School Based Medi-Cal Administrative Activities (SMAA)

Invoice Training 2016



Agenda

- Audit File
- The SMAA Detail Invoice
- The SMAA Summary Invoice
- Submitting the SMAA Invoice



Questions

- Type Questions in Comment Box
- SMAA Team will Provide Written Responses After the Presentation
- The training will be posted to the SMAA website.



Document Review

- The January 2015 SMAA Manual
- Policy and Procedure Letters (PPLs)

http://www.dhcs.ca.gov/provgovpart/Pages/ SMAA.aspx



Audit File

- Roster Report
- Job Descriptions/Duty Statements
- Medi-Cal Percentage Documentation
- Certified Time Factor Documentation
- Vendor Contracts, or MOUs
- School Calendars
- DHCS Approved Outreach Material



The SMAA Invoice



SMAA Detail Invoice

- Tab 1 Total Moment Calculation
- Tab 2 Activities and Medi-Cal Percentages
- Tab 3 Direct Charge (Pool 1)
- Tab 4 Direct Charge (Pool 2)
- Tab 5 Payroll Data Collection
- Tab 6 Cost and Revenue (Pool 1)
- Tab 7 Cost and Revenue (Pool 2)



SMAA Summary Invoice and Averaged Quarter Worksheet

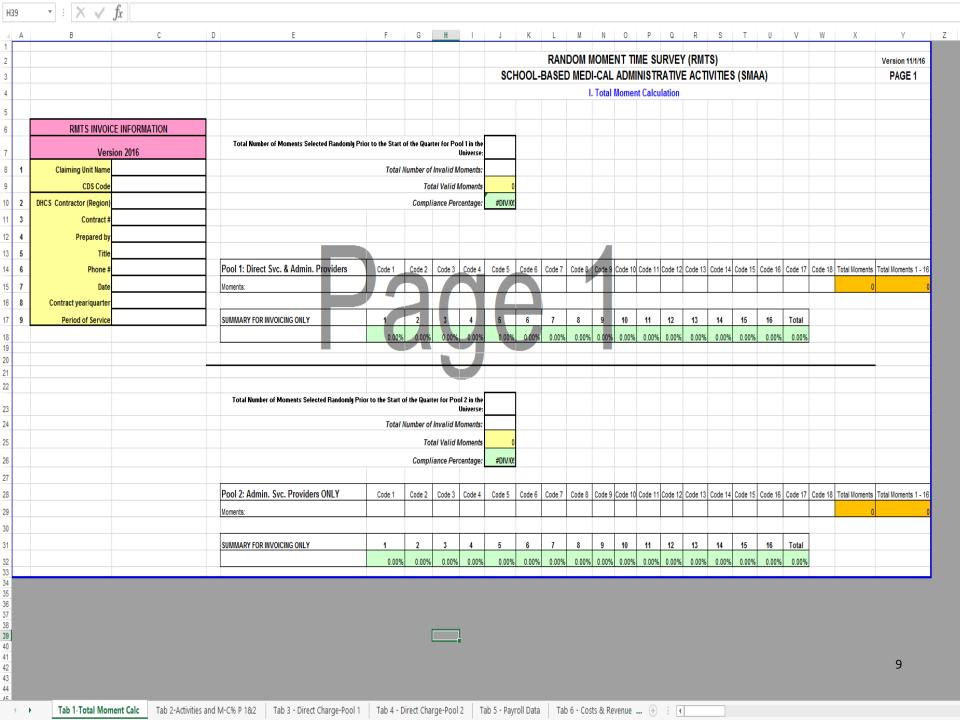
Tab 8 Summary Invoice (LEC)

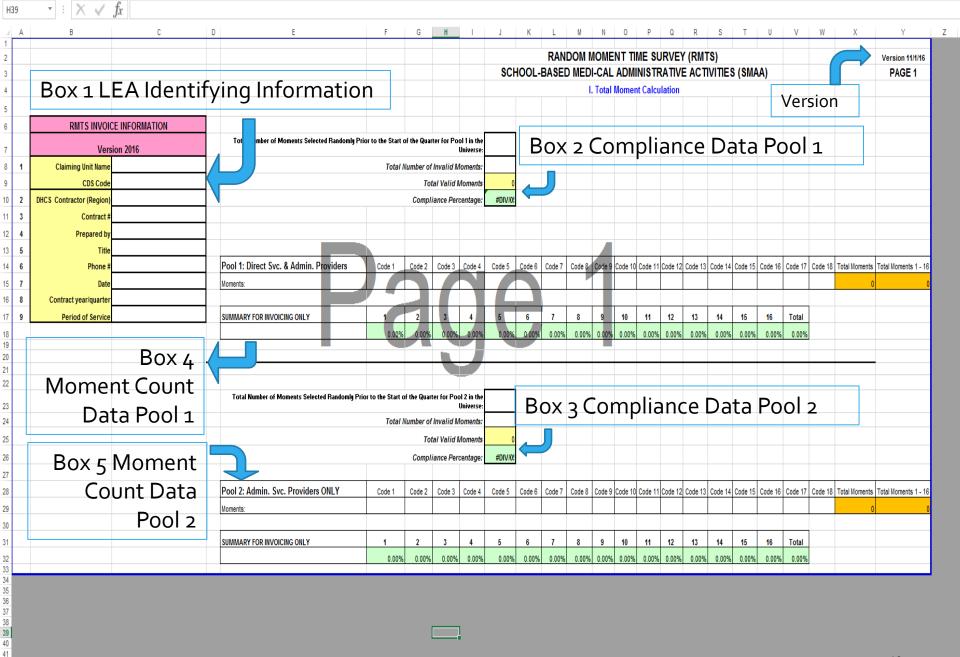
Tab 9 Summary Invoice (LGA)

Tab 10 Average Quarter (Pool 1)

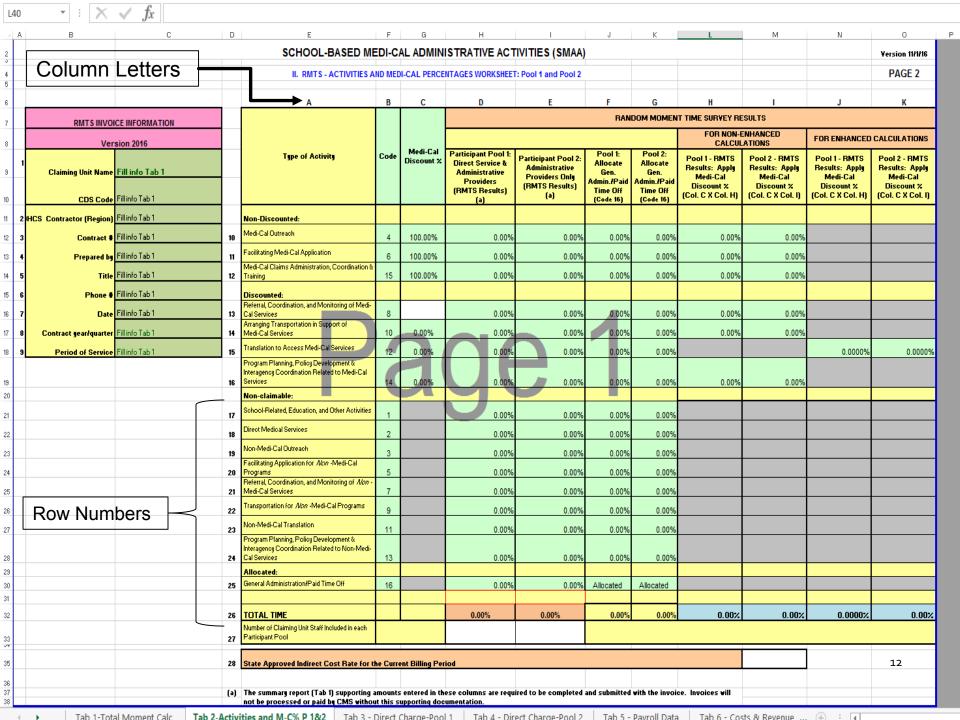
Tab 11 Average Quarter (Pool 2)

