

## DEPARTMENT OF HEALTH SERVICES

744 P STREET

BOX 942732

SACRAMENTO, CA 94234-7320



August 26, 1994

TO: All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members

Letter No. 94-68

TITLE XIX ADMINISTRATIVE CLAIMING FOR COUNTY WELFARE DEPARTMENT'S  
OTHER COUNTY ONLY-HEALTH RELATED PROGRAMS

Commencing with fiscal year 1994-95, a new Title XIX Medi-Cal Administrative Claiming (Title XIX MAC) procedure has been developed to accommodate the claiming of health related Medi-Cal administrative activities performed by County Welfare Departments (CWDs) for Other County Only Programs (OCOP) under their jurisdiction.

Effective with the September 1994 quarter, the State Departments of Health Services (DHS) and Social Services' (DSS) are cooperatively implementing a system to pass-through federal funding for these costs. Programs 590 and 591 have been established for counties to report Title XIX Medi-Cal Administrative costs (formerly SB 910 Claiming) associated with the CWDs OCOP - Health Related (OCOP-HR) and OCOP - HR Skilled Professional Medical Personnel (OCOP-HR SPMP) Programs on the DSS' Administrative Expense Claim (AEC).

This claiming process allows counties to match federal Title XIX dollars with claimable expenditures for OCOP-HR and OCOP-HR SPMP administrative activities reported on the AEC using the appropriate federal financial participation (FFP) rates. Some expenditures, as explained elsewhere within this document, are matchable at the nonenhanced rate of 50 percent and others at the enhanced rate of 75 percent. Program 590 has been established to capture costs at the 50 percent FFP rate and Program 591 has been established to identify those costs claimable at the 75 percent FFP rate.

As a condition of establishing this new claiming methodology, the DSS and the DHS have agreed that the establishment of Programs 590 and 591 for OCOP-HR and OCOP-HR SPMP Programs on the AEC will replace the former SB 910 process for the CWDs OCOP-HR and OCOP-HR SPMP administrative costs. Effective with the December 1994 quarter, CWDs will be required to use the AEC exclusively if they wish to claim OCOP-HR and OCOP-HR SPMP Title XIX MAC costs.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 2

For the September 1994 quarter, counties have the option of claiming these costs either through Title XIX MAC or through the AEC. However, during this claiming period, the CWDs cannot use a combination of these claiming methodologies for the programs under their jurisdiction.

This means that the claims submitted for the September 1994 quarter must be either 100 percent AEC or 100 percent Title XIX MAC. The CWDs cannot have one program under their jurisdiction claiming via the AEC process and another program claiming via the Title XIX MAC process. When submitting a Title XIX MAC, OCOP-HR and OCOP-HR SPMP claim, CWDs must submit a cover letter of explanation defining their claiming methodology during the transition quarter. This cover letter can also be used to transmit the claiming plan via the County MAC Coordinator to the DHS as described in Section II of this document.

In addition, each County Title XIX MAC lead agency will be required to execute a Memorandum of Understanding (MOU) with the CWD. To obtain additional information regarding this agreement, please contact the County Title XIX MAC Coordinator for your county.

County general fund expenditures are used as the match to draw down varying amounts of FFP. It is required that the CWD OCOP-HR and OCOP-HR SPMP programs claiming FFP follow the DHS Title XIX MAC policy as it relates to general fund match requirements pertaining to administrative claiming.

The county OCOP-HR and OCOP-HR SPMP programs which are affected by this policy are:

- County Veterans' Services Office
- General Assistance/General Relief Programs
- Public Guardian Programs
- SSI/SSP Advocacy - Adult Programs
- SSI/SSP Advocacy - Child/Foster Care Programs
- Victims' Assistance Programs

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 3

**Note:** Other programs that are funded by other sources e.g., Child Health and Disability Prevention (CHDP) Program, Linkages, etc., are not included or impacted by these instructions. Those programs must continue claiming administrative expenditures via the existing claiming process.

**I. TIME STUDY REQUIREMENTS**

The DHS has adopted a set of standardized time study functions for claiming FFP while serving all Medicaid (Medi-Cal in California) beneficiaries. The DHS, in accordance with the Health Care Financing Agency (HCFA), Region IX, requires all claims for Medicaid FFP be derived according to these functions. The current DHS time study functions became effective July 1, 1993. The CWDs are required to comply with this requirement if they wish to participate in Title XIX MAC.

Time studying is a prerequisite for claiming Medi-Cal FFP at either the enhanced (75 percent match) or nonenhanced (50 percent match) rate. All CWD program staff for whom FFP funding is claimed are required to time study. Please refer to Appendices A-1 and A-2 which are lists of the Title XIX MAC time study functions applicable to CWDs. Please refer to the Title XIX Procedures Manual (MAC Cookbook) for definitions of the time study functions. A copy of the MAC Cookbook may be obtained from the County Title XIX MAC Coordinator.

