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

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

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

-

CHECKLIST FOR PREPARING THE COUNTY-BASED MEDI CAL ADMINISTRATIVE ACTIVITIES (CMAA) DETAIL INVOICE

Local Governmental Agency (LGA):_ ABC County
Claiming Unit: ___ Veterans Services Invoice #:___ XX - XXXX - 2223 - 3

It is the responsibility of the authorized LGA Coordinator to review all invoices for completeness and accuracy prior to submitting them to the Department of Health Care Services (DHCS). Upon DHCS's review, non-compliant invoices per federal and state requirements will not be processed for payment and will require a correction. Each CMAA Detail Invoice must be submitted with a completed checklist verifying the following items have been reviewed by the LGA Coordinator before DHCS will process them for payment:

	Checklist Items
	1. Approved Comprehensive Claiming Unit Grid and Claiming Unit Function Grid(s) on file.
	2. Participants have completed the perpetual time survey or submitted a certificate for the amount of time direct charged to a CMAA activity.
	3. Current invoice template provided by DHCS is used.
	4. Corrected authorized LGA Coordinator name on the invoice.
	5. Correctly formatted on LGA letterhead for the LGA under contract with DHCS.
	6.Ensure that the LGA name, Contract Number, Period of Service, Program/Department, Claiming Unit, and Invoice Number on the Invoice Summary page are correct and are listed consistently throughout the entire invoice.
	7. Claiming Unit Name matches the name on the Claiming Unit Function Grid (CUFG) and the Comprehensive Claiming Unit Grid (CCUG).
	8. A corrected or revised invoice is correctly numbered. For CMAA only** (If the invoice is a Correction, add -1C, -2C etc. If the invoice is a Revision, add -1R, -2R, etc. If unsure, call your program analyst for instructions.) "Correction" is used for changes to invoices that have not yet been paid; "revision" is used if the original invoice has been paid.
	9. Methodology used to determine the Medi-Cal discount percentage is consistent with the Claiming Unit Function Grid
	10. An explanation is provided for any totals listed within the invoice that appear as "Error" or "####"
	11. Variance Form -- If the total invoice has a variance of more than 20% (plus or minus) change in the reimbursement amount and/ or the ACC than the previous quarter or the same quarter in the previous year, the applicable variance forms have been completed.

	12. Required supporting documentation attached for processing: Cost Pools (CP) 1,2,3,4,5, and 6 support must include staff names, classifications, salaries and benefits claimed. An organization chart with names and classifications of staff being claimed in CP 1,2, and 6.
	13. Date and sign ((electronically or in blue ink)): Invoice Summary, Quarterly Time Survey Results Summary, Funding/Revenue Sources Worksheet, Cost Worksheet, Direct Charge Costs Worksheet, Claim Calculation Worksheets 1 and 2, and the Variance Worksheets 1 and 2.
	14. 50% amount on Claim Calculation worksheet (page 2) is the same as reimbursement on Summary Invoice.
	15. 75% amount on Claim Calculation worksheet (page 2) is the same as reimbursement on Summary Invoice (CMAA only).
	16. Total on the Amount of Federal Government Reimbursement on Summary Invoice is the same as Total Invoice Amount on Claim Calculation worksheet (page 2) ((CMAA only))
	17. The number of participants in each job class (SPMP, non-SPMP, or direct charge) does not exceed the number listed on the Claiming Unit Functions Grid.
	18. The number of time survey participants on the TS results tab matches the number of staff who reported CMAA activity on their quarterly time study.

Email the original claim electronically to the LGA's assigned CMAA analyst.

Mail the original claim to DHCS to:

U.S. Mail:
Attn: (Program Analyst)
Department of Health Care Services
County-Based Medi-Cal Administrative Activities
1501 Capitol Avenue, Suite 71.2203, MS 2628
Sacramento, CA 95899-7436

Overnight Mail:
Attn: (Program Analyst)
Department of Health Care Services
County-Based Medi-Cal Administrative Activities
1501 Capitol Avenue, Suite 71.2203, MS 2628
Sacramento, CA 95814

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

Sign and date to confirm all Invoice Checklist items have been reviewed prior to submission

Print Name of Authorized LGA Coordinator	Signature of Authorized LGA Coordinator	Date
LGA COORD FIRST & LAST NAME		10/15/2023

(delete this text) ***PRINT ON LGA LETTERHEAD*** (delete this text)

COUNTY-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) - INVOICE SUMMARY

Local Governmental Agency:	ABC County	Program/Department:	Veterans Services
Contract Number:	DHCS CMAA Evergreen PA-ABC	Claiming Unit:	Veterans Services
Period of Service:	01/01/2023-03/31/2023	Invoice Number:	XX - XXXX - 2223 - 3

COST CATEGORIES

Total Amount to be Reimbursed at 50%	**$14,468**
Total Amount to be Reimbursed at 75% **for Skilled Professional Medical Personnel (SPMP) costs ONLY**	**$0**
Total amount of Fed. Govt. Reimbursement	**$14,468**

I HEREBY CERTIFY under penalty of perjury that:

1) I am the official responsible for the administration, examination, and settlement of accounts concerning Medi-Cal Administrative Activities for the above-named agency and am authorized to make this certification on behalf of the agency.

2) Each expenditure is in all respects true, correct, and in accordance with state and federal law, and regulation, including Section 1903(a) of the Social Security Act and 42 C.F.R. Section 433.51.

3) The expenditures certified are based on actual, total expenditures of public funds that have been made to eligible Medi-Cal beneficiaries pursuant to all applicable requirements of federal law and regulation.

