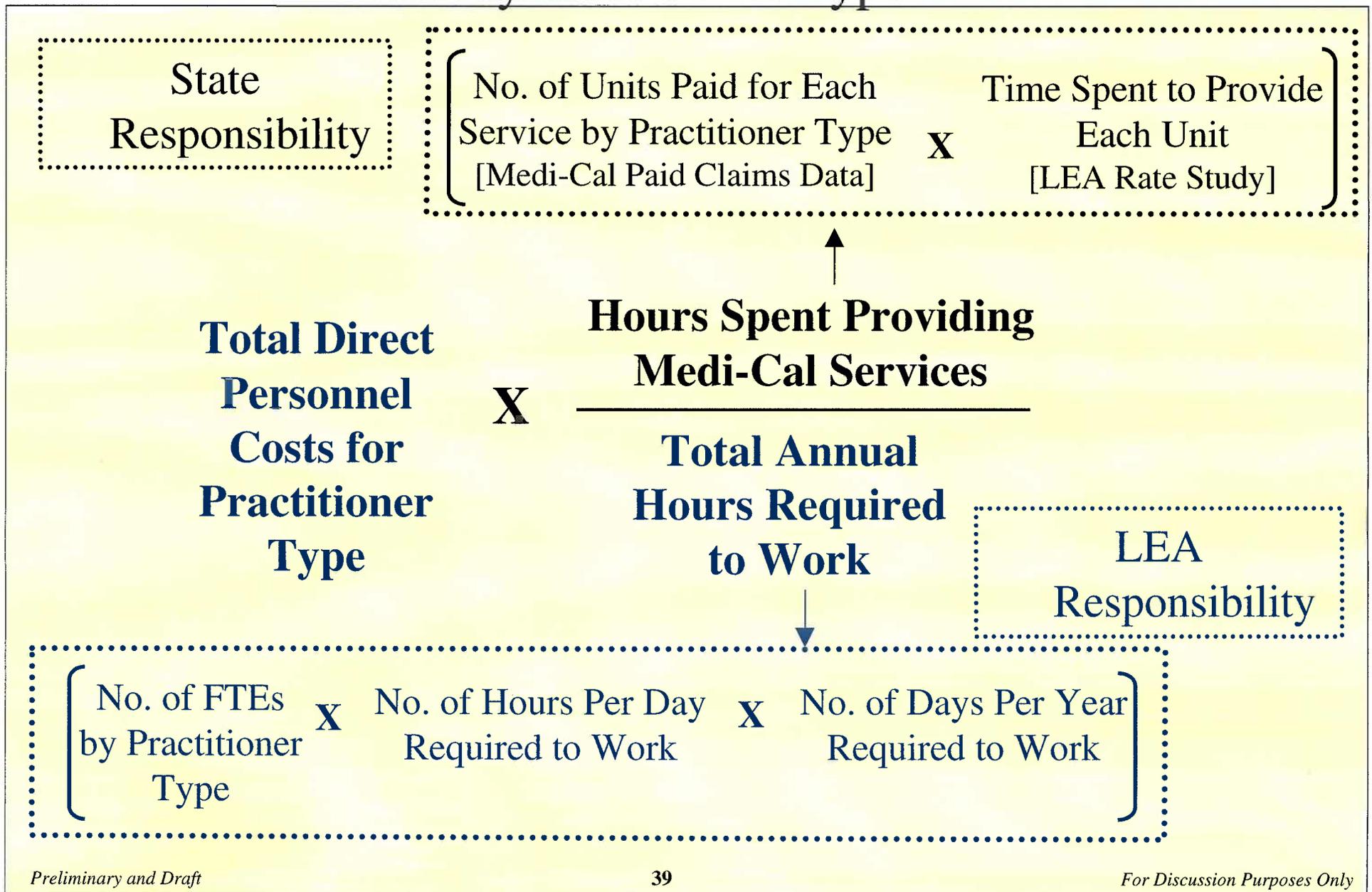


Section III:
CRCS Completion Guidelines,
Assistance
&
Supporting Documentation
Examples

Calculation of Medi-Cal Direct Service Costs By Practitioner Type



Cost and Reimbursement Comparison Calculation

$$\left(\begin{array}{l} \text{Total} \\ \text{Medi-Cal} \\ \text{Direct} \\ \text{Service} \\ \text{Costs} \end{array} + \begin{array}{l} \text{Indirect} \\ \text{Costs} \end{array} \right) \times \begin{array}{l} \text{FMAP } \% \\ \text{[DHS]} \end{array} - \begin{array}{l} \text{Interim} \\ \text{Medi-Cal} \\ \text{Reimbursement} \\ \text{[Medi-Cal Paid} \\ \text{Claims Data]} \end{array} = \text{Difference}$$

CRCS Instructions

- Billing requirements for LEAs and billing consortiums
- Specific instructions for each worksheet
- Descriptions of line items in each worksheet
- Includes contact information to answer your questions

Local Educational Agency (LEA) Medi-Cal Billing Option Program Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS) Instructions Fiscal Year 2006-2007

General Instructions

Under the LEA Medi-Cal Billing Option, LEAs must annually certify that the public funds expended for LEA services provided are eligible for federal financial participation pursuant to the requirements of the Code of Federal Regulations, Title 42, Section 433.51. The Department of Health Services (DHS) must also reconcile the interim Medi-Cal reimbursements to LEAs with the actual costs to provide the services rendered. The cost and reimbursement comparison schedule (CRCS) will be used to compare each LEA's total actual costs for LEA services to interim Medi-Cal reimbursement for the preceding fiscal year. The CRCS must be submitted by your LEA to the DHS Medi-Cal Benefits Branch no later than **November 30**, beginning in 2007; continued enrollment in the LEA Program is contingent upon submission of the CRCS.

In the CRCS, LEA providers submit actual costs and annual hours worked for all practitioners who provided health-related services during the preceding fiscal year. One CRCS should be completed for each provider number. When multiple school districts bill with one LEA provider number, one CRCS should be completed that represents all of the school districts operating under that provider number. Total hours spent to provide LEA services by these practitioners and interim Medi-Cal reimbursement for these services will be determined from Medi-Cal paid claims data by DHS; this information will be added to each LEA's CRCS after it is submitted. DHS Audits and Investigations (A&I) will reconcile the LEA's actual costs of providing LEA services to the interim Medi-Cal reimbursement paid for those services. The final settlement will be completed no later than three years from the date that the CRCS is submitted, per existing State law (W&I Code Section 14170), and no earlier than June 30, 2008.

The CRCS consists of six Excel worksheets and two reports as described below:

<u>Worksheet/Report</u>	<u>Description</u>
Certification	LEA Information, Certification, and Summary of Total Personnel Costs for LEA Services
A	Medi-Cal Service Costs -- IDEA Services
B	Medi-Cal Service Costs -- Non-IDEA Services
A-1/B-1	Other Costs (Additional Information)
A-2/B-2	Contractor Costs (Additional Information)
A-3/B-3	Percent of Time Providing Medi-Cal Services (Additional Information)
Paid Claims Report #1	Medi-Cal Hours Paid and Interim Reimbursement for IDEA Services (To be prepared by DHS)
Paid Claims Report #2	Medi-Cal Hours Paid and Interim Reimbursement for Non-IDEA Services (To be prepared by DHS)

LEAs must provide data, as applicable, in cells that are not shaded in gray or black in the Excel worksheets. After an LEA submits its CRCS, A&I will enter data into cells that are shaded in black. Cells that are shaded in gray contain formulas and will auto-calculate based on data entered by an LEA or A&I. DO NOT enter data in the gray or black shaded areas.

The CRCS should be completed under the supervision of knowledgeable program personnel and the LEA department responsible for financial and accounting information (e.g., Fiscal Services). The CRCS was designed to capture detailed cost information by practitioner type in order to compare the federal share of an LEA's actual costs expended and interim Medi-Cal reimbursement for LEA services. Information in the CRCS should be reported based on financial reports to the extent that your accounting system permits. To the extent that an LEA's accounting system cannot provide the information required in the CRCS, payroll and other relevant documentation may be used to complete the worksheets. All supportive documentation will be subject to review or audit by state and/or federal authorities.

Object codes from the Standardized Account Code Structure (SACS) have been used in the worksheets to identify allowable costs. Function codes from SACS may be used to identify costs by practitioner type, if applicable. Since the use of function codes varies among LEAs, they have not been specifically identified in the worksheets. Function and object codes are described in the California School Accounting Manual, Part II Standardized Account Code

DRAFT

Page 1 of 7

For Discussion Purposes Only

Certification: LEA Identification, Certification, and Summary of Total Personnel Costs

Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS)
Certification
Fiscal Year 2006-2007

DRAFT

1. LEA Identification:

LEA Name _____
Provider Number _____
Contact: Name _____
Title _____
Phone _____
E-Mail Address _____

2. Certification of State Matching Funds for LEA Services:

I certify under penalty of perjury that the total personnel costs, annual hours worked by employees and contractors, and indirect cost rate provided on this Medi-Cal Cost and Reimbursement Comparison Schedule are true and correct, based on actual expenditures of the local education agency incurred for the period claimed, and that the funds/contributions have been expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51. These claimed expenditures have not previously been nor will not subsequently be used for federal match in this or any other program. I also certify that all expenditures reported within the Cost and Reimbursement Comparison Schedules are in compliance with the Office of Management and Budget (OMB) Circular A-87. To the extent that reporting is not governed by OMB Circular A-87, I certify that Generally Accepted Accounting Principles have been applied. I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act.

