

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

1. Claiming Unit Functions Grid (CUFG) - Is there a 25% threshold for adding/deleting number of participants to CUFG? For example: If a claiming unit only increases number of participants by 5% is a new CUFG required for that quarter?

No. The 25% threshold requirement does not apply to the new requirements approved in the CMAA Operational Plan. The new requirement indicates that a new (or revised) CUFG must be submitted to DHCS when any changes in the number of staff occur or if there are additions and/or deletions to the classifications eligible to time survey. The new (or amended) CUFG must be submitted prior to the service quarter the changes will occur; changes cannot be made during a current service quarter. Please see Section III, E, "The CMAA Claiming Plan" of the Implementation Plan for more information regarding the new requirements.

2. Can you give an example of how to break out claiming units? For example, would our public health clinic be one unit? And our admin staff another unit?

In most cases, claiming units are segregated by the budget. The term claiming unit is sometimes considered to be synonymous with budget unit.

3. Do I need to submit the SPMP Questionnaires with our CCUG and CUFG or do I keep it on file for a future audit?

No. You do not need to submit the SPMP Questionnaires with the CCUG or CUFG. They should be kept in your audit file.

4. Invoice Filing – Invoices are now due in December for Q1. Please clarify what Fiscal year of invoices this new filing date will apply to? For example, will FY 12/13 Q1 invoices be due Dec 31, 2013?

The new guidelines indicate that invoices must be submitted to DHCS within 15 months after the end of the service quarter. Please see the "Timely Filing Requirements" chart in the Implementation Plan on page 57.

5. The plan states that "Each LGA must submit a CUFG to DHCS prior to the beginning of each quarter they intend to claim." Please clarify. Does CUFG stand quarter to quarter once submitted or must it be submitted each quarter?

LGAs are not required to submit new (or revised) CUFGs or CCUGs unless there is a change in personnel or if a new claiming unit is added. Once the CUFGs and CCUGs are submitted to DHCS, they will automatically be utilized for each prospective quarter unless a new CUFG or CCUG is received.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

6. Please clarify the difference between time spent 'providing transportation' and 'travel' time. Is travel time related to providing MAA allowable?

LGAs may claim the cost of non-emergency, non-medical transportation to "assure access to Medi-Cal services for Medi-Cal eligibles". (MAC Agreement, Attachment 5, page 3). This type of transportation service would be coded to Code 10 on the time survey (Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service).

Non-Medi-Cal transportation services are unallowable and would be coded to Code 9 on the time survey (Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Non-Medi-Cal Covered Service).

All MAA employee travel time associated with any of the MAA codes may be applied to the time spent performing that code when the travel guidelines outlined by OMB Circular A-87 are applied and followed.

7. Do you have sample language that we can use with our sub-contracts regarding the time survey requirements?

No. However, you may wish to utilize the language in the DHCS contracts with the LGAs as a template.

8. If we are already perpetually time studying since we have less than 99 staffs, does our clinic staffs also need to complete a special log?

A clinician's log must be completed when MAA is provided during a clinical service.

9. Is there a list of approved Medi-Cal services?

Please see the official Medi-Cal Website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

10. Can an LGA do a Train the Trainer training for their budget units? Who in turn train their staff/participants?

The Department trains the trainers. It is the responsibility of the LGA Coordinator to train the individual participants. DHCS does not designate a method of conducting training; however, the training must contain the same information provided by DHCS.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

11. What is the difference in Code 29 & Code 19, in regards to claiming coordination for LGA coordinators?

Code 29 is specific to TCM and can be such as claiming coordination activities, maintaining information on the TCM System, and cannot be performed by a case manager.

Code 19 can be used for claims administration activities for both MAA and TCM and can be used by MAA/TCM Coordination and LGA Claims Administration staff.

12. Will it still be acceptable if the minutes are not rounded for the 15 minute increment because actual minutes worked is based on actual timesheet or payroll records when doing electronic timesheet and time survey.

Generally, No. Please read Section II, Item 6, page 34 of the Implementation Plan which is as follows: Time is documented on the Worker Log Time Survey in 15 minute increments; therefore, the minimum amount of time a participant may log to a particular Medi-Cal eligible service and/or activity on any given day is 15 minutes. In the event a participant performs a Medi-Cal eligible service or activity for 8 minutes or more (up to 15 minutes), the participant would log 15 minutes to that Medi-Cal eligible service or activity; however, if a participant performs a Medi-Cal eligible service or activity for less than 8 total minutes for the day (0 to 7 minutes), the participant would not log any time to that Medi-Cal eligible service or activity. In the event a participant performs multiple Medi-Cal eligible services and/or activities within a 15 minute period, the participant should log time to the Medi-Cal eligible services or activity they performed for the majority of the 15 minute period (e.g., 8 minutes or more).