CWD staff need to time study only to those DHS functions which accurately describe the CWDs' activities associated with their OCOP-HR and OCOP-HR SPMP programs. It is anticipated that most CWDs will use three or four of the DHS functions. However, where necessary, CWDs may use any DHS function which appropriately defines their OCOP-HR activities, provided the standard definition of each function is maintained.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 4

As implementation of the departmental time study will affect current CWD time study practices, please note the following:

- Fifteen standardized DHS' functions with definitions have been adopted; not all CWD programs will necessarily use all 15 functions;
- allowable activities are defined under the appropriate function; and
- enhanced (75 percent match) and nonenhanced (50 percent match) claimable activities are differentiated by separate function lists. (See Appendices A-1 and A-2.) Only skilled medical professionals can use the enhanced functions.

**NOTE:** When performing activities that are attributable to Functions 1, 2, or 3, CWD staff do not need to determine Medi-Cal eligibility because these functions encompass activities that are designed to bring individuals into the Medi-Cal program. Therefore, all time that is time studied to these functions is claimable to OCOP-HR (Program Code 590), regardless of the client's Medi-Cal eligibility.

When using Functions 4 through 15, CWD staff must be certain that the individual(s) for whom these activities are performed are Medi-Cal beneficiaries. Accordingly, all time that is time studied to those functions is claimable for Title XIX MAC reimbursement. When the individual(s) are not Medi-Cal beneficiaries, the time spent should be charged to OCOP Code 190.

## II. PROGRAM PARTICIPATION REQUIREMENTS

In order for the CWDs to participate in the Title XIX MAC program, counties must:

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 5

- be linked to the DHS via contract for their Title XIX MAC program, which already exists in most counties;
- maintain a MOU with their single countywide Title XIX MAC lead agency which includes contractual language stating that the CWD agrees to be held liable for any audit disallowances by the Federal Government and is subject to all other provisions of MAC. Please contact your County Title XIX MAC Coordinator for assistance in preparing the MOU; and
- submit (via the County Title XIX MAC Coordinator) to the DHS a county-specific OCOP-HR program descriptor to be added to the Claiming Plan, which includes a cover letter and concise narrative(s) for all OCOP-HR programs for which the county is claiming FFP before any invoices for Title XIX MAC are submitted. Appendix B is the program descriptor format and Appendix C, which includes a sample cover letter, is a completed program descriptor as outlined in Appendix B. These appendices are included as a general guideline for completing the OCOP-HR program descriptor.

The exact wording of the program descriptor and cover letter should be modified to accurately reflect the individual county's OCOP-HR programs and practices.

### III. RETROACTIVE CLAIMING

Counties may, under certain circumstances, submit OCOP-HR and OCOP-HR SPMP claims through the AEC retroactively to the March 1994 quarter. If a county plans to submit a retroactive claim for the January 1, 1994 through June 30, 1994 claiming period the county must have: (1) completed a time study for that claiming period in accordance with Title XIX MAC requirements; (2) prepare and submit a county-specific claiming plan unique to this claiming period which describes the OCOP-HR and OCOP-HR SPMP program(s); and (3) submit in writing the claiming methodology that is being used.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 6

Again, regarding claiming methodologies, CWDs cannot combine claiming methodologies. If during the retroactive claiming period a Title XIX MAC claim had been submitted for any program under CWD jurisdiction, all claiming for the period must use the same method. Counties must claim all OCOP-HR costs either via the AEC process or the county-wide Title XIX MAC process. CWDs will be required to comply with the DSS' nine month limitation on submitting retroactive claims. Please refer to CFL 91/92-35 for additional information on retroactive claims submitted to the DSS. No combination of claiming methodologies will be allowed. Please contact your County Title XIX MAC Coordinator for specific instructions on the required language that must be included in your claiming plan.

#### IV. AEC MAY ONLY BE USED TO CLAIM COSTS INCURRED BY THE CWD

In accordance with the agreement between the DSS and the DHS, health related costs claimed through the AEC are restricted to costs incurred by the CWDs only. Title XIX MAC reimbursable administrative costs incurred by other county agencies under contract with the CWD are not claimable on the AEC and should be claimed by the other contracting agency through county-wide Title XIX MAC or through that agency's normal state administrative claim, as appropriate. For contracts jointly funded by the CWD and another county or nonprofit agency, only that portion of the cost actually paid by the CWD is eligible for Title XIX reimbursement through the AEC.

For example, this situation would occur if a CWD enters into a contract with the county mental health agency to provide mental health services. Under this contract, the services may be funded jointly by the CWD and the mental health agency.

Under this scenario, the CWD can claim only the portion of the contract's Title XIX eligible costs actually paid by the CWD.

