

Santa Cruz County MAA

Medi-Cal Administrative Activities (MAA)

Time Survey Training



2018 - 2019

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MAA “Quick Reference” Time Survey/Coding Guide

Documentation of Work Time: You are to record *all eligible PAID hours* each workday throughout the year. **Total hours on the time survey MUST match those found in payroll records.**


Uncompensated overtime is not to be recorded on the time survey.

Earning comp time should be recorded on the time survey under the code for the activity being performed. Taking comp time should not be recorded on the time survey.


Code 1 - Other Programs/Activities (Non-Claimable) – Time spent on activities unrelated to MAA and which do not fall under the other activity codes. These may include health education, community service, social services, instruction, financial management or prevention services.

Code 2 - Direct Patient Care (Non-Claimable) - Time spent providing direct physical or mental health services to clients.


Code 3 - Outreach to Non-Medi-Cal Programs (Non-Claimable) – Linking individuals and families to non-Medi-Cal programs such as food stamps, WIC, job training, housing assistance, or legal services.

-  **Code 4 - Medi-Cal Outreach (Claimable)** – There are two activities in Medi-Cal Outreach:
- 1) Informing individuals/groups about Medi-Cal program services and linking potentially eligible individuals/groups to Medi-Cal eligibility sites in order to enroll them in the Medi-Cal program; and/or
 - 2) Linking individuals/groups to Medi-Cal covered health services.


Code 5 – Referral, Coordination and Monitoring of Non-Medi-Cal Services (Non-Claimable) - Making referrals for, coordinating, and/or monitoring the delivery of non-medical activities or medical services not covered by Medi-Cal.

-  **Code 6 – Referral, Coordination and Monitoring of Medi-Cal Services (Claimable)** – Making referrals for, coordinating and/or monitoring the delivery of Medi-Cal covered services.


Code 7 – Facilitating Non-Medi-Cal Application (Non-Claimable) – Familiarizing and assisting individuals and families with non-Medi-Cal applications such as food stamps, housing assistance, or unemployment benefits.


 **Code 8 - Facilitating Medi-Cal Application (Claimable)** – Familiarizing and assisting individuals and families with the Medi-Cal application process; arranging and/or providing interpretation or translation for the Medi-Cal application process; arranging and/or providing transportation to the eligibility sites; and One-e-App.

Code 9 - Arranging and/or Providing Transportation to a Non-Medi-Cal Covered Service (Non-Claimable) – Arranging and/or providing transportation to non-Medi-Cal covered services such as job training, legal services, or day care.


 **Code 10 - Arranging Transportation to a Medi-Cal Covered Service (Claimable)** – Arranging non-emergency, non-medical, transportation for clients and families to access Medi-Cal covered health services, and accompaniment by an attendant when medically necessary. **NOTE: The State will soon issue policy effective July 1 2018 clarifying allowable tasks for Code 10.**


Code 11 - Contract Administration for Non-Medi-Cal Services (Non-Claimable) – Performing administrative functions associated with contracting for non-Medi-Cal services such as building maintenance or education services.


 **Code 12 - Contract Administration (A) for Medi-Cal Services Specific for Medi-Cal Populations or for MAA (Claimable)** – Performing administrative functions associated with contracting for Medi-Cal covered health services for Medi-Cal populations, Medi-Cal funded services, or for MAA.


 **Code 13 - Contract Administration (B) for Medi-Cal Services Specific for Medi-Cal and Non-Medi-Cal Populations (Claimable)** - Performing administrative functions associated with contracting for Medi-Cal covered health services for the general population.


Code 14 - Program Planning and Policy Development for Non-Medi-Cal Services (Non-Claimable) - Developing strategies to improve the delivery of non-Medi-Cal services such as housing, food resources, or legal aid.


 **Code 15 - Program Planning and Policy Development (A) for Medi-Cal Services for Medi-Cal Clients (Claimable)** – Developing strategies to increase Medi-Cal system capacity and close Medi-Cal covered health service gaps, and participating in intra and interagency coordination to improve and enhance the delivery of Medi-Cal covered health services. *The Medi-Cal covered services must be focused only on the Medi-Cal population.* This activity code is typically reserved for certain designated supervisors, professionals, managers and administrators whose job description supports planning activities.

 **Code 16 - Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) for Medi-Cal Services for Medi-Cal Clients (Claimable)** – *Only use if you are a licensed SPMP and are using your SPMP knowledge, skills and abilities for health planning.* Developing strategies to increase Medi-Cal system capacity and close Medi-Cal covered health service gaps, and participating in intra and interagency coordination to improve and enhance the delivery of Medi-Cal covered health services. *The Medi-Cal covered services must be focused only on the Medi-Cal population.* This activity code is typically reserved for certain designated supervisors, professionals, managers and administrators whose job description supports planning activities.

 **Code 17 - Program Planning and Policy Development (B) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients (Claimable)** – Developing strategies to increase Medi-Cal system capacity and close Medi-Cal covered health service gaps, and participating in intra and interagency coordination to improve and enhance the delivery of Medi-Cal covered health services. This activity code is typically reserved for certain designated supervisors, professionals, managers and administrators whose job description supports planning activities.

