

Title XIX (Medicaid) Funds and Federal Financial Participation (FFP) :

*How to Utilize these Funds and the FFP
Funding Mechanism to Enhance Oral Health
Activities at the Maternal, Child and
Adolescent Local Programs*

**Prepared by the
Maternal and Child Health Branch
California Department of Health Services**

And

**Office of Dental Health
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I. Introduction

In California, the local Maternal and Child Health (MCH) allocation funding is a combination of federal Title V, Title XIX (Medicaid), State General Funds, Prop 99, and local funds. In addition, local program may utilize agency general funds, First 5 and private funds to additionally support their MCH local activities.

Federal Financial Participation (FFP) is the funding mechanism under which Title XIX (Medi-Cal) dollars are accessed (via matching) to reimburse agencies for certain Medi-Cal administrative activities, including oral health. However, before assessing these funds, it is important to create a partnership and collaboration with your local MCAH program staff and provide them with an assessment of the local oral health needs of your MCAH community.

This document is developed to provide Maternal, Child and Adolescent Health (MCAH) staff and other interested local oral health professionals with a basic understanding of FFP and how to utilize Title XIX funds to enhance oral health activities within local MACH programs.

II. Steps to Take to obtain FFP Funding to Enhance your Oral Health Programs

1. Determine the oral health needs of your MCAH population. Following are some suggestions regarding data sources:
 - i. CHDP (CA EPSDT) PM 160 form data
 - ii. Denti-Cal data
 - iii. Local focus groups with organizations, community leaders, consumers, clients, etc
 - iv. Oral health screening data (utilize the Association of State and Dental Directors (ASTDD) *Seven-Step Needs Assessment*)
 - v. Local oral health needs assessment (utilize the ASTDD *Basic Screening Survey: An Approach to Monitoring Community Oral Health*)
2. Develop oral health objectives in your MCH Scope of Work
3. Determine what resources (existing and new) are necessary to implement the program:
 - Funds available – matching dollars
 - Staff (professional, clerical, etc.) – develop job description
 - Facilities
 - Utilities

- Equipment, supplies
4. Develop proposed budget
 5. Request a budget/budget revision to the California Department of Health Services (DHS), MCH Branch
 - i. Send budget revision to state contract managers and program consultants
 6. Wait for letter of approval from the MCH Branch
 7. Implement program/oral health activities
 8. Maintain time studies and provide secondary documentation when needed
 9. Submit necessary documentation to MCH Branch
 10. Receive FFP funds and continue your oral health activities

III. Examples of Key Materials and Documents

Scope of Work (not included)

Job description (not included)

Budget (not included)

IV. Possible sources of qualified matching funds

- General Funds
 - Local revenue
 - Local tax dollars
 - Tobacco (Prop 99) funds
 - Attorney General's tobacco settlement dollars
 - Children's Dental Disease Prevention Program (DDPP or SB 111) if Grant Requirements are being met.
 - Realignment dollars (e.g., state sales tax, vehicle registration-fee derived)
- First 5
- Philanthropic or private funds donated to the County. (If funding is from Foundations, have to assure foundation is not using any federal funds they have received)

CAN NOT match Title XIX with federal funds or funds originated as federal funds

V. Partial List of Professionals who can be funded:

Examples of SPMP – Skilled Professional Medical Personnel:

- **Dentist**
- **Dental Hygienist**
- Health Educator (Master's in Public or Community Education and graduated from an accredited institution).
- Nutritionist
- Others

Examples of Non-SPMP:

- Community Health Outreach Worker
- Clerical Staff
- Epidemiologist
- Clerical support staff –(Must have a county Civil Service classification)
Clerical support staff is not a SPMP; therefore matching is for non-enhanced (50%). However, if the clerical support staff provides direct support to SPMP on an enhanced activity and they are directly supervised by a SPMP, they can also claim the 75%.

Note: An administrative classification must also require the health professional credentials for 3:1 claiming (e.g., if an RDH is hired into a position as an administrator and the job classification does not require her/him to use SPMP skills, she/he can not claim the 3:1).

