

CMAA Detail Invoice Instructions

The CMAA invoice contains very few fields where specific county/agency information is entered. The majority of the invoice is formula driven. The formula driven cells are locked on the invoice template.

Worksheet: "Invoice – Summary Page"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
PRINT ON LGA LETTERHEAD (delete prompt text)		
Local Governmental Agency:	UED: Enter the name of the LGA	Alameda County
Program/Department:	UED: Enter the name of the LGA Program or Department	Public Health Agency
Contractor Number:	UED: Enter the LGA's DHCS Contract Number	13-12345
Claiming Unit:	UED: Enter the official name of the Claiming Unit <i>{must match the Claiming Unit Functions Grid and Comprehensive Claiming Unit Grid}</i>	Administration
Period of Service:	UED: Enter the invoiced service period	July 1, 2013 to September 30, 2013
Invoice Number:	UED: Enter the Fiscal Year and Quarter of the invoice service period <i>{Must also include designations if the Invoice is a "Corrected" or a "Revised" Invoice}</i> {Corrected: Submitted to DHCS, but not yet paid} {Revised: Submitted to DHCS, paid, and needs amending}	Initial: 13/14-1 Corrected #1: 13/14-1C1 Corrected #2: 13/14-1C2 Revised #1: 13/14-1R1 Revised #2: 13/14-1R2
Total Amount to be Reimbursed at 50%:	FD: ("Invoice - Claim Calculation Worksheet" 50% Invoice Portion)	N/A
Total Amount to be Reimbursed at 75%:	FD: ("Invoice - Claim Calculation Worksheet" 75% Invoice Portion)	N/A
Total Amount of Fed Govt. Reimbursement:	FD: ("Invoice - Claim Calculation Worksheet" Total Invoice Amount)	N/A
For "Revised" Invoices Only		
Original Invoice Amount to be Reimbursed at 50%	UED: Enter the 50% amount paid to the LGA as indicated on the original invoice submitted <i>{must match original invoice}</i>	\$109,000
Original Invoice Amount to be Reimbursed at 75%	UED: Enter the 75% amount paid to the LGA as indicated on the original invoice submitted <i>{must match original invoice}</i>	\$31,000
Original Total Amount of Fed Govt. Reimbursement:	UED: Enter the Total amount paid to the LGA as indicated on the original invoice submitted <i>{must match original invoice}</i>	\$140,000
Revised Invoice Amount to be reimbursed at 50%:	FD: IF(the original 50% invoice amount >=1) then (original 50% invoice amount – amended 50% invoice amount)	(\$628)
Revised Invoice Amount to be reimbursed at 75%:	FD: IF(the original 75% invoice amount >=1) then (original 75% invoice amount – amended 75% invoice amount)	(\$639)
Revised Total Amount of Fed. Govt. Reimbursement:	FD: IF(the original Total invoice amount >=1) then (original Total invoice amount – amended Total invoice amount)	(\$1,267)
(If LGA must make a repayment due to a revised invoice):	FD: IF(the Total Revised invoice amount <=-1) then ("Due to the State" appears)	Due to the State
(If Invoice calculations result in a CPE restriction):	FD: IF("Invoice - Claim Calculation Worksheet" CPE Eligibility="NON-COMPLIANT") then ("CPE RESTRICTED" appears)	N/A
Printed Name of Signer:	UED: Include the Name of Authorized Signer	Frank M. Gallagher

Worksheet: "Invoice – Summary Page"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Signature:	UED: Include the Signature of Authorized Signer	<i>Frank M. Gallagher</i>
Title:	UED: Include the Title of Authorized Signer	MAA Coordinator
Date:	UED: Include the date the document was signed	<i>12/15/14</i>
For DHCS Program Use Only		
Signature:	Signature of Authorized DHCS Employee	<i>Jackson Teller</i>
Date:	The date the documents were signed	<i>01/13/15</i>
Title:	Title of the Authorized DHCS Employee	SSM I
Analyst Initials:	Initials of Authorized DHCS Analyst	<i>W.W.</i>
CALSTARS CODE FY:	The Fiscal Year of the invoice service period	13

