

Section IV:
Completion of Sample CRCS

LEA Identification

1. LEA Identification:

LEA Name California Unified School District
Provider Number SS0123456
Contact: Name John Doe
Title LEA Coordinator
Phone (123) 456-7890
E-Mail Address jdoc@causd.edu

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

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 – IDEA Services

<i>(Object Code)</i> ⁽³⁾ 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
Practitioner Type	A	B	C	D = A+B+C	E	F = D*E
1. Psychologists			-	-	-	
2. School Nurses			-	-	-	
3. Licensed Vocational Nurses			-	-	-	
4. Speech-Language Pathologists			-	-	-	
5. Occupational Therapists			-	-	-	
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)						-

Worksheet A – IDEA Services Psychologist Salary

1202 PSYCHOLOGIST SALARY			
01-6500-0-1202-00-5001-3120-220-512-2024-00	GENRL	193,470.00	193,467.24
TOTAL: 1202		193,470.00	193,467.24
TOTAL: 1xxx		193,470.00	193,467.24

Worksheet A – IDEA Services Psychologist Benefits

3101 STRS CERTIFICATED

01-6500-0-3101-00-5001-3120-220-512-2024-00

GENRL

15,963.00

15,956.93

TOTAL: 3101

15,963.00

15,956.93

3311 MEDICARE - CERTIFICATED

01-6500-0-3311-00-5001-3120-220-512-2024-00

GENRL

2,584.00

2,583.74

Worksheet A – IDEA Services Psychologist Benefits (Cont'd)

3401 HEALTH & WELFARE CERTIFICATED

01-6500-0-3401-00-5001-3120-220-512-2024-00

GENRL

7,930.16

7,930.16

TOTAL: 3401

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

TOTAL: 3411

14,593.84

14,590.32

3501 UNEMPLOYMENT - CERTIFICATED

01-6500-0-3501-00-5001-3120-220-512-2024-00

GENRL

581.00

579.81

TOTAL: 3501

581.00

579.81

3601 WORKERS COMP - CERTIFICATED

01-6500-0-3601-00-5001-3120-220-512-2024-00

GENRL

7,349.00

7,348.55

TOTAL: 3601

7,349.00

7,348.55

Worksheet A – IDEA Services Psychologist Salary and Benefits

<i>(Object Code)</i> ⁽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	193,467.27	48,989.51	-	242,456.78	-	-
2. School Nurses			-	-	-	-
3. Licensed Vocational Nurses			-	-	-	-
4. Speech-Language Pathologists			-	-	-	-
5. Occupational Therapists			-	-	-	-
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)						-

Worksheet A – IDEA Services Nurse Salary

1201 NURSE SALARY

01-6500-0-1201-00-5001-3140-231-512-2025-00	GENRL	130,634.00	130,633.20
TOTAL: 1201		130,634.00	130,633.20
TOTAL: 1xxx		130,634.00	130,633.20

2204 LICENSED VOCATIONAL NURSE

01-6500-0-2204-17-5001-3140-231-512-2025-00	TRADSAL	23,674.00	23,673.72
TOTAL: 2204		23,674.00	23,673.72

Worksheet A – IDEA Services Nurse Benefits

3101 STRS CERTIFICATED

01-6500-0-3101-00-5001-3140-231-512-2025-00 GENRL
 10,779.00
 TOTAL: 3101 10,779.00

10,777.18
10,777.18

3202 PERS CLASSIFIED

01-6500-0-3202-00-5001-3140-231-512-2025-00 GENRL
 627.00
 01-6500-0-3202-17-5001-3140-231-512-2025-00 TRADSAL
 2,550.00
 TOTAL: 3202 3,177.00

624.11
2,466.83
 3,090.94

3302 SOCIAL SECURITY CLASSIFIED

01-6500-0-3302-00-5001-3140-231-512-2025-00 GENRL
 396.00
 01-6500-0-3302-17-5001-3140-231-512-2025-00 TRADSAL
 1,232.00
 TOTAL: 3302 1,628.00

394.81
1,231.94
 1,626.75

3311 MEDICARE - CERTIFICATED

01-6500-0-3311-00-5001-3140-231-512-2025-00 GENRL
 1,231.00
 TOTAL: 3311 1,231.00

1,230.94
1,230.94

Worksheet A - IDEA Services Nurse Benefits (Cont'd)

3401 HEALTH & WELFARE CERTIFICATED		
01-6500-0-3401-00-5001-3140-231-512-2025-00	GENRL	
	3,842.00	3,841.98
TOTAL: 3401	3,842.00	3,841.98
3402 HEALTH & WELFARE CLASSIFIED		
01-6500-0-3402-17-5001-3140-231-512-2025-00	TRADSAL	
	9,605.00	9,604.92
TOTAL: 3402	9,605.00	9,604.92
3501 UNEMPLOYMENT - CERTIFICATED		
01-6500-0-3501-00-5001-3140-231-512-2025-00	GENRL	
	394.00	392.04
TOTAL: 3501	394.00	392.04
3502 UNEMPLOYMENT - CLASSIFIED		
01-6500-0-3502-00-5001-3140-231-512-2025-00	GENRL	
	21.00	19.12
01-6500-0-3502-17-5001-3140-231-512-2025-00	TRADSAL	
	81.00	70.96
TOTAL: 3502	102.00	90.08

