

Module 2

Time Survey Training

The Time Survey Methodology

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.

Time Survey Methodology for the CMAA and TCM Programs

- **Allowable Activities – A**

Refers to an administrative activity or TCM service that is allowable under the Medi-Cal program, regardless of whether or not the population served includes Medi-Cal eligible individuals.

- **Unallowable Activities – U**

Refers to an administrative activity or TCM service that is unallowable under the Medi-Cal program, regardless of whether or not the population served includes Medi-Cal eligible individuals.

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

What is CMAA?

- County-Based Medi-Cal Administrative Activities (CMAA)
- Necessary for the proper and efficient administration of the Federal Medicaid program known in California as the Medi-Cal program
- Benefits the Medi-Cal program and Medi-Cal beneficiaries
- Funded by Title XIX of the Federal Social Security Act and overseen by the Department of Health Care Services (DHCS)

What CMAA is NOT

- Direct Patient Care activities
- Providing direct care, treatment, and/or counseling services to an individual
- Medical service administrative activities
- Health Education
- Other programs and administrative activities unrelated to CMAA
- TCM

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: In counties with county wide managed care arrangements, 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:

- In counties with county wide managed care arrangements, 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: In counties with county wide managed care arrangements, 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:

- In counties with county wide managed care arrangements, 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 performing this activity on a part time basis; however, if there is a need to designate a secondary MAA/TCM Coordinator the claiming plan documents must include a detailed justification and/or explanation indicating why the designation of a secondary MAA/TCM Coordinator is necessary.

Example:

“Reviewing time study results to ensure accurate 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

What is TCM?

Targeted Case Management is:

- Qualifying targeted populations.
- Accessing services – medical, social, educational, and others.
- Comprehensive:
 - Comprehensive assessment and periodic reassessment of the individual needs
 - Development (and periodic revision) of a specific care plan
 - Referral and related activities
 - Monitoring and follow-up activities

What TCM is NOT

- Direct Patient Care
 - Providing and delivering medication
 - Providing Developmental Tests
 - Providing medical diagnosis
- Other Activities/Direct Services
 - Providing counseling, education, and instruction
 - Working with clients NOT receiving TCM services
 - Work not directly related to TCM
 - CMAA

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 CMS-approved Managed Care health plan/LGA TCM coordination protocols.

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 24 (Continued)

In a Managed Care Environment

Providing TCM to Clients Who are Managed Care Members

Examples:

“Assessing the current status of a client medical issue assessed by the health plan that has escalated since the health plan assessment and notifying health plan.”

“Assessing all client needs, including medical, when the health plan has not yet assessed the client, as verified with the health plan.”

“Assessing client social, educational, and other non-medical needs only prior to receiving the health plan medical assessment.”

“Referring client to health plan for all medical needs.”

“Assessing medical need and referring client to health plan or other emergency services as appropriate if the client medical need is urgent and cannot wait for health plan to be apprised through normal coordination procedures without endangering the client.”

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 CMS-approved Managed Care health plan/LGA TCM coordination protocols.

Examples:

"Checking/verifying client Managed Care member status."

Code 25 (Continued)

In a Managed Care Environment

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

Examples:

“Obtaining health plan member assessments/care plan prior to completing the TCM assessment/ care plan.”

“Providing health plan with additional assessed medical needs for TCM clients where the need was not included in health plan assessment.”

“Providing health plan with updated assessments for medical issues that have escalated since the last health plan assessment.”

“Following-up with health plan after client visit for medical needs that have not yet been adequately addressed by the health plan or by the out-of-plan provider to which the plan has referred the client for service when determined necessary by the TCM case manager.”

“Discussing client medical and social support issues with health plan case manager.”

“Participating in health plan/TCM joint meeting on status of clients in common.”

“Reviewing and confirming the health plan assessment of medical needs with the client.”

“Obtaining client HIPAA releases related to sharing TCM case documentation with the client’s health plan.”

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 CMS-approved Managed Care health plan/LGA TCM coordination protocols.

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 countywide 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 CMS-approved Managed Care health plan/LGA TCM coordination protocols.

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 CMS-approved Managed Care health plans/LGA TCM coordination protocols.

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.”

Code 32 (Continued)

In a Managed Care Environment

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

Examples:

“Developing coordination procedures with health plans to provide TCM case managers with the proper contacts to follow-up on necessary client services the plan is responsible for when the TCM case manager determines the need for this follow-up.”

