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

FALL RIVER JOINT UNIFIED SCHOOL DISTRICT
BURNEY, CALIFORNIA
PROVIDER NUMBER: SS4569989
NATIONAL PROVIDER IDENTIFIER (NPI): 1487733689

FISCAL PERIOD ENDED
JUNE 30, 2010

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

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

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

April 30, 2014

Teresea Spooner
Business Manager
Fall River Joint Unified School District
20375 Tamarack Avenue
Burney, CA 96013

FALL RIVER JOINT UNIFIED SCHOOL DISTRICT
PROVIDER NUMBER SS4569989
NATIONAL PROVIDER IDENTIFIER 1487733689
FISCAL PERIOD ENDED JUNE 30, 2010

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 settlement due State in the amount of $8,482 for the above fiscal period which was accepted as filed.

This determination includes the:

1. Summary of Findings and Supporting Schedules

The accepted 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 determination, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you have questions regarding this report, you may contact 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:	Fiscal Year:	NPI Number:
FALL RIVER JOINT UNIFIED SCHOOL DISTRICT	JULY 1, 2009 THROUGH JUNE 30, 2010	1487733689

		Reported	Audited
	Total Net Overpayment/(Underpayment) for All LEA Services	$ 8,482	$ 8,482
1	Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (Schedule 2)	$ 25,397	$ 25,397
2	Medi-Cal Maximum Reimbursable for Services Not Documented in an IEP or IFSP (Schedule 3)	$ -	$ -
3	Total Maximum Reimbursement for Services	$ 25,397	$ 25,397
4	Interim Payment for Services Documented in an IEP or IFSP (Schedule 2)	$ 33,879	$ 33,879
5	Interim Payment for Services Not Documented in an IEP or IFSP (Schedule 3)	$ -	$ -
6	Total Interim Payment for LEA Services	$ 33,879	$ 33,879
7	Recovery of LEA payments for Unknown Modifiers Audit Adj. ( )		
8	Other Payment Recovery Adjustments Audit Adj. ( )		
9	Amount Due Provider (State)	$ (8,482)	$ (8,482)

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

LEA Provider Name:
FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number:
1487733689

	W/S A Practitioner Type	Reported Net 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 Net 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	$ 113,506	1.79%	$ 2,027	$ 113,506	1.79%	$ 2,027	$ -	$ 2,027
2.	Social Workers	-	0	-	-	0	-	-	-
3.	Counselors	-	0	-	-	0	-	-	-
4.	School Nurses	40,066	7.05%	2,826	40,066	7.05%	2,826	-	2,826
5.	Licensed Vocational Nurses	-	0	-	-	0	-	-	-
6.	Trained Health Care Aides	-	0	-	-	0	-	-	-
7.	Speech-Language Pathologists	133,228	25.21%	33,581	133,228	25.21%	33,581	-	33,581
8.	Audiologists	-	0	-	-	0	-	-	-
9.	Physical Therapists	-	0	-	-	0	-	-	-
10.	Occupational Therapists	33,466	0	-	33,466	0	-	-	-
11.	Physicians/Psychiatrists	-	0	-	-	0	-	-	-
	Total	$ 320,266		$ 38,434	$ 320,266		$ 38,434	$ -	$ 38,434

		Reported	Audited
a.	Service Costs	$ 38,434	$ 38,434
b.	Service Costs Excluded from Indirect Cost Rate Application	$ -	$ -
c.	Service Costs Included in Indirect Cost Rate Application	$ 38,434	$ 38,434
d.	Indirect Cost Rate (Schedule 7)	7.29%	7.29%
e.	Indirect Costs (c * d)	$ 2,802	$ 2,802
f.	Total Service Costs (a + e)	$ 41,236	$ 41,236
g.	Federal Medical Assistance Percentage (FMAP)	61.59%	61.59%
h.	Medi-Cal Maximum Reimbursable (f * g)	$ 25,397	$ 25,397
i.	Interim Payment for Services Documented in an IEP	$ 33,879	$ 33,879
j.	Overpayment/(Underpayment) (i - h)	$ 8,482	$ 8,482