Worksheet: "Invoice – Time Survey (T.S.) Results Summary"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Local Governmental Agency:	FD: ("Invoice - Summary Page Worksheet" LGA)	Alameda County
Program/Department:	FD: ("Invoice - Summary Page Worksheet" Program/Department)	Public Health Agency
Contractor Number:	FD: ("Invoice - Summary Page Worksheet" Contractor Number)	13-12345
Claiming Unit:	FD: ("Invoice - Summary Page Worksheet" Claiming Unit)	Administration
Period of Service:	FD: ("Invoice - Summary Page Worksheet" Period of Service)	July 1, 2013 to September 30, 2013
Invoice Number:	FD: ("Invoice - Summary Page Worksheet" Invoice Number)	Initial: 13/14-1 Corrected #1: 13/14-1C1 Corrected #2: 13/14-1C2 Revised #1: 13/14-1R1 Revised #2: 13/14-1R2
SPMP & Non-SPMP Total Hours (for all 32 Codes):	UED: Enter all SPMP & Non-SPMP time for all staff; i.e. the "Roll Up" total for all staff time.	Non-SPMP Employee #1 = 2 hours of Code 4 time Non-SPMP Employee #2 = 3 hours of Code 4 time 5 Total Hours of Non-SPMP time for Code 4
SPMP & Non-SPMP Activity Percentages (for all 32 Codes):	FD: SPMP: IF(the Total SPMP hours="0") then ("0"); IF (the Total SPMP hours >"0") then (the individual SPMP code hours / Total SPMP hours) FD: Non-SPMP: IF(the Total Non-SPMP hours="0") then ("0"); IF (the Total Non-SPMP hours>"0") then (the individual Non-SPMP code hours / Total Non-SPMP hours) <i>{excluding codes 16&18}</i>	34.67%
Medi-Cal Percentage:	UED: for Codes 6,10,13,17,18: Enter the Actual Client Count (ACC) Medi-Cal Average for the Claiming Unit <i>{authorized Claiming Units may utilize the County Wide Average(CWA)}</i> <i>{Not Applicable to Codes 1,2,3,5,7,9,11,14,23-32}</i> <i>{Standard 100% for Codes 4,8,12,15,16,19,20}</i>	53.59%
Method Used:	UED: for Codes 6,10,13,17,18: Select method from drop down menu to indicate whether the ACC or CWA was used.	ACC
Totals:	FD: (The sum totals of each individual column)	N/A
Total Claimable Portion:	FD: (The sum total of all CMAA Claimable codes per column) <i>{Codes 4,6,8,10,12,13,15-22}</i>	N/A
Total Non-Claimable Portion:	FD: (The sum total of all Non-Claimable Codes per column) <i>{Codes 1,2,3,5,7,9,11,14,23-32}</i>	N/A
Time Survey Frequency Used to Determine the Activity Percentage:	UED: Select time Survey Frequency from drop down menu to indicate the type of time survey used to determine the time survey results	Perpetual Time Survey 20 Day Time Survey 10 Day Time Survey 5 Day Time Survey
Printed Name of Claiming Unit Reviewer:	UED: Include the printed name of the person who reviews the Data for invoicing at the Claiming Unit level	Saul Goodman
Classification/Title:	UED: Include the Classification/Title of the person who reviews the Data for invoicing at the Claiming Unit level	Accounting Analyst
Signature:	UED: Include the Signature of the person who reviews the Data for invoicing at the Claiming Unit level	<i>Saul Goodman</i>

Worksheet: "Invoice – Time Survey (T.S.) Results Summary"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Date:	UED: Include the date the document was signed by the person who reviews the Data for invoicing at the Claiming Unit Level	<i>11/15/14</i>
Printed Name of LGA Reviewer:	UED: Include the printed name of the person who reviews the Data for invoicing at the LGA Level	Frank M. Gallagher
Classification Title:	UED: Include the Classification/Title of the person who reviews the Data for invoicing at the LGA level	LGA Coordinator
Signature:	UED: Include the Signature of the person who reviews the Data for invoicing at the LGA level	<i>Frank M. Gallagher</i>
Date:	UED: Include the date the document was signed by the person who reviews the Data for invoicing at the LGA level	<i>12/15/14</i>
For DHCS Program Use Only		
Printed Name of DHCS Reviewer:	The printed name of the person who reviews the Data for invoicing at the DHCS Level	Walter White
Classification/Title:	The Classification/Title of the person who reviews the Data for invoicing at the DHCS level	AGPA
Signature:	The Signature of the person who reviews the Data for invoicing at the DHCS level	<i>Walter White</i>
Date:	The date the document was signed by the person who reviews the Data for invoicing at the DHCS level	<i>1/10/15</i>