“Developing HIPAA agreements with health plans to allow sharing of TCM client and health plan member case documentation.”

“Developing procedures to share necessary client case documentation, including assessments and care plans.”

Parallel Codes

Non-Reimbursable	Reimbursable
CODE 3	CODE 4
CODE 5	CODE 6
CODE 7	CODE 8
CODE 9	CODE 10
CODE 11	CODES 12 & 13
CODE 14	CODES 15,16,17, & 18
CODE 23	CODES 24,25,26,27,28,29,30,31, & 32

Non Parallel Codes

Non-Parallel Codes	
<u>Code 1 (Non-Reimbursable)</u>	Other Programs/ Activities
<u>Code 2 (Non-Reimbursable)</u>	Direct Patient Care
<u>Code 19 (Reimbursable)</u>	MAA/TCM Coordination and Claims Administration
<u>Code 20 (Reimbursable)</u>	MAA/TCM Implementation Training
<u>Code 21 (Reallocated)</u>	General Administration
<u>Code 22 (Reallocated)</u>	Paid Time Off

Time Study Process

Implementing a Statistically Valid Time Survey Methodology

- CMS has mandated that California must implement a statistically valid time survey methodology that is in compliance with OMB Circular A-87, as required by the MAC agreement.
- Staff members who will track their time on a perpetual or daily basis or for qualified staff members who will track their time within a specific statistically valid sample size.

California's 'Worker Log Time Survey' Methodology

- To accommodate the CMS mandate to implement a statistically valid time survey methodology, California is employing a 'Worker Log Time Survey' methodology.
- The Worker Log Time Survey methodology includes processes and procedures for determining the percentage of time a staff member spends performing allowable Medi-Cal eligible services and/or activities against the amount of time a staff member spends performing unallowable activities.
- The data collected through the Worker Log Time Survey methodology also provides a basis for allocating salaries and benefit costs.

Direct Charging for MAA

- LGAs may employ the method of 'Direct Charging' to report MAA costs for staff that perform Medi-Cal eligible activities either 100 percent of the time or in distinct and documented blocks of time.
 - The staff that perform the Medi-Cal eligible activities in distinct blocks of time must document the time spent on these activities in a log.
 - The staff whose costs are direct charged 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.
 - LGAs may utilize the staff classification and payroll coding documents to verify the reimbursable costs for staff that perform Medi-Cal eligible activities 100 percent of the time.
- 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, or other equipment costs.
 - LGA's must provide supporting documentation to substantiate any non-salary and/or overhead direct charges.

The “Staff Certification of Direct Charge Time” form

APPENDIX N

Staff Certification of Direct Charge Time

Staff who perform Medi-Cal eligible activities either 100 percent of the time or in distinct and documented blocks of time must complete this document to certify that the percentage of claimable direct charge time is accurate, true, and correct. The percentage of time certified must be also be supported by a staff activity log.

I, (Employee Name), hereby certify that (Number) percent of my work time was spent performing the Medi-Cal eligible activity of (Code # and Title) between the period of (First day of Claiming Quarter) and (Last day of Claiming Quarter) and I have written documentation to support this percentage.

I certify, under the penalty of perjury, that the direct charge percentage is a reasonable proxy of the time spent during the entire claiming period and results in allowable costs consistent with the requirements of OMB Circular A-87. I also certify that I have not been instructed to perform any additional MAA related activities beyond what I perform during the normal course of an average claiming quarter. I declare that the foregoing is true and correct to the best of my knowledge, information, and belief, and that I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

Printed Name	Title/Classification
Signature	Date

Worker Log Time Survey within the CMAA and TCM Programs

- LGA budget units that elect to participate in the CMAA and/or TCM programs are required to conduct time surveys to account for staff time spent performing Medi-Cal and non Medi-Cal eligible services and/or activities.
- The time survey results are used in the determination of allowable Medi-Cal costs.

Worker Log Time Survey within the CMAA and TCM Programs (Continued)

- In the event the LGA budget unit subcontracts, the LGA budget unit must ensure that the local public entities, MAA CBOs, or any other MAA subcontractors adopt and apply the processes and procedures of the Worker Log Time Survey to account for the costs and subsequent staff time spent performing Medi-Cal eligible services and/or activities.
 - The Time Survey methodology must be explained in subcontracts or in the contracts with the State.
- The CMAA claiming units use the Worker Log Time Survey results to prepare quarterly invoices; whereas, the TCM budget units use the Worker Log Time Survey results to allocate costs between TCM and non-TCM services and/or activities on their annual TCM cost reports.

