

## Cost and Reimbursement Comparison Schedule (CRCS) Frequently Asked Questions

*Note: Italicized text indicates new and/or updated FAQs as of 4/19/2010.*

### **Cost and Reimbursement Comparison Schedule (CRCS) Purpose and Requirements**

**Q. What is the purpose of the Cost and Reimbursement Comparison Schedule (CRCS)?**

**A.** The LEA Medi-Cal Billing Option Program requires that LEAs annually certify that the public funds expended for LEA services provided are eligible for federal financial participation. The California Department of Health Care Services (DHCS) must also reconcile the interim Medi-Cal reimbursements to LEAs with the actual costs LEAs incur in the course of rendering eligible services. The CRCS will be used to compare each LEA's total actual costs for LEA services with interim Medi-Cal reimbursement for a specific fiscal year. This will determine if LEAs are owed additional funds to DHCS, or vice versa.

**Q. Is the CRCS mandatory?**

**A.** Yes, continued enrollment in the LEA Program is contingent upon timely submission of the CRCS each fiscal year. Any CRCS that is incomplete or submitted without proper detail will not be accepted by DHCS, and payments will be withheld until such time as the CRCS has been received and accepted for processing.

**Q. What time period should my LEA collect costs/hours information for when completing the CRCS?**

**A.** LEA information will be based on the costs incurred and hours worked within the CRCS reporting period. For example, for the FY 2008/09 CRCS, the LEA practitioner costs and hours will be for the July 1, 2008 to June 30, 2009 time period regardless of the fiscal year in which payment is received.

### **Contact Information**

**Q. Where can I address questions regarding the CRCS?**

**A.** E-mail questions regarding the CRCS to [DHSailea@dhcs.ca.gov](mailto:DHSailea@dhcs.ca.gov).

**Q. Where can I find LEA Program information?**

**A.** Visit the LEA Program website for current information at <http://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx>. Individuals may register to receive e-mail updates at <http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>.

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### **Q. How can I find out when new information for LEA providers is available?**

**A.** LEAs are encouraged to visit the LEA Program website regularly for the most up to date information at <http://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx>. By registering on the LEA Program website to receive e-mail updates you will be informed of updates as they are posted (register at <http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>).

### **Q. Where can I address general LEA Program questions?**

**A.** E-mail general LEA Program questions to [lea@dhcs.ca.gov](mailto:lea@dhcs.ca.gov).

## **CRCS Training**

### **Q. What if I missed the prior CRCS training sessions, or need a “refresher”?**

**A.** A taped CRCS training session from April 2006 is currently available from DHCS on DVD. Updates to the CRCS forms, as well as modifications to LEA versus State reporting responsibilities have been made since the April 2006 training session was conducted; these updates are summarized and posted on the LEA Program website. Although the CRCS training occurred several years ago, explanation as to how to complete the CRCS forms and appropriate supporting documentation is still relevant to LEAs as they prepare the practitioner cost and hours. LEAs and billing vendors may request a copy of the CRCS training DVD by e-mailing [lea@dhcs.ca.gov](mailto:lea@dhcs.ca.gov).

## **State vs. LEA CRCS Responsibility**

### **Q. What information is my LEA responsible for completing on my CRCS forms?**

**A.** *LEA providers must submit actual costs and annual hours worked for all practitioners who provided health-related services during a specific fiscal year. Actual costs that LEAs will report in the CRCS include: salaries, benefits, and other costs related to the direct provision of health services, such as health-related materials and supplies. Hours that LEAs will report in the CRCS are based on the number of Full Time Equivalent (FTEs), and hours worked by these FTEs. LEAs will also be responsible for reporting costs incurred and hours paid for health services provided by independent contractors. In addition, LEAs will be responsible for inputting interim reimbursement and units of service information for the respective reporting period. DHCS summarized and provided reimbursement and units information to each LEA for inclusion on Worksheet A-4/B-4. LEA providers must designate a signatory who will certify under penalty of perjury, to the accuracy of the data provided in the CRCS.*

### **Q. What portion of the CRCS forms is the State responsible for?**

**A.** *The State intends to continue to summarize and send the interim reimbursements paid to LEAs and units of service provided, based on the paid claims data, to each LEA for inclusion on their CRCS for each fiscal year. In addition, the State will be responsible for intake and review of the CRCS forms for completeness, performing desk and/or field reviews, as necessary, and comparing the Medi-Cal paid claims reimbursement to audited LEA costs to calculate the overpayment or underpayment.*

