPEI	RVIS	OR S	IGNA	TURI	E:(blu	ie ink	only)				DAT	E:					

- 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.

- 1. Include two times safingly haracters of activities performed on mine product below each code. In the safing activity is defined to the control of the co
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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

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Sample Narratives:

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Sample Narratives:

Discussed with SLP progress for a student recieving 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-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:

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Sample Narratives:

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Sample Narratives:

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Sample Narratives:

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Sample Narratives:

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 30

FY/QTR: 12-13/Q2

Training Date: 2012-08-28

Page 1 of 2

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

Name(Last						LO	T	\i C	/I VIVI	1110			ssific) I I (/\\\\	V L /\	011			oo N	umb	or		1				_	laimi	ina I	Init (Dietr	ict)				一:	Tain		Date		nool S				—	
Mcintyre, Janice	FIIS	t, WII,	<u>, </u>				┪	Leh	Spe	ciali		J Cla	551110	alio	"		\dashv	157	1/12	EIII	pioy	ee N	umb	eı		Dive	rside	Linit	iod		iaiiiii	ing c	Jilit (DISU	ict)				+	Adam			301	1001 3	Site	—	—	—	
• .	D-1							LSII	Spe	Ciaii	_	2-1						137	142		15	-4					isiuc	, Oilli	ieu	15	- 4								-										T-1-1
Record 5 consecutive days - Start with first hour paid - Record the type of activity by	Dat	e: T	03	3-13- T	2013	3 T	_			Т	4	Date:		03-1	4-20 T	13	_		1	_	╀	ate:	Т	03-15	5-2013 T	3 T		1	_	10	ate:	<u> </u>	03-18	-2013	Т	T	_		4	Date:	_	03-1	19-201	13	$\overline{}$	$\overline{}$			Total
code in 15-minutes increments	1	2		3	4	5		6	7	8	3	1	2	3	4	1	5	6	7	8		1	2	3	4	5	6	7	8	1	1	2	3	4	5	6	7		8	1	2	3	4	5	<i>i</i>	6	7	8	
1) School-Related, Educational & Other Activities											6	.50		0.25	0.4	50 0).25		0.50	0.5	o o.:	25		0.25	0.50	0.25	1.00	1.00	0.50										c).50	0.75	0.50	0.2	5 1.0)0 1	1.00		0.25	10.5
2) Direct Medical Services												.50	1.00	0.75	0.4	50		1.00	0.50)	0.	75 1	1.00	0.75	0.50														C	0.50							1.00		8.75
3) Non-Medi-Cal Outreach		Ш																																															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-CalServices																																																	0
10) Arranging Transportation in support of Medi-Cal Servcies					Τ	П				П																																							0
11) Non-Medi-Cal Translation		П		П	Т	П		Г		П																																							0
12) Translation to Access Medi-Cal Servcies		П			1	П																																					T						0
13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																																	0
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies																																																	0
15) Medi-Cal Claims Administration, Coordination and Training																																																0.25	0.25
16) General Administration/Completing TS Form/Paid Time Off																o).75									0.75				1.0	00 1.	.00	1.00	1.00	1.00	1.0	0 1.0	0.	50				0.7	5					9.75
TOTAL HOURS:	0	0	0		0	0	0)	0	0	1		1	1	1	1		1	1	0.5	1	1	ı	1	1	1	1	1	0.5	1	1		1	1	1	1	1	0.	5 1	ı	1	1	1	1	1	ı - [-	1	0.5	30
EMPLOYEE SIGNATURE: (blue	ink	only)		1			1	DAT	E:						•				TEL	EPH	ONE	NUI	MBE	R:	•		•	•	SUI	PER	viso	R SI	IGNA	TUR	E:(bl	ue inl	c only	y)				DAT	ΓE:						

- 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.
- Complete the survey on a daily basis for the designated time survey period.
 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.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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-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:

Coordianted 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

Sample Narratives:

