



**LEA Medi-Cal Billing Option Program
Fiscal Year 2008/09
Cost and Reimbursement Reconciliation
Schedule (CRCS) Webinar
Update Training
October 2010**



Training Objectives

New Updated Issues:

- Overview of LEA CRCS resources
- FY 2008/09 CRCS form updates and impact
- Interim Reimbursement and Units of Service Report
- Correcting claims reimbursement errors
- FY 2008/09 CRCS submission deadline, requirements and process
- Overview of CRCS document retention
- Overview of Audits and Investigations (A&I) reconciliation process
- Overview of CRCS non-compliance

Overview of CRCS Resources

LEA CRCS Resources – LEA Program Website

- <http://www.dhcs.ca.gov/provgovpart/Pages/LEACRCSTraining.aspx>



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Local Educational Agency Medi-Cal Billing Option

The Local Educational Agency (LEA) program provides the federal share of reimbursement for health assessment and treatment for Medi-Cal eligible children and family members within the school environment. An LEA provider (generally a school district or county office of education) employs or contracts with qualified medical practitioners to render certain health services.

[Email Subscription Service](#): Subscribe/Unsubscribe to receive an Email when there are changes or updates to the LEA Website

[What's New](#): Listing of new or updated information on the LEA Website.

[LEA Contact Information Form](#): The LEA Program has developed an LEA Contact Form to ensure program information, correspondence, and required documents are directed to the appropriate LEA contact.

Program Information

- » Contact Information
- » FAQ's (PDF)
- » Glossary of Terms
- » LEA Related Links
- » Maximum Allowable Claiming Rates for SFY 2009/10 - eff. 07/01/09 (PDF)
- » Program Description

Manuals & Training

- » **FY 2008-09 Cost and Reimbursement Comparison Schedule (CRCS)**
- » LEA Billing Option Program Training
- » Provider Manual

Tools & Templates

- » Annual Report Templates
- » LEA Targeted Case Management Labor Survey
- » LEA Provider Enrollment

Publications & Bulletins

- » LEA FYI - For Your Information
- » LEA Provider Bulletins
- » LEA Paid Claims Data Reports
- » Prescription, Referral, and Recommendation Requirements (PDF)
- » Report to the Legislature, September 2006
- » Workgroup Meeting Summaries

Policies & Legislation

- » California Laws and Regulations
- » Federal Laws and Regulations

Contacts

- » LEA Program
- » LEA Audits & Investigations

LEA CRCS Resources – LEA Program Website

Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2008-09

Page Updated: **September 14, 2010**

FISCAL YEAR 2008-09 CRCS SUBMISSION DEADLINE:
NOVEMBER 30, 2010

MANDATORY CRCS REQUIREMENT:

Participants in the LEA Medi-Cal Billing Option (LBO) Program are required to annually certify, through the CRCS process, that the public funds expended to provide LBO Program services are eligible for federal financial participation. Therefore, continued enrollment in the LBO Program is contingent upon timely submission of the CRCS each fiscal year. Failure to meet this requirement may result in removal from the LBO Program.

CRCS: Training Update for FY 08/09:

This training will be taking place on Thursday, October 7, 2010 from 10AM to 12PM.

[Click Here to Register for CRCS: Training Update for FY 08/09](#)

FY 2008-09 CRCS FORM:

- > [FY 2008-09 CRCS Forms \(Excel\)](#)
- > [FY 2008-09 CRCS Forms Update Summary*](#) (PDF) - [*The FY 08-09 CRCS Forms Update Summary provides information on the CRCS Form updates required for this fiscal year. Please refer to this summary when completing the CRCS Forms.]

FY 2008-09 CRCS RESOURCES:

- > [FY 2008-09 CRCS Packet – Sample, Instructions and Information*](#) (PDF) - [*The CRCS Packet is best if printed double sided.] [Updated September 2010]
- > [Instructions for CRCS Forms Worksheets A-4 and B-4](#) (PDF)
- > [Sample Interim Reimbursement and Units of Service \(IRUS\) Report](#) (PDF)
- > [Sample Interim Reimbursement and Units of Service \(IRUS\) Report with Missing or Extraneous Modifiers](#) (PDF)
- > Standardized Accounting Code Structure (SACS) Guidance: <http://www.cde.ca.gov/fg/ac/ac/>
- > California School Accounting Manual (CSAM): <http://www.cde.ca.gov/fg/ac/sa/>
- > LEA Indirect Cost Rate Data: <http://www.cde.ca.gov/fg/ac/ic/>
- > [CRCS FAQs](#) (PDF)
- > CRCS Training DVD* - [*To request a CRCS Training DVD send an email with your Name, LEA name, address, and phone number to: LEA@DHCS.CA.GOV]
- > [CRCS Training DVD Addendum*](#) (PDF) - [*The CRCS Training DVD Addendum summarizes updates made to the 2006 CRCS training that differ from the DVD. Please refer to this addendum when viewing the CRCS Training DVD so that the changes can be easily identified.]

LEA CRCS Resources – LEA Program Website

CRCS QUESTIONS/CONTACTS:

CRCS Questions: LEA.CRCS.Questions@DHCS.CA.GOV

CRCS Submissions: LEA.CRCS.Submission@DHCS.CA.GOV

IRUS Report Requests: LEA.IRUS.Request@DHCS.CA.GOV

CRCS Training DVD Requests: LEA@DHCS.CA.GOV

REQUIRED DOCUMENTATION:

A&I will conduct a field audit and/or desk review of the CRCS to audit submitted information and complete the final settlement amount. To facilitate this process, the reports and supporting documents must be maintained by each LEA for a minimum of three years from the date of final submission of the CRCS. These documents must be verifiable by DHCS Audits and Investigations staff. LEA providers may appeal the determinations made by DHCS pursuant to Welfare and Institutions Code, Section 14171.

[Cost and Reimbursement Comparison Schedule \(CRCS\) for Fiscal Years 2006-07 and 2007-08](#)

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Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Years 2006-07 and 2007-08

The LEA Medi-Cal Billing Option Program requires that LEAs annually certify that the public funds expended for LEA services provided are eligible for federal financial participation. Continued enrollment in the LEA Program is contingent upon timely submission of the CRCS each fiscal year. Any CRCS that is incomplete or submitted without proper information will not be accepted by DHCS, and payments will be withheld until such time as the CRCS has been received and accepted for processing.

UPDATE: APRIL 21, 2010

CRCS SUBMISSION DEADLINE for FISCAL YEARS 2006/07 and 2007/08: APRIL 23, 2010

LEAS WHO HAVE NOT SUBMITTED ANY CRCS FORM

LEAs who still have not submitted their completed CRCS for FYs 2006/2007 and 2007/2008 are non-compliant LEAs and must submit to DHCS no later than April 23, 2010 (original submission deadline was October 30, 2009). If a CRCS form is not received by April 23, 2010, DHCS will begin the process of withholding reimbursement.

