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

**BARSTOW UNIFIED SCHOOL DISTRICT**
**BARSTOW, CALIFORNIA**
**PROVIDER NUMBER: SS3667611**
**NATIONAL PROVIDER IDENTIFIER (NPI): 1053461681**

**FISCAL PERIOD ENDED**
**JUNE 30, 2009**

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

**Section Chief: Alan J. Eng**
**Audit Supervisor: Martin Alvarez**
**Auditor: Leonel Guzmán**

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

TOBY DOUGLAS
*DIRECTOR*

EDMUND G. BROWN JR.
*GOVERNOR*

April 15, 2014

Joni James
Director of Pupil Services
Barstow Unified School District
551 S Avenue H
Barstow, CA 92311

BARSTOW UNIFIED SCHOOL DISTRICT
PROVIDER NUMBER SS3667611
NATIONAL PROVIDER IDENTIFIER 1053461681
FISCAL PERIOD ENDED JUNE 30, 2009

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 $6,568, 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.

Audits & Investigations / Special Programs Section
1515 K Street, Suite 340, MS 2110, P.O. Box 997413, Sacramento, CA 95899-7413
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:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

| | | | |
|---|---|---|---|
| | Reported Total Net Overpayment/(Underpayment) for All LEA Services | $ | (35,610) |

| | | | |
|---|---|---|---|
| 1 | Audited Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (7/1/08-9/30/08) | $ | 6,867 |
| 2 | Audited Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (10/1/08-6/30/09) | $ | 59,857 |
| 3 | Audited Medi-Cal Maximum Reimbursable for Services Not documented in an IEP or IFSP (7/1/08-9/30/08) | $ | - |
| 4 | Audited Medi-Cal Maximum Reimbursable for Services Not documented in an IEP or IFSP (10/1/08-6/30/09) | $ | 59 |
| | Total Audited Maximum Reimbursement for Services | $ | 66,783 |

| | | | |
|---|---|---|---|
| 5 | Audited Interim Payment for Services Documented in an IEP or IFSP (7/1/08-9/30/08) | $ | 7,536 |
| 6 | Audited Interim Payment for Services Documented in an IEP or IFSP (10/1/08-6/30/09) | $ | 65,615 |
| 7 | Audited Interim Payment for Services Not Documented in an IEP or IFSP (7/1/08-9/30/08) | $ | - |
| 8 | Audited Interim Payment for Services Not Documented in an IEP or IFSP (10/1/08-6/30/09) | $ | 201 |
| | Total Interim Payment for LEA Services | $ | 73,352 |

| | | | |
|---|---|---|---|
| 9 | Recovery of LEA payments for Unknown Modifiers (Adj ) | | |
| 10 | Other payment recovery adjustments (Adj ) | | |

| | | | |
|---|---|---|---|
| 11 | Audited Amount Due Provider (State) | $ | (6,568) |

# Schedule 2 - Summary of Services Documented in an IEP or IFSP
## Dates of Service 7/1/08-9/30/08

**LEA Provider Name:** BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:** JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:** 1053461681

| | *(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 | 448,384 | 1.71% | 7,681 | 448,384 | 2.34% | 10,508 | 0 | 10,508 |
| 2. | Social Workers | - | 0 | - | - | 0 | - | 0 | - |
| 3. | Counselors | 214,804 | 0.06% | 123 | 214,804 | 0.06% | 123 | 0 | 123 |
| 4. | School Nurses | 83,141 | 0.06% | 52 | 83,141 | 0 | - | 0 | - |
| 5. | Licensed Vocational Nurses | - | 0 | - | - | 0 | - | 0 | - |
| 6. | Trained Health Care Aides | 136,765 | 0 | - | 136,765 | 0.23% | 308 | 0 | 308 |
| 7. | Speech-Language Pathologists | 264,699 | 0.67% | 1,774 | 264,699 | 0.79% | 2,093 | 0 | 2,093 |
| 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 (Sum, F1 - F11) | $ 9,630 | $ 13,032 |
| b. | Service costs excluded from indirect cost rate application | $ - | $ - |
| c. | Service costs included in indirect cost rate application (a-b) | $ 9,630 | $ 13,032 |
| d. | Indirect Cost Rate (Schedule 7) | 0.00% | 5.39% |
| e. | Indirect Costs (c * d) | $ - | $ 702 |
| f. | Total Service Costs (a + c) | $ 9,630 | $ 13,734 |
| g. | Federal Medical Assistance Percentage (FMAP) | 50.00% | 50.00% |
| h. | Medi-Cal Maximum Reimbursable (f * g) | $ 4,815 | $ 6,867 |
| i | **Interim Payment for services documented in an IEP (Schedule 10)** | $ - | $ 7,536 |
| j | Overpayment/(Underpayment) (i - h) | $ (4,815) | $ 669 |

