

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

**MODOC COUNTY OFFICE OF EDUCATION  
ALTURAS, CALIFORNIA  
PROVIDER NUMBER: SS2510256  
NATIONAL PROVIDER IDENTIFIER (NPI): 1205986429**

**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: Michael Donohue  
Auditor: Sharon Quan**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 30, 2014

Hannah Curcio  
Special Education Director  
Modoc County Office of Education  
139 Henderson Street  
Alturas, CA 96101

MODOC COUNTY OFFICE OF EDUCATION  
PROVIDER NUMBER SS2510256  
NATIONAL PROVIDER IDENTIFIER 1205986429  
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 \$1,287 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.

Hannah Curcio  
Page 2  
April 30, 2014

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:**  
MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
1205986429

		Reported	Audited
Total Net Overpayment/(Underpayment) for All LEA Services		\$ 1,287	\$ 1,287
1	Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (Schedule 2)	\$ 35,038	\$ 35,038
2	Medi-Cal Maximum Reimbursable for Services Not Documented in an IEP or IFSP (Schedule 3)	\$ -	\$ -
3	Total Maximum Reimbursement for Services	\$ 35,038	\$ 35,038
4	Interim Payment for Services Documented in an IEP or IFSP (Schedule 2)	\$ 36,325	\$ 36,325
5	Interim Payment for Services Not Documented in an IEP or IFSP (Schedule 3)	\$ -	\$ -
6	Total Interim Payment for LEA Services	\$ 36,325	\$ 36,325
7	Recovery of LEA payments for Unknown Modifiers	Audit Adj. ( )	
8	Other Payment Recovery Adjustments	Audit Adj. ( )	
9	Amount Due Provider (State)	\$ (1,287)	\$ (1,287)

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

**LEA Provider Name:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

W/S A Practitioner Type	Reported Net	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 Net 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	E	D*E=F	G	F-G=H
				(Schedule 4)	(Schedule 8)			
1. Psychologists	\$ 343,580	4.14%	\$ 14,223	\$ 343,580	4.14%	\$ 14,223	\$ -	\$ 14,223
2. Social Workers	-	0	-	-	0	-	-	-
3. Counselors	-	0	-	-	0	-	-	-
4. School Nurses	101,985	3.89%	3,963	101,985	3.89%	3,963	-	3,963
5. Licensed Vocational Nurses	-	0	-	-	0	-	-	-
6. Trained Health Care Aides	-	0	-	-	0	-	-	-
7. Speech-Language Pathologists	154,183	22.04%	33,989	154,183	22.04%	33,989	-	33,989
8. Audiologists	-	0	-	-	0	-	-	-
9. Physical Therapists	38,112	2.83%	1,077	38,112	2.83%	1,077	-	1,077
10. Occupational Therapists	-	0	-	-	0	-	-	-
11. Physicians/Psychiatrists	-	0	-	-	0	-	-	-
Total	\$ 637,859		\$ 53,252	\$ 637,859		\$ 53,252	\$ -	\$ 53,252
			Reported					Audited
a. Service Costs			\$ 53,252					\$ 53,252
b. Service Costs Excluded from Indirect Cost Rate Application			\$ -					\$ -
c. Service Costs Included in Indirect Cost Rate Application			\$ 53,252					\$ 53,252
d. Indirect Cost Rate (Schedule 7)			6.83%					6.83%
e. Indirect Costs (c * d)			\$ 3,637					\$ 3,637
f. Total Service Costs (a + e)			\$ 56,889					\$ 56,889
g. Federal Medical Assistance Percentage (FMAP)			61.59%					61.59%
h. Medi-Cal Maximum Reimbursable (f * g)			\$ 35,038					\$ 35,038
i. Interim Payment for Services Documented in an IEP			\$ 36,325					\$ 36,325
j. Overpayment/(Underpayment) (i - h)			\$ 1,287					\$ 1,287

