

# MAA TIME SURVEY MANUAL

2019-2020

## Logging In to the MAA Time Survey System



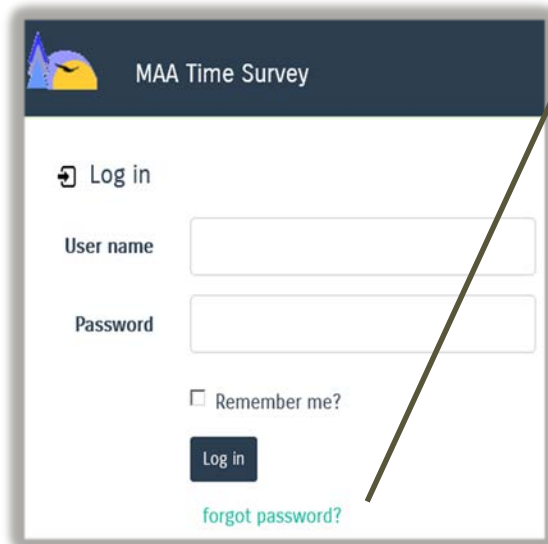
MAA Time Survey is a web-based application that uses a web browser. You must be connected to the internet to use it. Use any web browser.

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”. Select “yes” to place on desktop.

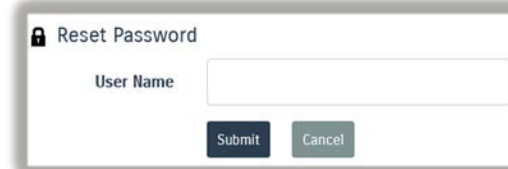


3. Enter your MAA Time Survey user name (your first initial followed by your last name) and your password (the default password is: **password**) and click the **Log In** button (or press the Enter key on your keyboard). **Password should NEVER be shared.**

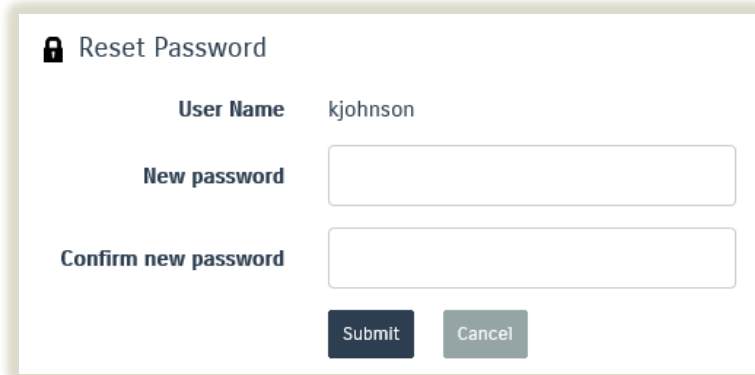
Enter your user name here (example: kcosker): \_\_\_\_\_



**If you forget your password click the “forgot password” button.** You will be asked to enter your user name. 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 the “**Submit**” button when you are done.



**Reset Password**

**User Name** kjohnson

**New password**

**Confirm new password**

**Submit** **Cancel**

5. You will then be returned to the log in screen to log in using your new password.
6. After you log in, 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 participants in your organization that you supervise.

# 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	1 Thu	2 Fri	3 Sat	4 Sun	5 Mon	6 Tue	7 Wed	8 Thu	9 Fri	10 Sat	Total
1	Other Programs/Activities												
2	Direct Patient Care												
3	Outreach to Non-Medi-Cal Programs												
4	Medi-Cal Outreach												
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 Transportation												

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 15 minute increments. Daily Total (at bottom of Columns) should add up to match the hours worked in a day. Make sure to save (not certify) 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. Remember when signing your Time Survey, use the same date you CERTIFIED it on the system. State requires justification if Time Surveys are signed after your last working day.

# FISCAL/PAYROLL – TIMECARD ENTRY SCREEN – ALL PARTICIPANTS

From the “My MAA” dropdown menu select “Timecards”.