Summary of Total Personnel Costs for LEA Services:

Total Personnel Costs for Medi-Cal IDEA Services
(Sum of Column D of Worksheet A)

Total Personnel Costs for Medi-Cal Non-IDEA Services
(Sum of Column D of Worksheet B)

Name

Title

Signature

Date

Certification: LEA Identification, Certification, and Summary of Total Personnel Costs

Section 1, LEA Identification

Section 2, Certification

Summary of Total Personnel Costs

Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS)
Certification
Fiscal Year 2006-2007

DRAFT

1. LEA Identification:

LEA Name _____
Provider Number _____
Contact: Name _____
Title _____
Phone _____
E-Mail Address _____

2. Certification of State Matching Funds for LEA Services:

I certify under penalty of perjury that the total personnel costs, annual hours worked by employees and contractors, and indirect cost rate provided on this Medi-Cal Cost and Reimbursement Comparison Schedule are true and correct, based on actual expenditures of the local education agency incurred for the period claimed, and that the funds/contributions have been expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51. These claimed expenditures have not previously been nor will not subsequently be used for federal match in this or any other program. I also certify that all expenditures reported within the Cost and Reimbursement Comparison Schedules are in compliance with

I certify under penalty of perjury

Summary of Total Personnel Costs for LEA Services:

Total Personnel Costs for Medi-Cal IDEA Services
(Sum of Column D of Worksheet A)

Total Personnel Costs for Medi-Cal Non-IDEA Services
(Sum of Column D of Worksheet B)

Name

Title

Signature

Date

Worksheet A: Medi-Cal Service Costs – IDEA Services

Practitioner Type

- Psychologists
- Social Workers
- Counselors
- School Nurses
- Licensed Vocational Nurses
- Trained Health Care Aides
- Speech-Language Pathologists
- Audiologists
- Physical Therapists
- Occupational Therapists
- Physicians/Psychiatrists

Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
Worksheet A: IDEA Services ⁽²⁾
Fiscal Year 2006-2007

DRAFT

(Object Code) ⁽¹⁾ Practitioner Type	Salaries (1000-2999)	Benefits (3000-3999)	Other Costs (4)	Total Personnel Costs D = A+B+C	Percent of Time Providing Medi-Cal IDEA Services ⁽⁵⁾ E	Direct Cost of Providing Medi- Cal IDEA Services F = D*E
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						

- a. Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)
- b. Indirect Cost Rate
- c. Indirect Costs (a times b)
- d. Total Medi-Cal IDEA Service Costs (a plus c)
- e. Federal Medical Assistance Percentage (FMAP)
- f. Medi-Cal Maximum Reimbursable - IDEA Services (d times e)
- g. Interim Medi-Cal Reimbursement - IDEA Services ⁽⁶⁾
- h. Overpayment/Underpayment - IDEA Services (g-f)

Notes:

- ⁽¹⁾ In Columns A-B, include personnel costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
- ⁽²⁾ Services provided to students under the Individuals with Disabilities Education Act (IDEA).
- ⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
- ⁽⁴⁾ Other costs necessary for the provision of health services. (From Column G of Worksheet A-1/B-1).
- ⁽⁵⁾ Number of units paid by Medi-Cal for each LEA IDEA service multiplied by the time worked by practitioners to provide one unit of service (numerator) divided by the total annual hours each practitioner type were required to work (denominator). The number of units paid will be determined from Medi-Cal paid claims data. (From Column G of Worksheet A-3/B-3).
- ⁽⁶⁾ From Column F of Medi-Cal Paid Claims Report for IDEA Services.

LEA Name
Provider Number

Worksheet A: Medi-Cal Service Costs – IDEA Services

Lines 1-11, Column A
(Salaries)

Lines 1-11, Column B
(Benefits)

Line b
(Indirect Cost Rate)

**DO NOT ENTER
ANYTHING INTO
SHADED COLUMNS
OR CELLS.**

DRAFT

Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule⁽¹⁾
Worksheet A: IDEA Services⁽²⁾
Fiscal Year 2006-2007

(Object Code) ⁽³⁾ Practitioner Type	Salaries (1000-2999) A	Benefits (3000-3999) B	Other Costs ⁽⁴⁾ C	Total Personnel Costs D = A+B+C	Percent of Time Providing Medi-Cal IDEA Services ⁽⁵⁾ E	Direct Cost of Providing Medi- Cal IDEA Services F = D*E
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						

a. Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	
b. Indirect Cost Rate	
c. Indirect Costs (a times b)	
d. Total Medi-Cal IDEA Service Costs (a plus c)	
e. Federal Medical Assistance Percentage (FMAP)	
f. Medi-Cal Maximum Reimbursable - IDEA Services (d times e)	
g. Interim Medi-Cal Reimbursement - IDEA Services ⁽⁶⁾	
h. Overpayment (Underpayments) - IDEA Services (g-f)	

Notes:

⁽¹⁾ In Columns A-B, include personnel costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.

⁽²⁾ Services provided to students under the Individuals with Disabilities Education Act (IDEA).

⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.

⁽⁴⁾ Other costs necessary for the provision of health services. (From Column G of Worksheet A-1/B-1).

⁽⁵⁾ Number of units paid by Medi-Cal for each LEA IDEA service multiplied by the time worked by practitioners to provide one unit of service (numerator) divided by the total annual hours each practitioner type were required to work (denominator). The number of units paid will be determined from Medi-Cal paid claims data. (From Column G of Worksheet A-3/B-3).

⁽⁶⁾ From Column F of Medi-Cal Paid Claims Report for IDEA Services.

LEA Name _____
Provider Number _____

Supporting Documentation SACS Report

BDX110
TUCKER ALLEN

#J1098

07/01/2002

BUDGET SUMMARY REPORT
07/01/2000 TO 06/30/2001

PAGE 51

Fund: 01 GENERAL FUND

Resource: 0000 NO REPORTING REQUIRMENTS

Function: 3140 HEALTH SERVICES

ACCOUNT CLASSIFICATION						WORKING	EXPENDED/RECEIVED			PENDED/	UNENCUMBERED				
Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt	BUDGET	CURRENT	YEAR TO DATE	%	ENCUMBERED	BALANCE	%	
1210 CERT PUPIL SUPPORT SAL - REG															
01	0000	0	0000	3140	1210	701	0000								
TOTAL: 1210								111,340.00	111,339.89	111,339.89	99.9	0.00	0.11	.0	
1259 OTHER PAY															
01	0000	0	0000	3140	1259	020	02PB	118.00	118.26	118.26	100.0	0.00	0.25	.0	
01	0000	0	0000	3140	1259	050	05PB	160.00	159.66	159.66	99.7	0.00	0.34	.2	
01	0000	0	0000	3140	1259	060	06PB	118.00	118.26	118.26	100.0	0.00	0.25	.0	
01	0000	0	0000	3140	1259	070	07PB	219.00	218.79	218.79	99.9	0.00	0.21	.0	
01	0000	0	0000	3140	1259	340	04PB	118.00	118.26	118.26	100.0	0.00	0.25	.0	
01	0000	0	0000	3140	1259	380	08PB	160.00	159.66	159.66	99.7	0.00	0.34	.2	
TOTAL: 1259								893.00	892.89	892.89	99.9	0.00	0.11	.0	
1992 CERTIFICATED ALLOWANCES															
01	0000	0	0000	3140	1992	701	0000	1,815.00	1,815.00	1,815.00	100.0	0.00	0.00	.0	
TOTAL: 1992								1,815.00	1,815.00	1,815.00	100.0	0.00	0.00	.0	
TOTAL: 1000								114,048.00	114,047.78	114,047.78	99.9	0.00	0.22	.0	
2211 CLASSIFIED PUPIL SUPP SALARIES															
01	0000	0	0000	3140	2211	701	0000	40,779.00	40,778.84	40,778.84	99.9	0.00	0.16	.0	
TOTAL: 2211								40,779.00	40,778.84	40,778.84	99.9	0.00	0.16	.0	
2212 CLASSIFIED PUPIL SUPPORT - ARS															
01	0000	0	0000	3140	2212	701	0000	52,383.00	52,382.97	52,382.97	99.9	0.00	0.03	.0	
TOTAL: 2212								52,383.00	52,382.97	52,382.97	99.9	0.00	0.03	.0	
2242 SUBSTITUTE CLASS PUPIL SUPP															
01	0000	0	0000	3140	2242	701	0000	1,406.00	1,405.95	1,405.95	99.9	0.00	0.05	.0	
TOTAL: 2242								1,406.00	1,405.95	1,405.95	99.9	0.00	0.05	.0	
2259 OTHER PAY															
01	0000	0	0000	3140	2259	020	02PB	278.00	277.92	277.92	99.9	0.00	0.08	.0	
01	0000	0	0000	3140	2259	050	05PB	201.00	201.05	201.05	100.0	0.00	0.05	.0	
01	0000	0	0000	3140	2259	060	06PB	278.00	277.92	277.92	99.9	0.00	0.08	.0	
01	0000	0	0000	3140	2259	070	07PB	278.00	277.92	277.92	99.9	0.00	0.08	.0	
01	0000	0	0000	3140	2259	340	04PB	591.00	591.32	591.32	100.0	0.00	0.32	.0	
01	0000	0	0000	3140	2259	380	08PB	591.00	591.32	591.32	100.0	0.00	0.32	.0	
TOTAL: 2259								2,217.00	2,217.45	2,217.45	100.0	0.00	0.45	.0	
TOTAL: 2000								96,785.00	96,785.21	96,785.21	100.0	0.00	0.21	.0	
3101 STRS CERTIFICATED															
01	0000	0	0000	3140	3101	701	0000	9,186.00	9,185.48	9,185.48	99.9	0.00	0.52	.0	
TOTAL: 3101								9,186.00	9,185.48	9,185.48	99.9	0.00	0.52	.0	