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

**LEA Provider Name:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

W/S B Practitioner Type	Reported Total Personnel Costs	Reported Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Reported Cost of Providing LEA Services Not Documented in an IEP or IFSP	Audited Total Personnel Costs	Audited Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Calculated Cost of Providing LEA Services Not Documented in an IEP or IFSP	Excess of Calculated LEA Costs over Audited Personnel Expenditures	Audited Cost of Providing LEA Services Not Documented in an IEP or IFSP
	A	B	C=A*B	D (Schedule 4)	E (Schedule 8)	F=D*E	G	H=F-G
1. Psychologists	\$ 343,580	0	\$ -	\$ 343,580	0	\$ -	\$ -	\$ -
2. Social Workers	-	0	-	-	0	-	-	-
3. Counselors	-	0	-	-	0	-	-	-
4. School Nurses	101,985	0	-	101,985	0	-	-	-
5. Licensed Vocational Nurses	-	0	-	-	0	-	-	-
6. Trained Health Care Aides	-	0	-	-	0	-	-	-
7. Speech-Language Pathologists	154,183	0	-	154,183	0	-	-	-
8. Audiologists	-	0	-	-	0	-	-	-
9. Physical Therapists	38,112	0	-	38,112	0	-	-	-
10. Occupational Therapists	-	0	-	-	0	-	-	-
11. Physicians/Psychiatrists	-	0	-	-	0	-	-	-
12. Optometrists	-	0	-	-	0	-	-	-
13. Audiometrists	-	0	-	-	0	-	-	-
Total	\$ 637,859		\$ -	\$ 637,859		\$ -	\$ -	\$ -

	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)	6.83%	6.83%
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:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

<i>(Object Code)</i>	Audited Salary Expenditures <i>(1000-2999)</i>	Audited Benefit Expenditures <i>(3000-3999)</i>	Total Audited Other Costs	Audited Federal Revenues	Audited Net Total Personnel Costs
<u>Practitioner Type</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E = A+B+C-D</u>
	(Schedule 5)	(Schedule 5)	(Schedule 6)	(Schedule 5)	
1. Psychologists	\$ 255,632	\$ 71,616	\$ 20,074	\$ 3,743	\$ 343,580
2. Social Workers	-	-	-	-	\$ -
3. Counselors	-	-	-	-	\$ -
4. School Nurses	79,401	21,375	1,208	-	\$ 101,985
5. Licensed Vocational Nurses	-	-	-	-	\$ -
6. Trained Health Care Aides	-	-	-	-	\$ -
7. Speech-Language Pathologists	114,508	33,614	6,061	-	\$ 154,183
8. Audiologists	-	-	-	-	\$ -
9. Physical Therapists	-	-	38,112	-	\$ 38,112
10. Occupational Therapists	-	-	-	-	\$ -
11. Physicians/Psychiatrists	-	-	-	-	\$ -
12. Optometrists	-	-	-	-	\$ -
13. Audiometrists	-	-	-	-	\$ -
Total	\$ 449,541	\$ 126,605	\$ 65,456	\$ 3,743	\$ 637,859
					(Schedule 2,3)

**Schedule 5 - Salary Expenditures**

**LEA Provider Name:**  
MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
1205986429

<b>W/S A.1/B.1 (Object Code)</b>	<b>Reported Salary Expenditures (1000-2999)</b>	<b>Audit Adj. ( )</b>	<b>Audited Salary Expenditures</b>	<b>Reported Benefit Expenditures (3000-3999)</b>	<b>Audit Adj. ( )</b>	<b>Audited Benefit Expenditures</b>	<b>Reported Federal Revenues</b>	<b>Audit Adj. ( )</b>	<b>Audited Federal Revenues</b>
<b>Practitioner Type</b>	<b>A</b>			<b>B</b>			<b>C</b>		
1. Psychologists	\$ 255,632		\$ 255,632	\$ 71,616		\$ 71,616	\$ 3,743		\$ 3,743
2. Social Workers			-			-			-
3. Counselors			-			-			-
4. School Nurses	79,401		79,401	21,375		21,375			-
5. Licensed Vocational Nurses			-			-			-
6. Trained Health Care Aides			-			-			-
7. Speech-Language Pathologists	114,508		114,508	33,614		33,614			-
8. Audiologists			-			-			-
9. Physical Therapists			-			-			-
10. Occupational Therapists			-			-			-
11. Physicians/Psychiatrists			-			-			-
12. Optometrists			-			-			-
13. Audiometrists			-			-			-
<b>Total</b>	<b>\$ 449,541</b>	<b>\$ -</b>	<b>\$ 449,541</b>	<b>\$ 126,605</b>	<b>\$ -</b>	<b>\$ 126,605</b>	<b>\$ 3,743</b>	<b>\$ -</b>	<b>\$ 3,743</b>
			(Schedule 4)			(Schedule 4)			(Schedule 4)