Paid Lunch Paid Lunch

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Page 1 of 2

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

Training Date: 2012-09-11

Name(Last	, Firs	t, MI)					Т			٠,	lob (Class	sifica	atior	1		Т		E	Empl	oyee	Nun	ber	r						C	Clain	ning l	Unit ((Distr	ict)				Т				Scho	ool Si	te			
Mckee, Janis							1	Геас	her,	Elen	nenta	ary					40	39								Rive	rside	Uni	fied										Ac	dams	s El							
Record 5 consecutive days - Start with first hour paid	Date	e:	03-	13-2	2013	3					Da	ate:	C	3-14	-2013	3					Date	e:	03	3-15-2	2013					С	Date:		03-18	3-201	3				D	ate:	(03-19	-201:	3				Tota
Record the type of activity by code in 15-minutes increments	1	2	3		4	5	6	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	1	2	3	4	5	6	7	8	
1) School-Related, Educational & Other Activities	1.00	1.00	0 1.0	00 (0.25	1.0	0 1.	00	1.00	0.50	1.0	0 1.	.00	1.00	0.25	1.00	1.0	0 1.	.00	0.50	1.00	1.0) 1.	.00 0	0.25	1.00	1.00	1.0	0 0.5	50 1.	.00	1.00	1.00	0.25	1.00	1.00	1.00	0 0.5	0 1.0	00 1	1.00	1.00	0.25	1.00	1.0	0 1.0	0 0.5	0 33.75
2) Direct Medical Services																																																0
B) Non-Medi-Cal Outreach											T												T																									0
l) Initial Medi-Cal Outreach																														1																		0
s) Facilitating Application For non-Medi-Cal Programs																																																0
s) Facilitating Medi-Cal Application																																																0
Ongoing Referral, CoordinationMonitoring of non-Medi-CalServices	,																																															0
c) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																																0
Transportation for non-Medi-CalServices																																																0
0) Arranging Transportation in support of Medi-Cal Servcies																																																0
1) Non-Medi-Cal Translation																																							T									0
2) Translation to Access Medi-Cal Servcies																																																0
3) Program Planning, Policy bevelopment, & Interagency coorination Related to on-Medi-Cal Servcies																																																0
Program Planning, Policy evelopment, and/or Interagency corination Related to ledi-Cal Servcies	,																																															0
5) Medi-Cal Claims dministration, Coordination nd Training																																																0
6) General dministration/Completing S Form/Paid Time Off				(0.75										0.75									C	0.75									0.75									0.75					3.75
TOTAL HOURS:	1	1	1	1	1	1	1	١.	1	0.5	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	0.5	1	1		1	1	1	1	1	0.5	37.5
EMPLOYEE SIGNATURE: (blue	ink						D	ATE										-		РНО									_	_						ue inl					-	DATI	E:					

- 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.
- Complete the survey on a daily basis for the designated time survey period.
 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).

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- 6. Be sure to include each activity for codes 1-16 during the survey period.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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-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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

