



State of California-Health and Human Services Agency  
 Department of Health Care Services  
 Local Educational Agency (LEA)  
 Medi-Cal Provider Enrollment Information Sheet  
 2012-2013 Fiscal Year



EDMUND G. BROWN JR.  
GOVERNOR

**SAMPLE**

Date:

August 5, 2012

Official LEA Name:

Department of Health Care Services School District

Check if new provider

(The LEA Name will populate throughout the entire document)

Doing Business As (DBA):

**LEA Address**

Check the appropriate box for the mailing address

LEA Administrative Office Address:

(NOT a Post Office box)

1501 Capitol Ave  
Sacramento, CA 95814

Check if mailing address

Service Address

(NOT a Post Office box)

Check if mailing address

Payment Address:

(Complete ONLY if different from the Administrative Office Address)

PO Box 997436 MS 4603  
Sacramento, CA 95899-7436

Check if mailing address

**LEA Contact Information**

Primary Contact Name:

Amy Spencer

Contact Title:

Special Education Director

Telephone Number:

916-555-1212

Fax Number:

916-555-2121

Email Address:

[amy.spencer@hcsd.edu](mailto:amy.spencer@hcsd.edu)

Secondary Contact Name:

Michael Carr

Secondary Email Address:

[michael.carr@hcsd.edu](mailto:michael.carr@hcsd.edu)

**LEA Identification Codes**

California School Directory (CDS) Code:

33-73676-000000

National Provider Identification (NPI) Number:

1234567890

(This field will populate throughout the entire document)

LEA Federal Employer Identification Number (EIN):

78-1234567

**LEA Authorization**

Signature of Authorized Representative:

*John Smith*

Typed or Printed Name of Authorized Representative:

John Smith

Typed or Printed Title of Authorized Representative:

Superintendent

**DHCS USE ONLY**

Medi-Cal Provider Number :

Effective Date:

Date Added:



**State of California-Health and Human Services Agency  
 Department of Health Care Services  
 Local Educational Agency (LEA)  
 Consortium Billing  
 2012-2013 Fiscal Year**



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\* Enter the LEA name, service address, and CDS Code for each LEA billing under the NPI number provided. Print additional pages if needed.

**SAMPLE**

The following LEAs are part of Department of Health Care Services School District  
 consortium and bill under NPI # 1234567890

1 **North Sacramento School**

LEA Name
1112 X Street
LEA Service Address
Sacramento, CA 95814
CDS Code: 22-34567-0000000

6

LEA Name
LEA Service Address
CDS Code:

2 **Public Charter School**

LEA Name
2215 Unified Way
LEA Service Address
Sacramento, CA 95813
CDS Code: 22-78946-0000000

7

LEA Name
LEA Service Address
CDS Code:

3 **Madison High School**

LEA Name
3351 Madison Ave.
LEA Service Address
Sacramento, CA 95814
CDS Code: 22-52478-0000000

8

LEA Name
LEA Service Address
CDS Code:

4

LEA Name
LEA Service Address
CDS Code:

9

LEA Name
LEA Service Address
CDS Code:

5

LEA Name
LEA Service Address
CDS Code:

10

LEA Name
LEA Service Address
CDS Code:



TOBY DOUGLAS  
DIRECTOR

State of California-Health and Human Service Agency  
Department of Health Care Services  
Local Educational Agency (LEA)  
Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

SAMPLE

1234567890  
National Provider Identification Number

Official LEA Provider Name:

Effective Agreement Period:

Department of Health Care Services School District

July 1, 2012- June 30, 2013

**ARTICLE I – STATEMENT OF INTENT**

The purpose of this contract is to permit qualified Local Educational Agencies (LEAs) to participate as providers of services under the State Medicaid program, Medi-Cal. This contract sets out responsibilities relative to participation in the LEA Medi-Cal Billing Option Program. The mutual objective of the California Department of Health Care Services, The California Department of Education, and the Local Educational Agency is to improve access to needed services for children.