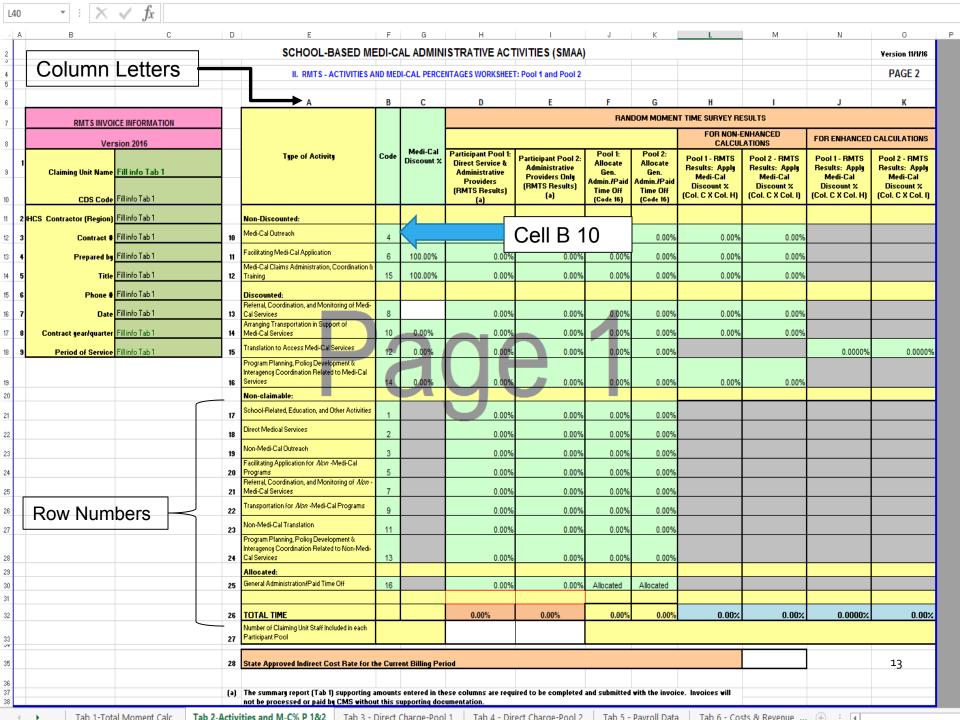


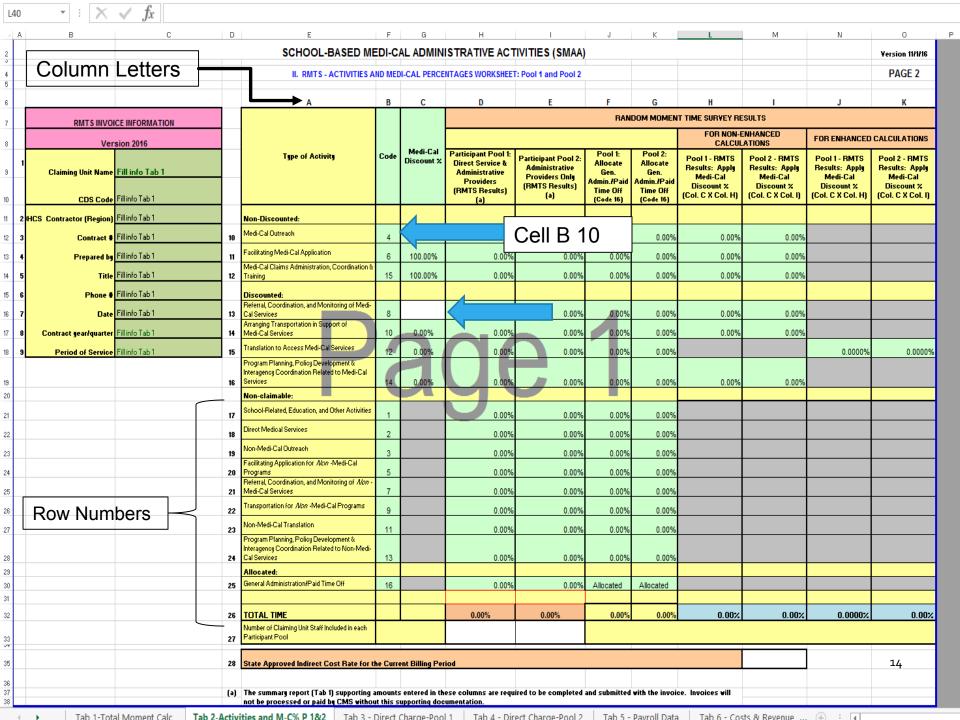


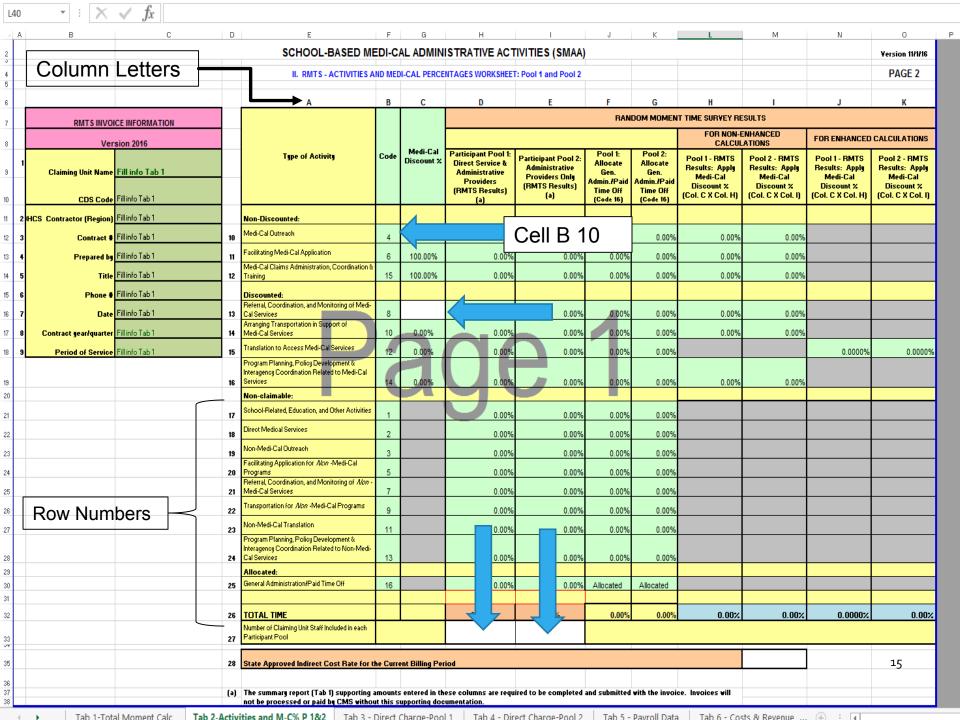


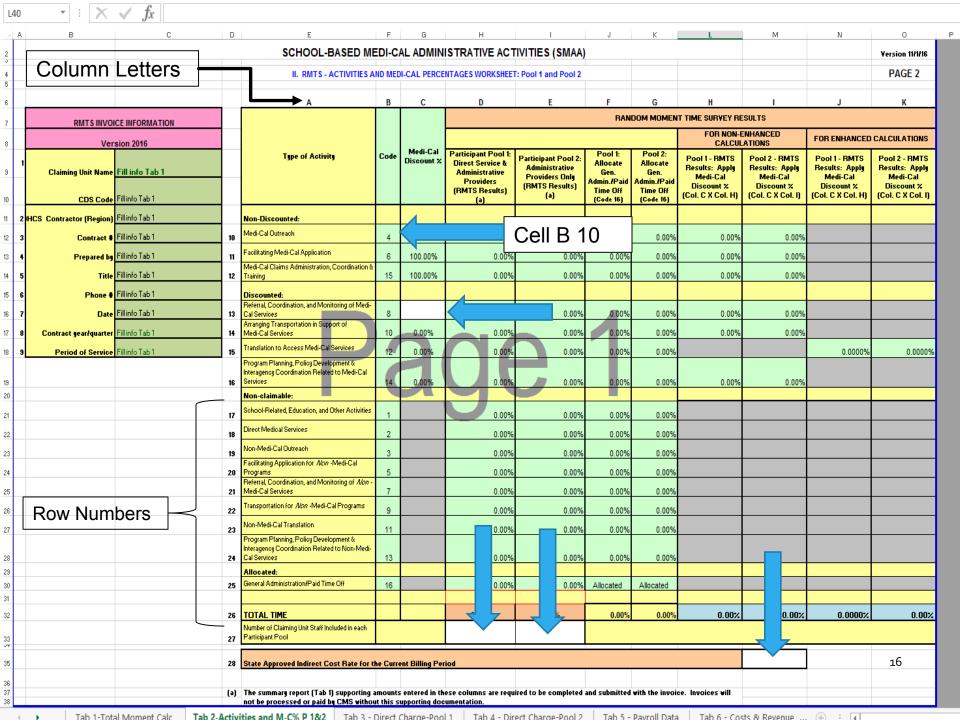
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4 5				II. RMTS - ACTIVITIES AI	ND MED	I-CAL PERCE	NTAGES WORKSHEET	: Pool 1 and Pool 2						PAGE 2
6				A	В	С	D	E	F	G	Н	ı	J	К
7	RMTS INVOICE INFORMATION RANDOM MOMENT TIME SURVEY RESULTS													
8		sion 2016									FOR NON-I		FOR ENHANCED	CALCULATIONS
9	l Claiming Unit Name			Type of Activity Co	Code	Medi-Cal Discount %	Participant Pool 1: Direct Service & Administrative Providers (RMTS Results)	Participant Pool 2: Administrative Providers Only (RMTS Results)	Pool 1: Allocate Gen. Admin./Paid Time Off	Pool 2: Allocate Gen. Admin./Paid Time Off	Pool 1 - RMTS Results: Apply Medi-Cal Discount %	Pool 2 - RMTS Results: Apply Medi-Cal Discount %	Pool 1 - RMTS Results: Apply Medi-Cal Discount %	Pool 2 - RMTS Results: Apply Medi-Cal Discount %
10	CDS Code	Fill info Tab 1					(a)	(a)	(Code 16)	(Code 16)	(Col. C X Col. H)	(Col. C X Col. I)	(Col. C X Col. H)	(Col. C X Col. I)
11 2	HCS Contractor (Region)	Fill info Tab 1		Non-Discounted:										
12 :	Contract #	Fill info Tab 1	10	Medi-Cal Outreach	4	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
13	Prepared by	Fill info Tab 1	11	Facilitating Medi-Cal Application Medi-Cal Claims Administration, Coordination &	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
14 .	j Title	Fill info Tab 1	12	Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
15 (Phone #	Fill info Tab 1		Discounted:										
16 7	7 Date	Fill info Tab 1	13	Referral, Coordination, and Monitoring of Medi- Cal Services	8		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
17	Contract gear/quarter	Fill info Tab 1	14	Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
18	Period of Service	Fill info Tab 1	15	Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%			0.0000%	0.0000%
19	4		16	Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		_
	D	^	17	School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%				
21	Box 1 LE	А	18	Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%				
22 23 24	Identifyi	na	19	Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%				
24			20	Facilitating Application for 1/07 -Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%				
25	Informat	tion	21	Referral, Coordination, and Monitoring of 1/200 - Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%				
26			22	Transportation for 1/200 -Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%				
27			23	Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%				
28			24	Program Planning, Policy Development & Interagency Coordination Related to Non-Medi- Cal Services	13		0.00%	0.00%	0.00%	0.00%				
29				Allocated:										
30 31			25	General Administration/Paid Time Off	16		0.00%	0.00%	Allocated	Allocated				
32			26	TOTAL TIME			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.0000%	0.00%
			27	Number of Claiming Unit Staff Included in each Participant Pool										
33 35				State Approved Indirect Cost Rate for th	e Curre	ent Billing Per	iod							11
36 37 38			(a)	The summary report (Tab 1) supporting a not be processed or paid by CMS withou				ired to be completed	and submitted	with the invoi	ce. Invoices will			
4	Tab 1-Tota	l Moment Calc	Tab 2-Activi	ties and M-C% P 1&2 Tab 3 - F				ect Charge-Pool 2	Tab 5 -	Payroll Data	Tab 6 - Co	sts & Revenue	. ⊕ : 4	











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2				SCHOOL-BASED ME	EDI-C	AL ADMIN	ISTRATIVE ACT	IVITIES (SMAA)						Yersion 11/1/16
4 5				II. RMTS - ACTIVITIES A	ND MED	I-CAL PERCE	NTAGES WORKSHEET	: Pool 1 and Pool 2						PAGE 2
6				Α	В	С	D	E	F	G	Н	ı	J	К