paid lunch paid lunch paid lunch

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Page 1 of 2

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

Training Date: 2012-09-11

Name(Last	, Firs	t, MI)								J	ob C	lassi	ificat	tion					Е	mplo	yee	Num	ber							CI	laimir	ng Ur	nit (D	istri	ct)								Sch	ool S	ite				
Murdock, Diane							Т	Геас	her,	Elem	enta	ry					382	22								Rive	rside	Unif	ied										A	Adam	ıs El								
Record 5 consecutive days - Start with first hour paid	Date	э:	03-	13-2	2013						Da	te:	03	3-14-	2013						Date	:	03-	15-20	013					Da	ate:	03	3-18-2	2013					1	Date:		03-19	9-201	3					Total
Record the type of activity by code in 15-minutes increments	1	2	3	T	4	5	6	6	7	8	1	2		3	4	5	6	7	7	8	1	2	3	3 .	4	5	6	7	8	1	2	2	3	4	5	6	7	8	3	1	2	3	4	5	Τ	6	7	8	
1) School-Related, Educational & Other Activities	1.00	1.00	1.0	00 1	1.00	0.50	0 0.	50 1	1.00	1.00	1.00	0.7	75 0	.75	1.00	0.50	1.00	1.0	00 1	.00	1.00	1.00	1.0	00 1.	.00 (0.50	1.00	1.00	1.00	1.0	00 1.	00 1	.00 1	1.00	0.50	1.00	1.00	0 1.0	00 1	.00	1.00	0.50	1.00	0.50	0 1.	.00 1	.00	1.00	36
2) Direct Medical Services																																																	0
B) Non-Medi-Cal Outreach											Г																			T									T										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
B) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																																	0
9) Transportation for non-Medi-CalServices																																																	0
0) Arranging Transportation in support of Medi-Cal Servcies																																																	0
1) Non-Medi-Cal Translation																																																	0
Translation to Access Medi-Cal Servcies												0.2	25																																				0.25
3) Program Planning, Policy levelopment, & Interagency corination Related to on-Medi-Cal Servcies																																																	0
Program Planning, Policy levelopment, and/or Interagency corination Related to ledi-Cal Servcies	,																																																0
5) Medi-Cal Claims dministration, Coordination and Training																																																	0
6) General dministration/Completing IS Form/Paid Time Off																																																	0
TOTAL HOURS:	1	1	1	1	1	0.5	1	١,	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	0.5	1	1	1	1		1	1	1	0.5	1	1		1	37.5
EMPLOYEE SIGNATURE: (blue	ink	only)					-	ATE	:									TE	ELEF	PHON	NE N	UMBI	ER:						SU	PER	visoi	R SIG	SNAT				only	')				DAT	Œ:						

- 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.
- Complete the survey on a daily basis for the designated time survey period.
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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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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:

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-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:

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. 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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Page 1 of 2

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

Training Date: 2012-09-11

Name(Last	, Firs	t, M	I)								Jok	Cla	ssifi	catio	on					E	mple	oyee	Num	ber							(Clain	ning l	Jnit (Distr	ict)								Sch	ool S	ite				
Sbur, Judy								Tea	che	r, Ele	mer	ntary						469	7								Rive	rside	Uni	fied										Α	dam	s El								
Record 5 consecutive days Start with first hour paid	Dat	e:	0	3-13	-201	3						Date:		03-1	14-20	13						Date):	03-	-15-2	013						Date:		03-18	3-2013	3				С	Date:		03-19	9-201	3				\top	Tota
Record the type of activity by code in 15-minutes increments	1	2		3	4		5	6	7	8	Ť	1	2	3		1	5	6	7	,	8	1	2	3	3	4	5	6	7	8	3	1	2	3	4	5	6	7	8		1	2	3	4	5	6	5 7	,	8	
) School-Related, Educational & Other Activities	1.00	1.0	00 1	.00	1.0	0		1.00	1.0	0 1.0	0 1	.00	1.00	1.0	0 1.	00		1.00	1.0	00 1	.00	1.00	1.00	1.0	00 1	.00		1.00	1.00	0 1.0	00 1	.00	1.00	1.00	1.00		1.00	1.0	0 1.0	00 1.	.00	1.00	1.00	1.00		1.0	00 1.0	10 1.	.00	35
) Direct Medical Services																																																		0
) Non-Medi-Cal Outreach											Ť																													T										0
) Initial Medi-Cal Outreach											1																																						\top	0
) Facilitating Application For on-Medi-Cal Programs																																																		0
r) Facilitating Medi-Cal Application																																																		0
 Ongoing Referral, Coordination Monitoring of non-Medi-Cal Services 	Ι,																																																	0
Ongoing Referral, coordination, & Monitoring f Medi-Cal Services																																																		0
) Transportation for non-Medi-CalServices																																																		0
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1) Non-Medi-Cal Translation											T																																							0
2) Translation to Access ledi-Cal Servcies																																																		0
3) Program Planning, Policy evelopment, & Interagency corination Related to on-Medi-Cal Servcies																																																		0
Program Planning, Policy evelopment, and/or Interagency oorination Related to ledi-Cal Servcies	,																																																	0
5) Medi-Cal Claims dministration, Coordination nd Training																																																		0
6) General dministration/Completing FS Form/Paid Time Off						0.	.50									O	.50										0.50									0.50									0.50	0				2.5
TOTAL HOURS:	1	1		ı	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	0.5	1	1	1		37.5
EMPLOYEE SIGNATURE: (blue	ink	only)					DAT	E:										TE	LEP	НОІ	NE N	UMB	ER:						SI	JPEF	RVIS	OR S	IGNA	TUR	E:(blu	ie ink	only	')				DAT	E:						

