

LEA Medi-Cal Billing Option Program Training

September 19, 2012



Overview of Training Topics

- Section I: LEA Medi-Cal Billing Option Program Overview
- Section II: How to Become an LEA Medi-Cal Billing Option Program Provider
- Section III: LEA Medi-Cal Billing Option Program Provider Participant Requirements
- Section IV: Reimbursable Services
- Section V: LEA Medi-Cal Billing Option Program Billing Requirements and Code Structure
- Section VI: LEA Medi-Cal Billing Option Program Updates
- Section VII: Cost and Reimbursement Comparison Schedule

- California Department of Health Care Services (DHCS)
 - Safety Net Financing Division (SNFD)
 - Administers the LEA Medi-Cal Billing Option Program
 - Audits and Investigations (A&I) Financial Audits Branch (FAB)
 - Conducts financial audits/reviews of LEA Medi-Cal Billing Option Program providers
- California Department of Education (CDE)
 - Works with SNFD to ensure that the LEA Medi-Cal Billing Option Program meets Education Code requirements
- Navigant Consulting, Inc.
 - Works with SNFD to enhance the LEA Medi-Cal Billing Option Program and service delivery

LEA Medi-Cal Billing Option Program Resources

- LEA Medi-Cal Billing Option Program Website
 - <http://www.dhcs.ca.gov/provgovpart/pages/lea.aspx>
- LEA Medi-Cal Billing Option Program Website Subscription Notice
 - <http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>
- LEA Medi-Cal Billing Option Program Policy or General Questions
 - E-mail: LEA@dhcs.ca.gov
- A&I LEA CRCS Website
 - <http://www.dhcs.ca.gov/individuals/Pages/lea.aspx>
- LEA CRCS Questions
 - E-mail: LEA.CRCS.Questions@dhcs.ca.gov
- LEA CRCS Submissions
 - E-mail: LEA.CRCS.Submissions@dhcs.ca.gov

Provider Manual Reference: loc ed



LEA Medi-Cal Billing Option Program Resources

- Participation Agreement/Provider Enrollment Questions
 - DHCS Provider Enrollment: (916) 323-1945
- LEA Medi-Cal Billing Option Program Reinvestment Questions
 - CDE, Coordinated School Health: (916) 319-0914
- Eligibility Match Questions
 - DHCS Information Technology Services Division:
(916) 440-7066
(916) 440-7250
- Billing Questions
 - DHCS Fiscal Intermediary: 1 (800) 541-5555



Provider Manual Reference: loc ed

LEA Medi-Cal Billing Option Program Website

http://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx

The screenshot shows the website for the LEA Medi-Cal Billing Option Program. The header includes the California Department of Health Care Services logo and navigation links for HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, and DATA & STATISTICS. The main content area is titled "Local Educational Agency Medi-Cal Billing Option" and contains a description of the program. A link for "Getting Started" is circled in red. The right sidebar features "QUICK LINKS" and "RELATED LINKS".

Program Information

- Program Description
- FAQ's (PDF)
- Glossary of Terms
- LEA Related Programs

Manuals & Training

- LEA Billing Option Program Training
- CRCS Training
- Provider Manual
- Prescription, Referral, and Recommendation Requirements (PDF)

Tools & Templates

- PPA/LEA Annual Report
- Cost and Reimbursement Comparison Schedule (CRCS)
- LEA Targeted Case Management Labor Survey
- Data Use Agreement (DUA)

Publications & Bulletins

- LEA FYI - For Your Information
- LEA Provider Bulletins
- LEA Paid Claims Data Reports
- LEA - Reports to the Legislature
- Workgroup Meeting Summaries

Policies & Legislation

- California Laws and Regulations
- Federal Laws and Regulations
- Policy and Procedure Letters

Contact Information

- LEA Program Email: LEA Policy Questions
- LEA Audits & Investigations Email: CRCS Questions
- Update LEA Contact Information
- LEA Program Contact Information
- Email Subscription Service

QUICK LINKS

- About DHCS
- DHCS A-Z Index
- Fraud & Abuse
- HIPAA
- Laws and Regulations
- Legislative and Governmental Affairs
- Low Income Health Program
- Medi-Cal Procurements
- Request a Room
- Privacy
- Subscribe:DHCS Stakeholder Announcements
- Waiver Implementation

RELATED LINKS

- California Health and Human Services Agency
- Health Benefits Exchange
- Office of the Governor

