

MAA TIME SURVEY MANUAL

2017-2018

Logging In to the MAA Timesurvey System



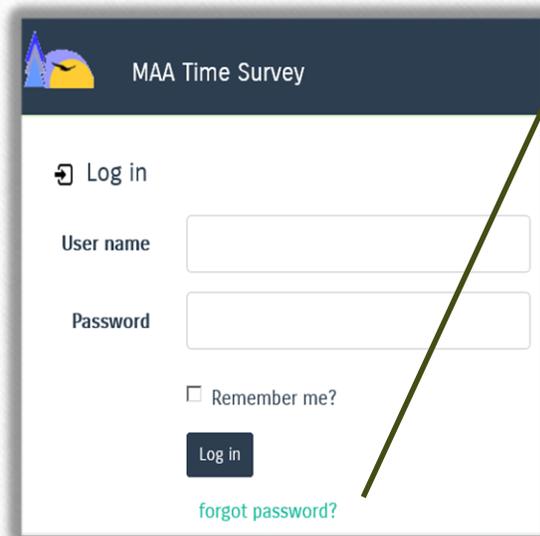
MAA Time Survey is a web-based application that uses a web browser. You must be connected to the internet to use it. Use web browser Internet Explorer V9 (or above) or Google Chrome.

1. Type this web address into the address area of your web browser:
<http://maa.co.santa-cruz.ca.us/>
2. Save it as a Favorite or create a shortcut on to your Desktop:
 - *Internet Explorer*: Right-click in blank area of web page and choose 'Create Shortcut'.
 - *Google Chrome*: Click on '3 line horizontal' button > Click Tools > Click 'Create application shortcuts'.

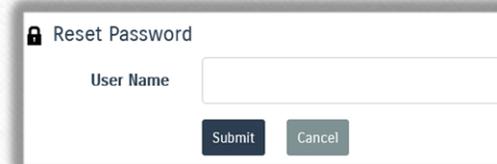


3. Enter your MAA Time Survey username (your first initial followed by your last name) and your password (the default password is: ***password***) and click the **Log In** button (or press the Enter key on your keyboard). **Password should NEVER be shared.**

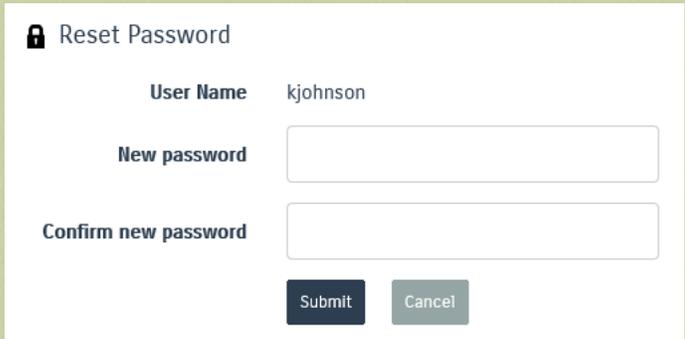
Enter your username here (*example: kcosker*): _____



If you forget your password click the ‘forgot password’ button. You will be asked to enter your username. Click the Submit button and an email will be sent to you with instructions how to reset your password.



4. After you successfully log-in you will then change your password to one that only you know. This will become your new password. Type it in twice and then press **submit** when you are done.



Reset Password

User Name kjohnson

New password

Confirm new password

Submit **Cancel**

5. You will then be returned to the login screen to login using your new password.
6. After you login you should then see your time survey for the current month (as shown on the following page)
 - a) If you are a supervisor (and if you are not completing time surveys for yourself) you will see the list of people in your organization that you supervise.

VIEWING YOUR PROFILE

1. To view your profile information click in the upper right corner on your name. You should then see the following information that has been setup for you within the system:

 Adele Realista

Your profile

Employee # 000

First Name Participant

Last Name CBO

Middle Initial

Classification

Claiming Unit HSA Test CBO

Phone 4544000

Email kennedy.cosker@co.santa-cruz.ca.us

MAA SPMP

TCM

Schedule

Mon	Tue	Wed	Thu	Fri	Sat	Sun
8.00	8.00	8.00	8.00	8.00		

Hide Activity Code?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
<input checked="" type="checkbox"/>	<input type="checkbox"/>																				

Save

MAA Home

Adjust your working schedule here. Your surveys total area (at the bottom of your survey) will show **yellow** if you work outside this schedule.

