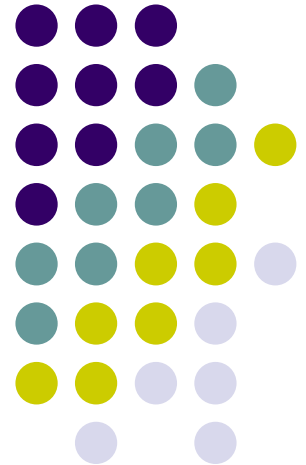# Federal Financial Participation FFP

MCAH Program Training

Brought to you by the MCAH Branch

Federal Financial Participation FFP

- Overview
- Purpose
- FFP Objectives
- FFP Requirements
- Reimbursement
- Position Classifications & Requirements
- FFP Components
- MediCal Factor
- Time Studying
  - Time Studying Rules
  - Time Study Forms
  - Time Study Tools
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    - Budget Documents
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  - Time Study Summaries
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  - State
  - Federal
- Disclaimer
- Annual Reports
- Resources/References
- Questions
- Attachments

Federal Financial Participation Program - FFP

- A federal program providing reimbursement for activities performed by qualified staff that meet the specific program goals/objectives.

- Authority for implementation and oversight to the State.

- Develop policies and procedures bases on federal regulation.

- State's role is to monitor for the program compliance to the federal rules and requirements.

Federal Financial Participation Program

- Title XIX – Medicaid program

   Code of Federal Regulations - 42 CFR 432

- A single state agency responsible for the management of the program and compliance with federal rules and regulations and funding for the State of California:

   Department of Health Services - MediCal Division

- Each state applies annually for Medicaid funds based on the eligible population.

- Federal auditors annually review the State's utilization of Medicaid funds.

- FFP has two programs:
  - Targeted Case Management - TCM
  - Medical Administrative Activities - MAA

     ***MCAH-FFP** is MAA and must follow the rules & requirements of the MAA program.
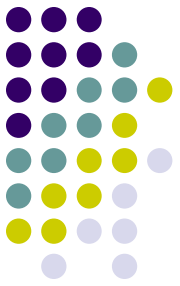
Purpose of Title XIX - FFP

Provides funds to the State to:

- Identify low or no income women and children that had no means or access to health care.

- Link women and children of need to care, providers and/or services to ensure safe and healthy pregnancy, birth and growth.

FFP Objectives

- To assist individuals eligible for MediCal to enroll in the MediCal program

and/or

- To assist individuals on MediCal to access MediCal providers, care and services.
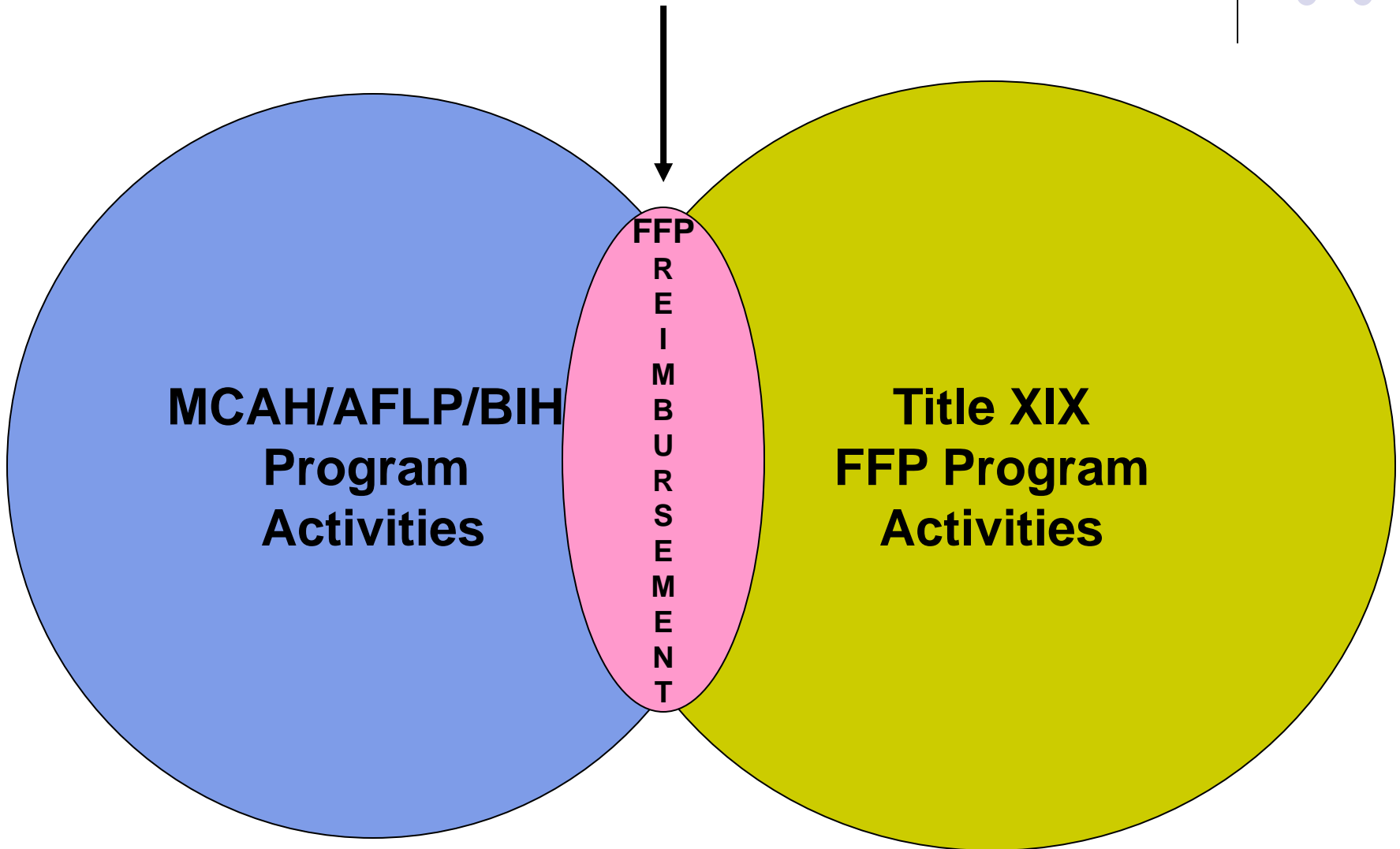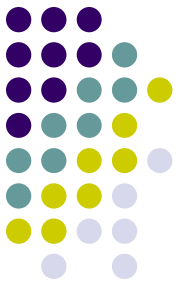
MCAH-FFP Reimbursement

- Overview

- Reimbursement Rules & Requirements

- Reimbursement Criteria

- Reimbursement formula

- Staff positions and classification

FFP Reimbursement

Only activities that meet both MCAH/AFLP/BIH and FFP goals and objectives are reimbursable with Title XIX/MediCal funds.

Title XIX FFP Reimbursement Requirements

- The MCAH program (Local MCAH, BIH, &/or AFLP has been approved by MediCal to use FFP.
- Only activities that meet the FFP Objectives can be reimbursed.
- Staff performing certain FFP activities must meet Title XIX professional qualifications & criteria.
- All activities performed by staff are required to be documented by quarterly time studies & secondary documentation.
- The local program must provide qualifying non-federal funds to expend to qualify for Title XIX reimbursement (i.e. local county/city/State funds).
- The target population of women, children and adolescents that must be MediCal eligible (per Title XIX criteria) and/or MediCal beneficiaries.