7	RMTS INVOICE INFORMATION RANDOM MOMENT TIME SURVEY RESULTS													
8	Version 2016										FOR NON-I		FOR ENHANCED	CALCULATIONS
9	l Claiming Unit Name			Type of Activity	Code	Medi-Cal Discount %	Participant Pool 1: Direct Service & Administrative Providers (RMTS Results)	Participant Pool 2: Administrative Providers Only (RMTS Results)	Pool 1: Allocate Gen. Admin./Paid Time Off	Pool 2: Allocate Gen. Admin./Paid Time Off	Pool 1 - RMTS Results: Apply Medi-Cal Discount %	Pool 2 - RMTS Results: Apply Medi-Cal Discount %	Pool 1 - RMTS Results: Apply Medi-Cal Discount %	Pool 2 - RMTS Results: Apply Medi-Cal Discount %
10	CDS Code	Fill info Tab 1					(a)	(a)	(Code 16)	(Code 16)	(Col. C X Col. H)	(Col. C X Col. I)	(Col. C X Col. H)	(Col. C X Col. I)
11 2	HCS Contractor (Region)	Fill info Tab 1		Non-Discounted:										
12 ;	Contract #	Fill info Tab 1	10	Medi-Cal Outreach	4	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
13	Prepared by	Fill info Tab 1	11	Facilitating Medi-Cal Application	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
14 !	j Title	Fill info Tab 1	12	Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
15 (Phone #	Fill info Tab 1		Discounted:										
16	Date	Fill info Tab 1	13	Referral, Coordination, and Monitoring of Medi- Cal Services	8		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
17 .	Contract gear/quarter	Fill info Tab 1	14	Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
18	Period of Service	Fill info Tab 1	15	Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%			0.0000%	0.0000%
19 20			16	Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services Non-claimable:	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
21			17	School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%				
22			18	Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%				
23			19	Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%				
24			20	Facilitating Application for <i>Nov</i> -Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%				
25			21	Referral, Coordination, and Monitoring of 1/207 - Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%				
26			22	Transportation for Alon -Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%				
27			23	Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%				
28			24	Program Planning, Policy Development & Interagency Coordination Related to Non-Medi- Cal Services	13		0.00%	0.00%	0.00%	0.00%				
29				Allocated: General Administration/Paid Time Off	40		0							
30 31			25	General Munimistration/Paid Time Off	16		0.00%	0.00%	Allocated	Allocated				
32			26	TOTAL TIME			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.0000%	0.00%
33			27	Number of Claiming Unit Staff Included in each Participant Pool										
35			28	State Approved Indirect Cost Rate for the	he Curre	ent Billing Per	iod							17
36 37 38			(a)	The summary report (Tab 1) supporting a not be processed or paid by CMS withou				ired to be completed	and submitted	with the invoi	ce. Invoices will			
4	Tab 1-Tota	I Moment Calc Tab	2-Activ	ities and M-C% P 1&2 Tab 3 - I				ect Charge-Pool 2	Tab 5 -	Payroll Data	Tab 6 - Co	ts & Revenue	⊕ : 4	

Medi-Cal Eligibility Rate Calculation

The Medi-Cal Eligibility Rate (MER) is the fraction of the total student population that consists of Medi-Cal eligible students, as identified on the DHCS Tape Match. The numerator is the number of students that are Medi-Cal eligible, and the denominator is the total number of students in the district.

The only approved methodology for determining the MER is the actual client count (as determined by the DHCS Tape Match). The MER must be calculated at least twice per year, once in the 1st and 3rd quarters or once in the 2nd and 4th quarters; this percentage must be utilized in the invoices for those quarters.