Worksheet A – IDEA Services Nurse Benefits (Cont'd)

3601 WORKERS COMP - CERTIFICATED

01-6500-0-3601-00-5001-3140-231-512-2025-00	GENRL	
	5,147.00	5,113.60
TOTAL: 3601	5,147.00	5,113.60

3602 WORKERS COMP - CLASSIFIED

01-6500-0-3602-00-5001-3140-231-512-2025-00	GENRL	
	252.00	250.84
01-6500-0-3602-17-5001-3140-231-512-2025-00	TRADSAL	
	933.00	932.75
TOTAL: 3602	1,185.00	1,183.59

3802 PERS REDUCTION CLASSIFIED

01-6500-0-3802-00-5001-3140-231-512-2025-00	GENRL	
	214.00	155.71
01-6500-0-3802-17-5001-3140-231-512-2025-00	TRADSAL	
	616.00	615.52
TOTAL: 3802	830.00	771.23

Worksheet A – IDEA Services Nurse Salary and Benefits

<i>(Object Code)</i> ⁽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	193,467.27	48,989.51	-	242,456.78	-	-
2. School Nurses	130,633.20	21,355.74	-	151,988.94	-	-
3. Licensed Vocational Nurses			-	-	-	-
4. Speech-Language Pathologists			-	-	-	-
5. Occupational Therapists			-	-	-	-
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)						-

Worksheet A – IDEA Services Licensed Vocational Nurse (LVN) Salary

1201 NURSE SALARY

01-6500-0-1201-00-5001-3140-231-512-2025-00

GENRL

130,634.00

130,633.20

TOTAL: 1201

130,634.00

130,633.20

TOTAL: 1xxx

130,634.00

130,633.20

2204 LICENSED VOCATIONAL NURSE

01-6500-0-2204-17-5001-3140-231-512-2025-00

TRADSAL

23,674.00

23,673.72

TOTAL: 2204

23,674.00

23,673.72

Worksheet A – IDEA Services LVN Benefits

3101	STRS CERTIFICATED		
	01-6500-0-3101-00-5001-3140-231-512-2025-00	GENRL	
		10,779.00	10,777.18
	TOTAL: 3101	10,779.00	10,777.18
3202	PERS CLASSIFIED		
	01-6500-0-3202-00-5001-3140-231-512-2025-00	GENRL	
		627.00	624.11
	01-6500-0-3202-17-5001-3140-231-512-2025-00	TRADSL	
		2,550.00	2,466.83
	TOTAL: 3202	3,177.00	3,090.94
3302	SOCIAL SECURITY CLASSIFIED		
	01-6500-0-3302-00-5001-3140-231-512-2025-00	GENRL	
		396.00	394.81
	01-6500-0-3302-17-5001-3140-231-512-2025-00	TRADSL	
		1,232.00	1,231.94
	TOTAL: 3302	1,628.00	1,626.75
3311	MEDICARE - CERTIFICATED		
	01-6500-0-3311-00-5001-3140-231-512-2025-00	GENRL	
		1,231.00	1,230.94
	TOTAL: 3311	1,231.00	1,230.94

Worksheet A - IDEA Services

LVN Benefits (Cont'd)

3401	HEALTH & WELFARE CERTIFICATED	GENRL	
	01-6500-0-3401-00-5001-3140-231-512-2025-00		
		3,842.00	3,841.98
TOTAL: 3401		3,842.00	3,841.98

3402	HEALTH & WELFARE CLASSIFIED	TRADSAL	
	01-6500-0-3402-17-5001-3140-231-512-2025-00		
		9,685.00	9,684.92
TOTAL: 3402		9,685.00	9,684.92

3501	UNEMPLOYMENT - CERTIFICATED	GENRL	
	01-6500-0-3501-00-5001-3140-231-512-2025-00		
		394.00	392.04
TOTAL: 3501		394.00	392.04

3502	UNEMPLOYMENT - CLASSIFIED	GENRL	
	01-6500-0-3502-00-5001-3140-231-512-2025-00		
		21.00	19.12
	01-6500-0-3502-17-5001-3140-231-512-2025-00	TRADSAL	
		81.00	78.96
TOTAL: 3502		102.00	98.08

Worksheet A – IDEA Services

LVN Benefits (Cont'd)

3601	WORKERS COMP - CERTIFICATED		
	01-6500-0-3601-00-5001-3140-231-512-2025-00	GENRL	
		5,147.00	5,113.60
TOTAL:	3601	5,147.00	5,113.60
3602	WORKERS COMP - CLASSIFIED		
	01-6500-0-3602-00-5001-3140-231-512-2025-00	GENRL	
		252.00	250.84
	01-6500-0-3602-17-5001-3140-231-512-2025-00	TRADSAL	
		933.00	932.75
TOTAL:	3602	1,185.00	1,183.59
3802	PERS REDUCTION CLASSIFIED		
	01-6500-0-3802-00-5001-3140-231-512-2025-00	GENRL	
		214.00	155.71
	01-6500-0-3802-17-5001-3140-231-512-2025-00	TRADSAL	
		616.00	615.52
TOTAL:	3802	830.00	771.23

