

**ACTIVITY CODE(20)  
MAA/TCM IMPLEMENTATION TRAINING**

Claiming Unit: Veterans Services

Submittal Date: 06/30/25

Local Governmental Agency: ABC County

Amended Date:

Provide the following information:

**1.** Indicate the type(s) of training to be provided and/or attended:

- General Medi-Cal program overview.
- How complete time surveys.
- Understanding all 22 MAA codes.

**2.** If applicable, provide the location(s) the training will be provided and/or attended:

Time survey training will take place at claiming unit office, live remote sessions, and other possible sites within the county.

**3.** Indicate whether the training is or will be MAA/TCM Program specific or integrated with other training information:

Any time coded to this activity will be specifically for the MAA program. Training will be provided by the LGA Coordinator or their fully trained designee.

Documents Required:

1. Attach copies of any training brochures, materials, or itineraries.