Module 2

Time Survey Training

The Time Survey Methodology

Provides guidance and instruction to the Local Governmental Agencies (LGA) and the Local Public Entities (LPE) that participate in the CMAA and TCM programs and the Community-Based Organizations (CBO) that participate in the CMAA program to properly account for the claimable time and to allocate costs related to the administrative activities and/or services they perform that are necessary for the proper and efficient administration of the Medi-Cal program.

Activity Codes

Code	Activity Description	Claimable
1	Other Programs/Activities***	U
2	Direct Patient Care***	U
3	Outreach to Non Medi-Cal Programs	U
4	Medi-Cal Outreach*	A
5	Referral, Coordination, and Monitoring of Non Medi-Cal Services	U
6	Referral, Coordination, and Monitoring of Medi-Cal Services*	A
7	Facilitating Non Medi-Cal Application	U
8	Facilitating Medi-Cal Application*	A
9	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Non Medi-Cal covered Service	U
10	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered Service*	A
11	Contract Administration for Non Medi-Cal Services	U
12	Contract Administration (A) for Medi-Cal Services specific for Medi-Cal populations*	A
13	Contract Administration (B) for Medi-Cal services specific for Medi-Cal and Non Medi-Cal populations*	A
14	Program Planning and Policy Development for Non Medi-Cal Services	U
15	Program Planning and Policy Development (A) (Non-Enhanced) for Medi-Cal services for Medi-Cal clients*	A
16	Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal services for Medi-Cal clients*	A
17	Program Planning and Policy Development (B) (Non- Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients *	A
18	Program Planning and Policy Development (SPMP) (B) (Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients*	A
19	MAA/TCM Coordination and Claims Administration*	A
20	MAA/TCM Implementation Training*	A
21	General Administration***	A
22	Paid Time Off (PTO)***	A
23	Non-Targeted Case Management	U
24	Providing TCM Service Components**	A
25	TCM Encounter –Related Activities**	A
26	Travel Related to Providing TCM**	A
27	Supervision of Case Managers**	A
28	Encounter Entry into TCM On-Line System**	A
29	TCM Data Systems and Claiming Coordination**	A
30	TCM Quality Assurance/Performance Monitoring**	A
31	TCM Subcontract Administration**	A
32	TCM Program Planning and Policy Development**	A

*Reimbursable to CMAA only. ~ **Reimbursable to TCM only. ~ ***Common to both CMAA and TCM.

COMMON CODES

Code 1
Unallowable Activity

Other Programs and Activities

Providing services that are not medical or Medi-Cal related, including non-Medi-Cal health and wellness activities, social services, educational services, teaching services, employment and job training.

Example:

"Providing or administering Education Programs, Lead Poisoning Prevention Program, etc."

Code 2
Unallowable Activity

Direct Patient Care

Providing direct care, treatment, and/or counseling services, and administrative activities that are an integral part of or extension of a medical service.

Example:

"Providing medical exams, medical or mental health diagnosis, etc."

Code 21
Allowable Activity

General Administration

Activities of being an employee but not tasks performed for a specific program.

- These activities include, but are not limited to, attending or conducting general, non-medical staff meetings, developing and monitoring program budgets and/or site management, and general non-program supervision of staff. **This also includes staff break time and any time spent filling out a Time Survey Form.**

Example:

"Attending general meetings, breaks, training."

"The 15 minutes that a time survey participant spent filling out the Time Survey Form at the end of the work day."

Code 22
Allowable Activity

Paid Time Off

Paid Time Off includes vacation, sick leave, paid holiday time, paid jury duty, and any other paid employee time off.

Example:

"Vacation, sick leave, paid holiday time, paid jury duty, and any other paid employee time off."

CMAA

Activity Codes

Code 3
Unallowable Activity

Outreach for Non-Medi-Cal Programs

General preventive health education programs or campaigns designed to promote general population lifestyle changes or encourage access to social, educational, legal or other services not covered by Medi-Cal.

Example:

"Providing information about drug awareness to students at the health fair."

Code 4
Allowable Activity

Medi-Cal Outreach

Providing Medi-Cal information to potentially Medi-Cal eligible people and encouraging potentially eligible people to apply for Medi-Cal.

Example:

"Providing information to Medi-Cal eligible people about Medi-Cal covered services at the health fair."