Program Information

Publications & Bulletins

Manuals & Training

Policies & Legislation

Tools & Templates

Contact Information

LEA Medi-Cal Billing Option Program Provider Manual

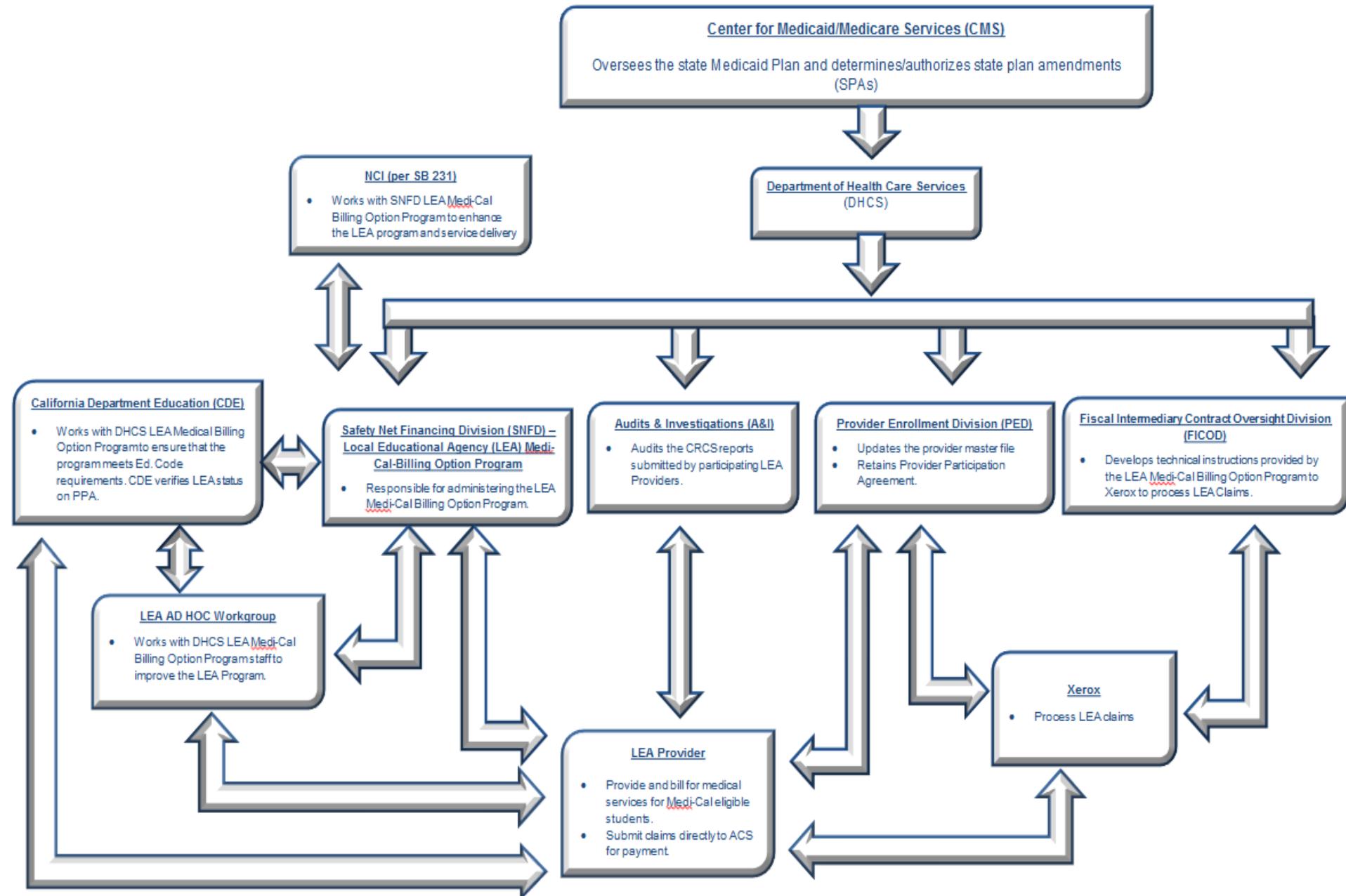
<http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>

1. [LEA \(loc ed\)](#)
2. [LEA: A Provider's Guide \(loc ed a prov\)](#)
3. [LEA Billing and Reimbursement Overview \(loc ed bil\)](#)
4. [LEA Billing Codes and Reimbursement Rates \(loc ed bil cd\)](#)
5. [LEA Billing Examples \(loc ed bil ex\)](#)
6. [LEA Eligible Students \(loc ed elig\)](#)
7. [LEA Individualized Plans \(loc ed indiv\)](#)
8. [LEA Rendering Practitioner Qualifications \(loc ed rend\)](#)
9. [LEA Service: Hearing \(loc ed serv hear\)](#)
10. [LEA Service: Nursing \(loc ed serv nurs\)](#)
11. [LEA Service: Occupational Therapy \(loc ed serv occu\)](#)
12. [LEA Service: Physical Therapy \(loc ed serv phy\)](#)
13. [LEA Service: Physician Billable Procedures \(loc ed serv physician\)](#)
14. [LEA Service: Psychology/Counseling \(loc ed serv psych\)](#)
15. [LEA Service: Speech Therapy \(loc ed serv spe\)](#)
16. [LEA Service: Targeted Case Management \(loc ed serv targ\)](#)
17. [LEA Service: Transportation \(Medical\) \(loc ed serv trans\)](#)
18. [LEA Service: Vision Assessments \(loc ed serv vis\)](#)

Section I: LEA Medi-Cal Billing Option Program Overview



LEA Program Structure



California School-Based Medi-Cal Programs

- LEA Medi-Cal Billing Option Program
 - Provides reimbursement for health services at fee-for-service rates (W&I Code Section 14132.06)
 - Providers submit claims for each service provided
- Medi-Cal Administrative Activities (MAA)
 - Provides reimbursement for administrative activities necessary for the proper and efficient administration of the Medi-Cal program (W&I Code Section 14132.47)
 - Providers submit invoices that reflect time spent on administrative activities
 - <http://www.dhcs.ca.gov/provgovpart/pages/smaa.aspx>



LEA Medi-Cal Billing Option Program – Who is Involved?

- Local Educational Agencies (Providers)
 - School Districts
 - County Offices of Education (COEs)
 - LEA Billing Consortium
 - Two or more LEAs pooling their resources to provide LEA services and bill under one LEA National Provider Identifier (NPI)
- LEA Billing Vendor
 - Optional third party (for profit) contracted to assist LEAs with LEA billing and claims submission

CDE and the LEA Medi-Cal Billing Option Program

CDE's Role:

- Work collaboratively with DHCS and stakeholders to improve program understanding and communication
- Provide consulting expertise to DHCS relative to program expansion and enhancement
(Welfare and Institutions Code, Section 14115.8 [c])
- Certify that providers in the LEA Medi-Cal Billing Option Program are LEAs (22 California Code of Regulations, Section 51270[a])

Section II: How to Become an LEA Medi-Cal Billing Option Program Provider



Welcome
to LEA!

Getting Started

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

The screenshot shows the California Department of Health Care Services website. The header includes the CA.GOV logo, the text 'CALIFORNIA DEPARTMENT OF Health Care Services', and navigation links for 'Contact Us', 'Career Opportunities', and 'Help'. A search bar is located on the right. Below the header is a main navigation menu with links for 'HOME', 'SERVICES', 'INDIVIDUALS', 'PROVIDERS & PARTNERS', 'FORMS, LAWS & PUBLICATIONS', and 'DATA & STATISTICS'. The breadcrumb trail reads 'Home > Providers & Partners > LEA Getting Started'. The main content area is titled 'LEA Program Description' and contains a paragraph about the LEA Medi-Cal Billing Option Program, a list of three purposes, and several sub-sections: 'Becoming a Provider', 'Program Requirements', 'Communication', and 'Billing'. A right-hand sidebar contains 'QUICK LINKS' and 'RELATED LINKS' sections with various resource links.

