DAVID MAXWELL-JOLLY
Director

State ofCalifornia --Health and Human Services Agency

Department of Health Care Services

ARNOLD SCHWARZENEGGER
Governor

Print Form

LEA MEDI-CAL BILLING OPTION
2008-2009 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, 2009**. 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

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Sacramento, CA 95899-7417
(916) 552-9113 Fax: (916) 552-8651
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b. What is the frequency of LEA Medi-Cal Collaborative meetings? (Check one)

- ☐ Monthly
- ☐ Every Other Month
- ☐ Quarterly
- ☐ Annually
- ☐ Other

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):

5. Financial Statement: July 1, 2008 – June 30, 2009 (LEA Medi-Cal Billing Option Revenue Only):

Total dollars received during fiscal year 2008-2009	(a)	$
Carryover from previous fiscal year(s)	(b)	$
Total Revenue (lines a + b)	(c)	$

Reinvestment Expenditures made during 2008-2009, 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	$	$	$	$

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

Ending Balances as of June 30, 2009 (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, 2009 [e]):

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

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

Date

(Print Name)

Title