**ARTICLE II – LEA PROVIDER RESPONSIBILITIES**

By entering into this agreement, the LEA Provider shall:

1. Comply with California Welfare and Institutions Code, Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 14200); California Code of Regulations, Title 22, Division 3 (commencing with Section 50000); and California Education Code, Articles 1,2,3,4,4.5, and 15 and Sections 8800 and 49400; all as periodically amended.
2. Retain necessary records for a minimum of three years from the date of submission of the LEA Cost and Reimbursement Reconciliation Schedule (CRCS). Records must fully disclose the extent of services furnished to the student and must meet documentation requirements of the California Code of Regulations, Title 22. The LEA Provider also agrees to furnish these records and any information regarding payments claimed for providing the services, upon request, to the California Department of Health Care Services, Medi-Cal Audits and Investigations; California Department of Justice, Medi-Cal Fraud Bureau; Office of State Controller, Medi-Cal Audits Project; or U.S. Department of Health and Human Services, or their duly authorized representatives.
3. Ensure that all Medi-Cal covered services are furnished by qualified practitioners acting within their scope of practice, in accordance with California Code of Regulations, Title 22; California Business and Professions Code, Division 2, Section 500 through 4998; and California Education Code, Section 44000.



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State of California-Health and Human Service Agency  
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Local Educational Agency (LEA)  
Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

4. Ensure services billed using the National Provider Identification (NPI) number will not be separately billed by the rendering practitioners.
5. Annually put forth and certify the State match portion of Federal claiming dollars for unique LEA bundled services only as specified in section 51270 of the California Code of Regulations. (Attachment 1: Certification of State Matching Funds for current fiscal year)
6. Accept as payment the approved LEA service rates minus the following LEA Medi-Cal Billing Option Program related costs:
  - 1) The Department of Health Care Services administrative and processing services costs related to the management of the LEA Medi-Cal Billing Option Program, not to exceed one (1) percent of the amount payable to the LEA submitting the claim.
  - 2) 2) The Department of Health Care Services audit administration and associated audit resources costs to ensure fiscal accountability of the LEA Medi-Cal Billing Option Program and to comply with the California Medi-Cal State Plan, not to exceed one (1) percent of the amount payable to the LEA submitting the claim, with a program wide amount of \$650,000 annually, as authorized in the 2009-2010 Budget Concept Proposal (BCP) negotiations and may be altered in the future.
  - 3) The Department of Health Care Services costs required to fund and support the activities originally outlined in Senate Bill 231 (Chapter 655, Statutes of 2001) and now mandated by Welfare & Institutions Code 14115.8, not to exceed a program wide amount of \$1,500,000 annually. This fee is currently collected through a two and one half (2.5) percent fee against individual LEA paid claims amounts.
7. Any federal funds received by an LEA Provider for LEA Services shall be reinvested in services for school children and their families. These funds shall be used to supplement, not supplant, existing services. School-linked support services for children and families consist of services such as case-managed health, mental health, social, and academic support services benefiting children and their families. The services are intended to benefit children and their families and may include, but are not limited to the following examples as SB 620 originally outlined, and now can be found in California Education
  - 1) Health care, including:
    - (A) Immunizations.
    - (B) Vision and hearing testing and services.
    - (C) Dental Services.
    - (D) Physical examinations, diagnostic, and referral services
    - (E) Prenatal care.



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State of California-Health and Human Service Agency  
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Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