Hide activities that have been assigned to you that you don't use.

If you've made changes press **Save**. If you didn't change anything click **MAA Home** to return back to your survey.

PARTICIPANT TIME SURVEY SCREEN

MAA Time Survey My MAA 1 Paresh Patel Log off

Print History My Time Surveys Day 1 - 10 Day 11 - 20 Day 21 - 31

Name: Patel, Paresh M Job Classification: Programmer Employee #: 9119 Claiming Unit: AIDS Case Management Claiming Unit Location: 1060 Emeline Avenue, Santa Cruz, CA 95060 Survey Period: May - 2014 2

Code	Activity	May 2014 ↻	Survey Period										Total	
			1 Thu	2 Fri	3 Sat	4 Sun	5 Mon	6 Tue	7 Wed	8 Thu	9 Fri	10 Sat		
1	Other Programs/Activities		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
2	Direct Patient Care		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
3	Outreach to Non-Medi-Cal Programs		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
4	Medi-Cal Outreach		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
5	Referral, Coordination, and Monitoring of Non Medi-Cal Services		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
6	Referral, Coordination, and Monitoring of Medi-Cal Services		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
7	Facilitating Non Medi-Cal Application		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
8	Facilitating Medi-Cal Application		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
9	Arranging and/or Providing Transportation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							

Save Certify 4

1. MAA opens to the current Time Survey.
2. Use the left/right arrows to navigate survey periods.
3. Enter time in quarter-hour increments. Daily Total (on bottom of Columns) should add up to match the hours worked in a day. Make sure to save every time you log off.
4. **Certify** your Time Survey on your last working day of the month, when your Time Survey is complete, so that your supervisor, can approve it.
5. Sign & date your Time Survey, using the same date as you CERTIFIED it on the system. State requires justification if Time Surveys are signed after your last working day.

FISCAL/PAYROLL –TIME CARD ENTRY SCREEN – ALL PARTICIPANTS

1

MAA Time Survey My MAA Reports Administration Log off

Timecards 2

Month Mar - 2015

Employee Name	Total Timecard Hours	Total Timesurvey Hours
Adrian	23.00	23.00
Alex	17.00	
Ann :	10.50	
Bobby		68.75
Donnie	33.00	39.50
Jan		42.00
Lynn		95.50
Michael		
Patricia		
Sarah		
Sarah		51.00
Sue		15.00
Thomas		

3

1. My MAA dropdown menu.
2. Select My Units Time Cards
3. Click on each employee and enter all time card hours

FISCAL PERSON ONLY – TIME CARD ENTRY SCREEN

MAA Time Survey My MAA Reports Administration Log off

Timecards Day 1 - 15 Day 16 - 31

Name Employee # 0013 Claiming Unit Client Action Network Month Mar - 2015

	1 Sun	2 Mon	3 Tue	4 Wed	5 Thu	6 Fri	7 Sat	8 Sun	9 Mon	10 Tue	11 Wed	12 Thu	13 Fri	14 Sat	15 Sun	Total
Timecard Worked Hours	<input type="text"/>	<input type="text" value="1.00"/>	<input type="text"/>	<input type="text" value="5.50"/>	<input type="text"/>	<input type="text" value="5.00"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1.00"/>	<input type="text"/>	<input type="text" value="5.50"/>	<input type="text"/>	<input type="text" value="5.00"/>	<input type="text"/>	<input type="text"/>	23.00
Timecard Paid Time Off	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daily Total		1.00		5.50		5.00			1.00		5.50		5.00			23.00
Time Survey Worked Hours		1.00		5.50		5.00			1.00		5.50		5.00			
Time Survey Paid Time Off																

Save

1

1. Enter time card hours - Save

CLAIMING UNIT COORDINATOR (CUC) ROLES

1. Run validation report (page 10)
2. Approve/Reject staff Time Surveys (page 11)
3. Accepts Time Surveys (page 12)
4. Prints, signs, has employee sign Time Surveys (page 13)
5. Generates the Time Survey Summary report (page 14)
6. Submits monthly original Time Surveys with the Time Survey Summary Report, **BEFORE** the 15th business day of the month following the reporting month (page 15)
7. Add/Edit users information (page 16-18)
8. Coordinates with the HSA Staff for any problems