4) The LGA maintains documentation supporting these expenditures. This documentation includes all fiscal records required for Medi-Cal field audits.

5) The expenditures certified are allowable Medi-Cal costs in accordance with all applicable requirements of federal law and regulation.

6) The expenditures certified have not previously been, nor will they be, certified at any other time to receive federal financial participation under Medi-Cal or any other program (unless being resubmitted under correction or revision).

7) The costs certified in this invoice have not been paid in an all-inclusive or capitation rate.

I understand that the State of California must deny payment of any invoice submitted if it determines the certification is not adequately supported for purposes of claiming federal financial participation. I have notice that this information is to be used for filing of a claim with the federal government for federal financial participation and that a knowing misrepresentation constitutes a violation of the federal and state False Claims Acts.

LGA COORD FIRST AND LAST NAME	
Printed Name of LGA Coordinator	Signature of LGA Coordinator
FISCAL ANALYST	10/15/2023
Title	Date Signed & Generated

Remit Payment To:

Agency Name
Street
City, CA, Zip

For DHCS Program use only

REVIEWED BY:

ANALYST INITIALS

FI$CAL CODE: _____ **-4260YA0F-5432000-603-95918-9990-0912**
FY

CALSTARS CODE: _____ **-95918-9912-702-42-60 LGA**
FY

COUNTY-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) - INVOICE DETAIL
Quarterly Time Survey Results Summary

Local Governmental Agency: ABC County
Contract Number: DHCS CMAA Evergreen PA-ABC
Period of Service: 01/01/2023-03/31/2023

Program/Department: Veterans Services
Claiming Unit: Veterans Services
Invoice Number: XX - XXXX - 2223 - 3

Code	Description	SPMP Total Hours	SPMP Activity %	Non-SPMP Total Hours	Non-SPMP Activity %	Medi-Cal %	Method Used
1	Other Programs/Activities		0.00%	640.00	48.16%		
2	Direct Patient Care		0.00%	0.00	0.00%		
3	Outreach to Non Medi-Cal Programs		0.00%	0.00	0.00%		
4	Medi-Cal Outreach		0.00%	129.00	9.71%	100.00%	
5	Referral, Coordination, and Monitoring of Non Medi-Cal Services		0.00%	0.00	0.00%		
6	Referral, Coordination, and Monitoring of Medi-Cal Services		0.00%	268.50	20.20%	25.00%	CWA
7	Facilitating Non Med-Cal Application		0.00%	16.00	1.20%		
8	Facilitating Med-Cal Application		0.00%	23.00	1.73%	100.00%	
9	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Non Medi-Cal Covered Service		0.00%	0.00	0.00%		
10	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered		0.00%	0.00	0.00%	25.00%	CWA
11	Contract Administration for Non Medi-Cal Covered Services		0.00%	0.00	0.00%		
12	Contract Administration (A) for Medi-Cal Services specific for Medi-Cal populations		0.00%	0.00	0.00%	100.00%	
13	Contract Administration (B) for Medi-Cal Services specific for Medi-Cal and Non Medi-Cal populations		0.00%	0.00	0.00%	25.00%	CWA
14	Program Planning & Policy Development for Non Medi-Cal Services		0.00%	0.00	0.00%		
15	Program Planning & Policy Development (A) (Non-enhanced) for Medi-Cal Services for Medi-Cal		0.00%	0.00	0.00%	100.00%	
16	Program Planning & Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal Services for Medi-Cal clients		0.00%			100.00%	
17	Program Planning & Policy Development (B) (Non-enhanced) for Medi-Cal Services for Medi-Cal and Non Medi-Cal clients		0.00%	0.00	0.00%	25.00%	CWA
18	Program Planning & Policy Development (SPMP) (B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non Medi-Cal clients		0.00%			25.00%	CWA
19	MAA/TCM Coordination and Claims Administration		0.00%	0.00	0.00%	100.00%	
20	MAA/TCM Implementation Training		0.00%	0.50	0.04%	100.00%	
21	General Administration		0.00%	133.50	10.05%		
22	Paid Time Off (PTO)		0.00%	118.50	8.92%		
23	Non-Targeted Case Management (TCM)		0.00%		0.00%		
24	Providing TCM Service Components		0.00%		0.00%		
25	TCM Encounter - Related Activities		0.00%		0.00%		
26	Travel Related to Providing TCM		0.00%		0.00%		
27	Supervision of Case Managers		0.00%		0.00%		
28	Encounter Entry into TCM On-Line System		0.00%		0.00%		
29	TCM Data Systems and Claiming Coordination		0.00%		0.00%		
30	TCM Quality Assurance/Performance Monitoring		0.00%		0.00%		
31	TCM Subcontract Administration		0.00%		0.00%		
32	TCM Program Planning & Policy Development		0.00%		0.00%		
	TOTALS	**0.00**	**0.00%**	**1,329.00**	**100.00%**		
	Total Claimable Portion	**0.00**	**0.00%**	**673.00**	**50.64%**		
	Total Non-Claimable Portion	**0.00**	**0.00%**	**656.00**	**49.36%**		

Time Survey Frequency Used to Determine the Activity Percentages:	Number of Participants	Statistical Validity
Perpetual	**3**	Valid

CLAIMING UNIT CERTIFICATION:

I certify under penalty of perjury that the time survey participants within this claiming unit are not instructed to perform any additional MAA related activities (other than those related to the actual recording of time on the time survey form) during the time survey period and that the time recorded by the participants reflects only those activities that would be performed during the normal course of an average work day. The summary time survey results are a reasonable proxy or, in the case of the perpetual time survey, actual results of the time spent during the entire period of service and result in allowable costs consistent with the requirements of 2 CFR Part 200 et seq.

