Module 5

CMAA Site Review (Audit File) Training

The CMAA Program "Site Visit"

Frequency:

- On site reviews conducted at least once every four years
- Technical Assistance reviews conducted every two years
  - On an 'as needed' basis

DHCS will analyze:

- Contracts and/or Memorandums of Understanding (MOU)
- Claiming Plan Documentation
- Certified Public Expenditure Documentation
- Invoice Documentation
- Time Survey and/or Direct Charge Documentation.
  - SPMP Designation Documentation

The "Site Visit" Process

- DHCS Staff coordinate with the LGA Coordinator
  - At least 60 days prior to desired site visit date
- Identify Claiming Units to review
  - A minimum of 3 claiming units
    - All claiming units if there are less than 3
  - A maximum of 10% of the total number of claiming units
  - Must have claims for the current and prior Fiscal Year.
- Identify Staff to interview
  - A minimum of 4 participants
    - All participants if there are less than 4
  - A maximum of 10% of the total number of participants
    - A maximum of 20 if there are over 200 participants

The "Site Visit" Process (Continued)

Approximately 30 days prior to the site visit, DHCS will send:

- An Entrance Letter
  - The date and time of the site visit
  - The address the site visit will be taking place
  - The fiscal years being reviewed
  - The claiming units selected for review
- A CMAA Site Visit Documentation Checklist
- A CMAA Unit Site Visit Tool Worksheet
- The CMAA Time Survey Participant Interview Questions
- The participating staff Interview Schedule

The "Site Visit" Process (Continued)

On the first day of the site visit, DHCS staff will:

- Arrive at the designated address at the time specified
- Conduct an entrance conference
  - Explain the DHCS site visit process
  - Answer any questions prior to the review
    - Attendees:
      - DHCS staff
      - The LGA coordinator
      - Any other pertinent LGA or claiming unit staff
- Begin reviewing the 'Audit File' documentation

Contracts and/or MOUs

Revenue generating Contracts/MOU's

- Contracts/MOU's that provide the LGA with revenue

The CMAA participation Contract/MOU

- The contract document between the Department of Health Care Services and the LGA

Subrecipient Contracts/MOU's

- Primary Subrecipients: Any Contract/MOU between the LGA and the Claiming Units, CBO's, Vendors, or any other governmental entities
- Secondary Subrecipients: Any Contract/MOU between the Claiming Units, CBO's, or any other governmental entities and their contracted agencies; including CBO's, Vendors, or any other governmental entities

The Contracts/MOU's must:

- Be properly executed and current
- Show the funding amount(s)
- Be MAA specific and include all of the MAA specific activities to be performed
- Indicate the location where the MAA specific activities will be performed
- NOT include a 'contingency fee' payment structure

The CMAA Claiming Plan

The Claiming Plan documents must include:

- Comprehensive Claiming Unit Grid (CCUG)
  - Claiming Plan approval letter (if applicable)
- Claiming Unit Functions Grid (CUFG)
- Activity Sheets
- Duty Statements
- If applicable, SPMP Questionnaires
- If applicable, all flyers, brochures, or resource directories used by the LGA/Claiming Unit to perform Medi-Cal outreach

Certified Public Expenditure (CPE)

Documentation to support 'clean' CPE

- Qualified CPE revenue
  - Any revenue an LGA/Claiming Unit receives that provides specific funding for Non-MAA cannot be used as CPE
    - Federal Grant revenue
    - WIC revenue
- General ledger documents demonstrate:
  - A clear relationship between the MAA eligible revenue and the MAA eligible expenditures
  - The expenditures must have been made to provide MAA
  - The expenditures must be made 100% prior to invoicing to DHCS

Invoice Documents

Documents indicating the staff's salaries, benefits, and other costs were accurately reported on the CMAA claiming invoice

- General Ledger documents
- Payroll documents
- Invoices for 'other costs'
  - Methodology used to determine the amount of the 'other costs'

Support of the County-wide Average and or Actual Client Count

- DHCS Policy & Procedures Letter (PPL)

Documents to support any direct charge (if applicable)

- Support of staff costs; i.e. a work log
- Methodology used to determine the amount of non-staff related direct charges; i.e. transportation costs

Documents to support the indirect cost rate (if applicable)

- Approved by the appropriate Federal Cognizant Agency

Document attesting to the time survey percentage rate "Roll Up"

- All Time Survey Documents

Time Survey Documents

Copies of the original Time Surveys used to compile the data for the Invoice

- The Time Surveys must have the employees name
- The Time Surveys should have original signatures in blue ink
- The Time Surveys should accurately reflect the approved activities from the claiming plan
- The job classification titles on Time Surveys should match the approved job classification titles included in the claiming plan
- The hours reported on the Time Survey and the employee's time card must match
- SPMP Claiming status must be notated

Copies of all of the Time Survey participants time cards

Secondary Documentation, if applicable

- Written examples of MAA, indicating "who, what, when, where, why"

Time Survey Training Materials

The "Site Visit" Process (Continued)

On the final day of the site visit, DHCS staff will:

- Conduct an exit conference
  - Explain the results of the DHCS site visit
  - Answer any questions regarding the results
    - Attendees:
      - DHCS staff
      - The LGA coordinator
      - Any other pertinent LGA or claiming unit staff

The Summary of Findings

Approximately 30 days after the site visit DHCS will send:

- A Summary of Findings Letter
  - Documentation or claiming issues
  - Items requiring corrective action
  - Deadlines to address all findings
  - Indication corrective actions are not necessary
  - Notice of compliance and closure

A Corrective Action Plan (CAP)

If required, the LGA must submit a Corrective Action Plan

- Solution or correction to documentation or claiming issues
- Timeline for correction

DHCS must review and approve the CAP:

- DHCS will work with the Coordinator to ensure all identified corrections and/or revisions are resolved
- The Coordinator will submit all necessary revisions
  - Upon CAP approval ONLY
- DHCS will send a CAP approval letter

The Audit File

Pursuant to OMB Circular A-87, each CMAA claiming unit must maintain an audit file of comprehensive documents in support of MAA claiming prior to the submission of an invoice to DHCS.

- The audit file must include, but is not limited to:
  - Contract/Memorandum of Understanding Documents
  - Claiming Plan Documents
  - CPE Documents
  - Time Survey and/or Direct Charge Documents
  - The CMAA Detail Invoice Documents
  - Training Documents
- CMAA Audit File Retention Guidelines:
  - All records in support of allowable CMAA claims must be maintained for a minimum of three fiscal years after the end of the quarter in which the LGA receives reimbursement from DHCS.

CMAA Program Compliance Responsibilities

- Each entity within the CMAA program claiming process has a responsibility to ensure CMAA program claiming compliance.
- Review all CMAA claiming documents, processes, procedures, and guidelines.
  - The first level of review is done at the claiming unit or 'local' level.
  - The second level of review is done at the LGA MAA Coordinator level.
  - The third and final level of review is performed by DHCS.
- In the event deficiencies are discovered, DHCS will take whatever steps necessary to ensure the integrity of the CMAA program and its funding.
- In the event of an invoice overpayment, DHCS will recover the overpayment amount from the LGA.

Resources

Department of Health Care Services website:
www.dhcs.ca.gov

CMAA website:
www.dhcs.ca.gov/provgovpart/Pages/CMAA.aspx

TCM website:
www.dhcs.ca.gov/provgovpart/Pages/TCM.aspx

LGA Consortium website:
www.maa-tcm.com

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Questions?