



*Building capacity.  
Leading change.*

# County Medi-Cal Administrative Activities (CMAA)

## Program Overview

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# County Medi-Cal Administrative Activities (CMAA) Program Overview



## CMAA Program Overview

Why it matters? How can it support services in your county?



## Federal & State Structure

How does CMAA sit at the federal level? What is the LGA Consortium?



## Case Examples

How CMAA works in three counties – Calaveras, Nevada & Placer



## Role of the LGA

What is the role of the LGA? LGA Responsibilities  
What to do if you already have an LGA? What to do if your county LGA needs to be established?



## Time Studies & Coding

Options for time studies, coding and requirements



## Who can participate?

Review typical county departments and community partners that qualify for CMAA



## Certified Public Expenditures

What qualifies as CPE?



## Claiming Process & Timeline

What is the claiming process and timeline for payment?



## Common Barriers & Solutions

What you can do to overcome and make your CMAA program successful



## Getting Started: Step by Step

Analyze trends and patterns in service requests and resolutions to identify recurring issues or areas for process improvement.



# What is County Medi-Cal Administrative Activities (CMAA)?



## Funded by the Centers for Medicare & Medicaid Services (CMS)

Started in 1995, provides partial Federal reimbursement for the cost of performing administrative activities that promote and maintain Medicaid program.

Example activities include:

- Explaining the Medi-Cal program and assisting individuals to enroll
- Linking individuals to Medi-Cal services through referral, coordination and monitoring
- Program planning, policy development, and interagency coordination of Medi-Cal services (including CalAIM)



## Federal Entitlement Program

Department of Healthcare Services (DHCS) administers CMAA through a federally approved plan. There are no caps on the partial reimbursement.



## Available through Local Government Agency (LGA)

LGA contracts with DHCS & LGA Consortium



## Goal = Decrease cost of health care services

Less expensive to get clients connected to primary care than using the emergency department for services

# Why participate



## Unrestricted Funding

Departments and agencies can earn unrestricted funds annually (up to 50% reimbursement) of a cost paid with state or local funds. There is no maximum or limit on funding available.



## Less Deliverables than Grant Funding

CMAA is not a grant with strict deliverables. Instead, a perpetual time survey is required.



## Partial Reimbursement for Work Already being Done

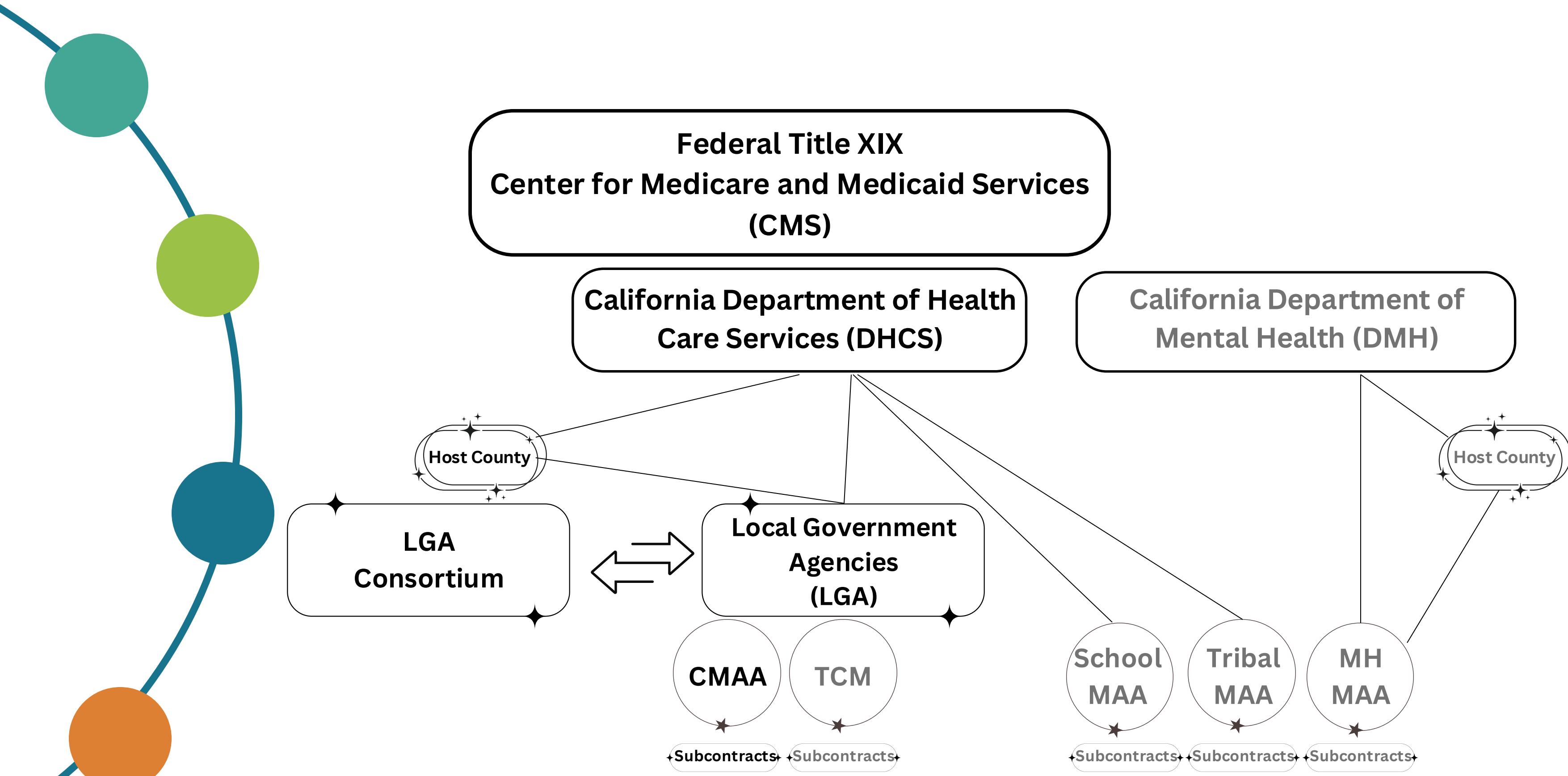
Time studying is a little extra work, but the reimbursement is based on work your staff are already doing.

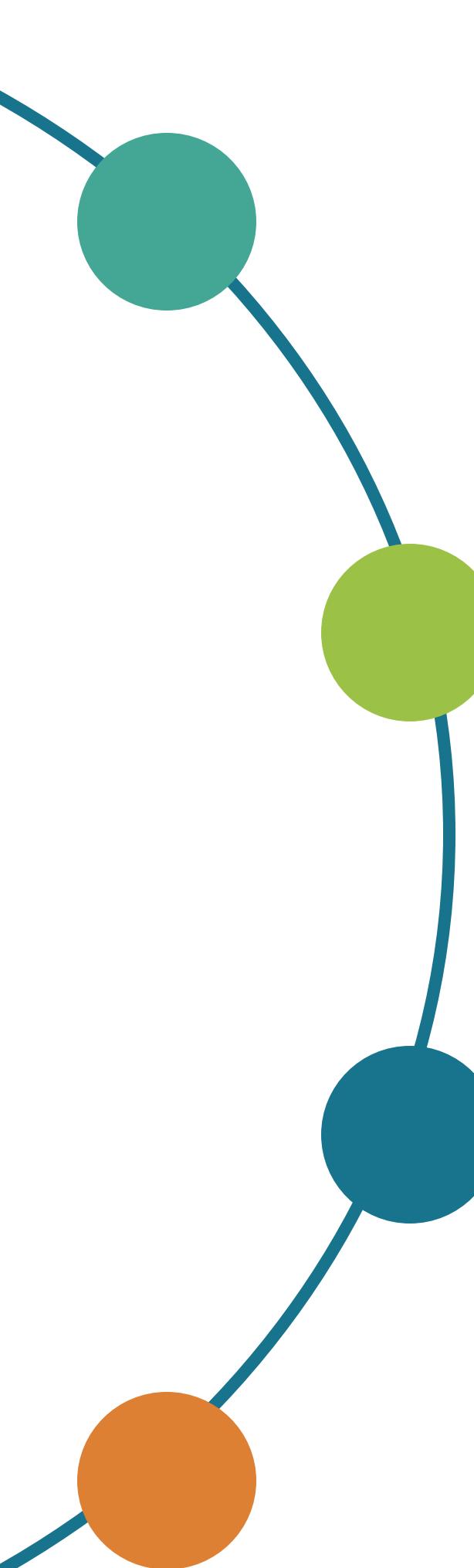


## Flexibility with Spending CMAA Revenues

CMAA revenues can be used to expand program services, bridge gaps between grant funding cycles, cover costs no longer funded by grants or other funding sources, or cover costs with no other funding options.

# CMAA Structure





# Role of LGA Consortium

- A collaborative group of Local Governmental Agencies (LGAs) that work together to address issues related to County Medi-Cal Administrative Activities (CMAA) and Targeted Case Management (TCM).
- Each county participating in the CMAA program, must also join the LGA Consortium
- Each participating county can have 1 voting member of the LGA Consortium.
- The Executive Committee, elected by the Consortium members, meet monthly with DHCS staff to address issues related to CMAA claiming and program policy on behalf of all Consortium members.

# Role of the Host County

- Santa Cruz currently serves as the host county.
- All counties participating in CMAA, must also contract with the host county to pay annual participation fees.
- Annual participation fees are approximately 2% of CMAA program revenues received in the prior fiscal year or \$500 if no revenues were received yet (new to CMAA).
- DHCS staff and overhead costs to administer the CMAA program are reimbursed by the LGA Consortium through participation fees that are paid by the member counties to the Host Entity on behalf of the Consortium.
- As the Host County, Santa Cruz County, collects and disburses each county's LGA participation fees to DHCS and retains a small portion to reimburse their own costs.