CMAA Worker Log Time Survey

Participant Eligibility Information

- Prior to each claiming period, the LGA must identify all eligible MAA staff classifications within each budget unit that contribute to the cost and subsequent staff time spent performing Medi-Cal eligible activities.
- **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.

TCM Worker Log Time Survey

Participant Eligibility Information

(Continued)

- 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).

Ensuring the Statistical Validity of the Worker Log Time Survey

- To ensure the statistical validity of the time survey results, the number of consecutive work days each participating staff member is required to time survey varies.
- Worker Log Time Survey, 5 consecutive work days is equivalent to one staff work week, 10 consecutive work days is equivalent to two staff work weeks, and 20 consecutive days is equivalent to four staff work weeks.

Ensuring the Statistical Validity of the Worker Log Time Survey (Continued)

- A one-week survey of staff work time per quarter meets the minimum statistical criteria necessary to represent 100 percent of all participating workers' time if there are at least 400 participants.
- Therefore, to ensure the Worker Log Time Survey methodology is statistically valid and meets the 95 percent confidence level, the time survey sample size must consist of at least 400 staff work weeks per quarter.

CMAA Clinician Log

A log will be used to track the participants who perform CMAA, the type of activity performed, and the initials of the worker providing the CMAA in a clinical setting.

INSTRUCTIONS:

[illegible]

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

The Worker Log Time Survey

Start Date and Notification

Example:

Number of Budget Unit Participants	Time Survey Frequency	Notification Date for DHCS	Notification Date for the LGA	Time Survey Start Date	Time Survey End Date
400 or more	5 Consecutive Work Days	July 25 th	August 10 th	August 15 th	August 19 th
200 to 399	10 Consecutive Work Days	July 25 th	August 10 th	August 15 th	August 26 th
100 to 199	20 Consecutive Work Days	July 25 th	August 10 th	August 15 th	September 9 th
0 to 99	Every Work Day	N/A - Perpetual	N/A - Perpetual	July 1 st	September 30 th

*The information included in this table assumes that the August 15th Time Survey start date falls on a Monday and that all of the participants have a regular Monday through Friday work week.

LGA Budget Units with LESS than 100 Participants

- LGA budget units participating in the CMAA and/or TCM programs with less than 100 total participants must complete a time survey on a perpetual or 'daily' basis.
- The participants are required to complete a time survey or functional time sheet, or equivalent, every work day of each quarter to capture 100 percent of their time.
- A functional time sheet collects all information relative to the program claim by tracking and delineating (by function or program) an employee's work time and the amount of time the employee spends performing a specific service and/or activity on a daily basis.

LGA Budget Units with MORE than 100 Participants

- **LGA Budget Units with 100 to 199 Participants:**
 - LGA budget units participating in the CMAA and/or TCM programs with 100 to 199 participants must complete a time survey for 20 consecutive work days.
- **LGA Budget Units with 200 to 399 Participants:**
 - LGA budget units participating in the CMAA and/or TCM programs with 200 to 399 participants must complete a time survey for 10 consecutive work days.
- **LGA Budget Units with 400 or More Participants:**
 - LGA budget units participating in the CMAA and/or TCM programs with 400 or more participants must complete a time survey for 5 consecutive work days.

The Worker Log Time Survey Start Date

- Another technique to ensure the statistical validity of the Worker Log Time Survey methodology involves standardizing the time survey start date procedures for all participating staff members within each claiming quarter.
- The Worker Log Time Survey methodology ensures that all participants are given the same randomly selected time survey start date; a start date that corresponds with a Monday through Friday work day and allows each participant, regardless of frequency, to complete a comprehensive time survey within the quarter.

LGA Budget Units with LESS than 100

- LGA budget units with less than 100 participants are required to complete a time survey on a perpetual or 'daily' basis; therefore, the time survey period will begin on the first working day of the claiming quarter and continue through to the last working day of the claiming quarter.

LGA Budget Units with MORE than 100

- All LGA budget units with 100 or more participants will use the same random start date. The first day of the time survey will be the same date for every participant, regardless of whether they are participating in the 20, 10, or 5 consecutive work day time survey.

