

**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, 2011**

**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

May 14, 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, 2011

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 \$5,489 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
May 14, 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:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

	Reported	Audited
Reported Total Net Overpayment/(Underpayment) for All LEA Services	\$ 5,489	\$ 5,489

1 Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (7/1/10-12/31/10)	\$ 12,079	\$ 12,079
2 Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (1/1/11-3/31/11)	\$ 11,347	\$ 11,347
3 Medi-Cal Maximum Reimbursable for Services Documented in an IEP or IFSP (4/1/11-6/30/11)	\$ 6,955	\$ 6,955
4 Medi-Cal Maximum Reimbursable for Services Not Documented in an IEP or IFSP (7/1/10-12/31/10)	\$ -	\$ -
5 Medi-Cal Maximum Reimbursable for Services Not Documented in an IEP or IFSP (1/1/11-3-31/11)	\$ -	\$ -
6 Medi-Cal Maximum Reimbursable for Services Not Documented in an IEP or IFSP (4/1/11-6/30/11)	\$ -	\$ -
7 Total Audited Maximum Reimbursement for Services	\$ 30,380	\$ 30,380

8 Interim Payment for Services Documented in an IEP or IFSP (7/1/10-12/31/10)	\$ 14,264	\$ 14,264
9 Interim Payment for Services Documented in an IEP or IFSP (1/1/11-3/31/11)	\$ 13,437	\$ 13,437
10 Interim Payment for Services Documented in an IEP or IFSP (4/1/11-6/30/11)	\$ 8,168	\$ 8,168
11 Interim Payment for Services Not Documented in an IEP or IFSP (7/1/10-12/31/10)	\$ -	\$ -
12 Interim Payment for Services Not Documented in an IEP or IFSP (1/1/11-3/31/11)	\$ -	\$ -
13 Interim Payment for Services Not Documented in an IEP or IFSP (4/1/11-6/30/11)	\$ -	\$ -
14 Total Interim Payment for LEA Services	\$ 35,869	\$ 35,869

15 Recovery of LEA payments for Unknown Modifiers (Adj)		
16 Other Payment Recovery Adjustments (Adj)		
17 Amount Due Provider (State)	\$ (5,489)	\$ (5,489)

**Schedule 2 - Summary of Services Documented in an IEP or IFSP
Dates of Service 7/1/10-12/31/10**

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

W/S A Practitioner Type	Reported Total Personnel Costs	Reported Percent of Time Providing LEA Services Documented in	Reported Cost of Providing LEA Services Documented in an IEP or IFSP	Audited Net 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	363,432	1.46%	5,298	363,432	1.46%	5,298	0	5,298
2. Social Workers	-	0	-	-	0	-	0	-
3. Counselors	-	0	-	-	0	-	0	-
4. School Nurses	90,915	2.09%	1,903	90,915	2.09%	1,903	0	1,903
5. Licensed Vocational Nurses	-	0	-	-	0	-	0	-
6. Trained Health Care Aides	-	0	-	-	0	-	0	-
7. Speech-Language Pathologists	159,028	7.18%	11,420	159,028	7.18%	11,420	0	11,420
8. Audiologists	-	0	-	-	0	-	0	-
9. Physical Therapists	33,361	2.97%	991	33,361	2.97%	991	0	991
10. Occupational Therapists	-	0	-	-	0	-	0	-
11. Physicians/Psychiatrists	-	0	-	-	0	-	0	-
Total	<u>\$ 646,736</u>		<u>\$ 19,611</u>	<u>\$ 646,736</u>		<u>\$ 19,611</u>	<u>\$ -</u>	<u>\$ 19,611</u>

	Reported	Audited
a. Service Costs (Sum, F1 - F11)	\$ 19,611	\$ 19,611
b. Service costs excluded from indirect cost rate application	\$ -	\$ -
c. Service costs included in indirect cost rate application (a-b)	\$ 19,611	\$ 19,611
d. Indirect Cost Rate (Schedule 7)	0.00%	0.00%
e. Indirect Costs (c * d)	\$ -	\$ -
f. Total Service Costs (a + e)	\$ 19,611	\$ 19,611
g. Federal Medical Assistance Percentage (FMAP)	61.59%	61.59%
h. Medi-Cal Maximum Reimbursable (f * g)	\$ 12,079	\$ 12,079
i. Interim Payment for services documented in an IEP (Schedule 10)	\$ 14,264	\$ 14,264
j. Overpayment/(Underpayment) (i - h)	\$ 2,186	\$ 2,186