**Schedule 2 - Summary of Services Documented in an IEP or IFSP**
**Dates of Service 10/1/08-6/30/09**

| **LEA Provider Name:** | **Fiscal Year:** | **LEA NPI Number:** |
|---|---|---|
| BARSTOW UNIFIED SCHOOL DISTRICT | JULY 1, 2008 THROUGH JUNE 30, 2009 | 1053461681 |

| | *(Object Code)* | 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 |
|---|---|---|---|---|---|---|---|---|---|
| | Practitioner Type | A | B | A*B=C | D | E | D*E=F | G | F-G=H |
| | | | | | (Schedule 4) | (Schedule 8) | | | |
| 1. | Psychologists | 448,384 | 7.49% | 33,591 | 448,384 | 16.02% | 71,815 | 0 | 71,815 |
| 2. | Social Workers | - | 0 | - | - | 0 | - | 0 | - |
| 3. | Counselors | 214,804 | 0.31% | 658 | 214,804 | 0.32% | 688 | 0 | 688 |
| 4. | School Nurses | 83,141 | 0 | - | 83,141 | 0.57% | 472 | 0 | 472 |
| 5. | Licensed Vocational Nurses | - | 0 | - | - | 0 | - | 0 | - |
| 6. | Trained Health Care Aides | 136,765 | 0 | - | 136,765 | 0.38% | 520 | 0 | 520 |
| 7. | Speech-Language Pathologists | 264,699 | 5.95% | 15,750 | 264,699 | 7.07% | 18,720 | 0 | 18,720 |
| 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 (Sum, F1 - F11) | $ 50,000 | $ 92,215 |
| b. | Service costs excluded from indirect cost rate application | $ - | $ - |
| c. | Service costs included in indirect cost rate application (a-b) | $ 50,000 | $ 92,215 |
| d. | Indirect Cost Rate (Schedule 7) | 0.00% | 5.39% |
| e. | Indirect Costs (c * d) | $ - | $ 4,970 |
| f. | Total Service Costs (a + c) | $ 50,000 | $ 97,186 |
| g. | Federal Medical Assistance Percentage (FMAP) | 61.59% | 61.59% |
| h. | Medi-Cal Maximum Reimbursable (f * g) | $ 30,795 | $ 59,857 |
| i | **Interim Payment for services documented in an IEP (Schedule 10.1)** | $ - | $ 65,615 |
| j | Overpayment/(Underpayment) (i - h) | $ (30,795) | $ 5,758 |

# Schedule 3 - Summary of Services Not Documented in an IEP or IFSP
## Dates of Service 7/1/08-9/30/08

**LEA Provider Name:** BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:** JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:** 1053461681

| | *(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 | 448,384 | 0 | - | 448,384 | 0 | - | 0 | - |
| 2. | Social Workers | - | 0 | - | - | 0 | - | 0 | - |
| 3. | Counselors | 214,804 | 0 | - | 214,804 | 0 | - | 0 | - |
| 4. | School Nurses | 83,141 | 0 | - | 83,141 | 0 | - | 0 | - |
| 5. | Licensed Vocational Nurses | - | 0 | - | - | 0 | - | 0 | - |
| 6. | Trained Health Care Aides | 136,765 | 0 | - | 136,765 | 0 | - | 0 | - |
| 7. | Speech-Language Pathologists | 264,699 | 0 | - | 264,699 | 0 | - | 0 | - |
| 8. | Audiologists | - | 0 | - | - | 0 | - | 0 | - |
| 9. | Physical Therapists | - | 0 | - | - | 0 | - | 0 | - |
| 10. | Occupational Therapists | - | 0 | - | - | 0 | - | 0 | - |
| 11. | Physicians/Psychiatrists | - | 0 | - | - | 0 | - | 0 | - |
| 12. | Optometrists | - | 0 | - | - | 0 | - | 0 | - |
| 13. | Audiometrists | - | 0 | - | - | 0 | - | 0 | - |

| | | Reported | Audited |
|---|---|---|---|
| a. | Service Costs (Sum, F1 - F11) | $ - | $ - |
| b. | Service costs excluded from indirect cost rate application | $ - | $ - |
| c. | Service costs included in indirect cost rate application (a-b) | $ - | $ - |
| d. | Indirect Cost Rate (Schedule 7) | 0.00% | 5.39% |
| e. | Indirect Costs (c * d) | $ - | $ - |
| f. | Total Service Costs (a + c) | $ - | $ - |
| g. | Federal Medical Assistance Percentage (FMAP) | 50.00% | 50.00% |
| h. | Medi-Cal Maximum Reimbursable (f * g) | $ - | $ - |
| i | **Interim Payment for services not documented in an IEP (schedule 11)** | $ - | $ - |
| j | Overpayment/(Underpayment) (i - h) | $ - | $ - |

