

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

**EXETER UNION HIGH
EXETER, CALIFORNIA
PROVIDER NUMBER: SS5471928
NATIONAL PROVIDER IDENTIFIER (NPI): 1316199201**

**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: Eva Herrera**



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



EDMUND G. BROWN JR.
GOVERNOR

April 11, 2014

Dawn Riccoboni
Chief Business Official
Exeter Union High
134 South E. Street
Exeter, CA 93221

EXETER UNION HIGH
PROVIDER NUMBER SS5471928
NATIONAL PROVIDER IDENTIFIER 1316199201
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.

The data presented in the Summary of Findings represents the reported Medi-Cal settlement due the State in the amount of \$61 for the above fiscal period which was accepted as filed.

This audit report includes the:

1. Summary of Findings and Supporting Schedules

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.

Dawn Riccoboni
Page 2
April 11, 2014

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:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| | |
|--------------------------------------------------------------------|-------|
| Reported Total Net Overpayment/(Underpayment) for All LEA Services | \$ 61 |
|--------------------------------------------------------------------|-------|

| | |
|---------------------------------------------------------------------------------------------------------|--------|
| 1 Audited Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (7/1/08-9/30/08) | \$ 13 |
| 2 Audited Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (10/1/08-6/30/09) | \$ 329 |
| 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) | \$ - |
| Total Audited Maximum Reimbursement for Services | \$ 342 |

| | |
|-------------------------------------------------------------------------------------------|--------|
| 5 Audited Interim Payment for Services Documented in an IEP or IFSP (7/1/08-9/30/08) | \$ 14 |
| 6 Audited Interim Payment for Services Documented in an IEP or IFSP (10/1/08-6/30/09) | \$ 389 |
| 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) | \$ - |
| Total Interim Payment for LEA Services | \$ 403 |

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

| | |
|----------------------------------------|---------|
| 11 Audited Amount Due Provider (State) | \$ (61) |
|----------------------------------------|---------|

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

LEA Provider Name:
 EXETER UNION HIGH

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

LEA NPI Number:
 1316199201

| (Object Code) 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 | 9,095 | 0 | - | 9,095 | 0 | - | 0 | - |
| 2. Social Workers | - | 0 | - | - | 0 | - | 0 | - |
| 3. Counselors | - | 0 | - | - | 0 | - | 0 | - |
| 4. School Nurses | - | 0 | - | - | 0 | - | 0 | - |
| 5. Licensed Vocational Nurses | 40,919 | 0.06% | 24 | 40,919 | 0.06% | 24 | 0 | 24 |
| 6. Trained Health Care Aides | - | 0 | - | - | 0 | - | 0 | - |
| 7. Speech-Language Pathologists | - | 0 | - | - | 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 | - |
| | | | Reported | | | | Audited | |
| a. Service Costs (Sum, F1 - F11) | | | \$ 24 | | | | | \$ 24 |
| b. Service costs excluded from indirect cost rate application | | | \$ - | | | | | \$ - |
| c. Service costs included in indirect cost rate application (a-b) | | | \$ 24 | | | | | \$ 24 |
| d. Indirect Cost Rate (Schedule 7) | | | 4.58% | | | | | 4.58% |
| e. Indirect Costs (c * d) | | | \$ 1 | | | | | \$ 1 |
| f. Total Service Costs (a + c) | | | \$ 25 | | | | | \$ 25 |
| g. Federal Medical Assistance Percentage (FMAP) | | | 50.00% | | | | | 50.00% |
| h. Medi-Cal Maximum Reimbursable (f * g) | | | \$ 13 | | | | | \$ 13 |
| i. Interim Payment for services documented in an IEP (Schedule 10) | | | \$ 14 | | | | | \$ 14 |
| j. Overpayment/(Underpayment) (i - h) | | | \$ 1 | | | | | \$ 1 |