Any Title XIX MAC eligible costs funded by mental health would be claimed by the mental health agency through Title XIX MAC or through that agency's state administrative claim process.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 7

**NOTE:** Please refer to CFL 94/95-05 for DSS time study instructions for OCOP-HR and OCOP-HR SPMP. The DSS will be issuing claiming instructions for Programs 590 and 591 in mid September.

V. OCOP-HR TIME STUDY INSTRUCTIONS

A. Program 590, OCOP-HR

Program 590, has been established to claim CWD costs for health-related activities which are not eligible for enhanced funding.

B. Program 591, OCOP-HR SPMP

Program 591 has been established to capture the costs of CWD employees who are SPMP and the clerical staff directly supervised by and in direct support of SPMPs 100 percent of their time. Certain costs of these employees are claimable at the enhanced FFP rate of 75 percent, while the remaining costs are claimable at the nonenhanced FFP rate of 50 percent. Those costs of the SPMPs and their direct clerical support staff that qualify for enhanced FFP include salary and benefits, travel, and training. These costs are claimable at the enhanced rate provided they are incurred while performing an activity which falls within the definition of an enhanced function. Please refer to Appendix A-1 which is a list of the enhanced functions.

**NOTE:** All clerical support staff who spend less than 100 percent of their time in direct support of an SPMP, must claim all of their time at the nonenhanced FFP rate of 50 percent. Therefore, these nonenhanced clerical costs must be reported under Program Code 590.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 8

For contracted services with public agencies, certain costs of SPMPs and the clerical staff directly supervised by and in direct support of the SPMPs qualify for enhanced FFP (75 percent rate) when they are performing enhanceable functions. These costs include salary and benefits, travel, and training. When contracts are entered into with public agencies and county agencies, claims submitted to the CWD must separately identify costs which are eligible for 75 percent and 50 percent FFP.

SPMPs employed by private agencies and/or individual(s) under contract (non county employee(s)) are not eligible for 75 percent FFP. These employee's costs are only eligible for reimbursement at the 50 percent FFP.

## VI. CLERICAL AND ADMINISTRATIVE STAFF

### A. OCOP-HR (NON-SPMP)

#### 1. Support Staff Time Reporting Plan (SSTRP) Counties

Administrative and clerical staff in support of the OCOP-HR Program will record time on the DFA 7, Support Staff Time Report, as either generic, Social Services, or direct-to-program as determined by each county's approved SSTRP.

Counties should use program code A13 for staff approved to time study direct-to-program.

#### 2. Non-Support Staff Time Reporting (Non-SSTRP) Counties

In the small counties which do not submit an SSTRP, support staff do not complete the DFA 7; all salaries and benefits are reported as a generic cost in the Allocable Support Staff Costs pool.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 9

B. OCOP-HR SPMP

In all counties, secretarial, stenographic, copying and file/records staff who are in direct support of SPMP and are directly supervised by SPMP time study as Direct Service Delivery staff on the DFA 7. These workers are not permitted to time certify. For purposes of Title XIX MAC they must devote 100 percent of their time to the SPMP. Any support staff who do not meet the above criteria will identify their time as specified in Section A above.

VII. CLAIMING TITLE XIX MAC REIMBURSEMENT THROUGH THE AEC

The CWD Title XIX MAC for OCOP-HR and OCOP-HR SPMP requires the use of the new procedure and forms explained below:

A. DHS SUPPLEMENTAL TIME STUDY

For Title XIX MAC, it is mandatory that CWD staff supplement their regular time study activities by using one or more of the DHS' time study functions listed in Appendices A-1 or A-2 and on the Time Study Summaries, Appendices D and E. Each of the DHS' time study functions has a unique, identifying number assigned to it. This number is found in the left-hand column of the CWD Time Study Summaries of the function. (See Appendices D and E.) The enhanced and non-enhanced functions on these Appendices are indicated in the far left-hand margin of the documents, i.e., E = enhanced functions, N = nonenhanced functions. Not every CWD will necessarily use all functions in its programs, and therefore, may not wish to make all 15 functions available to its staff. However, it is absolutely necessary that the appropriate functions are used by each classification of staff (SPMP or Non-SPMP), as there are different rates of FFP for the various functions and classifications. Under no circumstances may the standardized definitions of the functions be changed when used by CWD staff.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 10

**NOTE:** Certain categories of costs (salaries and benefits, travel and training) for enhanced functions performed by SPMPs are reimbursable at the 75 percent enhanced FFP rate. All other categories of costs for SPMPs are capped at the standard 50 percent FFP rate. For Non-SPMPs, all functions and categories of costs are limited to the standard 50 percent FFP rate.

B. CWD TIME STUDY SUMMARY (Appendix D and Appendix E)

Caseworker staff time study to the appropriate DHS time study functions. The DFA 10, Generic Time Study, may be used for this purpose. The total hours by function and program from the case worker time study document are transferred to the DHS' Time Study Summaries.