Worksheet A – IDEA Services LVN Salary and Benefits

<i>(Object Code)</i> ⁽³⁾ 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
A	B	C	D = A+B+C	E	F = D*E	
1. Psychologists	193,467.27	48,989.51	-	242,456.78	-	-
2. School Nurses	130,633.20	21,355.74	-	151,988.94	-	-
3. Licensed Vocational Nurse	23,673.72	16,747.98	-	40,421.70	-	-
4. Speech-Language Pathologists			-	-	-	-
5. Occupational Therapists			-	-	-	-
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)						-

Worksheet A – IDEA Services Speech-Language Pathologist Salary

1203 SPEECH SALARY

01-6500-0-1203-00-5001-3150-245-512-2021-00	GENRL	12,494.00	12,491.26
01-6500-0-1203-17-5001-3150-245-512-2021-00	TRADSAL	184,863.00	184,862.19
TOTAL: 1203		197,357.00	197,353.45

Worksheet A – IDEA Services Speech-Language Pathologist Benefits

3101 STRS CERTIFICATED

01-6500-0-3101-00-5001-3150-245-512-2021-00	GENRL	1,031.00	1,030.54
01-6500-0-3101-17-5001-3150-245-512-2021-00	TRADSAL	15,497.00	15,496.29

3311 MEDICARE - CERTIFICATED

01-6500-0-3311-00-5001-3150-245-512-2021-00	GENRL	176.00	175.39
01-6500-0-3311-17-5001-3150-245-512-2021-00	TRADSAL	2,511.00	2,510.78

3401 HEALTH & WELFARE CERTIFICATED

01-6500-0-3401-00-5001-3150-245-512-2021-00	GENRL	522.00	521.60
01-6500-0-3401-17-5001-3150-245-512-2021-00	TRADSAL	9,093.00	9,089.43
TOTAL: 3401		9,615.00	9,611.03

Worksheet A – IDEA Services Speech-Language Pathologist Benefits (Cont'd)

3411 CUT HEALTH - CERT			
01-6500-0-3411-00-5001-3150-245-512-2021-00	GENRL	1,056.00	1,055.56
01-6500-0-3411-17-5001-3150-245-512-2021-00	TRADSAL	18,126.00	18,125.13
3501 UNEMPLOYMENT - CERTIFICATED			
01-6500-0-3501-00-5001-3150-245-512-2021-00	GENRL	41.00	37.54
01-6500-0-3501-17-5001-3150-245-512-2021-00	TRADSAL	563.00	562.34
3601 WORKERS COMP - CERTIFICATED			
01-6500-0-3601-00-5001-3150-245-512-2021-00	GENRL	484.00	483.09
01-6500-0-3601-17-5001-3150-245-512-2021-00	TRADSAL	7,383.00	7,382.46

Worksheet A

Speech-Language Pathologist Salary and Benefits

<i>(Object Code)</i> ⁽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	193,467.27	48,989.51	-	242,456.78	-	
2. School Nurses	130,633.20	21,355.74	-	151,988.94	-	
3. Licensed Vocational Nurses	23,673.72	16,747.98	-	40,421.70	-	
4. Speech-Language Pathologists	197,353.45	56,470.15	-	253,823.60	-	
5. Occupational Therapists			-	-	-	

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)	-

Worksheet A – IDEA Services Occupational Therapist Salary

2201 OCCUPATIONAL THERAPIST SALARY

01-6510-0-2201-00-5711-3141-241-512-0000-00

GENRL

3,747.00

3,746.09

TOTAL: 2201

3,747.00

3,746.09

TOTAL: 2xxx

3,747.00

3,746.09

Worksheet A – IDEA Services Occupational Therapist Benefits

3202 PERS CLASSIFIED

01-6510-0-3202-00-5711-3141-241-512-0000-00

GENRL

391.00

390.34

TOTAL: 3202

391.00

390.34

3302 SOCIAL SECURITY CLASSIFIED

01-6510-0-3302-00-5711-3141-241-512-0000-00

GENRL

233.00

232.26

TOTAL: 3302

233.00

232.26

3312 MEDICARE - CLASSIFIED

01-6510-0-3312-00-5711-3141-241-512-0000-00

GENRL

55.00

54.31

TOTAL: 3312

55.00

54.31

3502 UNEMPLOYMENT - CLASSIFIED

01-6510-0-3502-00-5711-3141-241-512-0000-00

GENRL

19.00

18.12

Worksheet A – IDEA Services

Occupational Therapist Benefits (Cont'd)

