# MAA TIME SURVEY SAMPLE

Health and Human Services Agency                                                                 Department of Health Care Services

| MAA | | TCM | |
|---|---|---|---|
| ☐ | SPMP | ☐ | Supervisor |
| X | Non-SPMP | ☐ | Case Manager |
| ☐ | CBO | ☐ | Support Person to Case Mgr |

**Program Time Survey for Employees Performing
Medi-Cal Administrative Activities and/or Targeted Case Management**

| Month | Year |
|---|---|
| March | 2015 |

Name (Last, first, middle initial)  Job classification  Employee number  Claiming unit  Claiming unit location

| CODE | Day of the Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL | % of Time |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Other Programs/Activities | | 2.5 | 3.25 | 2.75 | 3 | 2.75 | | | 3.5 | 3.25 | 3.25 | 3 | 3.25 | | | 2.75 | 3.25 | 3.25 | 3 | 3.5 | | | 2.75 | 3.5 | 3 | 3 | 3.25 | | | 3.75 | | 65.5 | 37.22% |
| 2 | Direct Patient Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Outreach to Non-Medi-Cal Programs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Medi-Cal Outreach | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Referral, Coordination, and Monitoring of Non Medi-Cal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Referral, Coordination, and Monitoring of Medi-Cal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Facilitating Non Medi-Cal Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Facilitating Medi-Cal Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Arranging and/or Providing Transportation 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 | | 3.5 | 2.75 | 4.25 | 3.5 | 3.5 | | | 3.5 | 3.5 | 2.75 | | | | | 3.75 | 3.75 | 3.5 | 3.25 | 3.75 | | | 3.5 | 3.75 | 3 | 3.5 | 3.75 | | | 3.25 | | 71 | 40.34% |
| 16 | Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal services for only Medi-Cal clients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Program Planning and Policy Development (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients | | 1.25 | 1.75 | 1 | 1 | 0.75 | | | 1.25 | 1.5 | 1.5 | 1.25 | | | | 1.5 | 0.75 | 1.25 | 1.5 | 0.75 | | | 1.75 | 0.75 | 1.25 | 1.5 | 0.75 | | | 0.75 | | 23.75 | 13.49% |
| 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 | | 0.75 | 0.25 | | 0.5 | 1 | | | 1.75 | 0.5 | 0.5 | | 0.75 | | | | 0.25 | | 0.25 | | | | | 0.75 | | 0.25 | | | | 0.25 | | 7.75 | 4.40% |
| 22 | Paid Time Off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 4.55% |
| 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 and Monitoring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | TCM Subcontract Administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | TCM Program Planning and Policy Development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL HOURS | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 176 | 100.00% |

Employee's signature (**BLUE INK ONLY**)     Employee's telephone number     Date     Supervisor's signature (**BLUE INK ONLY**)     Date