

Medi-Cal Specialty Mental Health Services Quarterly Claim for Reimbursement - Quality Assurance/Utilization Review Cost

County: _____ County Code: ____ Date: _____

Fiscal Year: _____ Quarter: _____

Check Here for Replacement Claim: Yes: No:

Total Individuals Served: _____ Medi-Cal Individuals Served: _____

Individuals not Eligible for Federal Financial Participation: _____

		A	B
		Skilled Professional Medical Professional(SPMP)	Other Medi-Cal Specialty Mental Health Program
1	Salary		
2	Benefits		
3	Training		
4	Travel		
5	General Expense		
6	Communication		
7	Facility Operation		
8	Total Federal Match Eligible (Line 1 through Line 7)		
9	Prop 30 State		
	Prop 30 State unused		
	Prop 30 State unused		
	Prop 30 State unused		
	Prop 30 State unused		
10	Prop 30 Federal		
	Prop 30 Federal unused		
	Prop 30 Federal unused		
	Prop 30 Federal unused		
	Prop 30 Federal unused		
11	Total Federal Match and State General Fund (SGF) Eligible (Line 9 through Line 13)		

12A	Medi-Cal Discount Percentage		
12B	Non-Eligible Medi-Cal		
13	Percent of Time Spent on QA/UR		
14	Percent of Time Spent on QA/UR for Medi-Cal		
15	Administrative Federal Medical Assistance Percentage		
16	SGF Eligible Amount (From Line 9, 10 and 11)		
17	Administrative Federal Financial Participation		

County: _____

County Code: ____ Date: _____

Fiscal Year: _____ Quarter: _____

I certify under penalty of perjury that I am the duly qualified and authorized official responsible for the examination and settlement of accounts for the said claimant; that I have not violated any of the provisions of Section 1090 et sec. of the Government Code; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; that the claim is based on actual, total-funds expenditures for services to eligible beneficiaries; and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with the law. The County further certifies under penalty of perjury that: all claims for services provided to county mental health clients have been provided to the clients by the County; the services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan; and that all information submitted to the Department is accurate and complete. The County understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. Pursuant to Section 433.32 of Title 42, Code of Federal Regulations (CFR), the County agrees to keep for a minimum of three years after final determination of costs is made through the DHCS reconciled Cost Report settlement process and retained beyond the three-year period if audit findings have not been resolved, a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing services, on request, within the State of California to the California Department of Health Care Services (DHCS), the Medi-Cal Fraud Unit, California Department of Justice, Office of the State Controller, U.S. Department of Health and Human Services, or their duly authorized representatives. The County also certified under penalty of perjury that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, or physical or mental disability.

Print name: _____

Executed At: _____

Local Mental Health Director

Signature: _____

Date: _____

County: _____

County Code: ____ Date: _____

Fiscal Year: _____ Quarter: _____

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Print name: _____

Executed At: _____

County Auditor Controller or City Financial Officer

Signature: _____ Date: _____

Medi-Cal Specialty Mental Health Services Quarterly Claim for Reimbursement

Quality Assurance/Utilization Review (QA/UR) Cost

Instructions

Heading Instructions:

Enter the date the claim form is submitted, the County Code, the name of the County, the quarter, the fiscal year and the quarter in which the Quality Assurance/Utilization Review expenditures were incurred. Complete one claim for each quarter. If submitting a replacement claim form, mark an "X" next to the field that says: "Mark an 'X' if Replacement Claim."

Line Item Instructions

Round all figures to the nearest cents. QAUR time percentages should be calculated to 2 decimal places.

Lines 1 to 4: Enter amounts expended for skilled professional medical personnel and their direct support staff in Column A.

Lines 1 to 7: Enter the amounts expended for non-medical professionals and non-enhanced clerical staff in Column B.

Line 8: The total expended is shown for each program. No entry required.

Line 9: Enter Prop 30 State, Performance Outcome Systems (POS) amounts (POS Assessment Data Entry, POS Administration, and POS Provider Training) expended for skilled professional medical personnel and their direct support staff in Column A. Enter the amounts expended for non-medical professionals and non-enhanced clerical staff in Column B. The non-federal share is reimbursed with 100% State General Fund (SGF).

Line 10: Enter Prop 30 Federal, total Federal Medicaid Managed Care Final Rule and Parity Rule amounts expended for skilled professional medical personnel and their direct support staff in Column A. Enter the amounts expended for non-medical professionals and non-enhanced clerical staff in Column B. The non-federal share is shared between the County and DHCS. 50% County Funds and 50% SGF.

Line 11: The total expended is shown for each program. No entry required.

Line 12: Enter the percentage of time staff spent on QA/UR activities.

Line 13: Enter the percentage of time spent on Medi-Cal QA/UR. If your county only provides QA/UR only for Medi-Cal patients, then enter 100 percent. If your county provides quality assurance activities for all patients, then the percentage of Medi-Cal patients will be used here.

Line 14: The relevant Federal Medical Assistance Percentage (FMAP) is shown for each program. No entry required.

Line 15: The State General Fund for POS, FFA, and Managed Care Final Rule is computed. No entry required.

Line 16: The Federal Financial Participation for each program is computed. No entry required.

Certifications:

Each claim form must include the signed certification of the Local Mental Health Director and either the County Auditor-Controller, City Finance Officer, or the Local Mental Health Accounting Officer.

Send all claims to: 1982CClaim@dhcs.ca.gov

Medi-Cal Specialty Mental Health Services Quarterly Claim for Reimbursement

Quality Assurance/Utilization Review (QA/UR) Cost

Quality Assurance and Utilization Review Activities (DMH Letter 05-01, Enclosure 1)

- Utilization review and training activities related to monitoring of MHP program integrity standards, including services provided by subcontractors;
- Utilization review and training activities required as part of clinical performance improvement projects;
- Quality Improvement (QI) Committee meetings, preparation time, documentation of minutes, and follow-up of clinical QI issues;
- Clerical time spent supporting utilization review chart selection, gathering of chart and billing documentation, and follow-up of clinical QA issues;
- QA activities required for development, implementation, evaluation, and revision of clinical practice guidelines;
- Utilization review activities required for Therapeutic Behavioral Services (TBS), assistance with state audits, and federal audits of TBS;
- Personnel time and materials for assisting state and federal auditors with county audits for compliance with External Quality Review standards, and other related Medi-Cal specialty mental health services standards;
- Utilization review activities required as part of medication monitoring;
- Training of SPMP and staff who are directly supporting SPMP for utilization review and QA activities;
- Personnel time required for the operation of management information systems that are necessary for completion of utilization review activities;
- Plan development activities if not billed as case management or other specialty mental health service