Fiscal Training Needs
(as identified by county AOD fiscal staff)

- New audit requirements, overview of the plans and timeframes.
  What are the Department's expectations? What is required vs. what is recommended?

- Interpreting regulations for various services.
  Provide clear guidance as to what the State's interpretation of regulations is to ensure counties are implementing/interpreting correctly, especially for future audits.

  In particular, counties need guidance on Drug Medi-Cal regulations, exclusions and requirements, funding definitions (NNA allocation, etc.), and fiscal reporting requirements (i.e. program codes and service functions for Perinatal, Minor Consent, SAPT, BASN), Medi-Cal and non-MC provider certification; and Fed/State reporting requirements other than CalOMS.

- Fiscal requirements related to billing for administrative costs.
  Counties' interest concerns the new process for billing admin costs for DMC. We have heard that DHCS is working on a bulletin on this topic, but counties need to know soon how this process is going to work.
  - When will the new process of claiming be announced/implemented?
  - How will it work?
  - Will it be similar to MH's process?
  - What can be included?

- What constitutes "allowable costs" for the expanded benefits?

- Update of funding hierarchy
  Counties need the basics – philosophy behind the different funding streams – categories the funding can pay for – County Match requirements – what funds are used to pay the match – Discretionary funding and utilization- TRACKING TOOLS is huge.....

- What can and cannot be counted for MOE purposes?

- How to convert non-DMC programs to DMC.
  A flip side of this would be how to blend funding in a DMC program when the DMC reimbursement is inadequate to cover the full cost of services. Here are a couple of recent, specific examples:

1. One main question is that DMC only pays for a certain amount of services, but our drug court lasts for 18 months and is very intensive. So for example, a client has used all of the 26 group sessions. Can we charge them for continuing the program after they have maximized the allowable covered services? Seems like we can but don't know if DMC has issues with that. A lot of drug court is not DMC covered, such as attending court as part of the Drug Court Team, and sober activities that our Judge requires the clients to attend and requests our participation as well. So we have to figure out if there is or isn't a way to charge for any of that.

2. In counties with county-staffed programs, there are particular challenges in financing treatment for women. How do DMC and the Block Grant Perinatal Set-Aside interact - both fiscally and programmatically as different standards exist for each? In addition, realignment and non set-aside SAPTBG funds would also be in the mix. How do counties manage these different types of revenue and avoid audit risk? Counties in this situation are not able to provide these services on DMC reimbursement alone.

3. What kind of funding can be used to cover costs in excess of the SMA rate cap for covered services (group, individual, etc.)? And can SAPTBG funds be used to cover the cost of client services not reimbursed by DMC in DMC-certified programs, for example case management or the Drug Court activities.

4. How to differentiate between traditional (50/50) Medi-Cal and expansion (100% FFP) Medi-Cal? There appear to be more than a hundred aid codes.

- Models for enrolling providers and expanding DMC services, building infrastructure, etc.

- Creative financing models for SLEs.

- Cost-reporting requirements

- Affordable Care Act Implementation:
  SUD expansion, including the billing and reporting relationships between County, SA Providers, Medi-Cal Managed Care Plans, and Primary Care providers.

- How counties can structure communication between program and fiscal

If you have additional fiscal issues you want to be addressed, or can add further explanation to any of the issues above, please contact Tom Renfree: Trenfree@cmhda.org.