Supporting Documentation

SACS Report – Certificated Salaries

ACCOUNT CLASSIFICATION						WORKING BUDGET	EXPENDED/RECEIVED			
Fu	Res	Y	Goal	Func	Obj		Sch	Mgmt	CURRENT	YEAR TO DATE
1210 CERT PUPIL SUPPORT SAL - REG										
01	0000	0	0000	3140	1210	701	0000	111,340.00	111,339.89	111,339.89
TOTAL: 1210								111,340.00	111,339.89	111,339.89
1259 OTHER PAY										
01	0000	0	0000	3140	1259	020	02PB	118.00	118.26	118.26
01	0000	0	0000	3140	1259	050	05PB	160.00	159.66	159.66
01	0000	0	0000	3140	1259	060	06PB	118.00	118.26	118.26
01	0000	0	0000	3140	1259	070	07PB	219.00	218.79	218.79
01	0000	0	0000	3140	1259	340	04PB	118.00	118.26	118.26
01	0000	0	0000	3140	1259	380	08PB	160.00	159.66	159.66
TOTAL: 1259								893.00	892.89	892.89
1992 CERTIFICATED ALLOWANCES										
01	0000	0	0000	3140	1992	701	0000	1,815.00	1,815.00	1,815.00
TOTAL: 1992								1,815.00	1,815.00	1,815.00
TOTAL: 1000								114,048.00	114,047.78	114,047.78

Supporting Documentation SACS Report

BDX110
TUCKER ALLEN

#J1098

07/01/2002

BUDGET SUMMARY REPORT
07/01/2000 TO 06/30/2001

PAGE 51

Fund: 01 GENERAL FUND

Resource: 0000 NO REPORTING REQUIRMENTS

Function: 3140 HEALTH SERVICES

ACCOUNT CLASSIFICATION Fu Res Y Goal Func Obj Sch Mgmt	WORKING BUDGET	EXPENDED/RECEIVED CURRENT YEAR TO DATE		%	PENDED/ ENCUMBERED	UNENCUMBERED BALANCE	%
1210 CERT PUPIL SUPPORT SAL - REG							
01-0000-0-0000-3140-1210-701-0000	111,340.00	111,339.89	111,339.89	99.9	0.00	0.11	.0
TOTAL: 1210	111,340.00	111,339.89	111,339.89	99.9	0.00	0.11	.0
1259 OTHER PAY							
01-0000-0-0000-3140-1259-020-02PB	118.00	118.26	118.26	100.0	0.00	0.26-	.0
01-0000-0-0000-3140-1259-050-05PB	160.00	159.66	159.66	99.7	0.00	0.34	.2
01-0000-0-0000-3140-1259-060-06PB	118.00	118.26	118.26	100.0	0.00	0.26-	.0
01-0000-0-0000-3140-1259-070-07PB	219.00	218.79	218.79	99.9	0.00	0.21	.0
01-0000-0-0000-3140-1259-340-04PB	118.00	118.26	118.26	100.0	0.00	0.26-	.0
01-0000-0-0000-3140-1259-380-08PB	160.00	159.66	159.66	99.7	0.00	0.34	.2
TOTAL: 1259	893.00	892.89	892.89	99.9	0.00	0.11	.0
1992 CERTIFICATED ALLOWANCES							
01-0000-0-0000-3140-1992-701-0000	1,815.00	1,815.00	1,815.00	100.0	0.00	0.00	.0
TOTAL: 1992	1,815.00	1,815.00	1,815.00	100.0	0.00	0.00	.0
TOTAL: 1000	114,048.00	114,047.78	114,047.78	99.9	0.00	0.22	.0
2211 CLASSIFIED PUPIL SUPP SALARIES							
01-0000-0-0000-3140-2211-701-0000	40,779.00	40,778.84	40,778.84	99.9	0.00	0.16	.0
TOTAL: 2211	40,779.00	40,778.84	40,778.84	99.9	0.00	0.16	.0
2212 CLASSIFIED PUPIL SUPPORT - ARS							
01-0000-0-0000-3140-2212-701-0000	52,383.00	52,382.97	52,382.97	99.9	0.00	0.03	.0
TOTAL: 2212	52,383.00	52,382.97	52,382.97	99.9	0.00	0.03	.0
2242 SUBSTITUTE CLASS PUPIL SUPP							
01-0000-0-0000-3140-2242-701-0000	1,406.00	1,405.95	1,405.95	99.9	0.00	0.05	.0
TOTAL: 2242	1,406.00	1,405.95	1,405.95	99.9	0.00	0.05	.0
2259 OTHER PAY							
01-0000-0-0000-3140-2259-020-02PB	278.00	277.92	277.92	99.9	0.00	0.08	.0
01-0000-0-0000-3140-2259-050-05PB	201.00	201.05	201.05	100.0	0.00	0.05-	.0
01-0000-0-0000-3140-2259-060-06PB	278.00	277.92	277.92	99.9	0.00	0.08	.0
01-0000-0-0000-3140-2259-070-07PB	278.00	277.92	277.92	99.9	0.00	0.08	.0
01-0000-0-0000-3140-2259-340-04PB	591.00	591.32	591.32	100.0	0.00	0.32-	.0
01-0000-0-0000-3140-2259-380-08PB	591.00	591.32	591.32	100.0	0.00	0.32-	.0
TOTAL: 2259	2,217.00	2,217.45	2,217.45	100.0	0.00	0.45-	.0
TOTAL: 2000	96,785.00	96,785.21	96,785.21	100.0	0.00	0.21-	.0
3101 STRS CERTICATED							
01-0000-0-0000-3140-3101-701-0000	9,186.00	9,185.48	9,185.48	99.9	0.00	0.52	.0
TOTAL: 3101	9,186.00	9,185.48	9,185.48	99.9	0.00	0.52	.0

Supporting Documentation

SACS Report – Classified Salaries

2211 CLASSIFIED PUPIL SUPP SALARIES			
01-0000-0-0000-3140-2211-701-0000	40,779.00	40,778.84	40,778.84
TOTAL: 2211	40,779.00	40,778.84	40,778.84
2212 CLASSIFIED PUPIL SUPPORT - ARS			
01-0000-0-0000-3140-2212-701-0000	52,383.00	52,382.97	52,382.97
TOTAL: 2212	52,383.00	52,382.97	52,382.97
2242 SUBSTITUTE CLASS PUPIL SUPP			
01-0000-0-0000-3140-2242-701-0000	1,406.00	1,405.95	1,405.95
TOTAL: 2242	1,406.00	1,405.95	1,405.95
2259 OTHER PAY			
01-0000-0-0000-3140-2259-020-02PB	278.00	277.92	277.92
01-0000-0-0000-3140-2259-050-05PB	201.00	201.05	201.05
01-0000-0-0000-3140-2259-060-06PB	278.00	277.92	277.92
01-0000-0-0000-3140-2259-070-07PB	278.00	277.92	277.92
01-0000-0-0000-3140-2259-340-04PB	591.00	591.32	591.32
01-0000-0-0000-3140-2259-380-08PB	591.00	591.32	591.32
TOTAL: 2259	2,217.00	2,217.45	2,217.45
TOTAL: 2000	96,785.00	96,785.21	96,785.21

Supporting Documentation SACS Report

FD-RESC-Y-06JT-50-GOAL-FUNC-BRS-SCH-001 -02		SUB-OBJT	EXPENDED/RECEIVED	
		APPROVED BUDGET	CURRENT	YEAR TO DATE
1201	NURSE SALARY			
01-6510-0-1201-00-5710-3140-231-512-0000-00	GENRL	24,993.00	24,991.68	24,991.68
TOTAL: 1201		24,993.00	24,991.68	24,991.68
TOTAL: 1xxx		24,993.00	24,991.68	24,991.68
3101	STRS CERTIFICATED			
01-6510-0-3101-00-5710-3140-231-512-0000-00	GENRL	2,062.00	2,061.72	2,061.72
TOTAL: 3101		2,062.00	2,061.72	2,061.72
3501	UNEMPLOYMENT - CERTIFICATED			
01-6510-0-3501-00-5710-3140-231-512-0000-00	GENRL	75.00	75.00	75.00
TOTAL: 3501		75.00	75.00	75.00
3601	WORKERS COMP - CERTIFICATED			
01-6510-0-3601-00-5710-3140-231-512-0000-00	GENRL	962.00	961.39	961.39
TOTAL: 3601		962.00	961.39	961.39
TOTAL: 3xxx		3,099.00	3,098.11	3,098.11
TOTAL: 1xxx - 5xxx		28,092.00	28,089.79	28,089.79
FUND : 01 GENERAL FUND				BUD RESP: 251
RESOURCE: 7804 ALTA - INFANT VENDOR				DIST 1 : 0000
1201	NURSE SALARY			
01-7804-0-1201-00-7150-3140-231-512-0000-00	GENRL	24,278.00	24,277.68	24,277.68
TOTAL: 1201		24,278.00	24,277.68	24,277.68
TOTAL: 1xxx		24,278.00	24,277.68	24,277.68
2201	OCCUPATIONAL THERAPIST SALARY			
01-7804-0-2201-17-7150-3141-231-512-0000-00	TRADSAL	3,784.00	3,783.72	3,783.72

Supporting Documentation

SACS Report

1201	WURSE SALARY		
	01-6510-0-1201-00-5710-3140-231-512-0000-00	GENRL	
		24,993.00	24,991.68
TOTAL:	1201	24,993.00	24,991.68
TOTAL:	1xxx	24,993.00	24,991.68
3101	STRS CERTIFICATED		
	01-6510-0-3101-00-5710-3140-231-512-0000-00	GENRL	
		2,062.00	2,061.72
TOTAL:	3101	2,062.00	2,061.72
3501	UNEMPLOYMENT - CERTIFICATED		
	01-6510-0-3501-00-5710-3140-231-512-0000-00	GENRL	
		75.00	75.00
TOTAL:	3501	75.00	75.00
3601	WORKERS COMP - CERTIFICATED		
	01-6510-0-3601-00-5710-3140-231-512-0000-00	GENRL	
		962.00	961.39
TOTAL:	3601	962.00	961.39
TOTAL:	3xxx	3,099.00	3,098.11
	TOTAL: 1xxx - 5xxx	28,092.00	28,089.79

