

# COUNTY OF SANTA CRUZ

## Medi-Cal Administrative Activities (MAA) & Targeted Case Management (TCM)



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# Contact Information

**MAA Website:**

<http://www.santacruzhealth.org/HSAHome/MAAInformation.aspx>

**MAA Time Survey Portal:**

<http://maa.co.santa-cruz.ca.us>

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# Overview

## What is MAA?

**MAA** is Medi-Cal Administrative Activities.

Local Governmental Agencies (LGAs) that participate in the MAA program are eligible to receive 50% federal reimbursement for the cost of performing Medi-Cal **administrative activities** that directly support Medi-Cal Services to their Clients.

## Why Time Survey?

Perpetual time surveying is an accurate method to track your reimbursable activities. Daily Time Survey = Higher Reimbursement for your Organization.

## What does it really mean for my Organization?

Basically, it means that your daily time surveying allows your Organization to be eligible for unrestricted funding.



# MAA/TCM Activity Code Master List

Code	Activity Description
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 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*
11	Contract Administration for Non Medi-Cal Services
12	Contract Administration (A) for Medi-Cal Services specific for Medi-Cal populations*
13	Contract Administration (B) for Medi-Cal services specific for Medi-Cal and Non Medi-Cal populations*
14	Program Planning and Policy Development for Non Medi-Cal Services
15	Program Planning and Policy Development (A) (Non-Enhanced) for Medi-Cal services for Medi-Cal clients*
16	Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal services for Medi-Cal Clients*
17	Program Planning and Policy Development (B) (Non- Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients *
18	Program Planning and Policy Development (SPMP) (B) (Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients*
19	MAA/TCM Coordination and Claims Administration*
20	MAA/TCM Implementation Training*
21	General Administration***
22	Paid Time Off (PTO)***
23	Non-Targeted Case Management
24	Providing TCM Service Components**
25	TCM Encounter-Related Activities**
26	Travel Related to Providing TCM**
27	Supervision of Case Managers**
28	Encounter Entry into TCM On-Line System**
29	TCM Data Systems and Claiming Coordination**
30	TCM Quality Assurance/Performance Monitoring**
31	TCM Subcontract Administration**
32	TCM Program Planning and Policy Development**
Key	*Reimbursable to CMAA only / ** Reimbursable to TCM only / ***Common to both CMAA and TCM

# MAA Time Survey Codes & Examples:

## Code 4 – Medi-Cal Outreach

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

- **Sending teams of employees into the community to contact homeless alcoholics or drug abusers**
- **Establishing a telephone or walk-in service for referring to Medi-Cal services or eligibility offices**
- **Operating drop-in community centers for underserved populations**

### **Examples:**

“Providing information to Medi-Cal eligible people about Medi-Cal covered services at the health fair and distributing Medi-Cal flyers”

“Informing the general population or groups of individuals about the availability of Medi-Cal services”

“Developing and presenting materials to explain Medi-Cal services which are available to Medi-Cal eligible individuals”

“Informing families about the Medi-Cal covered services provided by the local public health department”

“Educating women about the availability of specific Medi-Cal services such as prenatal care and family planning services”

“Informing children and their families on how to use health resources and maintain their involvement in the EPSDT”

“Participating in or coordinating outreach trainings that improve the delivery of Medi-Cal services”

“Going to a homeless shelter to talk to individuals about Medi-Cal”

# Code 6 – Referral, Coordination & Monitoring of Medi-Cal Services

- Identifying and referring adolescents to family planning services
- Making a referral for a client to receive a physical examination

## *Examples:*

“Talking with other medical professionals about the child’s needs or care”

“Speaking with a physician or other health care professional about the need for a physical exam or other medical evaluation”

“Coordinating the completion of prescribed services, termination of services, and the referral of the individual to other Medi-Cal service providers as may be required to provide continuity of care and drawing on their medical knowledge in performing this activity”

“Documenting medical information pertinent to the individual’s case that is required for the physician, specialist or other health care professional in determining the needs of the child and the diagnostic or treatment services”

“Public Health Nurse makes client referral to local public health department for mental health services”

“Making referrals to for and/or coordinating medical or physical examinations and necessary medical evaluations”

