

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
Box 942732
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(916) 657-1460



June 11, 1999

TO: All County Medi-Cal Administrative Activities (MAA) **PPL NO. 99-003**
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

SUBJECT: MEDI-CAL ADMINISTRATIVE ACTIVITIES AND TARGETED CASE
MANAGEMENT PROGRAM, FISCAL YEAR 1999-2000 TIME SURVEYS

This transmittal advises all local governmental agencies participating in MAA and/or TCM, that the fiscal year (FY) 1999-2000 time survey will take place during the month of September 1999. Time survey training will be provided in the month of August 1999. Additional information above to the training dates and locations will be provided under separate cover.

Enclosed are copies of the Program Time Survey for Case Manager, DHS 7093 (7/97) and Program Time Survey for Employees Performing Medi-Cal Administrative Activities, DHS 7094 (7/97) to be used during the time survey month.

If you have any questions, please contact Mr. Charles LaRosa, Chief of the Administrative Claiming Unit at (916) 657-0146 or by e-mail address ClaraRosa@DHS.CA.GOV.

Sincerely,

A handwritten signature in cursive script that reads "David Mitchell".

David Mitchell, Chief
Medi-Cal Benefits Branch

Enclosures

PROGRAM TIME SURVEY FOR EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

SPMP Non-SPMP

Month and Year
/19

Name (Last, first, middle initial)						Civil service classification							Employee number						Program and claiming unit						Claiming unit location							
TYPE OF ACTIVITY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Other Programs/Activities																																
Direct Patient Care																																
Medi-Cal Outreach (A)																																
Medi-Cal Outreach (B1) (Actual Count/Other)																																
Medi-Cal Outreach (B2) (County-wide Average)																																
Facilitating Medi-Cal Application																																
Arranging for and/or Providing Transportation																																
Contract Administration (A) (Not Discounted)																																
Contract Administration (B) (Discounted)																																
Program Planning and Policy Development (A) (Not Discounted)																																
Program Planning and Policy Development (B) (Discounted)																																
MAA/TCM Coordination and Claims Administration																																
MAA Implementation Training																																
General Administration																																
Paid Time Off																																
Employee's signature						Employee's telephone number ()							Date						Supervisor's signature						Date							

INSTRUCTIONS:

- See reverse of form for definitions of "TYPE OF ACTIVITY."
- Survey must be completed on a daily basis for the entire survey month. Enter the amount of time spent performing each type of activity during your regular work hours in the column for that day (OT and the earning of CTO are coded to General Administration).
- Draw a vertical line through all columns representing days that are unpaid days (regular days off and unpaid leave).
- Record all of your time in 15 minute increments. If using fractions, use 1/4, 2/4, and 3/4 to record partial-hour increments. If using decimals, use .25, .50, and .75 to record partial-hour increments.
- At the end of each day, total each column in the "TOTAL HOURS" box at the bottom of the column. Each day's total must equal hours worked per day.
- At the end of the month, total all boxes in each row and record the sum in the "TOTAL" box at the right margin. Total amounts and record the sum in the box at the bottom-right corner.
- The sum in the bottom-right corner must equal the sum of the bottom row. Sign and date your survey on the last working day of the month and give it to your supervisor.

PROGRAM TIME SURVEY FOR CASE MANAGER

Case manager
 Supervisor
 Support person to case manager

Month and year
 /19

Name (if not first, make initial)		Civil service classification		Employee number		Program and claiming unit		Claiming unit location																								
TYPE OF SERVICE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
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General Administration																																
Paid Time Off																																
Employee's signature																																
Employee's telephone number																																
Date																																
Supervisor's signature																																
Date																																

INSTRUCTIONS:

- See reverse of form for definitions of "TYPE OF SERVICE."
- Survey must be completed on a daily basis for the entire survey month. Enter the amount of time spent performing each type of service during your regular work hours in the column for that day (OT and the earning of CTO are coded to General Administration).
- Draw a vertical line through all columns representing days that are unpaid days (regular days off and unpaid leave).
- Record all of your time in 15 minute increments. If using fractions, use 1/4, 2/4, and 3/4 to record partial-hour increments. If using decimals, use .25, .50, and .75 to record partial-hour increments.
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