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

2023

# Table of Contents


| | |
|---|---|
| Contact Information | 1 |
| Overview – What is MAA? | 2 |
| MAA/TCM Activity Code Master List | 3 |
| MAA Time Survey Codes & Examples | 4 - 15 |
| Code 4 – Medi-Cal Outreach | 4 |
| Code 6 – Referral, Coordination and Monitoring of Medi-Cal Services | 5 |
| Code 8 - Facilitating Medi-Cal Applications | 6 |
| Code 12 & Code 13 – Contract Administration (County Units Only) | 7 |
| Code 15 & Code 17 – Program Planning and Policy Development (PP&PD) | 8, 10 |
| Code 16 & Code 18 - PP&PD Skilled Professional Medical Personnel, County Only | 9, 11 |
| Code 19 & Code 20 – MAA Coordination and Implementation | 12, 13 |
| Code 21 – General Administration | 14 |
| Code 22 – Paid Time Off | 15 |
| Code 1 – Other Programs and Activities | 15 |
| MAA Quick Reference Guide | 16 |
| MAA Code Reimbursement Key | 17 |
| MAA Deadlines & Flow Chart | 18 |
| Time Survey System Training Manual – Log In Instructions | 19 |
| User Name / Password | 20 |
| Participant's Time Survey Screen | 21 |
| Fiscal Staff – Enter Payroll Timecard | 22 |
| Supervisor / Claiming Unit (CU) Coordinator Roles Overview | 23 |
| Time Survey Timecard Validation Report | 24 |
| Supervisor – Approve Participant's Time Survey (Step 1) | 25 |
| Claiming Unit Coordinator - Accept Participant's Time Survey (Step 2) | 26 |
| Claiming Unit Coordinator – Generate Time Survey Summary Report | 27 |
| Claiming Unit Coordinator – Time Survey Summary Report Continued | 28 |
| Adding a New MAA Participant | 29 |
| County Payroll and Time Survey Coding | 30 |
| Medi-Cal Covered Services | 31 |
| Medi-Cal Flier Sample | 32 |
| Acronyms | 33 |

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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.

**Examples:**

**"Handing out Medi-Cal informative brochures at a health fair"**

"Sending employees into the community to contact people with substance use disorders or experiencing homelessness"

"Operating drop-in community centers for underserved populations"

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

"Informing the general population or individuals about of Medi-Cal service availability"

"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"

"Going to a shelter to talk to individuals about Medi-Cal"

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

Making referrals, coordinating and/or monitoring the delivery of Medi-Cal services.

**Examples:**

**"Public Health Nurse makes a client referral to a local mental health provider "**

"Referring, coordinating & monitoring transportation if a client has a physical or mental limitation to Medi-Cal covered services to meet their identified needs"

"Referral to Domestic Violence Mental Health Counseling, not simply DV education. Similar to DUI education vs actual SUDS treatment."

"Identifying and referring adolescents to family planning services"

"Making a referral for a client to receive a physical examination"

"Talking with other medical professionals about a child's needs or care"

"Documenting medical information pertinent to the individual's case that is required for the health care professional"

"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"

"Gathering information that may be required in advance of referrals or evaluations"

"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"

# Code 8
# Facilitating Medi-Cal Applications

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.

**Examples:**

**"Helping a client fill out a Medi-Cal eligibility application"**

"Discussing and verifying the eligibility requirements"

"Explaining the application process, Medi-Cal rules and regulations to individuals or families"

"Delivering application to Eligibility Personnel (hard copy or electronic version)"

"Coordinating & monitoring transportation needs if client has a physical or mental limitation to access the Medi-Cal application process"

"Assisting individuals provide third party resource information at Medi-Cal eligibility intake"

"Providing and packaging 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 information and assisting a client(s) with the Supplemental Security Income (SSI)/Medi-Cal application process client"

# Code 12

## Contract Administration (A) for Medi-Cal Services Specific for Medi-Cal Populations

***(County Units only)***

Performing activities around and/or entering into contracts with community-based organizations (CBOs) or other provider agencies to provide Medi-Cal Services to Medi-Cal clients only.

**Examples:**

**"Administering a contract with a health service provider to serve only the Medi-Cal eligible"**

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

"Request for Qualifications (RFQ)/ Request for Proposal (RFP)/Request for Bid (RFB) activities"

"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 (B) for Medi-Cal Services Specific for Medi-Cal and Non Medi-Cal Populations

***(County Units only)***

**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 (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**: Program planning and policy development activities are claimable as "Medi-Cal administration" only for the services that are excluded from the managed care contracts.

**Examples:**

**"Analyzing Medi-Cal data for planning purposes to close Medi-Cal service gaps for Medi-Cal clients only"**

"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"

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

"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 Skilled Professional Medical Personnel (SPMP) (A)(Enhanced) for Medi-Cal Services for Medi-Cal Clients

***(County Units Only)***

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 a SPMP and must be performed by an SPMP or staff directly supporting an SPMP.

**Note**:

- Program planning and policy development activities are claimable as "Medi-Cal administration" only for the services that are excluded from the managed care contracts.
- When performed by an SPMP these activities are eligible for reimbursement at the enhanced FFP rate of 75%.
- All SPMP PP&PD activities must adhere to the requirements of 42 Code of Federal Regulations (CFR) part 432.50 and section 1903 (a)(2) of Title XIX of the Social Security Act.

**Examples:**

**"A Licensed Clinical Social Worker (a SPMP) spends time analyzing Medi-Cal data related to the County's mental heal 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 with in their own mental health clinical practice guides as well."**

"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"

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

**Note: Code 16 is the same as Code 15, but for Skilled Professional Medical Personnel, SPMPs and for Medi-Cal clients only.**

# Code 17

## Program Planning and Policy Development (B) (Non-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 a specific group, interagency coordination to improve delivery of Medi-Cal services or developing resource directories of Medi-Cal services/providers.

**Note:** Program planning and policy development activities are claimable as "Medi-Cal administration" only for the services that are excluded from the managed care contracts.

**Examples:**

**"Attending a meeting with countywide agencies to coordinate health services agreements for low-income families"**

**"Performing a cost-benefit analysis on whether to open a new clinic in the community."**

"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"

**Note: Code 17 is the same as Code 15 but for all clients.**

# Code 18

## Program Planning and Policy Development (SPMP)(B)(Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients

***(County Units only)***

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 a SPMP and must be performed by an SPMP or staff directly supporting an SPMP.

**Note**:

- Program planning and policy development activities are claimable as "Medi-Cal administration" only for the services that are excluded from the managed care contracts.
- When performed by an SPMP these activities are eligible for reimbursement at the enhanced FFP rate of 75%.
- All SPMP PP&PD activities must adhere to the requirements of 42 Code of Federal Regulations (CFR) part 432.50 and section 1903 (a) (2) of Title XIX of the Social Security Act.