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

LEA Provider Name: FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year: JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number: 1487733689

	W/S B 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 C=A*B	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 F=D*E	Excess of Calculated LEA Costs over Audited Personnel Expenditures G	Audited Cost of Providing LEA Services Not Documented in an IEP or IFSP H=F-G
1.	Psychologists	$ 113,506	0	$ -	$ 113,506	0	$ -	$ -	$ -
2.	Social Workers	-	0	-	-	0	-	-	-
3.	Counselors	-	0	-	-	0	-	-	-
4.	School Nurses	40,066	0	-	40,066	0	-	-	-
5.	Licensed Vocational Nurses	-	0	-	-	0	-	-	-
6.	Trained Health Care Aides	-	0	-	-	0	-	-	-
7.	Speech-Language Pathologists	133,228	0	-	133,228	0	-	-	-
8.	Audiologists	-	0	-	-	0	-	-	-
9.	Physical Therapists	-	0	-	-	0	-	-	-
10.	Occupational Therapists	33,466	0	-	33,466	0	-	-	-
11.	Physicians/Psychiatrists	-	0	-	-	0	-	-	-
12.	Optometrists	-	0	-	-	0	-	-	-
13.	Audiometrists	-	0	-	-	0	-	-	-
	Total	$ 320,266		$ -	$ 320,266		$ -	$ -	$ -

		Reported	Audited
a.	Service Costs	$ -	$ -
b.	Service Costs Excluded from Indirect Cost Rate Application	$ -	$ -
c.	Service Costs Included in Indirect Cost Rate Application	$ -	$ -
d.	Indirect Cost Rate (Schedule 7)	7.29%	7.29%
e.	Indirect Costs (c * d)	$ -	$ -
f.	Total Service Costs (a + e)	$ -	$ -
g.	Federal Medical Assistance Percentage (FMAP)	61.59%	61.59%
h.	Medi-Cal Maximum Reimbursable (f * g)	$ -	$ -
i.	Interim Payment for Services Documented in an IEP	$ -	$ -
j.	Overpayment/(Underpayment) (i - h)	$ -	$ -

Schedule 4 - Summary of Audited Personnel Costs

LEA Provider Name:
FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number:
1487733689

	(Object Code) Practitioner Type	Audited Salary Expenditures *(1000-2999)* A (Schedule 5)	Audited Benefit Expenditures *(3000-3999)* B (Schedule 5)	Total Audited Other Costs C (Schedule 6)	Audited Federal Revenues D (Schedule 5)	Audited Net Total Personnel Costs E = A+B+C-D
1.	Psychologists	$ 91,151	$ 20,908	$ 1,447	$ -	$ 113,506
2.	Social Workers	-	-	-	-	$ -
3.	Counselors	-	-	-	-	$ -
4.	School Nurses	34,107	5,113	846	-	$ 40,066
5.	Licensed Vocational Nurses	-	-	-	-	$ -
6.	Trained Health Care Aides	-	-	-	-	$ -
7.	Speech-Language Pathologists	97,681	30,753	4,794	-	$ 133,228
8.	Audiologists	-	-	-	-	$ -
9.	Physical Therapists	-	-	-	-	$ -
10.	Occupational Therapists	-	-	33,466	-	$ 33,466
11.	Physicians/Psychiatrists	-	-	-	-	$ -
12.	Optometrists	-	-	-	-	$ -
13.	Audiometrists	-	-	-	-	$ -
	Total	$ 222,939	$ 56,774	$ 40,553	$ -	$ 320,266
						(Schedule 2,3)

Schedule 5 - Salary Expenditures

LEA Provider Name:
FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number:
1487733689