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

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| (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 |
|-----------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| | | B | A*B=C | | E | D*E=F | | |
| Practitioner Type | A | B | A*B=C | D | E | D*E=F | G | F-G=H |
| | | | | (Schedule 4) | (Schedule 8) | | | |
| 1. Psychologists | 9,095 | 3.85% | 350 | 9,095 | 3.85% | 350 | 0 | 350 |
| 2. Social Workers | - | 0 | - | - | 0 | - | 0 | - |
| 3. Counselors | - | 0 | - | - | 0 | - | 0 | - |
| 4. School Nurses | - | 0 | - | - | 0 | - | 0 | - |
| 5. Licensed Vocational Nurses | 40,919 | 0.39% | 161 | 40,919 | 0.39% | 161 | 0 | 161 |
| 6. Trained Health Care Aides | - | 0 | - | - | 0 | - | 0 | - |
| 7. Speech-Language Pathologists | - | 0 | - | - | 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 | - |
| | | | Reported | | | | Audited | |
| a. Service Costs (Sum, F1 - F11) | | | \$ 511 | | | | | \$ 511 |
| b. Service costs excluded from indirect cost rate application | | | \$ - | | | | | \$ - |
| c. Service costs included in indirect cost rate application (a-b) | | | \$ 511 | | | | | \$ 511 |
| d. Indirect Cost Rate (Schedule 7) | | | 4.58% | | | | | 4.58% |
| e. Indirect Costs (c * d) | | | \$ 23 | | | | | \$ 23 |
| f. Total Service Costs (a + c) | | | \$ 534 | | | | | \$ 534 |
| g. Federal Medical Assistance Percentage (FMAP) | | | 61.59% | | | | | 61.59% |
| h. Medi-Cal Maximum Reimbursable (f * g) | | | \$ 329 | | | | | \$ 329 |
| i. Interim Payment for services documented in an IEP (Schedule 10.1) | | | \$ 389 | | | | | \$ 389 |
| j. Overpayment/(Underpayment) (i - h) | | | \$ 60 | | | | | \$ 60 |

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

LEA Provider Name:
 EXETER UNION HIGH

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

LEA NPI Number:
 1316199201

| <i>(Object Code)</i> | Reported Total Personnel Costs | Reported | Reported Cost of | Audited Total Personnel Costs | Audited Percent of | Calculated Cost | Excess of | Audited Cost of |
|-------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------|--------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|
| | | Percent of Time Providing LEA Services Not Documented in an IEP or IFSP | Providing LEA Services Not Documented in an IEP or IFSP | | Time Providing LEA Services Not Documented in an IEP or IFSP | of 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 |
| <u>Practitioner Type</u> | <u>A</u> | <u>B</u> | <u>A*B=C</u> | <u>D</u> | <u>E</u> | <u>D*E=F</u> | <u>G</u> | <u>F-G=H</u> |
| | | | | (Schedule 4) | (Schedule 8) | | | |
| 1. Psychologists | 9,095 | 0 | - | 9,095 | 0 | - | 0 | - |
| 2. Social Workers | - | 0 | - | - | 0 | - | 0 | - |
| 3. Counselors | - | 0 | - | - | 0 | - | 0 | - |
| 4. School Nurses | - | 0 | - | - | 0 | - | 0 | - |
| 5. Licensed Vocational Nurses | 40,919 | 0 | - | 40,919 | 0 | - | 0 | - |
| 6. Trained Health Care Aides | - | 0 | - | - | 0 | - | 0 | - |
| 7. Speech-Language Pathologists | - | 0 | - | - | 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) | | | 4.58% | | | | 4.58% | |
| 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:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| (Object Code) | Reported | Reported | Reported Cost of | Audited Total | Audited Percent of | Calculated Cost | Excess of | Audited Cost of |
|---------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------|---------------------------------------------------------|-----------------|--------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|
| | Total Personnel Costs | Percent of Time Providing LEA Services Not Documented in an IEP or IFSP | Providing LEA Services Not Documented in an IEP or IFSP | Personnel Costs | Time Providing LEA Services Not Documented in an IEP or IFSP | of 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 |
| Practitioner Type | A | B | A*B=C | D | E | D*E=F | G | F-G=H |
| | | | | (Schedule 4) | (Schedule 8) | | | |
| 1. Psychologists | 9,095 | 0 | - | 9,095 | 0 | - | 0 | - |
| 2. Social Workers | - | 0 | - | - | 0 | - | 0 | - |
| 3. Counselors | - | 0 | - | - | 0 | - | 0 | - |
| 4. School Nurses | - | 0 | - | - | 0 | - | 0 | - |
| 5. Licensed Vocational Nurses | 40,919 | 0 | - | 40,919 | 0 | - | 0 | - |
| 6. Trained Health Care Aides | - | 0 | - | - | 0 | - | 0 | - |
| 7. Speech-Language Pathologists | - | 0 | - | - | 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) | | | 4.58% | | | | | 4.58% |
| e. Indirect Costs (c * d) | | | \$ - | | | | | \$ - |
| f. Total Service Costs (a + c) | | | \$ - | | | | | \$ - |
| g. Federal Medical Assistance Percentage (FMAP) | | | 61.59% | | | | | 61.59% |
| h. Medi-Cal Maximum Reimbursable (f * g) | | | \$ - | | | | | \$ - |
| i. Interim Payment for services not documented in an IEP (schedule 11.1) | | | \$ - | | | | | \$ - |
| j. Overpayment/(Underpayment) (i - h) | | | \$ - | | | | | \$ - |