**Example:**
**"A Registered Nurse (a 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 to that they may work on improving clinical protocols for patients suffering from sexually transmitted diseases within their own clinics as well."**

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

# Code 19
# CMAA/TCM Coordination and Claims Administration

Claims Administration staff performing activities such as: drafting, revising, and submitting CMAA claiming plans, serving as liaison for claiming units and State and Federal Governments, overseeing, preparing, compiling, revising, and submitting claims, attending CMAA/TCM training sessions, meetings, & conferences, training LGA program and subcontractor staff, and ensuring non-duplication of CMAA/TCM claims.

**Note:**
This code is restricted to one Full-Time Equivalent (FTE) designated CMAA/TCM Coordinator per claiming unit, with the exception of CMAA/TCM Coordination and Claims Administration Units.

**Examples:**

**"Reviewing time survey documents to ensure accurate invoice 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"

"Monitoring Claiming Unit performance, site reviews, technical assistance"

# Code 20
# MAA/TCM Implementation Training

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

**Examples:**

**"Participating in the CMAA/TCM Time Study Training"**

"Time spent travelling to and from a CMAA/TCM Training"

"Attending Time Survey Training, re-training or refresher training on MAA or TCM."

"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.**

**Examples:**

**"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 workday."**

"General information e-mail"

"Supervision and evaluation of staff (not Case Managers)"

"Personnel management and Human Resource activities"

"Processing payroll/personnel-related documents"

"Maintaining inventories and ordering supplies"

"Activities related to provider and consumer complaints and grievances"

# 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 it on your Time Survey.

# Code 1
## 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.

**Examples:**

**"Providing or administering Education programs, Lead Poisoning Prevention Programs etc."**

"Teaching parenting skills and healthier child raising tactics"

"Nutrition services – this is an indirect service"

"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"

# Unsatisfactory Immigration Status (UIS)

- The Code of Federal Regulations is the codification of the general and permanent regulations published in the Federal Register by the federal government's executive departments and agencies.
- Services provided to individuals with an UIS are not eligible for federal reimbursement.

# 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 managing health services to the 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<br><br>13: Contract Administration for all Clients | Contract management or administration with other provider agencies. (County Units only) |
| 15: Program Planning & Policy Development<br><br>16: For Skilled Professional Medical Personnel, SPMP (County Units only) | Planning and policy development to bridge gaps specifically for the Medi-Cal population |
| 17: Program Planning & Policy Development<br><br>18: For Skilled Professional Medical Personnel, SPMP (County Units Only) | Planning and policy development to bridge gaps for the total client population |
| 19: CMAA/TCM Coordination and Claims Administration<br><br>20: MAA/TCM Implementation Training | MAA training, discussing appropriate Time Study codes, providing or receiving clarification about MAA procedures |
| 21: General Administration | Entering Time Survey hours, paid breaks, human resources, budgets, staff supervision |
| 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:**

**Codes 4, 8, 12, 15, 16, 19 & 20**

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

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

**No Reimbursement:**

**Codes 1 – 3,**

**5, 7, 9,**

**11 & 14**

# MAA Deadlines & Flow Chart

1. **Employee** enters Time Survey hours during reporting month, saving **DAILY**

** **For Community Based Organizations Only** **Fiscal enters timecard hours into MAA System **1 to 7 days after month end.**

2. **1 to 7 days after month end**, when timecards finalize, **Employee** runs "Validation Report" and makes corrections where their Time Survey differs from their Time Card. (If your name is not on the report, you do not have errors)

3. **Employee** "certifies" after all errors are cleared **1-10 days after month end**

4. **Supervisor** runs "Validation Report" to review Time Surveys. **1 to 14 days after month end**

4 A. If there are errors **Supervisor** "Reject" Time Survey, and have employee correct

4 B. When there are no errors (report is blank), **Supervisor** "Approve" Time Survey and notify employee to sign

5. **Employee** selects "E-sign" from their time survey and follows DocuSign directions to electronically sign

6. **Supervisor** receives employee signed DocuSign email. Supervisor follows DocuSign directions to E-sign and sends the completed "envelope" to the **CU Coordinator**

7. **CU Coordinator** "Accepts" Time Survey when both employee and supervisor DocuSign signatures have been obtained. Confirm all participants have completed the DocuSign process and have been CU Coordinator accepted **1 to 20 days after month end**

**The FINAL DEADLINE for submitting completed time surveys is 30 days after the end of the reporting month.**

# Time Survey System Training Manual

## Log-in Instructions

(Training video available on our website.)

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.)

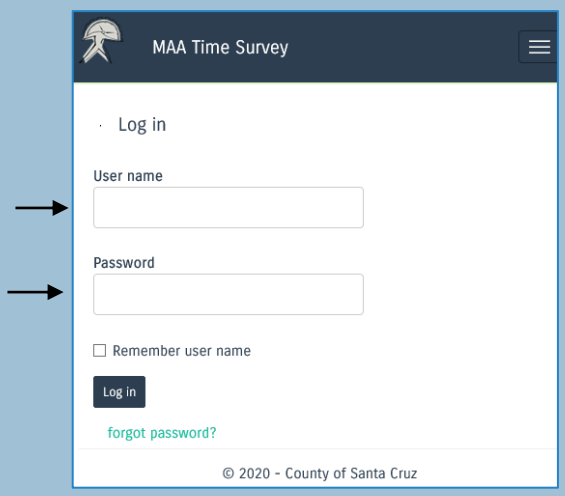
1. Type this web address into the URL field of your web browser: http://maa.co.santa-cruz.ca.us

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"

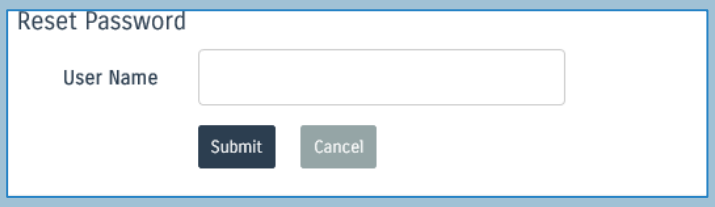
**Google Chrome:** Click on the "3 line horizontal" button > Select Tools > Click "Create application shortcuts" > Select "Yes" to place on desktop

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



# User Name / Password

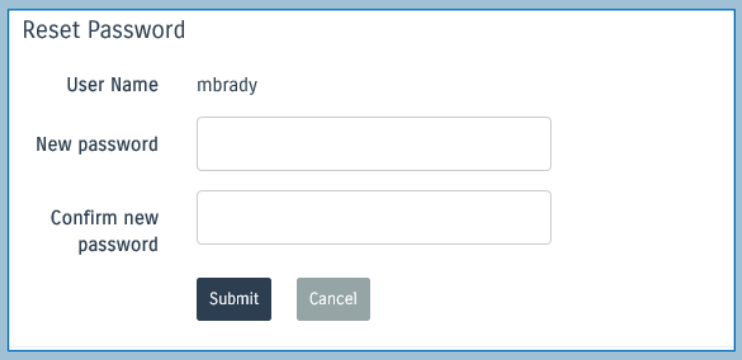
If you forget your password, click the "forgot password?" button. Enter your User Name and select "Submit." An email will be sent to you with password reset instructions.




