



TOBY DOUGLAS  
DIRECTOR

State of California - Health and Human Services Agency  
Department of Health Care Services  
Local Educational Agency (LEA)  
Medi-Cal Provider Enrollment Information Sheet  
**2013-2014 Fiscal Year**  
(NEW LEA - Provider Type 55)



EDMUND G. BROWN JR.  
GOVERNOR

Date: June 19, 2013

SAMPLE

Official LEA Name: Department of Health Care Services Unified School District  
(The LEA Name will populate throughout the entire document)

Doing Business As: \_\_\_\_\_  
(DBA) (If different from the Official LEA name)

Check all that apply:  Charter School  Billing Consortium | | Update LEA Name  
(If box is checked, complete the consortium billing page)

**LEA Address**

LEA Administrative Office Address: 1501 Capitol Ave, Sacramento, CA 95814  
(NOT a Post Office box)

Payment/Mailing Address: PO Box 997436, MS 4603, Sacramento, CA 95899-7436  
(Complete ONLY if different from the Administrative Office Address)

**LEA Contact Information**

Primary Contact: Amy Spencer Title: Special Education Director  
Phone Number: 916-555-1212 Email: amy.spencer@hcsd.edu  
Secondary Contact: michael.carr@hcsd.edu Email: michael.carr@hcsd.edu

**LEA Vendor/Billing Agent Information**

Vendor/Billing Agent: LEA Phone: 916-555-2121 Ext. 246  
Contact Person: Karen Washington Email: kashington@LEAschool.edu

**LEA Identification Codes**

California School Directory (CDS) Code: 33-73676-0000000  
National Provider Identification (NPI) Number: 1234567890  
(The NPI will populate throughout the entire document)  
LEA Federal Employer Identification Number (EIN): 78-1234567  
(As filled with the IRS for tax reporting purposes)

**LEA Authorization**

Signature of Authorized Representative: *John Smith*  
(Superintendent, Assistant Superintendent, Business/Fiscal Officer)  
Typed or Printed Name of Authorized Representative: John Smith  
(This field will populate to page 9 of the PPA)  
Typed or Printed Title of Authorized Representative: Superintendent  
(This field will populate to page 9 of the PPA)

| DHCS USE ONLY              |  |
|----------------------------|--|
| Medi-Cal Provider Number : |  |
| Effective Date:            |  |
| Date Added:                |  |



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State of California - Health and Human Services Agency  
**Department of Health Care Services**  
 Local Educational Agency (LEA)  
 Consortium Billing  
**2013-2014 Fiscal Year**



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

The following LEAs are part of: **Department of Health Care Services Unified School District**

consortium and bill under NPI # 1234567890

|    |                                |                  |                   |           |
|----|--------------------------------|------------------|-------------------|-----------|
| 1  | <b>North Sacramento School</b> | 22-34567-0000000 | Sacramento USD    | No        |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 2  | <b>Public Charter School</b>   | 22-78946-0000000 | First School UESD | Yes       |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 3  | <b>Madison High School</b>     | 22-52478-0000000 | DHCS USD          | No        |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 4  | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 5  | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 6  | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 7  | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 8  | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 9  | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 10 | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 11 | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |
| 12 | <b>#N/A</b>                    | <b>##</b>        | <b>##</b>         | <b>##</b> |
|    | LEA Name                       | CDS Code         | District          | Charter   |



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**2013-2014 Fiscal Year**



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|          |      |          |          |         |
|----------|------|----------|----------|---------|
| 13       | #N/A | ##       | ##       | ##      |
| LEA Name |      | CDS Code | District | Charter |
| 14       | #N/A | ##       | ##       | ##      |
| LEA Name |      | CDS Code | District | Charter |
| 15       | #N/A | ##       | ##       | ##      |
| LEA Name |      | CDS Code | District | Charter |
| 16       | #N/A | ##       | ##       | ##      |
| LEA Name |      | CDS Code | District | Charter |
| 17       | #N/A | ##       | ##       | ##      |
| LEA Name |      | CDS Code | District | Charter |
| 18       | #N/A | ##       | ##       | ##      |
| LEA Name |      | CDS Code | District | Charter |
| 19       | #N/A | ##       | ##       | ##      |
| LEA Name |      | CDS Code | District | Charter |
| 20       | #N/A | ##       | ###      | ##      |
| LEA Name |      | CDS Code | District | Charter |
| 21       | #N/A | ##       | ##       | ##      |
| LEA Name |      | CDS Code | District | Charter |