**Schedule 2 - Summary of Services Documented in an IEP or IFSP
Dates of Service 1/1/11-3/31/11**

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

W/S A	Reported Total Personnel Costs	Reported Percent of Time Providing LEA Services Documented in	Reported Cost of Providing LEA Services Documented in an IEP or IFSP	Audited Net 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	D	E	D*E=F	G	F-G=H	
Practitioner Type	A	B	A*B=C	D	E	D*E=F	G	F-G=H	
				(Schedule 4)	(Schedule 8)				
1. Psychologists	363,432	2.28%	8,269	363,432	2.28%	8,269	-	8,269	
2. Social Workers	-	0	-	-	0	-	-	-	
3. Counselors	-	0	-	-	0	-	-	-	
4. School Nurses	90,915	2.88%	2,620	90,915	2.88%	2,620	-	2,620	
5. Licensed Vocational Nurses	-	0	-	-	0	-	-	-	
6. Trained Health Care Aides	-	0	-	-	0	-	-	-	
7. Speech-Language Pathologists	159,028	4.77%	7,587	159,028	4.77%	7,587	-	7,587	
8. Audiologists	-	0	-	-	0	-	-	-	
9. Physical Therapists	33,361	2.49%	830	33,361	2.49%	830	-	830	
10. Occupational Therapists	-	0	-	-	0	-	-	-	
11. Physicians/Psychiatrists	-	0	-	-	0	-	-	-	
Total	\$ 646,736		\$ 19,307	\$ 646,736		\$ 19,307	\$ -	\$ 19,307	
			Reported				Audited		
a. Service Costs (Sum, F1 - F11)			\$ 19,307					\$ 19,307	
b. Service costs excluded from indirect cost rate application			\$ -					\$ -	
c. Service costs included in indirect cost rate application (a-b)			\$ 19,307					\$ 19,307	
d. Indirect Cost Rate (Schedule 7)			0.00%					0.00%	
e. Indirect Costs (c * d)			\$ -					\$ -	
f. Total Service Costs (a + e)			\$ 19,307					\$ 19,307	
g. Federal Medical Assistance Percentage (FMAP)			58.77%					58.77%	
h. Medi-Cal Maximum Reimbursable (f * g)			\$ 11,347					\$ 11,347	
i. Interim Payment for services documented in an IEP (Schedule 10.1)			\$ 13,437					\$ 13,437	
j. Overpayment/(Underpayment) (i - h)			\$ 2,090					\$ 2,090	

**Schedule 2 - Summary of Services Documented in an IEP or IFSP
Dates of Service 4/1/11- 6/30/11**

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

W/S A	Practitioner Type	Reported Total Personnel Costs	Reported Percent of Time Providing LEA Services Documented in	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	E	D*E=F	G	F-G=H
					(Schedule 4)	(Schedule 8)			
1.	Psychologists	363,432	0.64%	2,326	363,432	0.64%	2,326	0	2,326
2.	Social Workers	-	0	-	-	0	-	0	-
3.	Counselors	-	0	-	-	0	-	0	-
4.	School Nurses	90,915	0.23%	205	90,915	0.23%	205	0	205
5.	Licensed Vocational Nurses	-	0	-	-	0	-	0	-
6.	Trained Health Care Aides	-	0	-	-	0	-	0	-
7.	Speech-Language Pathologists	159,028	6.10%	9,696	159,028	6.10%	9,696	0	9,696
8.	Audiologists	-	0	-	-	0	-	0	-
9.	Physical Therapists	33,361	0	-	33,361	0	-	0	-
10.	Occupational Therapists	-	0	-	-	0	-	0	-
11.	Physicians/Psychiatrists	-	0	-	-	0	-	0	-
	Total	\$ 646,736		\$ 12,227	\$ 646,736		\$ 12,227	\$ -	\$ 12,227
				Reported					Audited
a.	Service Costs (Sum, F1 - F11)			\$ 12,227					\$ 12,227
b.	Service costs excluded from indirect cost rate application			\$ -					\$ -
c.	Service costs included in indirect cost rate application (a-b)			\$ 12,227					\$ 12,227
d.	Indirect Cost Rate (Schedule 7)			0.00%					0.00%
e.	Indirect Costs (c * d)			\$ -					\$ -
f.	Total Service Costs (a + e)			\$ 12,227					\$ 12,227
g.	Federal Medical Assistance Percentage (FMAP)			56.88%					56.88%
h.	Medi-Cal Maximum Reimbursable (f * g)			\$ 6,955					\$ 6,955
i.	Interim Payment for services documented in an IEP (Schedule 10.2)			\$ 8,168					\$ 8,168
j.	Overpayment/(Underpayment) (i - h)			\$ 1,213					\$ 1,213