5 Day Worker Log Time Survey Example

Worker Log Time Survey for Employees Performing Medi-Cal Administrative Activities (MAA) and/or Targeted Case Management (TCM)															<div>MAA</div> <div> <input type="checkbox"/> SPMP <input checked="" type="checkbox"/> Non-SPMP <input type="checkbox"/> CBO </div>		<div>TCM</div> <div> <input type="checkbox"/> Supervisor <input type="checkbox"/> Case Manager <input type="checkbox"/> Support Person to Case Mgr. </div>		Month	Year													
																			Aug	2011													
LAST NAME:	FIRST NAME:	MI	Civil Service Classification	Class Number	Employee Number	Program	Claiming Unit	Organization Number	Claiming Unit Location																								
Sample	Joe	J	Outreach Coordinator	2354	234827	CMAA	LGA One	3322	Los Angeles																								
Date	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		
Day of the Week (optional)																M	T	W	T	F													
TYPE OF ACTIVITY	AMOUNT OF TIME SPENT PERFORMING EACH ACTIVITY DURING YOUR PAID WORK HOURS															TOTAL	% of Time																
1. Other Programs/Activities																2.00	1.00	2.00														5.00	12.50%
2. Direct Patient Care																																	
3. Outreach to Non-Medi-Cal Programs																		4.00														4.00	10.00%
4. Medi-Cal Outreach*																4.00	3.00	2.00	3.00	4.00												16.00	40.00%
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																		0.25														0.25	0.63%
8. Facilitating Medi-Cal Application*																2.00	2.00	4.75	1.00	2.00												11.75	29.38%
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. PP&PD for Non-Medi-Cal Services																																	
15. PP&PD (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients*																																	
16. PP&PD (SPMP) (A) (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*																																	
18. PP&PD (SPMP) (B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients*																																	
19. MAA/TCM Coordinator's Claims Administration																																	
20. MAA/TCM Implementation Training																																	
21. General Administration																																	
22. Paid Time Off (PTO)																	3.00															3.00	7.50%
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 & Claiming Coordination																																	
30. TCM Quality Assurance/Performance Monitoring																																	
31. TCM Subcontract Administration																																	
32. TCM PP&PD																																	
TOTAL HOURS																8.00	8.00	8.00	8.00	8.00												40.00	100.00%
Employee's Signature (BLUE INK ONLY)	Employee's telephone number			Date		Supervisor's signature (BLUE INK ONLY)			Date																								

10 Day Worker Log Time Survey Example

Worker Log Time Survey for Employees Performing Medi-Cal Administrative Activities (MAA) and/or Targeted Case Management (TCM)																									MAA		TCM		Month		Year			
																									<input type="checkbox"/> SPMP		<input type="checkbox"/> Supervisor		Aug		2011			
																									<input checked="" type="checkbox"/> Non-SPMP		<input type="checkbox"/> Case Manager							
																									<input type="checkbox"/> CBO		<input type="checkbox"/> Support Person to Case Mgr.							
LAST NAME:	FIRST NAME:	MI	Civil Service Classification										Class Number	Employee Number	Program	Claiming Unit	Organization Number	Claiming Unit Location																
Sample	Joe		Outreach Coordinator										2334	234567	CMAA	LGA One	3322	Los Angeles																
Date	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			
Day of the Week (optional)																																		
TYPE OF ACTIVITY																																		
AMOUNT OF TIME SPENT PERFORMING EACH ACTIVITY DURING YOUR PAID WORK HOURS																																		
																																	TOTAL	% of Time
1. Other Programs/Activities																																	10.00	12.50%
2. Direct Patient Care																																		
3. Outreach to Non-Medi-Cal Programs																																	8.00	10.00%
4. Medi-Cal Outreach*																																	32.00	40.00%
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																																	0.50	0.63%
8. Facilitating Medi-Cal Application*																																	23.50	29.38%
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. PPAPD for Non-Medi-Cal Services																																		
15. PPAPD (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients*																																		
16. PPAPD SPMP(A) (Enhanced) for Medi-Cal Services for Medi-Cal Clients*																																		
17. PPAPD (B) (Non-Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients*																																		
18. PPAPD (SPMP)(B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients*																																		
19. MAA/TCM Coordination/ Claims Administration																																		
20. MAA/TCM Implementation Training																																		
21. General Administration																																		
22. Paid Time Off (PTO)																																	6.00	7.50%
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 & Claiming Coordination																																		
30. TCM Quality Assurance/ Performance Monitoring																																		
31. TCM Subcontract Administration																																		
32. TCM PPAPD																																		
TOTAL HOURS																																	80.00	100.00%
Employee's Signature (BLUE INK ONLY)										Employee's telephone number										Date		Supervisor's signature (BLUE INK ONLY)										Date		

