

Local Partner Title XIX Training

Department of Health Care Services

February 14, 2025

Today's Agenda

- Welcome & Introductions
- Federal Financial Participation (FFP) Overview
- Skilled Professional Medical Personnel (SPMP)
Enhanced FFP Requirements and Analysis
Framework
- SPMP Classifications
- Title XIX Claiming Documentation
- Title XIX Time Studies
- Title XIX Decision Tree
- Function Code Examples
- Medi-Cal Percentage
- Documentation Requirements
- Monitoring & Oversight
- Helpful Resources

Workgroup Logistics

- » This meeting is being recorded and will be posted on the DHCS Title XIX Toolkit webpage.
- » Please mute your microphones.
- » Please enter any questions in the chat.
- » DHCS will respond to questions in the chat after the presentation and allow attendees to ask questions

Today's Presenters

- Erica Holmes, Chief, Benefits Division
- Jim Elliott, Branch Chief, Benefits Division
- Molly Varanini, Unit Chief, Benefits Division

Federal Financial Participation (FFP)

- DHCS is the Single State Agency responsible for the management of the state's Medicaid (Medi-Cal) program and compliance with all federal statutes and regulations.
- Since Medi-Cal is a federal "reimbursement" program, local partners that meet Medi-Cal program requirements and claim qualified expenditures associated with the administration and provision of services for Medi-Cal may be eligible to receive reimbursement from the federal government for a portion of the expenditures.
- The matching reimbursement local partners receive for their Medi-Cal program expenditures is known as FFP.

FFP – Role of State Departments

DHCS

- Single State Agency that draws down FFP for Medi-Cal services to members.
- Maintains a contract (known as an "interagency agreement" or "IA") with other state departments, including CDPH, for delivery of services to Medi-Cal members.
- Reviews and approves invoices that comply with federal requirements.

CDPH

- Contracts with local partners (LHJs, CBOs, Counties) for delivery of services.
- Maintains IA with DHCS for federal matching funds for services provided by local partners to Medi-Cal members.
- Ensures compliance with state and federal requirements for services in partnership with local implementing agencies.

FFP Overview (1/4)

- Section 433.51 of Title 42 of the Code of Federal Regulations (CFR) provides that the amount expended for providing medical assistance must be “. . . certified by the contributing public agency as representing expenditures eligible for FFP.”
- The FFP amount (rate) a local partner receives is dependent on California’s Federal Medical Assistance Percentage (FMAP).
- Section 1903(a) of Title XIX of the Social Security Act (SSA) provides that the Federal Government shall pay to the State a percentage “of the total amount expended” for providing medical assistance.

FFP Overview (2/4)

- Federal Centers for Medicare and Medicaid Services (CMS) regulations allow matching funds for administrative activities that are reimbursable at a non-enhanced rate (50/50) for most expenses necessary for the proper and efficient administration of the state's Medicaid (Medi-Cal) program.
- The current FMAP rate for the State of California is 50 percent.
 - Example: \$50 in expenses would be matched at \$50 ($\$50 + \$50 = \100)
- SSA Section 1903(a)(2) states that federal matching at 75 percent is attributable to the compensation and/or training of skilled professional medical personnel (SPMP), and staff directly supporting such personnel of the State agency or any other public agency.
 - Example: \$25 in expenses would be matched at \$75 ($\$25 + \$75 = \100)

FFP Overview (3/4)

- To qualify for Federal Financial Participation (FFP) funding, programs must demonstrate that their activities align with at least one of the following two objectives:
 - Objective #1: Assisting individuals eligible for Medi-Cal with enrolling into the Medi-Cal program.
 - Objective #2: Assisting Medi-Cal members with accessing Medi-Cal covered benefits and services.
- Local partners administering programs to address public health needs in designated geographic areas can claim partial reimbursement through Title XIX (Medicaid) funds.

