DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

MEETING TRANSCRIPT

Title XIX Training Webinar Meeting Chat Transcript

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CHAT TRANSCRIPT:

Varanini, Molly@DHCS started transcription

Holmes, Erica@DHCS 0:03
Good afternoon, everyone.
It is 1:00 and so I do want to be respectful of everyone's time, so we will go ahead and get started with today's webinar. So welcome and thank you for joining today's local partner Title 19 Training Webinar which is being hosted by the California Department of Health in partnership with our colleagues at the California Department of Public Health.

My name is Erica Holmes and I am the chief over the benefits division here at the department, and my team is responsible for Medi-Cal Title 19, claiming policy as it pertains to the Interagency agreements that are maintained between our department, DHCS and CDPH for purposes of the Maternal Child and Adolescent Health programs.
Next slide, please.

So today's training is intended to provide additional guidance and clarification to local and county partners around Title 19 funds and we will cover the specific topics that are listed on this slide and at the end of today's training, there will also be an opportunity for participants to ask additional questions. I do want to highlight that today's presentation on Title 19 claiming is limited to MCAH and other programs that are covered pursuant to the contract between DHCS and CDPH.
This training is not intended to be used for other purposes, such as county based medical administrative activities or CMAA or targeted case management or TCM.
Information on those programs is available and linked on our Title 19 Toolkit website for

your convenience. With that, I do want to quickly pass it over to my colleague Jim Elliott to walk us through logistics and reminders for today's meeting to ensure is as helpful as possible for both our participants listening live today as well as those who will access the recording at a later date. Jim.

Elliott, Jim@DHCS 2:06
Very much, Erica. Just a quick reminder, especially to some people who may be joining, is that this meeting is being recorded and will be posted on our Title 19 toolkit web page. If you do not wish to participate in a recorded webinar then you would need to disconnect. For the courtesy of all of our attendees, please keep your microphones on mute. Later at the end of the session we have questions.
We'll have to raise your hand. So then we will get to you in an orderly fashion. In addition, if you have questions during the meeting, you could add them to the chat feature and we will be doing a best to answer them as the meeting is going on and then we will also get to check questions at the end of the meeting.

Elliott, Jim@DHCS 2:55
I see. So like I said, we'll just be doing the virtual hand thing. We may not be able to answer all of your questions today, but we'll be taking note and we will view in the chat. And so we will add some follow up questions to the FAQ after the end of the next week. And now we'd like to turn it back over to Erica.

Holmes, Erica@DHCS 3:19
So next slide please.
So I just want to quickly highlight today's presenters who you will be hearing speak. They're listed on the slide and include myself, Jim Elliott, who you just heard from, who's a branch chief here in the Benefits division, as well as Molly Varanini, who you will hear from later today and who is a unit chief here in the Benefits division.
Next slide please.

So with that, let's get into the substantive material for today's Title 19 training, starting with an overview of federal financial participation or as I refer to it, as FFP.
So DHCS is the single state agency for purposes of California's Medicaid program, which you all know as Medi-Cal. And we are responsible for ensuring that both ourselves as well as all of our contracted partners, such as those of you on today's call maintain

compliance with all applicable federal and state statutes and regulations around Title 19 claiming, which allows us to flow federal matching funds to contracted partners for services that are provided to Medi-Cal members or for services that help bring additional individuals into the Medi-Cal program.
Next slide please.

When it comes to FFP, it's important to understand the various roles and responsibilities of DHCS versus CDPH. As I already mentioned, DHCS overseas Medi-cal. We also oversee the contract with CDPH for delivery of services to Medi-Cal members or other supports that bring additional members into the Medi-Cal program. DHCS also, reviews and approves all invoices received from CDPH, which includes those from our local partners with cost information for which federal matching funds are being requested. CDPH is also the entity that directly contracts with you all and DHCS in partnership with CDPH is jointly responsible for ensuring that local partners are submitting information for Title 19, claiming that aligns with CDPH policy and processes, as well as the federal and state statutory and regulatory requirements.
Next slide please.

Federal statute and regulatory requirements around FFP come from several sources, including section 1903 a of the Social Security Act, as well as Title 42 of the Code of Federal Regulations. This information that information is on the slide for your reference.
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When it comes to FFP, it's just important to note that we work here directly with our federal partners at the Centers for Medicare and Medicaid Services, also known as CMS for most administrative activities. CMS is going to reimburse the state at what's called a non-enhanced matching rate which is 50%, which means that the state has to put up the non-federal share also at 50%. For some skilled professional medical personnel or SPMP activities, CMS will actually reimburse us at an enhanced matching rate of 75%.
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As I as I previously mentioned, FFP is available for two primary purposes assisting Medi-Cal members with accessing Medi-Cal covered benefits and services, as well as helping individuals enroll into the Medi-Cal program pending on the nature of the local program. FFP may be available for all activities or only a sub portion of activities.