LEAS WHO HAVE SUBMITTED A CRCS FORM

LEAs who submitted their completed CRCS for FYs 2006/2007 and 2007/2008 should have received a CRCS rejection letter or acceptance letter via e-mail to the person identified as the contact on the Certification page of the CRCS. CRCS rejection letters were e-mailed to those LEAs that need to review and/or correct their CRCS forms. CRCS acceptance letters were e-mailed to those LEAs that have no reporting errors and no further action from the LEA is necessary. LEAs with rejection letters need to correct their CRCS forms and submit to DHCS no later than Friday, April 23, 2010.

LEA INTERIM REIMBURSEMENT AND UNITS OF SERVICES REPORT

- 1) LEAs should have received a hard copy of your LEA reimbursement and units of service report via mail in September 2009 for FY 2006/07 and FY 2007/08.
- 2) If your LEA did not receive hard copy reports, e-mail LEA.irus.request@dhcs.ca.gov and request a duplicate electronic version.
- 3) Verify the reasonableness of the units and reimbursement report information with your LEA internal accounting system.
- 4) Please note the following regarding the reimbursement and units of service report information:
 - Data is based on dates of service within FY 2006/07 (July 1, 2006 – June 30, 2007) and FY 2007/08 (July 1, 2007 – June 30, 2008).
 - Data includes all FY 2006/07 and FY 2007/08 claims that were reprocessed in Erroneous Payment Corrections (EPCs) during FY 2006/07 through FY 2008/09 due to claims processing issues.
 - Data includes the recent FY 2006/07 and FY 2007/08 inflation rate adjustment EPC.

LEA CRCS Resources

- Specific CRCS Questions
 - E-mail LEA.CRCS.Questions@dhcs.ca.gov
- CRCS Submissions
 - E-mail LEA.CRCS.Submission@dhcs.ca.gov
- Request Interim Reimbursement and Units of Service Report
 - E-mail LEA.IRUS.Request@dhcs.ca.gov
- Request CRCS Training DVD
 - E-mail LEA@dhcs.ca.gov
- Guidance on Standardized Account Code Structure (SACS)
 - Available at <http://www.cde.ca.gov/fg/ac/ac/>
- California School Accounting Manual (CSAM)
 - Available at <http://www.cde.ca.gov/fg/ac/sa/>
- LEA Indirect Cost Rates
 - Available at <http://www.cde.ca.gov/fg/ac/ic/>

Why is the CRCS Mandatory?

- Federally required by CMS
 - LEA Program is a certified public expenditure program
- Specified in the LEA Provider Participation Agreement
- DHCS required to reconcile and compare LEA Medi-Cal costs with LEA Medi-Cal interim reimbursements for each fiscal year
- Final cost settlement
 - Results in a “difference” owed to/from LEAs
 - LEAs will not be paid more or less than the cost of providing LEA services

FY 2008/09 CRCS Form
Updates and Impact

Summary of Form Changes

2008/09 Form:

- Accounts for two different Federal Medicaid Assistance Percentages (FMAP) applied during the fiscal year
 - Requires two additional CRCS worksheets
- Adds a column for contractor costs reported in Object Code 5100
- Adds a column to indicate whether the practitioner type is 100 percent federally funded
- Requires additional LEA identification information

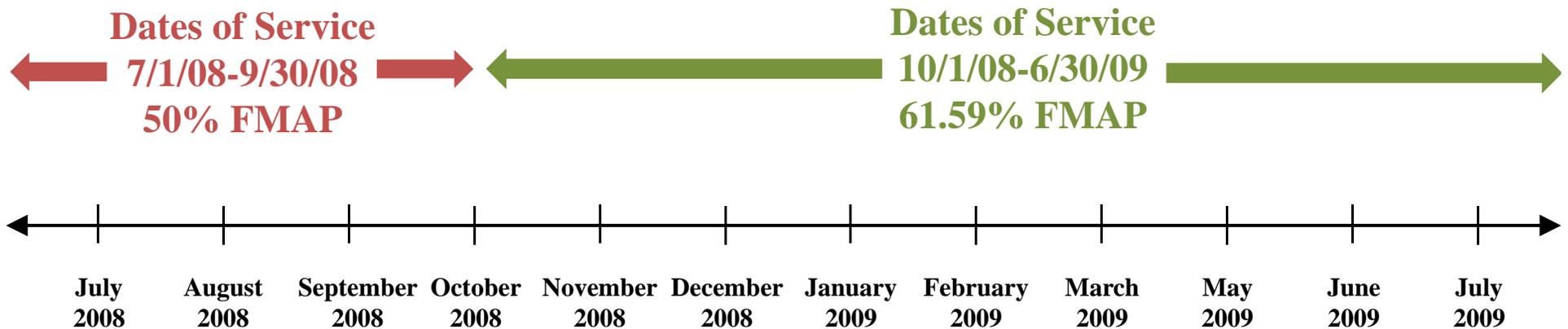
CRCS Worksheets

- Certification
- Worksheet A Salary and Benefit Costs
- Worksheet B Salary and Benefit Costs
- Worksheet A-1 & B-1 Other Costs
- Worksheet A-2 & B-2 Contractor Costs
- Worksheet A-3 & B-3 Percent of Time
- Worksheet A-4 Units and Reimb (Jul-Sep)
- Worksheet A-4 Units and Reimb (Oct-Jun)
- Worksheet B-4 Units and Reimb (Jul-Sep)
- Worksheet B-4 Units and Reimb (Oct-Jun)

Dual FMAP Update

FY 2008/09 Dual FMAP

- LEAs required to separately report units and reimbursement information on Worksheets A-4 and B-4 for different 50 percent and 61.59 percent FMAP periods



Dual FMAP Impact: Worksheets A-4 and B-4

State of California — Health and Human Services Agency

California Department of Health Care Services
LEA Medi-Cal Billing Option Program

Worksheet A-4: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 7/1/08 - 9/30/08

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Total Units	Total Minutes	Number of Students	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP
					<i>A</i>	<i>B</i>	<i>C = A * B</i>	<i>D</i>	<i>E = C/D/60</i>	<i>F</i>
1a	IFSP Psychological Assessment: Initial	96101	TL		360		-	1	-	
1b										
1c										
1d										1,875
1e										