3602 WORKERS COMP - CLASSIFIED

01-6510-0-3602-00-5711-3141-241-512-0000-00	GENRL	51.00	50.21
TOTAL: 3602		51.00	50.21

3802 PERS REDUCTION CLASSIFIED

01-6510-0-3802-00-5711-3141-241-512-0000-00	GENRL	98.00	97.40
TOTAL: 3802		98.00	97.40

Worksheet A – IDEA Services

Occupational Therapist Salary and Benefits

<i>(Object Code)</i> ⁽³⁾	Salaries <i>(1000-2999)</i>	Benefits <i>(3000-3999)</i>	Other Costs <i>(4)</i>	Total Personnel Costs	Percent of Time Providing Medi- Cal IDEA Services <i>(5)</i>	Direct Cost of Providing Medi- Cal IDEA Services
Practitioner Type	A	B	C	D = A+B+C	E	F = D*E
1. Psychologists	193,467.27	48,989.51	-	242,456.78	-	
2. School Nurses	130,633.20	21,355.74	-	151,988.94	-	
3. Licensed Vocational Nurses	23,673.72	16,747.98	-	40,421.70	-	
4. Speech-Language Pathologists	197,353.45	56,470.15	-	253,823.60	-	
5. Occupational Therapists	3,746.09	842.64	-	4,588.73	-	
a. Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column 5)						-
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)						-

Worksheet B – Non-IDEA Services

<i>(Object Code)⁽²⁾</i>	Salaries <i>(1000-2999)</i>	Benefits <i>(3000-3999)</i>	Other Costs <i>(3)</i>	Total Personnel Costs	Percent of Time Providing Medi-Cal Non-IDEA Services <i>(4)</i>	Direct Cost of Providing Medi- Cal Non-IDEA Services
<u>Practitioner Type</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D = A+B+C</u>	<u>E</u>	<u>F = D*E</u>
1. Psychologists	-	-	-	-	-	-
2. School Nurses	-	-	-	-	-	-
3. Licensed Vocational Nurses	-	-	-	-	-	-
4. Speech-Language Pathologists	-	-	-	-	-	-
5. Occupational Therapists	-	-	-	-	-	-
a. Total Medi-Cal Non-IDEA Direct Service Costs (sum of lines 1-14, column						-
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)						-

Worksheet B – Non-IDEA Services Salary and Benefits

(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	193,467	48,990	-	242,457	-	
2. School Nurses	130,633	21,356	-	151,989	-	
3. Licensed Vocational Nurses	23,674	16,748	-	40,422	-	
4. Speech-Language Pathologists	197,353	56,470	-	253,824	-	
5. Occupational Therapists	3,746	843	-	4,589	-	
a. Total Medi-Cal Non-IDEA Direct Service Costs (sum of lines 1-14, column						-
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)						-

Worksheet A-1/B-1 – Other Costs

<i>(Object Code)</i> ⁽³⁾ Practitioner Type	Materials, Supplies and Reference Materials ⁽⁴⁾ <i>(4200-4300)</i> A	Noncapitalized Equipment <i>(4400)</i> B	Travel and Conferences <i>(5200)</i> C	Dues and Membership <i>(5300)</i> D	Contractor Costs ⁽⁵⁾ <i>(5800)</i> E	Communications <i>(5900)</i> F	Total Other Costs ⁽⁶⁾ G= Sum of A-F
1. Psychologists	_____	_____	_____	_____	_____	_____	-
2. School Nurses	_____	_____	_____	_____	_____	_____	-
3. Licensed Vocational Nurses	_____	_____	_____	_____	_____	_____	-
4. Speech-Language Pathologists	_____	_____	_____	_____	_____	_____	-
5. Occupational Therapists	_____	_____	_____	_____	_____	_____	-

Worksheet A-1/B-1 – Other Costs Psychologist

4300 SUPPLIES

01-6500-0-4300-00-5001-3120-220-512-2024-00	GENRL	
	4,494.00	4,489.72
TOTAL: 4300	4,494.00	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
TOTAL: 4400	2,271.00	2,270.85

TOTAL: 4xxx	6,765.00	6,760.57
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5200 TRAVEL & CONFERENCE

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

Worksheet A-1/B-1 – Other Costs Psychologist (Cont'd)

5220	MILEAGE			
		01-6500-0-5220-00-5001-3120-220-512-2024-00	GENRL	
			1,998.00	1,997.12
	TOTAL: 5220		1,998.00	1,997.12
5701	PHOTOCOPYING			
		01-6500-0-5701-00-5001-3120-220-512-2024-00	GENRL	
			160.00	152.95
	TOTAL: 5701		160.00	152.95
5900	COMMUNICATIONS			
		01-6500-0-5900-00-5001-3120-220-512-2024-00	GENRL	
			470.00	469.24
	TOTAL: 5900		470.00	469.24

Worksheet A-1/B-1 – Other Costs Psychologist Expenses

<i>(Object Code)</i> ⁽³⁾ Practitioner Type	Materials, Supplies and Reference Materials ⁽⁴⁾ (4200-4300) A	Noncapitalized Equipment (4400) B	Travel and Conferences (5200) C	Dues and Membership (5300) D	Contractor Costs ⁽⁵⁾ (5800) E	Communications (5900) F	Total Other Costs ⁽⁶⁾ G= Sum of A-F
1. Psychologists	4,489.72	2,270.85	2,524.10	-	-	469.24	9,753.91
2. School Nurses							-
3. Licensed Vocational Nurses							-
4. Speech-Language Pathologists							-
5. Occupational Therapists							-

