Native American Tribal Program Time Survey for Employees Performing Medi-Cal Administrative Activities and/or Targeted Case Management **Normal Working Hrs:** **Training Date:**

Name (Last, First, MI)	**Job Classification**	**Employee Number**	**Claiming Unit**	**Department**	☐ **SPMP**

Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in **15 minute increments**	**Date**								**Date**								**Date**								**Date**								**Date**								**Total**
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	
1) Other Programs/Activities																																									
2) Direct Medical Services																																									
3) **Non-Medi-Cal** Outreach																																									
4) Initial **Medi-Cal** Outreach																																									
5) Facilitating Application for **Non-Medi-Cal** Programs																																									
6) Facilitating **Medi-Cal** Eligibility Determination																																									
7) Referral, Coordination, and Monitoring of **Non-Medi-Cal** Services																																									
8) Ongoing Referral, Coordination & Monitoring of **Medi-Cal** Services																																									
9) Arranging Transportation for **Non-Medi-Cal** Services																																									
10) Arranging Transportation for **Medi-Cal** Services																																									
11) Providing Transportation for **Non-Medi-Cal** Services																																									
12) Providing Transportation for **Medi-Cal** Services																																									
13) **Non-Medi-Cal** Translation Services																																									
14) Translation Related to **Medi-Cal** Services																																									
15) Program Planning, Policy Development & Interagency Coordination (PPPD) Related to **Non-Medi-Cal** Services																																									
16) PPPD Related to **Medi-Cal** Services																																									
17) Skilled Professional Medical Personnel (SPMP) PPPD Related to **Non-Medi-Cal** Services																																									
18) SPMP PPPD Related to **Medi-Cal** Services																																									
19) **Medi-Cal** Administrative Activities (MAA) Training																																									
20) **MAA** Coordination and Claims Administration																																									
21) General Administration & Paid Time Off																																									
22) Targeted Case Management																																									
TOTAL HOURS																																									

Employee Signature (blue ink)	**Telephone Number**	**Date (blue ink)**	**Supervisor Signature (blue ink)**	**Date (blue ink)**

Confirm sum in the bottom right hand corner equals sum of the bottom row. In blue ink, sign & date your survey on the last day worked and give it to your supervisor. If using two pages, sign & date second page in blue ink also.

NO WHITE-OUT ALLOWED **See reverse side for sample documentation page.**