

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

**STANDARD SCHOOL DISTRICT  
BAKERSFIELD, CALIFORNIA  
PROVIDER NUMBER: SS1563792  
NATIONAL PROVIDER IDENTIFIER (NPI): 1073679924**

**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**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 11, 2014

Stacy Robertson  
Administrative Assistant, Business Services  
Standard School District  
1200 North Chester Avenue  
Bakersfield, CA 93308

STANDARD SCHOOL DISTRICT  
PROVIDER NUMBER SS1563792  
NATIONAL PROVIDER IDENTIFIER 1073679924  
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 \$8,880, 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, and
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.

Stacy Robertson  
Page 2  
April 11, 2014

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:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

Reported Total Net Overpayment/(Underpayment) for All LEA Services		\$ (48,030)
1	Audited Medi-Cal Maximum Reimbursable for Services documented in an IEP or IFSP (Schedule 2)	\$ 55,409
2	Audited Medi-Cal Maximum Reimbursable for Services Not documented in an IEP or IFSP (Schedule 3)	\$ 19,732
3	Total Audited Maximum Reimbursement for Services	\$ 75,141
4	Audited Interim Payment for services documented in an IEP or IFSP (Schedule 2)	\$ 51,465
5	Audited Interim Payment for services not documented in an IEP or IFSP (Schedule 3)	\$ 14,796
6	Total Interim Payment for LEA Services	\$ 66,261
7	Recovery of LEA payments for Unknown Modifiers (Adj )	
8	Other payment recovery adjustments (Adj )	
9	Audited Amount Due Provider (State)	\$ 8,880

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

**LEA Provider Name:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

<i>(Object Code)</i> Practitioner Type	Reported Total Personnel Costs	Reported Percent of Time Providing LEA Services Documented in an IEP or IFSP	Reported Cost of Providing LEA Services Documented in an IEP or IFSP	Audited Total Personnel Costs	Audited Percent of Time Providing LEA Services Documented in an IEP or IFSP	Calculated Cost of Providing LEA Services Documented in an IEP or IFSP	Excess of calculated LEA costs over audited personnel expenditures	Audited Cost of Providing LEA Services Documented in an IEP or IFSP
	A	B	A*B=C	D (Schedule 4)	E (Schedule 8)	D*E=F	G	F-G=H
1. Psychologists	286,572	1.49%	4,263	332,397	0.82%	2,738	0	2,738
2. Social Workers	-	0	-	100,057	2.38%	2,377	0	2,377
3. Counselors	150,735	0	-	71,418	0	-	0	-
4. School Nurses	102,637	6.57%	6,740	103,187	6.57%	6,776	0	6,776
5. Licensed Vocational Nurses	-	0	-	-	0	-	0	-
6. Trained Health Care Aides	4,987	395.90%	19,744	38,759	52.30%	20,271	0	20,271
7. Speech-Language Pathologists	66,005	63.59%	41,973	216,199	33.56%	72,562	0	72,562
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			\$ 72,720					\$ 104,724
b. Indirect Cost Rate (Schedule 7)			5.82%					5.82%
c. Indirect Costs (a * b)			\$ 4,232					\$ 6,095
d. Total Service Costs (a + c)			\$ 76,952					\$ 110,819
e. Federal Medical Assistance Percentage (FMAP)			50.00%					50.00%
f. Medi-Cal Maximum Reimbursable (d * e)			\$ 38,476					\$ 55,409
g.								
<b>Interim Payment for services documented in an IEP</b>			\$ -					\$ 51,465
h. Overpayment/(Underpayment) (g - f)			\$ (38,476)					\$ (3,944)