- Worksheets A-4 and B-4 separately account for units and reimbursement for two date of service ranges:
 - July 2008 – September 2008
 - October 2008 – June 2009
- Verify the date of service range in the title of Worksheets A-4 and B-4 and only report units and reimbursement in the specified date of service ranges

State of California — Health and Human Services Agency

California Department of Health Care Services
LEA Medi-Cal Billing Option Program

Worksheet A-4: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 10/1/08 - 6/30/09

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Total Units	Total Minutes	Number of Students	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP
					<i>A</i>	<i>B</i>	<i>C = A * B</i>	<i>D</i>	<i>E = C/D/60</i>	<i>F</i>
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	27	9,720	1	162	5,627
1e	IEP Psychological Assessment: Annual	96101	TM	52	120		-	1	-	

Dual FMAP Impact: Worksheet A-3/B-3

State of California — Health and Human Services Agency							California Department of Health Care Services LEA Medi-Cal Billing Option Program							
Worksheet A-3/B-3: Percent of Time Providing LEA Services														
Practitioner Type	Practitioner 100% Federally Funded (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 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09		Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09	
							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 Documented in an IEP or IFSP (H)	Percent of Time Providing LEA Services Documented in an IEP or IFSP (I = H/E)	Reimbursed for LEA Services Not Documented in an IEP or IFSP (J)	Time Providing LEA Services Not Documented in an IEP or IFSP (K = J/E)	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP (L)	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP (M = L/E)
1. Psychologists	No	1.1	1,365	1,502	208	1,710	54	3.16%	162	9.48%	-	0	-	0
2. Social Workers					-	-	-	0	-	0	-	0	-	0
3. Counselors					-	-	-	0	-	0	-	0	-	0

Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09		Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09	
Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP
F	G = F/E	H	I = H/E	J	K = J/E	L	M = L/E
54	3.16%	162	9.48%	-	0	-	0
-	0	-	0	-	0	-	0
-	0	-	0	-	0	-	0
20	2.23%	58	6.37%	-	0	-	0
-	0	-	0	-	0	-	0
-	0	-	0	-	0	-	0
288	8.22%	858	24.54%	-	0	-	0
-	0	-	0	-	0	-	0
-	0	-	0	-	0	-	0
-	0	-	0	-	0	-	0
-	0	-	0	-	0	-	0
0	0	0	0	0	0.08%	1	0.24%
0	0	0	0	2	0.24%	5	0.72%

- Worksheet A-3/B-3 separately calculates Total Hours Reimbursed and Percent of Time Providing LEA Services for each date of service range
- These cells will automatically calculate

Dual FMAP Impact: Worksheets A-4 to A-3/B-3

Worksheet A-4: Units and Reimbursement of Providing LEA Services Documented in an IEP or IFSP

Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Total Units	Total Minutes	Number of Students	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP
Psychological Assessment: Initial	96101	TL	-	360		-	1	-	
Psychological Assessment: Annual	96101	TL	52	120		-	1	-	
Psychological Assessment: Amended	96101	TL	TS	120		-	1	-	
Psychological Assessment: Initial Triennial	96101	TM	-	360	9	3,240	1	54	1,875
Psychological Assessment: Annual	96101	TM	52	120		-	1	-	
Psychological Assessment: Amended	96101	TM	TS	120		-	1	-	
Psychology Counseling, Individual Treatment - Initial	96152	TL	AH	55		-	1	-	
Psychology Counseling, Individual Treatment - Additional	96152	TL	AH, 22	15		-	1	-	
Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	55		-	1	-	
Psychology Counseling, Individual Treatment - Additional	96152	TM	AH, 22	15		-	1	-	
Psychology Counseling, Group Treatment - Initial	96153	TL	AH	73		-	6	-	
Psychology Counseling, Group Treatment - Additional	96153	TL	AH, 22	15		-	6	-	
Im IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	73		-	6	-	
In IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH, 22	15		-	6	-	
Psychologists - Totals								54	1,875

• Total Medi-Cal Hours Reimbursed for Services by practitioner type will transfer from Worksheet A-4 to Worksheet A-3/B-3 for each respective date of service range

State of California — Health and Human Services Agency

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

California Department of Health Care Services
LEA Medi-Cal Billing Option Program

Practitioner Type	Practitioner 100% Federally Funded (Yes or No)	Number of Full-Time Equivalent (FTE) Employees	Annual Hours Required to Work per FTE	Total Hours Required to Work (Employees)	Total Hours Worked by Contractors	Total Hours Worked by Employees and Contractors	Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09		Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09	
							Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Reimbursed for LEA Services Not Documented in an IEP or IFSP	Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP
		A	B	C	D	E = C+D	F	G = F/E	H	I = H/E	J	K = J/E	L	M = L/E
1. Psychologists	No	1.1	1,365	1,502	208	1,710	54	3.16%	162	9.48%	-	0	-	0
2. Social Workers					-	-	-	0	-	0	-	0	-	0

Dual FMAP Impact: Worksheets A and B

State of California — Health and Human Services Agency California Department of Health Care Services
LEA Medi-Cal Billing Option Program

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

Practitioner Type	Practitioner 100% Federally Funded (Yes or No)	Number of Full-Time Equivalent (FTE) Employees	Annual Hours Required to Work per FTE	Total Hours Required to Work (Employees)	Total Hours Worked by Contractors	Total Hours Worked by Employees and Contractors	Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09		Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09	
							Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP G = F/E	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP I = H/E	Reimbursed for LEA Services Not Documented in an IEP or IFSP	Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP M = L/E
1. Psychologists	No						3.16%	162	9.48%	-	0	-	0	
2. Social Workers							0	-	0	-	0	-	0	

• Percent of Time Providing LEA Services will transfer from Worksheet A-3/B-3 to Worksheet A or B for each respective date of service range

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

(Object Code)	Practitioner 100% Federally Funded (Yes or No)	Salary Expenditures (1000-2999)	Benefit Expenditures (3000-3999)	Other Costs	Total Personnel Costs D = A+B+C	Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09	
						Percent of Time Providing LEA Services Documented in an IEP or IFSP E	Cost of Providing LEA Services Documented in an IEP or IFSP F = D*E	Percent of Time Providing LEA Services Documented in an IEP or IFSP G	Cost of Providing LEA Services Documented in an IEP or IFSP H = D*G
1. Psychologists	No				115,872	3.16%	3,660	9.48%	10,981
2. Social Workers					-	0	-	0	-
3. Counselors					-	0	-	0	-
4. School Nurses	No				46,441	2.23%	1,037	6.37%	2,959
5. Licensed Vocational Nurses					-	0	-	0	-
6. Trained Health Care Aides					-	0	-	0	-
7. Speech-Language Pathologists	No				187,061	8.22%	15,383	24.54%	45,911
8. Audiologists	Yes				-	0	-	0	-
9. Physical Therapists					-	0	-	0	-
10. Occupational Therapists					-	0	-	0	-
11. Physicians/Psychiatrists					-	0	-	0	-