CA.GOV CALIFORNIA DEPARTMENT OF Health Care Services

Contact Us Career Opportunities Help

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICATIONS DATA & STATISTICS

Home > Providers & Partners > LEA Getting Started

LEA Program Description

The Local Educational Agency (LEA) Medi-Cal Billing Option Program was established in 1993 in conjunction with the California Department of Education (CDE). The LEA Program is authorized under [California's Welfare and Institutions Code](#). Regulations governing the LEA Program are contained in the [California Code of Regulations, Title 22, Division 3, Chapter 3, Article 3, Section 51270](#). Reimbursement is based upon a "fee-for-service."

The purpose of the LEA Program is to:

1. Provide comprehensive health services to eligible Medi-Cal students and, when applicable, to their families.
2. Allow Local Educational Agencies to become Medi-Cal providers and bill the Medi-Cal program for the health services provided by the medical professionals they employ.
3. Facilitate reinvestment in health and social services for students and their families.

Becoming a Provider

- [How to Become a Provider](#)
- [LEA Provider Requirements](#)
- [LEA Training](#)
- [Data Use Agreement](#)

Program Requirements

- [Provider Participation Agreement/Annual Report](#)
- [Cost and Reimbursement Comparison Schedule \(CRCS\)](#)

Communication

- [Email Subscription Service](#)
- [LEA Contact Information](#)

Billing

- [LEA Billing Agreement Forms](#)

QUICK LINKS

- [About DHCS](#)
- [DHCS A-Z Index](#)
- [Fraud & Abuse](#)
- [HIPAA](#)
- [Laws and Regulations](#)
- [Legislative and Governmental Affairs](#)
- [Low Income Health Program](#)
- [Medi-Cal Procurements](#)
- [Newsroom](#)
- [Privacy](#)
- [Subscribe:DHCS Stakeholder Announcements](#)
- [Waiver Implementation](#)

RELATED LINKS

- [California Health and Human Services Agency](#)
- [Health Benefits Exchange](#)
- [Office of the Governor](#)

Provider Enrollment Process for New Providers

To become a provider, the LEA must:

- **Step 1**
Obtain a National Provider Identifier (NPI) number
 - Apply on the web at <https://nppes.cms.hhs.gov>
- **Step 2**
Complete the Provider Participation Agreement (PPA)/Annual Report(AR)
- **Step 3**
Complete one of the Medi-Cal Eligibility Verification Forms
 - POS Network or DUA
- **Step 4**
Submit billing forms to bill and receive payments for LEA Medi-Cal Billing Option Program services.
 - Biller Application Agreement (Form 6153) and Payment Receiver Agreement (Form 6246)

These forms and submission instructions are located in the “Getting Started” link on the website.

The screenshot displays the California Department of Health Care Services website. The header includes the CA.GOV logo, the text 'CALIFORNIA DEPARTMENT OF Health Care Services', and navigation links for 'Contact Us', 'Career Opportunities', and 'Help'. A search bar is located on the right. Below the header is a main navigation menu with links for 'HOME', 'SERVICES', 'INDIVIDUALS', 'PROVIDERS & PARTNERS', 'FORMS, LAWS & PUBLICATIONS', and 'DATA & STATISTICS'. The breadcrumb trail reads 'Home > Providers & Partners > LEA Getting Started'. The main content area is titled 'LEA Program Description' and contains text about the LEA Medi-Cal Billing Option Program, its purpose, and a list of three goals. Below this is a 'Becoming a Provider' section with links for 'How to Become a Provider', 'LEA Provider Requirements', 'LEA Training', and 'Eligibility Verification'. A 'Program Requirements' section includes links for 'Provider Participation Agreement/Annual Report' and 'Cost and Reimbursement Comparison Schedule (CRCS)'. A 'Communication' section has links for 'Email Subscription Service' and 'LEA Contact Information'. A 'Billing' section has a link for 'LEA Billing Agreement Forms'. On the right side, there are two sections: 'QUICK LINKS' with various resource links, and 'RELATED LINKS' with links to the California Health and Human Services Agency, Health Benefits Exchange, and Office of the Governor. The footer contains a repeat of the main navigation menu and the dhcs.ca.gov logo.

Communication

- LEAs may sign up through the subscription notification to receive information and website updates for the LEA Medi-Cal Billing Option Program

- For program and policy questions, please e-mail the LEA Medi-Cal Billing Option Program at LEA@dhcs.ca.gov

The screenshot displays the website for the California Department of Health Care Services. The page title is "LEA Getting Started". The main content area is titled "LEA Program Description" and contains the following text: "The Local Educational Agency (LEA) Medi-Cal Billing Option Program was established in 1993 in conjunction with the California Department of Education (CDE). The LEA Program is authorized under California's Welfare and Institutions Code. Regulations governing the LEA Program are contained in the California Code of Regulations, Title 22, Division 3, Chapter 3, Article 3, Section 51270. Reimbursement is based upon a "fee-for-service." The purpose of the LEA Program is to: 1. Provide comprehensive health services to eligible Medi-Cal students and, when applicable, to their families. 2. Allow Local Educational Agencies to become Medi-Cal providers and bill the Medi-Cal program for the health services provided by the medical professionals they employ. 3. Facilitate reinvestment in health and social services for students and their families. Below this, there are sections for "Becoming a Provider" (with links for How to Become a Provider, LEA Provider Requirements, LEA Training, and Data Use Agreement), "Program Requirements" (with links for Provider Participation Agreement/Annual Report and Cost and Reimbursement Comparison Schedule (CRCS)), "Communication" (with links for Email Subscription Service and LEA Contact Information), and "Billing" (with a link for LEA Billing Agreement Forms). On the right side, there are "QUICK LINKS" (About DHCS, DHCS A-Z Index, Fraud & Abuse, HIPAA, Laws and Regulations, Legislative and Governmental Affairs, Low Income Health Program, Medi-Cal Procurements, Newsroom, Privacy, Subscribe:DHCS Stakeholder Announcements, Waiver Implementation) and "RELATED LINKS" (California Health and Human Services Agency, Health Benefits Exchange, Office of the Governor). The top navigation bar includes links for HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, and DATA & STATISTICS. The top right corner has links for Contact Us, Career Opportunities, and Help.