Medi-Cal Eligibility Rate Calculation

$$Medicaid\ Costs = \left[\frac{Total\ Number\ of\ Medi - Cal\ Students}{Total\ Number\ of\ Students} \right]$$

X Costs to be Allocated



RANDOW WOWEN I HIME SURVEY (RIVITS) **Version 11/1/1** III. DIRECT CHARGES WORKSHEET - Participant Pool 1 - Direct Service and Administrative Page 3 Fill info Tab 1 Claiming Unit Name Fill info Tab 1 DHCS Contractor (Region) Fill info Tab 1 Contract Year/Qtr. Fill info Tab 1 Fill info Tab 1 Period of Service Contract# L M N O
PERSONAL SERVICE CONTRACTS (Object OTHER COSTS (Object 4000-5999) SALARIES (Object 1000-2999) BENEFITS (Object 3000-3999) Madi-Cal Madi-Cal GROSS MAA GROSS Hadi-Cal Hadi-Cal Madi-Cal Total Hadi-Cal PARTICIPANT POOL 1: Certified HON-NON-Contract NON-CLAIMABI NON-Cartified ACTIVITY STAFF STAFF Direnant CLAIMABLE Direnunt Direnant CLAIMABLE Other Direnunt COST CATEGORY CLAIMABLE CLAIMABLE CLAIMABLE CLAIMABLE CLAIMABLE Time Time Costs CODE SALARIES BENEFIT: Costs Percentage Percentage Percentage Percentage Factor Factor 4 Medi-Cal Outreach 0.00% 0.00% 0.00% 0.00% 0 0.00% 0.00% 0 П 0 0.00% 0.00% 0 0.00% TOTAL 0.00% Facilitating Medi-Cal Application 6 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0 0.00% 0 0.00% 22 TOTAL Medi-Cal Claims Admin., Coordination, & Training 15 0.00% 0.00% 0 0.00% 0.00% 25 0.00% 0.00% 0.00% 0.00% 27 TOTAL 0 0.00% 0 0.00% 0 n 히 NON-DISCOUNTED SUB-TOTAL Referral, Coordination, and Monitoring of Medi-Cal Sycs 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 01 0.00% 0.00% 0.00% 0.00% 0.00% О 0.00% 0 0.00% 0.00% 0.00% 0.00% 0.00% 이 0 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% Arranging Transportation in Support 10 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0 0.00% 0.00% 0.00% O 0.00% 0 0.00% 0.00% 0.00% 0.00% 0.00% 0 0.00% 40 d 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% TOTAL 0 0.00% 0.00% 0.00% 0.00% 0.00% n 0.00% 41 12 Translation to Access Medi-Cal Sver 43 a 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0 0.00% 44 b ol 0.00% 0.00% 0.00% 0.00% n 0.00% n 0.00% 45 0 0.00% 0.00% 0.00% 0.00% 46 **d** 0.00% 0.00% 47 TOTAL 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% Program Planning, Policy Dev. 8 Interagency Coordination Related to M/C 14 49 2 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 50 **b** 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 51 ol 0.00% 0.00% 0.00% 0.00% 0 0.00% 0 0.00% 0 이 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 52 TOTAL 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 53 **NON-ENHANCED** DISCOUNTED SUB-TOTAL NON-ENHANCED TOTAL COSTS 20 0 ENHANCED TOTAL COSTS Tab 1-Total Moment Calc Tab 2-Activities and M-C% P 1&2 Tab 3 - Direct Charge-Pool 1 Tab 4 - Direct Charge-Pool 2 Tab 5 - Payroll Data Tab 6 - Costs & Revenue ... (+)

Direct Charge

Consultant / Consulting Firm / Vendor Fees

LECs/LGAs/LEAs may enter into agreements with Consultants / Consulting Firms / Vendors for the administration of the SMAA program. These agreements may be based on a per-person fee, or a flat fee reimbursement. However, if the fees are being claimed for reimbursement on any of the quarterly invoice(s), those fees will be limited depending on the details of the sub-recipient contract.

- Per-person fee reimbursement will be limited to: 1) no more than fifteen percent of the total amount claimed during a given fiscal year; and 2) only DHCS approved job classifications that participate in the quarterly Time Survey.
- Flat fee reimbursement will be limited to no more than fifteen percent of the total amount claimed during a given fiscal year.

Note: Claiming reimbursement for contingency fee contracts is strictly prohibited.



Direct Charge

Who Can Direct Charge?

- 100% of Staff Time spent on activities
- Participants Must B Identified Separately from TSPs on Roster Report
- Costs Must Be Tracked Through Entire Year
- Activities Itemized Separately and Kept in Audit File

Direct Charge

Who Cannot Direct Charge?

- No Other Section of the Invoice
- Multiple SMAA Activities Prohibited
- Specific Functions are Prohibited
- Specific SACS Function Codes are Prohibited



Indirect Cost Rate

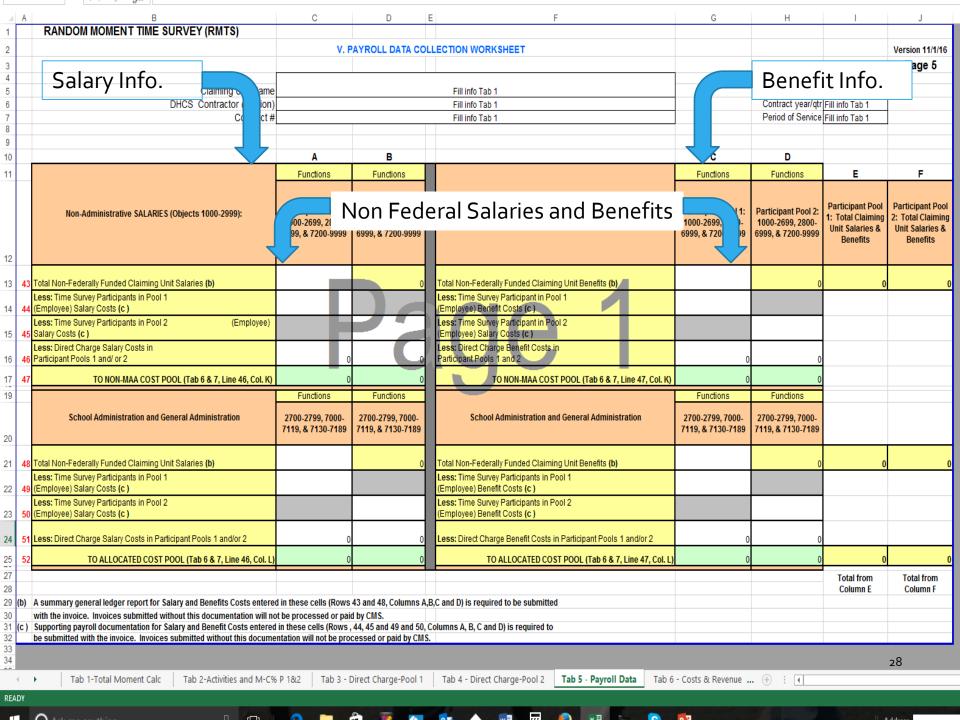
- Use this link to find the Indirect Cost Rate:
 - http://www.cde.ca.gov/fg/ac/ic/
- On that page is another link which will open an Excel file for the School District, County Office, and Joint Powers Agency Rates:
 - 2012–13 to 2016–17 Indirect Cost Rates