If you forget your User Name, please contact the MAA office.

4. After you successfully log in for the first time, you will be prompted to change your password. This will become your new password. Type the password in both password fields and press the "Submit" button.

*__Your User Name and Password are confidential and must not be shared__.




5. You will be routed to the log in screen again to enter in your new password.

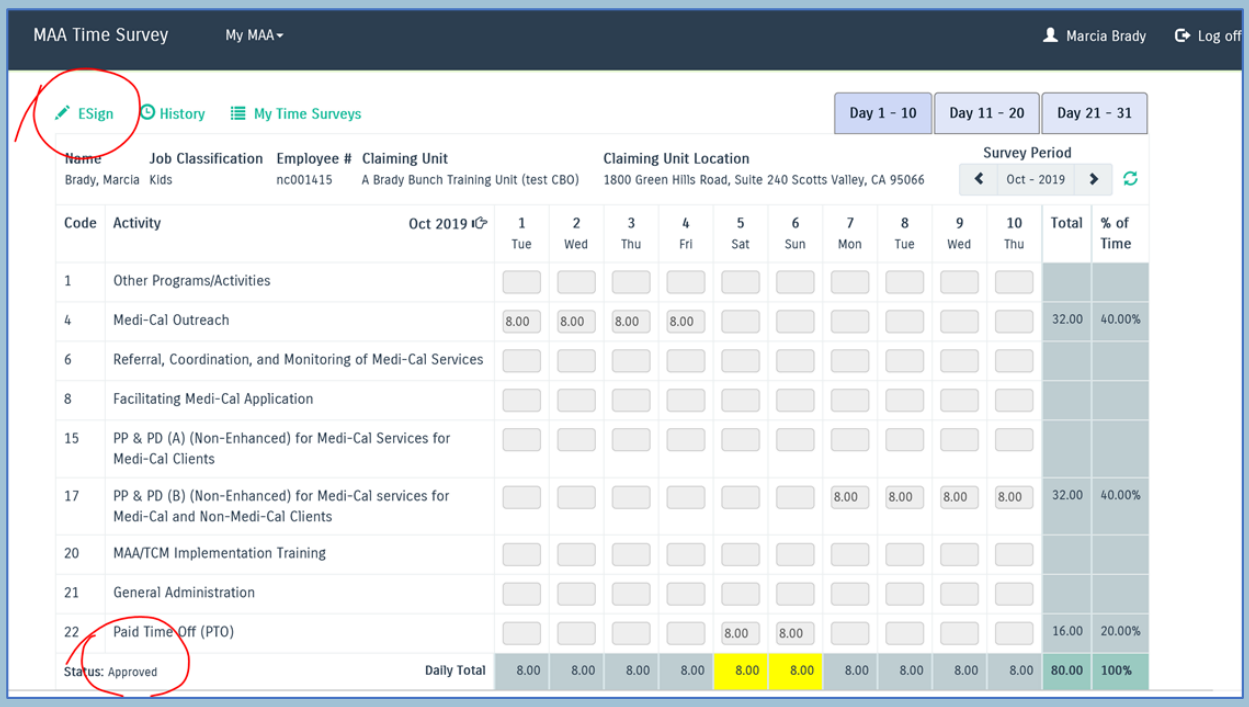
6. After you log in, you should see your Time Survey for the current month. (Example on Page 21)

   - 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 (.25, .50, .75, 1). The hours entered will total at the bottom of the column. This total should match the hours worked 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 and you have no Validation Errors (see page 24), click "Certify," so your Supervisor can approve.

6. After your Supervisor has Approved your time survey, select E-sign from your time survey and follow the DocuSign directions to electronically sign your Time Survey.