**Schedule 6 - Other Costs**

**LEA Provider Name:**

MODOC COUNTY OFFICE OF EDUCATION

**Fiscal Year:**

JULY 1, 2009 THROUGH JUNE 30, 2010

**NPI Number:**

1205986429

W/S A-1/B-1 (Object Code) 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 H = Sum of A-G
	A	B	C	D	E	F	G	
1. Psychologists	\$ 9,285		5,003	\$ 242	5,351		\$ 193	20,074
2. Social Workers								-
3. Counselors								-
4. School Nurses	749		249	210				1,208
5. Licensed Vocational Nurses								-
6. Trained Health Care Aides								-
7. Speech-Language Pathologists	2,270	1,245	2,546					6,061
8. Audiologists								-
9. Physical Therapists					38,112			38,112
10. Occupational Therapists								-
11. Physicians/Psychiatrists								-
12. Optometrists								-
13. Audiometrists								-
<b>Total</b>	<b>\$ 12,304</b>	<b>\$ 1,245</b>	<b>\$ 7,799</b>	<b>\$ 452</b>	<b>\$ 43,463</b>	<b>\$ -</b>	<b>\$ 193</b>	<b>\$ 65,456</b>

Audited (Object Code) 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 H = Sum of A-G
	A	B	C	D	E	F	G	
1. Psychologists	9,285	-	5,003	242	5,351	-	193	20,074
2. Social Workers	-	-	-	-	-	-	-	-
3. Counselors	-	-	-	-	-	-	-	-
4. School Nurses	749	-	249	210	-	-	-	1,208
5. Licensed Vocational Nurses	-	-	-	-	-	-	-	-
6. Trained Health Care Aides	-	-	-	-	-	-	-	-
7. Speech-Language Pathologists	2,270	1,245	2,546	-	-	-	-	6,061
8. Audiologists	-	-	-	-	-	-	-	-
9. Physical Therapists	-	-	-	-	38,112	-	-	38,112
10. Occupational Therapists	-	-	-	-	-	-	-	-
11. Physicians/Psychiatrists	-	-	-	-	-	-	-	-
12. Optometrists	-	-	-	-	-	-	-	-
13. Audiometrists	-	-	-	-	-	-	-	-
<b>Total</b>	<b>\$ 12,304</b>	<b>\$ 1,245</b>	<b>\$ 7,799</b>	<b>\$ 452</b>	<b>\$ 43,463</b>	<b>\$ -</b>	<b>\$ 193</b>	<b>\$ 65,456</b>

(Schedule 4)

**Schedule 7 - Adjustments to Other Costs**

**LEA Provider Name:**  
MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
1205986429

<i>(Object Code)</i>	Materials, Supplies and Reference Materials Expenditures <i>(4200-4300)</i>	Non-Capitalized Equipment Expenditures <i>(4400)</i>	Travel and Conference Expenditures <i>(5200)</i>	Dues and Membership Expenditures <i>(5300)</i>	Contractor Costs <i>(5800)</i>	Contractor Costs <i>(5100)</i>	Communications Expenditures <i>(5900)</i>	Total Adj. H = Sum A-G
	A	B	C	D	E	F	G	
	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit Adj. ( )	Audit 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								-
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(Schedule 6)

Reported Indirect Cost Rate	6.83%
Audit Adj. ( )	
Audited Indirect Cost Rate	6.83%