LGA COORD FIRST AND LAST NAME	FISCAL ANALYST		10/15/2023
Printed Name of Claiming Unit Reviewer	Classification/Title	Signature	Date

LGA CERTIFICATION:

I hereby certify that the information contained herein accurately describes the MAA activities performed during the time survey period, and the time survey results are reflective of MAA activities performed during the entire period of service. I concur with the claiming unit's assessment that the summary time survey results are a reasonable proxy or, in the case of the perpetual time survey, actual results of the claiming unit's activities for the entire period of service and result in allowable costs consistent with the requirements of 2 CFR Part 200 et seq.

LGA COORD FIRST AND LAST NAME	FISCAL ANALYST		10/15/2023
Printed Name of LGA Coordinator	Classification/Title	Signature	Date

DHCS CERTIFICATION:

REVIEWED BY:

Printed Name of DHCS Reviewer	Classification/Title	Signature	Date

COUNTY-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) - INVOICE DETAIL
Funding/Revenue Sources Worksheet

Local Governmental Agency: ABC County
Contract Number: DHCS CMAA Evergreen PA-ABC
Period of Service: 01/01/2023-03/31/2023

Program: Veterans Services
Claiming Unit: Veterans Services
Invoice #: XX - XXXX - 2223 - 3

SOURCE and DESCRIPTION	Non Offset Funds	CP#1 SPMP	CP#2 Non-SPMP	CP#3 (a & b) Non-Claimable	CP#4 Direct-Enhanced	CP#5 Direct-Non-Enhanced	CP#6 Allocated	TOTAL (CPs 1 - 6)
Medi-Cal Fees + Match								
Title XIX (% of Exp) MAA Revenue								$0
Title XIX (% of Exp) TCM Revenue								$0
Medi-Cal Reimbursement (% of Exp) Directly Observed Therapy								$0
Total Medi-Cal Fees + Match	$0			$0	$0	$0	$0	$0
Federal Grants + Match								
Federal Aid (% of Exp) Immunization								$0
FMAP Federal (% of Exp)								$0
SOURCE and DESCRIPTION								$0
Total Federal Grants + Match	$0	$0	$0	$0	$0	$0	$0	$0
State General Fund								
State - Other (% of Exp) - Immunization								$0
SOURCE and DESCRIPTION								$0
SOURCE and DESCRIPTION								$0
Total State General Fund	$0	$0	$0	$0	$0	$0	$0	$0
Medicare								
SOURCE and DESCRIPTION								$0
SOURCE and DESCRIPTION								$0
SOURCE and DESCRIPTION								$0
Total Medicare	$0			$0	$0	$0	$0	$0
Insurance								
SOURCE and DESCRIPTION								$0
SOURCE and DESCRIPTION								$0
SOURCE and DESCRIPTION								$0
Total Insurance	$0			$0	$0	$0	$0	$0
Fees								
Charges for Services (% of Exp)								$0
SOURCE and DESCRIPTION								$0
SOURCE and DESCRIPTION								$0
Total Fees	$0			$0	$0	$0	$0	$0
Other Revenue								
State Sales Tax Realignment								$0
State VLF Realignment (% of Expense)								$0
See Attached Revenue Worksheet	$133,386		$9,181					$9,181
Total Other Revenue	$133,386	$0	$9,181	$0	$0	$0	$0	$9,181
TOTALS:	$133,387	$0	$9,181	$0	$0	$0	$0	$9,181

I certify that the revenue sources identified above represent accurate identifiable costs for the program/claiming entity and that the revenue sources have been properly identified and allocated. I declare under penalty of perjury that the foregoing is true and correct information, and I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

Signature of Claiming Unit Reviewer or LGA Coordinator

10/15/2023
Date

LGA COORD FIRST AND LAST NAME
Printed Name of Signer

REVENUE WORKSHEET

Year	Budget Unit	Account	Account Title	Source	YTD Receipts	Per Quarter	Non Offset	CP 2 (offset)	CP 3 (offset)	Notes
22/23	496	442180	STATE VETERANS AFFAIRS	PUBLIC - STATE	7,113.00	1,778.25	1,778.25			Veterans License Plate Fund
22/23	496	442180	STATE VETERANS AFFAIRS	PUBLIC - STATE/FEDERAL	36,724.00	9,181.00		9,181.00		Vets Medi-Cal Cost Avoidance
22/23	496	442180	STATE VETERANS AFFAIRS	PUBLIC - STATE	60,606.00	15,151.50	15,151.50			Vets Subvention Fund (from State General Fund)
			STATE VETERANS AFFAIRS SUBTOTAL		*104,443.00*	*26,110.75*	*16,929.75*	*9,181.00*	-	
22/23	496	445090	STATE OTHER	PUBLIC - STATE	49,192.50	12,298.13	12,298.13			Mental Health Services Act (MHSA)
22/23	496	445090	STATE OTHER	PUBLIC - STATE	1.71	0.43			0.43	Vet Pro Reimbursement
22/23	496	446210	FED MEDICAID	PUBLIC - FEDERAL	28,422.00	7,105.50	7,105.50			CMAA Revenues Prior Years
22/23	496	474002	Xfers in (GF Allocation)	PUBLIC - LOCAL	388,212.00	97,053.00	97,053.00			County General Fund
						-				
								Invoice Input		
			TOTAL		**570,271.21**	**142,567.80**	**133,386.38**	**9,181.00**	**0.43**	

Cost Pools 1-6:	**9,181.43**

COUNTY-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) - INVOICE DETAIL
Cost Worksheet

