

1. 400+ workers, 5 consecutive days per what period? Per month? Per quarter? Per year?

The Time Survey Frequency is per quarter. Claiming units with 400+ workers are required to complete the time survey for five consecutive work days each quarter. Please see page 30 of 63 in the Time Survey Methodology for more details.

2. One of the slides (#70 or 71), indicated 0-99 workers; time survey starts on 7/1/xx and ends 9/30/xx, do we only need to do time survey for 1 quarter to satisfy for the full year?

The Time Survey requirements must be met quarterly. Therefore, participating staff must time survey each quarter. For a claiming unit with 0-99 workers, time surveys must be completed "Each Work Day" to fulfill the requirements. Please note, the dates provided on slide 71 were examples only.

3. Have any of the coding expectations changed since the initial training?

The coding expectations have not changed since the first Time Survey training session this year held on February 27, 2017.

4. What is the difference between Medi-Cal and Medi-Cal Managed Care Health Plans?

Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed [health care services](#) for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS. Medi-Cal is financed equally by the State and federal government. For more information about the Medi-Cal program please refer to the DHCS website at, <http://www.dhcs.ca.gov/services/medi-cal/Pages/default.aspx>

Medi-Cal Managed Care Health Plans (MMCHP) is a subset of the Medi-Cal program. Medi-Cal Managed Care contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. The MMCHP is a group of doctors, clinics, specialists, pharmacies, and hospitals. Medi-Cal beneficiaries can choose a plan for themselves and their families. For more information regarding MMCHPs please refer to the Managed Care web page located at, http://www.healthcareoptions.dhcs.ca.gov/HCOCS/HCO_Program/Frequently_Asked_Questions.aspx.

5. May I use the 2017-18 training for staff that are new in the FY 2016-17 year, i.e. staff trained between now and July 1, 2017? If so, are they then certified for both FY 2016-17 and FY 2017-18?

Staff must be trained before the quarter they will be claimed in, and invoiced in, to meet the certification requirements. In this case, the staff would be certified for FY 2017-18. They could also be certified for FY 2016-17 quarter 4 if they were trained prior to April 1, 2017.

6. Who qualifies for TCM versus CMAA versus LGA?

LGAs qualify for CMAA and TCM based on the activities they perform as a part of Medi-Cal. CMAA and TCM activities are listed under Table 1 on Page 9 of the Time Survey Methodology.

7. Can you please check code 9? For the past 17 years, it has always been the type of transportation used, meaning that the transportation is not emergency, and is not covered by Medi-Cal. For example a wheel chair bound client can obtain non-emergency non-medical transportation that is reimbursed by Medi-Cal. How does the new bill, approved in the fall, affect this code?

On Page 13 of the Time Survey Methodology, Code 9 is defined as "Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Non Medi-Cal Covered Service", including "assisting an individual to obtain transportation to services not covered by Medi-Cal and/or accompanying the individual to services not covered by Medi-Cal." The qualifying element of Code 9 is the provision of transportation that is not for emergency or medical purposes to services or activities unrelated to Medi-Cal. **The state of the beneficiary receiving the transportation is the qualifying factor, non-emergency, non-medical; not the type of transportation vehicle.** For potential changes due to future legislation, please contact the CMAA program at cmaa@dhcs.ca.gov with details on the specific bill in question.

8. Will there be a completion certificate made available?

No. Attendance lists are provided to the LGA Executive Committee (EC). In addition, attendee lists will be provided to LGAs that request the information from their analyst.

9. Would perpetual time survey reporting be appropriate to establish the practice and efficiency of the time survey reporting exercise?

Perpetually time surveying can be a good way to establish the practice as it would require all participating staff to track their time daily. It also gives the LGA coordinator the opportunity to review and familiarize his/herself with the act of validating participant's time survey forms. However, to determine the frequency of Time Survey required for each claiming unit, consult the Time Survey Frequency Requirements in Table 4 on Page 30 of the Time Survey Methodology.

10. What happens when coordinators change during the year? What if only one coordinator has been trained and that coordinator leaves? How does the new coordinator get trained?

