

CCS DIAGNOSTIC, TREATMENT, AND THERAPY EXPENDITURE REPORTING

INSTRUCTIONS FOR COMPLETION AND INVOICE FORMS

PART I. SUMMARY REPORT OF DIAGNOSTIC AND TREATMENT EXPENDITURES

Open the Excel file and go to the worksheet tab labeled 'Part I Dx Trtmnt' (yellow tab if you have Microsoft Excel 2003).

- Fill in the name of your county on the line at the top left corner.
- Fill in the 'from' and 'to' date on the 'Expenditures from:' line at the top right corner of the form.

1. DIAGNOSTIC Expenditures

- Enter on line **a** the total amount of Diagnostic expenditures for the quarter from the sum of the three **MR-0-940 Monthly Expenditure Reports**. (If the amount is negative, enter as a negative.)
- Enter on line **b** the total of **County paid diagnostic** expenditures for the quarter. (Please note, an entry on this line should only be made if the county has prior approval from the Children's Medical Services (CMS) Branch or the transition to the fiscal intermediary (FI) provider payment processing occurred within the last 18 months of the quarter being claimed.)
- Enter on line **c** the total amount of approved diagnostic expenditure **Adjustments** (the approved adjustment documentation must be attached). The amount entered must be entered as a **positive if it is increasing the expenditures or a negative if it is decreasing the expenditures**.
- Enter on line **d** the amount of **Miscellaneous Revenue** the county received during the quarter. (This includes deposits made within the county for returned warrants and provider refunds, enter amount as a positive.)
- Lines **e** and **f** are formula driven and will calculate based on the data entered in the lines a, b, c, and d.
- Enter on line **g** the amount of **Emergency Relief Funding (100% State)**. Per H&SC Section 123945, a board of supervisors signed request is required and must be on file with CMS. The amount entered must be entered as a **positive**. (Please note: an entry on this line should only be made provided the county has prior approval and has coordinated with state personnel the correct amount.)

2. TREATMENT Expenditures

- Enter on line **a** the total amount of treatment expenditures for the quarter from the sum of the three **MR-0-940 Monthly Expenditure Reports** that are applicable. (If the amount is negative, enter as a negative.)

- Enter on line **b** the sum of the three **MR-O-163(M) Monthly CCS Financial Reports**, CCS Funded totals, (Aid Code 9K), Net Paid Amount. **(If the amount is negative, enter as a negative.**
- Enter on line **c** the total of **County Paid Treatment** expenditures for the quarter (this includes county paid dental). *(Please note; an entry on this line should only be made if the county has prior approval or the transition to FI provider payment processing occurred within the last 18 months of the quarter being claimed.)*
- Enter on line **d** the total amount of approved treatment expenditure **Adjustments**, this amount also includes Delta Dental *(the approved adjustment documentation must be attached)*. The amount entered must be entered as a **positive if it is increasing the expenditures or a negative if it is decreasing the expenditures.**
- Enter on line **e** the amount of **Miscellaneous Revenue** the county received during the quarter. (This includes returned warrants and provider refunds, enter amount as a positive.)
- Lines **f** and **g** are formula driven and will calculate based on the data entered in the lines a, b, c, d, and e.
- Enter on line **h** the amount of **Emergency Relief Funding (100% State)**. Per H&SC Section 123945, a board of supervisors signed request required and must be on file with CMS. The amount entered must be entered as a **positive**. *(Please note: an entry on this line should only be made if the county has prior approval and has coordinated with state personnel the correct amount.)*

3. SUBTOTALS DIAGNOSTIC and TREATMENT EXPENDITURES

Lines **a** and **b** are formula driven and will calculate from the data entered in the lines above. Line **a** represents the total reportable expenditures, and line **b** represents a gross total which is used in determining the amount of reimbursement due to the state or due to the county.