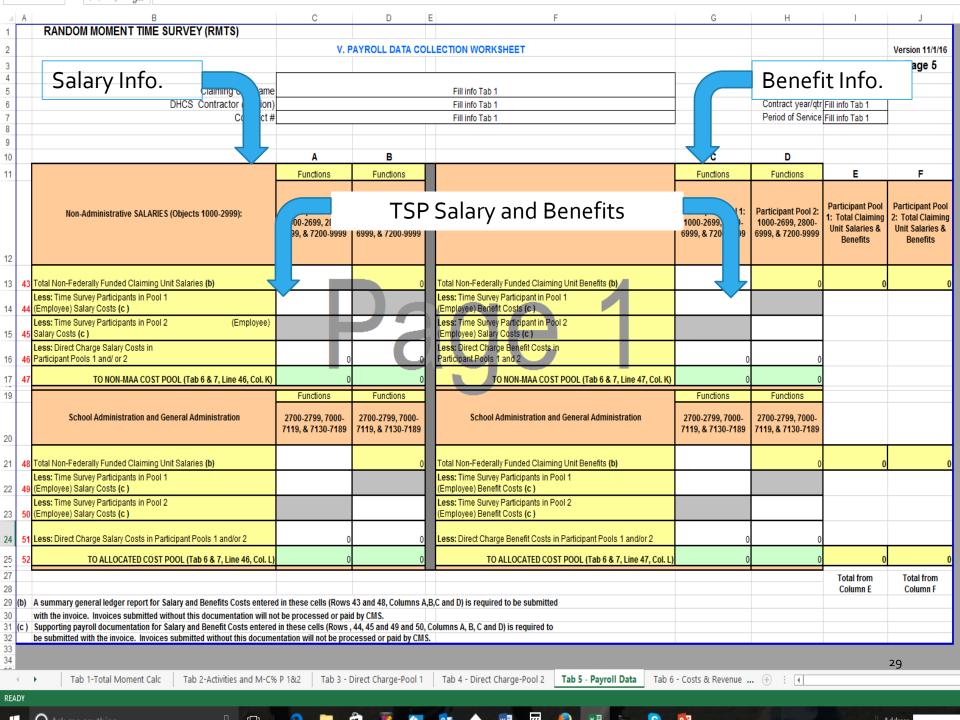


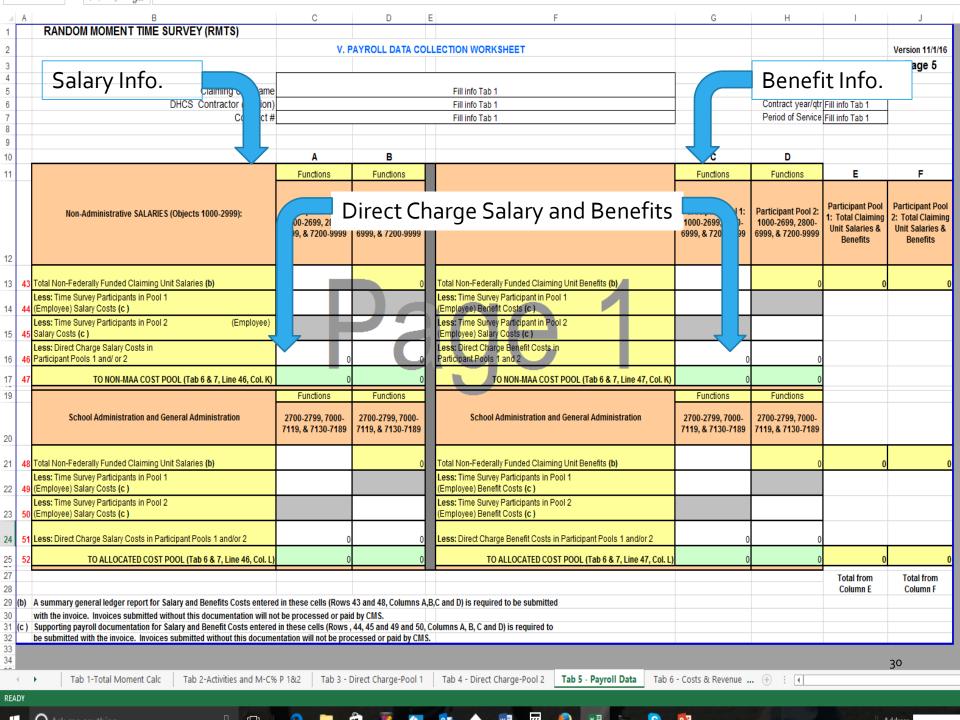
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4	Α	В	С	D	E F	G	Н	1	J
1		RANDOM MOMENT TIME SURVEY (RMTS)							
2			V. P	AYROLL DATA CO	LLECTION WORKSHEET				Version 11/1/16
3									Page 5
4									
5		Claiming Unit Name			Fill info Tab 1			Fill info Tab 1	
6		DHCS Contractor (Region) Contract #			Fill info Tab 1 Fill info Tab 1		Contract year/qtr Period of Service		
8		Contract #			FIII IIIIO TAD T		Fellod of Service	FIII INIO TAD T	
9									
10			Α	В		С	D		
11			Functions	Functions		Functions	Functions	E	F
12		Non-Administrative SALARIES (Objects 1000-2999):	Participant Pool 1: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800- 6999, & 7200-9999	Non-Administrative BENEFITS (Objects 3000-3999):	Participant Pool 1: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 1: Total Claiming Unit Salaries & Benefits	Participant Pool 2: Total Claiming Unit Salaries & Benefits
13	43	Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
14	44	Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participant in Pool 1 (Employee) Benefit Costs (c)				
15	45	Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participant in Pool 2 (Employee) Salary Costs (c)				
16	46	Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2	0		Less: Direct Charge Benefit Costs in Participant Pools 1 and 2	0	0		
17	47	TO NON-MAA COST POOL (Tab 6 & 7, Line 46, Col. K)	0	0	TO NON-MAA COST POOL (Tab 6 & 7, Line 47, Col. K)	0	0		
19			Functions	Functions		Functions	Functions		
20		School Administration and General Administration	2700-2799, 7000- 7119, & 7130-7189	2700-2799, 7000- 7119, & 7130-7189	School Administration and General Administration	2700-2799, 7000- 7119, & 7130-7189	2700-2799, 7000- 7119, & 7130-7189		
21	48	Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
22	49	Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)				
23	50	Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)				
24	51	Less: Direct Charge Salary Costs in Participant Pools 1 and/or 2	0	0	Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2	0	0		
25	52	TO ALLOCATED COST POOL (Tab 6 & 7, Line 46, Col. L)	0	0	TO ALLOCATED COST POOL (Tab 6 & 7, Line 47, Col. L)	0	0	0	0
25 27								Total from	Total from
28								Column E	Column F
29 30		A summary general ledger report for Salary and Benefits Costs entered with the invoice. Invoices submitted without this documentation will no			,B,C and D) is required to be submitted				
31 (Supporting payroll documentation for Salary and Benefit Costs entered			mns A, B, C and D) is required to				
32		be submitted with the invoice. Invoices submitted without this docume	ntation will not be pro	cessed or paid by CMS	S				
32 33 34									

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1	RANDOM MOMENT TIME SURVEY (RMTS)							
2		V. P	AYROLL DATA COL	LECTION WORKSHEET				Version 11/1/16
3	Calandafa							Page 5
4	Salary Info.			E1111-16- T-1-4		Dete	FILL ST. T. L. A	
5	DHCS Contractor (on)			Fill info Tab 1 Fill info Tab 1		Contract year/qtr	Fill info Tab 1	
7	Co ct#			Fill info Tab 1		Period of Service		
8								
9			_			_		
10		Α	В		C	D	_	
11		Functions	Functions		Functions	Functions	E	F
12	Non-Administrative SALARIES (Objects 1000-2999):	Participant Pool 1: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800- 6999, & 7200-9999	Non-Administrative BENEFITS (Objects 3000-3999):	Participant Pool 1: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 1: Total Claiming Unit Salaries & Benefits	Participant Pool 2: Total Claiming Unit Salaries & Benefits
13 43 7	Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
14 44 L	Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participant in Pool 1 (Employee) Benefit Costs (c)				
15 45 L	Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participant in Pool 2 (Employee) Salary Costs (c)				
16 46 L	Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2	0		Less: Direct Charge Benefit Costs in Participant Pools 1 and 2	0	0		
17 47	TO NON-MAA COST POOL (Tab 6 & 7, Line 46, Col. K)	0	0	TO NON-MAA COST POOL (Tab 6 & 7, Line 47, Col. K)	0	0		
19		Functions	Functions		Functions	Functions		
20	School Administration and General Administration	2700-2799, 7000- 7119, & 7130-7189	2700-2799, 7000- 7119, & 7130-7189	School Administration and General Administration	2700-2799, 7000- 7119, & 7130-7189	2700-2799, 7000- 7119, & 7130-7189		
21 48 1	Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
22 49 L	Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)				
23 50	Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)				
24 51 L	Less: Direct Charge Salary Costs in Participant Pools 1 and/or 2	0	0	Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2	0	0		
25 52	TO ALLOCATED COST POOL (Tab 6 & 7, Line 46, Col. L)	0	0	TO ALLOCATED COST POOL (Tab 6 & 7, Line 47, Col. L)	0	0	0	0
25 52 27							Total from	Total from
28							Column E	Column F
	A summary general ledger report for Salary and Benefits Costs entered with the invoice. Invoices submitted without this documentation will no				26			
31 (c) 9	Supporting payroll documentation for Salary and Benefit Costs entered	in these cells (Rows 4	14, 45, 49 and 50, Colum					
32 t	be submitted with the invoice. Invoices submitted without this docume							
32 t 33 34								