Each LGA may have a primary and an alternate coordinator who are both trained. When one is replaced, the remaining coordinator is responsible for training the new staff member. Coordinators, who have not met their training requirement, cannot claim reimbursement for time spent fulfilling CMAA and TCM activities. We recommend all LGAs designate and train an alternate coordinator to ensure continuity of experience when primary coordinators change or leave.

11. I have a question or questions about code 22. I am confused on when to code and when not to code and where to code. I understand the vacation, sick leave, holiday and jury duty but it is the other things that get me. The directions state "paid time off" any time that you are not working but are receiving pay from your employer... so why is CTO or CHT not under code 22.

Over time (OT) worked – would that be 22 or would that be broken out to above codes as they apply?

Compensatory Time Earned (CTE) – is this a code 22 or would that be broken out to the above codes as they apply or maybe it would not be on the time study at all as it not paid time off?

Compensatory Holiday Time Earned (CHE) - is this a code 22 or would that be broken out to the above codes as they apply or maybe it would not be on the time study at all as it not paid time off?

Compensatory Time Off (CTO) – If I recorded the CTE for the hours earned, I can understand why I would leave this off of the time study because it has already been accounted for. But, if I don't record the CTE this would be under the code 22 as it is paid time off.

Compensatory Holiday Time Taken (CHT) - If I recorded the CHE for the hours earned, I can understand why I would leave this off of the time study because it has already been accounted for. But if I don't record the CHT this would be under the code 22 as it is paid time off.

Leave without pay (LWP) – this would not be listed on the time study.

Over time (OT) worked is not to be claimed under Code 22. OT worked is to be claimed to the activity code that was performed while working overtime. Compensatory Time Off (CTO), Compensatory Time Earned (CTE), and Compensatory Holiday Time Earned (CHE) are not to be claimed under Code 22 because these hours have already been claimed under different codes performed while working overtime. When earned or used, CTO creates a discrepancy between the time card and time survey. Please include an explanation for the discrepancy with the time card and time survey so that the variance can be reconciled.

12. When we close a case at three months of meeting with the family but they come back maybe six months later, do we do another assessment and care plan with the family?

Yes, if you have closed the case for that patient/family, you will need to do another assessment and care plan.

13. What is the requirement for nurses sending in a perpetual time survey? Are the surveys required to be signed by the end of the month pay period?

Yes, all time surveys must be signed by the end of the month. Per the Time Survey Methodology page 35, participants are required to complete, sign, and date the document on the last working day of the time survey period and give the document to their supervisor. Any deviation from the signature requirement must be accompanied by a documented justification.

14. Do all four service components have to be used for each face to face TCM visit?

Per the Time Survey Methodology page 21, a face-to-face visit/encounter can include one, two, three, or four of the service components.

15. Couldn't Lead Poisoning Prevention Program also be code 23?

Per the Time Survey Methodology page 10, you can code Lead Poisoning Programs under code 1. However, this is a non-billable code, so there would be no reimbursement.

16. Interesting those activities you are describing under 30, were originally under 29. We were instructed that for those LGAs that only did TCM that the LGA coordinator activities would go under 29. Now it seems you are saying they go under 30. Please check this out.

Per the Time Survey Methodology page 23, codes 29 and 30 are for different purposes:

- Code 29 refers to "review of all of the Medi-Cal data submitted by the service provider; this includes validation of the summary invoice before submission to DHCS."
- Code 30 refers to "the TCM provider monitoring Medi-Cal service providers for quality control and prevention of duplication of services."

17. Why is Code 20 not to be used for TCM (see slide #4) staff? If this code cannot be used, what do I code this training session to?

Code 20 can be used for TCM but it is not billable to TCM. Per page 20 of the time survey Methodology, code 20 is designed for MAA/TCM Implementation Training includes time spent providing or attending training related to the performance of MAA or TCM. For example, reasonable time spent on related paperwork, clerical activities, staff travel time necessary to perform these activities including, initiating and responding to email and voicemail. Please note that this code is **only** reimbursable to the CMAA Program.

18. What code does TCM staff use for this training or any attended training/conference?

Please refer to the answer for question number 17.