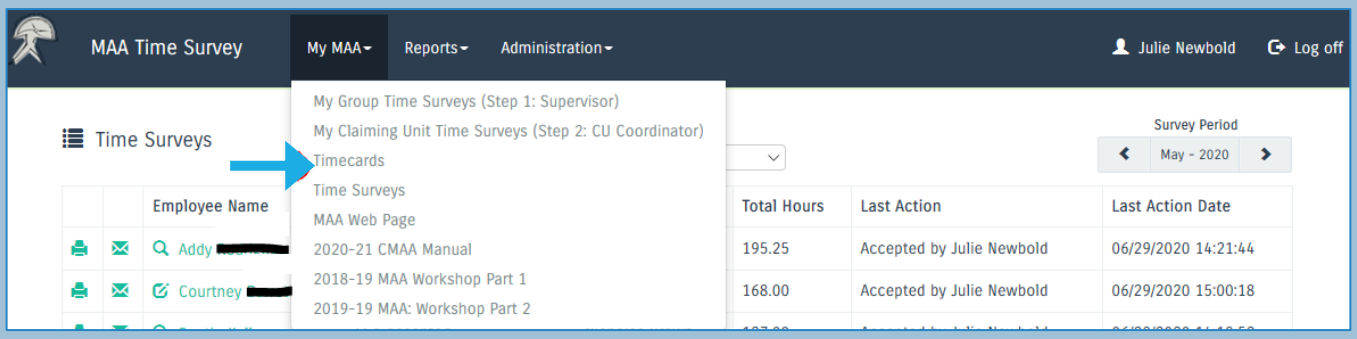


# Fiscal Staff – Enter Payroll Timecard

For Community Based Organizations Only

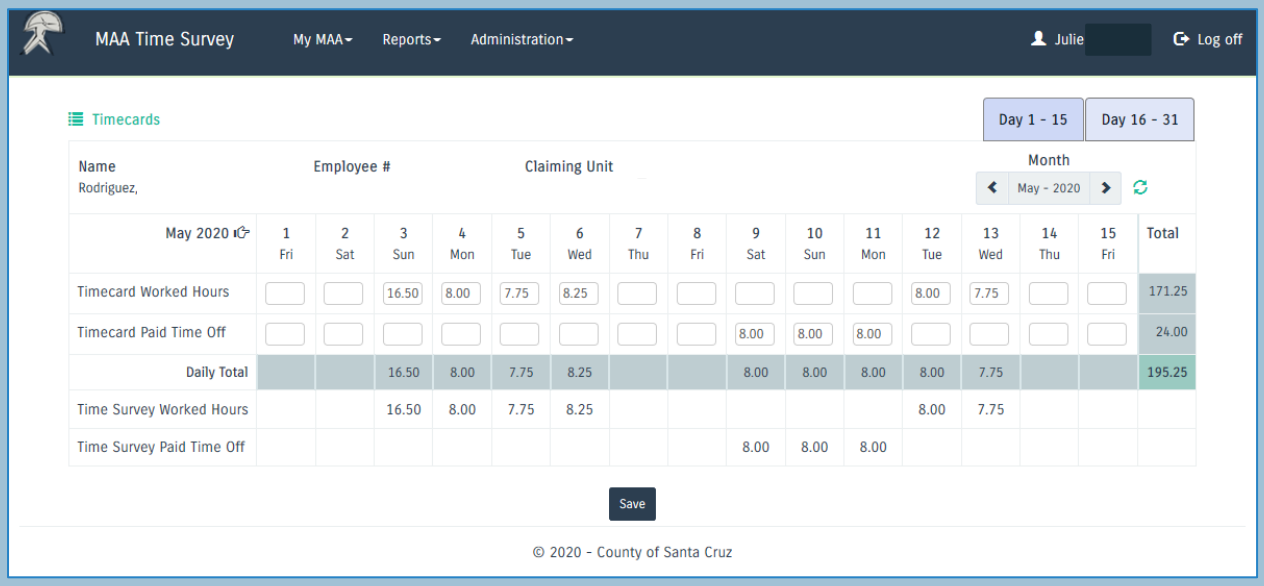
(Training Video available on our website)

1. From the "My MAA" dropdown menu, Select "Timecards"




## For Fiscal Person Only – Timecard Entry Screen

2. Click on each employee and enter all timecard hours. Save after each timecard is completed. Timecards must be entered 1-7 days after the end of the reporting month.



# Supervisor / Claiming Unit (CU) Coordinator Roles Overview

(Training Video available on our website)

1. **Supervisor** – Check the Time Survey Timecard Validation Report (Page 24) to confirm Participant has corrected all errors.

2. **Supervisor** – When all errors are cleared "Approve" Participant's Time Surveys (Step1) (Page 25) if all Errors are cleared.

3. **Participant** – After Supervisor approval, DocuSign Time Survey (Page 21)

4. **Supervisor** - Receive the DocuSign email with Participant/Employee signature. Supervisor follow the DocuSign instructions and electronically sign the time survey.

5. **Supervisor:** After both signatures have been obtained, email the Claiming Unit Coordinator and forward the DocuSign "envelope"/document.

6. **Claiming Unit Coordinator:** CU Accept the Participants Time Survey when you receive the DocuSign Time Survey with both signatures. (Step 2) (Page 26)

7. **Claiming Unit Coordinator:** Generate the Time Survey Summary Report (Page 27-28) to confirm you have completed signing for all Unit participants.

8. **Claiming Unit Coordinator**: Keep copies of all E-signed time surveys.

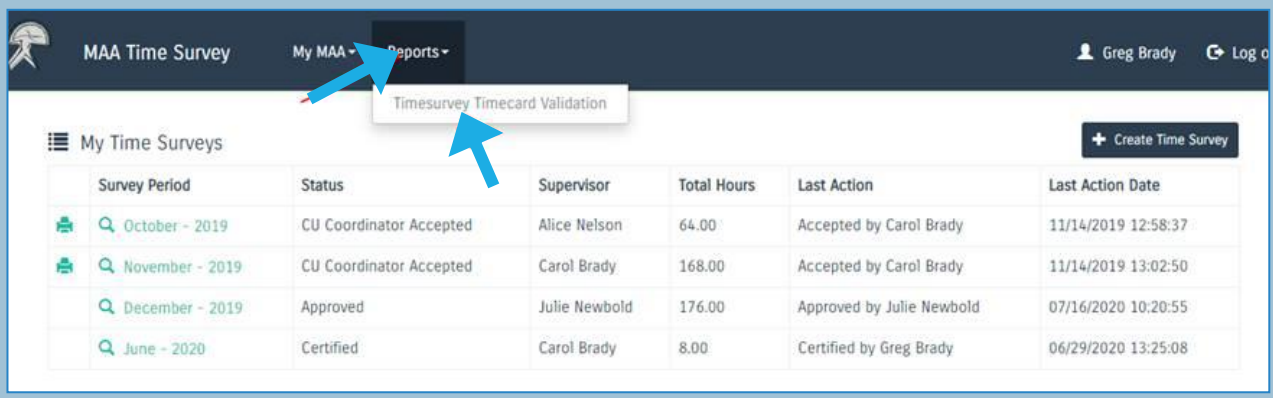
9. **Claiming Unit Coordinator** – Add new MAA participants (Page 29)

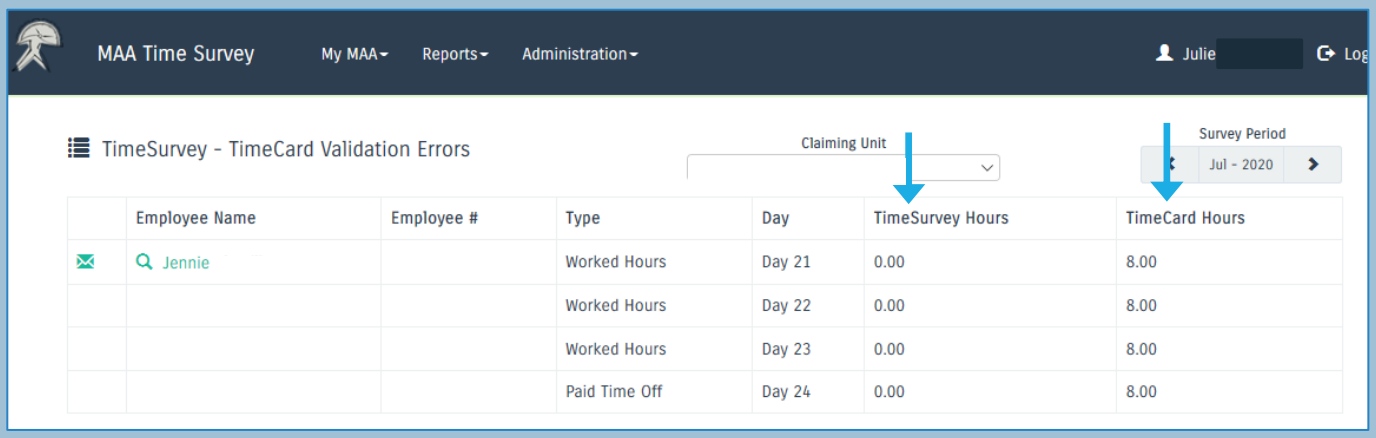
Note: **Supervisor or Claiming Unit Coordinator** – Coordinates with MAA staff for any questions or issues as well as **s**ubmit the Time Surveys.