Worksheet A-1/B-1 – Other Costs Nurse/LVN

4300 SUPPLIES

01-6500-0-4300-00-5001-3140-231-512-2025-00	GENRL	
	2,629.00	2,629.00
TOTAL: 4300	2,629.00	2,629.00
TOTAL: 4xxx	2,629.00	2,629.00

5200 TRAVEL & CONFERENCE

01-6500-0-5200-00-5001-3140-231-512-2025-00	GENRL	
	340.00	334.68
TOTAL: 5200	340.00	334.68

5220 MILEAGE

01-6500-0-5220-00-5001-3140-231-512-2025-00	GENRL	
	2,362.00	2,361.24
TOTAL: 5220	2,362.00	2,361.24

5900 COMMUNICATIONS

01-6500-0-5900-00-5001-3140-231-512-2025-00	GENRL	
	1,498.00	1,497.48

Worksheet A-1/B-1 – Other Costs Nurse/LVN – Supply Cost Allocation

Salary Expenses

Nurse: \$130,633.20

+ LVN: \$23,673.72

Total: \$154,306.92

Total Supply Costs

\$2,629.00

Nurse Salary/Total Salary = 84.66% x \$2,629.00 = \$2,225.71

LVN Salary/Total Salary = 15.34% x \$2,629.00 = \$403.29

\$2,629.00

Worksheet A-1/B-1 – Other Costs Nurse/LVN Expenses

<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⁾
<u>Practitioner Type</u>	A	B	C	D	E	F	G= Sum of A-F
1. Psychologists	4,489.72	2,270.85	2,524.10	-	-	469.24	9,753.91
2. School Nurses	2,225.71	-	2,695.84	-	-	1,497.48	6,419.03
3. Licensed Vocational Nurse	403.29	-	-	-	-		403.29
4. Speech-Language Pathologists							
5. Occupational Therapists							

Worksheet A-1/B-1 – Other Costs

Speech-Language Pathologist Expense

<i>(Object Code)</i> ⁽³⁾ Practitioner Type	Materials, Supplies and Reference Materials ⁽⁴⁾ <i>(4200-4300)</i> A	Noncapitalized Equipment <i>(4400)</i> B	Travel and Conferences <i>(5200)</i> C	Dues and Membership <i>(5300)</i> D	Contractor Costs ⁽⁵⁾ <i>(5800)</i> E	Communications <i>(5900)</i> F	Total Other Costs ⁽⁶⁾ G= Sum of A-F
1. Psychologists	4,489.72	2,270.85	2,524.10	-	-	469.24	9,753.91
2. School Nurses	2,225.71	-	2,282.30	-	-	1,267.77	5,775.78
3. Licensed Vocational Nurses	403.29	-	413.54	-	-	229.71	1,046.54
4. Speech-Language Pathologists	-	-	-	-	412.50	-	412.50
5. Occupational Therapists	-	-	-	-	-	-	-

Worksheet A-1/B-1 – Other Costs Occupational Therapist

5220 MILEAGE

01-6510-0-5220-00-5711-3141-241-512-0000-00

GENRL

101.00

97.92

TOTAL: 5220

101.00

97.92

Worksheet A-1/B-1

Occupational Therapist Expenses

<i>(Object Code)</i> ⁽³⁾ Practitioner Type	Materials, Supplies and Reference Materials ⁽⁴⁾ <i>(4200-4300)</i> A	Noncapitalized Equipment <i>(4400)</i> B	Travel and Conferences <i>(5200)</i> C	Dues and Membership <i>(5300)</i> D	Contractor Costs ⁽⁵⁾ <i>(5800)</i> E	Communications <i>(5900)</i> F	Total Other Costs ⁽⁶⁾ G= Sum of A-F
1. Psychologists	4,489.72	2,270.85	2,524.10	-	-	469.24	9,753.91
2. School Nurses	2,225.71	-	2,282.30	-	-	1,267.77	5,775.78
3. Licensed Vocational Nurses	403.29	-	413.54	-	-	229.71	1,046.54
4. Speech-Language Pathologists	-	-	-	-	412.50	-	412.50
5. Occupational Therapists	-	-	97.92	-	-	-	97.92

Worksheet A – IDEA Services Other Costs Roll-Up

<i>(Object Code)</i> ⁽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	193,467.27	48,989.51	9,753.91	252,210.69	-	
2. School Nurses	130,633.20	21,355.74	5,775.78	157,764.72	-	
3. Licensed Vocational Nurses	23,673.72	16,747.98	1,046.54	41,468.24	-	
4. Speech-Language Pathologists	197,353.45	56,470.15	412.50	254,236.10	-	
5. Occupational Therapists	3,746.09	842.64	97.92	4,686.65	-	
a. Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column						-
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)						-

Worksheet A – IDEA Services Total Personnel Costs Calculation

<i>(Object Code)</i> ⁽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	193,467.27	48,989.51	9,753.91	252,210.69	-	
2. School Nurses	130,633.20	21,355.74	5,775.78	157,764.72	-	
3. Licensed Vocational Nurses	23,673.72	16,747.98	1,046.54	41,468.24	-	
4. Speech-Language Pathologists	197,353.45	56,470.15	412.50	254,236.10	-	
5. Occupational Therapists	3,746.09	842.64	97.92	4,686.65	-	
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)						-