Supporting Documentation

Payroll Report

Payroll/Personnel Listing

POSITION	FTE %	GR	RG	ST	ANNUAL SALARY	ACTUAL SALARY	SHIFT DIFF	LOC	DAYS	HOURS	% EXP	ACCOUNT DISTRIBUTION										
												Fund	SubFund	Resource	Goal	Function	Object	SchCode	CostCenter			
THERAPIST-SPCH,AC	100.00%	30	05	04	46139	46139		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392
THERAPIST-SPCH,AC	100.00%	30	04	06	47153	47153		391	184		1,334.0	01	00	6500	000	5750	1180	000	1101	000	000	392
THERAPIST-SPCH,AC	100.00%	30	05	09	54164	54164		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392
THERAPIST-SPCH,BVH	100.00%	30	06	18	67595																	
THERAPIST-SPCH,AC	100.00%	30	06	04	48335																	
THERAPIST-SPCH,AC	100.00%	30	06	26	70805																	
THERAPIST-SPCH,AC	100.00%	30	07	26	73001																	
THERAPIST-SPCH,AC	100.00%	30	07	26	73001																	
THERAPIST-SPCH-HM	80.00%	30	05	22	67004																	
THERAPIST-SPCH,AC	80.00%	30	05	11	57374																	
TEACHER-AC, SPECIA	100.00%	30	07	05	52136																	
THERAPIST-SPCH,AC	100.00%	30	05	22	67004																	
THERAPIST-SPCH,AC	100.00%	30	04	06	47153																	
THERAPIST-SPCH-EH,	50.00%	30	07	26	73001																	
THERAPIST-SPCH,AC	100.00%	30	04	11	55178																	
THERAPIST-SPCH,AC	100.00%	30	07	26	73001																	
THERAPIST-SPCH,AC	100.00%	30	04	04	43943																	

Supporting Documentation Payroll Report

Payroll/Personnel Listing

POSITION	FTE %	GR	RG	ST	ANNUAL SALARY	ACTUAL SALARY	SHIFT DIFF	LOC	DAYS	HOURS	% EXP	Fund	SubFund	Resource	ACCOUNT DISTRIBUTION					SchCode	CostCenter		
															Goal	Function	Object						
THERAPIST-SPCH,AC	100.00%	30	05	04	46139	46139		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392	
THERAPIST-SPCH,AC	100.00%	30	04	06	47153	47153		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392	
THERAPIST-SPCH,AC	100.00%	30	05	09	54164	54164		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392	
THERAPIST-SPCH,BVH	100.00%	30	08	18	67595	67595		205	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392	
																00	000	5750	1190	000	1101	000	392
																00	000	5750	1190	000	1101	000	392
																00	000	5750	1190	000	1101	000	392
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																00	000	5750	1190	000	1101	000	392
																00	000	5750	1190	000	1101	000	392
																00	000	5750	1190	000	1101	000	392
																00	000	5750	1190	000	1101	000	392

Function Code 1190

Function Code 1190 – Special Education: Other Specialized Instructional Services

“...These services are instructional in nature...a speech specialist, who diagnoses specific speech disorders and refers problems for medical or other professional attention to treat speech disorders, is more properly coded to Function 3150, Speech Pathology and Audiology Services.”

Supporting Documentation MAA Report

- Personnel Code identifies Practitioner Type
- Total Salary Expense

			Salary	
0810	Teacher/Resource Teacher	22.40	1,185,724	52,934
0811	Dept Head / Classroom Teacher	88.50	5,087,155	57,482
0812	Athletic Director	6.00	308,249	51,375
0814	Resource Teacher/Counselor	32.15	1,691,877	52,624
0815	Resource Teacher/Counselor	1.00	63,428	63,428
0818	Technical Resource Tch	25.50	1,289,047	50,551
0821	Middle School ELD Program Coor	1.00	40,530	40,530
0823	Evaluator	3.00	180,151	60,050
0831	Librarian	23.60	1,266,761	53,676
0922	Counselor/Specific Targeted Gr	3.00	170,494	56,831
0923	Counselor	67.40	3,469,635	51,478
0925	Social Worker	8.00	493,031	61,629
0927	Student Placement Worker	1.00	63,404	63,404
0932	Nurse	24.30	1,356,143	55,808
0934	Psychologist	31.70	2,011,758	63,462
097BW	Leave with pay - Certificated	4.00	234,267	58,567
097EX	Admin Leave with pay			
1002	IS Operator Journey			
1003	IS Operator Senior			
1011	IS Technician Assista			
1012	IS Technician Journey			
1021	IS Administrator I			
1022	IS Administrator II			
1023	IS Administrator III			
1024	IS Administrator Sup			
1033	IS Trainer Senior			
1042	IS Engineer Journey			
1044	IS Engineer Principal			
1051	IS Business Analyst A			
1052	IS Business Analyst			
1062	IS Programmer Analy			
1063	IS Programmer Analy			
1064	IS Programmer Analy			
1071	IS Project Manager			
1202L	Personnel Clerk	1.00	41,057	41,057
1204	Senior Personnel Clerk	1.00	45,357	45,357
1204L	Senior Personnel Clerk	4.00	190,703	47,676
1218	Payroll Supervisor	1.00	64,219	64,219
1218L	Payroll Supervisor	1.00	73,063	73,063
1220	Payroll Clerk	1.00	47,337	47,337
1220L	Payroll Clerk	10.00	480,059	48,006
1222	Senior Payroll/Personel Clerk	1.00	51,864	51,864
1222L	Senior Payroll/Personel Clerk	3.00	157,597	52,532
1224F	Prin Payroll/Pers Clk	1.00	61,523	61,523
1242	Personnel Analyst	0.94	50,035	53,229
1242L	Personnel Analyst	2.00	119,052	59,526
1244	Senior Personnel Analyst	2.00	134,784	67,392
1367G	Special Assistant VIII	1.00	54,958	54,958
1369G	Special Assistant X	1.00	70,143	70,143
1370G	Special Assistant XI	1.00	93,312	93,312
1370L	Special Assistant XI	1.00	76,178	76,178
1371	Special Assistant XII	1.00	75,395	75,395

0923	Counselor
0925	Social Worker
0927	Student Placement Worker
0932	Nurse
0934	Psychologist

Worksheet B: Medi-Cal Service Costs – Non-IDEA Services

Line 12 (Optometrists)
 Column A (Salaries)
 Column B (Benefits)

Line 13
 (Audiometrists)

Column A (Salaries)
 Column B (Benefits)

**DO NOT ENTER
 ANYTHING INTO
 SHADED COLUMNS
 OR CELLS.**

DRAFT

Local Educational Agency (LEA) Medi-Cal Billing Option Program
 Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
 Worksheet B: Non-IDEA Services
 Fiscal Year 2006-2007

(Object Code) ⁽²⁾ Practitioner Type	Salaries (1000-2999) A	Benefits (3000-3999) B	Other Costs ⁽³⁾ C	Total Personnel Costs D = A+B+C	Percent of Time Providing Medi-Cal Non-IDEA Services ⁽⁴⁾ E	Direct Cost of Providing Medi- Cal Non-IDEA Services F = D*E
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						
a. Total Medi-Cal Non-IDEA Direct Service Costs (sum of lines 1-14, column F)						
b. Indirect Cost Rate						
c. Indirect Costs (a times b)						
d. Total Medi-Cal Non-IDEA Service Costs (a plus c)						
e. Federal Medical Assistance Percentage (FMAP)						
f. Medi-Cal Maximum Reimbursable - Non-IDEA Services (d times e)						
g. Interim Medi-Cal Reimbursement - Non-IDEA Services ⁽⁵⁾						
h. Overpayment/(Underpayment) - Non-IDEA Services (g-f)						

Notes:
⁽¹⁾ In Columns A-B, include personnel costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
⁽²⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
⁽³⁾ Other costs necessary for the provision of health services. (From Column G of Worksheet A-1/B-1).
⁽⁴⁾ Number of units paid by Medi-Cal for each LEA non-IDEA service multiplied by the time worked by practitioners to provide one unit of service (numerator) divided by the total annual hours each practitioner type were required to work (denominator). The number of units paid will be determined from Medi-Cal paid claims data. (From Column I of Worksheet A-3/B-3).
⁽⁵⁾ From Column F of Medi-Cal Paid Claims Report for Non-IDEA Services.

LEA Name _____
 Provider Number _____

Please Read the Instructions
 Prior to Completing the CRCS

Worksheet A-1/B-1: Other Costs

**Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
Worksheet A-1/B-1: Other Costs ⁽²⁾
Fiscal Year 2006-2007**

DRAFT

<i>(Object Code)</i> ⁽³⁾ Practitioner Type	Materials, Supplies and Reference Materials ⁽⁴⁾ (4200-4300)	Noncapitalized Equipment (4400)	Travel and Conferences (5200)	Dues and Membership (5300)	Contractor Costs ⁽⁵⁾ (5800)	Communications (5900)	Total Other Costs ⁽⁶⁾ G= Sum of A-F
	A	B	C	D	E	F	
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							

Notes:

- ⁽¹⁾ In Columns A-F, include other costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
- ⁽²⁾ When SACS coding does not directly assign expenses to a specific practitioner type, LEAs may allocate expenses for Other Costs, excluding Contractor Costs (Column E) which must be directly assigned, based on the proportion of salaries and wages of each practitioner type. Refer to the CRCS instructions for additional information on the allocation methodology.
- ⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
- ⁽⁴⁾ Exclude expenditures for materials or supplies used for classroom instruction.
- ⁽⁵⁾ Report expenditures related to contractors performing health services. Do not include other expenditures for Object Code 5800 (i.e. printing, tuition, advertising, legal, etc.).
- ⁽⁶⁾ To Column C of Worksheet A (IDEA Services) and Worksheet B (Non-IDEA Services).