“Working with individuals, their families, and other personnel and providers to identify, arrange for, and coordinate services under Medi-Cal that may be required as a result of a screens, evaluations or examinations”

“Providing information to other personnel on the individual’s medical services”

“Gathering information that may be required in advance of referrals of evaluations”

“Preparing the evaluation summaries and coordinating meetings where the need for a referral to a Medi-Cal service will be discussed”

“Participating in a meeting to coordinate or review a client’s need for Medi-Cal services”

“Coordinating the completion of prescribed services, termination of services, and the referral of the client to other Medi-Cal service providers”

“Providing information to other personnel on the individual’s medical services”

# Code 8 – Facilitating Medi-Cal Application

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

- **Discussing the eligibility requirements**
- **Referring to application assisters**
- **Explaining the application process, Medi-Cal rules and regulations**
- **Providing the One e-App and Medi-Cal/Healthy Families form (MC 210 2/10) and instructions**
- **Assisting the applicant fill out the application, with redeterminations, with Medi-Cal portion of One e-App**
- **Gathering Documents and Information, including Third Party Liability**
- **Delivering application to Eligibility Personnel (hard copy or electronic version)**

## *Examples:*

“Assisting a client to complete the Medi-Cal eligibility application”

“Assisting individuals to provide third party resource information at Medi-Cal eligibility intake”

“Verifying a client’s current Medi-Cal status”

“Explaining Medi-Cal eligibility rules and the eligibility process to families”

“Providing all forms and packaging all forms in preparation for the Medi-Cal eligibility determination”

“Assisting individuals with the Medi-Cal appeal(s) processes (including the Medi-Cal administrative hearing process)”

“Gathering additional information on the Supplemental Security Income (SSI)/Medi-Cal application process client”

“Time spent by a participant assisting a client fill out an SSI application”

## Code 12 – Contract Administration

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

- **Contracting for Medi-Cal programs that only serve Medi-Cal beneficiaries**
- **Ensuring/overseeing the quality of services provided by the contractor**
- **Request for Qualifications (RFQ)/ Request for Proposal (RFP)/Request for Bid (RFB) activities**
- **Ensuring compliance**
- **Reviewing/processing invoices**

### *Examples:*

“Administering a Medi-Cal services contract with a service provider”

“Conducting a local agency meeting to provide an orientation for potential Medi-Cal contract providers”

“Developing a comprehensive network of Medicaid providers through a request for information (ROI), request for proposal (RFP), and/or an open enrollment process”

“Draft, evaluate, negotiate and execute Medi-Cal services contracts with CBOs and service providers”

“Maintain contractual records and documentation related to Medi-Cal services contracts”

“Authorizing payments consistent with the contract terms for a Medi-Cal services contract”

“Ensure compliance with the terms of the Medi-Cal services contracts”

## Code 13 – Contract Administration- All Clients

**Note: Code 13 is the same as Code 12, but for All Clients versus specific to Medi-Cal Clients.**

# Code 15 – Program Planning and Policy Development 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

- **Developing strategies to Increase Medi-Cal system capacity, Close Medi-Cal service gaps, Analyzing Medi-Cal data, Interagency coordination to improve delivery of Medi-Cal services, Developing resource directories of Medi-Cal services/providers**
- **FOR MEDI-CAL CLIENTS EXCLUSIVELY**

## *Examples:*

“Analyzing Medi-Cal data for planning purposes to close Medi-Cal service gaps”

“The County Public Health Department and the County Mental Health Department work together to develop protocols and procedures to better serve the mental health needs of their clients”

“Systematically focusing Medi-Cal services on a specific population or location” “Reducing overlap and duplication of Medi-Cal services”

“Recruiting new medical/dental/mental health providers into the Medi-Cal network of providers”

“Providing technical assistance and support to new providers about Medi-Cal”

“Providing information to providers on Medi-Cal policy and regulations”

“Developing Medi-Cal service/provider directories”

“Developing future referral capacity with specialty Medi-Cal providers by discussing medical health programs, including client needs and service delivery requirements”

# Code 16 – Program Planning and Policy Development for Medi-Cal Clients (SPMP)

**Note: Code 16 is the same as Code 15, but for Skilled Professional Medical Personnel, SPMPs.**

## Code 17 – Program Planning and Policy Development for All 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 a specific group, interagency coordination to improve delivery of Medi-Cal services, or developing resource directories of Medi-Cal services/providers