 **Code 18 - Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (B) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients (Claimable)** – *Only use if you are a licensed SPMP and are using your SPMP knowledge, skills and abilities for health planning.* Developing strategies to increase Medi-Cal system capacity and close Medi-Cal covered health service gaps, and participating in intra and interagency coordination to improve and enhance the delivery of Medi-Cal covered health services. This activity code is typically reserved for certain designated supervisors, professionals, managers and administrators whose job description supports planning activities.

 **Code 19 – MAA/TCM Coordination and Claims Administration (Claimable)** – Assisting with the administration of CMAA claiming for your agency. This activity code is reserved for the individual within your agency who assists to administer the CMAA claiming program.

 **Code 20 – MAA/TCM Implementation Training (Claimable)** – Giving or receiving training related to the performance of MAA (and you are not your agency's MAA Coordinator).

Code 21 - General Administration (and Breaks) (Claimable - Allocated) – Filling out your time survey and performing routine activities that are a part of any job. General Administration includes reporting expenses (e.g. mileage), attending administrative staff meetings, reviewing agency policies and procedures, attending required fire and disaster training, personnel/human resource activities, facilities issues, and mandatory in-service orientations. **Paid break time should be included as General Administration.**

Code 22 - Paid Time Off (Claimable - Allocated) – Any time you are in a paid status and not working, to include vacation, holidays, sick leave, bereavement leave, and jury duty. This does not include taking comp time or furloughs. Paid break time should go in Code 21 General Administration.

Claimable Allocated Activities: The MAA program will pay for time recorded to the General Administration and Paid Time Off codes in direct proportion to your total eligible MAA time.



TIME SURVEY ESSENTIALS

- ✓ Fill out your Time Survey at the end of the day, every day.
- ✓ **SIGNATURES** on final printed Time Surveys **MUST BE IN BLUE INK.**
- ✓ Follow your MAA Coordinator's directions on when to print and sign your time survey
- ✓ Use quarter-hour (15-minute) increments in decimal form. Round up for 8 or more minutes. (15 minutes = .25, 30 minutes = .50, 45 minutes = .75, 1 hour = 1)
- ✓ Only use the Program Planning and Policy Development codes if you are approved for them. If you have questions about whether or not you are approved to use PP&PD codes, please talk to your MAA Coordinator.
- ✓ Whiteout is NEVER to be used on the Time Survey. Make corrections online to your form, re-print time survey and sign in **blue ink**.
- ✓ Make sure your time card aligns with your time survey, or if you have no time card, then your workdays as established in the agreement between you and your employer. Discrepancies here are common audit findings.
- ✓ Unpaid overtime is *not* to be recorded on the time survey.
- ✓ Make sure all your hours add up correctly. Your survey will be returned to you to correct any errors.
- ✓ Questions about the MAA time survey should be directed to your agency MAA Coordinator.

MEDI-CAL ADMINISTRATIVE ACTIVITIES

Background

The Federal Medicaid program is authorized through the nation's Social Security Act. Medicaid, or Medi-Cal as we know it in California, is a health insurance program that pays for a variety of health-related services provided to enrolled individuals and families.

One of Medicaid's established programs is Medi-Cal Administrative Activities (**MAA**). The MAA program is administered by the State Department of Health Care Services (DHCS) through your county and reimburses a portion of public expenditures made by government agencies, or through their subcontractors, which are directed towards the performance of MAA activities.

Federally approved MAA reimbursable activities include:

- ***Providing Information***
 - Outreach for available Medi-Cal sponsored programs and providers such as:
 - Physician/clinic/dental services;
 - Nursing services - Adolescent Family Life Program (AFLP), Maternal Child Health (MCH);
 - Children's services - Children's Health and Disability Program (CHDP) and California Children's Services (CCS); and
 - County mental health and substance abuse treatment services.
 - Information on and referral to Medi-Cal eligibility sites and to Medi-Cal service providers in the community
- ***Assisting with Access***
 - Assisting with the Medi-Cal program enrollment process
 - Coordination of Medi-Cal covered health services
 - Translation/interpretation or arranging translation/interpretation in order to access Medi-Cal covered services
 - Arranging transportation to Medi-Cal covered services
- ***Health Program Planning***
 - Gathering data, analysis and planning related to Medi-Cal covered health services
 - Collaboration with others to identify and fill gaps in Medi-Cal covered health services

Time Survey

To allow reimbursement, the State requires a perpetual time survey to document time spent on claimable MAA activities, as well as on activities which cannot be claimed, to account for your paid workday. The time survey is used to develop claims based on actual costs each quarter. Accurate and complete time surveys are required in order to claim appropriately and to withstand State and federal review.

YOUR PARTICIPATION – What Do We Expect of You?

