



DEPARTMENT OF HEALTH AND SENIOR
SPECIAL HEALTH CARE NEEDS
TIME ACCOUNTING REPORT

SELECT PROGRAM:

☐ Adult Brain Injury ☐ Children and Youth with Special Health Care Needs

REPORTING MONTH/YEAR:

EMPLOYEE NAME: (First and last name of contract staff reporting time. One staff person per Time Accounting Report.)

CONTRACTOR NAME AND REGION NUMBER: (Example: St. Louis County Health Department, Region 10)

KEYS

SERVICE CODES (to be utilized by Service Coordinator staff only)

825	PROGRAM (NON-MEDICAID) - Hours/minutes spent conducting Service Coordination Activities for Non-Medicaid participants including home visits (travel) and all contacts with or about the participants.
125	PROGRAM (MEDICAID) - Hours/minutes spent conducting Service Coordination Activities for Medicaid participants including home visits (travel) and all contacts with or about the participants.

ACTIVITY CODES

502	OUTREACH - Hours/minutes spent conducting outreach activities (travel) including any organized efforts to expand awareness of and participation in Special Health Care Needs (SHCN) programs.
501	ADMINISTRATION - Hours/minutes spent conducting Administrative Activities including Service Coordinator meetings and trainings, monthly invoicing, filing, microfilming (preparation) or non-specific participant activities.
828	MISCELLANEOUS - Hours/minutes spent conducting activities not defined in above categories including contacts with non-participants for resource identification/referral.

SERVICE/ACTIVITY CODES		HOURS	
		Hours	Minutes
PROGRAM NON-MEDICAID PARTICIPANT ACTIVITIES	825		
PROGRAM MEDICAID PARTICIPANT ACTIVITIES	125		
OUTREACH ACTIVITIES	502		
ADMINISTRATION ACTIVITIES	501		
MISCELLANEOUS ACTIVITIES	828		
TOTAL TIME FOR MONTH: (Total the hours/minutes of all Service/Activity Code entries)			

I attest that the time recorded above is a true allocation of all work performed by me during this reporting period.

EMPLOYEE SIGNATURE: (Signature of contract staff reporting time)

DATE: (Date the Time Accounting Report was signed)