	W/S A.1/B.1 *(Object Code)* Practitioner Type	Reported Salary Expenditures *(1000-2999)* A	Audit Adj. ( )	Audited Salary Expenditures	Reported Benefit Expenditures *(3000-3999)* B	Audit Adj. ( )	Audited Benefit Expenditures	Reported Federal Revenues C	Audit Adj. ( )	Audited Federal Revenues
1.	Psychologists	$ 91,151		$ 91,151	$ 20,908		$ 20,908			$ -
2.	Social Workers			-			-			-
3.	Counselors			-			-			-
4.	School Nurses	34,107		34,107	5,113		5,113			-
5.	Licensed Vocational Nurses			-			-			-
6.	Trained Health Care Aides			-			-			-
7.	Speech-Language Pathologists	97,681		97,681	30,753		30,753			-
8.	Audiologists			-			-			-
9.	Physical Therapists			-			-			-
10.	Occupational Therapists			-			-			-
11.	Physicians/Psychiatrists			-			-			-
12.	Optometrists			-			-			-
13.	Audiometrists			-			-			-
	Total	$ 222,939	$ -	$ 222,939	$ 56,774	$ -	$ 56,774	$ -	$ -	$ -
				(Schedule 4)			(Schedule 4)			(Schedule 4)

Schedule 6 - Other Costs

LEA Provider Name:
FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number:
1487733689

	W/S A-1/B-1 *(Object Code)* 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	$ 275		1,172					1,447
2.	Social Workers								-
3.	Counselors								-
4.	School Nurses	167		679					846
5.	Licensed Vocational Nurses								-
6.	Trained Health Care Aides								-
7.	Speech-Language Pathologists	223		161		4,410			4,794
8.	Audiologists								-
9.	Physical Therapists								-
10.	Occupational Therapists					28,677	4,789		33,466
11.	Physicians/Psychiatrists								-
12.	Optometrists								-
13.	Audiometrists								-
	Total	$ 665	$ -	$ 2,012	$ -	$ 33,087	$ 4,789	$ -	$ 40,553

	Audited *(Object Code)* 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	275	-	1,172	-	-	-	-	1,447
2.	Social Workers	-	-	-	-	-	-	-	-
3.	Counselors	-	-	-	-	-	-	-	-
4.	School Nurses	167	-	679	-	-	-	-	846
5.	Licensed Vocational Nurses	-	-	-	-	-	-	-	-
6.	Trained Health Care Aides	-	-	-	-	-	-	-	-
7.	Speech-Language Pathologists	223	-	161	-	4,410	-	-	4,794
8.	Audiologists	-	-	-	-	-	-	-	-
9.	Physical Therapists	-	-	-	-	-	-	-	-
10.	Occupational Therapists	-	-	-	-	28,677	4,789	-	33,466
11.	Physicians/Psychiatrists	-	-	-	-	-	-	-	-
12.	Optometrists	-	-	-	-	-	-	-	-
13.	Audiometrists	-	-	-	-	-	-	-	-
	Total	$ 665	$ -	$ 2,012	$ -	$ 33,087	$ 4,789	$ -	$ 40,553
									(Schedule 4)

Schedule 7 - Adjustments to Other Costs

LEA Provider Name:
FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number:
1487733689

	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. H = Sum 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								-
	Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
									(Schedule 6)

Reported Indirect Cost Rate	7.29%
Audit Adj. ( )	
Audited Indirect Cost Rate	7.29%
	(Schedule 2,3)

Schedule 8 - Percent of Time Providing LEA Services

LEA Provider Name:
FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number:
1487733689

	Practitioner Type	Total Hours Required to Work (Employees) A (Schedule 9)	Total Hours Worked by Contractors B (Schedule 9)	Total Hours Worked by Employees and Contractors C=A+B	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP D (Schedule 10)	Percent of Time Providing LEA Services Documented in an IEP or IFSP E = D/C	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP F (Schedule 11)	Percent of Time Providing LEA Services Not Documented in an IEP of IFSP G = F/C
1.	Psychologists	1,680	-	1,680	30	1.79%	-	0
2.	Social Workers	-	-	-	-	0	-	0
3.	Counselors	-	-	-	-	0	-	0
4.	School Nurses	560	-	560	40	7.05%	-	0
5.	Licensed Vocational Nurses	-	-	-	-	0	-	0
6.	Trained Health Care Aides	-	-	-	-	0	-	0
7.	Speech-Language Pathologists	2,562	68	2,630	663	25.21%	-	0
8.	Audiologists	-	-	-	-	0	-	0
9.	Physical Therapists	-	-	-	-	0	-	0
10.	Occupational Therapists	-	446	446	-	0	-	0
11.	Physicians/Psychiatrists	-	-	-	-	0	-	0
12.	Optometrists	-	-	-	N/A	0	-	0
13.	Audiometrists	-	-	-	N/A	0	-	0
	Total	4,802	514	5,316	732	(Schedule 2)	-	(Schedule 3)

