

**Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS)
Fiscal Year 2013/14 (July 1, 2013 - June 30, 2014)**

1. LEA Identification:

LEA Provider Name	_____	National Provider Identifier	_____
Contact: Name	_____	Provider No. / CDS Code	_____
Phone	_____	Title	_____
Fax	_____	E-mail Address	_____
Address 1	_____	City	_____
Address 2	_____	State	CA Zip _____

2. Certification of State Matching Funds for LEA Services:

I, the undersigned, under penalty of perjury state the following:

- A. LEA warrants and represents that the information on the accompanying claim form is true and correct.
- B. LEA represents that its expenditures under the LEA Medi-Cal Billing Option program represent allowable expenditures eligible for Federal Financial Participation (FFP) pursuant to the requirements of Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations.
- C. LEA will maintain documentation supporting the expenditures claimed on the accompanying claim form. This documentation must include all fiscal records required for Medi-Cal audits.
- D. LEA certifies that all expenditures reported within the Medi-Cal Cost and Reimbursement Comparison Schedule are in compliance with the Office of Management and Budget (OMB) Circular A-87, according to 2 CFR Part 225, Appendix A (70 FR 51910, August 31, 2005). To the extent that reporting is not governed by OMB A-87, LEA certifies that Generally Accepted Accounting Principles have been applied.
- E. LEA's expenditures claimed have not previously been, nor will they be, claimed at any other time as claims to receive Federal Financial Participation (FFP) funds under Medi-Cal or any other program.
- F. LEA acknowledges that the information is to be used by the Department of Health Care Services (DHCS) for filing of a claim with the federal government for federal funds and understands that misrepresentation of information constitutes violation of federal and state law.
- G. LEA acknowledges that all records of funds expended are subject to review and audit by DHCS.
- H. LEA understands that DHCS must deny payment of any claim if it is determined that the certification and/or claim form is not adequately supported for purposes of FFP.

As a public administrator, a public officer or other public individual duly authorized as having authority to sign on behalf of the LEA, I am authorized or designated to make this Certification, and declare that this Certification and claim form documents attached hereto are true and correct.

I understand that the making of false statements, or the filing of a false or fraudulent claim is punishable under Welfare and Institutions Code sections 14107, 14107.11 and 14123.2, and other applicable provisions of law.

Summary of Overpayments/(Underpayments):

Total Overpayment/(Underpayment) For LEA Services Documented in an IEP/IFSP (Line j of Worksheet A)	\$ _____ -
Total Overpayment/(Underpayment) For LEA Services Not Documented in an IEP/IFSP (Line j of Worksheet B)	\$ _____ -
Net Overpayment/(Underpayment) For All LEA Services	\$ _____ -

_____	_____
Name	Title
_____	_____
Signature	Date

3. LEA Billing Consortium:

Is your LEA part of a billing consortium? (Yes or No) _____
Please indicate the LEAs that are part of the billing consortium below. Include the LEA name and corresponding County/District/School Code (CDS Code).

	LEA Name	CDS Code
LEA #1		
LEA #2		
LEA #3		
LEA #4		
LEA #5		
LEA #6		
LEA #7		
LEA #8		
LEA #9		
LEA #10		
LEA #11		
LEA #12		
LEA #13		
LEA #14		
LEA #15		

Instructions for Completing Certification:

Section 1 - LEA Identification: Report the LEA Provider's full name, Medi-Cal National Provider Identifier and Provider Number/CDS Code. Identify as the contact name the primary LEA employee who can be contacted to answer questions about information submitted in the Medi-Cal CRCS, as well as their title, phone number, fax number, E-mail address and mailing address.

Section 2 - Certification of State Matching Funds for LEA Services: The LEA employee that completed or supervised the completion of the Medi-Cal CRCS should read, sign and date this certification statement under penalty of perjury. The contact in Section 1 may be different than the signatory responsible for certification in Section 2.

Section 3 - LEA Billing Consortium: Select "Yes" or "No" from the drop down box to indicate whether or not your LEA is part of an LEA billing consortium. LEAs that are part of a consortium are those that bill and receive reimbursement for services provided by other LEA providers, and eventually redistribute the reimbursement funds to the consortium members. Report the LEA name and CDE County/District/School Code (CDS Code) of each participating member of the billing consortium.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS. CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

Worksheet A: Costs of Providing LEA Services Documented in an IEP or IFSP

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Net Total Personnel Costs A	Dates of Service 7/1/13 - 6/30/14	
			Percent of Time Providing LEA Services Documented in an IEP or IFSP B	Cost of Providing LEA Services Documented in an IEP or IFSP C = A*B
1. Psychologists		-	0	-
2. Social Workers		-	0	-
3. Counselors		-	0	-
4. School Nurses		-	0	-
5. Licensed Vocational Nurses		-	0	-
6. Trained Health Care Aides		-	0	-
7. Speech-Language Pathologists		-	0	-
8. Audiologists		-	0	-
9. Physical Therapists		-	0	-
10. Occupational Therapists		-	0	-
11. Physicians/Psychiatrists		-	0	-
Total		\$ -		
a. Service Costs (Sum, F1 - F11)				\$ -
b. Service Costs Excluded from Indirect Cost Rate Application				\$ -
c. Service Costs Included in Indirect Cost Rate Application (a - b)				\$ -
d. Indirect Cost Rate				
e. Indirect Costs (c * d)				\$ -
f. Total Service Costs (a + e)				\$ -
g. Federal Medical Assistance Percentage (FMAP)				50.00%
h. Medi-Cal Maximum Reimbursable (f * g)				\$ -
i. Interim Medi-Cal Reimbursement for LEA Services Documented in an IEP or IFSP				\$ -
j. Overpayment/(Underpayment) (i - h)				\$ -