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

**LEA Provider Name:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

W/S B	Practitioner Type	Reported	Reported	Reported Cost	Audited Percent of	Calculated Cost of	Excess of	Audited Cost of	
		Total Personnel Costs	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	of Providing LEA Services Not Documented in an IEP or IFSP	Time Providing LEA Services Not Documented in an IEP or IFSP	Providing LEA Services Not Documented in an IEP or IFSP	calculated LEA costs over audited personnel expenditures	Providing LEA Services Not Documented in an IEP or IFSP	
		A	B	A*B=C	D	E	D*E=F	G	F-G=H
					(Schedule 4)	(Schedule 8)			
1.	Psychologists	286,572	0	-	332,397	0	-	0	0
2.	Social Workers	-	0	-	100,057	15.87%	15,883	0	15,883
3.	Counselors	150,735	9.52%	14,345	71,418	24.61%	17,574	0	17,574
4.	School Nurses	102,637	3.50%	3,592	103,187	3.50%	3,612	0	3,612
5.	Licensed Vocational Nurses	-	0	-	-	0	-	0	0
6.	Trained Health Care Aides	4,987	0	-	38,759	0	-	0	0
7.	Speech-Language Pathologists	66,005	0.18%	120	216,199	0.10%	225	0	225
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)			\$ 18,057				\$ 37,293	
b.	Indirect Cost Rate (Schedule 7)			5.82%				5.82%	
c.	Indirect Costs (a * b)			\$ 1,051				\$ 2,170	
d.	Total Service Costs (a + c)			\$ 19,108				\$ 39,464	
e.	Federal Medical Assistance Percentage (FMAP)			50.00%				50.00%	
f.	Medi-Cal Maximum Reimbursable (d * e)			\$ 9,554				\$ 19,732	
g.	<b>Interim Payment for services not documented in an IEP</b>			\$ -				\$ 14,796	
h.	Overpayment/(Underpayment) (g - f)			\$ (9,554)				\$ (4,936)	

**Schedule 4 - Summary of Audited Personnel Costs**

**LEA Provider Name:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

<i>(Object Code)</i>	Salary Expenditures	Benefit Expenditures	Other Costs	Total Personnel Costs
	<i>(1000-2999)</i>	<i>(3000-3999)</i>		D = A+B+C
<u>Practitioner Type</u>	<u>A</u>	<u>B</u>	<u>C</u>	
	(From Schedule 5)	(From Schedule 5)	(From Schedule 6)	
1. Psychologists	263,479	63,624	5,294	332,397
2. Social Workers	80,199	19,858	-	100,057
3. Counselors	56,375	13,570	1,473	71,418
4. School Nurses	79,175	19,734	4,278	103,187
5. Licensed Vocational Nurses	-	-	-	-
6. Trained Health Care Aides	36,061	2,698	-	38,759
7. Speech-Language Pathologists	175,038	39,443	1,718	216,199
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:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

W/S A Practitioner Type	Reported Salary Expenditures (1000-2999)	Audit Adjs ( 1 )	Audited Salary Expenditures	Benefit Expenditures (3000-3999)	Audit Adjs ( 2 )	Audited Benefit Expenditures
	A			B		
1. Psychologists	214,547	48,932	263,479	52,683	10,941	63,624
2. Social Workers		80,199	80,199		19,858	19,858
3. Counselors	119,440	(63,065)	56,375	29,822	(16,252)	13,570
4. School Nurses	79,175		79,175	19,734		19,734
5. Licensed Vocational Nurses			0			0
6. Trained Health Care Aides	4,506	31,555	36,061	481	2,217	2,698
7. Speech-Language Pathologists	51,716	123,322	175,038	11,741	27,702	39,443
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:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