Worksheet A-2/B-2 - Contractor Costs

	Contracts Paid on a Daily or Hourly Basis		
	Contractor Costs (5800) ⁽¹⁾	Total Hours Paid (2)	Average Contract Rate Per Hour
	A	B	C
Health Services Practitioners:			
1. Psychologists	-		
2. School Nurses	-		
3. Licensed Vocational Nurses	-		
4. Speech-Language Pathologists	-		
5. Occupational Therapists	-		

Worksheet A-2/B-2 - Contractor Costs Speech-Language Pathologist

	Contracts Paid on a Daily or Hourly Basis		
	Contractor Costs (5800) ⁽¹⁾	Total Hours Paid (2)	Average Contract Rate Per Hour
	A	B	C
Health Services Practitioners:			
1. Psychologists	-		
2. School Nurses	-		
3. Licensed Vocational Nurses	-		
4. Speech-Language Pathologists	412.50		
5. Occupational Therapists	-		

Worksheet A-2/B-2 - Contractor Costs Speech Therapy Service Log

Speech Pathologist

[Redacted]							Total hours
April, 2005	date	date	date	date	date	date	
	7-Apr	14-Apr	21-Apr	28-Apr			
Primary							
Intermediate							1.5
[Redacted]							
[Redacted]		.5	.5	.5			1.5
[Redacted]		.5	.5	.5			1.5
[Redacted]		.5	.5	.5			1.5
[Redacted]		(A) .5	.5	.5			1.0

Worksheet A-2/B-2 - Contractor Costs

Speech Therapy Invoice

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

Worksheet A-2/B-2 - Contractor Costs Speech-Language Pathologist

Contracts Paid on a Daily or Hourly Basis			
	Contractor Costs (5800) ⁽¹⁾	Total Hours Paid (2)	Average Contract Rate Per Hour
	A	B	C
<i>Health Services Practitioners:</i>			
1. Psychologists	-		
2. School Nurses	-		
3. Licensed Vocational Nurses	-		
4. Speech-Language Pathologists	412.50	5.50	75.00
5. Occupational Therapists	-		

Worksheet A-3/B-3

Percent of Time Providing Medi-Cal Services

Practitioner Type	Number of Full-Time Equivalent (FTE) Employees ⁽¹⁾ A	Annual Hours Required to Work per FTE ⁽²⁾ B	Total Hours Required to Work (Employees) C	Total Hours Worked by Contractors ⁽³⁾ D	Total Hours Worked by Employees and Contractors E = C+D	Total Hours Reimbursed for Medi-Cal IDEA Services ⁽⁴⁾ F	Percent of Time Providing Medi-Cal IDEA Services ⁽⁵⁾ G = F/E
1. Psychologists				-	-		-
2. School Nurses				-	-		-
3. Licensed Vocational Nurses				-	-		-
4. Speech-Language Pathologists				-	-		-
5. Occupational Therapists				-	-		-

Worksheet A-3/B-3

Percent of Time Providing Medi-Cal Services

Practitioner Type	Number of Full-Time Equivalent Employees ⁽¹⁾ A	Annual Hours Required to Work per FTE ⁽²⁾ B	Total Hours Required to Work (Employees) C	Total Hours Worked by Contractors ⁽³⁾ D	Total Hours Worked by Employees and Contractors E = C+D	Total Hours Reimbursed for Medi-Cal IDEA Services ⁽⁴⁾ F	Percent of Time Providing Medi-Cal IDEA Services ⁽⁵⁾ G = F/E
1. Psychologists				-	-		-
2. School Nurses				-	-		-
3. Licensed Vocational Nurses				-	-		-
4. Speech-Language Pathologists				5.50	5.50		-
5. Occupational Therapists				-	-		-

Worksheet A-3/B-3

Psychologist Time Providing Medi-Cal Services

Practitioner Type	Number of Full-Time Equivalent (FTE) Employees ⁽¹⁾ A	Annual Hours Required to Work per FTE ⁽²⁾ B	Total Hours Required to Work (Employees) C	Total Hours Worked by Contractors ⁽³⁾ D	Total Hours Worked by Employees and Contractors E = C+D	Total Hours Reimbursed for Medi-Cal IDEA Services ⁽⁴⁾ F	Percent of Time Providing Medi-Cal IDEA Services ⁽⁵⁾ G = F/E
1. Psychologists	3.00	1,440.00	4,320.00	-	4,320.00		-
2. School Nurses							-
3. Licensed Vocational Nurses							-
4. Speech-Language Pathologists							-
5. Occupational Therapists							-

Worksheet A-3/B-3

Nurse Time Providing Medi-Cal Services

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⁾
Practitioner Type	A	B	C	D	E = C+D	F	G = F/E
1. Psychologists	3.00	1,440.00	4,320.00	-	4,320.00		-
2. School Nurses	3.50	1,440.00	5,040.00	-	5,040.00		-
3. Licensed Vocational Nurses							-
4. Speech-Language Pathologists							-
5. Occupational Therapists							-

