

**COUNTY-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) FISCAL LEVERAGING  
ASSESSMENT TOOL *(complete all items in gray)***

Name of Agency	Date

Government Agency (county, city)	Yes		No	
Does your agency have FQHC Status?	Yes		No	
Non-Profit 501C-3	Yes		No	Other

*If "Other" selected, please explain*


**1. POPULATION (ONLY SERVICES PROVIDED TO CLIENTS WHO HAVE MEDI-CAL OR WHO ARE ELIGIBLE FOR MEDI-CAL ARE REIMBURSABLE)**

What percentage of your agency's clients have or are eligible for Medi-Cal?	
---	--

**2. ACTIVITIES (ONLY CERTAIN ACTIVITIES ARE CMAA REIMBURSABLE)**

Are Medi-Cal Administrative Activities (MAA) eligible activities being performed? If so, please list to job titles of staff performing these activities and estimated percentage of time spent on each activity.

**OUTREACH ABOUT MEDI-CAL**

Providing outreach about Medi-Cal as an insurance option and Medi-Cal covered services (ex. counseling, STD testing, family planning, etc) and encouraging people to apply for Medi-Cal.

*List job titles & % of time spent if activities are performed*

**FACILITATING MEDI-CAL APPLICATIONS**

Helping clients complete a Medi-Cal application or recertification, following up on status of application.

*List job titles & % of time spent if activities are performed*

**CASE MANAGEMENT OF MEDI-CAL SERVICES**

Case Management with clients for health services (dental/medical/substance use/mental), referrals for healthcare services, sending records for referrals, making sure clients pick up their prescriptions, arranging transportation to healthcare services

*List job titles & % of time spent if activities are performed*


--	--	--

3. **FUNDING SOURCES** CMAA ACTIVITIES MUST BE SUPPORTED WITH NON-FEDERAL, STATE, OR LOCAL TAX DOLLARS OR SPECIAL PURPOSE NON-FEDERAL FUNDS SUCH AS TOBACCO OR OPIOID SETTLEMENTS.

If your agency has state or local funding for staff who are performing MAA activities, please list them here. Please define all acronyms.

**STATE GRANTS OR CONTRACTS USING STATE TAX DOLLARS**

Name of Funding Source	Contract Period	Annual Amount

**COUNTY or CITY GRANTS OR CONTRACTS USING COUNTY OR CITY TAX DOLLARS**

Name of Funding Source	Contract Period	Annual Amount

4. **CMAA Administration**

Total annual salary and benefit (personnel) costs	\$	
Total annual operating (non-personnel) costs	\$	

CMAA COORDINATOR		FISCAL COORDINATOR	
Name		Name	
Title		Title	
Length of employment		Length of employment	

Please complete the following contact information for your agency:

Name		Title	
Email		Phone	

**CMAA FISCAL LEVERAGING ASSESSMENT TOOL created by Les Hall, Consultant and adapted for this CFPIC Project.**