Worksheet: "Invoice – Revenue Worksheet"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Local Governmental Agency:	FD: ("Invoice - Summary Page Worksheet" LGA)	Alameda County
Program/Department:	FD: ("Invoice - Summary Page Worksheet" Program/Department)	Public Health Agency
Contractor Number:	FD: ("Invoice - Summary Page Worksheet" Contractor Number)	13-12345
Claiming Unit:	FD: ("Invoice - Summary Page Worksheet" Claiming Unit)	Administration
Period of Service:	FD: ("Invoice - Summary Page Worksheet" Period of Service)	July 1, 2013 to September 30, 2013
Invoice Number:	FD: ("Invoice - Summary Page Worksheet" Invoice Number)	Initial: 13/14-1 Corrected #1: 13/14-1C1 Corrected #2: 13/14-1C2 Revised #1: 13/14-1R1 Revised #2: 13/14-1R2
Source and Description(s) [All Categories]:	UED: Enter the Name, Title, Identifier, and/or Descriptor of the Funding/Revenue Source	Title XIX MAA Revenue
Non Offset Funds [All applicable Categories]:	UED: Enter Non Offset revenue to report allowable funding sources that do not need to be offset against costs. <i>{Certain revenues must offset allocation costs in order to reduce the total amount of costs in which the federal government will participate}</i>	\$408,135
CP#1 SPMP:	UED: Enter revenue to report funding allotted to Time Surveying SPMP(s) costs	\$10,000
CP#2 Non-SPMP:	UED: Enter revenue to report funding allotted to Time Surveying Non-SPMP(s) costs	\$10,000
CP#3 Non-Claimable:	UED: Enter revenue to report funding allotted to all Non-Claimable costs	\$135,612
CP#4 Direct Enhanced:	UED: Enter revenue to report funding allotted to Direct Charged SPMP(s) costs	\$2,000
CP#5 Direct Non-Enhanced:	UED: Enter revenue to report funding allotted to Direct Charged Non-SPMP(s) costs	\$2,000
CP#6 Allocated:	UED: Enter revenue to report funding allotted to Allocated costs	\$1,000
Signature:	UED: Include the Signature of Authorized Signer	<i>Frank M. Gallagher</i>
Date:	UED: Include the Date Signed by Authorized Signer	<i>12/15/14</i>
Printed Name of Signer:	UED: Include the Printed Name of Authorized Signer	Frank M. Gallagher

Worksheet: "Invoice – Cost Worksheet"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Local Governmental Agency:	FD: ("Invoice - Summary Page Worksheet" LGA)	Alameda County
Program/Department:	FD: ("Invoice - Summary Page Worksheet" Program/Department)	Public Health Agency
Contractor Number:	FD: ("Invoice - Summary Page Worksheet" Contractor Number)	13-12345
Claiming Unit:	FD: ("Invoice - Summary Page Worksheet" Claiming Unit)	Administration
Period of Service:	FD: ("Invoice - Summary Page Worksheet" Period of Service)	July 1, 2013 to September 30, 2013
Invoice Number:	FD: ("Invoice - Summary Page Worksheet" Invoice Number)	Initial: 13/14-1 Corrected #1: 13/14-1C1 Corrected #2: 13/14-1C2 Revised #1: 13/14-1R1 Revised #2: 13/14-1R2
Cost Pool (CP) #1 SPMP Costs:	UED: Enter the Salary & Non-Salary costs [per category] allotted to Time Surveying SPMP(s) costs	\$167,217
Cost Pool (CP) #2 Non-SPMP Costs:	UED: Enter the Salary & Non-Salary costs [per category] allotted to Time Surveying Non-SPMP(s) costs	\$80,537
Cost Pool (CP) #3a Non-Claimable Costs:	UED: Enter the Salary & Non-Salary costs [per category] allotted to Non-Claimable costs	\$114,845
Cost Pool (CP) #5 Non-Enhanced Direct Charge Other Cost Description:	UED: Enter item description [an item per line]	"Bus Token"
Cost Pool (CP) #5 Non-Enhanced Direct Charge Other Cost:	UED: Enter the actual cost allotted to Direct Charging	5,000
Cost Pool (CP) #6 Allocated/Support Costs:	UED: Enter the Salary & Non-Salary costs [per category] allotted to Allocated/Support costs	\$51,139
Signature:	UED: Include the Signature of Authorized Signer	<i>Frank M. Gallagher</i>
Date:	UED: Include the Date Signed by Authorized Signer	12/15/14
Type of Print Name of Signer:	UED: Include the Printed Name of Authorized Signer	Frank M. Gallagher