4. TOTAL COUNTY SHARE 50% Net Diagnostic & Treatment Expenditures

This line calculates the **total county share** of the CCS diagnostic and treatment expenditures for the quarter. *This amount is the total reportable county cost of the non-Medi-Cal and non-Healthy Families CCS diagnostic and treatment expenditures for the quarter. This amount does not necessarily equal the amount of the Claim for Reimbursement which is determined by a number of different variables.*

5. ASSESSMENT FEES

Enter in field '**a**' the amount of the year to date outstanding assessment fees and enter in field '**b**' the amount collected for the quarter.

6. **ENROLLMENT FEES**

Enter in field 'a' the amount of the year to date outstanding enrollment fees and enter in field 'b' the amount collected for the quarter.

(The remaining lines on this worksheet are formula driven.)

7. **TOTAL FEES COLLECTED**

This line calculates from the entries in lines 5 and 6.

8. **GROSS Diagnostic and Treatment Expenditures, and FEES collected**

This line will calculate from the data in the fields '3.b.' and '7'.

9. **50% OF GROSS DIAGNOSTIC & TREATMENT, and FEES COLLECTED**

This field will calculate from the field on line 8.

10. **AMOUNT DUE STATE (positive) or DUE COUNTY (negative)**

This field will pull the same amount as line 9 , and is displayed only for summary purposes.

PART II. SUMMARY REPORT OF THERAPY EXPENDITURES

Open the Excel file and go to the worksheet tab labeled 'Part II Therapy' (orange tab if you have Microsoft Excel 2003).

Information pertaining to the expenditures claimed for the Medical Therapy Program (MTP) can be found in Numbered Letters 33-1293 and 35-0994. Additionally, County programs can find specific detail on the types of supplies and equipment that may be purchased and claimed through their California Children's Services (CCS) MTP in CCS Information Notice No.: 07-01, Revised Interagency Agreement (IA) between California Department of Health Services, Children's Medical Services (CMS) Branch and California Department of Education (CDE), Special Education Division.

HEADING

County

Enter the name of the county for which this invoice applies.

Quarter

Enter the number of the quarter for which the invoice applies.

Enter the dates of the quarter for which the invoice applies.

Quarter 1: July 1 200x – September 30, 200x

Quarter 2: October 1, 200x – December 31, 200x

Quarter 3: January 1, 200x+1 – March 31, 200x+1

Quarter 4: April 1, 200x+1 – June 30, 200x+1

MTP CASELOAD

Non-Medi-Cal

Enter the number of cases that qualify as Non-Medi-Cal.

Medi-Cal

Enter the number of cases that qualify as Medi-Cal.

Total

Enter the total number of cases by adding the number of cases for Non-Medi-Cal and Medi-Cal.

SECTION I. COUNTY EMPLOYED MEDICAL THERAPY UNIT (MTU) STAFF (excluding staff designated as MTP liaison and for Individualized Education Program (IEP) attendance)

1. Name

Enter the name of each county employed therapist and supporting staff (therapy aides, therapy assistants, etc.) allocated by the State who provided direct patient care in the MTU and/or directly supervised therapists during the reporting period.

2. Classification

Enter the appropriate civil service classification for each staff person.

3. Monthly Salary

Enter the monthly salary for each staff person listed.

4. Full Time Equivalent (FTE) Percent

Enter, in decimals, the percent of time that each staff person worked in the therapy program.

A staff person cannot claim time worked in both MTP and the administrative program. Also, a staff person's time cannot exceed 100 percent.

5. Expenditures Paid for Quarter

Enter the total expenditures paid for each staff person by:

- a. Multiplying the appropriate Monthly Salary in Column 3 by 3 (for the three months in the quarter), and
- b. Multiplying the result by the corresponding FTE Percent in Column 4.

6. Total, Personal Services

Enter the total for personal services by adding all entries in Column 5. Expenditures Paid for Quarter.

7. Staff Benefits

Enter the staff benefits percentage paid by the county for county employed therapy staff.