The screenshot shows the MAA Time Survey application interface. At the top, there is a dark blue navigation bar with the MAA logo on the left, the text "MAA Time Survey", and a dropdown menu "My MAA" with sub-items "Reports" and "Administration". On the right side of the navigation bar, the user's name "Jessica Victorino" and a "Log off" button are visible.

Below the navigation bar, the main content area is titled "Timecards". To the right of this title is a "Month" selector showing "Apr - 2019" with left and right navigation arrows.

The main content area contains a table with the following data:

Employee Name	Total Timecard Hours	Total Timesurvey Hours
Dan		22.50
Erick		
Gonzalo		
Hector		65.00

# FISCAL PERSON ONLY – TIMECARD ENTRY SCREEN

1. Click on each employee and enter all timecard hours. Save after each timecard is completed.

☰ Timecards

Day 1 - 15
Day 16 - 30

Name	Employee #	Claiming Unit	Month													
Daniel	7632147227		<span>&lt; Apr - 2019 &gt;</span> <span style="float: right;">↻</span>													
Apr 2019 📅	1 Mon	2 Tue	3 Wed	4 Thu	5 Fri	6 Sat	7 Sun	8 Mon	9 Tue	10 Wed	11 Thu	12 Fri	13 Sat	14 Sun	15 Mon	Total
Timecard Worked Hours	<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"/>	
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																
Time Survey Worked Hours	7.50	7.50	7.50													
Time Survey Paid Time Off																

Save

# SUPERVISOR /CLAIMING UNIT COORDINATOR (CUC) ROLES

1. Supervisor-Run validation report (page 9)
2. Supervisor-Accept/reject staff Time Surveys (page 10)
3. CU Coordinator-Accept/reject Time Surveys (page 11)
4. Supervisor OR CU Coordinator-Print, sign and have employee sign Time Survey (page 12)
5. CU Coordinator-Generate the Time Survey Summary Report (page 13)
6. CU Coordinator-Submit monthly original Time Surveys with the Time Survey Summary Report, **BEFORE** the 15<sup>th</sup> business day of the month following the reporting month (page 14)
7. CU Coordinator-Add/delete users (pages 15-16)
8. Supervisor OR CU Coordinator-Coordinate with the MAA staff for any questions or issues



# SUPERVISOR— RUN VALIDATION REPORT

	Employee Name	Employee #	Type	Day	TimeSurvey Hours	TimeCard Hours
✉	🔍 Daniel			Day 1	7.50	0.00
				Day 2	7.50	0.00
				Day 3	7.50	0.00
✉	🔍 Hector			Day 1	7.00	0.00

1. Run Time Survey Validation Report by going to the “Report” pulldown menu at the top of the home screen.
2. If the two columns highlighted do not match, there are errors that need to be correct by the listed participant. Reject their Time Survey and instruct them to make the necessary corrections.
3. IF there are errors for a participant, you will not be given the option to “accept” their Time Survey.

# SUPERVISOR – ACCEPT TIME SURVEYS (1<sup>ST</sup> STEP OF APPROVAL)

1. Pull down “My MAA” menu and select “My Group Time Surveys”.

2. Select “accept” to approve each participants Time Survey –Time Survey must be “certified” by employee or else buttons will not appear at the bottom of Supervisor 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 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				5.25	5.50						5.50	2.50	24.25	100%

2 Accept Reject Not Claimable

# CU COORDINATOR – ACCEPT TIME SURVEYS (2<sup>ND</sup> STEP OF APPROVAL)

1. From the “My MAA” pull down menu, select “My Claiming Unit Time Surveys”. “Accept” each participants Time Survey, that meets the required criteria.