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2			V. F	AYROLL DATA COL	LECTION WORKSHEET				Version 11/1/16
3		Calarathafa				_	<u> </u>		Page 5
4		Salary Info.					Benefit Date	nto.	
5 6		DHCS Contractor (on)			Fill info Tab 1		Date Fill info Tab 1 Contract year/qtr Fill info Tab 1		
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10			Α	В		С	D		
11			Functions	Functions		Functions	Functions	Е	F
12		Non-Administrative SALARIES (Objects 1000-2999):	Participant Pool 1: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800- 6999, & 7200-9999	Non-Administrative BENEFITS (Objects 3000-3999):	Participant Pool 1: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800- 6999, & 7200-9999	Participant Pool 1: Total Claiming Unit Salaries & Benefits	Participant Pool 2: Total Claiming Unit Salaries & Benefits
13	43	Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
14	44	Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less; Time Survey Participant in Pool 1 (Employee) Benefit Costs (c)				
15	45	Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)	-		Less: Time Survey Participant in Pool 2 (Employee) Salary Costs (c)				
16	46	Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2	0		Less: Direct Charge Benefit Costs in Participant Pools 1 and 2	(0		
17	47	TO NON-MAA COST POOL (Tab 6 & 7, Line 46, Col. K)	0	0	TO NON-MAA COST POOL (Tab 6 & 7, Line 47, Col. K)	(0		
19			Functions	Functions		Functions	Functions		
20		School Administration and General Administration	2700-2799, 7000- 7119, & 7130-7189	2700-2799, 7000- 7119, & 7130-7189	School Administration and General Administration	2700-2799, 7000- 7119, & 7130-7189	2700-2799, 7000- 7119, & 7130-7189		
21	48	Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
22	49	Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)				
23	50	Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)				
24	51	Less: Direct Charge Salary Costs in Participant Pools 1 and/or 2	0	0	Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2	(0		
25	52	TO ALLOCATED COST POOL (Tab 6 & 7, Line 46, Col. L)	0	0	TO ALLOCATED COST POOL (Tab 6 & 7, Line 47, Col. L)	(0	0	0
25 27 28								Total from Column E	Total from Column F
	(b)	A summary general ledger report for Salary and Benefits Costs entere	d in these cells (Rows	43 and 48, Columns A.	B,C and D) is required to be submitted			COMMINIC	Coluillii
30		with the invoice. Invoices submitted without this documentation will no	ot be processed or paid	d by CMS.					27
31		Supporting payroll documentation for Salary and Benefit Costs entered be submitted with the invoice. Invoices submitted without this docume							
32 33 34		pe submitted with the invoice. Invoices submitted without this docume	mation will not be pro-	ceased or paid by CMS	·				
34									







Non-Administrative Salaries

Produce an expenditure report of the claiming unit's salary costs (Objects 1000–2999) for the billing period using only Function codes 1000–2699, 2800-6999 and 7200-9999, and excluding Federal series of SACS Resources 3000-5639 and 5650-5999.

- Enter the total in Row 43, Column A for Participant Pool 1. The amount entered will automatically populate into Participant Pool 2, Row 43, Column B.
- This combination of Object and Function codes will provide the amount of gross <u>non-claimable</u> salary expenditures for the billing period that belong to the <u>Non-SMAA Cost Pool</u> before determining which portion pertains to the Time Survey Cost Pool (Participant) and the Direct Charge Cost Pool.

School Admin. And General Admin. Salaries

- Produce an expenditure report of the claiming unit's salary costs (Objects 1000–2999 for the billing period using only Function codes 2700-2799, 7000-7119, and 7130-7189, and excluding Federal series of SACS Resources 3000-5639 and 5650-5999.
- Enter the total in Row 48, Column A for Participant Pool 1. The amount entered will automatically populate into Participant Pool 2, Row 48, Column B.
- This combination of Object and Function codes will provide the amount of <u>Gross School and General Administrative</u> salary expenditures that belong to the Allocated Cost Pool before determining which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool.

Time Study Participants

- Identify salary costs of the claiming unit's employees included in the approved participant universe, excluding Federal series of SACS Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-2699, 2800-6999 and 7200-9999.
- Enter the result for the <u>Non-Administrative</u> salaries in Row 44, Column A for Participant Pool 1 and enter the results in Row 45, Column B for participant Pool2.
- The balance of the salary costs for employees in the gross <u>School and General Administration</u> participant benefit costs universe represents SACS Function Codes 2700-2799, 7000-7119 and 7130-7189. Enter these in Row 49, Column A for Participant Pool 1 and Row 50, Column B for Participant Pool 2.

TAB 5- Payroll Data Collection Worksheet Direct Charge Participants

Identify the Claiming Unit's salary costs to be direct-charged, excluding Federal series of SACS Resources 3000-5639 and 5650-5999 and excluding SACS Function codes 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700. Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-9999, excluding SACS Function codes 2700 and 7000-7199.

• Enter the results in Row 46, Column A for Participant Pool 1 and Row 46, Column B for Participant Pool 2. The balance of the direct charge salary costs represents salary costs coded with SACS Function codes 2700, 7000–7119, and 7130-7189. These should be entered in Row 51, Column A for Participant Pool 1 and Row 51, Column B for Participant Pool 2.



Determining Total Benefit Costs

Produce an expenditure report of the Claiming Unit's benefit costs (Objects 3000–3999) for the billing period using only SACS Function codes 1000–2699, 2800-6999, and 7200-9999. Exclude Federal series of SACS Resources 3000-5639 and 5650-5999.

- Enter the total in Row 43, Column C for Participant Pool 1 and the amount entered will automatically populate into Participant Pool 2, Row 43, Column D.
- This combination of Object and Function codes will provide the amount of gross non-claimable benefit expenditures for the billing period that belong to the <u>Non-SMAA</u> Cost Pool before determining which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool.



Determining Total Benefit Costs

- Identify benefit costs of the Claiming Unit's employees included in the participant universe, excluding Federal series of SACS Resources 3000-5639 and 5650-5999.
- Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-2699, 2800-6999, and 7200-9999. Enter the result in Row 44, Column C for Participant Pool 1, and in Row 45, Column D for Participant Pool 2.
- The balance of the benefit costs for those taking part in the participant universe represents SACS Function codes 2700-2799, 7000-7119, and 7130-1789, and should be entered in Row 49, Column C for Participant Pool 1 and Row 50, Column D for Participant Pool 2.



TAB 5 – Payroll Data Collection Worksheet

Determining Total Benefit Costs

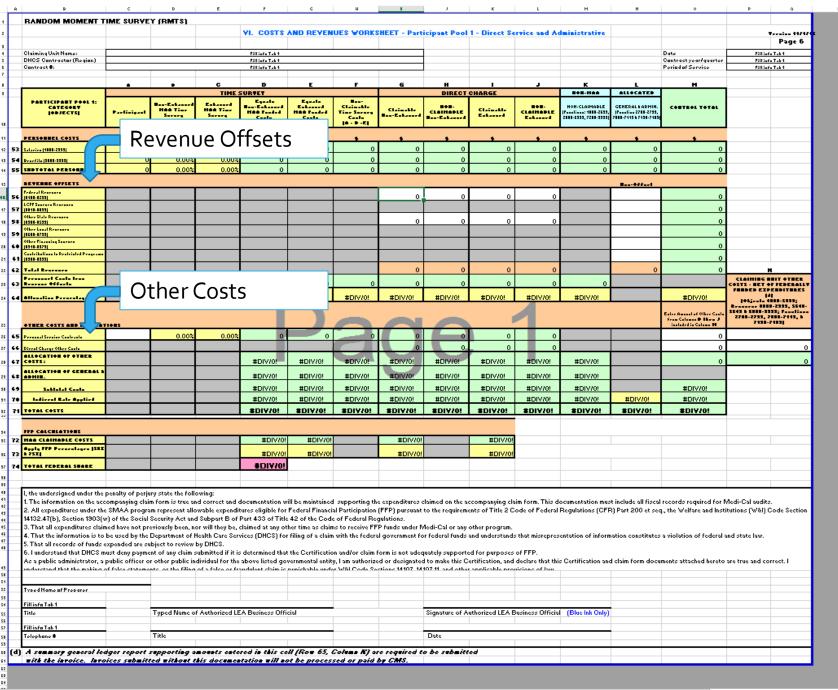
- Identify the Claiming Unit's benefit costs to be direct-charged, excluding Federal Series of SACS Resources 3000-5639 and 5650-5999, AND excluding SACS Function codes 7120, 7190, 7200-7600, 7700, 8100-8400, and 8700.
- Enter the results in Row 46, Column C for Participant Pool 1 and Row 46, Column D for Participant Pool 2.
- The balance of the direct charge benefit costs represents SACS Function codes 2700, 7000-7119, and 7130-7189, and should be entered in Row 51, Column C for Participant Pool 1 and Row 51, Column D for Participant Pool 2.