- **Developing strategies to Increase Medi-Cal system capacity**
- **Close Medi-Cal service gaps**
- **Analyzing Medi-Cal data, Interagency coordination to improve delivery of Medi-Cal services**
- **Developing resource directories of Medi-Cal services/providers**

*Examples:*

Same as Code 15 & 16, but for All Clients

## Code 18 – Program Planning and Policy Development for All Clients (SPMP)

**Note: Code 18 is the same as Code 17, but for Skilled Professional Medical Personnel, SPMPs.**

# Code 19 – MAA/TCM Coordination and Claims Administration

This code is restricted to one Full Time Equivalent designated CMAA/TCM Coordinator per claiming unit.

- **Drafting, revising, and submitting Claiming Unit Plans, Cost Reports, Performance Monitoring Plans**
- **Serving as MAA/TCM Liaison with Claiming Units, TCM providers, State and Federal Government agencies**
- **Overseeing, preparing, compiling, submitting claims, revising and correcting invoices**
- **Monitoring Claiming Unit performance, site reviews, technical assistance**
- **Plan, attend, facilitate MAA/TCM related trainings, meetings, conferences**
- **Training LGA Staff on State, Federal, and local requirements**
- **Ensuring non-duplication of Medi-Cal services, non-duplication of TCM case management, coordination with Managed Care Plan**

***Examples:***

“Reviewing time study results to ensure accurate claiming”

“Monitoring the performance of CMAA Claim Plans”

“Attending and participating in MAA conferences and phone calls”

“Preparing and submitting CMAA Claim Plan amendments”

“Pulling together financial data for completing the CMAA invoice”

# Code 20 – MAA/TCM Implementation Training

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

- **Attending, Giving, Coordinating MAA or TCM Time Survey Training, Re-training or refresher training on MAA or TCM.**

*Examples:*

“Participating in the CMAA/TCM Time Study Training”

“Time spent travelling to and from a CMAA/TCM Training”

“Asking questions regarding MAA (i.e. emails, phone calls, office chat)”

# Code 21 – General Administration

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

- **Time filling out MAA Time Survey Forms**
- **General information e-mail**
- **General and non-medical staff meetings**
- **Non program specific meetings**
- **Developing and monitoring program budgets**
- **Site management**
- **Supervision of staff (not Case Managers)**
- **Paid Staff break time**
- **Personnel management and Human Resource activities**

***Examples:***

“Attending general meetings, breaks, training unrelated to CMAA/TCM, or other programs, etc.”

“Reviewing departmental, local agency or unit procedures and rules”

“Attending of facilitating general agency, unit personnel meetings, board meetings or Staff Trainings”

“Providing general supervision of staff and evaluation of employee performance”

“Processing payroll/personnel-related documents”

“Maintaining inventories and ordering supplies”

“Developing budgets and maintaining records”

“Activities related to provider and consumer complaints and grievances”

“Assisting a consumer with a Client Satisfaction Survey”

## Code 22 – Paid Time Off

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

If the time is not documented on your timecard, then do not record on your Time Survey.

## Code 1 – Other Programs / 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

- **Non Medi-Cal health and wellness activities**
- **Social services**
- **Educational services**
- **Teaching services**
- **Employment and job training**
- **Housing**
- **Nutrition (This is an Indirect Service)**

*Examples:*

“Providing or administering Education programs, Lead Poisoning Prevention Programs etc.”

“Teaching parenting skills and healthier child raising tactics”

“Facilitating family support groups”

“Home visits that focus on social, educational, housing and transportation needs”

“Appearing in court on behalf of a client”

“Providing a client with job training information”

“Assisting a client in securing childcare services”