(Schedule 2,3)

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

**LEA Provider Name:**  
MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
1205986429

Practitioner Type	Total Hours Required to Work (Employees)	Total Hours Worked by Contractors	Total Hours Worked by Employees and Contractors	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP of IFSP
	A (Schedule 9)	B (Schedule 9)	C=A+B	D (Schedule 10)	E = D/C	F (Schedule 11)	G = F/C
1. Psychologists	5,501	55	5,556	230	4.14%	-	0
2. Social Workers	-	-	-	-	0	-	0
3. Counselors	-	-	-	-	0	-	0
4. School Nurses	1,737	-	1,737	68	3.89%	-	0
5. Licensed Vocational Nurses	-	-	-	-	0	-	0
6. Trained Health Care Aides	-	-	-	-	0	-	0
7. Speech-Language Pathologists	2,185	-	2,185	482	22.04%	-	0
8. Audiologists	-	-	-	-	0	-	0
9. Physical Therapists	-	549	549	16	2.83%	-	0
10. Occupational Therapists	-	-	-	-	0	-	0
11. Physicians/Psychiatrists	-	-	-	-	0	-	0
12. Optometrists	-	-	-	N/A	0	-	0
13. Audiometrists	-	-	-	N/A	0	-	0
<b>Total</b>	<b>9,423</b>	<b>604</b>	<b>10,027</b>	<b>795</b>		<b>-</b>	
					(Schedule 2)		(Schedule 3)

**Schedule 9 - Adjustments to Reported Time**

**LEA Provider Name:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

W/S A-3/B-3 Col C Practitioner Type	Reported Total Hours Required to Work (Employees)	Audit Adj. ( )	Audited Total Hours Required to Work (Employees)						
	C								
1. Psychologists	5,501								5,501
2. Social Workers									-
3. Counselors									-
4. School Nurses	1,737								1,737
5. Licensed Vocational Nurses									-
6. Trained Health Care Aides									-
7. Speech-Language Pathologists	2,185								2,185
8. Audiologists									-
9. Physical Therapists									-
10. Occupational Therapists									-
11. Physicians/Psychiatrists									-
12. Optometrists									-
13. Audiometrists									-
<b>Total</b>	<b>9,423</b>	<b>-</b>	<b>9,423</b>						

(Schedule 8)

W/S A-3/B-3 Col D Practitioner Type	Reported Total Contractor Hours Paid	Audit Adj. ( )	Audited Total Contractor Hours Paid						
	D								
1. Psychologists	55								55
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	549								549
10. Occupational Therapists									-
11. Physicians/Psychiatrists									-
12. Optometrists									-
13. Audiometrists									-
<b>Total</b>	<b>604</b>	<b>-</b>	<b>604</b>						

(Schedule 8)

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

**LEA Provider Name:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Reported Total Units W/S A-4 Col. B	Audit Adj.	Reported 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
					A		( )			
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	37		37	222	222
1e	IEP Psychological Assessment: Annual	96101	TM	52	120	1		1	2	2
1f	IEP Psychological Assessment: Amended	96101	TM	TS	120	3		3	6	6
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
	<b>Psychologists - Totals</b>								230	230
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
	<b>Social Workers - Totals</b>								-	-
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
	<b>Counselors - Totals</b>								-	-