## County Overview

Population: 420,717  
County Wide Average: 18.59%

## CMAA Structure

The CMAA program sits in the Public Health Division of HHS

## CMAA Staff

- LGA Coordinator 1.0 FTE
- Sr. Analyst 1.0 FTE
- Analyst 2.0 FTE



**Claiming Units**  
County Claiming Units: 5  
CBOs: 6

**CMAA Revenue**  
5 Year Average:  
\$1,623,267

**CMAA Goals**  
Increased quality assurance  
Claiming unit expansion  
Increased CMAA awareness in  
County and external partners

**LGA Coordinator**  
Program Manager (1.0 FTE)

- CMAA/TCM LGA EC Co-chair
- Manage program performance
- Program development & outreach
- Monthly & quarterly meetings
- CMAA invoices - final review, signatory
- Contract administrator

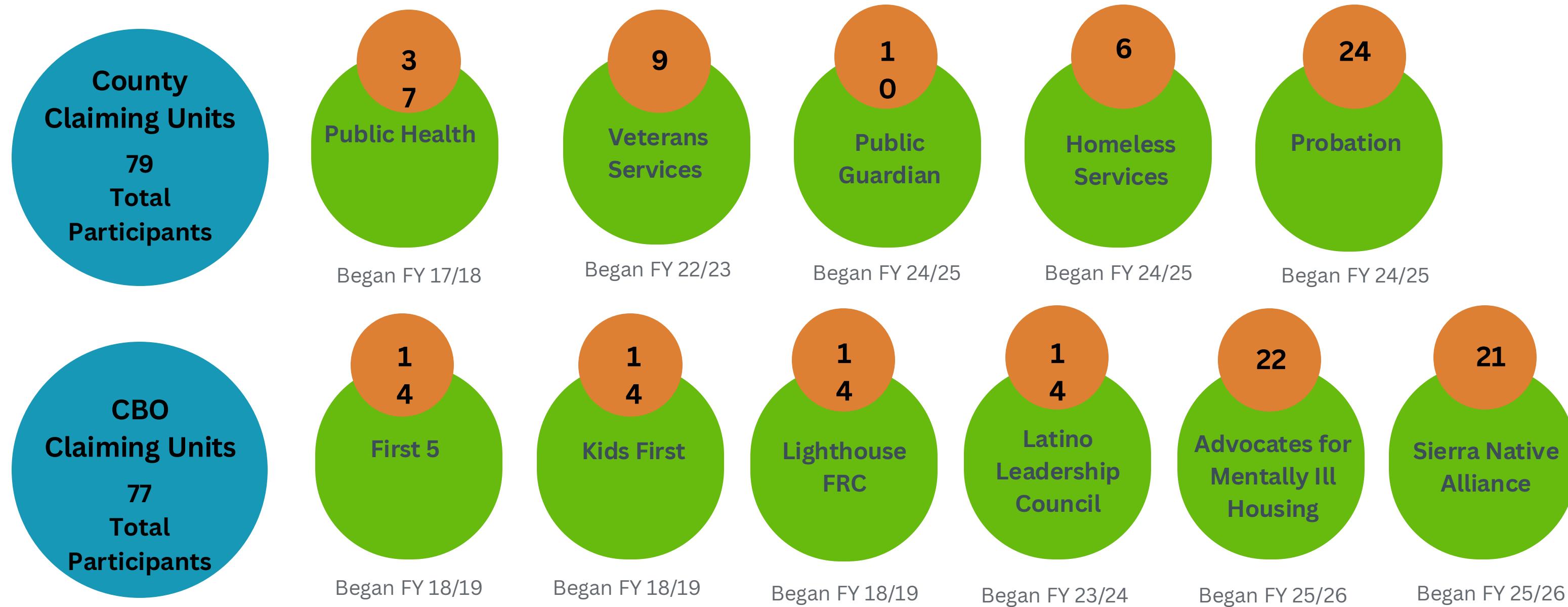
**Alternate LGA Coordinator**  
Sr. Staff Services Analyst  
(1.0 FTE)

- Monitor program performance
- Work with CMAA participants
- Primary trainer
- CMAA invoices - reviewer
- Claiming unit updates
- Meetings <sup>5</sup> with claiming units
- Monitor contract requirements
- Leads mock desk reviews

**CMAA Analyst**  
Staff Services Analyst  
(2.0 FTE)

- Time survey review
- Reporting & analysis
- Payroll verification
- CMAA invoice preparation and review
- Alternate trainer
- Monitors claims outside of CMAA for purposes of revenue offsetting

# Placer County CMAA Program



## County Overview

Population: 44, 842

County Wide Average: **30.82%**

## CMAA Structure

The CMAA program sits in the Administrative Division of HHSA

## CMAA Staff

LGA Coordinator 1.0 FTE



## Claiming Units

County Claiming Units: **6**

## CMAA Revenue

5 Year Average:  
**\$638,617**

## CMAA Goals

Increased quality assurance  
Audit Readiness

Sustainability-Training a Back Up





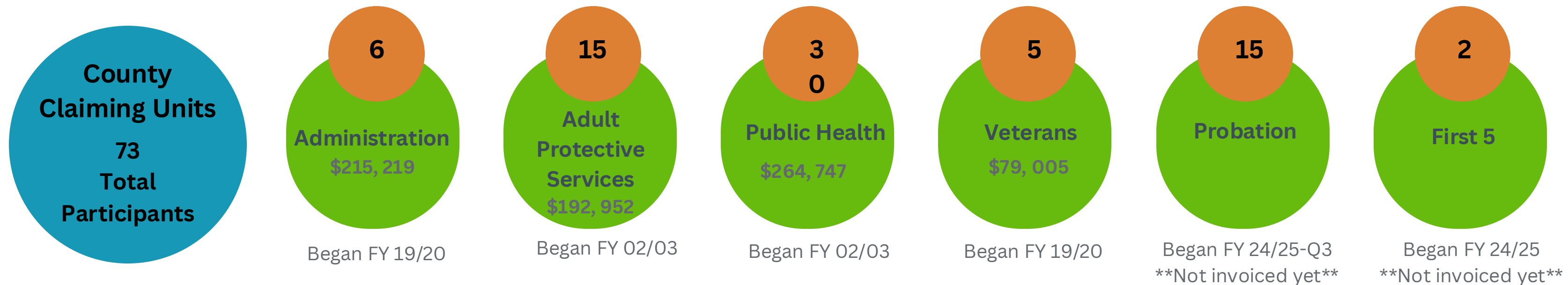
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## **LGA Coordinator**

### Program Coordinator (1.0 FTE)

- Manage program performance
- Program development & outreach
- Monthly & quarterly meetings
- CMAA invoices - preparation, review and final signatory
- Claiming unit updates
- Meeting with claiming units
- Primary trainer
- Time survey review
- Payroll verification

# Calaveras County CMAA Program



## ***Annual Invoice Amounts FY 22/23***

## County Overview

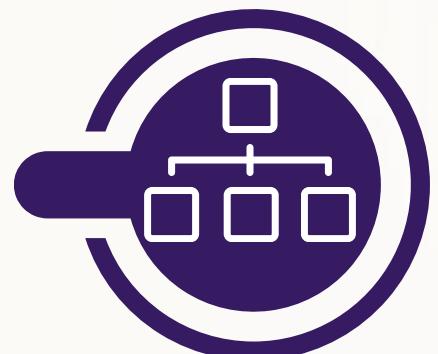
Population: **102,195**

County Wide Average: **28.24%**



## CMAA Structure

The CMAA program sits in the Public Health Department



## CMAA Staff

- LGA Coordinator 0.6 FTE
- Administrative Assistant 0.25 FTE
- Administrative Analyst 0.05 FTE



## Claiming Units

County Claiming Units: **5**

CBOs: **4**

## CMAA Revenue

5 Year Average: **\$863,033**

## CMAA Goals

Quality Assurance

Ready for State Review

Claiming unit expansion

Sustainability-Training a Back Up

## LGA Coordinator

Senior Administrative Analyst  
(0.8 FTE)

- Manage program performance
- Program development & outreach
- Prepare claiming plans and amendments
- CMAA Invoices - preparation, review, and final signatory
- Contact administrator
- Develop training content & train staff
- Time survey review
- Payroll verification
- Maintain audit files for state review