Note: Sub-contractors can never claim the enhanced (3:1) match unless they are a government agency

For a complete list of qualified SPMP professional categories, please refer to page 59 of the FY 2000-01 MCH Branch Policy and Procedures manual.

VI. Codes, Functions and Examples of Enhanced Matchable Activities. Examples are related to oral health activities:

Code 2	SPMP Administrative Case Management
Functions	Assess the necessity for medical/dental care, i.e., provide rationale for facilitating each client's timely referral to medical/dental services
	Provide technical assistance on clinical protocols, health assessments, and medical and dental benefits
	Case coordination activities, e.g., client consultation and follow-up also using medical expertise, case find among existing public health programs; enrolled clients and refer for CHDP/EPSDT services.

Example	Review findings of screenings or oral health assessment, refer children to dental health preventive or restorative treatment and any other linkages to oral health care.
Code 3	SPMP Intra/Interagency Coordination, Collaboration and Administration
Functions	Oversight, organization and implementation of preventive programs in oral health such as sealants in all its aspects, short of delivering the clinical services.
	Develop dental referral resources such as referral directories with a list of dentists who accept Denti-Cal and Healthy Families. In addition, list of community clinics that provide dental services, dental schools, rural health facilities and dentists that provide free dental services, if applicable.
	Assess the inter-agency coordination in assisting clients to access oral health care services.
Example	Collaborate with schools, healthy start grantees, and with other units of the health department (WIC, nutrition, CMS, etc.) to assure the capacity of the provider resources for referral, as well as to participate in the oral health screening, oral health examination and or delivery of dental preventive services such as topical fluoride, fluoride varnishes, and dental sealants.
	Participate in meetings and discussions, workshops, action planning groups on how to provide better oral health services to the eligible population and on assessing the effectiveness in assisting clients to access oral health care services.
Code 6	SPMP Training
Functions	Training related to SPMP's performance of SPMP administrative, not clinical activities.
Example	Training on starting a dental sealant program, data-collection issues, continuing education workshops related to the SPMP activities.
Code 8	SPMP Program Planning and Policy Development
Functions	SPMP tasks must officially involve program planning and resource development. Job description/duty statement must include planning and policy tasks.

Provide SPMP knowledge and expertise to liaison with public and private schools related to the delivery of health assessment services.

Develop medical strategies needed to incorporate CHDP preventive services into on going medical and dental care.

Organize dental round tables and dental advisory committee groups to assist in the implementation of oral health programs.

Example Planning, implementation and evaluation of dental health services that are covered under Denti-cal such as sealants and other appropriate preventive and treatment services.

Code 9 **SPMP Quality management by skilled professional medical personnel**

Functions Monitor process of authorization for dental services

Ongoing program assessment/evaluation

Development of program standards and protocols

Using SPMP expertise, conduct data analysis to determine need for quality of children's oral health services.

Strategic planning, implementation and evaluation of services related to Denti-Cal programs

Example Ongoing and evaluation of dental public health programs. Development and update dental program standards and protocols for the delivery of oral health services.

Functions Inform individuals, agencies and community groups about oral health programs (e.g., parent workshops, teacher training, etc).

VII. Codes, Functions of Non-Enhanced Activities

Code 1 **Outreach**

Code 4 **Intra/Inter Agency Collaboration and Coordination**

Code 5 **Program Specific Administration**

Cede 7 **Non-SPMP Training**

Training in organizing and coordinating a campaign on educating professionals and interested parties on fluoridation activities.

Code 10 Non-Program Specific General Administration

Code 11 Other Activities

VIII. Appendices:

A. Purpose of FFP

- Assist individuals eligible for Medi-Cal to enroll in that program
- Assist individuals on Medi-Cal to access Medi-Cal services

There are two components to FFP. Time studies and the Medi-Cal Factor. These respectively measure the percentage qualifying FFP activities and the percentage of the population that is Medi-Cal.