- 2) Mental health services, including primary prevention, crisis intervention, assessments, and referrals, and training for teachers in the detection of mental health problems.
  - 3) Substance abuse prevention and treatment services
  - 4) Family support and parenting education, including child abuse prevention and school age parenting programs.
  - 5) Academic support services, including tutoring, mentoring, employment, and community service internships, and in-service training for teachers and administrators.
  - 6) Counseling, including family counseling and suicide prevention
  - 7) Services and counseling for children who experience violence in their communities.
  - 8) Nutrition services.
  - 9) Youth development services, including tutoring, mentoring, recreation, career development, and job placement.
  - 10) Case management services.
  - 11) Provision of on-site Medi-Cal eligibility workers.
8. Administrative costs must be necessary and reasonable for the proper and efficient administration of the program. The cost of professional and consultant services are allowable when reasonable in relation to the services rendered and when not contingent upon recovery of costs from the Federal Government, OMB Circular A-87 § 33(a); and 45 CFR 74.45. (Contingency costs are payments made to a professional, consultant, or vendor contingent upon recovery from the federal government to cover those costs.)
- Reinvestment of LEA funds cannot be used to pay for contingency fee contracts.
9. Establish or designate an existing collaborative interagency human services group (local collaborative) at the county level or sub-county level to make decisions about the reinvestment of funds made available through the LEA Medi-Cal Billing Option Program. The purpose of the local collaborative is to create a focus for local collective decision making about planning, implementing, financing, and monitoring the child and family support system.



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State of California-Health and Human Service Agency  
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Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

The membership of the local collaborative may vary according to regional needs. Generally, representation will include the schools, major public agencies serving children and families; including health, mental health, social services, and juvenile justice, the courts, civic and business leadership, the advocacy community, parents or guardians, current safety net and traditional health care providers, and LEA fiscal business staff. In conjunction with making decisions on reinvestment, the local collaborative should work toward assuming the following major functions:

- To identify needs and develop and coordinate community-wide strategies in response to identified and documented problems confronting children and families;
- To promote innovative community services in order to ensure early, accessible, and responsive service delivery to families;
- To coordinate fiscal strategies to assure more comprehensive services (e.g., receipt and allocation of funds; “pooling” of current agency funding for jointly developed services; leveraging of public and private resources, etc.); and
- To assess and monitor outcomes for children and families.

LEAs are not required to establish a new local collaborative to carry out the activities outlined above if interagency collaborative bodies already exist to organize coordinated services for children. However, if a new local collaborative is formed, it shall establish procedures to ensure on-going collaboration and consultation with any existing efforts to provide coordinated services for children.

Examples of collaboration efforts which currently exist in some local areas include, but are not limited to:

- Children and Family Coordinating councils as specified in Welfare and Institutions Code, commencing with Section 18986. (SB 997 of 1989; Presley-Brown Interagency Children’s Services Act)
  - Local Agency Collaboration as specified in California Education Code, commencing with section 8806.
10. Attest in writing that the local collaborative body (described in 8 above) will make the reinvestment decisions (described in 7 above) regarding the use of funds made available through LEA Medi-Cal Billing Option Program reimbursements. The Statement of Commitment to Reinvest (Attachment 2A) shall be signed by the authorized representatives for all members of the collaborative.



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State of California-Health and Human Service Agency  
Department of Health Care Services  
Local Educational Agency (LEA)  
Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

11. Submit an LEA Annual Report outlined in section 51270 of the California Code of Regulations by October 10th of each year to:

**The California Department of Education  
Coordinated School Health & Safety Office  
Attn: Shalonn Woodard  
1430 N Street, Suite 6408  
Sacramento, CA 95814**

◇ **Note: Failure to submit the PPA by the due date may result in suspension from the LEA Medi-Cal Billing Option Program.**

In accordance with the California Code of Regulations, section 51270 (b6), the LEA Annual Report shall include data on expenditures and activities in the preceding fiscal year (July 1 – June 30), and funding availability and service priorities for the current fiscal year. Continued enrollment is contingent upon an LEA Annual Report being

The LEA Annual Report shall include:

- a) A certification of State Matching Funds for LEA Services(Attachment 1);
  - b) Concise summary financial statement identifying funds received as a result of claiming for LEA Services and how funds were reinvested in the previous year (Attachment 1A);
  - c) Identification of anticipated services priorities for the future and how funds will be reinvested (Attachment 2); and
  - d) Identification of who participates in the community collaborative (Attachment 2A).
12. Submit an LEA Cost and Reimbursement Comparison Schedule (CRCS) by **November 30th** of each following fiscal year to certify that the public funds expended for services provided have been expended as necessary for federal financial participation pursuant to the requirements of Social Security Act, Section 1903(w) and Code of Federal Regulations, Title 42, Section 433.50, et seq. for allowable costs. The CRCS is used to compare each LEA's actual costs for LEA services to the interim Medi-Cal reimbursement for the preceding fiscal year (July 1 - June 30). Continued enrollment is contingent upon submission of a CRCS. CRCS submission instructions and information may be obtained by sending an email request to: [LEA.CRCS.Questions@dhcs.ca.gov](mailto:LEA.CRCS.Questions@dhcs.ca.gov)