LEA Name
Provider Number

**Please Read the Instructions
Prior to Completing the CRCS**

Worksheet A-1/B-1: Other Costs

Lines 1-13, Column A (Materials & Supplies)

Local Educational Agency (LEA) Medi-Cal Billing Option Program
 Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
 Worksheet A-1/B-1: Other Costs ⁽²⁾
 Fiscal Year 2006-2007

DRAFT

(Object Code) ⁽³⁾	Materials, Supplies and Reference Materials ⁽⁴⁾ (4200-4300)	Noncapitalized Equipment (4400)	Travel and Conferences (5200)	Dues and Membership (5300)	Contractor Costs ⁽⁵⁾ (5800)	Communications (5900)	Total Other Costs ⁽⁶⁾
Practitioner Type	A	B	C	D	E	F	G= Sum of A-F
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							-

Notes:

- ⁽¹⁾ In Columns A-F, include other costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
- ⁽²⁾ When SACS coding does not directly assign expenses to a specific practitioner type, LEAs may allocate expenses for Other Costs, excluding Contractor Costs (Column E) which must be directly assigned, based on the proportion of salaries and wages of each practitioner type. Refer to the CRCS instructions for additional information on the allocation methodology.
- ⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
- ⁽⁴⁾ Exclude expenditures for materials or supplies used for classroom instruction.
- ⁽⁵⁾ Report expenditures related to contractors performing health services. Do not include other expenditures for Object Code 5800 (i.e. printing, tuition, advertising, legal, etc.).
- ⁽⁶⁾ To Column C of Worksheet A (IDEA Services) and Worksheet B (Non-IDEA Services).

LEA Name
 Provider Number

**Please Read the Instructions
 Prior to Completing the CRCS**

Worksheet A-1/B-1: Other Costs Allocation Methodology

- For the first year of the CRCs, allocation of “other costs” (except contractor costs) will be accepted by DHS A&I
- Allocation will be based on the proportion of salaries for each practitioner type reported within a function code
- A&I recognizes that changes to the LEA program will require LEAs to make changes to their SACS coding, and those coding changes may not be in place within the first reporting period
- This allocation allowance is only for the first report submitted by November 2007
- Subsequent CRCs must have “other costs” broken out by practitioner with sufficient supporting documentation. No allocation will be accepted after the first year.

Supporting Documentation

SACS Report

BDX110
TUCKER ALLEN

#J1098

07/01/2002

BUDGET SUMMARY REPORT
07/01/2000 TO 06/30/2001

PAGE 54

Fund: 01 GENERAL FUND

Resource: 0000 NO REPORTING REQUIRMENTS

Function: 3140 HEALTH SERVICES

ACCOUNT CLASSIFICATION					WORKING	EXPENDED/RECEIVED		PENED/	UNENCUMBERED					
Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt	BUDGET	CURRENT	YEAR TO DATE	%	ENCUMBERED	BALANCE	%
3941 RETIREE ANNUITY-CERT														
01	0000	0	0000	3140	3941	701	1000	19,502.00	19,502.00	19,502.00	100.0	0.00	0.00	.0
TOTAL: 3941								19,502.00	19,502.00	19,502.00	100.0	0.00	0.00	.0

TOTAL: 3000

4319 EQUIP TAGGABLE INSTRUCTIONAL
01-0000-0-0000-3140-4319-701-5000
TOTAL: 4319

4350 OFFICE SUPPLIES
01-0000-0-0000-3140-4350-707-50MC
01-0000-0-0000-3140-4350-710-1000
TOTAL: 4350

4390 OTHER SUPPLIES
01-0000-0-0000-3140-4390-020-5000
01-0000-0-0000-3140-4390-030-5000
01-0000-0-0000-3140-4390-050-5000
01-0000-0-0000-3140-4390-060-5000
01-0000-0-0000-3140-4390-070-5000
01-0000-0-0000-3140-4390-340-5000
01-0000-0-0000-3140-4390-380-5000
01-0000-0-0000-3140-4390-701-5000
01-0000-0-1119-3140-4390-701-6000
TOTAL: 4390

TOTAL: 4000

5201 CONFERENCE EXPENSE
01-0000-0-0000-3140-5201-701-5000
TOTAL: 5201

5630 REPAIRS
01-0000-0-0000-3140-5630-701-5000
TOTAL: 5630

5813 CONTRACT PROFESSIONAL SERV
01-0000-0-0000-3140-5813-701-5000
TOTAL: 5813

5920 PAGERS
01-0000-0-0000-3140-5920-701-5000
TOTAL: 5920

4350 OFFICE SUPPLIES
01-0000-0-0000-3140-4350-707-50MC
01-0000-0-0000-3140-4350-710-1000
TOTAL: 4350

4390 OTHER SUPPLIES
01-0000-0-0000-3140-4390-020-5000
01-0000-0-0000-3140-4390-030-5000
01-0000-0-0000-3140-4390-050-5000
01-0000-0-0000-3140-4390-060-5000
01-0000-0-0000-3140-4390-070-5000
01-0000-0-0000-3140-4390-340-5000
01-0000-0-0000-3140-4390-380-5000
01-0000-0-0000-3140-4390-701-5000
01-0000-0-1119-3140-4390-701-6000
TOTAL: 4390

Worksheet A-1/B-1: Other Costs

Lines 1-13, Column B (Non-capitalized Equipment)

**Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
Worksheet A-1/B-1: Other Costs ⁽²⁾
Fiscal Year 2006-2007**

DRAFT

<i>(Object Code)</i> ⁽³⁾	Materials, Supplies and Reference Materials ⁽⁴⁾ <i>(4200-4500)</i>	Noncapitalized Equipment <i>(4400)</i>	Travel and Conferences <i>(5200)</i>	Dues and Membership <i>(5300)</i>	Contractor Costs ⁽⁵⁾ <i>(5800)</i>	Communications <i>(5900)</i>	Total Other Costs ⁽⁶⁾
Practitioner Type	A	B	C	D	E	F	G= Sum of A-F
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							-

Notes:

- ⁽¹⁾ In Columns A-F, include other costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
- ⁽²⁾ When SACS coding does not directly assign expenses to a specific practitioner type, LEAs may allocate expenses for Other Costs, excluding Contractor Costs (Column E) which must be directly assigned, based on the proportion of salaries and wages of each practitioner type. Refer to the CRCS instructions for additional information on the allocation methodology.
- ⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
- ⁽⁴⁾ Exclude expenditures for materials or supplies used for classroom instruction.
- ⁽⁵⁾ Report expenditures related to contractors performing health services. Do not include other expenditures for Object Code 5800 (i.e. printing, tuition, advertising, legal, etc.).
- ⁽⁶⁾ To Column C of Worksheet A (IDEA Services) and Worksheet B (Non-IDEA Services).

LEA Name
Provider Number

Worksheet A-1/B-1: Other Costs

Lines 1-13, Column B (Non-capitalized Equipment)

FD-RESC-Y-0BJT-SO-GOAL-FUNC-BRS-SCH-DB1 -02	SUB-0BJT	EXPENDED/RECEIVED		
APPROVED BUDGET		CURRENT	YEAR TO DATE	
TOTAL: 3311		2,584.00	2,585.74	2,585.74
3401	HEALTH & WELFARE CERTIFICATED			
01-6500-0-3401-00-5001-3120-220-512-2024-00		GENRL		
		7,930.16	7,930.16	7,930.16
TOTAL: 3401		7,930.16	7,930.16	7,930.16
3411	CVT HEALTH - CERT			
01-6500-0-3411-00-5001-3120-220-512-2024-00		GENRL		
		14,593.84	14,590.32	14,590.32
TOTAL: 3411		14,593.84	14,590.32	14,590.32
3501	UNEMPLOYMENT - CERTIFICATED			
01-6500-0-3501-00-5001-3120-220-512-2024-00		GENRL		
		581.00	579.81	579.81
TOTAL: 3501		581.00	579.81	579.81

4400	EQUIPMENT, NOT CAPITALIZED			
01-6500-0-4400-00-5001-3120-220-512-2024-00		GENRL		
		2,271.00	2,270.85	2,270.85
TOTAL: 4400		2,271.00	2,270.85	2,270.85

TOTAL: 4300	4,494.00	4,489.72	4,489.72
-------------	----------	----------	----------

4400	EQUIPMENT, NOT CAPITALIZED			
01-6500-0-4400-00-5001-3120-220-512-2024-00		GENRL		
		2,271.00	2,270.85	2,270.85
TOTAL: 4400		2,271.00	2,270.85	2,270.85

TOTAL: 4xxx	6,765.00	6,760.57	6,760.57
-------------	----------	----------	----------

5200	TRAVEL & CONFERENCE			
01-6500-0-5200-00-5001-3120-220-512-2024-00		GENRL		
		527.00	526.98	526.98

Worksheet A-1/B-1: Other Costs

Lines 1-13, Columns C and D

**Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
Worksheet A-1/B-1: Other Costs ⁽²⁾
Fiscal Year 2006-2007**

DRAFT

<i>(Object Code)</i> ⁽³⁾	Materials, Supplies and Reference Materials ⁽⁴⁾ <i>(4200-4300)</i>	Noncapitalized Equipment <i>(4400)</i>	Travel and Conferences <i>(5200)</i>	Dues and Membership <i>(5300)</i>	Contractor Costs ⁽⁵⁾ <i>(5800)</i>	Communications <i>(5900)</i>	Total Other Costs ⁽⁶⁾
Practitioner Type	A	B	C	D	E	F	G= Sum of A-F
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							-

Notes:

- ⁽¹⁾ In Columns A-F, include other costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
- ⁽²⁾ When SACS coding does not directly assign expenses to a specific practitioner type, LEAs may allocate expenses for Other Costs, excluding Contractor Costs (Column E) which must be directly assigned, based on the proportion of salaries and wages of each practitioner type. Refer to the CRCS instructions for additional information on the allocation methodology.
- ⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
- ⁽⁴⁾ Exclude expenditures for materials or supplies used for classroom instruction.
- ⁽⁵⁾ Report expenditures related to contractors performing health services. Do not include other expenditures for Object Code 5800 (i.e. printing, tuition, advertising, legal, etc.).
- ⁽⁶⁾ To Column C of Worksheet A (IDEA Services) and Worksheet B (Non-IDEA Services).

