

FISCAL LEADERSHIP  
PRESENTATION  
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SHORT-DOYLE MEDI-CAL COST REPORTING PROCESS  
AND CHANGES for FY2016-17 COST REPORT

BY

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# Short-Doyle Medi-Cal(Mental Health) COST REPORTING PROCESS

- Every fiscal year DHCS Mental Health Plans Cost Reporting Unit (CRU) reviews any new Federal and State laws, regulations and policies that affect Short-Doyle Medi-Cal (SD/MC) cost reporting (Examples: ACA, SB75, AB 403 etc.).
- CRU revises prior year's cost report template based on the new laws, regulations, and policies.
- CRU provides template changes to DHCS' Information Technology Service Division (ITSD) to make and program the changes.
- ITSD makes the changes to template and also the related programming
- CRU tests the template with dummy data to ensure that the ITSD correctly completed the changes.

# Mental Health COST REPORTING PROCESS (cont.)

- ❑ If CRU finds errors from the testing, CRU communicates the errors to ITSD for correction.
- ❑ ITSD corrects the errors and CRU retests the template.
- ❑ If CRU does not find errors from the second test, CRU sends the template to one or two counties (MHPs) for further testing.
- ❑ If the MHPs find errors, the MHPs communicate the errors to CRU
- ❑ CRU reviews the errors to determine if the errors are true errors.
- ❑ If CRU determines that the errors are true errors, CRU communicates the errors to ITSD to correction

# Mental Health COST REPORTING PROCESS (Cont.)

- ❑ ITSD corrects the errors and submits the corrected templates to CRU.
- ❑ CRU retests the templates to ensure that ITSD corrected the errors.
- ❑ If CRU does not find errors, CRU finalizes the templates and sent it to ITSD for posting to ITWS.
- ❑ ITSD posts the templates and an email is automatically sent to the counties to prepare their cost reports for the fiscal year.
- ❑ MHPs prepare their cost reports and download the reports to ITWS.
- ❑ Due date for submission of cost reports is December 31 annually, 6 months after the end of each State fiscal year on June 30.

# 2016-17 COST REPORT CHANGES

- ❑ FFP Rate for Affordable Care Act changes from 100% to 95% -1/1/17
  - 07/01/16 – 12/31/16 100% FFP
  - 01/01/17 - 06/30/17 95% FFP and 5% SGF
- ❑ Medi-Cal Access Program (MCAP) – 10/01/16
  - 10/01/16 – 06/30/17 88% FFP and 12% County Match
- ❑ AB 403- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) 1/1/17
  - 50% FFP and 50% SGF
- ❑ AB 403- Child and Family Team (CFT) 1/1/17
  - 50% FFP and 50% SGF