REPORT ON THE
LOCAL EDUCATIONAL AGENCY
MEDI-CAL COST AND REIMBURSEMENT
COMPARISON SCHEDULE

CLOVIS UNIFIED SCHOOL DISTRICT
CLOVIS, CALIFORNIA
PROVIDER NUMBER: SS1062117
NATIONAL PROVIDER IDENTIFIER (NPI): 1154410280

FISCAL PERIOD ENDED
JUNE 30, 2007

Special Programs Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Alan J. Eng
Audit Supervisor: Martin Alvarez
Auditor: Ruixia Howe

State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

April 15, 2014

Jeanne Prandini
Nursing Services Coordinator
Clovis Unified School District
1450 Herndon Avenue
Clovis, CA 93611

CLOVIS UNIFIED SCHOOL DISTRICT
PROVIDER NUMBER SS1062117
NATIONAL PROVIDER IDENTIFIER 1154410280
FISCAL PERIOD ENDED JUNE 30, 2007

We have reviewed the Local Educational Agency's (LEA) Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS) for the above-referenced fiscal period. Our minimal review was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the CRCS and the State's fiscal intermediary's paid claims data.

In our opinion, the audited settlement for the fiscal period due the State in the amount of $40,371, and the audited costs represents a proper determination in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings and Supporting Schedules
2. Audit Adjustments

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the Provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the Provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Financial Audits Branch / Special Programs Section
1515 K Street, Suite 340, Sacramento, CA 95814
Telephone Number (916) 327-2666 / Fax Number (916) 327-2835
Internet Address: www.dhcs.ca.gov

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200, MS 0017
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814-5005
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Special Programs Section at (916) 327-2666.

Original Signed By

Alan J. Eng, Chief
Special Programs Section
Financial Audits Branch

Certified

Schedule 1 - Summary of Findings

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:

1154410280

Reported Total Net Overpayment/(Underpayment) for All LEA Services	$	(67,202)

1	Audited Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (Schedule 2)	$	113,807
2	Audited Medi-Cal Maximum Reimbursable for Services Not documented in an IEP or IFSP (Schedule 3)	$	8,737
3	Total Audited Maximum Reimbursement for Services	$	122,545

4	Audited Interim Payment for Services Documented in an IEP or IFSP (Schedule 2)	$	154,365
5	Audited Interim Payment for Services Not Documented in an IEP or IFSP (Schedule 3)	$	8,551
6	Total Interim Payment for LEA Services	$	162,916

7	Recovery of LEA payments for Unknown Modifiers (Adj)		
8	Other payment recovery adjustments (Adj)		

9	Total Net Underpayment/(Overpayment) for All LEA Services	$	(40,371)

Schedule 2 - Summary of Services Documented in an IEP or IFSP

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

	(Object Code) Practitioner Type	Reported Total Personnel Costs A	Reported Percent of Time Providing LEA Services Documented in an IEP or IFSP B	Reported Cost of Providing LEA Services Documented in an IEP or IFSP A*B=C	Audited Total Personnel Costs D (Schedule 4)	Audited Percent of Time Providing LEA Services Documented in an IEP or IFSP E (Schedule 8)	Calculated Cost of Providing LEA Services Documented in an IEP or IFSP D*E=F	Excess of calculated LEA costs over audited personnel expenditures G	Audited Cost of Providing LEA Services Documented in an IEP or IFSP F-G=H
1.	Psychologists	251,992	31.05%	78,238	251,992	26.77%	67,446	0	67,446
2.	Social Workers	-	0	-	-	0	-	0	-
3.	Counselors	-	0	-	-	0	-	0	-
4.	School Nurses	514,877	7.20%	37,057	514,877	4.94%	25,458	0	25,458
5.	Licensed Vocational Nurses	88,808	47.75%	42,408	88,808	47.75%	42,408	0	42,408
6.	Trained Health Care Aides	187,273	13.91%	26,049	187,273	13.91%	26,049	0	26,049
7.	Speech-Language Pathologists	623,965	37.45%	233,696	623,965	8.58%	53,532	0	53,532
8.	Audiologists	-	0	-	-	0	-	0	-
9.	Physical Therapists	-	0	-	-	0	-	0	-
10.	Occupational Therapists	3,490	0	-	3,490	0	-	0	-
11.	Physicians/Psychiatrists	-	0	-	-	0	-	0	-

		Reported	Audited
a.	Service Costs	$ 417,448	$ 214,893
b.	Indirect Cost Rate (Schedule 7)	5.92%	5.92%
c.	Indirect Costs (a * b)	$ 24,713	$ 12,722
d.	Total Service Costs (a + c)	$ 442,160	$ 227,615
e.	Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%
f.	Medi-Cal Maximum Reimbursable (d * e)	$ 221,080	$ 113,807
g.	**Interim Payment for services documented in an IEP**	$ 154,440	$ 154,365
h.	Overpayment/(Underpayment) (g - f)	$ (66,640)	$ 40,558

