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

HOLTVILLE UNIFIED SCHOOL DISTRICT
HOLTVILLE, CALIFORNIA
PROVIDER NUMBER: SS1363149
NATIONAL PROVIDER IDENTIFIER (NPI): 1376694893

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: Johnson Khuu

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

March 18, 2014

John-Paul Wells
Chief Business Official
Holtville Unified School District
621 East 6th Street
Holtville, CA 92250

HOLTVILLE UNIFIED SCHOOL DISTRICT
PROVIDER NUMBER SS1363149
NATIONAL PROVIDER IDENTIFIER 1376694893
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 Provider in the amount of $393, 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.

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:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:

1376694893

Reported Total Net Overpayment/(Underpayment) for All LEA Services	$	-

1	Audited Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (Schedule 2)	$	4,186
2	Audited Medi-Cal Maximum Reimbursable for Services Not documented in an IEP or IFSP (Schedule 3)	$	-
3	Total Audited Maximum Reimbursement for Services	$	4,186

4	Audited Interim Payment for Services Documented in an IEP or IFSP (Schedule 2)	$	3,793
5	Audited Interim Payment for Services Not Documented in an IEP or IFSP (Schedule 3)	$	-
6	Total Interim Payment for LEA Services	$	3,793

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

9	Total Net Underpayment/(Overpayment) for All LEA Services	$	393

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

LEA Provider Name:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

	(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	49,998	0	-	49,998	0	-	0	-
2.	Social Workers	-	0	-	-	0	-	0	-
3.	Counselors	140,299	0	-	140,299	0	-	0	-
4.	School Nurses	84,961	0	-	84,961	7.57%	6,436	0	6,436
5.	Licensed Vocational Nurses	-	0	-	-	0	-	0	-
6.	Trained Health Care Aides	36,153	0	-	36,153	0.55%	198	0	198
7.	Speech-Language Pathologists	44,133	0	-	44,133	2.36%	1,042	0	1,042
8.	Audiologists	-	0	-	-	0	-	0	-
9.	Physical Therapists	-	0	-	-	0	-	0	-
10.	Occupational Therapists	-	0	-	-	0	-	0	-
11.	Physicians/Psychiatrists	-	0	-	-	0	-	0	-

		Reported	Audited
a.	Service Costs	$ -	$ 7,675
b.	Indirect Cost Rate (Schedule 7)	0.00%	9.09%
c.	Indirect Costs (a * b)	$ -	$ 698
d.	Total Service Costs (a + c)	$ -	$ 8,373
e.	Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%
f.	Medi-Cal Maximum Reimbursable (d * e)	$ -	$ 4,186
g.	**Interim Payment for services documented in an IEP**	$ -	$ 3,793
h.	Overpayment/(Underpayment) (g - f)	$ -	$ (393)

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

LEA Provider Name: HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number: 1376694893

	(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	49,998	0	-	49,998	0	-	0	0
2.	Social Workers	-	0	-	-	0	-	0	0
3.	Counselors	140,299	0	-	140,299	0	-	0	0
4.	School Nurses	84,961	0	-	84,961	0	-	0	0
5.	Licensed Vocational Nurses	-	0	-	-	0	-	0	0
6.	Trained Health Care Aides	36,153	0	-	36,153	0	-	0	0
7.	Speech-Language Pathologists	44,133	0	-	44,133	0	-	0	0
8.	Audiologists	-	0	-	-	0	-	0	0
9.	Physical Therapists	-	0	-	-	0	-	0	0
10.	Occupational Therapists	-	0	-	-	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)	$ -	$ -
b.	Indirect Cost Rate (Schedule 7)	0.00%	9.09%
c.	Indirect Costs (a * b)	$ -	$ -
d.	Total Service Costs (a + c)	$ -	$ -
e.	Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%
f.	Medi-Cal Maximum Reimbursable (d * e)	$ -	$ -
g.	**Interim Payment for services not documented in an IEP**	$ -	$ -
h.	Overpayment/(Underpayment) (g - f)	$ -	$ -

Schedule 4 - Summary of Audited Personnel Costs

LEA Provider Name:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

	(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	44,260	5,421	317	49,998
2.	Social Workers	-	-	-	-
3.	Counselors	109,302	30,802	195	140,299
4.	School Nurses	61,057	19,751	4,153	84,961
5.	Licensed Vocational Nurses	-	-	-	-
6.	Trained Health Care Aides	29,174	6,773	206	36,153
7.	Speech-Language Pathologists	-	-	44,133	44,133
8.	Audiologists	-	-	-	-
9.	Physical Therapists	-	-	-	-
10.	Occupational Therapists	-	-	-	-
11.	Physicians/Psychiatrists	-	-	-	-
12.	Optometrists	-	-	-	-
13.	Audiometrists	-	-	-	-
					(Schedule 2,3)

Schedule 5 - Salary Expenditures

LEA Provider Name:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

	(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	44,260		44,260	5,421		5,421
2.	Social Workers			0			0
3.	Counselors	109,302		109,302	30,802		30,802
4.	School Nurses	61,057		61,057	19,751		19,751
5.	Licensed Vocational Nurses			0			0
6.	Trained Health Care Aides	29,174		29,174	6,773		6,773
7.	Speech-Language Pathologists			0			0
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:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