**Schedule 3 - Summary of Services Not Documented in an IEP or IFSP
Dates of Service 7/1/10-12/31/10**

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

W/S A 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	A*B=C	D (Schedule 4)	E (Schedule 8)	D*E=F	G	F-G=H
1. Psychologists	363,432	0	-	363,432	0	-	0	-
2. Social Workers	-	0	-	-	0	-	0	-
3. Counselors	-	0	-	-	0	-	0	-
4. School Nurses	90,915	0	-	90,915	0	-	0	-
5. Licensed Vocational Nurses	-	0	-	-	0	-	0	-
6. Trained Health Care Aides	-	0	-	-	0	-	0	-
7. Speech-Language Pathologists	159,028	0	-	159,028	0	-	0	-
8. Audiologists	-	0	-	-	0	-	0	-
9. Physical Therapists	33,361	0	-	33,361	0	-	0	-
10. Occupational Therapists	-	0	-	-	0	-	0	-
11. Physicians/Psychiatrists	-	0	-	-	0	-	0	-
12. Optometrists	-	0	-	-	0	-	0	-
13. Audiometrists	-	0	-	-	0	-	0	-
Total	\$ 646,736		\$ -	\$ 646,736		\$ -	\$ -	\$ -

	Reported	Audited
a. Service Costs (Sum, F1 - F11)	\$ -	\$ -
b. Service costs excluded from indirect cost rate application	\$ -	\$ -
c. Service costs included in indirect cost rate application (a-b)	\$ -	\$ -
d. Indirect Cost Rate (Schedule 7)	0.00%	0.00%
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 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 1/1/11-3/31/11**

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

W/S A	Reported Total Personnel Costs	Reported	Reported Cost of	Audited Total Personnel Costs	Audited Percent of	Calculated Cost of	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	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 (Schedule 4)	E (Schedule 8)	D*E=F	G	F-G=H
1. Psychologists	363,432	0	-	363,432	0	-	0	-
2. Social Workers	-	0	-	-	0	-	0	-
3. Counselors	-	0	-	-	0	-	0	-
4. School Nurses	90,915	0	-	90,915	0	-	0	-
5. Licensed Vocational Nurses	-	0	-	-	0	-	0	-
6. Trained Health Care Aides	-	0	-	-	0	-	0	-
7. Speech-Language Pathologists	159,028	0	-	159,028	0	-	0	-
8. Audiologists	-	0	-	-	0	-	0	-
9. Physical Therapists	33,361	0	-	33,361	0	-	0	-
10. Occupational Therapists	-	0	-	-	0	-	0	-
11. Physicians/Psychiatrists	-	0	-	-	0	-	0	-
12. Optometrists	-	0	-	-	0	-	0	-
13. Audiometrists	-	0	-	-	0	-	0	-
Total	\$ 646,736		\$ -	\$ 646,736		\$ -	\$ -	\$ -
			Reported					Audited
a. Service Costs (Sum, F1 - F11)			\$ -					\$ -
b. Service costs excluded from indirect cost rate application			\$ -					\$ -
c. Service costs included in indirect cost rate application (a-b)			\$ -					\$ -
d. Indirect Cost Rate (Schedule 7)			0.00%					0.00%
e. Indirect Costs (c * d)			\$ -					\$ -
f. Total Service Costs (a + e)			\$ -					\$ -
g. Federal Medical Assistance Percentage (FMAP)			58.77%					58.77%
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 3 - Summary of Services Not Documented in an IEP or IFSP
Dates of Service 4/1/11-6/30/11**

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

W/S A	Practitioner Type	Reported Total Personnel Costs	Reported	Reported Cost of	Audited Total Personnel Costs	Audited Percent of	Calculated Cost of	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	Providing LEA Services Not Documented in an IEP or IFSP	calculated LEA costs over audited personnel expenditures	Providing LEA Services Not Documented in an IEP or IFSP
		A	B	A*B=C	D	E	D*E=F	G	F-G=H
					(Schedule 4)	(Schedule 8)			
1.	Psychologists	363,432	0	-	363,432	0	-	0	-
2.	Social Workers	-	0	-	-	0	-	0	-
3.	Counselors	-	0	-	-	0	-	0	-
4.	School Nurses	90,915	0	-	90,915	0	-	0	-
5.	Licensed Vocational Nurses	-	0	-	-	0	-	0	-
6.	Trained Health Care Aides	-	0	-	-	0	-	0	-
7.	Speech-Language Pathologists	159,028	0	-	159,028	0	-	0	-
8.	Audiologists	-	0	-	-	0	-	0	-
9.	Physical Therapists	33,361	0	-	33,361	0	-	0	-
10.	Occupational Therapists	-	0	-	-	0	-	0	-
11.	Physicians/Psychiatrists	-	0	-	-	0	-	0	-
12.	Optometrists	-	0	-	-	0	-	0	-
13.	Audiometrists	-	0	-	-	0	-	0	-
		\$ 646,736		\$ -	\$ 646,736		\$ -	\$ -	\$ -
				Reported					Audited
a.	Service Costs (Sum, F1 - F11)			\$ -					\$ -
b.	Service costs excluded from indirect cost rate application			\$ -					\$ -
c.	Service costs included in indirect cost rate application (a-b)			\$ -					\$ -
d.	Indirect Cost Rate (Schedule 7)			0.00%					0.00%
e.	Indirect Costs (c * d)			\$ -					\$ -
f.	Total Service Costs (a + e)			\$ -					\$ -
g.	Federal Medical Assistance Percentage (FMAP)			56.88%					56.88%
h.	Medi-Cal Maximum Reimbursable (f * g)			0					\$ -
i.	Interim Payment for services not documented in an IEP (schedule 11.2)			\$ -					\$ -
j.	Overpayment/(Underpayment) (i - h)			\$ -					\$ -