Local Governmental Agency: ABC County
Contract Number: DHCS CMAA Evergreen PA-ABC
Period of Service: 01/01/2023-03/31/2023

Program: Veterans Services
Claiming Unit: Veterans Services
Invoice #: XX - XXXX - 2223 - 3

SELECTED ITEMS OF COST	Cost Pool #1 SPMP Costs	Cost Pool #2 Non-SPMP Costs	Cost Pool #3a Non-Claimable Costs	Cost Pool #5 Non-SPMP Dir. Charge Other Costs	Cost Pool #6 Allocated/Support Costs	
SALARY COSTS						TOTALS
Wages/Salary:		$77,345				$77,345
Benefits:		$34,795				$34,795
Personal Services Contracts:						$0
TOTAL Compensation for Personal Services:	**$0**	**$112,140**	**$0**		**$0**	$112,140
NON-SALARY COSTS						TOTALS
See Other Costs Spreadsheet			$6,736		$38,159	$44,895
Audit costs and related services						$0
Communication costs						$0
Depreciation and use allowances						$0
Employee morale, health, and welfare costs						$0
Equipment and other capital expenditures						$0
Insurance and indemnification						$0
Maintenance, operations, and repairs						$0
Materials and supplies costs						$0
Meetings and conferences						$0
Memberships, subscriptions, and professional activity costs						$0
Plant and homeland security costs						$0
Professional service costs						$0
Proposal costs						$0
Publication and printing costs						$0
Rental costs of building and equipment						$0
Taxes						$0
Training costs						$0
Travel Costs						$0
Direct Charge Other Cost:						
Direct Charge Other Cost:						
Direct Charge Other Cost:						
Direct Charge Other Cost:						
Direct Charge Other Cost:						
Indirect Costs						$0
TOTAL Non-Salary Costs:	**$0**	**$0**	**$6,736**	**$0**	**$38,159**	$44,895

I certify that the costs identified above represent accurate identifiable costs for the program/claiming entity and that the costs have been properly identified and allocated. I declare under penalty of perjury that the foregoing is true and correct information and that I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

Signature of Claiming Unit Reviewer or LGA Coordinator

10/15/2023
Date

LGA COORD FIRST AND LAST NAME
Printed Name of Signer

ABC County Veterans Services

Cost Pools 1-6 Invoice Submission Salary and Benefits Support Documentation for FY: 22/23 Q3

			Cost Pools						
			CP 1	CP 2	CP 3	CP 5 Direct Charges	CP 6		
Staff Person	Classification	Salaries Claimed	SPMP	Non SPMP	Non-Claimable	Non-SPMP	Allocated Costs	TIMESTUDY PARTICIPANT	Relationship
B	Office Assistant	2,200.00		2,200.00				Y	
H	Human Services Specialist	10,060.00		10,060.00				Y	
I	Human Services Specialist	12,385.00		12,385.00				Y	
X	Program Manager	52,700.00		52,700.00				N	Supervises B, H, and I
Subtotal		**77,345.00**	**0.00**	**77,345.00**	**0.00**	**0.00**	**0.00**		

			Cost Pools						
			CP 1	CP 2	CP 3	CP 5 Direct Charges	CP 6		
Staff Person	Classification	Benefits Claimed	SPMP	Non SPMP	Non-Claimable	Non-SPMP	Allocated Costs	TIMESTUDY PARTICIPANT	Relationship
B	Office Assistant	355.78		355.78				Y	
H	Human Services Specialist	9,635.16		9,635.16				Y	
I	Human Services Specialist	9,675.36		9,675.36				Y	
X	Program Manager	15,129.00		15,129.00				N	Supervises B, H, and I
Subtotal		**34,795.30**	**0.00**	**34,795.30**	**0.00**	**0.00**	**0.00**		
TOTAL PERSONNEL		**112,140.30**	**-**	**112,140.30**	**-**	**-**	**-**		

ABC County Veterans Services Other Costs **FY: 22/23** **Q3**

OTHER COSTS WORKSHEET

Account Description	CP 3	CP 6	Total Costs	Notes
WORKERS COMP		$0.00	$0.00	
CENTRAL SVC - COPIER CHGS		$386.44	$386.44	
CENTRAL SVC - POSTAGE CHG		$38.29	$38.29	
DATA COMMUNICATIONS SERV		$512.55	$512.55	
FACILITIES MGMT SVCS		$1,400.00	$1,400.00	
HUMAN RESOURCES SVCS		$121.90	$121.90	
INTERFUND REIMBURSEMENT		$1,191.53	$1,191.53	
INTRAFUND/INTERDEPT CHGS		$7,862.76	$7,862.76	
IS PROGRAMMER SVCS		$578.00	$578.00	
IS SVCS		$1,137.75	$1,137.75	
IS TELEPHONE SVCS		$480.00	$480.00	
MEMBERSHIPS	$3,000.00		$3,000.00	
OFFICE EXPENSE - OTHER		$599.40	$599.40	
PROFESSIONAL SERVICE		$20,595.25	$20,595.25	
SPEC DEPT EXPENSE - OTHER	$3,736.18		$3,736.18	
TELEPHONE SERVICE		$1,066.44	$1,066.44	
TRAVEL - TRAINING		$390.00	$390.00	
VEHICLE RENTAL		$1,798.28	$1,798.28	
Totals	**$6,736.18**	**$38,158.59**	**$44,894.77**	

COUNTY-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) - INVOICE DETAIL
Direct Charge Costs Worksheet

Local Governmental Agency: ABC County
Contract Number: DHCS CMAA Evergreen PA-ABC
Period of Service: 01/01/2023-03/31/2023