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This slide reiterates much of what I've already shared. So I won't read it all to you, but what I do want to highlight on this slide is that FFP can be available for personnel that are employed either directly by local partners or for subcon or with subcontracted entities so long as the activities being claimed are tied to the two primary purposes that I mentioned on the last slide and the activities are not duplicative.
Next slide please.

So let's pivot for a moment and talk about skilled professional medical personnel or SPMP. The easiest way to think about FFP is as follows. Assuming your personnel are conducting activities that are eligible for FFP, the general role is that local partners are going to receive a 50% Non-enhanced matching rate. To get the 75% enhanced rate local partners must meet a higher bar under federal regulations. Enhanced claiming it's only allowed for either (one) SPMP staff who have professional education and experience in the field of medical care or appropriate medical practice, with a particular emphasis there on that clinical expertise or (two) staff who are directly supporting the work of SPMP staff.
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Relative to the professional training and education requirement, please note that this is a 2 year or longer program that leads to a degree or certification. It must also be in a medically related profession. For example, this can be demonstrated by having an active medical license issued by the Medical Board of California. It also could be demonstrated by having a degree in a medical field issued by a California University.
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While, DHCS recognizes that there are some medically related professions that have programs shorter than two years, or that may include post degree or on the job training. DHCS unfortunately does not have flexibility in the space, as the professional education and training requirement is in federal requirement and explicit
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Another important factor here to consider is that SPMP staff activities for which local partners are looking to claim federal matching funds must require the use of that SPMP

staff's professional medical knowledge, training, and/or expertise. So for example, if an SPMP staff is delivering training to other clinical staff at a local agency on clinical best practices and generally accepted standards of care for treating diabetes, then this would qualify for federal matching funds. However, if that same SPMP staff was managing an office supply contract, this would not count because it does not require use of their medical knowledge, training and or expertise. Regarding staff who directly report to SPMP staff, this can include classifications such as
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Actually no. Sorry, one back. There you go.

This can include classifications such as those listed on this slide, which are secretarial, stenographic, and copying personnel, as well as record clerks who provide clerical services that are directly necessary for the completion of the SPMP staff responsibilities. I do want to emphasize here the direct linkage required in that supporting staff services, again, must be directly necessary for the completion of the SPMP staff responsibilities. Additionally, the SPMP stance must directly supervise the supporting staff and their performance, so the staff cannot report to someone else from an organizational perspective, and then be casually utilized by the SPMP staff. Lastly, there also must be a documented employee employer relationship. This requirement is satisfied through the signed agency information form, which includes a detailed duty statement and organizational chart and a SPMP attestation that each local partner must have on file with CDPH.

Ultimately, the employer-employee relationship involves an analysis and assessment of what local partners are doing and what expenses they are claiming for both non-SPMP and SPMP staff working on MCH programs, and as always, I want to reiterate that local partners should maintain appropriate supporting documentation of the employer-employee relationship and make that available to both CDPH and DHCS upon request in the event of either a state or federal audit.
Next slide please.

So now let's pivot slightly and talk about how local partners should be approaching, how to analyze whether or not something is eligible for enhanced claiming. As a starting point, it might be helpful to clearly articulate some examples of what would not be

considered SPMP classifications which are outlined on this slide. Essentially these would largely be non-medical health professionals, individuals who have a master's degree in social work but are not licensed clinical social workers, as well as things like community health workers among others.
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With this in mind, local partners should always be engaging in a 2 prong analysis when it comes to thinking about Title 19. Claiming this considers both the type of position you're looking at as well as the activities being performed by that position.
On this slide and on the next two slides, you're going to see a series of questions that can be helpful in guiding local partners through this analysis framework in order to make informed determinations about SPMP for which they believe enhanced federal funding might apply.
Slide please.

So for the first question, local partners could ask themselves, is the position one that is considered potentially eligible as an SPMP classification? And as I think Jim mentioned just in the chat, we do have a list of classifications both in this PowerPoint and on our website of what those potentially eligible SPMP classifications are. So I would encourage you to take a look at those but if you answer no to this question, the analysis would stop and you would go ahead and just claim the non-enhanced 50% federal funding. But if you answered yes, you'd appropriately document and then you would move forward with the next step of your analysis.
Next slide, please.

So if you initially determined that your classification is potentially eligible for SPMP, then you also have to ask does the activity that that staff person is performing require their professional medical knowledge training and or expertise? Again, if you answer no to this question, despite the classification being potentially eligible, they would not be eligible for enhanced funding and you would go ahead and claim the non-enhanced 50% funding. Alternatively, if you answer yes to this question, you document appropriately, submit that to CDPH, and then maintain all documentation in the event of an audit.
Next slide please.

So on this slide, as I alluded to, we have provided some examples of classifications that under federal regulations would be potentially eligible classifications for enhanced SPMP federal funding. While, I won't read this directly to you I would encourage you to reference this slide as well as the document that's on our website, which has the exact same list of classifications.
Next slide please.