Instructions for Completing Worksheet A: Costs of Providing LEA Services Documented in an IEP or IFSP:

Does Your LEA Receive Federal Funding for this Practitioner Type?: Select "Yes" or "No" from the drop down box to indicate whether or not your LEA received any federal funding for each practitioner type for the fiscal year (includes all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program). For CRCS reporting purposes, expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.

Line d (Indirect Cost Rate): Enter your LEA's California Department of Education approved indirect cost rate (available at: <http://www.cde.ca.gov/fg/ac/ic/>) in decimal notation (e.g., 3.68). Use the indirect cost rate that was effective during the fiscal year you are reporting.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS. CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

LEA Provider Name	-
National Provider Identifier	0
Fiscal Year	2013/14 (July 1, 2013 - June 30, 2014)

Worksheet B: Costs of Providing LEA Services Not Documented in an IEP or IFSP

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Net Total Personnel Costs A	Dates of Service 7/1/13 - 6/30/14	
			Percent of Time Providing LEA Services Not Documented in an IEP or IFSP B	Cost of Providing LEA Services Not Documented in an IEP or IFSP C = A*B
1. Psychologists	-	-	0	-
2. Social Workers	-	-	0	-
3. Counselors	-	-	0	-
4. School Nurses	-	-	0	-
5. Licensed Vocational Nurses	-	-	0	-
6. Trained Health Care Aides	-	-	0	-
7. Speech-Language Pathologists	-	-	0	-
8. Audiologists	-	-	0	-
9. Physical Therapists	-	-	0	-
10. Occupational Therapists	-	-	0	-
11. Physicians/Psychiatrists	-	-	0	-
12. Optometrists		-	0	-
13. Audiometrists		-	0	-
Total		\$ -		
a. Service Costs (Sum, F1 - F13)				\$ -
b. Service Costs Excluded from Indirect Cost Rate Application				\$ -
c. Service Costs Included in Indirect Cost Rate Application (a - b)				\$ -
d. Indirect Cost Rate				0.00%
e. Indirect Costs (c * d)				\$ -
f. Total Service Costs (a + e)				\$ -
g. Federal Medical Assistance Percentage (FMAP)				50.00%
h. Medi-Cal Maximum Reimbursable (f * g)				\$ -
i. Interim Medi-Cal Reimbursement for LEA Services not Documented in an IEP or IFSP				\$ -
j. Overpayment/(Underpayment) (i - h)				\$ -

Instructions for Completing Worksheet B: Costs of Providing LEA Services Not Documented in an IEP or IFSP:

Does Your LEA Receive Federal Funding for this Practitioner Type?: Select "Yes" or "No" from the drop down box to indicate whether or not your LEA received any federal funding for each practitioner type for the fiscal year (includes all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program). For CRCS reporting purposes, expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS. CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

LEA Provider Name	-
National Provider Identifier	0
Fiscal Year	2013/14 (July 1, 2013 - June 30, 2014)

Worksheet A.1/B.1: Salary, Benefit and Other Expenditures

(Object Code) Practitioner Type	Salary Expenditures (1000-2999) A	Benefit Expenditures (3000-3999) B	Total Other Costs C	Federal Revenues D	Revenue Account Number(s) E	Net Total Personnel Costs F = A+B+C-D
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			-			-
Totals	\$ -	\$ -	\$ -	\$ -		\$ -

Instructions for Completing Worksheet A.1/B.1: Net Salary, Benefit and Other Expenditures:

Column A (Salary Expenditures): Enter salary expenditures for object codes 1000-2999 by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section located here). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the California School Accounting Manual (CSAM), Procedure 330, available at www.cde.ca.gov/fg/ac/sa/. Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option) are not considered to be restricted federal funds and may be included on the CRCS.

Column B (Benefit Expenditures): Enter benefit expenditures for object codes 3000-3999 by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section located here). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the California School Accounting Manual (CSAM), Procedure 330, available at www.cde.ca.gov/fg/ac/sa/. Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option) are not considered to be restricted federal funds and may be included on the CRCS.

Column D (Federal Revenues): Enter the amount of federal funds that your LEA received for the practitioners' salaries, benefits and other costs reported in Columns A and B and Worksheet A-1/B-1. Enter the federal revenues as a positive figure in Column D. For CRCS reporting purposes, Resource Code 5640 (Medi-Cal Billing Option Program) revenues are not considered to be restricted federal funds and should not be reported in Column D.