# MAA Quick Reference Guide

MAA Code	Descriptions
1: Other Programs/Activities	Time worked, but does not fit in any other code
4: Medi-Cal Outreach	Encourage individuals to apply for Medi-Cal
6: Referral, Coordination and Monitoring	For direct health services to entire client population
8: Facilitating Medi-Cal Application	Time spent assisting clients with Medi-Cal application or a “back door” application (SSI/SDI/ Cal-Fresh)
12: Contract Administration for Medi-Cal Clients 13: Contract Administration for all Clients	Contracts with Community Based Organizations, CBOs, or other provider agencies
15: Program Planning & Policy Development 16: for Skilled Professional Medical Personnel, SPMP	Planning and policy development to bridge gaps for specifically the Medi-Cal population
17: Program Planning & Policy Development 18: for Skilled Professional Medical Personnel, SPMP	Planning and policy development to bridge gaps for Organization’s total client population.
19: CMAA/TCM Coordination and Claims Administration 20: MAA/TCM Implementation Training	MAA training, discussing appropriate Time Study codes, providing or receiving clarification about MAA procedures, etc.
21: General Administration	Entering Time Survey, paid breaks, human resources, budgets, supervising staff, etc.
22: Paid Time Off	Any time you are paid to not be at work and the paid time is reflected on your Timecard

# MAA Code Reimbursement Key

**100% Reimbursement:  
Code 4, 8, 12, 15, 16, 19 & 20**

Actual Client Count (ACC) or County  
Wide Average (CWA) %  
Reimbursement: Code 6, 10, 13, 17 & 18

50% Reimbursement: Code  
21 & 22 (Only reimbursable  
if the above codes are used)

**Non-Reimbursement:**  
Code 1 – 3,  
5, 7, 9,  
11 & 14

# MAA Time Survey System Flow Chart

1. Employee enters Time Survey hours during reporting month.

2. Employee “certifies” time on last working day of month.

3. Fiscal enters timecard hours into MAA System.

For Community Based Organizations, CBOs



4. Supervisor reviews, “accepts”, and then prints Time Surveys and obtains signatures.

5. Claiming Unit Coordinator collects signed Time Surveys and runs “Validation Report”.

6A. If there are no errors (report is blank), CU Coordinator “Accepts” Time Surveys.

6B. If there are errors “Reject” Time Survey and have employee correct.

7. CU Coordinator runs Time Survey Summary Report.

8. CU Coordinator signs Time Survey Summary Report and collects signed Time Surveys from Participants, then submits to MAA office.

# Time Survey Training Manual

## Log-in Instructions

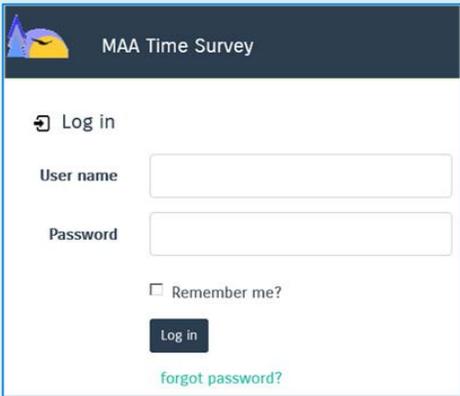
The MAA Time Survey is a web-based application. You can access by connecting to the internet and on any web browser (i.e. Internet Explorer, Chrome, etc.)

1. Type this web address into the URL field of your web browser:  
<http://maa.co.santa-cruz.ca.us>
2. Save it as a favorite or create a shortcut on your Desktop:

**Internet Explorer:** Right click in a blank area of the web page and select “Create shortcut”

**Google Chrome:** Click on the “3 line horizontal” button > Select Tools > Click “Create application shortcuts” > Select “Yes” to place on desktop

3. Enter your MAA Time Survey User name (usually this is your first initial followed by your last name) and your password (the default password is “password”) and click on the “Log in” button



MAA Time Survey

Log in

User name

Password

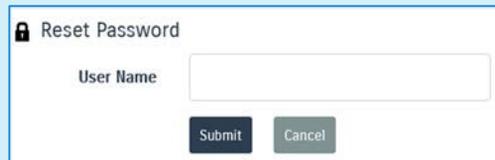
Remember me?

Log in

[forgot password?](#)

# User Name / Password

If you forget your password, click the “forgot password?” button. Enter your User Name and select “Submit.” An email will be sent to you with password reset instructions.