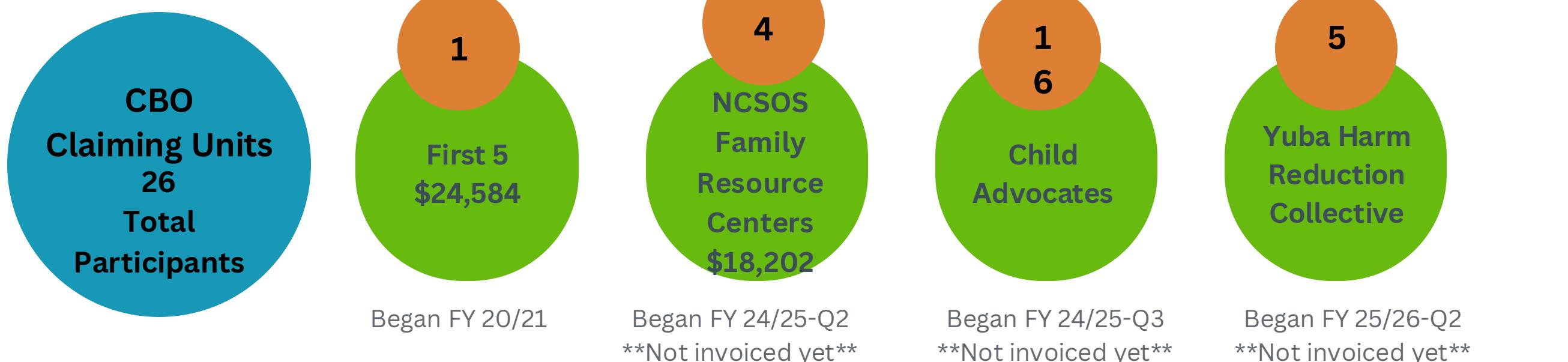
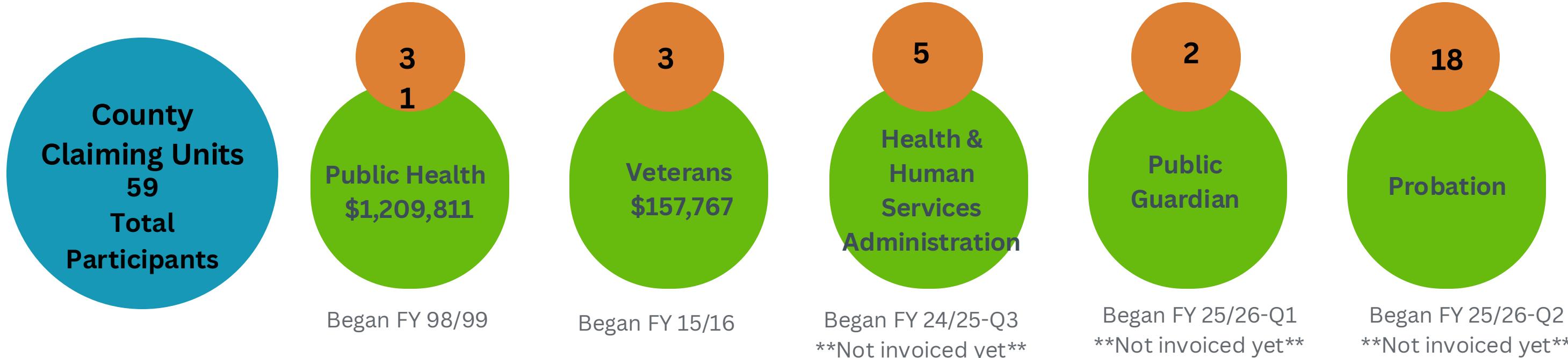
## Administrative Assistant (0.25 FTE)

- Train staff
- Work with CMAA participants needing additional help
- Monitor time study performance
- Set up time studies in online system
- Help develop Coding Guides and training materials

## Administrative Analyst (0.10 FTE)

- Learning CMAA invoice preparation
- Learning how to prepare claiming plans and amendments
- Set up time studies in online system

# Nevada County CMAA Program

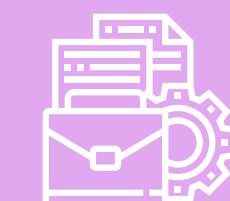


**Annual Invoice Amounts FY  
24/25**

# LGA RESPONSIBILITIES

## Administration/Infrastructure

- Act as main contact between DHCS and the LGA Consortium
- Monitor PPL's and email blasts regarding policy and program changes
- Maintain regular communication with all claiming units regarding program requirements and compliance



## Contracts and MOU's

- Coordinate the review and signature (s) for the DHCS CMAA Evergreen Agreement and the Host County Contract
- Oversee the payment of annual fees to the Host County
- Contract with time study software vendor (if using)
- Oversee the development and execution of MOU's with the claiming units, when they are separate from the LGA; update as needed
- Coordinate the development of administrative fees and corresponding contract/MOU language
- MOU's between the governmental unit and any entities participating in CMAA outside of this unit



# LGA RESPONSIBILITIES

## Compliance & Quality Assurance

- Establish processes to monitor program compliance on an ongoing basis
- Establish processes to ensure time survey participants understand the time survey codes and are reporting time correctly
- Make sure all supporting documentation is filed and organized for easy retrieval in desk review or audit, and that there are explanations for any discrepancies
- Communicate regularly with your claiming plan contacts to ensure early identification of any potential compliance issues
- Ongoing monitoring for time survey accuracy
- Maintenance of back up documents for claiming plans, training, time survey and invoices
- Desk review readiness



# RESPONSIBILITIES

## Claim Plan Submission

- Comprehensive Claiming Unit Grid (CCUG) & Claiming Unit Function Grid (CUFG) must be submitted by the LGA to your DHCS Analyst before the start of the quarter
- Number of participants in each job class
- Time survey methodology for each job class; perpetual or direct charge
- Medi-Cal discount factor updates; Actual Client Count (ACC) or Countywide Average (CWA)
- Add or modify Activity Sheets
- Duty Statements
- Quarterly, verify with all claiming plans any job class updates to the CUFG
- Verify all claiming plans to see if new activity codes need to be added to the CUFG
- Quarterly, submit updated CCUG and CUFG's if needed
- File all claiming plan documents, so they are easily accessible

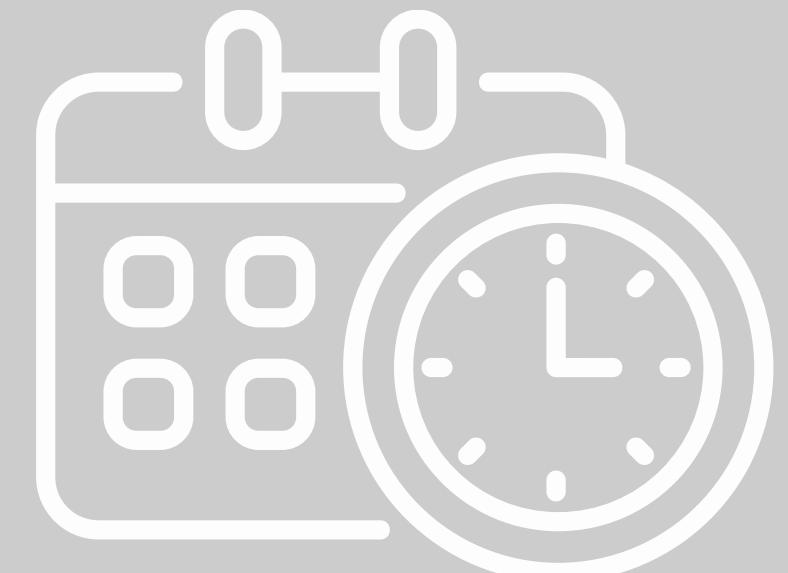


## Time Study Training Requirement

- Attend DHCS annual training
- Develop or update training content
- Coordinate annual trainings
- Create and update document that identifies authorized trainers, LGA Coordinator and at least one back up
- Maintain training logs for all claiming units in audit file
- Ensure all new participants are trained prior to time surveying



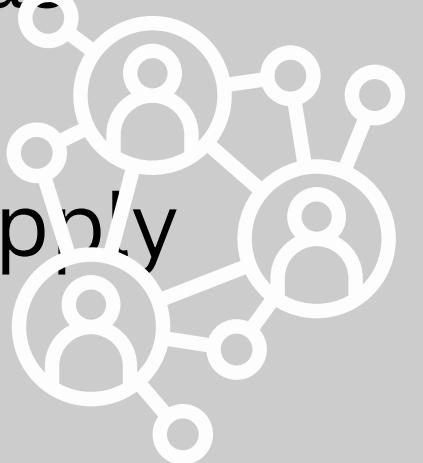
# Time Studies and Reimbursable Activity Coding



# Medi-Cal Outreach

Providing Medi-Cal information to potentially Medi-Cal eligible people and encouraging potentially eligible people to apply for Medi-Cal.

- Creating or handing out Medi-Cal informative brochures at a health or safety fair or community event (ex. Veterans Stand Down, Rotary Club)
- Encouraging people with substance use disorders or experiencing homelessness to access medical/behavioral health or substance abuse disorder treatment
- Reviewing medical needs and Medi-Cal services available with families & parents and linking them to services
- Educating women about the availability of specific Medi-Cal services such as prenatal care and family planning services
- Going to a shelter to talk to individuals about Medi-Cal and how/where to apply



# Facilitating Medi-Cal Applications

Time spent explaining Medi-Cal eligibility rules and processes, assisting with the completion of a Medi-Cal application, gathering information related to the application, and providing proper Medi-Cal forms.

- Verifying a client's current Medi-Cal status
- Helping a client fill out a Medi-Cal eligibility application
- Explaining the application process, Medi-Cal rules, and regulations to individuals or families
- Delivering application to Eligibility Personnel (hard copy or electronic version)
- Assisting individuals with the Medi-Cal appeal(s) processes
- Assisting with obtaining a new Medi-Cal Card
- Changing Counties for Medi-Cal



# Referral, Coordination, and Monitoring of Medi-Cal Services

Making referrals, coordinating and/or monitoring the delivery of Medi-Cal services.