So it's important to note that local partners are responsible for maintaining all applicable supporting documentation that will allow CDPH, DHCS, and or other state or federal control agencies to substantiate your approach towards Title 19 claiming either at the non-enhanced 50% or the enhanced 75% matching rate. Generally, documentation in this space is going to include some key pieces of information which can include but is not limited to the things listed on this slide. Of important note, you're always going to want to make sure that you include the staff person's name, their position, and the title 19 matchable program that you're looking to claim for. Again, this would be limited to those MCAH and other programs that are covered pursuant to the contract between DHCS and CDPH. You're also going to need to include the date, and time spent of those activities. The amount of time that you spend on those activities, it's important to include a detailed narrative description of those activities. And here we also want to make sure that we're thinking about breaking out individuals that you're serving through these various programs versus whether or not they're eligible for Medi-Cal versus not, which will be important for accurately claiming matching funds. And this will be discussed in a bit more detail here soon.
Next slide please.

So with that, I will turn it over to Jim to walk us through some time study information.

Elliott, Jim@DHCS 16:01
The key part about these invoices the time studies, which helps to calculate the amount of time that's eligible for FFP. There are two main factors about this the time study activities and also the base medical percentage. The time studies need to include all the activities that are performed, the time that is spent by the provider with individuals with the eligible services and the Base Medi-Cal Percentage, which is the percent of the population with Medi-Cal. Erika will discuss this in more detail later. In order to represent the time and eligible activities, the time study needs to include all the time

during that week, which can also include any paid time off.
Next slide please.

Documentation for the time studies needs to include information about the individuals with Medi-Cal so we can identify services that are provided to those that are eligible for Title 19. If the numbers that are eligible are too small, you can de-identify those when you send that to us or to CDPH, but the you must keep a copy of that in case there's an audit so that we can identify the individuals.
Next slide please.

Part time studies must be in a format that is approved by CPH and they must include basic information which you can see on this slide. I'm sure most of you are familiar since you're a way to complete in time studies.
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Studies also have different function codes. Some are delegated towards SPMP and some are delegated at the 50/50 depeding on what's going on. And then there are some that are just not available for SPMP.
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As you can see, here's the function codes that are going here, and Molly will be going through the different times to function codes in more detail. They're kind of split up for some that are, like I said, specific SPMP training when they're produced by those provider types. And function. Also, a specific code for paid time off as well.
Next slide please.

And somebody had asked earlier about a decision tree for some of these different activities. So here's a decision tree about the scope of work and how the claiming is done. As we mentioned, this will be available on our website so that you can be accessed later for reference.
Next slide please.

But now I'd like to turn it over to Molly to go through the function code examples.

Varanini, Molly@DHCS 18:55
I will be going over the function code examples. Please note that these are examples

only and local partners should always conduct their own analysis and maintain appropriate documentation. Function code one outreach may be used by SPMP and non SPMP when performing activities that inform Medi-Cal eligible or potentially eligible individuals about health services covered by Medi-Cal and how to access the health programs. Some activities under this function code may include assisting. A Medi-cal eligible individual or member to review Medi-Cal related documents for medical and mental health providers that accept Medi-Cal. Or developing and/or distributing a resource guide including Medi-Cal services and providers, to increase access to care.

Function Code 2 is to be used by SPMPs when participating in medical reviews, assessing the necessity for and types of medical care associated with medical case management and case coordination activities for Medi-Cal eligible required by individual Medi-Cal members. Some activities may include consulting with a Medi-Cal provider regarding a member's health needs, including mental health and substance use disorder services, or conducting a screening and assessment to the Medi-Cal eligible individual or member to appropriate services to improve their health.

Function code 3, SPMP intra/interagency coordination, collaboration and administration, is a function code that is to be used by SPMPs when performing collaborative activities that involve planning and resource development with other agencies. These activities will improve the cost effectiveness of the Medi-Cal healthcare delivery system and improve availability of medical services. An example of an activity for this code would be attending interagency meetings to discuss and develop ways to reduce barriers and increase participation in Medi-Cal funded services.

Function Code 4 is to be used by non SPMP for intra/interagency collaboration and coordination. And an activity that this may be used for is when a non SPMP collaborates to compile data reports on participant health outcomes, assessments and statistics from implemented programs.

Function code 5. Program specific administration is to be used by all staff when performing activities that are related to the Medi-Cal program specific administration. An example of using this function code would be maintaining and monitoring program information such as Medi-Cal member data entry into a tracking database.

Function code 6 SPMP Training is to be used only when training is provided for or by SPMPs and only when the training activities directly relate to the SPMPs performance as specifically allowable SPMP administrative activities. An activity that may be used for this function code is providing orientation and training of a new SPMP staff regarding Title 19, FFP statutes and regulations.

Function Code 7 is non SPMP training. This function code is to be used by all staff when training relates to non SPMP allowable medical administrative activities and to the medical care of clients. An example would be training new staff members on their responsibilities relative to Medi-Cal enrollment and referral services.

Function code 8 SPMP Program Planning and Policy Development. This function code is to be used only by SPMPs and only when performing Medi-Cal program planning and policy development activities. An activity that may be used for this function code is meeting with Medi-Cal providers to increase access to services for Medi-Cal members and or eligible individuals.