20 Day Worker Log Time Survey Example

Worker Log Time Survey for Employees Performing Medi-Cal Administrative Activities (MAA) and/or Targeted Case Management (TCM)																		<div> <div>MAA</div> <div>TCM</div> </div>		<div> <div>SPMP</div> <div>Supervisor</div> </div>		<div> <div>X Non-SPMP</div> <div>Case Manager</div> </div>		<div> <div>CBO</div> <div>Support Person to Case Mgr.</div> </div>		Month	Year						
																								Aug	2011								
LAST NAME:	FIRST NAME:	MI	City	Service Classification	Class Number	Employee Number	Program	Claiming Unit	Organization Number	Claiming Unit Location																							
Sample	Joe			Outreach Coordinator	2334	234567	CMAA	LGA One	3332	Los Angeles																							
Date	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		
Day of the Week (optional)															M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W		
TYPE OF ACTIVITY	AMOUNT OF TIME SPENT PERFORMING EACH ACTIVITY DURING YOUR PAID WORK HOURS																														TOTAL	% of Time	
1. Other Programs/Activities															2.00	1.00	2.00			2.00	1.00	2.00			1.00	2.00			2.00	1.00	13.00	12.50%	
2. Direct Patient Care																																	
3. Outreach to Non-Medi-Cal Programs																4.00									4.00							8.00	7.80%
4. Medi-Cal Outreach*														4.00	3.00	2.00	3.00	4.00			4.00	3.00	2.00	3.00	4.00			4.00	3.00	2.00	41.00	39.42%	
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																0.25					0.25								0.25	0.75	0.72%		
8. Facilitating Medi-Cal Application*														2.00	2.00	4.75	1.00	2.00			2.00	2.00	4.75	1.00	2.00			2.00	2.00	4.75	32.25	31.01%	
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. PP&PD for Non-Medi-Cal Services																																	
15. PP&PD (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients*																																	
16. PP&PD (SPMP)(A) (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*																																	
18. PP&PD (SPMP)(B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients*																																	
19. MAA/TCM Coordination/Claims Administration																																	
20. MAA/TCM Implementation Training																																	
21. General Administration																																	
22. Paid Time Off (PTO)															3.00						3.00							3.00	9.00	8.85%			
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 & Claiming Coordination																																	
30. TCM Quality Assurance/ Performance Monitoring																																	
31. TCM Subcontract Administration																																	
32. TCM PP&PD																																	
TOTAL HOURS															8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	104.00	100.00%		
Employee's Signature (BLUE INK ONLY)	Employee's telephone number				Date				Supervisor's signature (BLUE INK ONLY)				Date																				

INSTRUCTIONS:

Worker Log Time Survey for Employees Performing Medi-Cal Administrative Activities (MAA) and/or Targeted Case Management (TCM)															<div> <div>MAA</div> <div>TCM</div> </div> <div> <div>SPMP</div> <div>Non-SPMP</div> <div>CBO</div> </div> <div> <div>Supervisor</div> <div>Case Manager</div> <div>Support Person to Case Mgr.</div> </div>		Month	Year														
															Sep	2011																
LAST NAME:	FIRST NAME:	MI	Civil Service Classification	Class Number	Employee Number	Program	Claiming Unit	Organization Number	Claiming Unit Location																							
Sample	Joe		Outreach Coordinator	2204	234567	CMAA	LGA One	3322	Los Angeles																							
Date	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	
Day of the Week (optional)	Th	F	Sa	Su	Mo	Tu	W	Th	F																							
TYPE OF ACTIVITY	AMOUNT OF TIME SPENT PERFORMING EACH ACTIVITY DURING YOUR PAID WORK HOURS																														TOTAL	% of Time
1. Other Programs/Activities	2.00				2.00	1.00	2.00																								7.00	12.50%
2. Direct Patient Care																																
3. Outreach to Non-Medi-Cal Programs	4.00						4.00																								8.00	14.29%
4. Medi-Cal Outreach*	3.00	4.00			4.00	3.00	2.00	3.00	4.00																						23.00	41.07%
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							0.25																								0.25	0.45%
8. Facilitating Medi-Cal Application*	1.00	2.00			2.00	2.00	4.75	1.00	2.00																						14.75	26.34%
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. PPAPD for Non-Medi-Cal Services																																
15. PPAPD (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients*																																
16. PPAPD (SPMP)(A) (Enhanced) for Medi-Cal Services for Medi-Cal Clients*																																
17. PPAPD (B) (Non-Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients*																																
18. PPAPD (SPMP)(B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients*																																
19. MAA/TCM Coordination/Claims Administration																																
20. MAA/TCM Implementation Training																																
21. General Administration																																
22. Paid Time Off (PTO)						3.00																								3.00	5.36%	
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 & Claiming Coordination																																
30. TCM Quality Assurance/Performance Monitoring																																
31. TCM Subcontract Administration																																
32. TCM PPAPD																																
TOTAL HOURS	6.00	6.00			6.00	6.00	6.00	6.00																						56.00	100.00%	
Employee's Signature (BLUE INK ONLY)	Employee's telephone number				Date				Supervisor's signature (BLUE INK ONLY)				Date																			