However, if a participant performs a specific Medi-Cal eligible service and/or activity throughout the day in non-consecutive increments of time, the participant may be eligible to "roll up" the amount of time they spent performing a particular Medi-Cal eligible service and/or activity for the entire day. For example, if a participant performs a specific Medi-Cal eligible service and/or activity for 5 minutes within three separate hours of the day, the participant may "roll up" each of those instances to account for 15 minutes of time spent performing that specific Medi-Cal eligible service and/or activity. The "roll up" reflects a summary of the time spent performing the specific Medi-Cal eligible services and/or activities for the entire day. The option to "roll up" time for performing a particular Medi-Cal eligible service and/or activity must only be applied to instances where the separate increments of time spent performing the Medi-Cal eligible service and/or activity are less than 8 minutes. A participant may not "roll up" separate increments of time that have already been "rounded up" to the 15 minute minimum.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

13. For a supervisor who is reviewing and approving time surveys, where would that time be coded since they are no longer eligible to claim MAA/TCM Coordination and Claims Administration?

**Code 21 - General Administration.**

14. Coordination and Claims Administration - Will there be a form of structure to submit justification for multiple coordinators or will this just be a letter included with the CUFG?

**No. Please contact your analyst regarding justifications.**

15. Code 29 – is this a coordinator only code?

**Yes. Code 29 is to be used only by TCM Coordinators.**

16. Pg. 35 of the plan states that time surveys must be signed on the last working day of time survey period.
- a. For perpetual, is this “period” the quarter, for example, July, August & September must be signed by September 30<sup>th</sup>?

**Yes**

- b. An electronic survey system re-dates a survey automatically when corrections are made and participants re-sign it. Is an explanation required in every case when a survey is corrected after the period and thus re-signed & re-dated?

**The guidelines for electronic signatures are outlined in Section II, Item 7, (in bullets) of the Implementation Plan. If you are unable to comply with the electronic signature guidelines, you may be required to collect ink signatures to maintain document integrity.**

17. For Audit File – are actual time cards for each participants required or would an electronic report of paid time for each staff member generated from the department’s payroll system suffice?

**Original are preferred; however, in Section III, Item O, page 60 of the Implementation Plan states you must have copies of time cards or time sheets for the time survey period.**

18. For perpetual time surveys, do time sheets have to be collected on-going?

**No, they do not have to be ‘collected’ on a daily bases. Please see Section II, Item 4.a, page 30 of the Implementation plan which states the following: LGA budget units participating in the CMAA and/or TCM programs with less than 100 total participants must complete a time survey on a perpetual or “daily” basis.**

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

19. Where can we get copies of the Training Materials?

Training materials are available on the DHCS Website:  
<http://www.dhcs.ca.gov/provgovpart/Pages/CMAAAnnualTraining.aspx>

20. Is the Implementation Plan formally approved or is it still a conditional approval?

It has been formally approved; however, the approval contains 20 conditions the State must meet to maintain approval.

21. If TCM is FMAP based, does this mean reimbursement will be at the 100% with new eligibles (Medicaid expansion)?

Please contact your TCM Program analyst.

22. What is CTO?

Compensatory Time Off. Employees are granted time off with pay in lieu of overtime pay when extra hours are worked.

23. Is Family PACT considered Medi-Cal?

Yes.

a. Would enrolling clients in Family PACT be considered Code 8?

Yes enrolling clients in Family PACT would be considered Facilitating a Medi-Cal Application.

24. How would staff code their time if they are transporting client to DSS to apply for Medi-Cal?

All MAA employee travel time associated with any of the MAA codes may be applied to the time spent performing that code when the travel guidelines outlined by OMB Circular A-87 are applied and followed. Accompanying individuals to the local DSS office to apply for Medi-Cal may be recorded under Code 8. Conversely, accompanying an individual to apply for Food Stamps (a Non-Medi-Cal Program) would be recorded under Code 7.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

25. Which activity codes are not claimable or applicable to CBOs?

CBOs that perform MAA are subject to two restrictions on the activities they perform:

CBOs may not claim for Contract Administration for Medi-Cal Services Specific for Medi-Cal and/or Non-Medi-Cal Populations (Codes 12 and 13).

CBOs may only claim for “support activities” under Program Planning and Policy Development (PP&PD), such as:

- Developing Resource Directories
- Preparing Medi-Cal Data Reports
- Conducting Needs Assessments
- Preparing Proposals for expansion of Medi-Cal services.