LEA Medi-Cal Billing Option Program Requirements

LEAs are required to submit the following reports annually:

- Annual Report (AR), which includes:
 - LEA Provider Enrollment Information Sheet
 - Consortium Billing (if applicable)
 - Certification of State Matching Funds for LEA Services
 - Annual Report Financial Data Statement
 - Statement of Commitment to Reinvest
 - LEA Interagency Collaborative
- Cost and Reimbursement Comparison Schedule (CRCS)
- The AR and CRCS are located under the Tools & Templates heading at <http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>

The screenshot displays the California Department of Health Care Services website. The main navigation bar includes links for HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, and DATA & STATISTICS. The current page is titled "Local Educational Agency Medi-Cal Billing Option" and provides an overview of the program, including a "Getting Started" section and a link to "2009-2010 CRCS Resubmission". The page is organized into several sections: Program Information, Manuals & Training, Tools & Templates, Publications & Bulletins, Policies & Legislation, and Contact Information. A sidebar on the right contains "QUICK LINKS" and "RELATED LINKS". A red arrow points from the "Tools & Templates" section to the URL in the text on the left.

Local Educational Agency Medi-Cal Billing Option

The Local Educational Agency (LEA) program provides the federal share of reimbursement for health assessment and treatment for Medi-Cal eligible children and family members within the school environment. An LEA provider (generally a school district or county office of education) employs or contracts with qualified medical practitioners to render certain health services.

Getting Started: Informs new and existing providers of LEA Medi-Cal Billing Option Program Requirements and quick links to required documents.

[2009-2010 CRCS Resubmission](#)

Program Information	Publications & Bulletins
<ul style="list-style-type: none">Program DescriptionFAQ's (PDF)Glossary of TermsLEA Related Programs	<ul style="list-style-type: none">LEA FYI - For Your InformationLEA Provider BulletinsLEA Paid Claims Data ReportsLEA - Reports to the LegislatureWorkgroup Meeting Summaries
Manuals & Training	Policies & Legislation
<ul style="list-style-type: none">LEA Billing Option Program TrainingCRCS TrainingProvider ManualPrescription, Referral, and Recommendation Requirements (PDF)	<ul style="list-style-type: none">California Laws and RegulationsFederal Laws and RegulationsPolicy and Procedure Letters
Tools & Templates	Contact Information
<ul style="list-style-type: none">PPA/LEA Annual ReportCost and Reimbursement Comparison Schedule (CRCS)LEA Targeted Case Management Labor SurveyData Use Agreement (DUA)	<ul style="list-style-type: none">LEA Program Email: LEA Policy QuestionsLEA Audits & Investigations Email: CRCS QuestionsUpdate LEA Contact InformationLEA Program Contact InformationEmail Subscription Service

QUICK LINKS

- About DHCS
- DHCS A-Z Index
- Fraud & Abuse
- HIPAA
- Laws and Regulations
- Legislative and Governmental Affairs
- Low Income Health Program
- Medi-Cal Procurements
- Newsroom
- Privacy
- Subscribe:DHCS Stakeholder Announcements
- Waiver Implementation

RELATED LINKS

- California Health and Human Services Agency
- Health Benefits Exchange
- Office of the Governor

The screenshot shows the California Department of Health Care Services website. The main navigation bar includes links for HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, and DATA & STATISTICS. The breadcrumb trail indicates the user is in the 'Providers & Partners' section, specifically on the 'Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2010-11' page. The page title is 'Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2010-11'. A 'Page Updated: July 18, 2012' notice is present. The main heading is 'FISCAL YEAR 2010-11 CRCS SUBMISSION DEADLINE: NOVEMBER 30, 2012'. Below this, a 'MANDATORY CRCS REQUIREMENT:' section explains that participants in the LEA Medi-Cal Billing Option (LBO) Program must annually certify that public funds are eligible for federal participation. Further down, a 'LEA INTERIM REIMBURSEMENT AND UNITS OF SERVICES (IRUS) REPORT:' section lists '2010-2011 LEA IRUS UPDATES (under development)'. The 'LEA REIMBURSEMENT RATES' section lists 'LEA Program Rebased Rates'. The 'FY 2009-10 CRCS FORM:' section lists 'FY 2010-11 CRCS Forms (Excel)' and 'FY 2010-11 CRCS Forms Update Summary* (PDF)'. The 'FY 2009-10 CRCS RESOURCES:' section lists 'FY 2010-11 CRCS Packet - Sample, Instructions and Information* (PDF)', 'Standardized Accounting Code Structure (SACS) Guidance', 'California School Accounting Manual (CSAM)', 'LEA Indirect Cost Rate Data', 'CRCS FAQs', and 'CRCS Documentation Training' (circled in red).

CA.GOV CALIFORNIA DEPARTMENT OF Health Care Services

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICATIONS DATA & STATISTICS

Home > Providers & Partners > Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2010-11

Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2010-11

Page Updated: July 18, 2012

FISCAL YEAR 2010-11 CRCS SUBMISSION DEADLINE:

NOVEMBER 30, 2012

MANDATORY CRCS REQUIREMENT:

Participants in the LEA Medi-Cal Billing Option (LBO) Program are required to annually certify, through the CRCS process, that the public funds expended to provide LBO Program services are eligible for federal financial participation. Therefore, continued enrollment in the LBO Program is contingent upon timely submission of the CRCS each fiscal year. Failure to meet this requirement may result in removal from the LBO Program.

LEA INTERIM REIMBURSEMENT AND UNITS OF SERVICES (IRUS) REPORT:

- [2010-2011 LEA IRUS UPDATES](#) (under development)

LEA REIMBURSEMENT RATES

- [LEA Program Rebased Rates](#)

FY 2009-10 CRCS FORM:

- [FY 2010-11 CRCS Forms \(Excel\)](#) * Please make sure that you use the CRCS dated 7/12
- [FY 2010-11 CRCS Forms Update Summary* \(PDF\)](#) - [*The FY 10-11 CRCS Forms Update Summary provides information on the CRCS Form updates required for this fiscal year. Please refer to this summary when completing the CRCS Forms.]

