

SMAA Manual Revision

Page	How the Current Manual Reads	Change/Update
NOTE:	IEP Language.	DHCS has removed all restrictive language as it applies to claiming MAA activities during an IEP meeting per our letter to CMS on 2-26-16
Page 1-1	<p>The term LEA refers to the governing body of any school district or community college district, the County Office of Education , a state special, a California State University campus, or a University of California campus. The term Local Governmental Agency (LGA) is defined as County Department of Health or chartered city. An LGA participating in the SMAA program shall be responsible for the LEAs within the county that participate in the SMAA program.</p> <p>LEC and LGA responsibilities in the SMAA program include, but are not limited to:</p> <ul style="list-style-type: none"> • Training the LEA SMAA Coordinators: • Certifying the list of Time Survey Participants (TSPs): • Coordinating, certifying and submitting SMAA invoices: • Assigning Random Moment Time Survey (RMTS) central coding staff: and • Supervising and providing oversight of the RMTS . 	<p>The term LEA refers to the governing body of any school district or community college district, the <u>a</u> County Office of Education (COE), a state special or charter school, a California State University campus, or a University of California campus.</p> <p>The term Local Governmental Agency (LGA) is defined as <u>a</u> County Department of Health or chartered city. An LGA participating in the SMAA program shall be responsible for the LEAs within the county that participate in the SMAA program.</p> <p>LEC and LGA responsibilities in the SMAA program include, but are not limited to:</p> <ul style="list-style-type: none"> • Training the LEA SMAA Coordinators ; • Certifying the list of Time Survey Participants (TSPs); • Coordinating, certifying and submitting SMAA invoices; • Assigning Random Moment Time Survey (RMTS) central coding staff; and • Supervising and providing oversight of the RMTS <u>process.</u>
Page 1-2	<p>(Sections 3-11) MAA Policies and Procedures</p> <p>(Appendices) Appendices A, B, C, D, E, F, G, H, I</p> <p>If you have any questions about the contents of your manual, please contact your LEC/LGA Coordinator.</p>	<p>(Sections 3-1110) MAA Policies and Procedures</p> <p>(Appendices) Appendices A, B, C, D, E, G, H, I, J and K</p> <p>If you have any questions about the contents of this manual, please contact your LEC/LGA Coordinator.</p>
Page 2-0 INDEX CHANGES	<p>Overview 2-1 Medicaid in the School Setting 2-2 Eligibility Requirements 2-4</p>	<p>Overview 2-1 Medicaid in the School Setting 2-2 <u>Section 504-Related Health Services 2-2</u> <u>General Health Care Services 2-3</u> <u>Third Party Liability Requirements 2-3</u> Eligibility Requirements 2-4</p>
Page 2-1 and 2-2	<p>The FFP rate for Medi-Cal Administrative Activities (MAA) is set at fifty percent.</p> <p>A “claiming unit” refers to a school-sponsored program administered by a Local Education Agency (LEA), which is a school district, County Office of Education (COE), Special Education Local Program Area (SELPA), or State-funded College or university providing Medi-Cal-covered health services. Many of the activities performed by school staff meet the criteria for MAA claiming. The primary purpose of the MAA program is to reimburse school claiming units for these activities.</p> <p>The term “services” refers to direct Medi-Cal-billable services provided by a Medi-Cal provider in a school or community setting. LEA-billable services are conducted through schools, and these direct services must be reported in Code 2 on the MAA time survey. The term “activities” typically refers to MAA time, which is not claimable through the LEA Billing Option, but is claimable through MAA.</p>	<p>The FFP rate for <u>School Based</u> Medi-Cal Administrative Activities (SMAA) currently is set at fifty percent, <u>however, an enhanced rate of seventy-five percent is applied for translation related activities.</u></p> <p>A “claiming unit” <u>also known as</u> refers to a school-sponsored program administered by an LEA, which is a school district, County Office of Education (COE), Special Education Local Program Area (SELPA), or State-funded College or University providing Medi-Cal-covered health services. Many of the activities performed by school staff meet the criteria for SMAA claiming. The primary purpose of the SMAA program is to reimburse school claiming units for these activities <u>performing MAA.</u></p> <p>The term “services” refers to direct Medi-Cal -billable services provided by a Medi-Cal provider in a school or community setting. LEA-billable services are conducted through schools, <u>and administered by the Medi-Cal LEA Billing Option Program (LEA BOP).</u> These direct services are LEA billable and must be reported in under Code 2 on the SMAA time survey. The term “activities” typically refers to <u>School Based Medi-Cal Activities</u> MAA-timeActivities, which is <u>are</u> not claimable through the LEA Billing-Option BOP, but is <u>are</u> claimable through MAA the <u>SMAA program.</u></p>

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Page 2-2	States are required to inform Medicaid eligibles under age 21 about EPSDT benefits; set distinct periodicity schedules for screening, dental, vision, and hearing services; and report Administrative activities discussed in the SMAA manual that are claimable to Medicaid must be those associated with or in support of the provision of Medicaid-coverable medical services. The coverable Medicaid medical services that are provided in schools are:	States are required to inform Medicaid eligibles under age 21 about: EPSDT benefits; <u>setting</u> distinct periodicity schedules for <u>health</u> screenings, dental, vision, and hearing services; and <u>reporting</u> . Administrative activities discussed in the SMAA manual that are claimable to Medi- <u>Cal</u> icaid must be those associated with or in support of the provision of Medi- <u>Cal</u> icaid-coverable medical services. The Medi- <u>Cal</u> icaid medical services that are provided in schools are:
Page 2-2	Other administrative activities not associated with a covered Medicaid medical service may be covered in schools and includes: conducting Medicaid outreach; facilitating Medicaid eligibility determinations, and providing Medicaid related training, translation, and general administration.	Other administrative activities not associated with a covered Medicaid medical service may be covered in schools and includes, <u>but is not limited to</u> : conducting Medicaid outreach; facilitating Medicaid eligibility determinations, referral, coordination and monitoring of Medicaid services, and providing Medicaid related training and translation. and general administration.
Page 2-2	<u>IDEA-related health services</u> . - including children who are covered under Medicaid. In 1988, Section 1903(c) of the Social Security Act was amended to permit Medicaid payment for medical services provided to Medicaid-eligible children under IDEA through a child's IEP. <u>Section 504-related health services</u> - These services may include health care services similar to those covered by IDEA and Medicaid. These services are described in an Individualized Service Plan (ISP) and are provided free of charge to eligible individuals. These services may NEVER be billed to Medicaid because the Department of Education is a liable third party.	IDEA-related health services. - including children who are covered under Medicaid. In 1988, Section 1903(c) of the Social Security Act was amended <u>and requires Medicaid to serve as the primary payer to schools and providers of services in an IEP or IFSP under the IDEA</u> , to permit Medicaid payment for medical services provided to Medicaid-eligible children under IDEA through a child's IEP. Section 504-related health services- These services may include health care services similar to those covered by IDEA and Medicaid. These services are described in an Individualized Service Plan (ISP) and are provided free of charge to eligible individuals. <u>and may be reimbursed by Medicaid, subject to third party provisions</u> . These services may NEVER be billed to Medicaid because the Department of Education is a liable third party.
Page 2-3	General care services "These services may be reimbursed by Medicaid, subject to third party and free care provisions."	General care services These services may be reimbursed by Medicaid, subject to third party and free care provisions."
Page 2-3	CMS's free care policy	Delete entire bullet: The "free care" policy precludes allows Medicaid from to paying for the costs of Medicaid-coverable services and activities that are generally available to all students without charge and for which no other sources of reimbursement are pursued.
Page 2-3	These policies preclude Medicaid reimbursement for either Section 504 services or general health care services, because schools are legally liable and responsible for providing and paying for these services and activities. CMS's free care policy also precludes Medicaid reimbursement, because these services and activities are provided free of charge to all students. To the extent that health care services are not Medicaid reimbursable under these policies, associated administrative costs also cannot be claimed. In order for Medicaid payments to be made available for general health care services, the school providers must:	These policies preclude Medicaid reimbursement for either Section 504 services or general health care services, because schools are legally liable and responsible for providing and paying for these services and activities. CMS's free care policy also precludes Medicaid reimbursement, because these services and activities are provided free of charge to all students. To the extent that health care services are not Medicaid reimbursable under these policies, associated administrative costs also cannot be claimed. In order for Medicaid payments to be made available for <u>504-related health services</u> , general health care services, the school providers must:
Page 2-4	1. Establish a fee for each service that is available. 2. Collect third party insurance information. 3. Bill other responsible third parties.	1. Establish a fee for each service that is available. 2. Collect third party insurance information. 3. Bill other responsible third parties <u>insurers</u> . <u>4. Provide a Medi-Cal covered service;</u> <u>5. Be a Medi-Cal provider; and</u> <u>6. Maintain Auditable documents</u>
Page 2-4	CMS recognizes that Medicaid TPL rules and free care provisions serve to limit the ability of schools to bill Medicaid for covered services and associated administrative costs provided to Medicaid-eligible children. While there are exceptions to these policies for Medicaid services provided to children with disabilities pursuant to an IEP under IDEA, many schools provide a range of services that would not fall under these exceptions, including services provided by school nurses	CMS recognizes that Medicaid TPL rules and free care provisions serve to limit the ability of schools to bill Medicaid for covered services and associated administrative costs provided to Medicaid-eligible children. While there are exceptions to these policies for Medicaid services provided to children with disabilities pursuant to an IEP under IDEA, many schools provide a range of services that would not fall under these exceptions, including services provided by school nurses

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Page 3-2	Claiming Unit- Represent all types of school-related administrative claiming units (e.g., LEAs, Special Education Local Program Area (SELPA), charter school, or, County Offices of Education).	Claiming Unit- Represent all types of school-related administrative claiming units LEAs, Special Education Local Program Area (SELPA), charter school, or , County Offices of Education).
Page 3-2	Consultant / Consulting Firm / Vendors- An individual or agency that contracts with an Administrative Unit to Consulting Firm manage all or portions of the MAA program.	Consultant / Consulting Firm / Vendors- An individual or agency that sub -contracts with an Administrative Unit or LEA to Consulting Firm manage all or portions of the SMAA program.
Page 3-2	Cost Pools- Cost Pools are the basis of MAA claims (invoices). All costs for a (CP) claiming unit must be included in one of the Cost Pools or on the Direct Charge Worksheet.	Cost Pools- Cost Pools are the basis of SMAA claims (invoices). All costs for a claiming unit must be included in one of the two Cost Pools or on the Direct Charge Worksheet. <u>Time Study Participants (TSPs) are assigned to one of the two participant cost pools (direct services and administrative providers OR administrative providers only) based on where their job classification or its equivalent appears on the list of approved positions in Section 6 of this Manual.</u>
Page 3-3	Direct Charge- Direct invoicing of certain costs identified as 100-percent allowable. These costs are entered in the Direct Charge section of the MAA invoice.	Direct Charge- Direct invoicing of certain costs identified as 100-percent allowable. These costs are entered in the Direct Charge section of the MAA invoice.. <u>Staff who perform Medi-Cal eligible activities who can certify 100 percent of their paid time. These staff have the option of doing direct invoicing for certain costs and must be able to provide documentation that supports this percentage. Direct charging is also permitted for non-salary and/or overhead costs associated with SMAA specific reimbursable activities (designated as 'non-salary costs'); such as, travel, training, printing, computer, or other equipment costs. Staff who direct charge may only report time to one SMAA activity. If they perform more than one SMAA activity they must Time Survey.</u>
Page 3-3	"Free Care Principal"- Services provided to Medi-Cal beneficiaries must not be billed to Medi-Cal when the same services are offered for free to non-Medi-Cal beneficiaries. The only exception is for IEP students.	Services provided to Medi-Cal beneficiaries must not be billed to Medi-Cal when the same services are offered for free to non-Medi-Cal beneficiaries. The only exception is for IEP students. <u>The free care principle was rescinded in December 2014, making Medicaid reimbursement available for all covered services.</u>
Page 3-3	IDEA- DHCS added this definition	IDEA- <u>Individuals with Disabilities Education Act</u>
Page 3-4	Individualized Education Program or Plan (IEP) - A legal agreement composed by educational professionals, with input from the child's parents, for students identified as disabled in accordance with IDEA requirements. This agreement guides, coordinates, and documents instructions that are uniquely designed to meet the student's needs. See Appendix D.	Individualized Education Program or Plan (IEP) - A legal agreement composed by educational professionals, with input from the child's parents, for students identified as disabled in accordance with IDEA requirements. This agreement guides, coordinates, and documents instructions that are uniquely designed to meet the student's needs. See Appendix D-
Page 3-4	Initial Evaluation/Reevaluation definition- Before special education and related services are provided, the State Educational Agency, another State agency, or an LEA determines whether a child has a disability and identifies that child's special/specific educational needs. A reevaluation determines whether the child continues to be disabled and identifies the continuing educational needs of the child. Reevaluations must be conducted at least once every three years.	Initial Evaluation/Reevaluation definition- Before special education and related services are provided, the State Educational Agency, another State agency, or an LEA determines whether a child has a disability and identifies that child's special/specific educational needs, <u>which may include health related services.</u> A reevaluation <u>is conducted to</u> determines whether <u>or not eligibility persists for special education and related services.</u> the child continues to be disabled and identifies the continuing educational needs of the child. Reevaluations must be conducted at least once every three years.
Page 3-4	Individualized Family Service Plan (IFSP)- A written plan for providing early intervention services to a child eligible under Title 34, Code of Federal Regulations, Section 303.340, and the child's family. The individualized family service plan enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.	Individualized Family Service Plan (IFSP)- A written plan for providing early intervention services to a child <u>from birth to three years</u> of age eligible under Title 34, Code of Federal Regulations, Section 303.340, and the child's family. The individualized family service plan enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.

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Page 3-4	Invoice- The MAA Detail Invoice with supporting worksheets and the MAA Summary Invoice are to be used for the MAA claiming process. The invoice package claiming documents that must be included and submitted to DHCS in the following order are: 1) MAA Summary Invoice, 2) Invoice Variance Form, 3) Activities and Medi-Cal Percentages Worksheet, 4) Time Survey Summary Report, 5) Direct Charges Worksheet, 6) Payroll Data Collection Worksheet, 7) Payroll Data Collection & Other Summary Sheet (maintain actual staff ledger reports for audit purposes), 8) Costs and Revenues Worksheet, 9) Supporting Documentation, 10) Claiming Units Function Grid, 11) Checklist for preparing the MAA Detail Invoice, and 12) Checklist for preparing the MAA Summary Invoice	Invoice- The multi-page SMAA Detail Invoice, with supporting worksheets, and the single SMAA Summary Invoice page , are to be used for the SMAA claiming process. The invoice package claiming documents that must be included and submitted to DHCS in the following order are: 1) SMAA Summary Invoice; 2) Activities and Medi-Cal Percentages Worksheet; 3) Time Survey Summary Report; 4) Direct Charges Worksheet; 5) Payroll Data Collection Worksheet; 6) Payroll Data Collection & Other Summary Sheet (maintain actual staff ledger reports for audit purposes); 7) Costs and Revenues Worksheet; 8) Supporting Documentation; 9) Roster Report(s);
Page 3-5	LEA Medi-Cal Billing Option - A mechanism for LEAs to bill Medi-Cal for specific health and direct medical services provided to students and their families in the school setting. Services provided through this program include assessments, treatments, and Targeted Case Management.	LEA Medi-Cal Billing Option Program (LEA BOP) - A mechanism program administered by DHCS for LEAs to bill Medi-Cal for specific health and direct medical services provided to Medi-Cal eligible students and their families in the school setting. Services provided through this program include assessments, treatments, and Targeted Case Management
Page 3-5	Master Moment List- Added.	Master Moment List - <u>Includes the claiming unit identifying information, the name of each participant selected for the time survey and the date and time of the moment selected for that participant.</u>
Page 3-5	MAA Contract- For an LEC/LGA to claim reimbursement for MAA, Welfare and Institutions Code Section 14132.47(b) requires that a contract be in place between DHCS and the LEC/LGA.	MAA Contract- For an LEC/LGA to claim reimbursement for MAA, Welfare and Institutions Code Section 14132.47(b) requires that a contract be in place between DHCS and the LEC/LGA.
Page 3-5	Medi-Cal Administrative Activities (SMAA)	Medi-Cal Administrative Activities (SMAA) Added an "S" to read as School Based Medi-Cal Administrative Activities (SMAA) and moved to alpha order on page 3-7.
Page 3-5	Medi-Cal Eligible- An individual who is currently eligible to receive Medi-Cal benefits and health services.	Medi-Cal Eligible- An individual who is enrolled in the Medi-Cal program and is eligible to receives Medi-Cal benefits , currently eligible to receive Medi-Cal benefits and health services.
Page 3-5	Medi-Cal Percentage- The fraction of a population that consists of actual recipients of the Medi-Cal program.	Medi-Cal Eligibility Rate Percentage- The Medi-Cal eligibility rate percentage is the fraction of a total population (target population) that consists of actual recipients Medi-Cal program beneficiaries. The numerator is the number of students served by the claiming unit that are Medi-Cal beneficiaries, and the denominator is the total number of enrolled students served by the claiming unit.
Page 3-6	Non-Public Schools- A nonpublic, nonsectarian school, certified by the state, that enrolls individuals with exceptional needs pursuant to IEP (EC Sec. 56034).	Non-Public Schools- A nonpublic, nonsectarian school, certified by the state, that enrolls individuals with exceptional needs pursuant to an Individualized Education Program or Plan (IEP) (EC Sec. 56034). Certification of an NPS is done by the California Department of Education.
Page 3-6	Policy and Procedure Letter (PPL) - Notification from DHCS to all LEC/LGA coordinators of new procedures or to clarify policy and procedural issues.	Policy and Procedure Letter (PPL) - Notification from DHCS to all LEC/LGA/ LEA coordinators of new procedures or to clarify policy and procedural issues.
Page 3-6	Quarter Averaging Worksheet- The participation hours for each MAA Code must be entered manually; the worksheet then automatically calculates the average.	Quarter Averaging Worksheet- The participation hours for each SMAA Code must be entered manually; the worksheet then automatically calculates the average.

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Page 3-6	<p><u>Random Moment Time Survey (RMTS)</u>. A time survey methodology for accurately assessing the time spent on administrative activities. RMTS covers the entire sample period, such as a quarter, but does not include periods when schools are not in session, such as holidays.</p>	<p>Random Moment Time Survey (RMTS)- A time survey methodology for accurately <u>is used to</u> accurately assess the time spent on administrative activities. RMTS covers the entire sample period, such as a quarter, but does not include periods when schools are not in session, such as holidays. <u>a participant's work time for the purpose of billing SMAA. This survey samples the participant's activities during the full work day and when students are school is in session. The survey samples both SMAA and non-SMAA activities.</u></p>
Page 3-6	Revenue - Funding received by an LEC/LGA or program.	Revenue- Funding received by an LEC,LGA or <u>LEA to account for the actual costs from revenue sources allowable under federal laws and regulations.</u>
Page 3-7	School Based Medi-Cal Administrative Activities (SMAA)- Added.	<p>Activities necessary for the proper and efficient administration of the Medi-Cal program.<u>Authorizes governmental entities to submit claims and receive reimbursement for activities that constitute administration of the federal Medicaid program. Allows school claiming units to be reimbursed for allowable administrative cost associated with school-based health outreach activities that are not claimable under the Local Educational Agency (LEA) Medi-Cal Billing Option Program or under other Medi-Cal programs.</u></p>
Page 3-7	Service Providers - A provider of Medi-Cal services in California.	Service Providers - A provider of Medi-Cal services in California <u>that contract with a LEC/LGA/LEA.</u>
Page 3-7	SMAA Contract- Added	<p><u>SMAA Contract- For an LEC/LGA to claim reimbursement for SMAA, Welfare and Institutions Code Section 14132.47(b) requires that a contract be in place between DHCS and the LEC/LGA. A contract is an agreement between DHCS and the LGA/LEC that describes the SMAA services to be performed, invoicing and payment, and the amount payable under the agreement.</u></p>
Page 3-7	Time Survey Participant (TSP) - Added	<p><u>Time Survey Participant (TSP) - A claiming unit staff member that participates in the time survey process is herein referred to as a TSP. A TSP must be a staff member with a DHCS approved job title.</u></p>
Page 3-8	504 Accommodations- The section of the Rehabilitation Act of 1973 that requires school districts to provide or pay for certain services to make education accessible to handicapped children.	<p>504 Accommodations- The section of <u>Section 504 of</u> the Rehabilitation Act of 1973 that requires school districts to provide or pay for certain services to make education accessible to handicapped children. <u>covers qualified students with disabilities who attend schools receiving Federal financial assistance. To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities. CMS would not consider schools to be legally liable third parties to the extent that they are acting to ensure that students receive needed medical services to access a free appropriate public education consistent with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794. .</u></p>
Page 4-0 INDEX CHANGES	<p>Participating In MAA</p> <p>Third Party Liability, Medi-Cal as Payer of Last Resort</p>	<p><u>LEA's</u> Participating In SMAA</p> <p><u>Medicaid Payment for Services Provided without Charge (Free Care)</u></p> <p>Third Party Liability, Medi-Cal as Payer of Last Resort</p>

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<p>Page 4-1</p>	<p>The MAA program authorizes governmental entities to submit claims and receive reimbursement for activities that constitute administration of the federal Medicaid program. The program allows school claiming units to be reimbursed for some of their administrative costs associated with school-based health and outreach activities that are not claimable under the LEA Medi-Cal Billing Option or under other Medi-Cal. In general, the cost of school-based health and outreach activities reimbursed under MAA consist of referring students/families for Medi-Cal eligibility determinations, providing health care information and referral, coordinating and monitoring health services, and coordinating services between agencies. Office of Management and Budget (OMB) Circular A-87 establishes cost principles and standards for determining costs for federal awards carried out through grants, cost reimbursement contracts, and other agreements with State and local government units.</p>	<p>The School-Based Medi-Cal Administrative Activities (SMAA) program authorizes governmental entities to submit claims and receive reimbursement for activities that constitute administration of the federal Medicaid program. The program allows school claiming units to be reimbursed for some of their administrative costs associated with school-based health and outreach activities that are not claimable under the Local Educational Agency (LEA) Medi-Cal Billing Option Program or under other Medi-Cal programs. In general, the cost of school-based health and outreach activities reimbursed under SMAA consist of referring students/families for Medi-Cal eligibility determinations, providing health care information, and referring coordinating and monitoring health services, and coordinating services between agencies. Office of Management and Budget (OMB) Circular A-87 45 Code of Federal Regulation (CFR) Part 75 establishes cost principles and standards for determining costs for federal awards carried out through grants, cost reimbursement contracts, and other agreements with State and local government units.</p>
<p>Page 4-1 and 4-2</p>	<p>Participating in MAA <u>This paragraph was eliminated</u> To participate in MAA, all claiming units must: 1) contract through only their California County Superintendents Educational Services Association (CCSESA) regional Local Education Consortium (LEC) or county Local Governmental Agency (LGA); 2 participate in a Random Moment Time Study (RMTS); 3) submit a Participant Universe to DHCS for pre-approval; 4) submit an invoice for reimbursement; 5) complete a Claiming Unit Functions Grid (Grid); and 6) maintain an operational/audit file. The Grid reflects changes to the Operational Plan (OP) and is supported by the audit file. A claiming unit staff member that participates in the time study process is herein referred to as a Time Study Participant (TSP).</p>	<p>LEAs Participating in SMAA To participate in SMAA, all LEAs must: <u>1. Contract through either their regional Local Educational Consortium (LEC) or county Local Governmental Agency (LGA)</u> <u>2. Submit a Time Survey Participant Universe list to their LEC/LGA for pre-approval</u> <u>3. Submit school calendars and work schedules for their participants to their LEC or LGA</u> <u>4. Ensure participants are not 100% federally funded</u> <u>5. Complete a Roster Report</u> <u>6. Participate in a Random Moment Time Survey (RMTS)</u> <u>7. Review LEA Coding Report and validate participant’s time and cost</u> <u>8. Submit an invoice for reimbursement</u> <u>9. Maintain an operational/audit file</u> <u>10. Review and validate participant’s time and costs</u></p>
<p>Page 4-1 & 4-2</p>	<p>RMTS- RMTS results must reflect all paid time and activities (whether allowable or unallowable) performed by TSPs in the MAA claiming program in order to capture 100% of staff time. Time survey codes distinguish between each activity a TSP is engaged in during a time survey period. The time study must entail careful documentation of all activities performed by certain claiming unit staff over a set period of time and is used to identify, measure, and allocate the claiming unit staff time that is devoted to Medi-Cal reimbursable activities. The Time Survey is considered a legal document representing the MAA activities reported in the invoice.</p>	<p>RANDOM MOMENT TIME SURVEY (RMTS)- RMTS results must reflect all paid time and activities (whether allowable or unallowable) performed by TSPs in the MAA claiming program in order to capture 100% of staff time. Time survey codes distinguish between each activity a TSP is engaged in during a time survey period. The time study must entail careful documentation of all activities performed by certain claiming unit staff over a set period of time and is used to identify, measure, and allocate the claiming unit staff time that is devoted to Medi-Cal reimbursable activities. The Time Survey is considered a legal document representing the MAA activities reported in the invoice. <u>RMTS is the approved time survey methodology for determining the percentage of staff time that is considered reimbursable. A claiming unit staff member that participates in the time survey process is herein referred to as a Time Survey Participant (TSP). Time survey results represent all moment responses (whether allowable or unallowable) by TSPs in the SMAA claiming program. Time survey codes distinguish between each activity a TSP is engaged in during a time survey moment. During a time survey moment, a TSP must fully describe the activity performed. The time survey result will then be used to identify, measure, and allocate the claiming unit staff time that is devoted to Medi-Cal reimbursable activities.</u> <i>The Time Survey is considered a legal document, representing the SMAA activities reported in the invoice.</i></p>

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<p>Page 4-2</p>	<p>Invoicing for SMAA- Each claiming unit submits a separate detailed quarterly invoice to the LEC or LGA. The LEC/LGA must prepare and submit to DHCS, a quarterly summary invoice for each claiming unit's detailed invoice. The form for the detailed invoice combines the cost and revenue data into one spreadsheet, which is used to compute the invoice, adjusts for all necessary revenues, and applies activity and Medi-Cal discount percentages, where appropriate.</p>	<p>Invoicing for SMAA- Each claiming unit submits <u>to the LEC or LGA</u> a separate detailed quarterly invoice to the LEC or LGA., <u>which includes: the costs associated to the claiming unit; the LEAs Medi-Cal eligibility percentage; and the quarterly time survey results.</u> The LEC/LGA must prepare and submit to DHCS, a quarterly summary invoice for each claiming unit's detailed invoice. The form for the combines the cost and revenue data into one spreadsheet, which is used to compute the invoice <u>combines the cost and revenue data are entered adjustments to revenues are made, and the Medi-Cal discount percentage is applied to the time survey activity results, where appropriate.</u></p>
<p>Page 4-3</p>	<p><u>New Language</u></p>	<p><u>According to 42 CFR section 433.51, "Public funds as the state's share of financial participation. (a) Public funds may be considered as the state's share in claiming FFP if they meet the conditions specified in paragraph (b) and (c) of this section. (b) The public funds are appropriated directly to the state or local Medicaid agency or are transferred from other public agencies (including Indian tribes) to the state and local agency and under its administrative control, or certified by contributing public agency as representing expenditures eligible for FFP under this section. (c) The public funds are not federal funds or are federal funds authorized by Federal law to be used to match other federal funds.</u></p>
<p>Page 4-3</p>	<p>Certified Public Expenditures (CPE) A CPE is an expenditure made by a LEC, LGA, claiming unit or other governmental non-federal source for services that qualify for federal reimbursement. In order to meet CPE requirements and receive federal financial participation (FFP), all claiming units must obtain and maintain supporting documentation verifying: 1. 100 percent of the expenditures eligible for reimbursement are specifically related to performing the administrative activities and services of the Medi-Cal program; 2. The expenditures eligible for reimbursement are restricted to the actual costs incurred; 3. The funds expended to account for the actual costs are from revenue sources allowable under all applicable state and federal laws and regulations; and 4. The administrative activity and service expenditures of the Medi-Cal program are incurred prior to requesting FFP reimbursement. The contributing public agency must certify to their allowable expenditures for the actual costs of providing services and/or activities. If a claiming unit has a question regarding eligible CPE or actual costs at the claiming unit, they should contact DHCS.</p>	<p>A CPE is an expenditure certified by an LEC/ LGA, claiming unit or other certifying governmental non-federal source for services <u>agency, for expenditures paid by a claiming unit using eligible revenues for services</u> that qualify for federal reimbursement. In order to meet CPE requirements and receive federal financial participation (FFP), all claiming units must obtain and maintain <u>in their audit file, or provide upon request,</u> supporting documentation verifying: 1. 100 percent of the expenditures eligible for reimbursement are specifically related to performing the administrative activities and services of the Medi-Cal program; 2. The expenditures eligible for reimbursement are restricted to the actual costs incurred; <u>The administrative activities and service expenditures eligible for reimbursement are restricted to the actual costs that have been expended</u> incurred and must actually be expended and paid prior to requesting FFP reimbursement; and 3. The funds expended to account ing <u>ing</u> for the actual costs of <u>performing Medi-Cal administrative activities</u> are from revenue sources allowable under all applicable state and federal laws and regulations.; and <u>Examples of acceptable documentation include an itemized list of all claimed costs by accounting code, and the list of all participant moment responses and the assigned activity codes for the quarter.</u> <u>The LEA</u> contributing public agency must certify to their allowable expenditures for the actual costs of providing services and/or activities. If a claiming unit has a question regarding eligible CPE or actual costs at the claiming unit, they should contact DHCS.</p>

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Page 4-4	<p>Contingency Fees</p> <p>Pursuant to the Centers for Medicare & Medicaid Services' (CMS) Medicaid School-Based Administrative Claiming Guide, Medicaid claims for the costs of administrative activities and direct medical services may not include fees for consultant services that are contingent upon recovery of costs from the federal government nor shall they include contingency fee arrangements.</p> <p>Many school districts or local educational agencies have chosen to use the services of consultants. The OMB Circular A-87 states in Attachment B (32)(a), Professional Service Costs, that:</p>	<p>Contingency Fees</p> <p>Pursuant to the Centers for Medicare & Medicaid Services' (CMS) Medicaid School-Based Administrative Claiming Guide, Medicaid claims for the costs of administrative activities and direct medical services may not include fees for consultant services that are contingent upon recovery of costs from the federal government nor shall they include contingency fee arrangements. <u>Should school districts or local educational agencies choose to use the services of consultants they must follow the policy as stated in 45 The OMB Circular A-87CFR Part 75, which states in Attachment B (32)(a), Professional Service Costs, that:</u></p> <p>Many school districts or local educational agencies have chosen to use the services of consultants. The OMB Circular A-87 states in Attachment B (32)(a), <u>42 C.F.R. CFR</u> Professional Service Costs, that:</p>
Page 4-4	<p>Claiming units may directly contract with consultants to administer parts of the MAA program. Such contracts must comply with all applicable federal requirements (such as competition and sole source provisions, and certified public expenditures) and which are specified in federal regulations. Claiming units may not reimburse vendors on a contingency fee basis and claim that cost on their MAA invoices. If claiming units reimburse vendors using a flat fee schedule, they may claim that cost on their MAA invoices. (See Section 9 for explanation of allowable fees.)</p>	<p>Claiming units may directly contract with consultants to administer parts of the SMAA program. Such contracts must comply with all applicable federal requirements (such as competition and sole source provisions, and certified public expenditures) and which are specified <u>in accordance with 42 CFR §433.51</u>. Claiming units may not reimburse vendors on a contingency fee basis and claim that cost on their SMAA invoices. If claiming units reimburse vendors using a flat fee schedule, they may claim that cost on their SMAA invoices. (See Section 9 for explanation of allowable fees)</p>
Page 4-5	<p>Consultant / Consulting Firm / Vendor Fees</p> <p>LECs/LGAs or claiming units may enter into agreements with Consultants / Consulting Firms / Vendors for the administration of the MAA program.</p>	<p>Consultant / Consulting Firm / Vendor Fees</p> <p>LECs/LGAs/<u>LEAs</u> may enter into agreements with Consultants / Consulting Firms / Vendors for the administration of the SMAA program.</p>
Page 4-5	<p>Duplicate Payments- The LEC/LGA and claiming units must certify that they have ensured no duplication of its claims. Public agencies may not make a profit by claiming for reimbursement for estimated costs which could exceed actual costs incurred during a fiscal year. The LEC/LGA and claiming units may not request reimbursement for more than the actual costs incurred during the fiscal year. Public agencies may not receive duplicate reimbursement for public expenditures through a claiming mechanism beyond the appropriate claiming mechanism. Any misrepresentation relating to the filing of claims for federal funds constitutes a violation of the Federal False Claims Act</p>	<p>Duplicate Payments- The LEC/LGA and LEA must certify that they have ensured no duplication of its claims. Public agencies may not make a profit by claiming for reimbursement for estimated costs which could exceed actual costs incurred during a fiscal year. The LEC/LGA and claiming units LEA may not request reimbursement for more than the actual costs <u>of expenditures</u> incurred during the fiscal year. Public agencies may not receive duplicate reimbursement for public expenditures through a claiming mechanism beyond the appropriate claiming mechanism. Any misrepresentation relating to the filing of claims for federal funds constitutes a violation of the Federal False Claims Act.</p>
Page 4-7	<p>Non Parallel Codes- Code 1 School-Related, Educational, and Other Activities Code Code15 Medi-Cal Claims Administration, Coordination and Training Code 2 Direct Medical Services Code Code16 General Administration/Paid Time Off</p>	<p>Non Parallel Codes- Code 1 - School-Related, Educational, and Other Activities Code 2 - Direct Medical Services Code 15 - Medi-Cal Claims Administration, Coordination and Training Code 16 - General Administration/Paid Time Off <u>Code 17 – Not Working/Not Paid</u> <u>Code 18 – Invalid/No Response</u></p>

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<p>Page 4-7</p>	<p>Allocable Share of Costs</p> <p>Allowable MAA might or might not be directed solely toward the Medi-Cal population. Therefore, some of the costs associated with allowable MAA might require discounting. The DHCS-approved discounting methodology is the Actual Client Count (a.k.a., DHCS Tape Match), based on the ratio of the total number of Medi-Cal eligibles to the total number of all individuals served by the claiming unit.</p> <p>In general, local costs associated with MAA are reimbursed at the FFP rate. DHCS requires claiming units to certify the availability and expenditure of 100 percent of the cost of performing MAA. The funds expended for this purpose must be from the claiming unit funds allowed under State and federal law and regulations (per Title 42, Code of Federal Regulations [CFR], Section 433.51) the expenditure must come from a public entity. When a MAA activity code is identified as proportional or discounted, the activity costs claimed for reimbursement must be allocated to both the Medi-Cal and the non-Medi-Cal eligible students. The proportion of Medi-Cal-eligible students to the total number of students served by the claiming unit represents the Medi-Cal percentage, which is applied to total costs. The discounted costs then represent proper administrative claims, as required by OMB Circular A-87, which states: "a cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received."</p>	<p>Allocable Share of Costs</p> <p><u>According to 45 CFR Part 75, "a cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received."</u></p> <p>Allowable SMAA activities might or might not be directed solely toward the Medi-Cal population. Therefore, some of the costs associated with allowable SMAA activities might require discounting. The DHCS-approved discounting methodology is the Actual Client Count (a.k.a., DHCS Tape Match), based on the ratio of the total number of Medi-Cal eligibles to the total number of all individuals served by the claiming unit.</p> <p>In general, local costs associated with MAA are reimbursed at the FFP rate. DHCS requires claiming units to certify the availability and expenditure of 100 percent of the cost of performing MAA. The funds expended for this purpose must be from the claiming unit funds allowed under State and federal law and regulations (per Title 42, Code of Federal Regulations [CFR], Section 433.51) the expenditure must come from a public entity. When a MAA activity code is identified as proportional or discounted, the activity costs claimed for reimbursement must be allocated to both the Medi-Cal and the non-Medi-Cal eligible students. The proportion of Medi-Cal-eligible students to the total number of students served by the claiming unit represents the Medi-Cal percentage, which is applied to total costs. The discounted costs then represent proper administrative claims, as required by OMB Circular A-87, which states: "a cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received."</p>
<p>Page 4-8</p>	<p>Unallowable Costs</p> <p>Costs that may not be included in the claim are:</p> <ul style="list-style-type: none"> • Direct costs related to staff that are not identified as eligible time study; participants (i.e., costs related to teachers, cafeteria, transportation, and all other non-School Based administrative areas); • Costs that are paid with 100 percent federal funds; • Any costs that have already been fully paid by other revenue sources (federal, state/federal, recoveries, etc.); • Costs included in the indirect cost rate work sheet (indirect costs numerator) calculation; and • Any costs funded out of function codes 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700. These costs are included in the Indirect Cost Rate (ICR) numerator. 	<p>Unallowable Costs</p> <p>Costs that may not be included in the claim are:</p> <ul style="list-style-type: none"> • Direct costs related to staff that are not identified as eligible time study; participants <u>in the TSP universe, not including direct charge</u>; (i.e., costs related to teachers, cafeteria, transportation, and all other non-School Based administrative areas); • Costs that are paid with 100 percent federal funds; • Any costs that have already been fully paid by other revenue sources (federal, state/federal, recoveries, etc.); • Costs included in the indirect cost rate work sheet (indirect costs numerator) calculation; and • Any costs funded out of <u>Standard Account Code Structure (SACS)</u> function codes 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700. These costs are included in the Indirect Cost Rate (ICR) numerator.
<p>Page 4-9</p>	<p>Provider Participation in the Medi-Cal Program- 2. The medical services are reimbursable under Medi-Cal.</p> <p>If a claiming unit provider is not participating or chooses not to bill Medi-Cal for the service, then the service cannot be reimbursed and the administrative expenditures related to the service are not allowable. In California, virtually all medical services for children are Medi-Cal-eligible services; therefore, as long as a referral is made for medical reasons, MAA time can be counted. If LEAs are not involved in the LEA Medi-Cal Billing Option, they will be subject to a discount for district-employed medical providers who are not participating in the billing for services rendered.</p> <p>Examples of this principle are:</p> <ol style="list-style-type: none"> 1. A school is a Medi-Cal-participating provider. The school provides and bills for LEA-billable medical services listed in Medi-Cal-eligible children's IEP/IFSP that are covered under the California Medi-Cal state plan. Expenditures for school administrative activities related to school children's medical services for LEA and community Medi-Cal providers billed to Medi-Cal are allowable. The activities would be reported under Code 8, "Referral, Coordination, and Monitoring of Medi-Cal Services." 	<p>Provider Participation in the Medi-Cal Program- 2. The medical services are reimbursable under Medi-Cal. ; and</p> <p>If a claiming unit provider is not participating or chooses not to bill Medi-Cal for the service, then the service cannot be reimbursed and the administrative expenditures related to the service are not allowable. In California, virtually <u>most medically necessary</u> all medical services for children are Medi-Cal-eligible services; therefore, as long as a referral is made for medical reasons, SMAA time can be counted <u>time is allowable</u>. If LEAs are not involved in the LEA Medi-Cal Billing Option Program, they will be subject to a discount for district-employed medical providers who are not participating in the billing for services rendered.</p> <p>Examples of this principle are: <u>Here are examples:</u></p> <ol style="list-style-type: none"> 1. A school is a Medi-Cal-participating provider. The school provides and bills for LEA-billable medical services listed in Medi-Cal- eligible children's IEP/IFSP that are covered under the California Medi-Cal state plan. Expenditures for school administrative activities related to school children's medical services <u>billed under the</u> for LEA <u>Billing Option Program</u> and community Medi-Cal providers billed to Medi-Cal are allowable <u>for SMAA</u>. The activities would be reported under Code 8, "Referral, Coordination, and Monitoring of Medi-Cal Services."