**Schedule 3 - Summary of Services Not Documented in an IEP or IFSP**
**Dates of Service 10/1/08-6/30/09**

| **LEA Provider Name:** | **Fiscal Year:** | **LEA NPI Number:** |
|---|---|---|
| BARSTOW UNIFIED SCHOOL DISTRICT | JULY 1, 2008 THROUGH JUNE 30, 2009 | 1053461681 |

| | *(Object Code)* | Reported Total Personnel Costs | Reported Percent of Time Providing LEA Services Not Documented in an IEP or IFSP | Reported Cost of Providing LEA Services Not Documented in an IEP or IFSP | Audited Total Personnel Costs | Audited Percent of Time Providing LEA Services Not Documented in an IEP or IFSP | Calculated Cost of Providing LEA Services Not Documented in an IEP or IFSP | Excess of calculated LEA costs over audited personnel expenditures | Audited Cost of Providing LEA Services Not Documented in an IEP or IFSP |
|---|---|---|---|---|---|---|---|---|---|
| | Practitioner Type | A | B | A*B=C | D | E | D*E=F | G | F-G=H |
| | | | | | (Schedule 4) | (Schedule 8) | | | |
| 1. | Psychologists | 448,384 | 0 | - | 448,384 | 0 | - | 0 | - |
| 2. | Social Workers | - | 0 | - | - | 0 | - | 0 | - |
| 3. | Counselors | 214,804 | 0 | - | 214,804 | 0.02% | 43 | 0 | 43 |
| 4. | School Nurses | 83,141 | 0 | - | 83,141 | 0 | - | 0 | - |
| 5. | Licensed Vocational Nurses | - | 0 | - | - | 0 | - | 0 | - |
| 6. | Trained Health Care Aides | 136,765 | 0 | - | 136,765 | 0 | - | 0 | - |
| 7. | Speech-Language Pathologists | 264,699 | 0 | - | 264,699 | 0.02% | 48 | 0 | 48 |
| 8. | Audiologists | - | 0 | - | - | 0 | - | 0 | - |
| 9. | Physical Therapists | - | 0 | - | - | 0 | - | 0 | - |
| 10. | Occupational Therapists | - | 0 | - | - | 0 | - | 0 | - |
| 11. | Physicians/Psychiatrists | - | 0 | - | - | 0 | - | 0 | - |
| 12. | Optometrists | - | 0 | - | - | 0 | - | 0 | - |
| 13. | Audiometrists | - | 0 | - | - | 0 | - | 0 | - |

| | | Reported | Audited |
|---|---|---|---|
| a. | Service Costs (Sum, F1 - F11) | $ - | $ 91 |
| b. | Service costs excluded from indirect cost rate application | $ - | $ - |
| c. | Service costs included in indirect cost rate application (a-b) | $ - | $ 91 |
| d. | Indirect Cost Rate (Schedule 7) | 0.00% | 5.39% |
| e. | Indirect Costs (c * d) | $ - | $ 5 |
| f. | Total Service Costs (a + c) | $ - | $ 96 |
| g. | Federal Medical Assistance Percentage (FMAP) | 61.59% | 61.59% |
| h. | Medi-Cal Maximum Reimbursable (f * g) | $ - | $ 59 |
| i | **Interim Payment for services not documented in an IEP (schedule 11.1)** | $ - | $ 201 |
| j | Overpayment/(Underpayment) (i - h) | $ - | $ 141 |

# Schedule 4 - Summary of Audited Personnel Costs

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

| | *(Object Code)* Practitioner Type | Salary Expenditures *(1000-2999)* A | Benefit Expenditures *(3000-3999)* B | Other Costs C | Total Personnel Costs D = A+B+C |
|---|---|---|---|---|---|
| | | (From Schedule 5) | (From Schedule 5) | (From Schedule 6) | |
| 1. | Psychologists | 377,478 | 66,606 | 4,300 | 448,384 |
| 2. | Social Workers | - | - | - | - |
| 3. | Counselors | 186,927 | 27,877 | - | 214,804 |
| 4. | School Nurses | 65,005 | 13,836 | 4,300 | 83,141 |
| 5. | Licensed Vocational Nurses | - | - | - | - |
| 6. | Trained Health Care Aides | 92,563 | 40,002 | 4,200 | 136,765 |
| 7. | Speech-Language Pathologists | 203,379 | 57,020 | 4,300 | 264,699 |
| 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:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

| | *(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 | 377,478 | | 377,478 | 66,606 | | 66,606 |
| 2. | Social Workers | | | - | | | - |
| 3. | Counselors | 186,927 | | 186,927 | 27,877 | | 27,877 |
| 4. | School Nurses | 65,005 | | 65,005 | 13,836 | | 13,836 |
| 5. | Licensed Vocational Nurses | | | - | | | - |
| 6. | Trained Health Care Aides | 92,563 | | 92,563 | 40,002 | | 40,002 |
| 7. | Speech-Language Pathologists | 203,379 | | 203,379 | 57,020 | | 57,020 |
| 8. | Audiologists | | | - | | | - |
| 9. | Physical Therapists | | | - | | | - |
| 10. | Occupational Therapists | | | - | | | - |
| 11. | Physicians/Psychiatrists | | | - | | | - |
| 12. | Optometrists | | | - | | | - |
| 13. | Audiometrists | | | - | | | - |
| | | | | (To Schedule 4) | | | (To Schedule 4) |