FFP Overview (4/4)

- Title XIX reimbursement:
 - Is provided through matching Medi-Cal Title XIX funds with local partner general funds and/or State agency (here – CDPH) allocated State General Funds (SGFs) to maximize funding for the local program.
 - Applies to personnel employed directly by a participating local partner or subcontracted agency, either at non-enhanced (50/50) or enhanced SPMP (75/25).
 - Subcontracted agency refers to subcontractors or consultant services that can be used only for activities directly related to meeting the goals and objectives of the program.
 - Is not available for duplicate services (i.e., community supports and case management)

SPMP Enhanced FFP Requirements (1/4)

- Per 42 CFR, Chapter IV, Section 432.50, for the enhanced FFP rate of 75 percent to be available for expenditures for salary or other compensation, fringe benefits, travel, per diem, and training for SPMPs, or staff directly supporting such personnel, the following requirements must be met:
 - The activities performed by the SPMP, or staff directly supporting such personnel, must be necessary for the proper and efficient administration of the Medicaid State Plan and must not include expenditures for medical assistance.
 - The staff designated as SPMP must have professional education and training in the field of medical care or appropriate medical practice.

SPMP Enhanced FFP Requirements (2/4)

- “Professional education and training” means the completion of a **2-year or longer** program leading to an academic degree or certificate in a medically related profession.
 - This is demonstrated by possession of a medical license, certificate, or other document issued by a recognized National or State medical licensure or certifying organization; or
 - A degree in a medical field issued by a college or university certified by a professional medical organization.

SPMP Enhanced FFP Requirements (3/4)

- Relative to the “Professional education and training” requirement, please note that DHCS does not have authority to relax requirements and/or allow flexibility without express federal approval.
- Existing federal regulations (42 CFR 432.50(d)(1)(ii)) state, in pertinent part: “‘Professional education and training’ means the completion of a 2-year or longer program *leading to an academic degree or certificate* in a medically related profession.” (emphasis added).
- Accordingly, federal regulations state that the program leading to the degree or certificate must itself be 2 years or longer and post-degree or certificate experience, such as on-the-job training, would not qualify.

SPMP Enhanced FFP Requirements (4/4)

- The activities performed by the SPMP must also require the use of their professional *medical* knowledge, training, and/or expertise.
- The directly supporting staff are secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are **directly necessary** for the completion of the professional medical responsibilities and functions of the SPMP.
 - The SPMP staff must **directly supervise** the supporting staff and the performance of the supporting staff's work.
- The SPMP and staff directly supporting such personnel must have a documented employer-employee relationship.
- The local or county partner must have a signed Agency Information Form and SPMP Attestation with CDPH to verify that the requirements listed above are met.

SPMP Analysis Framework (1/4)

- SPMP includes only professionals in the field of medical care.
 - SPMP does not include non-medical health professionals, such as public administrators, medical budget directors, analysts or senior managers of public assistance or Medicaid programs.
- The following are examples of what would not be SPMP classifications consistent with federal guidance and state policy:
 - Having a master's degree in Social Work without a licensed clinical social worker license
 - Having a master's degree in Public Health (MPH) with a license
 - Health Education Consultant (HEC)
 - Community Health Workers (CHWs)

SPMP Analysis Framework (2/4)

- For any Title XIX enhanced SPMP claiming (75/25), local county partners should always be engaging in a two-prong analysis, which includes consideration of both the position classification and activity being performed. To this end, local county partners should ask the following:
 - **Question #1, classification:**
 - Is the position considered to be a potentially eligible SPMP classification?
 - **Question #2, activity:**
 - Does the specific activity that is being performed **require** the SPMP's professional medical knowledge, training, and/or expertise?

SPMP Analysis Framework (3/4)

Question #1: Is the position considered to be a potentially eligible SPMP classification?

- If “**yes**,” then you would describe that activity as well as provide and maintain appropriate supporting document for CDPH/DHCS in the event of an audit.
 - ✓ EX: Performing maternal depression screenings on pregnant individuals.
This requires a particular medical licensure and skill set.
- If “**no**,” the analysis stops, and you would claim non-enhanced (50/50) Title XIX.
 - ✓ EX: Community Health Worker, etc.

SPMP Analysis Framework (4/4)

Question #2: Does the specific activity that is being performed require the SPMP's professional medical knowledge, training, and/or expertise?