FY 2009-10 CRCS RESOURCES:

- [FY 2010-11 CRCS Packet - Sample, Instructions and Information* \(PDF\)](#) - [*The CRCS Packet is best if printed double sided.] [Updated July 2012]
- Standardized Accounting Code Structure (SACS) Guidance: <http://www.cde.ca.gov/fg/ac/ac/>
- California School Accounting Manual (CSAM): <http://www.cde.ca.gov/fg/ac/sa/>
- LEA Indirect Cost Rate Data: <http://www.cde.ca.gov/fg/ac/ic/>
- [CRCS FAQs](#)
- [CRCS Documentation Training](#)

CA.GOV CALIFORNIA DEPARTMENT OF Health Care Services

Contact Us Career Opportunities Help

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICATIONS DATA & STATISTICS

Home > Individuals > **Local Educational Agency**

Local Educational Agency (LEA)

About the LEA program

The Financial Audits Branch (a division of [Audits & Investigations](#)) - Local Educational Agency is responsible for federally mandated audits of LEA centers. Audits are performed to ensure that cost data is reported accurately and complies with Federal and State laws and regulations.

LEA CRCS DOCUMENTATION Training

- [May & June 2011 CRCS Documentation Training \(June 2011\)](#)
- [LEA CRCS Documentation Training Questions and Answers \(August 2011\)](#)
- [LEA CRCS "Bridging" SAMPLE Schedule \(September 2011\)](#)
- [LEA Website Links and Email Addresses \(May 2011\)](#)
- [MRB Presentation \(June 2011\)](#)
- [Initial Treatment Procedure Codes \(June 2011\)](#)

LEA Information and Links

- LEA.CRCS.QUESTIONS@dhcs.ca.gov
 - Please use the above e-mail address to submit your questions regarding the LEA program.
- LEA.CRCS.Submission@dhcs.ca.gov
 - Please use the above e-mail address to submit your LEA CRCS.
- [LEA Billing Option Program Website](#)
 - <http://www.dhcs.ca.gov/individuals/Pages/lea.aspx>

LEA NEWS ROOM

- [02/10/12 - LEA CRCS FYE 0607 thru 0910 Submissions ---Draft-\(As Of 2.3.12\).pdf](#)
- 06/17/11 - The Financial Audit Branch (FAB) of Audits and Investigations is currently initiating the final reconciliation process for the FYs 06/07 and 07/08 CRCSs. Final reconciliations, which calculate the final settlement amounts, will be initiated as Desk Reviews. FAB will contact the LEA as the Desk Review is being performed, if additional information is required or if a determination is made to expand the review to a Field Audit. Once the audit is complete, FAB will schedule an Exit Conference with the LEA to discuss the audit findings. An Audit Report that contains a final settlement amount will be issued.
- [05/27/11 - List of helpful LEA websites](#)
- [05/26/11 - FY 2009-2010 CRCS's due Nov. 30, 2011](#)

Form Downloads

Section III:
LEA Medi-Cal Billing Option
Program Provider
Participation Requirements



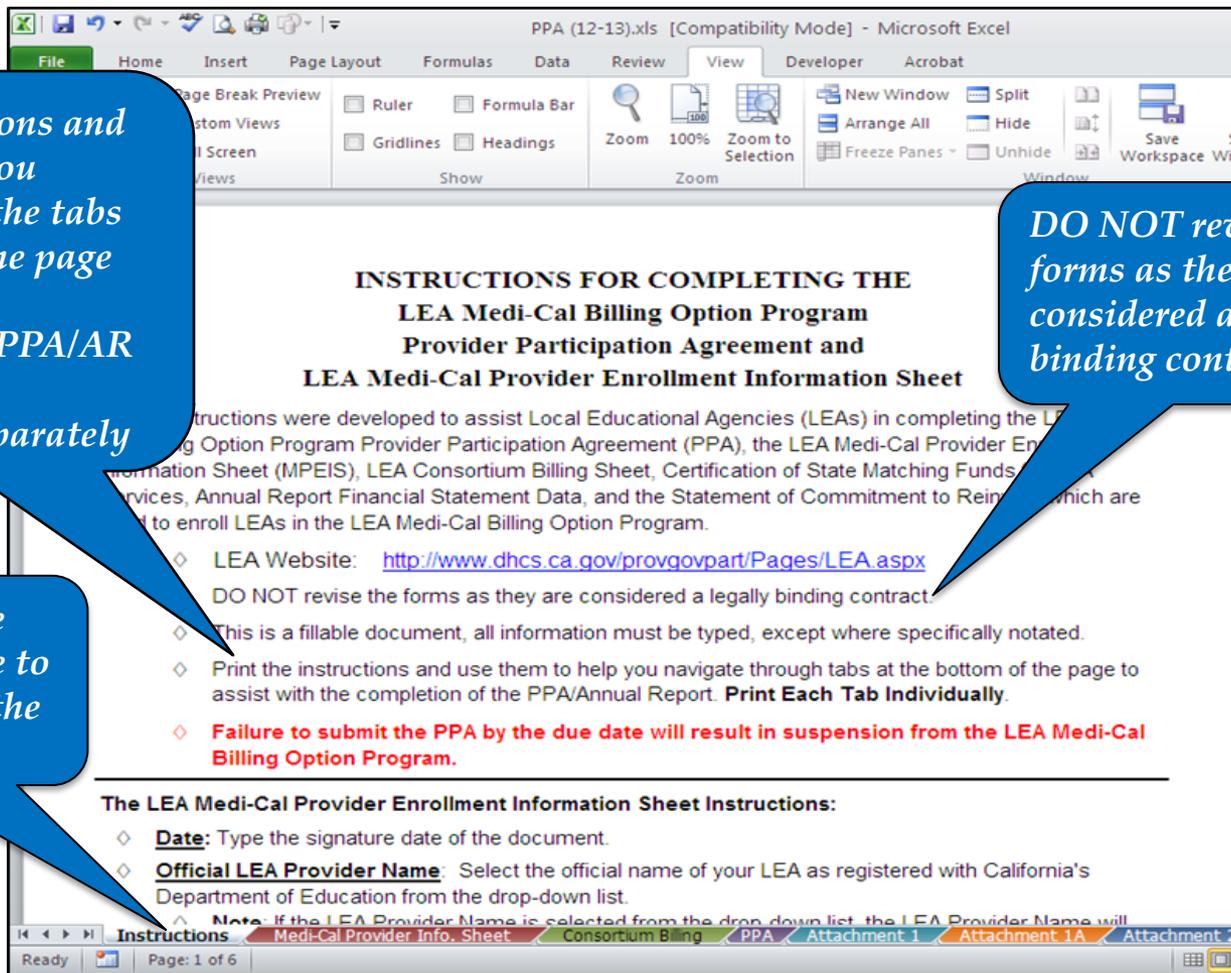
FY 2012/13 LEA Medi-Cal Billing Option Program Requirements