• Worksheet A separately calculates Percent of Time Providing LEA Services and Cost of Providing LEA Services Documented in an IEP/IFSP for each date of service range

Dual FMAP Impact: Worksheets A and B

- Worksheet A separately calculates Overpayment/(Underpayment) for each date of service range
- Net Overpayment/(Underpayment) for FY 2008/09 is the sum of Overpayment/(Underpayment) for the two date of service ranges

State of California — Health and Human Services Agency California Department of Health Care Services
LEA Medi-Cal Billing Option Program

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

(Object Code)	Practitioner 100% Federally Funded (Yes or No)	Salary Expenditures (1000-2999) A	Benefit Expenditures (3000-3999) B	Other Costs C	Total Personnel Costs D = A+B+C	Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09	
						Percent of Time Providing LEA Services Documented in an IEP or IFSP E	Cost of Providing LEA Services Documented in an IEP or IFSP F = D*E	Percent of Time Providing LEA Services Documented in an IEP or IFSP G	Cost of Providing LEA Services Documented in an IEP or IFSP H = D*G
1. Psychologists	No	62,991	14,122	38,758	115,872	3.16%	3,660	9.48%	10,981
2. Social Workers				-	-	0	-	0	-
3. Counselors				-	-	0	-	0	-
4. School Nurses	No	39,974	2,731	3,736	46,441	2.23%	1,037	6.37%	2,959
5. Licensed Vocational Nurses				-	-	0	-	0	-
6. Trained Health Care Aides				-	-	0	-	0	-
7. Speech-Language Pathologists	No	152,050	33,658	1,353	187,061	8.22%	15,383	24.54%	45,911
8. Audiologists	Yes			-	-	0	-	0	-
9. Physical Therapists				-	-	0	-	0	-
10. Occupational Therapists				-	-	0	-	0	-
11. Physicians/Psychiatrists				-	-	0	-	0	-
a. Service Costs (Sum, F1 - F11 and H1 - H11)							\$ 20,080	\$ 59,851	
b. Service Costs Excluded from Indirect Cost Rate Application							\$ 221	\$ 663	
c. Service Costs Included in Indirect Cost Rate Application (a - b)							\$ 19,859	\$ 59,187	
d. Indirect Cost Rate							8.76%	8.76%	
e. Indirect Costs (c * d)							\$ 1,740	\$ 5,185	
f. Total Service Costs (a + e)							\$ 21,820	\$ 65,035	
g. Federal Medical Assistance Percentage (FMAP)							50.00%	61.59%	
h. Medi-Cal Maximum Reimbursable (f * g)							\$ 10,910	\$ 40,055	
i. Interim Medi-Cal Reimbursement for LEA Services Documented in an IEP or IFSP							\$ 13,320	\$ 39,837	
j. Overpayment/(Underpayment) (i - h)							\$ 2,410	\$ (218)	
k. Net Overpayment/(Underpayment) (Sum of j Totals)								\$ 2,193	

a.	Service Costs (Sum, F1 - F11 and H1 - H11)	\$ 20,080	\$ 59,851
b.	Service Costs Excluded from Indirect Cost Rate Application	\$ 221	\$ 663
c.	Service Costs Included in Indirect Cost Rate Application (a - b)	\$ 19,859	\$ 59,187
d.	Indirect Cost Rate	8.76%	8.76%
e.	Indirect Costs (c * d)	\$ 1,740	\$ 5,185
f.	Total Service Costs (a + e)	\$ 21,820	\$ 65,035
g.	Federal Medical Assistance Percentage (FMAP)	50.00%	61.59%
h.	Medi-Cal Maximum Reimbursable (f * g)	\$ 10,910	\$ 40,055
i.	Interim Medi-Cal Reimbursement for LEA Services Documented in an IEP or IFSP	\$ 13,320	\$ 39,837
j.	Overpayment/(Underpayment) (i - h)	\$ 2,410	\$ (218)
k.	Net Overpayment/(Underpayment) (Sum of j Totals)		\$ 2,193

Contractor Costs Update

Contractor Costs

- LEAs may report up to \$25,000 per individual subagreement for the duration of the individual subagreement to Object Code 5800
 - Indirect cost rate can be applied to expenditures
- Remainder of the individual subagreement in excess of \$25,000 must be reported under Object Code 5100
 - Indirect cost rate cannot be applied to expenditures

Contractor Costs Impact: Worksheets A-1/B-1 and A-2/B-2

State of California — Health and Human Services Agency						California Department of Health Care Services LEA Medi-Cal Billing Option Program			
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	
Practitioner Type	A	B	C	D	E	F	G	H = Sum of A-G	
1. Psychologists	3,088		1,445		27,225	7,000		38,758	
2. Social Workers								-	
3. Counselors								-	

- Worksheet A-1/B-1 includes another Object Code allowable for Contractor Costs
- Contractor costs should now be split by Object Codes 5800 and 5100 respectively

State of California — Health and Human Services Agency			California Department of Health Care Services LEA Medi-Cal Billing Option Program	
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	34,225	208	165	
2. Social Workers	-			
3. Counselors	-			

- Worksheet A-2/B-2 Column A Contractor Costs automatically calculates the sum of Contractor Costs (Object Codes 5100 and 5800) from Worksheet A-1/B-1

Contractor Costs Impact: Worksheets A and B

- Contractor Costs allocated to Object Code 5100 (Line b) are excluded from the indirect cost rate application

- Indirect Costs (Line e) is the product of Service Costs (Line c) and Indirect Cost Rate (Line d)

- Total Service Costs (Line f) is the sum of Service Costs including Object Code 5100 (Line a) and Indirect Costs (Line e)