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<p>Page 4-9</p>		<p>Provider Participation in the Medi-Cal Program- Cont. Here are examples: 2. A school is not a Medi-Cal-participating provider through the LEA Billing Option Program and, consequently, even though it provides medical services (such as speech/language and OT), it does not bill for any direct medical services, including those listed in children’s IEPs/IFSPs. In this example, the costs of the administrative activities performed with respect to the medical services delivered by school medical providers (like speech/language and OT) may be billed would not be allowable under the Medi-Cal program., and such activities would be reported under Code 7, “Referral, Coordination, and Monitoring of Non-Medi-Cal Services.” SMAA time spent referring to outside/non-school Medi-Cal billing providers is also still billable. This will include time spent assisting an individual to obtain transportation to a Medi-Cal-covered service (reported under Code 10). 3. Regardless of whether or not the school is a Medi-Cal participating provider, the school program refers Medi-Cal eligible children to Medi-Cal-participating providers in the community. If the school performs administrative activities related to the services, which are billed to Medi-Cal by community providers, the costs of such activities are allowable under the Medi-Cal program, and such administrative activities would be reported under Code 8, “Ongoing-Referral, Coordination, and Monitoring of Medi-Cal Services (PM/50-percent FFP).”</p>
<p>Page 4-9</p>	<p>Provider Participation in the Medi-Cal Program- Cont. 4. Irrespective of whether a school participates in the Medi-Cal program or not, services provided to school children referred to community providers who do not participate in Medi-Cal are not billed to Medi-Cal. In this case, the costs of administrative activities related to medical services would not be allowable under Medi-Cal. These activities would be reported under Code 7, “Ongoing Referral, Coordination, and Monitoring of Non-Medi-Cal Services.”</p>	<p>Provider Participation in the Medi-Cal Program- Cont. 4. Irrespective of whether a school participates in the Medi-Cal program or not, services provided to school children referred to community providers who do not participate in Medi-Cal are not billed to Medi-Cal. In this case, the costs of administrative activities related to medical services would not be allowable under Medi-Cal. These activities would be reported under Code 7, “Ongoing-Referral, Coordination, and Monitoring of Non-Medi-Cal Services.”</p>
<p>Page 4-10</p>	<p>Individualized Education Plan (IEP) Activities- Under the provisions of Part B of IDEA, school staff are required to perform a number of education-related activities that can generally be characterized as child find, evaluation (initial) and reevaluation, and development of an IEP. For purposes of the Medi-Cal program, these IDEA/IEP related activities are considered educational activities; therefore, they would not be considered allowable costs under the MAA program. However, some of these costs are billable as direct-service Medi-Cal when medical evaluations or assessments are conducted to determine a child’s health-related needs for purposes of the IEP development. These direct-service activities are claimed under Code 2 on the Time Survey activity form.</p>	<p>Under the provisions of Part B of IDEA, school staff are is required to perform a number of education-related activities that can generally be characterized as child find, evaluation (initial) and reevaluation, and development of an the IEP. For purposes of the Medi-Cal program, these IDEA/IEP related activities are considered educational activities; therefore, they would not be considered allowable costs under the SMAA program. However, some of these costs are billable as direct-service Medi-Cal when medical evaluations or assessments are conducted to determine a child’s health-related activities are considered educational activities; therefore, they would not be considered allowable costs under the MAA program. However, some of these costs are billable as direct-service Medi-Cal when medical evaluations or assessments are conducted to determine a child’s health-related needs for purposes of the IEP development. These direct-service activities are claimed under Code 2 on the Time Survey activity form. <u>The development of the IEP is a requirement of IDEA, the primary purpose of which is to facilitate an individual’s education. Because it is an education requirement, Medicaid may pay for the administrative activities associated with the development of the IEP. Once the IEP is established and implemented, Medicaid will continue to pay for the administrative activities that are directly related to those Medicaid covered services that are identified in the IEP, and which are furnished to Medicaid eligible children.</u></p>

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<p>Page 4-10</p>	<p>Initial Evaluations and Reevaluation” Before special education and related services are provided, an initial evaluation must be conducted by the state educational agency, another state agency or LEA in order to determine whether a child has a disability, and their special/specific educational needs. A re-evaluation would be a determination as to whether the child continues to be disabled, and regarding the continuing educational needs of the child.</p>	<p>“Initial Evaluations and Reevaluation” Before special education and related services are provided, an initial evaluation must be conducted by the state educational agency, another state agency or the LEA in order for the student’s IEP/IFSP team to determine whether a child has a disability, and their special/specific educational needs and to determine eligibility for special education and related services and as well as their special/specific educational needs. The evaluation results will be used to decide the child’s eligibility for special education and related services and to make decisions about an appropriate educational program for the child. A re-evaluation would be a determination as to whether the child continues to be disabled, and regarding the continuing educational needs of the child. is required for a student to remain eligible to receive special education and related services.</p>
<p>Page 4-10</p>	<p>“Individualized Education Program (IEP) Added language</p>	<p>The make up of the Child’s IEP team includes:</p> <ul style="list-style-type: none"> • Parents of the child; • A General Education Teacher (if the child participates or may participate in regular education); • A special education teacher, or when appropriate, a special education provider of the child; • A representative of the LEA who is qualified to provide or supervise specially designed instruction for a special needs child, and is knowledgeable of the general education curriculum, and is knowledgeable of available resources; • An individual who can interpret evaluation results for their instructional implication(s); • Other individuals, at the parents request, who have knowledge or expertise regarding the child; and • When appropriate, the child.
<p>Page 4-11</p>	<p>“Individualized Education Program (IEP) cont. Schools are conducting the activities listed above for the purpose of fulfilling education-related mandates under the IDEA; as such, the associated costs of these activities are not allowable as administrative costs under the Medicaid program. For RMTS coders these education-related activities must be clearly identified and distinguished as non-Medicaid activities.</p>	<p>“Individualized Education Program (IEP) cont. When schools are conducting these initial activities listed above for the purpose of developing the IEP fulfilling education-related mandates under the IDEA; as such, the associated costs of these activities may be billed are not allowable as administrative costs under the Medicaid program. For RMTS coders these education-related activities must be clearly identified and distinguished as non-Medicaid activities.</p>
<p>Page 4-12</p>	<p>“Individualized Education Program (IEP) cont. For example, section 504 of the Rehabilitation Act of 1973 requires local school districts to provide or pay for certain services to make education accessible to handicapped children; these services are described in a section 504 plan. The 1903(c) exception is very specific and does not extend to services provided pursuant to a section 504 plan. Because education agencies are required to pay for section 504 services, and there is no provision to make the education agencies secondary to Medicaid, federal Medicaid funds are not available for these services.</p>	<p>“Individualized Education Program (IEP) cont. For example, section 504 of the Rehabilitation Act of 1973 requires local school districts to provide or pay for certain services to make education accessible to handicapped children; these services are described in a section 504 plan. The 1903(c) exception is very specific and does not extend to services provided pursuant to a section 504 plan. Because education agencies are required to pay for section 504 services, and there is no provision to make the education agencies secondary to Medicaid, federal Medicaid funds are not available for these services. The development of an IEP is a requirement of the IDEA, the primary purpose of which is to facilitate an individual’s education. Because it is an education requirement, these services may be billed for the administrative activities associated with the development of the IEP. Once the IEP is established and implemented, Medicaid will continue to pay for administrative activities that are directly related to the provision of those Medicaid covered services that are identified in the IEP, and which are furnished to Medicaid eligible children.</p>

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<p>Page 4-12</p>	<p>Individualized Family Service Plan (IFSP) - A written plan for providing early intervention services to a child eligible under Title 34, Code of Federal Regulations, Section 303.340, and the child’s family. The individualized family service plan enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.</p>	<p>Individualized Family Service Plan (IFSP) - A written plan for providing early intervention services to children from birth to three years of age a child eligible under Title 34, Code of Federal Regulations, Section 303.340, and the child’s family. The individualized family service plan enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family</p>
<p>Page 4-12</p>	<p>Medicaid Payment for Services Provided without Charge (Free Care)- Added</p>	<p>Medicaid Payment for Services Provided without Charge (Free Care) <u>Medicaid reimbursement is available for covered services under the approved state plan that are provided to Medicaid beneficiaries, regardless of whether there is any charge for the service to the beneficiary or the community at large. As a result, Federal Financial Participation (FFP) is available for Medicaid payments for care provided through providers that do not charge individuals for the service, as long as all other Medicaid requirements are met.</u> <u>As is the case more generally, FFP for Medicaid payments is available only when all of the following elements are satisfied:</u> <ul style="list-style-type: none"> <u>• The individual is a Medicaid beneficiary.</u> <u>• The service is a covered Medicaid service, provided in accordance with the approved state plan methodologies, including coverage under the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit provided to children.</u> </p>
<p>Page 4-12</p>	<p>Medicaid Payment for Services Provided without Charge (Free Care) cont.</p>	<ul style="list-style-type: none"> <u>• The provider is a Medicaid-participating provider and meets all federal and/or state provider qualification requirements.</u> <u>• The state plan contains a payment methodology for determining rates that are consistent with efficiency, economy and quality of care.</u> <u>• Third party liability (TPL) requirements are met.</u> <u>• Medicaid payment does not duplicate other specific payments for the same service.</u> <u>• The state and provider maintain auditable documentation to support claims for FFP.</u> <u>• The state conducts appropriate financial oversight of provider billing practices.</u> <u>• All other program requirements (statutory, regulatory, policy) for the service, payment, and associated claiming are met.</u>
<p>Page 4-13, and 14</p>	<p>Third Party Liability (TPL) -, Medi-Cal as Payer of Last Resort DHCS deleted this entire section and added language in 4-13</p>	<p>Third Party Liability (TPL) -, Medi-Cal as Payer of Last Resort <u>The Medicaid statute at section 1902(a)(25) of the Social Security Act (the Act) requires that states take all reasonable measures to ascertain and pursue claims for payment of health care items and services against legally liable third parties. Regulations at 42 CFR 433 subpart D describe the TPL provisions for the Medicaid program. In general, Medicaid beneficiaries are required to cooperate with the state Medicaid program in identifying available third party resources and assigning their rights to third party payments to the Medicaid program. Providers, in turn, are generally required to bill legally liable third parties prior to billing Medicaid, and bill Medicaid only the difference between the third party’s payment liability and Medicaid’s payment rate established in the Medicaid state plan (although there are some regulatory exceptions permitting Medicaid to pay providers in full and separately pursue TPL).</u></p>

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Page 4-13, and 14		<u>Public agencies or programs that are carrying out general responsibilities to ensure access to needed health care, such as schools, public health agencies, and child protective services agencies, are not viewed as legally liable third parties at the federal level for purposes of Medicaid reimbursement, except to the extent of liability that is more specific in nature, such as a tort claim or employer responsibility for employee health benefits, or when legal liability is specified by state law.</u>
Page 4-13, and 14		<u>The Medicaid statute at section 1902(a)(25) of the Social Security Act (the Act) requires that states take all reasonable measures to ascertain and pursue claims for payment of health care items and services against legally liable third parties. Regulations at 42 CFR 433 subpart D describe the TPL provisions for the Medicaid program. In general, Medicaid beneficiaries are required to cooperate with the state Medicaid program in identifying available third party resources and assigning their rights to third party payments to the Medicaid program. Providers, in turn, are generally required to bill legally liable third parties prior to billing Medicaid, and bill Medicaid only the difference between the third party's payment liability and Medicaid's payment rate established in the Medicaid state plan (although there are some regulatory exceptions permitting Medicaid to pay providers in full and separately pursue TPL).</u>
Page 4-12, 13 and 14		<u>Public agencies or programs that are carrying out general responsibilities to ensure access to needed health care, such as schools, public health agencies, and child protective services agencies, are not viewed as legally liable third parties at the federal level for purposes of Medicaid reimbursement, except to the extent of liability that is more specific in nature, such as a tort claim or employer responsibility for employee health benefits, or when legal liability is specified by state law.</u>
Page 4-15	Free Care and Other Health Coverage (OHC) Requirements for IEP/IFSP Services- <u>DHCS deleted this entire section and added language in section 4-12</u>	Free Care and Other Health Coverage (OHC) Requirements for IEP/IFSP Services- DHCS deleted this entire section and added language in section 4-12 (see the new language added by DHCS in this matrix on page 4-12)
Page 5-0 INDEX CHANGES	Code 16 General Administration/ Completing the MAA Time Survey Form /Paid Time Off DHCS added code 17 and 18	Code 16 General Administration/ Completing the MAA Time Survey Form- <u>SMAA</u> /Paid Time Off <u>Code 17- Not Working/Not Paid</u> <u>Code 18- Invalid Moment/No Response</u>

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Page 5-1	<p>Introduction-</p> <p>When staff performs duties related to the proper administration of the California Medi-Cal program, federal funds may be drawn as reimbursement for the appropriate time-studied proportion of salary, benefit, and other costs of providing these administrative activities. To identify the cost of providing these activities, a time study of staff must be conducted. The time study identifies the time and subsequent costs spent on Medi-Cal administrative activities that are allowable and reimbursable under the Medi-Cal program. The following coding scheme must be followed by all time-study participants:</p> <p>Staff Activities and Codes- Each code is followed by an indicator (in parentheses) to show if the code is eligible for reimbursement at the FFP rate, to what extent the code is allowable, and if the Medi-Cal Percentage must be applied.</p>	<p>Introduction-</p> <p>When a <u>Time Survey Participant (TSP)</u> staff-performs duties related to the proper administration of the California Medi-Cal program, federal funds may be drawn as reimbursement for the appropriate <u>time study</u> <u>time survey</u> proportion of salary, benefit, and other costs of providing these administrative activities. To identify the cost of providing these activities, a time survey of staff <u>time survey</u> must be conducted. The time survey identifies the <u>staff</u> time and subsequent costs spent on <u>performing</u> Medi-Cal administrative activities that are allowable and reimbursable under the Medi-Cal program. The following coding scheme <u>is utilized to determine the appropriate allocation of a TSP's time.</u> must be followed by all time study <u>time survey</u> participants:-</p> <p>Staff <u>Time Survey</u> Activities and Codes. Each code listed in the following pages is followed by an indicator (in parentheses) to show if the code is eligible for reimbursement at the FFP rate, to what extent the code is allowable, and if the Medi-Cal Percentage must be applied.</p>
Page 5-1	<p>Application of FFP rate of 50 percent-</p> <p>Refers to an administrative activity that is allowable under the Medi-Cal program and claimable at the 50-percent FFP rate.</p>	<p>Application of FFP rate of 50 percent-</p> <p>Refers to an administrative activity that is allowable under the Medi-Cal program and claimable at the 50-percent FFP rate. <u>Translation related to Medi-Cal Services (PM/75-percent FFP)</u></p>
Page 5-2	<p>Staff should document time spent on each of the following coded activities:</p> <p>CODE 12 Translation Related to Medi-Cal Services (PM/50-percent FFP)</p> <p>CODE 16 General Administration/Completing the MAA Time Survey Form/Paid Time Off</p>	<p><u>Below is the listing of SMAA activity Codes</u> Staff should document time spent on each of the following coded activities:</p> <p>CODE 12 Translation Related to Medi-Cal Services <u>(PM/75-percent FFP)</u></p> <p>CODE 16 General Administration/Completing the MAA Time Survey Form/ <u>Paid Time Off</u></p> <p><u>CODE 17 Not Working/Not Paid (U)</u></p> <p><u>CODE 18 Invalid Moment/No Response (U)</u></p>
Page 5-3	<p>CODE 1. SCHOOL-RELATED, EDUCATIONAL, AND OTHER ACTIVITIES (U)</p> <p>This code should be used for school-related activities that are not health-related, such as social services, educational services, and teaching services, employment and job training. Examples are in the Code 1 versus Code 16 matrix, in Appendix G. Performing activities that are specific to education and students particularly instructional, curriculum and student-focused areas (including attendance reports and all other student records) should be coded here. Include in Code 1, are all clerical and supervisory activities and travel related to these activities. These activities include the development, coordination, and monitoring of a student's education plan that is not health-related.</p>	<p>CODE 1. SCHOOL-RELATED, EDUCATIONAL, AND OTHER ACTIVITIES (U)</p> <p>This code should be used for when <u>TSPs perform</u> school-related activities that are not health-related, such as social services, educational services, and teaching services, employment and job training. Examples are in the Code 1 versus Code 16 matrix, in Appendix F. Activities that are specific to education and students, particularly instructional, curriculum and student-focused areas (including attendance reports and all other student records), should be coded here. <u>Included</u> in Code 1 are all clerical and supervisory activities <u>(as it pertains to students)</u> and travel related to these activities. These activities include the development, coordination, and monitoring of a student's education plan that are not health-related.</p>

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<p>Page 5-3</p>	<p>CODE 1. SCHOOL-RELATED, EDUCATIONAL, AND OTHER ACTIVITIES (U) cont. h. Providing individualized instruction (e.g., math concepts) to a special education student. m. Activities related to the immunization requirements for school attendance. (These activities are considered Free Care and cannot be billed to Medi-Cal.) t. Participating in or coordinating training that improves the delivery of services for programs other than Medi-Cal u. Participating in or coordinating training that enhances IDEA child find programs. Developing, coordinating, and monitoring that the IEP is conducted, parental sign-off is obtained, the IEP meetings with the parents are scheduled, and the IEP is completed. Note: Staff may code time here for activities that do not relate to Medi-Cal or do not meet the definition of any other code category.</p>	<p>CODE 1. SCHOOL-RELATED, EDUCATIONAL, AND OTHER ACTIVITIES (U) cont. h. Providing individualized instruction (e.g., math concepts) to a special education student<u>s</u>. m. Activities related to the immunization requirements for school attendance. (These activities are considered Free Care and cannot be billed to Medi-Cal.) t. Participating in or coordinating training that improves the delivery of services for programs other than Medi-Cal s. Participating in or coordinating training that enhances IDEA child find programs activities t. Developing, coordinating, and monitoring that the IEP is conducted, parental sign-off is obtained, the IEP meetings with the parents are scheduled, and the IEP is completed. Note: Staff may code time here for activities that do not relate to Medi-Cal or do not meet the definition of any other code category.</p>
<p>Page 5-4 and 5-5</p>	<p>CODE 2. DIRECT MEDICAL SERVICES (U) School staff should use this code when providing care, treatment, and/or counseling services to an individual to correct or ameliorate a specific condition when performing activities in their duty statement. Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services. a. Providing health/mental health services contained in an IEP. c. Reporting initial health assessment results at IEP. g. Administering first aid, or a prescribed injection or medication, to a student. m. Conducting LEA billed TCM Services. n. Activities that are medical services or components of medical services, (See Appendix I)</p>	<p>CODE 2. DIRECT MEDICAL SERVICES (U) School staff This code should be used when where TSPs providing care, treatment, and/or counseling services to an individual to correct or ameliorate a specific condition when performing activities in their duty statement. Activities that are an integral part of, or an extension of, a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services. a. Providing direct health/mental health services contained in an IEP. c. Reporting initial health assessment results at IEP meetings g. Administering first aid or a prescribed injection or medication, to a student h. Administering a prescribed injection or medication, to a student n. Conducting or providing TCM services that are billed under the LEA billing option program TCM Services n. Activities that are medical services or components of medical services, (See Appendix I)</p>
<p>Page 5-5</p>	<p>CODE 2. DIRECT MEDICAL SERVICES (U) cont.</p>	<p>CODE 2. DIRECT MEDICAL SERVICES (U) cont. <u>o. When a practitioner is following up or discussing with a teacher, parent or other staff, their own medical/mental health services they are providing to the child. (This is considered an integral part or extension of service</u> <u>p. Providing transportation and/or accompanying a student or family to a Medi-Cal covered service.</u> <u>q. Activities that contribute to the actual billing of transportation as a medical service under the LEA Medi-Cal Billing Option Program.</u> <u>r. Arranging transportation for a TCM Medi-Cal Covered service if the TSP is billing for services under the TCM benefits of the LEA Medi-Cal Billing Option.</u> <u>s. Arranging translation for a TCM Medi-Cal covered service if the TSP is billing for services under the TCM benefits of the LEA Medi-Cal Billing Option program</u> <u>t. Initial or annual training or time spent completing the LEA Medi-Cal Option forms or analysis of LEA Medi-Cal Billing Option information.</u> <u>u. Activities related to the immunization requirements for school attendance.</u></p>

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<p>Page 5-5</p>	<p>CODE 3. NON-MEDI-CAL OUTREACH (U) This code should be used by all school staff when performing activities that inform eligible or potentially eligible individuals about non-Medi-Cal social, vocational, and educational programs (including special education) and how to access them, describing the range of benefits covered and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. a. Informing families about wellness programs and how to access these programs. h. Participating in or coordinating training that enhances IDEA child find programs.</p>	<p>CODE 3. NON-MEDI-CAL OUTREACH (U) This code should be used by all school staff when TSPs perform performing activities that inform eligible or potentially eligible individuals about non-Medi-Cal social, vocational, and educational programs (including special education). Code 3 should also be used when informing eligible and potential eligible individuals about how to access the programs, describing the range of benefits covered and how to obtain them enrollment. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. a. Informing families about non-Medi-Cal wellness programs and how to access these programs (excluding EPSDT, Well Baby, or prenatal programs — see code 4). h. Participating in or coordinating training that enhances IDEA child find activities programs i. General preventive health education programs or campaigns addressed to life style changes in the general population (e.g. maintaining healthy teeth and gums, anti-smoking, alcohol abstinence, etc.)</p>
<p>Page 5-6 and 5-7</p>	<p>CODE 4. MEDI-CAL OUTREACH (TM/50-Percent FFP) This code should be used by school staff when performing initial activities that inform eligible or potentially eligible individuals about Medi-Cal programs and services and how to access them. Initial activities would include: bringing potential eligibles into the Medi-Cal system for the purpose of determining eligibility; and. Include related paperwork, clerical activities, or staff travel required to perform these activities (including initiating and responding to email and voicemail). LEAs only conduct outreach for the populations served by their schools (i.e., students and their parents or guardians). The following are examples of activities that are considered Medi-Cal outreach: a. Providing initial information about Medi-Cal covered services and/or CHDP screenings (e.g., dental, vision) in the schools that will help identify medical conditions that can be corrected or improved by services through Medi-Cal.</p>	<p>CODE 4. MEDI-CAL OUTREACH (TM/50-Percent FFP)- This code should be used by school staff when performing initial activities when TSPs perform activities that inform eligible or potentially eligible individuals about Medi-Cal programs and services and how to access them. Initial activities would include: bringing potential eligibles into the Medi-Cal system for the purpose of determining eligibility; and related paperwork, clerical activities, or staff travel required to perform these activities (including initiating and responding to email and voicemail). LEAs are only reimbursed when conducting only conduct outreach for the populations served by their schools (i.e., students and their parents or guardians). The following are examples of activities that are considered Medi-Cal outreach: a. Providing initial information about Medi-Cal covered services and/or Child Health and Disability Prevention (CHDP) screenings (e.g., dental, vision) in the schools that will help identify medical conditions that can be corrected or improved by services through Medi-Cal.</p>
<p>Page 5-7</p>	<p>CODE 4. MEDI-CAL OUTREACH (TM/50-Percent FFP)- cont.</p>	<p>CODE 4. MEDI-CAL OUTREACH (TM/50-Percent FFP)- cont.</p> <p><u>Note: LEAs must submit to DHCS, for approval, all outreach material that provides any information related to activities identified in bullets a-h above. Only distribution of DHCS approved outreach materials shall qualify as a SMAA reimbursable activity. Resource lists that provide contact information for local health facilities do not require DHCS approval, but do qualify for distribution as outreach material. All outreach material must be submitted for approval to the SMAA email box at SMAA@DHCS.CA.GOV. All material will be reviewed for approval within 30 days of submission, and the LEC/LGA will be notified</u></p> <p><u>Note: These activities would be considered Non-Medi-Cal outreach - See code 3.</u></p>

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Page 5-7	<p>CODE 5. FACILITATING APPLICATION FOR NON-MEDI-CAL PROGRAMS (U) This code should be used by school staff when informing an individual or family about programs such as CalWORKS, Food Stamps, WIC, childcare, legal aid, and other social or educational programs, and referring them to the appropriate agency to make application. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.</p>	<p>CODE 5. FACILITATING APPLICATION FOR NON MEDI-CAL PROGRAMS (U) This code should be by school staff used when <u>TSPs</u> informing an individual and/or family about programs such as CalWORKs, Food Stamps, WIC, childcare, legal aid, and other social or educational programs, and referring them to the appropriate agency to complete the application. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.</p>
Page 5-7 and 5-8	<p>CODE 6. FACILITATING MEDI-CAL APPLICATION (TM/50-percent FFP) School staff should use this code when assisting an individual in becoming eligible for Medi-Cal. Include related, paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. This activity does not include the actual determination of Medi-Cal eligibility. d. Gathering information related to the application and eligibility determination for an individual, including resource information and TPL information, as a prelude to submitting a formal Medi-Cal application g. Assisting the individual or family in collecting/gathering required information and documents for the Medi-Cal application. i. Using client information gathered from various programs such as CHDP and the Free and Reduced Lunch Program to facilitate the Medi-Cal application process and expand enrollment into Medi-Cal programs and services.</p>	<p>CODE 6. FACILITATING THE MEDI-CAL APPLICATION (TM/50-Ppercent FFP) School staff This code should be used when <u>TSPs</u> assisting an individual and/or family in becoming eligible for Medi-Cal insurance. Include related, paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. This activity does not include the actual determination of Medi-Cal eligibility. d. Gathering information related to the application and eligibility determination for an individual, including resource information and TPL <u>transaction processing language</u> information, as a prelude to submitting a formal Medi-Cal insurance application. g. Assisting the individual or family in collecting/gathering required information and documents for the Medi-Cal/Covered CA insurance application. i. Using client information gathered from various programs such as the <u>Child Health and Disability Prevention (CHDP) Program</u> and the Free and Reduced Lunch Program to facilitate the Medi-Cal application process to expand enrollment into Medi-Cal programs and services.</p>
Page 5-8 and 5-9	<p>CODE 7. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDI-CAL SERVICES (U) School staff should use this code when making referrals for coordinating, and/or monitoring the delivery of non-Medi-Cal services, such as educational services. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. b. Making referrals for, coordinating, and/or monitoring the delivery of State-education-agency-mandated immunizations and child health screens (vision, hearing, scoliosis). Note: Case Managers participating in the LEA Medi-Cal Billing Option for IEP case management cannot claim MAA Referral, Coordination, and Monitoring. Staff should claim time under Code 2, Direct Medical Service as TCM billing includes Referral, Coordination, and Monitoring.</p>	<p>CODE 7. REFERRAL, COORDINATION, AND MONITORING OF NON MEDI-CAL SERVICES (U) School staff This code should be used when <u>TSPs</u> making referrals for, coordinating, and/or monitoring the delivery of non Medi-Cal services, such as educational services. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. b. Making referrals for, coordinating, and/or monitoring the delivery of State-education-agency-mandated immunizations and child health screens (vision, hearing, scoliosis). Note: Case Managers participating in the LEA Medi-Cal Billing Option for IEP case management cannot claim MAA Referral, Coordination, and Monitoring. Staff should claim time under Code 2, Direct Medical Service as TCM billing includes Referral, Coordination, and Monitoring. g. Providing information to other staff on the child's related medical/mental health services and plans. <u>NOTE: Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services, and are considered Code 2.</u></p>

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<p>Page 5-9 and 5-10</p>	<p>CODE 8. REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES (PM/50-percent FFP) School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medi-Cal-covered services. Referral, coordination, and monitoring activities related to Medi-Cal covered services are reported in this code. Activities that are part of a direct service are not claimable as an administrative service. Furthermore, activities that are an integral part of or an extension of a medical service by the provider to the student (e.g., student follow-up, assessment, counseling, and instruction) or consultation between health providers to enhance the direct medical service, should be reported under Code 2, Direct Medi-Cal Services. Activities that include student health billing are also reported under Code 2. Developing, coordinating, and monitoring that the IEP is conducted, parental sign-off is obtained, the IEP meetings with the parents are scheduled, and the IEP is completed should be reported under Code 1. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, including initiating and responding to email and voicemail. School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medi-Cal-covered services.</p>	<p>CODE 8. REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES (PM/50-percent FFP) School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medi-Cal-covered services. Referral, coordination, and monitoring activities related to Medi-Cal covered services are reported in this code. Activities that are part of a direct service are not claimable as an administrative service. Furthermore, activities that are an integral part of or an extension of a medical service by the provider to the student (e.g., student follow-up, assessment, counseling, and instruction) or consultation between health providers to enhance the direct medical service, should be reported under Code 2, Direct Medi-Cal Services. Activities that include student health billing are also reported under Code 2. Developing, coordinating, and monitoring that the IEP is conducted, parental sign-off is obtained, the IEP meetings with the parents are scheduled, and the IEP is completed should be reported under Code 1. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, including initiating and responding to email and voicemail. School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medi-Cal-covered services.</p>
<p>Page 5-9 and 5-10</p>	<p>CODE 8. REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES (PM/50-percent FFP) cont.</p>	<p>CODE 8. REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES (PM/50-percent FFP) cont. <u>This code should be used when the TSPs perform referrals for, coordinating, and/or monitoring the delivery of Medi-Cal covered services. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, as well as initiating and responding to email and voicemail (Please note, developing, coordinating, and monitoring that the IEP is conducted, parental sign-off is obtained, the IEP meetings with the parents are scheduled, and the IEP is completed should be reported under Code 1. Developing the initial IEP is a part of an education mandate and related activities (such as developing the initial IEP goals, determining eligibility for special education, determining the student’s placement, and writing the IEP). Referral and coordination for the initial IEP services must not be claimed as Medi-Cal administration. Once IEP services are established, monitoring and coordination related to those Medi-Cal services is allowable under this code)</u> <u>l. Providing information to other staff on the child’s related medical/mental health services and plans.</u> <u>m. Participating in a meeting/discussion to coordinate or review a student’s needs for health-related services covered by Medicaid.</u> <u>n. Providing information to other staff on the child’s related medical/dental/mental health services and plans.</u> <u>o. Monitoring and evaluating the Medicaid service components identified during an IEP meeting of the IEP as appropriate.</u></p>
<p>Page 5-10</p>	<p>CODE 8. REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES (PM/50-percent FFP) cont. Note: Case Managers participating in the LEA Medi-Cal Billing Option for IEP case management cannot claim MAA Referral, Coordination, and Monitoring. Staff should claim time under Code 2, Direct Medical Service as TCM billing includes Referral, Coordination, and Monitoring.</p>	<p>CODE 8. REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES (PM/50-percent FFP) cont. Note: Case Managers participating in the LEA Medi-Cal Billing Option for IEP case management cannot claim MAA Referral, Coordination, and Monitoring. Staff should claim time under Code 2, Direct Medical Service as TCM billing includes Referral, Coordination, and Monitoring. <u>NOTE: Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services, and are considered Code 2.</u></p>

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<p>Page 5-11</p>	<p>CODE 9. TRANSPORTATION FOR NON-MEDI-CAL SERVICES (U) School employees should use this code when assisting an individual to obtain transportation to services not covered by Medi-Cal, or accompanying the individual to services not covered by Medi-Cal. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. b. Actual cost of transportation is not considered MAA.</p>	<p>CODE 9. TRANSPORTATION FOR NON MEDI-CAL SERVICES (U) School employees should use this code <u>This code should be used when TSPs are assisting</u> an individual to obtain transportation to services <u>not covered</u> by Medi-Cal, or accompanying the individual to services <u>not covered</u> by Medi-Cal. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. b. Actual cost of transportation is not considered <u>an SMAA activity, only scheduling or arranging transportation is considered SMAA.</u> <u>c. Arranging medical transportation (such as an ambulance) for school sporting events.</u></p>
<p>Page 5-11</p>	<p>CODE 10. ARRANGING TRANSPORTATION IN SUPPORT OF MEDI-CAL SERVICES (PM/50-PERCENT FFP) School employees should use this code when assisting an individual or family to obtain transportation to the site where services covered by Medi-Cal are provided. This activity includes: a. Scheduling or arranging transportation to Medi-Cal covered services; and</p>	<p>CODE 10. ARRANGING TRANSPORTATION IN SUPPORT OF MEDI-CAL SERVICES (PM/50-PERCENT FFP) School employees should use this code when assisting an individual or family to obtain transportation to the site where services covered by Medi-Cal are provided. This activity includes: This code should be used when TSPs are assisting an individual or family to obtain <u>transportation to the site where services covered by Medi-Cal are provided. Activities include related paperwork, clerical activities, including initiating and responding to email and voicemail.</u> This activity includes: a. Scheduling or arranging transportation to Medi-Cal covered services <u>(Actual cost of transportation is not SMAA)</u> <u>c. Reviewing routes and maps for transportation to or from a Medi-Cal covered service.</u> <u>d. Troubleshooting early and late pick-ups for transportation to or from a Medi-Cal covered service</u></p>
<p>Page 5-11 and 5-12</p>	<p>CODE 10. ARRANGING TRANSPORTATION IN SUPPORT OF MEDI-CAL SERVICES (PM/50-PERCENT FFP) cont. This does not include the following activities which should be claimed under Code 2: a. The costs of the actual transportation service. b. Activities that contribute to the actual billing of transportation as a medical service such as with the LEA Medi-Cal Billing Option program. c. Accompanying the Medi-Cal-eligible individual to Medi-Cal services as an administrative activity. d. Arranging campus security or medical transportation (such as ambulance). Note: Case Managers participating in the LEA Medi-Cal Billing Option cannot duplicate their time here. Staff should claim time under Code 2, Direct Medical Service</p>	<p>CODE 10. ARRANGING TRANSPORTATION IN SUPPORT OF MEDI-CAL SERVICES (PM/50-PERCENT FFP) cont. This code-Code 10 does not include the following activities a. The costs of the actual transportation service. <u>(Code2)</u> b. Activities that contribute to the actual billing of transportation as a medical service such as with the LEA Medi-Cal Billing Option program. <u>(Code2)</u> c. Accompanying the Medi-Cal eligible individual to Medi-Cal services as an administrative activity. <u>(Code2)</u> d. Arranging campus security or medical transportation <u>for school sporting events</u> (such as an ambulance). <u>(Code9)</u> Note: Case Managers participating in the LEA Medi-Cal Billing Option cannot duplicate their time here. Staff should claim time under Code 2, Direct Medical Service <u>NOTE: Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services, and are considered Code 2.</u>Case Managers participating in the LEA Medi-Cal Billing Option cannot duplicate their time here.</p>