Enter the amount paid by the county for staff benefits by multiplying the amount in Line 6. Total, Personal Services by the staff benefits percentage.

Costs for staff benefits must be normal, reasonable, program related, and consistently applied to all employees, and must be in conformity with county policy for therapy positions.

8. Travel Costs

Enter the total amount of travel expenses incurred by therapy staff during the reporting quarter.

Allowable travel expenses are:

- a. Mileage defined as travel within the county to perform job related duties, and
- b. Expenses related to in-service training and State sponsored seminars. These expenses may include per diem, commercial auto rental, air travel, and private vehicle mileage costs.

All travel costs shall be supported by employee travel expense documents.

No travel outside the State of California shall be claimed without prior written State authorization.

9. Internal Indirect Costs

Enter the percentage paid by the county for internal indirect costs.

Enter the amount paid by the county for internal indirect costs by multiplying the total of the amounts in Line 6. Total, Personal Services and Line 7. Staff Benefits by the internal indirect costs percentage.

10. TOTAL, COUNTY EMPLOYED MTU STAFF

- a. Enter the total for county employed MTU staff by adding the amounts entered in Line 6. Total, Personal Services; Line 7. Staff Benefits; Line 8. Travel Costs; and Line 9. Internal Indirect Costs.
- b. Enter the State share due county by multiplying the total from Line 10a by 50 percent.

SECTION II. CONTRACT THERAPISTS

1. Name

Enter the name of each therapist contracted by the county to provide direct patient care in the MTU during the reporting period.

2. Job Title

Enter the job title of each therapist contracted by the county for the reporting quarter.

3. Hourly Rate

Enter the hourly rate paid by the county for each contract therapist.

4. Number of Hours Worked

Enter the number of hours, or fractions thereof, that each contract therapist worked during the reporting quarter.

5. Expenditures Paid for Quarter

Enter the total expenditures paid for each contract therapist by multiplying the appropriate Hourly Rate in Column 3 by the corresponding number of hours worked in Column 4.

6. TOTAL, CONTRACT THERAPISTS

- a. Enter the total for contract therapists by adding all entries in Column 5. Expenditures Paid for Quarter.
- b. Enter the State share due county by multiplying the total from Line 6a by 50 percent.

SECTION III. MTP COORDINATION with SPECIAL EDUCATION LOCAL PLANNING AREA/LOCAL EDUCATION AGENCY (SELPA/LEA) LIAISON ACTIVITIES and IEP ATTENDANCE by MTP STAFF

This section is specific to the MTP requirements that are outlined in interagency regulations. The State allocates the staffing levels and reimburses the county for the expenditures incurred by these staff with 100 percent State funding.

1. Name

Enter the name of each county employed therapist allocated by the State who performs SELPA/LEA/IEP functions during the reporting period.

2. Classification

Enter the appropriate civil service classification for each staff person.

3. Monthly Salary

Enter the monthly salary for each staff person listed.

4. FTE Percent

Enter, in decimals, the percent of time that each staff person worked in the therapy program.

A staff person cannot claim time worked in both MTP and the administrative program. Also, a staff person's time cannot exceed 100 percent.

5. Expenditures Paid for Quarter

Enter the total expenditures paid for each staff person by:

- a. Multiplying the appropriate Monthly Salary in Column 3 by 3 (for the three months in the quarter), and
- b. Multiplying the result by the corresponding FTE Percent in Column 4.

6. Total, Personal Services

Enter the total for personal services by adding all entries in Column 5. Expenditures Paid for Quarter.

7. Staff Benefits

Enter the staff benefits percentage paid by the county for county employed therapy staff performing SELPA/LEA/IEP functions.

Enter the amount paid by the county for staff benefits by multiplying the amount in Line 6. Total, Personal Services by the staff benefits percentage.

Costs for staff benefits must be normal, reasonable, program related, and consistently applied to all employees, and must be in conformity with county policy for therapy positions.

8. Travel Costs

Enter the total amount of travel expenses incurred by therapy staff during the reporting quarter.