Schedule 9 - Adjustments to Reported Time

LEA Provider Name:
FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year:
JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number:
1487733689

	W/S A-3/B-3 Col C	Reported Total Hours Required to Work (Employees)	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audited Total Hours Required to Work (Employees)
	Practitioner Type	C								
1.	Psychologists	1,680								1,680
2.	Social Workers									-
3.	Counselors									-
4.	School Nurses	560								560
5.	Licensed Vocational Nurses									-
6.	Trained Health Care Aides									-
7.	Speech-Language Pathologists	2,562								2,562
8.	Audiologists									-
9.	Physical Therapists									-
10.	Occupational Therapists									-
11.	Physicians/Psychiatrists									-
12.	Optometrists									-
13.	Audiometrists									-
	Total	4,802	-	-	-	-	-	-	-	4,802
										(Schedule 8)

	W/S A-3/B-3 Col D	Reported Total Contractor Hours Paid	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audited Total Contractor Hours Paid
	Practitioner Type	D								
1.	Psychologists									-
2.	Social Workers									-
3.	Counselors									-
4.	School Nurses									-
5.	Licensed Vocational Nurses									-
6.	Trained Health Care Aides									-
7.	Speech-Language Pathologists	68								68
8.	Audiologists									-
9.	Physical Therapists									-
10.	Occupational Therapists	446								446
11.	Physicians/Psychiatrists									-
12.	Optometrists									-
13.	Audiometrists									-
	Total	514	-	-	-	-	-	-	-	514
										(Schedule 8)

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

LEA Provider Name: FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year: JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number: 1487733689

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit A	Reported Total Units W/S A-4 Col. B	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	-	360			-	-	0
1b	IFSP Psychological Assessment: Annual	96101	TL	52	120			-	-	0
1c	IFSP Psychological Assessment: Amended	96101	TL	TS	120			-	-	0
1d	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	360	5		5	30	30
1e	IEP Psychological Assessment: Annual	96101	TM	52	120			-	-	0
1f	IEP Psychological Assessment: Amended	96101	TM	TS	120			-	-	0
1g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AH	55			-	-	0
1h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AH, 22	15			-	-	0
1i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	55			-	-	0
1j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AH, 22	15			-	-	0
1k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AH	73			-	-	0
1l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AH, 22	15			-	-	0
1m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	73			-	-	0
1n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH, 22	15			-	-	0
	Psychologists - Totals								30	30
2a	IFSP Psychosocial Status Assessment: Initial	96150	TL	AJ	15			-	-	0
2b	IFSP Psychosocial Status Assessment: Annual	96150	TL	AJ, 52	15			-	-	0
2c	IFSP Psychosocial Status Assessment: Amended	96151	TL	AJ	15			-	-	0
2d	IEP Psychosocial Status Assessment: Initial/Triennial	96150	TM	AJ	15			-	-	0
2e	IEP Psychosocial Status Assessment: Annual	96150	TM	AJ, 52	15			-	-	0
2f	IEP Psychosocial Status Assessment: Amended	96151	TM	AJ	15			-	-	0
2g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AJ	55			-	-	0
2h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AJ, 22	15			-	-	0
2i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AJ	55			-	-	0
2j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AJ, 22	15			-	-	0
2k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AJ	73			-	-	0
2l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AJ, 22	15			-	-	0
2m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AJ	73			-	-	0
2n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AJ, 22	15			-	-	0
	Social Workers - Totals								-	-
3a	IFSP Psychosocial status Assessment: Initial	96150	TL	-	15			-	-	0
3b	IFSP Psychosocial status Assessment: Annual	96150	TL	52	15			-	-	0
3c	IFSP Psychosocial status Assessment: Amended	96151	TL	-	15			-	-	0
3d	IEP Psychosocial status Assessment: Initial/Triennial	96150	TM	-	15			-	-	0
3e	IEP Psychosocial status Assessment: Annual	96150	TM	52	15			-	-	0
3f	IEP Psychosocial status Assessment: Amended	96151	TM	-	15			-	-	0
3g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	-	55			-	-	0
3h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	22	15			-	-	0
3i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	-	55			-	-	0
3j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	22	15			-	-	0
3k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	-	73			-	-	0
3l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	22	15			-	-	0
3m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	-	73			-	-	0
3n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	22	15			-	-	0
	Counselors - Totals								-	-

