



DIANA M. BONTÁ, R.N., Dr. P.H.
Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

June 25, 2002

PPL No. 02-005

TO: All Local Educational Consortia (LECs) and
Local Governmental Agencies (LGAs)
Medi-Cal Administrative Activities (MAA)

SUBJECT: **NOTIFICATION OF TIME SURVEY MONTH FOR FISCAL YEAR 2002-2003**

This Policy and Procedure Letter (PPL) notifies all LECs and LGAs participating in the MAA program for the Fiscal Year (FY) 2002-2003 of the designated time survey month(s). The LGA Consortium Co-Chairs and the LGA MAA/TCM Consultant will provide Time Survey Training in July 2002 in Northern California (Sacramento) and in Southern California (San Diego). Upon request of the LGA/LEC, the Department of Health Services (DHS) would provide subsequent time survey training.

The LGAs and LECs participating in the MAA program have the option of conducting the annual time survey during either the month of September or October 2002. The time survey results are used to determine the percentage of time spent on allowable MAA.

The enclosed Time Survey Request Form should be completed and submitted by the LGA or LEC designating the month in which each claiming unit will conduct their annual time survey for FY 2002-2003. Please submit one form per claiming unit. However, when requesting five or more claiming units to time survey during the same month, one form may be submitted with the statement "See attached" on the Claiming Unit Name line and with an attached list of claiming units. This form should also be used to request approval from DHS to conduct a subsequent MAA time survey during the fiscal year. Failure to obtain prior DHS approval of a time survey will result in a denial and return of MAA invoices.



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www.consumerenergycenter.org/flex/index.html

714 P Street, Room 1640, Sacramento, CA 95814
(916) 657-1460

Internet Address: www.dhs.ca.gov

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The Time Survey Request Form must be submitted to DHS 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 Operations Unit
Attention: Ms. Georgia Rivers
714 P Street, Room 1640
P O Box 942732
Sacramento CA 95814

The MAA Time Survey and the Time Survey 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 have any questions concerning this PPL, please contact Ms. Georgia Rivers, Chief of the Administrative Claiming Operations Unit, at (916) 657-0627 or by e-mail at grivers2@dhs.ca.gov.

Sincerely,

Original Signed by Pat Morrison

Patricia L. Morrison, Chief
Administrative Claiming Local and
School Services Section

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

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Linda Minamoto
Associate Regional
Centers for Medicare and Medicaid Services
Division of Medicaid – Region IX
75 Hawthorne Street, Fourth Flr
San Francisco CA 94105-3903

DEPARTMENT OF HEALTH SERVICES
TIME SURVEY REQUEST FORM

SUBMIT ONE FORM PER CLAIMING UNIT*

LGA or LEC

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

Address

City State Zip Code

Return to:

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

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

*However, when requesting five or more claiming units to time survey during the same month, one form may be submitted with the statement "See attached" on the Claiming Unit Name line and with an attached list of claiming units.