Column E (Revenue Account Number): Enter the revenue account number(s) where the revenues reported in Column D are booked in your SACS system. If revenues are booked in multiple accounts, separate account numbers with a comma.

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LEA Provider Name

National Provider Identifier

Worksheet A-1/B-1: Other Costs

(Object Code)	Materials, Supplies and Reference Materials Expenditures (4200-4300)	Non-capitalized Equipment Expenditures (4400)	Travel and Conference Expenditures (5200)	Dues and Membership Expenditures (5300)	Contractor Costs (5800)	Contractor Costs (5100)	Communications Expenditures (5900)	Total Other Costs H = Sum of A-G
Practitioner Type	A	B	C	D	E	F	G	H = Sum of A-G
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								-
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Instructions for Completing Worksheet A-1/B-1: Other Costs:

Column A ⁽¹⁾ (Materials, Supplies and References Materials Expenditures): Enter expenditures by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program for object code 4200 for books and other reference materials related to the direct provision of health services, and for object code 4300 for consumable materials and supplies related to the direct provision of health services, including materials used to conduct assessments (e.g., psychological test materials). Exclude expenditures in object codes 4200 or 4300 for materials or supplies used for classroom instruction. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section loc ed rend). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. *Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option) are not considered to be restricted federal funds and may be included on the CRCS.*

Column B ⁽¹⁾ (Non-capitalized Equipment Expenditures): Enter expenditures for object code 4400 for non-capitalized equipment related to the direct provision of health services by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section loc ed rend). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. *Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.*

Column C ⁽¹⁾ (Travel and Conferences Expenditures): Enter expenditures for object code 5200 for travel and conferences related to the direct provision of health services by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section loc ed rend). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. *Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.*

Column D ⁽¹⁾ (Dues and Membership Expenditures): Enter expenditures for object code 5300 for dues and membership related to the direct provision of health services by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section located here). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. *Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.*

Column E (Contractor Costs 5800): Enter expenditures for object code 5800 for contractor costs up to \$25,000 for each individual subagreement for the duration of the subagreement related to contractors performing health services by practitioner type (lines 1-13) for all qualified contracted practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. The remainder of the individual subagreement exceeding \$25,000 is charged to object code 5100. Do not include contractor expenditures for legal, advertising, machine, repair or other non-health related contracts. If your LEA does not contract with a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. *Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.*

Column F (Contractor Costs 5100): Enter expenditures for object code 5100 for the remainder of contractor costs for individual subagreements that exceed \$25,000 for the duration of the subagreement related to contractors performing health services by practitioner type (lines 1-13) for all qualified contracted practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. Object code 5800 allows up to \$25,000 of each individual subagreement with the remainder charged to object code 5100. Do not include contractor expenditures for legal, advertising, machine, repair or other non-health related contracts. If your LEA does not contract with a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. *Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.*

Column G ⁽¹⁾ (Communications Expenditures): Enter expenditures for object code 5900 for communications related to the direct provision of health services by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section located here). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. *Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.*

DO NOT ENTER ANY DATA INTO COLUMN G (TOTAL OTHER COSTS). COLUMN G WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON THIS WORKSHEET.

Note 1: If your LEA does not directly assign costs to each practitioner type, you may allocate "Other Costs" in Worksheet A-1/B-1, *excluding* Contractor Costs (Columns E and F), based on practitioner salaries and wages or an equivalent functional allocation basis (e.g., FTEs). To allocate "Other Costs" in Worksheet A-1/B-1, use the proportion of salaries and wages of each practitioner type to total costs for the practitioner type within a function code, as defined in the CSAM, Procedure 325. For example, if your LEA includes school nurses and LVNs in function code 3140, the proportion of school nurse salaries and wages divided by total salaries and wages in function code 3140 may be used to estimate the materials and supplies (Column A) used by school nurses. A similar calculation would be completed to determine the materials and supplies used by LVNs. LEAs who use an allocation methodology to calculate "Other Costs" by practitioner type shall maintain adequate documentation of their methodology for review or audit by State and/or federal authorities. Allocation of costs is *not* allowed for Contractor Costs (Columns E and F).

LEA Provider Name	-
National Provider Identifier	0
Fiscal Year	2013/14 (July 1, 2013 - June 30, 2014)

Worksheet A-2/B-2: Contractor Costs and Total Hours Paid

(Object Code)	Contractor Costs (5100 and 5800)	Total Hours Paid	Average Contract Rate Per Hour
Practitioner Type	A	B	C
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	-		
Totals	\$ -	-	

Instructions for Completing Worksheet A-2/B-2: Contractor Costs and Total Hours Paid:

Column B (Total Hours Paid): Enter total hours paid to contractors by practitioner type (lines 1-13) for the direct provision of health services. LEAs should report the number of total hours paid that supports the contractor costs reported on Worksheet A-1/B-1, Columns E and F. If your LEA does not contract with a practitioner type, leave that cell blank. If "Total Hours Paid" is not available in your accounting system, it may be estimated by dividing Column A (Contractor Costs) by Column C (Average Contract Rate Per Hour). Schedules used to estimate "Total Hours Paid" must be maintained for review and/or audit by State and/or federal authorities.