Reporting Period					
LEA Medi-Cal Billing Option Program Requirement	FY 2009-2010	FY 2010-2011	FY 2011-2012	FY 2012-2015	Due Date
<u>OPTIONAL</u> CRCS Resubmission*	X				Nov. 30, 2012
CRCS		X			Nov. 30, 2012
AR (Annual Report)			X		Oct. 10, 2012
PPA (Provider Participation Agreement)				X	Oct. 10, 2012
DUA (Data Usage Agreement)				X	Nov. 30, 2012

* Note: FY 2009-2010 CRCS is a one-time optional resubmission. Additional information can be found at <http://www.dhcs.ca.gov/provgovpart/Pages/2009-2010CRCSResubmission.aspx>

Instructions for Completing the PPA/AR

- These instructions were developed to assist LEAs in completing the LEA Medi-Cal Billing Option Program Provider Participation Agreement (PPA)/Annual Report (AR)



Print the instructions and use them to help you navigate through the tabs at the bottom of the page to assist with the completion of the PPA/AR

**Print each tab separately*

Use the tabs at the bottom of the page to navigate through the PPA/AR

DO NOT revise the forms as they are considered a legally binding contract

PPA/AR Guidance

- Pop-up comments to help guide LEAs through the completion of the PPA/AR
 - Pop-up comments are either **blue** or **purple**



- The  icon appears throughout the PPA/AR
 - The  are hyperlinks to websites to verify information

Medi-Cal Provider Enrollment Information Sheet

- This sheet provides updated information for DHCS to update the Provider Master File
- Medi-Cal Provider Enrollment Information Sheet must accompany all PPA/ARs
- The information on this sheet must be accurate



State of California-Health and Human Services Agency
 Department of Health Care Services
 Local Educational Agency (LEA)
 Medi-Cal Provider Enrollment Information Sheet
 (Provider Type 55)
 2012-2013 Fiscal Year



Date: _____

Official LEA Name: _____
 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: _____
 Check if mailing address
(NOT a Part Office box)

Service Address: _____
 Check if mailing address
(NOT a Part Office box)

Payment Address: _____
 Check if mailing address
(Complete ONLY if different from the Administrative Office Address)

LEA Contact Information

Primary Contact Name: _____
 Contact Title: _____
 Telephone Number: _____
 Fax Number: _____
 Email Address: _____
 Secondary Contact Name: _____
 Secondary Email Address: _____

LEA Identification Codes

California School Directory (CDS) Code: _____

National Provider Identification (NPI) Number: _____
(This field will populate throughout the entire document)

LEA Federal Employer Identification Number (EIN): _____

LEA Authorization

Signature of Authorized Representative: _____
 Typed or Printed Name of Authorized Representative: _____
(First M. Last)
 Typed or Printed Title of Authorized Representative: _____
 Email Address: _____

DHCS USE ONLY

Medi-Cal Provider Number: _____
 Effective Date: _____
 Date Added: _____

LEA Billing Consortium

- This form is required when more than one LEA is billing under the same NPI number
- Enter the LEA Name, Service Address, and County-District-School (CDS) code for each LEA in the billing consortium
- If you are unsure of the requested information, click on the ? to go to the California School Directory
 - <http://www.cde.ca.gov/re/sd/>



? Enter the LEA Name, service address, and CDS Code 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 School District
consortium and bill under NPI # 1234567890

1	LEA Name LEA Service Address CDS Code: _____	6	LEA Name LEA Service Address CDS Code: _____
2	LEA Name LEA Service Address CDS Code: _____	7	LEA Name LEA Service Address CDS Code: _____
3	LEA Name LEA Service Address CDS Code: _____	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: _____

Provider Participation Agreement (PPA)



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



EDMUND G. BROWN JR.
GOVERNOR

1234567890
National Provider Identification Number

Official LEA Provider Name:

Effective Agreement Period:

0

July 1, 2012- June 30, 2015

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

Instructions

Medi-Cal Provider Info. Sheet

Consortium Billing

PPA

Attachment 1

Attachment 1A

Attachment 1B

- The PPA is a legally binding contract
- The PPA is a multi-year contract, DHCS will only accept a PPA for the designated year
- Effective Agreement Period is the Fiscal Years the PPA is valid (A set 3 year period)
- DHCS may amend the PPA each year in accordance with changes in the State Plan and legislation

PPA: Execution



State of California-Health and Human Service Agency
 Department of Health Care Services
 Local Educational Agency (LEA)
 Medi-Cal Billing Option Program
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	Jane Lindsey
Name of the First Authorized Representative <small>(Person legally authorized to bind contracts for the LEA Superintendent, Assistant Superintendent, Business/Financial Officer)</small>	Name of the Second Authorized Representative <small>(Authorized Fiscal/Business Official)</small>
Superintendent	Business Service Director
Title of the First Authorized Representative	Title of the Second Authorized Representative
Signature of the First Authorized Representative	Signature of the Second Authorized Representative
Date	Date
STATE OF CALIFORNIA DEPARTMENT OF EDUCATION	STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Signature of the CDE Authorized Representative	Signature of the DHCS Authorized Representative
Typed or Printed Name of the CDE Authorized Representative	Typed or Printed Name of the DHCS Authorized Representative
	SNFD, Chief

- First Authorized Representative
 - The individual who is legally authorized to bind contracts for the LEA. This should be the Superintendent, Assistant Superintendent or Authorized Business Official
- Second Authorized Representative
 - Type the name and title of the person who is responsible for reporting the financial information on the PPA/AR for the LEA
- Sign this document in **BLUE** ink
- Representatives from CDE and DHCS will complete the shaded portion of this agreement

Attachment 1:

Certification of State Matching Funds For LEA Services

- Enter the amount your LEA has budgeted in the current fiscal year to fund health services qualified for reimbursement under the LEA Medi-Cal Billing Option Program. **This line must include a dollar figure greater than \$0**
- Sign this document in **BLUE** ink

 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.
GOVERNOR

1234567890
National Provider Identification

In accordance with the California Code of Regulations ([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.