Schedule 3 - Summary of Services Not Documented in an IEP or IFSP

LEA Provider Name: CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year: JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number: 1154410280

	(Object Code) Practitioner Type	Reported Total Personnel Costs A	Reported Percent of Time Providing LEA Services Not Documented in an IEP or IFSP B	Reported Cost of Providing LEA Services Not Documented in an IEP or IFSP A*B=C	Audited Total Personnel Costs D (Schedule 4)	Audited Percent of Time Providing LEA Services Not Documented in an IEP or IFSP E (Schedule 8)	Calculated Cost of Providing LEA Services Not Documented in an IEP or IFSP D*E=F	Excess of calculated LEA costs over audited personnel expenditures G	Audited Cost of Providing LEA Services Not Documented in an IEP or IFSP F-G=H
1.	Psychologists	251,992	0	-	251,992	0	-	0	0
2.	Social Workers	-	0	-	-	0	-	0	0
3.	Counselors	-	0	-	-	0	-	0	0
4.	School Nurses	514,877	3.35%	17,248	514,877	3.20%	16,489	0	16,489
5.	Licensed Vocational Nurses	88,808	0	-	88,808	0	-	0	0
6.	Trained Health Care Aides	187,273	0.00%	9	187,273	0.00%	9	0	9
7.	Speech-Language Pathologists	623,965	0	-	623,965	0	-	0	0
8.	Audiologists	-	0	-	-	0	-	0	0
9.	Physical Therapists	-	0	-	-	0	-	0	0
10.	Occupational Therapists	3,490	0	-	3,490	0	-	0	0
11.	Physicians/Psychiatrists	-	0	-	-	0	-	0	0
12.	Optometrists	-	0	-	-	0	-	0	0
13.	Audiometrists	-	0	-	-	0	-	0	0

		Reported	Audited
a.	Service Costs (Sum, F1 - F11)	$ 17,257	$ 16,498
b.	Indirect Cost Rate (Schedule 7)	5.92%	5.92%
c.	Indirect Costs (a * b)	$ 1,022	$ 977
d.	Total Service Costs (a + c)	$ 18,279	$ 17,475
e.	Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%
f.	Medi-Cal Maximum Reimbursable (d * e)	$ 9,140	$ 8,737
g.	**Interim Payment for services not documented in an IEP**	$ 8,578	$ 8,551
h.	Overpayment/(Underpayment) (g - f)	$ (562)	$ (186)

Schedule 4 - Summary of Audited Personnel Costs

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

	(Object Code) Practitioner Type	Salary Expenditures *(1000-2999)* A (From Schedule 5)	Benefit Expenditures *(3000-3999)* B (From Schedule 5)	Other Costs C (From Schedule 6)	Total Personnel Costs D = A+B+C
1.	Psychologists	161,750	48,489	41,753	251,992
2.	Social Workers	-	-	-	-
3.	Counselors	-	-	-	-
4.	School Nurses	341,644	110,559	62,674	514,877
5.	Licensed Vocational Nurses	56,349	26,158	6,301	88,808
6.	Trained Health Care Aides	120,849	66,424	-	187,273
7.	Speech-Language Pathologists	459,381	162,277	2,307	623,965
8.	Audiologists	-	-	-	-
9.	Physical Therapists	-	-	-	-
10.	Occupational Therapists	-	-	3,490	3,490
11.	Physicians/Psychiatrists	-	-	-	-
12.	Optometrists	-	-	-	-
13.	Audiometrists	-	-	-	-
					(Schedule 2,3)

Schedule 5 - Salary Expenditures

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

	(Object Code) Practitioner Type	Reported Salary Expenditures *(1000-2999)* A	Audit Adjs ( )	Audited Salary Expenditures	Benefit Expenditures *(3000-3999)* B	Audit Adjs ( )	Audited Benefit Expenditures
1.	Psychologists	161,750		161,750	48,489		48,489
2.	Social Workers			0			0
3.	Counselors			0			0
4.	School Nurses	341,644		341,644	110,559		110,559
5.	Licensed Vocational Nurses	56,349		56,349	26,158		26,158
6.	Trained Health Care Aides	120,849		120,849	66,424		66,424
7.	Speech-Language Pathologists	459,381		459,381	162,277		162,277
8.	Audiologists			0			0
9.	Physical Therapists			0			0
10.	Occupational Therapists			0			0
11.	Physicians/Psychiatrists			0			0
12.	Optometrists			0			0
13.	Audiometrists			0			0
				(To Schedule 4)			(To Schedule 4)