INSTRUCTIONS:

Instructions for completing a Worker Log Time Survey

- In claiming/budget units with fewer than 100 total CMAA/TCM participants, all CMAA/TCM participants will be required to complete a DHCS time survey entry on a daily or perpetual basis.
- In claiming/budget units with 100-199 total CMAA/TCM participants, all CMAA/TCM participants will be required to complete a DHCS time survey entry for 20 consecutive work days.
- In claiming/budget units with 200-299 total CMAA/TCM participants, all CMAA/TCM participants will be required to complete a DHCS time survey entry for 10 consecutive work days.
- In claiming/budget units with 400 or more total CMAA/TCM participants, all CMAA/TCM participants will be required to complete a DHCS time survey entry for 5 consecutive work days.

Instructions for completing a Worker Log Time Survey (Continued)

- The CMAA/TCM participants are required to account for 100% of their productive and non-productive time for every work day in each quarter on the DHCS time survey and a functional time card or equivalent.
- Time recorded on the time survey form must be rounded to the nearest 15 minute increment. For example, If an activity is performed for 8 minutes or more (up to 15 minutes), then 15 minutes should be coded to the proper activity. However, if an activity is performed for 0-7 minutes no time should be coded to the performed activity.
- CMAA/TCM participants may use an ink pen or electronic means to track time.
 - 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 Worker Log Time Survey (Continued)

- CMAA/TCM participants should track activities on a daily basis, throughout the course of the work day, NOT at the end of the work week.
- 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 to the signature requirement must be accompanied by a documented justification.
- Only one CMAA/TCM participant must be identified per DHCS time survey.
- Corrections must be notated using a single strike out and must be initialed with non-black ink.
- Example: A participant works 15 minutes performing Medi-Cal Outreach (Code #4) on day one of the time survey period. The participant would enter .25 in the column representing day one of the time survey period in the row for Medi-Cal Outreach (Code #4).

Instructions for completing a Time Survey Activity Description Document

- Participants who complete DHCS time survey entries on a 5, 10, or 20 consecutive work day basis are REQUIRED to complete a time survey activity description document.
- Participants who complete a DHCS time survey on a daily or perpetual basis are NOT REQUIRED to complete a time survey activity description document.
- The time survey activity description document must include:
 - 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 time survey activity description document must also include a description for each separate occurrence of each type of activity performed as indicated on the Worker Log Time Survey. In instances where a participant performed an activity on more than one occasion, a minimum of two written descriptions of two separate occurrences must be included to support the time indicated on the Worker Log Time Survey. If a participant only performs an activity once during the time survey period, documentation of one occurrence is sufficient.

