



SANDRA SHEWRY  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

**LEA MEDI-CAL BILLING OPTION  
2007-2008 ANNUAL REPORT**

Please complete all items and have an authorized representative sign Page 2. Return the original Annual Report, including Attachments 1 and 2, to the attention of the Provider Enrollment Branch, at the address below, by October 30, 2008. Instructions are enclosed to assist you in completion of this report. Incomplete or incorrect reports will be returned.

1. Medi-Cal Provider Number: \_\_\_\_\_  
National Provider Identifier: \_\_\_\_\_

2. LEA Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Description of LEA Medi-Cal Collaborative decision making process and frequency of meetings:

a. How are LEA Medi-Cal Collaborative decisions made? (Check one)

\_\_\_\_\_ Consensus      \_\_\_\_\_ Majority Vote  
\_\_\_\_\_ Other                      \_\_\_\_\_

b. What is the frequency of LEA Medi-Cal Collaborative meetings? (Check one)

<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Every Other Month
<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Annually
<input type="checkbox"/>	Other	<input type="checkbox"/>	_____

4. Anticipated service funding priorities of the LEA Medi-Cal Collaborative for fiscal year 2008-2009 (this describes plans for the potential use of Medi-Cal reimbursement that your LEA has not received yet):

List Program Service Items (attach an additional page, if needed):

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5. Financial Statement: July 1, 2007 – June 30, 2008 (LEA Medi-Cal Billing Option Revenue Only):

Total dollars received during fiscal year 2007-2008	(a)	\$	_____
Carryover from previous fiscal year(s)	(b)	\$	_____
Total Revenue (lines a + b)	(c)	\$	_____

Reinvestment Expenditures made during 2007-2008, regardless of year the revenue was received:

	Code	Administration /Claims Processing	Collaborative Operation	Direct Service/Case Management	Total
Certificated Salaries	1000-1999	\$	\$	\$	\$
Classified Salaries	2000-2999	\$	\$	\$	\$
Employee Benefits	3000-3999	\$	\$	\$	\$

<u>Books and Supplies</u>	<u>4000-4999</u>	\$	\$	\$	\$
<u>Services, Other Operating Expenses</u>	<u>5000-5999</u>	\$	\$	\$	\$
<u>Capital Outlay</u>	<u>6000-6999</u>	\$	\$	\$	\$
<u>Other Outgo</u>	<u>7100-7699</u>	\$	\$	\$	\$
Total Expenditures	\$ _____	\$ _____	\$ _____	\$ _____ [d]	\$ _____

Ending Balances as of June 30, 2008 (Total Revenue [c] less Total Expenditures [d]) [e] \$ \_\_\_\_\_

6. Anticipated service funding priorities of the LEA Medi-Cal Collaborative for use of unexpended revenue (Ending Balance as of June 30, 2008 [e]):

List Program Service Items (attach an additional page, if needed):

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I certify that the information contained in this Annual Report is a true and correct accounting of the Local Educational Agency's participation in the LEA Medi-Cal Billing Option.

\_\_\_\_\_  
Signature of Authorized Official  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title