State of California — Health and Human Services Agency						California Department of Health Care Services LEA Medi-Cal Billing Option Program			
Worksheet A: Costs of Providing LEA Services Documented in an IEP or IFSP									
(Object Code)	Practitioner 100% Federally Funded	Salary Expenditures (1000-2999)	Benefit Expenditures (3000-3999)	Other Costs	Total Personnel Costs D = A+B+C	Dates of Service 7/1/08 - 9/30/08	Dates of Service 10/1/08 - 6/30/09		
						Percent of Time Providing LEA Services Documented in an IEP or IFSP	Cost of Providing LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Cost of Providing LEA Services Documented in an IEP or IFSP
Practitioner Type	(Yes or No)	A	B	C	D = A+B+C	E	F = D*E	G	H = D*G
1. Psychologists	No	62,991	14,122	38,758	115,872	3.16%	3,660	9.48%	10,981
2. Social Workers				-	-	0	-	0	-
3. Counselors				-	-	0	-	0	-
4. School Nurses	No	39,974	2,731	3,736	46,441	2.23%	1,037	6.37%	2,959
5. Licensed Vocational Nurses				-	-	0	-	0	-
6. Trained Health Care Aides				-	-	0	-	0	-
7. Speech-Language Pathologists	No	152,050	33,658	1,353	187,061	8.22%	15,383	24.54%	45,911
8. Audiologists	Yes			-	-	0	-	0	-
9. Physical Therapists				-	-	0	-	0	-
10. Occupational Therapists				-	-	0	-	0	-
11. Physicians/Psychiatrists				-	-	0	-	0	-
a.	Service Costs (Sum, F1 - F11 and H1 - H11)						\$ 20,080		\$ 59,851
b.	Service Costs Excluded from Indirect Cost Rate Application						\$ 221		\$ 663
c.	Service Costs Included in Indirect Cost Rate Application (a - b)						\$ 19,859		\$ 59,187
d.	Indirect Cost Rate						8.76%		8.76%
e.	Indirect Costs (c * d)						\$ 1,740		\$ 5,185
f.	Total Service Costs (a + e)						\$ 21,820		\$ 65,035
g.	Federal Medical Assistance Percentage (FMAP)						50.00%		61.59%
h.	Medi-Cal Maximum Reimbursable (f * g)						\$ 10,910		\$ 40,055
i.	Interim Medi-Cal Reimbursement for LEA Services Documented in an IEP or IFSP						\$ 13,320		\$ 39,837
j.	Overpayment/(Underpayment) (i - h)						\$ 2,410		\$ (218)
k.	Net Overpayment/(Underpayment) (Sum of j Totals)						\$ 2,193		\$

Federally Funded Update

Federally Funded Practitioners: Worksheets A and B

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

(Object Code)	Practitioner 100% Federally Funded (Yes or No)	Salary Expenditures (1000-2999)	Benefit Expenditures (3000-3999)	Other Costs	Total Personnel Costs	Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09	
						Percent of Time Providing LEA Services Documented in an IEP or IFSP	Cost of Providing LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Cost of Providing LEA Services Documented in an IEP or IFSP
Practitioner Type	(Yes or No)	A	B	C	D = A+B+C	E	F = D+E	G	H = D*G
1. Psychologists	No	62,991	14,122	38,758	115,872	3.16%	3,660	9.48%	10,981
2. Social Workers				-	-	0	-	0	-
3. Counselors				-	-	0	-	0	-
4. School Nurses	No	39,974	2,731	3,736	46,441	2.23%	1,037	6.37%	2,959
5. Licensed Vocational Nurses						0		0	
6. Trained Health Care Aides									
7. Speech-Language Pathologists	No	152,050	33,658						
8. Audiologists	Yes								
9. Physical Therapists									
10. Occupational Therapists									
11. Physicians/Psychiatrists									

(Object Code)	Practitioner 100% Federally Funded (Yes or No)	Salary Expenditures (1000-2999)	Benefit Expenditures (3000-3999)
Practitioner Type	(Yes or No)	A	B
1. Psychologists	No	62,991	14,122
2. Social Workers			
3. Counselors			
4. School Nurses	No	39,974	2,731
5. Licensed Vocational Nurses			
6. Trained Health Care Aides			
7. Speech-Language Pathologists	No	152,050	33,658
8. Audiologists	Yes		
9. Physical Therapists			
10. Occupational Therapists			
11. Physicians/Psychiatrists			

Please indicate whether this practitioner type was 100 percent federally funded for your LEA.

- LEAs must select “Yes” or “No” from the drop down box to indicate whether or not each practitioner type is 100% federally funded
- If the practitioner type is 100% federally funded:
 1. Select “Yes” for the practitioner type
 2. Do not report Salary and Benefit expenditures
- If the practitioner type is not 100% federally funded and your LEA received reimbursement for services:
 1. Select “No” for the practitioner type
 2. Report Salary and Benefit expenditures

Federally Funded Practitioners: Worksheet A-3/B-3

State of California — Health and Human Services Agency

Practitioner Type	Practitioner 100% Federally Funded (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)
1. Psychologists	No	1.1	1,365	1,502
2. Social Workers				
3. Counselors				

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

California Department of Health Care Services
LEA Medi-Cal Billing Option Program

Total Hours Worked by Contractors	Total Hours Worked by Employees and Contractors	Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09		Dates of Service 7/1/08 - 9/30/08		Dates of Service 10/1/08 - 6/30/09	
		Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Reimbursed for LEA Services Not Documented in an IEP or IFSP	Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP
D	E = C+D	F	G = F/E	H	I = H/E	J	K = J/E	L	M = L/E
208	1,710	54	3.16%	162	9.48%	-	0	-	0
-	-	-	0	-	0	-	0	-	0
-	-	-	0	-	0	-	0	-	0

State of California — Health and Human Services Agency

Practitioner Type	Practitioner 100% Federally Funded (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)
1. Psychologists	No	1.1	1,365	1,502
2. Social Workers				
3. Counselors				
4. School Nurses	No		1,295	907
5. Licensed Vocational Nurses				
6. Trained Health Care Aides				
7. Speech-Language Pathologists	No	2.7	1,295	3,497
8. Audiologists	Yes			
9. Physical Therapists				
10. Occupational Therapists				
11. Physicians/Psychiatrists				
12. Optometrists	No	0.2	1,295	259
13. Audiometrists	No	0.5	1,295	648

Please indicate whether this practitioner type was 100 percent federally funded for your LEA.

- LEAs must select “Yes” or “No” from the drop down box to indicate whether or not each practitioner type is 100% federally funded
- If the practitioner type is 100% federally funded and the practitioner’s time is 100% dedicated to the federal program from which they are funded:
 1. Select “Yes” for the practitioner type
 2. Do not report FTE information
- If the practitioner type is less than 100% federally funded:
 1. Select “No” for the practitioner type
 2. Report the percent of non-federally funded FTE information

Certification Update

Contact Information: Certification Page

State of California — Health and Human Services Agency				California Department of Health Care Services			
				LEA Medi-Cal Billing Option Program			
Local Educational Agency (LEA) Medi-Cal Billing Option Program							
Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS)							
Fiscal Year 2008/09 (July 1, 2008 - June 30, 2009)							
1. LEA Identification:							
LEA Provider Name	Sample School District			National Provider Identifier	1234567890		
Contact: Name	Joe Sample			Provider Number	SS1234567		
Phone	555-555-1212			Title	Chief Financial Officer		
Fax	555-555-2121			E-mail Address	joe.sample@samplelea.com		
Address 1	123 Main St			City	Sacramento		
Address 2	Box 1234			State	CA	Zip	95814