Time Survey Activity Description Document Example

LGA Name: _____
 Claiming Unit Name: _____
 Participant Name: _____
 Classification: _____

Code 4: Medi-Cal Outreach			
Date	Location	Recipient	Description/Purpose
Code 6: Referral, Coordination, and Monitoring of Medi-Cal Services			
Date	Location	Recipient	Description/Purpose
Code 8: Facilitating Medi-Cal Application			
Date	Location	Recipient	Description/Purpose
Code 10: Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered Service			
Date	Location	Recipient	Description/Purpose
Code 12 or 13: Contract Administration (A) or (B)			
Date	Location	Recipient	Description/Purpose
Code 15 or 17: Program Planning & Policy Development (A) or (B) (non-enhanced)			
Date	Location	Recipient	Description/Purpose
Code 16 or 18: Program Planning & Policy Development (A) or (B) (enhanced)			
Date	Location	Recipient	Description/Purpose
Code 19: MAA/TCM Coordination and Claims Administration			
Date	Location	Recipient	Description/Purpose
Code 20: MAA Implementation Training			
Date	Location	Recipient	Description/Purpose
Codes 24-32: Targeted Case Management			
Date	Location	Recipient	Description/Purpose

Participant Signature (Blue Ink): _____
 Supervisor Signature (Blue Ink): _____

The Worker Log Time Survey

Random Start Date

- DHCS will employ the use of a random number generator to determine the quarterly time survey start dates. However, the universe of dates eligible for selection will consist of Mondays through Fridays, excluding major holidays and the last 30 days of each quarter.
- Utilizing a Monday through Friday start date accounts for all potential work schedules and excluding the last 30 days allows all participants who are required to complete a 20 consecutive work day time survey time to complete the survey prior to the end of the claiming quarter.

Notification from DHCS to the MAA/TCM Coordinators

- To ensure all time survey participants are properly notified of the random quarterly time survey start date, the Worker Log Time Survey methodology includes notification procedures and timelines for DHCS to notify the LGA CMAA and/or TCM program coordinators, via a Policy and Procedures Letter (PPL).

Notification from the MAA/TCM Coordinators to the Participants:

- The MAA/TCM Coordinators will notify all participants required to complete a time survey at least 5 days prior to the selected random time survey start date.
- The MAA/TCM Coordinators must provide the required time survey participants with the information from the DHCS PPL and any other information intended to inform them of the critical elements of the Worker Log Time Survey processes and procedures.

Reporting Time on the Worker Log Time Survey

- Time survey participants are required to account for 100 percent of their productive and non-productive work time on the Worker Log Time Survey to differentiate the amount of time they spend performing allowable Medi-Cal eligible services and/or activities against the amount of time they spend performing unallowable services and/or activities.
- Time is reported on the Worker Log Time Survey in 15 minute increments; therefore, the minimum amount of time a participant may log to a particular Medi-Cal eligible service and/or activity on any given day is 15 minutes.
- If a participant performs a specific Medi-Cal eligible service and/or activity throughout the day in non-consecutive increments of time, the participant may be eligible to 'roll up' the amount of time they spent performing a particular Medi-Cal eligible service and/or activity for the entire day.
 - For example, 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.
 - 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.

Ensuring Worker Log Time Survey Methodology Compliance

- Each of the entities that utilize the Worker Log Time Survey methodology must be properly trained, 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.

Training Responsibilities of DHCS and the LGA MAA/TCM Coordinators

- DHCS has the primary responsibility to develop a Worker Log Time Survey Training; however, DHCS works in conjunction with the LGA Consortium to develop training on an annual basis.
- DHCS presents the Worker Log Time Survey Training to the LGA MAA/TCM Coordinators and the LGA MAA/TCM Coordinators then present the training to the LGA MAA/TCM budget units and their participants.
- LGAs that do not have a LGA MAA/TCM Coordinator, or an authorized alternate, attend the annual 'Train the Trainers' presentation must complete a DHCS approved training alternative before the LGA will be allowed to participate in the Worker Log Time Survey process for that fiscal year.

Responsibilities of the Time Survey Training Participants

- The individual budget unit participants are required to attend a Worker Log Time Survey training presentation at least once prior to the beginning of each new fiscal year.
- Budget unit participants are not allowed to time survey until they have completed the prescribed and approved Worker Log Time Survey training.
- Participants must also 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.

