

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

INSTRUCTIONS FOR COMPLETING THE LEA ANNUAL REPORT

Background:

As specified in the Local Educational Agency (LEA) Medi-Cal Billing Option (LBO) Program Provider Participation Agreement (PPA), LEAs participating in the LBO Program must submit an LEA Annual Report describing their collaborative, service priorities, and reinvestment expenditures each Fiscal Year (FY). New LBO Program participants with a provider enrollment effective date prior to July 1 of any given Fiscal Year must submit an LEA Annual Report to the Department of Health Care Services (DHCS) on or before October 30 of the same Fiscal Year. Current LBO Program participants are required to submit an LEA Annual Report by October 30 every year whether or not the LEA has submitted Medi-Cal claims during the Fiscal Year. Continued enrollment in the LBO Program is contingent upon timely submission of the LEA Annual Report each fiscal year. Non-submission of the LEA Annual Report will result in expulsion from the LBO Program.

DHCS will no longer mail hard copies of the LEA Annual Report documents. LEA Annual Report instructions, forms, attachments, and submission requirements can be obtained through the 'LEA Annual Report' link on the LBO Program Web site at: www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx.

LEA Annual Report Form Instructions (by section):

*Each LEA must submit an individual LEA Annual Report Form; only one provider per form.

1. Medi-Cal Provider Number (a) / National Provider Identifier (b)
 - a. Include the nine-digit, alphanumeric Medi-Cal provider number issued to your LEA. This identifying number begins with "SS" and is followed by seven numerals.
 - b. Include the 10-digit National Provider Identifier issued to your LEA.

2. LEA Contact Information
 - a. The LEA name should be the same name that is on the Medi-Cal Provider Master File and appears on the mailing address labels of correspondence your LEA receives from the California Department of Health Care Services (DHCS).
 - b. The address the LEA would like incoming mail from the LBO Program to be sent.
 - c. The contact person and title of the individual responsible for administering the LBO Program within your LEA.
 - d. The telephone and fax numbers may be for your LEA, or a direct line to the individual responsible for administering the LBO Program within your LEA.
 - e. The E-mail address of the individual responsible for administering the LBO Program within your LEA.

Note: If you wish to change the address Medi-Cal has on file for your LEA, please visit the 'LEA Contact Information Form' link on the LBO Program website for instructions:

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

*The address included on the LBO Program Annual Report form will not affect the LEA Medi-Cal provider master file.

3. Describe the role of the collaborative by answering how reinvestment decisions are made, and the planned frequency of meeting.

Note: If the collaborative has not yet developed an infrastructure, please do so in order to answer these required questions. Leaving this area blank or answering "not applicable" is not an acceptable response.

4. List the top service funding priorities for your LEA for the upcoming school year. Examples of service funding priority categories include Healthy Start operations (staff and cost), case management activities, nursing services, counseling services, family support services, and computer hardware purchases for electronic Medi-Cal billing.

A more thorough description of appropriate services can be found in the [California Education Code, Section 8804\(g\)](#). You can refer to the categories listed below; however, please elaborate beyond the general category title. Simply listing the title (e.g. "Collaborative Composition") is insufficient detail of expenditure plans.

Administration/Claims Processing:

Expenditures for administering and processing LEA Medi-Cal claims. Includes percentage full time employee (F.T.E.) record keeping, transferring records onto claim forms, mailings to parents, determining Medi-Cal eligibility, sending in claims, processing checks, vendor fees, etc.

Collaborative Composition:

Expenditures for maintaining the LEA collaborative and its functions. Includes staff time, mailing costs, copier costs, room fees, percentage F.T.E., etc.

Direct Service/Case Management:

Expenditures for direct health and social services for students and families such as hiring/contracting with a nurse, counselor, or a therapist, and, for case management and referral services for children and families.

Note: It is not required; however, should you wish to include a supplementary explanation, please attach an additional page to the LBO Program Annual Report form.

Helpful Hint: Successful LEA Collaboratives have developed an assessment of the needs of students and their families in order to help determine service priorities. These “needs assessments” are often based on surveys conducted by the collaborative. Many LEA Collaboratives also receive input regarding funding priorities through written or oral proposals and member investigation.