Schedule 4 - Summary of Audited Personnel Costs

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| <i>(Object Code)</i> | Salary Expenditures <i>(1000-2999)</i> | Benefit Expenditures <i>(3000-3999)</i> | Other Costs | Total Personnel Costs |
|---------------------------------|-------------------------------------------|-----------------------------------------------|-------------------|--------------------------|
| <u>Practitioner Type</u> | <u>A</u> | <u>B</u> | <u>C</u> | <u>D = A+B+C</u> |
| | (From Schedule 5) | (From Schedule 5) | (From Schedule 6) | |
| 1. Psychologists | 7,223 | 1,872 | - | 9,095 |
| 2. Social Workers | - | - | - | - |
| 3. Counselors | - | - | - | - |
| 4. School Nurses | - | - | - | - |
| 5. Licensed Vocational Nurses | 26,098 | 14,821 | - | 40,919 |
| 6. Trained Health Care Aides | - | - | - | - |
| 7. Speech-Language Pathologists | - | - | - | - |
| 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:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| <i>(Object Code)</i> | Reported Salary Expenditures <i>(1000-2999)</i> | Audit Adjs | Audited Salary Expenditures | Benefit Expenditures <i>(3000-3999)</i> | Audit Adjs | Audited Benefit Expenditures |
|---------------------------------|----------------------------------------------------|------------|-----------------------------|--------------------------------------------|------------|------------------------------|
| | A | () | | B | () | |
| <u>Practitioner Type</u> | | | | | | |
| 1. Psychologists | 7,223 | | 7,223 | 1,872 | | 1,872 |
| 2. Social Workers | | | - | | | - |
| 3. Counselors | | | - | | | - |
| 4. School Nurses | | | - | | | - |
| 5. Licensed Vocational Nurses | 26,098 | | 26,098 | 14,821 | | 14,821 |
| 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 4) | | | (To Schedule 4) |

Schedule 6 - Other Costs

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| 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) | Contractor Costs (5100) | Communications Expenditures (5900) | Total Reported Other Costs |
|---------------------------------|----------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------|-------------------------|------------------------------------|----------------------------|
| | A | B | C | D | E | F | G | H = Sum of A-G |
| 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 | | | | | | | | - |
| 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) | Contractor Costs (5100) | Communications Expenditures (5900) | Total Audited Other Costs |
| A | B | C | D | E | F | G | H = Sum of A-G | |
| 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 4)