Function code 9. Quality Management by SPMP. This function code is to be used only by SPMPs and only when performing quality management activities that benefit the medical eligible population. Reviewing Medi-Cal member charts for quality case management to ensure appropriate follow-up and access to Medi-Cal services would be an activity where this function code is utilized.

Function code 10, Non-program Specific General Administration may be used for activities such as attending agency meetings and non-MCAH related training such as HIPAA, Health and safety, and prevention of sexual harassment. This code is to be used by all staff when performing non-program specific administrative activities that relate to multiple functions or to no specific identifiable functions due to the general nature of the activities.

Function code 11 Other Activities. This function code is to be used by all staff to record time performing activities which are in the scope of work but not specific to the administration of the Medi-Cal program. These activities do not qualify for Title 19 FFP.

Function Code 12. Paid Time Off. This function code is to be used by all staff to record usage of paid leave, holiday, vacation, sick leave or any other paid leave. All paid time off must be prorated between enhanced, non enhanced, and non claimable. And now I'll turn it back to Erica.

Holmes, Erica@DHCS 24:44
Thank you, Molly.
So I think you've already heard several times today, and I will try to speak a little slower this time around. I apologize, I'm a fast speaker by nature. So Title 19 funds are only available for those costs that are associated with administrative activities that benefit Medi-Cal members. Again, such as like accessing, helping them access services or helping them to get enrolled into our program. So DHCS and CDPH both recognize that our local partners serve more than just Medi-Cal members. You all do very important work and we very much recognize and appreciate that. So to this end, it is very important to specifically be able to identify the exact number of Members who are being served relative to all individuals served to other members of the public. And if you can't determine the exact number, which can be difficult at times,
having a sort of proxy methodology in place that is an objective, standardized and defensible way to identify Medi-Cal members. This is often called the Medi-Cal Factor or the Medi-Cal Percentage.
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Essentially, the Medi-Cal percentage is a fraction in which the numerator is the number of eligible Medi-Cal members served per activity by a local partner within a particular period of time. So for example 1/4 and the denominator is the total number of individuals served per MCAH program activity by the local partner within that same period of time. So again, in this example 1/4. For more information about how to calculate the Medi-Cal percentage for MCAH programs we would refer you to our frequently asked questions document which has a bit more detail and it's also available on our website and we will drop that in the chat for ease of reference.
Next slide please.

So as I mentioned earlier in today's call, documentation is a theme you'll hear a lot when we're talking about Title 19 claiming. It is critical for local partners CDPH and DHCS.

When it comes to Title 19 claiming ultimately we're all in this together and so it's important that we each take the time to review information for accuracy and document comprehensive comprehensively for clarity. The more effort we put into taking the steps to document correctly on the front end will ultimately help reduce back end work and also stress in the event of an audit. To this end, when CDPH submits invoices to our department, they include Title 19 cover letter which is shown on this slide and it contains key information that's necessary for our team to be able to approve invoices with confidence. Looking at the elements on this cover letter can help local partners also better understand the types of things that they should be documenting in more detail on their end.
Next slide please.

Local partners should also submit their Title 19 invoices to CDPH using a standardized template along with an attestation form which is shown on this slide.
This certifies that the local partner has performed their own due diligence in conducting an analysis of its personnel and determining which are eligible for
non- enhanced versus enhanced funding. And again, you're going to want to keep this documentation on file in the event of an audit.
Next slide please.

Additionally, we're always thinking about compliance monitoring and oversight, which is an essential function of all government organizations. To this end, local partners should be ensuring that they are reviewing, understanding and complying with all state and federal funding, reporting and auditing requirements. CDPH and DHCS, as well as state and federal oversight agencies have the right to monitor, audit and or conduct on site reviews of records maintained at the local level. So when issues are found, it's important to remember that corrective action plans and fiscal recovery plans may also be created. Additionally, it's also important to remember that inappropriate Title 19 claiming can result in DHCS having to pay back federal matching funds to CMS, which means working with CDPH to recoup those funds from local partners at the end of the day, this is something that all of us want to and can avoid to a large extent with deliberate, thoughtful Title 19 analysis and claiming.
As well as ensuring that we maintain appropriate comprehensive documentation.
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So on this side you will see a list of a lot of helpful resources. We've already provided links in the chat to the DHCS website, and I would again particularly point you to the newly developed FAQ and on the CDPH website I would point you to the Fiscal Administration and Procedure Manual, which has a lot of really great details.
And again, we just encourage you to take a look at that SPMP questionnaire, which has those potentially eligible classifications and again not an exhaustive list but meant to serve as a tool for local partners to make informed decisions as they go through that two prong analysis that I walked through at the beginning of today's call.
Next slide, please.

So, recognizing that that was a whirlwind of information and that you know it when we went through it fairly quickly, we're happy to go back, highlight any areas of key importance and we're also happy to now answer some of your questions. As mentioned at the beginning, we were going to start with looking at the questions in the chat. Some of those have been answered throughout the course of the presentation and then we will open it up for verbal questions. Just recognizing that we have over 300 people on today's call, which is wonderful, would just ask that if you raise your hand, we will call on you and ask you to come off mute. If you could also introduce yourself and the organization that you're from so others here that would be great.
And now we would be very happy to answer your questions.
So I'm going to go ahead and turn it over to Molly who will be our facilitator for this portion.