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

http://maa.santa-cruz.ca.us/?surveyperiod=201501&user=582999db-679c-49bd-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 Site 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)															
Static Approval																
Daily Total						5.25	5.50						5.50	2.50	24.25	100%

1

Accept Reject Not Claimable

# 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**

Department of Health Care Services  
 Month:  Year:

MAA  
 SPMP  
 Non-SPMP  
 CBO

TCM  
 Supervisor  
 Case Manager  
 Support Person to Case Mgr

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					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)																																	
<b>TOTAL HOURS</b>			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

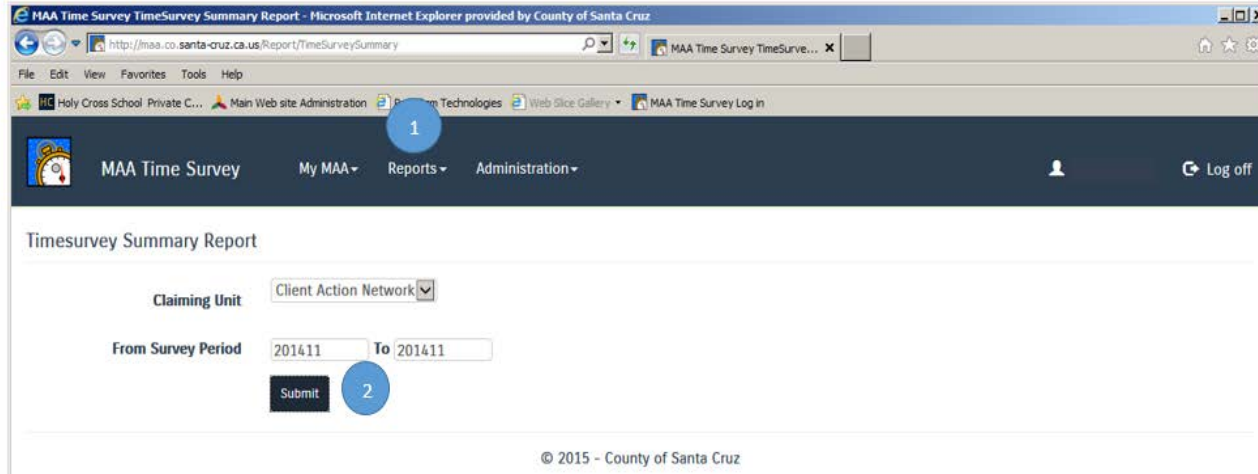
Date

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 Surveys and Time Survey Summary Reports are submitted to the MAA office by the 15<sup>th</sup> business day of the month.

**ALL SIGNATURES MUST BE IN BLUE INK 😊**



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

# CU COORDINATOR – GENERATE TIME SURVEY REPORT

# 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	16.00	7.00	6.00	16.00	0.00	7.50	4.50	1.00	0.00	4.00	0.00	18.00	80.00	160.00
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	40.00
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	103.00
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	23.00
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	41.25
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	16.50
CBO		Peer Support Worker	29.75	0.00	21.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38.25	0.00	5.50	92.75
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	52.50
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	145.00
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	107.00
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	13.00
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	49.00
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	3.00
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	15.00
CBO		Van Driver/Transportation	1.00	0.00	0.00	0.00	0.00	0.00	0.00	27.00	25.50	0.00	0.00	0.00	11.75	65.25
Grand Total		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	926.25
			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	926.25
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 / Total

1. Match printed Time Survey to list on screen and organize in same order as Time Survey Summary Report. After, sign and date in BLUE ink and submit to MAA within 15 business days of last day of reporting month.

2. Deliver/mail package to:  
 County of Santa Cruz, HSA, MAA Office  
 1800 Green Hills Road, Suite 240  
 Scotts Valley, CA 95066

# ADD USERS

- 1) Contact Jessica Victorino ([Jessica.victorino@santacruzcounty.us](mailto: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 payroll timecards NOT the Time Durveys)
    - 4) Claiming Unit Coordinator
  - 5) Direct Phone Number
  - 6) Number of hours worked a day and which days of the week
  - 7) If the person is SPMP (County Units ONLY)

# DELETE 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 participant's Time Surveys have been approved by their Supervisor online.
3. Make sure that the CU Coordinator has accepted all of the participant's Times Surveys online.