Schedule 7 - Adjustments to Other Costs

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| | 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. |
|-----------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|-----------------|
| Practitioner Type | | | | | | | | |
| 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 | 4.58% | | | | | | | |
| Audit Adj () | | | | | | | | |
| Audited Indirect Cost Rate | 4.58% | | | | | | | |
| | (To Schedule 2,3) | | | | | | | |

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

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| 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 |
|---------------------------------|---------------------------------------------------|-----------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| | A (Schedule 9) | B (Schedule 9) | C=A+B | D (Schedule 10) | E = D/C | F (Schedule 10.1) | G = F/C |
| 1. Psychologists | 156 | - | 156 | - | 0 | 6 | 3.85% |
| 2. Social Workers | - | - | - | - | 0 | - | 0 |
| 3. Counselors | - | - | - | - | 0 | - | 0 |
| 4. School Nurses | - | - | - | - | 0 | - | 0 |
| 5. Licensed Vocational Nurses | 1,269 | - | 1,269 | 1 | 0.06% | 5 | 0.39% |
| 6. Trained Health Care Aides | - | - | - | - | 0 | - | 0 |
| 7. Speech-Language Pathologists | - | - | - | - | 0 | - | 0 |
| 8. Audiologists | - | - | - | - | 0 | - | 0 |
| 9. Physical Therapists | - | - | - | - | 0 | - | 0 |
| 10. Occupational Therapists | - | - | - | - | 0 | - | 0 |
| 11. Physicians/Psychiatrists | - | - | - | - | 0 | - | 0 |
| 12. Optometrists | - | - | - | 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:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| 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 (Schedule 9) | B (Schedule 9) | C=A+B | D (Schedule 11) | E = D/C | F (Schedule 11.1) | G = F/C |
| 1. Psychologists | 156 | - | 156 | - | 0 | - | 0 |
| 2. Social Workers | - | - | - | - | 0 | - | 0 |
| 3. Counselors | - | - | - | - | 0 | - | 0 |
| 4. School Nurses | - | - | - | - | 0 | - | 0 |
| 5. Licensed Vocational Nurses | 1,269 | - | 1,269 | - | 0 | - | 0 |
| 6. Trained Health Care Aides | - | - | - | - | 0 | - | 0 |
| 7. Speech-Language Pathologists | - | - | - | - | 0 | - | 0 |
| 8. Audiologists | - | - | - | - | 0 | - | 0 |
| 9. Physical Therapists | - | - | - | - | 0 | - | 0 |
| 10. Occupational Therapists | - | - | - | - | 0 | - | 0 |
| 11. Physicians/Psychiatrists | - | - | - | - | 0 | - | 0 |
| 12. Optometrists | - | - | - | - | 0 | - | 0 |
| 13. Audiometrists | - | - | - | - | 0 | - | 0 |
| | | | | | (To Schedule 3) | | (To Schedule 3) |

Schedule 9 - Adjustments to Reported Time

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

| 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1. Psychologists | 156 | | | | | | | | 156 |
| 2. Social Workers | | | | | | | | | - |
| 3. Counselors | | | | | | | | | - |
| 4. School Nurses | | | | | | | | | - |
| 5. Licensed Vocational Nurses | 1,269 | | | | | | | | 1,269 |
| 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)