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State of California-Health and Human Service Agency  
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Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

13. LEA providers shall adhere to and comply with all federal and state third party liability requirements prior to billing Medi-Cal, including, but not limited to, any policy directives issued by the Federal Health and Human Services and Centers for Medicare and Medicaid Services and those standards found in 42 United States Code Section 1396a(a) (25), 42 Code of Federal Regulations, Section 433.139; Welfare and Institutions Code Sections 14005, 14023.7, 14124.90; and Title 22, California Code of Regulations, Section 51005 and Article 15 commencing with Section 50761.
14. Any claims for LEA Services rendered by an LEA Provider shall conform to the standards set forth in Welfare and Institutions Code, Section 14115.
15. Not discriminate against any beneficiary on the basis of race, color, national or ethnic origin, sex, age, religion, political beliefs, or mental or physical disability.
16. Comply with confidentiality requirements as specified in 42 U.S. Code Section 1320c-9; 42 Code of Federal Regulations, Section 431.300; Welfare and Institutions Code, Section 14100.2; California Code of Regulations, Title 22, Section 51009; and California Education Code, Sections 49060 and 49073 through 49079.
17. The LEA shall ensure all applicable state and federal requirements are met in rendering services under this agreement. It is understood and agreed that failure by the LEA to ensure all applicable state and federal requirements are met in rendering services under this agreement shall be sufficient cause for the Department of Health Care Services to deny or recoup payments to the LEA and/or to terminate the contract. In the event of a federal audit disallowance, the LEA shall cooperate with the Department of Health Care Services in replying to and complying with any federal audit exception related to the LEA Medi-Cal Billing Option Program. The LEA shall assume sole financial responsibility for any and all federal audit disallowances related to the rendering of services under this agreement. The LEA shall assume sole financial responsibility for any and all penalties and interest charged as a result of a federal audit disallowance related to the rendering of services under this agreement. The amount of the federal audit disallowance, plus interest and penalties shall be payable on demand from the Department.  

If an LEA fails to remit payment for a federal audit disallowance, and/or for any interest or penalties due to an audit disallowance, following a demand for such payment from the Department of Health Care Services, the department may, at its option: terminate the contract, withhold future payments to the LEA for services rendered, or recoup payments made to the LEA for services rendered under the LEA Medi-Cal Billing Option Program.
18. Utilize current safety net and traditional health care providers when those providers are accessible to specific school sites identified by the LEA to participate in this program, rather than adding duplicate capacity.



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State of California-Health and Human Service Agency  
Department of Health Care Services  
Local Educational Agency (LEA)  
Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

18. LEA providers shall adhere to and comply with all Federal Health and Human Services and Centers for Medicare and Medicaid Services requirements with respect to billing for services provided by other health care professionals under contract with the LEA.

If an LEA bills for services provided by health care professionals under contract to the LEA, the services rendered by the contract practitioners must be the same as those offered by the LEA's employee practitioners and must only supplement the services which the LEA is already providing.

**ARTICLE III – DEPARTMENT OF HEALTH CARE SERVICES RESPONSIBILITIES**

By entering into this agreement, the State Department of Health Care Services shall:

1. Remit payment to the LEA Provider for services rendered to eligible beneficiaries in accordance with applicable medical necessity and utilization review requirements, and billed in accordance with applicable claims submission requirements.
2. Make training available in proper documentation and billing procedures to LEA Providers.
3. Participate in the review of the LEA Annual Report in cooperation with the State Department of Education.
4. The Department shall participate in the LEA AdHoc Workgroup meetings and perform the services as authorized by the legislature in Section 14115.8 of the Welfare and Institutions Code

**ARTICLE IV – GENERAL PROVISIONS**

This contract constitutes the entire agreement between the parties. No condition, provision, agreement, or understanding not stated in the contract shall affect any rights, duties, or privileges in connection with this contract.