MCAH-FFP Reimbursement

FFP reimburses an activity based on:

Program – Staff – Activity – Time

- Program
  - Performed for a FFP approved MCAH program (e.g. MCAH, AFLP, & BIH).
- Staff
  - A MCAH program staff performs the activity.
- Activity
  - Activities performed must meet the two FFP objectives.
  - *There are many activities that the MCAH program support but are not reimbursable with Title XIX/FFP funds.*
- Time
  - All activities must note the "**start and stop**" time.
  - All staff must note 100% of their time for ALL activities for all programs (This includes non-MCAH programs.) worked.

Reimbursement Formula

For every local/agency dollar "$" spent on
Program + Staff + Activity +Time

+

Title XIX - FFP will reimburse a dollar "$" or three dollars "$$$" depending the staff & activity.

x

MediCal Factor "%"

=

Title XIX/FFP Reimbursement total "$$$$" dollars to your program.

*Other MCAH program and/or local funding sources pay for Non-reimbursable activities and non-MediCal beneficiaries.

Staff Positions and Classifications

- All MCAH program staff positions receiving FFP reimbursement must be identified on the MCAH program's budget and have a defined role and responsibility in meeting FFP objectives.

- The MCAH program and staff must meet all FFP requirements to be reimbursed with Title XIX funds.

- There are two **FFP** personnel classifications:

  - Skilled Professional Medical Personnel
    SPMP

  - Non-Skilled Professional Medical Personnel
    Non-SPMP

Skilled Professional Medical Personnel

- Federal regulation defines **SPMP** "…physician, dentist, nurses, and other specialized personnel who have professional education and training in the field of medical practice and who are in an employer-employee relationship with the Medicaid program. It does not include other non-medical health professionals such as public program administrators, medical analysts, lobbyists, senior managers, or administrators of public assistance programs or the Medicaid program." **42 CFR 432.2**

- There are no exceptions or waivers for this qualification.

- All program SPMP staff must complete and sign the Federal SPMP Questionnaire
  - Reviewed & approved by supervisory program staff.
  - Maintain as long as the staff holds a SPMP position.
  - See your program policy and procedure manual for specifics.
  - See attachments for the SPMP Questionnaire.

SPMP Enhancement Criteria

The reimbursement rate of 75% is available for SPMP and directly supporting clerical staff if the following criteria are met:

- Only activities are directly related to the administration of the Medicaid program and FFP objectives. Direct medical/clinical services/assistance, education and/or anticipatory guidance activities are **NOT** FFP matchable activities.

- The SPMP position must have duties & responsibilities that require their specific professional medical knowledge & skills.

- Supporting staff such as secretarial, stenographic, file/records clerk and copying staff who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and function of the SPMP. General activities are reimbursed at a non-enhanced rate.   SPMP staff must directly supervise the supporting staff and evaluate the performance of the staff's work

42 CFR 432.50 (d)

# Non-Skilled Professional Medical Personnel – Non-SPMP

- Non-Skilled Professional Medical Personnel is defined as all other local health jurisdiction personnel not meeting the SPMP requirements working in a approved MCAH program.
- For example:
    - Community health workers
    - clerical staff
    - Epidemiologist
    - Fiscal
    - Administrative Assistant
    - Program analyst

FFP Personnel Classifications

- **Skilled Professional Medical Personnel – SPMP**
  - Identified on the program budget.
  - Meet SPMP quailifications per the FFP rules & requirements.
  - Employee of the county program. *Non county employees such as sub-contractors do not quailify as SPMP.
  - Completed and signed SPMP Questionnaire on file.
  - Position duty statement should have the roles & responsibilities that require SPMP level of expertise to meet the MCAH program objectives.
  - County job specification and/or classification must require that an SPMP position must meet or exceed the FFP SPMP position quailifications.

- **Non-Skilled Professional Medical Personnel - Non-SPMP**
  - Identified on the program budget.
  - Program duty statement with roles & responsibilities that meet the MCAH program objectives.
  - Includes all staff of a community based program and subcontractor.

FFP Components
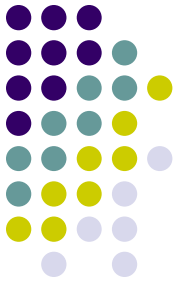
- **MediCal Factor**

- **Time Study**

- **Secondary Documentation**

MediCal Factor

- Base MediCal Factor
  - Based on the percentage of births (to residents) paid for by MediCal in a local health jurisdictions.
  - Calculated every two years by MCAH Branch.
  - Cannot be changed or substituted.
  - No justification required
- Other Approved MediCal Factors
  - Population wide, publicly available, or documented statistics representing the MCAH program targeted population of women of child bearing age, pregnant women, adolescents, children and infants.
  - Direct documentation of MediCal beneficiary number.
  - Provide justification for each position matching above the Base MediCal Factor.
  - MCAH Branch review and approval is required for use.

Time Study

- Purpose
  - Determine reimbursable FFP activities & expenses.
  - Primary documentation of FFP activities & time spent
  - Monitor activities to ensure they meet FFP objectives.
  - Documents ALL activities
  - Secondary documentation required

- Requirements
  - All positions receiving Title XIX reimbursement (enhanced and non-enhanced including including sub-contractors) must Time Study one month of each quarter in the fiscal year.
  - Time Study for **100%** of time worked for **all programs** worked in Time Study month.
  - Document time on the standard Time Study form.
  - Custom Time Study forms and/or systems may be substituted only with the approval of the MCAH Branch.
  - Review and approval by program supervisor.

Time Study Forms

- ## Time Study Form
  - ### Standard Weekly Time Study Form
    - See attached form
  - ### Custom Time Study Form
    - Must have been reviewed & approved by MCAH Branch prior to use.
    - Meet all the FFP requirements.
      - Completed weekly
      - Identify all programs worked in the Time Study including non-MCAH program
      - Indicated the "Start and Stop" time of all activities for all programs
      - Indicate the appropriate FFP Function Code for each activity.
      - Be reviewed for completion and accuracy by a supervisor.
    - Meet all the MCAH Branch requirements.
    - Submitted in the required data format.

Time Study Forms

- Electronic/Computerized Time Study System
  - Must meet all FFP rules & requirements.
  - Must be reviewed & approved by MCAH Branch.
  - All changes and/or upgrades to an approved system must be submitted for review and approval by MCAH Branch.
  - Provide MCAH information and/or data in format that is approved by MCAH Branch.

Time Study Tools

Develop a FFP system/process in your program.

- Define & assign FFP roles & responsibilities to key staff.
- Assess your current FFP process & compare to FFP requirements and your program compliance.
- Establish standard FFP process, procedures & forms. For example:
  - Standardized Secondary Documentation form
  - Time Studies to be turned in weekly for review & correction.
  - Create position FFP "Cheat Sheets" to help staff Time Study more accurately.
  - Time Study review for staff at the beginning of the Time Study month.
  - Evaluate Time Studies. Monitor activities & time spent are appropriate and correct.
  - Identify a person and/or resources to help when staff have FFP questions.
  - Record retention process for all Time Study documents.
- Keep up to date with the FFP rules & requirements.