- 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.
- Complete the survey on a daily basis for the designated time survey period.
 Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
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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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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-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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

paid lunch

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

SUPERVISOR SIGNATURE:(blue ink only)

FY/QTR: 12-13/Q2

Page 1 of 2

PROGRAM TIME SURVEY F	OR L	EA E	EMPL	OYE	ES F	PERF	ORM	/ING	MED	I-CAL	. ADN	/INIS	STRA	\TIV	E AC	CTIV	ITIES	3																Trai	ning	Date						
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Record the type of activity by code in 15-minutes increments	1	2	3	4	5	6	7	8	1	2	3	4	1	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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Instructions:

EMPLOYEE SIGNATURE: (blue ink only)

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.

TELEPHONE NUMBER:

- Complete the survey on a daily basis for the designated time survey period.
 Draw a vertical line through columns that represent days that are unpaid (unpaid leave).

DATE:

- 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.
- 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.

DATE:

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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 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-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:

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Sample Narratives:

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Page 1 of 2

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

Training Date: 2012-09-11

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3) Non-Medi-Cal Outreach																																													0
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- 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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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

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Sample Narratives:

I referred a parent to a local clinic for access to Medi-Cal covered services for her children. I made a referal to psych services for student with behavior isssues 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:

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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-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:

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Sample Narratives:

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Sample Narratives:

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Page 1 of 2

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

Training Date: 2012-09-11

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) School-Related, Educational & Other Activities	1.00	1.00	1.0	0 0.	75 0	.25	1.00	1.00	0.50	1.00	1.00	0 1.0	00 1.	.00	0.25	1.00	1.00	0.50	1.0	00 1	.00	1.00	1.00	0.25	1.00	1.00	0.25	1.00	1.00	1.00	0 1.0	0 0.2	5 1.0	0 1.0	00 0.	25 1	1.00	1.00	1.00	1.00	0.25	1.0	0 1.0	0.50	33
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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

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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:

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

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Sample Narratives:

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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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid Lunch Paid Lunch

Name(Last, First, MI)

Caifornia Department of Health Care Services

Employee Number

Normal Paid work Hrs per Week: 37.5

Claiming Unit (District)