Code 5
Unallowable Activity

Referral, Coordination and Monitoring of Non-Medi-Cal Services

Making referrals for, coordinating, and/or monitoring the delivery of non-Medi-Cal activities, services, and case management for social, educational, or vocational needs that are not part of a separate reimbursed comprehensive TCM program.

Example:

"Public Health Nurse makes client referral to a local vocational trade school"

Code 6
Allowable Activity

Referral, Coordination, and Monitoring of Medi-Cal Services

Making referrals, coordinating and/or monitoring the delivery of Medi-Cal services.

Example:

"Public Health Nurse makes client referral to local public, mental health provider"

Code 7
Unallowable Activity

Facilitating Non-Medi-Cal Application

Informing and referring individuals about and to Non-Medi-Cal programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), legal and other social or educational programs to make application.

Example:

"Assisting a client complete the food stamp eligibility application."

Code 8
Allowable Activity

Facilitating Medi-Cal Application

Time spent explaining Medi-Cal eligibility rules and processes, assisting with the completion of a Medi-Cal application, gathering information related to the application, and providing proper Medi-Cal forms.

Example:

"Assisting a client to complete the Medi-Cal eligibility application."

Code 9
Unallowable Activity

Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Non-Medi-Cal Covered Service

Assisting an individual in obtaining transportation to Non-Medi-Cal covered services and/or accompanying the individual to Non-Medi-Cal covered services.

Example:

"Arranging and/or Providing transportation for individuals to visit a community center."

Code 10
Allowable Activity

Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service

Arranging for and/or providing non-emergency, non-medical transportation of Medi-Cal eligible persons to Medi-Cal services.

- **NOTE:** Arranging or providing transportation for a client to go to the eligibility office to apply for Medi-Cal is ***NOT*** CMAA Transportation.

Example:

"Providing transportation services to a Medi-Cal eligible individual to a Medi-Cal service provider."

Code 11
Unallowable Activity

Contract Administration for Non-Medi-Cal Services

Performing activities around and/or entering into contracts with community-based organizations (CBO) or other provider agencies for the provision of Non-Medi-Cal services.

Example:

"Administering a contract with a service provider to install security alarms within the building."

Code 12
Allowable Activity

Contract Administration (A) for Medi-Cal Services Specific for Medi-Cal Populations

Performing activities around and/or entering into contracts with community-based organizations (CBO) or other provider agencies for the provision of Medi-Cal services to Medi-Cal clients only.

Example:

"Administering a contract with a health service provider to serve ***only*** *Medi-Cal eligibles."*

Code 13
Allowable Activity

Contract Administration (B) for Medi-Cal Services Specific for Medi-Cal and Non-Medi-Cal Populations

Performing activities around and/or entering into contracts with community-based organizations (CBO) or other provider agencies for the provision of Medi-Cal services to Medi-Cal and non-Medi-Cal clients.

Example:

"Administering a contract with a community service agency to provide services to ***both*** *Medi-Cal and Non-Medi-Cal eligibles."*

Code 14
Unallowable Activity

Program Planning and Policy Development for Non-Medi-Cal Services

Performing activities around and developing strategies to improve the delivery of non-Medi-Cal services.

Example:

"Developing strategies for expanding the CalWORKs program."

Code 15
Allowable Activity

Program Planning and Policy Development (A)(Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients

Performing activities around and developing strategies to increase Medi-Cal system capacity and close Medi-Cal service gaps; including analyzing Medi-Cal data related to a specific Medi-Cal program or a specific Medi-Cal eligible group, interagency coordination to improve delivery of Medi-Cal services, or developing resource directories of Medi-Cal services/providers.

NOTE: Program planning and policy development activities are claimable as Medi-Cal administration only for those services which are excluded from the managed care contracts.

Example:

"Analyzing Medi-Cal data for planning purposes to close Medi-Cal service gaps for Medi-Cal clients only."

Code 16
Allowable Activity

Program Planning and Policy Development Skilled Professional Medical personnel (SPMP) (A)(Enhanced) for Medi-Cal Services for Medi-Cal Clients

Performing activities around and developing strategies to increase Medi-Cal system capacity and close Medi-Cal service gaps; including analyzing Medi-Cal data related to a specific Medi-Cal program or a specific Medi-Cal eligible group, interagency coordination to improve delivery of Medi-Cal services, or developing resource directories of Medi-Cal services/providers. The activity must require the professional medical knowledge and skills of an SPMP and must be performed by an SPMP or staff directly supporting the SPMP.