FFP Function Codes/Activities

1. Outreach/Non-SPMP Administrative Case Management
2. SPMP Administrative Case Management
3. SPMP Intra/Inter Agency Coordination, Collaboration & Administration
4. Non-SPMP Intra/Inter Agency Coordination, Collaboration & Administration
5. FFP Program Specific Administration
6. SPMP Training
7. Non-SPMP Training
8. SPMP FFP Program Planning & Policy Development
9. Quality Management by SPMP
10. Non-Program Specific General Administration
11. Other Activities
12. Paid Time-Off

Function Code #1
Outreach/Non-SPMP Administrative Case Management
Non-Enhanced Activity

- This function is to be used by **all staff** when performing activities that inform MediCal eligible or potentially eligible individuals, as well as other clients, about health services covered by MediCal and how to access the health programs. Activities include a combination of oral and written informing methods which describe the range of services available through the MediCal program and the benefits of preventive or remedial health care offered by the MediCal program.

- This code is also used by **Non-SPMP** staff for Administrative Case Management.

Function Code #1
Outreach/Non-SPMP Administrative Case Management
Examples

- Representing local MCAH program at community health fair.
- Working on a brochure providing information about access to MediCal and available MediCal services.
- Presenting at a local school about dental resources available for children through MediCal's DentiCal program.
- Reaching out to potential medical providers to be part of our program.
- Assisting a MediCal eligible/beneficiary in finding a MediCal provider, care and/or service.
- Helping MediCal beneficiary access to a hearing specialist.
- Assisting MediCal beneficiary to overcome a transportation barrier by developing a transportation plan to their MediCal provider.

Function #2
SPMP Administrative Medical Case Management
Enhanced Activity

- This function is to be used ___only___ by skilled professional medical personnel when participating in medical reviews; assessing the necessity for and types of medical care associated with medical case management and case coordination activities required by individual MediCal beneficiaries.   Administrative oversight of a client/patient receiving MediCal care and/or services from a MediCal provider.

Function #2
SPMP Administrative Medical Case Management
Examples

- Assuring a pregnant woman with Gestational Diabetes is following her physician plan of care.

- Assisting a pregnant woman to get into a substance abuse or mental health programs as needed.

- Helping to get a newborn with a heart defect into care of a pediatric cardiologist.

- Working with a client's physician on a plan of care for a pregnant woman with twins.

- Conferring with supervisor about client's medical care access problem.

- Participating in a multidisciplinary team case conference review of your client.

Function Code #3
SPMP Intra/Interagency Coordination, Collaboration, & Administration
Enhanced Activity

- This function is to be used **_only_** by skilled professional medical personnel when performing collaborative activities that involve planning and resource development with other agencies which will improve the cost effectiveness of the health care delivery system and improve availability of medical services.

- Addressing an issue and/or a problem concerning MediCal health access, and/or MediCal providers, care and/or services for the population your MCAH program serves.

Function Code #3
SPMP Intra/Interagency Coordination, Collaboration, & Administration

- Community task force to increase access to local health care providers and services – "Where have all the providers gone?".
- Prenatal substance abuse collaborative - Developing referral and treatment programs.
- Committee for reducing African-American Infant prematurity – "Is our prenatal care and services adequate?"
- Prenatal Task Force –Developing a seamless referral and tracking system for pregnant women agency wide.
- Committee for Adolescent Health – Establishing school based health centers for adolescents.
- Community Forum – Establishing neighborhood health centers.
- Adolescent Health Forum - Adolescent Mental Health Services and Care.

Function Code #4
Non-SPMP Intra/Interagency Coordination, Collaboration, & Administration
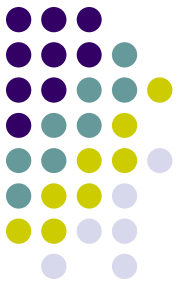### Non-Enhanced Activity

- This function is to be used **_only_** by non-skilled professional medical personnel when performing collaborative activities that involve planning and resource development with other agencies which will improve the cost effectiveness of the health care delivery system and improve availability of medical services.

- Addressing an issue and/or a problem concerning MediCal health access, and/or MediCal provider, care or services for the population your program serves.

Function Code #4
Non-SPMP Intra/Interagency Coordination, Collaboration, & Administration
Examples

- Adolescent Health Committee – Stream lining the MediCal Application process for Adolescents.

- Committee to Improve Health Care Access – Overcoming Transportation Barriers to care and services.

- BIH Community Collaborative – Planning for the annual community "Baby Shower"

- Agency Committee on coordinating access to care.

- MCAH Committee to improve referrals services to dental care and providers.

Function Code #5
FFP Program Specific Administration
Non-Enhanced Activity

- This function is to be used by ***all staff*** when performing activities that are related to program specific administration which are identifiable and directly charged to the program. Office related general tasks.

Function Code #5
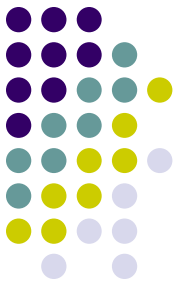## FFP Program Specific Administration
Examples

- Answering and reviewing MCAH program client/provider e-mails, postal mail, and telephone calls concerning appointments and follow-up to visits.

- Photocopying Adolescent Initial Intake form.

- AFLP program staff meeting – Agenda "Reviewing new MediCal application".

- Next day home visit reminder calls x 3 for MCAH program clients.

- Completing weekly Time Study

- BIH Staff Meeting – Time Study Issues and Questions

- Lodestar Data Entry

- Developing a Dental Outreach brochure

Function Code #6
SPMP Training
Enhanced Activity

- This function is to be used only when training is provided for or by skilled professional medical personnel and only when the training activities directly relate to the SPMP's performance of specifically allowable SPMP administrative activities related to the FFP objectives.

- Related to the approved MCAH program (MCAH,AFLP/ASPPP, BIH).

- Training needed to increase trainees ability to meet the FFP objectives.

- Must be given by a SPMP.

- At the knowledge level of a SPMP.

- Person attending must meet the SPMP requirements.

Function Code #6
SPMP Training
Examples

- Columbia Memorial Hospital – Preterm Labor Assessment: Hospitalization or Home Monitoring

- ACOG Presentation: Dr. Gold – New treatment modalities for Gestational Diabetics

- UCSF School of Nursing – Managing post-partum depression

- MCAH Action meeting: Childhood Asthma – Current Care & Treatment.

- Dept. of Health Services: Identifying and treating Lead exposure for children and adolescent .

- UCD: Pregnancy Outcomes – "Is early entry into care meeting expectations".

Function Code #7
Non-SPMP Training
Non-Enhanced Activity

- This function is to be used by **_all staff_** when training relates to non-SPMP allowable administrative activities and to the medical care of clients.

- Related to the approved MCAH program.

- Training needed to increase trainees ability to meet the FFP objectives.

- Can be given by a SPMP or Non-SPMP.

- At the knowledge level of a SPMP or Non-SPMP.