Program: Veterans Services
Claiming Unit: Veterans Services
Invoice #: XX - XXXX - 2223 - 3

ENHANCED (SPMP) MAA STAFF COSTS

Staff Member	Classification	Code	Description	Medi-Cal %	Activity % Results	Salary Costs	MAA Claimable Portion	Non Claimable Portion	Benefits Costs	MAA Claimable Portion	Non Claimable Portion	Non-Salary Costs	MAA Claimable Portion	Non Claimable Portion
Ms. Nurse			#N/A	#N/A			$0	$0		$0	$0	$0	$0	$0
Mr. Doctor			#N/A	#N/A			$0	$0		$0	$0	$0	$0	$0
			#N/A	#N/A			$0	$0		$0	$0	$0	$0	$0
			#N/A	#N/A			$0	$0		$0	$0	$0	$0	$0
			#N/A	#N/A			$0	$0		$0	$0	$0	$0	$0
					TOTALS	$0	$0	$0	$0	$0	$0	$0	$0	$0

NON-ENHANCED MAA STAFF COSTS

Staff Member	Classification	Code	Description	Medi-Cal %	Activity % Results	Salary Costs	MAA Claimable Portion	Non Claimable Portion	Benefits Costs	MAA Claimable Portion	Non Claimable Portion	Non-Salary Costs	MAA Claimable Portion	Non Claimable Portion
			#N/A	#N/A			$0	$0		$0	$0	$0	$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
			#N/A	#N/A			$0	$0		$0	$0		$0	$0
					TOTALS	$0	$0	$0	$0	$0	$0	$0	$0	$0

NON-ENHANCED MAA PERSONAL SERVICES CBO/CONTRACTOR COSTS

CBO/Contractor	Expense Detail	Code	Description	Medi-Cal %		Pers. Svcs. Contract Costs	MAA Claimable Portion	Non Claimable Portion
Time Study Software	Time Study Software	19	MAA/TCM Coordination and Claims Administration	100.00%		$125	$125	$0
			#N/A	#N/A			$0	$0
			#N/A	#N/A			$0	$0
			#N/A	#N/A			$0	$0
			#N/A	#N/A			$0	$0
					TOTALS	$125	$125	$0

NON-ENHANCED MAA TRANSPORTATION COSTS

Contractor	Expense Detail	Code	Description	Medi-Cal %		MAA Transportation Costs	MAA Claimable Portion	Non Claimable Portion
			#N/A	#N/A			$0	$0
			#N/A	#N/A			$0	$0
			#N/A	#N/A			$0	$0
					TOTALS	$0	$0	$0

NON-ENHANCED MAA DIRECT CHARGE OTHER COSTS

Description	Medi-Cal %	MAA Other Costs	MAA Claimable Portion
Cost Pool#5 Direct Charge Other Costs Total	100%	$0	$0

I certify that the direct charges identified above represent accurate identifiable costs for the program/claiming entity and that the direct charges have been properly identified and allocated. I declare under penalty of perjury that the foregoing is true and correct information and that I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

Signature of Claiming Unit Reviewer or LGA Coordinator

10/15/2023
Date

LGA COORD FIRST AND LAST NAME
Printed Name of Signer

COUNTY-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) - INVOICE DETAIL
Claim Calculation Worksheet (page 1)

Local Governmental Agency: ABC County
Contract Number: DHCS CMAA Evergreen PA-ABC
Period of Service: 01/01/2023-03/31/2023

Program: Veterans Services
Claiming Unit: Veterans Services
Invoice #: XX - XXXX - 2223 - 3

COSTS:	Cost Pool #1 SPMP Costs	Cost Pool #2 Non-SPMP Costs	Cost Pool #3a Non-Claimable Costs	Cost Pool #3b Non-Claimable Dir. Charge Costs	Cost Pool #4 SPMP Dir. Charge Costs	Cost Pool #5 Non-SPMP Dir. Charge Costs	Cost Pool #6 Allocated/Support Costs
Salary:	$0	$77,345	$0	$0	$0	$0	$0
Benefits:	$0	$34,795	$0	$0	$0	$0	$0
Salary + Benefits SUBTOTAL:	$0	$112,140	$0	$0	$0	$0	$0
Personal Service Contracts		$0	$0	$0		$125	
All Personnel Costs SUBTOTAL:	$0	$112,140	$0	$0	$0	$125	
Personnel Costs Distribution Percentage:	0.00%	99.89%	0.00%	0.00%	0.00%	0.11%	
MAA Transportation Costs:				$0		$0	
Non-Salary Costs:	$0	$0	$6,736	$0	$0	$0	$38,159
Other Costs:						$0	
CP #6 Allocated/Support Costs to be Distributed TOTAL:							$38,159
Distribution of CP #6 Allocated/Support Costs:	$0	$38,116	$0	$0	$0	$42	
Non-Salary Costs SUBTOTAL:	$0	$38,116	$6,736	$0	$0	$42	
CP #3b All Personnel + Non-Salary Costs TOTAL:			$0				
TOTAL COST:	$0	$150,256	$6,736		$0	$167	
PERCENTAGE OF TOTAL COST:	0.00%	95.61%	4.29%		0.00%	0.11%	

