TO: All Local Educational Consortias (LEC) 
Local Governmental Agencies (LGA) 
Medi-Cal Administrative Activities (MAA) and 
Target Case Management (TCM) Coordinators

PPL NO. 99-005 
(LGA/LEC)

SUBJECT: SPECIAL INSTRUCTIONS FOR FISCAL YEAR 1999-2000

This transmittal provides instructions to Local Educational Consortias (LEC) and Local 
Governmental Agencies (LGA) regarding the Fiscal Year (FY) 1999-2000, first quarter Medi-Cal 
Administrative Activities (MAA) time survey month for Local Governmental Agencies (LGA). 
Additionally, instructions are provided regarding the designation of time survey months for LECs 
or LGAs during the second, third and fourth quarters of FY 1999-2000 and direct charging.

- LEA TIME SURVEY MONTH - FY 1999-2000

The Department of Health Services designates a month in the first quarter of each fiscal year 
for the annual MAA time survey. For non-LEA programs, the FY 1999-2000 month is 
September 1999, as advised by Policy and Procedure Letter (PPL) No. 99-003 issued on 
June 11, 1999.

For FY 1999-2000 only, LEAs claiming through LECs or LGAs have the option to time 
survey in either September or October 1999. Enclosed is a copy of the LEA/LEC Time 
Survey Month Designation form for 1999-2000, first quarter. This form must indicate 
the month that time surveying will be conducted by each LEA/LEC participating in MAA. 
Complete and submit a separate form for each LEA/LEC. The form must be submitted to 
the Department by September 30, 1999, and be sent to the address shown on page two of 
this letter.

Please note that if a LEA/LEC has already submitted a request to time survey in either 
September or October 1999 to the Department, it is not necessary to submit an additional 
notification using the LEA/LEC Time Survey Month Designation Form for Fiscal Year 
1999-2000, first quarter.

- NOTIFICATION OF TIME SURVEY MONTH

The notification requirements, as stated in PPL No. 98-002, to conduct a time survey for 
MAA other than during the Department designated month has been modified. Effective 
September 1, 1999, LGAs or LECs may now notify the Department no later than thirty (30) 
days prior to the month in which a time survey will be conducted. For example:
September or October 1999 Time Survey Was Conducted

ABC Claiming Unit time surveyed during September but intends to conduct another time survey during the month of March 2000. ABC Claiming Unit must submit a request to time survey to the Department by February 1, 2000. The time survey results must be used to claim for the third and fourth quarters and cannot be used to claim for prior quarters.

September or October 1999 Time Survey Was Not Conducted

XYZ Claiming Unit did not survey during September or October but intends to conduct a time survey in April 2000. XYZ Claiming Unit must submit a request to time survey to the Department by March 1, 2000. The time survey results must be used to claim for the fourth quarter and cannot be used to claim for prior quarters.

Enclosed is a revised Time Survey Request Form. This new form supercedes the form issued with PPL No. 96-17 and should be used for all future requests to conduct a time survey during a month other than the Department designated month. Failure to obtain prior Department approval of a time survey month may result in a denial and return of MAA invoices.

The Time Survey Request Form and the LEA/LEC Time Survey Month Designation form for 1999-2000, first quarter, should be sent to the:

Department of Health Services
Federal Liaison Unit
Attention: Ms. Patricia Kinney
714 P Street, Room 1140
P.O. Box 942732
Sacramento, CA 95814

• DIRECT CHARGING

Some MAA costs may be determined through methodologies other than the MAA Time Survey. A MAA time survey and the Time Survey Request Form are not required if a claiming unit is only direct charging costs. The MAA Claiming Plan must indicate the costs being direct charged.
All Local Educational Consortias LEC)
Local Governmental Agencies (LGA)
Medi-Cal Administrative Activities (MAA) and
Target Case Management (TCM) Coordinators

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If you should have any questions concerning these policies, please contact
Ms. Patricia L. Morrison, Chief of the Administrative Claiming and Support Section, at
(916) 657-1460.

Sincerely,

[Signature]

David Mitchell, Chief

Enclosure

cc:   Ms. Cathleen Gentry
      Local Governmental Agency
      MAA/TCM Consultant
      455 Pine Avenue
      Half Moon Bay, CA 94019

Ms. Patricia Kinney, Chief
Department of Health Services
Federal Liaison Unit
714 P Street, Room 1140
Sacramento, CA 95814

Mr. Larry Lee
Accountant
Division of Medicaid
801 I Street, Room 210
Sacramento, CA 95814
DEPARTMENT OF HEALTH SERVICES
TIME SURVEY REQUEST FORM

SUBMIT ONE FORM PER CLAIMING UNIT

LGA or LEC

Program or Local Education Agency

Claiming Unit Name (as it appears in the Claiming Plan)

Address

City    State    Zip

The Local Governmental Agency or Local Education Consortium identified above, requests approval from the Department of Health Services to conduct a time survey for Medi-Cal Administrative Activities for fiscal year during the month of

Month  Year

This time survey must meet all criteria for time surveying period designated by the Department. Results from this time survey shall be in effect from the First day of the calendar quarter the time survey is conducted, and shall remain in effect until superseded by a subsequent time survey during the fiscal year.

Contact Person

Phone Number

Signature

Date

DHS USE ONLY

Approved by DHS

Denied by DHS

Signature    Date

Prepared by the Department of Health Services
DEPARTMENT OF HEALTH SERVICES
LEA/LEC Time Survey Month
Designation form for 1999-2000, First Quarter

SUBMIT ONE FORM PER CLAIMING UNIT

Name of LEC

Region No.

Name of LGA

Name of LEA

Name of LEA

Name of Claiming Unit

Name of Claiming Unit

This is the official request to designate by the above named LEC or LGA, that time surveying for Medi-Cal Administrative Activities will be conducted during September or October 1999 for the first quarter, fiscal year 1999-2000.

The results of this time survey will be in effect as of July 1, 1999, and shall remain in effect until superseded by any subsequent survey conducted during the fiscal year.

(LEC OR LGA MAA CORDINATOR)

Phone Number

Signature

Date

Return Form to DHS by September 30, 1999:

Department of Health Services
Federal Liaison Unit
714 P Street, Room 1140
P.O. Box 942732
Sacramento, CA 94234-7320
Attention: Ms. Patricia Kinney

DHS USE ONLY

Approved by DHS

Denied by DHS

Signature

Date

Prepared by the Department of Health Services