NOTE:

- Program planning and policy development activities are claimable as Medi-Cal administration only for those services which are excluded from the managed care contracts.
- All SPMP PP&PD activities must adhere to the requirements of 42 CFR 432.50 and Section 1903(a)(2) of Title XIX of the Social Security Act.

Example:

"A Licensed Clinical Social Worker (SPMP) spends time analyzing Medi-Cal data related to the county's mental health clinical practice guidelines with the intention of improving the delivery of Medi-Cal services and sharing the results with other local governmental agencies so that they may work on improving the delivery of Medi-Cal services within their own mental health clinical practice guidelines as well."

Code 17
Allowable Activity

Program Planning and Policy Development (B)(Non-Enhanced) for Medi-Cal Services and Non-Medi-Cal Clients

Performing activities around and developing strategies to increase Medi-Cal system capacity and close Medi-Cal service gaps; including analyzing Medi-Cal data related to a specific program or specific group, interagency coordination to improve delivery of Medi-Cal services, or developing resource directories of Medi-Cal services/providers.

NOTE: Program planning and policy development activities are claimable as Medi-Cal administration only for those services which are excluded from the managed care contracts.

Example:

"Attending a meeting with countywide agencies to coordinate health service agreements for low income families."

"Performing a cost-benefit analysis on whether or not to open a new clinic in the community."

Code 18
Allowable Activity

Program Planning and Policy Development (SPMP) (B)(Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients

Performing activities around and developing strategies to increase Medi-Cal system capacity and close Medi-Cal service gaps; including analyzing Medi-Cal data related to a specific program or specific group, interagency coordination to improve delivery of Medi-Cal services, or developing resource directories of Medi-Cal services/providers. The activity must require the professional medical knowledge and skills of an SPMP and must be performed by an SPMP or staff directly supporting the SPMP.

NOTE:

- Program planning and policy development activities are claimable as Medi-Cal administration only for those services which are excluded from the managed care contracts.
- All SPMP PP&PD activities must adhere to the requirements of 42 CFR 432.50 and Section 1903(a)(2) of Title XIX of the Social Security Act.

Example:

"A Registered Nurse (SPMP) attends an interagency meeting to discuss improving clinical protocols for Medi-Cal and Non Medi-Cal patients suffering from sexually transmitted diseases with the intention of sharing the results with other local governmental agencies so that they may work on improving clinical protocols for patients suffering from sexually transmitted diseases within their own clinics as well."

Code 19
Allowable Activity

MAA/TCM Coordination and Claims Administration

Claims Administration staff performing activities such as: drafting, revising, and submitting MAA claiming plans, serving as liaison for claiming units and State and Federal Governments, overseeing, preparing, compiling, revising, and submitting claims, attending MAA/TCM training sessions, meetings, & conferences, training LGA program and subcontractor staff, and ensuring non-duplication of MAA/TCM claims.

Note: This code is restricted to one designated MAA/TCM Coordinator per claiming unit.

Example:

"Reviewing time survey documents to ensure accurate invoice claiming."

Code 20
Allowable Activity

MAA/TCM Implementation Training

Giving or receiving training related to the performance of CMAA/TCM.

Example:

"Participating in the CMAA/TCM Time study Training."

TCM
Activity Codes

Code 23
Unallowable Activity

Non-Targeted Case Management

Time spent providing or supporting case management services to clients that do not meet the definition of TCM target populations.

Example:

"Providing a referral to needed medical services for a Multipurpose Senior Services Program client."

Code 24
Allowable Activity

Providing TCM Service Components

TCM service components are defined as services furnished to assist individuals, eligible under a specific targeted population, to gain access to needed medical, social, educational, and other services.

- The Service Components are:
  - Comprehensive assessment and periodic reassessment of the individual's needs
  - Development (and periodic revision) of a specific care plan
  - Referral and related activities
  - Monitoring and follow-up activities

Example:

"Case Manager takes a client history to develop a comprehensive assessment."

Code 24 (Continued)
In a Managed Care Environment

Providing TCM to Clients Who are Managed Care Members

When providing service components to clients who are members of Medi-Cal Managed Care health plans, this activity is only claimable within the scope of TCM's defined role in the Managed Care health plan guidance from PPLs 11-006 and 12-005.