**The FINAL DEADLINE for submitting completed time surveys is 30 days after the end of the reporting month.**

# Time Survey Timecard Validation Report

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




1. **Participant:** Run "Time Survey Timecard Validation Report" by going to the "Reports" dropdown menu at the top of the home screen. For County participants this Report typically finalizes a couple days after month end. If your name is not on the report, you do not have errors.

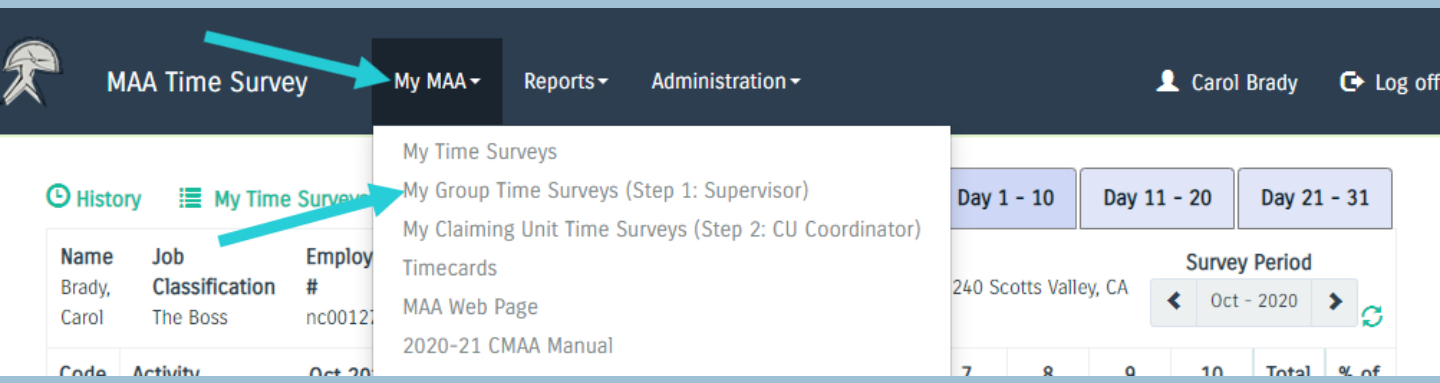
(**Supervisors** must also run this report to confirm errors are cleared.)

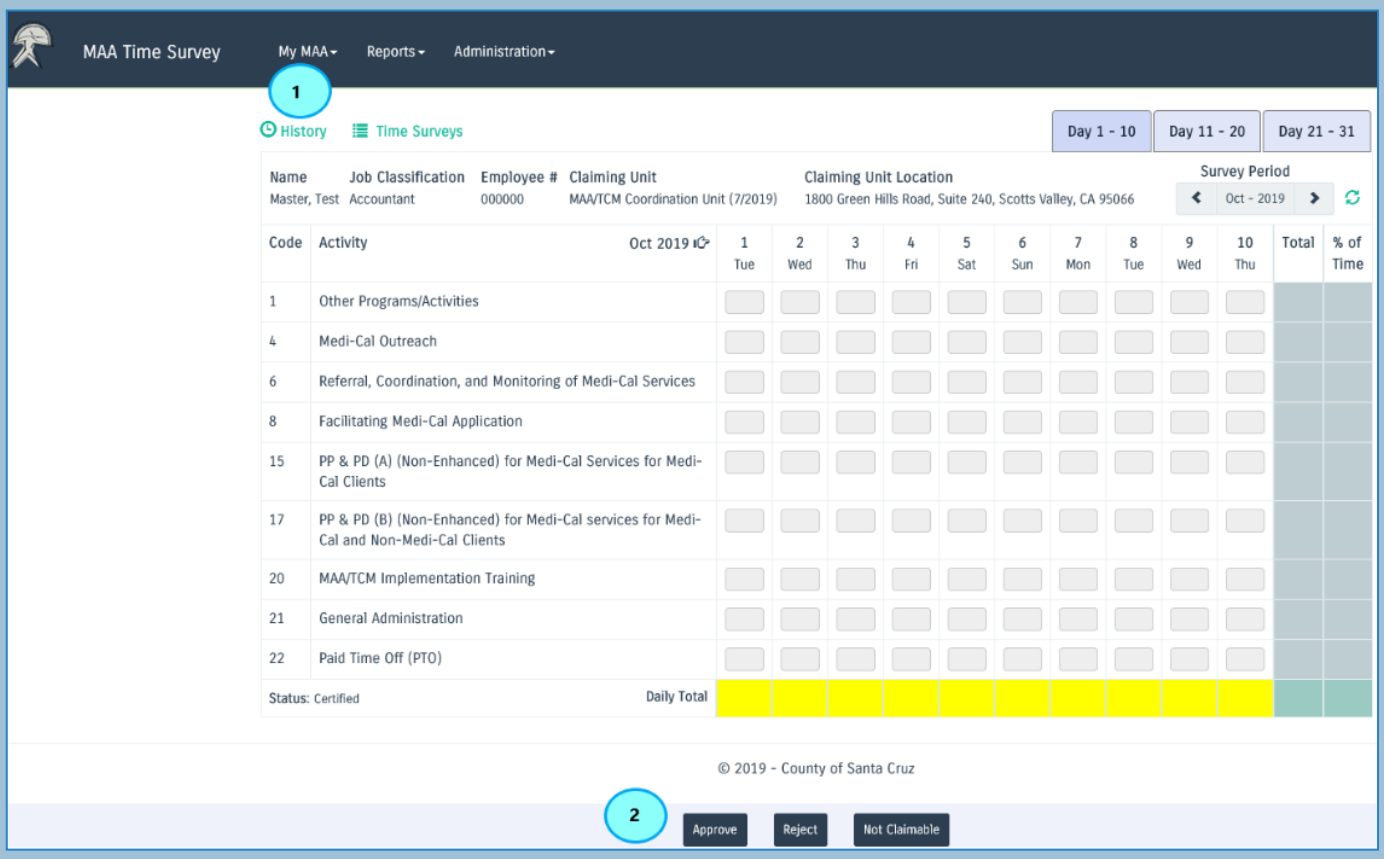
2. If the two columns with blue arrows above do not match, there are errors that need to be corrected by the listed participant. If the employee has certified with errors, the Supervisor should "Reject" the Time Survey and instruct participant to update their Time Survey and then re-Certify.