Information captured on the CWD time study will be summarized and posted on the DHS' Time Study Summaries, Appendices D and E. The purpose of these summaries is to document the total time worked on functions performed by SPMP and non-SPMP staff. This is required documentation for audit purposes to support the associated costs (loaded hourly costs) attributable to the hours time studied to functions.

The total time spent on each function within each program should be posted on the appropriate time study summary, i.e., SPMP Summary or Non-SPMP Summary. Hours posted for each function in columns 1 through 6 should be totaled in column 7. All columns (1 through 7) should be summed and the total hours posted at the bottom of each column. The total number of hours in columns 1 through 6 must equal the hours shown in column 7.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 11

**NOTE:** Appendix F is a questionnaire that should be completed by each employee the CWD wishes to time study as SPMP at the 75 percent enhanced FFP rate. The purpose of the questionnaire is to determine which employees meet the federal SPMP requirements.

A copy of the SPMP employee's completed questionnaire should be retained in a Title XIX MAC audit file for justification when an audit of the program is conducted. Also, the duty statement of each SPMP qualifying employee should contain medically-specific duties that justify claiming at the enhanced FFP rate. Please refer to the MAC Cookbook for a more detailed explanation of the SPMP claiming requirements and the SPMP questionnaire. A copy of the MAC Cookbook is available from the County Title XIX MAC Coordinator.

C. QUARTERLY SUMMARY INVOICE (Appendix G)

The Quarterly Summary Invoice (Appendix G) captures the OCOP-HR costs from the DFA 327.4A, Staff Development Cost Summary and Funding, and the DFA 327.5A, Funding - Social Services pages of the AEC. The information from the AEC Cost Summary and Funding Pages is to be inserted on the DHS' Quarterly Summary Invoice in the following manner:

1. Take the total amount for Program 591 (75 percent FFP rate) from Column 7 of the DSS' DFA 327.4A and insert it on Line B of the DHS' Quarterly Summary Invoice.
2. Take the total amount for Program 591 (75 percent FFP rate) from Column 6 of the DSS' DFA 327.5A and insert it on Line A for enhanced.
3. Total Line A and Line B on Line C.
4. Take the total amount for Program 590 (50 percent FFP rate) from Column 7 of the DSS' DFA 327.4A and insert it on Line E.

All County Welfare Directors  
All County Fiscal Officers  
All County Auditor Controllers  
Title XIX Medi-Cal Administrative Claiming  
(Title XIX MAC) Coordinators  
Title XIX MAC Steering Committee Members  
Page 12

5. Take the total amount for Program 590 (50 percent FFP rate) from Column 6 of the DSS' DFA 327.5A and insert it on Line D.
6. Total Line D and E on Line F.
7. Add Lines C and F for the Total Claim Costs; this amount is inserted on Line G.
8. The completed Quarterly Summary Invoice with time study summaries attached are submitted with the AEC. These documents must accompany the AEC before the Title XIX Medi-Cal Administrative claim can be processed for payment.

D. CONCLUSION

As a courtesy, the DSS has agreed to act as a conduit for the pass-through of CWD Title XIX MAC claims from the Counties to the DHS. Invoices for these claims will be reviewed and approved for payment by the DHS Accounting and Medi-Cal Policy Units independent of the regular Title XIX MAC process which has been in effect for the past two fiscal years. However, CWD OCOP-HR claims are subject to the same state and federal regulations and policies governing this process.

In accordance with the provisions of Welfare and Institutions Code § 14132.47, these payments are subject to the \$200 million "take back", and each participating county will be held liable in the event that the Federal Government should apply an audit exception, deferral and/or disallowance (less the "take back" share) for any claim submitted by the county via this process pursuant to the provisions of the DHS/County Master Title XIX MAC Contract.

If you have any questions regarding the CWD, Title XIX MAC program requirements, please contact Leanna Pace, Program Consultant, Department of Health Services, Medi-Cal Benefits Branch, Program Development Unit, at (916) 654-6339. Questions pertaining to the administrative expense claim should be addressed to Susan Wyckoff, Program Consultant, Department of Social Services, Fiscal Policy and Procedures Bureau, Administrative Policy Unit, at (916) 657-3438.