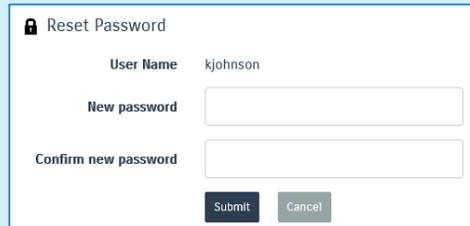
Reset Password

User Name

Submit Cancel

If you forget your User Name, please contact the MAA office. (See Contact Information on Page 1)

4. After you successfully log in for the first time, you will be prompted to change your password. This will become your new password (**write it down, so you do not forget it 😊**). Type the password in both password fields and press the “Submit” button.



Reset Password

User Name kjohnson

New password

Confirm new password

Submit Cancel

5. You will be routed to the log in screen again to enter in your new password.
6. After you log in, you should see your Time Survey for the current month. (Example on Page 19)
  - If you are a Supervisor (and not Time Surveying), you will see the list of participants in your Organization that you supervise.

# Participant's Time Survey Screen

1. When you log in, your current month's Time Survey will open
2. Use the left and right arrows to navigate the survey period months
3. Enter time in 15-minute increments. The hours entered will total at the bottom of the column. This total should match the hours worked that day on your timecard.
4. Make sure to **“Save”** (not Certify) every time you log off
5. On your last working day of the month, when your Time Survey is complete, click **“Certify,”** so that your Supervisor can approve
6. Remember when printing and signing your Time Survey, use the same date you **“Certify”** in the system. The State requires a justification if the Time Surveys are signed after your last working day.

History My Time Surveys

Day 1 - 10 Day 11 - 20 Day 21 - 31

**Name** Master, Test    **Job Classification** Accountant    **Employee #** 000000    **Claiming Unit** MAA/TCM Coordination Unit (7/2019)    **Claiming Unit Location** 1800 Green Hills Road, Suite 240, Scotts Valley, CA 95066

**Survey Period** ← Oct - 2019 → ↻

Code	Activity	Oct 2019	1	2	3	4	5	6	7	8	9	10	Total	% of Time
			Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu		
1	Other Programs/Activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Medi-Cal Outreach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Referral, Coordination, and Monitoring of Medi-Cal Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Facilitating Medi-Cal Application		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	PP & PD (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	PP & PD (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non-Medi-Cal Clients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20	MAA/TCM Implementation Training		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21	General Administration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22	Paid Time Off (PTO)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Daily Total</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Status: Open
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Save Certify

# Fiscal Staff – Enter Payroll Timecard

(For Community Based Organizations Only)

1. From the “My MAA” dropdown menu, Select “Timecards”

MAA Time Survey My MAA Reports Administration Jessica Victorino Log off

Timecards Month Apr - 2019

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

## For Fiscal Person Only – Timecard Entry Screen

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

Timecards Day 1 - 15 Day 16 - 30

Name: Daniel Employee #: 7632147227 Claiming Unit: Month: 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"/>															
Timecard Paid Time Off	<input type="text"/>															
Daily Total																
Time Survey Worked Hours	7.50	7.50	7.50													
Time Survey Paid Time Off																

