

DEPARTMENT OF HEALTH SERVICES

MEDI-CAL POLICY DIVISION
MEDI-CAL BENEFITS BRANCH
714/744 P STREET
P. O. BOX 942732
SACRAMENTO, CA 94234-7320
6) 657-1460

September 15, 1999

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:

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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.

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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,

A handwritten signature in black ink, appearing to read "D Mitchell". The signature is fluid and cursive, with a large initial "D" and a stylized "M".

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