# Schedule 6 - Other Costs

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

## 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 | Contractor Costs (5100) F | Communications Expenditures *(5900)* G | Total Reported Other Costs H = Sum of A-G |
|---|---|---|---|---|---|---|---|---|---|
| 1. | Psychologists | 4,300 | | | | | | | 4,300 |
| 2. | Social Workers | | | | | | | | - |
| 3. | Counselors | | | | | | | | - |
| 4. | School Nurses | 4,300 | | | | | | | 4,300 |
| 5. | Licensed Vocational Nurses | | | | | | | | - |
| 6. | Trained Health Care Aides | 4,200 | | | | | | | 4,200 |
| 7. | Speech-Language Pathologists | 4,300 | | | | | | | 4,300 |
| 8. | Audiologists | | | | | | | | - |
| 9. | Physical Therapists | | | | | | | | - |
| 10. | Occupational Therapists | | | | | | | | - |
| 11. | Physicians/Psychiatrists | | | | | | | | - |
| 12. | Optometrists | | | | | | | | - |
| 13. | Audiometrists | | | | | | | | - |

## 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 | Contractor Costs (5100) F | Communications Expenditures *(5900)* G | Total Audited Other Costs H = Sum of A-G |
|---|---|---|---|---|---|---|---|---|---|
| 1. | Psychologists | 4,300 | - | - | - | - | - | - | 4,300 |
| 2. | Social Workers | - | - | - | - | - | - | - | - |
| 3. | Counselors | - | - | - | - | - | - | - | - |
| 4. | School Nurses | 4,300 | - | - | - | - | - | - | 4,300 |
| 5. | Licensed Vocational Nurses | - | - | - | - | - | - | - | - |
| 6. | Trained Health Care Aides | 4,200 | - | - | - | - | - | - | 4,200 |
| 7. | Speech-Language Pathologists | 4,300 | - | - | - | - | - | - | 4,300 |
| 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:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

| | 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 ( ) | Contractor Costs (5100) F Audit ADJ ( ) | Communications Expenditures *(5900)* G Audit ADJ ( ) | Total Adj. |
|---|---|---|---|---|---|---|---|---|---|
| 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 6) |

| | |
|---|---|
| Reported Indirect Cost Rate | |
| Audit Adj ( 1 ) | 5.39% |
| **Audited Indirect Cost Rate** | 5.39% |
| | (To Schedule 2,3) |

# Schedule 8 - Percent of Time Providing LEA Services
## LEA Services Documented in an IEP or IFSP

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

| | 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 Documented in an IEP or IFSP | Percent of Time Providing LEA Services Documented in an IEP or IFSP |
|---|---|---|---|---|---|---|---|---|
| | | | | | (Dates of Service 7/1/08-9/30/08) | (Dates of Service 7/1/08-9/30/08) | (Dates of Service 10/1/08-6/30/09) | (Dates of Service 10/1/08-6/30/09) |
| | | A | B | C=A+B | D | E = D/C | F | G = F/C |
| | | (Schedule 9) | (Schedule 9) | | (Schedule 10) | | (Schedule 10.1) | |
| 1. | Psychologists | 6,560 | 182 | 6,742 | 158 | 2.34% | 1,080 | 16.02% |
| 2. | Social Workers | - | - | - | - | 0 | - | 0 |
| 3. | Counselors | 4,614 | - | 4,614 | 3 | 0.06% | 15 | 0.32% |
| 4. | School Nurses | 2,776 | - | 2,776 | - | 0 | 16 | 0.57% |
| 5. | Licensed Vocational Nurses | - | - | - | - | 0 | - | 0 |
| 6. | Trained Health Care Aides | 8,873 | - | 8,873 | 20 | 0.23% | 34 | 0.38% |
| 7. | Speech-Language Pathologists | 4,560 | - | 4,560 | 36 | 0.79% | 323 | 7.07% |
| 8. | Audiologists | - | - | - | - | 0 | - | 0 |
| 9. | Physical Therapists | - | - | - | - | 0 | 2 | 0 |
| 10. | Occupational Therapists | - | - | - | - | 0 | - | 0 |
| 11. | Physicians/Psychiatrists | - | - | - | - | 0 | - | 0 |
| 12. | Optometrists | - | - | - | N/A | 0 | N/A | 0 |
| 13. | Audiometrists | - | - | - | N/A | 0 | N/A | 0 |
| | | | | | | (To Schedule 2) | | (To Schedule 2) |

**Schedule 8 - Percent of Time Providing LEA Services**
**LEA Services Not Documented in an IEP or IFSP**

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

| | 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 Not Documented in an IEP or IFSP (Dates of Service 7/1/08-9/30/08) | Percent of Time Providing LEA Services Not Documented in an IEP of IFSP (Dates of Service 7/1/08-9/30/08) | Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP (Dates of Service 10/1/08-6/30/09) | Percent of Time Providing LEA Services Not Documented in an IEP of IFSP (Dates of Service 10/1/08-6/30/09) |
|---|---|---|---|---|---|---|---|---|
| | | A | B | C=A+B | D | E = D/C | F | G = F/C |
| | | (Schedule 9) | (Schedule 9) | | (Schedule 11) | | (Schedule 11.1) | |
| 1. | Psychologists | 6,560 | 182 | 6,742 | - | 0 | - | 0 |
| 2. | Social Workers | - | - | - | - | 0 | - | 0 |
| 3. | Counselors | 4,614 | - | 4,614 | - | 0 | 1 | 0.02% |
| 4. | School Nurses | 2,776 | - | 2,776 | - | 0 | - | 0 |
| 5. | Licensed Vocational Nurses | - | - | - | - | 0 | - | 0 |
| 6. | Trained Health Care Aides | 8,873 | - | 8,873 | - | 0 | - | 0 |
| 7. | Speech-Language Pathologists | 4,560 | - | 4,560 | - | 0 | 1 | 0.02% |
| 8. | Audiologists | - | - | - | - | 0 | 3 | 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 3) | | (To Schedule 3) |

