

# SMAA Invoice Basics

*Presented by Jeremy Ford, Oakland Unified School District  
June 25<sup>th</sup>, 2015*

[www.teachersforhealthykids.org](http://www.teachersforhealthykids.org)  
SMAA-LEA WORKGROUP



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# Session Objective

- We will be covering the basic concepts that go into the SMAA invoice.
  - Invoice page by page breakdown
  - How your **MAA time** applies
  - How your program **costs** apply
  - Possible changes from **RMTS**
  - Questions welcome!

Please note, this is a focused and basic session. Once DHCS releases a new invoice format for RMTS we will schedule a technical session.

*Disclaimer : This session is informational in nature and does not constitute financial advice or guidance. Refer to the official DHCS documentation before completing a MAA invoice*

# SMAA invoice

- DHCS SMAA website;  
<http://www.dhcs.ca.gov/provgovpart/pages/smaa.aspx>
- “The SMAA program reimburses school districts for the federal share (50%) of the certain costs for administering the Medi-Cal program. Those activities include: Outreach and Referral; Facilitating the Medi-Cal Application; Arranging Non-Emergency/Non-Medical Transportation; Program Planning and Policy Development; and MAA Claims Coordination. ”

# Let's take a closer look at the invoice...

The following slides were presented live and the information has been recreated for this PowerPoint.  
It may not impart the same level of information.

This is Page 1 of the invoice.

All the MAA time survey results go onto this page.

LEC/LGA SCHOOL MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) DETAIL INVOICE

I. ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET

INVOICE INFORMATION	
Claiming Unit Name	Example Unified School District
CDS Code	86-75309
DHCS Contractor (Region)	Apple County LGA
Contract #	98-7854321
Prepared by	Firemy Jord
Title	MAA Coordinator
Phone #	(916) 555-1000
Date	3/5/2014
Contract year/quarter	12/13-1
Period of Service	July 1 - September 30, 2012

Type of Activity	Code	Medi-Cal Discount %	MAA TIME SURVEY STAFF				
			Survey Results Percentages (a)	Quarter Average Percentages	Total Weighted-Average Survey Results	Allocate Gen. Admin./Paid Time Off (Code 16)	Apply Medi-Cal Discount % (Col. C X Col. G)
Non-Discounted:							
Initial Medi-Cal Outreach	4	100.00%	5.51%		5.51%	5.80%	5.80%
Facilitating Medi-Cal Application	6	100.00%	0.14%		0.14%	0.15%	0.15%
Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.29%		0.29%	0.31%	0.31%
Discounted:							
Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services	8	45.52%	7.05%		7.05%	7.42%	3.38%
Arranging Transportation in Support of Medi-Cal Services	10	45.52%	0.06%		0.06%	0.06%	0.03%
Translation Related to Medi-Cal Services	12	45.52%	0.35%		0.35%	0.37%	0.17%
Program Planning, Policy Development & Interagency Coord. Related to Medi-Cal Services	14	45.52%	3.09%		3.09%	3.25%	1.48%
Non-claimable:							
School-Related, Education, and Other Activities	1		47.52%		47.52%	50.01%	
Direct Medical Services	2		24.54%		24.54%	25.83%	
Non-Medi-Cal Outreach	3		0.97%		0.97%	1.02%	
Facilitating Application for Non-Medi-Cal Programs	5		0.12%		0.12%	0.13%	
Ongoing Referral, Coordination, and Monitoring of Non-Medi-Cal Services	7		0.91%		0.91%	0.95%	
Transportation for Non-Medi-Cal Programs	9		0.38%		0.38%	0.40%	
Non-Medi-Cal Translation	11		0.58%		0.58%	0.61%	
Prog. Planning, Policy Dev., & Interagency Coord. Related to Non-Medi-Cal Services	13		3.51%		3.51%	3.69%	
Allocated:							
General Administration/Completing the MAA Time Survey Form/Paid Time Off	16		4.98%		4.98%	Allocated	
			100.00%				
<b>TOTAL TIME</b>			<b>100.00%</b>		<b>100.00%</b>	<b>100.00%</b>	<b>11.31%</b>
Number of Claiming Unit Staff Included in Each Survey			248				
State Approved Indirect Cost Rate for the Current Billing Period							4.57%