Schedule 4 - Summary of Audited Personnel Costs

LEA Provider Name:
 MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
 JULY 1, 2010 THROUGH JUNE 30, 2011

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	Net Total Personnel Costs
Practitioner Type	A	B	C	D	E = A+B+C-D
	(From Schedule 5)	(From Schedule 5)	(From Schedule 6)	(From Schedule 5)	
1. Psychologists	259,715	77,495	33,249	7,027	363,432
2. Social Workers	-	-	-	-	-
3. Counselors	-	-	-	-	-
4. School Nurses	77,703	23,014	3,351	13,153	90,915
5. Licensed Vocational Nurses	-	-	-	-	-
6. Trained Health Care Aides	-	-	-	-	-
7. Speech-Language Pathologists	124,639	36,156	6,510	8,277	159,028
8. Audiologists	-	-	-	-	-
9. Physical Therapists	-	-	33,361	-	33,361
10. Occupational Therapists	-	-	-	-	-
11. Physicians/Psychiatrists	-	-	-	-	-
12. Optometrists	-	-	-	-	-
13. Audiometrists	-	-	-	-	-
	<u>\$ 462,057</u>	<u>\$ 136,665</u>	<u>\$ 76,471</u>	<u>\$ 28,457</u>	<u>\$ 646,736</u>

(Schedule 2,3)

Schedule 5 - Salary Expenditures

LEA Provider Name:
 MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
 JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
 1205986429

W/S A.1/B.1 (Object Code)	Reported Salary	Audit Adj. ()	Audited Salary	Reported	Audit Adj. ()	Audited Benefit	Reported	Audit Adj. ()	Audited Federal
	Expenditures (1000-2999)		Expenditures	Benefit Expenditures (3000-3999)		Expenditures	Federal Revenues		Revenues
Practitioner Type	A			B			C		
1. Psychologists	259,715		259,715	77,495		77,495	7,027		7,027
2. Social Workers			-			-			-
3. Counselors			-			-			-
4. School Nurses	77,703		77,703	23,014		23,014	13,153		13,153
5. Licensed Vocational Nurses			-			-			-
6. Trained Health Care Aides			-			-			-
7. Speech-Language Pathologists	124,639		124,639	36,156		36,156	8,277		8,277
8. Audiologists			-			-			-
9. Physical Therapists			-			-			-
10. Occupational Therapists			-			-			-
11. Physicians/Psychiatrists			-			-			-
12. Optometrists			-			-			-
13. Audiometrists			-			-			-
Total	\$ 462,057	\$ -	\$ 462,057	\$ 136,665	\$ -	\$ 136,665	\$ 28,457	\$ -	\$ 28,457
			(To Schedule 4)			(To Schedule 4)			(To Schedule 4)

Schedule 6 - Other Costs

LEA Provider Name:
 MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
 JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
 1205986429

Reported 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	8,159		7,989	676	16,425			33,249
2. Social Workers								-
3. Counselors								-
4. School Nurses	485	1,770	807	210	79			3,351
5. Licensed Vocational Nurses								-
6. Trained Health Care Aides								-
7. Speech-Language Pathologists	2,823		3,562	125				6,510
8. Audiologists								-
9. Physical Therapists					33,361			33,361
10. Occupational Therapists								-
11. Physicians/Psychiatrists								-
12. Optometrists								-
13. Audiometrists								-
Total	\$ 11,467	\$ 1,770	\$ 12,358	\$ 1,011	\$ 49,865	\$ -	\$ -	\$ 76,471