- LEAs will no longer need to select a Fiscal Year on the top of the Certification Page

- LEAs are now required to report their fax number and mailing address

Interim Reimbursement and
Units of Service (IRUS)
Report

IRUS Report

- Hewlett-Packard (HP) generated IRUS Reports summarizing LEA Medi-Cal paid claims data (units and reimbursement) by FMAP periods and specific procedure code and modifier combinations aggregated by practitioner type
- Use to compare against LEA's internal accounting system to report total units and reimbursement on Worksheets A-4 and/or B-4
- E-mailed to LEA contact on file with DHCS in September 2010

IRUS Report

**LEA Medi-Cal Billing Option Program
Cost and Reimbursement Comparison Schedule (CRCS)
Interim Reimbursement and Units of Service Report**
FY 2008/09 Dates of Service 07/01/08 - 09/30/08
SAMPLE LEA UNIFIED - NPI 1234567890

LEA Service	National Code	Type of Service Modifier	Practitioner Modifier	IEP/IFSP Service Modifier	Units of Service	Reimbursement
Services Provided by Psychologists						
IFSP Psychological Assessment: Initial	96101			TL	0	\$0.00
IFSP Psychological Assessment: Annual	96101	52		TL	0	\$0.00
IFSP Psychological Assessment: Amended	96101	TS		TL	0	\$0.00
IEP Psychological Assessment: Initial/Triennial	96101			TM	71	\$15,602.96
IEP Psychological Assessment: Annual	96101	52		TM	4	\$293.00
IEP Psychological Assessment: Amended	96101	TS		TM	2	\$114.48

**LEA Medi-Cal Billing Option Program
Cost and Reimbursement Comparison Schedule (CRCS)
Interim Reimbursement and Units of Service Report**
FY 2008/09 Dates of Service 10/01/08 - 06/30/09
SAMPLE LEA UNIFIED - NPI 1234567890

LEA Service	National Code	Type of Service Modifier	Practitioner Modifier	IEP/IFSP Service Modifier	Units of Service	Reimbursement
Services Provided by Psychologists						
IFSP Psychological Assessment: Initial	96101			TL	4	\$1,082.80
IFSP Psychological Assessment: Annual	96101	52		TL	0	\$0.00
IFSP Psychological Assessment: Amended	96101	TS		TL	0	\$0.00
IEP Psychological Assessment: Initial/Triennial	96101			TM	554	\$149,967.80
IEP Psychological Assessment: Annual	96101	52		TM	11	\$992.53
IEP Psychological Assessment: Amended	96101	TS		TM	3	\$171.72

- FY 2008/09 IRUS Reports have **two** sections for each date of service range on the CRCS
- LEAs should carefully note the date of service range in the title of the IRUS Report when reviewing and verifying interim units and reimbursement information

IRUS Report Request

- To request a copy of the electronic IRUS report
 - E-mail LEA.IRUS.Request@dhcs.ca.gov
- Mandatory IRUS report request guidelines
 - Subject line: IRUS Request – NPI Number
 - Example: IRUS Request – 1234567890
 - Copy (cc) all LEA personnel who need the IRUS report
 - E-mail body:
 - NPI Number
 - Official LEA Name
 - Contact Name
 - Contact Phone Number

Correcting Claims Reimbursement Errors

Understand the Reimbursement Error

- Identify the error
 - Example: The Interim Reimbursement and Units of Service Report indicates units and reimbursement figures for Audiologists; however, your LEA does not employ or contract an Audiologist
- Research the error
 - Example: The services rendered were actually performed by a Speech Language Pathologist
 - Claims were submitted with the incorrect procedure code/modifier combination

Rectifying the Erroneous Claims for CRCS

- Do not include any erroneous claim units and reimbursement figures on your CRCS
 - CRCS figures should only indicate units and reimbursements that are valid based on established LEA Program requirements
 - The costs for the original service can be included in the cost portion of the CRCS, regardless of reimbursement
- Include a written explanation of the erroneous units and reimbursement figures in the body of the e-mail of your CRCS submission

Rectifying the Erroneous Claim with HP

- Identify the 13-Digit Claim Control Number (CCN) on your Remittance Advice Details (RAD) for erroneous claims that were reimbursed
- If the service date is within two years from the month of service
 - Submit Claims Inquiry Form (CIF) to void original claim
 - Use CIF CCN to resubmit claim corrections
- If the service date is beyond two years from the month of service
 - Submit CIF to void original claim
 - LEAs will not be able to resubmit this claim for payment