Column C (Average Contract Rate Per Hour): Enter average hourly contract rates for contractors by practitioner type (lines 1-13) for the direct provision of health services. LEAs should report the average hourly contract rates that supports the contractor costs reported on Worksheet A-1/B-1, Columns E and F. If your LEA does not contract with a practitioner type, leave that cell blank. If "Average Contract Rate Per Hour" is not available in your accounting system, it may be estimated by dividing Column A (Contractor Costs) by Column B (Total Hours Paid). Schedules used to estimate "Average Contract Rate Per Hour" must be maintained for review and/or audit by State and/or federal authorities.

DO NOT ENTER ANY DATA INTO COLUMN A (CONTRACTOR COSTS). CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

LEA Provider Name	-
National Provider Identifier	0
Fiscal Year	2013/14 (July 1, 2013 - June 30, 2014)

Worksheet A-3/B-3: Percent of Time Providing LEA Services

Practitioner Type	LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Number of Full-Time Equivalent (FTE) Employees (A)	Annual Hours Required to Work per FTE (B)	Total Hours Required to Work (Employees) (C)	Total Hours Worked by Contractors (D)	Total Hours Worked by Employees and Contractors (E = C+D)	Dates of Service 7/1/13 - 6/30/14		Dates of Service 7/1/13 - 6/30/14	
							Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP (F)	Percent of Time Providing LEA Services Documented in an IEP or IFSP (G = F/E)	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP (H)	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP (I = H/E)
1. Psychologists					-	-	-	0	-	0
2. Social Workers					-	-	-	0	-	0
3. Counselors					-	-	-	0	-	0
4. School Nurses					-	-	-	0	-	0
5. Licensed Vocational Nurses					-	-	-	0	-	0
6. Trained Health Care Aides					-	-	-	0	-	0
7. Speech-Language Pathologists					-	-	-	0	-	0
8. Audiologists					-	-	-	0	-	0
9. Physical Therapists					-	-	-	0	-	0
10. Occupational Therapists					-	-	-	0	-	0
11. Physicians/Psychiatrists					-	-	-	0	-	0
12. Optometrists					-	-	-	0	-	0
13. Audiometrists					-	-	-	0	-	0
Totals		-	-	-	-	-	-	-	-	-

Instructions for Completing Worksheet A-3/B-3: Percent of Time Providing LEA Services:

Does Your LEA Receive Federal Funding for this Practitioner Type?: Select "Yes" or "No" from the drop down box to indicate whether or not your LEA received any federal funding for each practitioner type for the fiscal year (includes all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program). For CRCS reporting purposes, expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.

Column A (Number of Full-Time Equivalent (FTE) Employees): Enter the number of total FTEs by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. If your LEA receives federal funding from a program other than the LEA Medi-Cal Billing Option Program, and their time is dedicated (in full or in part) to that federal program, exclude these dedicated FTEs (or portion of FTEs) from Column A. If the practitioner's time is not fully or partially dedicated to the federal program from which they are funded, include the FTEs in Column A. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section loc ed end). LEAs must be able to validate required practitioner licenses and/or credentials. If the LEA's employee payroll system does not allow the calculation of total FTEs over the fiscal year period, an average may be reported, based on the total number of FTEs at the beginning and end points of the school year. Schedules used to calculate average total FTEs must be maintained for review or audit by State and/or federal authorities. If

Column B (Annual Hours Required to Work Per FTE): Enter annual hours by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section loc ed end). Annual hours are based on the number of hours one FTE is required to work per day multiplied by the number of days the FTE is required to work per year. Annual hours exclude sick leave, vacation time and holiday time. If your LEA employs multiple practitioners within a practitioner type and the annual hours differ by employee, the LEA may average the annual hours in Column B. If your LEA does not employ a practitioner type, leave that cell blank.

Column C (Total Hours Required to Work (Employees)): Enter the total hours required to work by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section loc ed end). If the LEA's employee payroll system does not report total hours required to work, it may be calculated by multiplying Column A (Number of FTE Employees) by Column B (Annual Hours Required to Work Per FTE). Schedules used to calculate total hours required to work must be maintained for review or audit by State and/or federal authorities. If your LEA does not employ a practitioner type, leave that cell blank.

Column D (Total Hours Worked by Contractors): Represents the "Total Hours Paid" to contractors by practitioner type entered in Column B, Worksheet A-2/B-2.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS. CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

LEA Provider Name	-
National Provider Identifier	0
Fiscal Year	2013/14 (July 1, 2013 - June 30, 2014)