Your LEAs Medi-Cal percent impacts your total "MAA time"

Total MAA time carried over to other parts of the invoice

(a) A summary report supporting amounts entered in these columns are required to be submitted with the invoice. Invoices will not be processed or paid by DHCS without this supporting documentation.

This is Page 3 of the invoice. All the Salaries and benefits or “Cost” go onto this page.

LEC/LGA SCHOOL MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) DETAIL INVOICE  
 III. PAYROLL DATA COLLECTION WORKSHEET

Claiming Unit Name  
 DHCS Contractor (Region)  
 Contract #

Example Unified School District
Apple County LGA
98-7654321

Date 3/5/2014  
 Contract year/qrtr 12/13-1  
 Period of Service July 1 - September 30, 2012

The column headers give you directions of what SACS codes to pull to get this data.

	A		B		
	Functions		Functions		
	1000-9999, excluding 2700 & 7000-7199		1000-9999, excluding 2700 & 7000-7199		Total Claiming Unit Salaries & Benefits
36	SALARIES (Objects 1000-2999):		BENEFITS (Objects 3000-3999):		
	Total Non-Federally Funded Claiming Unit Salaries (c)	29,481,873	Total Non-Federally Funded Claiming Unit Benefits (c)	12,495,785	41,977,658
37	Less: Time Survey Participant (Employee) Salary Costs	2,888,650	Less: Time Survey Participant (Employee) Benefit Costs	921,068	
38	Less: Direct Charge Salary Costs		Less: Direct Charge Benefit Costs	-	
39	TO NON-MAA COST POOL (P.4, Line 44, Col. G)	26,593,223	TO NON-MAA COST POOL (P. 4, Line 45, Col. G)	11,574,717	
	School Administration and General Administration		School Administration and General Administration		
	Functions		Functions		
	2700 & 7000-7199		2700 & 7000-7199		
40	Total Non-Federally Funded Claiming Unit Salaries (c)	2,060,654	Total Non-Federally Funded Claiming Unit Benefits (c)	952,821	3,013,475
41	Less: Time Survey Participant (Employee) Salary Costs	299,029	Less: Time Survey Participant (Employee) Benefit Costs	100,634	
42	Less: Direct Charge Salary Costs		Less: Direct Charge Benefit Costs		
43	TO ALLOCATED COST POOL (P. 4, Line 44, Col. H)	1,761,625	TO ALLOCATED COST POOL (P. 4, Line 45, Col. H)	852,187	44,991,133

(c) The Green highlighted cells above are for Time survey participant’s Costs

The white cells are total LEA cost

IV. COSTS AND REVENUES WORKSHEET

Claiming Unit Name: Example Unified School District  
 DHCS Contractor (Region): Apple County LGA  
 Contract #: 96-7854321

Date: 3/9/2014  
 Contract year/quarter: 12/13-1  
 Period of Service: July 1 - September 30, 2012