FY 2008/09 CRCS
Submission
Deadline, Requirements and
Process

CRCS Submission Deadline and Requirements

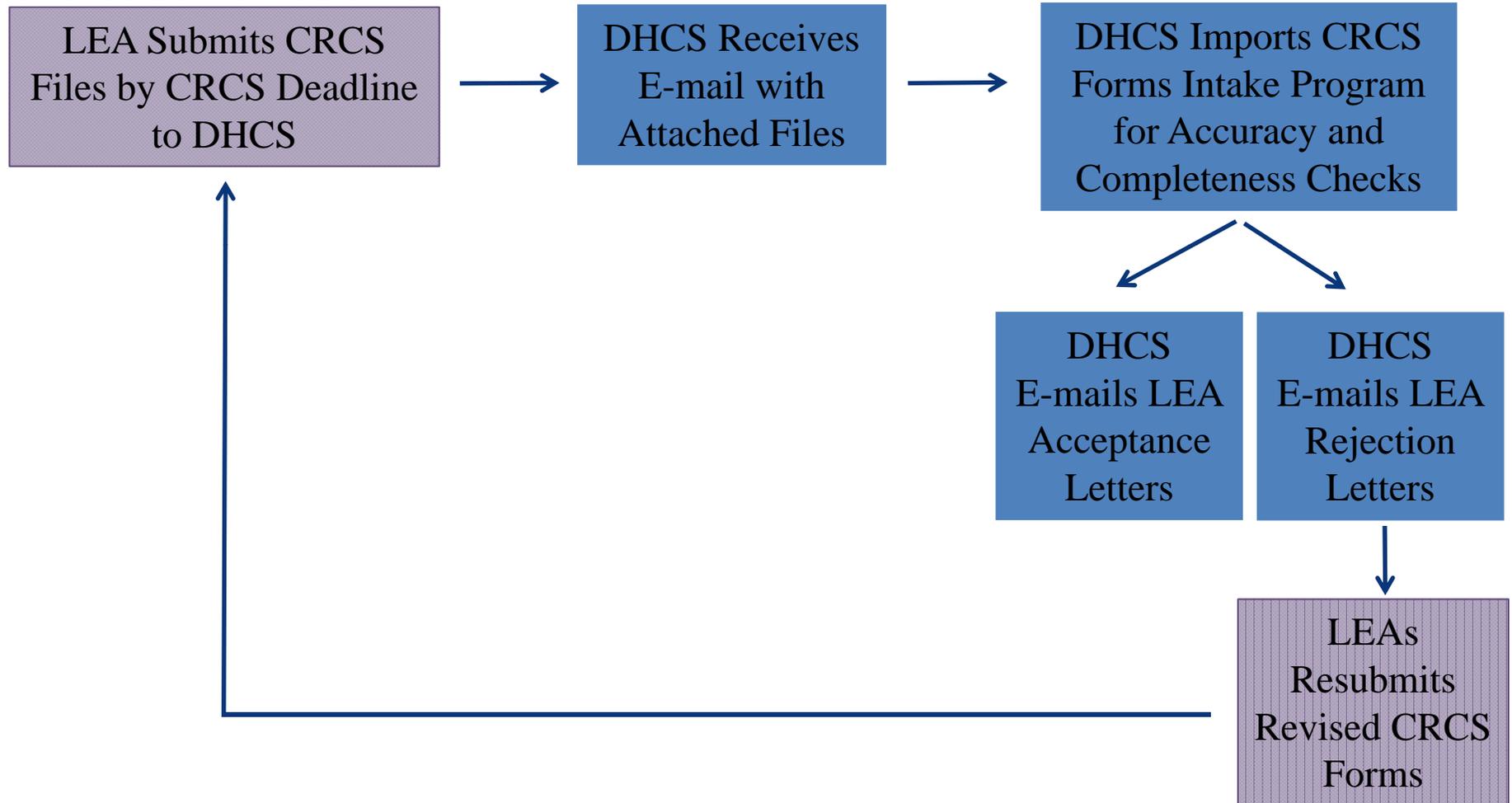
- FY 2008/09 CRCS submission deadline
 - November 30, 2010
- Submission requirements
 - Scanned Certification page (with signature in blue ink) of the CRCS form in Adobe PDF format
 - Electronic Excel CRCS form
- Electronic PDF and Excel CRCS submissions
 - E-mail LEA.CRCS.Submission@dhcs.ca.gov
- No hard copy submissions required
 - LEAs must maintain the original CRCS form with all worksheets and Certification page signed in blue ink

CRCS Submission Requirements

- CRCS electronic file naming convention must include:
 - CRCS Fiscal Year
 - Example: FY0809
 - National Provider Identifier
 - Example: 1234567890
 - LEA Provider Name
 - Example: LEA Unified School District
 - Submission Date (MM.DD.YYYY)
 - Example: 11.30.2010
- Example of mandatory file naming convention
 - FY0809.1234567890.LEAUnifiedSchoolDistrict.11.30.2010

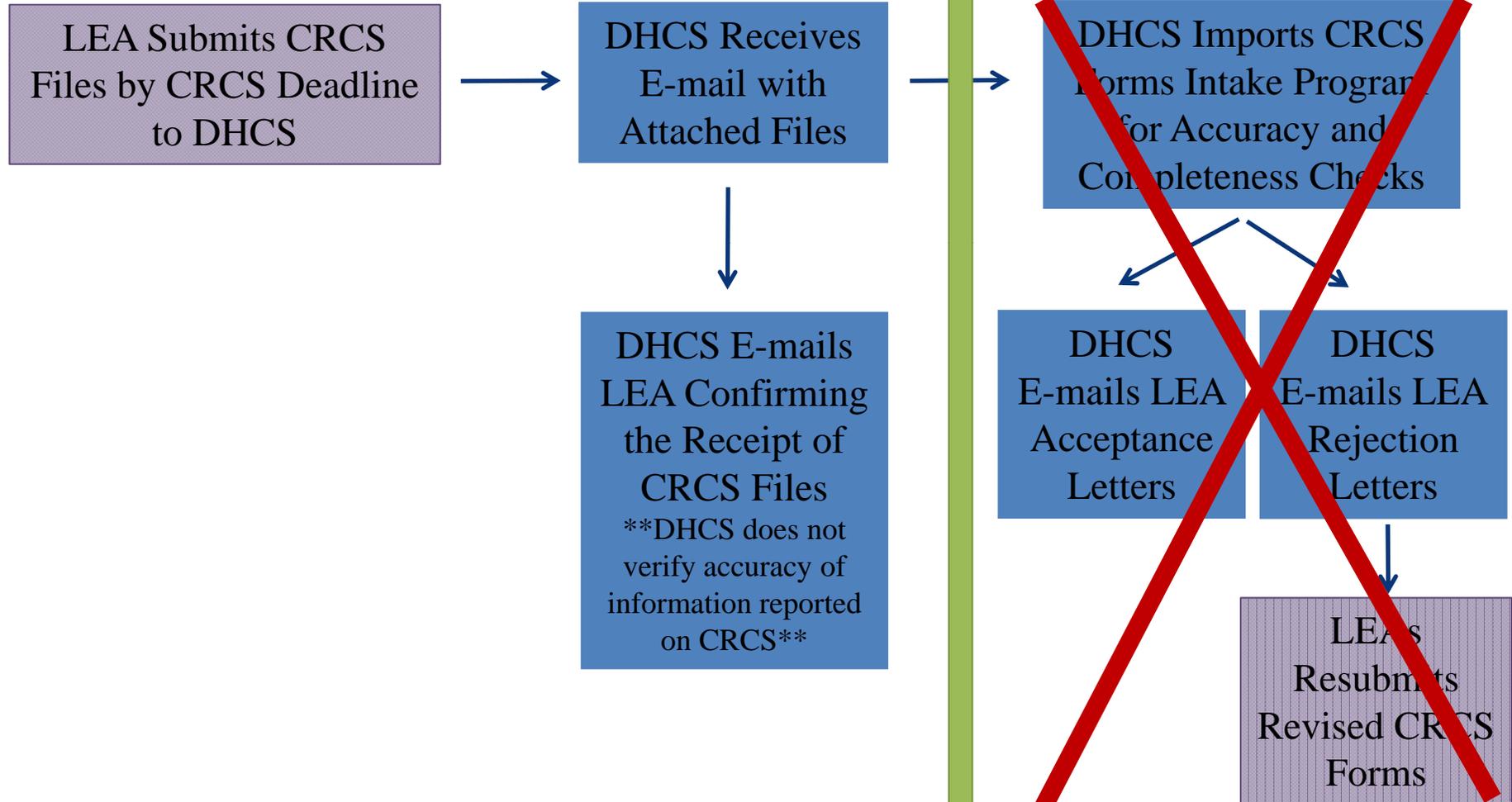
CRCS Submission Process

FY 2006/07 and 2007/08



CRCS Submission Process

FY 2008/09



CRCS Submission Process

- LEAs will receive an auto-reply e-mail confirming receipt of attachments
 - Auto-reply confirms receipt of e-mail, not accuracy of the information reported in the CRCS
- Streamlining the acceptance process for FY 2008/09 and future years
 - Auto-reply of CRCS submission
- Errors and incomplete forms will be addressed during the “reconciliation and/or audit process”
 - Amended CRCS forms will not be formally accepted, however, will be used as additional documentation

