

LOCAL EDUCATIONAL AGENCY (LEA) TARGETED CASE MANAGEMENT (TCM) LABOR SURVEY

Contact Person: _____ School District: _____
 Phone Number: _____ County: _____
 Email Address: _____ NPI Number: _____
 Mailing Address: _____

- I. Provide the following information only for those employee classifications your district plans to use to provide TCM services:
- Only the listed practitioners may bill for LEA TCM Services.
 - This survey will determine the LEA TCM rate for dates of services from July 1, 2014 – June 30, 2015

Case Manager Classifications	No. of TCM Case Managers	Annualized Salary Range	Annual Work Hours
Certified Nurse Practitioner			
Certified Public Health Nurse			
Credentialed School Counselor			
Credentialed School Psychologist			
Credentialed School Social Worker			
Licensed Clinical Social Worker			
Licensed Educational Psychologist			
Licensed Marriage & Family Therapist			
Licensed Psychologist			
Licensed Registered Nurse			
Licensed Vocational Nurse			
Program Specialist			
Registered Credentialed School Nurse			

Instructions:

No. of TCM Case Managers: Enter the number of practitioners per classification that provide LEA TCM Case Management services.

Annualized Salary Range: Enter the salary range per classification. Do not add the salaries of each employee in the classification together.

Annual Work Hours: Enter the standard hours per classification. Do not add the hours of each employee in the classification together. To determine standard annual work hours per classification, calculate 365 days x 8 hours, then subtract the weekends, holidays, vacation, sick leave, bereavement, informal time off, jury duty, military leave and training. Annual work hours cannot exceed 1,888/year.

II. District Percentage Contribution for Staff Benefits

Retirement _____ %

OASDI _____ %

Health, Vision, Dental _____ %

Other (List below)

_____ %

_____ %

_____ %

TOTAL _____ %

Total cannot exceed 100%

III. "Operating Expenses + Equipment"* per professional employee per year

 * supplies, equipment, printing, tuition, travel, etc.

IV. CDE Approved Indirect Cost Rate _____ %

V. Other Information

a. Estimated number of Medi-Cal eligible Special Education Students with an IEP or IFSP served by the district annually _____.

b. Estimated total number of TCM Service Hours provided per month to all students identified in (a) _____.

VI. Certification

I certify that the financial information reported above is a true and correct reporting of the planned costs of the Local Educational Agency's (LEA's) participation in the LEA Medi-Cal Billing Option Targeted Case Management services.

Signature of Authorized Official

Date

Upon completion, email the survey to: LEA@dhcs.ca.gov

Instructions:

II: Enter the percent of salaries and benefits that the LEA pays per employee listed on page 1

III: Enter the overhead expenses that the LEA has reserved for each professional employee per year

IV: Enter the [CDE indirect cost rate](#)

V: (a) Enter the estimated number of Medi-Cal eligible Special Education Students with an IEP or IFSP served by the district annually.

(b) Enter the total number of TCM Service Hours provided per month to all students identified in (a).

VI: Sign the LEA TCM Labor Survey in **blue** ink and submit it by email to the LEA Medi-Cal Billing Option Program email box.

VII: Save the survey with the following title: 14-15TCMLabor Survey.NPI.LEA Name.Date.

Example: 14-15TCM Labor Survey.1234567890.CaliforniaSchoolDistrict.7-1-2014