- **You need to know which work activities you perform qualify as MAA, General Administration or Paid Time Off.**
- **You are expected to record those activities on your time survey on a daily basis.**
- **You must include the total hours you were paid to work.**

ACTIVITIES ELIGIBLE FOR MAA CLAIMING

Various activities can be claimed through the MAA program, including:

- Medi-Cal Outreach, Information and Referral
- Referral, Coordination and Monitoring of Medi-Cal Covered Services
- Assisting with the Medi-Cal Application
- Arranging Transportation to Medi-Cal Covered Services
- Medi-Cal/Health Contract Administration (for public entity staff only)
- Medi-Cal/Health Program Planning and Policy Development
- MAA/TCM Coordination and Claims Administration
- MAA/TCM Implementation Training

The reimbursable codes on your time survey are listed below. Fill in these codes on your time survey first and then fill in the rest of your hours with the non-reimbursable codes.

Code 4 Medi-Cal Outreach

Medi-Cal Outreach has **2 activities**, and both are dependent on the fact that you perform outreach specifically for Medi-Cal or Medi-Cal covered services. NOTE: Performing either activity qualifies as Code 4 Medi-Cal Outreach.

Activity 1: Bring *potentially eligible* individuals, families and groups into the Medi-Cal system for purposes of determining Medi-Cal eligibility.

This involves informing individuals, families and groups about the benefits and services offered by the Medi-Cal program and encouraging and referring them to apply for program benefits.

EXAMPLE – *You are performing **Code 4 Medi-Cal Outreach** when you discuss the benefits of Medi-Cal covered health services to assist an individual or family to meet their needs, and you provide information about, and make referrals to Medi-Cal eligibility workers or sites.*

These interactions may occur individually, in groups, as part of an intake function, when distributing Medi-Cal brochures, during informal meetings, through home visits, through workshops, health fairs, etc. *Remember*- local clinics and county Mental Health perform Medi-Cal eligibility functions on-site.

Activity 2: Bring Medi-Cal eligible individuals, families and groups into Medi-Cal services.

EXAMPLE – You are performing **Code 4 Medi-Cal Outreach** when you make a referral to *Medi-Cal covered services for individuals, families or groups with health needs. (This includes identifying the health need, discussing, and assisting with access.)*

Medi-Cal Outreach is comprehensive in its breadth, and includes outreach, information, initial referral and access assistance to health, mental health, and alcohol and drug programs and services that are “Medi-Cal covered”. For more information on Medi-Cal covered services and a listing of State-recognized Medi-Cal providers, see page 26.

Medi-Cal Outreach includes:

- Providing information about Medi-Cal covered health services, such as: physician/clinic/dental services, immunizations, EPSDT, CHDP, CCS, mental health, substance abuse; and
- Making a referral for individuals, families or groups to Medi-Cal covered health services to meet identified health needs; and
- Referring potentially eligible individuals, families or groups to Medi-Cal eligibility workers and/or sites.

Medi-Cal Outreach can be directed toward:

- Individuals or families
- Groups
- Targeted segments of the population (e.g. alcohol/drug abusers, youth, communicable disease clients, homeless)
- The entire community population

Medi-Cal Outreach activities are usually conducted one-on-one through direct involvement with an individual, family or group, or as a planned campaign (e.g. through marketing, media, and events such as health fairs). Outreach can also be directed to service providers, community-based organizations, and community and faith-based groups.

Code 4 Medi-Cal Outreach Notes –

- Extracting out Medi-Cal Outreach time during the course of daily activities or events such as one-on-one encounters, home visits, workshops, general health campaigns, etc. is allowable.
- Medi-Cal Outreach includes phone, email, walk-in, or drop-in services.
- Translation, transportation, training, voicemail, email, and clerical tasks related to Medi-Cal Outreach are recorded as Code 4 Medi-Cal Outreach.

Direct Service Provider - If you are providing any billable Medi-Cal services, time spent on those services must be coded to Code 2 Direct Patient Care, a non-claimable activity code, and not included in the claim for MAA reimbursement. However, as a surrounding activity to treatment services your encounter may include discussion of the need for other services or treatment and referral services - that time can count as Medi-Cal Outreach. (You cannot, however, bill MAA for any activities included in your billable fee-for-service rate.)

DO INCLUDE Medi-Cal program and/or eligibility information as a regular part of your information and referral process to qualify as Code 4 Medi-Cal Outreach.

- Distribute brochures detailing information about where and how to apply for Medi-Cal.
- Provide information about Medi-Cal services and how to access in one-to-one sessions, presentations, trainings, outreach campaigns, etc.

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

This activity is for referring, coordinating and/or monitoring the delivery of Medi-Cal covered services. This is for case coordination of a client’s Medi-Cal covered services.

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

- Following up on a referral to ensure client has received necessary Medi-Cal covered health services.
- Gathering required information in advance of a referral or evaluation.
- Participating in a meeting to coordinate or review the status of a client’s needs for Medi-Cal covered services.

EXAMPLE: *You are performing **Code 6 Referral, Coordination, and Monitoring of Medi-Cal Services** activities when you provide case coordination for a client’s Medi-Cal covered services.*

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

- Extracting Referral, Coordination, and Monitoring of Medi-Cal Services during the course of daily activities or events such as one-on-one encounters, home visits, case management meetings, workshops, general health campaigns, etc. is allowable.
- Referral, Coordination, and Monitoring can include phone, email, walk-in, or drop-in services.
- Translation, travel, training, voicemail, email, and clerical tasks related to Referral, Coordination, and Monitoring of Medi-Cal Services are coded to Code 6.
- Time in this activity will be factored (discounted) by your countywide or agency's Medi-Cal rate.