Audited 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	8,159	-	7,989	676	16,425	-	-	33,249
2. Social Workers	-	-	-	-	-	-	-	-
3. Counselors	-	-	-	-	-	-	-	-
4. School Nurses	485	1,770	807	210	79	-	-	3,351
5. Licensed Vocational Nurses	-	-	-	-	-	-	-	-
6. Trained Health Care Aides	-	-	-	-	-	-	-	-
7. Speech-Language Pathologists	2,823	-	3,562	125	-	-	-	6,510
8. Audiologists	-	-	-	-	-	-	-	-
9. Physical Therapists	-	-	-	-	33,361	-	-	33,361
10. Occupational Therapists	-	-	-	-	-	-	-	-
11. Physicians/Psychiatrists	-	-	-	-	-	-	-	-
12. Optometrists	-	-	-	-	-	-	-	-
13. Audiometrists	-	-	-	-	-	-	-	-
Total	\$ 11,467	\$ 1,770	\$ 12,358	\$ 1,011	\$ 49,865	\$ -	\$ -	\$ 76,471

(To Schedule 4)

Schedule 7 - Adjustments to Other Costs

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

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 Adj.
	A	B	C	D	E	F	G	
	Audit ADJ ()	Audit ADJ ()	Audit ADJ ()	Audit ADJ ()	Audit ADJ ()	Audit ADJ ()	Audit ADJ ()	
1. Psychologists								-
2. Social Workers								-
3. Counselors								-
4. School Nurses								-
5. Licensed Vocational Nurses								-
6. Trained Health Care Aides								-
7. Speech-Language Pathologists								-
8. Audiologists								-
9. Physical Therapists								-
10. Occupational Therapists								-
11. Physicians/Psychiatrists								-
12. Optometrists								-
13. Audiometrists								-
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
								(To Schedule 6)
Reported Indirect Cost Rate								
Audit Adj ()								
Audited Indirect Cost Rate	0.00%							
	(To Schedule 2,3)							

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

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

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 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	H (Schedule 10.2)	I = H/C
1. Psychologists	5,501	124	5,625	82	1.46%	128	2.28%	36	0.64%
2. Social Workers	-	-	-	-	0	-	0	-	0
3. Counselors	-	-	-	-	0	-	0	-	0
4. School Nurses	1,553	-	1,553	33	2.09%	45	2.88%	4	0.23%
5. Licensed Vocational Nurses	-	-	-	-	0	-	0	-	0
6. Trained Health Care Aides	-	-	-	-	0	-	0	-	0
7. Speech-Language Pathologists	2,461	-	2,461	177	7.18%	117	4.77%	150	6.10%
8. Audiologists	-	-	-	-	0	-	0	-	0
9. Physical Therapists	-	463	463	14	2.97%	12	2.49%	-	0
10. Occupational Therapists	-	-	-	-	0	-	0	-	0
11. Physicians/Psychiatrists	-	-	-	-	0	-	0	-	0
12. Optometrists	-	-	-	N/A	0	N/A	0	N/A	0
13. Audiometrists	-	-	-	N/A	0	N/A	0	N/A	0
	9,515	587	10,102	305	(To Schedule 2)	302	(To Schedule 2)	190	(To Schedule 2)

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

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

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 Not Documented in an IEP or IFSP (Dates of Service 7/1/10-12/31/10)	Percent of Time Providing LEA Services Not Documented in an IEP of IFSP (Dates of Service 7/1/10-12/31/10)	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP (Dates of Service 1/1/11-3/31/11)	Percent of Time Providing LEA Services Not Documented in an IEP of IFSP (Dates of Service 1/1/11-3/31/11)	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP (Dates of Service 4/1/11-6/30/11)	Percent of Time Providing LEA Services Not Documented in an IEP of IFSP (Dates of Service 4/1/11-6/30/11)
	A	B	C=A+B	D	E = D/C	F	G = F/C	H	I = H/C
	(Schedule 9)	(Schedule 9)		(Schedule 11)		(Schedule 11.1)		(Schedule 11.2)	
1. Psychologists	5,501	124	5,625	-	0	-	0	-	0
2. Social Workers	-	-	-	-	0	-	0	-	0
3. Counselors	-	-	-	-	0	-	0	-	0
4. School Nurses	1,553	-	1,553	-	0	-	0	-	0
5. Licensed Vocational Nurses	-	-	-	-	0	-	0	-	0
6. Trained Health Care Aides	-	-	-	-	0	-	0	-	0
7. Speech-Language Pathologists	2,461	-	2,461	-	0	-	0	-	0
8. Audiologists	-	-	-	-	0	-	0	-	0
9. Physical Therapists	-	463	463	-	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
	<u>9,515</u>	<u>587</u>	<u>10,102</u>	-		-		-	
					(To Schedule 3)		(To Schedule 3)		(To Schedule 3)

