

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Division of Medicaid & Children's Health Operations

Toby Douglas
Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

NOV 01 2013

Re: MAA/TCM Time Survey Methodology and MAA Program Operational Plan

Dear Mr. Douglas:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the proposed amendment to the plan entitled, "Time Study Methodology Implementation Proposal for California's Medicaid Administrative Activities (MAA) and Targeted Case Management Programs (TCM)," as submitted on 9/24/13 regarding the amended inmate language. I am pleased to inform you that CMS hereby approves the revised inmate language (attached herein) effective on the date of issuance of this letter, for purposes of claiming Medi-Cal administrative and service expenditures incurred by Local Government Agencies (LGAs) on behalf of the Department of Health Care Services (DHCS).

Any questions concerning this matter may be directed to Albert Tadakuma at (415) 744-3564 or at his email address: Albert.Tadakuma@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Gloria Nagle", is written in a cursive style.

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Geri Baucom, Chief, Administrative Claiming, Local & School Services Branch, DHCS,
Suite 71.3028, MS 4603
James "Rob" Williams, Chief, CMAA Unit, DHCS, Suite 71.3024(71.3190), MS 4603

4. Non-Duplication of FFP

LGAs are reimbursed FFP for costs that have already been paid for by allowable CPE. An LGA may not draw down the same FFP reimbursement for identical costs from more than one FFP program. Claims for reimbursement shall not be duplicated, in whole, or part. Receiving duplicate reimbursement for the costs of Medi-Cal program activities or services that have been, or should have been, reimbursed through another funding source is not allowed. LGAs are required to verify that claims for reimbursement of Medi-Cal program expenditures have not previously been, or shall not subsequently be, used for federal match through an alternate funding source. Receiving reimbursement for the costs of Medi-Cal program activities or services that should be paid through an alternate funding source is also not allowed. Payments for MAA or TCM shall not duplicate payments made to any public or private entities under other program authorities for the same purpose. LGAs are required to submit claims for reimbursement to the appropriate FFP programs.

An LGA must certify that it has 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. An LGA 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.

In addition, claims for reimbursement of any Medi-Cal program activity that is provided as part of, or an extension of, a direct medical service is not claimable in either program. For example, medical professionals may not report time to Outreach or Referral, Coordination, and Monitoring when performing a direct medical service. Under certain circumstances, for CMAA, clinic schedules and/or other documentation must be retained in the audit file to indicate time spent both in a clinical environment and outside a clinical environment. A log will be used to track the participants who receive CMAA, the CMAA performed, and the initials of the worker providing the CMAA in a clinical setting. A sample CMAA Clinician Log with instructions is included with this implementation plan proposal as **Appendix A**.

5. FFP Exclusions

Per Section 1905(a) of the Social Security Act and 42 CFR 435.1009, when a person is an inmate of a public institution, FFP is not available until the inmate is about to be released from the public institution. However, FFP may be available under certain specific circumstances. Providing Medi-Cal eligibility intake administrative activities to an inmate to facilitate their enrollment into Medi-Cal within thirty (30) days of their release date is exempt from the FFP exclusion; although, no other administrative activities or direct Medi-Cal services are allowable for inmates of public institutions. This activity is "proper and efficient for the administration of the state Plan."

In each circumstance, claims for FFP reimbursement must comply with the policies and procedures of the FFP program. Any claims that are not in compliance will be denied. Once the inmate is released from the State institution, Medi-Cal program activities or services can be performed and the exclusion described above no longer applies.