Code 8 Facilitating Medi-Cal Application

Facilitating Medi-Cal Application includes assisting and familiarizing individuals and families with aspects of the Medi-Cal eligibility process and assisting them in completing the Medi-Cal application. Facilitating Medi-Cal Application activities include:

- Providing information one-on-one or in groups about the Medi-Cal eligibility process.
- Explaining Medi-Cal eligibility rules and how the application process works.
- Providing eligibility forms and assisting to complete forms in preparation for the eligibility process.
- Assisting applicants to gather eligibility information for application or re-determination process in preparation for actual eligibility determination.
- Arranging or providing transportation to Medi-Cal eligibility appointments.
- Interpreting or translating for individuals or families for the Medi-Cal process.

EXAMPLE: *You are performing **Code 8 Facilitating Medi-Cal Application** when you help an individual or family with the Medi-Cal application process. This can include reviewing financial and insurance information, discussing the rules for eligibility, helping to gather necessary documents, helping to fill out the actual application, packaging the application for transmittal, etc.*

Code 8 Facilitating Medi-Cal Application Notes –

- Translation, travel, training, voicemail, email, and clerical tasks related to Facilitating Medi-Cal Application are recorded as Code 8 Facilitating Medi-Cal Application.
- Making an appointment for a family to meet with an eligibility worker would be recorded as *Code 4 Medi-Cal Outreach*. However, if you accompany the family to the appointment to translate or to help explain how the eligibility rules apply to the family's particular circumstances, that time would be recorded as Code 8 Facilitating Medi-Cal Application.
- Code 8 Facilitating Medi-Cal Application does not include eligibility determination.
- Distinction between Code 4 Medi-Cal Outreach and Code 8 Facilitating Medi-Cal Application – Code 4 *Medi-Cal Outreach* provides information about Medi-Cal benefits and services, referral to eligibility offices and services, and assistance to access Medi-Cal covered services. *Code 8 Facilitating Medi-Cal Application* requires explaining and/or assisting with the Medi-Cal application and eligibility process.

Code 10 Arranging Transportation to a

Medi-Cal Covered Service

Code 10 MAA Transportation includes arranging non-emergency, non-medical, transportation* for individuals and families to access Medi-Cal covered services and accompaniment by an attendant, when medically necessary. (Includes necessary wait time)

* Non-emergency, non-medical, transportation includes buses, vans, taxis, paratransit, autos, etc. Medical transportation (not allowable) includes ambulances, wheelchair vans or litter vans supported by a Treatment Authorization Request or TAR. Public transportation does not qualify as medical transportation even though it may be accessible to wheelchairs.

EXAMPLE – You are performing **Code 10 MAA Transportation** activities when you assess an individual's or family's need for transportation to a needed Medi-Cal covered health service, you arrange the transportation (bus, van, family member, etc.) and/or, if necessary, accompany the individual or family to the service.

Code 10 MAA Transportation Notes –

- *The State will soon issue policy effective July 1 2018 clarifying allowable tasks for Code 10.*
- Extracting MAA Transportation time from daily activities or events such as one-on-one encounters with individuals/families, during case management meetings, etc. is allowable.
- Translation, travel, training, voicemail, email, and clerical tasks related to MAA Transportation are recorded as Code 10 MAA Transportation.
- Time in this activity will be factored (discounted) by your countywide or agency's Medi-Cal rate.

Contracting for Medi-Cal Services and MAA (Codes 12 and 13)

This activity is limited to public entity staff (for example, county health department, FIRST 5, etc.) involved with entering into contracts with community-based organizations or other provider agencies for the provision of Medi-Cal covered health services or MAA, and includes:

- Identifying, recruiting and contracting with entities that provide Medi-Cal covered health services and/or MAA.
- Ensuring/overseeing the quality of services provided by the subcontractor
- Providing technical assistance to Medi-Cal subcontractors regarding County, State and Federal regulations.
- Monitoring agency capacity and availability.
- Ensuring compliance with terms of the contract.
- Reviewing/processing invoices
- RFQ/RFP/RFB activities
- Does not include contracting for Targeted Case Management (TCM) activities

Further, there are two types of Contract Administration activities (A and B) on the Time survey.

Code 12 Contract Administration A – This MAA activity code is to be used when performing Contract Administration activities involving *only* Medi-Cal covered health services specific for Medi-Cal populations or Contract Administration activities for MAA.

Code 13 Contract Administration B – This code is to be used when performing Contract Administration activities involving Medi-Cal covered health services for both Medi-Cal and non-Medi-Cal populations. Time in this activity will be factored (discounted) by your countywide or agency's Medi-Cal rate.

EXAMPLE – You are performing **Code 13 Contract Administration B** for Medi-Cal covered health services for the general population when you identify Medi-Cal covered service needs, develop an RFP or IFB, conduct a bidder's conference, review and score proposals, obtain approval of agreements by a governing body, develop and monitor contracts, provide contract technical assistance, develop status reports, develop corrective action plans, prepare summary reports of goals vs. provided services, etc.