SUPERVISOR VALIDATION SCREEN

1

MAA Time Survey My MAA Reports Administration

2 TimeSurvey - TimeCard Validation Errors

3

Claiming Work Client Action work

Survey Period Dec - 2014

Employee Name	Employee #	Type	Day	Survey Hours	TimeCard Hours
Jennifer	000010	Worked Hours	Day 1	0.00	1.00
		Worked Hours	Day 3	0.00	1.00
		Worked Hours	Day 4	0.00	5.50
		Worked Hours	Day 5	0.00	4.75
		Worked Hours	Day 9	0.00	5.50
		Worked Hours	Day 10	0.00	2.00
		Worked Hours	Day 16	0.00	7.50
		Worked Hours	Day 19	0.00	6.75
		Worked Hours	Day 22	0.00	2.50
		Worked Hours	Day 23	0.00	5.50
		Worked Hours	Day 24	0.00	3.00
		Worked Hours	Day 25	0.00	9.00
		Worked Hours	Day 29	0.00	5.50
		Worked Hours	Day 30	0.00	5.50
		Worked Hours	Day 31	0.00	3.50

1. Run Time Survey Validation Report, if a report runs it means there ARE errors.

2. TimeSurvey-TimeCard Validation Errors Report.

3. Reject time survey if employee is on the report. Have employee correct errors and re-certify.

4. Re-run report until, report shows no errors.

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<http://maa.co.santa-cruz.ca.us/Report/PreviousSurveyPeriod?viewname=TimeSurveyTimeCard/validabon&surveyperiod=201412...>

SUPERVISOR – APPROVE TIME SURVEYS

1. Pull down My MAA menu and select My Group Time Surveys
2. Approve for each person –Time Survey must be certified by employee or else buttons will not appear at the bottom of screen.

MAA Time Survey 1 My MAA Reports Administration Log off

Print History Claiming Unit Time Surveys Day 1 - 10 Day 11 - 20 Day 21 - 31

Name	Job Classification	Employee #	Claiming Unit	Claiming Unit Location	Survey Period							Total	% of Time				
					Jan 2015												
Code	Activity				Jan 2015	11 Sun	12 Mon	13 Tue	14 Wed	15 Thu	16 Fri	17 Sat	18 Sun	19 Mon	20 Tue	Total	% of Time
1	Other Programs/Activities						2.00	2.25						2.00	1.25	9.50	39.18%
3	Outreach to Non-Medi-Cal Programs																
4	Medi-Cal Outreach						1.00	0.75						1.00	0.50	4.25	17.53%
5	Referral, Coordination, and Monitoring of Non Medi-Cal Services						0.75	1.00						1.00		3.50	14.43%
6	Referral, Coordination, and Monitoring of Medi-Cal Services																
7	Facilitating Non Medi-Cal Application																
8	Facilitating Medi-Cal Application																
9	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Non-Medi-Cal Covered Service																
10	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service																
20	MAA/TCM Implementation Training						0.75	0.50						0.75		2.75	11.34%
21	General Administration						0.75	1.00						0.75	0.75	4.25	17.53%
22	Paid Time Off (PTO)																
Daily Total							5.75	5.50						5.50	2.50	24.25	100%

Accept Reject Not Claimable

CU COORDINATOR – ACCEPTING TIME SURVEYS

1. Accept for each employee
2. From the “My MAA” pull down menu, select “My Claiming Unit Time Surveys”, “accepted” each participants time survey, that meets the required criteria.

