June 6, 2000

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

SUBJECT: NOTIFICATION OF TIME SURVEYS MONTH FOR FISCAL YEAR 2000/01

The purpose of this transmittal is to notify all LECs and LGAs participating in the TCM and/or MAA programs for the fiscal year 2000-01 of the option of performing a time survey during the months of September or October 2000. Time Survey training will be provided in conjunction with Local Educational Agency (LEA) and LGA Coordinators upon request.

The attached Time Survey Form must be submitted to the Department of Health Services (Department) 30 days prior to the month that the time survey will be performed, and be sent to the address shown below.

Department of Health Services  
Administrative Claiming Unit  
Attention: Ms. Alice Childress  
714 P Street, Room 1640  
P.O. Box 942732  
Sacramento, CA 95814

Please refer to PPL No. 99-005 for changes in notification to the Department for any time surveys that are not being conducted in the above designated months.

Enclosed is a Time Survey Request Form that should be used for all requests to conduct a time survey during a month other than the Department's designated month. Failure to obtain prior Department approval of a time survey may result in a denial and return of MAA invoices.

The MAA Time Survey and the Time Request Form are not required if claiming units are only direct charging costs. The MAA Claiming Plan must indicate the costs being direct charged.
If you should have any questions concerning these policies, please contact Ms. Alice Childress, Chief of the Administrative Claiming Unit, at (916) 657-0627 or by e-mail achildres@dhs.ca.gov.

Sincerely,

Original signed by D. Mitchell

David Mitchell, Chief

Enclosure

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

Mr. Larry Lee
Accountant
Division of Medicaid
801 I Street, Room 210
Sacramento, CA 95814

Ms. Mickey Richie
Local Liaison
Office of the Director
714 P Street, Room 1253
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 request approval from the Department of Health Services (DHS) to conduct a time survey for Medi-Cal Administrative Activities for fiscal year __________ during the month of

Month __________ Year

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

Contact Person                              Phone Number

Signature                              Date

Approved by DHS          _________

Denied by DHS          _________

_________________________          ____________
Signature          Date

| Department of Health Services Administrative Claiming Unit |
| 714 P Street, Room 1640 |
| P.O. Box 942732 |
| Sacramento, CA 94234-7320 |