FUNDING/REVENUE:	Cost Pool #1 SPMP Funding/Revenue	Cost Pool #2 Non-SPMP Funding/Revenue	Cost Pool #3 Non-Claimable Funding/Revenue	Cost Pool #4 SPMP Dir. Chg. Funding/Revenue	Cost Pool #5 Non-SPMP Dir. Chg. Funding/Revenue	Cost Pool #6 Allocated/Support Funding/Revenue
Funding/Revenue:	$0	$9,181	$0	$0	$0	$0
Distribution of CP #6 Funding/Revenue:	$0	$0	$0	$0	$0	
Funding/Revenue TOTAL:	$0	$9,181	$0	$0	$0	
Non-Claimable Activity Percentage:	0.00%	60.91%				
Non-Claimable Activity Cost:	$0	$91,521	$6,736			
CP #3 Remaining Non-Claimable Funding/Revenue:			$0			
Non-Claimable Activity Distribution Percentage:	0.00%	100.00%				
Distribution of CP #3 Reman. Non-Claim. Funding/Revenue:	$0	$0				
Adjusted Remaining Funding/Revenue:	$0	$9,181				
Remaining Funding/Revenue Distributed to Personnel Svcs:	$0	$6,852				
Remaining Fund/Rev Distributed to Non-Salary Costs:	$0	$2,329				
Adjusted Remaining Personnel Services Costs	$0	$105,288				
Adjusted Remaining Non-Salary Costs	$0	$35,787				
TOTAL ADJUSTED COST	$0	$141,075		$0	$167	

I certify that the information above represents accurate and identifiable data for the program/claiming entity. I declare under penalty of perjury that the foregoing is true and correct information and that I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

Signature of Claiming Unit Reviewer or LGA Coordinator

10/15/2023
Date

LGA COORD FIRST AND LAST NAME
Printed Name of Signer

COUNTY-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) - INVOICE DETAIL
Claim Calculation Worksheet (page 2)

Local Governmental Agency: ABC County
Contract Number: DHCS CMAA Evergreen PA-ABC
Period of Service: 01/01/2023-03/31/2023

Program: Veterans Services
Claiming Unit: Veterans Services
Invoice #: XX - XXXX - 2223 - 3

ACTIVITIES:	MEDI-CAL %	ACTIVITY RESULTS PERCENTAGES		REALLOCATED SPMP %	SPMP Medi-Cal %	REALLOCATED Non-SPMP %	Non-SPMP Medi-Cal %
		SPMP	NON-SPMP				
CODE 4: Medi-Cal Outreach	100.00%	0.00%	9.71%	0.00%	0.00%	11.98%	11.98%
CODE 6: Referral, Coordination, and Monitoring of Medi-Cal Services	25.00%	0.00%	20.20%	0.00%	0.00%	24.93%	6.23%
CODE 8: Facilitating Med-Cal Application	100.00%	0.00%	1.73%	0.00%	0.00%	2.14%	2.14%
CODE 10: Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CODE 12: Contract Administration (A) for Medi-Cal Services specific for Medi-Cal populations	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CODE 13: Contract Administration (B) for Medi-Cal Services specific for Medi-Cal and Non Medi-Cal populations	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CODE 15: PP & PD (A) (Non-enhanced) for Medi-Cal Services for Medi-Cal clients	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CODE 16: PP & PD (SPMP) (A) (Enhanced) for Medi-Cal Services for Medi-Cal clients	100.00%	0.00%		0.00%	0.00%		
CODE 17: PP & PD (B) (Non-enhanced) for Medi-Cal Services for Medi-Cal and Non Medi-Cal clients	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CODE 18: PP & PD (SPMP) (B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non Medi-Cal clients	25.00%	0.00%		0.00%	0.00%		
CODE 19: MAA/TCM Coordination and Claims Administration	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CODE 20: MAA/TCM Implementation Training	100.00%	0.00%	0.04%	0.00%	0.00%	0.05%	0.05%
CODES 1, 2, 3, 5, 7, 9, 11, 14, 23-32: All NON-CLAIMABLE Activities		0.00%	49.36%	0.00%		60.91%	
CODE 21: General Administration		0.00%	10.05%				
CODE 22: Paid Time Off (PTO)		0.00%	8.92%				
TOTAL		0.00%	100.00%	0.00%	0.00%	100.00%	20.39%

CLAIM CALCULATION:	CP1	CP2	CP4	CP5	FFP @ 50%	FFP @ 75%
Non-Enhanced Federal Share	$0	$28,768		$167	**$14,468**	
Enhanced Federal Share	$0		$0			**$0**

TOTAL FEDERAL SHARE:	**$14,468**
CPE Eligibility:	**COMPLIANT**
CPE Compliant Federal Share:	**$14,468**

Total Inv. Amt.	50% Inv. Portion	75% Inv. Portion
$14,468	**$14,468**	**$0**

I certify that the information above represents accurate and identifiable data for the program/claiming entity. I declare under penalty of perjury that the foregoing is true and correct information and that I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

Signature of Claiming Unit Reviewer or LGA Coordinator

10/15/2023
Date

LGA COORD FIRST AND LAST NAME
Printed Name of Signer

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INVOICE PERCENTAGE VARIANCE

Date: 10/15/2023

To: The Department of Health Care Services
County-Based Medi-Cal Administrative Activities Unit (CMAA)

From: ABC County
Veterans Services

Subject: CMAA Program Invoice Percentage Variance Documentation for 01/01/2023-03/31/2023

The following information represents the CMAA Program invoice variance data for the LGA/Claiming Unit and Period of Service notated above.