Please refer to page 47 of the Implementation Plan for more information regarding CBO claiming procedures.

26. How would one know if an activity is excluded from the managed care contract?

Until the Managed Care Protocols are approved by CMS, the State encourages the LGAs to facilitate effective communication between the managed care companies and the LGAs to ensure there are no duplication of services being provided between the two entities.

27. Code 19 - do we have to submit a justification for more than 1 person to claim?

Yes.

- a. We have a coordinator, accounting clerk that review time surveys and managers that review invoices. Wouldn't all this be code 19?

Not necessarily. Code 19 is specific to the person submitting the claim to DHCS for reimbursement; typically the LGA Coordinator. However, in some instances the claiming units are assigned a 'coordinator' who compiles and completes the invoice for submission at the claiming unit level.

28. Wouldn't the action of referring to an MSSP program be a TCM activity - Referral and Other Related Activities? Wouldn't Non-TCM Case Management be the case manager providing case management under the MSSP program?

If the referral was provided during a valid TCM encounter to a TCM client to meet the needs of that client, then yes, the activity would be a referral activity and would be coded to Code 25: TCM Encounter Related Activities.

Non-TCM Case Management would be coded to Code 23: Non Targeted Case Management.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training**  
**FAQ's**  
**07//12/13**

29. Our Indigent Health Care staff often refers and assist clients with applying for Medi-Cal. It sounds like they can claim for this time under Code 4 - Medi-Cal Outreach and/or Code 8 - Facilitating Medi-Cal Application. Is this accurate?

Yes both codes apply here.

For Code 4 some examples are listed below:

- Informing individuals or the general public about the benefits and services that the Medi-Cal program offers and encouraging and referring them to apply for Medi-Cal benefits.
- Providing initial referral assistance to families to Medi-Cal services.

Examples for Code 8 include:

- Explaining the Medi-Cal eligibility rules and/or process to prospective applicants.
- Assisting an applicant to fill out a Medi-Cal eligibility application.

30. Does Code 28 include case managers?

Code 28 is to be used for the entry and maintenance of encounters by TCM service providers into the TCM On-Line System from the Encounter Logs. If the case managers in question enter and/or maintain encounter information in the TCM System, then yes those case managers could use this code on their time survey to account for the time spent entering and/or maintaining encounter data in the TCM System.

31. How would case managers code their time when preparing encounter logs?

Preparation of the encounter log would go under Code 25: TCM Encounter Related Activities. The log would typically be prepared after the encounter and this code is for activities "that directly support TCM face-to-face encounters for Medi-Cal and Non-Medi-Cal clients before, during, and after the encounter."

32. Is frequency "per quarter?"

Yes.

- a. 400+ would time survey 5 consecutive days per quarter?

Yes.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

33. Are signatures required on the monthly time survey or quarterly summary, or both?

The sample Time Survey Worker Log document is segregated on a per month basis; which would be signed at the end of each month to validate that time survey time. However, if the Time Survey tracking method utilized by the staff covers the entire time survey period, the document only needs to be signed at the end of the Time Survey period. In essence, if several segregated documents are utilized to cover the entire Time Survey period, each document must be signed at the conclusion of the time it covers.

34. Please clarify what is required for documentation on a site review when participants time survey perpetually?

Please refer to page 59 of the Implementation Plan on what information to retain for the purposes of a site visit/audit.

The exception for participants who complete a daily or perpetual time survey is that they are not required to complete a time survey activity description document.

35. For this initial Time Survey everyone will start to Time Survey July 1, 2013 including 5-10-20 days, is this correct?

DHCS will establish the random quarterly time survey start date and issue a Policy & Procedure Letter (PPL) to all participating LGAs 21 days prior to the time survey start date. The PPL will include the random time survey start date, the timeline requirements for the MAA/TCM Coordinators to provide notification to the participants, and all documentation requirements for the time survey.

However, the participants in LGA budget units with less than 100 participants would be required to time survey on a perpetual or 'daily' basis for the entire first quarter. Therefore, they would begin the time survey process on July 1<sup>st</sup> and time survey for each work day within the quarter until September 30<sup>th</sup>.

36. How often do participants time survey? Every quarter? Once a year?

Participants will be required to time survey every quarter.

37. Code 8 doesn't include Medi-Cal eligibility determination - where should this be coded?

Medi-Cal eligibility determination is not claimable. Please refer to page 22 of the MAC Agreement.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

38. Staff that direct charge should not be in any other Cost Pools but Cost Pool 5, correct?

There are 2 Direct Charge Cost Pools on the CMAA Invoice, Cost Pool 4 and Cost Pool 5. However, it is more accurate to say that if an individual is a Direct Charge participant, no portion of her salary and benefits should be recorded in a Time Survey Cost Pool (Cost Pool 1 or Cost Pool 2).

