



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: November 16, 2021 PPL No.: 21-035

TO: All Local Educational Agency (LEA), Local Educational Consortia (LEC), and Local Governmental Agency (LGA) Coordinators Participating in the School-Based Medi-Cal Administrative Activities (SMAA) Program

SUBJECT: Frequently Asked Questions (FAQs) Related to the Public Health Emergency (PHE) and COVID-19 Activities

PURPOSE: This Policy and Procedure Letter (PPL) provides guidance to all LEAs, LECs, and LGAs regarding FAQs pertaining to administrative activities performed during the PHE.

REFERENCE: Welfare and Institutions Code (WIC) section 14132.47 and PPL 20-034

BACKGROUND:

The SMAA program is authorized under the WIC section 14132.47 to reimburse LEAs for providing certain Medi-Cal administrative activities approved by the Centers for Medicare and Medicaid Services (CMS). These activities include:

- Medi-Cal Outreach (Code 4)
- Facilitating the Medi-Cal Application (Code 6)
- Referral, Coordination, and Monitoring of Medi-Cal Services (Code 8)
- Arranging Transportation in Support of Medi-Cal Services (Code 10)
- Providing Translation Related to Medi-Cal Services (Code 12)
- Program Planning, Policy Development, and Interagency Coordination Related to Medi-Cal Services (Code 14)
- Medi-Cal Claim Administration, Coordination and Training (Code 15)
- General Administration/ Paid Time Off (Code 16)

(See, SMAA Manual, Section 5.)

The SMAA program uses a random moment time survey (RMTS) process to determine the percentage of time that time survey participants (TSPs) spend conducting the Medi-Cal administrative activities listed above. These percentages factor into the

reimbursements that each LEA receives from CMS for participating in the SMAA program.

POLICY:

Q1. What will the Department of Health Care Services (DHCS) use for RMTS Results for the SMAA Program during PHE?

A: Per PPL 20-034, CMS approved an alternative RMTS methodology. In the event that there is a “state of emergency” or other disaster declared in the State of California that results in prolonged statewide school closures that impact the statistical validity of the RMTS as defined in Section 6 of the SMAA manual under “RMTS Sampling Requirements,” DHCS will determine which affected quarter(s) are statistically invalid. In this case, no RMTS will be applied during the statistically invalid quarter(s), and claiming will instead be based upon an average of the RMTS activity code percentages for the two most recent statistically valid RMTS quarters for which finalized percentages are available to DHCS.

During the following state fiscal year (SFY) quarters of the PHE, for RMTS results, DHCS will use:

- a. SFY 2019-20 Q2 – Actuals
- b. SFY 2019-20 Q3 – Actuals
- c. SFY 2019-20 Q4 – Average of 2019-20 Q2 and Q3
- d. SFY 2020-21 Q1 – Average of 2019-20 Q2 and Q3
- e. SFY 2020-21 Q2 – Actuals

SFY 2019-20 Q4 will be an average of the previous two quarters because this period was directly affected by the PHE when schools unexpectedly transitioned to remote learning and sampling results were deemed to be statistically invalid.

Quarter one is usually an average of the previous three quarters. However, during the PHE, LECs and LGAs were not required to submit actuals for SFY 2019-20 Q4. For SFY 2020-21, quarter one will be based only upon the average of SFY 2019-20 Q2 and Q3.

SFY 2020-21 Q2 will be based on actual RMTS data for the period as the RMTS sampling results were determined to be statistically valid.

Q2: If someone is specifically hired to perform COVID-19 related activities for an LEA, can they be part of the TSP List?

A: If potential TSPs are not 100% federally funded by another program (including [CARES Act or Coronavirus Response and Relief Supplemental Appropriations Act Funding](#)) and regularly provide administrative services for California’s Medi-Cal program as described in the SMAA Manual, then they may be included on the TSP List for the unfunded portion of their salaries and benefits.

Q3. Are COVID-related activities billable under the SMAA program?

A: SMAA does not have specific COVID-19 activities; however, so long as the activities fall within the approved activities identified in the SMAA Manual and are not 100 percent federally funded by any other source certain activities, then they may be reimbursable under the SMAA program. Items that are not included in the SMAA Manual, such as contact tracing and infection control protocols (i.e. temperature checks and screening, and additional cleaning, masks, social distancing, and guaranteeing measures), are not billable activities, because they are not included in the current cost allocation plan approved by CMS.

Q4. Do COVID-19 related activities need to be Medi-Cal covered services in order to be reimbursed under the SMAA program?

A: If the COVID-19 related activity is necessary for the proper and efficient administration of the Medicaid State Plan and meets the criteria identified in the SMAA Manual, then the activity is reimbursable through the SMAA program.

Q5. Is Telehealth billable under SMAA?

A: Telehealth is a method of delivering health care services and is not an administrative activity billable under the SMAA program.

If you have any questions or need additional information, please contact the SMAA program mailbox at SMAA@dhcs.ca.gov.

Sincerely,

Original Signed By

Brian Fitzgerald, Chief
Local Governmental Financing Division
Department of Health Care Services