- If **"yes,"** then you would describe that activity as well as provide and maintain appropriate supporting document for CDPH/DHCS in the event of an audit.
 - ✓ EX: Performing maternal depression screenings on pregnant individuals. This requires medical knowledge, training, and expertise.
- If **"no,"** then even though the position might be potentially SPMP eligible, the activity would not be and thus you'd claim non-enhanced (50/50) Title XIX.
 - ✓ EX: If a potentially SPMP eligible classification is doing administrative or other work that does not require SPMP knowledge, training and/or expertise, then it would not be eligible for enhanced (75/25) Title XIX claiming.

SPMP Classifications

Per Title 42, Code of Federal Regulations (CFR), Sections 432.2 and 432.50, and associated state policy, potentially eligible SPMP classifications include the following:

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• Physician• Registered Nurse• Licensed Vocational Nurse• Physician Assistant• Nurse Practitioner• Dentist• Dental Hygienist• Registered Dental Assistant | <ul style="list-style-type: none">• Nutritionist (with a Bachelor's degree in nutrition/dietetics)• Licensed Clinical Social Worker (LCSW) with medical specialization or master's degree in social work• Licensed Clinical Psychologist | <ul style="list-style-type: none">• Licensed Audiologist• Licensed Physical Therapist• Licensed Occupational Therapist• Licensed Speech Pathologist• Licensed Marriage and Family Therapist |
|--|--|---|

Title XIX Claiming Documentation

- Local partners are responsible for maintaining documentation that allows CDPH and DHCS to verify and substantiate appropriate Title XIX claiming, either at 50/50 or 25/75 percent.
- Documentation must include the following:
 - Staff name(s), position(s), and applicable Title XIX matchable program(s)
 - Date and time span of each activity or activities;
 - Amount of time spent on each activity or activities
 - Narrative description of activities conducted and how they support the applicable program
 - Number of individuals seen or contacted (target audience), which should be broken out by Medi-Cal eligible clients versus non-Medi-Cal eligible clients whenever possible.

Title XIX Time Studies ^(1/3)

- There are two factors that determine the amount of Title XIX funds a local partner can claim: 1) time studied activities and 2) the Base Medi-Cal Percentage (BMCP).
- To claim Medi-Cal Title XIX funds, local partner staff must document, through time studies, actual time worked in all programs during the time study period.
 - Time studies are the primary documentation source for Title XIX claiming and used to determine the percent of personnel time that is matchable with Title XIX funding.
 - The time claimed to receive FFP match must be spent performing Medi-Cal administrative activities that meet at least one of the two FFP objectives.
- Time studies should be conducted weekly and account for 100% of all personnel time.

Title XIX Time Studies (2/3)

- Documentation must include the following:
 - Number of clients seen or contacted (target audience), which should be broken out by Medi-Cal eligible clients versus non-Medi-Cal eligible clients whenever possible. Documentation submitted to CDPH can be deidentified and aggregated for reporting purposes, but original records should be maintained in the case of an audit by CDPH or State control agency.
 - Different Medi-Cal Percentages for individual billing codes may be used if actual client counts are not available.
 - See the Frequently Asked Questions for Title XIX on DHCS website.
 - Note: All documentation must be maintained for a minimum of three fiscal years.

Title XIX Time Studies (3/3)

Local and County partners must use a time study format approved by CDPH. All formats must include the same basic information, as follows:

- Agency name
- Budget line number
- Name of each program included as part of time study
- Time study period (e.g., (e.g., Quarter 1, 2024, January 1, 2024 – March 31, 2024)
- Time study month and year (e.g., January 2024)
- First and last name of employee
- Employee classification or title
- Time base (e.g., full-time or part-time)
- Employee eligible for SPMP (e.g., designate “yes” or “no”)
- Percent of time studied to each program listed (e.g., 10 hours in a 40-hour work week)
- Percentage of time by activity classification
- Enhanced (i.e., 75/25)
- Non-Enhanced (i.e., 50/50)
- Not eligible for any Title XIX matching funds
- If applicable, MCP for each program and/or employee listed