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

LEA Provider Name: FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year: JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number: 1487733689

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit A	Reported Total Units W/S A-4 Col. B	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	-	105			-	-	0
4b	IFSP Health Assessment: Annual	T1001	TL	52	60			-	-	0
4c	IFSP Health Assessment: Amended	T1001	TL	TS	60			-	-	0
4d	IEP Health Assessment: Initial/Triennial	T1001	TM	-	105	22		22	39	39
4e	IEP Health Assessment: Annual	T1001	TM	52	60			-	-	0
4f	IEP Health Assessment: Amended	T1001	TM	TS	60	1		1	1	1
4g	IFSP Nursing Services	T1002	TL	-	15			-	-	0
4h	IEP Nursing Services	T1002	TM	-	15			-	-	0
	School Nurses - Totals								40	40
5a	IFSP LVN Services	T1003	TL	-	15			-	-	0
5b	IEP LVN Services	T1003	TM	-	15			-	-	0
	Licensed Vocational Nurses - Totals								-	-
6a	IFSP Trained Health Care Aide Services	T1004	TL	-	15			-	-	0
6b	IEP Trained Health Care Aide Services	T1004	TM	-	15			-	-	0
	Trained Health Care Aides - Totals								-	-
7a	IFSP Speech/Language Assessment: Initial	92506	TL	GN	165			-	-	0
7b	IFSP Speech/Language Assessment: Annual	92506	TL	GN, 52	90			-	-	0
7c	IFSP Speech/Language Assessment: Amended	92506	TL	GN, TS	90			-	-	0
7d	IEP Speech/Language Assessment: Initial/Triennial	92506	TM	GN	165			-	-	0
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52	90			-	-	0
7f	IEP Speech/Language Assessment: Amended	92506	TM	GN, TS	90			-	-	0
7g	IFSP Speech Therapy, Individual Treatment - Initial	92507	TL	GN	50			-	-	0
7h	IFSP Speech Therapy, Individual Treatment - Additional	92507	TL	GN, 22	15			-	-	0
7i	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GN	50	532		532	443	443
7j	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GN, 22	15	2		2	1	1
7k	IFSP Speech Therapy, Group Treatment - Initial	92508	TL	GN	55			-	-	0
7l	IFSP Speech Therapy, Group Treatment - Additional	92508	TL	GN, 22	15			-	-	0
7m	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GN	55	717		717	219	219
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22	15			-	-	0
	Speech-Language Pathologists - Totals								663	663
8a	IFSP Audiological Assessment: Initial	92506	TL	-	120			-	-	0
8b	IFSP Audiological Assessment: Annual	92506	TL	52	90			-	-	0
8c	IFSP Audiological Assessment: Amended	92506	TL	TS	90			-	-	0
8d	IEP Audiological Assessment: Initial/Triennial	92506	TM	-	120			-	-	0
8e	IEP Audiological Assessment: Annual	92506	TM	52	90			-	-	0
8f	IEP Audiological Assessment: Amended	92506	TM	TS	90			-	-	0
8g	IFSP Audiology, Individual Treatment - Initial	92507	TL	-	55			-	-	0
8h	IFSP Audiology, Individual Treatment - Additional	92507	TL	22	15			-	-	0
8i	IEP Audiology, Individual Treatment - Initial	92507	TM	-	55			-	-	0
8j	IEP Audiology, Individual Treatment - Additional	92507	TM	22	15			-	-	0
8k	IFSP Hearing Check	V5011	TL	-	35			-	-	0
8l	IEP Hearing Check	V5011	TM	-	35			-	-	0
	Audiologists - Totals								-	-
9a	IFSP Physical Therapy Assessment: Initial	97001	TL	-	172.8			-	-	0
9b	IFSP Physical Therapy Assessment: Annual	97001	TL	52	120			-	-	0
9c	IFSP Physical Therapy Assessment: Amended	97002	TL	-	120			-	-	0
9d	IEP Physical Therapy Assessment: Initial/Triennial	97001	TM	-	172.8			-	-	0
9e	IEP Physical Therapy Assessment: Annual	97001	TM	52	120			-	-	0
9f	IEP Physical Therapy Assessment: Amended	97002	TM	-	120			-	-	0
9g	IFSP Physical Therapy Individual Treatment - Initial	97110	TL	GP	48			-	-	0
9h	IFSP Physical Therapy Individual Treatment - Additional	97110	TL	GP, 22	15			-	-	0
9i	IEP Physical Therapy Individual Treatment - Initial	97110	TM	GP	48			-	-	0
9j	IEP Physical Therapy Individual Treatment - Additional	97110	TM	GP, 22	15			-	-	0
	Physical Therapists - Totals								-	-