Prior Year Corresponding Quarter Variance Data	
PY Corresponding Quarter Invoice Amount:	$10,200
Current Quarter Invoice Amount:	**$14,468**
Variance Percentage:	**42%**
A variance percentage explanation is:	**REQUIRED**

Prior Quarter Variance Data	
Prior Quarter Invoice Amount:	$13,100
Current Quarter Invoice Amount:	**$14,468**
Variance Percentage:	**10%**
A variance percentage explanation is:	**NOT REQUIRED**

*If an explanation of the variance percentage is "REQUIRED", please fill out the appropriate variance narrative information below

Prior Year Corresponding Quarter Variance Narrative (check all that apply):

- [x] Change in the number of Time Survey Participants
- [ ] Time Survey results were materially different
- [ ] Increase/Decrease to other costs
- [ ] Change in Medi-Cal Percentage
- [ ] Difference in the number of Pay Periods
- [ ] Other: _____

Detailed Explanation:

There were 2 time study participants in the prior year corresponding quarter and 3 in the current quarter. This also resulted in higher payroll costs claimed in Cost Pool 2.

Prior Quarter Variance Narrative (check all that apply):

- [ ] Change in the number of Time Survey Participants
- [ ] Time Survey results were materially different
- [ ] Increase/Decrease to other costs
- [ ] Change in Medi-Cal Percentage
- [ ] Difference in the number of Pay Periods
- [ ] Other: _____

Detailed Explanation:

If you have any questions or require further information, please feel free to contact me.

Signature of LGA Coordinator	10/15/2023 Date	000.000.0000 Phone number
LGA COORD FIRST AND LAST NAME Printed Name of LGA Coordinator	**FISCAL ANALYST** Classification/Title	

LGA:	ABC County	Program:	Veterans Services
Contract #:	DHCS CMAA Evergreen PA-ABC	Claiming Unit:	Veterans Services
Period of Service:	01/01/2023-03/31/2023	Invoice Number:	XX - XXXX - 2223 - 3

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ACTUAL CLIENT COUNT (ACC) PERCENTAGE VARIANCE

For MMDP Users ONLY

Date:	10/15/2023
To:	The Department of Health Care Services County-Based Medi-Cal Administrative Activities Unit
From:	ABC County Veterans Services
Subject:	CMAA Program ACC Percentage Variance Documentation for 01/01/2023-03/31/2023

The following information represents the CMAA Program ACC variance data for the LGA/Claiming Unit and Period of Service notated above.

Prior Year Corresponding Quarter ACC Variance Data			
PY Corresponding Quarter ACC % Code 6			23.50%
PY Corresponding Quarter ACC % Code 10			23.50%
PY Corresponding Quarter ACC % Code 13			23.50%
PY Corresponding Quarter ACC % Code 17			23.50%
PY Corresponding Quarter ACC % Code 18			23.50%
Current Quarter ACC % Code 6			**25.00%**
Current Quarter ACC % Code 10			**25.00%**
Current Quarter ACC % Code 13			**25.00%**
Current Quarter ACC % Code 17			**25.00%**
Current Quarter ACC % Code 18			**25.00%**
ACC Variance in Percentile			
Variance - Code 6	**1.50**	Explanation:	**NOT REQUIRED**
Variance - Code 10	**1.50**	Explanation:	**NOT REQUIRED**
Variance - Code 13	**1.50**	Explanation:	**NOT REQUIRED**
Variance - Code 17	**1.50**	Explanation:	**NOT REQUIRED**
Variance - Code 18	**1.50**	Explanation:	**NOT REQUIRED**

Prior Quarter ACC Variance Data			
Prior Quarter ACC % Code 6			24.75%
Prior Quarter ACC % Code 10			24.75%
Prior Quarter ACC % Code 13			24.75%
Prior Quarter ACC % Code 17			24.75%
Prior Quarter ACC % Code 18			24.75%
Current Quarter ACC % Code 6			**25.00%**
Current Quarter ACC % Code 10			**25.00%**
Current Quarter ACC % Code 13			**25.00%**
Current Quarter ACC % Code 17			**25.00%**
Current Quarter ACC % Code 18			**25.00%**
ACC Variance in Percentile			
Variance - Code 6	**0.25**	Explanation:	**NOT REQUIRED**
Variance - Code 10	**0.25**	Explanation:	**NOT REQUIRED**
Variance - Code 13	**0.25**	Explanation:	**NOT REQUIRED**
Variance - Code 17	**0.25**	Explanation:	**NOT REQUIRED**
Variance - Code 18	**0.25**	Explanation:	**NOT REQUIRED**

Prior Year Corresponding Quarter ACC Variance Narrative

Detailed explanation for required codes (if "required" in any left-hand box above):

N/A - Using CWA

Prior Quarter ACC Variance Narrative

Detailed explanation for required codes (if "required" in any right-hand box above):