Schedule 6 - Other Costs

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

Reported

	Practitioner Type	Materials, Supplies and Reference Materials Expenditures *(4200-4300)* A	Non-capitalized Equipment Expenditures *(4400)* B	Travel and Conference Expenditures *(5200)* C	Dues and Membership Expenditures *(5300)* D	Contractor Costs *(5800)* E	Communications Expenditures *(5900)* F	Total Reported Other Costs G = Sum of A-F
1.	Psychologists	909	19,860	20,984				41,753
2.	Social Workers							0
3.	Counselors							0
4.	School Nurses	50,723	10,357	1,594				62,674
5.	Licensed Vocational Nurses	4,735		1,566				6,301
6.	Trained Health Care Aides							0
7.	Speech-Language Pathologists	2,307						2,307
8.	Audiologists							0
9.	Physical Therapists							0
10.	Occupational Therapists	3,490						3,490
11.	Physicians/Psychiatrists							0
12.	Optometrists							0
13.	Audiometrists							0

Audited

	Practitioner Type	Materials, Supplies and Reference Materials Expenditures *(4200-4300)* A	Non-capitalized Equipment Expenditures *(4400)* B	Travel and Conference Expenditures *(5200)* C	Dues and Membership Expenditures *(5300)* D	Contractor Costs *(5800)* E	Communications Expenditures *(5900)* F	Total Audited Other Costs G = Sum of A-F
1.	Psychologists	909	19,860	20,984	-	-	-	41,753
2.	Social Workers	-	-	-	-	-	-	-
3.	Counselors	-	-	-	-	-	-	-
4.	School Nurses	50,723	10,357	1,594	-	-	-	62,674
5.	Licensed Vocational Nurses	4,735	-	1,566	-	-	-	6,301
6.	Trained Health Care Aides	-	-	-	-	-	-	-
7.	Speech-Language Pathologists	2,307	-	-	-	-	-	2,307
8.	Audiologists	-	-	-	-	-	-	-
9.	Physical Therapists	-	-	-	-	-	-	-
10.	Occupational Therapists	3,490	-	-	-	-	-	3,490
11.	Physicians/Psychiatrists	-	-	-	-	-	-	-
12.	Optometrists	-	-	-	-	-	-	-
13.	Audiometrists	-	-	-	-	-	-	-

(To Schedule 4)

Schedule 7 - Adjustments to Other Costs

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

	Practitioner Type	Materials, Supplies and Reference Materials Expenditures *(4200-4300)* A Audit ADJ ( )	Non-capitalized Equipment Expenditures *(4400)* B Audit ADJ ( )	Travel and Conference Expenditures *(5200)* C Audit ADJ ( )	Dues and Membership Expenditures *(5300)* D Audit ADJ ( )	Contractor Costs *(5800)* E Audit ADJ ( )	Communications Expenditures *(5900)* F Audit ADJ ( )	Total Adj.
1.	Psychologists							0
2.	Social Workers							0
3.	Counselors							0
4.	School Nurses							0
5.	Licensed Vocational Nurses							0
6.	Trained Health Care Aides							0
7.	Speech-Language Pathologists							0
8.	Audiologists							0
9.	Physical Therapists							0
10.	Occupational Therapists							0
11.	Physicians/Psychiatrists							0
12.	Optometrists							0
13.	Audiometrists							0
								(To Schedule 6)

Reported Indirect Cost Rate	5.92%
Audit Adj ( )	
Audited Indirect Cost Rate	5.92%
	(To Schedule 2,3)

Schedule 8 - Percent of Time Providing LEA Services

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

	Practitioner Type	Total Hours Required to Work (Employees) A (Schedule 9)	Total Hours Worked by Contractors B (Schedule 9)	Total Hours Worked by Employees and Contractors C=A+B	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP D (Schedule 10)	Percent of Time Providing LEA Services Documented in an IEP or IFSP E = D/C	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP F (Schedule 11)	Percent of Time Providing LEA Services Not Documented in an IEP of IFSP G = F/C
1.	Psychologists	3,200	-	3,200	856	26.77%	-	0
2.	Social Workers	-	-	-	-	0	-	0
3.	Counselors	-	-	-	2	0	26	0
4.	School Nurses	7,291	-	7,291	361	4.94%	234	3.20%
5.	Licensed Vocational Nurses	2,625	-	2,625	1,254	47.75%	-	0
6.	Trained Health Care Aides	5,250	-	5,250	730	13.91%	0	0.00%
7.	Speech-Language Pathologists	11,606	-	11,606	996	8.58%	-	0
8.	Audiologists	-	-	-	1,568	0	-	0
9.	Physical Therapists	-	-	-	-	0	-	0
10.	Occupational Therapists	-	-	-	204	0	12	0
11.	Physicians/Psychiatrists	-	-	-	-	0	-	0
12.	Optometrists	-	-	-	N/A	0	-	0
13.	Audiometrists	-	-	-	N/A	0	-	0
						(To Schedule 2)		(To Schedule 3)