This contract shall not be altered except by an amendment in writing signed by both parties. No person is authorized to alter or vary the terms or make any representation or inducement relative to it, unless the alteration appears by way of a written amendment, signed by the duly authorized representatives of the Department of Health Care Services and the Local Educational Agency.



TOBY DOUGLAS  
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State of California-Health and Human Service Agency  
Department of Health Care Services  
Local Educational Agency (LEA)  
Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

**Activation of Agreement**

This agreement will be considered in effect, upon:

- 1) Signature by authorized representatives of the LEA and the State Department of Health Care Services and the Department of Education;
- 2) Receipt of the initial Certification of State Matching Funds for LEA Services (Attachment 1) from the LEA; and
- 3) Receipt of the initial Statement of Commitment to Reinvest (Attachment 2) from the LEA.

The agreement will remain in effect subject to the requirements and conditions set forth in this agreement unless terminated under the procedures described below.

**Agreement Termination**

The LEA may terminate participation in the Medi-Cal program at any time by submitting a cover letter explaining the action requested and a Medi-Cal Supplemental Change Form (DHCS 6209) to the Department of Health Care Services Provider Enrollment Division. A copy of the notice must be sent to the California Department of Education, Coordinated School Health & Safety Office. The termination shall be effective on the last day of the month in which the notice of termination was

The Department of Health Care Services may terminate this contract and the participation of the LEA in the LEA Medi-Cal Billing Option Program by giving written notification of the termination and a written statement of the grounds for termination to the LEA. A copy of the notice shall be sent to the California Department of Education, Coordinated School Health & Safety Office. The termination shall be effective on the last day of the month in which the notice of termination was given. In cases where the Director determines that the health and welfare of beneficiaries or of the public is jeopardized by continuation of the contract, the contract shall be immediately terminated. In addition to other grounds for termination, failure to comply with any of the terms of this contract shall constitute cause for termination. **The suspension or termination of an LEA's certification from the California Department of Education shall be grounds for the termination of this contract.** The Director shall terminate this contract in the event that it is determined that the LEA does not meet the requirements for participation in the LEA Medi-Cal Billing Option Program or that the LEA has failed to certify that the match of federal funds has been made. The Director may terminate this contract in the event that it is determined that the LEA, or any employee or contract practitioner has violated the laws, regulations or rules governing the LEA Medi-Cal Billing Option Program.



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State of California-Health and Human Service Agency  
Department of Health Care Services  
Local Educational Agency (LEA)  
Medi-Cal Billing Option Program



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**PROVIDER PARTICIPATION AGREEMENT**

**Program Suspension**

The Department of Health Care Services may suspend an LEA provider from participation in the LEA Medi-Cal Billing Option Program in accordance with Welfare and Institutions Code Section 14123 and with the regulations contained in California Code of Regulations, Title 22, Division 3, Chapter 3, Article 6, commencing with Section 51452. Violation of any Medi-Cal statute, rule or regulation relating to the provisions of health care services under the California Medical Assistance Program by an LEA provider shall constitute grounds for issuing a reprimand, placing the provider on probationary status, or suspension from the LEA Medi-Cal Billing Option Program. The type and degree of the sanction shall be governed by the severity of the violation. **Failure to submit the PPA by the due date may result in suspension from the LEA Medi-Cal Billing Option Program.** Mitigating circumstances shall be considered in reaching a final determination on whether administrative sanctions will be imposed and the extent and degree of their severity.