**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 25)

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



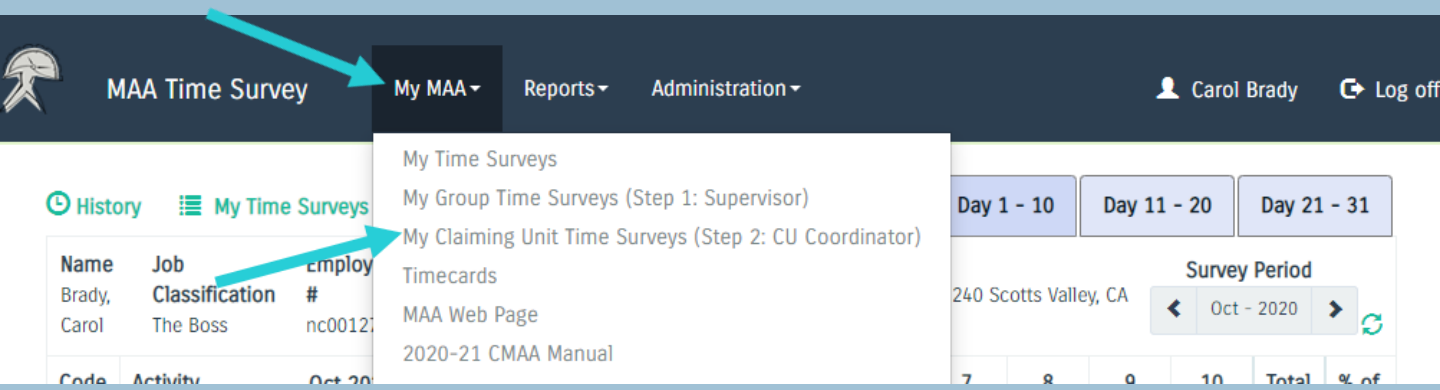



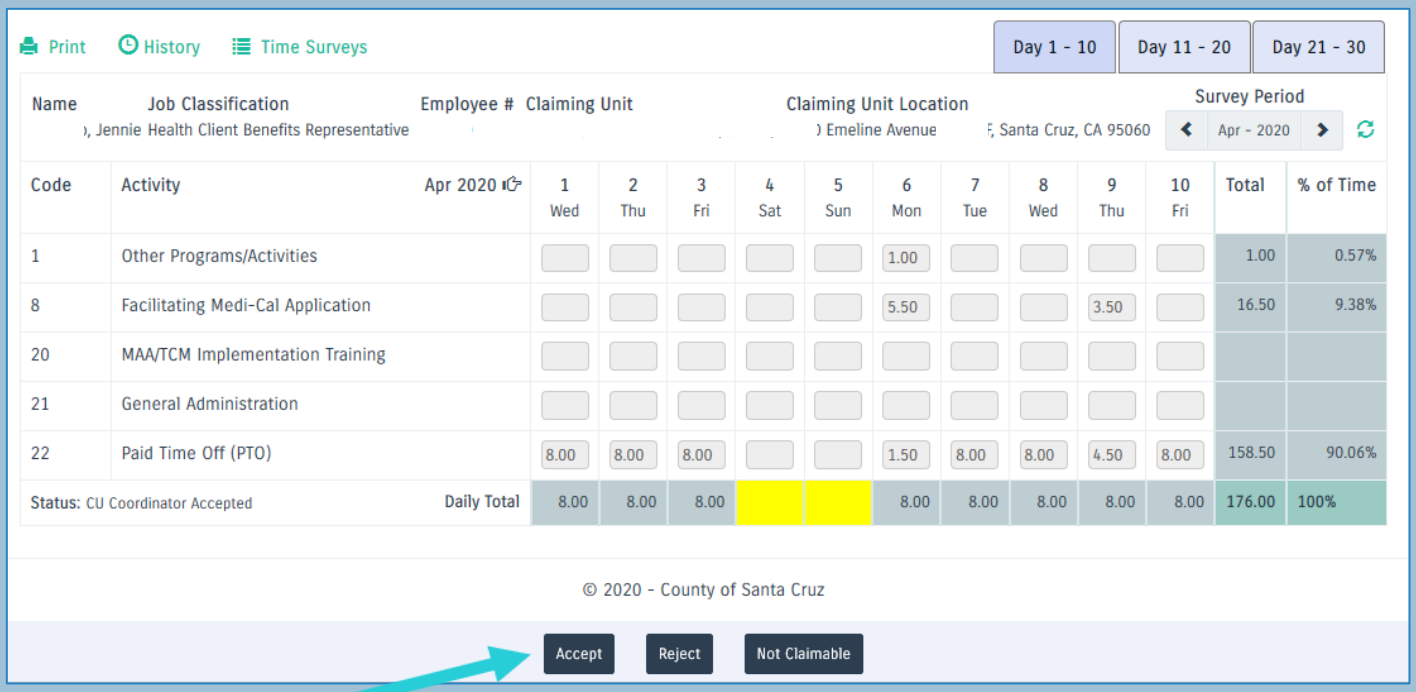

1. Pull down "My MAA" menu and select "My Group Time Surveys (Step 1: Supervisor)".

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)



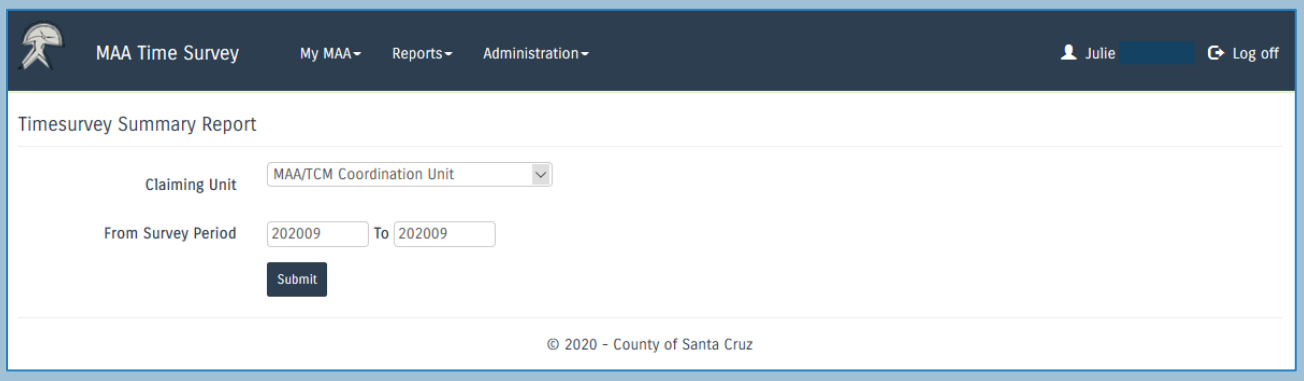

1. From the "My MAA" drop down menu, select "My Claiming Unit Time Surveys (Step 2: CU Coordinator)". Click on the participant's name and their Time Survey will appear. Select the "Accept" button for each participant's Time Survey that are approved by the Supervisor and are not on the Time Survey Timecard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