MAA Contract Administration Note - Translation, travel, training, voicemail, email, and clerical tasks related to MAA Contract Administration are recorded as Code 12 or Code 13 MAA Contract Administration.

PROGRAM PLANNING AND POLICY DEVELOPMENT **(Codes 15-18)**

MAA Program Planning and Policy Development involves **developing strategies** to increase and enhance Medi-Cal system capacity and close Medi-Cal service gaps, as well as **interagency coordination and planning** to improve and expand the delivery of Medi-Cal services.

Program Planning Notes –

- Program planning and policy development activities are claimable as Medi-Cal administration only for those services which are excluded from the managed care contracts.
- This MAA activity is typically reserved for designated supervisors, professionals, managers and administrators, whose tasks, as evidenced by their job descriptions, include health planning.

For Public Entity Staff -

MAA Program Planning and Policy Development (PPPD) activities for public entity staff (for example, county health department, First 5.) include:

- 1) Developing strategies to increase Medi-Cal system capacity and close service gaps; and
- 2) Participating in intra- and interagency coordination to improve the delivery of Medi-Cal services.

1) Developing strategies to increase Medi-Cal system capacity and close service gaps. This includes:

- Identifying and assessing gaps in available Medi-Cal covered health services and resources provided by community-based health clinics and local government agencies.
- Collecting and analyzing data, such as Medi-Cal covered health service utilization information, community assessments, studies, reports, etc., as part of an assessment process.

- Developing service strategies related to Medi-Cal covered health, mental health, and alcohol and drug program services. Establishing new programs, referral resources, and protocols for Medi-Cal covered health service access.
- Establishing Medi-Cal covered health service program plans, including program development, initiation, and deployment of staff and resources, to meet established strategy goals and objectives.
- Developing and reviewing program protocols, policies and procedures to coordinate Medi-Cal covered services for individuals and families.
- Assessing the effectiveness of internal assessment and referral forms, treatment plans, and other health care documents related to the provision of Medi-Cal covered health services to individuals and families. Developing or enhancing health forms or documents.
- Developing resource directories of Medi-Cal covered health services.
- Recruiting new Medi-Cal providers

2) Participating in interagency coordination to improve the delivery of health/Medi-Cal services. This includes:

- Participating in intra- and interagency or community discussions on Medi-Cal system capacity; identifying unmet needs and gaps in Medi-Cal covered health, mental health, and alcohol and drug program services; and developing strategies to meet needs and close gaps.
- Assessing the effectiveness of referral protocols involved in the provision of Medi-Cal covered services to individuals and families. Developing or enhancing referral protocols.
- Negotiating and processing MOUs and agreements that support interagency coordination and improved Medi-Cal covered health services. Providing technical assistance to improve the delivery of Medi-Cal services.

Licensed Staff - Skilled Professional Medical Personnel (SPMP)

The MAA time survey includes separate codes for PPPD activities performed by public entity (county health department, FIRST 5, etc.) SPMP staff. **The SPMP designated codes are to be used only by SPMP staff as denoted in your Claim Plan**, and only when the PPPD activity is performed based on possession of required SPMP knowledge, skills and abilities for your clinical license/ job classification. When utilizing SPMP knowledge, skills and abilities in performing PPPD activities, SPMP staff should use code 16 PPPD A, and code 18, PPPD B.

For Subcontractor or Community Based Organization (CBO) staff -

Eligible PPPD activities for subcontractor or CBO staff include the following three categories:

- 1) Determining need for new, improved or expanded Medi-Cal covered health services, 2) Gathering, analyzing, and presenting information and data to be used for program planning and decision making; and
- 3) Preparing proposals for new, improved and or expanded Medi-Cal covered health services.

1) Determining need for Medi-Cal services:

- Identifying and assessing gaps in available Medi-Cal covered health services and resources provided by community-based health clinics and local government agencies.
- Participating in intra- and interagency or community discussions on Medi-Cal system capacity; identifying unmet needs and gaps in Medi-Cal covered health, mental health, and alcohol and drug program services; and developing strategies to meet needs and close gaps.

2) Gathering, analyzing, and presenting information and data to be used for program planning and decision-making:

- Collecting and analyzing data, such as Medi-Cal covered health service utilization information, community assessments, studies, reports, etc., as part of the assessment process.
- Assessing the effectiveness of internal assessment and referral forms, treatment plans, and other health care documents related to the provision of Medi-Cal covered services to individuals and families. Developing or enhancing health forms or documents.

3) Preparing proposals for new, improved, and/or expanded Medi-Cal covered health services:

- Developing and proposing service strategies related to Medi-Cal covered health, mental health, and alcohol and drug program services.
- Recommending the establishment of new Medi-Cal covered programs, referral resources, and protocols for service access.
- Reviewing and recommending program protocols, policies, and procedures to coordinate Medi-Cal covered health services for clients.

Two Types of Program Planning & Policy Development – A & B

Code 15 and Code 16-SPMP PPPD A – Performing planning activities related to Medi-Cal covered health services for *Medi-Cal populations only*.