Varanini, Molly@DHCS 31:15
OK.
So first question, in the chat I show is can you explain how non SPMP staff such as secretarial positions who directly report to an SPMP can claim enhanced codes such as 2368 and nine? For example a secretary taking minutes for an SPMP who is doing program planning and policy development.

Holmes, Erica@DHCS 31:45
First, I can start and then I can have Jim, weigh in as well, and I know we also have, I believe on this call, partners from CDPH. And since the questions specific to CDPH's function codes, I would also welcome them to weigh in. So I do just want to reiterate that as mentioned during the call, in order to claim enhanced federal funding for staff

who directly support the work of SPMPs. Again, they have to be directly supervised by the SPMP, which will be evidenced by the org chart and the work that the supporting staff is doing must be directly necessary for completion of the SPMP's professional medical responsibilities. So I that is a causal link that I just want to highlight there. This is one of the reasons why I think the analysis is so critical on the documentation. Title 19 claiming is an area where I do believe reasonable minds can differ. But that's one of the reasons why we need to take a strategic, organized and objective approach to how we conduct the analysis. So again, you have to be able to articulate in your analysis how the, what the support staff is doing is directly necessary for the supporting the SPMP in their professional medical slash clinical work and not something more general. Otherwise you'd be looking to claim at the non-enhanced rate and I don't know Jim or if any of our CDPH partners want to specifically comment on the function codes.

Elliott, Jim@DHCS 33:28
Yeah, I can speak on the function codes, but I would say is it as a principle is if the person is like enabling the SPMP to perform SPMP activities, then that would be a guideline to consider.

Holmes, Erica@DHCS 33:54
Thank Jim. Molly.

Varanini, Molly@DHCS 33:59
Let's see. Sorry, next question.
How often does the MCF percentage need to be updated?

Holmes, Erica@DHCS 34:14
Did you say NCF?
What was the acronym?

Varanini, Molly@DHCS 34:17
MCF Medical Factor Percentage.

Holmes, Erica@DHCS 34:23
Right, so and again, I don't know if we have any partners from CDPH on the call. What I would suggest is that anytime you're submitting an invoice to CDPH within ultimately

gets translated into an invoice to our department, you should be taking steps to ensure that the if you're applying the proxy methodology through the medical factor, but it is an accurate representation of the current percentage of the Medi-Cal population that you're served serving relative to your whole population.
And so, for example, if you know that you've had like a shift one way or the other and the number of Medi-Cal members that you're serving, you should be adjusting those as you submit invoices for claiming. You want to be as tied in real time as possible for these percentages, because at the end of the day if CMS or a federal control agency comes and does an audit, they will be looking at the point in time in which you claim the activities relative to the population that you were serving. And again, we can only claim the SPMP or sorry, the title 19, claiming whether or not at the enhanced or non enhanced rate for either a specific the specific population of Medi-Cal members you were serving or using the proxy methodology. For an overall percentage, and I don't know, Jim, if you want to add anything.

Jimenez-Bean, Angelica@CDPH 35:50
I'm also able to answer from CDPH. Your partners are here and present.
We do the Medi-Cal factor slash percentage annually with all of our local health jurisdictions each AFA season.

Holmes, Erica@DHCS 36:07
Thank you.

Varanini, Molly@DHCS 36:13
Next question we had in the chat was they're trying to get a better understanding of when it lands as administrative tasks or in support of SPMP tasks. So they're wondering if you could please clarify.

Holmes, Erica@DHCS 36:33
So I think we kind of answered this question already. But to Jim's point it the way you should think about this really is. Is the work that the directly supporting staff doing, is it in furtherance of the sort of medical or clinical aspect of the SPMP's work? If the answer if you can, if the answer that question you believe is yes and you can sufficiently document that and you believe it would be defensible, I think that would be the way you should approach it. The problem with Title 19 claiming is that there are, there aren't

no hard and fast rules, which is why I do want to emphasize the analysis framework for which you should be approaching all of these things and the importance of documentation. And I don't know, Jim, if you want to add anything else or if any of our partners from CDPH who are on the call as well.

Jimenez-Bean, Angelica@CDPH 37:27
I'm happy to support it. Sounds like day-to-day. And Angelica Jimenez Bean contract management allocation process section here at CDPH. It sounds like day-to-day administrative functions would not necessarily be applicable unless as they have defined it is like medically necessary, supports the SPMP in a way that's of nature of their medical clinical expertise, but not necessarily day-to-day administrative functions.
Am I summarizing that OK?
Thank you.

Holmes, Erica@DHCS 38:01
Perfectly summarized.
Thank you.

Varanini, Molly@DHCS 38:06
Another question we had is, are there any specific enhance codes for SIDS and CPSP activities?

