

Department of Health Care Services

MENTAL HEALTH MEDICAL
ADMINISTRATIVE ACTIVITIES

CLAIMING PLAN TRAINING



OBJECTIVES

- * Better understand the requirements for completing the claiming unit functions grid
- * Better understand the requirements for completing each activity sheet
- * Better understand the requirements for preparing duty statements

CLAIMING UNIT FUNCTIONS GRID

- * Mental Health Plan
- * Submittal Date
- * Amendment Date
- * Claiming Unit
- * Contact Person
- * Staff Classification and MAA

MENTAL HEALTH PLAN

- * Please enter the name of the mental health plan that is submitting the claiming plan or claiming plan amendment.
- * The Mental Health Medi-Cal Administrative Activities claiming process is limited to activities necessary for the proper and efficient administration of the Medi-Cal specialty mental health services waiver.

SUBMITTAL AND AMENDMENT DATES

- * The submittal date is the date the claiming plan for the identified claiming unit was first submitted to DHCS.
- * The amendment date is the date the current claiming plan was submitted for this claiming unit.
- * If this is the first claiming plan for this claiming unit, the submittal date and amendment date will be the same.

CLAIMING UNIT

- * A claiming unit is an organizational unit within the mental health plan or one of the mental health plan's contract providers.
- * The organizational unit might be the entire mental health plan or contractor.
- * Enter the name of the claiming unit and an address for the claiming unit.

CONTACT PERSON

- * Enter the name and contact information for a person who is responsible for the claiming plan for this claiming unit.
- * The contact person must be an employee of the mental health plan or may be the MAA/TCM Coordinator.
- * DHCS will contact this person with questions regarding this claiming unit.

STAFF CLASSIFICATION & MAA

- * Only individuals within classification listed in box 11 may be included in a claim for MAA reimbursement.
- * Please list those classifications who support or supervise those performing MAA and who will allocate a portion of their time through general administration.
- * The number of individuals within each classification who may perform MAA is limited by the numbers in box 12 and 13.

ACTIVITY SHEETS

- * Activity Description
- * Cost Determination
- * Medi-Cal Discount Percentage
- * Time Study

ACTIVITY DESCRIPTION

- * Identify the staff classifications that will be performing the activity.
- * Clearly describe the tasks that each clinic, unit, or major cost center will be performing.
- * Clearly describe where each staff classification will perform their tasks.
- * Clearly describe the population of people who will benefit from the tasks performed, including how non-open cases are determined.
- * Clearly describe how the tasks performed achieve the objectives of the activity.

COST DETERMINATION

- * Clearly describe how time will be determined for each classification (time study or direct charge).
- * Clearly describe how the cost of staff time will be determined, including benefit costs.
- * Clearly describe how operating expenses will be determined.

MEDI-CAL DISCOUNT PERCENTAGE

- * Clearly describe how the Medi-Cal discount percentage will be calculated.
- * Clearly describe the data used in the numerator and the source for that data.
- * Clearly describe the data used in the denominator and the source for that data.

TIME STUDY

- * Clearly identify the classification that will time study.
- * Clearly describe how the classification will document time and in what increments.
- * Clearly describe how time will be certified for the purpose of MH MAA claiming.
- * Clearly identify those classifications that will direct charge and why.
- * For those classifications that will direct charge, please describe how time to be direct charged will be certified.

DUTY STATEMENTS

- * Clearly identify the claiming unit.
- * Clearly identify the date submitted.
- * Clearly identify the name of the classification.
- * Clearly describe the duties of the classification.
- * Clearly identify the duties that are MH MAA.
- * Clearly indicate when duties are performed specifically for non-open cases.

ORGANIZATIONAL CHART

- * Each claiming unit must submit an organizational chart.
- * Must clearly identify each classification listed on the claiming unit functions grid.
- * Must clearly identify the support staff and the classifications supported.
- * Must clearly identify supervisors and the classifications directly supervised.

CONTRACTS

- * Include copies of contracts with claiming units that are not the mental health plan.
- * Include copies of contracts with entities that are subcontractors to the claiming unit.
- * Contracts must clearly describe the MH MAA to be performed by the subcontractor.
- * Contracts must clearly describe how the rates of reimbursement for MH MAA are determined.