Title XIX Time Studies- Function Codes

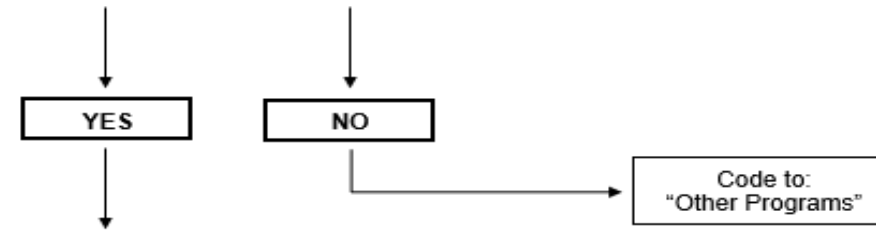
- Time study reports are the mechanism used by local and county partners to document reimbursable Title XIX activities performed by employees. There are 12 total function codes used to identify these unique set of activities, including paid time-off.
- When completing the time study, enter a time to the appropriate function code (1-12) and a program code (A-L) into each weekly slot.
- Some function codes are available for non-enhanced claiming (i.e., 50/50 rate), as follows:
 - 1 = Outreach
 - 4 = Non-SPMP Intra/Interagency Collaboration & Coordination
 - 5 = Program specific Administration
 - 7 = Non-SPMP training

Title XIX Time Studies- Function Codes (cont.)

- Some function codes are available for enhanced claiming (i.e., 25/75 rate), as follows:
 - 2 = SPMP Administrative Medical Case Management
 - 3 = SPMP Intra/Interagency Coordination, Collaboration & Administration
 - 6 = SPMP Training
 - 8 = SPMP Program Planning & Policy Development
 - 9 = Quality Management by SPMP
- Function code 11 is used for other activities that are not eligible for Title XIX matching funds.
- Function codes 10 (non-program specific general administration) and 12 (paid time off) are used by all staff to record usage of any paid leave other than CTO, including holiday, vacation, and sick leave.

Title XIX Decision Tree

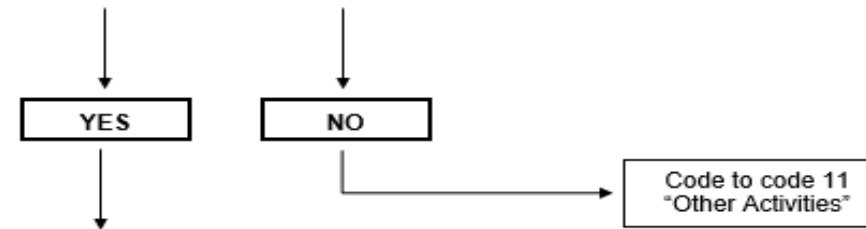
1. Is this activity in the MCAH, CHVP, BIH, PEI or AFLP Scope of Work?



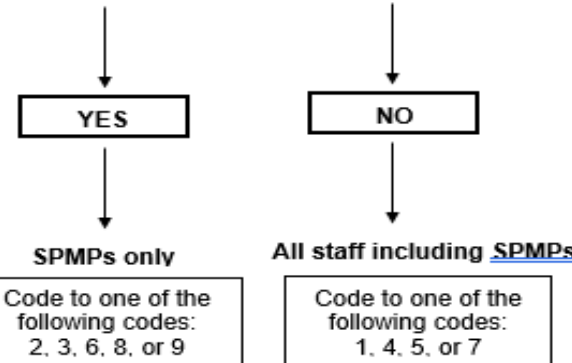
2. Does this activity meet Objective #1 or #2 of the FFP Guidelines?

Objective #1 - Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program*

Objective #2 - Assisting individuals on Medi-Cal to access Medi-Cal providers, care, or services*



3. Does this activity require the skill, knowledge, and expertise of an SPMP?



Code 10 Non-Program specific general administration: This code is to be used by staff when attending an Agency required meeting, training, staff development, etc. (Examples: Sexual Harassment training, Workplace Violence, IT Security. Any training or meeting that is mandatory for your employment).

Code 12 Paid time off: Sick Leave, Vacation, and Paid Holidays.

*includes MCAH program activities that support the proper and efficient administration of the Medi-Cal Program.

Function Code Examples*

- **Function Code 1: Outreach (both SPMP and non-SPMP personnel)**
 - Assist Medi-Cal eligible/member with enrollment in the Medi-Cal program (i.e., assist with application process, referral, help Medi-Cal eligible/member review Medi-Cal related documents for enrolling in Medi-Cal).
 - Assist Medi-Cal eligible/member review Medi-Cal related documents for medical and mental health providers that accept Medi-Cal.
 - Develop and/or distribute a resource guide including Medi-Cal services and providers to increase access to care.
 - Host or partner to host a table at a health fair or other community event and encourage participation in Medi-Cal or services funded by Medi-Cal.

