

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



(916) 657-1460

August 14, 1996

PPL No. 96-017

All County Medi-Cal Administrative Activities/
Targeted Case Management Coordinators
Advisory Committee Members

TIME SURVEY REQUIREMENTS

This policy letter concerns the time survey requirements for Local Governmental Agencies (LGAs) participating in the Targeted Case Management (TCM) and/or Medi-Cal Administrative Activities (MAA) programs.

Time surveys are the approved methodology for determining the percentage of costs that are allocable to TCM services and to each MAA activity claimed by the LGA. The Department of Health Services (DHS) will annually designate a time survey month within the first quarter of the fiscal year (FY). The time survey month for the FY 1996-97 will be September 1996. The time survey forms and instructions will be disseminated under a separate transmittal.

The purpose of this time survey is twofold. First, the time survey results are used to prepare the TCM cost report and to determine the TCM reimbursement rate. TCM time surveys are conducted by LGAs only during the month designated by DHS. Once established, the TCM rate for each LGA will be used for the entire FY.

Second, the time survey results are used to determine the percentage of time spent on each of the allowable MAA. LGAs have two options regarding the frequency in which time surveys are performed for the MAA program only. These options are:

1. Use the results of the time survey conducted in the designated month of the first quarter for the entire FY, or
2. Conduct an additional time survey in a subsequent quarter of the FY. The activity percentages **must** be used for that quarter and all subsequent quarters during that FY until another time survey is conducted. To use this option, the LGAs must provide written notification to DHS of your intent to perform an additional time survey at least thirty (30) days prior to the beginning of the quarter in which the LGA will be time surveying. This time survey, if approved by DHS, will be in effect from the first day of the quarter in which the time survey is conducted and will remain in effect until superseded by a subsequent time survey during that FY. Once a subsequent time survey has been approved by DHS, a time survey must be performed by the LGA and the results must be used to prepare the MAA quarterly invoice. If an additional time survey is approved by DHS, an LGA cannot claim MAA based on the results of a previous time survey.

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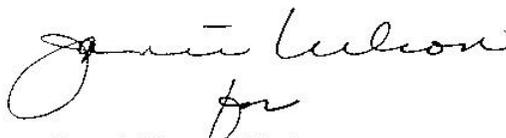
Enclosed is a form letter for LGAs to notify and request written approval from DHS to use the results of an additional MAA time survey. This form letter must be signed by the Coordinator. Failure to obtain prior DHS approval of additional time surveys will result in the denial and return of your MAA quarterly invoice submitted with the unauthorized time survey results. Please submit all MAA time survey requests to:

Department of Health Services
Pat Kinney, Chief
Federal Liaison Unit
714 P Street, Room 1140
P. O. Box 942732
Sacramento, CA 94234-7320

To alleviate confusion surrounding the FY 1995-96 time surveys, this letter will clarify which time surveys will be used for TCM and MAA. The results from the March 1996 time survey must be used to prepare the TCM cost report. The MAA Invoice for the first and second quarters of FY 1995/96, i.e. July 1, 1995 through December 31, 1995, must be based on the results of the September 1995 time survey. The MAA invoice for the third and fourth quarters, i.e. January 1, 1996 through June 30, 1996, must be based on the March 1996 time survey. The only exception to this time survey application is for those claiming units in the LGA which will claim MAA only and did not time survey in March. These claiming units in the LGA will use the September 1995 time survey for the entire FY 1995-96.

Should you have any questions regarding this policy, please contact the Patient Access Unit program analyst assigned to your county.

Sincerely,



Darryl Nixon, Chief
Medi-Cal Benefits Branch

Enclosures

cc: See next page

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cc: Cathleen Gentry
Host County Liaison
455 Pine Avenue
Half Moon Bay, CA 94019

Medi-Cal Administrative Activities:	X
Targeted Case Management:	X
Policy Effective Date:	7/1/95
Policy Reference:	

LGA Name (County/City)

Department Name

Address

City

State

Zip

Return To:

DEPARTMENT OF HEALTH SERVICES
Federal Liaison Unit
714 P Street, Room 1140
P.O. Box 942732
Sacramento, CA 94234-7320

**REQUEST FOR OPTIONAL MEDICAL ADMINISTRATIVE ACTIVITIES (MAA)
TIME SURVEY**

The purpose of this transmittal is to notify the Department of Health Services (DHS) and to request your approval to utilize the results of a subsequent MAA time survey for fiscal year 19__ - 9__.

The time survey¹ will be performed for claiming unit(s) _____
during _____ 19___. (Name)
(Month)

We understand that the process of this time survey must meet the same criteria as the time survey period designated by DHS. Results from this time survey shall be in effect from the first day of the calendar quarter in which the time survey is conducted, and shall remain in effect until superseded by a subsequent time survey conducted during the fiscal year.

Should you have any questions regarding this request, please feel free to contact

_____ at () _____
(MAA Coordinator) (Phone)

- Approved by DHS
 Denied by DHS

(Signature)

(Date)

(Signature)

(Date)

¹ If more than one (1) quarter is requested, please identify the time survey period accordingly.