Worksheet: "Invoice – Direct Charge Costs"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Local Governmental Agency:	FD: ("Invoice - Summary Page Worksheet" LGA)	Alameda County
Program/Department:	FD: ("Invoice - Summary Page Worksheet" Program/Department)	Public Health Agency
Contractor Number:	FD: ("Invoice - Summary Page Worksheet" Contractor Number)	13-12345
Claiming Unit:	FD: ("Invoice - Summary Page Worksheet" Claiming Unit)	Administration
Period of Service:	FD: ("Invoice - Summary Page Worksheet" Period of Service)	July 1, 2013 to September 30, 2013
Invoice Number:	FD: ("Invoice - Summary Page Worksheet" Invoice Number)	Initial: 13/14-1 Corrected #1: 13/14-1C1 Corrected #2: 13/14-1C2 Revised #1: 13/14-1R1 Revised #2: 13/14-1R2
Enhanced (SPMP) and Non-Enhanced MAA Staff Costs		
Staff Member:	UED: Enter the name of the SPMP or Non-SPMP staff member	Jane Smith
Classification:	UED: Enter the classification of the SPMP or Non-SPMP staff member	Outreach Coordinator
Code:	UED: From the drop-down list, select the appropriate Enhanced or Non-Enhanced MAA code	4
Description:	FD: (The Description will auto populate based on the code that is chosen)	Medi-Cal Outreach
Medi-Cal Percentage:	FD: (The Medi-Cal Percentage will auto populate based on the code that is chosen) <i>{For Codes 6, 10, 13, 17, 18: the Actual Client Count Medi-Cal Average from the "Invoice – Time Survey Results Summary Worksheet"}</i> <i>{For Codes 4, 8, 12, 15, 16, 19, 20 the standard 100%}</i>	100%
Activity Percentage Results:	UED: Enter the Direct Charge Activity Results percentage for each applicable staff member as indicated on the Direct Charge Certification Form	33.88%
Salary Costs:	UED: Enter the Salary Costs allotted to the SPMP or Non-SPMP staff member	\$13,565
MAA Claimable Portion:	FD: ((Salary Costs * Activity Percentage Results) * Medi-Cal Percentage)	\$4,596
Non Claimable Portion:	FD: (Salary Costs – MAA Claimable Portion)	\$8,969
Benefit Costs:	UED: Enter the Benefit Costs allotted to the SPMP or Non-SPMP staff member	\$8,006
MAA Claimable Portion:	FD: ((Benefit Costs * Activity Percentage Results) * Medi-Cal Percentage)	\$2,712
Non Claimable Portion:	FD: (Benefit Costs – MAA Claimable Portion)	\$5,294
Non-Salary Costs:	UED: Enter the Non-Salary Costs allotted to the SPMP or Non-SPMP staff member	\$884
MAA Claimable Portion:	FD: ((Non-Salary Costs * Activity Percentage Results) * Medi-Cal Percentage)	\$299
Non Claimable Portion:	FD: (Non-Salary Costs – MAA Claimable Portion)	\$585
Non-Enhanced MAA Personal Services CBO/Contractor Costs		
CBO/Contractor:	UED: Enter the Name/Title of the CBO/Contractor	People, Inc.
Expense Detail:	UED: Enter the CBO Contractor Detail or Type of Service	PSS Contract: Referral
Code:	UED: From the drop-down list, select the appropriate Enhanced or Non-Enhanced MAA code	6
Description:	FD: (The Description will auto populate based on the code that is chosen)	Referral, Coordination & Monitoring

Worksheet: "Invoice – Direct Charge Costs"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Medi-Cal Percentage:	FD: (The Medi-Cal Percentage will auto populate based on the code that is chosen) {For Codes 6,10,13,17,18: the Actual Client Count Medi-Cal Average from the "Invoice – Time Survey Results Summary Worksheet"} {For Codes 4,8,12,15,16,19,20 the standard 100%}	53.59%
Personal Services Contract Costs:	UED: Enter the costs allotted to Personal Service Contract	\$450
MAA Claimable Portion:	FD: (Personal Services Contract Costs * Medi-Cal Percentage)	\$241
Non Claimable Portion:	FD: (Personal Services Contract Costs – MAA Claimable Portion)	\$209
Non-Enhanced MAA Transportation Costs		
Contractor:	UED: Enter the Name/Title of the Transportation Contractor	MTA
Expense Detail:	UED: Enter the Transportation Contractor Detail or Type of Transportation	Bus Tokens
Code:	UED: From the drop-down list, select the appropriate Enhanced or Non-Enhanced MAA code	10
Description:	FD: (The Description will auto populate based on the code that is chosen)	Arranging and/or Providing... Transportation
Medi-Cal Percentage:	FD: (The Medi-Cal Percentage will auto populate based on the code that is chosen) {For Code 10: the Actual Client Count Medi-Cal Average from the "Invoice – Time Survey Results Summary Worksheet"} {For Code 10: the Actual Client Count Medi-Cal Average from the "Invoice – Time Survey Results Summary Worksheet"}	53.59%
MAA Transportation Costs:	UED: Enter the costs allotted to MAA Transportation	\$250
MAA Claimable Portion:	FD: (MAA Transportation Costs * Medi-Cal Percentage)	\$134
Non Claimable Portion:	FD: (MAA Transportation Costs – MAA Claimable Portion)	\$116
MAA Claimable Portion:	FD: (MAA Transportation Costs * Medi-Cal Percentage)	\$134
Non Claimable Portion:	FD: (MAA Transportation Costs – MAA Claimable Portion)	\$116
Non-Enhanced MAA Direct Charge Other Costs		
Description:	FD: Actual incurred Direct Charging Non-Salary Costs. {Link to Cost Worksheet Cell F38}	Cost Pool#5 Direct Charge Other Costs Total
Medi-Cal Percentage:	100%	100%
MAA Claimable Portion:	Medi-Cal Percentage * Direct Charge Other Cost Total	5,000
Signature:	UED: Include the Signature of Authorized Signer	<i>Frank M. Gallagher</i>
Date:	UED: Include the Date Signed by Authorized Signer	12/15/14
Type of Print Name of Signer:	UED: Include the Printed Name of Authorized Signer	Frank M. Gallagher