Examples:

"Assessing all client non-medical needs, including those that support client medical issues and for which the Member was referred by the health plan."

Code 25
Allowable Activity

TCM Encounter –Related Activities

TCM encounter – related activities include time spent performing tasks that directly support TCM face-to-face encounters for Medi-Cal and Non-Medi-Cal clients before, during, and after the encounter.

Example:

"Staffing cases through team meetings and interagency coordination time."

Code 25 (Continued)

In a Managed Care Environment

Supporting the Provision of TCM to Clients Who are Managed Care Members

When supporting encounter-related activities for clients who are members of Medi-Cal Managed Care health plans, this activity is claimable only when the encounter-related activity supports the scope of TCM's defined role in the Managed Care health plan guidance from PPLs 11-006 and 12-005.

Examples:

"Checking/verifying client Managed Care member status."

Code 26
Allowable Activity

Travel Related to Providing TCM

Staff travel time to provide TCM services and any TCM related activities to a TCM eligible recipient. However, only the proportionate time spent on TCM services and TCM related activities at a specific location are applicable to travel.

Example:

"Case Manager drives to and from client's home for a face-to-face encounter at a clients home, 50% of the case manager time was spent on TCM related activities and 50% on client education. Only 50% of the case manager travel time can be coded to Code 26. Therefore, the other 50% should be coded to other codes as applicable."

Code 27
Allowable Activity

Supervision of Case Managers

Supervision of Case Managers in the Performance of TCM Related Services.

Example:

"A case manager's supervisor reviews the client's goals and needs assessment and care plan to ensure appropriate actions are taken to meet the client's goals and needs."

Code 27 (Continued)

In a Managed Care Environment

Supervising in the Provision of TCM to Clients Who are in Managed Care

When supervising the provision of TCM for clients who are members of Medi-Cal Managed Care health plans, this activity is claimable only when the service supervised is within the scope of TCM's defined role in the Managed Care health plan guidance from PPLs 11-006 and 12-005.

Example:

"Supervising case manager adherence to the TCM/managed care MOU protocols to ensure non-duplication of services for TCM provided to health plan members."

Code 28
Allowable Activity

Encounter Entry into TCM On-Line System

TCM service provider entry of encounters into the TCM On-Line System from the Encounter Logs.

Example:

"Maintenance of Encounter Log(s) and related encounter activities."

Code 29
Allowable Activity

TCM Data Systems and Claiming Coordination

Review of all of the Medi-Cal data submitted by the TCM service provider. This includes validation of summary invoice before submission to DHCS for reimbursement. This activity cannot be performed by a Case Manager.

Example:

"Reconciliation of TCM Medi-Cal encounter claims reported as rejected by the State."

Code 30
Allowable Activity

TCM Quality Assurance/Performance Monitoring

TCM provider monitors Medi-Cal services providers to insure quality, capacity, and availability of services. TCM provider develops and maintains a TCM Performance Monitoring Plan to prevent countrywide duplication of services. This cannot be performed by a Case Manager.

Example:

"TCM case documentation compliance."

Code 30 (Continued)

In a Managed Care Environment

Quality Assurance and Monitoring of Services for TCM Clients Who are Managed Care Members

In LGAs with county-wide Managed Care arrangements, TCM quality assurance provider monitoring activities are claimable only when related to the case management services that are within the scope of TCM's defined role in the Managed Care health plan guidance from PPLs 11-006 and 12-005.

Example:

"Preventing duplication of services for TCM clients who are Managed Care health plan members by ensuring all case managers are aware of and understand the scope of allowable TCM as defined in the TCM/managed care MOU protocols."

Code 31
Allowable Activity

TCM Subcontract Administration

Administering subcontracts for TCM providers of services. This activity cannot be performed by a Case Manager.

Example:

"Identify and recruit community agencies as TCM contract providers."

Code 32
Allowable Activity

TCM Program Planning and Policy Development

Medi-Cal and Non-Medi-Cal clients includes time spent developing strategies to increase TCM services to capacity and close gaps in resources.

Example:

"Planning to increase TCM system capacity and close gaps."

Code 32 (Continued)

In a Managed Care Environment

PP&PD for TCM Services to Clients Who are Managed Care Members

In the LGAs within county-wide Managed Care arrangements, TCM program planning and policy development activities are claimable only for those case management services that are within the scope of TCM's defined role in the Managed Care health plan guidance from PPLs 11-006 and 12-005.

