

NURSING VENDOR TIMESHEET

Timesheets for the 1-15 are due by the end of the day on the 15th / Timesheets for the 16-end of the month are due by the end of the last day of the month **To ensure timely payment please continue to send timesheets on a weekly basis

VENDOR NAME: **NPORT**

VENDOR CODE:

LAST NAME:

FIRST NAME:

RN LICENSE #

Week Beginning: (Saturday)

/ / 20

Week Ending: (Friday)

/ / 20

	MON		TUES		WED		THURS		FRI		SAT		SUN	
DATE	DATE		DATE		DATE		DATE		DATE		DATE		DATE	
DISTRICT/ SCHOOL NAME or ATS DBN	DISTRICT/ SCHOOL NAME or ATS DBN		DISTRICT/ SCHOOL NAME or ATS DBN		DISTRICT/ SCHOOL NAME or ATS DBN		DISTRICT/ SCHOOL NAME or ATS DBN		DISTRICT/ SCHOOL NAME or ATS DBN		DISTRICT/ SCHOOL NAME or ATS DBN		DISTRICT/ SCHOOL NAME or ATS DBN	
	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
SCHOOL COVERAGE	:	:	:	:	:	:	:	:	:	:	:	:	:	:
AFTERSCHOOL	:	:	:	:	:	:	:	:	:	:	:	:	:	:
TRIP	:	:	:	:	:	:	:	:	:	:	:	:	:	:
SPECIAL EVENTS (specify below)	:	:	:	:	:	:	:	:	:	:	:	:	:	:
TOTAL HOURS WORKED														
CONFIRMATION #														
Principal/ Authorized Name (PRINT) and Title														
Principal/ Authorized Signature														
DATE SIGNED														
COMMENTS:														

****HOURS SHOULD NOT OVERLAP****

Early & Periodic Screening, Diagnosis & Treatment Labor Allocation

School Coverage & Special Events ONLY

ACTIVITY CODE	MON	TUES	WED	THUR	FRI	SAT	SUN
1	:	:	:	:	:	:	:
2	:	:	:	:	:	:	:
3	:	:	:	:	:	:	:
4	:	:	:	:	:	:	:
5	:	:	:	:	:	:	:
6	:	:	:	:	:	:	:
7	:	:	:	:	:	:	:
8	:	:	:	:	:	:	:
9	:	:	:	:	:	:	:
10	:	:	:	:	:	:	:
11	:	:	:	:	:	:	:
12	:	:	:	:	:	:	:
13	:	:	:	:	:	:	:
TOTAL HOURS WORKED							

*****Your EPSDT Labor Allocation must match the total hours worked each day in 15 minute increments*****

Employee/ Nurse Signature & Date: _____

August 2019

ACTIVITY CODE SUMMARY DESCRIPTIONS

OUTREACH

Code 1 Medicaid Programs

Identifying children potentially eligible for Medicaid & informing them/their families of EPSDT/health services.

Code 2 Non-Medicaid Programs

Informing children/families about Non-Medicaid programs & how to access.

ASSISTING WITH ELIGIBILITY

Code 3 Medicaid Program

Helping families apply for Medicaid

Code 4 Non-Medicaid Programs

Helping families apply for SSI, CHPP, day care, etc.

DIRECT SERVICES

Code 5 First Aid, Patient Counseling, Therapeutic Care

Providing direct services including patient assessment, follow-up, counseling & all related paperwork (including ASHR entry).

SERVICE REFERRAL, COORDINATION & MONITORING

Code 6 Medical Services

Making referrals for coordinating and/or monitoring delivery of medical & mental health services. Note: Does NOT include State DOE-mandated vision screening, immunizations & entry exams.

Code 7 Non-Medical Services

Making referrals for coordinating and/or monitoring delivery of social, educational & other services. Note: Does NOT include State DOE-mandated services listed above.

PROGRAM PLANNING, DEVELOPMENT & INTRA/INTERAGENCY COORDINATION

Code 8 For Medical Services

Developing systemic strategies to improve the coordination & delivery of medical/dental/mental health services to students.

Code 9 For Non-Medical Services

Developing systemic strategies to improve the coordination & delivery of non-medical and/or DOE-mandated services to students.

ADMINISTRATION

Code 10 Supervision & Training

Supervising/being supervised & attending training & staff or school meetings.

Code 11 Uncompensated Time

Any uncompensated time for example lunch time.

SCHOOL-RELATED & EDUCATIONAL

Code 12 School-Related & Educational Activities

Examples:

- Conducting group/class health education such as Open Airways & violence prevention & anti-smoking campaigns.
- Record-keeping for school immunizations, vision screening & entry exams (DOE-mandated).
- Organizing student records at beginning & end of year.
- Preparing student records for transfers.

INDIVIDUAL EDUCATIONAL PROGRAM (IEP)

Code 13 Individual Education Program (IEP)

Any IEP functions, tasks and services provided.

Overall Note : Record-keeping for any activity is generally included in the time spent on that activity.

Vendors please email completed timesheet to EPSDT@health.nyc.gov

KEY REMINDERS

- When arriving at your school assignment, you must report your time of arrival to both your agency and the NYC DOE Nursing Liaison within 20 minutes of arrival.
- Time exceeding or deviating from the scheduled hours for your assignment must have prior approval. Please notify your agency and the NYC DOE Nursing Liaison immediately.
- Timesheets must be originals, and the use of whiteout is prohibited.
- If you have to stay past your scheduled end time, please notify the liaison that you called in the morning and Lori Brennan.
- **Please send timesheets on a weekly basis (remember timesheets for 1-15 are due on the 15th and timesheets for the 16-end of the month are due the last day of the month)**