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### **Q. What is the responsibility of DHCS Audits and Investigations (A&I) Branch regarding the CRCS forms?**

*A. DHCS A&I will reconcile the LEA's actual costs of providing LEA services to the interim Medi-Cal reimbursement paid for those services. A&I will conduct a reconciliation, desk and/or field review on each returned CRCS to complete the final settlement. The final settlement will determine whether the LEA was overpaid or underpaid for the LEA services provided based on their actual costs.*

### **Q. How long does the State have to complete the reconciliation process?**

**A.** DHCS will complete the final settlement no later than three years from the date that the CRCS is submitted.

### **Q. When will LEAs be informed of their estimated overpayment or underpayment amount?**

**A.** LEAs will be informed of their estimated overpayment or underpayment after DHCS Audits and Investigations conducts the State's portion of the CRCS. LEAs will be required to re-certify to the overall overpayment or underpayment of IDEA and non-IDEA services as a part of the final settlement.

## **CRCS Documentation Requirements**

### **Q. How long will LEAs be required to retain documentation to support their submitted CRCS?**

**A.** According to State and federal regulations, LEAs must maintain documentation for three years, at a minimum, from the date the final CRCS is submitted. All supporting documentation will be subject to review and/or audit by State and/or federal authorities. If the LEA is involved in a review or audit, documentation must be maintained in full until all outstanding audit issues are resolved. This may mean that the LEA will have to maintain documentation beyond the three-year minimum requirement.

### **Q. Are LEAs required to submit all supporting documentation to DHCS with the CRCS?**

**A.** No, LEAs should not submit their supporting documentation to DHCS. However, as detailed in the CRCS, LEAs must maintain all of their documentation in accordance with State and federal requirements.

## **Overpayment/Underpayment**

### **Q. What happens if my LEA owes the State money as a result of the CRCS settlement process?**

**A.** If your LEA's actual costs to provide Medi-Cal services are less than you received in interim reimbursements, you were overpaid during the respective fiscal year. If your LEA owes the State (overpayment) there will be a corresponding withhold from future Medi-Cal reimbursements; LEAs will not be expected to write the State a check.

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**Q. What happens if the State owes my LEA money as a result of the CRCS settlement process?**

A. If your LEA's actual costs to provide Medi-Cal services are more than you received in interim reimbursements, you were underpaid during the respective fiscal year. If the State owes your LEA money (underpayment) the State will send your LEA a check for the difference between your actual reimbursement and your maximum eligible reimbursement.

**Q. Will the CRCS replace or supplement the LEA Medi-Cal Billing Option Annual Report that has traditionally been due October 30th of each year?**

A. The CRCS will be required in addition to the Annual Report. As specified in the LEA Provider Participation Agreement, LEAs must submit an annual report describing their collaborative, service priorities, and reinvestment expenditures.

### **CRCS: Mechanics of CRCS Forms and Data Input**

#### **Certification Sheet**

**Q. Is it acceptable to designate one individual as the CRCS contact person and another individual as the signatory who takes responsibility for the accuracy of the CRCS data submitted?**

A. Yes, it is acceptable to have one LEA contact person and another individual who is the signatory. It is important to make sure that the LEA contact person is fully knowledgeable about the LEA Program in your district or COE.

**Q. Is it acceptable to have a co-signatory on the CRCS?**

A. Yes, more than one individual may sign to the accuracy of the CRCS.

**Q. What is the "Provider Number" field on the Certification Page?**

A. The Provider Number on the Certification form should include your LEA's identification number that was used to bill claims prior to the National Provider Identifier (NPI). The Provider Number begins with an "SS" prefix and is followed by seven numeric digits.

### **Worksheets A and B**

**Q. On Worksheet A, is it necessary to break-out the function codes by each practitioner type?**

A. Yes, all salaries, benefits, and other costs must be split out by practitioner type for CRCS purposes.

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### **Q. Can federally funded employees be included in the CRCS FTE count?**

**A.** If the practitioner is 100 percent federally funded and the practitioner's time is dedicated to the federal program, then the practitioner should not be included in the FTE count. However, if the practitioner is partially federally funded and part of the practitioner's time is devoted to the federal program, but the practitioner is also rendering LEA services, exclude the portion of the FTE that is dedicated to the federal program. Only include the portion of the FTE that is not devoted to the federally funded program.