TOBY DOUGLAS  
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State of California-Health and Human Service Agency  
Department of Health Care Services  
Local Educational Agency (LEA)  
Medi-Cal Billing Option Program



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GOVERNOR

**PROVIDER PARTICIPATION AGREEMENT**

**ARTICLE V – EXECUTION**

I certify that the information contained in this Provider Participation Agreement is a true and correct accounting of the Local Educational Agency’s participation in the LEA Medi-Cal Billing Option Program. This agreement shall be deemed duly executed and binding upon execution by all Parties below:

Official LEA Provider Name: Department of Health Care Services School District

**John Smith**

Name of the First Authorized Representative  
(Person legally authorized to bind contracts for the LEA Superintendent, Assistant Superintendent, Business/Fiscal Officer)

**Superintendent**

Title of the First Authorized Representative

*John Smith*

Signature of the First Authorized Representative

**8/5/2012**

Date

**Jane Lindsay**

Name of the Second Authorized Representative  
( Authorized Fiscal/Business Official)

**Business Service Director**

Title of the Second Authorized Representative

*Jane Lindsay*

Signature of the Second Authorized Representative (if

**8/5/2012**

Date

**STATE OF CALIFORNIA  
DEPARTMENT OF EDUCATION**

Signature of the CDE Authorized Representative

Typed or Printed Name of the CDE Authorized Representative

Typed or Printed Title of the CDE Authorized Representative

Date

**STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH CARE SERVICES**

Signature of the DHCS Authorized Representative

Typed or Printed Name of the DHCS Authorized Representative

**SNFD, Chief**

Typed or Printed Title of the DHCS Authorized Representative

Date



TOBY DOUGLAS  
DIRECTOR

State of California-Health and Human Services Agency  
Department of Health Care Services  
CERTIFICATION OF STATE MATCHING FUNDS FOR LEA SERVICES  
(LEA Program Provider Participation Agreement: ATTACHMENT 1)



EDMUND G. BROWN JR.  
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SAMPLE

1234567890  
National Provider Identification Number

In accordance with the California Code of Regulation ([CCR § 51270](#)) Local Educational Agencies (LEAs) are required to certify a specific amount available in non-federal matching funds to participate in the LEA Medi-Cal Billing Option Program. The Local Educational Agency (LEA):

**Department of Health Care Services School District**

has \$ 62,574.00 available in non-federal, certified public, LEA Medi-Cal Billing Option Program eligible funds to finance LEA Program activities for the fiscal year beginning **July 1, 2012 and ending June 30, 2013**. These funds will be matched through the LEA Program claiming process to receive an equal amount of federal Medicaid funds.

This also certifies that once the LEA named above has received reimbursement from Medicaid in the amount set forth above, billings from this LEA shall cease until such time as it is re-certified that additional matching funds are available.

The undersigned is authorized to enter into this agreement on behalf of named School District/LEA; therefore, the School District/LEA is bound to the terms and conditions contained herein.

*Jane Lindsey*

Signature of Authorized Representative

8/5/2012

Date:

**Jane Lindsey**

Name of the Authorized Representative

**Business Services Director**

Title of the Authorized Representative



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DIRECTOR

State of California-Health and Human Services Agency  
Department of Health Care Services  
ANNUAL REPORT FINANCIAL STATEMENT DATA  
FOR PRIOR YEAR CLAIMING

(LEA Provider Participation Agreement: Attachment 1C)



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**July 1, 2011 – June 30, 2012**  
(LEA Medi-Cal Billing Option Revenue Only)

SAMPLE

<b>1234567890</b>
National Provider Identification Number

The Local Educational Agency (LEA):  
**Department of Health Care Services School District**

Check if new provider

Total LEA dollars received during fiscal year 2011-2012	(a)	\$	150,896.00
Unspent LEA funds from previous fiscal year(s)	(b)	\$	42,897.00
Total Revenue (lines a + b)	(c)	\$	<b>193,793.00</b>

Reinvestment Expenditures made during 2011-2012, regardless of year the revenue was received:

	Code	Total
Certificated Salaries	1000-1999	\$ 35,894.00
Classified Salaries	2000-2999	\$ 45,987.00
Employee Benefits	3000-3999	\$ 31,852.00
Books and Supplies	4000-4999	\$ 16,891.00
Services, Other Operating Expenses	5000-5999	\$ 10,892.00
Capital Outlay	6000-6999	
Other Outgo	7100-7699	
Total Expenditures	(d)	<b>\$ 141,516.00</b>

Ending Balances as of June 30, 2012 (Total Revenue [c] less Total Expenditures [d]) (e) **\$ 52,277.00**

Anticipated service funding priorities of the LEA Medi-Cal Collaborative for use of unexpended revenue (Ending Balance as of June 30, 2012 [e]). List Program Service Items:

Staff development and parent education, mental health counseling support, academic support services, nutrition services, materials and supplies for nursing services, partial funding of speech pathologist and psychologist services.