Schedule 9 - Adjustments to Reported Time

LEA Provider Name:
 MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
 JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
 1205986429

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	()	()	()	()	()	()	()	
1. Psychologists	5,501								5,501
2. Social Workers									-
3. Counselors									-
4. School Nurses	1,553								1,553
5. Licensed Vocational Nurses									-
6. Trained Health Care Aides									-
7. Speech-Language Pathologists	2,461								2,461
8. Audiologists									-
9. Physical Therapists									-
10. Occupational Therapists									-
11. Physicians/Psychiatrists									-
12. Optometrists									-
13. Audiometrists									-
	9,515	-	-	-	-	-	-	-	9,515
									(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	()	()	()	()	()	()	()	
1. Psychologists	124								124
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	463								463
10. Occupational Therapists									-
11. Physicians/Psychiatrists									-
12. Optometrists									-
13. Audiometrists									-
	587	-	-	-	-	-	-	-	587
									(To Schedule 8)

**Schedule 10: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 7/1/10-12/31/10**

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	-	12		12	72	72
1e	IEP Psychological Assessment: Annual	96101	TM	52			-	-	0
1f	IEP Psychological Assessment: Amended	96101	TM	TS	5		5	10	10
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								82	82
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 7/1/10-12/31/10**

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	-	18		18	32	32
4e	IEP Health Assessment: Annual	T1001	TM	52			-	-	0
4f	IEP Health Assessment: Amended	T1001	TM	TS	1		1	1	1
4g	IFSP Nursing Services	T1002	TL	-			-	-	0
4h	IEP Nursing Services	T1002	TM	-			-	-	0
School Nurses - Totals								33	33
5a	IFSP LVN Services	T1003	TL	-			-	-	0
5b	IEP LVN Services	T1003	TM	-			-	-	0
Licensed Vocational Nurses - Totals								-	-
6a	IFSP Trained Health Care Aide Services	T1004	TL	-			-	-	0
6b	IEP Trained Health Care Aide Services	T1004	TM	-			-	-	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	7		7	19	19
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52	8		8	12	12
7f	IEP Speech/Language Assessment: Amended	92506	TM	GN, TS	1		1	2	2
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	117		117	98	98
7j	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GN, 22	3		3	1	1
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	148		148	45	45
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22	6		6	1	1
Speech-Language Pathologists - Totals								177	177
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	-	2		2	6	6
9e	IEP Physical Therapy Assessment: Annual	97001	TM	52	3		3	6	6
9f	IEP Physical Therapy Assessment: Amended	97002	TM	-	1		1	2	2
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								14	14

**Schedule 10: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 7/1/10-12/31/10**

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 (7/1/08-9/30/08) - Services Documented in an IEP or IFSP

Adjustments to Interim Medi-Cal Reimbursement

Audited Interim Medi-Cal Reimbursement (7/1/08-9/30/08) - Services Documented in an IEP or IFSP

	\$	14,264
Adj ()		
	\$	14,264
		(To Schedule 2)

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

**Schedule 10.1: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 1/1/11-3/31/11**

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	-	21		21	126	126
1e	IEP Psychological Assessment: Annual	96101	TM	52	1		1	2	2
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								128	128
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 1/1/11-3/31/11**

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	-	25		25	44	44
4e	IEP Health Assessment: Annual	T1001	TM	52			-	-	0
4f	IEP Health Assessment: Amended	T1001	TM	TS	1		1	1	1
4g	IFSP Nursing Services	T1002	TL	-			-	-	0
4h	IEP Nursing Services	T1002	TM	-			-	-	0
School Nurses - Totals								45	45
5a	IFSP LVN Services	T1003	TL	-			-	-	0
5b	IEP LVN Services	T1003	TM	-			-	-	0
Licensed Vocational Nurses - Totals								-	-
6a	IFSP Trained Health Care Aide Services	T1004	TL	-			-	-	0
6b	IEP Trained Health Care Aide Services	T1004	TM	-			-	-	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	8		8	22	22
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52	2		2	3	3
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	84		84	70	70
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	72		72	22	22
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22	5		5	0	0
Speech-Language Pathologists - Totals								117	117
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	-	4		4	12	12
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								12	12

**Schedule 10.1: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 1/1/11-3/31/11**

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
Adjustments to Interim Medi-Cal Reimbursement
Audited Interim Medi-Cal Reimbursement (10/1/08-6/30/09) - Services Documented in an IEP or IFSP**

Adj ()	\$ 13,437
	\$ 13,437
	(To Schedule 2)