FY/QTR: 12-13/Q2

Page 1 of 2

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

Job Classification

Training Date: 2012-09-11 School Site

Name(Last	, rii s	t, IVII <i>)</i>				_	_				iassii	icalii	JII		-			⊏mp	loyee	inuii	ibei		-					Gia		Unit	(DIS	uicij					_			SCIIC	001 31	ne				
Mccabe, Jayme							Tea	cher	Elem	enta	ry				1	19596	67						- 1	River	side	Unifi	ed										Ada	ms El	i							
Record 5 consecutive days - Start with first hour paid - Record the type of activity by	Date	e:	03-1	3-201	13					Dat	e:	03-	14-20	13					Dat	e:	03-	15-2	013					Dat	e:	03-1	18-20	13					Date	ə:	03-1	9-201:	3					Total
code in 15-minutes increments	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	5 7	7 8	3	
1) School-Related, Educational & Other Activities	1.00	1.00	1.00	1.0	0 0.	.25	1.00	1.00	0.50	1.00	1.00	1.0	0 1.0	00 0.	25 1	.00	1.00	0.50	1.00	1.0	0 1.0	0 1.	.00 0).25	1.00	1.00	0.50	1.00	1.00	1.0	0 1.0	0 0.:	25 1.	00 1	.00	0.50	1.00				0.25	5 1.0	00 1.0	00 0.5	50 3	0.75
2) Direct Medical Services																																													0	
B) 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	
s) Facilitating Medi-Cal Application																																													0	,
 Ongoing Referral, Coordination Monitoring of non-Medi-Cal Services 	, ,																																												0	
) Ongoing Referral, coordination, & Monitoring f Medi-Cal Services																																													0	
9) Transportation for non-Medi-CalServices																																													0	
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1) Non-Medi-Cal Translation																																													0	,
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3) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																													0	,
Program Planning, Policy levelopment, and/or Interagency corination Related to ledi-Cal Servcies	,																																												0	,
5) Medi-Cal Claims dministration, Coordination nd Training																																													0	,
6) General dministration/Completing FS Form/Paid Time Off					0.	.75								0.	75								C).75								0.	75								0.75	5			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	ı	1	1	0.5	1	1	1	1	1	1	1	-	0.5	1	1	1	1	1	1	1	0.5	3	7.5
EMPLOYEE SIGNATURE: (blue	ink	only)					DAT	E:								1	TELE	РНО	NE N	IUME	BER:	-					SUP	ERVI	ISOR	SIGN	ATU	RE:(b	lue ii	nk or	ıly)				DAT	Æ:						

- 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.

- 1. Include two times safingly haracters of activities performed on mine product below each code. In the safing activity is defined to the control of the co
- 6. Be sure to include each activity for codes 1-16 during the survey period.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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 wehre 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-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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

paid lunch paid lunch

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 37.5

FY/QTR: 12-13/Q2

Page 1 of 2

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

Training Date: 2012-09-11

Name(Last	Firs	t. M)								Jo	ob C	assif	icati	ion			Т			Emp	love	e Nu	umbe	er							Clai	iming	Unit	(Dist	rict)					Т		_		Scho	ol Si	ite				
Berry, Jennifer		,	,					Tea	ache	er, S								218	B721			,.			-		Riv	ersic	le Ur	nified					(= :-	,					Ad	ams	EI			-					
Record 5 consecutive days	Dat	e:	0	3-13	3-201	13						Date	ə:	03.	-14-2	2013						Da	ate:	0	13-15	-2013						Date	ə:	03-1	8-20	13					Da	te:		13-19	-2013	· · · · · ·				Τ.	Total
- Start with first hour paid - Record the type of activity by code in 15-minutes increments	1	2	Т	3	4	Т	5	6	7	,	8	1	2	Т		4	5	6	Τ	7	8	1			3	4	5	6	Τ.	7	8	1	2	3			5	6	7	8	1	Τ.		3	4	5	6	7	. 8		
1) School-Related, Educational			+			+					\neg			$^{+}$					$^{+}$				+							+	\dashv										+	+					+			+	
& Other Activities	1.00	1.0	00 1	1.00	0.2	5 1	.00	1.00	1.0	00 0	.50	1.00	1.00	1.	00		1.00	1.0	0 1.	.00	0.50	1.0	0 1.	.00	0.75		1.00	1.0	0 1.	00 0	.50	1.00	1.00	1.00	0.2	5 1.	00 1	.00	1.00	0.50	1.0	0 1.0	00 1	1.00		1.00	1.0	0 1.0	0.5	0 32	2.75
2) Direct Medical Services																																																		0	
3) Non-Medi-Cal Outreach																																																		0	
4) Initial Medi-Cal Outreach																																											1							0	
5) Facilitating Application For non-Medi-Cal Programs																																																		0	
6) Facilitating Medi-Cal Application																																																		0	
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B) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services															0).25									0.25																				0.25					0.	.75
9) Transportation for non-Medi-CalServices																																																		0	
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11) Non-Medi-Cal Translation																																																		0	
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13) Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																																		0	
14) Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies	,																																																	0	
15) Medi-Cal Claims Administration, Coordination and Training																																																		0	
16) General Administration/Completing TS Form/Paid Time Off					0.7	5									0).75										0.75									0.7	5									0.75					3.	.75
TOTAL HOURS:	1	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	C).5	1	1	1	1	1	1		1	0.5	1	1	1	1	1	1	1	1	0.5	37	7.5
EMPLOYEE SIGNATURE: (blue	ink	only)					DAT	Ē:										Т	ELE	PHO	NE	NUN	/BEF	₹:					;	SUPE	ERVI	SOR	SIGN	ATUF	RE:(I	olue i	nk c	only)				1	DAT	E:						