Participants who are performing PP&PD activities for a Medi-Cal Managed Care service for a Medi-Cal Managed Care population must code their time to a non-reimbursable PP&PD code. Participants must log their PP&PD time relative to the audience they are addressing.

Examples:

"Developing contacts within the Managed Care health plans serving the LGA's TCM clients."

Time Survey Process

Statistical Validity

- A valid sample size must consist of at least 400 staff work weeks per quarter.
  - 5 consecutive work days is equivalent to 1 staff work week
  - 10 consecutive work days is equivalent to 2 staff work weeks
  - 20 consecutive days is equivalent to 4 staff work weeks
- the number of participating staff within each claiming unit dictates the number of consecutive work days each participating staff member is required to time survey to obtain statistical validity.

CMAA Worker Log Time Survey Participant Eligibility Information

- Prior to each claiming period, the LGA must:
  - Identify each staff classification that performs the Medi-Cal eligible activities,
  - Ensure the staff classification duty statement reflects all of the Medi-Cal eligible activities performed,
  - Ensure that participating staff within that classification will perform the Medi-Cal eligible activities during the claiming period, and
  - Establish a list of eligible participating staff classifications for each claiming period prior to the start of the claiming period.

CMAA in a Clinical Setting

Participants who perform CMAA in a Clinical Setting must complete a log indicating:

- The name of the Claiming Unit
- The name of the Clinic
- The name of the person receiving the CMAA
- The name of the time survey participant who performed the CMAA
- The activity code and/or description of the activity performed
- The date the CMAA occurred
- The duration of time spent performing the CMAA (in 15 minute increments)
- The handwritten initials of the participant performing the CMAA

TCM Worker Log Time Survey Participant Eligibility Information

- TCM participants who are present for a portion of the claiming period are eligible for inclusion in the universe of eligible participants to the extent they were present during the claiming period.

- TCM staff who do not contribute to the cost and subsequent time spent performing Medi-Cal eligible services and/or activities must be excluded from the universe of eligible participants (for example, employees who do not work during an entire claiming period).

The Time Survey Frequency Requirements

- The frequency in which a participating staff member must time survey is dependent on the total number of participating staff within each individual LGA budget unit.

Number of Participants	Frequency Required to Time Study
0 – 99	Each Work Day
100 – 199	20 Consecutive Work Days
200 – 399	10 Consecutive Work Days
400+	5 Consecutive Work Days

Completing a Worker Log Time Survey

CMAA/TCM participants may use a paper or electronic process to track time.

- Only one CMAA/TCM participant must be identified per time survey.
- The CMAA/TCM participants must account for 100% of their productive and non-productive time for every work day.
- Time recorded on the time survey form must be rounded to the nearest 15 minute increment.
  - If an activity is performed for 8 minutes or more (up to 15 minutes), 15 minutes should be coded to the proper activity.
  - If an activity is performed for 0-7 minutes, no time should be coded to the performed activity.

Completing a Worker Log Time Survey

(Continued)

- Non-consecutive increments of time - 'rolling up' time
  - 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.
  - 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.
- Participants should track activities on a daily basis, throughout the course of the work day, NOT at the end of the work week.

Completing a Worker Log Time Survey

(Continued)

- Participants are required to complete, sign, and date the document on the last working day of the time survey period.
  - Any deviation to the signature requirement must be accompanied by a documented justification.
- Corrections must be notated using a single strike out and must be initialed with non-black ink.
- **Paper** Worker Log Time Survey documents must be certified with the participant's signature in BLUE ink.
- **Electronic** Worker Log Time Survey documents may only be certified via an electronic signature when the following criteria is met:
  - The budget/claiming unit has a policy and procedures in place regarding the use of electronic signatures,
  - The electronic document identifies the individual signing the document by name and title,
  - There are assurances the document cannot be altered after the signature has been affixed, and
  - There are assurances that the signer cannot claim the electronic signature is invalid and/or counterfeit.

Instructions for completing a Time Survey Activity Description Document

- Participants who complete 5, 10, or 20 consecutive work day time survey are REQUIRED to complete a time survey activity description document.
- Participants who complete a daily or perpetual time survey are NOT REQUIRED to complete a time survey activity description document.
- A minimum of two written descriptions must be included.
  - If an activity is only performed once during the time survey period, documentation of one occurrence is sufficient.