LEA Name
Provider Number

Supporting Documentation

SACS Report

BDX110
TUCKER ALLEN

██
BUDGET SUMMARY REPORT
07/01/2000 TO 06/30/2001

#J1098 07/01/2002
PAGE 54

Fund: 01 GENERAL FUND Resource: 0000 NO REPORTING REQUIRMENTS Function: 3140 HEALTH SERVICES

ACCOUNT CLASSIFICATION Fu Res Y Goal Func Obj Sch Mgmt	WORKING BUDGET	EXPENDED/RECEIVED CURRENT	EXPENDED/RECEIVED YEAR TO DATE	%	PENDED/ ENCUMBERED	UNENCUMBERED BALANCE	%
=====							
3941 RETIREE ANNUITY-CERT							
01-0000-0-0000-3140-3941-701-1000	19,502.00	19,502.00	19,502.00	100.0	0.00	0.00	.0
TOTAL: 3941	19,502.00	19,502.00	19,502.00	100.0	0.00	0.00	.0
TOTAL: 3000	77,136.00	77,125.36	77,125.36	99.9	0.00	10.64	.0
4319 EQUIP TAGGABLE INSTRUCTIONAL							
01-0000-0-0000-3140-4319-701-5000	1,500.00	0.00	0.00	.0	0.00	1,500.00	100.0
TOTAL: 4319	1,500.00	0.00	0.00	.0	0.00	1,500.00	100.0
4350 OFFICE SUPPLIES							
01-0000-0-0000-3140-4350-707-50MC	2,533.00	0.00	0.00	.0	0.00	2,533.00	100.0
01-0000-0-0000-3140-4350-710-1000	54.00	53.74	53.74	99.5	0.00	0.26	.4
TOTAL: 4350	2,587.00	53.74	53.74	2.0	0.00	2,533.26	97.9
4390 OTHER SUPPLIES							
01-0000-0-0000-3140-4390-020-5000	174.00	173.93	173.93	99.9	0.00	0.07	.0
01-0000-0-0000-3140-4390-030-5000							
01-0000-0-0000-3140-4390-050-5000							
01-0000-0-0000-3140-4390-060-5000							
01-0000-0-0000-3140-4390-070-5000							
01-0000-0-0000-3140-4390-340-5000							
01-0000-0-0000-3140-4390-380-5000							
01-0000-0-0000-3140-4390-701-5000							
01-0000-0-1119-3140-4390-701-6000							
TOTAL: 4390							
TOTAL: 4000	7,327.00	2,083.57	2,083.57	28.4	0.00	5,243.43	71.5
5201 CONFERENCE EXPENSE							
01-0000-0-0000-3140-5201-701-5000	65.00	64.84	64.84	99.7	0.00	0.16	.2
TOTAL: 5201	65.00	64.84	64.84	99.7	0.00	0.16	.2
5630 REPAIRS							
01-0000-0-0000-3140-5630-701-5000	662.00	661.69	661.69	99.9	0.00	0.31	.0
TOTAL: 5630	662.00	661.69	661.69	99.9	0.00	0.31	.0
5813 CONTRACT PROFESSIONAL SERV							
01-0000-0-0000-3140-5813-701-5000	5,000.00	4,944.50	4,944.50	98.8	0.00	55.50	1.1
TOTAL: 5813	5,000.00	4,944.50	4,944.50	98.8	0.00	55.50	1.1
5920 PAGERS							
01-0000-0-0000-3140-5920-701-5000	120.00	89.82	89.82	74.8	0.00	30.18	25.1
TOTAL: 5920	120.00	89.82	89.82	74.8	0.00	30.18	25.1

5201 CONFERENCE EXPENSE

01-0000-0-0000-3140-5201-701-5000

TOTAL: 5201

Worksheet A-1/B-1: Other Costs

Lines 1-13, Column E (Contractor Costs)

Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
Worksheet A-1/B-1: Other Costs ⁽²⁾
Fiscal Year 2006-2007

DRAFT

<i>(Object Code)</i> ⁽³⁾	Materials, Supplies and Reference Materials ⁽⁴⁾ <i>(4200-4300)</i>	Noncapitalized Equipment <i>(4400)</i>	Travel and Conferences <i>(5200)</i>	Dues and Membership <i>(5300)</i>	Contractor Costs ⁽⁵⁾ <i>(5800)</i>	Communications <i>(5900)</i>	Total Other Costs ⁽⁶⁾
Practitioner Type	A	B	C	D	E	F	G= Sum of A-F
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							-

Notes:

- ⁽¹⁾ In Columns A-F, include other costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
- ⁽²⁾ When SACS coding does not directly assign expenses to a specific practitioner type, LEAs may allocate expenses for Other Costs, excluding Contractor Costs (Column E) which must be directly assigned, based on the proportion of salaries and wages of each practitioner type. Refer to the CRCS instructions for additional information on the allocation methodology.
- ⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
- ⁽⁴⁾ Exclude expenditures for materials or supplies used for classroom instruction.
- ⁽⁵⁾ Report expenditures related to contractors performing health services. Do not include other expenditures for Object Code 5800 (i.e. printing, tuition, advertising, legal, etc.).
- ⁽⁶⁾ To Column C of Worksheet A (IDEA Services) and Worksheet B (Non-IDEA Services).

LEA Name
 Provider Number

**Please Read the Instructions
 Prior to Completing the CRCS**

Supporting Documentation Non-Public School/Agency Invoices

Invoice

DATE	INVOICE #
5/13/2005	323

BILL TO

N05-00001
[Signature]
5/17/05

P.O. NO.	TERMS	PROJECT

QUANTITY	DESCRIPTION	RATE	AMOUNT
1.5	SPEECH THERAPY FOR [REDACTED] APRIL 2005	75.00	112.50
1.5	SPEECH THERAPY FOR [REDACTED]	75.00	112.50
1	SPEECH THERAPY FOR [REDACTED]	75.00	75.00
1.5	SPEECH THERAPY FOR [REDACTED]	75.00	112.50

Speech Pathologist

April, 2005	date	date	date	date	date	date	Total hours
Primary	7-Apr	14-Apr	21-Apr	28-Apr			
Intermediate							
SJ		.5	.5	.5			1.5
JC		.5	.5	.5			1.5
SC		.5	.5	.5			1.5
SC		.5	.5	.5			1.5
SJ		.5	.5	.5			1.5
Junior High							
SL		.5	.5	(A)			1.0
Senior							
FC		.5	.5	.5			1.5

QUANTITY	DESCRIPTION	RATE	AMOUNT
1.5	SPEECH THERAPY FOR [REDACTED] APRIL 2005	75.00	112.50
1.5	SPEECH THERAPY FOR [REDACTED]	75.00	112.50
1	SPEECH THERAPY FOR [REDACTED]	75.00	75.00
1.5	SPEECH THERAPY FOR [REDACTED]	75.00	112.50

appreciate your prompt payment.

Total \$412.50

A = absent
NA = not available
C = community outing
ThA= therapist absent

Total hours

1.5
1.5
1.5
1.0
1.5
1.5

1.5

12.5 hrs

1.5

12.5 hrs

Worksheet A-1/B-1: Other Costs

Lines 1-13, Column F (Communications)

**Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
Worksheet A-1/B-1: Other Costs ⁽²⁾
Fiscal Year 2006-2007**

DRAFT

<i>(Object Code)</i> ⁽³⁾	Materials, Supplies and Reference Materials ⁽⁴⁾ <i>(4200-4300)</i>	Noncapitalized Equipment <i>(4400)</i>	Travel and Conferences <i>(5200)</i>	Dues and Membership <i>(5300)</i>	Contractor Costs ⁽⁵⁾ <i>(5800)</i>	Communications <i>(5900)</i>	Total Other Costs ⁽⁶⁾
Practitioner Type	A	B	C	D	E	F	G= Sum of A-F
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							-

Notes:

- ⁽¹⁾ In Columns A-F, include other costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
- ⁽²⁾ When SACS coding does not directly assign expenses to a specific practitioner type, LEAs may allocate expenses for Other Costs, excluding Contractor Costs (Column E) which must be directly assigned, based on the proportion of salaries and wages of each practitioner type. Refer to the CRCS instructions for additional information on the allocation methodology.
- ⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
- ⁽⁴⁾ Exclude expenditures for materials or supplies used for classroom instruction.
- ⁽⁵⁾ Report expenditures related to contractors performing health services. Do not include other expenditures for Object Code 5800 (i.e. printing, tuition, advertising, legal, etc.).
- ⁽⁶⁾ To Column C of Worksheet A (IDEA Services) and Worksheet B (Non-IDEA Services).