### **Q. Regarding Worksheet B, do LEAs still need to have a 100 percent response rate from insurance carriers in order to bill for free care services?**

**A.** Yes, the Free Care rule still applies. LEAs cannot bill Medi-Cal for Free Care services unless the LEA: establishes a fee for each service provided, collects a 100 percent response rate to obtain Other Health Coverage (OHC) information for all students served (Medi-Cal and non-Medi-Cal), and, bills other responsible third party insurers. Please see the LEA website for more information: <http://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx>.

### **Q. Our LEA employs several nurses, some of whom do not provide LEA services that are eligible for Medi-Cal reimbursement. Should these practitioners be included on Worksheet A?**

**A.** If your LEA can separate practitioners that do not bill for LEA services, you may exclude practitioner costs and associated hours from the CRCS. However, if your LEA cannot separate these practitioners out, you must ensure that both the practitioner costs and hours are included in the CRCS. The LEA's CRCS forms should not be impacted by practitioners that don't provide LEA services, since these practitioners won't have any corresponding LEA reimbursement. Essentially, the final overpayment/underpayment calculation will be based on LEA practitioners that bill for LEA services.

### **Q. Our LEA employs a psychologist that will not authorize the services they have to be billed to Medi-Cal. Should I include this practitioner on Worksheet A?**

**A.** If your LEA can identify this practitioner, you should exclude their costs and associated hours from the CRCS. However, if your LEA cannot identify this practitioner, you must ensure that both the practitioner costs and hours are included in the CRCS.

### **Q. I am putting together the CRCS for a multi-district SELPA. Five out of fifteen districts participate in Medi-Cal LEA billing. When I checked the chart for the Indirect Cost Rate, it listed 0.00% for the SELPA. However, each of my five participating districts has an indirect cost rate. How do I know what Indirect Cost Rate to enter on Worksheet A?**

**A.** In instances where the SELPA has no indirect cost rate or where multiple school districts bill with one provider number (billing collaboratives), the appropriate way to determine the indirect cost rate that is entered on Worksheet A is to weight the individual district indirect cost rates by direct salary and benefit costs reported on the CRCS. The following is a simplified example:

A SELPA has three participating districts, A, B and C. District A accounts for salaries and benefits on the CRCS of \$10,000 and has an indirect cost rate of 5%; District B accounts for salaries and benefits on the CRCS of \$50,000 and has an indirect cost rate of 5%; District C accounts for salaries and benefits on the CRCS of \$100,000 and has an indirect cost rate of 3%.

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The SELPA should first determine each district's weighting of total salaries and benefits on the CRCS:

$$\text{District A} = \$10,000/\$160,000 = .0625$$

$$\text{District B} = \$50,000/\$160,000 = .3125$$

$$\text{District C} = \$100,000/\$160,000 = .6250$$

The SELPA should then apply these weightings to the district's CDE-approved indirect cost rate:

$$\text{District A} = 5\% * .0625 = 0.3125$$

$$\text{District B} = 5\% * .3125 = 1.5625$$

$$\text{District C} = 3\% * .6250 = 1.875$$

The indirect cost rate that the SELPA should report on Worksheet A of its CRCS is 3.75% (.3125 + 1.5625 + 1.875).

LEAs who use this methodology to calculate a weighted indirect cost rate should maintain adequate documentation for review/audit by State and/or federal authorities.

### **Q. Should we include the practitioner's full salary or only the portion of the salary spent on providing LEA services?**

**A.** The full salary/benefits should be included on Worksheet A for all the qualified rendering practitioners (i.e., you don't need to narrow the salary/benefits down to those practitioners that serve Medi-Cal students). The time spent on providing Medi-Cal services will be subsequently estimated for each practitioner type based on the hours information that the LEA inputs on Worksheet A-3/B-3 and the units of service information that the LEA will input on Worksheet A-4/B-4. As indicated on the LEA Program Website, DHCS is working on a process to provide the LEAs with the units of service and reimbursement information. Once these components are input into the CRCS, the percent of time estimate will calculate on Worksheets A and B.