- Assisting with changing healthcare providers
- Home Visits and follow-up (includes phone calls, referrals, linkages, & charting) where linkages are to Medi-Cal covered services
- Arranging transportation if a client has a physical or mental limitation to a Medi-Cal covered service to meet their identified needs
- Helping a client make a counseling appointment or obtain a prescription medication
- Ordering medical records to coordinate care to medical provider
- Coordinating home health care, prescriptions, medical equipment, mental health, or substance disorder treatment
- Talking with other medical professionals about a client's needs or care



## Program Planning and Policy Development for Medi-Cal Services

Performing activities around and developing strategies to increase Medi-Cal system capacity and close Medi-Cal service gaps

- Developing strategies to increase Medi-Cal system capacity including planning for CalAIM
- Meetings and review of MOUs with Medi-Cal Managed Care Plans
- Interagency coordination to improve delivery of Medi-Cal services
- Developing resource directories of Medi-Cal services/providers
- Conducting or reviewing needs assessments that review Medi-Cal services
- Working on broader issues of medical needs of population served (e.g. dental, medical, behavioral health) not currently being addressed by agency but data indicates need



# General Administration

The activities of being an employee, but not tasks specific to a program

- General and non-program-specific staff meetings
- Supervision of staff
- Participating in health promotion activities for county employees
- County required trainings
- Paid Staff Break Time
- Filling out CMAA time survey and timesheet
- Developing and Monitoring Program Budgets
- Performance Evaluations



# Paid Time Off

Any paid time off for employees including:

- Vacation
- Personal Leave
- Sick leave
- Floating Holiday
- Administrative Leave
- Paid holiday time
- Paid jury duty



# Time Study

## Process

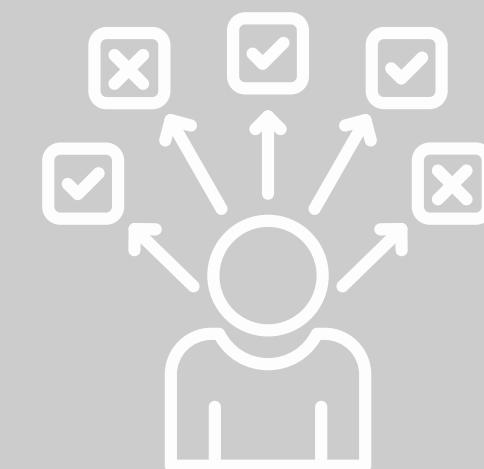
- A daily, perpetual time study is required
- Time study hours allocated to reimbursable codes generate CMAA funds for your departments
- Staff must be trained on how to time study by the LGA (CMAA) Coordinator or Alternate

Mon (9/2/2024)														
Enter Payroll Information		1	2	3	4	5	6	7	8	9	10	11	12	13
Hours Paid 		-	 9.00	9.00	9.00	9.00	-	-	-	9.00	9.00	9.00	9.00	8.00
Enter Time Study Hours		used: 0.00 of 9.00												
-	<u>01</u> Other Programs/Activities	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>03</u> Outreach to Non Medi-Cal Programs	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>04</u> Medi-Cal Outreach	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>05</u> Referral, Coordination, and Monitoring of N...	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
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-	<u>07</u> Facilitating Non Medi-Cal Application	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>08</u> Facilitating Medi-Cal Application	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>14</u> Program Planning and Policy Development ...	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>15</u> Program Planning and Policy Development ...	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>17</u> Program Planning and Policy Development ...	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>20</u> MAA/TCM Implementation Training	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>21</u> General Administration	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	
-	<u>22</u> Paid Time Off	-	 <input type="text"/>	-	-	-	-	-	-	-	-	-	-	

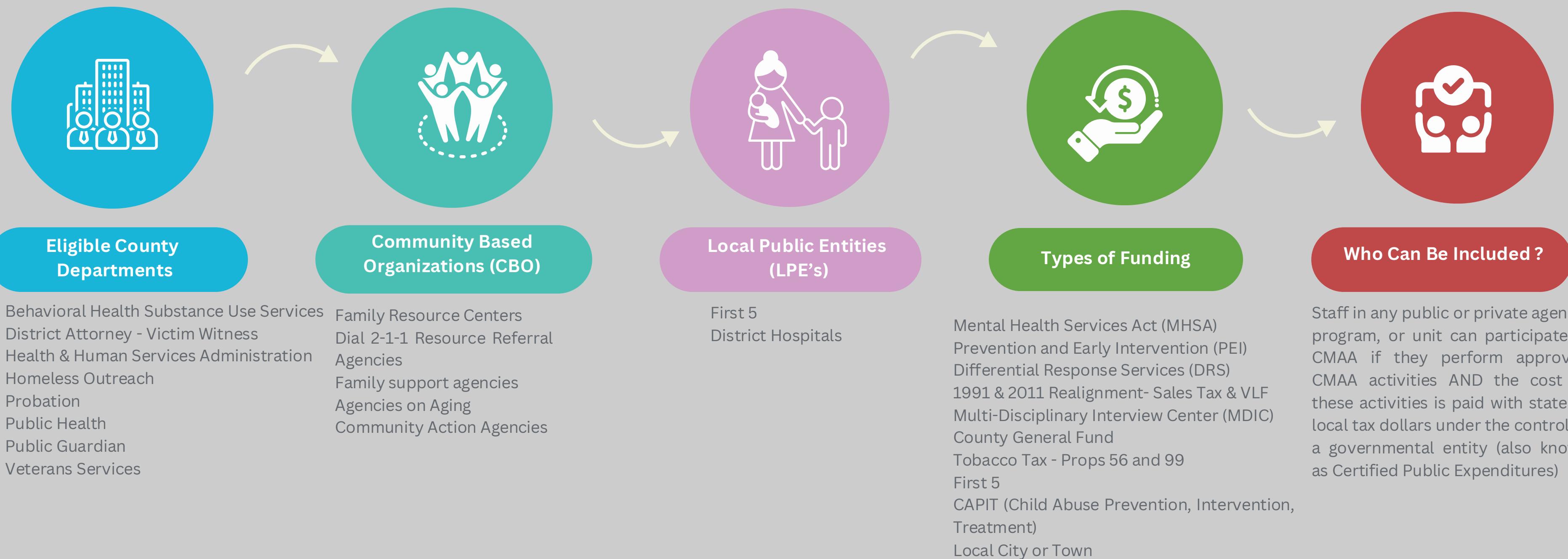


# Time Study Options

- [Excel template from the State](#)
  - no extra cost
  - most time consuming the manage
  - easy for staff to make mistakes
  - can run reports and do analysis
- Using your county's time sheet system
  - no extra cost
  - may be challenging to program,
  - depends on complexity allowed by time sheet system
- Vendor time study system that operates in the cloud
  - has a cost (example: one system costs \$35/user/quarter)
  - easy to set up
  - can run reports and do analysis
  - Vendor options:
    - [Time Study Buddy](#)
    - [NLeader Group - TractivityPro](#)
    - [Persimmony](#)



# Who Can Participate



# Example of CMAA Staff Classifications

- Case Managers
- Child Abuse Prevention Coordinator
- Program Director
- Executive Director
- Communications Manager
- FRC Program Manager
- Mental Health Intake Coordinator
- Parents as Teacher (PAT) Manager or Case Manager
- Program Assistant
- Outreach Coordinator
- Family Support Specialist or Navigator
- Veterans Services Officers and Representatives
- Admin or Office Assistant
- Social Worker
- First 5 Director and Staff
- Deputy Public Conservators
- Health Educators
- Promotor/Promotora
- County Department Head or Agency Director



# CPE - Eligible Funding for CMAA Participation

Certified Public Expenditures (CPE) are state or local dollars that pay for CMAA expenditures.

Organizations must pay for costs during the year with funds that are eligible for federal matching through the CMAA program. Through the CMAA invoices, a portion of these expenses can be reimbursed.

## *Thinking About CPE Another Way*

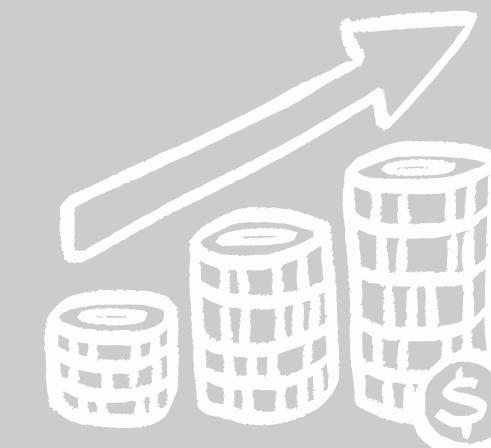
- The total cost of claimable CMAA activities are reported in the CMAA invoice.
- Each cost has a 50% federal and a 50% non-federal share.
- The claiming unit has to cover the total cost prior to invoicing.
- The federal government reimburses the cost of its share - up to 50% of the cost.
- CMAA reimbursement is partial repayment of the non-federal dollars that the claiming unit used to pay for the federal share of the costs of CMAA activities.



# CPE - Eligible Funding for CMAA Participation

Examples of allowable sources for CPE funds:

- County General Funds
- Mental Health Services Act (MHSA)
- Prevention and Early Intervention (PEI)
- Child Abuse Prevention, Intervention and Treatment Program (CAPIT)
- Differential Response Services (DRS)
- Multi-Disciplinary Interview Center (MDIC)
- 1991 & 2011 Realignment - Sales Tax & Motor Vehicle License Fees (MVLF)
- Tobacco Tax - Props 56 and 99
- First 5 Revenues
- Local Tax Dollars
- CMAA Revenues earned in prior years
- Interest on government funds
- State Veterans Affairs:
  - License Plate Fund
  - Vets Subvention



# Why CPE Matters

CPE demonstrates that the claiming unit had adequate state or local funding to cover its CMAA related expenses.

## *Things to keep in mind*

- The cost of claiming CMAA activities must be paid with non-federal public funds (CPE).
- CPE can be any state or local funding under the control of the local entity whose scope of work include activities that could be claimed under CMAA.
- State grants can be used as CPE if they are not already used as match for a federal grant.