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<p>Page 5-12</p>	<p>CODE 11. NON-MEDI-CAL TRANSLATION (U) School employees who provide translation services for non-Medi-Cal activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities, including initiating and responding to email and voicemail. a. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services. b. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand the State education or State-mandated health screenings (e.g., vision, hearing, scoliosis) and general health education outreach campaigns intended for the student population.</p>	<p>CODE 11. NON-MEDI-CAL TRANSLATION (U) School employees whoThis code should be used when TSPs provide translation services for non Medi-Cal activities. Include related paperwork, clerical activities or staff travel required to perform these activities, including initiating and responding to email and voicemail. a. Arranging for or providing translation services (oral, or written or signing services) that assist the individual to access and understand social, educational, and vocational services. b. Arranging for or providing translation services that assist the individual to access and understand the state education or state-mandated health screenings (e.g., vision, hearing, and scoliosis) and general health education outreach campaigns intended for the student population.</p>
<p>Page 5-12</p>	<p>CODE 12 Translation Related to Medi-Cal Services (PM/50-percent FFP) Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service. However, translation must be provided by a third party translator or by separate employees performing translation functions for the school and it must facilitate access to Medi-Cal-covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation. School employees who provide Medi-Cal translation services should use this code. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail</p>	<p>CODE 12 Translation Related to Medi-Cal Services (PM/50 50 75-percent FFP) Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service. However, translation must be provided by a third party translator or by separate employees performing translation functions for the school and it must facilitate access to Medi-Cal covered services. <u>In other words, time samples from Medi-Cal providers who are translating their own work cannot be dual coded as a direct service and translation because they are not a third party translator.</u> Please note that a school district does not need to have a separate administrative claiming unit for translation. <u>This code should be used</u> for school employees who provide <u>when TSPs perform</u> Medi-Cal translation services. . Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.</p>
<p>Page 5-12</p>	<p>CODE 12 Translation Related to Medi-Cal Services (PM/50-percent FFP) cont. a. Arranging for or providing translation services (oral, written, and signing) that assist the individual to access and understand necessary care or treatment covered by Medi-Cal. b. Arranging for or providing translation to student/parent to understand how to access the application process for Medi-Cal/Healthy Families. Note: Case Managers participating in the LEA Medi-Cal Billing Option cannot duplicate their time here. Staff should claim time under Code 2, Direct Medical Service as TCM billing. TCM Billing Includes Referral, Coordination, and Monitoring.</p>	<p>CODE 12 Translation Related to Medi-Cal Services (PM/50-percent FFP) cont. a. Arranging for or providing translation services (oral, written, andor signing services) that assist the individual to access and understand necessary care or treatment covered by Medi-Cal. b. Arranging for or providing translation to student/parent to understand how to access the application process for Medi-Cal Healthy Families. Note: Case Managers participating in the LEA Medi-Cal Billing Option cannot duplicate their time here. Staff should claim time under Code 2, Direct Medical Service as TCM billing. TCM Billing Includes Referral, Coordination, and Monitoring. <u>NOTE: Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services, and are considered Code 2.</u></p>

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<p>Page 5-13</p>	<p>CODE 13. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDI-CAL SERVICES (U) This code should be used by school staff when performing collaborative activities with other agencies associated with the development of strategies to improve the coordination and delivery of non-medical/non-mental health services to students and their families. Non-medical services may include social, educational, and vocational services. Only employees whose position descriptions include program planning, policy development and interagency coordination should use this code. Staff time-surveying under this code should include related, paperwork, clerical activities, or travel required to perform these activities, including initiating and responding to email and voicemail.</p>	<p>CODE 13. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDI-CAL SERVICES (U) This code should be used by school staff when TSPs perform when performing collaborative activities with other agencies associated with the development of strategies to improve the coordination and delivery of non-medical/non-mental health services to students and their families. <u>This typically involves large scale collaborative projects which are across schools, school departments within a district, and/or between the school district and outside agencies.</u> Non-medical services may include social, educational, and vocational services. Only employees- <u>TSPs</u> whose position descriptions include program planning, policy development, and interagency coordination <u>can perform this activity</u> should use this code. Staff time-surveying under this code <u>This code</u> should include related, paperwork, clerical activities, or travel required to perform these activities, including initiating and responding to email and voicemail.</p> <p><u>m. Planning and policy development, interagency coordination for reimbursed mandated medical/dental or mental health services.</u></p>
<p>Page 5-14</p>	<p>CODE 14. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDI-CAL SERVICES (PM/50-PERCENT FFP) This code should be used by school staff when performing activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/dental/mental health services to students and their families, and also when performing collaborative activities with other agencies and/or providers. Only employees whose position descriptions explicitly include program planning, policy development and interagency coordination should use this code. Staff surveying under this code should include related paperwork, clerical activities or travel required to perform these activities, including initiating and responding to email and voicemail.</p> <p>b. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.</p> <p>m. Negotiating and processing MOUs and special agreements that support interagency coordination to improve the delivery of Medi-Cal services.</p>	<p>CODE 14. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDI-CAL SERVICES (PM/50-PERCENT FFP) This code should be used by school staff- <u>when TSPs perform</u> activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal covered medical/dental/mental health services to students and their families, and also when performing collaborative activities with other agencies and/or providers. <u>This typically involves large scale collaborative projects which are across schools, schools departments within a district, and/or between the school/district and outside agencies.</u> Only employees <u>TSPs</u> whose position descriptions explicitly include program planning, policy development, and interagency coordination <u>for services related to Medi-Cal may perform this activity</u> should use this code. Staff surveying under this code should include related paperwork, clerical activities or travel required to perform these activities, including initiating and responding to email and voicemail.</p> <p>b. Developing strategies to assess or increase the capacity of <u>non-mandated</u> school medical/dental/mental health programs</p> <p>c. Monitoring the non-mandated medical/mental health delivery systems in schools.</p> <p>m. Negotiating and processing <u>Memorandum of Understanding</u> (MOUs) and special agreements that support interagency coordination to improve the delivery of Medi-Cal services.</p>

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<p>Page 5-15 and 5-16</p>	<p>CODE 15. MEDI-CAL CLAIMS ADMINISTRATION, COORDINATION, AND TRAINING (TM/50-PERCENT FFP) This code should be used by LEA, LEC, and LGA coordinators when performing activities that are directly related to Medi-Cal Administrative Activities claims administration and coordination, and training activities. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, including initiating and responding to email and voicemail. Do not code time for initial or annual training or time spent completing LEA Medi-Cal Billing Option forms or analysis of LEA Medi-Cal Billing Option information. a. Drafting, revising, and submitting MAA operational plans. g. Attending meetings and conferences that involve MAA for LEA or LEC/LGA coordinators. h. Initial and/or annual claiming for time survey training continues to be disallowed.</p>	<p>CODE 15. MEDI-CAL CLAIMS ADMINISTRATION, COORDINATION, AND TRAINING (TM/50-PERCENT FFP) This code should be used for LEA, LEC, and LGA coordinators when performing activities that are directly related to Medi-Cal Administrative Activities claims administration and coordination, and training activities. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, including initiating and responding to email and voicemail. Do not code time for initial or annual training or time spent completing LEA Medi-Cal Billing Option forms or analysis of LEA Medi-Cal Billing Option information (this is Code 2 activity). a. Drafting, revising, and submitting MAA operational plans. f. Attending meetings and conferences that involve SMAA for LEA or LEC/LGA coordinators. Note: Initial and/or annual claiming for time survey coder training continues to be disallowed.</p>
<p>Page 5-15 and 5-16</p>	<p>CODE 15. MEDI-CAL CLAIMS ADMINISTRATION, COORDINATION, AND TRAINING (TM/50-PERCENT FFP) cont. ADDITIONAL NOTE:According to OMB Circular A-87, Attachment A, Section C, federal funding is available for the cost of administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the State Medicaid plan. Therefore, invoices must only include data from time surveys that document MAA-reimbursable time.DHCS advises the LECs/LGAs/LEAs to review their time surveys and invoices to assess reasonableness of time. Can the Code 15 time be explained and justified adequately to an auditor? If not, the LECs/LGAs/LEAs are advised to revise any invoices that do not meet these criteria. All records in support of allowable MAA activities must be maintained in an audit file for a minimum of five fiscal years after the end of the quarter in which LEC or LGA receives reimbursement from DHCS for the expenditures incurred. Records must be made available to State and the federal reviewers and auditor upon request, in accordance with Title 42 of the Code of Federal Regulations, Section 433.32. DHCS Audits and Investigation Division, the Centers for Medicare and Medicaid Services, and the federal Office of the Inspector General will reference OMB A-87 to verify supportable and allowable costs.The LEA, LEC and LGA are responsible to ensure that time survey results are supportable. The LEA is responsible for any audit disallowances.</p>	<p>CODE 15. MEDI-CAL CLAIMS ADMINISTRATION, COORDINATION, AND TRAINING (TM/50-PERCENT FFP) cont. ADDITIONAL NOTE:According to OMB Circular A-87, Attachment A, Section C, federal funding is available for the cost of administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the State Medicaid plan. Therefore, invoices must only include data from time surveys that document MAA-reimbursable time.DHCS advises the LECs/LGAs/LEAs to review their time surveys and invoices to assess reasonableness of time. Can the Code 15 time be explained and justified adequately to an auditor? If not, the LECs/LGAs/LEAs are advised to revise any invoices that do not meet these criteria. All records in support of allowable MAA activities must be maintained in an audit file for a minimum of five fiscal years after the end of the quarter in which LEC or LGA receives reimbursement from DHCS for the expenditures incurred. Records must be made available to State and the federal reviewers and auditor upon request, in accordance with Title 42 of the Code of Federal Regulations, Section 433.32. DHCS Audits and Investigation Division, the Centers for Medicare and Medicaid Services, and the federal Office of the Inspector General will reference OMB A-87 to verify supportable and allowable costs.The LEA, LEC and LGA are responsible to ensure that time survey results are supportable. The LEA is responsible for any audit disallowances.</p>

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<p>Page 5-16</p>	<p>CODE 16. GENERAL ADMINISTRATION/COMPLETING THE MAA TIME SURVEY FORM/ PAID TIME OFF(R) This code should be used for General Administration, and paid time off. General Administration duties are more specific to general administrative/clerical activities related to facilities, district functions and operations. When not included in the indirect rate, the general operation of a claiming unit such as accounting, budgeting, payroll, purchasing and data processing may be recorded under this code. (Certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead; therefore, they are ONLY allowable through the approved indirect cost rate.) Below are typical examples of general administrative activities, but they are not all-inclusive:</p>	<p>CODE 16. GENERAL ADMINISTRATION/COMPLETING THE MAA TIME SURVEY FORM/ PAID TIME OFF(R) This code should be used for General Administration, and paid time off. General Administration duties are more specific to general administrative/clerical activities related to facilities, district functions, and operations. When not included in the indirect rate, the general operation of a claiming unit such as accounting, budgeting, payroll, purchasing and data processing may be recorded under this code. (Certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead; therefore, they are ONLY allowable through the approved indirect cost rate.) <u>This code should be used by time study participants when performing duties that are not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel to perform these activities.</u> <u>Note: Certain functions, such as payroll, maintaining inventories, developing budgets, executive etc., are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate.</u></p>
<p>Page 5-16 and 5-17</p>	<p>CODE 16. GENERAL ADMINISTRATION/COMPLETING THE MAA TIME SURVEY FORM/ PAID TIME OFF (R) cont. a. Staff should use this code for participating in RMTS. b. General supervision of staff or facilities, including staff performance reviews, and personnel management. c. Reviewing non-instructional school policies, procedures, or rules. d. Attending or facilitating school or unit staff meetings, board meetings. e. Completing personal mileage and expense claims.</p>	<p>CODE 16. GENERAL ADMINISTRATION/COMPLETING THE MAA TIME SURVEY FORM/ PAID TIME OFF (R) cont. a. Staff should use this code for participating in RMTS. A TSP was selected for a moment, and at that moment, they were responding to their random moment. b. General supervision of staff or facilities, including staff performance reviews, and personnel management. <u>c. Reviewing non-instructional school policies, procedures, or rules.</u> <u>d. Completing personal mileage and expense claims.</u> d. Attending or facilitating school or unit staff meetings, board meetings. <u>e. Paid time off (i.e. lunch break, vacation or sick time, etc.).</u> <u>f. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.</u> <u>g. Reviewing school or district procedures and rules. Attending or facilitating school or unit staff meetings, training, or board meetings.</u> <u>h. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.</u></p>
<p>Page 5-17</p>	<p>CODE 16. GENERAL ADMINISTRATION/COMPLETING THE MAA TIME SURVEY FORM/ PAID TIME OFF (R cont.)</p>	<p>CODE 16. GENERAL ADMINISTRATION/COMPLETING THE MAA TIME SURVEY FORM/ PAID TIME OFF (R cont.) <u>i. Performing administrative or clerical activities related to general building or district functions or operations.</u> <u>k. Reviewing technical literature and research articles.</u> <u>l. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.</u></p>

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<p>Page 5-17</p>	<p>DHCS ADDED CODES 17 AND 18</p>	<p><u>CODE 17. NOT WORKING / NOT PAID (U)</u> <u>This code should be used when a TSP responds to a moment and indicates they were not working at the time of the moment and/or on unpaid time off, (i.e. unpaid lunch break). This code is also for moments assigned to participants that separated from employment during the quarter, either permanently or temporarily, prior to the moment expiration, and/or the position/moment is vacated and there is no direct replacement. Additionally, this code is used for TSPs that were erroneously included in the TSP universe (i.e. separated from employment prior to the TSP certification). This code shall not count against the compliance rate for the TSP universe.</u></p>
<p>Page 5-17</p>	<p>DHCS ADDED CODES 17 AND 18 cont.</p>	<p>DHCS ADDED CODES 17 AND 18 cont.</p> <p><u>CODE 18. INVALID MOMENT/NO RESPONSE (U)</u> <u>This code should be used when an active TSP fails to provide a response to an assigned moment within the required five student attendance day response time. For TSPs who were on leave but failed to notify their coordinator prior to moment expiration, Code 18 will be initially assigned to a non-response until the TSP's leave status is verified by the LEA coordinator. If the TSP's leave status can be verified as paid leave, the moment is reassigned to Code 16. Moments assigned to Code 18 shall count against the compliance rate for the TSP universe and are the only moments that can be reassigned to achieve a valid sample.</u></p>
<p>Page 6-0 INDEX CHANGES</p>	<p>Time Study Participants TimeStudy Start and End Dates Coding of Sampled Moments Treatment of Indirect Costs</p>	<p><u>What is RMTS?</u> Time Study <u>Survey</u> Participants Time Study <u>Survey</u> Start and End Dates Coding of Sampled <u>Random</u> Moments <u>RMTS Clarifying Question Procedure</u> Treatment of Indirect Costs</p>
<p>Page 6-1</p>	<p>Time Survey Methodology The purpose of the time study is to identify the proportion of administrative time allowable and reimbursable under the MAA program. LECs and LGAs conduct time studies on a quarterly basis in order for their respective claiming units to be able to participate in the MAA program. In most claiming units, it is uncommon to find staff whose activities are limited to just one or two specific functions. Staff members normally perform a number of activities, some of which are related to the direct covered services and some of which are not. Sorting out the portion of worker activity that is related to these direct covered services and to all other functions requires an allocation methodology that is objective and empirical (i.e., based on documented data). Staff time has been accepted as the basis for allocating staff cost. The federal government has developed an established tradition of using time studies as an acceptable basis for cost allocation.</p>	<p>Time Survey Methodology The purpose of the time survey is to identify the proportion of administrative time allowable and reimbursable under the SMAA program. LECs and LGAs conduct time studies on a quarterly basis in order for their respective claiming units to be able to participate in the MAA program. In most claiming units, it is uncommon to find staff whose activities are limited to just one or two specific functions. Staff members normally perform a number of activities, some of which are related to the direct covered services and some of which are not. Sorting out the portion of worker activity that is related to these direct covered services and to all other functions requires an allocation methodology that is objective and empirical (i.e., based on documented data). Staff time has been accepted as the basis for allocating staff cost. The federal government has developed an established tradition of using time studies as an acceptable basis for cost allocation. <u>DHCS oversees these time surveys on a quarterly basis in order for claiming units to be able to participate in the SMAA program. A time survey is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities.</u></p>

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<p>Page 6-1</p>	<p>Time Survey Methodology cont. A time study reflects how workers' time is distributed across a range of activities. A time study is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities. The goal of the time study process is to capture and account for 100% of Time Survey Participant's (TSP's) time. Beginning July 1, 2014, the state will implement a Random Moment Time Study (RMTS) methodology which all claiming units that choose to participate in MAA will be required to utilize.</p>	<p>Time Survey Methodology cont. A time study reflects how workers' time is distributed across a range of activities. A time study is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities. The goal of the time study process is to capture and account for 100% of Time Survey Participant's (TSP's) time. Beginning July 1, 2014, the state will implement a Random Moment Time Study (RMTS) methodology which all claiming units that choose to participate in MAA will be required to utilize. <u>In most claiming units, it is uncommon to find staff whose activities are limited to just one or two specific functions. Staff members typically perform a number of activities, some of which are related to direct medical services and others which are not. Sorting out the portion of the activity that is related to these direct medical services and to all other functions requires a time allocation methodology that is objective and empirical (i.e., based on documented data). Staff time has been accepted as the basis for allocating staff cost. The federal government has developed an established tradition of using time surveys as an acceptable basis for cost allocation.</u></p>
<p>Page 6-1</p>	<p>Time Survey Methodology cont. To ensure LECs, LGAs, and claiming units can accurately account for the amount of time a qualified staff member spends performing Medi-Cal program eligible activities, California will utilize a statistically valid time survey methodology that is in compliance with Office of Management and Budget (OMB) Circular A-87, as required by the Medicaid Administrative Claiming (MAC) agreement. SMAA time survey participants will use the California RMTS methodology.</p>	<p>Time Survey Methodology cont. To ensure LECs, LGAs, and claiming units can accurately account for the amount of time a qualified staff member spends performing Medi-Cal program eligible activities, California will utilize a statistically valid time survey methodology that is in compliance with Office of Management and Budget (OMB) Circular A-87, as required by the Medicaid Administrative Claiming (MAC) agreement. SMAA time survey participants will use the California RMTS methodology.</p>
<p>Page 6-1 and 6-2</p>	<p>Random Moment Time Survey (RMTS) RMTS will be the time survey methodology California and DHCS will implement for the school claiming units. RMTS is a time sampling methodology for claiming through a LEC or LGA for Medi-Cal Administrative Activities (MAA) reimbursement in California. DHCS has established an RMTS plan describing the processes and procedures of participation. The RMTS method polls each TSP on an individual basis at random time intervals over a given time period and totals the results to determine the work effort for the entire population of TSPs over that same time period. The RMTS method provides a statistically valid means of determining what portion of the selected group of a TSP's workload is spent performing activities that are reimbursable by Medi-Cal.</p>	<p>Random Moment Time Survey (RMTS) RMTS will be the time survey methodology California and DHCS will implement for the school claiming units. RMTS is a time sampling methodology for claiming through a LEC or LGA for Medi-Cal Administrative Activities (MAA) reimbursement in California. DHCS has established an RMTS plan describing the processes and procedures of participation. <u>Beginning January 1, 2015, the state implemented a Random Moment Time Survey (RMTS) methodology which all claiming units that choose to participate in SMAA will be required to utilize.</u> The RMTS method polls each TSP on an individual basis at random time intervals over a given time period and totals the results to determine the work effort for the entire population of TSPs over that same time period. The RMTS method provides a statistically valid means of determining what portion of the selected group of a TSP's workload is spent performing activities that are reimbursable by Medi-Cal. <u>To ensure LECs, LGAs, and claiming units can accurately account for the amount of time a qualified Time Survey Participant (TSP) spends performing Medi-Cal program eligible activities, California will utilize a statistically valid time survey methodology that is in compliance with 45 CFR Part 75. SMAA time survey participants will use the California RMTS methodology</u></p>

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<p>Page 6-1 and 6-2</p>	<p>Random Moment Time Survey (RMTS) cont. The RMTS process is a web-based system that requires current information technology that may not be available to every LEC/LGA or to all district levels within a LEC/LGA. An RMTS-paper-based moment for claiming units that do not have access to electronic information systems (EIS) or that have policies that restrict the use of such systems, will also be accepted.</p> <p>Local Educational Agencies (LEA) are not required to participate in their respective LEC/LGA RMTS; however, LEAs may not implement and operate an RMTS at the district level independent from their LEC/LGA. Los Angeles Unified School District (LAUSD) is the only exception, as their individual RMTS plan was previously approved by Centers for Medicare & Medicaid Services (CMS).</p>	<p>Random Moment Time Survey (RMTS) cont. The RMTS process is a web-based system that requires current information technology that may not be available to every LEC/LGA or to all district levels within a LEC/LGA. An RMTS-paper-based moment for claiming units that do not have access to electronic information systems (EIS) or that have policies that restrict the use of such systems, will also be accepted. Local Educational Agencies (LEA) are not required to participate in their respective LEC/LGA RMTS; however, LEAs may not implement and operate an RMTS at the district level independent from their LEC/LGA. <u>The</u> Los Angeles Unified School District (LAUSD) is the only exception, as their individual RMTS plan was previously approved by the Centers for Medicare & Medicaid Services (CMS).</p>
<p>Page 6-2</p>	<p>Random Moment Time Survey (RMTS) cont.</p>	<p><u>What is RMTS?</u> <u>RMTS is the time survey methodology DHCS implemented or will utilize for school claiming units. RMTS is a time sampling methodology for claiming through a LEC or LGA for SMAA reimbursement in California. DHCS has established an RMTS plan describing the processes and procedures of participation. The RMTS method polls selected TSPs on an individual basis at random time intervals on a quarterly basis and totals the results to determine the work effort for the entire population of TSPs over that quarter. Each RMTS moment is randomly assigned and each TSP has equal opportunity to be selected. Some TSPs may be selected multiple times in a quarter and others may not be selected at all. The RMTS process is a web-based system. An RMTS-paper-based method will only be accepted for claiming units that do not have access to electronic information systems (EIS) or that have policies that restrict the use of such systems.</u></p>
<p>Page 6-2 and 6-3</p>	<p>Administrative Structures for RMTS Participation DHCS reserves the right for final approval of all RMTS Administrative Units in the state. The state will require three types of Administrative Units: one for LECs; one for LGAs; and one for LAUSD. Each LEC/LGA in the state that wishes to participate in the SMAA program will maintain a viable universe of potential TSPs in order to establish a sample pool or pools of TSPs from which a statistically valid random sample can be derived. LECs/LGAs will work with the claiming units under their jurisdiction to identify the appropriate staff for inclusion in the universe of potential TSPs.</p>	<p>Administrative Structures for RMTS Participation DHCS reserves the right for final approval of all RMTS Administrative Units in the state. The state <u>DHCS</u> will require three types of Administrative Units <u>for claiming purposes</u>: one for 1) LECs; 2) and one for LGAs; and one for 3) LAUSD. Each LEC/LGA <u>Administrative Unit</u> in the state that wishes to participate in the <u>SMAA</u> program will maintain a viable universe of potential TSPs in order to establish a sample pool or pools of TSPs from which a statistically valid random sample can be derived. LECs/LGAs will work with their <u>reporting</u> claiming units their jurisdiction to identify the appropriate staff for inclusion in the universe of potential TSPs <u>in accordance to with DHCS policy.</u></p>

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<p>Page 6-3</p>	<p>Administrative Structures for RMTS Participation cont.</p>	<p>Administrative Structures for RMTS Participation cont. <u>Some LECs may choose to join together with other LECs and some LGAs may choose to join together with other LGAs in groups known as “consortia” in order to share the costs and duties of preparing the quarterly time surveys. LECs may not join together with LGAs and LGAs may not join together with LECs for the purpose of creating a consortium. If a consortium is formed, a single point of contact will need to be identified to communicate with DHCS on all matters concerning the consortium’s RMTS issues. The member LECs/LGAs of each consortium will need to develop and maintain a sample pool(s) consisting of all eligible staff from all of the participating claiming units within the consortium. All consortia must be developed and identified three months prior to the beginning of a State Fiscal Year (SFY). DHCS must receive the notice of the details of each consortium no later than April 1 and must submit notification of approval no later than July 1 to each qualified consortium. A consortium will not be approved in any other quarter. Should the consortia dissolve at any time, the single point of contact must notify DHCS within 60 days. All DHCS notifications of approval shall automatically renew annually unless a consortium has provided a 60 day notice to dissolve.</u></p>
<p>Page 6-3</p>	<p>Administrative Structures for RMTS Participation cont.</p>	<p>Administrative Structures for RMTS Participation cont. <u>Before the beginning of the fiscal year, LECs/LGAs must submit a Condition for Consortium RMTS Participation (Condition) letter agreeing to all processes and procedures described in this plan if they wish to participate. Upon DHCS review and approval, the Condition letter will be accepted as a complete collaborative RMTS plan and the LEC/LGA will be considered a qualified participant of the RMTS methodology.</u> <u>The condition letter to be submitted to DHCS must include:</u> <ul style="list-style-type: none"> • <u>The specific LECs/LGAs participating in the consortium;</u> • <u>The individual designated as the single point of contact for DHCS;</u> • <u>Copies of Aall contracts between entities, including sub-recipient entities;</u> • <u>The process for oversight of all RMTS activities; and</u> • <u>A detailed list of all job classifications that comprise each sample pool.</u> </p>
<p>Page 6-3</p>	<p>Administrative Structures for RMTS Participation cont.</p>	<p>Administrative Structures for RMTS Participation cont. <u>While a consortium will combine LECs or LGAs for the purpose of creating a viable sample pool that can create a statistically valid random sample of moments, the claiming units will continue to individually invoice DHCS through their respective LEC/LGA. DHCS will continue to enter into signed agreements with the individual LECs/LGAs and not enter into any agreement(s) with any consortium as a whole.</u> <u>Each quarter’s survey moments will be randomly distributed among the consortium’s claiming unit participants. All of the claiming units within the consortium that have satisfied the established participation standards, will use the quarter’s RMTS results for calculations on their individual claiming invoice to be submitted to DHCS.</u></p>

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<p>Page 6-4</p>	<p>Implementation of RMTS Each LEC/LGA and LAUSD are responsible to staff their individual RMTS programs with administrators and a minimum of two central coders and one senior coder. LEC/LGA staff may design and implement an RMTS system. Alternatively, LECs/LGAs may contract with Consulting Firms / Vendors of their choice to assist in the development of an RMTS system design and the implementation of the RMTS processes. Examples of the necessary components of an RMTS system designed by LEC/LGA staff or Consulting Firms are as follows:</p>	<p>Implementation of RMTS Each LEC/LGA or consortia, and LAUSD are responsible to staff their individual RMTS programs with administrators and a minimum of two three Central Coders and one senior coder <u>comprised of two primary coders and one senior coder.</u> LEC/LGA staff may design and implement an RMTS system. Alternatively, LECs/LGAs may contract with Consulting Firms / Vendors of their choice to assist in the development of an RMTS system design and the implementation of the RMTS processes. Examples of <u>The following are necessary components of an RMTS system</u> designed by LEC/LGA staff or Consulting Firms are as follows:</p>
<p>Page 6-4</p>	<p>Implementation of RMTS cont. <ul style="list-style-type: none"> • Establish a compliant web-based random moment generation and sampling system; • Establish a system for manual, or hard copy, participant responses for use in claiming units that do not have access to, or have policies preventing the use of, Electronic Information Systems (EIS); • Develop an online participant tutorial that will be fully operational prior to the first quarter of implementation; • Develop training materials for participants who must use the hard copy system; • Develop, implement, and complete a training plan for the Central Coders regarding the mechanics of coding; • Establish efficient and effective RMTS office operations, including inter-coder reliability and quality assurance procedures. <p>Pre-testing the RMTS system will be done prior to the first quarter of implementation. Testing of the sampling process will be designed to resolve any misinterpretations or system problems before the official time survey is conducted. The steps taken for pre-testing the RMTS system performance will be well documented and placed in the audit binder.</p> </p>	<p>Implementation of RMTS cont. <ul style="list-style-type: none"> • Establish a compliant web-based random moment generation and sampling system; • Establish a system for manual, or hard copy, participant responses for use in claiming units that do not have access to, or have policies preventing the use of, Electronic Information Systems (EIS); • Develop an online participant tutorial that will be fully operational prior to the first quarter of implementation; • Develop training materials for participants who must use the hard copy system; • Develop, implement, and complete a training plan for the Central Coders regarding the mechanics of coding; <u>and</u> • Establish efficient and effective RMTS office operations, including inter-coder reliability and quality assurance procedures. <p><u>Prior to the first quarter of a new system platform,</u> pre-testing the RMTS system will be <u>must be performed</u> prior to the first quarter of implementation. Testing of the sampling process will be designed to resolve any misinterpretations or system problems before the official time survey is conducted. The steps taken for pre-testing the RMTS system performance will be well documented and placed in the audit binder.</p> </p>
<p>Page 6-4 and 6-5</p>	<p>RMTS System Software Platform RMTS is a computer-based system that utilizes the Internet to generate and catalog time survey moments. The computer software that is used for RMTS is referred to as a system software platform (SSP). DHCS reserves the right for final approval of all RMTS SSPs in the state. The state will approve three SSP types: one type for all LECs; one type for all LGAs; and one type for the Los Angeles Unified School District (LAUSD). All claiming units will utilize the SSP approved by their respective LEC/LGA committee. LAUSD will maintain its own independent SSP. Before the LEC/LGA can design/procure their RMTS system, they will identify how many claiming units will participate, the estimated number of eligible MAA participants in each claiming unit, and the method of contact from the RMTS staff to each claiming unit personnel department for verification of human resource, payroll and electronic information systems access issues. At this stage, as many of the variables as possible will be identified so that subsequent modifications to the system design are kept to a minimum.</p>	<p>RMTS System Software Platform <u>The RMTS system software platform</u> is a computer-based system that utilizes the Internet to generate and catalog time survey moments. The <u>web-based</u> computer software that is used for RMTS is referred to as a <u>the</u> system software platform (SSP). DHCS reserves the right for final approval <u>authorization</u> of all RMTS SSPs in the state. The state <u>DHCS</u> will approve <u>allow up to three two</u> SSP types <u>each for LECs and LGAs. Each LEC/LGA may select from one of the two DHCS authorized SSPs for use in their respective regions or consortia. DHCS approval authorization of an SSP will be based on the SSP standards included in the SMAA Manual and the criteria used by the LEC/LGA in selecting its SSP.</u> : one type for all LECs; one type for all LGAs; and one type for the Los Angeles Unified School District (LAUSD); All claiming units will utilize the SSP(<u>s</u>) approved by their respective LEC/LGA or consortia. LAUSD will maintain its own <u>an</u> independent SSP <u>and RMTS methodology as approved by CMS in the district's RMTS Implementation Plan until such time as the state deems it necessary to incorporate LAUSD into the state system.</u></p>

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<p>Page 6-5</p>	<p>RMTS System Software Platform cont Before the LEC/LGA can design/procure their RMTS system, they will identify how many claiming units will participate, the estimated number of eligible MAA participants in each claiming unit, and the method of contact from the RMTS staff to each claiming unit personnel department for verification of human resource, payroll and electronic information systems access issues. At this stage, as many of the variables as possible will be identified so that subsequent modifications to the system design are kept to a minimum.</p>	<p>RMTS System Software Platform cont Before the LEC/LGA can begin <u>using</u> their RMTS system <u>SSP</u>, they will identify how many claiming units will participate, the estimated number of eligible SMAA participants in each claiming unit, and the method of contacting <u>ing</u> from the RMTS staff to each claiming unit's personnel department for verification of human resources, payroll, and electronic information systems <u>(EIS)</u> access issues. At this stage, as many of the variables as possible will be identified so that subsequent modifications to the system design are kept to a minimum.</p>
<p>Page 6-5</p>	<p>SSP Standards The standards for the SSP software include but are not limited to: <ul style="list-style-type: none"> • Must be able to provide DHCS real-time access to system operations and all RMTS data; • Must be an Internet-based system and include the ability to generate a hard copy moment and the ability to manually input the hard copy moment responses into the system; • Must provide a standardized reporting format; • Must provide a built-in locking mechanism for time study samples generated by participants, all coding activity, and all communications between coders and participants regarding clarifying questions. </p>	<p>SSP Standards The standards for the SSP software include but are not limited to: <ul style="list-style-type: none"> • <u>Must accommodate real time access for senior coder(s) to correct any errors. ;</u> • Must be able to provide DHCS real-time access to system operations and all RMTS data; • Must be an Internet-based system and include the ability to generate a hard copy moment and the ability to manually input the hard copy moment responses into the system; • Must provide a standardized reporting format; • Must provide a built-in locking mechanism for time survey samples generated by participants, all coding activity, and all communications between coders and participants regarding clarifying questions; and. • <u>Must historically track all RMTS coding changes.</u> </p>
<p>Page 6-5 and 6-6</p>	<p>Time Study Participants (TSP) All claiming units that participate in the time study will identify allowable Medi-Cal direct service and administrative costs within a given claiming unit by having staff who spend their time performing those activities participate in a quarterly time study. The following categories of staff have been identified as appropriate TSPs for the LEC/LGA time studies. Additions to the list will be dependent upon job duties and DHCS approval. LEC/LGA will maintain an equivalency list for purposes of correlating claiming unit specific titles with participant pool categories listed below. This does not include individuals such as parents or other volunteers who receive no compensation for their work. This is referred to as "in-kind compensation." For purposes of this implementation plan, individuals receiving compensation from claiming units for their services are termed TSPs.</p>	<p>Time Study Participants (TSP) All claiming units that participate in the time survey will identify allowable Medi-Cal direct service and administrative costs within a given claiming unit by having staff who spend their time performing reimbursable activities participate in a quarterly time survey. The following categories of staff have been identified as appropriate TSPs for the LEC/LGA time studies. Additions to the list will be dependent upon job duties and DHCS approval. LEC/LGA will maintain an equivalency list for purposes of correlating claiming unit specific titles with participant pool categories listed below. This does not include individuals such as parents or other volunteers who receive no compensation for their work. This is referred to as "in-kind compensation." For purposes of this implementation plan, individuals receiving compensation from claiming units for their services are termed TSPs. <u>For purposes of this implementation plan, individuals receiving compensation from claiming units for their services are termed Time Survey Participants (TSPs). TSPs may not include individuals such as parents or other volunteers who receive no compensation for their work. This is referred to as "in-kind compensation." DHCS has identified and approved appropriate job classifications as TSPs for inclusion in the RMTS. Additions to the list will be dependent upon job duty equivalency, similar credential(s), license(s), or certification(s) and will require DHCS approval. LECs/LGAs will develop and submit a TSP equivalency list to DHCS no later than 45 calendar days prior to the beginning of a new quarterly time survey.</u></p>