Function Code #7
Non-SPMP Training
Examples

- FFP Time Study Training

- Understanding the MediCal Application

- Case Management – The adolescent client

- Helping clients overcoming cultural barriers to care and providers

- Eligibility – MediCal vs. Healthy Families

- Lodestar training

- BIH Management Information System Training

Function Code #8
SPMP FFP Program Planning & Policy Development
Examples

- This function is to be used by **_only_** by skilled professional medical personnel and only when performing program planning and policy development activities. The SPMP's tasks must officially involve program planning and policy development, and those tasks must be identified in the employee's job description/duty statement.

Function Code #8
## SPMP FFP Program Planning & Policy Development
Examples

- Developing Time Study policy and procedures.
- Facilitate meeting the needs of providers and managed care plans for updated materials, resources and information on CPSP and the needs of the target population.
- Address issues related to access and quality of Perinatal care.
- Evaluate the referral system for BIH clients.
- Complete the annual MCAH program report.
- Review quarterly referrals to Dental-Cal.
- Assess the availability of OB-GYN providers currently accepting MediCal clients.
- Review and assess case management needs for AFLP clients in the next quarter.
- Develop a transportation voucher system for MCAH clients.
- Provide consultation to MCAH program staff concerning appropriate client referrals.

Function Code #9
Quality Management by SPMP
Enhanced Activity
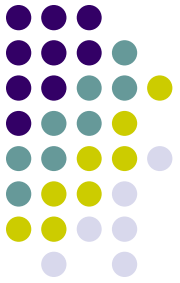
- This function is to be used by **_only_** by skilled professional medical personnel and only when performing quality management activities such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols.

Function Code #9
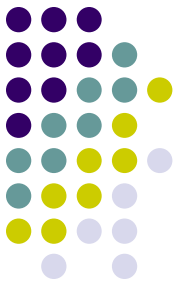## Quality Management by SPMP
Examples

- Reviewing staff work with meeting the FFP objectives with clients.
- Auditing Time Studies and Secondary Documentation for accuracy and substantiation.
- Reviewing, providing feedback, and signing off staff Time Studies.
- Examine and evaluate current AFLP mental health referrals.
- Routine audit of case managers clients for appropriate health care management and referrals.
- Supervisory review of staff in meeting FFP program objectives.

Function Code #10
Non-Program Specific General Administration
Allocated-Share of cost by all programs

- This function is to be used by **_all staff_** when performing non-program specific administrative activities that relate to multiple functions or to no specific, identifiable functions due to the general nature of the activities.

Function Code #10
Non-Program Specific General Administration
Examples

- Bioterrorism Training

- Sexual Harassment Training

- Safe Driving Training

- General Agency required meetings or trainings

- CPR or First Aid if required and provided or paid for by the agency.

- Biological Hazard Handling/Training

- General Agency meeting on health, leave or benefits.

Function Code #11
Other Activities

Other programs/funds or activities* not matchable with FFP Funds

- This function is to be used by **_all staff_** to record time performing activities which are not specific to the administration of the **MediCal** program and/or:
  - Do not meet the either of the two FFP Objectives.
  - Those activities identified as **Exceptions** or non-reimbursable.
  - Activities that are MCAH/AFLP/BIH claimable but not FFP reimbursable.
  - Activities on behalf of a non-approved program (i.e. Childhood Injury Prevention, FIMR or SIDs)
  - Activities for a non-MCAH program (i.e. local MCAH, AFLP or BIH) such as: Lead, Cal Learn, Immunization, Public Health Nursing, clinic etc.

Function Code #11
Other Activities

Other programs/funds or activities* not matchable with FFP Funds

- Assisting a client find new housing.
- Evaluating an infant for normal growth and development.
- Providing baby clothes and furniture.
- Assisting a client with food stamps.
- Working with a client to meet educational goals.
- Providing instruction an assistance in installing a car seat.
- Participating in FIMR review.
- Facilitating a SIDs parent information group.
- Helping a mother with breastfeeding.
- Examining cleaning and application of dental sealant.

Function Code #12
Paid Time Off
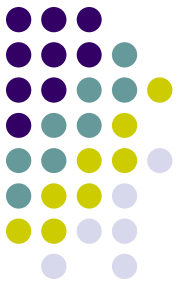### Allocated-Share of cost by all programs
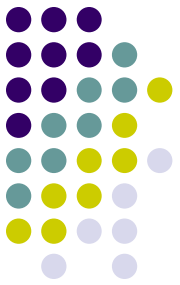
- This function is to be used by **_all staff_** to record usage of paid leave, holiday, vacation, sick leave jury duty, or other status that your employer has identified as "paid time off".

- This does not include:
  - Flex Time earned
  - CTO
  - Comp Time earned
  - Union Meetings
  - Other non-MCAH programs

Function Code #12
Paid Time Off

Examples

- New Years Day
- President Day
- Christmas
- Sick Leave
- Family Leave
- Educational Leave – Contractually agreed upon paid time off by employer.
- Jury Duty
- Vacation

Secondary Documentation

Secondary Documentation is the information and data that substantiates and supports reimbursable activities on the Time Study.

Secondary Documentation is a FFP requirement.

Secondary Documentation monitors for appropriate FFP activities.

Secondary Documentation creates an audit trail that supports the reimbursable time billed.

Secondary Documentation can be anything an agency chooses but, should include the following elements:

- Date
- Time spent
- Activity
- Program
- Identify the Client /Program/Event for which the activity was performed
- Function Code

Secondary Documentation

Secondary Documentation Requirements

- All staff receiving reimbursement on the budget must document **all** of their time and activities on **all** programs (including non-MCAH programs) worked.

- Secondary Documentation must provide sufficient information to:
    - Secondary Documentation spent must support and substantiate the activities and time claimed on the Time Study.
    - Distinguish different activities (I.e. home visit, calls, charting, meeting) and programs (i.e. MCAH, BIH, IZ, PHD).
    - Link client specific activities to a case file where further information may be gained that supports time and activities reimbursed.
    - ALL documentation should support the Function Code chosen. For example the Time Study to Secondary Documentation to client record should be linked by the activity provided and time spent.
    - Clearly identifies the clients or entity for which the activity or services is provided (e.g. group, MediCal number or client first & last names).
    - Identifies the program for which the activity is performed.
    - Provide "start and stop" times for all activities.

Secondary Documentation
Guidelines & Suggestions

- Standard format used by all staff that Time Study.

- Should include:

  - Name

  - Staff Position

  - Program(s)

  - Date

  - Signatures – Staff and Reviewing Supervisor with date reviewed.

  - Function Code

- "Start Stop Times" in a minimum of 15 minutes to maximum of 30 minutes increments.

- Time should be continuous in ½ hours (i.e. 8:00 AM – 5:00 PM)

- If abbreviations and/or acronyms are used must have glossary or legend.

- See attachments for Secondary Documentation example.

Secondary Documentation

Guidelines & Suggestions

- Documentation should legible, concise, & completed timely.
- Only black or blue ink is recommended;pencil is never considered legal.
- Errors should be corrected by a simple cross through with the correct information given, then dated & initialed.
- Never use White Out, Liquid Paper or Dryline on errors; this is not considered legal.