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

**LEA Provider Name:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Reported Total Units W/S A-4 Col. B	Audit Adj.	Reported Total Units	Reimbursed for Services Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP
					A		( )			
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	38		38	67	67
4e	IEP Health Assessment: Annual	T1001	TM	52	60	1		1	1	1
4f	IEP Health Assessment: Amended	T1001	TM	TS	60			-	-	0
4g	IFSP Nursing Services	T1002	TL	-	15			-	-	0
4h	IEP Nursing Services	T1002	TM	-	15			-	-	0
	<b>School Nurses - Totals</b>								68	68
5a	IFSP LVN Services	T1003	TL	-	15			-	-	0
5b	IEP LVN Services	T1003	TM	-	15			-	-	0
	<b>Licensed Vocational Nurses - Totals</b>								-	-
6a	IFSP Trained Health Care Aide Services	T1004	TL	-	15			-	-	0
6b	IEP Trained Health Care Aide Services	T1004	TM	-	15			-	-	0
	<b>Trained Health Care Aides - Totals</b>								-	-
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	21		21	58	58
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52	90	6		6	9	9
7f	IEP Speech/Language Assessment: Amended	92506	TM	GN, TS	90	3		3	5	5
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	363		363	303	303
7j	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GN, 22	15	5		5	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	348		348	106	106
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22	15	4		4	0	0
	<b>Speech-Language Pathologists - Totals</b>								482	482
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
	<b>Audiologists - Totals</b>								-	-
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	4		4	12	12
9e	IEP Physical Therapy Assessment: Annual	97001	TM	52	120	2		2	4	4
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
	<b>Physical Therapists - Totals</b>								16	16

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

**LEA Provider Name:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Reported Total Units W/S A-4 Col. B	Audit Adj.	Reported 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	
					A		( )				
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	
<b>Occupational Therapists - Totals</b>									-	-	0
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	
<b>Physicians/Psychiatrists - Totals</b>									-	-	0

(Schedule 8)

**Reported Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP**  
**Adjustments to Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP**  
**Audited Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP**

	\$	36,325
Audit Adj. ( )		
	\$	36,325

(Schedule 2)

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

**LEA Provider Name:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

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
<b>Psychologists - Totals</b>							-	-
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
<b>Social Workers - Totals</b>							-	-
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
<b>Counselors - Totals</b>							-	-
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
<b>School Nurses - Totals</b>							-	-
5a	Non-IEP/IFSP LVN Services	T1003	-			-	-	0
<b>Licensed Vocational Nurses - Totals</b>							-	-
6a	Non-IEP/IFSP Trained Health Care Aide Services	T1004	-			-	-	0
<b>Trained Health Care Aides - Totals</b>							-	-
7a	Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507	GN			-	-	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
<b>Speech-Language Pathologists - Totals</b>							-	-

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

**LEA Provider Name:**  
 MODOC COUNTY OFFICE OF EDUCATION

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

**NPI Number:**  
 1205986429

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
	<b>Audiologists - Totals</b>						-	-
9a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	-			-	-	0
9b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	-			-	-	0
	<b>Audiologists/Audiometrists - Totals</b>						-	-
10a	Non-IEP/IFSP Developmental Assessment	96110	GP			-	-	0
10b	Non-IEP/IFSP Physical Therapy Individual Treatment - Initial	97110	GP			-	-	0
10c	Non-IEP/IFSP Physical Therapy Individual Treatment - Additional	97110	GP, 22			-	-	0
	<b>Physical Therapists - Totals</b>						-	-
11a	Non-IEP/IFSP Developmental Assessment	96110	GO			-	-	0
11b	Non-IEP/IFSP Occupational Therapy Individual Treatment - Initial	97110	GO			-	-	0
11c	Non-IEP/IFSP Occupational Therapy Individual Treatment - Additional	97110	GO, 22			-	-	0
	<b>Occupational Therapists - Totals</b>						-	-
12a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	AG			-	-	0
12b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	AG			-	-	0
12c	Non-IEP/IFSP Health/Nutrition Assessment	96150	AG			-	-	0
12d	Non-IEP/IFSP Health/Nutrition Re-Assessment	96151	AG			-	-	0
12e	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AG			-	-	0
12f	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AG, 22			-	-	0
12g	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AG			-	-	0
12h	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AG, 22			-	-	0
12i	Non-IEP/IFSP Vision Assessment	99173	AG			-	-	0
12j	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AG			-	-	0
	<b>Physicians/Psychiatrists - Totals</b>						-	-
13a	Non-IEP/IFSP Vision Assessment	99173	-			-	-	0
	<b>Optometrists - Totals</b>						-	-
								(Schedule 8)
	<b>Reported Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP</b>							
	<b>Adjustments to Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP</b>						Audit Adj. ( )	
	<b>Audited Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP</b>							\$ -
								(Schedule 3)