

PPL #22-001
Attachment A: Request for Technical
Assistance Medi-Cal Eligibility Rate (MER)

PPL #22-001 includes detail on the methodology to calculate the MER per State Fiscal Year (SFY) that will be used in the LEA BOP Provider's Cost and Reimbursement Comparison Schedule (CRCS). LEA BOP Providers that do not have the data outlined in the PPL that is necessary to calculate the MER may request assistance from the State's consulting contractor, Guidehouse. Submission of this form is the initial step to receive technical assistance related to the MER calculation methodology. Once this form is submitted, the submitter will receive an e-mail acknowledging submission within three business days. In cases where the LEA BOP Provider utilizes a billing vendor, the billing vendor's contact information may be included on this form. In those situations, both the LEA BOP Provider and the billing vendor representative will be included on all e-mail correspondence. Please limit contact information to one representative per LEA BOP Provider and one representative per billing vendor.

Technical assistance requests will be prioritized in CRCS due date order. Guidehouse personnel will reach out via e-mail with additional information regarding the methodology that the LEA BOP Provider will use to determine the MER, depending on the LEA's available data, as reported on this form. Please note that technical assistance requests for SFYs 2019-20 and 2020-21 will be processed first, in order to accommodate CRCS due dates in Spring 2022.

Please submit this completed form to: LEA@dhcs.ca.gov

LEA NAME:			NPI:		
LEA Contact Person:			LEA Contact E-mail:		
Vendor Contact Person (if applicable):			Vendor Contact E-mail (if applicable):		
1. State Fiscal Year Assistance Request (check all years that you are requesting assistance with):					
SFY 15-16 <input type="checkbox"/>	SFY 16-17 <input type="checkbox"/>	SFY 17-18 <input type="checkbox"/>	SFY 18-19 <input type="checkbox"/>	SFY 19-20 <input type="checkbox"/>	SFY 20-21 <input type="checkbox"/>
2. School-Based Medi-Cal Administrative Activities (SMAA) Participation - Check all SFYs that your LEA participated in the SMAA Program:					
SFY 15-16 <input type="checkbox"/>	SFY 16-17 <input type="checkbox"/>	SFY 17-18 <input type="checkbox"/>	SFY 18-19 <input type="checkbox"/>	SFY 19-20 <input type="checkbox"/>	SFY 20-21 <input type="checkbox"/>
3. By SFY, indicate whether the LEA has maintained a count of total Medi-Cal eligible students that result from the data match process:					
SFY 15-16 <input type="checkbox"/>	SFY 16-17 <input type="checkbox"/>	SFY 17-18 <input type="checkbox"/>	SFY 18-19 <input type="checkbox"/>	SFY 19-20 <input type="checkbox"/>	SFY 20-21 <input type="checkbox"/>

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4. Additional Feedback / Questions: