

DEPARTMENT OF HEALTH SERVICES

714/744 P Street

P. O. Box 942732

Sacramento, California 94234-7320

(916) 657-1460

December 24, 1996

**PPL NO. 96-035**

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

**CLARIFICATION OF MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)
PARTICIPATION REQUIREMENTS**

The purpose of this letter is to clarify the MAA participation requirements for Local Governmental Agencies (LGAs) who elect to participate in MAA after the Department of Health Services (DHS) designated annual time survey month. Summarized below are the MAA participation requirements. Please refer to the MAA Contract, MAA Claiming Plan Requirements, Policy and Procedure Letter (PPL) No. 96-015, and Time Survey Requirements, PPL No. 96-017.

I. Annual MAA Contract

In accordance with Welfare and Institutions Code, Sections 14113 and 14132.47(c), each LGA must enter into a contract with DHS to claim federal financial participation (FFP) for administrative costs necessary for the proper and efficient administration of the Medi-Cal program. Among other things, the MAA contract requires each LGA to:

- Conduct an annual time survey, as determined by DHS.
- Submit a comprehensive MAA claiming plan and obtain DHS and federal Health Care Financing Administration (HCFA) approvals.
- Submit a standardized Summary and Detailed Invoice to DHS no later than eighteen (18) months after the end of the quarter for which the costs are incurred.

II. Comprehensive MAA Claiming Plan

In accordance with Welfare & Institutions Code, Section 14132.47(e), each LGA electing to participate in MAA is required to submit a MAA claiming plan to the DHS. If the LGA has already submitted a MAA claiming plan and wishes to add a new claiming unit, a MAA claiming plan amendment must be submitted to the DHS.

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MAA claiming plans prepared in accordance with PPL No. 96-015 (and the publication titled, "Preparing the Medi-Cal Administrative Activities Claiming Plan") and submitted to DHS on or before September 30, 1996, were subject to DHS and HCFA approvals retroactive to July 1, 1995. MAA claiming plans or amendments to MAA claiming plans submitted after September 30, 1996, will be subject to DHS and HCFA approvals and effective no earlier than the first month of the quarter in which they were submitted. For example, a DHS and HCFA approved MAA claiming plan submitted March 29, 1997, will be effective January 1, 1997, if approved by DHS and HCFA.

III. MAA Time Survey Requirements

The annual MAA time survey results are used to determine the percentage of time spent on each of the allowable MAA.

LGAs or LGA claiming units that elect to participate after the designated annual MAA time survey must conduct a required time survey in a subsequent quarter of the fiscal year (FY). The activity percentages must be used for that quarter and all subsequent quarters during that FY until another time survey is conducted. For example, if you wish to time survey in the fourth quarter of FY 1996-97, you must submit your request by March 1, 1997. To participate after the designated annual MAA time survey, the LGA must provide written notification to DHS of your intent to perform the required 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.

The DHS designated MAA time survey month for FY 1996-97 was September 1996. If an LGA did not participate in the designated annual MAA time survey, the LGA must comply with the above procedures, i.e., notify DHS at least thirty (30) days prior to the beginning of the quarter in which the LGA will be time surveying.

Enclosed is a form letter for LGAs, who have elected to participate in MAA after the designated annual MAA time survey, to notify and request written approval from DHS to use the MAA time survey results. A separate request must be submitted for each claiming unit. This

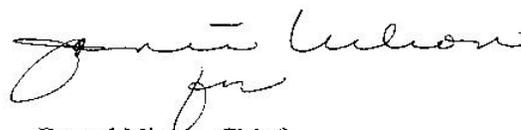
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form letter must be signed by the MAA Coordinator. Failure to obtain prior DHS approval of the quarterly time survey(s) will result in the denial and return of your MAA quarterly invoice submitted with unauthorized time survey results. Please submit all MAA time survey requests to:

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

If you have any questions regarding this matter, please contact the analyst assigned to your LGA.

Sincerely,



Darryl Nixon, Chief
Medi-Cal Benefits Branch

Enclosure

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| Targeted Case Management: Medi-Cal Administrative Activities: X Policy Effective Date: 7/1/95 Policy Reference: N/A |
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cc: See next page

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 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 MAA time survey for fiscal year 19__ - 9__.

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

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)

| |
|--|
| <input type="checkbox"/> Approved by DHS |
| <input type="checkbox"/> Denied by DHS |
| _____ |
| (Signature) (Date) |

(Signature) (Date)

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