85% Worker Log Time Survey Completion Rate Requirement

- To determine the validity of the LGA budget/claiming unit MAA/TCM time survey submissions, the accuracy of the time survey coding and/or the total number of time surveys submitted is evaluated.
 - The evaluation criteria used to determine the accuracy of the time survey coding requires that 100% of the time survey forms submitted are coded correctly (based on the participant's time survey activity description documents).
 - The evaluation criteria used to determine the accuracy of the total number of time survey submissions requires that 100% of the LGA budget/claiming unit MAA/TCM participants who are required to submit a time survey form have submitted a time survey form. The 85% Worker Log Time Survey completion rate requirement mandates that all LGA budget/claiming unit MAA/TCM time survey submissions are at least 85% valid.
- The time survey participant:
 - Has the primary responsibility of validating that the time survey form is coded correctly based on the activity performed and the description of the activity performed in any supporting documents.
 - Should make every effort to ensure the validity of the time survey form prior to submitting it to the MAA/TCM Claims Coordinator.
 - Should correct the time survey form prior to submitting it to the MAA/TCM Claims Coordinator.
- The MAA/TCM Claims Coordinator:
 - Has the secondary responsibility of validating that the participant time survey form is coded correctly based on the description of the activity performed in any supporting documents.
 - Should make every effort to ensure the validity of the time survey form prior to using the time survey data to prepare and submit an invoice to DHCS.
 - Should return the time survey form to the participant for correction before it is included in the invoice to DHCS (if the MAA/TCM Claims Coordinator discovers any instances of incorrect coding).

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

- For budget/claiming units that time survey on a perpetual basis:
 - Invalid time survey forms will not be included in the time survey universe used to create the invoice.
- For budget/claiming units that time survey on a 5, 10, or 20 consecutive work day basis:
 - Invalid time survey forms will not be included in the invoice unless the total number of valid time survey forms for the budget/claiming unit is 85% or greater.
 - If the total number of valid time survey forms is 85% or greater, all invalid or unreturned time survey forms may be excluded from the universe of time survey results.
 - However, 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.**
 - If a budget/claiming unit with 405 participants follows the 5 consecutive work day time survey frequency requirement, they must use at least 400 time surveys in the universe of time survey results to qualify for the 5 consecutive work day time survey frequency.
 - If the number of valid time surveys falls below 400 in a claiming quarter, the entire time survey is considered invalid.
 - When the budget/claiming unit suspects the number of valid time surveys to fall below 400 in a claiming quarter, the budget/claiming unit may increase the time survey frequency to maintain statistical validity.
 - If the budget/claiming unit does not adjust the time survey frequency to maintain statistical validity, they must use at least 400 time surveys in the universe of time survey results.
 - If the budget/claiming unit only has 398 valid time surveys in the universe of time survey results, the budget/claiming unit must include at least 2 more time surveys coded indicating no eligible MAA and/or TCM activity time into the universe of time surveys to maintain statistical validity.

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

- Since CMAA program claiming is conducted on a quarterly basis within each fiscal year, any CMAA claiming unit with 100 MAA/TCM or more participants that does not meet the 85% Worker Log Time Survey completion rate requirement within any claiming quarter must exclude all reported participant time and associated personnel costs from the entire claiming quarter.
- A TCM budget unit with 100 MAA/TCM or more participants 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. The average number of hours computed from the remaining compliant quarters will be used as the number of hours in the non-compliant quarter, with all time being considered non-claimable for that quarter.
- To ensure that claiming units are meeting the 85% Worker Log Time Survey completion rate requirement, the time survey submission percentages will be monitored and analyzed by DHCS. Any LGA claiming and/or budget unit that fails to meet the 85% MAA/TCM Worker Log Time Survey completion rate requirement for two consecutive quarters will be required to have all participants complete a perpetual time survey beginning with the subsequent quarter and continuing for each consecutive quarter forward. However, the requirement to perpetually survey may be lifted at the discretion of DHCS.

Avoiding Duplication of Payment

- The eligible participants and the LGA Coordinators must adhere to the Worker Log Time Survey methodology instructions, guidelines, and processes to ensure accurate CMAA and/or TCM program claiming.
- Each eligible participant must utilize the same time survey tracking method and documents for the entire claiming quarter.
- Each participant must ensure that the information on the Worker Log Time Survey documentation accurately represents the amount of time the participant actually spent performing those specific activities and/or services.

Consistency in Reporting Time For Activities

- If the budget unit has staff who participate in both MAA 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 budget unit and shall be documented and available for review by DHCS or other oversight or audit agency.**
- All budget unit staff who participate in both MAA and TCM must report their time consistently throughout the claiming period.
- 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.

Maintaining Proper Worker Log Time Survey Documentation

- Documentation related to the Worker Log Time Survey must be maintained in an audit file on site and must be made available to agents of the federal and State governments or their authorized representatives upon request.
- LGAs are required to substantiate all time surveyed for MAA/TCM claims for Federal Financial Participation.
- LGAs are responsible for the documentation of all costs claimed, including those associated with personnel time.

Questions?