# CPE Certification

- The expenditures must be certified by the agency that made them to ensure that state or local governmental revenues are used to pay the expense.
- Local Governmental Agencies, like counties and First 5's, can certify their own expenditures and revenues.
- Community Based Organizations must collect “Certifications of CPE” from their state and local funders to certify that CPE requirements have been met.

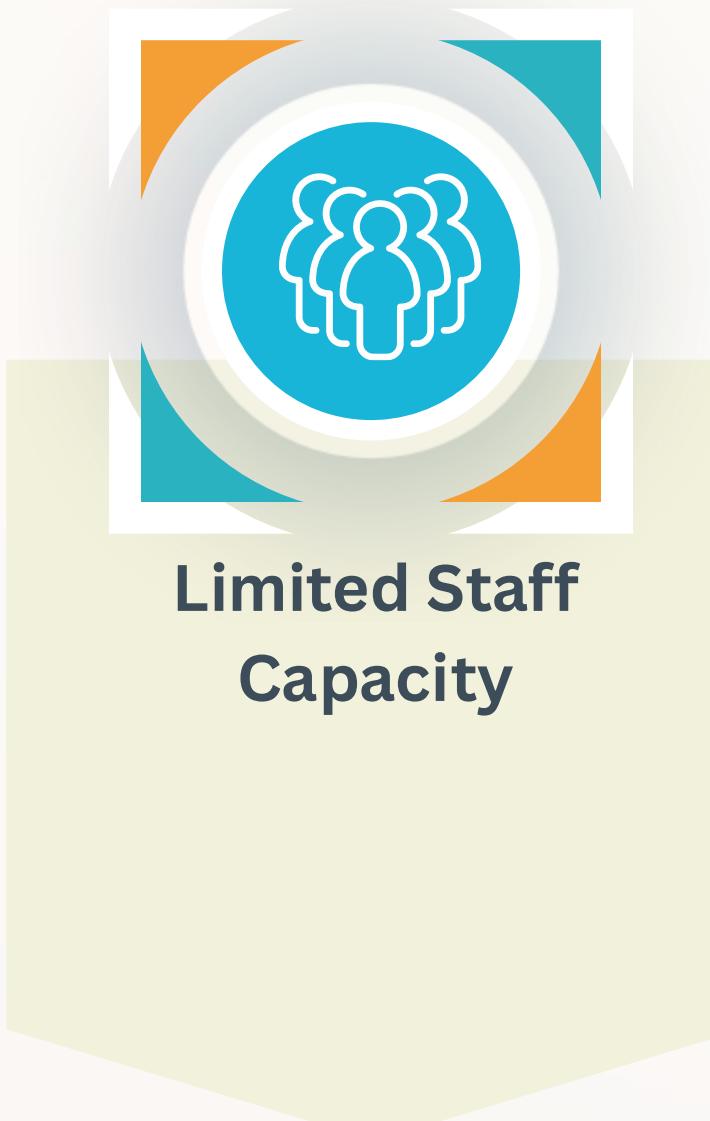


# CMAA Claiming Process

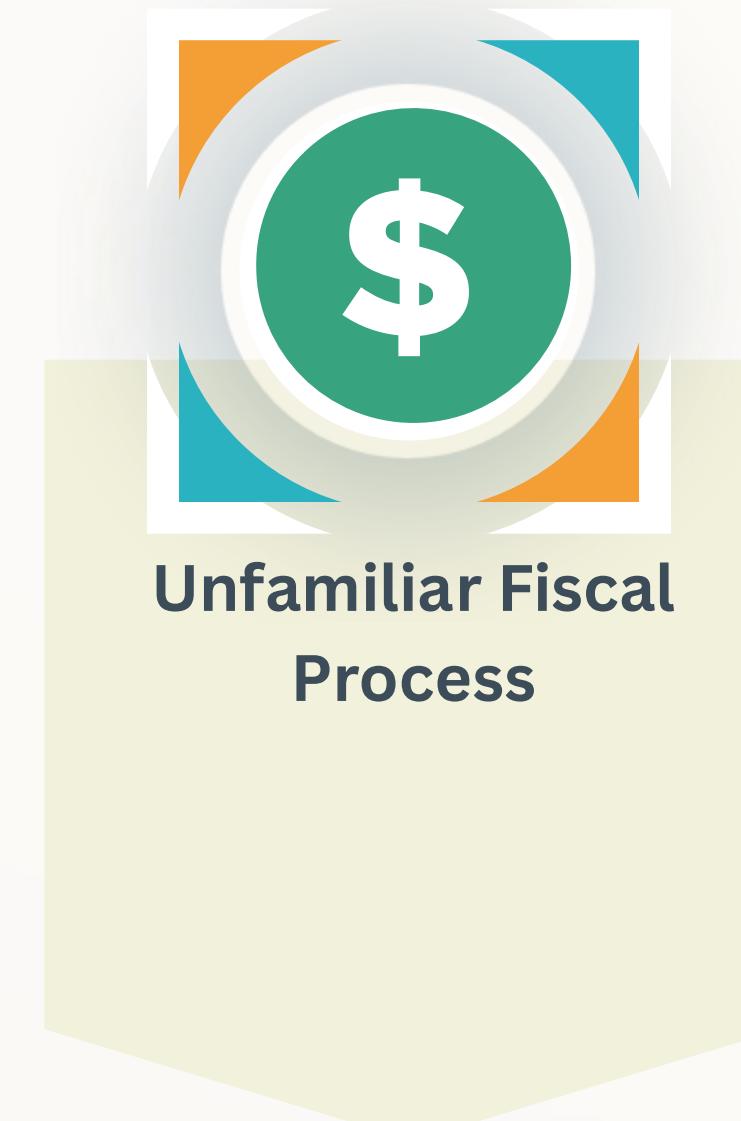
1. Identify Eligible Activities – outreach, referrals, application help, coordination.
2. Formalize with LGA – MOUs, contracts, protocols, and training.
3. Time Studies & Documentation – staff track eligible activity time.
4. Submit & Reimburse – LGA compiles, submits to DHCS, reimbursement flows back.

This claim is done in arrears based on the quarter the time survey occurred. LGAs are currently working on invoicing for FY 24/25 (first due date is 12/31/25). DHCS works through invoices in chronological order and is currently paid up to FY23/24 to quarter 2.

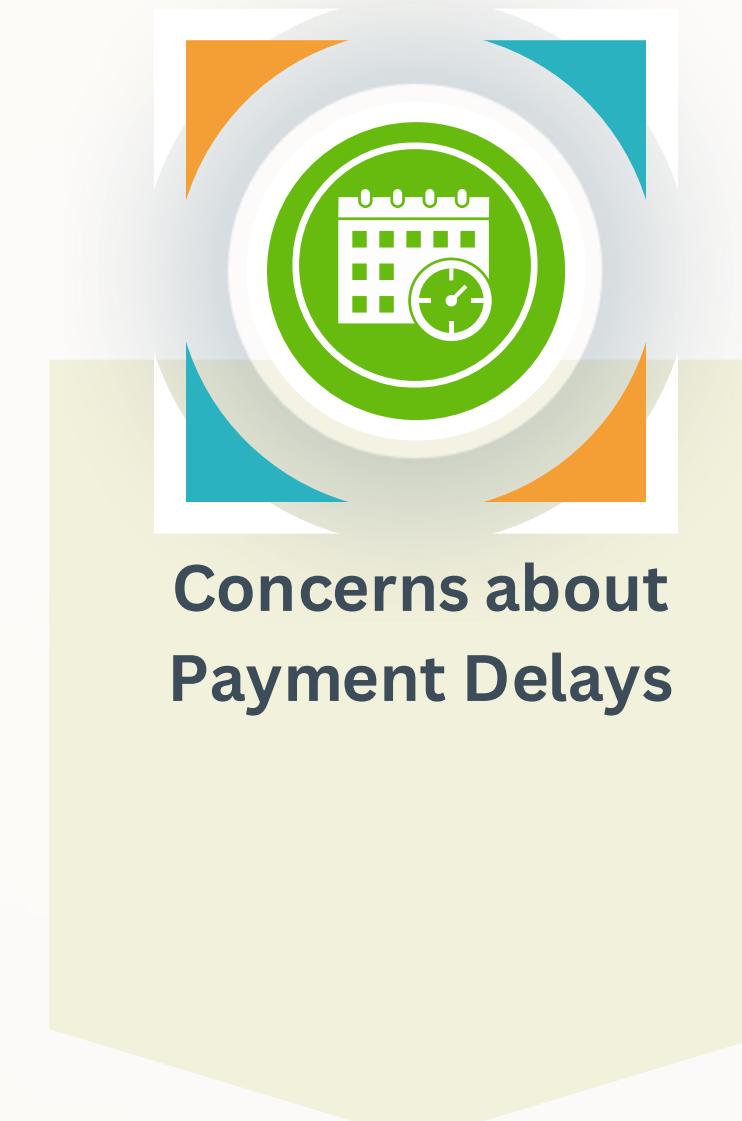
# Common Barriers & Solutions



**Limited Staff Capacity**



**Unfamiliar Fiscal Process**



**Concerns about Payment Delays**



**Myth: CMAA is Double Dipping**



# CMAA is NOT Double Dipping



## Reimbursement

- CMAA is NOT a grant
- CMAA activities may be included in a grant's scope of work
- Some (or all) of the work may be paid by grants supported with state general funds or special purpose funds - Opioids and Tobacco settlements

## Reporting

- CMAA requires staff to report 100% of their time regardless of funding source
- Staff funded with grants time survey to both grant and to CMAA