Worksheet: "Invoice – Claim Calculation"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
COSTS		
Local Governmental Agency:	FD: ("Invoice - Summary Page Worksheet" LGA)	Alameda County
Program/Department:	FD: ("Invoice - Summary Page Worksheet" Program/Department)	Public Health Agency
Contractor Number:	FD: ("Invoice - Summary Page Worksheet" Contractor Number)	13-12345
Claiming Unit:	FD: ("Invoice - Summary Page Worksheet" Claiming Unit)	Administration
Period of Service:	FD: ("Invoice - Summary Page Worksheet" Period of Service)	July 1, 2013 to September 30, 2013
Invoice Number:	FD: ("Invoice - Summary Page Worksheet" Invoice Number)	Initial: 13/14-1 Corrected #1: 13/14-1C1 Corrected #2: 13/14-1C2 Revised #1: 13/14-1R1 Revised #2: 13/14-1R2
Salary:	FD: CPs 1,2,3a,6: ("Invoice – Cost Worksheet" Salary Costs) FD: CPs 3b,4,5: ("Invoice – Direct Charge Costs Worksheet" All Salary Direct Charge Costs)	\$80,537
Benefits:	FD: CPs 1,2,3a,6: ("Invoice – Cost Worksheet" Benefit Costs) FD: CPs 3b,4,5: ("Invoice – Direct Charge Costs Worksheet" All Benefits Direct Charge Costs)	\$33,337
Salary + Benefits SUBTOTAL:	FD: (Salary + Benefits costs [per CP])	\$113,874
Personal Service Contracts:	FD: CPs 2,3a: ("Invoice Cost Worksheet" Personal Service Contracts) FD: CPs 3b,5: ("Invoice – Direct Charge Costs Worksheet" All Personal Service Contracts Costs)	\$250
All Personnel Costs SUBTOTAL:	FD: (Salary + Benefits + Personal Service Contracts costs [per CP])	\$114,124
Personnel Cost Distribution Percentage:	FD: (Individual CP Personnel Costs / All Personnel Costs)	18.77%
MAA Transportation Costs:	FD: CPs 3b,5: ("Invoice – Direct Charge Costs Worksheet" All Transportation Costs)	\$116 & \$134
Non-Salary Costs:	FD: CPs 1,2,3a,6: ("Invoice – Cost Worksheet" Non-Salary Costs) FD: CPs 3b,4,5: ("Invoice – Direct Charge Costs Worksheet" All Non-Salary Direct Charge Costs)	\$133
Other Costs:	FD: (CP 5 "Invoice– Direct Charge Costs Worksheet" All MAA Other Costs)	5,000
CP#6 Allocated/Support Costs to be Distributed TOTAL:	FD: (CP 6 Salary+Benefits SUBTOTAL + CP 6 Non-Salary costs)	\$265,529
Distribution of CP #6 Allocated/Support Costs:	FD: (CP #6 Allocated/Support Costs to be distributed TOTAL * Personnel Costs Distribution Percentage) <i>{All CP 6 Costs distributed to the individual CPs based on the distribution percentage}</i>	\$49,849
Non-Salary Costs SUBTOTAL:	FD: (Non-Salary Costs + CP 5 Other Cost + Distribution of CP 6 Allocated/Support Costs)	\$54,982
CP #3b All Personnel + Non-Salary Costs Total:	FD: CP 3b only: (All Personnel Costs SUBTOTAL + Non-Salary Costs SUBTOTAL)	\$126,929
TOTAL COST:	FD: CPs 1,2,4,5: (All Personnel Costs SUBTOTAL + Non-Salary Costs SUBTOTAL) FD: CP 3a only: (All Personnel Costs SUBTOTAL + Non-Salary Costs	\$164,106