### **Worksheet A-1/B-1**

#### **Q. How can I separate the supplies necessary for the direct provision of health services by practitioner type? For example, it will be difficult to precisely determine the extent that certain practitioners used non-capitalized equipment.**

**A.** An allocation methodology has been developed for the first year of the CRCS in the case that certain costs cannot be distinguished by practitioner in your LEA's SACS system. Costs in Worksheet A-1/B-1 (excluding contractor costs, Column E) may be allocated based on salary proportions. The following is a simplified example illustrating how to allocate based on salary proportions:

LEA A, who employs LVNs and RNs, incurs \$2,629 for nursing materials/supplies. The LEA plans to allocate these costs between the nursing practitioners for CRCS reporting purposes using salary as the allocation basis. Total salaries for RNs and LVNs are \$130,633 and \$23,673, respectively, totaling \$154,306. Using these figures, LEA A determines that RN salaries account

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for 84.66% of the total nursing salaries, and that LVN salaries account for the remaining 15.34% ( $\$130,633/\$154,306 = 84.6584\%$  and  $\$23,673/154,306 = 15.3416\%$ ). In order to allocate the \$2,629 of nursing materials, LEA A will multiply the cost by the allocation percentages determined above. In doing so, LEA A determines that \$2,225.67 ( $\$2,629 * 84.6584\%$ , unrounded) of the \$2,620 will be reported on the RN line on Worksheet A-1/B-1 and the remaining \$403.33 ( $\$2,629 * 15.3416\%$ , unrounded) will be reported on the LVN line on Worksheet A-1/B-1.

After the first year of CRCS reporting, all expenses must be broken out by practitioner. We recognize that it may not always be possible to allocate each individual item to a practitioner. Additional guidance on this issue will be forthcoming.

**Q. Are photocopying costs, coded under object 5700 allowable costs that can be included in Worksheet A-1/B-1?**

A. No, copying is not an allowable cost because it is not related to the direct provision of health services.

**Q. We have vehicle expenses related to direct health services which are paid out of object code 5600. Should we include these in object code 5200 as travel?**

A. No, vehicle expenses coded to object code 5600 should not be included on the CRCS. Only object codes identified on Worksheet A-1/B-1 have been approved by the Centers for Medicare and Medicaid Services (CMS) and should be included on the CRCS.

**Q. There is not a column in the report for equipment, object code 6400. Where should we report equipment expenses?**

A. No, equipment expenses coded to object code 6400 should not be included on the CRCS. Only object codes identified on Worksheet A-1/B-1 have been approved by the Centers for Medicare and Medicaid Services (CMS) and should be included on the CRCS.

### **Worksheet A-2/B-2**

**Q. Our contracted audiologists charge a flat rate per child. Will an invoice for this provide enough detail for CRCS reporting and documentation purposes?**

A. No, an invoice showing an encounter rate will not provide acceptable documentation. If your LEA includes these contractor expenses, you will need to document the hourly costs and expenses for each practitioner.

**Q. In Worksheet A-2/B-2, what hours can be included in Column B for contracted practitioners?**

A. Report total hours paid to independent health service contractors by practitioner type. Total hours should only include direct health service time. If total hours are not available in your accounting system, they may be estimated by dividing the contractor costs by the average contract rate per hour.

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### Worksheet A-3/B-3

**Q. If my LEA has one half-time FTE and one full-time FTE, how do you account for their time and expenses?**

A. Your LEA should record time and expenses for partial FTEs in the same manner as full-time FTEs. For example, if your LEA has one full-time nurse and one half-time nurse, record 1.5 FTEs in Worksheet A-3/B-3, Column A. If your full-time nurse has a salary of \$40,000 and your half time nurse has a salary of \$20,000, record \$60,000 in Worksheet A, Column A, Line 4.

**Q. Do LEAs need to record the number of times a practitioner has treated a child during the day or should they record the number of hours that the practitioner worked?**

A. No, LEAs will be required to support the number of hours per day for each practitioner.

**Q. If a practitioner is under contract to work a “professional day,” rather than a specific number of hours per day, how do I determine the annual hours required to work for that FTE on Worksheet A-3/B-3, Column B?**

A. In absence of a contract specific work day, the standard work day is 8 hours. To determine the number of annual hours required to work, the eight hour day should be multiplied by the number of days the practitioner is required to work per year.