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	317						317
2.	Social Workers							0
3.	Counselors			195				195
4.	School Nurses	4,074		79				4,153
5.	Licensed Vocational Nurses							0
6.	Trained Health Care Aides			206				206
7.	Speech-Language Pathologists	435				43,698		44,133
8.	Audiologists							0
9.	Physical Therapists							0
10.	Occupational Therapists							0
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	317	-	-	-	-	-	317
2.	Social Workers	-	-	-	-	-	-	-
3.	Counselors	-	-	195	-	-	-	195
4.	School Nurses	4,074	-	79	-	-	-	4,153
5.	Licensed Vocational Nurses	-	-	-	-	-	-	-
6.	Trained Health Care Aides	-	-	206	-	-	-	206
7.	Speech-Language Pathologists	435	-	-	-	43,698	-	44,133
8.	Audiologists	-	-	-	-	-	-	-
9.	Physical Therapists	-	-	-	-	-	-	-
10.	Occupational Therapists	-	-	-	-	-	-	-
11.	Physicians/Psychiatrists	-	-	-	-	-	-	-
12.	Optometrists	-	-	-	-	-	-	-
13.	Audiometrists	-	-	-	-	-	-	-

(To Schedule 4)

Schedule 7 - Adjustments to Other Costs

LEA Provider Name:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

	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	0.00%
Audit Adj (1)	9.09%
Audited Indirect Cost Rate	9.09%
	(To Schedule 2,3)

Schedule 8 - Percent of Time Providing LEA Services

LEA Provider Name:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

	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	590	-	590	-	0	-	0
2.	Social Workers	-	-	-	-	0	-	0
3.	Counselors	3,273	-	3,273	-	0	-	0
4.	School Nurses	1,373	-	1,373	104	7.57%	-	0
5.	Licensed Vocational Nurses	-	-	-	-	0	-	0
6.	Trained Health Care Aides	2,745	-	2,745	15	0.55%	-	0
7.	Speech-Language Pathologists	-	540	540	13	2.36%	-	0
8.	Audiologists	-	-	-	16	0	-	0
9.	Physical Therapists	-	-	-	-	0	-	0
10.	Occupational Therapists	-	-	-	-	0	-	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:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

	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	590								590
2.	Social Workers									-
3.	Counselors	3,273								3,273
4.	School Nurses	1,373								1,373
5.	Licensed Vocational Nurses									-
6.	Trained Health Care Aides	2,745								2,745
7.	Speech-Language Pathologists									-
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	540								540
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 (2)	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	-			-	-	0
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	-			-	-	0
1e	IEP Psychological Assessment: Annual	96100	TM	52			-	-	0
1f	IEP Psychological Assessment: Amended	96100	TM	TS			-	-	0
1g	IFSP Psychological Assessment: Initial	96101	TL	-			-	-	0
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	-			-	-	0
1k	IEP Psychological Assessment: Annual	96101	TM	52			-	-	0
1l	IEP Psychological Assessment: Amended	96101	TM	TS			-	-	0
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			-	-	0
1p	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AH, 22			-	-	0
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			-	-	0
1t	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH, 22			-	-	0
	Psychologists - Totals							-	-
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			-	-	0
2j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AJ, 22			-	-	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							-	-
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			-	-	0
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							-	-