Worksheet: "Invoice – Claim Calculation"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
	SUBTOTAL + CP #3b All Personnel + Non-Salary Costs Total)	
Percentage of TOTAL COST:	FD: CPs 1,2,3a,4,5: (Individual CP Total Cost / All CPs Total Cost)	18.51%
FUNDING/REVENUE		
Funding/Revenue:	FD: ("Invoice – Revenue Worksheet" Totals [per CP])	\$10,000
Distribution of CP#6 Funding/Revenue:	FD: (Funding/Revenue [per CP] * PERCENTAGE OF TOTAL COST [per CP])	\$185
Funding/Revenue Total:	FD: (Funding/Revenue [per CP] + Distribution of CP #6 Funding/Revenue [per CP])	\$10,185
Non-Claimable Activity Percentage:	FD: CP 1: IF (the Non-Claimable REALLOCATED SPMP % ≠ "0%") then (the Non-Claimable REALLOCATED SPMP %) FD: CP 2: IF (the Non-Claimable REALLOCATED Non-SPMP % ≠ "0%") then (the Non-Claimable REALLOCATED Non-SPMP %) <i>{This accounts for reallocated (GA, PTO) time by only including the portion of time that is directly claimable and non-claimable}</i>	43.33%
Non-Claimable Activity Cost:	FD: CP 1,2: IF (TOTAL COST ≠ "\$0") and (ACTIVITY RESULTS PERCENTAGE TOTAL ≠ "0%") then TOTAL COST * Non-Claimable Activity Percentage FD: CP 3: CP 3 TOTAL COST <i>{The first revenue offset based on non-claimable activity time}</i>	\$71,113
CP #3 Remaining Non-Claimable Funding/Revenue:	FD: CP 3 only: IF (Funding/Revenue TOTAL – Non-Claimable Activity Cost is > "\$0") then (Funding/Revenue TOTAL – Non-Claimable Activity Cost is > "\$0"); IF Funding/Revenue TOTAL – Non-Claimable Activity Cost is = or < "\$0" then ("0") <i>{Cost Pool 3 Non-Claimable revenue minus the Cost Pool 3 Non-Claimable costs}</i>	\$7,606
Non-Claimable Activity Distribution Percentage:	FD: CP 1,2: IF (CP1 Non-Claimable Activity Cost + CP2 Non-Claimable Activity Cost = "\$0") then ("0"); IF (CP1 Non-Claimable Activity Cost + CP2 Non-Claimable Activity Cost ≠ "\$0" then (CP1 Non-Claimable Activity Cost / (CP1 Non-Claimable Act Cost + CP2 Non-Claimable Act Cost)) <i>{The percentage of Non-Claimable Costs per each Cost Pool}</i>	33.10%
Distribution of CP #3 Remaining Non- Claimable Funding/Revenue:	FD: CP 1,2: (CP #3 Remaining Non-Claimable Funding/Revenue * Non-Claimable Activity Distribution Percentage) <i>{The portion of CP3 Non-Claimable Funding distributed to each Cost Pool}</i>	\$2,518

Worksheet: "Invoice – Claim Calculation"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Adjusted Remaining Funding/Revenue:	<p>FD: CP 1,2: IF (PERCENTAGE OF TOTAL COST = "0%") then (Funding/Revenue TOTAL)</p> <p>or</p> <p>IF (PERCENTAGE OF TOTAL COST ≠ "0%") then IF (Distribution of CP#3 Remaining Non-Claimable Funding/Revenue is < Non-Claimable Activity Cost) then (Funding/Revenue TOTAL)</p> <p>or</p> <p>IF (Distribution of CP#3 Remaining Non-Claimable Funding/Revenue is NOT < Non-Claimable Activity Cost) then IF (Distribution of CP#3 Remaining Non-Claimable Funding/Revenue is > Non-Claimable Activity Cost) then (Funding/Revenue TOTAL + Distribution of CP #3 Remaining Non-Claimable Funding/Revenue – Non-Claimable Activity Cost)</p> <p>or</p> <p>IF (Distribution of CP#3 Rem Non-Claim Fund/Rev is NOT > Non-Claimable Activity Cost) then IF (Distribution of CP#3 Remaining Non-Claimable Funding/Revenue is = Non-Claimable Activity Cost) then (Funding/Revenue TOTAL)</p> <p><i>{All remaining applicable Cost Pool revenue*}</i></p>	\$10,185
Remaining Funding/Revenue Distributed to Personnel Services:	<p>FD: CP 1,2: IF (TOTAL COST = "\$0") then ("0"); IF (TOTAL COST ≠ "\$0") then (Adjusted Remaining Funding/Revenue * (All Personnel Costs SUBTOTAL / TOTAL COST))</p> <p><i>{Remaining revenue portion applied to personnel services}</i></p>	\$7,083
Remaining Funding/Revenue Distributed to Non-Salary Costs:	<p>FD: CP 1,2: IF (TOTAL COST = "\$0") then ("0"); IF (TOTAL COST ≠ "\$0") then (Adjusted Remaining Funding/Revenue * ("Non-Salary Costs SUBTOTAL / TOTAL COST))</p> <p><i>{Remaining revenue portion applied to Other Costs}</i></p>	\$3,102
Adjusted Remaining Personnel Services Costs:	<p>FD: CP1,2: IF (All Personnel Costs SUBTOTAL – Rem Fund/Rev Distributed to Personnel Services = "\$0") then ("0"); IF (All Personnel Costs SUBTOTAL – Rem Fund/Rev Distributed to Personnel Services ≠ "\$0") then (All Personnel Costs SUBTOTAL – Rem Fund/Rev Distributed to Personnel Services)</p> <p><i>{Cost minus Revenue for Cost Pool Personnel costs}</i></p>	\$107,041
Adjusted Remaining Non-Salary Costs:	<p>FD: CP 1,2: IF (Non-Salary Costs SUBTOTAL – Rem Fund/Rev Distributed to Non-Salary Costs = "\$0") then ("0"); IF (Non-Salary Costs SUBTOTAL – Rem Fund/Rev Distributed to Non-Salary Costs is ≠ "\$0") then (Non-Salary Costs SUBTOTAL – Rem Fund/Rev Distributed to Non-Salary Costs)</p> <p><i>{Cost minus Revenue for Cost Pool 1 for Non-Salary costs}</i></p>	\$46,880
Total Adjusted Cost:	<p>FD: CP 1,2: (Adjusted Remaining Personnel Services Costs + Adjusted Remaining Non-Salary Costs)</p> <p>FD: CP 4,5: IF (TOTAL COST – Funding/Revenue TOTAL = "\$0") then ("0"); IF (TOTAL COST – Funding/Revenue TOTAL ≠ "\$0") then (TOTAL COST – Funding/Revenue TOTAL)</p>	\$153,921
Signature:	UED: Include the Signature of Authorized Signer	<i>Frank M. Gallagher</i>
Date:	UED: Include the Date Signed by Authorized Signer	<i>12/15/14</i>
Type of Print Name of Signer:	UED: Include the Printed Name of Authorized Signer	Frank M. Gallagher