<b>Reported (W/S A1/B1)</b>	Materials, Supplies and Reference Materials Expenditures (4200-4300)	Non-capitalized Equipment Expenditures (4400)	Travel and Conference Expenditures (5200)	Dues and Membership Expenditures (5300)	Contractor Costs (5800)	Communications Expenditures (5900)	Total Reported Other Costs
	A	B	C	D	E	F	G = Sum of A-F
1. Psychologists	3,384		3,063		12,895		19,342
2. Social Workers							0
3. Counselors		1,473					1,473
4. School Nurses	2,446					1,282	3,728
5. Licensed Vocational Nurses							0
6. Trained Health Care Aides							0
7. Speech-Language Pathologists	1,668		880				2,548
8. Audiologists							0
9. Physical Therapists							0
10. Occupational Therapists							0
11. Physicians/Psychiatrists							0
12. Optometrists							0
13. Audiometrists							0
	Materials, Supplies and Reference Materials Expenditures (4200-4300)	Non-capitalized Equipment Expenditures (4400)	Travel and Conference Expenditures (5200)	Dues and Membership Expenditures (5300)	Contractor Costs (5800)	Communications Expenditures (5900)	Total Audited Other Costs
	A	B	C	D	E	F	G = Sum of A-F
1. Psychologists	3,384	-	1,910	-	-	-	5,294
2. Social Workers	-	-	-	-	-	-	-
3. Counselors	-	1,473	-	-	-	-	1,473
4. School Nurses	2,446	-	550	-	-	1,282	4,278
5. Licensed Vocational Nurses	-	-	-	-	-	-	-
6. Trained Health Care Aides	-	-	-	-	-	-	-
7. Speech-Language Pathologists	1,718	-	-	-	-	-	1,718
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:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

Practitioner Type	Materials, Supplies and Reference Materials Expenditures (4200-4300)	Non-capitalized Equipment Expenditures (4400)	Travel and Conference Expenditures (5200)	Dues and Membership Expenditures (5300)	Contractor Costs (5800)	Communications Expenditures (5900)	Total Adj.
	A	B	C	D	E	F	
	Audit ADJ ( 3 )	Audit ADJ ( )	Audit ADJ ( 4 )	Audit ADJ ( )	Audit ADJ ( 5 )	Audit ADJ ( )	
1. Psychologists			(1,153)		(12,895)		(14,048)
2. Social Workers							0
3. Counselors							0
4. School Nurses			550				550
5. Licensed Vocational Nurses							0
6. Trained Health Care Aides							0
7. Speech-Language Pathologists	50		(880)				(830)
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 5.82%  
 Audit Adj ( )  
**Audited Indirect Cost Rate** 5.82%  
 (To Schedule 2,3)

**Schedule 8 - Percent of Time Providing LEA Services**

**LEA Provider Name:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

Practitioner Type	Total Hours Required to Work (Employees)	Total Hours Worked by Contractors	Total Hours Worked by Employees and Contractors	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP
	A (Schedule 9)	B (Schedule 9)	C=A+B	D (Schedule 10)	E = D/C	F (Schedule 11)	G = F/C
1. Psychologists	5,263	-	5,263	43	0.82%	-	0
2. Social Workers	1,448	-	1,448	34	2.38%	230	15.87%
3. Counselors	947	-	947	-	0	233	24.61%
4. School Nurses	1,500	-	1,500	99	6.57%	53	3.50%
5. Licensed Vocational Nurses	-	-	-	-	0	-	0
6. Trained Health Care Aides	2,218	-	2,218	1,160	52.30%	-	0
7. Speech-Language Pathologists	3,356	-	3,356	1,126	33.56%	4	0.10%
8. Audiologists	-	-	-	-	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:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

W/S A-3/B-3 Col C Practitioner Type	As Reported Total Hours Required to Work (Employees)	Audit Adj.	As Audited Total Hours Required to Work (Employees)						
	C	( 6 )	0	0	0	0	0	0	
1. Psychologists	4,080	1,183							5,263
2. Social Workers		1,448							1,448
3. Counselors	2,895	(1,948)							947
4. School Nurses	1,500								1,500
5. Licensed Vocational Nurses									-
6. Trained Health Care Aides	293	1,925							2,218
7. Speech-Language Pathologists	3,314	42							3,356
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 Practitioner Type	As Reported Total Contractor Hours Paid	Audit Adj.	Audited Total Contractor Hours Paid						
	D	0	0	0	0	0	0	0	
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 W/S A-4 Col. B	Audit Adj ( 7 )	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	-	2		2	12	12
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	2		2	4	4
1l	IEP Psychological Assessment: Amended	96101	TM	TS	5		5	10	10
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	6	(3)	3	6	3
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	144	(72)	72	29	15
1t	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH, 22			-	-	0
<b>Psychologists - Totals</b>								<b>61</b>	<b>43</b>
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	68	(36)	32	62	29
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	57	(32)	25	12	5
2n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AJ, 22			-	-	0
<b>Social Workers - Totals</b>								<b>74</b>	<b>34</b>
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
<b>Counselors - Totals</b>								<b>-</b>	<b>-</b>