State of California-Health and Human Services Agency
Department of Health Care Services
STATEMENT OF COMMITMENT TO REINVEST
(LEA Program Provider Participation Agreement: ATTACHMENT 2)



SAMPLE

1234567890
National Provider Identification Number

The Local Educational Agency (LEA):
Department of Health Care Services School District

hereby certifies that:

- 1) A local collaborative has been formed;
2) The local collaborative will include among its responsibilities the decision making process regarding the reinvestment of funds made available through participation in the LEA Medi-Cal Billing Option Program; and
3) The reinvestment of funds will remain within the school-linked support services identified in provision seven (7) of the LEA Program Provider Participation Agreement.

As specified in the Local Educational Agency (LEA) Medi-Cal Billing Option Program Provider Participation Agreement (PPA), LEAs participating in the Medi-Cal Billing Option Program must submit an LEA Annual Report describing their collaborative, service priorities, and reinvestment expenditures each Fiscal Year (FY). Please describe the role of the collaborative by answering how reinvestment decisions are made, and the planned frequency of meetings.

- 1. Description of LEA Medi-Cal Collaborative decision making process and frequency of
a. How are LEA Medi-Cal Collaborative decisions made? (Check one)
Consensus [ ] Majority Vote [x]
Other [ ]
b. What is the frequency of LEA Medi-Cal Collaborative meetings? (Check one)
Monthly [ ] Every Other Month [ ]
Quarterly [x] Annually [ ]
Other [ ]

2. Anticipated service funding priorities of the LEA Medi-Cal Collaborative for fiscal year 2012-2013 (this describes plans for the potential use of Medi-Cal reimbursement that your LEA has not received yet):

List Program Service Items:

Partial funding of speech pathologist and psychologist positions, books and supplies for special education department, Vision and hearing testing and services, Academic support services, including tutoring, mentoring, employment, and community service internships, and in-service training for teachers and administrators.



TOBY DOUGLAS  
DIRECTOR

State of California-Health and Human Services Agency  
Department of Health Care Services  
STATEMENT OF COMMITMENT TO REINVEST  
(LEA Program Provider Participation Agreement: ATTACHMENT 2A)



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SAMPLE

1234567890  
National Provider Identification Number

The Local Educational Agency (LEA):

**Department of Health Care Services School District**

Signatures of the local collaborative partners below indicate an understanding of and commitment to the statement of commitment to reinvest outlined in Attachment 2.

\*Note: The interagency collaborative shall consist of at least three individuals with varying interest in the reinvestment of funds for the LEA Program. The collaborative membership shall involve, representatives from the schools, public agencies serving children and families, parent groups of pupils of qualifying schools, community representatives, and private partners. Additional examples of collaborative partners can be found in section 8 of the PPA and section 8806 of the California Education Code. (Print additional pages if needed)

**LEA INTERAGENCY COLLABORATIVE PARTNERS**

Date 7/31/2012  
Name of Collaborative Partner John Smith  
Title of Collaborative Partner Superintendent  
Organization of Collaborative Partner Department of Health Care Services School District  
Signature of Collaborative Partner John Smith

Date 7/31/2012  
Name of Collaborative Partner Jane Lindsay  
Title of Collaborative Partner Special Education Director  
Organization of Collaborative Partner Department of Health Care Services School District  
Signature of Collaborative Partner Jane Lindsay