N/A - Using CWA

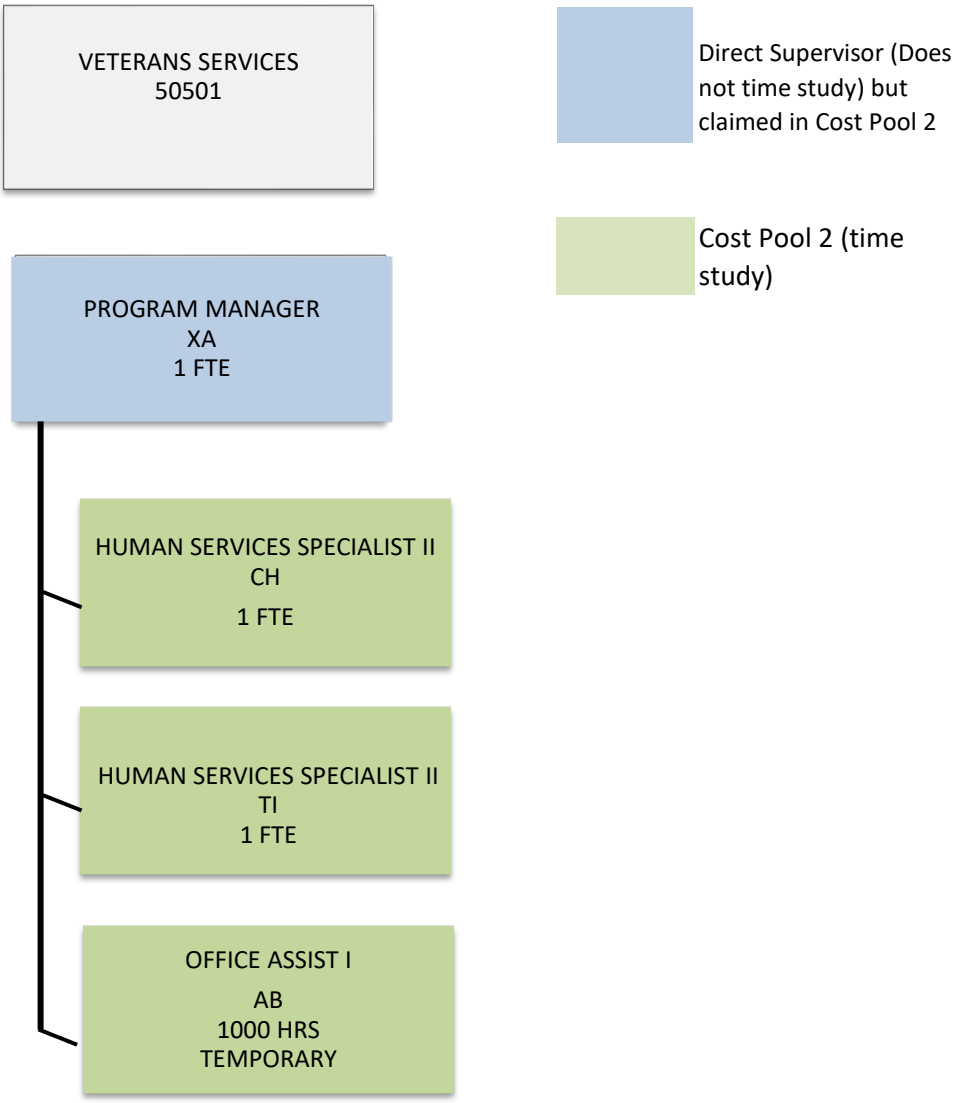
If you have any questions or require further information, please feel free to contact me.

Signature of LGA Coordinator	Date	Phone number
	10/15/2023	000.000.0000

LGA COORD FIRST AND LAST NAME	FISCAL ANALYST
Printed Name of LGA Coordinator	Classification/Title

LGA:	ABC County	Program:	Veterans Services
Contract #:	DHCS CMAA Evergreen PA-ABC	Claiming Unit:	Veterans Services
Period of Service:	01/01/2023-03/31/2023	Invoice Number:	XX - XXXX - 2223 - 3

VETERANS SERVICES ORG CHART
FY: 22/23 Q3



ABC County
Name of LGA

FY 22/23 Q3
Fiscal Year & Quarter

Veterans Services
Name of Claiming Unit

3
Number of Staff

123 Lane, Anytown, CA, 12345
Address

Name of LGA Coordinator
Contact Person

000.000.0000
Phone Number

Description of Claiming Unit Functions

The Veterans Services claiming unit seeks to promote access and connect clients to Medi-Cal services to improve the health of at risk veteran populations through outreach, referral coordination and monitoring of services, facilitation the Medi-Cal application, and program planning and policy development. The Veterans Services Office performs the activities at their physical office during business hours, as well as a number of outreach events.

	NUMBER OF STAFF			MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)											
STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS	SPMP	NON-SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20
Office Assistant		1		1	1	1				1		1			1
Human Services Specialist		2		2	2	2				2		2			2
SUBCONTRACTORS:															
Online Time Study Software Vendor			x											x	
			Discount Method:		CWA							CWA			

CODE 4 =	Medi-Cal Outreach
CODE 6 =	Referral, Coordination, and Monitoring of Medi-Cal Services
CODE 8 =	Facilitating Medi-Cal Application
CODE 10 =	Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered service
CODE 12 =	Contract Administration (A) for Medi-Cal services specific for Medi-Cal populations
CODE 13 =	Contract Administration (B) for Medi-Cal services specific for Medi-Cal and Non Medi-Cal populations
CODE 15 =	Program Planning and Policy Development (A) (Non-Enhanced) for Medi-Cal services for Medi-Cal clients
CODE 16 =	Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal services for Medi-Cal clients
CODE 17 =	Program Planning and Policy Development (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients
CODE 18 =	Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (B) (Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients
CODE 19 =	MAA/TCM Coordination and Claims Administration
CODE 20 =	MAA/TCM Implementation Training

In signing this certification, I certify the information provided herein is true and correct and accurately reflects the performance of the County-Based Medi-Cal Administrative Activities (CMAA) described in this CUFG and on the Comprehensive Claiming Unit Grid (CCUG). I also certify that invoices submitted to the state Department of Health Care Services for reimbursement shall be based on the information included in the CUFG and the CCUG. I confirm that all necessary and appropriate documentation to support the CUFG for all of the staff job classifications included herein is accurate and maintained on file. I understand the claiming unit documents shall be subject to the review and approval of the state Department of Health Care Services and the Centers for Medicare & Medicaid Services. Any knowing misrepresentation of the activities described herein may constitute violation of the Federal False Claims Act.

[Signature CMAA LGA Coordinator]
Signature (CMAA LGA Coordinator)

12/31/2022
Date

[Signature of CMAA Analyst]
Approval Signature (CMAA Analyst)

01/04/2023
Date