Signature of Authorized Representative _____ Date: _____
Jane Lindsey
Name of the Authorized Representative
Business Services Director
Title of the Authorized Representative

Instructions Medi-Cal Provider Info. Sheet Consortium Billing PPA Attachment

Attachment 1A:

Annual Report Financial Statement Data



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



PHILIP C. BROWN JR.
GOVERNOR

(LEA Provider Participation Agreement: Attachment 1A)

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

1234567890
Relational 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)	\$193,793.00

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	
Capital Outlay	6000-6999	
Other Outgo	7100-7699	

Total Expenditures (d) **\$141,516.00**

Ending Balances as of June 30, 2012 (Total Revenue less Total Expenditures) (e) **\$52,777.00**

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

- If the LEA is a new provider, check the box below the LEA name
- Summarize revenues received, if any, from the LEA Medi-Cal Billing Option Program during the requested fiscal year
- Report all LEA expenses related to the listed categories
- If there is a positive balance on line (e), list how your LEA plans to reinvest those revenues in expanded health and social services in the box below

Attachment 2: Statement of Commitment to Reinvest



State of California-Health and Human Services Agency
Department of Health Care Services



EDWARD C. BROWN
GOVERNOR

STATEMENT OF COMMITMENT TO REINVEST Program Provider Participation Agreement: ATTACHMENT 1 (LEA Provider Participation Agreement: Attachment 2)

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

The Local Educational Agency (LEA):

Department of Health Care Services

hereby certifies that:

- 1) A local collaborative has been formed
- 2) The local collaborative will include among its members LEAs participating 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
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 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 collaborative funds for LEA annual provider fees):

List Program Service Items:

- The LEA collaborative makes decisions regarding the reinvestment of LEA Medi-Cal Billing Option Program funds
- Describe the role of the collaborative by stating how reinvestment decisions are made, and the planned frequency of meetings
- Enter the anticipated funding priorities for LEA Medi-Cal Billing Option Program funds for the current fiscal year

Attachment 2A:

Statement of Commitment to Reinvest-LEA Collaborative Partners



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 school, 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 9 of the PPA and section 9906 of the California Education Code. (Print additional pages if needed)*

LEA INTERAGENCY COLLABORATIVE PARTNERS

Date _____
Name of Collaborative Partner _____
Title of Collaborative Partner _____
Organization of Collaborative Partner _____
Signature of Collaborative Partner _____

Date _____
Name of Collaborative Partner _____
Title of Collaborative Partner _____
Organization of Collaborative Partner _____
Signature of Collaborative Partner _____

Date _____
Name of Collaborative Partner _____
Title of Collaborative Partner _____
Organization of Collaborative Partner _____
Signature of Collaborative Partner _____



- The LEA collaborative should consist of at least three representatives from differing agencies/interests
- The LEA collaborative should be for the current fiscal year 7/1/2012-6/30/2013
- It is a conflict of interest to include vendors, billing agents, or any person that receives a fee-for-service as part of an LEA collaborative
- Only voting members of the collaborative should be included on this sheet

Final Checklist

- Please use the checklist - it identifies everything that needs to be included in your submission
- Ensure you are submitting the correct version of the PPA/AR: Effective Period 7/1/2012-6/30/2015
- Verify all of the items on the checklist are included in packet
- DO NOT revise or use whiteout on the PPA/AR or any of the attachments as they are considered a legally binding contract
- All required signatures on the documents are original and are in **BLUE** ink

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)
 - Consortium 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 1A)
 - 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, and 1A where applicable.
- ◆ 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 PEDCor@dohcs.ca.gov. Please include the NPI number, LEA, and fiscal year of the PPA.

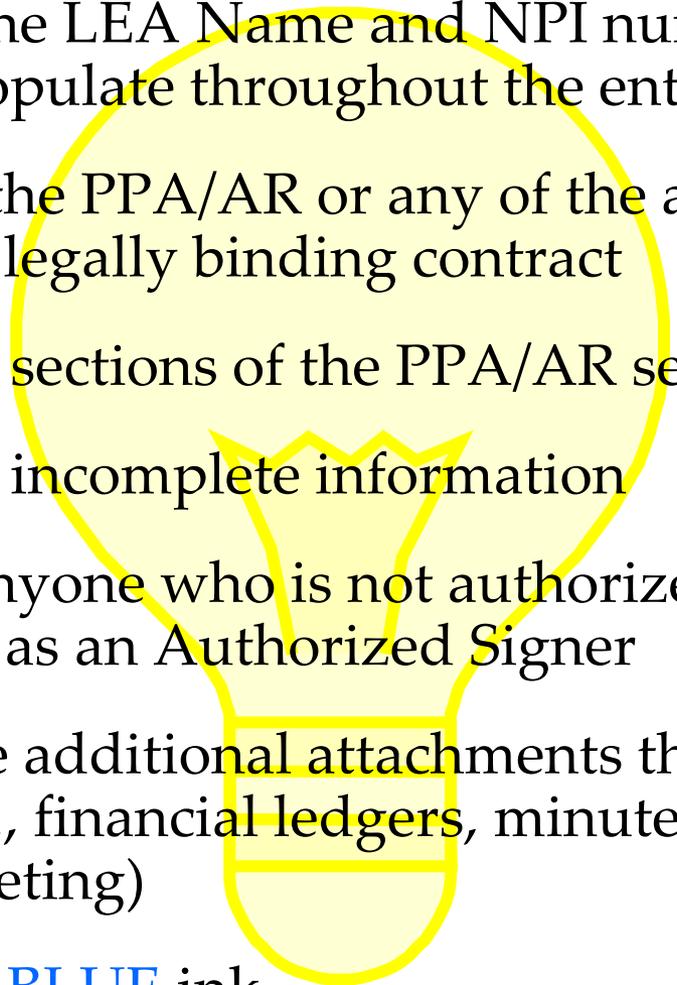
Mail PPA/Annual Report to:
California Department of Education
Coordinated School Health & Safety
Office
Attn: Shalonn Woodard
1430 N Street, Suite 6408
Sacramento, CA 95814

Education
Safety Office
Woodard
6408
95814
(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.