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Tab 5 - Payroll Data



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Tab 5 - Payroll Data

- I, the undersigned under the penalty of perjury state the following:
- 1. The information on the accompanying claim form is true and correct and documentation will be maintained supporting the expenditures claimed on the accompanying claim form. This documentation must include all fiscal records required for Medi-Cal audits.
- 2. All expenditures under the SMAA program represent allowable expenditures eligible for Federal Financial Participation (FFP) pursuant to the requirements of Title 2 Code of Federal Regulations (CFR) Part 200 et seq., the Welfare and Institutions (W&I) Code Section 14132.47(b), Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations.
- 3. That all expenditures claimed have not previously been, nor will they be, claimed at any other time as claims to receive FFP funds under Medi-Cal or any other program.
- 4. That the information is to be used by the Department of Health Care Services (DHCS) for filing of a claim with the federal government for federal funds and understands that misrepresentation of information constitutes a violation of federal and state law.
- 5. That all records of funds expended are subject to review by DHCS.
- 6. I understand that DHCS must deny payment of any claim submitted if it is determined that the Certification and/or claim form is not adequately supported for purposes of FFP.

As a public administrator, a public officer or other public individual for the above listed governmental entity, I am authorized or designated to make this Certification, and declare that this Certification and claim form documents attached hereto are true and correct. I understand that the making of false statements, or the filing of a false or fraudulent claim is punishable under W&I Code Sections 14107, 14107.11, and other applicable provisions of law.

Revenue Offsets

Federal Revenues.

All federally funded costs shall be offset against claimed costs.

Matching Revenues.

Claimed costs funded by state/local matching funds required by a federal grant must be offset.

Previously Matched Revenues.

All costs funded by State General Fund monies previously matched by the Federal Government must be offset because the Federal Government has already funded these costs.

Private Health Insurance.

Insurance collected from non-governmental sources for the delivery of direct client services (private health insurance) may not be used as the local share of a federal match for administrative activities. These funds must be offset if the related expenses are included in the SMAA invoice.



Revenue Offsets

Row 56 (Tab 6) and Row 78 (Tab 7) Columns G and I: Enter the amount of federally funded costs included in the Direct Charge Cost Pool identified in the Personnel Cost section. Be careful to offset costs only to the extent that the personnel costs included in the "claimable" column of the Direct Charge Cost Pool are funded through federal sources. Enter the balance of federal revenues in Column H (Tabs 6 and 7).

Note: Because local matching funds are usually combined and recorded with federal funds, typically only Row 56 (Tab 6) and Row 78 (Tab 7) **must be** entered as "offset revenue."

Tab 6 and Tab 7 Costs and Revenues Worksheet Revenue Offsets

Row 58 (Tab 6) and Row 80 (Tab 7) Columns G and I: Enter the amount of Other State Revenue funded costs included in the Direct Charge cost pool identified in the Personnel Cost Section that must be offset. Generally, this includes the State match portion of federally funded programs. Be careful to offset costs only to the extent that personnel costs included in the "claimable" column of the Direct Charge Cost Pool are funded by Other State Revenue sources required to be offset. Enter the balance of Other State Revenue in Column L as non-offset revenue.



Tab 6 and Tab 7 Costs and Revenues Worksheet Revenue Offsets

Rows 56-61 (Tab 6) and **Rows 78-83** (Tab 7):

In Column L, enter the total amount of all other revenues for each row that are <u>not</u> to be offset. The amounts entered will automatically populate into Rows 78-83, Column L (Tab 7). All revenues must be identified whether or not they are to be offset.

Row 64 (Tab 6) and **Row 86** (Tab 7):

This row automatically calculates percentages used to allocate Other Costs and costs included in the Allocated Cost Pool across the Time Survey, Direct Charge, and Non-SMAA Cost Pools based on their percentage of personnel costs to total personnel costs of their three cost pools. The costs are allocated in Rows 65 and 66 (Tab 6) and Rows 87 and 88 (Tab 7).



Tab 6 and Tab 7 Costs and Revenues Worksheet Other Costs and Allocations

Row 66 (Tab 6) and Row 88 (Tab 7): Identify the amount of the Direct Charge Other Costs in Row 66, Columns G-J (Tab 6) and Row 88, Column G-J (Tab 7) that are also included in the Other Costs determined at Row 65, Column N (Tab 6) and Row 87, Column N (Tab 7). Enter the result in Row 66, Column M (Tab 6) and Row 88, Column M (Tab 7).

Other Costs and Allocations

Rows 65-66 (Tab 6) and **Rows 87-88** (Tab 7):

Total Other Costs will first be reduced by the total Personal Service Contract costs entered in Row 65, Column M (Tab 6) and Row 87, Column M (Tab 7), and Direct Charge Other Costs in Row 66, Column M (Tab 6) and Row 88, Column M (Tab 7)

This is in order to avoid duplicate billing of costs because the Claiming unit has determined these costs to be a component of the claiming unit's Other Costs in Row 65, Column N (Tab 6) and Row 87, Column N (Tab 7) through an analysis of these costs.

Tab 6 and Tab 7 Costs and Revenues Worksheet Federal Financial Participation (FFP) Calculations

Rows 72-74 (Tab 6) and Rows 94-96 (Tab 7): <u>Do not enter data</u> in these rows. These rows calculate the FFP based upon data entered on this worksheet and each of the previous three worksheets.

Row 72 (Tab 6) and **Row 94** (Tab 7): These amounts represent the claimable portion of the Time Survey and Direct Charge costs (Columns C and E).



Tab 6 and Tab 7 Costs and Revenues Worksheet Claiming For Subcontractors

The costs for subcontractors providing SMAA-related services should be billed in a manner similar to personal services contracts and included in the invoice for the claiming unit as follows:

<u>"Specific" contracts:</u> specifically define the SMAA activity to be performed and the cost for each allowable activity. The costs should be direct-charged and entered on the Direct Charge Worksheet (Tab 3 or Tab 4) under the "Personal Service Contracts" (Column L) on the row corresponding to the appropriate activity.

"Non-specific" contracts: do not specifically define the SMAA activity to be performed or the cost for each allowable activity. The contractor's staff must time survey and include those costs in the Time Survey Cost Pool in **Row 65** (Tab 6) for Participant Pool 1 and **Row 87** (Tab 7) for Participant Pool 2, **Column A** of the Cost and Revenues Worksheet.



A summary copy of the Claiming Unit's General Ledger supporting the amount entered in Row 65, Column N (Tab 6) and Row 87, Column N (Tab 7) must be submitted with the SMAA Detail Invoice and SMAA Summary Invoice.

Invoices submitted without this documentation will <u>not</u> be processed or paid by DHCS.



Non-Claimable Costs

- Overhead costs of operating a provider facility.
- An activity that has been, or will be, paid as a medical assistance service (or as a service of another non-Medi-Cal program) shall not be paid again as a Medi-Cal administrative cost.
- An activity that has been, or will be, paid as a Medi-Cal administrative cost shall not be claimed again.
- An activity that is included as part of a managed care rate and is reimbursed by the managed care organization, shall not be claimed as Medi-Cal administration or through a fee-for-service payment rate.
- Cost of elected officials.

Note:

- SMAA providers must distinguish between duplicate payments for the same activity and the inefficient use of resources, which may result in the unnecessary duplication of an activity.
- Duplication of services or administrative activities can be avoided by coordinating activities and staff.
- If the same Medi-Cal eligible child received IEP services from both a school and a Medical Care Organization (MCO), there must be a concerted effort to ensure that Medi-Cal is not paying for the same services twice, once to the MCO and again to the school.