## Schedule 9 - Adjustments to Reported Time

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

| | **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 | ( 2 ) | () | () | () | () | () | () | |
| 1. | Psychologists | 6,560 | | | | | | | | 6,560 |
| 2. | Social Workers | | | | | | | | | - |
| 3. | Counselors | 4,614 | | | | | | | | 4,614 |
| 4. | School Nurses | 2,776 | | | | | | | | 2,776 |
| 5. | Licensed Vocational Nurses | 44,325 | (44,325) | | | | | | | - |
| 6. | Trained Health Care Aides | 8,873 | | | | | | | | 8,873 |
| 7. | Speech-Language Pathologists | 4,560 | | | | | | | | 4,560 |
| 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 | 182 | | | | | | | | 182 |
| 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**
**Dates of Service 7/1/08-9/30/08**

| Row | Service Description | Procedure Code | IFSP (TL) or IEP (TM) Modifier | Other Required Modifier(s) | Reported Total Units B | Audit Adj ( 3 ) | 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 | 96101 | TL | - | | - | - | - | 0 |
| 1b | IFSP Psychological Assessment: Annual | 96101 | TL | 52 | | - | - | - | 0 |
| 1c | IFSP Psychological Assessment: Amended | 96101 | TL | TS | | - | - | - | 0 |
| 1d | IEP Psychological Assessment: Initial/Triennial | 96101 | TM | - | | 7 | 7 | - | 42 |
| 1e | IEP Psychological Assessment: Annual | 96101 | TM | 52 | | - | - | - | 0 |
| 1f | IEP Psychological Assessment: Amended | 96101 | TM | TS | | - | - | - | 0 |
| 1g | IFSP Psychology Counseling, Individual Treatment - Initial | 96152 | TL | AH | | - | - | - | 0 |
| 1h | IFSP Psychology Counseling, Individual Treatment - Additional | 96152 | TL | AH, 22 | | - | - | - | 0 |
| 1i | IEP Psychology Counseling, Individual Treatment - Initial | 96152 | TM | AH | 126 | - | 126 | 116 | 116 |
| 1j | IEP Psychology Counseling, Individual Treatment - Additional | 96152 | TM | AH, 22 | | 2 | 2 | - | 1 |
| 1k | IFSP Psychology Counseling, Group Treatment - Initial | 96153 | TL | AH | | - | - | - | 0 |
| 1l | IFSP Psychology Counseling, Group Treatment - Additional | 96153 | TL | AH, 22 | | - | - | - | 0 |
| 1m | IEP Psychology Counseling, Group Treatment - Initial | 96153 | TM | AH | | - | - | - | 0 |
| 1n | IEP Psychology Counseling, Group Treatment - Additional | 96153 | TM | AH, 22 | | - | - | - | 0 |
| | **Psychologists - Totals** | | | | | | | 116 | 158 |
| 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 | - | 13 | | 13 | 3 | 3 |
| 3n | IEP Psychology Counseling, Group Treatment - Additional | 96153 | TM | 22 | | | - | - | 0 |
| | **Counselors - Totals** | | | | | | | 3 | 3 |

**Schedule 10: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP**
**Dates of Service 7/1/08-9/30/08**

| Row | Service Description | Procedure Code | IFSP (TL) or IEP (TM) Modifier | Other Required Modifier(s) | Reported Total Units B | Audit Adj ( 3 ) | 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 | - | 1 | (1) | - | 2 | 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 | - | | | - | - | 0 |
| 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** | | | | | | | 2 | - |
| 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 | - | | 80 | 80 | - | 20 |
| | **Trained Health Care Aides - Totals** | | | | | | | - | 20 |
| 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 | | 2 | 2 | - | 6 |
| 7e | IEP Speech/Language Assessment: Annual | 92506 | TM | GN, 52 | | | - | - | 0 |
| 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 | 100 | | 100 | 31 | 31 |
| 7n | IEP Speech Therapy, Group Treatment - Additional | 92508 | TM | GN, 22 | | | - | - | 0 |
| | **Speech-Language Pathologists - Totals** | | | | | | | 31 | 36 |
| 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 |
| | **Audiologists - Totals** | | | | | | | - | - |
| 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**
**Dates of Service 7/1/08-9/30/08**

| Row | Service Description | Procedure Code | IFSP (TL) or IEP (TM) Modifier | Other Required Modifier(s) | Reported Total Units *B* | Audit Adj ( 3 ) | 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 (7/1/08-9/30/08) - Services Documented in an IEP or IFSP** | | |
| **Adjustments to Interim Medi-Cal Reimbursement** | Adj ( 3 ) | 7,536 |
| **Audited Interim Medi-Cal Reimbursement (7/1/08-9/30/08) - Services Documented in an IEP or IFSP** | | $ 7,536 |
| | | (To Schedule 2) |