**Worksheet A-4: Units, Encounters and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 7/1/13 - 6/30/14**

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit A	Total Units or Encounters B	Total Minutes C = A * B	Number of Students D	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP E = C/D/60	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP F
					Enter encounters in Column B for rows 1g, 1i, 1k, 1m, 2g, 2i, 2k, 2m, 3g, 3i, 3k, 3m, 7g, 7i, 7k, 7m, 8g, 8i, 9g, 9i, 10g, 10i, 11g, 11i, 11k, 11m; Enter units for all other rows				Enter reimbursement figures in Column F for all lines where you entered unit or encounter information	
1a	IFSP Psychological Assessment: Initial	96101	TL	-	360	-	-	1	-	-
1b	IFSP Psychological Assessment: Annual	96101	TL	52	120	-	-	1	-	-
1c	IFSP Psychological Assessment: Amended	96101	TL	TS	120	-	-	1	-	-
1d	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	360	-	-	1	-	-
1e	IEP Psychological Assessment: Annual	96101	TM	52	120	-	-	1	-	-
1f	IEP Psychological Assessment: Amended	96101	TM	TS	120	-	-	1	-	-
1g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AH	55	-	-	1	-	-
1h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AH, 22	15	-	-	1	-	-
1i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	55	-	-	1	-	-
1j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AH, 22	15	-	-	1	-	-
1k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AH	73	-	-	6	-	-
1l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AH, 22	15	-	-	6	-	-
1m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	73	-	-	6	-	-
1n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH, 22	15	-	-	6	-	-
Psychologists - Totals						-	-	-	-	-
2a	IFSP Psychosocial Status Assessment: Initial	96150	TL	AJ	15	-	-	1	-	-
2b	IFSP Psychosocial Status Assessment: Annual	96150	TL	AJ, 52	15	-	-	1	-	-
2c	IFSP Psychosocial Status Assessment: Amended	96151	TL	AJ	15	-	-	1	-	-
2d	IEP Psychosocial Status Assessment: Initial/Triennial	96150	TM	AJ	15	-	-	1	-	-
2e	IEP Psychosocial Status Assessment: Annual	96150	TM	AJ, 52	15	-	-	1	-	-
2f	IEP Psychosocial Status Assessment: Amended	96151	TM	AJ	15	-	-	1	-	-
2g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AJ	55	-	-	1	-	-
2h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AJ, 22	15	-	-	1	-	-
2i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AJ	55	-	-	1	-	-
2j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AJ, 22	15	-	-	1	-	-
2k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AJ	73	-	-	6	-	-
2l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AJ, 22	15	-	-	6	-	-
2m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AJ	73	-	-	6	-	-
2n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AJ, 22	15	-	-	6	-	-
Social Workers - Totals						-	-	-	-	-
3a	IFSP Psychosocial Status Assessment: Initial	96150	TL	-	15	-	-	1	-	-
3b	IFSP Psychosocial Status Assessment: Annual	96150	TL	52	15	-	-	1	-	-
3c	IFSP Psychosocial Status Assessment: Amended	96151	TL	-	15	-	-	1	-	-
3d	IEP Psychosocial Status Assessment: Initial/Triennial	96150	TM	-	15	-	-	1	-	-
3e	IEP Psychosocial Status Assessment: Annual	96150	TM	52	15	-	-	1	-	-
3f	IEP Psychosocial Status Assessment: Amended	96151	TM	-	15	-	-	1	-	-
3g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	-	55	-	-	1	-	-
3h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	22	15	-	-	1	-	-
3i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	-	55	-	-	1	-	-
3j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	22	15	-	-	1	-	-
3k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	-	73	-	-	6	-	-
3l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	22	15	-	-	6	-	-
3m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	-	73	-	-	6	-	-
3n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	22	15	-	-	6	-	-
Counselors - Totals						-	-	-	-	-