Sincerely,

ORIGINAL SIGNED BY,

John Rodriguez  
Deputy Director  
Medical Care Services  
Department of Health Services

ORIGINAL SIGNED BY,

Jarvio A. Grevious  
Deputy Director  
Administration Division  
Department of Social Services

bcc:

Jarvio Grevious: OB9 M.S. 17-10  
Jerry Rose: OB9 M.S. 13-72  
John Wilson: OB9 M.S. 8-600  
Loren Suter: OB9 M.S. 8-100  
Marge Dillard: OB9 M.S. 8-100  
Mike Ellison: OB9 M.S. 8-100  
Susan Wyckoff: OB9 M.S. 8-100  
Jeff Hiratsuka: OB9 M.S. 13-32  
Carleen Kistler: OB9 M.S. 13-32  
Cynthia Louie: OB9 M.S. 13-32

Title XIX Administrative Claiming for County  
Welfare Department's Other County Only -Health  
Related Programs

**MEDI-CAL ADMINISTRATIVE CLAIMING  
TIME STUDY FUNCTIONS APPLICABLE TO CWDs**

FOR SPMP STAFF

1. Outreach and Intensive Informing (Non-enhanced)
2. Case Finding (Enhanced)
3. Facilitating Medi-Cal Application (Non-enhanced)
4. Prescreening and Enrollment (Non-enhanced)
5. Skilled Professional Assessment and Case Planning and Coordination (Enhanced)
6. Other Enrollment and Case Planning and Coordination (Non-enhanced)
7. Anticipatory Guidance for Complex Health Needs (Enhanced)
8. Client Assistance to Access Services (Non-enhanced)
9. Skilled Professional Medical Consultation (Enhanced)
10. Provider Relations and Resource Development (Enhanced)
11. Interagency Coordination (Non-enhanced)
12. Skilled Professional Medical Training (Enhanced)
13. Other Training (Non-enhanced)
14. Program Planning and Development (Non-enhanced)
15. Quality Management by Skilled Professional Medical Personnel (Enhanced)

**MEDI-CAL ADMINISTRATIVE CLAIMING  
TIME STUDY FUNCTIONS APPLICABLE TO CWDS**

FOR NON-SPMP STAFF

- |     |   |                |
|-----|---|----------------|
| 1.  | Outreach and Intensive Informing                    | (Non-enhanced) |
| 3.  | Facilitating Medi-Cal Application                   | (Non-enhanced) |
| 4.  | Prescreening and Enrollment                         | (Non-enhanced) |
| 6.  | Other Enrollment and Case Planning and Coordination | (Non-enhanced) |
| 8.  | Client Assistance to Access Services                | (Non-enhanced) |
| 11. | Interagency Coordination                            | (Non-enhanced) |
| 13. | Other Training                                      | (Non-enhanced) |
| 14. | Program Planning and Development                    | (Non-enhanced) |

SAMPLE FORMAT FOR PROGRAM DESCRIPTOR

\_\_\_\_\_ COUNTY

COUNTY WELFARE DEPARTMENT, OCOP-HR  
PROGRAM DESCRIPTOR

**I. PROGRAM**

Please provide a brief overview of your department or agency's mission. Then explain how the daily activities performed in your department or agency are related to the Title XIX Medi-Cal administrative claiming functions.

**II. TITLE XIX MEDI-CAL ADMINISTRATIVE ACTIVITIES**

It is anticipated that staff will timestudy to the following areas:

- |                     |                      |
|---------------------|----------------------|
| ___ Activity Code 1 | ___ Activity Code 9  |
| ___ Activity Code 2 | ___ Activity Code 10 |
| ___ Activity Code 3 | ___ Activity Code 11 |
| ___ Activity Code 4 | ___ Activity Code 12 |
| ___ Activity Code 5 | ___ Activity Code 13 |
| ___ Activity Code 6 | ___ Activity Code 14 |
| ___ Activity Code 7 | ___ Activity Code 15 |
| ___ Activity Code 8 |                      |

Administrative activities are conducted by \_\_\_\_\_ County staff and/or \_\_\_\_\_ contract staff.

**III. REVENUE**

A. Source of Matching Funds For the Title XIX Medi-Cal Administrative Claim

The required match is provided by:

- |  |                 |
|--|-----------------|
| ___ County General Fund  | ___ State Funds |
| ___ Private Donations passed through County <u>first</u> with no restrictions mandated to County |                 |

B. Source of Revenue to be Offset

Offset revenue is derived from the following source(s):

- State Funds
- Client Fees
- Private Insurance
- Medi-Cal Fee for Service
- Other Federal Funds (please identify by source)  
\_\_\_\_\_
- Other (please explain) \_\_\_\_\_
- No Offsetting Revenue

C. Required Matches

Match requirements for the following federal funds are provided by County or State funds, and will be reflected as offset revenue. (Please list any federal funds which have a match requirement)

IV. **TIME STUDY PROCEDURES**

A. Overview

Please provide a brief description of how time studies are conducted, including their frequency and duration.