Save

# Supervisor / Claiming Unit (CU)

## Coordinator Roles Overview

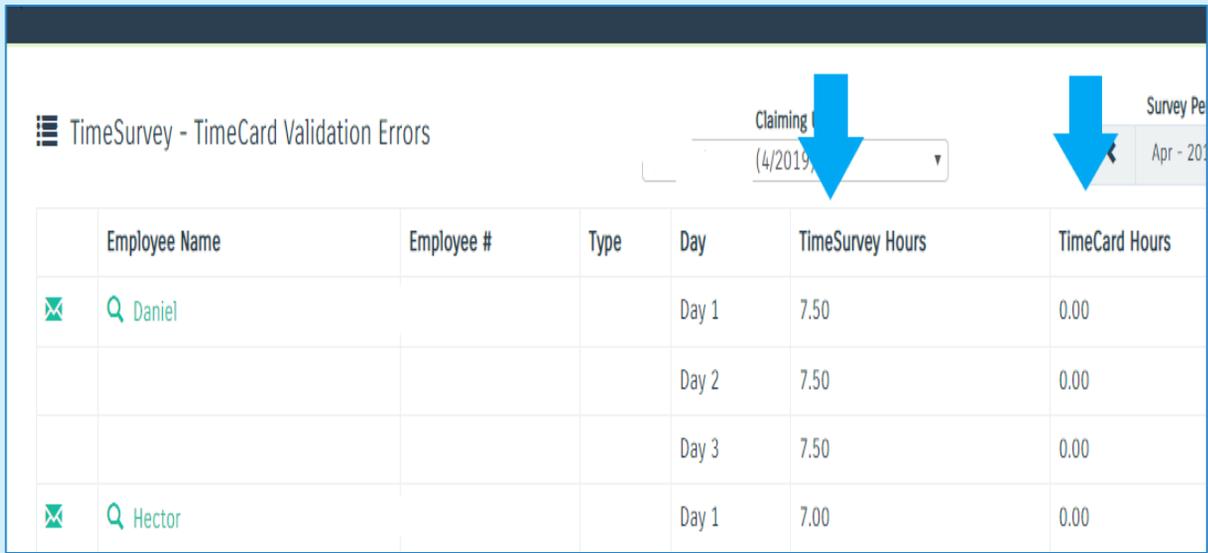
1. **Supervisor** – Run Time Survey Timecard Validation Report (Page 22)
2. **Supervisor** – Approve Participant's Time Surveys (Step1) (Page 23)
3. **Claiming Unit Coordinator** – Accept Participant's Time Surveys (Step 2) (Page 24)
4. **Claiming Unit Coordinator** – Print Participant's Time Survey (Page 25)
5. **Claiming Unit Coordinator** – Generate & Print Time Survey Summary Report (Page 26 - 27)
6. **Claiming Unit Coordinator** – Add Users (Page 28)

Note: **Supervisor or Claiming Unit Coordinator** – Coordinates with MAA staff for any questions or issues as well as submit the 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

# SUPERVISOR – Run Time Survey

## Timecard Validation Report

This report checks for errors and alerts if the Timecard and Time Survey do not match.



	Employee Name	Employee #	Type	Day	TimeSurvey Hours	TimeCard Hours
<input checked="" type="checkbox"/>	Q Daniel			Day 1	7.50	0.00
				Day 2	7.50	0.00
				Day 3	7.50	0.00
<input checked="" type="checkbox"/>	Q Hector			Day 1	7.00	0.00

1. Run “Time Survey Timecard Validation Report” by going to the “Reports” dropdown menu at the top of the home screen.
2. If the two columns with blue arrows above do not match, there are errors that need to be corrected by the listed participant. The Supervisor should “Reject” the Time Survey and instruct participant to update their Time Survey and then re-Certify.

**Note:** If there are errors on the participant’s Time Survey, the Supervisor will not be given the option to “Approve” the Time Survey.

3. Once all errors are cleared on the Validation Report, Supervisor can “Approve” the Time Survey. (Instructions on Page 22)

# Supervisor – Approve Participant’s Time Surveys (Step 1)

MAA Time Survey My MAA Reports Administration

1

History Time Surveys

Day 1 - 10 Day 11 - 20 Day 21 - 31

Name: Master, Test Job Classification: Accountant Employee #: 000000 Claiming Unit: MAA/TCM Coordination Unit (7/2019) Claiming Unit Location: 1800 Green Hills Road, Suite 240, Scotts Valley, CA 95066 Survey Period: Oct - 2019

Code	Activity	Oct 2019 #	1 Tue	2 Wed	3 Thu	4 Fri	5 Sat	6 Sun	7 Mon	8 Tue	9 Wed	10 Thu	Total	% of Time
1	Other Programs/Activities													
4	Medi-Cal Outreach													
6	Referral, Coordination, and Monitoring of Medi-Cal Services													
8	Facilitating Medi-Cal Application													
15	PP & PD (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients													
17	PP & PD (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non-Medi-Cal Clients													
20	MAA/TCM Implementation Training													
21	General Administration													
22	Paid Time Off (PTO)													
Status: Certified		Daily Total												

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2 Approve Reject Not Claimable

1. Pull down “My MAA” menu and select “My Group Time Surveys (Step 1: Supervisor)”.
2. Click on the participant’s name and their Time Survey will appear. Select the “Approve” button to approve each participant’s Time Survey.

**Note:** Time Surveys must be “Certified” by the employee or the “Approve” or “Reject” buttons will not appear at the bottom of the Supervisor’s screen.