MAA Time Survey - Microsoft Internet Explorer provided by County of Santa Cruz

http://maa.co.santa-cruz.ca.us/?surveyperiod=201501&user=582999db-b79c-46bd-8c2d-9a0aa0

MAA Time Survey Time Survey

File Edit View Favorites Tools Help

Holy Cross School Private C... Main Web site Administration Paradigm Technologies Web Slice Gallery MAA Time Survey Log in

MAA Time Survey My MAA Reports Administration Sarah Martin Log off

Print History Claiming Unit Time Surveys Day 1 - 10 Day 11 - 20 Day 21 - 31

Name	Job Classification	Employee #	Claiming Unit	Claiming Unit Location	Survey Period							Total	% of Time		
					Sun	Mon	Tue	Wed	Thu	Fri	Sat				
1	Other Programs/Activities					2.00	2.25					2.00	1.25	9.50	39.18%
3	Outreach to Non-Medi-Cal Programs														
4	Medi-Cal Outreach					1.00	0.75					1.00	0.50	4.25	17.53%
5	Referral, Coordination, and Monitoring of Non Medi-Cal Services					0.75	1.00					1.00		3.50	14.43%
6	Referral, Coordination, and Monitoring of Medi-Cal Services														
7	Facilitating Non Medi-Cal Application														
8	Facilitating Medi-Cal Application														
9	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Non-Medi-Cal Covered Service														
10	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service														
20	MAA/TCM Implementation Training					0.75	0.50					0.75		2.75	11.34%
21	General Administration					0.75	1.00					0.75	0.75	4.25	17.53%
22	Paid Time Off (PTO)														
Status: Approved					Daily Total	5.25	5.50					5.50	2.50	24.25	100%

Accept Reject Not Claimable

12

EXAMPLE OF A PRINTED TIME SURVEY

Health and Human Services Agency
**Program Time Survey for Employees Performing
 Medi-Cal Administration Activities and/or Targeted Case Management**

MAA
 SPMP
 Non-SPMP
 CBO

TCM
 Supervisor
 Case Manager
 Support Person to Case Mgr

Department of Health Care Services
 Month: January Year: 2015

Name (Last, first, middle initial) _____ Job classification _____ Employee Number _____ Claiming unit _____ Claiming unit location _____

Code	Day of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	% of Time	
1	Other Programs/Activities		3.75							3.75				4.5	5		3.75					5		3.75									38.25	76.50%	
3	Outreach to Non-Medi-Cal Programs																																		
4	Medi-Cal Outreach					1							1														1							4.00	8.00%
5	Referral, Coordination, and Monitoring of Non-Medi-Cal Services																																		
6	Referral, Coordination, and Monitoring of Medi-Cal Services																																		
7	Facilitating Non-Medi-Cal Application																																		
8	Facilitating Medi-Cal Application																																		
9	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Non-Medi-Cal Covered Service																																		
10	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service																																		
20	MAA/TCM Implementation Training														0.25																			0.25	0.50%
21	General Administration		1							1				0.5	0.25		1.25					0.5		1.25				0.5		1.25			7.50	15.00%	
22	Paid Time Off (PTO)																																		
TOTAL HOURS			4.75			1				4.75			1	5	5.5		5				1	5.5		5			1	5.5		5			50.00	100.00%	
Employee's signature (BLUE INK ONLY)		Employee's telephone number (831) 469-0462				Date		Supervisor's signature (BLUE INK ONLY)				Date																							

1. Employee signs and dates (last working day of the reporting month)
2. Supervisor signs and dates
3. Time Survey, justification letters and Time Survey Summary are submitted to HSA/MAA by the 15th business day of the month

ALL SIGNATURES MUST BE IN BLUE INK

CU COORDINATOR – GENERATING TIME SURVEY REPORT

MAA Time Survey TimeSurvey Summary Report - Microsoft Internet Explorer provided by County of Santa Cruz

http://maa.co.santa-cruz.ca.us/Report/TimeSurveySummary

File Edit View Favorites Tools Help

Holy Cross School Private C... Main Web site Administration Program Technologies Web Slice Gallery MAA Time Survey Log in

MAA Time Survey My MAA Reports Administration Log off

Timesurvey Summary Report

Claiming Unit Client Action Network

From Survey Period 201411 To 201411

Submit

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1. Run Time Survey Summary Report – found under reports
2. Enter month of report. Year/Month (i.e. 201501)