Instructions for completing a Time Survey Activity Description Document (Continued)

- The time survey activity description document must include the following information for each separate occurrence of each activity performed as indicated on the Time Survey:

  - The name of the LGA
  - The name of the budget/claiming unit
  - The name and classification of the time survey participant
  - The activity code and/or description of the activity performed
  - The date the activity was performed
  - The location where the activity was performed
  - The recipient of the activity (if applicable)
  - A detailed description of the purpose for the activity

The Worker Log Time Survey Random Start Date

- Standardized time survey start date procedures
- DHCS will employ the use of a random number generator to determine the quarterly time survey start dates.
  - The universe of dates eligible for selection will consist of Mondays through Fridays, excluding major holidays and the last 30 days of each quarter.
- LGA budget units with 100 or more participants will have the same time survey start date.
- LGA budget units with less than 100 participants will perpetually time survey from the first day of the claiming quarter until the last day of the claiming quarter.

Notification from DHCS to the MAA/TCM Coordinators

- DHCS will notify the MAA/TCM Coordinators via a Policy and Procedures Letter (PPL).
  - Posted on the Internet
  - Emailed to the Coordinators
- Notification will be provided at least 21 days prior to the Time Survey start date.

Notification from the MAA/TCM Coordinators to the Participants:

- The MAA/TCM Coordinators will notify all participants of:
  - The information from the DHCS PPL
  - Any other pertinent information regarding the Worker Log Time Survey processes and procedures.
- Notification will be provided at least 5 days prior to the Time Survey start date.

The Worker Log Time Survey Start Date and Notification

Example:

Number of Participants	Frequency	DHCS Notification	LGA Notification	Time Survey Start Date	Time Survey End Date
400 or more	5 Consecutive Work Days	July 29th	August 14th	August 19th	August 23rd
200 to 399	10 Consecutive Work Days	July 29th	August 14th	August 19th	August 30th
100 to 199	20 Consecutive Work Days	July 29th	August 14th	August 19th	September 13th
0 to 99	Every Work Day	N/A Perpetual	N/A Perpetual	July 1st	September 30th

For this example, August 19th falls on a Monday and all participants have a regular Monday through Friday work week.

Training Responsibilities of DHCS

- DHCS develops the annual Worker Log Time Survey Training.
- DHCS presents the Worker Log Time Survey Training to the LGA MAA/TCM Coordinators.
- DHCS keeps a log of attendees and provides that log to all MAA/TCM Coordinators for their records.

Training Responsibilities of the LGA MAA/TCM Coordinators

- An LGA MAA/TCM Coordinator or an authorized alternate must attend the annual Worker Log Time Survey Training.
  - LGAs must complete a DHCS approved training before they will be allowed to participate in the Worker Log Time Survey process for that fiscal year.
- The LGA MAA/TCM Coordinators present the training to the LGA MAA/TCM budget units and their participants.
- LGA MAA/TCM Coordinators keep a record indicating that participants have completed the Worker Log Time Survey training prior to Time Surveying.

Responsibilities of the Time Survey Training Participants

- The individual budget unit participants:
  - MUST attend a Worker Log Time Survey training presentation at least once prior to the beginning of each new fiscal year.
  - MUST be able to accurately recognize the distinctions between the CMAA and/or TCM Medi-Cal eligible services and/or activities, direct medical services, and unallowable activities.
  - MUST NOT time survey until they have completed the prescribed and approved Worker Log Time Survey training.

Avoiding Duplication of Payment

- Worker Log Time Survey methodology instructions, guidelines, and processes must be properly followed.
- Participants must utilize the same time survey tracking method and document(s) for the entire claiming period.
- The time survey must be accurate and account for 100% of the participants work time.
- The same Time Survey results must be used for both CMAA and TCM Claiming.

Consistency in Reporting Time For Activities

- Claiming units that participate in both CMAA and TCM:
  - Any activity that qualifies as either MAA or TCM must be reported consistently throughout the budget unit to the same code by all participants.
    - This will be determined by the claiming unit and shall be documented and available for review by DHCS or other oversight or audit agency.
  - MAA participants may only code time to activities they have been approved to perform.
  - The provision of all TCM service components should always be reported to Code 24, when provided to TCM clients, irrespective of whether the activity may also conform to the definition of a MAA activity.