Allowable travel expenses are:

- a. Mileage defined as travel within the county to perform job related duties, and
- b. Expenses related to in-service training and State sponsored seminars. These expenses may include per diem, commercial auto rental, air travel, and private vehicle mileage costs.

All travel costs shall be supported by employee travel expense documents.

No travel outside the State of California shall be claimed without prior written State authorization.

9. Internal Indirect Costs

Enter the percentage paid by the county for internal indirect costs.

Enter the amount paid by the county for internal indirect costs by multiplying the total of the amounts in Line 6. Total, Personal Services and Line 7. Staff Benefits by the internal indirect costs percentage.

10. TOTAL, COUNTY STAFF for SELPA/LEA/IEP FUNCTIONS

- a. Enter the total for county staff for SELPA/LEA/IEP functions by adding the amounts entered in Line 6. Total, Personal Services; Line 7. Staff Benefits; Line 8. Travel Costs; and Line 9. Internal Indirect Costs.
- b. Enter the State share due county by entering the total from Line 10a.

The State share of expenditures for county staff performing SELPA/LEA/IEP functions is 100%.

SECTION IV. MTU EXPENDITURES (Detail Document Required)

1. MTU Supply and Equipment Costs

Enter the total of MTU Supply and Equipment Costs from the MTU Expenditures – Detail Document.

2. MTU Conference Costs

Enter the total of MTU Conference Costs from the MTU Expenditures – Detail Document.

3. Training/Education

Enter the total of Training/Education from the MTU Expenditures – Detail Document.

4. Miscellaneous MTU Costs

Enter the total of Miscellaneous MTU Costs from the MTU Expenditures – Detail Document.

5. TOTAL, MTU EXPENDITURES

Enter the total for MTU expenditures by adding the amounts entered in Line 1. MTU Supply and Equipment Costs; Line 2. MTU Conference Costs; Line 3. Training/Education; and Line 4. Miscellaneous MTU Costs.

SECTION V. SUBTOTAL, THERAPY EXPENDITURES

- a. Enter the subtotal for therapy expenditures by adding the totals of Section I. County Employed MTU Staff; Section II. Contract Therapists; and Section IV. MTU Expenditures.
- b. Enter the total State share due county by multiplying the total from Line a. by 50 percent.

SECTION VI. ELECTRONIC DATA SYSTEMS (EDS) PAID CLAIMS

- a. Enter the amount of therapy expenditures from the MR-0-940 Report for the reporting quarter.

This amount represents the total of MR-0-940 expenditures for each of the three months within the reporting quarter.

- b. Enter the amount of offset to State share due county by multiplying the amount from Line a. by 50 percent.

SECTION VII. TOTAL STATE SHARE at 50% DUE COUNTY

Enter the amount of State share due county by subtracting the amount in Section VI.b. from Section V.b. only if section V.b. is greater than Section VI.b.

SECTION VIII. TOTAL COUNTY SHARE DUE STATE

Enter the amount of county share due State by subtracting the amount in Section V.b. from Section VI.b. only if Section VI.b. is greater than Section V.b.

SECTION IX. TOTAL, STATE SHARE at 100% DUE COUNTY

Enter the amount from Section III., Line 10.b. State Share Due County (100%).

SECTION X. TOTAL, THERAPY EXPENDITURES

Enter the total for therapy expenditures by adding the totals of Section I. County Employed MTU Staff; Section II. Contract Therapists; Section IV. MTU Expenditures; and Section VI. EDS Paid Claims.

The total of Section III. County Staff for SELPA/LEA/IEP Functions is excluded in this calculation.

SECTION XI. MTU MEDI-CAL/ COUNTY ORGANIZED HEALTH SYSTEM (COHS) PAID THERAPY

The CMS Branch releases a letter on a quarterly basis that indicates the amount of MTU claims billed to Medi-Cal for each county that does not use a COHS to process such claims. The letter also indicates the amount of reimbursement that each county owes the State for the MTU claims paid by Medi-Cal.

