Department of Health Care Services
Audits and Investigations – Financial Audits Branch

presents

LOCAL EDUCATIONAL AGENCY (LEA) MEDI-CAL BILLING OPTION PROGRAM

COST AND REIMBURSEMENT COMPARISON SCHEDULE (CRCS) DOCUMENTATION TRAINING

ATTENTION: LEA PROGRAM AND FISCAL REPORTING PERSONNEL

YOUR FEDERAL DOLLARS ARE AT RISK IF YOU DO NOT FILE A CRCS ANNUALLY AND MAINTAIN SUPPORTING DOCUMENTATION.

This training will cover the CRCS submission process, the audit process, the Interim Reimbursement Units of Service Report, and documentation that must be maintained to support the filed CRCS and the Medi-Cal billings. ***Proper completion of the CRCS and maintenance of supporting documentation is crucial for LEA reimbursement.*** LEA's are encouraged to send CRCS preparers and fiscal personnel to gain a better understanding of the CRCS mechanics and how it relates to Medi-Cal reimbursement. Tips on how to maintain the proper supporting documentation will also be discussed.

Los Angeles	San Diego	Sacramento
Monday, May 23, 2011	Tuesday, May 24, 2011	Friday, June 3, 2011
Los Angeles County Office of Education 9300 Imperial Hwy Downey, CA 90242	San Diego County Office of Education 6401 Linda Vista Road San Diego, CA 92111	Department of Health Care Services East End Complex 1500 Capitol Avenue Sacramento, CA 95814
9:30 am to 12:30 pm Board Room	9:30 am to12:30 pm Room 306	10:00 am to 1:00 pm Auditorium

The training session in Sacramento will also be a Webinar. Live trainings are more beneficial; only register for the Webinar if you cannot make it to Sacramento. If you register for the Webinar, you will receive an email with the login instructions once you've registered.

To secure your attendance or if you have any questions, please send an e-mail with the information below to:

LEA.CRCS.QUESTIONS@DHCS.CA.GOV

If you do not have e-mail access, simply complete the form below and send to the physical address noted.

Please note that you must register via e-mail or US Mail in order to attend. Failure to do so may result in not being admitted to the training session.

PLEASE REGISTER BY MAY 16, 2011 FOR LOS ANGELES AND SAN DIEGO SESSIONS AND BY MAY 26, 2011 FOR THE SACRAMENTO SESSION

THIS IS A FREE TRAINING COURSE

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COST AND REIMBURSEMENT COMPARISON SCHEDULE (CRCS) DOCUMENTATION TRAINING

REGISTRATION FORM

PLEASE PRINT

Name of Attendee(s): _____

_____

_____

Name of Organization: _____

_____

_____

Title of Attendee(s): _____

_____

_____

Attendee(s) Representation ☐ LEA Program Staff ☐ LEA Financial Staff ☐ Vendor**

**The ultimate responsibility of filing the CRCS and providing supporting documentation is that of the LEA, therefore, vendor representatives must be accompanied by personnel from your LEA Program.

Phone Number(s): (_____)_____

Fax Number(s): (_____)_____

E-mail Address(es): _____

_____

_____

Training Sessions:
(Please select one) ☐ Los Angeles ☐ San Diego ☐ Sacramento

Return by May 16, 2011 to register for Los Angeles and by May 26, 2011 to register for Sacramento to:

Department of Health Care Services
Audits and Investigations
Financial Audits Branch
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PO Box 997413
Sacramento, CA 95899-7413