Code 17 and 18-SPMP PPPD B – Performing planning activities related to Medi-Cal covered health services for both Medi-Cal and non-Medi-Cal populations. Time in this activity will be factored (discounted) by your countywide or agency’s Medi-Cal rate.

EXAMPLES - PPPD (A) activities include:

- *Collaborating and coordinating with the local public health department to ensure individual access to Medi-Cal funded services such as CCS, CHDP, MCH or AFLP.*
- *Collaborating and coordinating with County Mental Health to ensure individuals and families have access to Medi-Cal funded services such as EPSDT and Short-Doyle.*
- *Working with county and community planning groups and coalitions to identify gaps in available health, mental health and alcohol and drug program services; and identifying and securing Medi-Cal covered services and resources to meet identified needs of the Medi-Cal population.*
- *Working to secure Medi-Cal services for the Medi-Cal population through community-based health and dental clinics and through county public health program services.*
- *Participating in an interagency committee or work group to coordinate, plan and implement Medi-Cal funded Public/Mental Health services for individuals and families.*
- *Tracking, collecting and analyzing Medi-Cal client data in order to evaluate service utilization and identify unmet needs.*
- *Attending Infant Immunization Initiative planning meetings to plan, implement and evaluate increased Medi-Cal funded immunization services.*
- *Developing and planning the initiation of a mobile clinic to provide CHDP exams and immunizations in the community.*
- *Developing a data system to document and track Medi-Cal referrals and services, and developing Medi-Cal billing systems.*

EXAMPLES of PPPD (B) activities include:

- *Collaborating and coordinating with the local public health and mental health departments to ensure client access to available Medi-Cal covered health services.*
- *Collaborating and coordinating with county and community substance abuse programs to ensure clients and families have access to Medi-Cal covered health services. Assisting in the design of such services.*
- *Working with county and community planning groups and coalitions to identify gaps in available Medi-Cal covered health, mental health and substance abuse services; and identifying and securing resources to fill those gaps.*
- *Working with county and community agencies to enhance the availability and delivery of Medi-Cal covered health resources.*
- *Participating on an interagency committee or work group to coordinate, plan and implement Medi-Cal covered health and mental health services for individuals and families.*
- *Tracking, collecting and analyzing client data in order to evaluate Medi-Cal covered service utilization and identify unmet needs.*
- *Attending Infant Immunization Initiative meetings to develop, implement and evaluate enhanced Medi-Cal covered immunization services.*
- *Developing and planning the initiation of a mobile clinic to provide Medi-Cal covered health exams.*
- *Developing resource directories of available Medi-Cal covered health services.*

MAA PPPD Notes - Translation, travel, training, voicemail, email, and clerical activities related to MAA PPPD are coded to MAA PPPD A, or PPPD B, as appropriate.

SPECIAL NOTE TO STAFF OF MEDI-CAL SERVICE PROVIDERS: Providers of billed services that complete MAA Time surveys can only use this code when the planning activities they are performing are UNRELATED to the delivery of services being billed by your claiming unit staff to Medi-Cal.

Code 19 MAA/TCM Coordination & Claims Administration

Your MAA Coordinator spends time in this activity when assisting to administer the CMAA operational program for your claiming unit. This activity includes all administrative tasks related to CMAA/TCM, including preparing program required documents such as claim plans, invoices, etc.; monitoring and ensuring program compliance; providing CMAA time survey training to staff; and attending general CMAA/TCM related meetings.

Code 20 MAA/TCM Implementation Training

MAA/TCM Implementation Training involves:

- The giving or receiving of training related to the provision of MAA (not for MAA Coordinators). This may occur in a formal training session or on an individual basis.
- Providing or receiving clarification of MAA related policies & procedures.

Time in this activity will be factored (discounted) by your countywide or agency's Medi-Cal rate.

Code 21 – General Administration (and Breaks)

Performing routine activities that are a part of any job, to include:

- ***Filling out your time survey***
- Reporting expenses (e.g. mileage)
- Attending administrative staff or mandatory in-service meetings
- Reviewing agency policies and procedures
- Attending required fire and disaster training
- Personnel/human resource activities, including supervision of staff
- Facilities issues, and
- Develop and monitor program budgets
- ***Paid break time should be included as General Administration.***

Code 22 - Paid Time Off

Any time you are in a paid status and not working, to include:

- Vacation, holidays, sick leave, bereavement leave, and jury duty.
- This does not include taking comp time or furloughs. Paid break time should go in Code 21 General Administration.



MAA CODING – TYPICAL TASKS

The following “Typical tasks” listing is provided as a tool to assist you in determining the proper way to code your time.

Code 4 Medi-Cal Outreach (Not Discounted)

The purpose of this code is to record time spent engaging Medi-Cal enrollees and potentially eligible individuals into the Medi-Cal system of care.

- I inform clients about Medi-Cal covered services.
- I talk to someone who doesn't have health insurance, and I tell them about Medi-Cal and where to go to enroll or direct them to a Medi-Cal eligibility worker.
- I prepare Medi-Cal information and application packets, and mail these packets to a patient/client's home.
- I hand out Medi-Cal information at a health fair, including where to apply.
- I arrange for an interpreter to assist me in a discussion related to information about the Medi-Cal program and how and where to apply.
- I make a referral for my clients to access available Medi-Cal covered health services through the community clinic and local health providers.