| 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
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 <i>B</i> | Audit Adj () | 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 | - | | | - | - | 0 |
| 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 | | | - | - | 0 |
| 1j | IEP Psychology Counseling, Individual Treatment - Additional | 96152 | TM | AH, 22 | | | - | - | 0 |
| 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 | | | | | | | | - | - |
| 2a | IFSP Psychosocial Status Assessment: Initial | 96150 | TL | AJ | | | - | - | 0 |
| 2b | IFSP Psychosocial Status Assessment: Annual | 96150 | TL | AJ, 52 | | | - | - | 0 |
| 2c | IFSP Psychosocial Status Assessment: Amended | 96151 | TL | AJ | | | - | - | 0 |
| 2d | IEP Psychosocial Status Assessment: Initial/Triennial | 96150 | TM | AJ | | | - | - | 0 |
| 2e | IEP Psychosocial Status Assessment: Annual | 96150 | TM | AJ, 52 | | | - | - | 0 |
| 2f | IEP Psychosocial Status Assessment: Amended | 96151 | TM | AJ | | | - | - | 0 |
| 2g | IFSP Psychology Counseling, Individual Treatment - Initial | 96152 | TL | AJ | | | - | - | 0 |
| 2h | IFSP Psychology Counseling, Individual Treatment - Additional | 96152 | TL | AJ, 22 | | | - | - | 0 |
| 2i | IEP Psychology Counseling, Individual Treatment - Initial | 96152 | TM | AJ | | | - | - | 0 |
| 2j | IEP Psychology Counseling, Individual Treatment - Additional | 96152 | TM | AJ, 22 | | | - | - | 0 |
| 2k | IFSP Psychology Counseling, Group Treatment - Initial | 96153 | TL | AJ | | | - | - | 0 |
| 2l | IFSP Psychology Counseling, Group Treatment - Additional | 96153 | TL | AJ, 22 | | | - | - | 0 |
| 2m | IEP Psychology Counseling, Group Treatment - Initial | 96153 | TM | AJ | | | - | - | 0 |
| 2n | IEP Psychology Counseling, Group Treatment - Additional | 96153 | TM | AJ, 22 | | | - | - | 0 |
| Social Workers - Totals | | | | | | | | - | - |
| 3a | IFSP Psychosocial status Assessment: Initial | 96150 | TL | - | | | - | - | 0 |
| 3b | IFSP Psychosocial status Assessment: Annual | 96150 | TL | 52 | | | - | - | 0 |
| 3c | IFSP Psychosocial status Assessment: Amended | 96151 | TL | - | | | - | - | 0 |
| 3d | IEP Psychosocial status Assessment: Initial/Triennial | 96150 | TM | - | | | - | - | 0 |
| 3e | IEP Psychosocial status Assessment: Annual | 96150 | TM | 52 | | | - | - | 0 |
| 3f | IEP Psychosocial status Assessment: Amended | 96151 | TM | - | | | - | - | 0 |
| 3g | IFSP Psychology Counseling, Individual Treatment - Initial | 96152 | TL | - | | | - | - | 0 |
| 3h | IFSP Psychology Counseling, Individual Treatment - Additional | 96152 | TL | 22 | | | - | - | 0 |
| 3i | IEP Psychology Counseling, Individual Treatment - Initial | 96152 | TM | - | | | - | - | 0 |
| 3j | IEP Psychology Counseling, Individual Treatment - Additional | 96152 | TM | 22 | | | - | - | 0 |
| 3k | IFSP Psychology Counseling, Group Treatment - Initial | 96153 | TL | - | | | - | - | 0 |
| 3l | IFSP Psychology Counseling, Group Treatment - Additional | 96153 | TL | 22 | | | - | - | 0 |
| 3m | IEP Psychology Counseling, Group Treatment - Initial | 96153 | TM | - | | | - | - | 0 |
| 3n | IEP Psychology Counseling, Group Treatment - Additional | 96153 | TM | 22 | | | - | - | 0 |
| Counselors - Totals | | | | | | | | - | - |