- 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.
- Complete the survey on a daily basis for the designated time survey period.
 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.
- 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.

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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 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-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:

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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

Caifornia Department of Health Care Services

Normal Paid work Hrs per Week: 30

SUPERVISOR SIGNATURE:(blue ink only)

FY/QTR: 12-13/Q2

Page 1 of 2

Name(Last	Fire	· MI							10	b Cla	eeifi	ation					Fmn	loyee	Num	hor						Clai	iming	Unit /	Dietri	ct)							School	Sito			
· · · · · · · · · · · · · · · · · · ·	, rirs	ı, IVII)				٠,	2000					auon			2335	E22	⊏ıııp	oyee	wum	Del.		Dive	rside	l Init:	~ d	Cia	ming	JIIIT (ווזצוע	u)			-	A da	ns El		JC11001	Site			
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Record 5 consecutive days Start with first hour paid Record the type of activity by	Date	:	03-13	3-201	3	_	_	_		Date	:	03-14	-2013					Date): 	03-15	5-2013					Date	e:	03-18	3-2013				_	Date	0	3-19-	2013	_			Tot
code in 15-minutes increments	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	В
) School-Related, Educational & Other Activities	1.00	1.00	1.00	1.00	1.0	00 0.	25 0	.50			1.00	1.00	1.00	1.00		1.00	0.50	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
) Direct Medical Services									П																П								Ш								0
) Non-Medi-Cal Outreach									П																Т								П								0
l) Initial Medi-Cal Outreach									П													T			Т								1	0.50							0.5
5) Facilitating Application For non-Medi-Cal Programs																																									0
S) Facilitating Medi-Cal Application																																									0
7) Ongoing Referral, Coordination& Monitoring of non-Medi-CalServices	,																																								0
B) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services										0.25																															0.25
9) Transportation for non-Medi-CalServices																																	П								0
10) Arranging Transportation in support of Medi-Cal Servcies																																	П								0
1) Non-Medi-Cal Translation									П													Т			П								П								0
12) Translation to Access Medi-Cal Servcies																																	П								0
Program Planning, Policy Development, & Interagency Coorination Related to non-Medi-Cal Servcies																																									0
Program Planning, Policy Development, and/or Interagency Coorination Related to Medi-Cal Servcies	,																																								0
5) Medi-Cal Claims Administration, Coordination and Training																																									0
l 6) General Administration/Completing TS Form/Paid Time Off						0.	75								0.75								0.75								0.75				0.75						3.75
TOTAL HOURS:																		_														_				_					

Instructions:

EMPLOYEE SIGNATURE: (blue ink only)

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.

TELEPHONE NUMBER:

- Complete the survey on a daily basis for the designated time survey period.
 Draw a vertical line through columns that represent days that are unpaid (unpaid leave).

DATE:

- 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.
- 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.

DATE:

Name*: Natalie Leroy FY/QTR* 12-13/Q1 JOI

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 <u>sample narratives</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. If there is an additional sample narrative 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:

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-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. This code does not include tasks that you were specifically hired to do.

Sample Narratives:

Paid lunch Paid lunch