State of California - Health and Human Services Agency  
Department of Health Care Services  
Local Educational Agency (LEA)  
**PROVIDER PARTICIPATION AGREEMENT**



EDMUND G. BROWN JR.  
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**1234567890**  
National Provider Identification Number

Official LEA Provider Name:

Effective Agreement Period:

**Department of Health Care Services Unified School District**

**July 1, 2013 - June 30, 2015**

**ARTICLE I – STATEMENT OF INTENT**

The purpose of this contract is to permit qualified Local Educational Agencies (LEAs-Provider type 55) 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.
4. Ensure services billed using the National Provider Identification (NPI) number will not be separately billed by the rendering practitioners.



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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) A combined two (2) percent withhold is levied against LEA reimbursements. This 2% withhold includes 1% to cover audit administration and associated audit costs, not to exceed \$650,000 annually as authorized in the 2009-2010 Budget Concept Proposal (BCP); and a withhold to fund program enhancement activities outlined in W&I Code 14115.8, not to exceed \$1,500,000 annually. The total annual amount of the combined 2% withhold is not to exceed \$2,150,000.
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.

LEA Medi-Cal Billing Option Program reimbursement may be reinvested in the allowable LEA services as outlined in the LEA Provider Manual, including: assessment, treatment, targeted case management and school-based transportation services.

School-linked support services for children and families include 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 can now be found in California Education Code, Section 8804(g):

- 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.
- 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.



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- 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 § 32(a); and 45 CFR 74.45.
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.

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. The LEA collaborative is required to meet a minimum of twice a year. The process needs to promote full participation in policy development and decision making.

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.



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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 9 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.
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: Janet Radding  
1430 N Street, Suite 6408  
Sacramento, CA 95814**

◇ **Note: Failure to submit the PPA and AR 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 (b)(6), the LEA Annual Report shall include data on expenditures and activities in the preceding fiscal year (July 1 – June 30), funding availability and service priorities for the current fiscal year. Continued enrollment is contingent upon the submission of the LEA Provider Participation Agreement/Annual Report.

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).



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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)
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.



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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.
19. 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.

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

DHCS will provide interpretation of policy with respect to the LEA Medi-Cal Billing Option program. In addition, DHCS recognizes the need to clarify program participation requirements and to ensure consistency within the program, as well as provide technical assistance in program implementation. Finally, DHCS does not sanction information, clarification, or interpretation of policy related to the LEA Medi-Cal Billing Option Program disseminated by entities outside of DHCS.

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 Ad Hoc 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.



State of California - Health and Human Services Agency  
**Department of Health Care Services**  
Local Educational Agency (LEA)  
**PROVIDER PARTICIPATION AGREEMENT**



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## **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 given.

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 state 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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**Program Suspension**

The Provider Participation Agreement and Annual Report are required for each LEA provider participating in the LEA Medi-Cal Billing Option Program, identified in section 51270 (a)(2) of the California Code of Regulations. The Provider Participation Agreement must be renewed every three years and the Annual Report must be submitted every year. Failure to renew the Provider Participation Agreement or submit the Annual Report by the due date may result in suspension from the LEA Medi-Cal Billing Option Program.

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.

LEAs who fail to submit the Provider Participation Agreement or the Annual Report by the schedule outlined below may be suspended from the LEA Med-Cal Billing Option Program.

| <b>School Year</b> | <b>Provider Participation Agreement (PPA)</b> | <b>Annual Report (AR)</b> | <b>Due Date</b> |
|--------------------|---|---------------------------|-----------------|
| 2013-2014          | Addendums to the PPA (if applicable)          | 2012-2013 AR              | 10/10/2013      |
| 2014-2015          | Addendums to the PPA (if applicable)          | 2013-2014 AR              | 10/10/2014      |
| 2015-2016          | Provider Participation Agreement (PPA)        | 2014-2015 AR              | 10/10/2015      |
| 2016-2017          | Addendums to the PPA (if applicable)          | 2015-2016 AR              | 10/10/2016      |

LEAs that do not comply with the participation provisions outlined above will be notified and given the opportunity to submit the required documents. Non-compliance will result in DHCS placing a 100% withhold on reimbursements. This reduction will remain in effect until the required PPA/AR documents are filed and accepted by DHCS. If the PPA/AR documents are not submitted within the allotted time, the LEA will be required to return all LEA funds received to date and all future LEA Medi-Cal payments will be suspended.