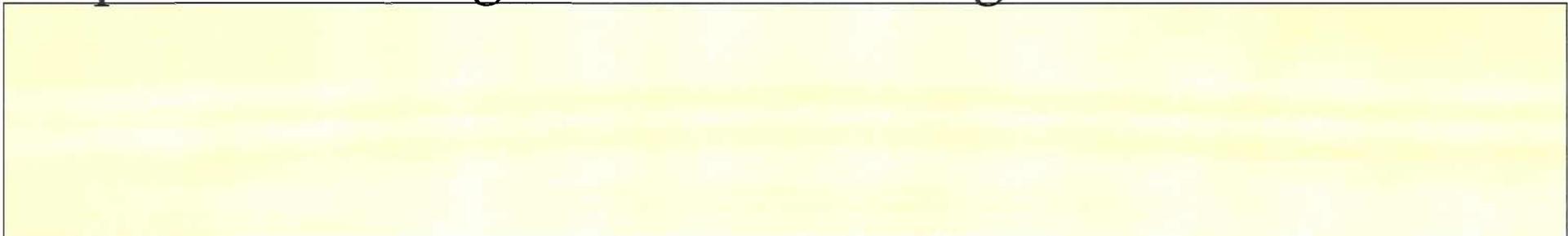
Worksheet A-3/B-3

LVN Time Providing Medi-Cal Services

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⁾
Practitioner Type	A	B	C	D	E = C+D	F	G = F/E
1. Psychologists	3.00	1,440.00	4,320.00	-	4,320.00		-
2. School Nurses	3.50	1,440.00	5,040.00	-	5,040.00		-
3. Licensed Vocational Nurse	1.00	1,440.00	1,440.00	-	1,440.00		-
4. Speech-Language Pathologists							-
5. Occupational Therapists							-

Worksheet A-3/B-3

Speech Pathologist Time Providing Medi-Cal Services



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⁾
	A	B	C	D	E = C+D	F	G = F/E
1. Psychologists	3.00	1,440.00	4,320.00	-	4,320.00		-
2. School Nurses	3.50	1,440.00	5,040.00	-	5,040.00		-
3. Licensed Vocational Nurses	1.00	1,440.00	1,440.00	-	1,440.00		-
4. Speech-Language Pathologists	4.00	1,440.00	5,760.00	5.50	5,765.50		-
5. Occupational Therapists							-

Worksheet A-3/B-3

Occupational Therapist Time Providing Medi-Cal Services

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⁾
	A	B	C	D	E = C+D	F	G = F/E
1. Psychologists	3.00	1,440.00	4,320.00	-	4,320.00		-
2. School Nurses	3.50	1,440.00	5,040.00	-	5,040.00		-
3. Licensed Vocational Nurses	1.00	1,440.00	1,440.00	-	1,440.00		-
4. Speech-Language Pathologists	4.00	1,440.00	5,760.00	5.50	5,765.50		-
5. Occupational Therapists	0.10	1,440.00	144.00	-	144.00		-


 From Paid Claims Data

Worksheet A – IDEA Services Indirect Cost Rate

<i>(Object Code)</i> ⁽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	193,467.27	48,989.51	9,753.91	252,210.69	-	
2. School Nurses	130,633.20	21,355.74	6,419.03	158,407.97	-	
3. Licensed Vocational Nurses	23,673.72	16,747.98	403.29	40,824.99	-	
4. Speech-Language Pathologists	197,353.45	56,470.15	412.50	254,236.10	-	
5. Occupational Therapists	3,746.09	842.64	97.92	4,686.65	-	

a. Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	-
b. Indirect Cost Rate	5.50%
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)	-

Certification of Total Service Costs

1. LEA Identification:

LEA Name California Unified School District
 Provider Number SS0123456
 Contact: Name John Doe
 Title LEA Coordinator
 Phone (123) 456-7890
 E-Mail Address jdoe@causd.edu

2. Certification of State Matching Funds for LEA Services:

I certify under penalty of perjury

that the total personnel costs reported in the Summary of Total Personnel Costs for LEA Services, annual hours worked by employees and Medi-Cal Cost and Reimbursement Comparison Schedules of the local education agency incurred for these services have not previously been expended, as necessary 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

Summary of Total Personnel Costs for LEA Services:

Total Personnel Costs for Medi-Cal IDEA Services (sum of Column D of Worksheet A)	710,366
Total Personnel Costs for Medi-Cal Non-IDEA Services (Sum of Column D of Worksheet B)	710,366

John Doe
 Name
LEA Coordinator
 Title
John Doe
 Signature

November 15, 2007
 Date

Completion of the CRCS Packet

- Upon signing the certification, the LEA has completed its portion of the CRCS
- Refer to the CRCS instructions for details on submitting the CRCS
- The following slides will demonstrate how the State will complete its portion of the CRCS after it is submitted by the LEA