**Q. If my LEA only participated in the LEA Program for a portion of the year, should I pro-rate my expenses?**

A. If your LEA only participated in the LEA Medi-Cal Billing Option Program for a portion of the fiscal year, it is not necessary to pro-rate expenses on the CRCS report. All non-federally funded practitioner costs and hours associated with the direct provision of health services should be reported on the CRCS. The “pro-rating” of these expenses will take place on CRCS Worksheets A-3/B-3, where the Percent of Time Providing LEA Services is estimated for IEP/IFSP services and non-IEP/IFSP services. These percent of time estimates represent the number of units paid by Medi-Cal for each LEA service multiplied by the time (in minutes) worked by practitioners to provide one unit of service (numerator), divided by the total annual hours each practitioner type was required to work (denominator). The number of units paid will be determined from Medi-Cal paid claims data. The time worked by practitioners to provide one unit of service will be based on paid claims data (i.e., some services such as T1002, Nursing Services are billed and paid in 15-minute increments) or time increments from the LEA Program Rate Study.

### Worksheets A-4/B-4

### Miscellaneous Questions

**Q. My LEA currently bills speech therapists in Function Code 1190. Should we switch this practitioner type to Function code 3150?**

A. Function Code 1190 is an instructional code. The CRCS forms must exclude costs that are instructional in nature. According to the California School Accounting Manual (CSAM), Function Code 3150 is a more appropriate code for speech therapy services. Although Function

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Code 1190 is not necessarily an incorrect way to code certain speech services, it is an instructional code that may be a red flag to auditors.

### **Q. Why aren't transportation and Targeted Case Management Services (TCMS) included on the CRCS?**

**A.** LEAs should not report actual costs for transportation and TCMS provided in a school-based setting in the CRCS because these services were not part of the recent State Plan Amendment. Transportation and TCMS will continue to be paid as "final" (not interim) rates based on the prior rate structure. They will not be subject to the CRCS or final settlement. LEAs may continue to bill Medi-Cal for these services under existing program rules and regulations.

### **Q. Are there limitations as to what costs an LEA can record on the CRCS?**

**A.** Yes. Only those costs related to the direct provision of health services may be recorded on the CRCS. Instructional costs or costs funded with federal monies cannot be included in the CRCS.

### **Q. Are there limitations as to what SACS codes can be used when completing the CRCS?**

**A.** Yes. The Function and Object fields in SACS are a tool that may be useful for distinguishing costs and practitioner categories. However, LEAs must verify that costs they include on the CRCS are eligible. Only those costs related to the direct provision of health services can be included in the CRCS. Any SACS codes that identify federal funds must be excluded. "Restricted" SACS codes should be reviewed for appropriateness before completing the CRCS. For example, if your LEA ran a SACS report to identify all costs associated with Function Code 3120 (Psychology Services), the results may include Resource Code 7155. This Resource Code identifies Instructional Materials, Grades K-8. No instructional expenses can be included in the CRCS, as they are not direct health care services costs.

### **Q. What if my LEA is a billing consortium and billing under one LEA provider number?**

**A.** When multiple school districts bill with one LEA provider number, it is advisable that one draft CRCS be completed for each of the school districts operating under that provider number. Each individual CRCS should then be aggregated into a final CRCS submitted by the billing consortium. This may help ensure that costs or practitioner hours aren't excluded or double counted.

### **Q. Will the CRCS affect the LEA's ability to reinvest federal funds received for LEA services?**

**A.** The CRCS will not affect the way the LEA may reinvest federal funds. As required in the LEA Provider Participation Agreement, any federal funds received by an LEA provider for LEA services should be reinvested in services for school children and their families to supplement existing services.