## Claiming Unit Coordinator – Accept Participant’s Time Surveys (Step 2)

Name	Job Classification	Employee #	Claiming Unit	Claiming Unit Location	Survey Period							Total	% of Time			
					Sun	Mon	Tue	Wed	Thu	Fri	17 Sat			18 Sun	19 Mon	20 Tue
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)															
<b>Daily Total</b>						5.25	5.50						5.50	2.50	24.25	100%

1. From the “My MAA” drop down menu, select “My Claiming Unit Time Surveys (Step 2: CU Coordinator)”. Click on the participant’s name and their Time Survey will appear. Select the “Accept” button for each participant’s Time Survey that are approved by the Supervisor and are not on the Time Survey Timecard Validation Report.

# Claiming Unit Coordinator or Supervisor – Print Participant’s Time Survey

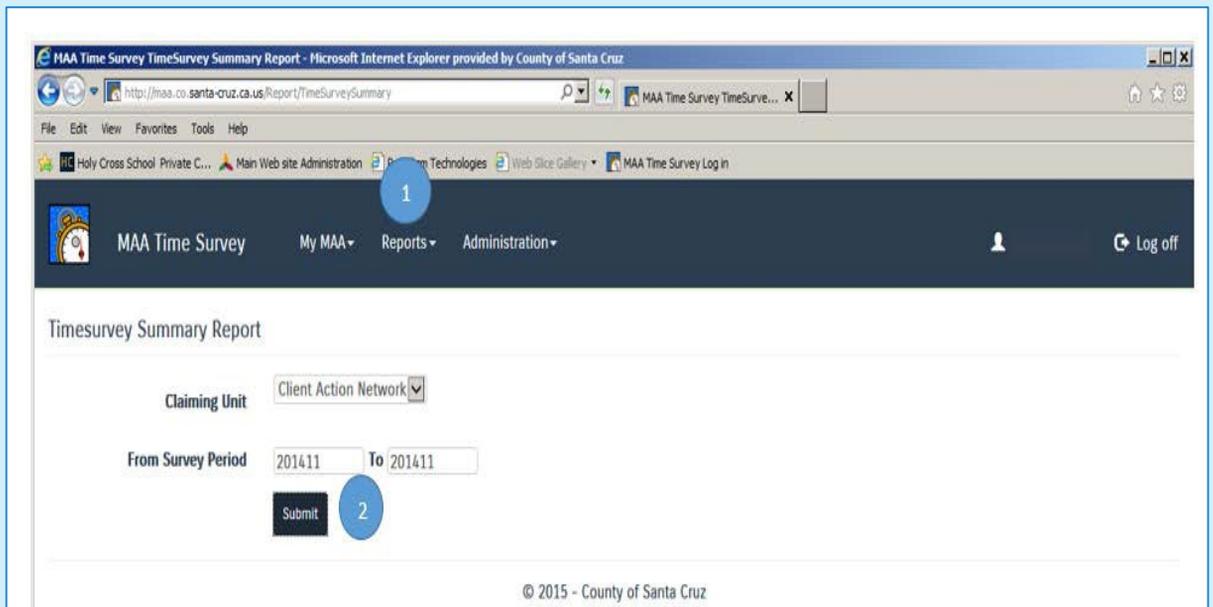
1. Print, sign, date and have the participant sign their Time Survey
  - Employee signs and dates (the last working day of the reporting month).
  
2. Participant’s Time Surveys are submitted to the MAA office by the 15<sup>th</sup> business day of the month following the reporting month.(See Contact Information on Page 1 for address).