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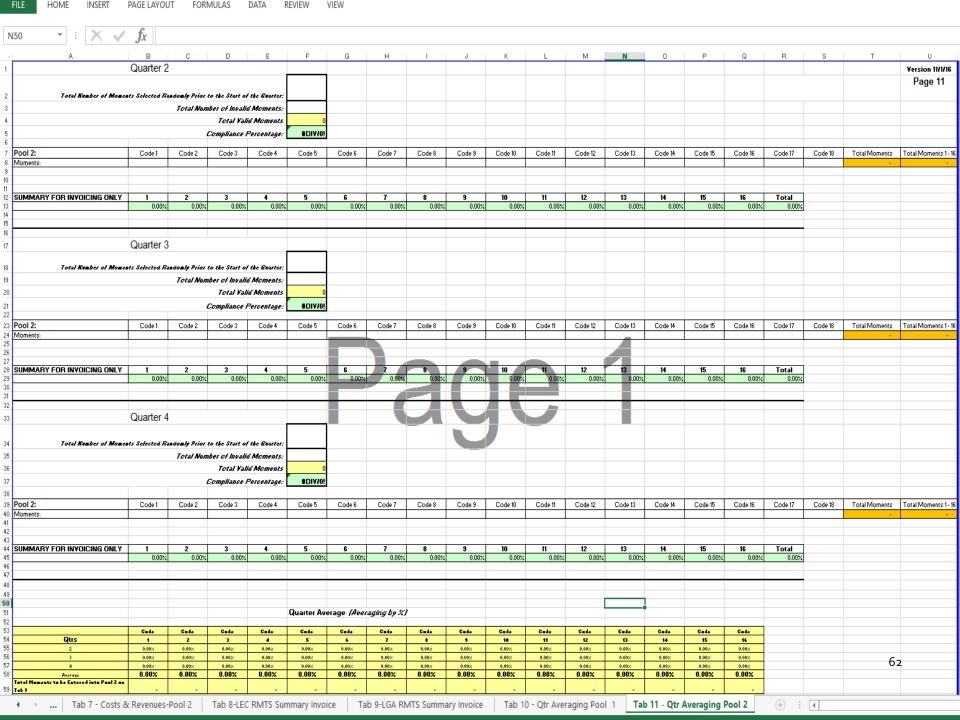


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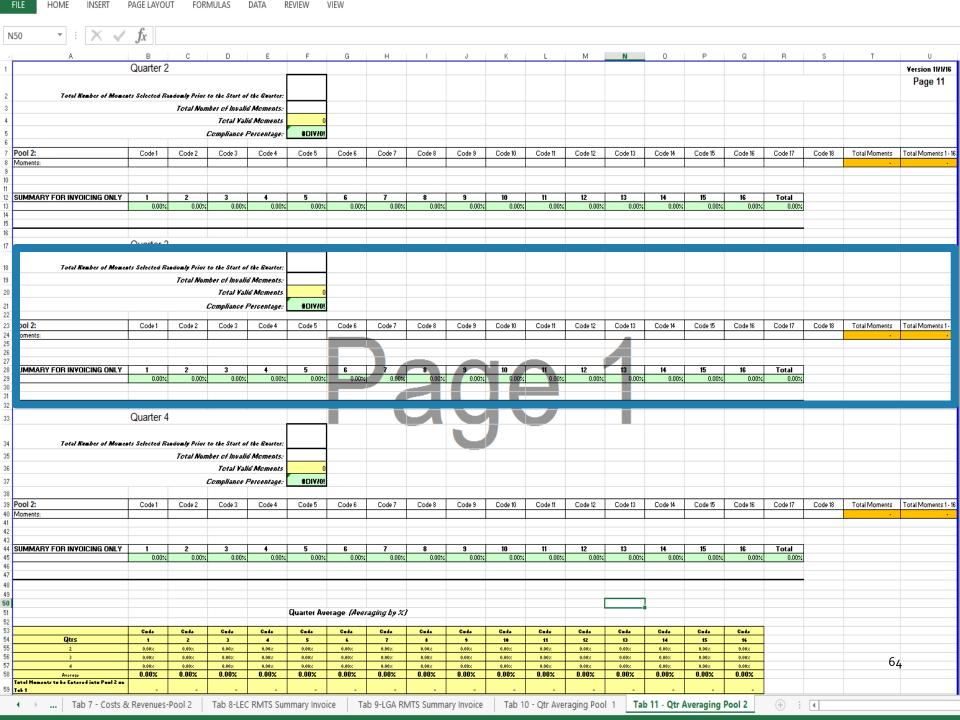


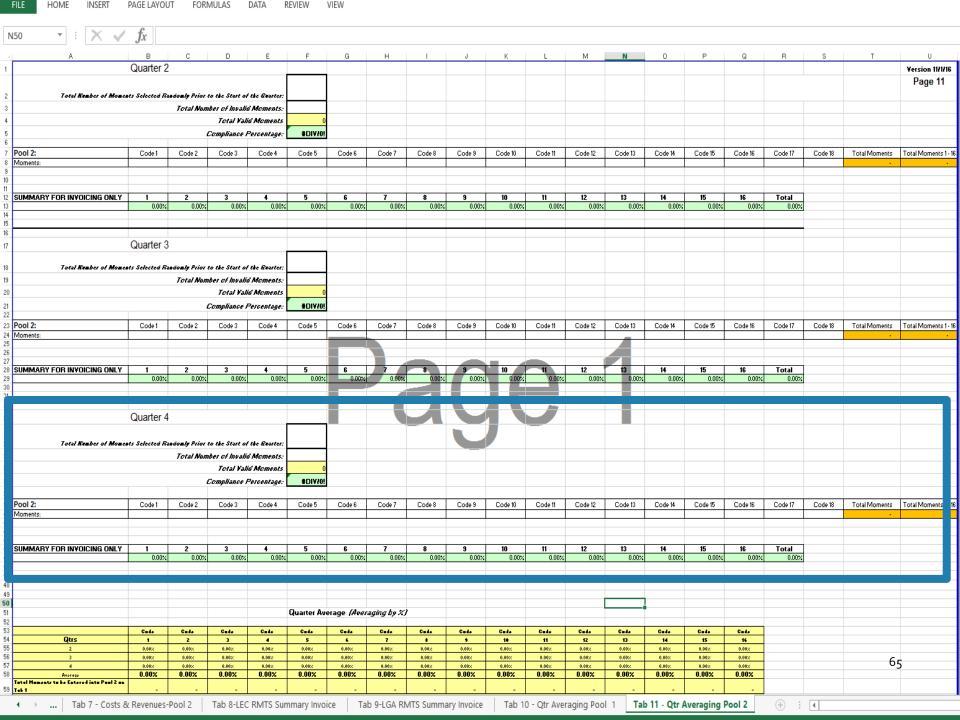
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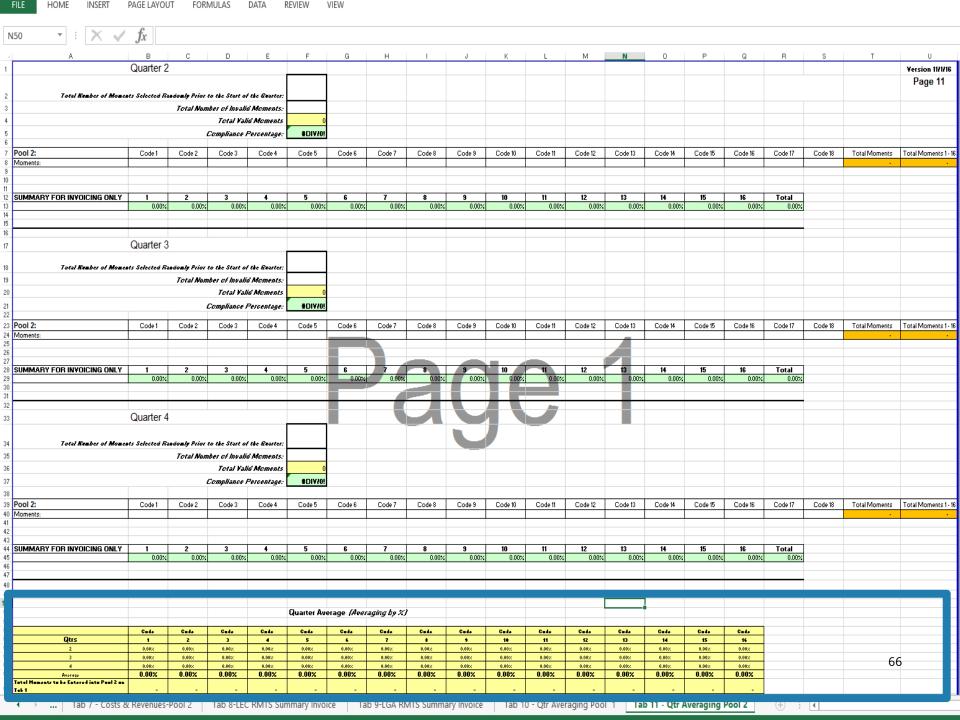




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Submitting the SMAA Invoice

The following items must be included in the SMAA Invoice Package:

- SMAA Summary Invoice
- SMAA Detailed Invoice
- Vendor Fee Worksheet* (if claiming vendor fees)
- SMAA Averaged Invoice Worksheet (quarter 1 invoice only)
- LEA TSP List for the Quarter
 - * Note: DHCS is currently revising the vendor fee worksheet and will have additional information as soon as possible.



Contact the SMAA Program

SMAA Email Address

smaa@dhcs.ca.gov

SMAA Website

http://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx



Thank you!