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

**Schedule 10.1: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP**
**Dates of Service 10/1/08-6/30/09**

| Row | Service Description | Procedure Code | IFSP (TL) or IEP (TM) Modifier | Other Required Modifier(s) | Reported Total Units *B* | Audit Adj ( 4 ) | 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 | 96101 | TL | - | | - | - | - | 0 |
| 1b | IFSP Psychological Assessment: Annual | 96101 | TL | 52 | | - | - | - | 0 |
| 1c | IFSP Psychological Assessment: Amended | 96101 | TL | TS | | - | - | - | 0 |
| 1d | IEP Psychological Assessment: Initial/Triennial | 96101 | TM | - | | 92 | 92 | - | 552 |
| 1e | IEP Psychological Assessment: Annual | 96101 | TM | 52 | | 2 | 2 | - | 4 |
| 1f | IEP Psychological Assessment: Amended | 96101 | TM | TS | | 8 | 8 | - | 16 |
| 1g | IFSP Psychology Counseling, Individual Treatment - Initial | 96152 | TL | AH | | - | - | - | 0 |
| 1h | IFSP Psychology Counseling, Individual Treatment - Additional | 96152 | TL | AH, 22 | | - | - | - | 0 |
| 1i | IEP Psychology Counseling, Individual Treatment - Initial | 96152 | TM | AH | 551 | - | 551 | 505 | 505 |
| 1j | IEP Psychology Counseling, Individual Treatment - Additional | 96152 | TM | AH, 22 | | 11 | 11 | - | 3 |
| 1k | IFSP Psychology Counseling, Group Treatment - Initial | 96153 | TL | AH | | - | - | - | 0 |
| 1l | IFSP Psychology Counseling, Group Treatment - Additional | 96153 | TL | AH, 22 | | - | - | - | 0 |
| 1m | IEP Psychology Counseling, Group Treatment - Initial | 96153 | TM | AH | | - | - | - | 0 |
| 1n | IEP Psychology Counseling, Group Treatment - Additional | 96153 | TM | AH, 22 | | - | - | - | 0 |
| | **Psychologists - Totals** | | | | | | | 505 | 1,080 |
| 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 | - | 1 | (1) | - | 0 | 0 |
| 3d | IEP Psychosocial status Assessment: Initial/Triennial | 96150 | TM | - | | 4 | 4 | - | 1 |
| 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 | | 1 | 1 | - | 0 |
| 3i | IEP Psychology Counseling, Individual Treatment - Initial | 96152 | TM | - | 1 | (1) | - | 1 | 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 | - | 64 | - | 64 | 13 | 13 |
| 3n | IEP Psychology Counseling, Group Treatment - Additional | 96153 | TM | 22 | | 13 | 13 | - | 1 |
| | **Counselors - Totals** | | | | | | | 14 | 15 |

**Schedule 10.1: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP**
**Dates of Service 10/1/08-6/30/09**

| Row | Service Description | Procedure Code | IFSP (TL) or IEP (TM) Modifier | Other Required Modifier(s) | Reported Total Units *B* | Audit Adj ( 4 ) | 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 | - | | 9 | 9 | - | 16 |
| 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** | | | | | | | - | 16 |
| 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 | - | | 135 | 135 | - | 34 |
| | **Trained Health Care Aides - Totals** | | | | | | | - | 34 |
| 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 | | 13 | 13 | - | 36 |
| 7e | IEP Speech/Language Assessment: Annual | 92506 | TM | GN, 52 | | 4 | 4 | - | 6 |
| 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 | 26 | - | 26 | 22 | 22 |
| 7j | IEP Speech Therapy, Individual Treatment - Additional | 92507 | TM | GN, 22 | | 39 | 39 | - | 10 |
| 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 | 816 | - | 816 | 249 | 249 |
| 7n | IEP Speech Therapy, Group Treatment - Additional | 92508 | TM | GN, 22 | 4 | (4) | - | 0 | 0 |
| | **Speech-Language Pathologists - Totals** | | | | | | | 271 | 323 |
| 8a | IFSP Audiological Assessment: Initial | 92506 | TL | - | 3 | (3) | - | 6 | 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 | - | 2 | (2) | - | 4 | 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 |
| | **Audiologists - Totals** | | | | | | | 10 | - |
| 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 | | 1 | 1 | - | 2 |
| 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** | | | | | | | - | 2 |

**Schedule 10.1: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP**
**Dates of Service 10/1/08-6/30/09**

| Row | Service Description | Procedure Code | IFSP (TL) or IEP (TM) Modifier | Other Required Modifier(s) | Reported Total Units *B* | Audit Adj ( 4 ) | 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 (10/1/08-6/30/09) - Services Documented in an IEP or IFSP** | | |
| **Adjustments to Interim Medi-Cal Reimbursement** | Adj ( 4 ) | 65,615 |
| **Audited Interim Medi-Cal Reimbursement (10/1/08-6/30/09) - Services Documented in an IEP or IFSP** | | $ 65,615 |
| | | (To Schedule 2) |