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 (2)	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	-		-	-	-	0
4b	IFSP Health Assessment: Annual	T1001	TL	52		62	62	-	62
4c	IFSP Health Assessment: Amended	T1001	TL	TS		-	-	-	0
4d	IEP Health Assessment: Initial/Triennial	T1001	TM	-		24	24	-	42
4e	IEP Health Assessment: Annual	T1001	TM	52		-	-	-	0
4f	IEP Health Assessment: Amended	T1001	TM	TS		-	-	-	0
4g	IFSP Nursing Services	T1002	TL	-		-	-	-	0
4h	IEP Nursing Services	T1002	TM	-		-	-	-	0
	School Nurses - Totals							-	104
5a	IFSP LVN Services	T1003	TL	-			-	-	0
5b	IEP LVN Services	T1003	TM	-			-	-	0
	Licensed Vocational Nurses - Totals							-	-
6a	IFSP Trained Health Care Aide Services	T1004	TL	-		-	-	-	0
6b	IEP Trained Health Care Aide Services	T1004	TM	-		60	60	-	15
	Trained Health Care Aides - Totals							-	15
7a	IFSP Speech/Language Assessment: Initial	92506	TL	GN		-	-	-	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		3	3	-	8
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52		3	3	-	5
7f	IEP Speech/Language Assessment: Amended	92506	TM	GN, TS		-	-	-	0
7g	IFSP Speech Therapy, Individual Treatment - Initial	92507	TL	GN		-	-	-	0
7h	IFSP Speech Therapy, Individual Treatment - Additional	92507	TL	GN, 22		-	-	-	0
7i	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GN		-	-	-	0
7j	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GN, 22		-	-	-	0
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		-	-	-	0
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22		-	-	-	0
	Speech-Language Pathologists - Totals							-	13
8a	IFSP Audiological Assessment: Initial	92506	TL	-		-	-	-	0
8b	IFSP Audiological Assessment: Annual	92506	TL	52		5	5	-	8
8c	IFSP Audiological Assessment: Amended	92506	TL	TS		-	-	-	0
8d	IEP Audiological Assessment: Initial/Triennial	92506	TM	-		4	4	-	8
8e	IEP Audiological Assessment: Annual	92506	TM	52		-	-	-	0
8f	IEP Audiological Assessment: Amended	92506	TM	TS		-	-	-	0
8g	IFSP Audiology, Individual Treatment - Initial	92507	TL	-		-	-	-	0
8h	IFSP Audiology, Individual Treatment - Additional	92507	TL	22		-	-	-	0
8i	IEP Audiology, Individual Treatment - Initial	92507	TM	-		-	-	-	0
8j	IEP Audiology, Individual Treatment - Additional	92507	TM	22		-	-	-	0
8k	IFSP Hearing Check	V5011	TL	-		-	-	-	0
8l	IEP Hearing Check	V5011	TM	-		-	-	-	0
	Audiologists - Totals							-	16
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 (2)	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	-			-	-	0
10e	IEP Occupational Therapy Assessment: Annual	97003	TM	52			-	-	0
10f	IEP Occupational Therapy Assessment: Amended	97004	TM	-			-	-	0
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			-	-	0
10j	IEP Occupational Therapy Individual Treatment - Additional	97110	TM	GO, 22			-	-	0
	Occupational Therapists - Totals							-	-
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		
Adjustments to Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP	Adj (2)	$3,793
Audited Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP		3,793
		(To Schedule 2)

LEA Provider Name:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

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 ( )	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			-	-	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						-	-
3a	Non-IEP/IFSP Psychosocial Status Assessment	96150	-			-	-	0
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			-	-	0
3e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	-			-	-	0
3f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22			-	-	0
3g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	-			-	-	0
	Counselors - Totals						-	-
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			-	-	0
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						-	-
5a	Non-IEP/IFSP LVN Services	T1003	-			-	-	0
	Licensed Vocational Nurses - Totals						-	-
6a	Non-IEP/IFSP Trained Health Care Aide Services	T1004	-			-	-	0
	Trained Health Care Aides - Totals						-	-
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 ( )	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			-	-	0
11c	Non-IEP/IFSP Occupational Therapy Individual Treatment - Additional	97110	GO, 22			-	-	0
	Occupational Therapists - Totals						-	-
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		
Adjustments to Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP	(ADJ)	
Audited Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP		0
		(To Schedule 3)

LEA Provider Name:
HOLTVILLE UNIFIED SCHOOL DISTRICT

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

LEA NPI Number:
1376694893

Provider Name	Fiscal Period	Provider Number / NPI	Adjustments
HOLTVILLE UNIFIED SCHOOL DISTRICT	JULY 1, 2006 THROUGH JUNE 30, 2007	SS1363149 / 1376694893	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
							ADJUSTMENTS TO W/S A COSTS OF PROVIDING LEA SERVICES			
1	2-a	d	N/A	7	N/A	N/A	Indirect Cost Rate To adjust the reported indirect cost rate to agree with the Department of Education's approved indirect cost rate. 34 CFR parts 75.561, 76.561(b), and ©	0.00%	9.09%	9.09%

Provider Name	Fiscal Period	Provider Number / NPI	Adjustments
HOLTVILLE UNIFIED SCHOOL DISTRICT	JULY 1, 2006 THROUGH JUNE 30, 2007	SS1363149 / 1376694893	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
							ADJUSTMENTS TO W/S A-4 UNITS AND REIMBURSEMENT OF PROVIDING LEA SERVICES			
2	7-b	4b	B	10	4b	N/A	IFSP Health Assessment: Annual	0	62	62
	7-b	4d	B	10	4d	N/A	IEP Health Assessment: Initial/Triennial	0	24	24
	7-b	6b	B	10	6b	N/A	IEP Trained Health Care Aide Services	0	60	60
	7-b	7d	B	10	7d	N/A	IEP Speech/Language Assessment: Initial/Triennial	0	3	3
	7-b	7e	B	10	7e	N/A	IEP Speech/Language Assessment: Annual	0	3	3
	7-b	8b	B	10	8b	N/A	IFSP Audiological Assessment: Annual	0	5	5
	7-b	8d	B	10	8d	N/A	IEP Audiological Assessment: Initial/Triennial	0	4	4
	7-b	N/A	F	10	N/A	N/A	Total Interim Medi-Cal Reimbursement-Services Documented in an IEP or IFSP	$0	$3,793	$3,793

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

Fiscal Intermediary Paid Claims Summary:
Report Date: August 2, 2013
Payment Period: July 1, 2007 through March 24, 2013
Service Period: July 1, 2007 through June 30, 2008

Initial Treatment Services Corrected Claim Counts Report:
Report Date: August 2, 2013
Payment Period: July 1, 2007 through March 24, 2013
Service Period: July 1, 2007 through June 30, 2008

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