B. Assurances

- The costs of these activities are not included in a Medi-Cal fee for service rate.
- The costs of these activities are not included in a Medi-Cal waiver program. (eg. MSSP, AIDS)

C. Staff Included in the Time Study

The following classifications participate in the time study:

(Instructions: List each job classification on a separate line. Indicate whether it is filled by Skilled Professional Medical Personnel in the "SPMP" column. Last, indicate the number of individuals in this classification in one of the five columns - less than 5, 6-10, 11-15, 16-20, or over 20. Large counties should use a separate clustering system: less than 25, 25-100, or over 100.)

|                           |             |                            |
|---------------------------|-------------|----------------------------|
| <u>Job Classification</u> | <u>SPMP</u> | <u>Number of Employees</u> |
|---------------------------|-------------|----------------------------|

SAMPLE COVER LETTER

August 1, 1994

Terry Jordan, Manager  
Program Development Unit  
Medical Benefits Branch  
State Department of Health Services  
714 "P" Street, Room 1640  
Sacramento, CA 95814

Enclosed is a program descriptor which includes narratives for \_\_\_\_\_ County's, County Welfare Department (CWD), Other County Only Program-Health Related (OCOP-HR) participants; one for the \_\_\_\_\_ quarter and one beginning with the \_\_\_\_\_ quarter of fiscal year 1994-95. This program descriptor is to be added to our county's Title XIX Medi-Cal Administrative Claiming (Title XIX MAC) Plan. Included in the program descriptor for the \_\_\_\_\_ County's CWD, OCOP-HR programs are the:

County Veterans' Services Office  
General Assistance/General Relief Programs  
Public Guardian Programs  
SSI/SSP Advocacy - Adult Programs

A Memorandum of Understanding was executed between the \_\_\_\_\_ County Title XIX MAC lead agency and the CWD as required in the joint policy letter issued by State Department of Health Services (SDHS) and the California Department of Social Services on July, 1994.

Every claim from \_\_\_\_\_ County will be based upon time studies completed during the claiming quarter, except for those claims identified as "Retro" claims. A separate cover letter will be attached to the "Retro" claim to explain the reasons for using one or more of the later time studies to clarify our claiming methodology. The Title XIX MAC Administrative Unit uses a county cost accounting/payroll time study to determine the time spent on Title XIX Medi-Cal administration. All CWD, OCOP programs time study using the standardized functions in accordance with the SDHS' Time Study requirements.

If you have additional questions or need additional information regarding our claiming plan, please contact me at (\_\_\_\_) \_\_\_\_\_.

Sincerely,

Title XIX MAC County Coordinator

Enclosures

\_\_\_\_\_  
COUNTYCOUNTY WELFARE DEPARTMENT, OCOP-HR  
PROGRAM DESCRIPTION

## I. PROGRAM

## OVERVIEW:

Under the new "pass-through" system cooperatively implemented by the State Department of Health Services (SDHS) and the California Department of Social Services (CDSS), the \_\_\_\_\_ County Welfare Department will submit its claims for Title XIX administrative costs associated with their Other County Only Programs-Health Related (OCOP-HR) via the CDSS' Administrative Expense Claim. This new procedure is effective with the September 1994 quarter. All claims submitted for reimbursement will be in accordance with the requirements of the new SDHS/CDSS "pass-through" system.

The programs included in the \_\_\_\_\_ County Welfare Department's OCOP-HR are: (1) County Veterans' Services Office (2) General Assistance/General Relief Programs; (3) Public Guardian Programs; and (4) SSI/SSP Advocacy - Adult Programs.

\_\_\_\_\_  
COUNTY WELFARE DEPARTMENT PROGRAM DESCRIPTIONS

## County Veterans' Services Office

The County Veterans' Services Office (CVSOs) is involved in many aspects of their clients' lives. Because of service-connected disabilities, resulting chronic health problems, and in some cases simply the advanced age of veterans whose health is deteriorating from non-service-connected causes, CVSOs play a major role in assessing the need for, and assisting their clients to access, health care. CVSO staff are frequently the primary community contact for veterans and become their link with the formal health care system.

## General Assistance/General Relief Programs

Case Workers in the General Assistance/General Relief Programs provide evaluation and outreach services to individuals that come to the agency for general relief assistance or to participate in the Senior Lunch program. These are for the most part clients who are not currently receiving any other form of aid. Staff evaluate and assess general assistance/general relief clients, both employable and non-employable, and attempt to refer them to the appropriate agency upon assessment of their requirements. This program involves the coordination of the Public Social Services Agency, the Mental Health Department, Drug and Alcohol Program and the SSI/SSP programs. Clients that are believed to be Medi-Cal eligible are guided through the system by one of the caseworkers. The Senior Nutrition caseworker evaluates referrals and contacts potential elderly citizens to evaluate their need for home delivered meals and their eligibility for other benefits that would assist clients in meeting health and nutritional needs and requirements.