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Department of Health Care Services
Local Educational Agency (LEA)
PROVIDER PARTICIPATION AGREEMENT



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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 Unified 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)

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

Superintendent
Title of the First Authorized Representative

Business Service Director
Title of the Second Authorized Representative

John Smith
Signature of the First Authorized Representative

Jane Lindsay
Signature of the Second Authorized Representative
(if necessary)

9/12/2013
Date

9/12/2013
Date

STATE OF CALIFORNIA - DEPARTMENT OF EDUCATION
Signature of the CDE Authorized Representative
Tom Herman
Typed or Printed Name of the CDE Authorized Representative
Education Administrator I
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
Safety Net Financing Division, Chief
Typed or Printed Title of the DHCS Authorized Representative
Date



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



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 Unified School District

has \$ 162, 574.00 budgeted for the fiscal year beginning July 1, 2013 and ending June 30, 2014 to cover wages, benefits, and administrative costs, of employees who provide health services and activities covered by the LEA Medi-Cal Billing Option Program.

This also certifies that the funds budgeted for the fiscal year are non-federal, certified public LEA Medi-Cal Billing Option Program eligible funds to finance LEA Program activities. These funds will be matched through the LEA Program claiming process to receive an equal amount of federal Medicaid funds. 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 Lindsay
Signature of Authorized Representative

9/12/2013
Date:

Jane Lindsay
Name of the Authorized Representative

Business Service Director
Title of the Authorized Representative





TOBY DOUGLAS  
DIRECTOR

State of California - Health and Human Services Agency  
**Department of Health Care Services**  
**STATEMENT OF COMMITMENT TO REINVEST**  
**FOR PRIOR YEAR CLAIMING**  
(LEA Program Annual Report: ATTACHMENT 2)



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**1234567890**  
National Provider Identification Number

The Local Educational Agency (LEA):

**Department of Health Care Services Unified 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 meetings:

*\* The LEA collaborative is required to meet a minimum of twice a year.*

a. How are LEA Medi-Cal Collaborative decisions made? (Check one)

- Consensus      Majority Vote  
 Other

b. What is the frequency of LEA Medi-Cal Collaborative meetings? (Check one)

- Monthly                       Every Other Month  
 Quarterly                       Every Six Months  
 Other - Explain: \_\_\_\_\_

2. Anticipated service funding priorities of the LEA Medi-Cal Collaborative for fiscal year 2013-2014

*\* (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.

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TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

**1234567890**  
National Provider Identification Number

The Local Educational Agency (LEA):

**Department of Health Care Services Unified 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 8/26/2013  
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 8/26/2013  
Name of Collaborative Partner Jane Lindsay  
Title of Collaborative Partner Business Services Director  
Organization of Collaborative Partner Department of Health Care Services School District  
Signature of Collaborative Partner *Jane Lindsay*

Date 8/26/2013  
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 8/26/2013  
Name of Collaborative Partner Title Michael Carr  
of Collaborative Partner Organization Department of Health Care Services School District  
of Collaborative Partne Special Education Assistant  
Signature of Collaborative Partner *Michael Carr*

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Date 8/26/2013  
Name of Collaborative Partner Title Amy Spencer  
of Collaborative Partner Organization Special Education Director  
of Collaborative Partne Department of Health Care Services School District  
Signature of Collaborative Partner *Amy Spencer*

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Date 8/26/2013  
Name of Collaborative Partner Title Karen Jacobs  
of Collaborative Partner Organization Program Director  
of Collaborative Partne Sacramento Coutny Healthy Start  
Signature of Collaborative Partner *Karen Jacobs*

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Date 8/26/2013  
Name of Collaborative Partner Title Shannon Lee  
of Collaborative Partner Organization Principal  
of Collaborative Partne Public Charter School  
Signature of Collaborative Partner *Shannon Lee*

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Date 8/26/2013  
Name of Collaborative Partner Title Lori Carter  
of Collaborative Partner Organization School Nurse  
of Collaborative Partne Madison High School  
Signature of Collaborative Partner *Lori Carter*

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Date 8/26/2013  
Name of Collaborative Partner Title Timothy West  
of Collaborative Partner Organization Deputy Sheriff  
of Collaborative Partne Local County Sheriff Department  
Signature of Collaborative Partner *Timothy West*