CATEGORY (OBJECTS)	TIME SURVEY			DIRECT CHARGE		NON-MAA		ALLOCATED		CONTROL TOTAL
	Participant	MAA Time Survey Percentage	Equals MAA Funded Costs (A X B)	Non-Claimable Time Survey Costs (A - C)	Claimable	NON-CLAIMABLE	NON-CLAIMABLE (Fund. 1000-9999 excluding 3700 and 7000-7199)	GENERAL & ADMIN. (Fund. 2700 & 7000-7199)		
<b>PERSONNEL COSTS</b>										
44 Salaries (1000-2999)	3,187,679	11.81%	380,379	2,827,300	-	-	26,593,223	1,761,525	31,542,527	
45 Benefits (2000-2999)	1,021,703	11.81%	115,507	906,196	-	-	11,574,717	852,187	13,448,606	
46 SUBTOTAL PERSONNEL	4,209,381	11.81%	475,886	3,733,495	-	-	38,167,940	2,613,812	44,991,133	
<b>REVENUE OFFSETS</b>										
47 Federal Revenues (8100-8299)					0	0		7,204,358	7,204,358	
48 State Revenues (not Source)					0	0		18,494,442	18,494,442	
49 (80) CR					0	0		53,151,732	53,151,732	
50 (82) CR								10,369,530	10,369,530	
51 Other Financing Sources (8910-8979)								100,000	100,000	
52 Contributions to Restricted Programs (9800-9899)								0	0	
53 Total Revenues					0	0		89,320,062	89,320,062	
54 Personnel Costs less Revenue Offsets			475,886	3,733,495	0	0	38,167,940			
55 Allocation Percentages			1.12%	8.81%	0.00%	0.00%	90.07%		100%	
<b>OTHER COSTS AND ALLOCATIONS</b>										
56 Personal Service Contracts	239,089	11.81%	27,030	212,059	10,000	0			283,419	
57 Direct Charge Other Costs					-	-			0	
58 ALLOCATION OF OTHER COSTS:			3,183	24,970	-	-	255,267		283,419	
59 ALLOCATION OF GENERAL & ADMIN.			29,352	230,280	-	-	2,354,179			
60 Subtotal Costs			535,451	4,200,804	10,000	-	40,777,386		45,523,641	
61 Indirect Rate Applied			24,470	191,977	457	-	1,863,527	(1,888,454)	191,977	
62 TOTAL COSTS			568,821	4,382,781	10,457	-	42,840,813	(1,888,454)	46,716,818	
<b>PPP CALCULATIONS</b>										
63 MAA CLAIMABLE COSTS			568,821	10,457						
64 Apply PPP Percentage (90%)			279,961	5,229						
65 TOTAL FEDERAL SHARE			285,189							

This is Page 4; This brings in cost and time from the rest of the invoice and provides a total for payment.

Cost from page 3

MAA time from page 1

Total

Jeremy Jord  
 Typed Name of Preparer

MAA Coordinator  
 Title

(916) 555-1000  
 Telephone #

By: [Signature]  
 Typed Name of Authorized LEA Business Official

Superintendent  
 Title

Signature of Authorized LEA Business Official (Blue Ink Only)

Date: 3/13/2014

Prior Year Corresponding Quarter Variance Check		Prior Quarter Variance Check	
Enter PY Same Quarter's Reimbursement +/-	304,244	Enter Prior Quarter's Reimbursement +/-	460,608
Displayed as Percent Change from PY Same Quarter +/-	-8.28%	Displayed as Percent Change from Prior Quarter +/-	-38.08%

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures of the claiming unit for the period claimed, that the funds/contributions have been expended as necessary for federal matching funds pursuant to the requirements of 42 CFR 433.51 for allowable activities and that these claimed expenditures have not previously been, nor will subsequently be, used for the federal match for this or any other program. Furthermore, I certify that the revenue sources identified in this invoice represent accurate and identifiable costs for the program/claiming entity and that the direct charges have been properly identified and allocated. I have notice that this information is to be used for filing of a claim with the Federal government for federal funds and that knowing misrepresentation constitutes a violation of the Federal False Claims Act.

# RMTS invoice changes

- The invoice should cover all the same basic items
- The **time** will come from your LEC or LGA shared universe results.
  - Your individual Medi-Cal percentage will still impact your results.
- The **cost** will now include all TSPs in your RMTS pools, not just those with MAA time.
- Once a new invoice is published, we will set up another webinar.



# Thank You!

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