D. Staff included in the Time Study

The following classifications participated in the time study:

| <u>Classification</u>     | <u>SPMP</u> | <u>Number of Employees</u> |
|---------------------------|-------------|----------------------------|
| Veterans Services Officer | Yes         | 1                          |
| Clinical Psychologist     | Yes         | 1                          |
| Public Health Nurse       | Yes         | 1                          |
| Community Health Advisor  | No          | 1                          |
| Medical Social Worker     | No          | 4                          |
| Caseworker                | No          | 6                          |

V. Contractors

No Contractors Used in OCOP-HR Programs

Title XIX Medi-Cal Administrative Claimi  
 County Welfare Departments  
 Other County Only Program & Other County Only Program - Health Related  
 S P M P Time Study Summary

| Program Name * |  | Month/Year |       |       |       |       |       |       | Total Hours |
|----------------|--|------------|-------|-------|-------|-------|-------|-------|-------------|
|                |  | 1          | 2     | 3     | 4     | 5     | 6     | 7     |             |
| Functions      | Program Name *   | Hours      | Hours | Hours | Hours | Hours | Hours | Hours | Hours       |
| N 1            | Outreach & Intensive Informing                                 |            |       |       |       |       |       |       |             |
| E 2            | Case Finding   |            |       |       |       |       |       |       |             |
| N 3            | Facilitating Medi-Cal Application                              |            |       |       |       |       |       |       |             |
| N 4            | Prescreening & Enrollment                                      |            |       |       |       |       |       |       |             |
| E 5            | Skilled Professional Assessment & Case Planning & Coordination |            |       |       |       |       |       |       |             |
| N 6            | Other Enrollment & Case Planning & Coordination                |            |       |       |       |       |       |       |             |
| E 7            | Anticipatory Guidance for Complex Health Needs                 |            |       |       |       |       |       |       |             |
| N 8            | Client Assistance to Access Services                           |            |       |       |       |       |       |       |             |
| E 9            | Skilled Professional Medical Consultation                      |            |       |       |       |       |       |       |             |
| E 10           | Provider Relations & Resource Development                      |            |       |       |       |       |       |       |             |
| N 11           | Interagency Coordination                                       |            |       |       |       |       |       |       |             |
| E 12           | Skilled Professional Medical Training                          |            |       |       |       |       |       |       |             |
| N 13           | Other Training   |            |       |       |       |       |       |       |             |
| N 14           | Program Planning & Development                                 |            |       |       |       |       |       |       |             |
| E 15           | Quality Management by Skilled Professional Medical Personnel   |            |       |       |       |       |       |       |             |
| <b>TOTAL</b>   |  |            |       |       |       |       |       |       |             |

\* CVSO - County Veterans' Services Office GA/GR - General Assistance/General Relief  
 PG - Public Guardian SSIA - SSVSSP Advocacy Adult SSIC - SSI/SSP Advocacy Child

**Title XIX Medi-Cal Administrative Claiming**  
**County Welfare Departments**  
**Other County Only Program & Other County Only Program - Health Related**  
**Non - S P M P Time Study Summary**

County Name \_\_\_\_\_ Month/Year \_\_\_\_\_

Column Number 1 2 3 4 5 6 7

| Program Name*                                     | Hours | Hours | Hours | Hours | Hours | Hours | Total Hours |
|---|-------|-------|-------|-------|-------|-------|-------------|
| N 1 Outreach & Intensive Informing                |       |       |       |       |       |       |             |
| N 3 Facilitating Medi-Cal Application             |       |       |       |       |       |       |             |
| N 4 Prescreening & Enrollment                     |       |       |       |       |       |       |             |
| N Other Enrollment & Case Planning & Coordination |       |       |       |       |       |       |             |
| N 8 Client Assistance to Access Services          |       |       |       |       |       |       |             |
| N 11 Interagency Coordination                     |       |       |       |       |       |       |             |
| N 13 Other Training                               |       |       |       |       |       |       |             |
| N 14 Program Planning & Development               |       |       |       |       |       |       |             |
| <b>TOTAL</b>                                      |       |       |       |       |       |       |             |

\* CVSO - County Veterans' Services Office    GAVGR - General Assistance/General Relief  
 PG - Public Guardian    SSIA - SSI/SSP Advocacy Adult    SSIC - SSI/SSP Advocacy Child/Foster Care    VICT - Victims' Assistance

SPMP Questionnaire for Claiming Status:

Completed questionnaires serve as part of the documentation as to the SPMP/non-SPMP status of employees for each quarter's claim. As part of the Contractor's claiming documentation file, SPMP questionnaires should be kept through the documentation retention period.

*NOTE:* The questionnaire need be administered only once, although periodic repetition may help the Contractor to identify changes in staff education and composition, and may therefore yield a higher SPMP ratio in the staff.

The questionnaire is provided here and in the Requirements for Enhanced Federal Financial Participation section of this document.

Analyzing the SPMP questionnaire:

- A. SPMP eligible personnel are respondents who answer:
  - YES to Question 1, or
  - YES to Questions 2, 3, and 4, or
  - YES to Questions 2, 3, and 5.
  
