

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.

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> <i>{Corrected: Submitted to DHCS, but not yet paid.}</i> <i>{Revised: Submitted to DHCS, paid, and needs amending.}</i>	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
(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:		
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	12/15/14

Worksheet:		
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) {excluding codes 16&18}	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 {authorized Claiming Units may utilize the County Wide Average(CWA)} {Not Applicable to Codes 1,2,3,5,7,9,11,14,23-32} {Standard 100% for Codes 4,8,12,15,16,19,20}	53.59%
Method Used:	UED: for Codes 6,10,13,17,18: 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) {Codes 4,6,8,10,12,13,15-22}	N/A
Total Non-Claimable Portion:	FD: (The sum total of all Non-Claimable Codes per column) {Codes 1,2,3,5,7,9,11,14,23-32}	N/A
Time Survey Frequency Used to Determine the Activity Percentage:	UED: 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>
Date:	UED: Include the date the document was signed by the person who reviews the	11/15/14

Worksheet:		
	Data for invoicing at the Claiming Unit Level	
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>

Worksheet:		
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:		
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) #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:		
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
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
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:		
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
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
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:		
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
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 + Distribution of CP #6 Allocated/Support Costs)	\$49,982
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 SUBTOTAL + CP #3b All Personnel + Non-Salary Costs Total)	\$164,106
Percentage of TOTAL COST:	FD: CPs 1,2,3a,4,5: (Individual CP Total Cost / All CPs Total Cost)	18.51%

Worksheet:		
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:		
Adjusted Remaining Funding/Revenue:	FD: CP 1,2: IF (PERCENTAGE OF TOTAL COST = "0%") then (Funding/Revenue TOTAL) or 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) or 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) or 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) <i>{All remaining applicable Cost Pool revenue*}</i>	\$10,185
Remaining Funding/Revenue Distributed to Personnel Services:	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)) <i>{Remaining revenue portion applied to personnel services}</i>	\$7,083
Remaining Funding/Revenue Distributed to Non-Salary Costs:	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)) <i>{Remaining revenue portion applied to Other Costs}</i>	\$3,102
Adjusted Remaining Personnel Services Costs:	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) <i>{Cost minus Revenue for Cost Pool Personnel costs}</i>	\$107,041
Adjusted Remaining Non-Salary Costs:	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) <i>{Cost minus Revenue for Cost Pool 1 for Non-Salary costs}</i>	\$46,880
Total Adjusted Cost:	FD: CP 1,2: (Adjusted Remaining Personnel Services Costs + Adjusted Remaining Non-Salary Costs) 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)	\$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

Worksheet:		
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%
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	12/15/14
Type of Print Name of Signer:	UED: Include the Printed Name of Authorized Signer	Frank M. Gallagher

Worksheet:		
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
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 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
[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
[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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