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

Schedule 10.2: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 4/1/11-6/30/11

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	-	6		6	36	36
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								36	36
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 10.2: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 4/1/11-6/30/11**

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	-	2		2	4	4
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							4	4
5a	IFSP LVN Services	T1003	TL	-			-	-	0
5b	IEP LVN Services	T1003	TM	-			-	-	0
	Licensed Vocational Nurses - Totals							-	-
6a	IFSP Trained Health Care Aide Services	T1004	TL	-			-	-	0
6b	IEP Trained Health Care Aide Services	T1004	TM	-			-	-	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	5		5	14	14
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52	4		4	6	6
7f	IEP Speech/Language Assessment: Amended	92506	TM	GN, TS	4		4	6	6
7g	IFSP Speech Therapy, Individual Treatment - Initial	92507	TL	GN			-	-	0
7h	IFSP Speech Therapy, Individual Treatment - Additional	92507	TL	GN, 22			-	-	0
7i	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GN	109		109	91	91
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	109		109	33	33
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22	2		2	0	0
	Speech-Language Pathologists - Totals							150	150
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 10.2: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 4/1/11-6/30/11**

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
Adjustments to Interim Medi-Cal Reimbursement
Audited Interim Medi-Cal Reimbursement (10/1/08-6/30/09) - Services Documented in an IEP or IFSP**

Adj ()	\$ 8,168
	\$ 8,168

(To Schedule 2)

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

**Schedule 11: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP
Dates of Service 7/1/10-12/31/10**

Row	Service Description	Procedure Code	Required Modifier(s)	Reported Total Units	Audit Adj ()	Audited Total Units	Reported Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP
1a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AH			-	-	0
1b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AH			-	-	0
1c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AH			-	-	0
1d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AH, 22			-	-	0
1e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AH			-	-	0
1f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AH, 22			-	-	0
1g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AH			-	-	0
Psychologists - Totals							-	-
2a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AJ			-	-	0
2b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AJ			-	-	0
2c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AJ			-	-	0
2d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AJ, 22			-	-	0
2e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AJ			-	-	0
2f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AJ, 22			-	-	0
2g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AJ			-	-	0
Social Workers - Totals							-	-
3a	Non-IEP/IFSP Psychosocial Status Assessment	96150	-			-	-	0
3b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	-			-	-	0
3c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	-			-	-	0
3d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22			-	-	0
3e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	-			-	-	0
3f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22			-	-	0
3g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	-			-	-	0
Counselors - Totals							-	-
4a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	TD			-	-	0
4b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	TD			-	-	0
4c	Non-IEP/IFSP Health/Nutrition Assessment	96150	TD			-	-	0
4d	Non-IEP/IFSP Health/Nutrition Re-Assessment	96151	TD			-	-	0
4e	Non-IEP/IFSP Vision Assessment	99173	TD			-	-	0
4f	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	TD			-	-	0
4g	Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1002	-			-	-	0
School Nurses - Totals							-	-
5a	Non-IEP/IFSP LVN Services	T1003	-			-	-	0
Licensed Vocational Nurses - Totals							-	-
6a	Non-IEP/IFSP Trained Health Care Aide Services	T1004	-			-	-	0
Trained Health Care Aides - Totals							-	-
7a	Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507	GN			-	-	0
7b	Non-IEP/IFSP Speech Therapy, Individual Treatment - Additional	92507	GN, 22			-	-	0
7c	Non-IEP/IFSP Speech Therapy, Group Treatment - Initial	92508	GN			-	-	0
7d	Non-IEP/IFSP Speech Therapy, Group Treatment - Additional	92508	GN, 22			-	-	0
7e	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	GN			-	-	0
7f	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	GN			-	-	0
7g	Non-IEP/IFSP Developmental Assessment	96110	GN			-	-	0
Speech-Language Pathologists - Totals							-	-

**Schedule 11: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP
Dates of Service 7/1/10-12/31/10**

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 () \$ -
(To Schedule 3)

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

Schedule 11.1: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP
Dates of Service 1/1/11-3/31/11