ACTIVITIES

Worksheet: "Invoice – Claim Calculation"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
Medi-Cal Percentage:	FD: All Codes: ("Invoice – T.S. Results Summary Worksheet" Medi-Cal Percentage [per Code])	100%
Activity Results Percentages:	FD: SPMP Claimable Codes: ("Invoice – T.S. Results Summary Worksheet" SPMP Activity Percentage [per Code]) FD: SPMP Non-Claimable Codes: ("Invoice – T.S. Results Summary Worksheet" Non-Claimable SPMP Portion) FD: Non-SPMP Claimable Codes: ("Invoice – T.S. Results Summary Worksheet" Non-SPMP Activity Percentage [per Code]) FD: Non-SPMP Non-Claimable Codes: ("Invoice – T.S. Results Summary Worksheet" Non-Claimable Non-SPMP Portion)	.67%
Reallocated SPMP %:	FD: IF (Activity Results Percentage = "0%") then ("0%"); IF (Activity Results Percentage ≠ "0%") then (Activity Results Percentage [for an individual Code] / ALL Activity Results Percentages [Except GA & PTO])	.83%
SPMP Medi-Cal %:	FD: (Reallocated SPMP% * SPMP Medi-Cal %)	.83%
Reallocated Non-SPMP %:	FD: IF (Activity Results Percentage = "0%") then ("0%"); IF (Activity Results Percentage ≠ "0%") then (Activity Results Percentage [for an individual Code] / ALL Activity Results Percentages [Except GA & PTO])	.83%
Reallocated Non-SPMP %:	FD: (Reallocated Non-SPMP % * Non-SPMP Medi-Cal %)	.83%
TOTAL:	FD: (The SUM Total of the individual columns)	100%
CLAIM CALCULATION		
Non-Enhanced Federal Share:	FD: CP1: (CP1 TOTAL ADJUSTED COST * (Total SPMP Medi-Cal% - (Code 16 "SPMP Medi-Cal%" + Code 18 "SPMP Medi-Cal%"))) FD: CP2: (CP2 TOTAL ADJUSTED COST * Total Non-SPMP Medi-Cal %) FD: CP 5: (CP5 TOTAL ADJUSTED COST)	\$116,859
FFP @ 50%	FD: (CP1 + CP2 + CP5 Non-Enhanced Federal Share) * 0.5	\$109,628
Enhanced Federal Share:	FD: CP1: (CP1 TOTAL ADJUSTED COST * (Code 16 SPMP Medi-Cal% + Code 18 SPMP Medi-Cal %)) FD: CP4: (CP4 TOTAL ADJUSTED COST)	\$31,655
FFP @ 75%	FD: (CP1 + CP4 Enhanced Federal Share) * 0.75	\$31,639
TOTAL FEDERAL SHARE:	FD: (FFP @ 50% + FFP @ 75%)	\$141,267
CPE Eligibility:	FD: IF (TOTAL FEDERAL SHARE is < (0.5 * ["Invoice - Revenue Worksheet" Non Offset Funds Total] + 0.5) then ("COMPLIANT"); IF (TOTAL FEDERAL SHARE is > or = (0.5 * ["Invoice - Revenue Worksheet" Non Offset Funds Total] + 0.5) then ("NON-COMPLIANT")	COMPLIANT
CPE Compliant Federal Share:	FD: IF (CPE Eligibility is = "NON-COMPLIANT") then (0.5 * ["Invoice Revenue Worksheet" Non Offset Funds Total]); IF (CPE Eligibility is ≠ "NON-COMPLIANT") then (Total Federal Share)	\$141,267
Total Invoice Amount:	FD: (CPE Compliant Federal Share)	\$141,267
50% Invoice Portion:	FD: (Total Invoice Amount * (FFP @ 50% / TOTAL FEDERAL SHARE))	\$109,628
75% Invoice Portion:	FD: (Total Invoice Amount * (FFP @ 75% / TOTAL FEDERAL SHARE))	\$31,639
Signature:	UED: Include the Signature of Authorized Signer	<i>Frank M. Gallagher</i>
Date:	UED: Include the Date Signed by Authorized Signer	<i>12/15/14</i>
Type of Print Name of Signer:	UED: Include the Printed Name of Authorized Signer	Frank M. Gallagher