Privacy & Confidentiality

- Definitions
  - Privacy
    - A person's right to have personal information maintain in a manner so it is not publicly available.
  - Confidentiality
    - Is the obligation to protect the right of privacy of person's information.
- Types of FFP documents that should be protected.
  - Time Studies
  - Secondary Documentation – e.g. paper and/or electronic
  - Client Records

Privacy & Confidentiality

- Rules and requirements
  - Know your organization rules & requirements.
    - Agency Policy & Procedure Manuals
    - Duty Statement
    - Agency training
  - Understand your professional (e.g. Licensure) rules and responsibilities.
- HIPAA – Federal requirements.
  - Requires that all environments/organizations develop and implement privacy and security standards that safeguard the confidentiality, availability and integrity of personal information.
- State regulatory requirements
  - Title 22 California Code of Regulations (CCR)

Secondary Documentation Examples #1

Date	Time	Program	Function Code	Activity
09/03/05	8:00 – 10:00	MCAH		L Simpson – HV Prenatal F/U to pre-term labor.
06/14/05	10:00 – 14:00	MCAH		Dental Task Force Quarterly meeting.
11/02/05	11:00 - 11:30	AFLP		T/C S Evans about Perinatal specialist appt.
02/23/05	13:30 - 15:30	AFLP		Work on Teen Health Fair outreach presentation.
05/07/05	16:30 - 17:00	BIH		HV reminder calls for 05/8 – 3 clients
03/30/05	13:00 – 17:00	MCAH		Flex time

Secondary Documentation Examples #1 Answers

Date	Time	Program	Function Code	Activity
09/03/05	8:00 – 10:00	MCAH	SPMP-2 Non-SPMP-1	L Simpson – HV Prenatal F/U to pre-term labor.
06/14/05	10:00 – 14:00	MCAH	SPMP-3 Non-SPMP-4	Dental Task Force Quarterly meeting.
11/02/05	11:00 - 11:30	AFLP	SPMP-2 Non-SPMP-1	T/C S Evans about Perinatal specialist appt.
02/23/05	13:30 - 15:30	AFLP	SPMP-1 Non-SPMP-1	Work on Teen Health Fair outreach presentation.
05/07/05	16:30 - 17:00	BIH	SPMP-5 Non-SPMP-5	HV reminder calls for 05/8 – 3 clients
03/30/05	13:00 – 17:00	MCAH	No code Blank	Flex time

Secondary Documentation Examples #2

Date	Time	Program	Function Code	Activity
10/13/05	10:00 – 11:00	AFLP		HV T Hall review child safety info & cardiac specialist referral.
04/10/05	14:00 – 17:30	BIH		Assisted M Reams into Women's Shelter.
07/08/05	13:00 - 18:30	MCAH		Attend Breastfeeding workshop.
09/28/05	13:30 - 15:30	MCAH		Attend Bioterrorism training
11/24/05	9:30 - 10:30	BIH		Staff meeting
12/09/05	14:00 – 17:00	MCAH		Dental Appt.
04/10/05	13:00 - !7:00	IZ		Pediatric Shot Clinic

Secondary Documentation Examples #2 Answers

Date	Time	Program	Function Code	Activity
10/13/05	10:00 – 11:00	AFLP	SPMP-2/11 Non-SPMP 1/11	HV T Hall review child safety info & cardiac specialist referral.
04/10/05	14:00 – 17:30	BIH	SPMP-11 Non-SPMP-11	Assisted M Reams into Women's Shelter.
07/08/05	13:00 - 18:30	MCAH	SPMP-11 Non-SPMP-11	Attend Breastfeeding workshop.
09/28/05	13:30 - 15:30	MCAH	SPMP-10 Non-SPMP-10	Attend Bioterrorism training
11/24/05	9:30 - 10:30	BIH	SPMP-5 Non-SPMP-5	Staff meeting
12/09/05	14:00 – 17:00	MCAH	SPMP-12 Non-SPMP-12	Dental (staff) Appt.
04/10/05	13:00 - !7:00	IZ	SPMP-11 Non-SPMP-11	Pediatric Shot Clinic

FFP Program
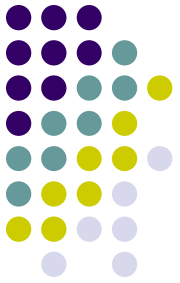
- **Monitoring**

- **Evaluation**

Monitoring & Evaluation

Monitoring

- Monitoring objectives
  - Monitoring is a review for compliance with FFP program requirements.
  - Monitoring tells you what is going on as compared to what should be done.
  - Monitoring will identify what is not working and will lead to what needs to be corrected.
- **Common ways to monitor:**
  - **Inspection** – Observing of the Time Study process in your agency.
  - **Reviews** – Meeting and discussing the progress of your Time Study process, successes and challenges.
  - **Testing** – Testing staff and their knowledge of the Time Study process.
  - **Auditing** – Auditing the Time Study process. Audits can be a meeting with staff or a review of Time Study documents.

Monitoring & Evaluation

Evaluation

- Evaluation is the systematic collection and analysis of data that is needed to make decisions in determining the effectiveness of a program.

- Reasons for evaluation:

  - Program compliance
    - Federal/State program requirements
    - FFP program requirements

  - Timelines
    - Meet all timelines for completions and submission of Time Studies.

  - Efficiency
    - Reduces staff time spent doing Time Studies and improves results.

  - Accountability
    - Budget projected and Invoices complete are comparable.

  - Changes and Implementation
    - Plan additions, modifications and deletions to the process.

FFP - Fiscal

- **AFA**
  - SOW
  - Duty Statements
  - Job Specifications/Classifications
  - Waivers
  - Sub-Contractors
  - Budget
    - Personnel
    - Operating
    - Justification – MediCal and Expenses
    - Capital Expenditures
    - Other cost
    - Indirect cost
    - Revisions
- **Invoices**
  - Invoice
  - Reconciliation
  - Time Study Summaries

Fiscal
Allocation Funding Application - AFA

- **AFA Overview**
  - The AFA is an agreement between the local health jurisdiction and the State for specific scope of work (SOW) to be completed in meeting MCAH program objectives within the fiscal year for defined amount of funding.
  - The AFA has very specific program and fiscal components that must be completed by the local health jurisdiction and submitted for review and approval by the MCAH Branch.
  - Determines the agreed upon deliverables of the allocation such as:
    - Annual Reports
    - Required meetings and trainings
    - Required and agreed upon objectives and outcomes
    - Staffing requirements and program FTEs.

Fiscal
Allocation Funding Application - AFA

- AFA Funding consist of a variety of funding sources each with their own rules and requirements:
- There are two categories of funding sources:
  - **Fixed funds**
    - Title V – Title V Block Grant applied for annually by the State to support Federal MCAH goals/objectives.
    - State General Funds (SGF) – applied for annually in the State Budget to support State MCAH goals/objectives.
  - **Variable Funds**
    - Local Agency funds – Contribution made by local government to the MCAH programs to meet Federal/State/Local goals/objectives.
    - Title XIX MediCal or FFP funds – Reimbursement of Title XIX funds for local agency staff performing specific activities that meet FFP objectives.
    - Other funds – Grants, special proposition funds, private.

Fiscal
# Allocation Funding Application - AFA

- **Scope of Work – SOW**
  - The SOW defines the goals/objectives to be accomplished throughout the fiscal year focusing on process and outcomes for each MCAH program.
  - All activities identified and performed in the meeting SOW are MCAH program claimable.
  - Activities performed in meeting these MCAH program objectives that also meet the FFP objectives/FFP rules and requirements can be reimbursed with Title XIX funds.
  - Objectives and activities not identified on the SOW neither MCAH program claimable or FFP reimbursable.