Holmes, Erica@DHCS 38:20
Angelica, do you want to take that one?

Jimenez-Bean, Angelica@CDPH 38:24
Sure. And this one, I would have to defer to our program folks, if there is anyone from CDPH program here at MCAH available to answer specific programmatic questions. If not, what I would say is that folks should reach out to their program consultant within our division in order to request us either certain activities or to see if there is that cross flexibility within programs here at CDPH that we support.

Bost, Mary@CDPH 39:02
Here real quick too. I'm Mary Bost. I'm with CDPH in the example that was on the PowerPoint. I don't recall any specific examples for SIDS, but again reach out to your PC.

This is just a subset of examples. There may be other areas where you'd have a SIDS or a CPSP example that would apply.

Varanini, Molly@DHCS 39:31
Next question, if a client has private insurance but they are eligible for medical, can we code those to a possible Code 2 for case management?

Holmes, Erica@DHCS 39:48
Unless CDPH happens to the answer that I'd like to take that one back and we can incorporate that into our FAQS , I don't think we addressed any other health coverage topics in our current FAQ.
So just confirming DHCS will take that question back and we will plan to boot back with this group.

Varanini, Molly@DHCS 40:16
In the chat, someone asked what about our CHWS providing translation for SPMPS? Can they claim enhanced?

Holmes, Erica@DHCS 40:26
So CHWs are not an SPMP eligible classification and they would also not fall under the supporting staff role. So those would be claimed at the non enhanced 50%.

Varanini, Molly@DHCS 40:43
Are there any exemptions for rural frontier counties in regards to serving Medi-Cal only eligible clients due to limited access to care for all?

Holmes, Erica@DHCS 40:59
So, assuming I understand the question, I think the answer is I'm not aware of any any specific policies or limitations, but I don't if our CDPH partners are?

Varanini, Molly@DHCS 41:20
OK. The next question I have is for FFP objective #2 assisting individuals on Medi-Cal to access medical services, Is there a resource that references what is considered a Medi-Cal service?

Holmes, Erica@DHCS 41:39
I think I think Jim dropped this in the chat, but we have a list of covered services on our website and I think Jim dropped it as well, but it would essentially be any benefit or service that's covered by the department. And again, I do want to emphasize it has to be tied to an MCAH program that is covered under the interagency agreement with CDPH. I recognize that there's many benefits and services that might be beyond those that are provided with the Title 19 claiming that flows to this contract is limited to those subset of programs that are included in our IA and Molly. If you could drop those in the chat, that would be helpful. I think for folks to clarify.

Varanini, Molly@DHCS 42:23
OK. Last question I see is a Medi-Cal provider survey sent by administrative staff considered enhanced or not?

Holmes, Erica@DHCS 42:35
So generally speaking, surveys are going to be non-enhanced. There's no, it's not sent out, it's not a requirement of like having medical knowledge and expertise. It's just an administrative activity. So it would be a non-enhanced 50/50.

Varanini, Molly@DHCS 42:55
OK. We got a couple more questions after that one. So if an MCAH/PEI/CHVP program that is leveraging Title 19 then are we considered a Medi-Cal service?

Holmes, Erica@DHCS 43:16
So. Again, it comes down to has to be one of the programs that's covered under the interagency agreement between DHCS and CDPH and has to be a Medi-Cal covered service and generally speaking, all of the services and supports that are provided through those NCH programs are also covered Medi-Cal services and again, I think we dropped the list in the chat, but we can we'll drop the list of programs covered under the IA if folks are not aware of what all of those are. I think there's like 5 or 6.
And then we also shared a link to our covered Medi-Cal benefits in the chat as well.

Varanini, Molly@DHCS 43:52
OK, I think the last question from the chat and then we can go to the people. What is

best practice for defensible documentation of these activities? For CHVP or notes on exact duties completed necessary in addition to staff completing time studies?

Holmes, Erica@DHCS 44:11
Yeah. So that's a great question. So in terms of best practice, when it comes to Title 19, claiming I can't emphasize enough that less is not more so, my recommendation would be to maintain comprehensive detailed documentation that includes both the time studies, which do certainly convey important information, but also additional supporting documentation that clearly articulates an understandable way what the staff are doing, particularly if you're attempting to claim SPMP enhanced claiming. In the event of an audit, is much easier to have done the front end work to prepare these materials to turn over to either DHCS,CDPH, or a federal or state control agency than it is to try to create them from whole cloth on the back end.
So my recommendation would be to include those types of narrative descriptions as part of your overall like file that you would have available to produce in the event of an audit. And just to build on that on our Title 19 Claiming Tool Kit website, we do include some examples of prior audits that have occurred in this space from the Federal Office of Management and Budgets. If you have a chance, I would encourage you to go look at those audits around Title 19, claiming there's also some board decisions. They'll give you a really good sense of the types of things that might be looked at in an audit. Which could also help you decide how you want to structure your documentation. Again, there's a whole bunch of things in there, but they could also be a really good resource for understanding, like how you what might be looked for in the event of an audit.