Worksheet: "Invoice – 20% Variance"		
Entry Point	User Entered Data (UED) or Formula Details (FD)	Example
PRINT ON LGA LETTERHEAD (delete prompt text)		
Date:	UED: Include the Date the Invoice was prepared	12/15/14
From:	FD: ("Invoice – Summary Page" LGA) FD: ("Invoice – Summary Page" Claiming Unit)	Alameda County Administration
Subject [Period of Service]:	FD: ("Invoice - Summary Page Worksheet" Period of Service)	July 1, 2013 to September 30, 2013
Prior Year Corresponding Quarter Variance Data		
PY Corresponding Quarter Invoice Amount:	UED: Enter the Total Invoice amount from the corresponding quarter in the prior Fiscal Year	\$150,000
Current Quarter Invoice Amount:	FD: ("Invoice – Claim Calculation" Total Invoice Amount)	\$141,267
Variance Percentage:	FD: ((Current Quarter Invoice Amount – PY Corresponding Quarter Invoice Amount) / PY Corresponding Quarter Amount) * 1)	-6%
A variance percentage explanation is:	FD: IF (Variance Percentage >= "20%") then ("REQUIRED"); IF (Variance Percentage <= "-20%") then ("REQUIRED"); IF (Variance Percentage < "20%" or > "-20%") then ("NOT REQUIRED")	NOT REQUIRED
Prior Quarter Variance Data		
Prior Quarter Invoice Amount	UED: Enter the Total Invoice amount from the prior quarter	\$150,000
Current Quarter Invoice Amount:	FD: ("Invoice – Claim Calculation" Total Invoice Amount)	\$141,267
Variance Percentage:	FD: ((Current Quarter Invoice Amount – Prior Quarter Invoice Amount) / Prior Quarter Invoice Amount)	-6%
A variance percentage explanation is:	FD: IF (Variance Percentage >= "20%") then ("REQUIRED"); IF (Variance Percentage <= "-20%") then ("REQUIRED"); IF (Variance Percentage < "20%" or > "-20%") then ("NOT REQUIRED")	NOT REQUIRED
Prior Year Corresponding Quarter Variance Narrative		
[Various Standard Reasons]	UED: Enter an "X" in the box(es) that apply	X
Other:	UED: Enter a brief title of the reason for the variance over 20%	Didn't Claim Last Fiscal Year
Detailed Explanation:	UED: Enter a detailed explanation for the variance	Alameda did not conduct MAA last Fiscal Year
Prior Quarter Variance Narrative		
[Various Standard Reasons]	UED: Enter an "X" in the box(es) that apply	X
Other:	UED: Enter a brief title of the reason for the variance over 20%	Didn't Claim Last fiscal quarter
Detailed Explanation:	UED: Enter a detailed explanation for the variance	Alameda did not conduct MAA last fiscal quarter
Signature:	UED: Include the Signature of Authorized Signer	<i>Frank M. Gallagher</i>
Date:	UED: Include the Date Signed by Authorized Signer	12/15/14
Phone Number:	UED: Include the Phone Number of Authorized Signer	(916) 555-1212
Printed Name:	UED: Include the Printed Name of Authorized Signer	Frank M. Gallagher
Classification/Title:	UED: Include the Classification/Title of Authorized Signer	MAA Coordinator
Local Governmental Agency:	FD: ("Invoice - Summary Page Worksheet" LGA)	Alameda County
Program/Department:	FD: ("Invoice - Summary Page Worksheet" Program/Department)	Public Health Agency
Contractor Number:	FD: ("Invoice - Summary Page Worksheet" Contractor Number)	13-12345
Claiming Unit:	FD: ("Invoice - Summary Page Worksheet" Claiming Unit)	Administration
Period of Service:	FD: ("Invoice - Summary Page Worksheet" Period of Service)	July 1, 2013 to September 30, 2013

Invoice Number:	FD: ("Invoice - Summary Page Worksheet" Invoice Number)	Initial: 13/14-1 Corrected #1: 13/14-1C1 Corrected #2: 13/14-1C2 Revised #1: 13/14-1R1 Revised #2: 13/14-1R2
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