- B. Non-SPMP personnel are respondents who answer:
  - NO to either Question 2, 3, or 7.
  
- C. Respondents who complete either Question 6 or 7 must be evaluated on a case by case basis depending on the nature and extent of the health-related training received in their education program. If they meet the SPMP requirement for education and training, their job descriptions must also include SPMP functions.

DATE:

TO:

FROM:

**RE: SKILLED PROFESSIONAL MEDICAL PERSONNEL  
QUESTIONNAIRE FOR CLAIMING STATUS**

To determine whether you qualify as Skilled Professional Medical Personnel for claims being made for Medi-Cal administration, please complete the following form and return it to the person indicated above no later than \_\_\_\_\_ as this is very important for our funding. *Thank you.*

Name \_\_\_\_\_

Department \_\_\_\_\_

Position Classification \_\_\_\_\_

1. Are you a physician licensed to practice medicine in the State of California? \_\_\_\_\_

If YES, provide license number ( \_\_\_\_\_ ), sign this form and turn it in.  
If NO, proceed to Question 2.

2. Have you completed an educational program in a health or health-related field? \_\_\_\_\_

If YES, list the highest academic degree you received in a health or health-related field, the subject in which it was received, and the name of the college/university where it was earned, and proceed to Question 3.

Academic Degree \_\_\_\_\_ Field \_\_\_\_\_

College/University \_\_\_\_\_

If NO, stop, sign this form and turn it in.

3. Did your educational program last at least two years? \_\_\_\_\_

If YES, proceed to Question 4.  
If NO, stop, sign this form and turn it in.

4. Did your educational program lead to a California licensure in a medically-related profession?  
\_\_\_\_\_

If YES, provide license type and number, and sign this form and turn it in.

License Type \_\_\_\_\_ License Number \_\_\_\_\_

If NO, proceed to Question 5.

5. Did your educational program lead to certification or registration by a health or health-related national or California certifying organization? \_\_\_\_\_

If YES, please provide certification/registration type and number (if appropriate), the name of the certifying organization, and sign this form and turn it in.

Certificate/Registration Type \_\_\_\_\_ Cert./Reg. Number \_\_\_\_\_

Certifying/Registry Organization \_\_\_\_\_

If NO, proceed to Question 6.

6. Did part of your educational program involve medical or health-related training including fieldwork (for example, in the area of health, mental health, or substance abuse)? \_\_\_\_\_

If YES, describe the training/fieldwork and sign the form and turn it in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If NO, proceed to Question 7.

7. As a part of your educational program, did you take any courses which had a medical or health-related focus (for example, about health, mental health or substance abuse)? \_\_\_\_\_

If YES, list these courses below and sign this form and turn it in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If NO, sign this form and turn it in.

Signature \_\_\_\_\_ Date \_\_\_\_\_

County of \_\_\_\_\_

(Must be submitted on County letterhead)

QUARTERLY SUMMARY INVOICE

1994/1995

Title XIX Medi-Cal Administrative Claiming (Title XIX MAC)  
 In Local County Welfare Department, Other County Only Programs (OCOP)

Period of Service     /    /     to     /    /    

Contract Number: \_\_\_\_\_

Invoice Number: CWD 94-01 Jul-Sep 94  
 94-02 Oct-Dec 94  
 94-03 Jan-Mar 95  
 94-04 Apr-Jun 95

| COST CATEGORIES                                      | SOURCE/FORMULA               | TOTAL COSTS | x | FFP RATIO = | FEDERAL SHARE |
|--|------------------------------|-------------|---|-------------|---------------|
| <u>ENHANCED COSTS</u>                                |                              |             |   |             |               |
| A. SPMP Costs<br>(Salary & Benefits)                 | 327.5A<br>Program 591 Col. 6 | \$          |   |             |               |
| B. Staff Development Costs<br>(SPMP Training/Travel) | 327.4A<br>Program 591 Col. 7 | \$          |   |             |               |
| C. Total Enhanced Costs                              | A & B                        | \$          |   | 75%         | \$            |
| <u>NON-ENHANCED COSTS</u>                            |                              |             |   |             |               |
| D. SPMP - Other Costs                                | 327.5A<br>Program 590 Col. 6 | \$          |   |             |               |
| E. All Costs for Non-SPMP                            | 327.4A<br>Program 590 Col. 7 | \$          |   |             |               |
| F. Total Non-Enhanced<br>Costs                       | D & E                        | \$          |   | 50%         | \$            |
| G. Total Federal Share                               | C & F                        |             |   |             | \$            |

I certify that the information provided on this invoice is true and correct, based on actual expenditures incurred for the period claimed, and that the funds/contributions necessary to match expenditures for administrative activities which have been provided pursuant to the requirements of 42 CFR 433.45.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date