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

**Schedule 11: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP**
**Dates of Service 7/1/08-9/30/08**

| 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**
**Dates of Service 7/1/08-9/30/08**

| 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 (7/1/08-9/30/08) - Services Not Documented in an IEP or IFSP** | | |
| **Adjustments to Interim Medi-Cal Reimbursement** | Adj ( ) | |
| **Audited Interim Medi-Cal Reimbursement (7/1/08-9/30/08) - Services Not Documented in an IEP or IFSP** | | $ - (To Schedule 3) |

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

**Schedule 11.1: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP**
**Dates of Service 10/1/08-6/30/09**

| Row | Service Description | Procedure Code | Required Modifier(s) | Reported Total Units | Audit Adj ( 5 ) | 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 | - | | 1 | 1 | - | 1 |
| 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** | | | | | | - | 1 |
| 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 | | 10 | 10 | - | 1 |
| 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** | | | | | | - | 1 |

**Schedule 11.1: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP**
**Dates of Service 10/1/08-6/30/09**

| Row | Service Description | Procedure Code | Required Modifier(s) | Reported Total Units | Audit Adj ( 5 ) | 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 | - | | 3 | 3 | - | 3 |
| 8b | Non-IEP/IFSP Audiology, Individual Treatment - Additional | 92507 | 22 | | | - | - | 0 |
| | **Audiologists - Totals** | | | | | | - | 3 |
| 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 (10/1/08-6/30/09) - Services Not Documented in an IEP or IFSP** | | |
| **Adjustments to Interim Medi-Cal Reimbursement** | Adj ( 5 ) | 201 |
| **Audited Interim Medi-Cal Reimbursement (10/1/08-6/30/09) - Services Not Documented in an IEP or IFSP** | | $ 201 |
| | | (To Schedule 3) |

**LEA Provider Name:**
BARSTOW UNIFIED SCHOOL DISTRICT

**Fiscal Year:**
JULY 1, 2008 THROUGH JUNE 30, 2009

**LEA NPI Number:**
1053461681

| Provider Name | Fiscal Period | Provider Number / NPI | Adjustments |
|---|---|---|---|
| BARSTOW UNIFIED SCHOOL DISTRICT | JULY 1, 2008 THROUGH JUNE 30, 2009 | SS3667611 / 1053461681 | 5 |

| 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 COSTS OF PROVIDING LEA SERVICES | | | |
| 1 | 2 | d | N/A | 7 | N/A | N/A | Indirect Cost Rate<br>To adjust the reported indirect cost rate to agree with the Department of Education's approved indirect cost rate.<br>34 CFR parts 75.561 and 76.561(b) and (c) | 0.00% | 5.39% | 5.39% |

| Provider Name | Fiscal Period | Provider Number / NPI | Adjustments |
|---|---|---|---|
| BARSTOW UNIFIED SCHOOL DISTRICT | JULY 1, 2008 THROUGH JUNE 30, 2009 | SS3667611 / 1053461681 | 5 |

| 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 W/S A-3/B-3 PERCENT OF TIME PROVIDING LEA SERVICES | | | |
| 2 | 6 | 5 | C | 9 | 5 | N/A | Licensed Vocational Nurses | 44,325 | (44,325) | 0 |
| | | | | | | | To correct the calculation for the reported Total Hours Required to Work.<br>42 CFR 413.20 and 413.24<br>CMS Pub. 15-1, Sections 2300 and 2304 | | | |

| Provider Name | Fiscal Period | Provider Number / NPI | Adjustments |
|---|---|---|---|
| BARSTOW UNIFIED SCHOOL DISTRICT | JULY 1, 2008 THROUGH JUNE 30, 2009 | SS3667611 / 1053461681 | 5 |

| 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 | | | |
| 3 | 7-a | 1d | B | 10 | 1d | N/A | IEP Psychological Assessment: Initial/Triennial | 0 | 7 | 7 |
| | 7-a | 1j | B | 10 | 1j | N/A | IEP Psychology Counseling, Individual Treatment - Additional | 0 | 2 | 2 |
| | 7-b | 4a | B | 10 | 4a | N/A | IFSP Health Assessment: Initial | 1 | (1) | 0 |
| | 7-b | 6b | B | 10 | 6b | N/A | IEP Trained Health Care Aide Services | 0 | 80 | 80 |
| | 7-b | 7d | B | 10 | 7d | N/A | IEP Speech/Language Assessment: Initial/Triennial | 0 | 2 | 2 |
| | 7-c | N/A | F | 10 | N/A | N/A | Total Interim Medi-Cal Reimbursement-Services Documented in an IEP or IFSP | $0 | $7,536 | $7,536 |

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

Fiscal Intermediary Paid Claims Summary Reports:
Report Date: May 12, 2012
Payment Period: July 1, 2008 through October 31, 2010
Service Period: July 1, 2008 through September 30, 2008