Varanini, Molly@DHCS 46:04
So now if I'll go to the individuals at the presentation, I see that Jessica Ferrer has a question.

Jessica Ferrer 46:13
Hi, thank you. We are contracting with a public health nurse to complete home visiting services and I my question is if this Subcon contractor or an individual being paid through contract rather than payroll is eligible for Title 19 draw down?
Thank you.

Holmes, Erica@DHCS 46:32
Jessica, it's an excellent question. So the short answer to your question is yes, subcontractors can be eligible for a Title 19 claiming all of the same rules and requirements would apply. Additionally, I would just recommend that for supporting documentation you're going to want to make sure that you include evidence of that sub contractual relationship. That would again be available in the event of an audit, and I all the things we talked about documentation would also apply here.
I hope that's helpful.

Varanini, Molly@DHCS 47:08
I see that Kate was with. Sorry if I cannot pronounce your last name.
Kate has a question. Glazewski, thank you.

Kate Glazewski, Trinity County 47:19
Can you guys hear me?

Varanini, Molly@DHCS 47:23
Yes. Yeah.

Kate Glazewski, Trinity County 47:23
Can you guys hear? Oh, OK. Sorry, I'm losing my voice.
I apologize, but just to follow up with Jessica, I just want to make sure so contracted SPMP can also pull down the 75% match because it was always my understanding it was only the 50/50 they were allowed to do?

Holmes, Erica@DHCS 47:39
So we had this question come up, I think maybe our partners from CHEAC actually raised it for our consideration. So the way it basically works is when you're a subcontracted entity. And again, let me just preface everything I'm about to say, which is this is not legal advice and you should definitely consult your internal legal counsel for, you know, double checking all of this. But generally speaking, if you have a subcontracted relationship, those staff persons are acting on behalf and providing services to our Members in the same way that someone who worked on your payroll would. So all of the same rules and requirements apply. You would have an established

employer employee relationship with that subcontractor. And it would be evidenced by whatever contract you have in place with them. And again, I would strongly emphasize that documentation is very important, particularly because when you have that second degree subcontractor relationship, it could be an area where there's increased scrutiny in the event of an audit so. I hope that's helpful.

Kate Glazewski, Trinity County 48:34
No, definitely. Thank you. Thank you very much.

Varanini, Molly@DHCS 48:41
In the chat, someone asked what about time spent by an SPMP to assist a parent/caregiver in completing a developmental screener. Is that considered enhanced time or non enhanced?

Holmes, Erica@DHCS 48:54
So I would just bring us back to our two prong analysis framework. So if you look at the first prong, you would have an SPMP eligible classification. So you'd move on to the second prong, and then you would just have to ask yourself is what the SPMP doing, is it something that requires their professional medical knowledge, training and or expertise? I would suggest that helping to fill a survey may not require that, but again you have to go through the analysis in the in. The short answer of this presentation. I would suggest that assisting with filling out a questionnaire is not something that requires particular medical knowledge, skills and or expertise, and so it's something that, you know, another person on the staff could do just as easily. But if you, you know again, you document you make the argument you could, you know it's on the local county partners to do that two prong analysis like I mentioned and that's why documentation is absolutely critical.

Varanini, Molly@DHCS 49:52
OK, I see that Paula has a question for you.

Paula Taillant 50:02
A comment on that last question, so for those types of a ASQ in where a staff could be trained to actually be working with the mom on the certain activities that would allow

the child to improve in their developmental stage in, in the different areas, I would imagine that is, you have to have specific training for that that. Just screening would not qualify, but if you're actually doing an hour and a half visit with the mom and you're on the floor helping that that baby, I would imagine that yes, you can claim SPMP.

Holmes, Erica@DHCS 50:44
Yes, absolutely, I would agree. So in that analysis framework, I keep bringing it back to it. But like, yeah, if there's basically a clinical knowledge or expertise that someone has to have to be able to sort of direct the parent or guardian through that process for their child, then yes, I would agree that would. And again, you would go through the analysis, you would put the documentation in the file and then you would roll that up into your time studies and things that you submit to substantiate the invoices.

Varanini, Molly@DHCS 51:13
We have a question in the chat. How might we balance the work with a comprehensive documentation best? any best templates or samples you can provide?

Holmes, Erica@DHCS 51:24
Sure. So on our website, we do have an SPMP questionnaire that local partners are welcome to use to help them with the analysis framework. And it also can be included as part of the documentation. We can drop it in the chat, but essentially it's a fillable form PDF that's available for you all to use. It includes a lot of what we were talking about today, so the position, the reporting structure, opportunities to describe the specific duties, and examples of how it requires use of medical knowledge, skills and expertise. And it goes through that full like sort of analysis framework that is a tool that's available to all of our local partners and we would encourage you to use that. Then you would include things along with this, like organizational charts and duty statements, which I think you're all very familiar with, along with your time studies. So I think it's really a package of supporting documentation. And in terms of like a template for the actual like documentation itself, like we don't have anything perse, but this questionnaire I think is a very good resource and a starting point for that framework analysis.