B. Time Studies

The Primary Care and Family Health Division's time study provides the basic documentation required by the Federal Health Care Financing Administration (HCFA) to support claiming for the costs of administrative support activities, which qualify for specific Federal Financial Participation (FFP) under the Medicaid Program (Title XIX).

The Social Security Act provides for variable federal matching rates for the administrative functions of the Medicaid program including:

- a FFP rate of 50% ("non-enhanced") for the majority of expenses necessary for the proper and efficient operation of the program, and
- a FFP rate of 75% ("enhanced") for expenses of "skilled professional medical personnel" (SPMP) and their direct clerical support staff necessary for the development and administration of a medically sound program.

Note: SPMP includes only *licensed* professionals in the medical and dental fields.

C. Medi-Cal Factor

- To determine the estimated proportion of the target population that is Medi-Cal eligible
- In conjunction with the time-study it is used to calculate the amount of staff time that can be matched with Title XIX funds

D. Options for Establishing the Medi-Cal Factor

- Actual enrollee counts – Medi-Cal beneficiary status verification

- Population statistics
- Medi-Cal birth rate per county (MCH Branch has an Excel file)
 - This is the rate that is applied to the activities being claimed for match.
Example: If the rate for a certain county is 33%, and a nurse spends 100 hours on matchable activities, 33% of the cost of the nurse can be claimed for match, but only if 100% of her activities are claimable under FFP.
- *Note:* If the Agency targets services to areas that have a higher Medi-Cal rate than the county average Medi-Cal birthrate (e.g., Dental Disease Prevention Program (SB 111) schools that target high AFDC % schools), the higher rate could be used, however, it must be justified, documented, and approved by the MCH Branch.

E. FFP Program Requirements

- No direct clinical services can be provided, such as:
 - Placing sealants
 - Performing dental prophylaxis
 - Professional application of topical fluoride, such as gels and varnishes
 - Conducting an oral health screenings
- Time studies and other documentation need to be provided
- Civil service employees
- Licensed personnel only or support staff
- Matching only available to a government entity that contracts directly with the MCH Branch or a subcontractor of a government agency that is also a government entity. (Joe, please clarify, we would like to be as specific as possible)
 - Examples of contracting agencies:
 - Local county health departments
 - Local county office of education
 - Community Based Organizations

F. Additional Contact

California Department of Health Services
Maternal and Child Health Branch web site

www.mch.dhs.ca.gov/programs/ohp

MCH Branch

1-866-241-0395

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G. References

For a complete and more comprehensive description of FFP, please refer to the:

1. Maternal and Child Health Branch: fiscal year 2000-01 - Agency Allocation Policies and Procedures from pages 43 to 61.
2. MCH-AFLP Time study workshop for Local Government Agencies Binder.
3. Federal Financial Participation – FFP User’s Guide – produced by the Maternal and Child Health Branch, California Department of Health Services.

H. Resources on Oral Health

1. Seal America – The prevention invention. American Association of Community Dental Programs. July, 1995.
This binder includes a step-by-step description of all that is necessary to establish a school-based sealant program including funding, staff, targeting children, etc.
2. MCH Program Interchange. www.ncemch.org
It describes a variety of publications, educational materials, policy documents and manuals in the area of oral health. It describes the materials, cost (if applicable), and contact information to the various oral health materials and documents.
4. Association of State and Territorial Dental Directors for Basic Screening Survey: An Approach to Monitoring Oral Health Manual
Screening Training Project (STP) - Manual and video
And Seven-Step Needs Assessment - www.astdd.org
5. US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. *Executive Summary*. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
www.nidcr.nih.gov/srg/srg.htm
6. Denti-cal web site <http://intranet.dhs.ca.gov/org/mcs/psd/omds/index.htm>
7. California Dental Association – www.cda.org
8. American Dental Association – www.ada.org
9. American Academy of Pediatric Dentistry – www.acpd.org
10. California Children and Family Commission - First 5 – www.cffc.ca.gov