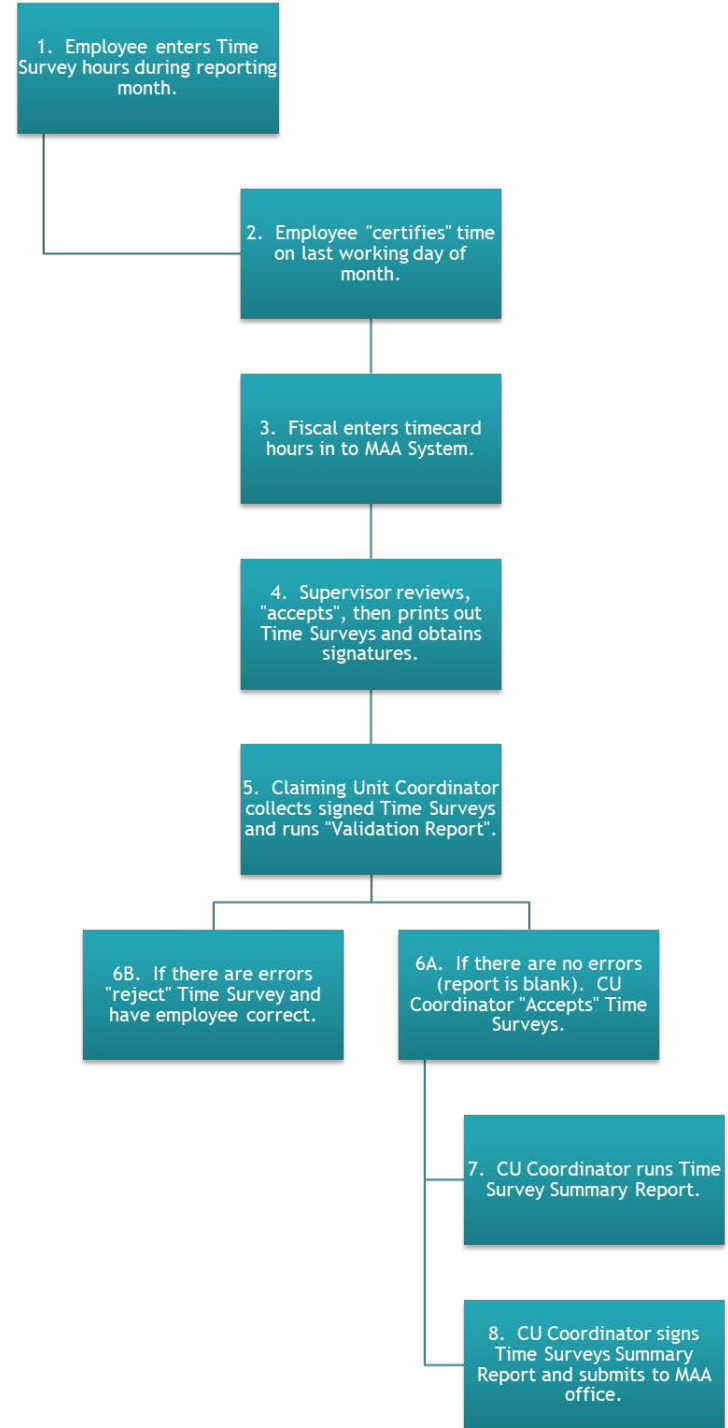
**DO NOT** deactivate them yourself, this will cause record retention issues within the system.

**All deactivations MUST be done by HSA/MAA staff.**



# MAA TIME SURVEY SYSTEM CBO FLOW CHART

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# Time Survey Coding

(Paycode legend applies to County Participants ONLY)

Legend:

## Pay

Code	Description	Code to:
033	Administrative Leave Taken	PTO
20J	Administrative Leave Taken	PTO
955	Management Uncompensated	Time Worked Appropriate Activity Code
999	Compensatory Time Worked	Appropriate Activity Code
044	Compensatory Time Taken	DO NOT Record Hours on Time Survey
777	Overtime	Appropriate Activity Code
QLE	Rollover Furlough Time Taken	DO NOT Record Hours on Time Survey
11B	Bereavement Leave	PTO
011	Vacation Pay	PTO
022	Sick Pay	PTO
888	Regular Hours	Appropriate Activity Code