CRCS Document Retention

CRCS Document Retention

- CA Welfare & Institutions Code, Section 14170: “... *shall be considered true and correct unless audited or reviewed within three years after the close of the period covered by the report, or after the date of submission of the original or amended report by the provider, whichever is later.*”
- All supporting documentation will be subject to review and/or audit by State and/or federal authorities
- Samples of documentation includes, but are not limited to, the following:
 - Practitioner Contracts
 - Billing Records
 - Practitioner Time Sheets
 - Expense Records
- During a review or audit, documentation must be maintained in full until all outstanding audit issues are resolved

A&I Reconciliation Process

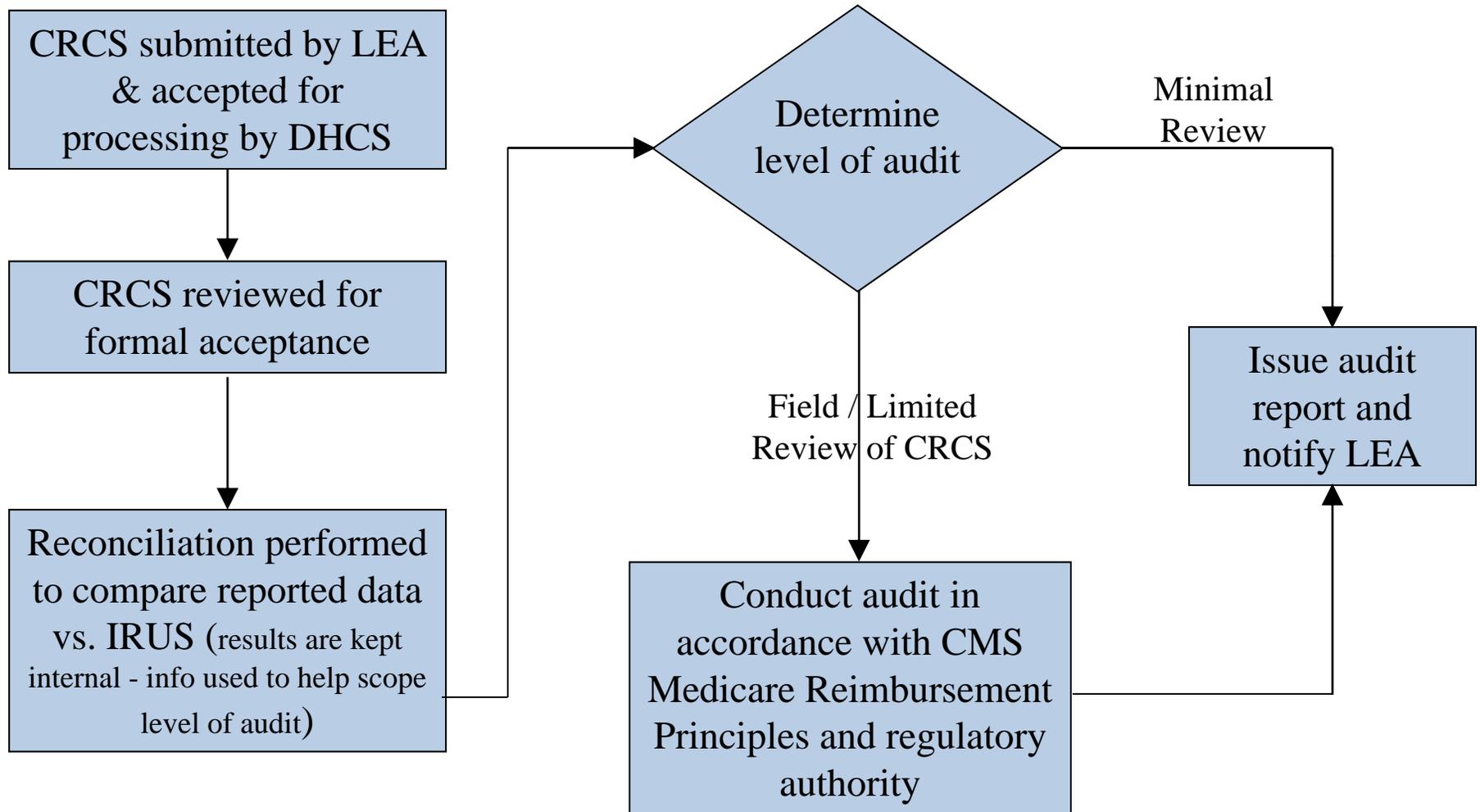
CRCS Audit Process

- Reconciliation vs. Audit
 - Reconciliation - comparison of reported claims data (CRCS) to the claims data shown on the Interim Reimbursement and Units of Service Report (does not take into account expense review)
 - Audit – an audit of the cost data reported in the CRCS, which ultimately leads to the final settlement of amount due State or LEA.
- Each LEA’s CRCS will be reconciled
- Each CRCS will have an audit performed
 - Three levels of review (Field, Limited, Minimal)
 - One “audit” for each CRCS



CRCS Audit Process

Flowcharting the A&I Process



FY 2006/07 and FY 2007/08 Audit Pilot

- Pilot Project is currently in process
 - Preliminary audit procedures have been developed
 - Global issues are being identified
- Pilot Project began in late September 2010
 - Approximately 14 LEAs were identified and contacted
 - Not all that were contacted for Pilot Project will be audited
- On track to be fully operational by January 2011
(Auditors and Audit Functions in place)

CRCS Non-Compliance

CRCS Penalties for Non-Submission

- DHCS will be pursuing the implementation of a penalty on current claims for late or non-submission of CRCS forms
- CRCS forms are due within five months after the one-year runout period for claiming. For example, FY 2008/09 CRCS form is due no later than November 2010
 - Late submission will result in a 20% withhold of current claims
 - Failure to submit a CRCS may result in 100% recovery of payments made for the CRCS FY to current and termination from the LEA Billing Option Program