### **Q. Are the expenses from resource 5640 (Medi-Cal Billing Option) included in the CRCS?**

**A.** Resource Codes are used to classify revenues and expenditures and account for activities funded with revenues that have restrictions on how the funds are spent and have financial reporting or special accounting requirements. No specific Resource Codes have been identified for reporting expenses on the CRCS. Each LEA needs to identify Resource Codes that are appropriate for the reporting requirements pursuant to Title 42 Code of Federal Regulations, Section 433.51. Resource Code 5640 (Medi-Cal Billing Option) is categorized as "Federal

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Resources Restricted”. If your LEA determines that Resource Code 5640 is appropriate, your LEA must look at the Function and Object Codes to ensure that the costs included on the CRCS are related to the direct provision of health services. Function Codes may be used to identify costs by practitioner type; Object Codes may be used to identify allowable costs. As indicated in the CRCS and training DVD, LEAs must exclude expenditures, or portion of expenditures, that are funded by Federal revenues

**Q. If aides (qualified providers under California Education Code, Section 49423.5 and are supervised by registered credentialed school nurse) are rendering and billing for services for a Medi-Cal eligible student using the appropriate procedure code and modifier, does it matter if their job classification is NOT Health Aide?**

**A.** No, the job title does not need to match the practitioner title of a “Trained Health Care Aide”, as long as the person providing LEA school health aide services meets the qualifications specified in California Education Code, Section 49423.5.

**Q. If the aides can legitimately bill, does it matter if their salary is coded to an educational function?**

**A.** The CRCS captures costs related to the direct provision of health services only; instructional expenses must be excluded from the CRCS. Function Codes that are instructional in nature may be a red flag in a State and/or federal review. If your LEA is certain that the expenses are not instructional in nature and can provide supporting documentation to support the provision of health services (e.g., progress notes, treatment logs, credentialing information, etc.), your LEA may include these expenses on the CRCS. However, your LEA must maintain adequate documentation to support these expenditures in a State and/or federal review.

**Q. We have collected all of the data for the SFY 2006-07 CRCS Report from fund 01. What about other funds? Should these also be included?**

**A.** Your LEA will need to review the various Fund Codes to determine if expenditures should be reported on the CRCS. Remember that expenditures reported on the CRCS should be associated with the direct provision of health services (not educational or support/clerical services) and should not be funded with Federal revenues. Your LEA should review the purpose of each fund, as well as the funding stream to determine if expenditures reported in each Fund Code should be included in the CRCS.

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### Rate Study and Interim Rates

**Q. How were the new interim rates for LEA Medi-Cal services developed?**

A. DHCS conducted a prior rate study to develop the new interim rate structure. This rate study entailed gathering cost and time data for a sample of LEAs throughout California, which resulted in statewide rates.

**Q. In the future, will interim rates be adjusted based on the results of the CRCS process?**

A. *No, prospective interim rates will not be updated based on the CRCS. However, CMS has approved an inflation factor which was applied to update interim rates for Fiscal Years 2006-07 through 2009-10.*

**Q. Was driving/traveling time included in the development of the interim rate structure? Or should this time be separately billed by LEAs?**

A. Yes, travel time was built into the interim reimbursement rate and should not be billed separately. Indirect service time, such as the cost of phone calls, travel time, meetings and preparation time, have also been included in the interim reimbursement rates. Time billed for services should only include direct service time.

### Practitioners

**Q. Where can I get more information about the different categories of practitioners that should be included in the CRCS?**

A. The revised LEA Provider Manual provides detail on the required qualifications for each practitioner and the services they can render. The LEA Provider Manual is available on the Medi-Cal website ([http://files.medi-cal.ca.gov/pubsdoco/manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp)) and the LEA Program website (<http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>). Additional information regarding practitioners can also be found in the CRCS training materials on the LEA Program website.

**Q. I have a lot of employees with activity code 3130. In the Standardized Account Code Structure (SACS) codes it has 3130 listed as Attendance and Social Work Services. Would social workers fall under this code? They are LEA practitioners, do we include them on the CRCS?**

A. Each LEA will need to review the practitioners included in their SACS Function Codes to determine if they should be reported on the CRCS. A list of qualified LEA practitioners by each practitioner type can be found on the LEA Program website in the April 2005 CRCS training slides (see Section I, Slides 19 through 21 on the LEA Program Website at: <http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA/CRCS%20Section1Present.pdf>)

Licensed and Credentialed School Social Workers are qualified LEA practitioners and should be included in the CRCS. However, the LEA must determine which Function Code contains the salary/benefit expenditures for these practitioners.

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Questions on the CRCS for Audits and Investigations may be emailed to  
[DHSailea@dhcs.ca.gov](mailto:DHSailea@dhcs.ca.gov).