Schedule 9 - Adjustments to Reported Time

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

	W/S A-3/B-3 Col C	As Reported Total Hours Required to Work (Employees)	Audit Adj.	Audit Adj.	Audit Adj.	Audit Adj.	Audit Adj.	Audit Adj.	Audit Adj.	As Audited Total Hours Required to Work (Employees)
	Practitioner Type	C	()	()	()	()	()	()	()	
1.	Psychologists	3,200								3,200
2.	Social Workers									-
3.	Counselors									-
4.	School Nurses	7,291								7,291
5.	Licensed Vocational Nurses	2,625								2,625
6.	Trained Health Care Aides	5,250								5,250
7.	Speech-Language Pathologists	11,606								11,606
8.	Audiologists									-
9.	Physical Therapists									-
10.	Occupational Therapists									-
11.	Physicians/Psychiatrists									-
12.	Optometrists									-
13.	Audiometrists									-
										(To Schedule 8)

	W/S A-3/B-3 Col D	As Reported Total Contractor Hours Paid	Audit Adj.	Audit Adj.	Audit Adj.	Audit Adj.	Audit Adj.	Audit Adj.	Audit Adj.	Audited Total Contractor Hours Paid
	Practitioner Type	D	()	()	()	()	()	()	()	
1.	Psychologists									-
2.	Social Workers									-
3.	Counselors									-
4.	School Nurses									-
5.	Licensed Vocational Nurses									-
6.	Trained Health Care Aides									-
7.	Speech-Language Pathologists									-
8.	Audiologists									-
9.	Physical Therapists									-
10.	Occupational Therapists									-
11.	Physicians/Psychiatrists									-
12.	Optometrists									-
13.	Audiometrists									-
										(To Schedule 8)

Schedule 10: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Reported Total Units B	Audit Adj (1)	Audited Total Units	Reported Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP
1a	IFSP Psychological Assessment: Initial	96100	TL	-	3		3	18	18
1b	IFSP Psychological Assessment: Annual	96100	TL	52			-	-	0
1c	IFSP Psychological Assessment: Amended	96100	TL	TS			-	-	0
1d	IEP Psychological Assessment: Initial/Triennial	96100	TM	-	17		17	102	102
1e	IEP Psychological Assessment: Annual	96100	TM	52	4		4	8	8
1f	IEP Psychological Assessment: Amended	96100	TM	TS			-	-	0
1g	IFSP Psychological Assessment: Initial	96101	TL	-	1		1	6	6
1h	IFSP Psychological Assessment: Annual	96101	TL	52			-	-	0
1i	IFSP Psychological Assessment: Amended	96101	TL	TS			-	-	0
1j	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	88		88	528	528
1k	IEP Psychological Assessment: Annual	96101	TM	52	5		5	10	10
1l	IEP Psychological Assessment: Amended	96101	TM	TS	7		7	14	14
1m	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AH			-	-	0
1n	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AH, 22			-	-	0
1o	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	323	(144)	179	296	164
1p	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AH, 22	12	(1)	11	3	3
1q	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AH			-	-	0
1r	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AH, 22			-	-	0
1s	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	39	(22)	17	8	3
1t	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH, 22	13	(8)	5	1	0
	Psychologists - Totals							994	856
2a	IFSP Psychosocial Status Assessment: Initial	96150	TL	AJ			-	-	0
2b	IFSP Psychosocial Status Assessment: Annual	96150	TL	AJ, 52			-	-	0
2c	IFSP Psychosocial Status Assessment: Amended	96151	TL	AJ			-	-	0
2d	IEP Psychosocial Status Assessment: Initial/Triennial	96150	TM	AJ			-	-	0
2e	IEP Psychosocial Status Assessment: Annual	96150	TM	AJ, 52			-	-	0
2f	IEP Psychosocial Status Assessment: Amended	96151	TM	AJ			-	-	0
2g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AJ			-	-	0
2h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AJ, 22			-	-	0
2i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AJ	38	(38)	-	35	0
2j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AJ, 22	8	(8)	-	2	0
2k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AJ			-	-	0
2l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AJ, 22			-	-	0
2m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AJ			-	-	0
2n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AJ, 22			-	-	0
	Social Workers - Totals							37	-
3a	IFSP Psychosocial status Assessment: Initial	96150	TL	-			-	-	0
3b	IFSP Psychosocial status Assessment: Annual	96150	TL	52			-	-	0
3c	IFSP Psychosocial status Assessment: Amended	96151	TL	-			-	-	0
3d	IEP Psychosocial status Assessment: Initial/Triennial	96150	TM	-			-	-	0
3e	IEP Psychosocial status Assessment: Annual	96150	TM	52			-	-	0
3f	IEP Psychosocial status Assessment: Amended	96151	TM	-			-	-	0
3g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	-			-	-	0
3h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	22			-	-	0
3i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	-			-	-	0
3j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	22		8	8	-	2
3k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	-			-	-	0
3l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	22			-	-	0
3m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	-			-	-	0
3n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	22			-	-	0
	Counselors - Totals							-	2