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<p>Page 6-6</p>	<p>Time Study Participants (TSP) cont. Beginning with the July 2014 Quarter, the LEC/LGA will begin using the two participant pool methodology. All claiming unit staff in the Participant Universe will be reported into one of two participant pools: Participant Pool 1 "Direct Service and Administrative Providers" and Participant Pool 2 "Administrative Services Providers Only". The two participant pools are mutually exclusive, i.e., no claiming unit staff should be included in both pools. The following pages provide an overview of the eligible categories in each cost pool. As a part of their regular job functions the claiming unit staff listed in Participant Pool 1 are eligible to provide Direct School-Based Services through the LEA Medi-Cal Billing Option Program as well as activities reimbursable under the MAA Program. The individuals listed in Participant Pool 1 will meet the provider credential and license requirements necessary to provide direct School-Based services. Claiming unit staff with job titles in both Participant Pool 1 and 2 are not automatically included in the time study as a TSP. A claiming unit must determine whether the individual performs MAA reimbursable activities and if they are less than 100% federally funded. Individuals that are 100% federally funded (excluding resource 5640) will be excluded from the time study.</p>	<p>Time Study Participants (TSP) cont. Beginning with the July 2014 Quarter January 2015 Quarter, the LEC/LGA will begin using the two participant pool methodology. All claiming unit staff in the Participant Universe will be reported into one of two participant pools: Participant Pool 1 "Direct Service and Administrative Providers" and Participant Pool 2 "Administrative Services Providers Only". The two participant pools are mutually exclusive, i.e., no claiming unit staff must not should be included in both pools. The following pages provide an overview of the eligible job categories in each cost pool. As a part of their regular job functions, the claiming unit staff with job classifications listed in Participant Pool 1 are eligible to provide Direct School-Based Medical Services through the LEA Medi-Cal Billing Option Program as well as activities reimbursable under the SMAA Program. The individuals listed in Participant Pool 1 will meet the provider credential and license requirements necessary to provide direct School-Based Medical services. Claiming unit staff with job titles in both Participant Pools 1 and 2 are not automatically included in the time study survey as a TSP. A claiming unit must determine whether the individual performs SMAA reimbursable activities and if they are less than 100% federally funded. Individuals that are 100% federally funded (excluding resource 5640) will be excluded from the time study survey.</p>
<p>Page 6-6</p>	<p>Time Study Participants (TSP) cont.</p>	<p>Time Study Participants (TSP) cont. Two Mutually exclusive time survey will be conducted for Participant Pools 1 and 2. Although some staff may perform both direct services and SMAA related activities, they will only be allowed to participate in one of the two pools. Each time survey Administrative Unit has two (2) Participant Pools that are made up as follows:</p>
<p>Page 6-7</p>	<p>Participant Pool 1 (Direct Service & Administrative Providers) Participant Pool 2 (Administrative Service Providers Only) <u>DHCS added a new classification</u></p>	<p>Participant Pool 1 (Direct Service & Administrative Providers) DHCS Alphabetized the list Participant Pool 2 (Administrative Service Providers Only) DHCS Alphabetized the list and added a new classification <u>33. Health Technicians/Specialist</u></p>
<p>Page 6-8</p>	<p>Time Study Participants (TSP) cont. Two mutually exclusive time studies will be conducted for Participant Pool 1 and 2. Although some staff may perform both direct services and MAA related activities, they will only be allowed to participate in one of the two pools. Each time study has two (2) Participant pools that are made up as follows: Part of the LEC/LGA review process is to ensure that all of the eligible claiming unit staff are included in the universe of potential TSPs. The claiming units will submit a roster of eligible staff each quarter. Each eligible staff member is placed into the appropriate participant pool. The entire list of eligible claiming unit staff from all participating claiming units in a particular LEC/LGA is included in the universe of potential TSPs. At the end of the quarter, a financial schedule is sent to the claiming units to report allowable costs for all eligible staff. The list sent to the claiming units will only include the eligible staff that were identified and approved at the beginning of the claiming process. Claiming units can only claim costs for TSPs that were included in the approved universe of potential TSPs. The LEC/LGA can compare the lists of eligible claiming unit staff against the list used in the universe of potential TSPs. This list should be a match since all TSPs submitted by the claiming units are included in the universe of potential TSPs.</p>	<p>Part of the LEC/LGA review process is to ensure that all of the eligible claiming unit staff are included in the universe of potential TSPs. Each quarter, the claiming units will submit a roster of eligible staff each quarter. Each eligible staff member is placed into the appropriate participant pool. The entire list of eligible claiming unit staff from all participating claiming units in a particular LEC/LGA is included in the universe of potential TSPs. At the end of the quarter, a financial schedule is sent to the claiming units to report allowable costs for all eligible staff. The list sent to the claiming units will only include the eligible staff that were identified and approved at the beginning of the claiming process. Claiming units can only claim costs for TSPs that were included in the approved universe of potential TSPs. The LEC/LGA can compare the lists of eligible claiming unit staff against the list used in the universe of potential TSPs. This list should be a match since all TSPs submitted by the claiming units are included in the universe of potential TSPs.</p>

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<p>Page 6-8</p>	<p>Time Study Participants (TSP) cont.</p>	<p>Time Study Participants (TSP) cont. <u>certify and upload the universe of potential TSPs to the PCG software SSP and will submit, to the LECs/LGAs, a TSP roster of staff eligible to participate in the RMTS process. LAUSD must also submit their TSP list to the LEC/LGA for review and approval. The LEC/LGA will also certify each TSP list prior to the beginning of each quarter. Each eligible staff member is placed into the appropriate participant pool. The entire list of eligible claiming unit staff from all participating claiming units in a particular LEC/LGA is included in the universe of potential TSPs. Claiming units can only claim costs for TSPs that were included in the approved universe of TSPs.</u></p>
<p>Page 6-8</p>	<p>Time Study Participants (TSP) cont.</p>	<p>Time Study Participants (TSP) cont. <u>CMS granted an exception for TSPs not on the approved list. This exception that applies to any school district with an average daily attendance (ADA) of no more than 600 students, and allows the qualifying district to designate any one staff person at each physical school site within the district to perform Medi-Cal Administrative Activities (MAA) and participate in the Random Moment Time Study (RMTS) process as a (TSP). This exception will only be granted in cases where the designated staff person is the only individual participating in the SMAA program at the physical school site within the district. The district must follow the exception process for any job classifications at the physical site not included on the approved participant lists. If any district intends to utilize this exception, they must submit to DHCS through their respective LEC/LGA or Consortium a completed DHCS form 6136, located on the SMAA website at the same time they submit the TSP universe for certification for a given quarter. If any district meeting this criteria requests to include more than the one designated staff person, the district must utilize the standard TSP justification process for all non-authorized positions. see (PPL 15-025) and Appendix D).</u></p>
<p>Page 6-8</p>	<p>Time Study Participants (TSP) cont.</p>	<p>Time Study Participants (TSP) cont. <u>Prior to the beginning of a quarterly time survey, DHCS will access the SSP and review the list of all TSPs for a given LEC/LGA or Consortium. If all job classifications comply with federal regulations, DHCS will issue an approval letter or email at least 14 calendar days prior to the beginning of the next quarterly time survey. If specific job classifications do not comply with federal regulations, DHCS will request a justification be submitted by the LEC/LGA or Consortium for the non-compliant job classifications before the TSP list can be certified for the next quarterly time survey. Once DHCS has approved a TSP list, the LEC/LGA or Consortium must certify the TSP list in the software system prior to the beginning of the next quarterly time survey. At the end of the quarter, the LEC/LGA sends a report to each LEA claiming unit listing the TSPs who were approved for participation in the RMTS. The report is sent to the claiming units will only include the eligible staff that were identified and approved at the beginning of the claiming quarter. Claiming units can only claim costs for TSPs that were included in the approved universe of potential TSPs. The EC/LGA can compare the report of eligible claiming unit staff against the list used in the universe of potential TSPs. This report must be a match since all TSPs submitted by the claiming units are included in the universe of potential TSPs. The report listing eligible staff must be used to generate the salaries and benefits for the invoice. The costs of staff who replace an approved TSP during the quarter may also be included in the invoice.</u></p>

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<p>Page 6-9</p>	<p>TSP Equivalency List- DHCS added this section.</p>	<p>TSP Equivalency List- <u>The TSP Equivalency list will identify specific job classifications that perform duties that are substantially similar to those job classifications on the approved TSP lists. DHCS will have final approval of requests for exceptions to the list of approved job classifications. Requests for exceptions to the list of approved job classification must be submitted or made available to DHCS no later than forty-five (45) calendar days prior to the beginning of a new quarterly time survey. A completed TSP Equivalency form that includes a detailed justification must be submitted along with copies of any duty statements to meet the requirements of the job categories listed on the approved job classifications list. The TSP Equivalency Form can be found in Appendix H. Each LEC and LGA will maintain an equivalency list for the LEAs within its service region for job classifications that are substantially similar in duties and responsibilities to those listed in Participant Pools 1 & 2. DHCS will issue quarterly reports to CMS no later than 6 months after the end of the quarter regarding all exceptions to the approved job classification list. This report will include a listing of each claiming unit that is operating with approved exceptions, as well as the number and type of positions for each approved exception.</u></p>
<p>Page 6-9</p>	<p>Roster Report- Claiming units must submit an annual roster report along with quarterly updates to their respective LEC/LGA RMTS representative. The annual roster report must be submitted prior to the beginning of the SFY. If changes are necessary for the annual roster report, modifications to this report may be made on a quarterly basis. The LEC/LGA must establish a deadline for claiming units to submit their quarterly roster reports (modified or unmodified) prior to the beginning of each quarter in order to have sufficient time to calculate the universe of eligible moments for each quarter. On the last student attendance day prior to the next quarter, the roster report for that quarter is closed and no further modifications to a claiming unit's roster may be made. The roster report includes, but is not limited to, the following information:</p>	<p>Roster Report- Claiming units must submit an annual rRoster rReport, along with quarterly updates, to their respective LEC/LGA RMTS representative. The annual roster report must be submitted prior to the beginning of the SFY<u>coordinator no later than 14 calander days prior to the beginning of each quarter. The Roster Report includes all TSPs included in the RMTS and all Direct Charge staff for that particular quarter. Copies of the annual Roster Report and associated quarterly updates must be maintained in the audit file for that particular claiming unit. The roster report must be updated and approved quarterly prior to the beginning of each RMTS quarter.</u> If changes are necessary for the annual roster report, modifications to this report may be made on a quarterly basis. The LEC/LGA must establish a deadline for claiming units to submit their quarterly roster reports (modified or unmodified) prior to the beginning of each quarter in order to have sufficient time to calculate the universe of eligible moments for each quarter. On the last student attendance day <u>Fourteen calendar days</u> prior to the <u>beginning of</u> the next quarter, the roster report for that quarter is closed and no further modifications to a claiming unit's roster may be made. The roster report includes, but is not limited to, the following information:</p>
<p>Page 6-9 and 6-10</p>	<p>Roster Report- cont. <ul style="list-style-type: none"> • Participant's base work schedule—all work days and hours; • Participants Names; • Employee ID#'s- should identify school district and employee number; • Job classifications; • Email addresses- must be work email, not private email; • School Calendar; • Supervisor's contact phone number. </p>	<p>Roster Report- cont. <ul style="list-style-type: none"> • Participant's base work schedule—all work days and hours; • Participant <u>TSP and Direct Charge staff names;</u> • <u>TSP and Direct Charge staff Job classifications;</u> • Participant's <u>TSP's</u> base work schedule—all work days and hours;• • Employee ID#'s- <u>should identify school district and employee number (if applicable);</u> • Job classification; • Email addresses- must be district email, not private email; and • School Calendar.; Supervisor's contact phone number </p>

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<p>Page 6-10</p>	<p>Time Study Start and End Dates All work days that students are in session, including and through the end of the school year, are included in the potential days to be chosen for RMTS. Each quarter, district calendars will be reviewed by the LEC/LGA to determine those dates that the schools pay for their staff to work, and those dates will be included in the RMTS sample. School calendars will be evaluated on an annual basis and the sample dates will be determined and documented. A representative sample of district calendars will be reviewed each quarter to determine the most common begin and end dates for sampling purposes. At a minimum, the eligible sample dates will be based off of the calendars for each county.</p>	<p>Time Study <u>Survey</u> Start and End Dates All work days that students are in session, including and through the end of the school year<u>student attendance days are included in the potential days to be chosen for RMTS.</u> Each quarter, district calendars will be reviewed by the LEC/LGA to determine those dates that the <u>students are in attendance</u>, schools pay for their staff to work, and those dates will be included in the RMTS sample. School calendars will be evaluated on an annual basis and the sample dates will be determined and documented <u>by the LGA/LEC, who are responsible for notifying the SSP vendor of these dates.</u> A representative sample of district calendars will be reviewed each quarter to determine the most common begin and end dates for sampling purposes. At a minimum, the eligible sample dates will be based off of the calendars for each county</p>
<p>Page 6-10</p>	<p>Sampling Requirements (RMTS) In order to achieve statistical validity, maintain program efficiencies and reduce unnecessary claiming unit administrative burden, a consistent sampling methodology for all activity codes and groups will be used. The RMTS sampling methodology is constructed to achieve a level of precision of +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities. This is in accordance with the Medicaid School-Based Administrative Claiming Guide of May 2003. Additional moments are selected each quarter to account for any invalid moments. Invalid moments are moments not returned or inaccurately coded. The following formula is used to calculate the number of moments sampled for each time study cost pool</p>	<p>Sampling Requirements (RMTS) In order to achieve statistical validity, maintain program efficiencies and, reduce unnecessary claiming unit administrative burden, a consistent sampling methodology for all activity codes and groups will be used.The RMTS sampling methodology is constructed to achieve a level of precision of +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities. This is in accordance with the CMS Medicaid School-Based Administrative Claiming Guide of May 2003. Additional moments are selected each quarter to account for any invalid momentsInvalid moments are moments not returned or inaccurately coded.<u>in order to ensure each Administrative Unit achieves the 85% compliance rate of valid moments necessary for a statistically valid sample. Codes 1-16 are counted toward the 85% compliance rate</u> The following formula is used to calculate the number of moments sampled for each time study survey cost pool:</p>
<p>Page 6-11</p>	<p>Sampling Requirements (RMTS) cont.</p>	<p>Sampling Requirements (RMTS) cont. <u>N is equal to the total pool of “moments” within the time survey and is represented by calculating the number of working days in the sample period, times the number of work hours of each day, times the number of minutes per hour, and times the number of participants within the time survey. The total pool of moments for the quarter is reduced by the exclusion of weekends, holidays and hours during which employees are not scheduled to work.</u></p>

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<p>Page 6-12</p>	<p>RMTS Process and Notification 3. Randomly select moments and randomly match each moment to a TSP;</p> <p>Identify Total Pool of Time Study Participants - The TSP Universe</p> <p>At least thirty days prior to the beginning of quarter two and each subsequent quarter, LECs/LGAs and LAUSD must certify to DHCS, a staff roster providing a comprehensive list of all claiming unit staff eligible to participate in the RMTS. This list of names will be known as the TSP Universe. The TSP Universe will be grouped into job categories (that describe the job function), and each job category will be assigned into one of two mutually exclusive participant pools for each claiming unit participating in the time study. The TSP Universe must be approved by DHCS prior to a claiming unit's participation in RMTS for that quarter. The TSP Universe document must be submitted, or made available electronically, to DHCS no later than 14 working days before the quarter begins.</p>	<p>RMTS Process and Notification 3. Randomly select moments and randomly match each moment to a TSP; and</p> <p>Identify Total Pool of Time Survey Participants (TSP) - The TSP Universe</p> <p>At least thirty days 14 calendar days prior to the beginning of quarter two and each subsequent quarter, LECs/LGAs and LAUSD must certify to DHCS, a staff roster providing a comprehensive list of all claiming unit staff eligible to participate in the RMTS. This list of names will be known as the TSP Universe. The TSP Universe will be grouped into job categories (that describe the job function), and each job category will be assigned into one of two mutually exclusive participant pools for each claiming unit participating in the time survey. The TSP Universe must be approved by DHCS prior to a claiming unit's participation in RMTS for that quarter. Note: The TSP Universe document must be submitted, or made available electronically, to DHCS no later than 14 calendar days before the quarter begins.</p>
<p>Page 6-12</p>	<p>RMTS Process and Notification cont. Identify Total Pool of Time Study Moments</p> <p>The Total Pool of Time Study Moments document must be submitted, or made available electronically, to DHCS no later than 14 working days before the quarter begins.</p> <p>Randomly Select Moments and Randomly Match Each Moment to a Participant</p> <p>Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with a TSP from in the TSP Universe.</p> <p>Each time the selection of a minute and the selection of a name occurs,</p> <p>RMTS Process and Notification cont.</p>	<p>RMTS Process and Notification cont. Identify Total Pool of Time Study Survey Moments</p> <p>The Total Pool of Time Study Moments document must be submitted, or made available electronically, to DHCS no later than 14 working days before the quarter begins.</p> <p><u>The Total Pool of Moments document must be submitted or made available electronically by the RMTS vendor to the LECs/LGAs for submittal to DHCS no later than 14 calendar days before the quarter begins</u></p> <p>Randomly Select Moments and Randomly Match Each Moment to a Participant TSP</p> <p>Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with a TSP from in the TSP Universe.</p> <p>Each time the selection of a minute and the selection of a TSP name occurs,</p>
<p>Page 6-13</p>	<p>RMTS Process and Notification cont</p> <p>The following are the quarters followed for the MAA program:</p> <ul style="list-style-type: none"> • Quarter 1 = July 1 – September 30 (Average) • Quarter 2 = October 1 – December 31 • Quarter 3 = January 1 – March 31 • Quarter 4 = April 1 – June 30 	<p>RMTS Process and Notification cont</p> <p>The following are the quarters followed for the SMAA program:</p> <ul style="list-style-type: none"> • Quarter 1 = July 1 – September 30 (Average of Q2 – Q4) • Quarter 2 = October 1 – December 31 • Quarter 3 = January 1 – March 31 • Quarter 4 = April 1 – June 30 <p>Notify TSPs about their Selected Moments</p>

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<p>Page 6-14</p>	<p>RMTS Process and Notification cont Notify TSPs about their Selected Moments After the occurrence of the moment, each TSP is asked to record and submit his/her activity for that particular moment. Throughout this entire process, the claiming unit's MAA coordinators and DHCS have real-time access in the online system to view their TSP, the dates/times of their TSP's moments, and whether or not the moment has been completed. Moments close after 5 student attendance days, which means TSPs will not be able to complete their moment after that time. As explained on page 12, if the return rate of valid moments is less than 85% then, all non-returned moments will be included and coded as non-allowable code.</p>	<p>RMTS Process and Notification cont Notify TSPs about their Selected Moments After the occurrence of the moment, each TSP is asked to record and submit his/her activity for that particular moment. Throughout this entire process, the claiming unit's SMAA LEA coordinators- Coordinators and DHCS have real-time access in the online system SSP to view their TSP roster, the dates/times of their TSP's moments, and whether or not the moment has been completed.; <u>however, LEA Coordinators can only view TSP moments that will occur within 5 student attendance days.</u> Moments close after 5 student attendance days, which means TSPs will not be able to complete their moment after that time. As explained on page 12, if the return rate of valid moments is less than 85% then, all non-returned moments will be included and coded as non-allowable code. <u>If a TSP does not respond to their moment within the 5 student attendance day response period, the moment is considered invalid. If the return rate of valid moments is less than 85% then a sufficient number of invalid moments will be coded as non-reimbursable in order to achieve the minimum of 2,401 moments for a valid sample and to achieve the 85% compliance rate.</u></p>
<p>Page 6-14</p>	<p>RMTS Process and Notification cont</p> <p>The LECs/LGAs and DHCS will have the ability to run compliance reports on a daily basis. A validity check of the time study results is completed each quarter prior to the calculation of the claim. The validity check ensures that the minimum number of responses is received each quarter to meet the required confidence level.</p>	<p>RMTS Process and Notification cont <u>In the event that a TSP is not working during their sampled moment and unable to complete the moment, the LEA Coordinator can report that a TSP was either on "Paid Time Off" or "Not Working/Not Paid." The LEA Coordinator can report TSPs as "Paid Time Off" or "Not Working/Not Paid" at any time prior to the last business day of the quarter and in the event of an audit, should be prepared to supply evidence of the reported status.</u></p> <p>The LECs/LGAs and DHCS will have the ability to run real time compliance reports on a daily basis that are comprehensible and provide individual claiming unit compliance rates, overall time survey results, moment status and other required information for program compliance . A validity check of the time survey results is completed by the SSP vendor and verified by the LEC/LGA each quarter prior to the calculation of the claim. The validity check ensures that the minimum number of responses is received each quarter to meet the required RMTS confidence level.</p>
<p>Page 6-14</p>	<p>RMTS Process and Notification cont</p> <p>The number of completed and returned time survey moments is analyzed to confirm that the confidence level requirements have been met. Once the validity of the sample has been confirmed, the time survey results are calculated and prepared for the calculation of the quarterly claim.</p>	<p>RMTS Process and Notification cont</p> <p>The number of completed and returned time survey moments is analyzed to confirm that the confidence level requirements have been met. Once the validity of the sample has been confirmed, the time survey results are calculated and prepared for the calculation of the quarterly claim.</p>

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<p>Page 6-14 and 6-15</p>	<p>RMTS Hard Copy Option Subject to LEC/LGA approval, claiming units that have TSPs who cannot access email due to district policy or lack of Internet access, equipment or software, will be given the option to access a hard copy RMTS moment. The LEC/LGA must be informed of a TSP's need to receive a hard copy RMTS moment when a claiming unit submits their TSP Universe to ensure approval and delivery of the printed moment to the TSP, if selected.</p> <p>The moment, certified by the TSP, must be supplied to the LEC/LGA within 3 student attendance days of the moment. Communication of the certified moment between the TSP and the LEC/LGA may be accomplished via fax, telephone, or in-person. Whichever method of communication is selected, the LEC/LGA must maintain a record of the actual date and time the certified moment was delivered. Regardless of the method of communication, all information must be input into the system by the LEC/LGA no later than 5 student attendance days from the occurrence of the moment.</p>	<p>RMTS Hard Copy Option Subject to LEC/LGA approval, claiming units that have TSPs who cannot access email due to district policy or lack of Internet access,, equipment or software, will be given the option to access a hard copy RMTS moment. <u>This will also apply if there is a disruption to Internet access that will impede the participants' ability to respond.</u> The LEC/LGA must be informed of a TSP's need to receive a hard copy RMTS moment when a claiming unit submits their TSP Universe to ensure approval and delivery of the printed moment to the TSP, if selected.</p> <p>The moment, certified by the TSP, must be supplied to the LEC/LGA within 3 student attendance days of the moment. Communication of the certified moment between the TSP and the LEC/LGA may be accomplished via fax, telephone, or in-person</p>
<p>Page 6-15</p>	<p>RMTS Hard Copy Option</p>	<p>RMTS Hard Copy Option <u>In order to ensure the moment response is entered into the SSP within the required 5 student attendance day timeline, the moment, certified by the TSP, must be returned to the LEC/LGA within 3 student attendance days of the moment. This provides sufficient time to input the response into the SSP. Communication of the certified moment between the TSP and the LEC/LGA may be accomplished via fax, telephone, or in-person.</u> Whichever method of communication is selected, the LEC/LGA/LEA must maintain a record of the <u>hard copy moment in the audit file</u>, and the actual date and time the certified moment was delivered. Regardless of the method of communication, all information must be input into the system by the LEC/LGA no later than 5 student attendance days from the occurrence of the moment.</p>
<p>Page 6-15</p>	<p>Training Types and Overview LEA MAA Coordinator Training (RMTS) DHCS will approve and provide all RMTS training material to the LEC/LGA. The LEC/LGA will perform annual training for the claiming unit MAA coordinators and TSPs, which will include an overview of the RMTS software system and information on how to access and input information into said system. It is essential for the MAA coordinators to understand the purpose of the time studies, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. In addition, annual training will be provided to the MAA coordinators to cover topics such as MAA program updates, process modifications and compliance issues. All training materials will be accessible to MAA coordinators.</p>	<p>Training Types and Overview LEA MAA Coordinator Training (RMTS) DHCS <u>must</u> and provide approve all RMTS training material <u>used by</u> the LEC/LGA/<u>LEA (claiming unit)</u>. The LECs/LGAs will perform annual training for the claiming unit <u>SMAA coordinators and TSPs</u>, which will include an overview of the RMTS software system and information on how to access and input information into the said system. It is essential for the <u>SMAA coordinators</u> to understand the purpose of the time studies, <u>the appropriate completion of the RMTS time survey process, the completion of the RMTS methodology</u>, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. In addition, <u>the annual training will cover topics for SMAA</u> such as SMAA program updates, process modifications, and compliance issues. All training materials will be accessible to <u>SMAA LEA Coordinators through the LGA/LECs.</u></p>
<p>Page 6-15</p>	<p>Central Coding Staff Training (Activity Coding) DHCS will provide annual training for the Central Coding staff. The training will include an overview of the activity codes and a set of sample responses for each code. Additionally, training will include a detailed description of the similarities and differences in parallel and non-parallel codes discussed in Section 4, MAA Overview. Central Coder training will also include a discussion of the proper procedure for contacting TSPs for clarifying questions for unclear responses, and an understanding of the importance of avoiding leading questions when asking those clarifying questions.</p>	<p>Central Coding Staff Training (Activity Coding) DHCS will provide annual <u>mandatory coder</u> training for the Central Coding staff <u>the regional/county senior coding staff who will then train their individual primary coding staff</u>. . The training will include an overview of the activity codes and a set of sample responses for each code. Additionally, training will include a detailed description of the similarities and differences in parallel and non-parallel codes discussed in Section 4, SMAA Overview. Central Coder training will also include a discussion of the proper procedure for contacting the TSPs timely for clarifying questions for unclear responses, and an understanding of the importance of avoiding leading questions when asking those clarifying questions.</p>

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<p>Page 6-16</p>	<p>TSP Training- LECs/LGAs will provide TSPs with detailed information and instructions for completing and submitting the time study documentation of the sampled moment. Training for TSPs will be incorporated into the moment documentation portion of the RMTS SSP so sampled staff will have to review the information prior to documentation of their sampled moment. The TSP training will not include an overview of activity codes since all coding will be completed by Central Coders. The following items must be included in TSP training:</p> <ul style="list-style-type: none"> • Overview of the required process to participate in RMTS; • Review the standards for RMTS documentation submitted by TSP; and • Response process by TSP to respond to a clarifying question. 	<p>TSP Training- LECs/LGAs will provide TSPs with detailed information and instructions for completing and submitting the time study documentation of the sampled moment. Training for TSPs will be incorporated into the moment documentation portion of the RMTS SSP so sampled staff will have to review the information prior to documentation of their sampled moment. The TSP training will not include an overview of activity codes since all coding will be completed by Central Coders. <u>Time survey training for TSPs will be incorporated into the moment documentation portion of the RMTS SSP so sampled staff will have to review the information prior to documentation of their sampled moment. The TSP training will not include an overview of activity codes since all coding will be completed by Central Coders.</u> The following items must be included in TSP training:</p> <ul style="list-style-type: none"> • Overview of the SMAA program; • Overview of the required process to participate in RMTS; • Review the standards for RMTS documentation submitted by the TSP; and • Response process by the TSP to respond to a clarifying question.
<p>Page 6-16</p>	<p>Documentation of Sampled Moments All documentation of sampled moments must be sufficient to provide answers to the time study questions needed for accurate coding:</p> <ul style="list-style-type: none"> • Who were you with? • What were you doing? • Why were you performing this activity? 	<p>Documentation of Sampled Moments All documentation of sampled moments must be sufficient to provide answers to the time study survey questions needed for accurate coding:</p> <ul style="list-style-type: none"> • Who were you with? (*Remember not to list proper names) • What were you doing? • Why were you performing this activity?
<p>Page 6-16</p>	<p>Documentation of Sampled Moments cont. In addition, each TSP will certify the accuracy of their response prior to submission. TSPs are assigned a unique user name and password that is only sent to them. They must use this unique user name and password to login and document their moment. After answering the documentation questions, they are shown their responses and asked to certify that the information they are submitting is accurate. Their moment is not completed unless and until they certify the accuracy of the information. Since the TSP only has access to their information, this conforms to the electronic signature policy and allows them to verify that their information is accurate. Once the TSP has certified their moment, the sample is locked in the SSP and cannot be altered. The TSP may provide clarification through the SSP to a coder, but the initial sample is never altered.</p>	<p>Documentation of Sampled Moments cont. In addition, each TSP will certify the accuracy of their response prior to submission. TSPs are assigned a unique user name and password that is only sent to them. They must use this unique user name and password to login and document their moment. <u>can only access their assigned moment based on a unique and secure system login that connects the TSP to the moment.</u> After answering the documentation questions, they are shown their responses and asked to certify that the information they are submitting is accurate. Their moment is not completed unless and until they certify the accuracy of the information. Since the TSP only has access to their information, this conforms to the electronic signature policy and allows them to verify that their information is accurate. Once the TSP has certified their moment, the sample is locked in and the SSP and cannot be altered. The TSP may provide clarification through the SSP to a coder if requested, but the initial sample is never altered.</p>

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<p>Page 6-16 and 6-17</p>	<p>Time Study Return Compliance DHCS/LEC/LGA will require an 85% response rate within the approved timeframe. If the return rate of valid moments is less than 85% then, all non-returned moments will be included and coded as non-allowable (Code 1). To ensure that enough moments are received to have a statistically valid sample, LEC/LGA should over sample at fifteen percent (15 %) more moments than needed for a valid sample size. Claiming units must submit completed moments within five student attendance days after the sampled moment has passed.</p>	<p>Time Survey <u>Study</u> Return Compliance DHCS/LEC/LGA will require an 85% response rate <u>for all valid moments within a particular RMTS universe within a given quarter</u> then, all non-returned moments will be included and coded as non-allowable (Code 1). To ensure that enough moments are received to have a statistically valid sample, LEC/LGA should over sample at fifteen percent (15 %) more moments than needed for a valid sample size. Claiming units must submit completed moments within five student attendance days after the sampled moment has passed. <u>If the return rate of valid moments is less than 85%, a sufficient number of invalid moments will be pulled and coded as non-allowable (Code 1) to achieve the minimum number of moments to attain a valid sample. To ensure that enough moments are received to have a statistically valid sample, each LEC/LGA/Consortia must over sample at fifteen percent (15%) more moments than needed for a valid sample size. TSPs must submit completed moments within five student attendance days after the sampled moment has passed.</u></p>
<p>Page 6-17</p>	<p>Time Study Return Compliance cont. If a claiming unit has non-returns greater than 15% of the total moments for a quarter, the claiming unit will receive a warning letter. The claiming unit's Superintendent or equivalent will be copied on all warning letters sent to the claiming units. If the same claiming unit is in default the next quarter after being warned, they will not be able to participate for the remainder of the SFY. For instance, if a claiming unit has non-returns greater than 15% of the total moments for the quarter ended December 31, 2014 and March 31, 2015, the claiming unit will not be able to submit claims for the quarter ending June 30, 2015.</p>	<p>Time Study Return Compliance cont. If a claiming unit has non-returns greater than 15% of the total moments for a quarter, the claiming unit will receive a warning letter. The claiming unit's Superintendent or equivalent will be copied on all warning letters sent to the claiming units. If the same claiming unit is in default the next quarter after being warned, they will not be able to participate for the remainder of the SFY. For instance, if a claiming unit has non-returns greater than 15% of the total moments for the quarter ended December 31, 2014 and March 31, 2015, the claiming unit will not be able to submit claims for the quarter ending June 30, 2015.</p>
<p>Page 6-17</p>	<p>Time Study Activities/Codes The time study codes are assigned indicators that determine whether it is allowable, federal financial participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it. These indicators should not be provided to TSPs.</p>	<p>Time Study Activities/Codes The time study codes are assigned indicators that determine whether it is allowable, federal financial participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it. These indicators should not be provided to TSPs.</p>
<p>Page 6-17</p>	<p>DHCS added new language</p>	<p><u>To Calculate the TSP Universe Compliance Rate:</u></p> <p><u>Total Invalid Moments Code 18</u> <u>Total Valid Moments Codes 1-16</u></p> <p><u>Note: In the event a TSP fails to respond to a moment due to unpaid leave, the moment may be reassigned to Ccode 17 and shall count against the compliance rate for the TSP Universe</u></p> <p><u>The LEC/LGA will monitor claiming unit compliance throughout the claiming period. If a claiming unit has been selected for at least 14 moments and has less than an 85% compliance rate, the following shall apply:</u></p> <p><u>• First occurrence – The LEC/LGA will notify DHCS via email of the claiming unit's non-compliance and DHCS will issue a warning letter to the claiming unit's Superintendent, Chief Business Official, and/or other designee.</u></p>

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Page 6-17	DHCS added new language	<p><u>• Second occurrence (within the subsequent 12 months) – A claiming unit with 2 quarters where 85% compliance is not reached regardless of fiscal year, will be suspended from participation in the SMAA program for one quarter and thereby forfeit the associated reimbursement. The claiming unit’s Superintendent, Chief Business Official, and/or other designee will be notified in writing by DHCS.</u></p> <p><u>After one quarter of non-participation, the LEA will be conditionally reinstated. If during this conditional quarter the district meets 85% compliance they will be reinstated. If the district does not meet 85% compliance in the conditional quarter, the claiming unit is suspended for an additional quarter.</u></p>
Page 6-18	DHCS added a category to the time survey codes	<p><u>Application of FFP rate 75 percent Refers to translation related activity</u></p>
Page 6-19	Time Study Activity Code Table CODE 12 Translation (PM/50-percent FFP)	<p>Time Study <u>Survey</u> Activity Code Table CODE 12 Translation (PM/5075-percent FFP) <u>CODE 17 Not Working / Not Paid (U)</u> <u>CODE 18 Invalid/ No Response (U)</u></p>
Page 6-19 and 6-20	<p>Coding of Random Moments</p> <p>The Central Coding Staff must be LEC/LGA employees or be employed by the LECs/LGAs under a personal services contract (PSC), or be employed by an agency or organization that holds a service contract with the LEC/LGA to provide RMTS Coding services. If Central Coding Staff are employed by the LECs/LGAs under a PSC, the individual(s) may not hold or be employed by an agency that holds any other contracts that relate to RMTS or the RMTS process. An agency or organization that holds a service contract with the LEC/LGA to provide RMTS Coding services, may not hold any other contracts with the LEC/LGA that relate to RMTS or the RMTS process.</p>	<p>Coding of Random Moments</p> <p><u>The LEC/LGA will utilize a centralized coding methodology. Under that methodology, the TSP will not code his or her moment. The TSP is asked to document their activity for that moment by answering the specific RMTS questions. After answering the questions, the TSP is asked to certify their documentation and submit.</u></p> <p>The central coding staff must be LEC/LGA employees or be employed by the LECs/LGAs under a personal services contract (PSC), or be employed by an agency or organization that holds a service contract with the LEC/LGA to provide RMTS Coding services. If Central Coding Staff are employed by the LECs/LGAs under a PSC, the individual(s) may not hold or be employed by an agency that holds any other contracts that relate to RMTS or the RMTS process. An individual, agency or organization that holds a service contract with the LEC/LGA to provide RMTS Coding services, may not hold any other contracts with the LEC/LGA that relate to RMTS or the RMTS process.</p>
Page 6-20	<p>Coding of Random Moments cont.</p> <p>The methodology adopted by LEC/LGA in the use of Centralized Coders will be a two-tier, two-coder system, comprised of, at a minimum, two primary coders (Tier 1) and one senior coder (Tier 2). The purpose of the two-tier, two-coder system is to have multiple sets of eyes independently reviewing the moments to verify coding. A senior staff member is required to verify the results and resolve any differences in the codes assigned by the primary coders. The LEC/LGA will assign the primary coders, whose roles will be to independently review the response of the TSP and use the information provided to determine the appropriate activity code to assign to the moment.</p>	<p>Coding of Random Moments cont.</p> <p>The methodology adopted by LEC/LGA in the use of Centralized Coders will be a two-tier, two-coder system, comprised of, at a minimum, two primary coders (Tier 1) and one senior coder (Tier 2). The purpose of the two-tier, two-coder system is to have multiple sets of eyes independently reviewing the moment responses to verify coding. A senior staff member is required to verify the results and resolve any differences in the codes assigned by the primary coders. The LEC/LGA will assign the primary coders, whose roles will be to independently review the moment response of the TSP. and use the information provided to determine the appropriate activity code to assign to the moment.</p>

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<p>Page 6-20</p>	<p>Coding of Random Moments cont. The primary coders will not communicate with each other during the primary coding assignment. In the event a TSP does not provide enough information to determine the appropriate activity code, the TSP is contacted by a primary coder through the SSP and asked to provide additional information about the activity they were performing at the time of the sampled moment so coding can be completed. The TSP response must be input and maintained in the SSP.</p>	<p>The primary coders will not communicate with each other during the primary coding assignment. In the event a TSP does not provide enough information to determine the appropriate activity code, the TSP is contacted by a primary coder through the SSP and asked to provide additional information about the activity they were performing at the time of the sampled moment so coding can be completed. The TSP response must be input and maintained in the SSP. <u>use the information provided by the TSP to determine the appropriate activity code to assign to the moment response. The primary coders will not communicate with each other during the primary coding assignment. A senior coder is a more experienced staff member and is also assigned by the LEC/LGA. The senior coder is required to verify the results and resolve any differences in the codes assigned by the primary coders. The senior coder could override the codes of the primary coders at any time when a coding error is identified.</u></p>
<p>Page 6-20 and 6-21</p>	<p>Coding of Random Moments cont.</p>	<p>Coding of Random Moments cont. <u>The role of the senior coder is to:</u> <u>1. Review a minimum 10% random sample of moment response(s) and clarifying questions of the TSP and the code(s) assigned by the primary coders to ensure the correct code was assigned to the moment response;</u> <u>2. Resolve any discrepancies with code assignments; and</u> <u>3. Review and submit all clarifying questions to ensure the questions do not lead the TSP to a specific response.</u></p>
<p>Page 6-20 and 6-21</p>	<p>Coding of Random Moments cont. The senior coder is a more experienced staff member and is also assigned by the LEC/LGA. The role of the senior coder is to review the response of the TSP and the code assigned by the primary coders, ensure the correct code was assigned to the moment, and resolve any discrepancies with code assignments. The senior coder will inform the primary coders of any moments they feel were coded incorrectly. All coders will work to achieve consensus on the activity code assigned to a particular moment. If the senior coder does not feel there is enough information to determine the activity code then the TSP is contacted for additional information, however, TSPs may only be contacted once for clarification. All moments are coded using the activity codes and examples as outlined in this plan as Time Study Activities Codes Table. All communications must be through the SSP and be included with the sample and coding.</p>	<p>Coding of Random Moments cont. The senior coder is a more experienced staff member and is also assigned by the LEC/LGA. The role of the senior coder is to review the response of the TSP and the code assigned by the primary coders, ensure the correct code was assigned to the moment, and resolve any discrepancies with code assignments. The senior coder will inform the primary coders of any moments they feel were coded incorrectly. All coders will work to achieve consensus on the activity code assigned to a particular moment. If the senior coder does not feel there is enough information to determine the activity code then the TSP is contacted for additional information, however, TSPs may only be contacted once for clarification. All moments are coded using the activity codes and examples as outlined in this plan as Time Study Activities Codes Table. All communications must be through the SSP and be included with the sample and coding.</p>
<p>Page 6-20 and 6-21</p>	<p>Coding of Random Moments cont.</p>	<p><u>The senior coder will inform the primary coders of any moments they feel were coded incorrectly. If the senior coder does not feel there is enough information to determine the activity code then the senior coder may contact the TSP for additional information; however, TSPs may only be contacted twice per moment response for clarification. Clarifying Questions (CQs) by the senior coder must be issued to the TSP within 15 calendar days from the date the TSP completed their moment response after the 15 calendar day time frame expires and no CQs have been issued, the moment expires and no further CQs may be asked. All moments are coded using the activity codes and examples as outlined in this manual in Section 5. All communications between central coding staff and TSPs must be through the System Software Platform (SSP) where applicable, and be included with the sample and coding. Records of all communication with the TSP outside of the SSP must be retained in the audit file for that particular claiming unit.</u></p>

