



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
(Provider Type 55)



EDMUND G. BROWN JR.
GOVERNOR

SAMPLE

Date: June 19, 2013

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

Doing Business As: DHCS USD
(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)

Update Address

LEA Address

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

Payment/Mailing Address: PO Box 997437, MS 4603, Sacramento, CA 95899-7436 Update Contact
(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 Update Vendor

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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 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	North Sacramento School	22-34567-0000000	Sacramento USD	No
	LEA Name	CDS Code	District	Charter
2	Public Charter School	22-78946-0000000	First School UESD	Yes
	LEA Name	CDS Code	District	Charter
3	Madison High School	22-52478-0000000	DHCS USD	No
	LEA Name	CDS Code	District	Charter
4	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter
5	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter
6	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter
7	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter
8	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter
9	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter
10	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter
11	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter
12	#REF!	##	##	##
	LEA Name	CDS Code	District	Charter



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13 #REF!	##	##	##
LEA Name	CDS Code	District	Charter
14 #REF!	##	##	##
LEA Name	CDS Code	District	Charter
15 #REF!	##	##	##
LEA Name	CDS Code	District	Charter
16 #REF!	##	##	##
LEA Name	CDS Code	District	Charter
17 #REF!	##	##	##
LEA Name	CDS Code	District	Charter
18 #REF!	##	##	##
LEA Name	CDS Code	District	Charter
19 #REF!	##	##	##
LEA Name	CDS Code	District	Charter
20 #REF!	##	###	##
LEA Name	CDS Code	District	Charter
21 #REF!	##	##	##
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



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

The items below amended the Provider Participation Agreement with the Effective Agreement Period of July 1, 2012 - June 30, 2015. Please review this addendum and retain it with your LEA records.

ARTICLE II - LEA PROVIDER RESPONSIBILITIES

Items 6, 7, and 9, have been amended and shall read as follows:

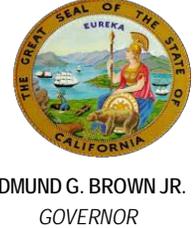
By entering into this agreement, the LEA Provider shall:

- 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.



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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):

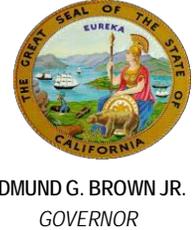
- 1) Health care, including:
 - (A) Immunizations.
 - (B) Vision and hearing testing and services.
 - (C) Dental Services.
 - (D) Physical examinations, diagnostic, and referral services
 - (E) Prenatal care.
 - 2) Mental health services, including primary prevention, crisis intervention, assessments, 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.
 - 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.
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



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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.

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.

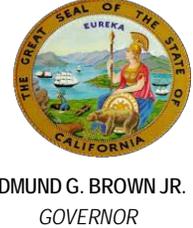
Examples of collaboration efforts which currently exist in some local areas include, but are not limited to:

- 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 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.
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.



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Department of Health Care Services
Local Educational Agency (LEA)
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ARTICLE III – DEPARTMENT OF HEALTH CARE SERVICES RESPONSIBILITIES

Article III has been amended and shall read as follows:

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

The Agreement Termination and Program Suspension sections have been amended and shall read as follows:

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



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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.

Program Suspension

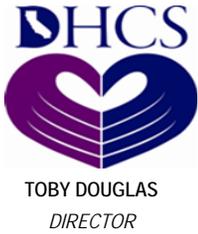
The Provider Participation Agreement and Annual Report are required for each LEA provider participating in the LEA Medi-Cal Billing Option Program, identified in section 51270 (a)(2) of the California Code of Regulations. The Provider Participation Agreement must be renewed every three years and the 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.

School Year	Provider Participation Agreement (PPA)	Annual Report (AR)	Due Date
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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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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State of California-Health and Human Services Agency
Department of Health Care Services
STATEMENT OF COMMITMENT TO REINVEST
(LEA Program Annual Report: ATTACHMENT 2A)



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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*

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*

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*

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*

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*

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*