**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 W/S A-4 Col. B	Audit Adj ( 7 )	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			-	-	0
4c	IFSP Health Assessment: Amended	T1001	TL	TS			-	-	0
4d	IEP Health Assessment: Initial/Triennial	T1001	TM	-	35		35	61	61
4e	IEP Health Assessment: Annual	T1001	TM	52	1		1	1	1
4f	IEP Health Assessment: Amended	T1001	TM	TS	1		1	1	1
4g	IFSP Nursing Services	T1002	TL	-			-	-	0
4h	IEP Nursing Services	T1002	TM	-	141		141	35	35
<b>School Nurses - Totals</b>								<u>99</u>	<u>99</u>
5a	IFSP LVN Services	T1003	TL	-			-	-	0
5b	IEP LVN Services	T1003	TM	-			-	-	0
<b>Licensed Vocational Nurses - Totals</b>								<u>-</u>	<u>-</u>
6a	IFSP Trained Health Care Aide Services	T1004	TL	-			-	-	0
6b	IEP Trained Health Care Aide Services	T1004	TM	-	4,640		4,640	1,160	1,160
<b>Trained Health Care Aides - Totals</b>								<u>1,160</u>	<u>1,160</u>
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	37		37	102	102
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52	22		22	33	33
7f	IEP Speech/Language Assessment: Amended	92506	TM	GN, TS	4		4	6	6
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	890	(445)	445	742	371
7j	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GN, 22			-	-	0
7k	IFSP Speech Therapy, Group Treatment - Initial	92508	TL	GN			-	-	0
7l	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22			-	-	0
7m	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GN	4,009	(1,997)	2,012	1,225	615
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22			-	-	0
<b>Speech-Language Pathologists - Totals</b>								<u>2,107</u>	<u>1,126</u>
8a	IFSP Audiological Assessment: Initial	92506	TL	-			-	-	0
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	-			-	-	0
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
<b>Audiologists - Totals</b>								<u>-</u>	<u>-</u>
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
<b>Physical Therapists - Totals</b>								<u>-</u>	<u>-</u>

**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 W/S A-4 Col. B	Audit Adj ( 7 )	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
<b>Occupational Therapists - Totals</b>									
								-	-
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
<b>Physicians/Psychiatrists - Totals</b>									
								-	-

(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**  
**Audited Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP**

Adj ( 7 )	51,465
	\$51,465
	(To Schedule 2)

**LEA Provider Name:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

**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 W/S B-4, Col. B	Audit Adj ( 8 )	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
<b>Psychologists - Totals</b>							-	-
2a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AJ	4		4	1	1
2b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AJ			-	-	0
2c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AJ	395	(206)	189	362	173
2d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AJ, 22	5		5	1	1
2e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AJ	582	(353)	229	118	46
2f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AJ, 22	4		4	0	0
2g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AJ	31		31	8	8
<b>Social Workers - Totals</b>							490	230
3a	Non-IEP/IFSP Psychosocial Status Assessment	96150	-	603	(1)	602	151	151
3b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	-			-	-	0
3c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	-	84	(37)	47	77	43
3d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22			-	-	0
3e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	-	74	(41)	33	15	7
3f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22			-	-	0
3g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	-	131		131	33	33
<b>Counselors - Totals</b>							276	233
4a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	TD	5		5	1	1
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	3		3	0	0
4f	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	TD			-	-	0
4g	Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1002	-	204		204	51	51
<b>School Nurses - Totals</b>							53	53
5a	Non-IEP/IFSP LVN Services	T1003	-			-	-	0
<b>Licensed Vocational Nurses - Totals</b>							-	-
6a	Non-IEP/IFSP Trained Health Care Aide Services	T1004	-			-	-	0
<b>Trained Health Care Aides - Totals</b>							-	-
7a	Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507	GN	6	(3)	3	5	3
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	4		4	1	1
<b>Speech-Language Pathologists - Totals</b>							6	4