** Please note that these are examples only. Local partners should always conduct their own, independent analysis and maintain appropriate documentation.*

Function Code 2

- **Function Code 2: SPMP Administrative Medical Case Management**
 - Assess and monitor the health status, health needs, and the health care services available to parents, infants, children, and adolescents.
 - Conduct screening and assessment (e.g., during Life Planning meetings) to connect Medi-Cal eligible/member to appropriate services to improve their health.
 - Consult with Medi-Cal provider regarding member's health needs, including mental health and substance use disorder services.
 - Provide case management of Medi-Cal members regarding a medical problem such as hypertension, gestational diabetes, pre-term labor (including home visits and related activities such as chart reviews, visit preparation, charting, etc.) to access specialists as needed.
 - Provide clinical expertise to the case manager about member's infant that is not achieving height/weight goals for age and its potential causes.

Function Code 3

- **Function Code 3: SPMP Intra/Interagency Coordination, Collaboration and Administration**
 - Attend interagency meetings to discuss and develop ways to reduce barriers and increase participation in Medi-Cal funded services.
 - Collaborate with other agencies in planning to address unmet needs to improve access to Medi-Cal health and dental services and decrease barriers to care, including early and continuous prenatal and comprehensive child health care.
 - Use medical or clinical expertise, identify and interact with Medi-Cal or other providers, key informants in the community, Medi-Cal MCPs, coalitions, etc. to:
 - Identify gaps and services to better assist underserved populations and needs in the community.
 - Share data & analysis based on findings.
 - Develop shared policies or protocols to address identified needs.
 - Assist the collaborative to develop a Quality Assurance or Quality Improvement plan to ensure the effectiveness of the collaborative's activities.

Function Code 4

- **Function Code 4: Non-SPMP Intra/Interagency Collaboration and Coordination**
 - Attend interagency meetings to discuss and develop ways to reduce barriers and increase participation in Medi-Cal funded services.
 - Collaborate to compile data reports on participant health outcomes, assessments, and statistics from implemented programs.
 - Collaborate with mental health, substance use and other agencies to identify resources that will facilitate Medi-Cal eligible/member access to mental health/substance use services.
 - Coordinate logistics for MCAH Collaborative groups whose purpose includes improving access to Medi-Cal Services. This may include but are not limited to creating MOUs and interagency agreements for the coordination of services and/or referrals.

Function Code 5

- **Function Code 5: Program Specific Administration**
 - Assess and monitor the health status, health needs, and the health care services available to mothers and infants through interventions provided by the program.
 - Develop MCAH budget and monitor Title XIX reimbursement expenditures, including inputting time study data and reviewing for invoicing.
 - Maintain and monitor program information, e.g., Medi-Cal member data entry into a tracking database.

Function Code 6

- **Function Code 6: SPMP Training (SPMP to SPMP)**

- Attend an implicit bias and health disparities training, which includes topics on identifying and eliminating barriers to enrollment in Medi-Cal.
- Provide health education and promotion programs to Medi-Cal eligible/members to address a broad range of health issues such as chronic diseases, breastfeeding, mental illness, domestic violence, tobacco use, substance use, injuries, SIDS/SUID risk reduction (e.g., safe sleep), childhood obesity, sexual and reproductive health, oral health, and higher death rates among disparately impacted infants.
- Provide orientation and training of new SPMP staff regarding Title XIX FFP statutes and regulations.
- Use skilled medical or clinical expertise to present or conduct professional training to health care providers that will improve quality of care i.e., risk factors for prematurity, low birth weight, infant mortality.

Function Code 7

- **Function Code 7: Non-SPMP Training**
 - Attend an implicit bias and health disparities training, which includes topics on identifying and eliminating barriers to enrollment in Medi-Cal.
 - Provide health education and promotion programs to Medi-Cal eligible/members to address a broad range of health issues such as chronic diseases, breastfeeding, mental illness, domestic violence, tobacco use, substance use, injuries, SIDS/SUID risk reduction (e.g., safe sleep), childhood obesity, sexual and reproductive health, pregnancy, oral health, and higher death rates among disparately impacted infants.
 - Provide staff training on how to complete the Title XIX FFP time studies and supporting documentation.
 - Train new staff members on their responsibilities relative to Medi-Cal enrollment and referral services.