LEA Name
Provider Number

**Please Read the Instructions
Prior to Completing the CRCS**

Supporting Documentation

SACS Report

BDX110
TUCKER ALLEN

#J1098 07/01/2002

BUDGET SUMMARY REPORT
07/01/2000 TO 06/30/2001

PAGE 54

Fund: 01 GENERAL FUND

Resource: 0000 NO REPORTING REQUIRMENTS

Function: 3140 HEALTH SERVICES

ACCOUNT CLASSIFICATION						WORKING	EXPENDE/RECEIVED			PENDE/	UNENCUMBERED			
Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt	BUDGET	CURRENT	YEAR TO DATE	%	ENCUMBERED	BALANCE	%
=====														
3941				RETIREE ANNUITY-CERT										
01-0000-0-0000-3140-3941-701-1000								19,502.00	19,502.00	19,502.00	100.0	0.00	0.00	.0
TOTAL: 3941								19,502.00	19,502.00	19,502.00	100.0	0.00	0.00	.0
TOTAL: 3000								77,136.00	77,125.36	77,125.36	99.9	0.00	10.64	.0
=====														
4319				EQUIP TAGGABLE INSTRUCTIONAL										
01-0000-0-0000-3140-4319-701-5000								1,500.00	0.00	0.00	.0	0.00	1,500.00	100.0
TOTAL: 4319								1,500.00	0.00	0.00	.0	0.00	1,500.00	100.0
=====														
4350				OFFICE SUPPLIES										
01-0000-0-0000-3140-4350-707-50MC								2,533.00	0.00	0.00	.0	0.00	2,533.00	100.0
01-0000-0-0000-3140-4350-710-1000								54.00	53.74	53.74	99.5	0.00	0.26	.4
TOTAL: 4350								2,587.00	53.74	53.74	2.0	0.00	2,533.26	97.9
=====														
4390				OTHER SUPPLIES										
01-0000-0-0000-3140-4390-020-5000								174.00	173.93	173.93	99.9	0.00	0.07	.0
01-0000-0-0000-3140-4390-030-5000								229.00	228.83	228.83	99.9	0.00	0.17	.0
01-0000-0-0000-3140-4390-050-5000								324.00	324.37	324.37	100.0	0.00	0.37-	.0
01-0000-0-0000-3140-4390-060-5000								142.00	142.13	142.13	100.0	0.00	0.13-	.0
01-0000-0-0000-3140-4390-070-5000								422.00	197.67	197.67	46.8	0.00	224.33	53.1
01-0000-0-0000-3140-4390-340-5000								397.00	396.48	396.48	99.8	0.00	0.52	.1
01-0000-0-0000-3140-4390-380-5000								445.00	444.12	444.12	99.8	0.00	0.88	.1
01-0000-0-0000-3140-4390-701-5000								1,082.00	98.06	98.06	9.0	0.00	983.94	90.9
01-0000-0-1119-3140-4390-701-6000								25.00	24.24	24.24	96.9	0.00	0.76	3.0
TOTAL: 4390														
TOTAL: 4000														
=====														
5201				CONFERENCE EXPENSE										
01-0000-0-0000-3140-5201-701														
TOTAL: 5201														
=====														
5630				REPAIRS										
01-0000-0-0000-3140-5630-701														
TOTAL: 5630														
=====														
5813				CONTRACT PROFESSIONAL S										
01-0000-0-0000-3140-5813-701														
TOTAL: 5813								5,000.00	4,944.50	4,944.50	98.8	0.00	55.50	1.1
=====														
5920				PAGERS										
01-0000-0-0000-3140-5920-701-5000								120.00	89.82	89.82	74.8	0.00	30.18	25.1
TOTAL: 5920								120.00	89.82	89.82	74.8	0.00	30.18	25.1

5920 PAGERS

01-0000-0-0000-3140-5920-701-5000

TOTAL: 5920

Worksheet A-1/B-1: Other Costs

Lines 1-13, Column G

Local Educational Agency (LEA) Medi-Cal Billing Option Program
 Medi-Cal Cost and Reimbursement Comparison Schedule ⁽¹⁾
 Worksheet A-1/B-1: Other Costs ⁽²⁾
 Fiscal Year 2006-2007

DRAFT

(Object Code) ⁽³⁾	Materials, Supplies and Reference Materials ⁽⁴⁾ (4200-4300)	Noncapitalized Equipment (4400)	Travel and Conferences (5200)	Dues and Membership (5300)	Contractor Costs ⁽⁵⁾ (5800)	Communications (5900)	Total Other Costs ⁽⁶⁾
Practitioner Type	A	B	C	D	E	F	G= Sum of A-F
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							-

Notes:

- ⁽¹⁾ In Columns A-F, include other costs necessary for the provision of health services. Exclude costs (or the portion of costs) that are funded by federal revenues.
- ⁽²⁾ When SACS coding does not directly assign expenses to a specific practitioner type, LEAs may allocate expenses for Other Costs, excluding Contractor Costs (Column E) which must be directly assigned, based on the proportion of salaries and wages of each practitioner type. Refer to the CRCS instructions for additional information on the allocation methodology.
- ⁽³⁾ Object codes on this schedule are described in the California School Accounting Manual, Part II Standardized Account Code Structure (SACS) issued by the California Department of Education.
- ⁽⁴⁾ Exclude expenditures for materials or supplies used for classroom instruction.
- ⁽⁵⁾ Report expenditures related to contractors performing health services. Do not include other expenditures for Object Code 5800 (i.e. printing, tuition, advertising, legal, etc.).
- ⁽⁶⁾ To Column C of Worksheet A (IDEA Services) and Worksheet B (Non-IDEA Services).

LEA Name
 Provider Number

Worksheet A-2/B-2: Contractor Costs

DO NOT ENTER ANYTHING INTO COLUMN A.

Lines 1-13, Column B (Total Hours Paid)

Lines 1-13, Column C (Average Contract Rate Per Hour)

Local Educational Agency (LEA) Medi-Cal Billing Option Program
 Medi-Cal Cost and Reimbursement Comparison Schedule
 Worksheet A-2/B-2: Contractor Costs and Hours Paid
 Fiscal Year 2006-2007

DRAFT

Contracts Paid on a Daily or Hourly Basis

	Contractor Costs	Total Hours Paid	Average Contract Rate
	(5800) ⁽¹⁾	⁽²⁾	Per Hour
	A	B	C
<i>Health Services Practitioners:</i>			
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			

Notes:
⁽¹⁾ From Column E of Worksheet A-1/B-1
⁽²⁾ To Column D of Worksheet A-3/B-3

LEA Name _____
 Provider Number _____

Please Read the Instructions
 Prior to Completing the CRCS

Worksheet A-3/B-3: Percent of Time Providing Medi-Cal IDEA and Non-IDEA Services

LEA Medi-Cal Billing Option Program
 Medi-Cal Cost and Reimbursement Comparison Schedule
 Worksheet A-3/B-3: Percent of Time Providing Medi-Cal IDEA and Non-IDEA Services
 Fiscal Year 2006-2007

DRAFT

Practitioner Type	Number of Full-Time Equivalent (FTE) Employees ⁽¹⁾	Annual Hours Required to Work per FTE ⁽²⁾	Total Hours Required to Work (Employees)	Total Hours Worked by Contractors ⁽³⁾	Total Hours Worked by Employees and Contractors	Total Hours Reimbursed for Medi-Cal IDEA Services ⁽⁴⁾	Percent of Time Providing Medi-Cal IDEA Services ⁽⁵⁾	Total Hours Reimbursed for Medi-Cal Non-IDEA Services ⁽⁶⁾	Percent of Time Providing Medi-Cal Non-IDEA Services ⁽⁷⁾
	A	B	C	D	E = C+D	F	G = F/E	H	I = H/E
1. Psychologists				-	-	-	-	-	-
2. Social Workers				-	-	-	-	-	-
3. Counselors				-	-	-	-	-	-
4. School Nurses				-	-	-	-	-	-
5. Licensed Vocational Nurses				-	-	-	-	-	-
6. Speech-Language Pathologists				-	-	-	-	-	-
7. Audiologists				-	-	-	-	-	-
8. Physical Therapists				-	-	-	-	-	-
9. Occupational Therapists				-	-	-	-	-	-
10. Trained Health Care Aides				-	-	-	-	-	-
11. Physicians/Psychiatrists				-	-	-	-	-	-
12. Optometrists				-	-	-	-	-	-
13. Audiometrists				-	-	-	-	-	-

Notes:

- (1) If the number of FTEs cannot be calculated from the LEA's payroll system, an average may be used, based on the FTEs employed at the beginning and end of the school year.
- (2) Number of hours required to work per day multiplied by number of days required to work per year.
- (3) From Column B of Worksheet A-2/B-2.
- (4) From Column E of Medi-Cal Paid Claims Report for IDEA Services.
- (5) To Column E of Worksheet A (IDEA Services).
- (6) From Column E of Medi-Cal Paid Claims Report for Non-IDEA Services.
- (7) To Column E of Worksheet B (Non-IDEA Services).