**Schedule 10: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
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 <i>B</i> | Audit Adj () | 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 | - | | | - | - | 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 | | | | | | | | | |
| 5a | IFSP LVN Services | T1003 | TL | - | | | - | - | 0 |
| 5b | IEP LVN Services | T1003 | TM | - | 3 | | 3 | 1 | 1 |
| Licensed Vocational Nurses - Totals | | | | | | | | 1 | 1 |
| 6a | IFSP Trained Health Care Aide Services | T1004 | TL | - | | | - | - | 0 |
| 6b | IEP Trained Health Care Aide Services | T1004 | TM | - | | | - | - | 0 |
| Trained Health Care Aides - Totals | | | | | | | | | |
| 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 | | | - | - | 0 |
| 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 | | | - | - | 0 |
| 7n | IEP Speech Therapy, Group Treatment - Additional | 92508 | TM | GN, 22 | | | - | - | 0 |
| Speech-Language Pathologists - Totals | | | | | | | | | |
| 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 <i>B</i> | Audit Adj () | 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 | | | | | | | | | |
| | | | | | | | | - | - |
| Reported Interim Medi-Cal Reimbursement (7/1/08-9/30/08) - Services Documented in an IEP or IFSP | | | | | | | | | |
| | | | | | | | | \$ | 14 |
| Adjustments to Interim Medi-Cal Reimbursement | | | | | | | | | |
| Adj () | | | | | | | | \$ | 14 |
| Audited Interim Medi-Cal Reimbursement (7/1/08-9/30/08) - Services Documented in an IEP or IFSP | | | | | | | | | |
| | | | | | | | | \$ | 14 |
| (To Schedule 2) | | | | | | | | | |

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

**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 <i>B</i> | Audit Adj () | 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 | - | 1 | | 1 | 6 | 6 |
| 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 | | | - | - | 0 |
| 1j | IEP Psychology Counseling, Individual Treatment - Additional | 96152 | TM | AH, 22 | | | - | - | 0 |
| 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 | | | | | | | | 6 | 6 |
| 2a | IFSP Psychosocial Status Assessment: Initial | 96150 | TL | AJ | | | - | - | 0 |
| 2b | IFSP Psychosocial Status Assessment: Annual | 96150 | TL | AJ, 52 | | | - | - | 0 |
| 2c | IFSP Psychosocial Status Assessment: Amended | 96151 | TL | AJ | | | - | - | 0 |
| 2d | IEP Psychosocial Status Assessment: Initial/Triennial | 96150 | TM | AJ | | | - | - | 0 |
| 2e | IEP Psychosocial Status Assessment: Annual | 96150 | TM | AJ, 52 | | | - | - | 0 |
| 2f | IEP Psychosocial Status Assessment: Amended | 96151 | TM | AJ | | | - | - | 0 |
| 2g | IFSP Psychology Counseling, Individual Treatment - Initial | 96152 | TL | AJ | | | - | - | 0 |
| 2h | IFSP Psychology Counseling, Individual Treatment - Additional | 96152 | TL | AJ, 22 | | | - | - | 0 |
| 2i | IEP Psychology Counseling, Individual Treatment - Initial | 96152 | TM | AJ | | | - | - | 0 |
| 2j | IEP Psychology Counseling, Individual Treatment - Additional | 96152 | TM | AJ, 22 | | | - | - | 0 |
| 2k | IFSP Psychology Counseling, Group Treatment - Initial | 96153 | TL | AJ | | | - | - | 0 |
| 2l | IFSP Psychology Counseling, Group Treatment - Additional | 96153 | TL | AJ, 22 | | | - | - | 0 |
| 2m | IEP Psychology Counseling, Group Treatment - Initial | 96153 | TM | AJ | | | - | - | 0 |
| 2n | IEP Psychology Counseling, Group Treatment - Additional | 96153 | TM | AJ, 22 | | | - | - | 0 |
| Social Workers - Totals | | | | | | | | - | - |
| 3a | IFSP Psychosocial status Assessment: Initial | 96150 | TL | - | | | - | - | 0 |
| 3b | IFSP Psychosocial status Assessment: Annual | 96150 | TL | 52 | | | - | - | 0 |
| 3c | IFSP Psychosocial status Assessment: Amended | 96151 | TL | - | | | - | - | 0 |
| 3d | IEP Psychosocial status Assessment: Initial/Triennial | 96150 | TM | - | | | - | - | 0 |
| 3e | IEP Psychosocial status Assessment: Annual | 96150 | TM | 52 | | | - | - | 0 |
| 3f | IEP Psychosocial status Assessment: Amended | 96151 | TM | - | | | - | - | 0 |
| 3g | IFSP Psychology Counseling, Individual Treatment - Initial | 96152 | TL | - | | | - | - | 0 |
| 3h | IFSP Psychology Counseling, Individual Treatment - Additional | 96152 | TL | 22 | | | - | - | 0 |
| 3i | IEP Psychology Counseling, Individual Treatment - Initial | 96152 | TM | - | | | - | - | 0 |
| 3j | IEP Psychology Counseling, Individual Treatment - Additional | 96152 | TM | 22 | | | - | - | 0 |
| 3k | IFSP Psychology Counseling, Group Treatment - Initial | 96153 | TL | - | | | - | - | 0 |
| 3l | IFSP Psychology Counseling, Group Treatment - Additional | 96153 | TL | 22 | | | - | - | 0 |
| 3m | IEP Psychology Counseling, Group Treatment - Initial | 96153 | TM | - | | | - | - | 0 |
| 3n | IEP Psychology Counseling, Group Treatment - Additional | 96153 | TM | 22 | | | - | - | 0 |
| Counselors - Totals | | | | | | | | - | - |