Code 6 Referral, Coordination, and Monitoring of Medi-Cal Services (Discounted)

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

- I coordinate the completion of prescribed Medi-Cal covered services, termination of services, and the referral of the individual to other Medi-Cal service providers.
- I prepare the evaluation summaries and coordinate meetings where the need for a referral to a Medi-Cal service will be discussed.
- I speak with a physician or other health care professional about the need for a Medi-Cal covered physical exam or other Medi-Cal covered evaluation.

NOTE: Remember, when performing Code 6 Referral, Coordination, and Monitoring of Medi-Cal Services you don't need to know the Medi-Cal status of the individual being served, and you don't provide Medi-Cal application or program information. You are not specifically “marketing” Medi-Cal, but performing case coordination/case management of Medi-Cal services.

Code 8 Facilitating Medi-Cal Application (Not Discounted)

Familiarizing individuals and families with the Medi-Cal eligibility process and assisting them in completing the application.

- I explain Medi-Cal eligibility rules and the eligibility process to prospective applicants.
- I help a family complete the Medi-Cal application and make copies.
- I provide translation to help fill out eligibility application and/or answer questions about forms.
- I give directions to the nearest Medi-Cal eligibility office.

Code 10 Arranging Transportation to a Medi-Cal Covered Service (Discounted)

Record time spent arranging or scheduling transportation to and from a Medi-Cal covered service. This does not include emergency medical or ambulance transportation.

- I translate the conversation between a family and a driver trying to arrange transportation for the family to get to a Medi-Cal covered health service.
- I arrange transportation to a health clinic for a client to access Medi-Cal covered services.

Code 12 Contract Administration A for Medi-Cal Services Specific for Medi-Cal Populations (public entity staff only) (Not Discounted)

This code is used when administering contracts involving only Medi-Cal covered services for Medi-Cal populations or when administering contracts for MAA.

- I identify, recruit and contract with community agencies for Medi-Cal covered services for the Medi-Cal population or for MAA.
- I provide technical assistance to Medi-Cal subcontractors about Medi-Cal regulations.

Code 13 Contract Administration B for Medi-Cal Services Specific for Medi-Cal and Non-Medi-Cal Populations (public entity staff only) (Discounted)

This code is used only when administering health contracts involving Medi-Cal covered services for both Medi-Cal and non-Medi-Cal populations.

- As a county employee, I identify, recruit and contract with community agencies to provide Medi-Cal covered health services that serve the general population.
- As a First 5 employee, I provide technical assistance to subcontractors serving both Medi-Cal and non-Medi-Cal populations, about contract terms and conditions for Medi-Cal covered services.

Codes 15 and 16-SPMP Program Planning and Policy Development A for Medi-Cal Services for Medi-Cal Clients (Not Discounted)

The primary purpose of this code is to record time spent participating in the planning and coordination of Medi-Cal covered health services specifically for 100% Medi-Cal populations and/or services.

- I attend a meeting with community clinics and public health programs to work on improving the delivery of Medi-Cal funded services.
- I work with my local Health Collaborative to identify and address health service gaps for Medi-Cal enrollees in my county.
- If you use your clinical skills to conduct or perform planning for Medi-Cal funded programs or Medi-Cal populations, AND are an SPMP, please record your time to Code 16, PPPD A for SPMPs

Codes 17 and 18-SPMP Program Planning and Policy Development B for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients (Discounted)

The primary purpose of this code is to record time spent participating in the planning and coordination of Medi-Cal covered health services for both Medi-Cal and non-Medi-Cal populations.

- I am working on improving/expanding the Medi-Cal covered health services provided by the hospital or clinics that are available to anyone who needs them. This includes collaborating with community clinics.
- I collaborate with the County Mental Health Department to develop a network of Medi-Cal covered services for individuals with behavioral/mental health issues.
- If you use your clinical skills to conduct or perform planning for Medi-Cal services, AND are an SPMP, please record your time to Code 18, PPPD B for SPMPs

Code 19 MAA/TCM Coordination and Claims Administration (Not Discounted)

- I prepare a CMAA claim plan for a new claiming unit.
- I meet with senior staff to discuss the CMAA program.
- I review claiming unit time surveys and work with participants to correct errors.
- I attend an LGA CMAA/TCM Consortium meeting.

Code 20 MAA/TCM Implementation Training (Discounted)

- I attend MAA time survey training.
- I provide clarification to an employee on how to complete the time survey (and I am not the MAA Coordinator).

Code 21 General Administration (and Breaks)

Record time spent performing administrative “chores” that support your primary job function. These chores are not unique to your specific job, and occur with all job classifications.

- I complete and check my time survey.
- I prepare my monthly mileage expense report.
- I attend staff meetings and the focus is on the workplace, emergency preparedness or employee issues.
- I hire, supervise or evaluate my staff.
- I clean up my desk or order supplies for the office.
- I develop the budget for the new program we are launching this year.
- I take a *paid* morning or afternoon break.

Code 22 Paid Time Off

Record any time off for which you are paid and not working.