39. Is there an online website to electronically track time surveys?

No.

40. Do LGA Coordinators need to use the General Admin and PTO codes or does the coordination and administration code cover their time?

When performing General Administration one should code to General Administration. When taking Paid Time Off, one should code to PTO. The coordination and administration code is not a blanket code for these items.

41. When does the new time survey methodology start?

July 1, 2013

42. Could you describe when it is "applicable" to report a recipient on the Activity Description Sheet and is that reported as a name (F, L) or otherwise?

There is no requirement for specific participant names to be on an Activity Sheet.

43. If a CBO does Medi-Cal outreach and Facilitation of Medi-Cal application, can we still direct charge (since both would be non-discountable and discrete enough as activities)?

Yes, please see page 46 of the CMAA Implementation Plan for guidance on this.

44. Wouldn't the 85% really mean that you could drop below the statistically valid threshold by 15%? So, for the 400, you could actually only need 340 time surveyors and still be at the 85%.

No, a claiming unit needs 400+ people to time survey for 1 week, not 340 people. CMS is giving lenience on the number of time surveys that are correct. There is no lenience in the size of the Claiming Unit in relation to the number of days they are required to time survey.

45. If the LGA has attended the DHCS training for trainer and therefore "certified" can he/she train other local staff to assist with training in the codes?

Yes.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

46. TCM Medi-Cal application - what if the staff is not in CMAA and are assisting with Medi-Cal application?

Assisting an individual fill out a Medi-Cal application is an administrative activity and does not qualify as a TCM activity via the four TCM service components (Comprehensive assessment and periodic reassessment of an individual's needs, development and periodic revision of a specific care plan, referral and related activities, monitoring and follow-up activities.) Therefore, the activity would not be claimable as a TCM related activity on the time survey and should be coded to Code 8: Facilitating Medi-Cal Application.

47. We are assuming "facilitation of the Medi-Cal application" includes helping access C4Yourself or OneEapp (as opposed to being considered eligibility determination). Confirm.

Yes. This is correct.

48. Will all of the billing codes be provided to CBO?

CBOs that perform MAA are subject to two restrictions on the activities they perform:

CBOs may not claim for Contract Administration for Medi-Cal Services Specific for Medi-Cal and/or Non-Medi-Cal Populations (Codes 12 and 13).

CBOs may only claim for "support activities" under Program Planning and Policy Development (PP&PD), such as:

- Developing Resource Directories
- Preparing Medi-Cal Data Reports
- Conducting Needs Assessments
- Preparing Proposals for expansion of Medi-Cal services.

Please refer to page 47 of the Implementation Plan for more information regarding CBO claiming procedures.

49. Code 8 doesn't include Medi-Cal eligibility determination - where should this be coded?

The CMAA Program has never reimbursed for determining eligibility, only facilitating the application. Medi-Cal eligibility determination is paid for through DSS.

50. Code 15 - does this include development of programs to increase Medi-Cal enrollment?

Yes.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

51. Transportation definition is providing and/or arranging... so are you saying providing is not an allowable activity?

Providing non-emergency, non-medical transportation to Medi-Cal eligible client to a Medi-Cal covered service is allowable.

LGAs may claim the cost of non-emergency, non-medical transportation to “assure access to Medi-Cal services for Medi-Cal eligibles”. (MAC Agreement, Attachment 5, page 3). This type of transportation service would be coded to Code 10 on the time survey (Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service).

Non-Medi-Cal transportation services are unallowable and would be coded to Code 9 on the time survey (Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Non-Medi-Cal Covered Service).

52. Is travel time for an activity code still coded to that activity code?

All MAA employee travel time associated with any of the MAA codes may be applied to the time spent performing that code when the travel guidelines outlined by OMB Circular A-87 are applied and followed.

53. Would Application Facilitation be the code for time spent by a Time Survey staff member submitting the Medi-Cal application to Human Services Agency (HSA)?

Yes. Code 8 Facilitating Medi-Cal Application, by definition, is providing necessary forms and packaging all forms in preparation for the Medi-Cal eligibility determination. Code 8 includes all of the Counties procedures to get a Medi-Cal application right up to the point of determining eligibility.

54. When will template for managed care MOUs become available?

The Managed Care Protocols are pending review/approval.

55. Is time spent reviewing time surveys General Administration?

Yes.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

56. For MAA claiming purposes, what about transportation to the Department of Public Social Services (DPSS) in general?

Providing non-emergency, non-medical transportation to Medi-Cal eligible client to a Medi-Cal covered service is allowable.