Initial Treatment Services Corrected Claim Counts Report:
Report Date: October 2010
Payment Period: July 1, 2008 through October 31, 2010
Service Period: July 1, 2008 through June 30, 2009

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 |
|---|---|---|---|
| BARSTOW UNIFIED SCHOOL DISTRICT | JULY 1, 2008 THROUGH JUNE 30, 2009 | SS3667611 / 1053461681 | 5 |

| 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 | | | |
| 4 | 8-a | 1d | B | 10.1 | 1d | N/A | IEP Psychological Assessment: Initial/Triennial | 0 | 92 | 92 |
| | 8-a | 1e | B | 10.1 | 1e | N/A | IEP Psychological Assessment: Annual | 0 | 2 | 2 |
| | 8-a | 1f | B | 10.1 | 1f | N/A | IEP Psychological Assessment: Amended | 0 | 8 | 8 |
| | 8-a | 1j | B | 10.1 | 1j | N/A | IEP Psychology Counseling, Individual Treatment - Additional | 0 | 11 | 11 |
| | 8-a | 3c | B | 10.1 | 3c | N/A | IFSP Psychosocial status Assessment: Amended | 1 | (1) | 0 |
| | 8-a | 3d | B | 10.1 | 3d | N/A | IEP Psychosocial status Assessment: Initial/Triennial | 0 | 4 | 4 |
| | 8-a | 3h | B | 10.1 | 3h | N/A | IFSP Psychology Counseling, Individual Treatment - Additional | 0 | 1 | 1 |
| | 8-a | 3i | B | 10.1 | 3i | N/A | IEP Psychology Counseling, Individual Treatment - Initial | 1 | (1) | 0 |
| | 8-a | 3n | B | 10.1 | 3n | N/A | IEP Psychology Counseling, Group Treatment - Additional | 0 | 13 | 13 |
| | 8-b | 4d | B | 10.1 | 4d | N/A | IEP Health Assessment: Initial/Triennial | 0 | 9 | 9 |
| | 8-b | 6b | B | 10.1 | 6b | N/A | IEP Trained Health Care Aide Services | 0 | 135 | 135 |
| | 8-b | 7d | B | 10.1 | 7d | N/A | IEP Speech/Language Assessment: Initial/Triennial | 0 | 13 | 13 |
| | 8-b | 7e | B | 10.1 | 7e | N/A | IEP Speech/Language Assessment: Annual | 0 | 4 | 4 |
| | 8-b | 7j | B | 10.1 | 7j | N/A | IEP Speech Therapy, Individual Treatment - Additional | 0 | 39 | 39 |
| | 8-b | 7n | B | 10.1 | 7n | N/A | IEP Speech Therapy, Group Treatment - Additional | 4 | (4) | 0 |
| | 8-b | 8a | B | 10.1 | 8a | N/A | IFSP Audiological Assessment: Initial | 3 | (3) | 0 |
| | 8-b | 8d | B | 10.1 | 8d | N/A | IEP Audiological Assessment: Initial/Triennial | 2 | (2) | 0 |
| | 8-b | 9e | B | 10.1 | 9e | N/A | IEP Physical Therapy Assessment: Annual | 0 | 1 | 1 |
| | 8-c | N/A | F | 10.1 | N/A | N/A | Total Interim Medi-Cal Reimbursement-Services Documented in an IEP or IFSP | $0 | $65,615 | $65,615 |

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

Fiscal Intermediary Paid Claims Summary Reports:
Report Date: June 18, 2013
Payment Period: October 1, 2008 through June 16, 2013
Service Period: October 1, 2008 through June 30, 2009

Initial Treatment Services Corrected Claim Counts Report:
Report Date: October 2010
Payment Period: July 1, 2008 through October 31, 2010
Service Period: July 1, 2008 through June 30, 2009

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 |
|---|---|---|---|
| BARSTOW UNIFIED SCHOOL DISTRICT | JULY 1, 2008 THROUGH JUNE 30, 2009 | SS3667611 / 1053461681 | 5 |

| 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 B-4 UNITS AND REIMBURSEMENT OF PROVIDING LEA SERVICES | | | |
| 5 | 10-a | 3c | B | 11.1 | 3c | N/A | Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial | 0 | 1 | 1 |
| | 10-a | 7d | B | 11.1 | 7d | N/A | Non-IEP/IFSP Speech Therapy, Group Treatment - Additional | 0 | 10 | 10 |
| | 10-b | 8a | B | 11.1 | 8a | N/A | Non-IEP/IFSP Audiology, Individual Treatment - Initial | 0 | 3 | 3 |
| | 10-b | N/A | F | 11.1 | N/A | N/A | Total Interim Medi-Cal Reimbursement-Services Not Documented in an IEP or IFSP | $0 | $201 | $201 |

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

Fiscal Intermediary Paid Claims Summary Reports:
Report Date: June 18, 2013
Payment Period: October 1, 2008 through June 16, 2013
Service Period: October 1, 2008 through June 30, 2009

Initial Treatment Services Corrected Claim Counts Report:
Report Date: October 2010
Payment Period: July 1, 2008 through October 31, 2010
Service Period: July 1, 2008 through June 30, 2009

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