- a. Enter the amount of MTU claims billed to Medi-Cal or COHS for the reporting quarter.
- b. Enter the amount for county share due State by multiplying the amount in Line a. by 75 percent.

For counties that bill Medi-Cal for MTU claims, the county share due State is equal to the amount of reimbursement identified in the letter from the CMS Branch.

SECTION IV. MTU EXPENDITURES – Detail Document (purple tab)

1. MTU Supply and Equipment Costs

Item – List each individual supply or equipment item that is purchased.

Description – Provide a brief, concise description or explanation of the each item. Be specific.

Quantity – Enter the number of each item that is purchased.

Unit Cost – Enter the unit cost of each individual item. Unit cost must correlate to the unit of issue.

Cost Extension – Enter the total cost of each item by multiplying the quantity by the unit cost.

Unit of Issue – Enter how each individual item is produced for sale (box, roll, kit, package, each, etc.). Unit of issue must correlate to the unit cost.

Purpose – Explain the purpose, provide the reason(s), and/or justify the need for each item.

Authority – Identify the document (interagency agreement, information notice, numbered letter, etc.) and citation (page number, section, line, category, etc.) that authorizes the payment of each item by the CCS program. Be specific.

Total, MTU Supply and Equipment Costs – Enter the total for MTU supply and equipment costs by adding all entries in the Cost Extension column.

2. MTU Conference Costs

Item – List each individual conference cost that is incurred.

Description – Provide a brief, concise description or explanation of the each cost. Be specific.

Cost – Enter the cost of each item.

Purpose – Explain the purpose, provide the reason(s), and justify the need for each item.

Authority – Identify the document (interagency agreement, information notice, numbered letter, etc.) and citation (page number, section, line, category, etc.) that authorizes the payment of each item by the CCS program. Be specific.

Total, MTU Conference Costs – Enter the total for MTU conference costs by adding all entries in the Cost column.

3. Training/Education

Name – Enter the name of the county employed staff person registered for training/education.

Course Name and Description – Enter the name of the training/education course and provide a brief, concise description of the class, seminar, etc.

Cost – Enter the cost or registration fees for the training/education course.

Do not include any travel costs here. Any expenses incurred for travel related to the training/education course should be included in Line 8. Travel Costs under Section I or III.

No. of Days – Enter the number of days that the staff person will be attending the training/education.

Course Date(s) – Provide the dates of the scheduled training/education course.

Authority – Identify the document (interagency agreement, information notice, numbered letter, etc.) and citation (page number, section, line, category, etc.) that authorizes the payment of each item by the CCS program. Be specific.

Total, Training/Education – Enter the total for all training/education by adding all the entries in the Cost column.

4. Miscellaneous MTU Costs

Item – List each miscellaneous item that is purchased.

Description – Provide a brief, concise description or explanation of the each item. Be specific.

Quantity – Enter the number of each item that is purchased.

Unit Cost – Enter the unit cost of each miscellaneous item. Unit cost must correlate to the unit of issue.

Cost Extension – Enter the total cost of each item by multiplying the quantity by the unit cost.

Unit of Issue – Enter how each item is produced for sale (box, roll, kit, package, each, etc.). Unit of issue must correlate to the unit cost.

Purpose – Explain the purpose, provide the reason(s), and justify the need for each item.

Authority – Identify the document (interagency agreement, information notice, numbered letter, etc.) and citation (page number, section, line, category, etc.) that authorizes the payment of each item by the CCS program. Be specific.

Total, Miscellaneous MTU Costs – Enter the total for miscellaneous MTU costs by adding all entries in the Cost Extension column.

5. TOTAL, MTU EXPENDITURES

Enter the total for all MTU expenditures by adding the totals for MTU Supply and Equipment Costs, MTU Conference Costs, Training/Education, and Miscellaneous MTU Costs.