**Schedule 10.1: 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 <i>B</i> | Audit Adj () | 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 | - | | | - | - | 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 | | | | | | | | | |
| | | | | | | | | - | - |
| 5a | IFSP LVN Services | T1003 | TL | - | | | - | - | 0 |
| 5b | IEP LVN Services | T1003 | TM | - | 20 | | 20 | 5 | 5 |
| Licensed Vocational Nurses - Totals | | | | | | | | | |
| | | | | | | | | 5 | 5 |
| 6a | IFSP Trained Health Care Aide Services | T1004 | TL | - | | | - | - | 0 |
| 6b | IEP Trained Health Care Aide Services | T1004 | TM | - | | | - | - | 0 |
| Trained Health Care Aides - Totals | | | | | | | | | |
| | | | | | | | | - | - |
| 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 | | | - | - | 0 |
| 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 | | | - | - | 0 |
| 7n | IEP Speech Therapy, Group Treatment - Additional | 92508 | TM | GN, 22 | | | - | - | 0 |
| Speech-Language Pathologists - Totals | | | | | | | | | |
| | | | | | | | | - | - |
| 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 10.1: 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 <i>B</i> | Audit Adj () | 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 | | | | | | | | \$ | 389 |
| Adjustments to Interim Medi-Cal Reimbursement | | | | | | | | Adj () | - |
| Audited Interim Medi-Cal Reimbursement (10/1/08-6/30/09) - Services Documented in an IEP or IFSP | | | | | | | | \$ | 389 |
| | | | | | | | | (To Schedule 2) | |

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

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 | 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 | |
|----------------------------------------------|-----------------------------------------------------------------------|----------------|----------------------|-------------|-----------|---------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------|
| | | | | Total Units | | | () | | |
| 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
Audited Interim Medi-Cal Reimbursement (7/1/08-9/30/08) - Services Not Documented in an IEP or IFSP

Adj ()

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(To Schedule 3)

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201

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 | 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 |
|-----|-----------------------------------------------------------------------|----------------|----------------------|-------------|-----------|---------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| | | | | Total Units | | | | |
| | | | | () | | | | |
| 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 11.1: 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 () | 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 (10/1/08-6/30/09) - Services Not Documented in an IEP or IFSP
Adjustments to Interim Medi-Cal Reimbursement
Audited Interim Medi-Cal Reimbursement (10/1/08-6/30/09) - Services Not Documented in an IEP or IFSP

Adj ()
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(To Schedule 3)

LEA Provider Name:
EXETER UNION HIGH

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

LEA NPI Number:
1316199201