Function Code 8

- **Function Code 8: SPMP Program Planning and Policy Development**
 - Assess and monitor the health status, health needs, and the health care services available to mothers and infants through interventions provided by the program.
 - Develop professional health related educational materials for MCAH staff training to meet policy directives.
 - Meet with Medi-Cal (including Dental) providers to increase access to services for Medi-Cal members and/or eligible, such as development of referral protocols.
 - Review of local perinatal statistics to identify gaps in services to develop strategies to address adequacy of services related to birth outcomes.

Function Code 9

- **Function Code 9: Quality Management by SPMP**
 - Assess and review population needs and capacity of the agency to provide services or the need to refer to appropriate Medi-Cal services.
 - Develop, implement, and monitor data systems and entry for quality assurance.
 - Implement continuous quality improvement activities as stated in the Policies and Procedures manual.
 - Review Medi-Cal member charts for quality case management to ensure appropriate follow-up and access to Medi-Cal services.

Function Code 10

- **Function Code 10: Non-Program Specific General Administration**
 - Attend agency meetings and non-MCAH related trainings such as HIPAA, health and safety, and prevention of sexual harassment.
 - Attend management academy classes, annual mandatory Airborne/Blood Borne Pathogen Training, etc.
 - Attend other mandatory trainings.
 - Attend Public Health Safety Meeting (such as fire drills).
 - Develop and provide health promotion activities for agency employees.

Function Code 11

- **Function Code 11: Other Activities***
 - Attend or conduct events including workshops, graduation, parenting, health education (e.g., chronic diseases, breastfeeding, mental illness, domestic violence, tobacco use, substance use, injuries, childhood obesity, sexual and reproductive health, pregnancy, oral health) that do not result in a Medi-Cal referral.
 - Conduct home visits or portions thereof with clients that focus on non-Medi-Cal covered services.
 - Conduct outreach, program planning and policy development activities of non-Medi-Cal programs financed by other federal and state programs.

**Please note that these DO NOT qualify for Title XIX FFP.*

Function Code 12

- **Function Code 12: Paid Time Off***
 - Holiday
 - Jury duty
 - Sick leave
 - Vacation
 - Other paid time off other than compensating time off

**Please note that all paid time off must be prorated between enhanced, non-enhanced, and not claimable, as appropriate.*

Medi-Cal Factor/Percentage ^(1/2)

- Title XIX funds are intended to reimburse agency costs for time spent doing certain administrative activities that benefit Medi-Cal members exclusively.
- However, local and county partner program activities are generally performed for both Medi-Cal members and the general population.
- Therefore, if you cannot determine the actual client count, you may use a “**Base Medi-Cal Percentage**” (previously known as Medi-Cal Factor) to identify what portion of the general MCAH population receiving services are Medi-Cal members.

Medi-Cal Factor/Percentage ^(1/2)

- At a high-level, 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 (e.g., quarter, etc.) and the denominator is the total number of individuals served per MCAH activity by the local partner within that same period (e.g., quarter).
- For more information, including how to calculate the Medi-Cal Percentage for MCAH programs, please see the [Title XIX Frequently Asked Questions](#).

Documentation Requirements

- CDPH claiming expenditures under an inter-agency agreement with DHCS must submit a Title XIX Claiming Cover Letter, which includes the following information:

- 1 = Header
- 2 = Direct Services
- 3 = Staff Details
- 4 = Hours
- 5 = Total amount of Title XIX funding requested
- 6 = Summary of non-federal Expenditures
- 7 = Approval
- 8 = Page numbers

1 Department/County: Bean County
Program Name: Maternal, Child and Adolescent Health (MCAH)
Invoice Number(s): 2022XX MCAH Q1
FY and Quarter: FY 2022-23 202201 MCAH Q1

2 Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):
Provided screening and case management services to Medi-Cal eligible children under 6 years of age residing in Bean County. Functions at the county level are used to indicate Medi-Cal eligibility; expenses billed under non-Medi-Cal eligible function codes are not included in this invoice.