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

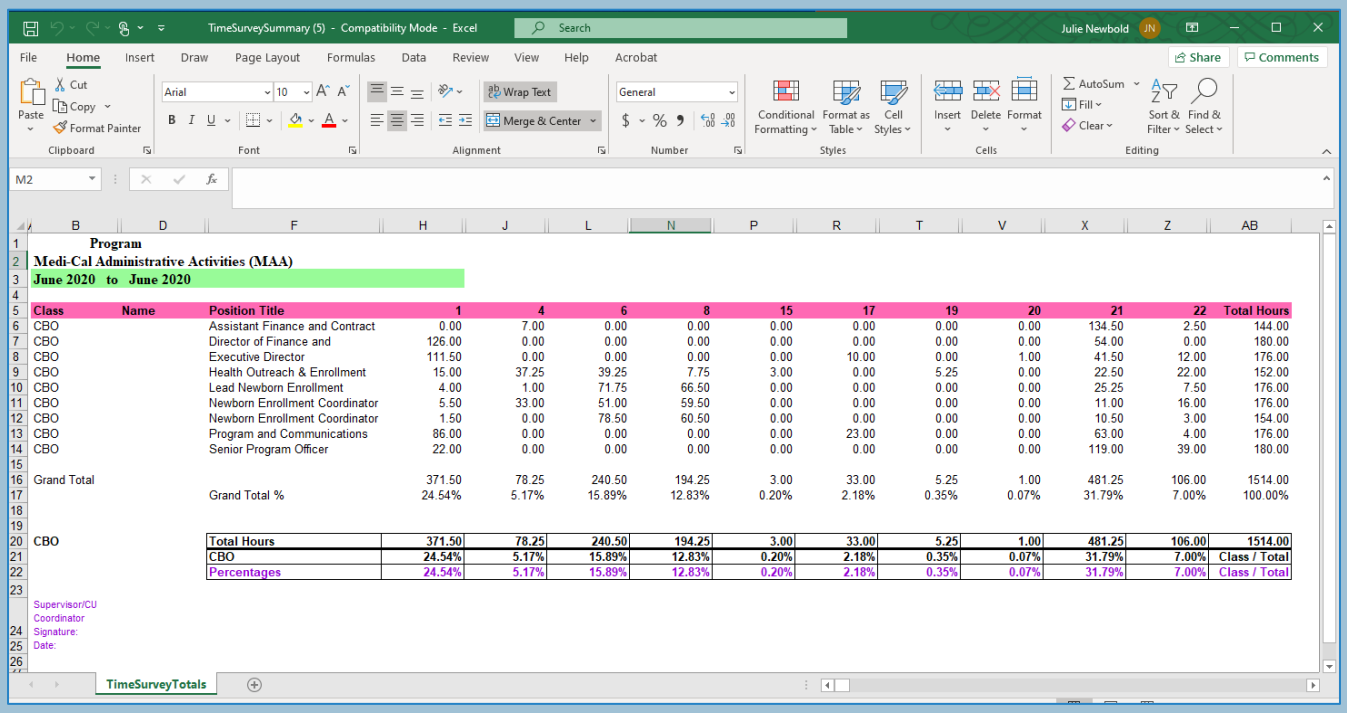
1. Run "Time Survey Summary" found in drop down menu under "Reports"

2. Enter the 4-digit Year and 2-digit Month (no spacing) in the "From Survey Period" fields (September 2020 would be entered as "202009")

3. This report is used to confirm you have received all E-Signed Time Surveys. You do not need to submit to the MAA office.



# Claiming Unit Coordinator – Time Survey Summary Report Continued



Program
Medi-Cal Administrative Activities (MAA)
June 2020 to June 2020

| Class | Name | Position Title | 1 | 4 | 6 | 8 | 15 | 17 | 19 | 20 | 21 | 22 | Total Hours |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CBO | | Assistant Finance and Contract | 0.00 | 7.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 134.50 | 2.50 | 144.00 |
| CBO | | Director of Finance and | 126.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 54.00 | 0.00 | 180.00 |
| CBO | | Executive Director | 111.50 | 0.00 | 0.00 | 0.00 | 0.00 | 10.00 | 0.00 | 1.00 | 41.50 | 12.00 | 176.00 |
| CBO | | Health Outreach & Enrollment | 15.00 | 37.25 | 39.25 | 7.75 | 3.00 | 0.00 | 5.25 | 0.00 | 22.50 | 22.00 | 152.00 |
| CBO | | Lead Newborn Enrollment | 4.00 | 1.00 | 71.75 | 66.50 | 0.00 | 0.00 | 0.00 | 0.00 | 25.25 | 7.50 | 176.00 |
| CBO | | Newborn Enrollment Coordinator | 5.50 | 33.00 | 51.00 | 59.50 | 0.00 | 0.00 | 0.00 | 0.00 | 11.00 | 16.00 | 176.00 |
| CBO | | Newborn Enrollment Coordinator | 1.50 | 0.00 | 78.50 | 60.50 | 0.00 | 0.00 | 0.00 | 0.00 | 10.50 | 3.00 | 154.00 |
| CBO | | Program and Communications | 86.00 | 0.00 | 0.00 | 0.00 | 0.00 | 23.00 | 0.00 | 0.00 | 63.00 | 4.00 | 176.00 |
| CBO | | Senior Program Officer | 22.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 119.00 | 39.00 | 180.00 |
| Grand Total | | | 371.50 | 78.25 | 240.50 | 194.25 | 3.00 | 33.00 | 5.25 | 1.00 | 481.25 | 106.00 | 1514.00 |
| | | Grand Total % | 24.54% | 5.17% | 15.89% | 12.83% | 0.20% | 2.18% | 0.35% | 0.07% | 31.79% | 7.00% | 100.00% |
| CBO | | Total Hours | 371.50 | 78.25 | 240.50 | 194.25 | 3.00 | 33.00 | 5.25 | 1.00 | 481.25 | 106.00 | 1514.00 |
| | | CBO | 24.54% | 5.17% | 15.89% | 12.83% | 0.20% | 2.18% | 0.35% | 0.07% | 31.79% | 7.00% | Class / Total |
| | | Percentages | 24.54% | 5.17% | 15.89% | 12.83% | 0.20% | 2.18% | 0.35% | 0.07% | 31.79% | 7.00% | Class / Total |

Supervisor/CU Coordinator Signature:
Date:

1. Match each participant's Time Survey to the TSSR to verify all the Claiming Units Time Surveys are completed for the month.

2. Confirm you have completed E-signing for all Unit participants.

3. CU Accept all time Surveys

4. Keep copies of your DocuSign documents for your records.

# Adding a New MAA Participant

**Check your Units' current Claim Plan to make sure the classification is listed and that there is space available. (1*)**

**The participant must complete MAA/TCM training for the reporting year and sign the MAA training log. (2*)(3*)**

**Participant must sign and date the current Duty Statement for their Classification (3*)**

**SPMP hires need to complete the SPMP Questionnaire and have it signed by their supervisor. Please attach a copy of the participants' license. (3*)**

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Email your MAA contact (page 1) with the following information for MAA activation :

Participant's full name, email address, phone number, employee number (County Employees), job classification, their MAA Supervisor, MAA access level (participant, supervisor, and/or fiscal) and if they are SPMP.