**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 W/S B-4, Col. B	Audit Adj ( 8 )	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
<b>Audiologists - Totals</b>							-	-
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
<b>Audiologists/Audiometrists - Totals</b>							-	-
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
<b>Physical Therapists - Totals</b>							-	-
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
<b>Occupational Therapists - Totals</b>							-	-
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
<b>Physicians/Psychiatrists - Totals</b>							-	-
13a	Non-IEP/IFSP Vision Assessment	99173	-			-	-	0
<b>Optometrists - Totals</b>							-	-
							(To Schedule 8)	
<b>Reported Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP</b>								
<b>Adjustments to Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP</b>							ADJ ( 8 )	14,796
<b>Audited Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP</b>								\$14,796
								(To Schedule 3)

**LEA Provider Name:**  
STANDARD SCHOOL DISTRICT

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

**LEA NPI Number:**  
1073679924

Provider Name				Fiscal Period				Provider Number / NPI		Adjustments
STANDARD SCHOOL DISTRICT				JULY 1, 2006 THROUGH JUNE 30, 2007				SS1563792 / 1073679924		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Amd. No.	Page	Line	Col.	Sch.	Line	Col.				
<b>ADJUSTMENTS TO W/S A COSTS OF PROVIDING LEA SERVICES DOCUMENTED IN AN IEP OR IFSP</b>										
1	2	1	A	5	1	N/A	Psychologist	\$214,547	\$48,932	\$263,479
	2	2	A	5	2	N/A	Social Workers	0	80,199	80,199
	2	3	A	5	3	N/A	Counselors	119,440	(63,065)	56,375
	2	6	A	5	6	N/A	Trained Health Care Aides	4,506	31,555	36,061
	2	7	A	5	7	N/A	Speech Language Pathologists	51,716	123,322	175,038
							To adjust salaries reimbursable under the LEA program to agree with the provider's financial records. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22 Section 51270			
2	2	1	B	5	1	N/A	Psychologist	\$52,683	\$10,941	\$63,624
	2	2	B	5	2	N/A	Social Workers	0	19,858	19,858
	2	3	B	5	3	N/A	Counselors	29,822	(16,252)	13,570
	2	6	B	5	6	N/A	Trained Health Care Aides	481	2,217	2,698
	2	7	B	5	7	N/A	Speech Language Pathologists	11,741	27,702	39,443
							To adjust benefits reimbursable under the LEA program to agree with the provider's financial records. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22 Section 51270			

Provider Name							Fiscal Period			Provider Number / NPI		Adjustments
STANDARD SCHOOL DISTRICT							JULY 1, 2006 THROUGH JUNE 30, 2007			SS1563792 / 1073679924		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Amd. No.	Cost Report			Audit Report								
	Page	Line	Col.	Sch.	Line	Col.						
							<u>ADJUSTMENTS TO W/S A-1/B-1 OTHER COSTS</u>					
3	4-a	7	A	7	7	N/A	Speech Language Pathologists To adjust the reported Materials, Supplies, and Reference Materials Expenditures to agree with the provider's financial records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$1,668	\$50	\$1,718		
4	4-a	1	C	7	1	N/A	Psychologist	\$3,063	(\$1,153)	\$1,910		
	4-a	4	C	7	4	N/A	School Nurse	0	550	550		
	4-a	7	C	7	7	N/A	Speech Language Pathologists To adjust Travel and Conference Expenditures to agree with the provider's financial records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	880	(880)	0		
5	4-a	1	E	7	7	N/A	Psychologists To adjust Contractor Costs to agree with the provider's financial records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$12,895	(\$12,895)	\$0		