Varanini, Molly@DHCS 52:41

OK. We have a question, if we are working to link clients to the new Cal-AIM Medi-Cal services like ECM community supports housing etcetera, non-medical. Covered by Medi-Cal, is that a claimable activity?

Holmes, Erica@DHCS 53:00
Yeah. So this would fall under that sort of second piece. So it's either helping, it's all either providing covered services to Medi-Cal members or assisting Medi-Cal members with connecting to Medi-Cal services. So I know we focused on enrollment, but it can also be helping navigate Medi-Cal members into our various programs and benefits. So yes, that is something that would also be sort of included under this umbrella under that like enrollment slash app like navigating them to our like programs and benefits aspect.

Varanini, Molly@DHCS 53:35
So that's all the questions that I can see in the chat and I don't see that anyone's raising their hand so.

Looks like Jack has a question.

Jack Anderson 54:11
Hi there, Jack Anderson with CHEAC. Just wanted to take a moment to express our gratitude to DHCS and CDPH colleagues for hosting today's training. I know you know, CHEAC has been working closely with both departments. Very. You know, over the over the last several years on Title 19 and so I do just want to express our appreciation to you all for hosting today's training and look forward to, you know, additional resources to come to support our local health departments.
And maximizing this, this funding source. So thanks.

Holmes, Erica@DHCS 54:45
Thank you, Jack.
We really appreciate the partnership.

Varanini, Molly@DHCS 54:54
Looks like there's a question from Jared Fine.

Jared Fine 54:57
Hello has the department put a ceiling on how much FFP California is interested in applying for from CMS?

Holmes, Erica@DHCS 55:11
Hey, Jared. No. So there's no there's no perse cap on services. It's tied to the non-federal share that either we or accounting partners put up. We're a public entitlement program and so obviously we provide benefits and services to our Members based upon medical necessity and so if there's a non-federal share we put up, you know we put that forward to claim the applicable federal match.

Jared Fine 55:36
That's a wonderful answer. Thank you so much.

Holmes, Erica@DHCS 55:49
And I dropped it in the chat, but we do have a dedicated e-mail inbox for Title 19 claiming questions. So if you don't think of questions on today's call, we are here at the department to support all of our local county partners relative to claiming. So please feel free to drop us questions at that Title 19 claiming BD at DHCS Inbox and again that is in the chat.

Varanini, Molly@DHCS 56:18
We did have another question come up if they asked are we able to use enhanced function codes for clients who do not yet have Medi-Cal but are Medi-Cal eligible?

Holmes, Erica@DHCS 56:30
So would welcome CDPH to weigh in, but I would just I would just remind folks that the tenant team matching funds are available for both active medical members who are seeking medical covered benefits and services through the MCAH programs.
But they are also eligible to county partners who assist Medi-Cal members in getting enrolled, so being actively enrolled in medical is not. A perse requirement of getting Title 19 funds because we know that part of it can be also getting members into our program and or helping them access services under our program.

Elliott, Jim@DHCS 57:08
I would also like to add that Medi-Cal eligible is like a term of art that basically means the person has eligibility, is covered by Medi-Cal, and what Erica is describing about efforts to help people enroll in Medi-Cal. But if you just say someone eligible but they're not enrolled and you're not actively trying them to enroll, then the Medi-Cal member, and you cannot claim for them. But if you do your medical percentage, that'll cover that issue.

Holmes, Erica@DHCS 57:48
I did see an easy question in the chat. So these slides are this training has been recorded and so the slides will be posted on our webpage. I think by the 21st. So a week from today for those of you who would like to review them, listen to the recording. Pause me. Slow me down. Stop me because I talk so fast. You can do that.
And you can also share it with folks who weren't able to attend today's call.

Varanini, Molly@DHCS 58:31
I don't see any more questions at this time, so.

Holmes, Erica@DHCS 58:39
I do just wanna put out an offer to our CHEAC partners as well as our local county partners on today's call. I know you all asked around sort of best practices and resources that might be helpful in navigating the documentation aspect of Title 19 claiming so I know I mentioned the SPMP questionnaire that's available to you all, but if there are additional sort of resources or templates that you think might be helpful. We are open to working with CHEAC to figure out how we might create those materials. So please, please feel free to send any suggestions to our Title 19 claiming inbox and then to our county partners if you all wanna talk to your respective members and think about things that might be helpful, we would love to have those conversations with you all as. Well, obviously the goal here is to be as helpful as possible for our county partners around Title 19 claiming.

So I'm not seeing the additional questions in the chat and there's no hands raised. So I do want to be respectful of everyone's time. It's been a pleasure today to deliver this training. The department's plan, just for awareness, is to try to issue this training an updated version of it, Of course, if applicable on an annual basis, the recording will live

into perpetuity on our website for your reference, and again if you have questions, please submit them to our Title 19 training box. Again, on behalf of the department, as well as our partners at CDPH. We very much appreciate your time and participation today.

Thank you so much everyone.

◉ **Varanini, Molly@DHCS** stopped transcription