5. Financial Statement. Summarize revenues received, if any, from the LEA Medi-Cal Billing Option during the prior fiscal year for which you are reporting and list how your LEA has reinvested those revenues in expanded health and social services. Expense categories along the left side of the statement were designed with standard Education Chart of Account codes. Provide your best estimate of how your expenditures break down into one of the three columns listed: Administrative/Claims Processing, Collaborative Operation, or Direct Service/Case Management (described below). Additional pages describing expenditures may be attached.
6. If there is an ending balance indicated on line 5e, it is required that the plan for future use of this unexpended revenue be listed. This usage may be similar to the anticipated service priorities for the next fiscal year (listed in item four). The plan for future use of unexpended revenue may also be based on anticipated service priorities decided by the LEA Collaborative for the reporting Fiscal Year.

Helpful Hint: A valuable reference tool would be to review a copy of the LEA Annual Report submitted by your LEA last year.

A more thorough description of appropriate services can be found in the [California Education Code, Section 8804\(g\)](#). You can refer to the categories listed above in item four. However, please elaborate beyond the general category title. Simply listing the title (e.g. “Direct Service/Case Management”) is insufficient detail of expenditure plans.

Note: It is not required, but if you would like to include a supplementary explanation, please attach an additional page to the Annual Report form.

ATTACHMENTS

1. Certification of State Matching Funds for LEA Services (Attachment 1).
 - a. Fill in the name of the LEA and the estimated amount of non-federal, certified public, LBO Program eligible funds that your LEA will be expending on health services to LBO Program eligible students during the upcoming Fiscal Year. This form identifies the money that will be used by the LEA to supply health services to Medi-Cal enrolled students, and it is the maximum amount your LEA will be able to receive in matching federal Medicaid funds during the upcoming fiscal year from reimbursement through the LBO Program. The authorized signature should be the Superintendent or Assistant Superintendent, and must be an original signature (no photocopies will be accepted). **Blue** ink is required for the signature.
 - b. In order to estimate the dollar amount that will be entered on the Attachment 1 form, add up the costs of employees who provide health services (wages, benefits, administrative costs), and any costs associated with health service contracts. Omit from the calculation any employees who are 100 percent federally funded, but include all other practitioners (e.g., nurses, counselors, psychologists, etc). Multiply the total health services costs by the percentage of students who are Medi-Cal eligible. You may obtain data on the percentage of Medi-Cal eligible students your LEA serves by: a) speaking with the County Social Services office; b) using a percentage based on the median of your Free and Reduced Lunch and Cal Works program recipients; or c) calculating a percentage based on previous eligibility data matches received from DHCS or the Department of Education.
2. Statement of Commitment to Reinvest (Attachment 2).
 - a. Have your current LEA Collaborative members sign and date this form in **blue** ink. Only the Statement of Commitment to Reinvest form supplied by the State will be accepted. This is the official document required by the State for purposes of identifying who participates in the collaborative. The first page of the Statement of Commitment to Reinvest must be used prior to using the second page, which is available for use should the number of members exceed sign-in space provided on page one.
 - b. Due to limited storage capacity, the Department asks LEA providers to limit the number of pages for this form (only one-sided copies are acceptable). Do not use separate sheets for each collaborative member's signature.

- c. The LEA Collaborative sets service priorities and makes reinvestment decisions on the Medi-Cal dollars your LEA receives via the LEA Medi-Cal Billing Option. A detailed description of the appropriate collaborative composition can be found in the [California Education Code, Section 8806](#).

Note: The Statement of Commitment to Reinvest Form must be signed and dated annually by the collaborative membership with the original kept on file with your LEA. A scanned (pdf) copy of the original document will be accepted by DHCS.

- d. The authorized signature should be the Superintendent or Assistant Superintendent, and must be an original signature (photocopies and signature stamps will not be accepted). **Blue** ink is required for the signature.
- e. The LEA Annual Report submission requirements can be obtained through the 'LEA Annual Report' link on the LBO Program Web site at: www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx.

If you have questions about the LBO Program or the LEA Annual Report, please contact the LEA Medi-Cal Billing Option Program staff via email at LEA@DHCS.CA.GOV