Schedule 10: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Reported Total Units B	Audit Adj (1)	Audited Total Units	Reported Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP
4a	IFSP Health Assessment: Initial	T1001	TL	-	143	(143)	-	250	0
4b	IFSP Health Assessment: Annual	T1001	TL	52	55	(55)	-	55	0
4c	IFSP Health Assessment: Amended	T1001	TL	TS	2	(2)	-	2	0
4d	IEP Health Assessment: Initial/Triennial	T1001	TM	-	2	140	142	4	249
4e	IEP Health Assessment: Annual	T1001	TM	52	214	(158)	56	214	56
4f	IEP Health Assessment: Amended	T1001	TM	TS		2	2	-	2
4g	IFSP Nursing Services	T1002	TL	-		2	2	-	1
4h	IEP Nursing Services	T1002	TM	-		214	214	-	54
	School Nurses - Totals							525	361
5a	IFSP LVN Services	T1003	TL	-			-	-	0
5b	IEP LVN Services	T1003	TM	-	5,014		5,014	1,254	1,254
	Licensed Vocational Nurses - Totals							1,254	1,254
6a	IFSP Trained Health Care Aide Services	T1004	TL	-			-	-	0
6b	IEP Trained Health Care Aide Services	T1004	TM	-	2,921		2,921	730	730
	Trained Health Care Aides - Totals							730	730
7a	IFSP Speech/Language Assessment: Initial	92506	TL	GN	3	(3)	-	8	0
7b	IFSP Speech/Language Assessment: Annual	92506	TL	GN, 52			-	-	0
7c	IFSP Speech/Language Assessment: Amended	92506	TL	GN, TS			-	-	0
7d	IEP Speech/Language Assessment: Initial/Triennial	92506	TM	GN	86	3	89	237	245
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52	22	(22)	-	33	0
7f	IEP Speech/Language Assessment: Amended	92506	TM	GN, TS	1		1	2	2
7g	IFSP Speech Therapy, Individual Treatment - Initial	92507	TL	GN	2	(1)	1	2	1
7h	IFSP Speech Therapy, Individual Treatment - Additional	92507	TL	GN, 22			-	-	0
7i	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GN	3,203	(3,166)	37	2,669	31
7j	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GN, 22	45		45	11	11
7k	IFSP Speech Therapy, Group Treatment - Initial	92508	TL	GN			-	-	0
7l	IFSP Speech Therapy, Group Treatment - Additional	92508	TL	GN, 22			-	-	0
7m	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GN	4,533	(2,222)	2,311	1,385	706
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22	5		5	0	0
	Speech-Language Pathologists - Totals							4,347	996
8a	IFSP Audiological Assessment: Initial	92506	TL	-	1	3	4	2	8
8b	IFSP Audiological Assessment: Annual	92506	TL	52			-	-	0
8c	IFSP Audiological Assessment: Amended	92506	TL	TS			-	-	0
8d	IEP Audiological Assessment: Initial/Triennial	92506	TM	-	4	(4)	-	8	0
8e	IEP Audiological Assessment: Annual	92506	TM	52	3	22	25	5	38
8f	IEP Audiological Assessment: Amended	92506	TM	TS			-	-	0
8g	IFSP Audiology, Individual Treatment - Initial	92507	TL	-		1	1	-	1
8h	IFSP Audiology, Individual Treatment - Additional	92507	TL	22			-	-	0
8i	IEP Audiology, Individual Treatment - Initial	92507	TM	-		1,657	1,657	-	1,519
8j	IEP Audiology, Individual Treatment - Additional	92507	TM	22	12		12	3	3
8k	IFSP Hearing Check	V5011	TL	-			-	-	0
8l	IEP Hearing Check	V5011	TM	-			-	-	0
	Audiologists - Totals							18	1,568
9a	IFSP Physical Therapy Assessment: Initial	97001	TL	-			-	-	0
9b	IFSP Physical Therapy Assessment: Annual	97001	TL	52			-	-	0
9c	IFSP Physical Therapy Assessment: Amended	97002	TL	-			-	-	0
9d	IEP Physical Therapy Assessment: Initial/Triennial	97001	TM	-			-	-	0
9e	IEP Physical Therapy Assessment: Annual	97001	TM	52			-	-	0
9f	IEP Physical Therapy Assessment: Amended	97002	TM	-			-	-	0
9g	IFSP Physical Therapy Individual Treatment - Initial	97110	TL	GP			-	-	0
9h	IFSP Physical Therapy Individual Treatment - Additional	97110	TL	GP, 22			-	-	0
9i	IEP Physical Therapy Individual Treatment - Initial	97110	TM	GP			-	-	0
9j	IEP Physical Therapy Individual Treatment - Additional	97110	TM	GP, 22			-	-	0
	Physical Therapists - Totals							-	-