Row	Service Description	Procedure Code	Required Modifier(s)	Reported Total Units	Audit Adj ()	Audited Total Units	Reported Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP
1a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AH			-	-	0
1b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AH			-	-	0
1c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AH			-	-	0
1d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AH, 22			-	-	0
1e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AH			-	-	0
1f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AH, 22			-	-	0
1g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AH			-	-	0
Psychologists - Totals							-	-
2a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AJ			-	-	0
2b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AJ			-	-	0
2c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AJ			-	-	0
2d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AJ, 22			-	-	0
2e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AJ			-	-	0
2f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AJ, 22			-	-	0
2g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AJ			-	-	0
Social Workers - Totals							-	-
3a	Non-IEP/IFSP Psychosocial Status Assessment	96150	-			-	-	0
3b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	-			-	-	0
3c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	-			-	-	0
3d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22			-	-	0
3e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	-			-	-	0
3f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22			-	-	0
3g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	-			-	-	0
Counselors - Totals							-	-
4a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	TD			-	-	0
4b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	TD			-	-	0
4c	Non-IEP/IFSP Health/Nutrition Assessment	96150	TD			-	-	0
4d	Non-IEP/IFSP Health/Nutrition Re-Assessment	96151	TD			-	-	0
4e	Non-IEP/IFSP Vision Assessment	99173	TD			-	-	0
4f	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	TD			-	-	0
4g	Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1002	-			-	-	0
School Nurses - Totals							-	-
5a	Non-IEP/IFSP LVN Services	T1003	-			-	-	0
Licensed Vocational Nurses - Totals							-	-
6a	Non-IEP/IFSP Trained Health Care Aide Services	T1004	-			-	-	0
Trained Health Care Aides - Totals							-	-
7a	Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507	GN			-	-	0
7b	Non-IEP/IFSP Speech Therapy, Individual Treatment - Additional	92507	GN, 22			-	-	0
7c	Non-IEP/IFSP Speech Therapy, Group Treatment - Initial	92508	GN			-	-	0
7d	Non-IEP/IFSP Speech Therapy, Group Treatment - Additional	92508	GN, 22			-	-	0
7e	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	GN			-	-	0
7f	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	GN			-	-	0
7g	Non-IEP/IFSP Developmental Assessment	96110	GN			-	-	0
Speech-Language Pathologists - Totals							-	-

Schedule 11.1: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP
Dates of Service 1/1/11-3/31/11

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 () \$ -
(To Schedule 3)

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429

Schedule 11.2: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP
Dates of Service 4/1/11-6/30/11

Row	Service Description	Procedure Code	Required Modifier(s)	Reported Total Units	Audit Adj ()	Audited Total Units	Reported Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP	Audited Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP
1a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AH			-	-	0
1b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AH			-	-	0
1c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AH			-	-	0
1d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AH, 22			-	-	0
1e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AH			-	-	0
1f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AH, 22			-	-	0
1g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AH			-	-	0
	Psychologists - Totals							
2a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AJ			-	-	0
2b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AJ			-	-	0
2c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AJ			-	-	0
2d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	AJ, 22			-	-	0
2e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AJ			-	-	0
2f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AJ, 22			-	-	0
2g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AJ			-	-	0
	Social Workers - Totals							
3a	Non-IEP/IFSP Psychosocial Status Assessment	96150	-			-	-	0
3b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	-			-	-	0
3c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	-			-	-	0
3d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22			-	-	0
3e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	-			-	-	0
3f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22			-	-	0
3g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	-			-	-	0
	Counselors - Totals							
4a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	TD			-	-	0
4b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	TD			-	-	0
4c	Non-IEP/IFSP Health/Nutrition Assessment	96150	TD			-	-	0
4d	Non-IEP/IFSP Health/Nutrition Re-Assessment	96151	TD			-	-	0
4e	Non-IEP/IFSP Vision Assessment	99173	TD			-	-	0
4f	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	TD			-	-	0
4g	Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1002	-			-	-	0
	School Nurses - Totals							
5a	Non-IEP/IFSP LVN Services	T1003	-			-	-	0
	Licensed Vocational Nurses - Totals							
6a	Non-IEP/IFSP Trained Health Care Aide Services	T1004	-			-	-	0
	Trained Health Care Aides - Totals							
7a	Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507	GN			-	-	0
7b	Non-IEP/IFSP Speech Therapy, Individual Treatment - Additional	92507	GN, 22			-	-	0
7c	Non-IEP/IFSP Speech Therapy, Group Treatment - Initial	92508	GN			-	-	0
7d	Non-IEP/IFSP Speech Therapy, Group Treatment - Additional	92508	GN, 22			-	-	0
7e	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	GN			-	-	0
7f	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	GN			-	-	0
7g	Non-IEP/IFSP Developmental Assessment	96110	GN			-	-	0
	Speech-Language Pathologists - Totals							

Schedule 11.2: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP
Dates of Service 4/1/11-6/30/11

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							Adj ()	
Audited Interim Medi-Cal Reimbursement (10/1/08-6/30/09) - Services Not Documented in an IEP or IFSP							\$	
							(To Schedule 3)	

LEA Provider Name:
MODOC COUNTY OFFICE OF EDUCATION

Fiscal Year:
JULY 1, 2010 THROUGH JUNE 30, 2011

NPI Number:
1205986429