# The Time Related to Federal Grants Should be Included in the CMAA Time Survey

**The perpetual time survey is based on 100% of an employee's paid time**

**The invoice captures 100% of the cost related to this paid time**

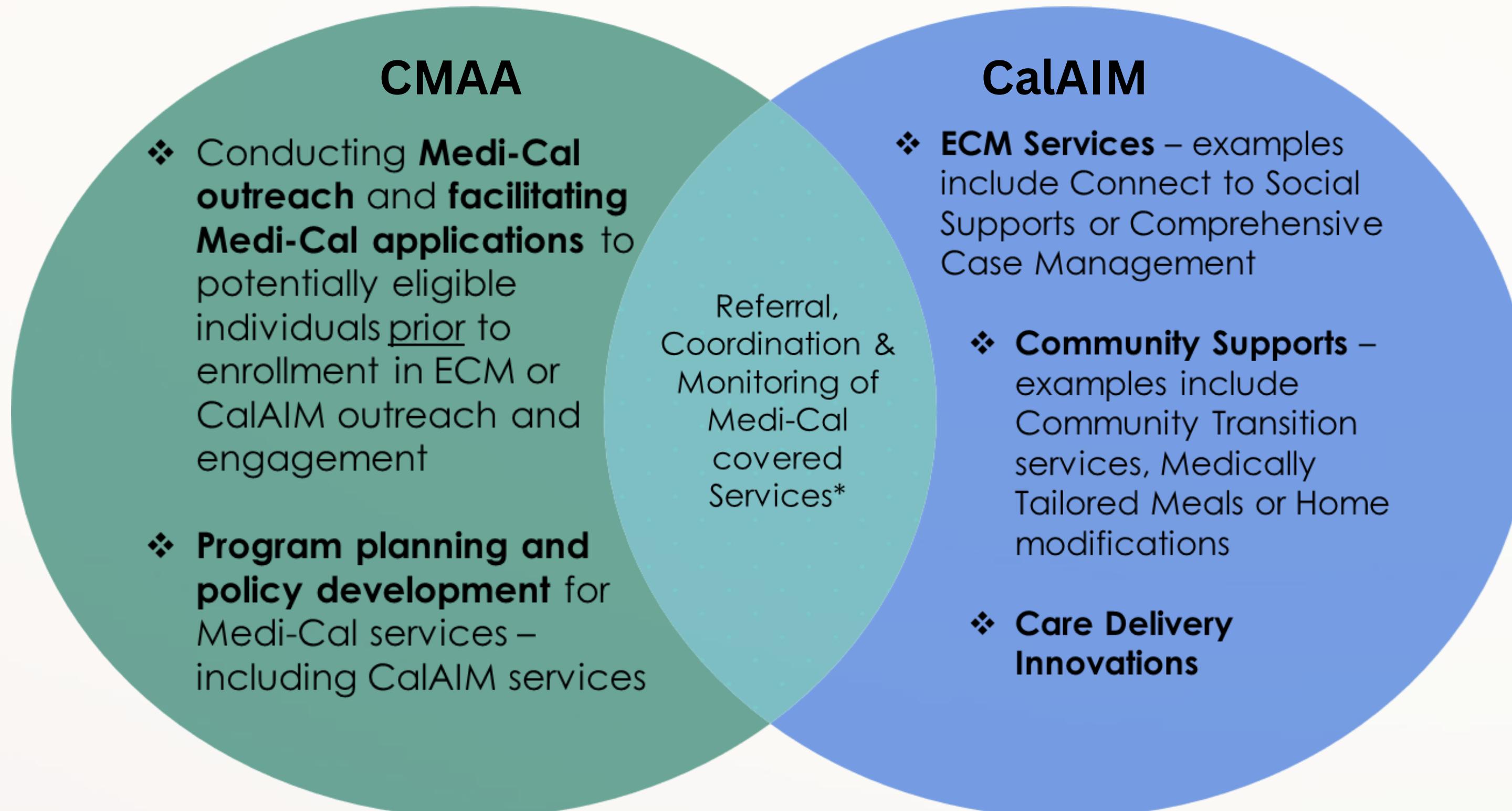
**Federal funds supporting paid time are included in the invoice**

**If these funds pay for CMAA activity, they must be offset**

**Example: In Veterans Services, they receive federal funds for Medi-Cal Cost Avoidance (MC 05) - these funds get netted out (offset) from the CMAA reimbursement via the quarterly invoices.**

# Braiding CMAA & CalAIM

CMAA and California Advancing and Innovating Medi-Cal (CalAIM) programs both aim to improve access to Medi-Cal services but serve distinct purposes. Here's how they overlap and differ:



# Getting Started Step-by-Step



## Engage with your LGA Coordinator

Or begin the process to establish an LGA



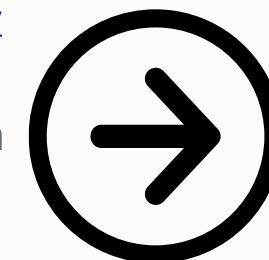
## Identify Claimable Activities and CPE

Within county departments and CBO's



## Time Study Software

[Time Study Buddy](#)  
[Persimmony](#)  
[Nleader Group - Tractivity](#)  
[Clicktime Platform](#)  
County Timesheet System



**LGA submits invoices to DHCS**



## Submit a Claim Plan

Submit to DHCS



## Train Staff on Coding and Time Surveys

Initial time study training and then annually prior to beginning of new fiscal year

New staff coming on



## Maintaining a Claim Unit

Program guidance and performance

# Recommended Next Steps



## How to get started based on your county's status

- Support and buy-in of leadership is critical to success
- Dedicate FTE's to manage CMAA Program
- Invest in staff to manage the program and Fiscal parts of CMAA



## Who to contact for support

- LGA Consortium & Website
- Other Counties
- Assigned DHCS Analyst



## Upcoming training & claim calendar timelines

### *DHCS Annual Trainings*

- *Typically occur February -April with multiple training dates and times available*

### Invoice Deadlines

- FY 24/25 Q1 - Due 12/31/2025
- FY 24/25 Q2 - Due 3/31/2026
- FY 24/25 Q3 - Due 6/30/2026
- FY 24/25 Q4 - Due 9/30/2026

### CUFG & CCUG Deadlines

- Q1 - Due by 6/30
- Q2 - Due by 9/30
- Q3 - Due by 12/31
- Q4 - Due by 3/31

# Recommended Next Steps



## Growing your CMAA program

- Position staff for program growth and compliance rather than maintenance
- Make CMAA a priority- engage leadership and keep staff involved
- Return some of the CMAA reimbursements to the programs that earn them



## General Recommendations

- Be aware of funding changes
- Track funding for your positions
- If you can, don't fund a position 100% Federal funding
- Prepare for staff funded with limited term funding to transition to CMAA



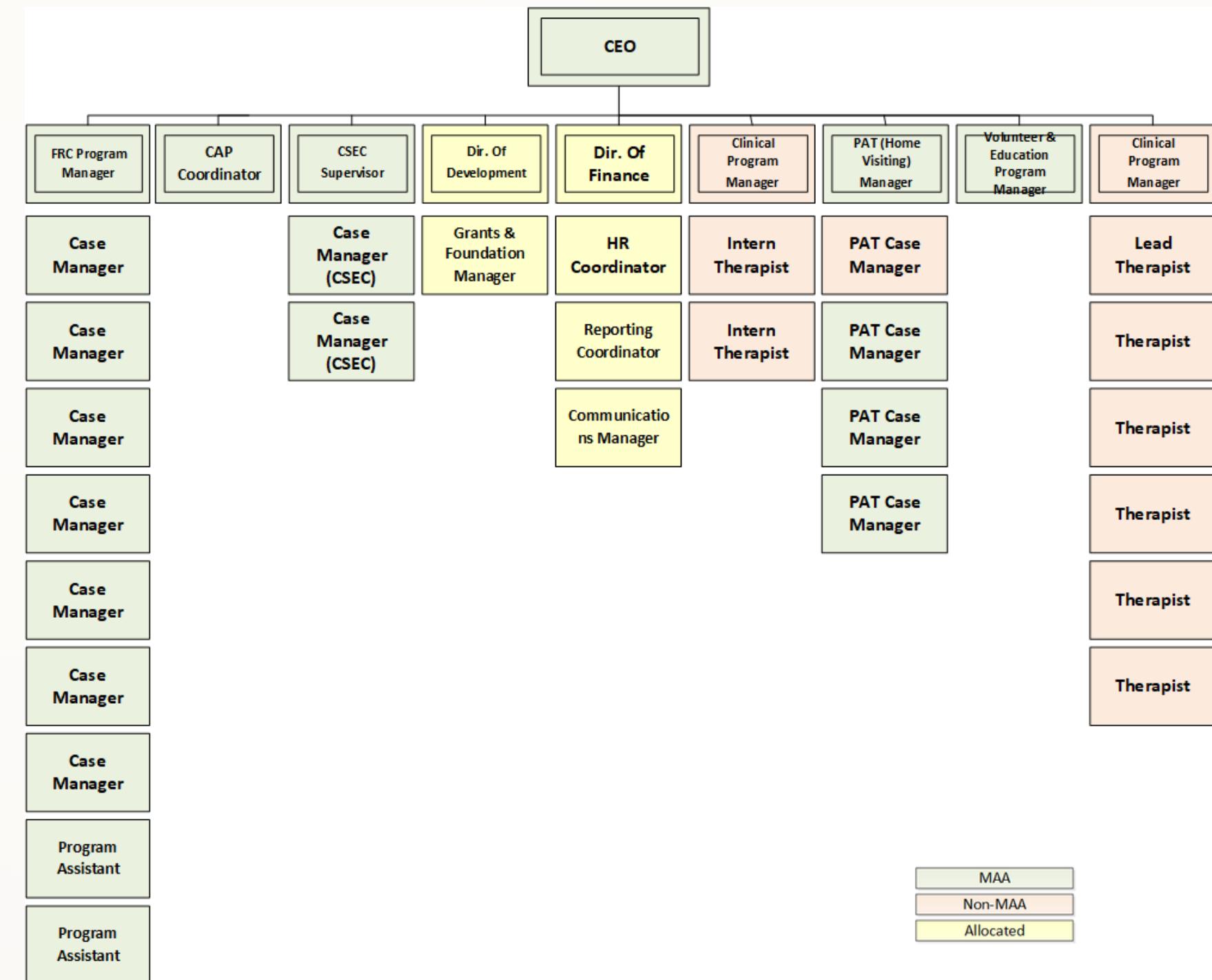
## Monitor

- Monitor the program ongoing for compliance and to keep staff engaged
- Ensure staff are claiming to at least some reimbursable activities
- Provide additional training to staff as needed