CU COORDINATOR – TIME SURVEY SUMMARY REPORT

Class	Name	Position Title	1	3	4	5	6	7	8	9	10	14	20	21	22	Total Hour
CBO		Executive Director	18.00	7.00	8.00	18.00	0.00	7.50	4.50	1.00	0.00	4.00	0.00	18.00	80.00	180.0
CBO		Peer Support Worker	0.00	0.00	0.00	0.00	17.50	0.00	0.00	0.00	6.00	0.00	0.00	6.50	10.00	40.0
CBO		Peer Support Worker	16.00	0.00	73.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.00	0.00	103.0
CBO		Peer Support Worker	14.50	0.00	8.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.0
CBO		Peer Support Worker	33.75	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25	5.25	0.00	41.2
CBO		Peer Support Worker	5.75	0.00	2.00	2.75	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00	0.00	16.5
CBO		Peer Support Worker	29.75	0.00	21.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.25	0.00	5.50	92.7
CBO		Peer Support Worker	30.50	0.00	21.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	62.5
CBO		Peer Support Worker	17.50	0.00	110.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	8.50	8.00	145.0
CBO		Peer Support Worker	71.00	0.00	17.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	9.50	0.00	107.0
CBO		Peer Support Worker	0.00	0.00	12.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	13.0
CBO		Peer Support Worker	0.00	0.00	49.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49.0
CBO		Peer Support Worker	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.0
CBO		Team Peer Aide (Recovery	0.00	4.00	9.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	15.0
CBO		Van Driver/Transportation	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.00	25.50	0.00	0.00	11.75	65.2
Grand Total			238.75	13.00	330.25	18.75	17.50	7.50	4.50	28.00	31.50	4.00	49.50	67.75	115.25	926.2
Grand Total %			25.78%	1.40%	35.65%	2.02%	1.89%	0.81%	0.49%	3.02%	3.40%	0.43%	5.34%	7.31%	12.44%	100.00%
CBO		Total Hours	238.75	13.00	330.25	18.75	17.50	7.50	4.50	28.00	31.50	4.00	49.50	67.75	115.25	926.2
CBO		CBO	25.78%	1.40%	35.65%	2.02%	1.89%	0.81%	0.49%	3.02%	3.40%	0.43%	5.34%	7.31%	12.44%	Class / Tot
CBO		Percentages	25.78%	1.40%	35.65%	2.02%	1.89%	0.81%	0.49%	3.02%	3.40%	0.43%	5.34%	7.31%	12.44%	Class / Tot

1. Match printed Time Survey to list on screen, put in same order as report. Sign and date in BLUE ink, submit to HSA within 15 business days of last day of reporting month.

2. Deliver/mail package to:

Jessica Victorino
 County of Santa Cruz, Health Service Agency
 1080 Emeline Avenue, Building D
 Santa Cruz, CA 95060

ADDING AND EDITING USERS

- 1) Contact Jessica Victorino (Jessica.victorino@santacruzcounty.us) with the following information to add or Edit a participant:
 - 1) Name
 - 2) Job Title
 - 3) Email Address
 - 4) Are they one or more then one of the following:
 - 1) Participant
 - 2) Supervisor
 - 3) Fiscal Staff (will be entering the time cards NOT the time surveys)
 - 4) Claiming Unit Coordinator)
 - 5) Direct Phone number
 - 6) Number of hours worked a day and which days
 - 7) If the person is SPMP

DELETING USERS

If a person is no longer doing MAA time surveying for your unit or has left the unit, then they should be deactivated.

