State of California - Dept. Health and Human Service Agency
Native American Tribal Program Time Survey for Employees Performing Medi-Cal Administrative Activities and/or Targeted Case Management

Instructions:

1. Include 2–3 samples of activities for the designated Codes on the separate Written Samples form provided.

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, use decimals .25, .50, .75 for partial hour increments.

5. Daily totaled hours must equal all hours paid.

6. Be sure to include all training, paperwork, clerical activities, and staff travel required to complete each activity for codes 1–22 during the survey period.

7. If hours paid equal more than 8, continue on second survey form.

8. When multiple activities are performed in a fifteen minute period, the activity performed for the greater amount of time should be coded to that fifteen minute increment.