**Worksheet A-4: Units, Encounters and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 7/1/13 - 6/30/14**

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit A	Total Units or Encounters B	Total Minutes C = A * B	Number of Students D	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP E = C/D/60	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP F
					Enter encounters in Column B for rows 1g, 1i, 1k, 1m, 2g, 2i, 2k, 2m, 3g, 3i, 3k, 3m, 7g, 7i, 7k, 7m, 8g, 8i, 9g, 9i, 10g, 10i, 11g, 11i, 11k, 11m; Enter units for all other rows				Enter reimbursement figures in Column F for all lines where you entered unit or encounter information	
4a	IFSP Health Assessment: Initial	T1001	TL	-	105	-	-	1	-	-
4b	IFSP Health Assessment: Annual	T1001	TL	52	60	-	-	1	-	-
4c	IFSP Health Assessment: Amended	T1001	TL	TS	60	-	-	1	-	-
4d	IEP Health Assessment: Initial/Triennial	T1001	TM	-	105	-	-	1	-	-
4e	IEP Health Assessment: Annual	T1001	TM	52	60	-	-	1	-	-
4f	IEP Health Assessment: Amended	T1001	TM	TS	60	-	-	1	-	-
4g	IFSP Nursing Services	T1002	TL	-	15	-	-	1	-	-
4h	IEP Nursing Services	T1002	TM	-	15	-	-	1	-	-
School Nurses - Totals						-	-	-	-	-
5a	IFSP LVN Services	T1003	TL	-	15	-	-	1	-	-
5b	IEP LVN Services	T1003	TM	-	15	-	-	1	-	-
Licensed Vocational Nurses - Totals						-	-	-	-	-
6a	IFSP Trained Health Care Aide Services	T1004	TL	-	15	-	-	1	-	-
6b	IEP Trained Health Care Aide Services	T1004	TM	-	15	-	-	1	-	-
Trained Health Care Aides - Totals						-	-	-	-	-
7a	IFSP Speech/Language Assessment: Initial	92506	TL	GN	165	-	-	1	-	-
7b	IFSP Speech/Language Assessment: Annual	92506	TL	GN, 52	90	-	-	1	-	-
7c	IFSP Speech/Language Assessment: Amended	92506	TL	GN, TS	90	-	-	1	-	-
7d	IEP Speech/Language Assessment: Initial/Triennial	92506	TM	GN	165	-	-	1	-	-
7e	IEP Speech/Language Assessment: Annual	92506	TM	GN, 52	90	-	-	1	-	-
7f	IEP Speech/Language Assessment: Amended	92506	TM	GN, TS	90	-	-	1	-	-
7g	IFSP Speech Therapy, Individual Treatment - Initial	92507	TL	GN	50	-	-	1	-	-
7h	IFSP Speech Therapy, Individual Treatment - Additional	92507	TL	GN, 22	15	-	-	1	-	-
7i	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GN	50	-	-	1	-	-
7j	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GN, 22	15	-	-	1	-	-
7k	IFSP Speech Therapy, Group Treatment - Initial	92508	TL	GN	55	-	-	3	-	-
7l	IFSP Speech Therapy, Group Treatment - Additional	92508	TL	GN, 22	15	-	-	3	-	-
7m	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GN	55	-	-	3	-	-
7n	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN, 22	15	-	-	3	-	-
Speech-Language Pathologists - Totals						-	-	-	-	-
8a	IFSP Audiological Assessment: Initial	92506	TL	-	120	-	-	1	-	-
8b	IFSP Audiological Assessment: Annual	92506	TL	52	90	-	-	1	-	-
8c	IFSP Audiological Assessment: Amended	92506	TL	TS	90	-	-	1	-	-
8d	IEP Audiological Assessment: Initial/Triennial	92506	TM	-	120	-	-	1	-	-
8e	IEP Audiological Assessment: Annual	92506	TM	52	90	-	-	1	-	-
8f	IEP Audiological Assessment: Amended	92506	TM	TS	90	-	-	1	-	-
8g	IFSP Audiology, Individual Treatment - Initial	92507	TL	-	55	-	-	1	-	-
8h	IFSP Audiology, Individual Treatment - Additional	92507	TL	22	15	-	-	1	-	-
8i	IEP Audiology, Individual Treatment - Initial	92507	TM	-	55	-	-	1	-	-
8j	IEP Audiology, Individual Treatment - Additional	92507	TM	22	15	-	-	1	-	-
8k	IFSP Hearing Check	V5011	TL	-	35	-	-	1	-	-
8l	IEP Hearing Check	V5011	TM	-	35	-	-	1	-	-
Audiologists - Totals						-	-	-	-	-
9a	IFSP Physical Therapy Assessment: Initial	97001	TL	-	172.8	-	-	1	-	-
9b	IFSP Physical Therapy Assessment: Annual	97001	TL	52	120	-	-	1	-	-
9c	IFSP Physical Therapy Assessment: Amended	97002	TL	-	120	-	-	1	-	-
9d	IEP Physical Therapy Assessment: Initial/Triennial	97001	TM	-	172.8	-	-	1	-	-
9e	IEP Physical Therapy Assessment: Annual	97001	TM	52	120	-	-	1	-	-
9f	IEP Physical Therapy Assessment: Amended	97002	TM	-	120	-	-	1	-	-
9g	IFSP Physical Therapy Individual Treatment - Initial	97110	TL	GP	48	-	-	1	-	-
9h	IFSP Physical Therapy Individual Treatment - Additional	97110	TL	GP, 22	15	-	-	1	-	-
9i	IEP Physical Therapy Individual Treatment - Initial	97110	TM	GP	48	-	-	1	-	-
9j	IEP Physical Therapy Individual Treatment - Additional	97110	TM	GP, 22	15	-	-	1	-	-
Physical Therapists - Totals						-	-	-	-	-