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<p>Page 6-22</p>	<p>Coding of Random Moments cont. This section was deleted and replaced with new language.</p> <p>The RMTS web-based system will collect and store all RMTS moments. LEC/LGA are responsible for monitoring the moments ensuring that they are responded to, completed, and coded in a timely manner. Central coders will access completed moments and assign the appropriate activity codes described above. DHCS will have real-time access to the RMTS system to spot check coding activity, the quality of clarifying questions, and coding accuracy.</p> <ol style="list-style-type: none"> 1. Activity Codes The California SMAA program captures activities performed by selected participants. The activities are allocated into seventeen (17) activity codes; both reimbursable and non-reimbursable. 2. Avoiding Duplication of Payment All LECs/LGAs are required to provide assurances of non-duplication to DHCS that they do not claim Federal Financial Participation (FFP) for the costs of allowable administrative activities that have been or should have been reimbursed through an alternative mechanism or funding source. 	<p>Coding of Random Moments cont. <u>Random Moment Time Study (RMTS) Clarifying Question (CQ) Procedure</u></p> <p><u>CQs must be open-ended questions and not leading questions that encourage a specific response from the TSP. The senior coder may pose no more than two (2) CQs per-moment response. In the event a TSP does not provide enough information to determine the appropriate activity code, a CQ may be posed to the TSP by the senior coder and must be relayed to the TSP through the SSP. CQs are posed to the TSP in order for the TSP to provide additional information about the activity performed at the time of the sampled moment so coding can be completed.</u></p>
<p>Page 6-22 and 6-23</p>	<p>New language added</p>	<p><u>Clarifying Question (CQ) Procedure</u></p> <ol style="list-style-type: none"> 1. <u>Primary coder A reviews the moment response, assigns an activity code if the TSP response provides sufficient information. If not, no code is assigned and the primary coder suggests a CQ within the system for the senior coder. Primary coder B then reviews the moment response, assigns an activity code if the TSP response provides sufficient information. If not, no code is assigned and the primary coder suggests a CQ within the system for the senior coder.</u>
<p>Page 6-23</p>	<p>Coding of Random Moments cont. <u>This section was deleted and replaced with new language.</u></p> <ol style="list-style-type: none"> 3. Coding Responsibilities The RMTS design has removed the responsibility of assigning sample activities to the correct activity code from the participant and placed the responsibility upon the central coding team. The central coding team will consist of at least two RMTS staff who will individually code each random moment separately, known as dual coding, to ensure that sample moments are assigned to the correct activity code. Central coders will log in to a secure RMTS system using their unique, authorized user identification and password to access and code the sample moments. All activities made by any user to a sample moment must be documented and maintained in the RMTS system for tracking purposes. A response completed within the required time frame, and linked to the participant's paid time is considered a valid moment. All valid moments must be used to calculate the time survey results for the quarter. 	<p>Coding of Random Moments cont. <u>Note: If the primary coders assign codes that match and a CQ is not necessary, coding for that moment response is complete. The primary coders DO NOT have access to view the codes assigned by other primary coders.</u></p> <ol style="list-style-type: none"> 2. <u>Once both primary coders have reviewed the moment and either assigned a code or entered a CQ into the system, the moment is available for the senior coder to make a determination if the assigned codes do not agree or one of the primary coders have suggested a CQ.</u> 3. <u>The senior coder reviews the moment response and any suggested CQs entered into the system by the primary coders and either assigns a code from the information that is available or sends a CQ to the TSP.</u>

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<p>Page 6-23</p>	<p>Coding of Random Moments cont.</p>	<p>Coding of Random Moments cont.</p> <p><u>4. The TSP must respond to CQ(s) within 5 student attendance days from the date the CQ was transmitted.</u></p> <p><u>Note: All CQs must be transmitted during normal business hours - 8:00am to 5:00pm Monday through Friday and no later than 15 calendar days after the moment response.</u></p> <p><u>5. Once the TSP responds to the CQ(s) or the CQ expires, the moment is placed back into the coding queue for the primary coders to review and code.</u></p> <p><u>6. Primary coder A reviews the CQ response and assigns an activity code if the CQ response provides sufficient information. If not, then no code is assigned and Primary Coder A enters a final CQ question into the system. Primary coder B reviews the moment response and assigns an activity code if the moment response and the CQ response provides sufficient information. If necessary, Primary Coder B enters a final CQ suggestion into the system.</u></p>
<p>Page 6-23</p>	<p>Coding of Random Moments cont.</p> <p>When the LEC/LGA is calculating the quarterly RMTS results, the denominator for determining the percentage of time reported to each code will be all valid responses linked to paid employee time. The numerator for each of the 16 codes will be the number of valid random moments reported to each. Invalid moments are moments not received within the required time frame (5 student attendance days) with the exception of moments occurring while a participant was on paid or unpaid leave. The RMTS system will not allow participants to answer the standard three questions after the sample deadline; however, the sample moment may be categorized by the participant as one of the following: 1) I was working and did not respond timely; 2) I was on paid time off; 3) I was on unpaid time off.</p> <p>This section was deleted and rewritten</p>	<p><u>7. Once both primary coders have reviewed the CQ response's and either assigned a code or entered CQ into the system, the moment is available for the senior coder to make a determination if the assigned codes do not agree or one of the primary coders have suggested a second CQ.</u></p> <p><u>8. The senior coder reviews the moment response and the CQ responses and any additional CQs suggested by the primary coders and either assigns a code from the information that is available or sends the final CQ to the TSP. The TSP shall not receive more than two CQs per moment.</u></p> <p><u>9. If the TSP does not respond to the CQ(s) within 5 student attendance days and the primary coders do not agree, the senior coder will determine the final code based on the information available.</u></p> <p><u>Note: Coders should be mindful of summer break timeframes when sending CQs in the 4th quarter.</u></p>

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<p>Page 6-23 and 6-24</p>	<p>Coding of Random Moments cont. Verification of paid/unpaid time off must be reconciled, after the occurrence of the moment or before final invoicing, with the specific district's payroll systems and supporting documentation retained. If responses are incorrect or unverifiable, they will be counted as "working and did not respond timely", thus making it an invalid moment. If the 85% compliance rate is not met, all invalid moments will be coded as non-reimbursable. Moments that occur during a participant's unpaid time off, or moments completed during a participant's unpaid time off, cannot be counted in the RMTS results because they are not attached to an employee's costs. An additional activity code specifically for moments that fall within a participant's unpaid time off will be created in the RMTS coding matrix for tracking purposes. 4. Central coders have these duties and guidelines to follow: • All coding will be consistent with the California SMAA manual and adhere to all State approved activity codes. • All central coders will review the information provided in the responses to the questions by the sampled RMTS participant and determine the appropriate activity code. This section was deleted and rewritten</p>	<p><u>10. Primary coder A reviews the moment response and assigns an activity code.</u> <u>Primary coder B reviews the moment response and assigns an activity code.</u> <u>Once both coders have reviewed the final CQs and assigned a code, the moment is available for the senior coder to make a final determination if the assigned codes do not agree.</u> <u>11. The code assigned by the senior coder is the final code (subject to review by the LEAs and final approval by DHCS).</u></p>
<p>Page 6-24</p>	<p>For the purposes of quality control, all completed random moments will be dually coded by two central coders. Discrepancies in coding will be identified, reviewed, and resolved by the senior coder or RMTS Administrators. • If insufficient information is provided to determine the appropriate activity code, one central coder will contact the participant via the SSP, to pose a clarifying question about the moment. For manual system users the coder will contact the participant's supervisor to have the question passed on to the participant. • Central coders must ensure they do not lead participant responses when asking clarifying questions. • Central coders must ensure that all contacts and actions made regarding a moment are electronically recorded and stored . • Once a clarifying question has been answered, the moment is coded and included in the final time survey percentage calculation. This section was deleted and rewritten</p>	<p><u>no later than 15 calendar days after the end of the quarter. Central coders will access completed moments and assign the appropriate activity codes described above. DHCS will have real-time access to the RMTS system to spot check coding activity, the quality of clarifying questions, and coding accuracy. The RMTS web-based system will collect and store all RMTS moments. The LEC/LGA are responsible for monitoring the moments ensuring that they are responded to, completed, and coded in a timely manner. All codes must be assigned</u> <u>1. Activity Codes</u> <u>The California SMAA program captures activities performed by selected participants. The activities are allocated into 18 activity codes; both reimbursable and non-reimbursable.</u> <u>2. Avoiding Duplication of Payment</u> <u>All LECs/LGAs are required to provide assurances of non-duplication to DHCS. The LEC/LGA must ensure that LEAs do not claim Federal Financial Participation (FFP) for the costs of allowable administrative activities that have been or should have been reimbursed through an alternative mechanism or funding source</u></p>
<p>Page6-24 and 6-25</p>	<p>Coding of Random Moments cont.</p>	<p><u>3. Coding Responsibilities</u> <u>The RMTS design has removed the responsibility of assigning sample activities to the correct activity code from the participant and placed the responsibility upon the central coding team. The central coding team will consist of at least two LEC/LGA staff or contractors who will individually code each random moment separately, known as dual coding, to ensure that sample moments are assigned to the correct activity code. Central coders will log in to a secure RMTS system using their unique, authorized user identification and password to access and code the sample moments. All activities made by any user to a sample moment must be documented and maintained in the RMTS system for tracking purposes. A response completed within the required time frame, and linked to the participant's paid time is considered a valid moment. All valid moments must be used to calculate the time survey results for the quarter.</u></p>

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<p>Page 6-25</p>	<p>Coding of Random Moments cont.</p>	<p><u>When the LEC/LGA is calculating the quarterly RMTS results, the denominator for determining the percentage of time reported to each code will be all valid responses that are assigned Codes 1-16 and linked to paid employee time. The numerator will be the total number of invalid random moments reported.</u></p> <p><u>Invalid moments are moments that did not receive a TSP response within the required time frame (5 student attendance days). Once the 5 student attendance day response period has lapsed, the moment is considered to have expired and the RMTS system will not allow participants to answer the standard three questions. However, the sample moment may be categorized by the LEC/LGA/LEA Coordinator after the moment has expired as one of the following:</u></p>
<p>Page 6-25</p>	<p>Coding of Random Moments cont.</p>	<p><u>1) Working and did not respond timely</u> <u>2) Was on paid time off</u> <u>3) Was on unpaid time off</u></p>
<p>Page 6-25</p>	<p>Coding of Random Moments cont.</p>	<p><u>Verification of paid/unpaid time off must be reconciled, after the occurrence of the moment or before final invoicing, with the specific district's payroll systems and supporting documentation retained. If paid time off status can be verified, the moment shall be recoded to Code 16. If unpaid time off can be verified, the moment shall be recoded to Code 17. If paid/unpaid time off is unverifiable, the response will be coded as invalid, thus making it an invalid moment. If the 85% compliance rate is not met, a sufficient number of invalid moments will be coded as non-reimbursable in order to achieve the minimum of 2,401 moments required for a valid sample.</u></p> <p><u>Moments that occur during a participant's unpaid time off, or that are attached to a position where a vacancy occurred after the quarter began, cannot be counted in the RMTS results because they are not attached to an employee's costs An additional activity code specifically for moments that fall within a participant's unpaid time off was created (Code 17) in the RMTS coding matrix for tracking purposes.</u></p>

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<p>Page 6-25 and 6-26</p>	<p>Coding of Random Moments cont.</p>	<p>4. Central coders have these duties and guidelines to follow:</p> <ul style="list-style-type: none"> • <u>All coding will be consistent with the reasonableness standards contained in Title 2 Code of Federal Regulations (CFR) Part 225 Appendix A (C)(2), the California SMAA manual, and adhere to all State approved activity codes.</u> • <u>All central coders will review the information provided in the responses to the questions by the sampled RMTS participant and determine the appropriate activity code.</u> • <u>For the purposes of quality control, all completed random moments will be dually coded by two central coders. Discrepancies in coding will be identified, reviewed, and resolved by the senior coder or RMTS Administrators.</u> • <u>If insufficient information is provided to determine the appropriate activity code, the senior coder will contact the participant via the SSP, to pose a clarifying question about the moment. For manual system users the coder will contact the participant's supervisor to have the question passed on to the participant.</u>
<p>Page 6-26</p>	<p>Coding of Random Moments cont.</p>	<ul style="list-style-type: none"> • <u>Senior coders must ensure they do not lead participant responses when asking clarifying questions.</u> • <u>Central coders must ensure that all contacts and actions made regarding a moment are electronically recorded and stored.</u> • <u>Once a clarifying question has been answered, the moment is coded and included in the final time survey percentage calculation.</u>
<p>Page 6-26</p>	<p>Quality Assurance Process LEC/LGA Review Process The RMTS system will randomly select, at a minimum, 10% of all coded moments and clarifying questions each quarter for quality assurance code reviews by the LEC/LGA. Quarterly quality assurance sample reviews must be conducted prior to the submission of the quarterly invoice to DHCS to ensure: 1) that the TSP answered their moment completely; 2) the accuracy of the assigned code; 3) any coding errors are corrected by the senior coder or RMTS administrator; and 4) the coders are not posing leading questions to the participants. Each LEC/LGA will submit the quarterly quality assurance sample reviews to DHCS no later than 30 days after the end of the quarter in order to ensure statewide consistency. LECs/LGAs also review the invoice and perform cost analyses of all invoice documents to ensure that all costs that are input into the invoice meet the standards for Certified Public Expenditures and are composed of the nonfederal share of all salary and benefit costs.</p>	<p>Quality Assurance Process LEC/LGA Review Process The RMTS system will randomly select, at a minimum, 10% of all coded moments and clarifying questions each quarter for quality assurance code reviews by the LEC/LGA. Quarterly quality assurance sample reviews must be conducted prior to the submission finalizing the quarterly results, invoice to DHCS to ensure: Reviews entail: 1) that the TSP answered their moment completely; 2) the accuracy of the assigned code; 3) any coding errors are corrected by the senior coder or RMTS administrator; and 4) the coders are not posing leading questions to the participants. Each LEC/LGA will submit the quarterly quality assurance sample reviews—results to DHCS no later than 30 days after the end of the quarter in order to ensure statewide consistency: prior to finalizing the results LECs/LGAs also review the invoice and perform cost analyses of all invoice documents to ensure that all costs that are input into the invoice meet the standards for Certified Public Expenditures and are composed of the nonfederal share of all salary and benefit costs.</p>

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<p>Page 6-27</p>	<p>LEC/LGA Reporting of Coding Data For each quarterly time survey period for which random moments are assigned, each LEC/LGA will make available to the claiming units in their region that make up the Participant Universe the results of the claiming unit's TSP responses to the random moments that were generated and the codes that were assigned to each response by the TSPs in that claiming unit. Each claiming unit will have 30 days to review the coding data and submit an appeal to the LEC/LGA for any specific coding assignment for which the claiming unit disagrees. The LEC/LGA will have 30 days to respond to any appeals submitted.</p>	<p>LEC/LGA Reporting of Coding Data For each quarterly time survey period for which random moments are assigned, <u>within 30 days of coding being finalized for the quarter</u>, each LEC/LGA <u>will make available</u> to the claiming units in their region that make up the participant universe, <u>a Quarterly Coding Report (QCR). The QCR will be segregated by claiming unit and include</u> the results of the claiming unit's TSP responses to the random moments that were generated, <u>the clarifying questions that were asked and the responses that were given in that quarter</u>, and the <u>final</u> codes that were assigned to each <u>TSP's moment</u> response by the TSPs infor that claiming unit. <u>A sample format for the QCR is included in Appendix K.</u> Each claiming unit will have 30 days to review the coding <u>QCR</u> data to ensure accuracy, and submit corrections to the LEC/LGA. For any specific coding assignment for which the claiming unit and LEC/LGA are unable to resolve the <u>reach agreement the SMAA a</u> Appeals process <u>can be utilized.</u></p>
<p>Page 6-27</p>	<p>LEC/LGA Reporting of Coding Data cont.</p>	<p>LEC/LGA Reporting of Coding Data cont. <u>Under Welfare and Institutions (W&I) Code Section 14132.47, the Department contracts with the LECs and LGAs to assist with the administration of the administrative claiming program. Each LEC or LGA may in turn subcontract with the LEAs in their region that choose to participate in the administrative claiming process. This appeal process is developed to resolve any administrative issues that may arise between contractors and/or subcontractors. Relevant sections of the California State Welfare and Institutions Code provide: the director [of the department] shall have those powers and duties necessary to conform to requirements for securing approval of a [Medi-Cal] state plan under the provisions of the applicable federal law, and the department shall be the single state agency [to administer or to supervise the administration of the plan] for purposes of Title XIX of the federal Social Security Act [including Administrative Claiming] (W&I § 14100.1)</u></p>
<p>Page 6-28</p>	<p>Site Visits/Desk Reviews DHCS performs site visits on a minimum of three LECs and three LGAs each year. These Site Visits consist of a review of two claiming units and invoices for two fiscal years and include MAA Coordinator, central coder, and fiscal staff in-person interviews, and a complete review of the audit binders for all invoices covered by the review. Desk reviews using the same criteria are performed when state budget restrictions prohibit staff travel.</p>	<p>Site Visits/Desk Reviews DHCS performs site visits on a minimum of three LECs and three LGAs each year. These Site Visits consist of a review of two claiming units and invoices for two fiscal years and include MAA Coordinator, central coder, and fiscal staff in-person interviews, and a complete review of the audit binders for all invoices covered by the review. Desk reviews using the same criteria are performed when state budget restrictions prohibit staff travel. <u>DHCS will perform annual site visits on identified high risk claiming units. A claiming unit is considered high-risk if any one quarterly invoice demonstrates at least 3 of the 5 following risk-based criteria:</u></p> <ul style="list-style-type: none"> <u>• Greater than 10% variance in claimable amount year to date;</u> <u>• Greater than 25 code change requests in a quarter;</u> <u>• Greater than 10% invalid moments in a quarter;</u>

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<p>Page 6-28</p>	<p>Site Visits/Desk Reviews cont.</p>	<p>Site Visits/Desk Reviews cont.</p> <ul style="list-style-type: none"> • <u>Greater than 10% vacated moments in a quarter; and</u> • <u>Per member per month spending greater than 2 times statewide average.</u> <p><u>The site visit will include, at a minimum: 1) a complete review of the audit binder(s) for the quarterly invoice(s) that meet the high risk criteria; and 2) in-person interviews with the LEC/LGA MAA Coordinator, the central coding staff, and the LEA MAA Coordinator. When state budget restrictions prohibit staff travel, desk reviews will be substituted for site reviews and use the same criteria.</u></p> <p><u>DHCS will also perform desk reviews on a minimum of three LECs and three LGAs each year. These desk reviews will involve the evaluation of a random sample of 5% of the claiming units within the LEC/LGA or a minimum of two claiming units each, as well as the associated invoices and audit binders for two fiscal years for each claiming unit reviewed.</u></p> <p><u>DHCS reserves the right to perform additional site visits/desk reviews as needed.</u></p>
<p>Page 6-29</p>	<p>Invoice Analysis DHCS reviews each invoice submitted for reimbursement. The review process involves scrutiny of the Activities and Medi-Cal Percentages Worksheet, the Claiming Unit Functions Grid, the Cost and Revenue Worksheet, the Payroll Data Collection Worksheet, and the Variance form to ensure compliance with the standards set in the SMAA Manual. If DHCS determines that an invoice does not comply with the standards set out in the manual, the invoice will be returned to the LEC/LGA and federal funds will not be claimed.</p>	<p>Invoice Analysis DHCS reviews each invoice submitted for reimbursement. The review process involves scrutiny of the Activities and Medi-Cal Percentages Worksheet, <u>the Roster Report</u>, the Cost and Revenue Worksheet, and the Payroll Data Collection Worksheet, and the Variance form to ensure compliance with the standards set in the SMAA Manual. If DHCS determines that an invoice does not comply with the standards set out in the <u>SMAA manual, and 45 CFR Part 75</u> the invoice will be returned to the LEC/LGA <u>for further LEA review and compliance</u> and federal funds will not be claimed <u>unless the claim is re-certified.</u></p>
<p>Page 6-29</p>	<p>Claiming Unit / LEA Participation Standards A key factor to a successful RMTS is having the full support of the District Superintendents or other Executive Administrative Officials for the process. It has been demonstrated that with District Officials promoting RMTS, eligible MAA staff are reminded of the significance of their role and importance of their participation in the process which provides them more incentive to respond. This support alone will help maximize the return response rate. The LEA MAA Coordinator needs to develop a process to ensure each TSP is aware of the date and time of their moment and the benefits of their participation to their school. If an LEA has been selected for random moments and does not participate, they cannot submit an invoice for that quarter due to non-participation in the quarterly time survey. They may still be included in the next quarter sample universe if the LEA wants to continue RMTS participation. The LEA may need to provide more training or outreach to their TSPs for improved compliance. However, if an LEA continues to have a high non-response rate, they may be rejected to participate in RMTS by their LEC/LGA beginning the next fiscal year. The LEA must assure the LEC/LGA that efforts have been made to increase participant compliance to be considered to participate in the next RMTS cycle.</p>	<p>Claiming Unit / LEA Participation Standards A key factor to a successful RMTS is having the full support of the District Superintendents or other Executive Administrative Officials for the process. It has been demonstrated that with District Officials promoting RMTS, eligible SMAA staff are reminded of the significance of their role and importance of their participation in the process which provides increased incentive to respond <u>to their moment</u>. This support alone will help maximize the return response rate, <u>therefore, increasing funding to reimburse the schools</u>. The LEA SMAA Coordinator needs to develop a process to ensure each TSP is aware of the date and time of their moment and the benefits of their participation to their school. If an LEA TSP has been selected for random moments and does not participate, they cannot submit an invoice for that quarter due to non-participation in the quarterly time survey. They may still be included in the next quarter sample universe if the LEA wants to continue RMTS participation. The SMAA LEA Coordinator may need to provide additional training or outreach to their TSPs for improved compliance to ensure compliance. However, if an LEA continues continually to have a high non-response rate <u>during a given fiscal year</u>, they may be rejected to participate in RMTS by their LEC/LGA beginning the next fiscal year. The LEA must assure the LEC/LGA that efforts have been made to increase participant compliance to be considered to participate in the next RMTS cycle.</p>

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<p>Page 6-30</p>	<p>Financial Data The financial data to be included in the calculation of the MAA claim are to be based on actual expenditures incurred during the quarter. These costs must be obtained from actual detailed expenditure reports generated by the claiming unit's financial accounting system. OMB Circular A-87, attachment A, General Principles, specifically defines the types of costs that can be included in the program (direct costs, indirect costs, and allocable costs). These principles can be applied when establishing the allowability or unallowability of certain items of cost. These principles apply whether a cost is treated as direct or indirect. The following items are considered allowable costs as defined in OMB A-87. Indirect Costs The indirect cost rate is developed by the claiming units' state cognizant agency, the California Department of Education (CDE), and is updated annually. The methodology used by the respective state cognizant agency to develop the indirect rates has been approved by the cognizant federal agency, as required by the CMS guide. Indirect costs are applied to the total MAA allowable costs. The LEC/LGA will ensure that costs included in the MAA financial data are not included in the district's indirect cost rate, and no costs will be accounted for more than once.</p>	<p>Financial Data The financial data to be included in the calculation of the <u>SMAA</u> claim are to be based on actual expenditures incurred during the quarter. These costs must be obtained from actual detailed expenditure reports generated by the claiming unit's financial accounting system. OMB Circular A-87, attachment A, General Principles45 CFR Ppart 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards specifically defines the types of costs that can be included in the program (direct costs, indirect costs, and allocable costs). These principles apply whether a cost is treated can be applied when establishing the allowability or unallowability of certain items of cost, and whether a cost is treated as direct or indirect. The following items are considered allowable costs as defined in 45 CFR Part 75. The indirect cost rate is developed by the claiming units' state cognizant agency, the California Department of Education (CDE), and is updated annually. The methodology used by the respective state cognizant agency to develop the indirect rates has been approved by the cognizant federal agency, as required by the CMS guide. Indirect costs are applied to the total <u>SMAA</u> allowable costs. The LEC/LGA will ensure that costs included in the <u>SMAA</u> financial data are not included in the district's indirect cost rate, and no costs will be accounted for more than once.</p>
<p>Page 6-31</p>	<p>Allocated Cost Pool Costs include general and administrative staff in the claiming unit who were not included in the time study moments, whose costs are not direct charged, and by the nature of their work support the staff in the other cost pools. Revenue Offsets- Federal Revenues. All federally funded costs shall be offset against claimed costs. Including these amounts in the costs claimed for reimbursement will cause the Federal Government to not only fund these costs, but to also pay the Medi-Cal percentage on those amounts, and therefore pay for the same costs twice, which is prohibited by OMB Circular A-87. Matching Revenues. Claimed costs funded by state/local matching funds required by a federal grant must be offset. OMB Circular A-87 stipulates that a cost used to meet a matching or cost-sharing requirement of one federal grant may not also be included as a cost against any other federal grant. State/local match funds become federal monies, carry the same restrictions as the federal funds, and must be identified accordingly.</p>	<p>Allocated Cost Pool Costs include general and administrative staff in the claiming unit who were not included in the time study <u>survey</u> moments, whose costs are not direct charged, and by the nature of their work support the staff in the other cost pools. Revenue Offsets- Federal Revenues. All federally funded costs shall be offset against claimed costs. Including these amounts in the costs claimed for reimbursement will cause the Federal Government to not only fund these costs, but to also pay the Medi-Cal percentage on those amounts, and therefore pay for the same costs twice, which is prohibited by OMB Circular A-87.45 CFR Part 75. Matching Revenues. Claimed costs funded by state/local matching funds required by a federal grant must be offset. OMB Circular A-87 45 CFR Part 75 stipulates that a cost used to meet a matching or cost-sharing requirement of one federal grant may not also be included as a cost against any other federal grant. State/local match funds become federal monies, carry the same restrictions as the federal funds, and must be identified accordingly.</p>
<p>Page 6-32 and 6-33</p>	<p>Documentation Requirements It is required that all MAA claiming units maintain documentation supporting the administrative claim. The claiming units must maintain and have available upon request by, LEC/LGA, state or federal entities the contract with the LEC/LGA to participate in the MAA program. Some documentation must be maintained quarterly. This documentation must be available upon request by the LEC/LGA, state or federal entities. The quarterly requirements are outlined below. LECs/LGAs are required to use and distribute any materials provided by DHCS regarding the time study. • RMTS results data; and</p>	<p>Documentation Requirements It is required that all <u>SMAA</u> claiming units maintain documentation supporting the administrative claim. The claiming units must maintain and have available upon request the contract with the LEC/LGA state or federal entities to participate in the SMAA program. Some Documentation must be maintained quarterly This documentation must be available upon request by the LEC/LGA, state or federal entities. The quarterly requirements are outlined below. LECs/LGAs are required to use and distribute any materials provided by DHCS regarding the time study <u>study</u>. • <u>RMTS results data; and</u> • <u>Report of corrected coded moments;</u> • <u>Records of appealed moments and outcomes; and</u></p>

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<p>Page 6-33 and 6-34</p>	<p>Oversight and Monitoring DHCS Level Oversight and Monitoring DHCS will monitor and review various components of the MAA program operating in the State. The areas of review include, but are not limited to:</p> <p>Frequency DHCS will have real-time read-only access to all RMTS software. LECs/LGAs will be monitored at least once every three (3) years. This monitoring will consist of either an on-site, desk, or combination review. For this monitoring process, two claiming units and invoices for two fiscal years will be selected for in-depth review. Participating LECs/LGAs will be required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts.</p> <p>For other quarters, trends will be examined (e.g. total costs in the claim, time study results, and reimbursement levels). Any significant variations from historical trending will be communicated to the LECs/LGAs for explanation of the variance. LEC/LGA Level Oversight and Monitoring</p>	<p>Oversight and Monitoring DHCS Level Oversight and Monitoring DHCS will monitor and review various components of the SMAA program operating in the State. The areas of review includes, but not limited to:</p> <p>Frequency DHCS will have real-time read-only access to all RMTS software. LECs/LGAs will be continuously monitored through the RMTS software. DHCS will conduct site visits or desk reviews at least once every three (3) years. For this monitoring process, a minimum of two claiming units and invoices for two fiscal years will be selected for in-depth review. Participating LECs/LGAs/LEAs will be are required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts.</p> <p>For other all quarters, trends will be examined (e.g. total costs in the claim, time survey results, and reimbursement levels). Any significant variations from historical trending will be communicated to the LECs/LGAs for explanation of the variance. LEC/LGA Level Oversight and Monitoring</p>
<p>Page 6-34 and 6-35</p>	<p>LEC/LGA Level Oversight and Monitoring Roster Updates • Ensure that the individual claiming unit rosters are uploaded quarterly into a database with all other participating claiming units.</p> <p>Time Study Tasks • Review TSP responses to the random moment questions and assign MAA codes; • Pose clarifying questions to TSPs if necessary for the determination of the appropriate time study code; • Quality check coded time study data; • Follow up with participants who submitted incomplete samples; • Review all data and prepare it for the claim.</p>	<p>LEC/LGA Level Oversight and Monitoring Roster Updates • Ensure that the individual claiming unit rosters are uploaded updated and maintained quarterly into a database-SSP with all other participating claiming units.</p> <p>Time Study SurveyTasks • Timely review of TSP responses to the random moment questions and assign SMAA codes. • Develop and send Pose clarifying questions, within 15 calendar days, to TSPs if necessary for the determination of the appropriate time study survey code. • Quality check coded time survey data through a random sample review. • Follow up with participants who submitted incomplete samples; • Review all data and prepare it for the claim. • Review all time survey for the quarterly report.</p>
<p>Page 6-35</p>	<p>Financial Tasks • Conduct financial training with claiming units, as needed; • Maintain all source documentation; • If necessary, resubmit to contact for revisions; • Receive completed CPE forms from district and submit to DHCS</p> <p>Miscellaneous Tasks • Participate in LEC/LGA and DHCS Advisory Committee meetings; • Answer general questions from claiming units throughout the quarter; • Submit quarterly MAA claim to DHCS; • Conduct quality assurance reviews, as needed; • Serve as liaison between claiming units and DHCS.</p>	<p>Financial Tasks • Conduct financial training with claiming units, as needed. • Advise claiming unit to maintain all source documentation for the invoice(s). • If necessary, resubmit invoice to LEC/LGA for revisions. • Receive completed CPE forms from district and submit to DHCS</p> <p>Miscellaneous Tasks • Participate in LEC/LGA and DHCS Advisory Committee meetings. • Answer general questions from claiming units throughout the quarter. • Submit quarterly SMAA claim to DHCS to conduct quality assurance reviews to assure program integrity. • Serve as liaison between claiming units and DHCS</p>

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<p>Page 6-36</p>	<p>Local Claiming Unit Level Oversight and Monitoring</p> <p>Each claiming unit participating in the MAA program must take appropriate oversight and monitoring actions that will ensure compliance with MAA program requirements.</p> <p>Actions must be taken to ensure, at a minimum, that:</p> <ul style="list-style-type: none"> • The time study is performed according to DHCS guidelines and requirements; • The time study responses are completed in the required timeline; • The financial data submitted is true and correct; • RMTS participant training requirements are met; • Appropriate documentation is maintained to support the time study and the claim. 	<p>Local Claiming Unit Level Oversight and Monitoring</p> <p>Each claiming unit participating in the SMAA program must take appropriate oversight and monitoring actions that will ensure compliance with <u>SMAA</u> program requirements.</p> <p>Actions must be taken to ensure, at a minimum, that:</p> <ul style="list-style-type: none"> • The time <u>survey</u> is performed according to DHCS guidelines and requirements. • The time <u>survey</u> responses are completed in the required timeline. • The financial data submitted is true and correct. • RMTS participant training requirements are met; • Appropriate documentation is maintained to support the time survey and the claim. • <u>Valid TSP's paid and unpaid time off.</u>
<p>Page 6-36</p>	<p>Roster Updates</p> <ul style="list-style-type: none"> • Prepare and submit updated electronic rosters and email to LEC/LGA as required. Failure to provide this information in the time frame allowed will result in the claiming unit not being able to participate for that quarter. <p>Financial Tasks</p> <ul style="list-style-type: none"> • Prepare financial information for the MAA claim; • Prepare Certification of Public Expenditure (CPE) form and send to financial contact for submission; • Collect annual indirect cost rate (ICR) from the CDE ; • Obtain Medi-Cal Percentage (MP) (Semiannually) . 	<p>Roster</p> <ul style="list-style-type: none"> • Prepare and submit updated electronic rosters and email to <u>the</u> LEC/LGA as required. Failure to provide this information in the time frame allowed will result in the claiming unit not being able to participate for that quarter <p>Financial Tasks</p> <ul style="list-style-type: none"> • Prepare <u>and submit</u> financial information for the SMAA claim <u>to LEC/LGA</u> • Prepare Certification of Public Expenditure (CPE) form and send to financial contact for submission; • <u>Obtain</u> annual indirect cost rate (ICR) from the CDE • Obtain Medi-Cal Percentage (MP) (Semiannually) <u>from DHCS.</u>
<p>Page 6-37</p>	<p>Direct-Charging in Lieu of Time-Surveying</p> <p>An overhead or indirect rate, established according to OMB A-87 principles, may be applied to personnel expenses. Staff job descriptions must show that these activities are part of their job. Note: Staff who perform multiple MAA activities must time-survey.</p> <p>The MAA Operational Plan (OP) requires the retention of job descriptions showing that MAA Medi-Cal Coordination, Claims Administration are part of the job of persons whose costs are direct-charged. Claiming units that have “generic” job descriptions for job classifications are required to describe the specific MAA-related responsibilities.</p> <p>Related operating expenses can also be direct-charged. Examples might include travel to MAA-related training, computer equipment or programming expenses, or training materials. Claiming units using service bureaus or consultants to assist in MAA Coordination, Claims Administration may direct-charge these expenses.</p>	<p>Direct-Charging in Lieu of Time-Surveying</p> <p>An overhead or indirect rate, established according to OMB A-87 <u>45 CFR Part 75</u> principles, may be applied to personnel expenses. Staff job descriptions must show that these activities are part of their job. Note: Staff who perform multiple MAA activities must time-survey.</p> <p>The SMAA Operational Plan/<u>Manual</u> (OP) requires the retention of job descriptions showing that <u>SMAA</u> Medi-Cal Coordination, Claims Administration are part of the job of persons whose costs are direct-charged. Claiming units that have “generic” job descriptions for job classifications are required to justify the specific SMAA-related responsibilities.</p> <p>Related operating expenses can also be direct-charged. Examples might include travel to <u>SMAA</u>-related training, computer equipment or programming expenses, or training materials. Claiming units using service bureaus or consultants to assist in <u>SMAA</u> Coordination, Claims Administration may direct-charge these expenses.</p>