LEA Name
 Provider Number

Worksheet A-3/B-3: Percent of Time Providing Medi-Cal IDEA and Non-IDEA Services

LEA Medi-Cal Billing Option Program
 Medi-Cal Cost and Reimbursement Comparison Schedule
 Worksheet A-3/B-3: Percent of Time Providing Medi-Cal IDEA and Non-IDEA Services
 Fiscal Year 2006-2007

DRAFT

Practitioner Type	Number of Full-Time Equivalent (FTE) Employees ⁽¹⁾	Annual Hours Required to Work per FTE ⁽²⁾	Total Hours Required to Work (Employees)	Total Hours Worked by Contractors ⁽³⁾	Total Hours Worked by Employees and Contractors	Total Hours Reimbursed for Medi-Cal IDEA Services ⁽⁴⁾	Percent of Time Providing Medi-Cal IDEA Services ⁽⁵⁾	Total Hours Reimbursed for Medi-Cal Non-IDEA Services ⁽⁶⁾	Percent of Time Providing Medi-Cal Non-IDEA Services ⁽⁷⁾
	A	B	C	D	E = C+D	F	G = F/E	H	I = H/E
1. Psychologists				-	-	-	-	-	-
2. Social Workers				-	-	-	-	-	-
3. Counselors				-	-	-	-	-	-
4. School Nurses				-	-	-	-	-	-
5. Licensed Vocational Nurses				-	-	-	-	-	-
6. Speech-Language Pathologists				-	-	-	-	-	-
7. Audiologists				-	-	-	-	-	-
8. Physical Therapists				-	-	-	-	-	-
9. Occupational Therapists				-	-	-	-	-	-
10. Trained Health Care Aides				-	-	-	-	-	-
11. Physicians/Psychiatrists				-	-	-	-	-	-
12. Optometrists				-	-	-	-	-	-
13. Audiometrists				-	-	-	-	-	-

Notes:

- (1) If the number of FTEs cannot be calculated from the LEA's payroll system, an average may be used, based on the FTEs employed at the beginning and end of the school year.
- (2) Number of hours required to work per day multiplied by number of days required to work per year.
- (3) From Column B of Worksheet A-2/B-2.
- (4) From Column E of Medi-Cal Paid Claims Report for IDEA Services.
- (5) To Column E of Worksheet A (IDEA Services).
- (6) From Column E of Medi-Cal Paid Claims Report for Non-IDEA Services.
- (7) To Column E of Worksheet B (Non-IDEA Services).

LEA Name
 Provider Number

Supporting Documentation Collective Bargaining Agreement

~~_____~~ SCHOOL DISTRICT
PSYCHOLOGIST SALARY SCHEDULE

The Psychologist works eight (8) hours per day and one hundred ninety (190) work days per year.

8	58497
9	60837
	63270

The Psychologist works eight (8) hours per day and one hundred ninety (190) work days per year.

Salary includes compensation for Master's Degree - \$900.00
Stipend for MFT License (added to salary) - \$500.00
Extra Duty Hourly Rate - \$ 31.75

Outside credit experience: 1 step for every 3 years experience

Adopted _____

Partial Federal Funding

- Expenses (or the portion of expenses) that are funded by federal revenues should not be included in the CRCS worksheets.
- FTEs (or the portion of FTEs) that are funded by federal revenues may possibly be included depending on the following scenarios:

Partial Federal Funding (Cont'd)

- If the practitioner's time is dedicated to the federal program from which they are funded, then the CRCS should not include the federal portion of the FTE.
- If the practitioner's time is not dedicated to the federal program from which they are funded, then the CRCS should include the federal portion of the FTE.

Medi-Cal Paid Claims Reports

Medi-Cal Cost and Reimbursement Comparison Schedule
Medi-Cal Paid Claims Report for IDEA Services
Fiscal Year 2006-2007
LEA Name and Provider Number

SAMPLE
REPORT

Service Description	Proc Code	Modifier(s) (1)	Time Spent	Total	Total	Number of	Medi-Cal Hours	Interim Medi-Cal
			Per Unit (2)	Units (6)	Minutes		Reimbursed for	Reimbursement for
			A	B	C = A * B	D	E = C/D(5)	F (7)
Psychologists - Totals								
Individual Treatments - Initial	96152	NH						
Individual - Additional 15 minutes	96152	AH, 21						
Group Treatments - Initial	96152	AH						
Group - Additional 15 minutes	96153	AH, 21						
Initial/Triennial Assessments	96100	-						
Amended Assessments	96106	TS						
Annual Assessments	96100	52						
Social Workers - Totals								
Individual Treatments - Initial	96152	AJ						
Individual - Additional 15 minutes	96152	AJ, 21						
Group Treatments - Initial	96153	AJ						
Group - Additional 15 minutes	96153	AJ, 21						
Initial/Triennial Assessments	96150	AJ						
Amended Assessments	96151	AJ						
Annual Assessments	96150	AJ, 52						
Counselors - Totals								
Individual Treatments - Initial	96152	-						
Individual - Additional 15 minutes	96152	21						
Group Treatments - Initial	96153	-						
Group - Additional 15 minutes	96153	21						
Initial/Triennial Assessments	96150	-						
Amended Assessments	96151	-						
Annual Assessments	96150	52						
School Nurses - Totals								
Individual Treatments	T1002	-						
Initial/Triennial Assessments	T1001	-						
Amended Assessments	T1001	TS						
Annual Assessments	T1001	52						
Licensed Vocational Nurses - Totals								
Individual Treatments	T1003	-						
Trained Health Care Aides - Totals								
Individual Treatments	T1004	-						
Speech-Language Pathologists - Totals								
Individual Treatments - Initial	92507	GN						
Individual - Additional 15 minutes	92507	GN, 21						
Group Treatments - Initial	92508	GN						
Group - Additional 15 minutes	92508	GN, 21						
Initial/Triennial Assessments	92506	GN						
Amended Assessments	92506	GN, TS						
Annual Assessments	92506	GN, 52						

Draft and Preliminary

Page A-1

For Discussion Purposes Only

Medi-Cal Cost and Reimbursement Comparison Schedule
Medi-Cal Paid Claims Report for IDEA Services
Fiscal Year 2006-2007
LEA Name and Provider Number

SAMPLE
REPORT

Service Description	Proc Code	Modifier(s) (1)	Time Spent	Total	Total	Number of	Medi-Cal Hours	Interim Medi-Cal
			Per Unit (2)	Units (6)	Minutes		Reimbursed for	Reimbursement for
			A	B	C = A * B	D	E = C/D(5)	F (7)
Audiologists - Totals								
Individual Treatments - Initial	92507	-						
Individual - Additional 15 minutes	92507	21						
Hearing Check	V9011	-						
Initial/Triennial Assessments	92506	-						
Amended Assessments	92506	TS						
Annual Assessments	92506	52						
Physical Therapists - Totals								
Individual Treatments - Initial	97110	GP						
Individual - Additional 15 minutes	97110	GP, 21						
Initial/Triennial Assessments	97001	-						
Amended Assessments	97002	-						
Annual Assessments	97001	52						
Occupational Therapists - Totals								
Individual Treatments - Initial	97110	GO						
Individual - Additional 15 minutes	97110	GO, 21						
Initial/Triennial Assessments	97003	-						
Amended Assessments	97004	-						
Annual Assessments	97003	52						
Physicians/Psychiatrists - Totals								
Individual Treatments - Initial	96152	AG						
Individual - Additional 15 minutes	96152	AG, 21						
Group Treatments - Initial	96153	AG						
Group - Additional 15 minutes	96153	AG, 21						
Initial/Triennial Assessments	96150	AG						
Amended Assessments	96151	AG						
Annual Assessments	96150	AG, 52						
Total Interim Medi-Cal Reimbursement - IDEA Services (7)								

Notes:

(1) All IDEA services are billed with modifier TL (IFSP) or TM (IEP) in addition to the modifiers in this column.

(2) Based on time increments in minutes from the LEA Program Rate Study.

(3) Total units paid by Medi-Cal for each service are determined from Medi-Cal paid claims data.

(4) The number of students per group treatment session is based on data from the LEA Program Rate Study. Otherwise, the number of students is 1 (individual treatment sessions and assessments).

(5) Total Medi-Cal hours for each practitioner type to Column F of Worksheet A-3/B-3.

(6) Interim Medi-Cal reimbursement for each service is determined from Medi-Cal paid claims data.

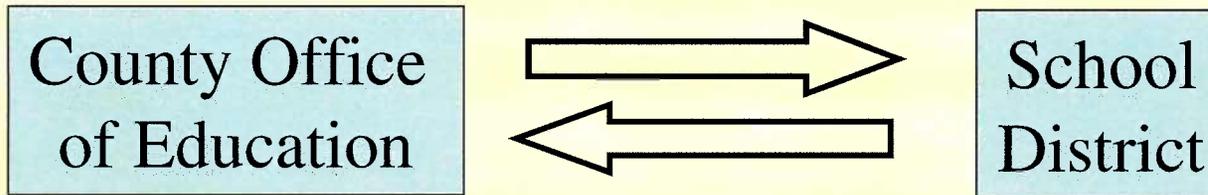
(7) To Line g of Worksheet A (IDEA Services)

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Page A-2

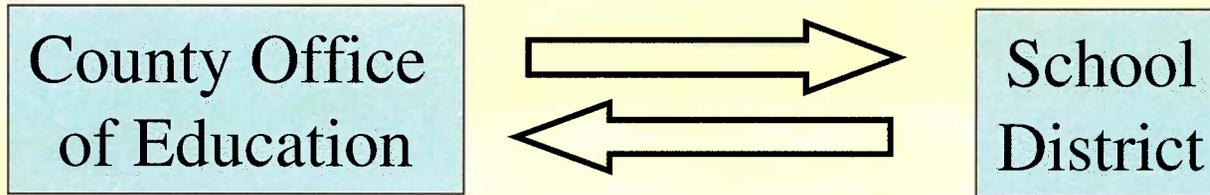
For Discussion Purposes Only

Centralized Billing Consortium



- In some LEAs that operate as billing consortiums, the COE and the school district share practitioners.
- In completing the CRCS, it is important not to double-count the expense for this practitioner.
- The COE cannot claim the salary expense while the district claims the contractor expense.
- Make sure to distinguish who is going to claim these expenses on the CRCS.

Centralized Billing Consortium (Cont'd)



- When completing a CRCS for a billing consortium, it may be helpful to:
 - Have each school site or district providing services complete its own CRCS
 - Compile each individual CRCS into an aggregate for the consortium

Additional Information

Additional guidance for local educational agencies in using SACS (including field descriptions, valid codes and combination tables) are available at <http://www.cde.ca.gov/fg/ac/ac/>

Questions about the CRCS may be emailed to dhsailea@dhs.ca.gov

LEA Program information can be found on the LEA website at <http://www.dhs.ca.gov/lea/default.htm>

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