



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: **March 1, 2016**

PPL No. 16-003

TO: Local Governmental Agencies (LGA),
County Based Medi-Cal Administrative Activities (CMAA), and
Targeted Case Management (TCM) Coordinators

SUBJECT: **LGA Claiming Reimbursement for Fiscal Year (FY) 2014-15
CMAA/TCM Participation Fee**

The purpose of this Policy and Procedure Letter (PPL) is to advise LGAs as to allowable expenditures claimable to the CMAA program for reimbursement for FY 2014-15. Specifically, for FY 2014-15, 6.98 percent of the LGA CMAA/TCM participation fee may be claimed to the CMAA Program. Allowable expenditures claimable for reimbursement include all expenditures except: Department of Health Care Services (DHCS) expenditures, compensation and related LGA Executive Committee expenditures, and Host County expenditures.

The LGA claimable amount should be claimed in the quarter in which the payment was made to the Host County. The entry should be on the *Cost Worksheet*, Line 32, "Direct Charge Other Cost," under "Cost Pool #5," which is linked to the *Direct Charge Worksheet*. The area is labeled "Non-Enhanced MAA Direct Charge Other Cost" on the *Direct Charge Worksheet*.

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 following activity: "MAA/TCM Coordination and Claims Administration." This reference is to be included in the LGA response to Question No. 1, which states, "[i]ndividually 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 amend and submit the required CMAA Claiming Plan shall result in the prohibition to claim the participation fee for FY 2014-15 and subsequent fiscal years.

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

Sincerely,

ORIGINAL SIGNED BY STACY FOX

Stacy Fox, Assistant Division Chief
Safety Net Financing Division