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Page 6-37	<p>Direct-Charging in Lieu of Time-Surveying cont.</p> <p>These items must be included in the MAA OP. Assigning a MAA account number may be useful in isolating these expenses. Direct-charging some smaller expenses, such as printing time survey forms, may not be worth the effort as all direct-charge expenses must be subtracted from overhead costs.</p> <p>Note: Costs that are direct-charged on the MAA invoice may not also be included in other sections of a MAA claim.</p>	<p>Direct-Charging in Lieu of Time-Surveying cont.</p> <p>These items must be included in the SMAA OPaudit file. Assigning a MAA account number may be useful in isolating these expenses. Direct-charging some smaller expenses, such as printing time survey forms, may not be worth the effort as all direct-charge expenses must be subtracted from overhead costs</p> <p>Note 1: Costs that are direct-charged on the SMAASMAA invoice must not be included in other sections of a SMAASMAA claim.</p> <p>Note 2: Staff who perform multiple SMAA activities other than the administration of the program cannot direct charge.</p>
Page 6-37 and 6-38	<p>Treatment of Indirect Costs</p> <p>Indirect costs for LGAs</p> <p>SMAA claims for reimbursement can include departmental/agency (internal) and countywide/citywide (external) overhead or indirect costs. Internal indirect costs typically include the portion of costs of a department's administrative and office staff that the LGA allocates as support for the SMAA claiming unit, such as legal, accounting, and personnel staff costs. External indirect costs typically include the costs of the central control agencies of the LGA, such as Auditor-Controller, Treasurer, General Services, and Personnel. The costs included in internal and external costs vary from LGA to LGA.</p> <p>The federal Office of Management and Budgets (OMB) issued OMB Circular A-87 guidelines for federally subsidized programs to use in claiming indirect costs.</p> <ul style="list-style-type: none"> • LGAs submit external indirect cost rate plans or countywide cost allocation plans, usually prepared through the county/city Auditor-Controller's Office, to the State Controller's Office for review and approval. 	<p>Treatment of Indirect Costs</p> <p>Indirect costs for LGAsLEAs</p> <p>SMAA claims for reimbursement can include departmental/agency (internal) and countywide/citywide (external) overhead or indirect costs. Internal indirect costs typically include the portion of costs of a department's administrative and office staff that the LGA allocates as support for the SMAA claiming unit, such as legal, accounting, and personnel staff costs. External indirect costs typically include the costs of the central control agencies of the LGA, such as Auditor-Controller, Treasurer, General Services, and Personnel. The costs included in internal and external costs vary from LGA to LGA.</p> <p>The federal Office of Management and Budgets (OMB) issued OMB Circular A-87 guidelines for federally subsidized programs to use in claiming indirect costs.</p> <ul style="list-style-type: none"> • LGAs submit external indirect cost rate plans or countywide cost allocation plans, usually prepared through the county/city Auditor-Controller's Office, to the State Controller's Office for review and approval.
Page 6-37 and 6-38	<ul style="list-style-type: none"> • LGAs must prepare and maintain internal indirect cost rate plans with the LGA's audit file for each claiming unit. These plans must be prepared in accordance with OMB Circular A-87. • LGAs must certify that costs claimed as direct costs do not duplicate those costs reimbursed through application of the indirect cost rate. <p>Per OMB Circular A-87, indirect costs are those:</p>	<ul style="list-style-type: none"> • LGAs must prepare and maintain internal indirect cost rate plans with the LGA's audit file for each claiming unit. These plans must be prepared in accordance with OMB Circular A-87. • LGAs must certify that costs claimed as direct costs do not duplicate those costs reimbursed through application of the indirect cost rate. <p>Per OMB Circular A-87Per 45 CFR 75, indirect costs are those: (</p>
Page 6-37 and 6-38	<p>Indirect costs for LECs</p> <p>DHCS will provide oversight and monitoring of indirect cost rates to ensure that costs are allowable according to OMB Circular A-87.</p>	<p>Indirect costs for LECs</p> <p>DHCS will provide oversight and monitoring of indirect cost rates to ensure that costs are allowable according to 45 CFR part 75.</p>
Page 6-37 and 6-38	<p>The invoice used by all LEAs in California to claim federal reimbursement for their MAA activities limits the amount of indirect costs that may be claimed to the percentage approved annually by the CDE. There are no other indirect cost rates applied to the invoice, and no other indirect costs are claimed except for what is captured through the application of the indirect cost rate</p>	<p>The invoice used by all LEAs in California to claim federal reimbursement for their SMAA activities limits the amount of indirect costs that may be claimed to the percentage approved annually by the CDE. There are no other indirect cost rates applied to the invoice, and no other indirect costs are claimed except for what is captured through the application of the indirect cost rate.</p>
NOTE:	Section 7 Operational Plan Overview is deleted	

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<p>Page 7-0 INDEX CHANGES</p>	<p>Record Keeping and Retention Building and Maintaining an Audit File/Operational Plan AuditFile Operational PlanChecklist Quality Control Frequency</p>	<p>Record Keeping and Retention Building and Maintaining an Audit File/Operational Plan <u>Documents to Include in the Audit File/Operational Plan</u> Audit File/Operational Plan Checklist Quality Control Frequency</p>
<p>Page 7-1</p>	<p>Record Keeping and Retention Overview The foundation of MAA claiming is the time survey. Federal regulations require that all records in support of allowable MAA activities must be maintained for a minimum of five fiscal years after the date of payment for that claim. If an audit is in progress, or is identified as forthcoming, all records relevant to the audit must be retained throughout the audit’s duration, or the final resolution of all audit exceptions, deferrals, and/or disallowances whichever is greater. All records retained must be stored ready-to-review in an Audit File/Operational Plan. If an audit is in progress, or is identified as forthcoming, all records relevant to the audit must be retained; these files must be available to State and federal reviewers and auditors upon request in accordance with record retention requirements set forth under Title 42 of the Code of Federal Regulations (CFR), Section 433.32. This documentation includes time survey documentation, secondary documentation, and direct charge certification. The time survey documentation and OP must be kept at the claiming unit that is easily accessible.</p>	<p>Record Keeping and Retention Overview The foundation of SMAA claiming is the time survey <u>sampling</u>. Federal regulations require that all records in support of allowable SMAA activities must be maintained retained for a minimum of five fiscal years after the date of payment for that claim.If an audit is in progress, or is identified as forthcoming, all records relevant to the audit must be retained throughout the audit’s duration, or the final resolution of all audit exceptions, deferrals, and/or disallowances whichever is greater.<u>This documentation includes time survey documentation, secondary documentation, and direct charge certification. Similarly, those documents that support the construction of a SMAA claim must also be kept for five fiscal years after the date of payment for that claim. These documents include the documentation that supports the Medi-Cal percentage, the basis of the cost pools, and job descriptions/duty statements for all staff performing SMAA.</u>This documentation includes time survey documentation, secondary documentation, and direct charge certification.</p>
<p>Page 7-1</p>	<p>Record Keeping and Retention cont. Similarly, the documents that support the construction of a MAA claim must be kept for five fiscal years after the date of payment for that claim. These documents include the documentation that supports the Medi-Cal percentage, the basis of the cost pools, and job descriptions/duty statements for all staff performing MAA.</p>	<p>Record Keeping and Retention cont. All records retained must be stored ready-to-review in an Audit File/Operational Plan (OP). The time survey documentation and OP must be kept at the claiming unit that is easily accessible. Similarly, the documents that support the construction of a MAA claim must be kept for five fiscal years after the date of payment for that claim. These documents include the documentation that supports the Medi-Cal percentage, the basis of the cost pools, and job descriptions/duty statements for all staff performing MAA.</p>
<p>Page 7-1</p>	<p>Building and Maintaining an Audit File/Operational Plan Each claiming unit must develop an Audit File/Operational Plan beginning the first quarter in which a time survey is conducted. A checklist has been developed to assist the claiming unit in this task. Documentation is necessary to respond to audit inquiries, especially in the absence of the specific staff that were responsible for the time survey or the MAA claim.</p>	<p>Building and Maintaining an Audit File/Operational Plan Each claiming unit must develop an Audit File/Operational Plan beginning the first quarter in which a time survey is conducted. A checklist, <u>found in Page 7-3</u>, has been developed to assist the claiming unit in this task. Documentation is necessary to respond to audit inquiries, especially in the absence of the specific staff <u>who</u>that were responsible for the time survey or the SMAA claim.</p>
<p>Page 7-1</p>	<p>DHCS added new language.</p>	<p><u>Documents to Include in the Audit File/Operational Plan</u> <u>This section provides information on how to prepare and assemble the required documentation for each claiming unit’s Audit File/Operational Plan. The term “operational plan” (OP) replaces the term “claiming plan” and includes the audit documents in support of each invoice.</u> <u>Pursuant to 45 CFR 75, each claiming unit must develop and maintain an audit file of comprehensive documents in support of the invoice prior to its submission to DHCS. The OP components are subject to review by the LEC/LGA, DHCS, and/or CMS upon submission of the invoice. The OP becomes the audit file and must include but is not limited to:</u></p>

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<p>Page 7-2</p>		<ul style="list-style-type: none"> • <u>Copies of the annual Roster Report and associated quarterly updates.</u> • <u>Job Descriptions /Duty Statements that match the job classifications identified on the Roster Report.</u> • <u>Medi-Cal Percentage documentation used in the discounted codes</u> • <u>Contracts/MOUs for SMAA services provided by personnel who are included on the Roster Report and/or whose costs will be included in the invoice, all Vendor contracts, and the LEC/LGA SMAA contract.</u> • <u>Invoice Documents to support all claims on the invoice, including paid time off (PTO).</u> • <u>Organization Charts that show the relationships of TSPs, as entered in the invoice.</u> • <u>Resource Directories used to help participants access Medi-Cal services.</u> • <u>DHCS approved outreach material and a copy of the DHCS approval letter.</u>
<p>Page 7-2, 7-3, and 7-4</p>	<p>Audit File/Operational Plan Checklist The following list is provided as a guide to determine what to include in the audit file when claiming for Medi-Cal Administrative Activities (MAA). The list is general in nature and is not intended to be all-inclusive</p> <p>RMTS Time Survey Data- Calculation of RMTS response rate</p> <p>Invoice Documents- Invoice Variance Form Claiming Unit Functions Grid Checklist for Preparing the MAA Detail Invoice Checklist for Preparing the MAA Summary Invoice</p>	<p>Audit File/Operational Plan Checklist The following list is provided as a guide to determine what to include in the audit file when claiming for Medi-Cal Administrative Activities (MAA): <u>The checklist provides a guide to determine what to include in the audit file when claiming SMAA.</u> The list is general in nature and is not intended to be all-inclusive</p> <p>RMTS Training Materials <u>LEC/LGA Evidence of SMAA training for SMAA Coordinators including training materials and attendance sheets</u></p> <p>RMTS Time Survey Data- Calculation of RMTS response rate <u>LEC Documentation for shift/work hours for participants</u> <u>LEA/LEC/LGA Documentation of verified TSP paid time or unpaid time off if moment coded to 16/17</u> <u>LEA/LEC/LGA Documentation of coded moments appealed, or corrected changes.</u> <u>LEA Document of coded moments appealed and outcome.</u></p>
<p>Page 7-3</p>	<p>Agency Documents- Charts that show the supervision responsibility of staff in SMAA claiming down to the level of the clerical staff whose costs are included in the invoice.</p> <p>Resource Directories- Documents used to promote Medi-Cal that directly relate to surveyed time for such activities. Should include flyers, announcements & other materials pertaining to Medi-Cal. Provide a statement that gives the locations where these materials will be maintained for future DHCS and CMS review</p>	<p>Invoice Documents- <u>All SMAA Summary Invoice and detailed invoice including the following:</u> Invoice variance form <u>All - Activities Percentages and Medi-Cal Eligibility Rate Worksheet</u> <u>Both - Roster Report</u> Claiming Unit Functions Grid Checklist for Preparing the MAA Detail Invoice Checklist for Preparing the MAA Summary Invoice Agency Documents- <u>Organizational charts</u> that show the supervision responsibility of staff in SMAA claiming down to the level of the clerical staff whose costs are included in the invoice</p> <p>Resource Directories- <u>Both - Documents used to promote Medi-Cal that directly relate to surveyed time for such activities. Should include DHCS approved flyers, announcements & other materials pertaining to Medi-Cal.</u> Provide a statement that gives the locations where these materials will be maintained for future DHCS and CMS review</p>

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<p>Page 7-3 and 7-4</p>	<p>Quality Control The Claiming Unit Coordinator is the first level of review to ensure that the OP is complete and accurate.</p> <p>Frequency DHCS will have real-time read only access to all RMTS software.</p> <p>LECs/LGAs will be monitored at least once every three (3) years. This monitoring will consist of either an on-site, desk, or combination review. For this monitoring process, two claiming units and invoices for two fiscal years will be selected for in-depth review. Participating LECs/LGAs will be required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts.</p> <p>For other quarters, trends will be examined (e.g. total costs in the claim, time study results, and reimbursement levels). Any significant variations from historical trending will be communicated by the LECs/LGAs for explanation of the variance</p>	<p>Quality Control The Claiming Unit Coordinator and/or LEA coordinator is the first level of review to ensure that the OP is complete and accurate.</p> <p>Frequency DHCS will have real-time read only access to all RMTS software.</p> <p>LECs/LGAs will be monitored at least once every three (3) years. This monitoring will consist of either an on-site, desk, or combination review. For this monitoring process, two or more claiming units and invoices for two fiscal years will be selected for in-depth review. Participating LECs/LGAs will be required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts.</p> <p>For all quarters, trends will be examined (e.g. total costs in the claim, time study results, and reimbursement levels). Any significant variations from historical trending will be communicated by the LECs/LGAs for explanation of the variance</p>
<p>Page 7-4</p>	<p>Quality Control cont.</p> <ul style="list-style-type: none"> • Desk reviews will be conducted on a minimum of 100 invoices per year. These may include any combination of the following, and the backup documentation to support it: <ul style="list-style-type: none"> o Training Materials o Time Survey Materials o The Grid(s) o Job Descriptions o Medi-Cal Percentage o Contracts/MOUs o Backup Documentation to the Invoice o Organization Charts o Resource Directories 	<p>Quality Control cont.</p> <ul style="list-style-type: none"> • Desk reviews will be conducted periodically on a minimum of 100 invoices per year. These may include any combination of the following, and the backup documentation to support it: <ul style="list-style-type: none"> o Training Materials o Time Survey Materials o The Grid(s) o The Roster Report(s) o Job Descriptions o Medi-Cal Percentage o Medi-Cal Eligibility Rate o Contracts/MOUs o Backup Documentation to the selected invoices o Organization Charts o Resource Directories
<p>Page 7-4 and 7-5</p>	<p>Quality Control cont.</p> <ul style="list-style-type: none"> • Site reviews will be conducted on a rotational basis. DHCS will perform a site review in a minimum of three LECs and three LGAs annually. These will be extensive, and will include, OP reviews, GRID(s) reviews, and invoice reviews. DHCS will review documentation that supports the invoice – which may include, but is not limited to, all of the items on the Audit File/Operational Plan Checklist. <p>If a review results in an invoice overpayment, DHCS will require a check from the claiming unit in the amount of the overpayment. Additional steps may be required, such as additional training, procedure changes, and internal audits.</p>	<p>Quality Control cont.</p> <ul style="list-style-type: none"> • Site reviews will be conducted on a rotational basis. DHCS will perform a site review in a minimum of three LECs and three LGAs annually. These will be extensive, and will include, OP reviews, GRID(s) Roster Report(s) reviews, and invoice reviews. DHCS will review documentation that supports the invoice – which may include, but is not limited to, all of the items on the Audit File/Operational Plan Checklist. <p>If a review results in an invoice overpayment, DHCS will require a check recoupment from the claiming unit in the amount of the overpayment. Additional steps may be required, such as additional training, procedure changes, and internal audits.</p>

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<p>Page 8-1</p>	<p>Contract Requirements DHCS added language</p>	<p>Contract Requirements 1. Amounts Payable <u>A. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.</u> <u>2. Participation in Medi-Cal Administrative Claiming Process</u> <u>A. As a condition of participation in the Medi-Cal Administrative Claiming process, and in recognition of revenue generated in the Medi-Cal Administrative Claiming process, the Contractor shall pay an annual participation fee through a mechanism agreed to by the State and Contractors, or, if no agreement is reached by August 1 of each year, directly to the State.</u> <u>B. The participation fee shall be used to cover the cost of administering the Medi-Cal Administrative Claiming process, including, but not limited to, claims processing, technical assistance, and monitoring. The State shall determine and report staffing requirements upon which projected costs will be based.</u> <u>C. The amount of the participation fee shall be based upon the anticipated State salaries, benefits, operating expenses and equipment, necessary to administer the Medi-Cal Administrative Claiming process and other costs related to that process.</u></p>
<p>Page 8-2</p>	<p>DHCS</p>	<p>Administrative Fees Charged to Claiming Units LECs and LGAs participating in the SMAA program must monitor invoices to ensure that administrative fees they charged to their claiming units are not reported by both the LEC/LGA and claiming unit. The cost of activities included on the SMAA invoice may only be claimed by one entity if they are on the LEC/LGA invoice; they must not be claimed on other invoices, such as the claiming unit or subcontractor claiming unit invoices. If they are claimed on the individual claiming unit or subcontractor invoices, they must not also be claimed on the LEC/LGA invoice. Allowable administrative costs are described in section 5 of this manual, in the under code 15, Medi-Cal Claims Administration, Coordination, and Training section (Code 15) and in the County-Based MAA Provider Manual in the MAA/TCM-Coordination and Claims Administration section (Activity G). These manuals are available at http://www.dhcs.ca.gov/provgovpart/Pages/LocalGovernment.aspx. (See PPL 06-001, available at http://www.dhcs.ca.gov/formsandpubs/Pages/2006PPLs.aspx.)</p>
<p>Page 8-2</p>	<p>Administrative Fees Charged to Claiming Units cont. Including such fees or activities in more than one entity's invoice would result in duplication of claims for federal financial participation. An example of sound oversight to safeguard against duplication would be: Alternatively, if the LEC/LGA allows its claiming unit/subcontractors to include in their MAA invoices the cost of administrative fees charged by the LEC/LGA, then the LEC/LGA must not include in its own MAA invoice the cost of activities associated with these administrative fees. An example of sound oversight to safeguard against duplication would be:</p>	<p>Administrative Fees Charged to Claiming Units cont. Including such fees or activities in more than one entity's invoice would result in duplication of claims for federal financial participation. <u>This scenario below reflects a</u> example of sound oversight to safeguard against duplication would be: Alternatively, if the LEC/LGA allows its claiming unit/subcontractors to include in their SMAA invoices the cost of administrative fees charged by the LEC/LGA, then the LEC/LGA must not include in its own SMAA invoice the cost of activities associated with these administrative fees. <u>This scenario reflects a</u> example of sound oversight to safeguard against duplication would be:</p>

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<p>Page 8-2</p>	<p>Administrative Fees Charged to Claiming Units cont.</p> <ol style="list-style-type: none"> 1. The LEC/LGA conducts MAA Coordination and Claims Administration and contracts with claiming unit/subcontractors that conduct MAA. 2. The LEC/LGA charges the claiming unit/subcontractors an administrative fee for the MAA costs of its own staff that are associated with the coordination. 3. While reviewing the claiming unit/subcontractor invoices, the LEC/LGA notices that the claiming unit/subcontractors include the administrative fee as MAA Coordination Costs on Direct Charges Worksheet, Line 31(d) (School-Based MAA invoice) or as Other Costs in Cost Pool 6, Line H (County-Based MAA invoice). 4. The LEC/LGA does not include in its own MAA invoice the costs of the activities associated with these administrative fees. 	<p>Administrative Fees Charged to Claiming Units cont.</p> <ol style="list-style-type: none"> 1. The LEC/LGA conducts SMAA Coordination and Claims Administration and contracts with claiming unit/subcontractors that conduct SMAA. 2. The LEC/LGA charges the claiming unit/subcontractors an administrative fee for the SMAA costs of its own staff that are associated with the coordination. 3. While reviewing the claiming unit/subcontractor invoices, the LEC/LGA notices that the claiming unit/subcontractors include the administrative fee as SMAA Coordination Costs on Direct Charges Worksheet, Line 31(d) (School-Based SMAA invoice). or as Other Costs in Cost Pool 6, Line H (County-Based SMAA invoice). 4. The LEC/LGA does not include in its own SMAA invoice the costs of the activities associated with these administrative fees.
<p>Page 8-2</p>	<p>Contract Agencies LEC/LGAs and claiming units may deliver their services through contract providers. These contract agencies, or community-based organizations (CBOs), may also participate in MAA. The contract language must reflect the intent of the contract agency to perform some or all of the allowable MAA. Local matching funds that support claims for reimbursement of the cost of providing school-based MAA must constitute Certified Public Expenditures (CPE); that is, they must come from county or city governments, schools or any other public entities. They may not come from CBOs that are nongovernmental or private agencies. To qualify as a federally reimbursable MAA expense, the LEC/LGA or claiming unit must have made a CPE in support of MAA being claimed. CPE can be generally defined as an expenditure of non-federal public funds (defined in federal regulation 42 CFR §433.51) that support the provision of MAA activities within the claiming unit. For further information, refer to PPL 05-005.</p>	<p>Contract Agencies LEC/LGAs and claiming units may deliver their services through contract providersThese contract agencies, or community-based organizations (CBOs), may also participate in MAA. or community-based organizations (CBOs). The contract language must reflect the intent of the contract agency to perform some or all of the allowable MAA activities. Local matching funds that support claims for reimbursement of the cost of providing SMAA must constitute Certified Public Expenditures (CPE); that is, they must come from county or city governments, schools or any other public entities and must be expended before reimbursement can be requested. They may not come from CBOs that are non-governmental or private agencies. To qualify as a federally reimbursable SMAA expense, the LEC/LGA or claiming unit must have made a CPE in support of SMAA being claimed. CPE can be generally defined as an expenditure of non-federal public funds (defined in federal regulation 42 CFR §433.51) that support the provision of SMAA activities within the claiming unit. For further information, refer to PPL 05-005.</p>
<p>Page 8-4</p>	<p>Personal Services Contracts Personal Services Contracts are agreements/contracts for an entity (non-employee) whose contract language does not specify performing MAA. These staff are treated like district-employed staff and must time-survey. Their job classifications must be identified on the Grid(s) and must include a separate duty statement if it differs from those of other claiming staff on the Grid.</p>	<p>Personal Services Contracts Personal Services Contracts are agreements/contracts for an entity (non-employee) whose contract language does not specify performing SMAA. These staff are treated like district-employed staff and must be included in the time-survey if applicable. Their job classifications must be identified on the Grid(s) <u>Roster Report(s)</u> and must include a separate duty statement if it differs from those of other claiming staff on the Grid.<u>Roster Report(s)</u>.</p> <p><u>Consultant(s)/Consulting Firms/Vendor(s) Contracts</u></p> <p><u>All costs associated with consultants/ consulting firms/vendor(s) being claimed for reimbursement must be directly attributable to School-Based Medi-Cal Administrative Activities (SMAA).</u></p>

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<p>Page 8-4</p>	<p>Contract Amendments Contracts with DHCS to provide school-based MAA may be amended. The required amendment forms must be submitted to DHCS at least 90 days prior to the end of the fiscal year in which the contracted activities were conducted. These forms must be requested in a timely manner by email or letter addressed to: Department of Health Care Services Safety Net Financing - SMAA, MS 4603 P.O. Box 997436 Sacramento, CA 95899-7436</p>	<p>Contract Amendments Contracts with DHCS to provide school-based SMAA may be amended. <u>If an amendment is needed the SMAA Coordinator must contact their SMAA analyst to complete the amendment.</u> The required amendment forms must be submitted to DHCS at least 90 days prior to the end of the fiscal year in which the contracted activities were conducted. These forms must be requested in a timely manner by email or letter addressed to: Department of Health Care Services Safety Net Financing - SMAA, MS 4603 P.O. Box 997436, Ste. 71.3024 Sacramento, CA 95899-7436</p>
<p>Page 9-0 and 9-1</p>	<p>Definition of the Medi-Cal Percentage Definition of the Medi-Cal Percentage The Medi-Cal percentage is the fraction of a total population that consists of Medi-Cal beneficiaries, as identified on the DHCS Tape Match. The numerator is the number of students that are Medi-Cal beneficiaries, and the denominator is the total number of students. The only approved methodology is the actual client count (as determined by the DHCS Tape Match). This methodology is described below. The Medi-Cal percentage must be calculated twice per year, once in the 1st and 3rd quarters or once in the 2nd and 4th quarters; this percentage must be reflected in the invoices for those quarters.</p>	<p>Definition of the Medi-Cal Percentage <u>Eligibility Rate</u> Definition of the Medi-Cal Percentage <u>Eligibility Rate</u> The Medi-Cal percentage <u>Eligibility Rate (MER)</u> is the fraction of a total population that consists of Medi Cal beneficiaries, as identified on the DHCS Tape Match. The numerator is the number of students that are Medi-Cal beneficiaries, and the denominator is the total number of students <u>in the district.</u> The only approved methodology is the actual client count (as determined by the DHCS Tape Match). This methodology is described below. The Medi-Cal percentage <u>Eligibility Rate</u> must be calculated <u>at least</u> twice per year, once in the 1st and 3rd quarters or once in the 2nd and 4th quarters; this percentage must be reflected in the invoices for those quarters. <u>(Note: All claiming units that obtain the Medi-Cal Eligibility Rate on a monthly basis should average the MERs within the respective quarters. However, the MER used in the invoice must only be calculated twice per year, either in the 1st and 3rd quarter or the 2nd and 4th quarter.)</u></p>
<p>Page 9-1</p>	<p>Actual Client Count/DHCS Tape Match The actual client count (as determined by the DHCS Tape Match) is determined by dividing the total number of Medi-Cal beneficiaries by the total number of all individuals served by the claiming unit. The total number of all individuals served by the claiming unit is defined in the operational plan as the target population. The Medi-Cal percentage is the fraction of a claiming unit's target population that consists of Medi-Cal beneficiaries. To use this methodology, the claiming unit must define the population "served" and identify the Medi-Cal eligibility status of each person.</p>	<p>Actual Client Count/DHCS Tape Match The actual client count (as determined by <u>obtained through</u> the DHCS Tape Match) is determined by dividing the total number of Medi-Cal beneficiaries by the total number of all individuals served by the claiming unit. The total number of all individuals served by the claiming unit is defined in the operational plan as the target population. The percentage <u>Medi-Cal Eligibility Rate</u> is the fraction of a claiming unit's target population that consists of Medi Cal beneficiaries. To use this methodology, the claiming unit must define the population "served" and identify the Medi-Cal eligibility status of each person.</p>

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<p>Page 9-1</p>	<p>Overview of the Approved Methodology The portion of costs that can be claimed as allowable for some MAA is based on the Medi-Cal percentage. Costs are reduced or “discounted” by the Medi-Cal percentage when the activity benefits or involves both Medi-Cal and non-Medi-Cal populations. The Medi-Cal percentage must be calculated twice per year, once in the 1st and 3rd quarters or once in the 2nd and 4th quarters; this percentage must be reflected in the invoices for those quarters.</p> <p>The following SMAA codes require discounting by the Medi-Cal Percentage</p>	<p>Overview of the Approved Methodology The portion of costs that can be claimed as allowable for some SMAA is based on the Medi-Cal percentage Eligibility Rate. Costs are reduced or “discounted” by the Medi-Cal Eligibility Rate when the activity benefits or involves both Medi-Cal and non-Medi-Cal populations. The Medi-Cal percentage must be calculated at no more than twice per year, once in the 1st and 3rd quarters or once in the 2nd and 4th quarters; this percentage must be reflected in the invoices for those quarters.</p> <p>The following SMAA codes require discounting by the Medi-Cal Percentage Eligibility Rate:</p>
<p>Page 10-0</p>	<p>The California School-Based MAA Manual SECTION 11 Instructions for Preparing The MAA Detail Invoice and The MAA Summary Invoice</p>	<p>The California School-Based SMAA Manual SECTION 10 Instructions for Preparing The SMAA Detail Invoice and The SMAA Summary Invoice</p> <p>Total Moments Calculation (Tab 1) 10-5</p>
<p>Page 10-1</p>	<p>Introduction The instructions for the MAA Detail Invoice, with supporting worksheets, and the MAA Summary Invoice are to be used for the MAA claiming process. The results of the MAA Detail Invoice flow into the MAA Summary Invoice, which is submitted along with the MAA Detail Invoice. A sample MAA Invoice is in Appendix B. The MAA Detail Invoice includes the following documents:</p> <ul style="list-style-type: none"> • Activities and Medi-Cal Percentages Worksheet; • Direct Charges Worksheet; • Payroll Data Collection Worksheet; • Costs and Revenues Worksheet; • Summary Invoice; • Quarter Averaging Worksheet. 	<p>Introduction The instructions for the SMAA Detail Invoice, with supporting worksheets, and the SMAA Summary Invoice are to be used for the SMAA claiming process. The results of the SMAA Detail Invoice flow into the SMAA Summary Invoice, which is submitted along with the SMAA Detail Invoice. A sample SMAA Invoice is in Appendix B. The SMAA Detail Invoice includes the following documents:</p> <ul style="list-style-type: none"> • Activities and Medi-Cal Percentages Worksheet; • Direct Charges Worksheet; • Payroll Data Collection Worksheet; • Costs and Revenues Worksheet; • Summary Invoice; • Quarter Averaging Worksheet. <p>Note: Only include costs for staff on the certified Roster Report (TSP list).</p>

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<p>Page 10-1</p>	<p>Introduction cont. The MAA Detail Invoice integrates the costs and the funding source elements that must be offset to derive the amount of FFP. The amount to be reimbursed is determined when the net costs are factored by the appropriate Medi-Cal discount percentage and activity percentages determined from the time survey.</p>	<p>Introduction cont. <ul style="list-style-type: none"> • <u>Tab 1 – Pools Total Moment Calculation</u> • <u>Tab 2 – Activities Percentage and Medi-Cal Eligibility Rate Worksheet</u> • <u>Tab 3 – Direct Charges Worksheet (Participant Pool 1)</u> • <u>Tab 4 – Direct Charges Worksheet (Participant Pool 2)</u> • <u>Tab 5 – Payroll Data Collection Worksheet</u> • <u>Tab 6 – Costs and Revenues Worksheet (Participant Pool 1)</u> • <u>Tab 7 – Costs and Revenues Worksheet (Participant Pool 2)</u> • <u>Tab 8 – SMAA Summary Invoice Page</u> • <u>Tab 9 – LGA RMTS Summary Invoice</u> • <u>Tab 10 – Averaging Quarter Worksheet (Participant Pool 1)</u> • <u>Tab 11 – Averaging Quarter Worksheet (Participant Pool 2)</u> <p>The SMAA Detail Invoice integrates the costs and the funding source elements that must be offset to derive the amount of FFP. The amount to be reimbursed is determined when the net costs are factored by the appropriate Medi-Cal discount percentage <u>eligibility rate</u> and activity percentages determined from the time survey.</p> </p>
<p>Page 10-1 and 10-2</p>	<p>Introduction cont. Before submitting the MAA Detail Invoice and the MAA Summary Invoice, the operational plan must be completed and all required materials maintained in an audit file (see Section 8). The information entered on the MAA Detail Invoice must be consistent with that found on the Grid(s).</p> <p>The MAA Detail Invoice includes four cost pools, three of which are identified on the Costs and Revenues Worksheet and one of which is identified on the Direct Charge Worksheet. All costs for the claiming unit must be reported on these worksheets. The cost pools are described later in this section and are named:</p> <ul style="list-style-type: none"> • Time Survey Cost Pool 1 (Participant Pool 1) and Cost Pool 2 (Participant Pool 2); • Direct Charge Cost Pool; • Non-MAA Cost Pool; • Allocated Cost Pool 	<p>Introduction cont. Before submitting the SMAA Detail Invoice and the SMAA Summary Invoice, the operational plan must be completed and all required materials maintained in an audit file (see Section 8.7). The information entered on the SMAA Detail Invoice must be consistent with that found on the Grid(s) <u>Roster Report(s) (TSP List) and Time Survey Summary Report.</u></p> <p>The SMAA Detail Invoice includes a total of four five cost pools which are:</p> <ol style="list-style-type: none"> 1. Time Survey Cost Pool 1 (Participant Pool 1) <u>Direct Service and Administrative Providers.</u> 2. <u>Time Survey Cost Pool 2 (Participant Pool 2) Administrative Service Providers</u> 3. Non-SMAA Cost Pool 4. Allocated Cost Pool 5. Direct Charge Cost Pool
<p>Page 10-2</p>	<p>Introduction cont. Note: All personal services and subcontractor contracts must be noted in the Claiming Unit's operational plan, and the associated costs must be tracked separately if they are coded as a contract service.</p> <p>The specific Medi-Cal Discount Percentage and the results of the time survey are reported on the Activities and Medi-Cal Percentages Worksheet.</p> <p>Data should only be entered where indicated by these instructions. Data should NEVER be entered in the shaded areas. Doing so will alter the spreadsheet and, therefore, incorrectly calculate the components of the claim resulting in an erroneous amount of reimbursement. Data to be input is obtained from external sources, such as accounting system reports, spreadsheets, journals, and payroll records. Only those costs and funding sources applicable to the claiming entity should be included. Once all the items are entered, the spreadsheet will automatically calculate the remainder of the claim.</p>	<p><u>The first three cost pools are identified on the Payroll Data Collection Worksheets and subsequently flows into the Costs and Revenues Worksheets and the fourth is identified on the Direct Charge Worksheets and also subsequently flows into the Costs and Revenues Worksheets. All costs for the claiming unit must be reported on these worksheets. A separate detail invoice must be developed and submitted for each Claiming Unit.</u></p> <p>The specific Medi-Cal Discount Percentage <u>Eligibility Rate MER</u> and the results of the time survey <u>Time Survey Results Percentages</u> are reported on the <u>Activity Percentages and Medi-Cal Eligibility Rate</u> Worksheet. Data should only be entered where indicated by these instructions. Data should NEVER be entered in the shaded areas. Doing so will alter the spreadsheet and, therefore, incorrectly calculate the components of the claim, resulting in an erroneous amount of reimbursement. Data to be input is obtained from external sources, such as accounting system reports, ledgers, spreadsheets, journals, and payroll records. Only those costs and funding sources applicable to the claiming entity should be included. Once all the items <u>required data</u> are entered, the spreadsheet will automatically calculate the remainder of the claim. <u>amount of reimbursement.</u></p>

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Page 10-3	<p>How To Enter Percentages The worksheet cells in which a percentage must be entered are pre-formatted to display as a percent. Use the decimal form when entering percentages. For example:</p> <ul style="list-style-type: none"> • 35 percent should be entered as “35;” • 5.5 percent should be entered as “5.5;” • 100 percent should be entered as “100.” 	<p>How To Enter Percentages The worksheet cells in which a percentage must be entered are pre-formatted to display as a percent. Use the decimal form when entering percentages. For example:</p> <ul style="list-style-type: none"> • 35 percent should be entered as “35” • 5.5 percent should be entered as “5.5” • 100 percent should be entered as “100” • <u>0.01 percent should be entered as “0.01”</u>
Page 10-3 and 10-4	<p>Time Survey Cost Pools Staff whose costs should be included in the Time Survey Cost (Participant) Pools consist of the following:</p> <ul style="list-style-type: none"> • One-hundred percent of the non-federally funded costs of staff included in the universe of RMTS participants. (For example, a TSP’s salary and benefit costs are 70-percent federally funded and 30-percent funded by other state or local sources. For that TSP, only 30 percent of the salary and benefit costs may be included in the relevant Time Survey Cost Pool.) • The non-federally funded costs of Personal Services Contractors who time-survey to determine MAA costs because the contract language is nonspecific as to the MAA to be performed. <p>Claiming unit staff whose salary and benefits are 100-percent funded by federal programs may not be included in the Time Survey Cost (Participant) Pools. Also, staff positions whose costs are included in the numerator of the Indirect Cost Rate (ICR) MUST not be included in the Time Survey Cost (Participant) Pools. This includes the costs of salaries and benefits coded to Functions 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700.</p>	<p>Time Survey Cost Pools <u>Claiming unit</u> staff whose costs should be included in the Time Survey Cost (Participant) Pools consist of the following:</p> <ul style="list-style-type: none"> • <u>Any</u> One-hundred-percent of the non-federally funded costs of staff included in the universe of RMTS participants. (For example, a TSP’s salary and benefit costs are 70-percent federally funded and 30-percent funded by other state or local sources. For that TSP, only 30 percent of the salary and benefit costs may be included in the relevant Time Survey Cost Pool.) • The non-federally funded costs of Personal Services Contractors who time-survey to determine SMAA costs because the contract language is nonspecific as to the SMAA to be performed. <p>Claiming unit staff whose salary and benefits are 100-percent funded by federal programs may <u>must not be included</u> in the Time Survey Cost (Participant) Pools. Also, staff positions for which costs are included in the numerator of the Indirect Cost Rate (ICR) must not be included in the Time Survey Cost (Participant) Pools. This includes the costs of salaries and benefits coded to <u>SACS</u> Functions 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700. <u>The Time Survey Costs (Participant) are entered in the Payroll Data Collection Worksheet.</u></p>
Page 10-4	<p>Time Survey Cost Pools cont.</p> <p>A TSP may include any individual who may have direct contact with students and provide a MAA service. This could include, for example, a bilingual school employee who provides interpretation related to Medi-Cal for a non-English-speaking student or a school psychologist who refers students to Medi-Cal-covered services.</p>	<p>Time Survey Cost Pools cont.</p> <p>A TSP may include any individual who may have direct contact with students and provide a MAA service. This could include, for example, a bilingual school employee who provides interpretation related to Medi-Cal for a non-English-speaking student or a school psychologist who refers students to Medi-Cal-covered services.</p>
Page 10-4	<p>Direct Charge Cost Pool Includes the non-federally funded costs associated with staff that did NOT participate in the time survey, and are NOT included in any of the other cost pools. Direct charge costs should be entered on the Direct Charge Worksheet and included in the Claiming Unit’s Operational Plan.</p>	<p>Direct Charge Cost Pool <u>The Direct Charge Cost Pool</u> includes the non-federally funded costs associated with staff that did NOT participate in the time survey, and are NOT included in any of the other cost pools. Direct charge costs are entered on the Direct Charge Worksheet and included in the Claiming Unit’s Operational Plan.</p>
Page 10-4	<p>Allocated Cost Pool Costs include general and administrative staff in the claiming unit who did not time survey, whose costs are not direct charged, and by the nature of their work, support the staff in the other cost pools.</p>	<p>Allocated Cost Pool Costs include <u>school and</u> general administrative staff in the claiming unit who did not time survey, whose costs are not direct charged, and by the nature of their work, support the staff in the other cost pools.</p>