3

4

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 May Trin	MCAH Director	N	\$37,736.87	83.2%	\$31,397.08	16.8%	\$6,339.79	0.0%	\$0.00		
2 Michael Trinidad	MCAH Coordinator	Y	\$52,782.02	51.1%	\$26,950.50	44.6%	\$23,540.78	4.3%	\$2,290.74		
3 Mary Smith	Public Health Nurse/SIDS Coordinator	Y	\$27,217.13	61.8%	\$16,825.63	31.7%	\$8,627.83	6.5%	\$1,763.67		
4 Adrianna Lopez	Public Health Nurse	Y	\$39,935.18	29.3%	\$11,697.01	19.7%	\$7,871.22	51.0%	\$20,366.94		
5 Joanne Park	Community Health Worker	N	\$45,260.45	86.0%	\$38,923.99	14.0%	\$6,336.46	0.0%	\$0.00		
6 Luke Whitewolf	Epidemiologist	N	\$34,169.49	83.1%	\$28,377.76	17.0%	\$5,791.73	0.0%	\$0.00		
7											
8											
9											
10											
Direct Service Expenses				\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
Indirect Costs				\$59,275.29	65.0%	\$38,540.79	35.0%	\$20,734.49			
Non-Reimbursable Amount				\$0.00		\$0.00		\$0.00			
Total Expenditures b				\$192,712.76		\$79,242.31		\$24,421.35		\$0.00	
Title XIX federal funding:				\$39,621.16		\$18,316.01		\$0.00			

5

6 Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$238,439.25
\$10,000.00 expended from Bean County 2022 Realignment Fun + \$10,225.08 expended from Blue County general fund (including property tax revenue).


7 I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.
Approved by: _____ Title: _____ Phone: _____ Email: _____
sign and print name

8 Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.
Attachment: Invoice


Page 1 of 1

Documentation Requirements (Continued)

- For invoices claiming enhanced SPMP Title XIX expenditures (including allocated rates for paid time off), local and county partners must submit their invoices using a standardized detailed description letter.
- **Attestation Form:** Certifies that SPMP criteria for all enhanced classifications and activities have been met. In addition, the form must be dated, completed in its entirety, and signed by staff who have signing authority.



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



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

GAVIN NEWSOM
Governor

Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided, _____

has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year _____, based on our review of all the criteria below:

- ☐ Professional Education and Training
- ☐ Job Classification
- ☐ Job Duties /Duty Statement
- ☐ Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- ☐ Organizational Chart
- ☐ Accurate, complete, and signed SPMP Questionnaire
- ☐ Active California License/Certification

The undersigned hereby attests that he/she:

- Has personally reviewed the criteria above and its supporting documentation, and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
- Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
- Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
- Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
- Understands that CDPH may request additional information to substantiate the SPMP claims and such information must be provided in a timely manner.

Agency Name/Local Health Jurisdiction

Name and Title

Signature

Date

Oversight & Monitoring

- All local partners that receive Title XIX FFP funding from DHCS/CDPH are expected to comply with all state and federal funding, reporting, and audit requirements.
- CDPH/DHCS as well as state and federal oversight agencies have the right to monitor, audit and/or conduct on-site reviews of local partner records within reasonable times of business operation for compliance.
- This can include conducting on-site technical assistance reviews, which include:
 - Entrance meeting
 - On-site review
 - Exit meeting
 - Summary report of on-site review
 - Corrective action plan, if applicable
 - Monitoring corrective action plan, if applicable
 - Fiscal recovery plan, if applicable

Helpful Resources

- DHCS Website:
 - Title XIX Claiming Toolkit – DHCS has created a centralized hub for guidance on Title XIX claiming. This website will be updated periodically.
 - Federal statutes and regulations and other resources
 - DHCS, CDPH, and other State Department Guidance
 - SPMP Questionnaire
 - SPMP Potentially Eligible Classifications List
 - Federal audit findings
 - CDPH MCAH Function Code document
 - Title XIX FAQ
- CDPH Website:
 - Fiscal Administration Policy & Procedure Manual

Questions and/or Comments regarding Title XIX claiming?

Please email Title19ClaimingBD@dhcs.ca.gov

Note: DHCS will forward questions as appropriate to CDPH