Schedule 10: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Reported Total Units *B*	Audit Adj (1)	Audited Total Units	Reported Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP
10a	IFSP Occupational Therapy Assessment: Initial	97003	TL	-			-	-	0
10b	IFSP Occupational Therapy Assessment: Annual	97003	TL	52			-	-	0
10c	IFSP Occupational Therapy Assessment: Amended	97004	TL	-			-	-	0
10d	IEP Occupational Therapy Assessment: Initial/Triennial	97003	TM	-	2	1	3	6	9
10e	IEP Occupational Therapy Assessment: Annual	97003	TM	52	2	2	4	4	8
10f	IEP Occupational Therapy Assessment: Amended	97004	TM	-	1		1	2	2
10g	IFSP Occupational Therapy Individual Treatment - Initial	97110	TL	GO			-	-	0
10h	IFSP Occupational Therapy Individual Treatment - Additional	97110	TL	GO, 22			-	-	0
10i	IEP Occupational Therapy Individual Treatment - Initial	97110	TM	GO	391	(204)	187	371	178
10j	IEP Occupational Therapy Individual Treatment - Additional	97110	TM	GO, 22	7	22	29	2	7
	Occupational Therapists - Totals							385	204
11a	IFSP Health/Nutrition Assessment: Initial	96150	TL	AG			-	-	0
11b	IFSP Health/Nutrition Assessment: Annual	96150	TL	AG, 52			-	-	0
11c	IFSP Health/Nutrition Assessment: Amended	96151	TL	AG			-	-	0
11d	IEP Health/Nutrition Assessment: Initial/Triennial	96150	TM	AG			-	-	0
11e	IEP Health/Nutrition Assessment: Annual	96150	TM	AG, 52			-	-	0
11f	IEP Health/Nutrition Assessment: Amended	96151	TM	AG			-	-	0
11g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AG			-	-	0
11h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AG, 22			-	-	0
11i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AG			-	-	0
11j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AG, 22			-	-	0
11k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AG			-	-	0
11l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AG, 22			-	-	0
11m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AG			-	-	0
11n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AG, 22			-	-	0
	Physicians/Psychiatrists - Totals							-	-
									(To Schedule 8)

Reported Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP		$ 154,440
Adjustments to Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP	Adj (1)	$ (75)
Audited Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP		$ 154,365
		(To Schedule 2)

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

Schedule 11: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP

Row	Service Description	Procedure Code	Required Modifier(s)	Reported Total Units	Audit Adj (2)	Audited Total Units	Reported Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP
1a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AH			-	-	0
1b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AH			-	-	0
1c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AH			-	-	0
1d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AH, 22			-	-	0
1e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AH			-	-	0
1f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AH, 22			-	-	0
1g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AH			-	-	0
	Psychologists - Totals						-	-
2a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AJ	103	(103)	-	26	0
2b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AJ			-	-	0
2c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AJ			-	-	0
2d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AJ, 22			-	-	0
2e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AJ			-	-	0
2f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AJ, 22			-	-	0
2g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AJ			-	-	0
	Social Workers - Totals						26	-
3a	Non-IEP/IFSP Psychosocial Status Assessment	96150	-		101	101	-	25
3b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	-			-	-	0
3c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	-			-	-	0
3d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22		1	1	-	0
3e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	-			-	-	0
3f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22		8	8	-	0
3g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	-			-	-	0
	Counselors - Totals						-	26
4a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	TD			-	-	0
4b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	TD			-	-	0
4c	Non-IEP/IFSP Health/Nutrition Assessment	96150	TD	977	(43)	934	244	234
4d	Non-IEP/IFSP Health/Nutrition Re-Assessment	96151	TD			-	-	0
4e	Non-IEP/IFSP Vision Assessment	99173	TD			-	-	0
4f	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	TD			-	-	0
4g	Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1002	-			-	-	0
	School Nurses - Totals						244	234
5a	Non-IEP/IFSP LVN Services	T1003	-			-	-	0
	Licensed Vocational Nurses - Totals						-	-
6a	Non-IEP/IFSP Trained Health Care Aide Services	T1004	-	1		1	0	0
	Trained Health Care Aides - Totals						0	0
7a	Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507	GN			-	-	0
7b	Non-IEP/IFSP Speech Therapy, Individual Treatment - Additional	92507	GN, 22			-	-	0
7c	Non-IEP/IFSP Speech Therapy, Group Treatment - Initial	92508	GN			-	-	0
7d	Non-IEP/IFSP Speech Therapy, Group Treatment - Additional	92508	GN, 22			-	-	0
7e	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	GN			-	-	0
7f	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	GN			-	-	0
7g	Non-IEP/IFSP Developmental Assessment	96110	GN			-	-	0
	Speech-Language Pathologists - Totals						-	-