# Kids First



- 20 participating staff
- State/Local leverageable funding includes:
  - Mental Health Services Act (MHSA)
  - Child Welfare Services Outcome Improvement Project (CWSOIP)
  - CMAA Reimbursements
- Funds not used to pay for CMAA
  - Fundraising
  - Road to Resilience - Federal
  - Community Development Block Grant (CDBG) - Federal



# Kids First

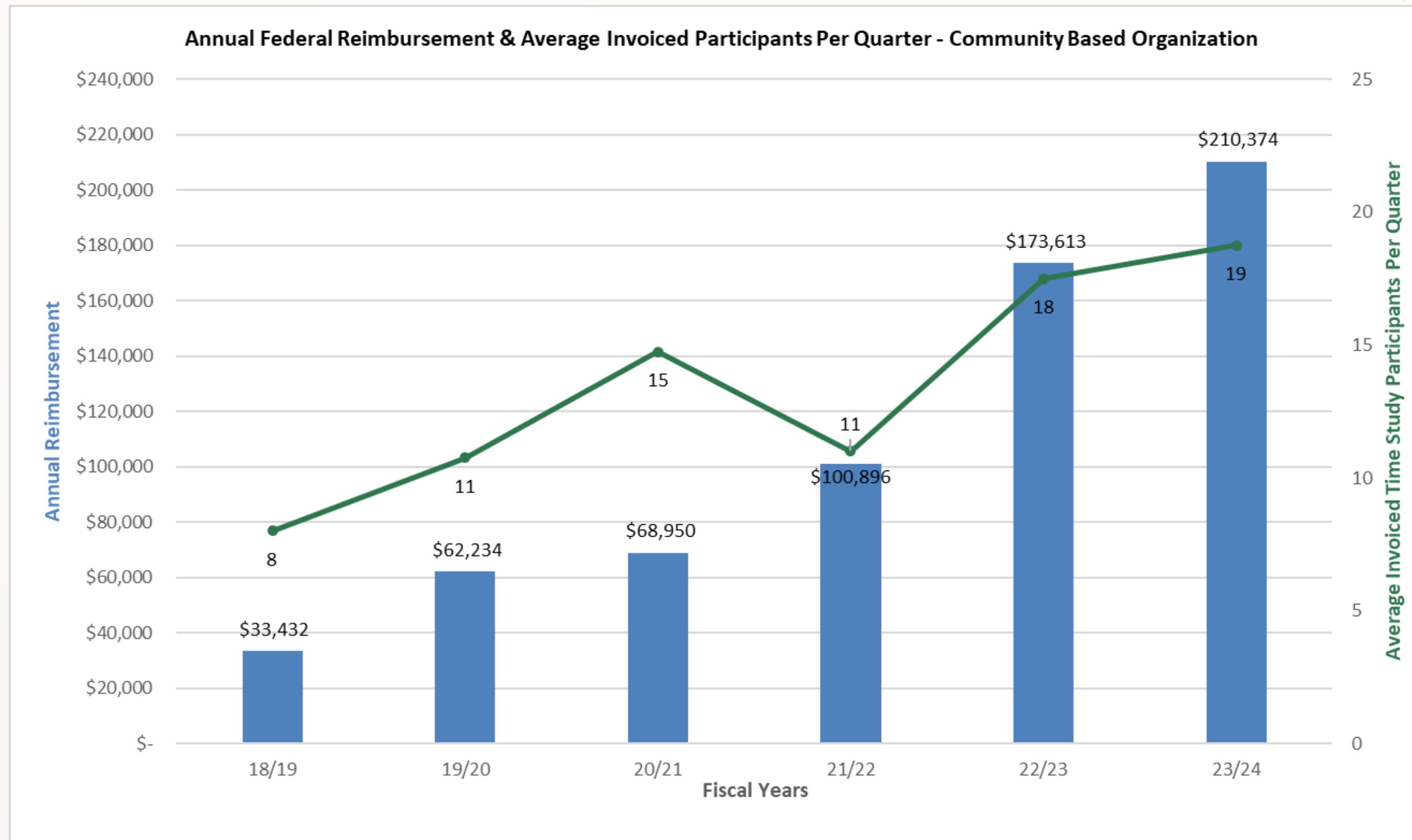


- Greeting a new client to Kids First and informing them about Medi-Cal
- Reviewing medical needs and Medi-Cal services available with a family
- Creating and distributing flyers for Medi-Cal services through Kids First
- Program coordinator & staff meet to develop/plan for policy and procedures to enhance effectiveness of referral/linkages to Medi-Cal services.
- Quality Improvement activities to meet Kid First Medi-Cal Goals & Objectives

# Kids First



Kids First



# Veterans Services

- Placer County - 9 staff participate in the Time Survey

- Eligibility Specialists
- Eligibility Supervisor
- Veterans Services Officer
- Administrative Clerk
- Student Intern

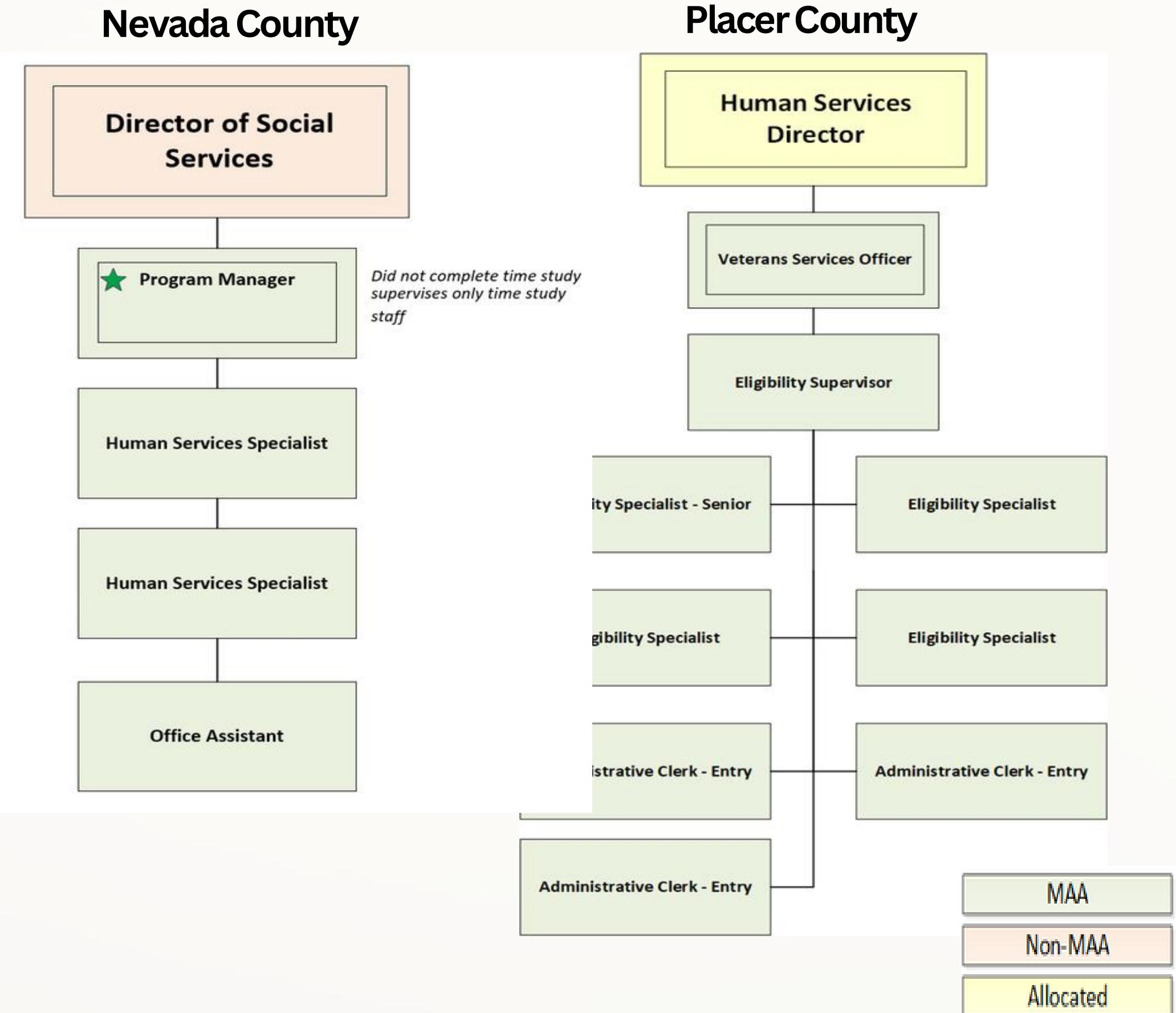
- Nevada County - 3 staff participate in the Time Survey