Fiscal
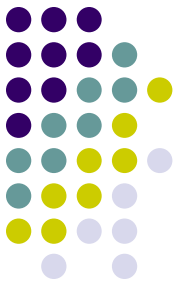## Allocation Funding Application - AFA
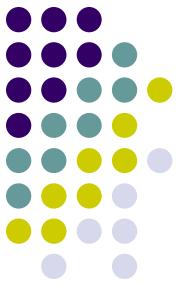
- **Duty Statements**
    - MCAH program policy and procedure requirement for every position on the budget.
    - Duty Statements identifies the roles and responsibilities of each position in meeting the MCAH program SOW.
    - Duty Statement should reflect activities that also meet FFP objectives.
    - Duty Statement should identify whether this position requires a Skilled Professional Medical Professional.
    - List by the level of importance the position responsibilities/tasks.
    - Statements should be short, focused and concise.
    - Do not include "Full Time Equivalent" (FTE).
    - See the attachments for Example Duty Statement.

Fiscal
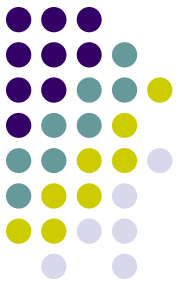# Allocation Funding Application - AFA

- **Duty Statements**
  - A duty statement should have the following information:
    - Health jurisdiction
    - Program
    - Program Position
    - County Job Specification
    - General Responsibilities
    - Specific position roles and responsibilities for the program.
    - Date developed and annual date reviewed
    - Position budget line number(s).
  - All duty statements should be reviewed annually.
  - Duty Statements should be updated as position roles & responsibilities change.

Fiscal
Allocation Funding Application - AFA

- **Job Specification/Classification**
  - It is a Federal requirement that a local government agency (LGA) submit to the State agency the local Job Specification or Classification statement for ALL SPMP positions on the budget receiving reimbursement with Title XIX funds including clerical staff.
  - The LGA job specification/classification substantiates that the level of knowledge and education necessary to carry out the role and responsibility of the SPMP position.
  - FFP rules do not allow the substitution of "years of experience" in a classification for FFP program SPMP educational requirements.
  - If the roles and responsibility for SPMP and Non-SPMP staff filling a position are the same then only non-enhanced reimbursement is allowed.

Fiscal
Waivers

- There are **<u>no</u>** waivers allowed for any aspect of FFP program rules and requirements.
- Waivers only pertain to MCAH program requirements such as:
  - Education requirements for a position.
  - Full Time Equivalents (FTE) requirements for a position.
- Copies of all waivers granted should be submitted with the AFA annually for reconsideration and continuation.
- Any changes made to a waiver must be presented to MCAH Branch for reconsideration and approval. This includes any change in:
  - Personnel
  - FTE
  - Duty Statement
- Waiver may be revoked at any time by the MCAH Branch.

Fiscal
Subcontractors

- Local government agencies (LGA) may contract with a community based organization (CBO) or independent source to perform some or all their program activities within the LGA MCAH program scope of work.

- The LGA must submit the agreement/contract made with the CBO and/or subcontractors to the MCAH Branch for approval and before the LGA may invoice for any work that the CBO and/or subcontractor has completed.

- The CBO and/or subcontractor contract must identify the specific work on behalf of the program that will be performed by them in the contract. See the MCAH program policy and procedure for details.

- The LGA must submit a complete budget and supportive documents for each CBO and/or subcontractor and submit them to the MCAH Branch for review and approval.

- It is the LGA's responsibility and liability that the CBO and/or subcontractor comply with the rules and requirements of the MCAH and FFP programs such as Time Studies and Secondary Documentation.

- CBOs and/or subcontractors may only reimbursed at a non-enhanced rate.
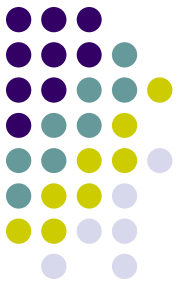
Fiscal
Budget

- Overview
  - Each MCAH program must submit a budget annually based on the MCAH program's Scope of Work (SOW).
  - The budget forecast the cost of personnel, operating, capital expenditures, indirect and other cost (i.e subcontracts) to complete the SOW.
  - The budget also forecasts the percent of reimbursable Title XIX activities that program staff perform to meet the FFP objectives.
  - The average percent of reimbursable activities by personnel is used to then forecast the Title XIX share of cost with operating expenses.
  - The budget also includes:
    - MediCal Factor Justification
    - Budget Summary Page
    - Detail Worksheets
    - Budget Justification Narrative
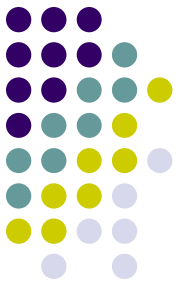   - Subcontracts and budget documents.

Fiscal
Personnel Worksheet

- The personnel detail worksheet list every position on the program budget and forecast the potential FFP matching funds throughout the fiscal year.
- The Personnel Worksheet must include the following:
  - Staff Initials – If position is vacant then "vac" is used.
  - Job title or class in the program (e.g. PHN, clerk, CHOW).
  - Benefit percentage –
    - May be one percentage rate for all positions or,
    - Actual benefit amount can be entered for each individual position can be entered.
  - Total annual salary for each position.
  - Full Time Equivalent (FTE) for each position.
  - Percentage FTE in non-reimbursable and reimbursable (non-enhanced and/or enhanced) funding categories.
  - MediCal Factor per position.
  - Indicate if a position MediCal Factor is variable.
  - Indicate if a position is expected to travel as part of their role & responsibility.

Fiscal
Personnel Worksheet

- All information on the Personnel Worksheet is critical for FFP match.

- All of the information on the Personnel Worksheet should be accurate and current for reimbursement. For example:

  - An employee leaves and a new employee is hired. This changes the annual salary decreases the amount of reimbursable funds the program is planning to receive.

  - After two Time Study months it is noted that the percentage of FFP reimbursable activities in a new position is greater than forecast in the budget. This will increase the amount of funds the program will receive.

- Budget funds are limited. Title XIX funds are also limited. It is important to monitoring through quarterly Time Studies that staff are performing up to your forecast reimbursable percentages.

Fiscal
MediCal Justification

- **MediCal Justification is an explanation of the MediCal percentage above the Base MediCal Factor for the local jurisdiction.**
  - Required for every staff person or local program that is using a MediCal Factor above the Base MediCal Factor (BMF).
  - For Example:
    - Perinatal Guidance Program – 89% Based on percentage of MediCal clients assisted in PCG program.
    - School Dental Outreach program – 75% Based on Average percentage of children in the Free Lunch Program for the five (5) schools served by the dental program.
    - High Risk Perinatal Program – 65% Based on the percentage of MediCal clients assisted in the HRP program.
  - All Medical percentage used above the BMF must be reviewed and approved by the MCAH Branch.
  - Combined positions (e.g. PSC/PCG) must default to the lower substantiated MediCal Factor.