Date 7/31/2012  
Name of Collaborative Partner Kenneth Lawson  
Title of Collaborative Partner Clinical Supervisor  
Organization of Collaborative Partner County Mental Health Service Center  
Signature of Collaborative Partner Kenneth Lawson

Date 7/31/2012  
Name of Collaborative Partner Michael Carr  
Title of Collaborative Partner Department of Health Care Services School District  
Organization of Collaborative Partner Special Education Assistant  
Signature of Collaborative Partner *Michael Carr*

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Date 7/31/2012  
Name of Collaborative Partner Amy Spencer  
Title of Collaborative Partner Special Education Director  
Organization of Collaborative Partner Department of Health Care Services School District  
Signature of Collaborative Partner *Amy Spencer*

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Date 7/31/2012  
Name of Collaborative Partner Karen Jacobs  
Title of Collaborative Partner Program Director  
Organization of Collaborative Partner Sacramento County Healthy Start  
Signature of Collaborative Partner *Karen Jacobs*

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Date 7/31/2012  
Name of Collaborative Partner Shannon Lee  
Title of Collaborative Partner Principal  
Organization of Collaborative Partner Public Charter School  
Signature of Collaborative Partner *Shannon Lee*

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Date 7/31/2012  
Name of Collaborative Partner Lori Carter  
Title of Collaborative Partner School Nurse  
Organization of Collaborative Partner Madison High School  
Signature of Collaborative Partner *Lori Carter*

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Date 7/31/2012  
Name of Collaborative Partner Timothy West  
Title of Collaborative Partner Deputy Sheriff  
Organization of Collaborative Partner Local County Sheriff Department  
Signature of Collaborative Partner *Timothy West*

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**CHECKLIST FOR SUBMITTING THE  
LEA Medi-Cal Billing Option Program  
Provider Participation Agreement &  
Annual Report**

**FINAL CHECKLIST:**

**Please ensure:**

- ◇ You are submitting the correct version of the PPA: **DHCS 06/01/12.**
- ◇ **You DO NOT revise the PPA, the MPEIS, or any of the attachments as they are considered a legally binding contract.**
- ◇ The entire enrollment application is complete.
  - Medi-Cal Provider Enrollment Information Sheet (MPEIS)
  - Consortuim Billing (If Applicable)**
  - Provider Participation Agreement (PPA)
  - Article V – PPA Signature Execution
  - Current Year Certification of State Matching Funds (Attachment 1)
  - Annual Report Financial Data (Attachment 1A)
  - Statement of Commitment to Reinvest (Attachment 2)
  - LEA Collaborative Partners (Attachment 2A)
- ◇ All required signatures on the documents are original and are in BLUE ink.
- ◇ All information is printed or typed, except where specifically notated.
- ◇ Attachments 1, 1A include dollar amounts.
- ◇ You make a copy of the entire Enrollment Package to keep on file with your LEA; remember, these forms describe your program responsibilities as a Medi-Cal provider. If a copy of this PPA is needed in the future, please forward your request to [PEDCorr@dhcs.ca.gov](mailto:PEDCorr@dhcs.ca.gov). Please include the NPI number, LEA, and fiscal year of the PPA.
- ◇ You send the enrollment package, with original signatures, to the California Department of Education (CDE) who must certify that the applicant is a Local Educational Agency under the California Education Code, Section 33509(e) and that the Collaborative conforms to the examples specified in the California Education Code, commencing with sections 8800 and 8806; and the Welfare and Institutions Code, commencing with Section 18986. To the address is below:

**California Department of Education  
Coordinated School Health & Safety Office  
Attn: Shalonn Woodard  
1430 N Street, Suite 6408  
Sacramento, CA 95814  
Phone: (916) 319-0197 - FAX: (916) 445-7367**

*Once these documents have been formally reviewed and approved by the California Department of Education (CDE), they will be forwarded to the California Department of Health Care Services (DHCS) for secondary review and approval. Upon approval from both CDE and DHCS, these forms, and the information contained therein, will be used by DHCS to update the Provider Master File (PMF). It is important to complete this form accurately to ensure your enrollment as a Medi-Cal provider of service is properly processed.*