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

LEA Provider Name: FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year: JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number: 1487733689

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit A	Reported Total Units W/S A-4 Col. B	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	-	172.8			-	-	0
10b	IFSP Occupational Therapy Assessment: Annual	97003	TL	52	120			-	-	0
10c	IFSP Occupational Therapy Assessment: Amended	97004	TL	-	120			-	-	0
10d	IEP Occupational Therapy Assessment: Initial/Triennial	97003	TM	-	172.8			-	-	0
10e	IEP Occupational Therapy Assessment: Annual	97003	TM	52	120			-	-	0
10f	IEP Occupational Therapy Assessment: Amended	97004	TM	-	120			-	-	0
10g	IFSP Occupational Therapy Individual Treatment - Initial	97110	TL	GO	57			-	-	0
10h	IFSP Occupational Therapy Individual Treatment - Additional	97110	TL	GO, 22	15			-	-	0
10i	IEP Occupational Therapy Individual Treatment - Initial	97110	TM	GO	57			-	-	0
10j	IEP Occupational Therapy Individual Treatment - Additional	97110	TM	GO, 22	15			-	-	0
	Occupational Therapists - Totals								-	-
11a	IFSP Health/Nutrition Assessment: Initial	96150	TL	AG	15			-	-	0
11b	IFSP Health/Nutrition Assessment: Annual	96150	TL	AG, 52	15			-	-	0
11c	IFSP Health/Nutrition Assessment: Amended	96151	TL	AG	15			-	-	0
11d	IEP Health/Nutrition Assessment: Initial/Triennial	96150	TM	AG	15			-	-	0
11e	IEP Health/Nutrition Assessment: Annual	96150	TM	AG, 52	15			-	-	0
11f	IEP Health/Nutrition Assessment: Amended	96151	TM	AG	15			-	-	0
11g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AG	55			-	-	0
11h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AG, 22	15			-	-	0
11i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AG	55			-	-	0
11j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AG, 22	15			-	-	0
11k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AG	73			-	-	0
11l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AG, 22	15			-	-	0
11m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AG	73			-	-	0
11n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AG, 22	15			-	-	0
	Physicians/Psychiatrists - Totals								-	-
										(Schedule 8)

Reported Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP		$ 33,879
Adjustments to Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP	Audit Adj. ( )	
Audited Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP		$ 33,879
		(Schedule 2)

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

LEA Provider Name: FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year: JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number: 1487733689

Row	Service Description	Procedure Code	Required Modifier(s)	Reported Total Units W/S B-4, Col. B	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

LEA Provider Name: FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Fiscal Year: JULY 1, 2009 THROUGH JUNE 30, 2010

NPI Number: 1487733689

Row	Service Description	Procedure Code	Required Modifier(s)	Reported Total Units W/S B-4, Col. B	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						-	-
								(Schedule 8)

Reported Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP		
Adjustments to Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP	Audit Adj. ( )	
Audited Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP		$ -
		(Schedule 3)