Fiscal
Budget Justification
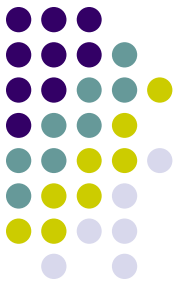
- Budget Justification for Operating Expenses is the explanation of costs and how it pertains to the MCAH and FFP programs.
- The "Percent of Personnel Match" is the average percentage of Title XIX reimbursable activities for all staff. Percent of Personnel reimbursable activities determines the amount reimbursement for Title XIX allowable operating cost for reimbursable activities performed by staff.
- Reimbursed is at a non-enhanced percentage for all operating expenses including program allowable staff travel and training.
- Methods or formulas used for share of cost must be approved during AFA negotiations.
- Supportive documentation (e.g. receipts) is required for all Title XIX reimbursable expenses for monitoring and audit purposes.

Fiscal
Budget Justification
Reimbursable Operating Cost

- Office Supplies
- Office Furniture (Contract/Purchases)
- Computer, software & support
- Reprographics/Printing/Media
- Contracted clerical support
- Building space cost/Rent
- Building Maintenance & support
  - Security Services
  - Maintenance Services
  - Janitorial Services

- Repair & Maintenance of office equipment
- Mileage
  - Training
  - Staff
  - Client
- Communications
- Postage Costs
- Liability insurance
- Staff training cost (i.e. conference fees, hotels, meals, etc)

Fiscal
Budget Justification
Non-Reimbursable Operating Cost

- Educational materials
- Incentives/Motivational Redirectives
- Malpractice Insurance
- Medical Supplies
- Equipment used for providing medical treatment (i.e. exam tables/chairs, ottoscopes, dental equipment, etc)
- Drugs & medications
- Lobbying activities
- Fund raising

Fiscal
Budget Justification

- ## Office Space
  - Office space cost may be calculated by:

  Total cost per square foot of occupied space x budgeted personnel FTE

  - Office Space cost may receive Title XIX reimbursement based on the Percentage of Personnel Match.

- ## Communications
  - Communications cost should be based on:

  Total FTE of MCAH program staff x Total program communication cost.

  - Communication cost may receive Title XIX reimbursement based on the Percentage of Personnel Match.
  - You must omit the cost of the Title V required Toll Free Line from the other reimbursable communication cost.

Fiscal
Budget Justification

- **Office Supplies**
  - MCAH programs may be reimbursed for office supplies necessary for staff to meet the program SOW objectives.
  - Justification should include examples of typical office supplies utilized by program.
  - Office Supplies cost may receive Title XIX reimbursement based on the Percentage of Personnel Match.
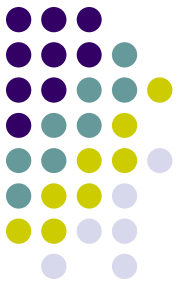- **Postage**
  - MCAH programs may be reimbursed for postage that is related to the program and meets the program SOW objectives.
  - Postage cost may receive Title XIX reimbursement based on the Percentage of Personnel Match.
- **Incentives/Anticipatory Guidance Materials**
  - Any incentive (e.g. money, gift certificates, items) or anticipatory guidance item (e.g. key chains, baby gifts) are **NOT reimbursable** with Title XIX funds.

Fiscal
Budget Justification

- **Reprographics/Printing/Media**
  - MCAH programs may receive Title XIX reimbursed for media, reproduction and printing needs to meet the FFP program objectives only.
  - The justification should include planned reprographics and routine printing documents, brochures, posters, and media anticipated throughout the fiscal year.
  - All publications must have MCAH pre-approval prior to reproduction for any reimbursement.
  - Educational materials whether they are for staff or for MCAH program/clients can be reimbursed with SGF and Title V funds with approval but, are **NOT** reimbursable with Title XIX funds.
  - Outreach materials, such as brochures, posters, and media, for the purpose getting women, adolescent and children connected to MediCal and/or a MediCal provider, care and/or services can be matched with MCAH program approval.

Fiscal
Budget Justification

Travel - There are three types of travel –training, general staff & client.

- **Training travel**
  - This is the cost of travel associated with approved MCAH program training. All training must be approved or negotiated at the time of the AFA. By the MCAH Branch. This includes in State and Out of State training.
  - Training travel that meets the Title XIX objectives is reimbursed at the percent of personnel match at a non-enhanced rate.
  - Receipts and documentation are necessary for all Training travel cost for audit purposes.
  - Current mileage reimbursement is limited to .34 cents per mile which includes vehicle cost, maintenance, gas, and insurance.
  - The total amount for Training and General Staff Travel types of travel are entered under Travel on the Budget and Invoice.
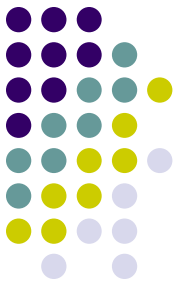
Fiscal
Budget Justification
Travel

- **General staff travel**
  - General staff travel is the cost of travel associated with staff meeting the MCAH program objectives.
  - General staff travel cost that meets the Title XIX objectives may receive Title XIX reimbursement based on the Percentage of Personnel Match.
  - Receipts and documentation are necessary for all General staff travel cost for audit purposes.
  - Mileage reimbursement is limited to .34 cents per mile which includes vehicle cost, maintenance, gas, and insurance.
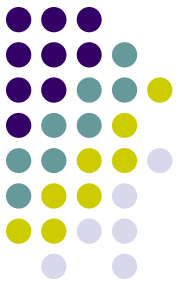
Fiscal
Budget Justification
Travel

- **Client Travel expenses**
    - Client travel expenses is the cost of client transportation related to meeting the MCAH program SOW. This includes such items as transportation tokens, tickets and/or vouchers.
    - MCAH programs may use SGF and Title V funds for transportation cost for program clients related to the MCAH program's SOW and objectives.
    - Client Travel expenses such as bus passes or taxi vouchers may be reimbursed with Title XIX Funds only for travel that meets the two FFP Objectives.
    - Detail receipts and tracking of distribution of tokens, tickets and vouchers must be maintain for audit purposes.

Fiscal
Budget Justification

- **Training**
  - Training cost are defined as registration or conference fee, per diem, and materials. All MCAH program training must be pre-approved by the MCAH Branch.
  - Only MCAH program training that meets the FFP Objectives may be reimbursed with Title XIX funds.
  - There are two types of MCAH program training:
    - **Required** training is training that is mandated by a MCAH program for local program staff to attend such as New MCAH Directors or New Perinatal Services Coordinator's training.
    - **Non-required** training is training that enhances the MCAH program staff's knowledge and ability to meet the MCAH program SOW such as Adolescent Case Management or MediCal Eligibility requirements.

Fiscal
Budget Justification

- **Training con't**
  - The cost of training such as registration or conference fee for MCAH training are claimable with SGF and Title V funds with permission of the MCAH Branch negotiated at the beginning of the fiscal year.
  - Training not negotiated during the AFA must be reviewed and approved by MCAH Branch. The MCAH program must have available agency, SGF and Title V funds to support training.
  - Conferences and/or Trainings for clients, providers, and/or non-MCAH program staff is **NOT** reimbursable with Title XIX funds.
  - Clinical training is **NOT** reimbursable with Title XIX funds.