Schedule 11: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP

Row	Service Description	Procedure Code	Required Modifier(s)	Reported Total Units	Audit Adj (2)	Audited Total Units	Reported Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP
8a	Non-IEP/IFSP Audiology, Individual Treatment - Initial	92507	-			-	-	0
8b	Non-IEP/IFSP Audiology, Individual Treatment - Additional	92507	22			-	-	0
	Audiologists - Totals						-	-
9a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	-			-	-	0
9b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	-			-	-	0
	Audiologists/Audiometrists - Totals						-	-
10a	Non-IEP/IFSP Developmental Assessment	96110	GP			-	-	0
10b	Non-IEP/IFSP Physical Therapy Individual Treatment - Initial	97110	GP			-	-	0
10c	Non-IEP/IFSP Physical Therapy Individual Treatment - Additional	97110	GP, 22			-	-	0
	Physical Therapists - Totals						-	-
11a	Non-IEP/IFSP Developmental Assessment	96110	GO			-	-	0
11b	Non-IEP/IFSP Occupational Therapy Individual Treatment - Initial	97110	GO		13	13	-	12
11c	Non-IEP/IFSP Occupational Therapy Individual Treatment - Additional	97110	GO, 22			-	-	0
	Occupational Therapists - Totals						-	12
12a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	AG			-	-	0
12b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	AG			-	-	0
12c	Non-IEP/IFSP Health/Nutrition Assessment	96150	AG			-	-	0
12d	Non-IEP/IFSP Health/Nutrition Re-Assessment	96151	AG			-	-	0
12e	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AG			-	-	0
12f	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AG, 22			-	-	0
12g	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AG			-	-	0
12h	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AG, 22			-	-	0
12i	Non-IEP/IFSP Vision Assessment	99173	AG			-	-	0
12j	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AG			-	-	0
	Physicians/Psychiatrists - Totals						-	-
13a	Non-IEP/IFSP Vision Assessment	99173	-			-	-	0
	Optometrists - Totals						-	-
								(To Schedule 8)

Reported Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP		$ 8,578
Adjustments to Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP	ADJ (2)	$ (27)
Audited Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP		$ 8,551
		(To Schedule 3)

LEA Provider Name:
CLOVIS UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2006 THROUGH JUNE 30, 2007

LEA NPI Number:
1154410280

Provider Name	Fiscal Period	Provider Number / NPI	Adjustments
CLOVIS UNIFIED SCHOOL DISTRICT	JULY 1, 2006 THROUGH JUNE 30, 2007	SS1062117 / 1154410280	2

ADJUSTMENT TO W/S A-4 UNITS AND REIMBURSEMENT OF PROVIDING LEA SERVICES

Report References										
	Cost Report			Audit Report						
Adj. No.	DHCS 2437 Page	Line	Col.	Sch.	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
1	7-a	1o	B	10	1o	N/A	IEP Psychology Counseling, Individual Treatment - Initial	323	(144)	179
	7-a	1p	B	10	1p	N/A	IEP Psychology Counseling, Individual Treatment - Additional	12	(1)	11
	7-a	1s	B	10	1s	N/A	IEP Psychology Counseling, Group Treatment - Initial	39	(22)	17
	7-a	1t	B	10	1t	N/A	IEP Psychology Counseling, Group Treatment - Additional	13	(8)	5
	7-a	2i	B	10	2i	N/A	IEP Psychology Counseling, Individual Treatment - Initial	38	(38)	0
	7-a	2j	B	10	2j	N/A	IEP Psychology Counseling, Individual Treatment - Additional	8	(8)	0
	7-a	3j	B	10	3j	N/A	IEP Psychology Counseling, Individual Treatment - Additional	0	8	8
	7-b	4a	B	10	4a	N/A	IFSP Health Assessment: Initial	143	(143)	0
	7-b	4b	B	10	4b	N/A	IFSP Health Assessment: Annual	55	(55)	0
	7-b	4c	B	10	4c	N/A	IFSP Health Assessment: Amended	2	(2)	0
	7-b	4d	B	10	4d	N/A	IEP Health Assessment: Initial/Triennial	2	140	142
	7-b	4e	B	10	4e	N/A	IEP Health Assessment: Annual	214	(158)	56
	7-b	4f	B	10	4f	N/A	IEP Health Assessment: Amended	0	2	2
	7-b	4g	B	10	4g	N/A	IFSP Nursing Services	0	2	2
	7-b	4h	B	10	4h	N/A	IEP Nursing Services	0	214	214
	7-b	7a	B	10	7a	N/A	IFSP Speech/Language Assessment: Initial	3	(3)	0
	7-b	7d	B	10	7d	N/A	IFSP Speech/Language Assessment: Annual	86	3	89
	7-b	7e	B	10	7e	N/A	IFSP Speech/Language Assessment: Amended	22	(22)	0
	7-b	7g	B	10	7g	N/A	IFSP Speech Therapy, Individual Treatment - Initial	2	(1)	1
	7-b	7i	B	10	7i	N/A	IEP Speech Therapy, Individual Treatment - Initial	3,203	(3,166)	37
	7-b	7m	B	10	7m	N/A	IEP Speech Therapy, Group Treatment - Initial	4,533	(2,222)	2,311
	7-b	8a	B	10	8a	N/A	IFSP Audiological Assessment: Initial	1	3	4
	7-b	8d	B	10	8d	N/A	IEP Audiological Assessment: Initial/Triennial	4	(4)	0
	7-b	8e	B	10	8e	N/A	IEP Audiological Assessment: Annual	3	22	25
	7-b	8g	B	10	8g	N/A	IFSP Audiology, Individual Treatment - Initial	0	1	1
	7-b	8i	B	10	8i	N/A	IEP Audiology, Individual Treatment - Initial	0	1,657	1,657