LGAs may claim the cost of non-emergency, non-medical transportation to “assure access to Medi-Cal services for Medi-Cal eligibles”. (MAC Agreement, Attachment 5, page 3). This type of transportation service would be coded to Code 10 on the time survey (Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service).

Non-Medi-Cal transportation services are unallowable and would be coded to Code 9 on the time survey (Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Non-Medi-Cal Covered Service).

However, All MAA employee travel time associated with any of the MAA codes may be applied to the time spent performing that code when the travel guidelines outlined by OMB Circular A-87 are applied and followed.

57. On the new CUFG do you want the existing Claiming Unit's Original Submittal date? Also, the Amendment line is not included anymore on your form so you do not need these dates, correct?

No, start fresh. Since amendments must be submitted prior to a service quarter, the new 'submittal date' will be also be the amended date for any changes.

58. CCUG needs to be turned in prior to every service quarter?

After the first submission of the CCUG, you only need to submit another CCUG if there are changes. If there are no changes, the current CCUG will be the 'active' document for the claiming unit.

59. Is the CUFG form getting updated as well? If so, Can we get a copy of the new form?

It is on the DHCS web site:

<http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/CMAA/Claiming%20Plan/Claiming%20Unit%20Functions%20Grid%20-%20v06-04-13.pdf>

60. Does CUFG need to be submitted every quarter even if there are no changes?

After the first submission of the CUFG, you only need to submit another CUFG if there are changes. If there are no changes, the current CUFG will be the 'active' document for the claiming unit.

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training  
FAQ's  
07//12/13**

61. Do you have sample of duty statement?

It can be found in the Implementation Plan on the DHCS web site, Appendix K.  
<http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/CMAA/CMAA-TCM%20Implementation%20Plan%20Documents/Appendix-K-Duty-Statement-v05-17-13.pdf>

62. Will we need to fill out new CUFG starting July 1, 2013 this current quarter to be effective July 1?

Yes.

63. Do we have to use the SPMP questionnaire from the DHCS site or can we use the one we've used all along? SPMP requirements have not changed.

If it is an existing SPMP person you may use the one that you currently have in place.

64. Our duty statements contain the codes identified with code letters must they be updated with the activity code numbers? If so must the updated duty statements be submitted to DHCS?

Yes. They must be updated with the new numeric codes. No they do not have to be submitted to the DHCS.

65. With supporting documentation for SPMP are you requiring that the license must be attached even though it is readily available to check online? For example, you can look up any RNs license on the BRN website to see if it is current.

Yes, you must have a physical copy in your audit file.

66. How about the back casting? Do you know when this will start?

The DHCS is currently working on the back casting methodology; however there is no specific time frame as to when it will be completed.

67. How about the certification of direct charge time form? Should it be submitted with the CUFG AND CCUG?

No, the certification form should be kept in the audit file along with the time surveys.

68. Should the duty statement be created by the LGA or CBO?

The duty statement should be a product of the employer given to the employee.

69. Is there going to be a PPL notifying new changes not covered in the 1st Training?

No. The implementation plan is on the DHCS web site.  
<http://www.dhcs.ca.gov/provgovpart/Pages/CMAATCMIImplementationPlan.aspx>

**DHCS CMAA/TCM Time Survey Methodology and CMAA Operational Plan Training**  
**FAQ's**  
**07//12/13**

70. If you have a claiming unit that does not have any direct client contact, what would be used for actual count? For example a claiming unit that only does program planning and policy development types of activities.

You should submit a justification to your CMAA analyst requesting that you be allowed to use the county wide average.

71. Can we have partially grant funded staff time study for TCM and or MAA? For example 60 % grant funded; 40% county general fund. What would be the process?

Yes. On the invoice funding page you would list the 60% grant funded in the non-claimable (note: some grants can be used as CPE) and the 40% in the not offset column.

Another approach is to have 100% of the person's compensation appear in CP 1 or 2 (depending on their SPMP status) and then offset according on the Funding sheet of the invoice. This allows for the time survey participant to time survey 100% of their worked time. Otherwise, using the scenario above, the time survey participant is prohibited against time surveying more than 60% of their time and he/she must know at what time of the day he/she is being funded through the grant or the county general fund.

72. You indicated that CBO's can only claim for "support activities" under the PPP&D codes. Can you explain more what is meant by "support activities" and what PPP&D activities would NOT be allowable for CBO's?

Support activities would be things such as the following:

- Developing Resource Directories
- Preparing Medi-Cal Data Reports
- Conducting Needs Assessments
- Preparing Proposals for expansion of Medi-Cal services

Anything else is not allowable.