- I served on jury duty and was paid by my agency for the time served.
- I was on paid vacation.

Taking comp time should NOT be recorded on the time survey.



Medi-Cal Covered Programs and Services

- ◆ **Medi-Cal Covered Service**: This means that if a client were on Medi-Cal, Medi-Cal would pay for this service. Services not provided by Medi-Cal include nutritional counseling, food stamps, welfare, WIC and other social services.

- ◆ **Medi-Cal Funded Services/Programs**: Certain health, mental health and substance abuse services are provided through programs affiliated with/funded by Medi-Cal, in whole or in part. A few common examples are:
 - California Children's Services (CCS)
 - Early Periodic Screening & Disability Treatment (EPSDT)
 - Children's Health & Disability Program (CHDP)
 - Children's Mental Health (Short-Doyle)
 - Maternal Child Health (MCH)
 - Adolescent Family Life Program (AFLP)
 - Public Health TB Programs
 - Black Infant Health Programs
 - Drug Medi-Cal, Perinatal Medi-Cal
 - County Organized Health Services/Managed Care
 - Emergency Medi-Cal
 - Targeted Case Management (TCM)

- ◆ **Medi-Cal-Covered Services**:

The services bolded in italics are not a Medi-Cal Covered service unless they meet one of the exceptions listed in the box on page 28.

- ***Acupuncturists***
- Assistive Device and Sick Room Supply Dealers
- ***Audiologist***
- Blood Banks
- Child Health and Disability Prevention (CHDP)
- ***Chiropractors***
- Clinical Laboratories or Laboratories
- Comprehensive Perinatal Providers (CPSP)
- Dental School Clinics
- Dentists
- Dispensing Opticians
- Early Periodic Screening, Diagnosis and Treatment Providers (EPSDT)
- Fabricating Optical Laboratory
- Hearing Aid Dispensers
- Home Health Agencies

- Hospices
- Hospital Outpatient Departments
- Hospitals
- Incontinence Medical Supply Dealers
- Intermediate Care Facilities
- Intermediate Care Facilities for the Developmentally Disabled
- Local Education Agency Providers (Schools)
- Nurse Anesthetists
- Nurse Midwives
- Nurse Practitioners
- Nurse Facilities
- Occupational Therapists
- Ocularists
- Optometrists
- **Optician Services**
- Orthodontists
- Organized Outpatient Clinic (Public Health Clinics, Community Clinics)
- Organized Heroin Detoxification Providers
- Personal Care Service Providers
- Pharmacies/Pharmacists
- Physical Therapists
- Physicians
- Physician Assistants
- **Podiatrists**
- Podiatry Services (available from a physician)
- Portable X-ray Services
- Prosthetics
- Providers of Medical Transportation
- Psychologists (Non-County Mental Health)
- Radiologists
- Rehabilitation Centers
- Renal Dialysis Centers and Community Hemodialysis Units
- Rural Health Clinics
- Short-Doyle Medi-Cal Providers (Mental Health Division)
- Skilled Nursing Facilities
- **Speech Therapists**
- Supplemental EPSDT Providers (Mental Health)
- Targeted Case Management Services
- Trained Health Care Aide Services
- X-Ray Technicians

The following Medi-Cal beneficiaries will continue to receive the benefits listed in ***bold italics*** above:

- If individual or family member qualify for Medi-Cal services and are under 21 years of age, or reside in a nursing facility, the benefits will not change.
- If individual is pregnant, they will continue to receive pregnancy-related services, and services for the treatment of other conditions that might complicate pregnancy.
- If an emergency situation occurs and the benefit is required to treat the emergency condition.

Beginning January 1, 2014, the following services were expanded for the Medi-Cal population:

Mental Health

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, drugs, supplies and supplements
- Psychiatric consultation
- Specialty mental health services currently provided by County Mental Health Plans will continued to be available

The specialty mental health services (Short Doyle Medi-Cal) consist of:

- Inpatient hospital services delivered in acute care hospitals
- Individual, group or family therapy delivered in outpatient or clinic settings and various partial day or day treatment programs
- Targeted Case Management
- Rehabilitation

Substance Abuse Treatment

- Voluntary inpatient detoxification
- Intensive outpatient treatment services
- Residential Treatment Services
- Outpatient drug free services
- Narcotic treatment services



TIME SURVEY CHECKLIST

Your time survey is THE source document used to determine costs associated with MAA activities, so you must sign your time survey in blue ink *and initial any changes*. Mistakes identified by your coordinator will be returned to you for correction. Please take the time to ensure the accuracy of this document.

- I have made sure that my time survey matches my time card and have made copies of my time cards that cover the survey dates.
- I completed my time survey electronically and have made all changes to the electronic version of my time survey.
- I have followed my MAA Coordinator's directions on when to print and sign [in blue ink](#) my final time survey, and I provided my phone number and date of signature.
- My position is designated as SPMP on the Claiming Plan, and as an SPMP, I have completed the SPMP Questionnaire, and I have made sure license updates have been provided to my supervisor or MAA Coordinator.
- I have signed and sent my completed original time survey, and copies of my time cards to my supervisor (or MAA Coordinator).

MAA Coordinator Name

Phone Number

email