85% Worker Log Time Survey Completion Rate Requirement

- 100% of the time survey forms submitted should be coded correctly.
  - The completion rate requirement mandates that the time survey submissions are at least 85% valid.
- The participant must ensure the validity of the time survey form prior to submitting it to the MAA/TCM Claims Coordinator.
  - The participant must 'line out' errors and amend them, if errors are found.
- The MAA/TCM Claims Coordinator must ensure the validity of the time survey form prior to using the time survey data to prepare and submit an invoice to DHCS.
  - The LGA Coordinator must return the Time Survey to the participant, if errors are found.

85% Worker Log Time Survey Completion Rate Requirement (Continued)

- Budget/claiming units that time survey on a perpetual basis will not include invalid time survey forms in the universe of forms used to create the invoice.

- Budget/claiming units that time survey on a 5, 10, or 20 consecutive work day basis:
  - If the total number of valid time survey forms is 85% or greater, all invalid time survey forms may be excluded from the universe of time survey results.
  - If the total number of valid time survey forms is less than 85%, all invalid time survey forms must be included in the universe of time survey results and coded indicating no eligible MAA and/or TCM activity time.

The 85% Worker Log Time Survey completion rate requirement is not applicable when the number of valid time survey results changes the statistical validity of the time survey frequency utilized.

- 100% of the LGA budget/claiming unit MAA/TCM participants who are required to submit a time survey form for a specific time frequency must submit a time survey form.

85% Worker Log Time Survey Completion Rate Requirement (Continued)

- The 85% Worker Log Time Survey completion rate requirement will be monitored by DHCS.
- CMAA:
  - Any CMAA claiming unit that does not meet the 85% Worker Log Time Survey completion rate requirement must exclude all participant time and associated costs from the entire claiming quarter.
- TCM:
  - Any budget unit that does not meet the 85% Worker Log Time Survey completion rate requirement within any quarter must exclude all reported participant time and associated personnel costs for that quarter from the annual Cost Report.
- Failure to comply with the 85% Worker Log Time Survey completion rate requirement.
  - Two consecutive failing quarters will require all participants complete a perpetual time survey.
  - This requirement may be lifted at the discretion of DHCS.

Maintaining Proper Worker Log Time Survey Documentation

- Time Survey Documentation:
  - Must be maintained in an audit file on site.
  - Must be made available to agents of the federal and State governments or their authorized representatives upon request.
  - Must substantiate all costs, including those associated with personnel time, claimed for Federal Financial Participation.

Ensuring Worker Log Time Survey Methodology Compliance

- Participants must be deemed eligible and properly trained, prior to Time Surveying.
- Claiming Units must conform to the required time survey frequency.
  - 5 day, 10 day, 20 day, or perpetual
- All documentation must be filled out and properly completed.
- Proper notification of Time Survey start date(s) must be provided.
- Participants must use the designated time survey start date(s).
- Claiming Units must comply with the 85% Worker Log Time Survey completion rate requirement for 5, 10, and 20 day time surveys.
- Must ensure there are no instances of duplication of payments.
- Must ensure all Worker Log Time Survey documentation is properly maintained.

Direct Charging for MAA

- Staff that perform a single Medi-Cal eligible activity either 100% of the time or in distinct and documented blocks of time.
  - Payroll coding documents may be used to verify the reimbursable costs for staff that perform a Medi-Cal eligible activity 100 percent of the time.
  - Activities performed in "distinct blocks of time" must documented in a log.
  - The staff person must complete a "Staff Certification of Direct Charge Time" form each claiming period to certify that the percentage of claimable direct charge time is accurate, true, and correct.
- Direct charging is also permitted for non-salary and/or overhead costs associated with MAA specific reimbursable activities (designated as 'non-salary costs'); such as:
  - Travel
  - Training
  - Printing
  - Computer
  - Other equipment costs
- LGA's must provide supporting documentation to substantiate any non-salary and/or overhead direct charges.

Resources

Department of Health Care Services website:
www.dhcs.ca.gov

CMAA website:
www.dhcs.ca.gov/provgovpart/Pages/CMAA.aspx

TCM website:
www.dhcs.ca.gov/provgovpart/Pages/TCM.aspx

LGA Consortium website:
www.maa-tcm.com

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Questions?