**Worksheet A-4: Units, Encounters and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 7/1/13 - 6/30/14**

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit A	Total Units or Encounters B	Total Minutes C = A * B	Number of Students D	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP E = C/D/60	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP F
					Enter encounters in Column B for rows 1g, 1i, 1k, 1m, 2g, 2i, 2k, 2m, 3g, 3i, 3k, 3m, 7g, 7i, 7k, 7m, 8g, 8i, 9g, 9i, 10g, 10i, 11g, 11i, 11k, 11m; Enter units for all other rows				Enter reimbursement figures in Column F for all lines where you entered unit or encounter information	
10a	IFSP Occupational Therapy Assessment: Initial	97003	TL	-	172.8			1	-	
10b	IFSP Occupational Therapy Assessment: Annual	97003	TL	52	120			1	-	
10c	IFSP Occupational Therapy Assessment: Amended	97004	TL	-	120			1	-	
10d	IEP Occupational Therapy Assessment: Initial/Triennial	97003	TM	-	172.8			1	-	
10e	IEP Occupational Therapy Assessment: Annual	97003	TM	52	120			1	-	
10f	IEP Occupational Therapy Assessment: Amended	97004	TM	-	120			1	-	
10g	IFSP Occupational Therapy Individual Treatment - Initial	97110	TL	GO	57			1	-	
10h	IFSP Occupational Therapy Individual Treatment - Additional	97110	TL	GO, 22	15			1	-	
10i	IEP Occupational Therapy Individual Treatment - Initial	97110	TM	GO	57			1	-	
10j	IEP Occupational Therapy Individual Treatment - Additional	97110	TM	GO, 22	15			1	-	
Occupational Therapists - Totals						-			-	-
11a	IFSP Health/Nutrition Assessment: Initial	96150	TL	AG	15			1	-	
11b	IFSP Health/Nutrition Assessment: Annual	96150	TL	AG, 52	15			1	-	
11c	IFSP Health/Nutrition Assessment: Amended	96151	TL	AG	15			1	-	
11d	IEP Health/Nutrition Assessment: Initial/Triennial	96150	TM	AG	15			1	-	
11e	IEP Health/Nutrition Assessment: Annual	96150	TM	AG, 52	15			1	-	
11f	IEP Health/Nutrition Assessment: Amended	96151	TM	AG	15			1	-	
11g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AG	55			1	-	
11h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AG, 22	15			1	-	
11i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AG	55			1	-	
11j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AG, 22	15			1	-	
11k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AG	73			6	-	
11l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AG, 22	15			6	-	
11m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AG	73			6	-	
11n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AG, 22	15			6	-	
Physicians/Psychiatrists - Totals						-			-	-
Total Interim Medi-Cal Reimbursement - Services Documented in an IEP or IFSP (7/1/13 - 6/30/14)						-			-	-

Instructions for Completing Worksheet A-4: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP Dates of Service 7/1/13 - 6/30/14:

Column B (Total Units or Encounters): Enter the total units by LEA service type (procedure code/modifier combination) that your LEA was reimbursed with dates of service from 7/1/13 - 6/30/14 for all services, except for initial treatment services. Enter the total encounters by LEA service type for initial treatment services (rows 1g, 1i, 1k, 1m, 2g, 2i, 2k, 2m, 3g, 3i, 3k, 3m, 7g, 7i, 7k, 7m, 8g, 8i, 9g, 9i, 10g, 10i, 11g, 11i, 11k, 11m).

Column F (Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP): Enter the total reimbursement by LEA service type (procedure code/modifier combination) that your LEA was reimbursed with dates of service from 7/1/13 - 6/30/14.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS. CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

LEA Provider Name	-
National Provider Identifier	0
Fiscal Year	2013/14 (July 1, 2013 - June 30, 2014)

Worksheet B-4: Units, Encounters and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP
Dates of Service 7/1/13 - 6/30/14

Row	Service Description	Procedure Code	Required Modifier(s)	Time Spent Per Unit A	Total Units or Encounters B	Total Minutes C = A * B	Number of Students D	Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP E = C/D/60	Interim Medi-Cal Reimbursement for Services Not Documented in an IEP or IFSP F
				Enter encounters in Column B for rows 1c, 1e, 2c, 2e, 3c, 3e, 7a, 7c, 8a, 10b, 11b, 12e, 12g; Enter units for all other rows				Enter reimbursement figures in Column F for all lines where you entered unit or encounter information	
1a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AH	15		-	1	-	
1b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AH	15		-	1	-	
1c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AH	55		-	1	-	
1d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additic	96152	AH, 22	15		-	1	-	
1e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AH	73		-	6	-	
1f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AH, 22	15		-	6	-	
1g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AH	15		-	1	-	
Psychologists - Totals						-		-	-
2a	Non-IEP/IFSP Psychosocial Status Assessment	96150	AJ	15		-	1	-	
2b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	AJ	15		-	1	-	
2c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AJ	55		-	1	-	
2d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additic	96152	AJ, 22	15		-	1	-	
2e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AJ	73		-	6	-	
2f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AJ, 22	15		-	6	-	
2g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AJ	15		-	1	-	
Social Workers - Totals						-		-	-
3a	Non-IEP/IFSP Psychosocial Status Assessment	96150	-	15		-	1	-	
3b	Non-IEP/IFSP Psychosocial Status Re-Assessment	96151	-	15		-	1	-	
3c	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	-	55		-	1	-	
3d	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additic	96152	22	15		-	1	-	
3e	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	-	73		-	6	-	
3f	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22	15		-	6	-	
3g	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	-	15		-	1	-	
Counselors - Totals						-		-	-
4a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	TD	15		-	1	-	
4b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	TD	15		-	1	-	
4c	Non-IEP/IFSP Health/Nutrition Assessment	96150	TD	15		-	1	-	
4d	Non-IEP/IFSP Health/Nutrition Re-Assessment	96151	TD	15		-	1	-	
4e	Non-IEP/IFSP Vision Assessment	99173	TD	5		-	1	-	
4f	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	TD	15		-	1	-	
4g	Non-IEP/IFSP Nursing Services	T1002	-	15		-	1	-	
School Nurses - Totals						-		-	-
5a	Non-IEP/IFSP LVN Services	T1003	-	15		-	1	-	
Licensed Vocational Nurses - Totals						-		-	-
6a	Non-IEP/IFSP Trained Health Care Aide Services	T1004	-	15		-	1	-	
Trained Health Care Aides - Totals						-		-	-
7a	Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507	GN	50		-	1	-	
7b	Non-IEP/IFSP Speech Therapy, Individual Treatment - Additional	92507	GN, 22	15		-	1	-	
7c	Non-IEP/IFSP Speech Therapy, Group Treatment - Initial	92508	GN	55		-	3	-	
7d	Non-IEP/IFSP Speech Therapy, Group Treatment - Additional	92508	GN, 22	15		-	3	-	
7e	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	GN	15		-	1	-	
7f	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	GN	15		-	1	-	
7g	Non-IEP/IFSP Developmental Assessment	96110	GN	15		-	1	-	
Speech-Language Pathologists - Totals						-		-	-