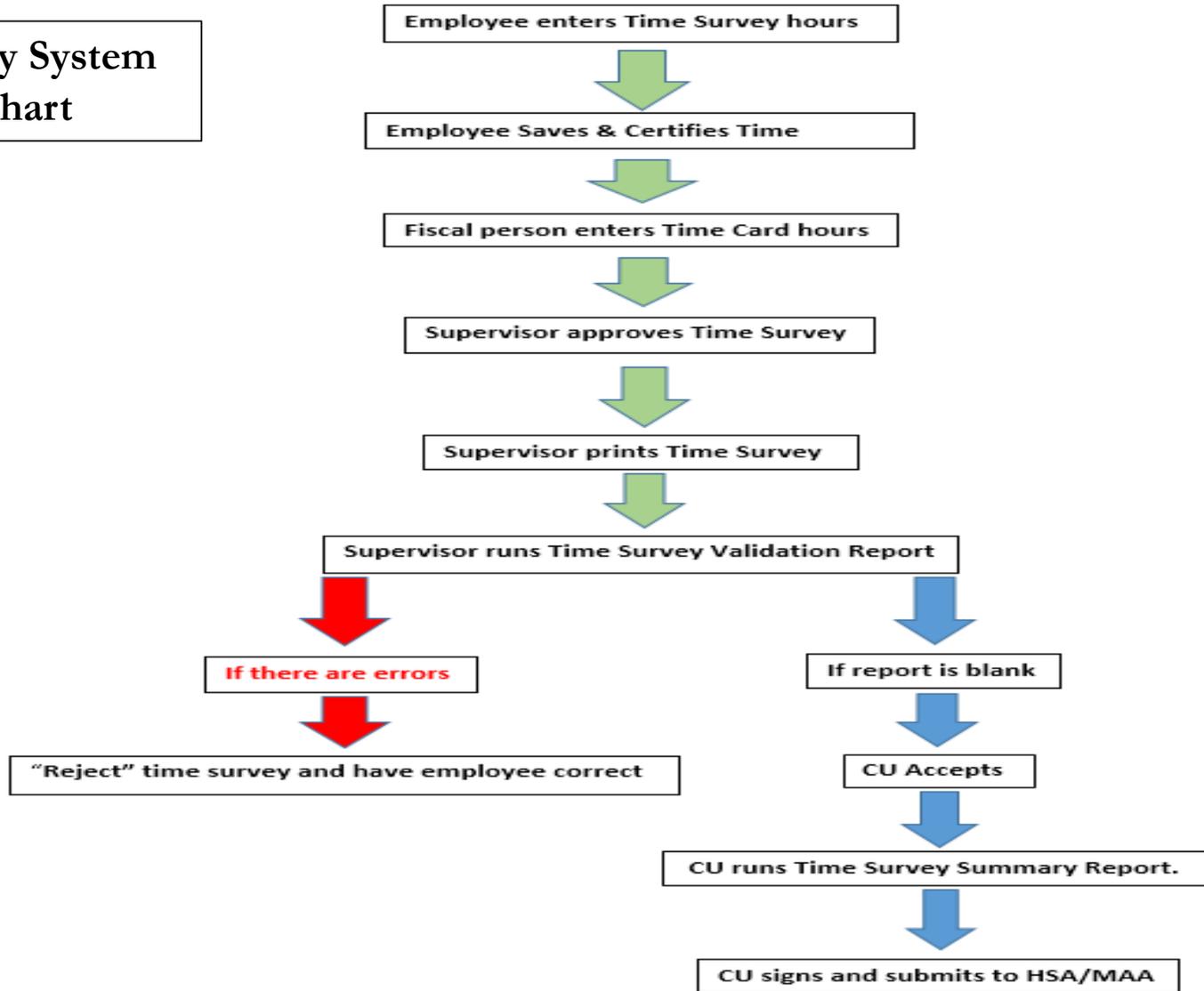
Before notifying Jessica for account deactivation, please check the following:

1. Make sure the participant has completed all of their time surveys.
2. Make sure that all the participants time surveys have been approved by their Supervisor online.
3. Make sure that the CU Coordinator has accepted all of the participants times surveys online.

DO NOT deactivate them yourself, this will cause record retention issues within the system.

All deactivations MUST be done by HSA/MAA staff.

MAA Time Survey System CBO Flow Chart



Time Survey Coding

(Paycode legend applies to County Participants ONLY)

Legend:

Pay

Code

Description

033	Administrative Leave Taken
20J	Administrative Leave Taken
955	Management Uncompensated Time Worked
999	Compensatory Time Worked
044	Compensatory Time Taken
777	Overtime
QLE	Rollover Furlough Time Taken
11B	Bereavement Leave
011	Vacation Pay
022	Sick Pay
888	Regular Hours

Code to:

PTO
PTO
Appropriate Activity
Appropriate Activity
DO NOT Record Hours on Time Survey
Appropriate Activity
DO NOT Record Hours on Time Survey
PTO
PTO
PTO
Appropriate Activity