- 2 Human Services Specialists
- 1 Office Assistant
- Program Manager is claimed because he supervises all time study staff

- State/Local leverageable funding includes:

- State Veterans Affairs - Vets License Plate Fund & Vets Subvention
- State - MHSA
- County General Fund
- CMAA Reimbursements

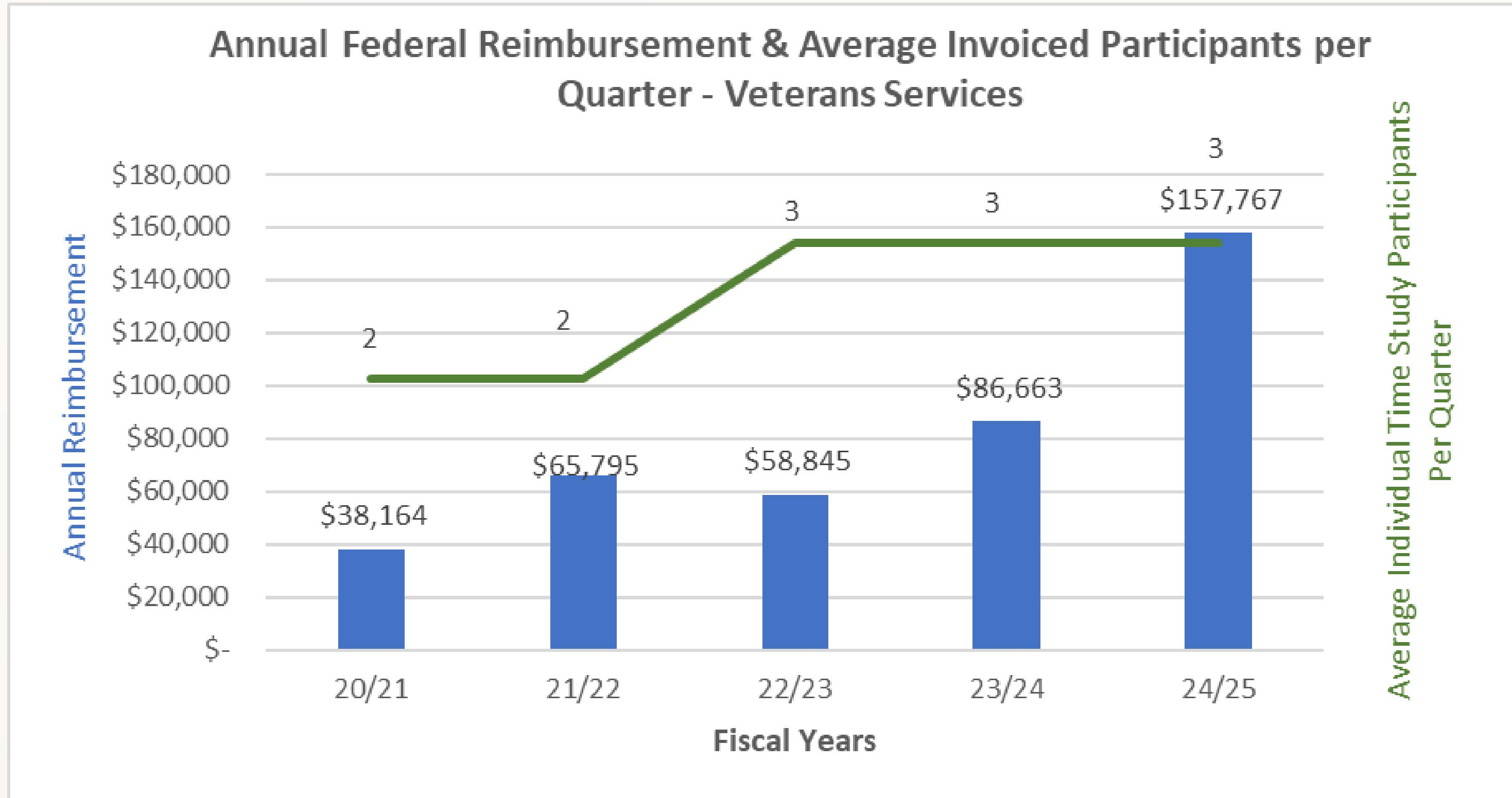
- Funds not used to pay for CMAA
  - Medi-Cal Cost Avoidance



# **Veterans Services Claimable Activities**

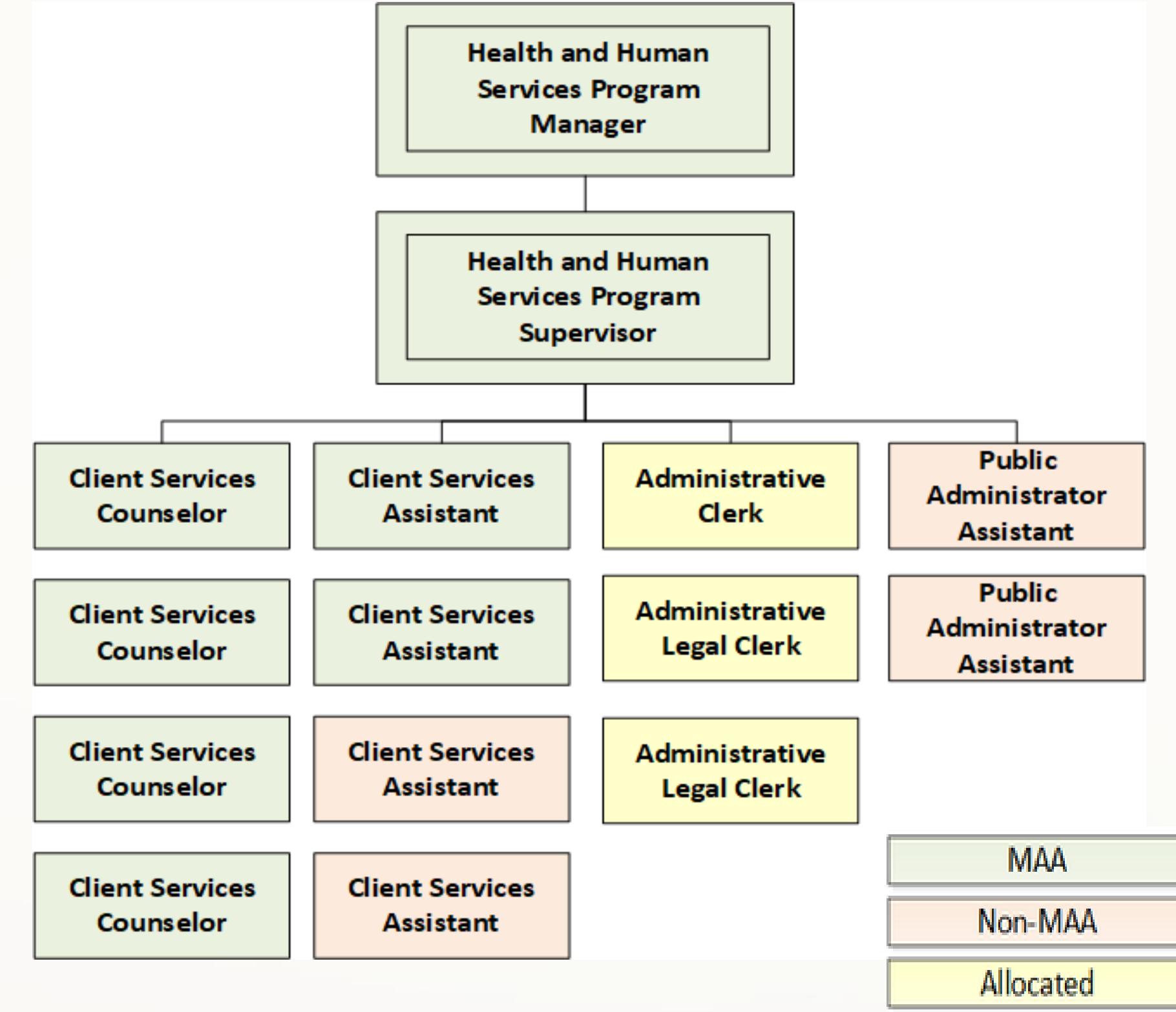
- Initial Interview with a Veteran discussing Medi-Cal benefits
- Outreach events -discussing Medi-Cal and its benefits
- Ordering medical records to coordinate care to medical provider
- Coordinating home health care, prescriptions, medical equipment, behavioral health, or substance disorder treatment
- Participating in meetings to discuss health care needs of an individual
- Assisting with a Medi-Cal application or referring individual where to get assistance with the application
- Attending a CalVet meeting and discussing shortage of mental health services for Veterans in rural areas
- Creating outreach materials (web pages, social media posts, brochures) for Medi-Cal services

# Veterans Services



# Public Guardian

- State/Local leverageable funding includes:
  - County General Fund
  - CMAA Reimbursements
- Funds not used to pay for CMAA
  - Court Fees



# Public Guardian Claimable Activities

- Assist individuals and families with aspects of the Medi-Cal application and/or redetermination process.
- Prepare proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration.
- Provide information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites.
- Gather information that may be required in advance of referrals or evaluations covered by Medi-Cal for conservatees living in the community
- Monitor the medical or behavioral health care and treatment of persons placed under the jurisdiction of the Public Guardian.

Disclaimer: CMAA Claimable activities depends on the location of the conservatee due to the Federal Financial Participation (FFP) Institution for Mental Diseases (IMD) Exclusion

# Q & A and Open Discussion



*Building capacity.  
Leading change.*