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<p>Page 10-5 and 10-6</p>	<p>Invoice Information The following section contains detailed instructions for completing the school-based MAA Invoice. The invoice consists of an excel workbook with six worksheets/tabs within the workbook. Each worksheet/tab (numbered 1 through 6) is labeled as follows: TAB 1 Activities and Medi-Cal Percentages Worksheet TAB 2 Direct Charges Worksheet TAB 3 Payroll Data Collection Worksheet TAB 4 Costs and Revenues Worksheet TAB 5 MAA Summary Invoice Worksheet TAB 6 Quarter Averaging Supplemental Worksheet (Required for the Averaging Quarter Invoice).</p>	<p>Invoice Information The following section contains detailed instructions for completing the school-based SMAA Invoice. The invoice consists of <u>was created</u> in an excel workbook with six worksheets/tabs within the workbook. Each worksheet/tab (numbered 1 through 6) <u>and consists of eleven tabs. A separate SMAA invoice must be created and submitted for each claiming unit. Each tab (numbered 1 through 11)</u> is labeled as follows: <u>Tab 1 – Total Moment Calculation</u> • Tab 2 – Activities and Medi-Cal Percentages Worksheet Activities <u>Percentage and</u> Medi-Cal <u>Eligibility Rate Worksheet</u> • Tab 3 – Direct Charges Worksheet (Participant Pool 1) • Tab 4 – <u>Direct Charges Worksheet (Participant Pool 2)</u> • Tab 5 – Payroll Data Collection Worksheet • Tab 6 – Costs and Revenues Worksheet (Participant Pool 1) • Tab 7 – <u>Costs and Revenues Worksheet (Participant Pool 2)</u> • Tab 8 – MAA Summary Invoice Worksheet <u>SMAA LEC Summary Invoice Page</u> • Tab 9 – <u>LGA RMTS Summary Invoice Page</u> • Tab 10 – Quarter Averaging Supplemental Worksheet (Required for the Averaging Quarter Invoice): <u>Averaging Quarter Worksheet (Participant Pool 1)</u></p>
<p>Page 10-5 and 10-6</p>	<p>Invoice Information cont. Activities and Medi-Cal Percentages Worksheet (TAB 1)</p>	<p>Invoice Information cont. • Tab 11 – Averaging Quarter Worksheet (Participant Pool 2) Activities and Medi-Cal Percentages Worksheet (TAB 1) <u>Total Moment Calculation (TAB 1)</u> <u>This worksheet is a moment count summary and breaks down the number of moments sampled by code. For Participant Pool 1:</u> <u>1. Enter 2761 for the Total Number of Moments Selected Randomly Prior to the Start of the Quarter.</u> <u>2. Enter the number of Total Invalid Moments. The Total Valid Moments and the Compliance Percentage will auto populate after steps 1 and 2 are complete.</u> <u>3. Enter the number of moments for each code. The code percentages will auto populate once all moments have been entered. Please be sure to check that the Total Moments count is equal to the Total Valid Moments count calculated in step 2.</u> <u>Activities Percentages and Medi-Cal Eligibility Rate Worksheet (TAB 2)</u></p>
<p>Page 10-6</p>	<p>Activities and Medi-Cal Percentages Worksheet (TAB 2)</p>	<p>Activities and Medi-Cal Percentages Worksheet <u>Percentages and Medi-Cal Eligibility Rate Worksheet</u> (TAB 2) <u>For Participant Pool 2:</u> <u>4. Enter 2761 for the Total Number of Moments Selected Randomly Prior to the Start of the Quarter.</u> <u>5. Enter the number of Total Invalid Moments.</u> <u>(Note: The Total Valid Moments and the Compliance Percentage will auto populate after steps 1 and 2 are complete).</u> <u>6. Enter the number of moments for each code. The code percentages will auto populate once all moments have been entered. Please be sure to check that the Total Moments count is equal to the Total Valid Moments count calculated in step 2.</u></p>

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<p>Page 10-6</p>	<p>Invoice Information cont. Rows 1–9: Enter the information as indicated in the unshaded areas Row 1: Claiming Unit Name and CDS Code Note: The name of the Claiming Unit on the MAA Detail Invoice and attachments must match the name on the Operational Plan. Row 2: DHCS Contractor (Region) Row 3: LEC/LGA State Contract number Row 4: Name of person preparing the form Row 5: Title of person preparing the form Row 6: Phone number of person preparing the form Row 7: Date Row 8: Contract year/quarter Row 9: Period of service</p>	<p>Invoice Information cont. Rows 1–9: Enter the required information as indicated in the unshaded areas. Row 1: Claiming Unit Name and CDS Code Note: The name of the Claiming Unit on the SMAA Detail Invoice and attachments must match the name on the SMAA Operational Plan/ Manual. Row 2: DHCS Contractor (Region) Row 3: LEC/LGA State Contract number Row 4: Name of person preparing the form Row 5: Title of person preparing the form Row 6: Phone number of person preparing the form Row 7: Date Row 8: Contract year/quarter Row 9: Time Survey Period of service</p>
<p>Page 10-6 and 10-7</p>	<p>Invoice Information cont. Medi-Cal Percentages The Medi-Cal Discount Percentage represents a ratio of Medi-Cal students to total students in the claiming unit. The approved method to calculate the discount percentage is the Actual Client Count (ACC), which the claiming unit must obtain from DHCS in the form of a Tape Match that provides the actual count of Medi-Cal students at a particular claiming unit. The claiming unit must determine this percentage twice per year, once in the 1st and 3rd quarters or once in the 2nd and 4th quarters; this percentage must be reflected in the invoices for those quarters. See Section 10 and Appendix C of this manual for additional information on determining a Claiming Unit's Medi-Cal Discount Percentage.</p>	<p>Invoice Information cont. Medi-Cal Percentages The Medi-Cal Discount Percentage represents a ratio of Medi-Cal students to total students in the claiming unit. The approved method to calculate the discount percentage is the Actual Client Count (ACC), which the claiming unit must obtain from DHCS in the form of a Tape Match that provides the actual count of Medi-Cal students at a particular claiming unit. The claiming unit must determine this percentage twice per year, once in the 1st and 3rd quarters or once in the 2nd and 4th quarters; this percentage must be reflected in the invoices for those quarters. See Section 10 and Appendix C of this manual for additional information on determining a Claiming Unit's Medi-Cal Discount Percentage. <u>Column C, Row 13: Enter the Medi-Cal Eligibility Rate (MER). The MER represents a ratio of Medi-Cal students to total students in the claiming unit. The approved method to calculate the discount percentage is the Actual Client Count (ACC), which the claiming unit must obtain from DHCS in the form of a Tape Match that provides the actual count of Medi-Cal students for a particular claiming unit. The claiming unit must determine this percentage at least twice per year, once in the 1st and 3rd quarters or once in the 2nd and 4th quarters; this percentage must be reflected in the invoices for those quarters.</u></p>
<p>Page 10-7</p>	<p>Time Surveys The purpose of the time study is to identify the proportion of administrative time allowable and reimbursable under the MAA program. LECs and LGAs conduct time studies on a quarterly basis in order for their respective claiming units to be able to participate in the MAA program. A time study reflects how workers' time is distributed across a range of activities. It is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities. Beginning July 1, 2014, the state will implement a Random Moment Time Study (RMTS) methodology which all claiming units that choose to participate in MAA will be required to utilize.</p>	<p><u>(Note: All claiming units that obtain the Medi-Cal Eligibility Rate on a monthly basis should average the MERs within the respective quarters. However, the MER used in the invoice must only be calculated twice per year, either in the 1st and 3rd quarter or the 2nd and 4th quarter. See Section 9 and Appendix C of this manual for additional information on determining a Claiming Unit's Medi-Cal Eligibility Rate.</u></p> <p>Time Surveys The purpose of the time study survey is to identify the proportion of administrative time allowable and reimbursable under the SMAA program. LECs and LGAs conduct time surveys on a quarterly basis in order for their respective claiming units to be able to participate in the SMAA program. A time survey reflects how workers' time is distributed across a range of activities. It is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities. Beginning July 1, 2014 January 1, 2015, the state implemented a Random Moment Time Survey (RMTS) methodology which all claiming units that choose to participate in SMAA will be required to utilize. <u>Direct charge costs include general and administrative staff in the claiming unit who were not included in the time survey moments.</u></p>

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<p>Page 10-7 and 10-8</p>	<p>Averaging Quarter Since the first quarter is an averaged quarter for RMTS, a claiming unit cannot begin participation in the RMTS TSP universe until the second quarter of that SFY. Claiming units that did not participate in the RMTS cycle the previous fiscal year cannot be included in the RMTS first quarter averaged invoice. Claiming units may submit their own averaged first quarter invoice for SFY 2014-2015 using the prior three worker-log quarters to claim for MAA reimbursement only if none of the three were averaged quarters.</p> <p>Beginning 2015/2016 first quarter the RMTS time sampling process - a claiming unit will average the first quarter invoice and will include the time survey results from the previous three quarters of the prior fiscal year.</p>	<p>Averaging Quarter Since the first quarter is an averaged quarter for RMTS, a claiming unit cannot begin participation in the RMTS TSP universe until the second quarter of that SFY. Claiming units that did not participate in the RMTS cycle the previous fiscal year cannot be included in the RMTS first quarter averaged invoice. Claiming units may submit their own averaged first quarter invoice for SFY 2014-2015 using the prior three worker-log quarters to claim for MAA reimbursement only if none of the three were averaged quarters.</p> <p>Beginning 2015/2016 first quarter the RMTS time sampling process—a claiming unit will average the first quarter invoice and will include the time survey results from the previous three quarters of the prior fiscal year.</p>
<p>Page 10-8</p>	<p>DHCS Added new language</p>	<p><u>The sample universe is limited to every working day that students are in session and considered a paid day for staff. Since the first quarter of the fiscal year, July 1-September 30, is traditionally the bulk of the summer vacation for most school districts, this quarter must be an averaged quarter when using the RMTS methodology. The first quarter averaged invoice will include the time survey results from the previous three quarters of the prior fiscal year. Random moments should not be generated during the first quarter at any time, except for testing purposes only and are not to be included in the quarterly invoice.</u></p>
<p>Page 10-8</p>	<p>Averaging Quarter cont. Column C: Enter the Medi-Cal Discount Percentage for the period being claimed in Row 13. Once entered here, the discount percentage will be transferred to the other worksheets of the MAA Detailed Invoice where necessary. Column D: Enter the results of the time survey by Activity and Code in the unshaded areas of Rows 10–25. Row 26 total time must equal 100%. If a time error occurs, you must increase or decrease the Code 1 (only) percentage accordingly in order to total 100% in row 26. The invoice will calculate all other cells automatically.</p>	<p>Averaging Quarter cont. Column C: Enter the Medi-Cal Discount Percentage for the period being claimed in Row 13. Once entered here, the discount percentage will be transferred to the other worksheets of the MAA Detailed Invoice where necessary. Column D: Enter the results of the time survey by Activity and Code in the unshaded areas of Rows 10–25. Row 26 total time must equal 100%. If a time error occurs, you must increase or decrease the Code 1 (only) percentage accordingly in order to total 100% in row 26. The invoice will calculate all other cells automatically <u>Column D: Enter the results of the time survey for Participant Pool 1 from the LEC/LGA Region or Consortium that represents your LEA by Activity and Code in the unshaded areas of Rows 10–25. Row 26 total percentage must equal 100%. If a time percentage error occurs, you must increase or decrease only the Code 1 percentage accordingly in order to derive 100% in row 26. The formulas in the invoice worksheet will calculate all other cells automatically.</u></p>

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<p>Page 10-8</p>	<p>Column E: Enter the results of the averaged quarter by Activity and Code in the unshaded areas of Rows 10–25. Row 26 total time must equal 100%. If a time error occurs, you must increase or decrease the Code 1 (only) percentage accordingly in order to total 100% in row 26. (For details on how to calculate an average see page 11-23)</p>	<p>Column E: Enter the results of the averaged quarter by Activity and Code in the unshaded areas of Rows 10–25. Row 26 total time must equal 100%. If a time error occurs, you must increase or decrease the Code 1 (only) percentage accordingly in order to total 100% in row 26. (For details on how to calculate an average see page 11-23)</p> <p><u>Column E: Enter the results of the averaged quarter time survey for Participant Pool 2 from the LEC/LGA Region or Consortium that represents your LEA by Activity and Code in the unshaded areas of Rows 10–25. Row 26 total percentage must equal 100%. If a time percentage error occurs, you must increase or decrease only the Code 1 percentage accordingly in order to total derive 100% in row 26. The formulas in the invoice worksheet will calculate all other cells automatically.</u></p>
<p>Page 10-8</p>	<p>Averaging Quarter cont. Column H: Enter the State-approved indirect cost rate.</p> <p>Row 27: Column D – For the non-averaged quarter. Enter the number of TSPs participating in the time survey period. This is a required field for every time survey period. Unless it's the averaging quarter, during which no separate time survey is performed.</p> <p>Row 27: Column E – Enter the number of TSPs included in the averaged period per the RMTS Summary Worksheet (TAB 5). This field is only required for the averaging quarter invoice.</p> <p>Row 28: Enter the Claiming Unit's State Approved Indirect Cost Rate for the current billing period.</p>	<p>Averaging Quarter cont. Column H: Enter the State-approved indirect cost rate.</p> <p>Row 27: Column D -For the non-averaged quarter. Enter the number of TSPs participating in the time survey period. This is a required field for every time survey period. Unless it's the averaging quarter, during which no separate time survey is performed. <u>Enter the number of Participant Pool 1 TSPs participating in the time survey period.</u></p> <p>Row 27: Column E –Enter the number of TSPs included in the averaged period per the RMTS Summary Worksheet (TAB 5). This field is only required for the averaging quarter invoice. <u>Enter the number of Participant Pool 2 TSPs participating in the time survey period</u></p> <p>Row 28: Enter the Claiming Unit's State Approved Indirect Cost Rate for the current billing period. <u>fiscal year covering the current time survey period.</u></p>
<p>Page 10-9</p>	<p>Direct Charges Worksheet (TAB 2) Allowable costs for time and resources related to MAA are determined through either RMTS or separately identified and direct-charged. The purpose of the Direct Charge Worksheet is to capture costs determined through methodologies other than RMTS. A claiming unit may direct-charge costs only if it identifies those costs in its MAA Operational Plan. Unlike the costs captured through RMTS, costs to be direct-charged must be tracked on an on-going basis throughout the fiscal year. These costs are separately itemized on the Direct Charge Worksheet and included in the audit file maintained by the claiming unit. (Please refer to 11-4 for Function Code criteria). Clerical and supervisory support staff may only be included if they either direct charge or time survey. All participants who direct charge must be included on the Grid(s). Claiming units must enter "D" for direct charge under each activity in number 14 of the Claiming Unit Functions Grid. Seven cost categories of activities may be direct-charged. The type of activity determines whether the Medi-Cal Discount Percentage applies. The seven activities, and whether the Medi-Cal Discount Percentage applies, are as follows:</p>	<p>Direct Charges Worksheet <u>(TAB 2 3 Pool 1 & TAB 4 Pool 2)</u> Allowable costs for time and resources related to MAA are determined through either RMTS or separately identified and direct-charged. The purpose of the Direct Charge Worksheet is to capture costs determined through methodologies other than RMTS. A claiming unit may direct-charge costs only if it identifies those costs in its SMAA-Operational Plan. Unlike the costs captured through RMTS, costs to be direct-charged must be tracked on an on-going basis throughout the fiscal year. These costs are separately itemized on the Direct Charge Worksheet and included in the audit file maintained by the claiming unit. (Please refer to 11-4 for Function Code criteria). Clerical and supervisory support staff may only be included if they either direct charge or time survey. All participants who direct charge must be included on the Grid(s) <u>Roster Report(s) and identified as direct charge</u> Claiming units must enter "D" for direct charge under each activity in number 14 of the Claiming Unit Functions Grid. Seven cost categories of activities may be direct-charged. The type of activity determines whether the Medi-Cal Discount Percentage applies. The seven activities, and whether the Medi-Cal Discount Percentage applies, are as follows:</p>

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<p>Page 10-10</p>	<p>Discounted Direct Charge Activities 4. Referral, Coordination, and Monitoring of Medi-Cal Covered Services – Code 8 (Row 32 A). 5. Arranging Transportation in Support of Medi-Cal Covered Services – Code 10 (Row 33 A). 6. Translation Related to Medi-Cal Services – Code 12 (Row 34 A). 7. Medi-Cal Program Planning, Policy Development, and Interagency Coordination – Code 14 (Row 35 A).</p>	<p>Discounted Direct Charge Activities 4. Referral, Coordination, and Monitoring of Medi-Cal Covered Services – Code 8 (Row 32 A – <u>must be corrected when correction is made to the Direct Charges Worksheet.</u>) 5. Arranging Transportation in Support of Medi-Cal Covered Services – Code 10 (Row 33 A – <u>must be corrected when correction is made to the Direct Charges Worksheet.</u>) 6. Translation Related to Medi-Cal Services – Code 12 (Row 34 A – <u>must be corrected when correction is made to the Direct Charges Worksheet</u>) 7. Medi-Cal Program Planning, Policy Development, and Interagency Coordination – Code 14 (Row 35 A – <u>must be corrected when correction is made to the Direct Charges Worksheet.</u>)</p>
<p>Page 10-11</p>	<p>When determining which costs are to be direct-charged, remember that those costs cannot appear anywhere else on the SMAA Detail Invoice as this would result in duplicate claiming. In addition, direct charge costs must be identified in the claiming unit's operational plan; otherwise, it may not be direct-charged</p>	<p>When determining which costs are to be direct-charged, remember that those costs cannot appear anywhere else on the SMAA Detail Invoice as this would result in duplicate claiming. In addition, direct charge costs must be identified in the claiming unit's operational plan; otherwise, it may not be direct-charged. <u>Also, staff positions for which costs are included in the numerator of the Indirect Cost Rate (ICR) must not be included in the Direct Charge worksheets. This includes the costs of salaries and benefits coded to SACS Functions 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700. The Time Survey Costs (Participant) are entered in the Payroll Data Collection Worksheet.</u></p>
<p>Page 10-11</p>	<p>Entering Costs in the Direct Charges Worksheet All costs to be direct-charged are entered on this worksheet. Data from this worksheet automatically transfers to the Direct Charge Cost Pool on the Costs and Revenues Worksheet.</p>	<p>Entering Costs in the Direct Charges Worksheet All costs to be direct-charged are entered on this worksheet. Data from this worksheet automatically transfers to the Direct Charge Cost Pool on the Costs and Revenues Worksheet. <u>Tab 3 is for Participant Pool 1 costs only and Tab 4 is for Participant Pool 2 costs only.</u></p>
<p>Page 10-11</p>	<p>Personnel Costs Column A: List the description of each staff member for whom salary and benefits will be direct-charged under the appropriate MAA activity as defined in the Grid(s). For example, enter the costs to be direct-charged for a staff member performing Medi-Cal Outreach in Row 29a and a staff member to be direct-charged for facilitating the Medi-Cal application should be entered in Row 30a. Also provide a description of each personal service contract charge in this column under the appropriate activity.</p>	<p>Personnel Costs • Column A: List the description (<u>job classification</u>) of each staff member for whom salary and benefits will be direct-charged under the appropriate <u>SMAA</u> activity as defined in the Grid(s) <u>Roster Report(s)</u>. For example, enter the costs <u>description of the staff member</u> to be direct-charged for a staff member performing Medi-Cal Outreach in Row 29a and a staff member to be direct-charged for facilitating the Medi-Cal application should be entered in Row 30a. Also provide a description of each personal service contract charge in this column under the appropriate activity.</p>

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<p>Page 10-12</p>	<p>Payroll Data Collection Worksheet (TAB 3)</p> <p>Identifying total costs for a billing period will require the claiming unit to use and rely on its financial information system and the uniformity of the State's standardized account code structure (SACS). The SACS coding structure will allow the Claiming Unit's costs to be separated into each of the four cost pools utilizing the four-digit SACS Function code as follows:</p>	<p>Payroll Data Collection Worksheet (TAB 3)- <u>(TAB 5)</u></p> <p>Identifying total costs for a billing period will require the claiming unit to use and rely on its financial information system and the uniformity of the State's standardized account code structure (SACS) <u>or Budget and Accounting Manual (BAM)</u>. The SACS <u>and BAM</u> coding structures will allow the Claiming Unit's costs to be separated into each of the four cost pools utilizing the four-digit SACS Function code as follows:</p> <p><u>Salary and Benefit costs are separated by Participant Pool 1 (Columns A, C & E) and Participant Pool 2 (Columns B, D & F). Participant Pool 1 and Participant Pool 2 costs should not be duplicated.</u></p>
<p>Page 10-13</p>	<p>Payroll Data Collection Worksheet cont.</p> <p>1. Determining Total Salary Costs</p> <p>a. Produce an expenditure report of the claiming unit's salary costs (Objects 1000–2999) for the billing period using only Function codes 1000–9999, excluding Function codes 2700 and 7000–7199 and excluding Federal series of Resources 3000-5639 and 5650-5999. Enter the total in Row 36, Column A. This combination of Object and Function codes will provide the amount of gross nonclaimable salary expenditures for the billing period that belong to the Non-MAA Cost Pool before we consider which portion pertains to the Time Survey Cost (Participant) Pool and the Direct Charge Cost Pool.</p>	<p>Payroll Data Collection Worksheet cont.</p> <p>1. Determining Total Salary Costs</p> <p><u>a. Produce an expenditure report of the claiming unit's salary costs (Objects 1000–2999) for the billing period using only Function codes 1000–2699, 2800-6999 and 7200-9999, and excluding Federal series of SACS Resources 3000-5639 and 5650-5999. Enter the total in Row 36; <u>43</u> Column A for Participant Pool 1 <u>the amount entered will automatically populate into Participant Pool 2</u>, 36, Column A, <u>Row 43, column B</u>. This combination of Object and Function codes will provide the amount of gross nonclaimable salary expenditures for the billing period that belong to the Non-SMAA Cost Pool before determining which portion pertains to the Time Survey Cost (Participant) Pool and the Direct Charge Cost Pool.</u></p>
<p>Page 10-13</p>	<p>b. Produce an expenditure report of the claiming unit's salary costs (Objects 1000–2999) for the billing period using only Function codes 2700 and 7000–7199 and excluding Federal series of Resources 3000-5639 and 5650-5999. Enter the total in Row 40, Column A. This combination of Object and Function codes will provide the amount of gross general and administrative salary expenditures that belong to the Allocated Cost Pool before we consider which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool.</p>	<p>b. Produce an expenditure report of the claiming unit's salary costs (Objects 1000–2999) for the billing period using only <u>SACS</u> Function codes 2700 -2799 and 7000–7199 <u>and 7130-7189</u> and exclude Federal series of SACS Resources 3000-5639 and 5650-5999. Enter the total in Row 41, Column A for Participant Pool 1 and enter the total in Row 48, Column B A for Participant Pool .The amount entered will automatically populate into participant pool 2 Row 40, Column B for Participant Pool <u>The amount entered will automatically populate into participant pool 2 Row 48, Column B</u>. This combination of Object and Function codes will provide the amount of gross school and general and administrative salary expenditures that belong to the Allocated Cost Pool before determining which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool.</p>

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<p>Page 10-13</p>	<p>Payroll Data Collection Worksheet cont. c. Identify salary costs of the claiming unit's employees with MAA claimable time only (Codes 4, 6, 8, 10, 12 and 14), excluding Federal series of Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with Function codes 1000-9999, excluding Function codes 2700 and 7000-7199 (see Page 11-3 Time Survey Cost (Participant) Pools for specific criteria). Enter the result in Row 37, Column A. The balance of the costs for those participating in the time survey represents Function codes 2700 and 7000-7199 and should be entered in Row 41, Column A. d. Identify Claiming Unit's salary costs to be direct-charged, excluding Federal series of Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with Function codes 1000-9999, excluding Function codes 2700 and 7000-7199 (refer to Page 11-3 Time Survey Cost Pool for specific criteria). Enter the result in Row 38, Column A. The balance of the direct charge salary costs represents salary cost coded with Function codes 2700 and 7000-7199 and should be entered in Row 42, Column A.</p>	<p>Payroll Data Collection Worksheet cont. c. Identify salary costs of the claiming unit's employees with MAA claimable time only (Codes 4, 6, 8, 10, 12 and 14), included in the approved participant universe, excluding Federal series of SACS Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-2699, 2800-6999 and 7200-9999 excluding Function codes 2700 and 7000-7199 (see Page 11-3 Time Survey Cost (Participant) Pools for specific criteria). Enter the result for the non-Administrative salaries in Row 3744, Column A for Participant Pool 1 and enter the results in Row 37 45, Column B for Participant Pool 2. The balance of the salary costs for employees in the School Administrative and General Administration participating in the time survey participant universe represents SACS Function codes 2700-2799, 7000-7119 and 7130-7189 and should be entered in Row 419, Column BA for Participant Pool 1 and Row 50, Column B for Participant Pool 2.</p>
<p>Page 10-13 and 10-14</p>	<p>d. Identify Claiming Unit's salary costs to be direct-charged, excluding Federal series of Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with Function codes 1000-9999, excluding Function codes 2700 and 7000-7199 (refer to Page 11-3 Time Survey Cost Pool for specific criteria). Enter the result in Row 38, Column A. The balance of the direct charge salary costs represents salary cost coded with Function codes 2700 and 7000-7199 and should be entered in Row 42, Column A.</p>	<p>d. Identify Claiming Unit's salary costs to be direct-charged, excluding Federal series of SACS Resources 3000-5639 and 5650-5999 and excluding SACS Function codes 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700. Once these costs are identified, determine which portion of these costs Identify Claiming Unit's salary costs to be direct-charged, excluding Federal series of SACS Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-9999, excluding SACS Function codes 2700 and 7000-7199. (refer to Page 11-3 Time Survey Cost Pool for specific criteria). Enter the result in Row 389, Column A B for Participant Pool 1 and Row 39, Column B for Participant Pool 2. The balance of the direct charge salary costs represents salary cost coded with SACS Function codes 2700 and 7000-7199 and should be entered in Row 424, Column AB for Participant Pool 1 and Row 44, Column B for Participant Pool 2.</p>
<p>Page 10-14</p>	<p>2. Determining Total Benefit Costs a. Produce an expenditure report of the Claiming Unit's benefit costs (Objects 3000-3999) for the billing period using only Function codes 1000-9999, excluding Function codes 2700 and 7000-7199 and excluding Federal series of Resources 3000-5639 and 5650-5999. Enter the total in Row 36, Column B. This combination of Object and Function codes will provide the amount of gross nonclaimable benefit expenditures for the billing period that belong to the Non-MAA Cost Pool before we consider which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool. b. Produce an expenditure report of the Claiming Unit's benefit costs (Objects 3000-3999) for the billing period using only Function codes 2700 and 7000-7199 and excluding Federal series of Resources 3000-5639 and 5650-5999. Enter the total in Row 40, Column B. This combination of Object and Function codes will provide the amount of gross general and administrative benefit expenditures that belong to the Allocated Cost Pool before we consider which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool.</p>	<p>2. Determining Total Benefit Costs a. Produce an expenditure report of the Claiming Unit's benefit costs (Objects 3000-3999) for the billing period using only SACS Function codes 1000-2699, 2800-6999 and 7200-9999 exclude Function codes 2700 and 7000-7199 and excluding Federal series of Resources 3000-5639 and 5650-5999. Enter the total in Row 3643, Column BC for Participant Pool 1 and the amount entered will automatically populate into Participant Pool 2, Row 43, Column D. This combination of Object and Function codes will provide the amount of gross nonclaimable benefit expenditures for the billing period that belong to the Non-SMAA Cost Pool before determining which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool. b. Produce an expenditure report of the Claiming Unit's benefit costs (Objects 3000-3999) for the billing period using only SACS Function codes 2700-2799, 7000-7119 and 7130-7189, exclude Federal series of SACS Resources 3000-5639 and 5650-5999. Enter the total in Row 408, Column BC for Participant Pool 1 and the amount entered will automatically populate into cell Row 48, Column D for Participant Pool 2. This combination of Object and Function codes will provide the amount of gross school and general administrative benefit expenditures that belong to the Allocated Cost Pool before determining which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool.</p>

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<p>Page 10-14</p>	<p>Determining Total Benefit Costs cont. c. Identify benefit costs of the Claiming Unit's employees with MAA claimable time only (Codes 4, 6, 8, 10, 12 and 14), excluding Federal series of Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with Function codes 1000-9999, excluding Function codes 2700 and 7000-7199 (see Page 11-3 Time Survey Costs (Participant) Pools for specific criteria). Enter the result in Row 37, Column B. The balance of the costs for those participating in the time survey should be entered in Row 41, Column B.</p>	<p>Determining Total Benefit Costs cont. c. Identify benefit costs of the Claiming Unit's employees with MAA-claimable time time-only (Codes 4, 6, 8, 10, 12 and 14); included in the participant universe, excluding Federal series of SACS Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-9999, 2699, 2800-6999 and 7200-9999, excluding Function codes 2700 and 7000-7199 (see Page 11-3 Time Survey Costs (Participant) Pools for specific criteria). Enter the result in Row 4437, Column BC for Participant Pool. The balance of the costs for those participating in the time survey should be entered in Row 41, Column B. 1. The balance of the benefit costs for those participating in the participant universe represents SACS Function codes 2700-2799, 7000-7119 and 7130-1789 and should be entered in Row 4437, Column BC for Participant Pool 1 and Row 50, Column D for Participant Pool 2.</p>
<p>Page 10-15</p>	<p>d. Identify Claiming Unit's benefit costs to be direct-charged, excluding Federal series of Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with Function codes 1000-9999, excluding Function codes 2700 and 7000-7199 (refer to Page 11-3 Time Survey Cost Pools for specific criteria). Enter the result in Row 38, Column B. The balance of the direct charge salary costs represents salary cost coded with Function codes 2700 and 7000-7199 and should be entered in Row 42, Column B.</p>	<p>Determining Total Benefit Costs cont. d. Identify Claiming Unit's benefit costs to be direct-charged, excluding Federal series of SACS Resources 3000-5639 and 5650-5999 and excluding SACS Function codes 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700. Once these costs are identified, determine which portion of these costs are coded with Function codes 1000-9999, excluding Functions codes 2700 and 7000-7199 (refer to Page 11-3 Time Survey Cost Pools for specific criteria). Enter the result in Row 3846, Column BC for Participant Pool 1 and Row 46, Column D for Participant Pool 2. The balance of the direct charge benefit costs represents benefit cost coded with SACS Function codes 2700-2700, 7000-7119 and 7130-7189 and should be entered in Row 51, Column C for Participant Pool 1 and in Row 4251 Column B-DB-D for Participant Pool 2.</p>
<p>Page 10-15</p>	<p>Determining Total Benefit Costs cont. A summary copy of the claiming unit's general ledger supporting the amount entered in Row 36, Columns A & B and Row 40, Columns A & B must be submitted with the MAA Detail Invoice and MAA Summary Invoice. Invoices submitted without this documentation will not be processed or paid by DHCS.</p>	<p>Determining Total Benefit Costs cont. A summary copy of the claiming unit's general ledger supporting the amount entered in Row 36, 4343 Columns A&B A-DA-D and Row 4048, Columns A&B A-DA-D must be submitted with the SMAA Detail Invoice and SMAA Summary Invoice. Invoices submitted without this documentation will not be processed or paid by DHCS.</p>

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<p>Page 10-15 and 10-16</p>	<p>Cost and Revenues Worksheet (TAB 4) Personnel Costs Rows 44–46: These rows calculate the claiming unit’s total personnel costs based upon cost information entered on the Direct Charge Worksheet and the Payroll Data Collection Worksheet. Do not enter data into these rows.</p> <p>Revenue Offsets 1. Federal Revenues. All federally funded costs shall be offset against claimed costs. Including these amounts in the costs claimed for reimbursement will cause the Federal Government to not only fund these costs, but to also pay the Medi-Cal percentage on those amounts, and therefore pay for the same costs twice, which is prohibited by OMB Circular A-87. 2. Matching Revenues. Claimed costs funded by state/local matching funds required by a federal grant must be offset. OMB Circular A-87 stipulates that a cost used to meet a matching or cost-sharing requirement of one federal grant may not also be included as a cost against any other federal grant. State/local match funds become federal monies, carry the same restrictions as the federal funds, and must be identified accordingly.</p>	<p>Cost and Revenues Worksheet (TAB 4-6 Pool 1 & TAB 7 Pool 2) Personnel Costs Rows 44–46 53-55 (Tab 6) Rows 75-77 (Tab 7): These rows automatically calculate the claiming unit’s total personnel costs based upon cost information entered on the Direct Charge Worksheet and the Payroll Data Collection Worksheet. Do not enter data into these rows.</p> <p>Revenue Offsets 1. Federal Revenues. All federally funded costs shall be offset against claimed costs. Including these amounts in the costs claimed for reimbursement will cause the Federal Government to not only fund these costs, but to also pay the Medi-Cal percentage on those amounts, and therefore pay for the same costs twice, which is prohibited by OMB-Circular A-87 45 CFR part 75. 2. Matching Revenues. Claimed costs funded by state/local matching funds required by a federal grant must be offset. OMB-Circular A-87 45 CFR part 75 stipulates that a cost used to meet a matching or cost-sharing requirement of one federal grant may not also be included as a cost against any other federal grant. State/local match funds become federal monies, carry the same restrictions as the federal funds, and must be identified accordingly.</p>
<p>Page 10-16 and 10-17</p>	<p>Revenue Offsets cont Row 47: Enter the amount of federally funded costs included in the Direct Charge cost pool (Column E) identified in the Personnel Cost section. Note: Because local matching funds are usually combined and recorded with federal funds, typically only Row 47 must be entered as “offset revenue”.</p> <p>Row 49: Enter the amount of Other State Revenue funded costs included in the Direct Charge cost pool (Column E) identified in the Personnel Cost Section that must be offset. Generally, this includes the State match portion of federally funded programs. Be careful to offset costs only to the extent that personnel costs included in the “claimable” column of the Direct Charge cost pool are funded by Other State Revenue sources required to be offset. Enter the balance of Other State Revenue in Column H as non-offset revenue.</p>	<p>Revenue Offsets cont Row 47: 56 (Tab 6) Row 78 (Tab 7) Enter the amount of federally funded costs included in the Direct Charge cost pool (Column E) G and I identified in the Personnel Cost section. Be careful to offset costs only to the extent that the personnel costs included in the “claimable” column of the Direct Charge cost pool are funded through federal sources. Enter the balance of federal revenues in Column H (Tab 6) the amount entered will automatically populate into Row 87 Column N (Tab 7) as non-offset revenue. Note: Because local matching funds are usually combined and recorded with federal funds, typically only Row 47 56 (Tab 6) and Row 78 (Tab 7) must be entered as “offset revenue”.</p> <p>Rows 49: 58 (Tab 6) Row 80 (Tab 7) Enter the amount of Other State Revenue funded costs included in the Direct Charge cost pool (Column E G&I) identified in the Personnel Cost Section that must be offset. Generally, this includes the State match portion of federally funded programs. Be careful to offset costs only to the extent that personnel costs included in the “claimable” column of the Direct Charge cost pool are funded by Other State Revenue sources required to be offset. Enter the balance of Other State Revenue in Column H L as non-offset revenue.</p>