All MAA Documents are Electronic. Please contact us (see page 1) for your documents.

**Participants can start reporting MAA hours the day they are trained.**

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**1*** If there is no space available or the Classification is not listed on the Claim Plan the CU Coordinator will need to do a Claim Plan Amendment.

Contact us for Amendments. These take place at the beginning of a quarter. The participant cannot report unless the Claim Plan allows.

**2*** The Santa Cruz County CMAA Manual and training video are available on the MAA Website.

**3*** All Training logs, SPMP forms and Duty Statements are now Electronic. Please contact us for your documents via DocuSign.

# County Payroll and Time Survey Coding

(Applies to County Units 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 Activity Code |
| 999 | Compensatory Time Worked | Appropriate Activity Code |
| 044 | Compensatory Time Taken | Do not record hours on Time Survey |
| 777 | Overtime | Appropriate Activity Code |
| Q | Furlough (not smoothed) | Do not record hours on time survey |
| QT | Furlough (smoothed) | PTO (Code 22) |
| 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 Activity Code |
| 14C | On Call Pay | PTO (Code 22) |
| 25P | Call Back | Appropriate Activity Code |
| F19 | Public Health Emergency Leave | PTO (Code 22) |
| FS2 | FMLA Emergency Sick Leave | PTO (Code 22) |
| ES5 | Emergency Sick Leave | PTO (Code 22) |

# Medi-Cal Provides a Comprehensive Set of Health Benefits That May Be Accessed as Medically Necessary

| Ambulatory Patient Services | Prescription Drugs |
|---|---|
| • Physician services<br>• Hospital outpatient & outpatient clinic services<br>• Outpatient surgery (includes anesthesiologist services.)<br>• Podiatry<br>• Chiropractic<br>• Allergy care<br>• Treatment therapies (chemotherapy, radiation therapy, etc.)<br>• Dialysis/hemodialysis | • Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class.<br>• Beneficiaries may receive up to a 100-day supply of many medications. |
| **Emergency Services** | **Rehabilitative & Habilitative Services and Devices** |
| • Emergency Room services<br>• All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including dental services, as certified by the attending physician or other appropriate provider.<br>• Ambulance services | • Physical therapy<br>• Occupational therapy<br>• Speech therapy / Audiology<br>• Acupuncture<br>• Cardiac rehabilitation<br>• Pulmonary rehabilitation<br>• Skilled Nursing Facility services (90 days)<br>• Medical supplies, equipment, and appliances (including implanted hearing devices)<br>• Durable medical equipment<br>• Orthotics/prostheses<br>• Hearing aids<br>• Home Health Services |
| **Hospitalization** | **Laboratory Services** |
| • Inpatient hospital services<br>• Anesthesiologist services<br>• Surgical services (bariatric, reconstructive surgery, etc.)<br>• Organ & tissue transplantation | • Outpatient laboratory and X-ray services<br>  o Various advanced imaging procedures are covered based on medical necessity. |
| **Maternity and Newborn Care** | **Preventive and Wellness Services and Chronic Disease Management** |
| • Prenatal care<br>• Delivery and postpartum care<br>• Breastfeeding education<br>• Nurse midwife services | • Preventive services and vaccines recommended by:<br>  o United States Preventive Services Task Force (grade A & B)<br>  o Advisory Committee for Immunization Practices<br>  o Health Resources and Services Administration's Bright Futures<br>  o The Institute of Medicine preventive services (for women)<br>• Family planning services<br>• Smoking cessation services<br>• Behavioral health treatment for children under 21 |
| **Mental health and Substance Use Disorder (SUD) Services, including Behavioral Health Treatment** | **Pediatric Services, Including Oral and Vision Care** |
| • Outpatient Mental Health services<br>• Outpatient Specialty Mental Health services<br>• Inpatient Specialty Mental Health services<br>• Outpatient Substance Use Disorder services<br>  o Residential Treatment services<br>• Voluntary Inpatient Detoxification | Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. EPSDT provides periodic screenings to determine health care needs and, in addition to the standard Medi-Cal benefits, a beneficiary under the age of 21 may receive extended services as medically necessary. |
| **OTHER:** | |
| **Dental** | • Emergency dental services<br>• Dentures<br>• Dental implants and implant-retained prostheses<br>• Basic preventive, diagnostic and repair services<br>• EPSDT and pregnant women receive extended dental benefits. |
| **Vision** | • Routine eye exams once in 24 months<br>• Eyeglasses and contact lenses |
| **Transportation Services** | Nonemergency medical transportation by ambulance, litter van, or wheelchair van only when ordinary public or private conveyance is medically contra-indicated and transportation is required for a covered benefit. Nonmedical transportation by private or public vehicle for people who do not have another way to get to their appointment. |
| **Long Term Services and Supports** | • Skilled Nursing Facility services (91+days)<br>• Personal Care Services<br>• Self-Directed Personal Assistance Services<br>• Community First Choice Option<br>• Home and Community Based Services |

01/2020

# COVERED by MEDI-CAL

**Medi-Cal Gives Eligible Individuals & Families** Who qualify, access to **FREE Health Care!**

Medi-Cal is a public health insurance program providing health care services to low-income individuals including families with children, seniors (65 or older), individuals with disabilities, children in foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.

## Do I Qualify?

- **Children up to age 19**
- **Adults 19 and older**
- **Pregnant**
- **In a skilled nursing or intermediate care home**
- **Refugees (limited time frame)**

**Then, YES, you may qualify! Apply today!**

## To sign up in Santa Cruz County:

Call the Benefits Call Center at **888-421-8080**

Apply online at **www.mybenefitscalwin.org**

Visit one of our walk-in centers at

**1020 Emeline Avenue in Santa Cruz**

-or-

**18 West Beach Street in Watsonville**

## COVERED SERVICES INCLUDE:

- **Pregnancy and postpartum services**
- **Health and dental services**
- **Hospital stays**
- **Long Term Care**
- **Vision care**
- **Payment for medications**

**BE SURE TO**

- ✓ Only submit ONE application
- ✓ Have your Social Security card ready
  *Don't have a social security card? You may still qualify for coverage.*
- ✓ Fill out the income and taxes sections
- ✓ Provide as much information as possible
- ✓ Remember to SIGN & DATE your application

## 3 REASONS you should SIGN UP for Medi-Cal:

1) Easy application process
2) No cost or low cost health insurance
3) May help pay for past medical bills (limited to the 3 months preceding the application month)

Medi-Cal

Human Services Department
County of Santa Cruz

# 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 |
| FFP | Federal Financial Participation |
| FY | Fiscal Year |
| 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 |