



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Date: June 11, 2015

PPL No. 15-013

TO: Local Governmental Agencies (LGA)
Medi-Cal Administrative Activities (MAA) and
Targeted Case Management (TCM) Coordinators

SUBJECT: **LGA Claiming Reimbursement for Fiscal Year (FY) 2013/2014
CMAA/TCM Participation Fee**

This Policy and Procedure Letter (PPL) is to advise LGAs that thirteen and seventy-six hundredths percent (13.76%) of the LGA participation fee for FY 2013-14 may be claimed to the County-Based MAA (CMAA) Program. Specifically, the portion of the participation fee not used to pay Department of Health Care Services (DHCS) expenditures or compensation for the LGA Executive Committee and Host Entity is an allowable expenditure claimable for reimbursement.

LGAs seeking reimbursement for the participation fee for the first time must amend their CMAA Claiming Plan to include specific reference to the participation fee as a cost under the activity: "MAA/TCM Coordination and Claims Administration." This reference is to be included in the LGA response to Question No. 1, "Individually list each type of allowable MAA/TCM Coordination and Claims Administration performed. . ." Submit amendments to the CMAA Claiming Plan before or during the quarter in which the cost will be claimed. These amendments are effective the quarter in which the amendment is submitted to DHCS. Failure to submit the required amendment to the CMAA Claiming Plan shall result in the prohibition to claim the participation fee for FY 2013-14 and subsequent fiscal years.

These costs must be claimed in Section 3 of the Direct Charges Worksheet on the CMAA invoice and identified as Participation Fees in the description column. The LGA claimable amount should be claimed in the quarter in which the payment was made to the Host Entity. The total amount of the fee paid is entered in the "Other Costs" column. A discount factor of 13.76% for FY 2013-14 should be entered in the column labeled "Medi-Cal/Certified Time Factor."

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If you have questions, please contact Laurie Lay, Chief, County-Based Medi-Cal Administrative Activities (CMAA) at (916) 324-0058 or Laurie.Lay@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY MICHELLE KRISTOFF

Michelle Kristoff, Chief
Medi-Cal Administrative Claiming Section