

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



DATE: December 17, 2020 **PPL No. 20-054**

TO: Local Governmental Agency (LGA) Coordinators for the County-

Based Medi-Cal Administrative Activities (CMAA) and

Targeted Case Management (TCM) Programs

SUBJECT: LGA Coordinator Responsibilities

This Policy and Procedure Letter (PPL) provides guidance to the LGA Coordinators regarding their responsibilities when conducting the CMAA and TCM programs.

Overview

The Department of Health Care Services (DHCS) and LGAs work in partnership to safeguard proper administration of the CMAA and TCM programs. To aid communication between program participants and DHCS, each LGA designates an LGA Coordinator(s) to collaborate with DHCS' CMAA and TCM program staff. Each LGA can designate multiple coordinators known as primary and alternate LGA Coordinators. It is essential for LGA Coordinators to possess a thorough operational and financial understanding of the CMAA and TCM programs to operate in compliance with federal and state laws and regulations.

The primary LGA Coordinator often works as the lead in a team model to accomplish the required functions of the CMAA and TCM programs. The LGA Coordinators are responsible for organizing these programs at the LGA level and ensuring compliance with the applicable state and federal laws and regulations, even though other LGA staff may perform some duties. Furthermore, it is the LGA Coordinators' responsibility to inform DHCS of programmatic issues or concerns that impact DHCS' administration of the CMAA and TCM programs.

Separately, CMAA and TCM LGAs elect five LGA Coordinators from within the LGA consortium to represent their interests and collaborate with DHCS on both programs. These five members are known as the LGA Executive Committee (EC). The LGA EC supports LGA Coordinators and program participants with CMAA and TCM program operations and compliance. The LGA EC conducts bi-monthly LGA Consortium meetings and bi-monthly regional meetings to discuss CMAA and TCM policies and

needs which enables LGA Coordinators to keep abreast of the programs. Moreover, the LGA EC and DHCS meet bi-monthly to address programmatic issues, form innovative ideas, and promote discussions to further the programs.

CMAA and **TCM LGA Coordinator Responsibilities**

Below are general requirements for CMAA and TCM LGA Coordinators. LGA Coordinators must:

- 1. Review the following program materials:
 - CMAA/TCM Time Survey Methodology
 - CMAA Operational Plan
 - o CMAA and TCM PPLs and related DHCS policies
 - TCM Provider Manual
 - TCM Cost Report Instructions
 - TCM's California State Plan (Attachment 4.19-B, Attachment 3.1-A, Limitations on Attachment 3.1-A, and Supplements 1a, 1b, 1d, 1e, and 1f to Attachment 3.1)
- 2. Regularly communicate with DHCS staff to ensure that the LGA Coordinator roster is current and the CMAA and TCM programs operate timely and efficiently. Additionally, train a successive coordinator(s), when possible.
- 3. Ensure that all CMAA and TCM program participants receive the mandated time survey training and any additional CMAA and/or TCM training.
- 4. Communicate with and inform DHCS CMAA/TCM program staff of any programmatic issues or concerns regarding DHCS' administration of the programs.

CMAA Specific LGA Coordinator Responsibilities

Per the CMAA Operational Plan and CMAA/TCM Time Survey Methodology, LGA Coordinators participating in the CMAA program must:

- 1. Submit complete, accurate and timely invoices to DHCS that comply with all applicable CMAA program laws and regulations.
- 2. Utilize the correct CMAA invoice template.
- 3. Ensure each invoice complies with the most recent DHCS-approved claiming plan.
- 4. Ensure all approved claiming plans are current.
- 5. Provide supportive documentation per PPL 19-001 for each invoice.
- 6. Maintain an audit file of comprehensive documents supporting CMAA claiming that complies with all applicable CMAA program guidance, laws, and regulations.
- 7. Ensure LGA staff are available for desk reviews and site visits, and provide all requested documentation prior to review.
 - Fully implement all Corrective Action Plans per DHCS' guidelines.
- 8. Upload accurate client data into the MOVEit system, if applicable.

 Develop an accurate actual client count based on the Medi-Cal eligibility records provided from the MOVEit system.

LGA Coordinators must ensure they are familiar with all essential functions of the CMAA program by undergoing all relevant trainings, and maintaining a working knowledge of the CMAA/TCM Time Survey Methodology, CMAA Operational Plan, PPLs, and other related CMAA guidance. In addition, CMAA invoices, claiming plans, and audit files found to be noncompliant with the abovementioned requirements, will put the CMAA program at risk of deferral and invoices at risk of disallowance for federal reimbursement. Failure to meet the above-mentioned responsibilities may result in DHCS recouping LGA payments.

To assist LGA Coordinators with meeting CMAA invoice requirements, DHCS is providing an invoice review checklist. The checklist provides guidelines for an LGA to review invoices to ensure they are compliant prior to submission. The checklist will be provided via email and by request moving forward.

TCM Specific LGA Coordinator Responsibilities

Per, the TCM Provider Manual, CMAA/TCM Time Survey Methodology, and California State Plan (Attachment 4.19-B and Supplements 1a, 1b, 1d, 1e, and 1f to Attachment 3.1), LGA Coordinators participating in the TCM program must:

- 1. Ensure each encounter is reviewed for TCM components.
- 2. Ensure all encounters are entered into the TCM Online System prior to the 12-month from the date of service invoice submission deadline.
- 3. Ensure encounters are valid prior to billing.
- 4. Maintain a LGA encounter log and ensure no duplication of encounters.
- 5. Submit complete and accurate invoices to DHCS with correct signatures per the Signature Authority Form that comply with all applicable TCM program guidance, laws, and regulations.
- 6. Submit invoices prior to the 12-month invoice submission deadline.
- 7. Ensure case notes for each encounter are complete and accurate.
- 8. Ensure all encounter related data is handled in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
- Continue coordination with Managed Care Plans (MCP) per the LGA/MCP Memorandum of Understanding to ensure non-duplication of services.
- 10. Review MCP care coordination data received from DHCS to ensure nonduplication of services.
- 11. Ensure LGA staff are available for desk reviews and site visits, and provide all requested documentation prior to review.
 - o Fully implement corrective action plans per DHCS' guidelines.
- 12. Ensure interim and final reconciliation guidelines are followed.
- 13. Review TCM case managers' National Provider Identifications (NPIs) quarterly to confirm each participant has and maintains a valid NPI.

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14. Submit a TCM Cost Report annually by November 1.

LGA Coordinators must ensure they are familiar with all essential functions of the TCM program by undergoing all relevant trainings, and maintaining a working knowledge of the TCM Provider Manual, PPLs, and other related TCM guidance. Failure to meet the abovementioned responsibilities may result in disallowance or recoupment of LGA payments by DHCS.

Summary

LGA Coordinators must adhere to the guidelines stated in this PPL. The responsibilities listed in this PPL are not exhaustive. LGA Coordinators must review and understand CMAA and TCM program guidance and requirements prior to submitting invoices to DHCS. LGA Coordinators must contact the LGA EC and DHCS to request guidance on program policies and procedures if they lack an understanding of program guidance and requirements.

Please contact DHCS' CMAA program at cmaa@dhcs.ca.gov or DHCS' TCM program at tcm-dhcs@dhcs.ca.gov with questions regarding this PPL. The LGA EC can be reached at http://www.maa-tcm.com/index.

Sincerely,

ORIGINAL SIGNED BY

Shelly Taunk, Chief County Based Claiming and Inmate Services Section Department of Health Care Services