Worksheet A-3/B-3

Percent of Time Roll-Up

<i>(Object Code)</i> ⁽³⁾ Practitioner Type	Salaries <i>(1000-2999)</i> A	Benefits <i>(3000-3999)</i> B	Other Costs <i>(4)</i> 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	193,467.27	48,989.51	9,753.91	252,210.69	17.46%	
2. School Nurses	130,633.20	21,355.74	6,419.03	158,407.97	24.55%	
3. Licensed Vocational Nurses	23,673.72	16,747.98	403.29	40,824.99	28.94%	
4. Speech-Language Pathologists	197,353.45	56,470.15	412.50	254,236.10	28.50%	
5. Occupational Therapists	3,746.09	842.64	97.92	4,686.65	49.41%	

a. Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	[Shaded Box]
b. Indirect Cost Rate	5.50%
c. Indirect Costs (a times b)	[Shaded Box]
d. Total Medi-Cal IDEA Service Costs (a plus c)	[Shaded Box]
e. Federal Medical Assistance Percentage (FMAP)	[Hatched Box]
f. Medi-Cal Maximum Reimbursable - IDEA Services (d times e)	[Shaded Box]
g. Interim Medi-Cal Reimbursement - IDEA Services ⁽⁶⁾	[Hatched Box]
h. Overpayment/(Underpayment) - IDEA Services (g-f)	[Shaded Box]

Worksheet A-3/B-3

Direct Cost of Medi-Cal Services Calculation

<i>(Object Code)</i> ⁽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	193,467.27	48,989.51	9,753.91	252,210.69	17.46%	44,046
2. School Nurses	130,633.20	21,355.74	6,419.03	158,407.97	24.55%	38,895
3. Licensed Vocational Nurses	23,673.72	16,747.98	403.29	40,824.99	28.94%	11,813
4. Speech-Language Pathologists	197,353.45	56,470.15	412.50	254,236.10	28.50%	72,465
5. Occupational Therapists	3,746.09	842.64	97.92	4,686.65	49.41%	2,316

- 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)

	5.50%

Worksheet A – IDEA Services

Total Direct Service Costs for All Practitioners

<i>(Object Code)</i> ⁽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	193,467.27	48,989.51	9,753.91	252,210.69	17.46%	44,046
2. School Nurses	130,633.20	21,355.74	6,419.03	158,407.97	24.55%	38,895
3. Licensed Vocational Nurses	23,673.72	16,747.98	403.29	40,824.99	28.94%	11,813
4. Speech-Language Pathologists	197,353.45	56,470.15	412.50	254,236.10	28.50%	72,465
5. Occupational Therapists	3,746.09	842.64	97.92	4,686.65	49.41%	2,316
a. Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)						169,534
b. Indirect Cost Rate						5.50%
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)						

Worksheet A – IDEA Services Indirect Costs Calculation

a.	Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	169,534
b.	Indirect Cost Rate	5.50%
c.	Indirect Costs (a times b)	9,324
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)	

Worksheet A – IDEA Services

Total Medi-Cal IDEA Service Cost Calculation

a.	Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	169,534
b.	Indirect Cost Rate	5.50%
c.	Indirect Costs (a times b)	9,324
d.	Total Medi-Cal IDEA Service Costs (a plus c)	178,858
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)	-

Worksheet A – DHS Portion

Federal Medical Assistance Percentage (FMAP)

a.	Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	169,534
b.	Indirect Cost Rate	5.50%
c.	Indirect Costs (a times b)	9,324
d.	Total Medi-Cal IDEA Service Costs (a plus c)	178,858
e.	Federal Medical Assistance Percentage (FMAP)	50.00%
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)	

Worksheet A – DHS Portion Medi-Cal Maximum Reimbursable Calculation

a.	Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	169,534
b.	Indirect Cost Rate	5.50%
c.	Indirect Costs (a times b)	9,324
d.	Total Medi-Cal IDEA Service Costs (a plus c)	178,858
e.	Federal Medical Assistance Percentage (FMAP)	50.00%
f.	Medi-Cal Maximum Reimbursable - IDEA Services (d times e)	89,429
g.	Interim Medi-Cal Reimbursement - IDEA Services ⁽⁶⁾	/
h.	Overpayment/(Underpayment) - IDEA Services (g-f)	

Worksheet A – DHS Portion

Interim Medi-Cal Reimbursement Roll-Up

a.	Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	169,534
b.	Indirect Cost Rate	5.50%
c.	Indirect Costs (a times b)	9,324
d.	Total Medi-Cal IDEA Service Costs (a plus c)	178,858
e.	Federal Medical Assistance Percentage (FMAP)	50.00%
f.	Medi-Cal Maximum Reimbursable - IDEA Services (d times e)	89,429
g.	Interim Medi-Cal Reimbursement - IDEA Services ⁽⁶⁾	90,475
h.	Overpayment/(Underpayment) - IDEA Services (g-f)	

Worksheet A – DHS Portion

Overpayment/(Underpayment) Calculation

a.	Total Medi-Cal IDEA Direct Service Costs (sum of lines 1-12, column F)	169,534
b.	Indirect Cost Rate	5.50%
c.	Indirect Costs (a times b)	9,324
d.	Total Medi-Cal IDEA Service Costs (a plus c)	178,858
e.	Federal Medical Assistance Percentage (FMAP)	50.00%
f.	Medi-Cal Maximum Reimbursable - IDEA Services (d times e)	89,429
g.	Interim Medi-Cal Reimbursement - IDEA Services ⁽⁶⁾	90,475
h.	Overpayment/(Underpayment) - IDEA Services (g-f)	1,046

Contact Information

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>

