Medi-Cal Specialty Mental Health Services Quarterly Claim for Reimbursement - Administrative 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	C	D
		Total	MCHIP	Other Medi-Cal Specialty Mental Health Program	Non-reimbursable
1	Direct Facility Treatment Expenditures				
2	Prop 30 State				
	Prop 30 State unused				
	Prop 30 State unused				
	Prop 30 State unused				
	Prop 30 State unused				
3A	Prop 30 Federal - Medicaid Managed Care Final Rule and Parity Rule				
3B	Prop 30 Federal - Interoperability				
	Prop 30 Federal unused				
	Prop 30 Federal unused				
	Prop 30 Federal unused				
4	Maximum Administrative Percentage for Direct Facility Treatment Expenditures		0.1	0.15	
5	Maximum Administrative Claim For Direct Facility Treatment Expenditures(Line 1 x Line 4)				

6	Actual Administrative Expenditures including Prop 30 Expenses				
7A	Medi-Cal Discount Percentage				
7B	Non-Eligible Medi-Cal				
8	Lower of Line 5 or 6				
9	Amount Eligible for State General Fund (SGF)				
10	Administrative Federal Medical Assistance Percentage		0.65	.5	
11	SGF Eligible Amount (From Line 2 and 3)		0	0	
12	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 City Financial Offic

Signature:_____ Date:_____

Medi-Cal Specialty Mental Health Services Quarterly Claim for Reimbursement - Administrative Cost

Instructions

Heading Instructions:
Enter the date the claim form is submitted, the County Code, the name of the County, the County Legal Entity number. Complete one claim for each quarter.

Line Item Instructions:
Round all figures to the nearest cents.

1. The specialty mental health direct facility expenditures incurred during the quarter by the county for each program (MCHIP and other Medi-Cal Specialty Mental Health Program) based on the treatment claim costs for each program typically reported on claim form MC 1982 A. Refer to the Mental Health Aid Code Master Chart on DHCS' website for a definition of the Medi-Cal aid codes included in each program. MCHIP aid codes include 8N, 8R, 8P, and 8T. Direct facility expenditures include claims for county providers and contract providers reimbursed through the Medi-Cal Specialty Mental Health system and hospital inpatient providers reimbursed through the DHCS' Medi-Cal Fiscal Intermediary.

2. Enter Prop 30 State, the total Performance Outcome Systems (POS) hardware and software upgrade expenditures incurred for each program (MCHIP and other Medi-Cal Specialty Mental Health Program). The non-federal share is reimbursed with 100% State General Fund (SGF).

3A. Enter Prop 30 Federal, the total Federal Medicaid Managed Care Final Rule and Parity Rule administrative costs incurred for each program (MCHIP and other Medi-Cal Specialty Mental Health Program). The non-federal share is shared between the County and DHCS

3B. Enter Prop 30 Federal, the Interoperability administrative costs incurred for each program (MCHIP and other Medi-Cal Specialty Mental Health Program). The non-federal share is shared between the County and DHCS.

4. The maximum allowed administrative percentage is shown for each program. No entry required.

5. The maximum allowed administrative amount is shown for each program (Line 1 x Line 4). No entry required.

6. Enter the total administrative expenditures, including Prop 30 expenses incurred for the program during the quarter in Line 6, Column A. Enter the actual allocated administrative expenditures incurred for the program in Line 6, Columns B and C, including costs for Performance Outcome Systems (line 2) and Final Rule/Parity (line 3). The total non-reimbursable administrative expenditures are populated in Line 6, Column D. No entry is required. Counties should allocate total administrative expenditures between the programs consistent with the allocation approaches allowed for in the cost report, which include (1) the relative percentage of program recipients in the population served by the county or (2) the gross costs of each program. Counties should apply the same approach consistently from quarter to quarter and on the year end cost report.

7. Lower of line 5 or line 6. No entry required.

8. The amount eligible for SGF for each program is computed. No entry required.

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

10. The State General Fund for POS and Managed Care Final Rule is computed. No entry required.

11. 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: 1982BClaim@dhcs.ca.gov