Provider Name				Fiscal Period				Provider Number / NPI		Adjustments
STANDARD SCHOOL DISTRICT				JULY 1, 2006 THROUGH JUNE 30, 2007				SS1563792 / 1073679924		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Amd. No.	Page	Line	Col.	Sch.	Line	Col.				
<u>ADJUSTMENTS TO W/S A-3/B-3 PERCENT OF TIME PROVIDING LEA SERVICES</u>										
6	6	1	C	9	1	N/A	Psychologists	4,080	1,183	5,263
	6	2	C	9	2	N/A	Social Workers	0	1,448	1,448
	6	3	C	9	3	N/A	Counselors	2,895	(1,948)	947
	6	6	C	9	6	N/A	Trained Health Care Aides	293	1,925	2,218
	6	7	C	9	7	N/A	Speech-Language Pathologists	3,314	42	3,356
							To adjust total hours required to work for proper cost finding. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

Provider Name				Fiscal Period				Provider Number / NPI		Adjustments
STANDARD SCHOOL DISTRICT				JULY 1, 2006 THROUGH JUNE 30, 2007				SS1563792 / 1073679924		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Amd. No.	Page	Line	Col.	Sch.	Line	Col.				
<b>ADJUSTMENTS TO W/S A-4 UNITS AND REIMBURSEMENT OF PROVIDING LEA SERVICES</b>										
7	7-a	1o	B	10	1o	N/A	IEP Psychology Counseling, Individual Treatment - Initial	6	(3)	3
	7-a	1s	B	10	1s	N/A	IEP Psychology Counseling, Group Treatment - Initial	144	(72)	72
	7-a	2i	B	10	2i	N/A	IEP Psychology Counseling, Individual Treatment - Initial	68	(36)	32
	7-a	2m	B	10	2m	N/A	IEP Psychology Counseling, Group Treatment - Initial	57	(32)	25
	7-b	7i	B	10	7i	N/A	IEP Speech Therapy, Individual Treatment - Initial	890	(445)	445
	7-b	7m	B	10	7m	N/A	IEP Speech Therapy, Group Treatment - Initial	4,009	(1,997)	2,012
	7-c	N/A	F	10	N/A	N/A	Total Interim Medi-Cal Reimbursement-Services Documented in an IEP or IFSP To adjust reported Medi-Cal Settlement Data to agree with the following:	\$0	\$51,465	\$51,465
<p>Fiscal Intermediary Paid Claims Summary:                      Report Date: February 14, 2012                      Payment Period: July 1, 2006 through January 6, 2012                      Service Period: July 1, 2006 through June 30, 2007</p> <p>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</p> <p>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</p>										

Provider Name				Fiscal Period				Provider Number / NPI		Adjustments
STANDARD SCHOOL DISTRICT				JULY 1, 2006 THROUGH JUNE 30, 2007				SS1563792 / 1073679924		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Amd. No.	Cost Report			Audit Report						
	Page	Line	Col.	Sch.	Line	Col.				
	DHCS 2437									
<b>ADJUSTMENTS TO W/S B-4 UNITS AND REIMBURSEMENT OF PROVIDING LEA SERVICES</b>										
8	8-a	2c	B	11	2c	N/A	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	395	(206)	189
	8-a	2e	B	11	2e	N/A	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	582	(353)	229
	8-a	3a	B	11	3a	N/A	Non-IEP/IFSP Psychosocial Status Assessment	603	(1)	602
	8-a	3c	B	11	3c	N/A	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	84	(37)	47
	8-a	3e	B	11	3e	N/A	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	74	(41)	33
	8-a	7a	B	11	7a	N/A	Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	6	(3)	3
	8-b	N/A	F	11	N/A	N/A	Total Interim Medi-Cal Reimbursement-Services Not Documented in an IEP or IFSP	\$0	\$14,796	\$14,796
<p>To adjust reported Medi-Cal Settlement Data to agree with the following:</p> <p>Fiscal Intermediary Paid Claims Summary:                      Report Date: February 14, 2012                      Payment Period: July 1, 2006 through January 6, 2012                      Service Period: July 1, 2006 through June 30, 2007</p> <p>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</p> <p>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</p>										