-Continued to next page-

Provider Name	Fiscal Period	Provider Number / NPI	Adjustments
CLOVIS UNIFIED SCHOOL DISTRICT	JULY 1, 2006 THROUGH JUNE 30, 2007	SS1062117 / 1154410280	2

Report References										
	Cost Report			Audit Report						
Adj. No.	DHCS 2437 Page	Line	Col.	Sch.	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO W/S A-4 UNITS AND REIMBURSEMENT OF PROVIDING LEA SERVICES			
-Continued from provious page-										
	7-c	10d	B	10	10d	N/A	IEP Occupational Therapy Assessment: Initial/Triennial	2	1	3
	7-c	10e	B	10	10e	N/A	IEP Occupational Therapy Assessment: Annual	2	2	4
	7-c	10i	B	10	10i	N/A	IEP Occupational Therapy Individual Treatment - Initial	391	(204)	187
	7-c	10j	B	10	10j	N/A	IEP Occupational Therapy Individual Treatment - Additional	7	22	29
	7-c	N/A	F	10	N/A	N/A	Total Interim Medi-Cal Reimbursement-Services Documented in an IEP or IFSP	$154,440	($75)	$154,365

To adjust reported Medi-Cal Settlement Data to agree with the following:

Fiscal Intermediary Paid Claims Summary Reports:
Report Date: September 26, 2013
Payment Period: July 1, 2006 through September 25, 2013
Service Period: July 1, 2006 through June 30, 2007

Initial Treatment Services Corrected Claim Counts Report:
Report Date: October 2010
Payment Period: July 1, 2006 through October 31, 2010
Service Period: July 1, 2006 through June 30, 2007

42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139
CMS Pub. 15-1, Sections 2304, 2404 and 2408
CCR, Title 22, Section 51541

Provider Name	Fiscal Period	Provider Number / NPI	Adjustments
CLOVIS UNIFIED SCHOOL DISTRICT	JULY 1, 2006 THROUGH JUNE 30, 2007	SS1062117 / 1154410280	2

Report References										
	Cost Report			Audit Report						
Adj. No.	DHCS 2437 Page	Line	Col.	Sch.	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO W/S B-4 UNITS AND REIMBURSEMENT OF PROVIDING LEA SERVICES			
2	8-a	2a	B	11	2a	N/A	Non-IEP/IFSP Psychosocial Status Assessment	103	(103)	0
	8-a	3a	B	11	3a	N/A	Non-IEP/IFSP Psychosocial Status Assessment	0	101	101
	8-a	3d	B	11	3d	N/A	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	0	1	1
	8-a	3f	B	11	3f	N/A	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	0	8	8
	8-a	4c	B	11	4c	N/A	Non-IEP/IFSP Health/Nutrition Assessment	977	(43)	934
	8-b	11b	B	11	11b	N/A	Non-IEP/IFSP Occupational Therapy Individual Treatment - Initial	0	13	13
	8-b	N/A	F	11	N/A	N/A	Total Interim Medi-Cal Reimbursement-Services Not Documented in an IEP or IFSP	$8,578	($27)	$8,551

To adjust reported Medi-Cal Settlement Data to agree with the following:

Fiscal Intermediary Paid Claims Summary Reports:
Report Date: September 26, 2013
Payment Period: July 1, 2006 through September 25, 2013
Service Period: July 1, 2006 through June 30, 2007

Initial Treatment Services Corrected Claim Counts Report:
Report Date: October 2010
Payment Period: July 1, 2006 through October 31, 2010
Service Period: July 1, 2006 through June 30, 2007

42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139
CMS Pub. 15-1, Sections 2304, 2404 and 2408
CCR, Title 22, Section 51541