Worksheet B-4: Units, Encounters and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP
Dates of Service 7/1/13 - 6/30/14

Row	Service Description	Procedure Code	Required Modifier(s)	Time Spent	Total Units	Total Minutes	Number of Students	Medi-Cal Hours	Interim Medi-Cal	
				Per Unit	or Encounters			Reimbursed for Services Not Documented in an IEP or IFSP	Reimbursement for Services Not Documented in an IEP or IFSP	
				A	B	C = A * B	D	E = C/D/60	F	
				Enter encounters in Column B for rows 1c, 1e, 2c, 2e, 3c, 3e, 7a, 7c, 8a, 10b, 11b, 12e, 12g; Enter units for all other rows					Enter reimbursement figures in Column F for all lines where you entered unit or encounter information	
8a	Non-IEP/IFSP Audiology, Individual Treatment - Initial	92507	-	55		-	1	-		
8b	Non-IEP/IFSP Audiology, Individual Treatment - Additional	92507	22	15		-	1	-		
Audiologists - Totals					-			-	-	
9a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	-	15		-	1	-		
9b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	-	15		-	1	-		
Audiologists/Audiometrists - Totals					-			-	-	
10a	Non-IEP/IFSP Developmental Assessment	96110	GP	15		-	1	-		
10b	Non-IEP/IFSP Physical Therapy Individual Treatment - Initial	97110	GP	48		-	1	-		
10c	Non-IEP/IFSP Physical Therapy Individual Treatment - Additional	97110	GP, 22	15		-	1	-		
Physical Therapists - Totals					-			-	-	
11a	Non-IEP/IFSP Developmental Assessment	96110	GO	15		-	1	-		
11b	Non-IEP/IFSP Occupational Therapy Individual Treatment - Initial	97110	GO	57		-	1	-		
11c	Non-IEP/IFSP Occupational Therapy Individual Treatment - Additional	97110	GO, 22	15		-	1	-		
Occupational Therapists - Totals					-			-	-	
12a	Non-IEP/IFSP Hearing Assessment (Pure tone, air only)	92551	AG	15		-	1	-		
12b	Non-IEP/IFSP Hearing Assessment (Pure tone-threshold, air only)	92552	AG	15		-	1	-		
12c	Non-IEP/IFSP Health/Nutrition Assessment	96150	AG	15		-	1	-		
12d	Non-IEP/IFSP Health/Nutrition Re-Assessment	96151	AG	15		-	1	-		
12e	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152	AG	55		-	1	-		
12f	Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additic	96152	AG, 22	15		-	1	-		
12g	Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153	AG	73		-	6	-		
12h	Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	AG, 22	15		-	6	-		
12i	Non-IEP/IFSP Vision Assessment	99173	AG	5		-	1	-		
12j	Non-IEP/IFSP Health Education/Anticipatory Guidance	99401	AG	15		-	1	-		
Physicians/Psychiatrists - Totals					-			-	-	
13a	Non-IEP/IFSP Vision Assessment	99173	-	5		-	1	-		
Optometrists - Totals					-			-	-	
Total Interim Medi-Cal Reimbursement - Services Not Documented in an IEP or IFSP (7/1/13 - 6/30/14)					-			-	-	

Instructions for Completing Worksheet B-4: Units and Reimbursement of Providing LEA Services Not Documented in an IEP or IFSP Dates of Service 7/1/13 - 6/30/14:

Column B (Total Units or Encounters): Enter the total units by LEA service type (procedure code/modifier combination) that your LEA was reimbursed with dates of service from 7/1/13 - 6/30/14 for all services, except for initial treatment services. Enter the total encounters by LEA service type for initial treatment services (rows 1c, 1e, 2c, 2e, 3c, 3e, 7a, 7c, 8a, 10b, 11b, 12e, 12g).

Column F (Interim Medi-Cal Reimbursement for Services Not Documented in an IEP or IFSP): Enter the total reimbursement for services by LEA service type (procedure code/modifier combination) that your LEA was reimbursed with dates of service from 7/1/13 - 6/30/14.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS. CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

LEA Provider Name	-
National Provider Identifier	0
Fiscal Year	2013/14 (July 1, 2013 - June 30, 2014)