Fiscal
Budget Justification
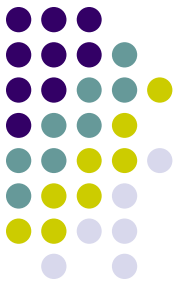
- **Insurance**
  - Health Insurance cost is part of the overall benefit percentage claimed and matched by the percent of personnel reimbursed at a non-enhanced rate.
  - Liability or Risk Management insurance is a MCAH program claimable expense.
  - Liability or Risk Management insurance is a Title XIX reimbursable expense at the per cent of personnel match at a non-enhanced rate.
  - Auto insurance cost is part of the mileage reimbursement.
  - Building insurance is not a claimable or Title XIX reimbursable expense.
- **Computer software & licensing**
  - Computer software & licensing costs are claimable with SGF and Title V funds if they assist MCAH program in meeting the MCAH program's SOW.
  - The cost of computer software and licensing is Title XIX reimbursable at a non-enhanced rate at the Percent of Personnel Match.
  - All computer software & equipment purchased with State & Federal funds must be approved prior to purchase and become property of the State.

Fiscal
Other Costs Worksheet
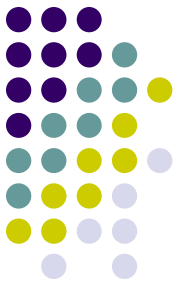
- **Subcontractor**
  - **All** subcontractors providing a services for all MCAH programs must be listed.
  - Identify each subcontractor and the total cost and percent of non-enhanced Title XIX reimbursed for each subcontractor.
  - The subcontractor budget and other documents should be included in the AFA packet should contains expenditure details for the fiscal year.

- **Indirect Cost**
  - Indirect cost are those that are not identified as direct cost of the program.
  - Indirect cost are limited to only 10% of the total personnel salaries not including benefits on budget.
  - All indirect cost must be explained.

Fiscal
Budget Revision

- A budget revision is a change or adjustment in any element of the negotiated and approved MCAH program budget. This includes changes in funding, SOW, personnel and operating cost.

- Must be submitted in writing to the MCAH Branch with explanation of changes along with all the appropriate documents.

- Reasons for budget revision:
  - Change funding sources (e.g. additional or loss).
  - Change in budgeted position (e.g. gain or loss).
  - Change in the percent of matchable activities (e.g. increase or decrease per Time Study) for two quarters.
  - Change in the Scope of Work (e.g. decreased or increased requirements).

Fiscal

Invoices

- **Invoices**

  - MCAH Branch reimburses for **<u>actual</u>** cost and expenses in meeting the MCAH and FFP program objectives.

  - Reimbursement is limited the amounts negotiated and approved in the annual AFA including amount of Title XIX match.

  - Title XIX reimbursement is based on:

    - The quarterly Time Study data submitted for each staff person and expended Operating Costs.

    - Actual supportive documentation such as: staff Time Studies, Secondary Documentation and receipts stay at the local level.

Fiscal
Invoices

- Reconciliation Worksheet
  - A tool to help manage funding and expenditures.
  - Recommended at the end of each quarter at the time of invoice.
  - Balance between current expenditures and remaining funding.
  - Allows for correction in funding, personnel and/or activities.
  - Identifies the need for budget revisions.
 - Eliminates surprises!

Fiscal Invoices

- Time Study Summaries
  - Time Study Summary is a synopsis of all activities and time spent for all programs for staff person identified on the MCAH program budget.
  - Determines:
    - The Percentage of Personnel Match for Operating Expenses.
    - Amount of MCAH Claimable activities
    - Amount of Title XIX reimbursable activities based on the MediCal Factor.

Audits
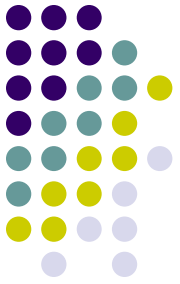
- **State**

- **Federal**

Audits

- **State**
  - MCAH programs may be audited every three years and as directed by the MCAH Branch.
  - The MCAH Branch establishes an audit list annually.
  - Areas to be audited are program and fiscal compliance with State and Federal requirements.
  - Performed by Department of Health Services Audits & Investigations.
  - All audits are announced with the area to be reviewed in advance.
  - Results of the audit are communicate verbally and in writing with an opportunity for rebuttal.
  - If necessary a plan of correction is agreed upon and carried out.
  - All actions and agreements are file the MCAH program central file.

Audits

- **Federal**

  - The Federal government may audit any State or local government program receiving Federal funds at any time for compliance with Federal program and fiscal compliance.

  - All Federal audits are announced prior to their visit.

  - The State may or may not be informed of impending Federal audits at the State or local program level in advance of the schedule date and time.

  - ALL programs receiving federal funds are responsible for being knowledgeable of and following the Federal rules and requirements.

Annual Reports

- The annual report for all MCAH programs is a synopsis of the activities completed towards meeting the program objectives.
- The annual report includes:
  - Successes, challenges, barriers and solutions.
  - Comprehensive list of all collaboratives, memberships, and task force group for all staff.
  - A report on all programs on the budget such as: AFLP, CPSP, FIMR, SIDs, and so on.
  - Relevant data and/or graphs that represents activities and /or outcomes.
  - A sample of the products that your program has produced throughout the year.
- The annual report is what represents your hard work towards meeting the SOW.

DHS Disclaimer

- The undersigned hereby affirms that the statements contained in the Application for Funding Agreement (AFA) are true and complete to the best of the applicant's knowledge.

- I certify that this Maternal, Child and Adolescent Health (MCAH) Program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety Code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 14200), and any applicable rules or regulations promulgated by DHS pursuant to this article and these Chapters. I further certify that this MCAH Program will comply with the MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that this MCAH Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.) I further agree that this MCAH Program may be subject to all sanctions or other remedies applicable if this MCAH Program violates any of the above laws, regulations and policies with which it has certified it will comply.

DHS Disclaimer

- AFA Certification Language (Approved in December 2005 by DHS Legal and Used Starting in: FY 2005-06

- References
  - 1. Health and Safety Code Section 123225, Article, Chapter 1, Part 2, Division 106
    http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=52648726062+0+0+0&WAISaction=retrieve
  - 2. Welfare and Institutions Code Sections:
    14000: http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=52658326976+0+0+0&WAISaction=retrieve and 14200: http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=52658326976+1+0+0&WAISaction=retrieve
  - 3. Title V:
    http://www.access.gpo.gov/uscode/title42/chapter7_subchapterv_.html
  - 4. Title XIX:
    http://www.access.gpo.gov/uscode/title42/chapter7_subchapterxix_.html
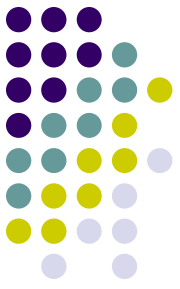
Resources/References

- **Your main resource is your MCAH program consultant and contract manger.**
- Your program policy & procedure manual.
- Your MCAH Web site: http://www.mch.dhs.ca.gov/
- MAA Web site:
  http://www.dhs.ca.gov/mcs/mcpd/MBB/ACSS/LGAManual
- MAA policy letters: http://www.dhs.ca.gov/maa/WebPages-PPL's/ppl_index.htm
- State of California Administrative Manual:
  http://www.ofs.dgs.ca.gov
- Federal Government Medicaid Program:
  http://www.cms.hhs.gov/states/default.asp