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<p>page 10-17</p>	<p>Rows 47–52: Enter the total amount of all other revenues for each row that are not to be offset in Column H.</p> <p>Row 55: This row automatically calculates percentages used to allocate Other Costs and costs included in the Allocated Cost Pool across the Time Survey, Direct Charge, and Non-SMAA cost pools based on their percentage of personnel costs to total personnel costs of the three cost pools. The costs are allocated in Rows 58 and 59.</p>	<p>Rows 47–52: 56-61 (Tab 6) and Rows 78-83 (Tab 7): Enter the total amount of all other revenues for each row that are not to be offset, in Column H L. The amounts entered will automatically populate into Rows 78-83, Column L (Tab 7). All revenues must be identified whether or not they are to be offset. (For more information on Funding Sources [Revenue], claiming unit should refer to the PPLs issued under separate cover.)</p> <p>Row 55 64 (Tab 6) Row 86 (Tab 7): This row automatically calculates percentages used to allocate Other Costs and costs included in the Allocated Cost Pool across the Time Survey, Direct Charge, and Non-SMAA cost pools based on their percentage of personnel costs to total personnel costs of the three cost pools. The costs are allocated in Rows 58 and 59 65 & 66 (Tab 6) Rows 87 & 88 (Tab 7). The Allocated Cost Pool is not considered in this calculation because total costs in the Allocated Cost Pool are subsequently allocated to the remaining cost pools based on the same percentage.</p>
<p>Page 10-17 and 10-18</p>	<p>Non-Salary Costs Non-salary costs are costs, other than salaries and benefits, necessary for the proper and efficient administration of Medi-Cal. While many non-salary costs are claimable, some are not. Non-salary costs are claimable only if they do not support non-claimable costs. The repair and maintenance of an X-ray machine is not claimable because it does not support an allowable cost. Following is a list of claimable non-salary costs. This list is an example and is not comprehensive. These costs are claimable costs only if they do not relate to non-claimable categories of cost: Claimable Non-Salary Costs: • Office supplies; • Office furniture; • Computers and software; • Data processing costs; • Purchased clerical support; • Office maintenance costs; • Utility costs; • Building/space costs (with capitalization limits); • Repair and maintenance of office equipment; • Vehicle rental/amortization and fuel; • Facility security services; • Printing and duplication costs; • Agency publication and advertising costs; • Personnel and payroll services costs; • Travel; • Property and liability insurance (excluding malpractice insurance); • Professional association/affiliation dues; • Legal representation for the agency; • Indirect costs determined to be in accordance with OMB Circular A-87.</p>	<p>Non-Salary Costs Non-salary costs are costs, other than salaries and benefits, necessary for the proper and efficient administration of Medi-Cal. While many non-salary costs are claimable, some are not. Non-salary costs are claimable only if they do not support non-claimable costs. The repair and maintenance of an X-ray machine is not claimable because it does not support an allowable cost. Following is a list of claimable non-salary costs. This list is an example and is not comprehensive. These costs are claimable costs only if they do not relate to non-claimable categories of cost: Claimable Non-Salary Costs: • Office supplies; • Office furniture; • Computers and software; • Data processing costs; • Purchased clerical support; • Office maintenance costs; • Utility costs; • Building/space costs (with capitalization limits); • Repair and maintenance of office equipment; • Vehicle rental/amortization and fuel; • Facility security services; • Printing and duplication costs; • Agency publication and advertising costs; • Personnel and payroll services costs; • Travel; • Property and liability insurance (excluding malpractice insurance); • Professional association/affiliation dues; • Legal representation for the agency; • Indirect costs determined to be in accordance with OMB Circular A-87.</p>
<p>Page 10-18</p>	<p>Other Costs and Allocations Row 56: Enter the costs for nonspecific personal service contracts (PSC) that participate in the time survey and are not direct charge contracts in Row 56, Column A. Row 57: Identify the amount of the Direct Charge Other Costs in Row 57, Columns E–F that are also included in the Other Costs determined at Row 58, Column J. Enter the result in Row 57, Column I.</p>	<p>Other Costs and Allocations Row 56: 65 (Tab 6) Row 87 (Tab 7) Enter the costs for nonspecific personal service contracts (PSC) that participate in the time survey and are not direct charge contracts in Row 586, Column A. (Tab 6) & Row 87, Column A (Tab 7). Identify the amount of the Personal Service Contract costs in Row 56 63, Columns C–F D-J (Tab 6) and Row 85 Columns D-J (Tab 7) that are also included in the Other Costs determined at Row 58 65, Column J N, and Row 87 Column N (Tab 7). Enter the result in Row 56 65, Column I M (Tab 6) and Row 87, Column M (Tab 7). Row 57–66 (Tab 6) and Row 88 (Tab 7): Identify the amount of the Direct Charge Other Costs in Row 57 66 Columns E–F G-J (Tab 6) and Row 88, Column G-J (Tab 7) that are also included in the Other Costs determined at Row 58 65 Column J N (Tab 6), and Row 87 Column N (Tab 7). Enter the result in Row 57 Column I-M (Tab 6) and Row 88, Column M (Tab 7).</p>

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Page 10-19	<p>Row 56: Using the claiming unit's financial information system, produce an expenditure report for Objects 4000–5999, Functions 2700 and 7000–7199 (Other General Administration), and excluding the Federal series of Resource codes 3000–5999 across all Funds of the Claiming Unit (e.g., general fund, adult education fund, child development fund, etc.) for the billing period and enter the result in Row 56, Column J. The result represents the claiming unit's net claimable Other Costs, excluding federally funded costs, which may be allocated across the Time Survey, Direct Charge, and Non-MAA cost pools. Not including federally funded costs in this total ensures that the Federal government participates in only its share of program costs.</p>	<p>Row 56 65 (Tab 6) and Row 87 (Tab 7):: Using the claiming unit's financial information system, produce an expenditure report for Objects 4000–5999, SACS Functions 2700 2799 and 7000–7499 7119 AND 7130-7189(Other General Administration), and excluding the Federal series of SACS Resource codes 3000–5999 and other costs coded to functions 7120, 7190, 7200-7600, 7700, 8100-8400, and 8700 across all Funds of the Claiming Unit (e.g., general fund, adult education fund, child development fund, etc.) for the billing period and enter the result in Row 56-65, Column J-N (Tab 6). The amount entered will automatically populate into Row 87 Column N (Tab 7). The result represents the claiming unit's net claimable Other Costs, excluding federally funded costs, which may be allocated across the Time Survey, Direct Charge, and Non-SMAA cost pools. Not including federally funded costs in this total ensures that the Federal government participates in only its share of program costs.</p>
Page 10-19	<p>Other Costs and Allocations cont. After analyzing the costs identified in the expenditure report above, enter any other unallowable costs noted by the claiming unit in Row 57, Column J that is included in the amount at Row 56, Column J. Claiming unit Note: The expenditure report should be analyzed to ensure that the costs identified in this expenditure report are not duplicated in any other cost pools, such as, direct charge costs for Personal Service Contracts (PSC) or any unallowable costs. This cell may also be used to add allowable costs that may not be maintained in a claiming unit's financial system. For example, OMB A-87 does not allow reimbursement for capital expenditures (i.e. equipment or buildings, land is not allowable because it is not depreciated) which are coded to SACS Objects 6700-6999. Fortunately, OMB A-87 does provide that reimbursement of capital expenditures is permitted through the application of depreciation. For MAA purposes, the SACS Function and Resource coding for the depreciation expense, which in almost all cases is tracked using an off-system method, must match the coding required for Other Costs entered at Row 56, Column J. If this option is utilized, the amount entered for depreciation expense at Row 57, Column J, should be entered as a negative amount to cause an increase at Row 58, Column J.</p>	<p>Other Costs and Allocations cont. After analyzing the costs identified in the expenditure report above, enter any other unallowable costs noted by the claiming unit in Row 57 66, Column J-N (Tab 6) and Row 88, Column N (Tab 7) that is included in the amount at Row 56 65, Column J. Column N (Tab 6) and Row 88, Column N (Tab 7) Claiming unit Note: The expenditure report should be analyzed to ensure that the costs identified in this expenditure report are not duplicated in any other cost pools, such as, direct charge costs for Personal Service Contracts (PSC) or any unallowable costs. Row 59, Column J This cell may also be used to add allowable costs that may not be maintained in a claiming unit's financial system. For example, OMB A-87 45 CFR Part 75 does not allow reimbursement for capital expenditures (i.e. equipment or buildings, land is not allowable because it is not depreciated) which are coded to SACS Objects 6700-6999. Fortunately, OMB A-87 45 CFR Part 75 does provide that reimbursement of capital expenditures is permitted through the application of depreciation. For SMAA purposes, the SACS Function and Resource coding for the depreciation expense, which in almost all cases is tracked using an off-system method, must match the coding required for Other Costs entered at Row 56- 65 Column J. N (Tab 6), and Row 87 Column N (Tab 7) If this option is utilized, the amount entered for depreciation expense at Row-56 , 66 Column J, N (Tab 6) and Row 87 Column N (Tab 7)</p>
Page 10-19		<p>Other Costs and Allocations cont. should be entered as a negative amount to cause an increase at Row 58-65, Column J N (Tab 6) and Row 87 Column N (Tab 7) . .</p>

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<p>Page 10-19 and 10-20</p>	<p>Other Costs and Allocations cont. Total Other Costs will first be reduced by the total Personal Service Contract costs entered in Row 56, Column I, and Direct Charge Other Costs in Row 57, Column I, to avoid duplicate billing of costs because the Claiming Unit has determined these costs to be a component of the claiming unit's Other Costs in Row 58, Column J through an analysis of these costs. The invoice will automatically allocate the remaining costs across the Time Survey, Direct Charge, and Non-MAA cost pools based on their percentage of personnel costs to total personnel costs of the three cost pools. Row 55 calculates these percentages and the allocation is calculated across Row 58. The Allocated Cost Pool is not considered in this allocation because total costs in the Allocated Cost Pool are subsequently allocated to the remaining cost pools based on the same percentage. Generally, Other Costs include the normal day-to-day and monthly operating expenses necessary to run the claiming unit</p>	<p>Other Costs and Allocations cont. Total Other Costs will first be reduced by the total Personal Service Contract costs entered in Row 56-65, Column I-M <u>(Tab 6) and Row 87, Column M (Tab 7)</u> and Direct Charge Other Costs in Row 57 66, Column I, <u>M(Tab 6) and Row 88, Column M (Tab 7)</u>, to avoid duplicate billing of costs because the Claiming Unit has determined these costs to be a component of the claiming unit's Other Costs in Row 58 65, Column J <u>N (Tab 6) and Row 87 Column N (Tab 7)</u> through an analysis of these costs. The invoice will automatically allocate the remaining costs across the Time Survey, Direct Charge, and Non-SMAA cost pools based on their percentage of personnel costs to total personnel costs of the three cost pools. Row 55 64(Tab 6) and Row 86 (Tab 7) calculates these percentages and the allocation is calculated across Row 58 67(Tab 6) and Row 89 (Tab 7). The Allocated Cost Pool is not considered in this allocation because total costs in the Allocated Cost Pool are subsequently allocated to the remaining cost pools based on the same percentage. Generally, Other Costs include the normal day-to-day and monthly operating expenses necessary to run the claiming unit.</p>
	<p>Other Costs and Allocations cont. Row 59: This row calculates the allocation of General and Administrative costs in the Allocated Cost Pool based on the percentages calculated in Row 55. Row 60: This row calculates a subtotal of costs before applying the claiming unit's indirect cost rate. Row 61: This row calculates the costs of applying the Claiming Unit's indirect cost rate to the sub-total in Row 60.</p>	<p>Other Costs and Allocations cont. Row 59 68 (Tab 6) and Row 90 (Tab 7): This row calculates the allocation of School and General Administrative costs in the Allocated Cost Pool based on the percentages calculated in Row 55 <u>64(Tab 6) and Row 86 (Tab 7)</u>. Row 60 <u>69(Tab 6) and Row 91 (Tab 7)</u>: This row calculates subtotal of costs before applying the claiming unit's indirect cost rate. Row 64 70(Tab 6) and Row 92 (Tab 7): This row calculates the costs of applying the Claiming Unit's indirect cost rate to the sub-total in Row 60 69(Tab 6) and Row 91 (Tab 7).</p>
<p>Page 10-20</p>	<p>Row 62: This row calculates the totals for each column. A summary copy of the claiming unit's general ledger supporting the amount entered in Row 56, Column J must be submitted with the MAA Detail and MAA Summary Invoice. Invoices submitted without this documentation will not be processed or paid by DHCS.</p>	<p>Row 62 71 (Tab 6) and Row 93 (Tab 7): This row calculates the totals for each column. A summary copy of the claiming unit's general ledger supporting the amount entered in Row 56, Column J <u>N (Tab 6) and Row 87, Column N (Tab 7)</u> must be submitted with the SMAA Detail and SMAA Summary Invoice. Invoices submitted without this documentation will not be processed or paid by DHCS.</p>
<p>Page 10-20</p>	<p>Other Costs and Allocations cont. FFP Calculations Rows 63-65: Do not enter data in these rows. These rows calculate the FFP based upon data entered on this worksheet and each of the previous three worksheets.</p>	<p>Other Costs and Allocations cont. FFP Calculations Rows 63-65 72-74 (Tab 6) and Rows 94-96 (Tab 7): Do not enter data in these rows. These rows calculate the FFP based upon data entered on this worksheet and each of the previous three worksheets.</p>

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<p>Page 10-20 and 10-21</p>	<p>Other Costs and Allocations cont. Row 63: These amounts represent the claimable portion of the Time Survey and Direct Charge costs (Columns C and E). Row 64: This row applies the Medi-Cal Federal Financial Participation percentage (50%) to the claimable costs (Claimable Costs X FFP Percentage) to arrive at the federal share of costs for each cost pool. Row 64I: Enter the Prior Year corresponding Quarter invoice reimbursement amount. This cell is used to determine if a 20% Invoice Percentage Variance Form needs to be submitted with the invoice. If the message "Must Submit 20% Variance Form" appears, then you must submit the form. (See Appendix F.) Row 64K: Enter the Current Year Prior Quarter Invoice reimbursement amount. This cell is used to determine if a 20% Invoice Percentage Variance Form needs to be submitted with the invoice. If the message "Must Submit 20% Variance Form" appears, then you must submit this form. (See Appendix F.) Rows 65: Adds Columns C and E of Row 64 to arrive at the "Total Federal Share" of the MAA costs for the billing period. The Invoice automatically transfers this amount to the MAA Summary Invoice for billing.</p>	<p>Other Costs and Allocations cont. Row 63 72 (Tab 6) and Row 94 (Tab 7):: These amounts represent the claimable portion of the Time Survey and Direct Charge costs (Columns C and E). Row 64: 73 (Tab 6) and Row 95 (Tab 7): This row applies the Medi-Cal Federal Financial Participation percentage (50%) to the claimable costs (Claimable Costs X FFP Percentage) to arrive at the federal share of costs for each cost pool. Row 64I: Enter the Prior Year corresponding Quarter invoice reimbursement amount. This cell is used to determine if a 20% Invoice Percentage Variance Form needs to be submitted with the invoice. If the message "Must Submit 20% Variance Form" appears, then you must submit the form. (See Appendix F.) Row 64K: Enter the Current Year Prior Quarter Invoice reimbursement amount. This cell is used to determine if a 20% Invoice Percentage Variance Form needs to be submitted with the invoice. If the message "Must Submit 20% Variance Form" appears, then you must submit this form. (See Appendix F.) Rows 65 74 (Tab 6) and Row 96 (Tab 7):: Adds Columns C and E D, E, G & I of Row 64 73 (Tab 6) and Row 95 (Tab 7) to arrive at the "Total Federal Share" of the SMAA costs for the billing period. The Invoice automatically transfers this amount to the SMAA Summary Invoice for billing.</p>
<p>Page 10-21</p>	<p>Claiming For Subcontractors Specific Contracts If the contract is "specific," meaning that the contract specifically defines the MAA to be performed and the cost for each activity, the costs should be direct-charged and entered in the Direct Charges Worksheet (Tab 2) under the "Personal Services Contracts" column (Column L) on the row corresponding to the appropriate activity. Non-Specific Contracts If the contract is "nonspecific," meaning that the contract does not specifically define the MAA activities to be performed and the cost for each allowable activity, the contractor's staff must time survey and include those costs in the Time Survey Cost Pool in Row 56, Column A of the Costs and Revenues Worksheet (Tab 4).</p>	<p>Claiming For Subcontractors Specific Contracts If the contract is "specific," meaning that the contract specifically defines the SMAA to be performed and the cost for each activity, the costs should be direct-charged and entered in the Direct Charges Worksheet (Tab 2 3) or tab 4 for cost pool 2 under the "Personal Services Contracts" column (Column L) on the row corresponding to the appropriate activity. Non-Specific Contracts If the contract is "nonspecific," meaning that the contract does not specifically define the SMAA activities to be performed and the cost for each allowable activity, the contractor's staff must time survey and include those costs in the Time Survey Cost Pool in Row 56 , 65 (Tab 6) participant pool 1 and Row 87 (Tab 7) participant pool 2 Column A of the Costs and Revenues Worksheet (tab 4-</p>

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<p>Page 10-21 and 10-22</p>	<p>Activities and Medi-Cal Percentages Worksheet Conduct the time survey and determine the Claiming Unit's Medi-Cal Discount Percentage and its indirect cost rate. Enter the Medi-Cal Discount Percentage in Row 13, Column C and the indirect cost rate in Row 28, Column H. Enter the results of the time survey in Rows 10–25, Column D.</p> <p>Direct Charges Worksheet Enter costs into this worksheet where indicated and as directed under the standard methodology discussed in the preceding pages of this section.</p> <p>Payroll Data Collection Worksheet Salary Costs: Enter 100 percent of the claiming unit's salary costs in Row 36, Column A. Enter 100 percent of the salary costs for those participating in the time survey that have claimable MAA time in Row 37, Column A. Enter 100 percent of salary costs to be direct-charged in Row 38, Column A. Benefit Costs: Enter 100 percent of the claiming unit's benefit costs in Row 36, Column B. Enter 100 percent of the benefit costs for those participating in the time survey that have claimable MAA time in Row 37, Column B. Enter 100 percent of benefit costs to be direct-charged in Row 38, Column B. No costs should be entered in Rows 40–42.</p>	<p>Activities Percentages and Medi-Cal Percentage Eligibility Rate Worksheet.</p> <p>Conduct the time survey and determine the Claiming Unit's Medi-Cal Discount Percentage and its indirect cost rate. Enter the Medi-Cal Eligibility Rate in Row 13 12, Column C and the indirect cost rate in Row 28, Column H 1. Enter the results of the time survey in Rows 10–25, Column D. Enter the number of moments for each code for Participant Pool 1 and 2 in Tab 1- Pools Moment Calculations. The code percentages will auto populate once all moments have been entered</p> <p>Direct Charges Worksheet Enter costs into this worksheet where indicated and as directed under the standard methodology discussed in the preceding pages of this section.</p> <p>Payroll Data Collection Worksheet Salary Costs: Enter 100 percent of the claiming unit's salary costs in Row 36, Column A. Enter 100 percent of the salary costs for those participating in the time survey that have claimable MAA time in Row 37, Column A. Enter 100 percent of salary costs to be direct-charged in Row 38, Column A. Benefit Costs: Enter 100 percent of the claiming unit's benefit costs in Row 36, Column B. Enter 100 percent of the benefit costs for those participating in the time survey that have claimable MAA time in Row 37, Column B. Enter 100 percent of benefit costs to be direct-charged in Row 38, Column B. No costs should be entered in Rows 40–42.</p>
<p>Page 10-22</p>	<p>Costs and Revenues Worksheet Enter costs into this worksheet where indicated and as directed under the standard methodology discussed in the preceding pages of this section.</p> <p>MAA Summary Invoice Worksheet (TAB 5) It is the responsibility of the LEC/LGA and claiming unit MAA Coordinators to review all invoices for completeness and accuracy prior to submitting them to DHCS. Invoices submitted using an incorrect format will be returned without being reviewed. To expedite the review and payment process, it is necessary to follow all the instructions. The following items must be included:</p>	<p>Costs and Revenues Worksheet Enter costs into this worksheet where indicated and as directed under the standard methodology discussed in the preceding pages of this section.</p> <p>SMAA Summary Invoice Worksheet (TAB 5 8-LEC and TAB 9-LGA) It is the responsibility of the LEC/LGA and claiming unit SMAA Coordinators to review all invoices for completeness and accuracy prior to submitting them to DHCS. LEA MAA Coordinators are the first line reviewers and must certify the invoice for accuracy. Invoices submitted using an incorrect format will be returned without being reviewed. To expedite the review and payment process, it is necessary to follow all the instructions. The following items must be included:</p>
<p>Page 10-22</p>	<p>MAA Summary Invoice Worksheet cont.</p> <ul style="list-style-type: none"> • MAA Summary Invoice; • Invoice Variance Form; • Activities and Medi-Cal Percentages Worksheet; • Time Survey Summary Report – not necessary if only direct charging; • Direct Charges Worksheet; • Payroll Data Collection Worksheet; • Payroll Data Collection & Other Summary Sheet (Maintain actual staff ledger reports for audit purposes); • Costs and Revenues Worksheet; • Supporting Documentation; • Claiming Units Function Grid(s). <p>The original MAA Summary Invoice, MAA Detail Invoice, Grid(s), documentation supporting the time survey results, summary general ledger reports as indicated on the MAA Detail Invoice Checklist (pages 11-23 and 11-24) must be submitted to DHCS for each quarter billed. Claiming units must submit its invoices to its appropriate LEC/LGA.</p>	<p>MAA Summary Invoice Worksheet cont.</p> <ul style="list-style-type: none"> • SMAA Summary Invoice • Invoice Variance Form; • Activities and Medi-Cal Percentages Worksheet • Time Survey Summary Report – not necessary if only direct charging • Direct Charges Worksheet • Payroll Data Collection Worksheet • Payroll Data Collection & Other Summary Sheet (Maintain actual staff ledger reports for audit purposes) • Costs and Revenues Worksheet • Supporting Documentation • Roster Report(s) <p>Claiming Unit Functions Grid The original SMAA Summary Invoice, SMAA Detail Invoice, Grids Roster Report(s), documentation supporting the time survey results, summary general ledger reports as indicated on the SMAA Detail Invoice Checklist (pages 11-23 and 11-24 10-23 and 10-24) must be submitted to DHCS for each quarter billed. Claiming units must submit its invoices to its appropriate LEC/LGA</p>

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Page 10-23	<p>Payment Process MAA claims are submitted to DHCS, Administrative Claiming Local & Schools Services Branch (ACLSSB). The invoices are reviewed for fiscal integrity and compared to the Grid(s). If the invoice is accepted, reviewed and approved by the ACLSSB, the invoice will be forwarded to the Accounting Office for payment processing. The Accounting Office will prepare the invoices for payment and forward them to the State Controller's Office (SCO) for payment. Warrants are made payable to the LEC/LGA Treasurer.</p> <p>If the LEC or LGA anticipates a delay in submitting invoices by the above due dates, the LEC/LGA Coordinator must sign and submit a "Late Invoice Submission Request" at claiming unit two weeks before the due date. Appendix E provides a sample request.</p>	<p>Payment Process SMAA claims are submitted to DHCS, <u>Medi-Cal Administrative Claiming Services</u> Administrative Claiming Local & Schools Services Branch (ACLSSB). The invoices are reviewed for fiscal integrity and compared to the Grids <u>Roster Report(s)</u>. If the invoice is accepted, reviewed and approved by the ACLSSB, the invoice will be forwarded to the Accounting Office for payment processing. The Accounting Office will prepare the invoices for payment and forward them to the State Controller's Office (SCO) for payment. Warrants are made payable to the LEC/LGA Treasurer.</p> <p>If the LEC or LGA anticipates a delay in submitting invoices by the above due dates, the LEC/LGA Coordinator must sign and submit a "Late Invoice Submission Request" at claiming unit two weeks before the due date. <u>This form can be found at http://www.dhcs.ca.gov/provgovpart/Pages/SMAAInvoices.aspx</u>. Appendix E provides a sample request.</p>
Page 10-23	<p>Correction and/or Additional Information Effective 03/12/07, DHCS adopted a Three-Step Review Policy (PPL-07-005), for requesting corrections and/or additional information to support time surveys, invoices, contracts and documentation in support of their operational plans. (SMAA invoices will no longer be held indefinitely while waiting for the essential corrections or backup information from the LEC/LGA MAA Coordinators).</p>	<p>Correction and/or Additional Information Effective 03/12/07, DHCS adopted a Three-Step Review Policy (PPL-07-005), for requesting corrections and/or additional information to support time surveys, invoices, contracts and documentation in support of their operational plans. SMAA invoices will no longer be held indefinitely while waiting for the essential corrections or backup information from the LEC/LGA SMAA Coordinators).</p>
Page 10-24	<p>Examples of costs that are not claimable as Medi-Cal administration:</p> <ul style="list-style-type: none"> • Activities that are an integral part or extension of direct medical services, such as patient assessment, education, or counseling. In addition, the cost of any consultations between medical professionals is already reflected in the payment rate for medical assistance services and may not be claimed separately as an administrative cost. However, the time spent by the student's designated IEP case manager in coordinating and monitoring consultations between professionals may be allowable MAA time under activity Code 8 (Referral, Coordination, and Monitoring of Medi-Cal Covered Services); 	<p>Examples of costs that are not claimable as Medi-Cal administration:</p> <ul style="list-style-type: none"> • Activities that are an integral part or extension of direct medical services, such as patient assessment, education, or counseling. In addition, the cost of any consultations between medical professionals is already reflected in the <u>direct medical services</u> payment rate for medical assistance services and may not be claimed separately as an administrative cost. However, the time spent by the student's designated IEP case manager in coordinating and monitoring consultations between professionals may be allowable SMAA time under activity Code 8 (Referral, Coordination, and Monitoring of Medi-Cal Covered Services).
Page 10-24 and 10-25	<p>Submitting Corrections and Revisions When the LEC/LGA corrects and returns the rejected invoice, it must identify the resubmitted invoice as a Corrected Invoice. The corrected invoice must be identified as a "Correct Invoice" in the transmittal letter and also in the invoice number. The invoice number should reflect the correction by adding a C-1 to the invoice number. If subsequent corrections are required, the invoice number will reflect the number of corrections (C-2), etc. For instance the invoice number for first corrected invoice of the second quarter of fiscal year 2005/06 should read as "05/06-2-C-1" (fiscal year-quarter-correction number).</p> <p>A LEC/LGA may discover the need to correct the invoice before the invoice has been paid. In these situations, the LEC/LGA must submit the corrected invoice identifying it as a "Correct Invoice" in the transmittal letter and also in the invoice number.</p> <p>The invoice number for the second revised invoice of the third quarter of fiscal year 2005/06 should read as "05/06-3-R-2" (fiscal year-quarter-revision number)</p>	<p>Submitting Corrections and Revisions When the LEC/LGA corrects and returns the rejected invoice, it must identify the resubmitted invoice as a Corrected Invoice. The corrected invoice must be identified as a "Correct Invoice" in the transmittal letter and also in the invoice number. The invoice number should reflect the correction by adding a C-1 to the invoice number. If subsequent corrections are required, the invoice number will reflect the number of corrections (C-2), etc. For instance the invoice number for first corrected invoice of the second quarter of fiscal year 2005/06 <u>2014/15</u> should read as 05/06"<u>14/15</u>-2-C-1" (fiscal year-quarter-correction number).</p> <p>A LEC/LGA may discover the need to correct the invoice before the invoice has been paid. In these situations, the LEC/LGA must submit the corrected invoice identifying it as a "Correct Invoice" in the transmittal letter and also in the invoice number.</p> <p>The invoice number for the second revised invoice of the third quarter of fiscal year 2005/06 <u>2014/15</u> should read as 05/06"<u>14/15</u>-3-R-2" (fiscal year-quarter-revision number).</p>

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<p>Page 10-25</p>	<p>Quarter Averaging Supplemental Worksheet (TAB 6) If a claiming unit averages the first quarter of each fiscal year they must submit with their invoice a Quarter Averaging Worksheet. Enter the number of participants and total moments for each activity code in the worksheet and it will automatically calculate the average.</p> <p>Additionally, all claiming units are required to complete the Time Survey Summary Worksheet. The Time Survey Summary worksheet must be kept onsite in the operational plan. These supplemental averaging worksheets are a requirement for invoices submitted beginning fiscal year 2005/2006 First Quarter.</p> <ul style="list-style-type: none"> • Averaging: Applies only if individual positions' time survey results and costs were included in the three non-averaged quarter invoices in the previous fiscal year. The claiming unit can average the time survey results of the first quarter in a fiscal year using the results of quarters two, three, and four from the previous year. Completed surveys must be used for that quarter. 	<p>Quarter Averaging <u>Quarter</u> Supplemental Worksheet (TAB 6-10 Pool 1 & TAB 11 Pool 2) If When a claiming unit averages the first quarter of each fiscal year they must submit with their invoice an <u>Quarter</u> Averaging Quarter Worksheet.</p> <p>Additionally, all claiming units are required to complete the Time Survey Summary Worksheet. The Time Survey Summary worksheet must be kept onsite in the operational plan. These supplemental averaging worksheets are a requirement for invoices submitted beginning fiscal year 2005/2006 First Quarter.</p> <ul style="list-style-type: none"> • Averaging: Applies only if individual positions' time survey results and costs were included in the three non-averaged quarter invoices in the previous fiscal yearThe claiming unit must average the time survey results for the first quarter in a fiscal year using the results of quarters two, three, and four from the previous year. Completed surveys must be used for that quarter.
<p>Page 10-26</p>	<p>How to Average:</p> <ol style="list-style-type: none"> 1. Identify those individual positions that had time survey results and costs included in the three non-averaged quarter invoices in the previous fiscal year. 2. Compile the time survey results for each of the individual positions identified by Activity Code for each of the three quarters to arrive at a new recalculated time survey percentage. 3. The recalculated percentages should be added together and divided by three. This will give you the averaged quarter averaging percentages. 4. Be sure to make your calculations clear and well documented in the event of an audit or site visit. 5. This worksheet must be submitted with each invoice that you have chosen to average. 	<p>How to Average:</p> <ol style="list-style-type: none"> 1. Identify those individual positions that had time survey results and costs included in the three non-averaged quarter invoices in the previous fiscal year. 1. Compile the time survey results for quarters, two, three and four from the previous year each of the three quarters for each Participant Pool to arrive at new recalculated time survey percentages. 2. <u>The compiled percentages should be added and divided by three. This will give you the averaged quarter averaging percentages.</u> 3. The recalculated percentages should be added together and divided by three. This will give you the averaged quarter averaging percentage 4. Be sure to make your calculations clear and well documented in the event of an audit or site visit. 5. These worksheets must be submitted with each invoice that you have chosen to average.
<p>Page 10-26</p>	<p>How to Average: cont. A summary copy of the claiming unit's non-averaged quarter time survey results in invoice order (Tab 1, Column D) must be submitted with the MAA Detail and MAA Summary Invoice. Invoices submitted without this documentation will not be processed or paid by DHCS.</p> <p>Summary of SACS-Based Financial Reports Payroll Data Collection Worksheet: Column A: Row 36 – Include Objects 1000–2999, Functions 1000–2699, 2800–6999 and 7200–9999. Include only non-federal resources 0000-2999, 5640-5649, and 6000-9999. Row 40 – Include Objects 1000–2999, Functions 2700 and 7000–7199. Include only non-federal resources 0000-2999, 5640-5649, and 6000-9999. Column B: Row 36 – Include Objects 3000–3999, Functions 1000–2699, 2800–6999 and 7200–9999. Include only non-federal resources 0000-2999, 5640-5649, and 6000-9999. Row 40 – Include Objects 3000–3999, Functions 2700 and 7000–7199. Include only non-federal resources 0000-2999, 5640-5649, and 6000-9999.</p>	<p>How to Average: cont. A summary copy of the LEC/LGA Region's or Consortia's non-averaged quarter time survey results in invoice order (Tab 4 2, Column D for Pool 1 and Tab 2, Column E for Pool 2) must be submitted with the SMAA Detail and SMAA Summary Invoice. Invoices submitted without this documentation will not be processed or paid by DHCS and be returned to the LEC or LGA.</p> <p>Summary of SACS-Based Financial Reports Payroll Data Collection Worksheet: Column A Pool 1 and Column B Pool 2:</p> <p>Row 36-43 Include Objects 1000–2999, SACS Functions 1000–2699, 2800–6999 and 7200–9999. Include only non-federal SACS resources 0000-2999, 5640-5649, and 6000-9999. Row 40-48 – Include Objects 1000–2999, SACS Functions 2700 and 7000–7199. Include only non-federal SACS resources 0000-2999, 5640-5649, and 6000-9999.</p>

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Page 10-27	<p>How to Average: cont. Column B: Row 36 – Include Objects 3000–3999, Functions 1000–2699, 2800–6999 and 7200–9999. Include only non-federal resources 0000-2999, 5640-5649, and 6000-9999. Row 40 – Include Objects 3000–3999, Functions 2700 and 7000–7199. Include only non-federal resources 0000-2999, 5640-5649, and 6000-9999.</p>	<p>How to Average: cont. <u>Column B C Pool 1 and Column B Pool 2:</u> <u>Row 36 43– Include Objects 3000–3999, SACS Functions 1000–2699, 2800–6999 and 7200–9999. Include only non-federal SACS resources 0000-2999, 5640-5649, and 6000-9999.</u> <u>Row 40 48– Include Objects 3000–3999, Functions 2700 -2799and 7000–7199. 7119 and 7130-1789 Include only non-federal resources 0000-2999, 5640-5649, and 6000-9999.</u></p>
Page 10-27	<p>Costs and Revenues Worksheet: Row 47 – Federal Revenues, include Objects 8100–8299. Row 48 – State Revenue Limit Sources, include Objects 8010–8099. Row 49 – Other State Revenues include Objects 8300–8599.</p>	<p>Costs and Revenues Worksheet: Row 47 56 (Tab 6) and 78 Tab (7) – Federal Revenues, include Objects 8100–8299. Row 48 57 (Tab 6) and 79 Tab (7) – State Revenue Limit Sources LCFF Sources Revenue, include Objects 8010–8099.. Row 49 58 (Tab 6) and 80 Tab (7)– Other State Revenues include Objects 8300–8599.</p>
Page 10-27	<p>Row 50 – Other Local Revenues include Objects 8600–8799. Row 51 – Other Financing Sources include Objects 8910–8979. Row 52 – Contributions to Restricted Programs, include Objects 8980–8999 Row 56, Column J –Other Costs Net of Federally Funded expenditures, include Objects 4000 5999, Functions 2700 and 7000–7199. Also, exclude Federal resource series 3000-5639 and 5650-5999.</p>	<p>Row 50 59 (Tab 6) and 81 Tab (7) – Other Local Revenues include Objects 8600–8799. Row 51 60 (Tab 6) and 82 Tab (7) – Other Financing Sources include Objects 8910–8979. Row 52 61 (Tab 6) and 83 Tab (7) – Contributions to Restricted Programs, include Objects 8980–8999 Row 56 62(Tab 6) and Row 87 (Tab 7), Column J N–Other Costs Net of Federally Funded expenditures, include Objects 4000-5999, SACS Functions 2700 - 2799and 7000–7199. 119 and 7130-7189 Also, exclude included only nonFederal SACS resource series 3000-5639 and 5650-5999. 0000-2999, 5640-5649 and 6000-9999</p>
Appendix F	<p>Code 1 Code 16 Education Requirements - Performing administrative or clerical activities specific to instructional, curricular, student-focused areas (e.g., attendance) - Performing activities related to the immunization requirements for school attendance (These activities are considered Free Care and cannot be billed to Medi-Cal.) - Enrolling new students or obtaining registration information - Compiling, preparing, and reviewing reports on textbooks or attendance - Reviewing the education record for students who are new to the school - Conducting external relations related to school/educational issues/matters</p>	<p>Code 1 Code 16 Education Requirements - Performing administrative or clerical activities specific to instructional, curricular, student-focused areas (e.g., attendance) - Performing activities related to the immunization requirements for school attendance (These activities are considered Free Care and cannot be billed to Medi-Cal.) - Enrolling new students or obtaining registration information - Compiling, preparing, and reviewing reports on textbooks or attendance - Reviewing the education record for students who are new to the school - Conducting external relations related to school/educational issues/matters</p>
Appendix F	<p>Individualized Education Program - Developing, coordinating, and processing the IEP for a student, which includes ensuring that annual reviews of the IEP are conducted, parental sign-off is obtained, IEP meetings are scheduled, and the IEP is completed Code 1 Operations-</p>	<p>Individualized Education Program - Developing, coordinating, and processing the components of the IEP for a student, which includes ensuring that annual reviews of the IEP are conducted, parental sign-off is obtained, IEP meetings are scheduled, and the IEP is completed. Operations- Reviewing technical literature and research articles related to general operations (e.g., fiscal, legal, administrative) [previously Code 16] why was this moved here? <u>This could be code 16 CMS guide, page 36 7. Reviewing technical literature and research articles.</u></p>

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Appendix F	Code 16 Meetings and Trainings - Coordinating, participating in, or presenting training necessary to clarify site and district policy, procedures, or issues related to employees - Attending or facilitating school or unit staff meetings, board meetings, or required in-service trainings and events (not related to curriculum, instruction, or students)	Code 16 Meetings and Trainings - Coordinating, participating in, or presenting training necessary to clarify site and district policy, procedures, or issues related to employees - Attending or facilitating school or unit staff meetings, board meetings, or required in-service trainings and events (not related to curriculum, instruction, or students <u>or Medi-Cal services</u>)
Appendix F	Code 1 Review and Planning - Reviewing technical literature and research articles related to curriculum and instructional services .	Review and Planning - Reviewing technical literature and research articles related to curriculum and instructional services.
Appendix F	Code 16- Survey Participant Paperwork - Completing expense claims as required for work-related travel - Completing time survey form	Code 16- Survey Participant Paperwork - Completing expense claims as required for work-related travel <u>Completing Random Moment time survey at the exact time of the selected moment.</u>
Appendix G	Code 2 IEP direct service time (such as counseling, speech, OT/PT, and specialized nursing.	Code 2 IEP Direct service time, such as counseling, speech, OT/PT, and specialized nursing.
Appendix G	Code 2 Direct service provider consultation with other health providers necessary for implementation of a direct service	Code 2 Direct service provider consultation with other health providers necessary for implementation of <u>their</u> direct service
Appendix G	Examples of code 2 Provided and/or received information from other health providers about student condition in order to implement direct services	Examples of code 2 Provided and/or received information from other health providers about student condition in order to implement <u>their</u> direct services
Appendix G	Examples of code 8 Met with parent to discuss students' on-going progress in M/C covered speech therapy	Examples of code 8 Met with parent to discuss students' on-going progress in M/C covered speech therapy <u>services.</u>
Appendix G	Examples of code 8 Monitoring the provision of IEP required Medi-Cal covered services	Examples of code 8 <u>Once initial IEP is established,</u> monitoring the provision of IEP required Medi-Cal covered services.