Health and Human Services Agency Program Time Survey for Employees Performing Medi-Cal Administration Activities and/or Targeted Case Management											<input type="checkbox"/> MAA <input type="checkbox"/> SPMP <input checked="" type="checkbox"/> Non-SPMP <input type="checkbox"/> CBO		<input type="checkbox"/> TCM <input type="checkbox"/> Supervisor <input type="checkbox"/> Case Manager <input type="checkbox"/> Support Person to Case Mgr		Department of Health Care Services																					
											<input type="checkbox"/> Month <input type="checkbox"/> Year October    2019																									
Name (Last, first, middle initial) <b>Smith, Ursula M</b>			Job classification <b>Accountant</b>			Employee Number <b>014265</b>			Claiming unit <b>MAA/TCM Coordination Unit (7/2019)</b>			Claiming unit location <b>1800 Green Hills Road, Suite 240, Scotts Valley, CA 95066</b>																								
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																																			
	4 Medi-Cal Outreach																																			
	6 Referral, Coordination, and Monitoring of Medi-Cal Services																																			
	8 Facilitating Medi-Cal Application																																			
	15 PP & PD (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients																																			
	17 PP & PD (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non-Medi-Cal Clients																																			
	20 MAA/TCM Implementation Training																																			
	21 General Administration																																			
	22 Paid Time Off (PTO)																																			
	TOTAL HOURS																																		0	100.00 %
Employee's signature (BLUE INK ONLY)			Employee's telephone number (831) 454-4621			Date			Supervisor's signature (BLUE INK ONLY)			Date																								

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

# Claiming Unit Coordinator – Generate & Print Time Survey Summary Report (TSSR)

1. Run “Time Survey Summary” found in drop down menu under “Reports”
2. Enter the 4-digit Year and 2-digit Month (no spacing) in the “From Survey Period” fields (i.e. September 2019 would be entered as “201909”)



# Claiming Unit Coordinator – Time Survey Summary Report Continued

Class	Name	Position Title	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	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	8.00	16.00	0.00	10.00	0.00	6.50	10.00	0.00	40.00	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	36.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92.75	
CBO		Peer Support Worker	30.50	0.00	21.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	1.00	8.50	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	9.00	9.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	107.00	
CBO		Peer Support Worker	0.00	0.00	42.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	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	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.00	
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	65.25	
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									
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	926.25									
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 / Totl									

1. Match each participant's Time Survey to the TSSR to verify all the Claiming Units Time Surveys are completed for the month.
2. TSSRs are submitted to the MAA office by the 15<sup>th</sup> business days of the month following the reporting month.
3. Deliver or mail signed TSSR packet to:

**County of Santa Cruz, HSA, MAA Office  
1800 Green Hills Road, Suite 240  
Scotts Valley, CA 95066**

# Adding Users

Contact the MAA office (See Contact Information on Page 1) with the following information to add or edit a participant.

1. Name
2. Employee ID Number (if County Employee)
3. Job Title (or Classification)
4. Email Address
5. Direct Phone Number
6. Is the person a Skilled Professional Medical Professional, SPMP?  
(For County Employees Only)
7. Include if the person is a Participant, Supervisor, Claiming Unit Coordinator or Fiscal Staff (Enters Payroll Timecards and does not Time Survey)
8. Send the signed original Duty Statement and MAA Training Log to the MAA office (See Contact Information on Page 1 for Address)

# County Payroll and Time Survey Coding

(Applies to County Only)

County Pay Code	Description	Code to:
033	Administrative Leave Taken	PTO (code 22)
20J	Administrative Leave Taken	PTO (code 22)
955	Management Uncompensated	Time Worked Appropriate MAA Activity Code
999	Compensatory Time Worked	Appropriate MAA Activity Code
044	Compensatory Time Taken	DO NOT record hours on Time Survey
777	Overtime	Appropriate MAA Activity Code
QLE	Rollover Furlough Time Taken	DO NOT record hours on Time Survey
11B	Bereavement Leave	PTO (code 22)
011	Vacation Pay	PTO (code 22)
022	Sick Pay	PTO (code 22)
888	Regular Hours	Appropriate MAA Activity Code

# Acronyms

Abbreviation	Description
ACC	Actual Client Count
CBO	Community Based Organization
CMAA	County Based Medi-Cal Administrative Activities
CPE	Certified Public Expenditure
CU	Claiming Unit
CWA	County Wide Average
DHCS	Department of Health Care Services
EPSDT	Early Periodic Screening and Disability Treatment
FFP	Federal Financial Participation
HSA	Health Services Agency
LGA	Local Government Agency
MAA	Medi-Cal Administrative Activities
PP & PD	Program Planning and Policy Development
SPMP	Skilled Professional Medical Personnel
TCM	Targeted Case Management
TS	Time Survey
TSSR	Time Survey Summary Report