Remember

- Make sure that the LEA Name and NPI number are correct, they will auto-populate throughout the entire document
- DO NOT revise the PPA/AR or any of the attachments as they are considered a legally binding contract
- DO NOT submit sections of the PPA/AR separately
- DO NOT submit incomplete information
- DO NOT have anyone who is not authorized to bind contracts for the LEA sign as an Authorized Signer
- DO NOT include additional attachments that are not part of the PPA/AR (e.g., financial ledgers, minutes from collaborative meeting)
- All signatures in **BLUE** ink



Annual CRCS Requirement

- Cost and Reimbursement Comparison Schedule (CRCS)
 - Annual cost settlement process
 - CRCS calculates the difference between costs incurred by LEAs and interim reimbursement payments received during the fiscal year
 - Results in and LEA overpayment or underpayment
 - Complete and submit to DHCS A&I
 - Due **November 30th** for each preceding fiscal year
 - CRCS forms
 - [http://www.dhcs.ca.gov/provgovpart/Pages/CostandReimbursementComparisonSchedule\(CRCS\).aspx](http://www.dhcs.ca.gov/provgovpart/Pages/CostandReimbursementComparisonSchedule(CRCS).aspx)

Provider Manual Reference: loc ed a prov

TCM Requirement

- LEA participation and reimbursement for Targeted Case Management (TCM) services
 - Submit LEA TCM Labor Survey to SNF (one time submission)
 - DHCS will approve and assign a Category of Service
 - Designates the LEA as a low, medium or high cost TCM provider
 - Labor Surveys
 - <http://www.dhcs.ca.gov/provgovpart/Pages/LEATCMLaborSurvey.aspx>

Provider Manual Reference: loc ed a prov

LEA Medi-Cal Billing Option Program Provider Support Costs

- LEA Medi-Cal Billing Option Program withholds on total paid claims reimbursement
 - 1% administrative fee for claims processing and related costs
 - Medi-Cal Remittance Advice Detail (RAD) code 795
 - A&I 1% fee for administrative costs associated with CRCS audit process
 - Maximum collection of \$650,000
 - Medi-Cal RAD code 795
 - Senate Bill 231 (SB 231) 2.5% withhold to fund activities mandated by SB 231
 - Maximum collection of \$1.5 million
 - Medi-Cal RAD code 798

Provider Manual Reference: loc ed a prov



Section IV: Reimbursable Services



LEA Responsibilities

- All LEAs must meet Federal and State special education requirements
- Must provide IDEA-eligible students with an IDEA-compliant IEP
- Additionally, LEAs who choose to become Medi-Cal providers must meet Medi-Cal requirements, in addition to Special Education requirements, to provide related services eligible for Medi-Cal reimbursement

LEA Medi-Cal Billing Option Program

Qualified Practitioners



Psychologists

Licensed Psychologist
Licensed Educational Psychologist
Credentialed School Psychologist

Social Workers

Licensed Clinical Social Worker
Credentialed School Social Worker

Counselors

Licensed Marriage and Family Therapist
Credentialed School Counselor

Nurses

Registered Credentialed School Nurse
Certified Public Health Nurse
Licensed Registered Nurse
Certified Nurse Practitioner

Speech-Language Pathologists

Licensed Speech-Language Pathologist
Speech-Language Pathologist

Audiologists

Licensed Audiologist
Audiologist

Physician/Psychiatrists

Physical Therapists

Occupational Therapist

Licensed Vocational Nurses

Trained Health Care Aides

Audiometrists

Optometrists

Program Specialists

Provider Manual Reference: loc ed rend



- **IEP/IFSP Assessments**

- Conducted to **determine a student's eligibility** for IDEA services
- Conducted to obtain information about the student to identify and modify services in the IEP/IFSP

- **Non-IEP/IFSP Assessments**

- Conducted for students that are **NOT** eligible for IDEA services (“General Ed”)
- “Free Care” rules apply

Provider Manual Reference: loc ed indiv

LEA Medi-Cal Billing Option Program

IEP/IFSP Assessment Types

- **Initial:** Evaluation to determine a student's eligibility under IDEA and the educational needs of the student
 - IDEA requirements: 34 CFR 300.300 - 306
- **Triennial:** Re-evaluation required once every three years to assess continued eligibility under IDEA
 - IDEA requirements: 34 CFR 300.303 - 305
- **Annual:** Less extensive re-evaluation to measure annual progress
 - IDEA requirements: 34 CFR 300.303 and Education Codes 56341.1 and 56381
- **Amended:** Evaluation conducted if condition(s) warrant re-evaluation or changes to a student's plan of care
 - IDEA requirements for "other reevaluation": 34 CFR 300.303 and Education Code 56381

Provider Manual Reference: loc ed indiv

LEA Medi-Cal Billing Option Program

IEP/IFSP Assessments - Required Activities

Required Assessment Activities for LEA Medi-Cal Billing Option Program Reimbursement	Initial and Triennial	Annual and Amended
Review student records	X	X
Interview student and/or parent/ guardian	X	X
Observe student in appropriate settings	X	X
Schedule and administer appropriate tests and assessments	X	Less extensive or excluded (if needed as determined by the IEP team)
Score and interpret test results, as applicable	X	
Write a report summarizing assessment results	X	X

Provider Manual Reference: loc ed indiv

Additional Resource for IDEA Assessment Requirements

- CDEs AB 114 Transition Work Group Web Page:
 - <http://www.cde.ca.gov/sp/se/ac/ab114twg.asp>

Click on this link for guidance document on special education assessment requirements



[Use of Mental Health Funds in the Budget Act of 2011–12](#) (Posted 09-Jan-2012)

January 5, 2012, letter to County and District Superintendents, Special Education Local Plan Area Directors, Special Education Administrators at County Offices of Education, Charter School Administrators, Principals, and Nonpublic School Directors

[A graphic representation of an IDEA-based continuum of potential service environments](#) (Posted 09-Jan-2012; DOC)

[Day Treatment](#) (Posted 27-Jul-2012)

June 27, 2012, letter to County and District Superintendents, Special Education Local Plan Area Directors, Special Education Administrators of County Offices of Education, Charter School Administrators, Principals, and Nonpublic School Directors

[Assessment Summary](#) (DOC) (Posted 01-Aug-2012)

June 28, 2012, letter to County and District Superintendents, Special Education Local Plan Area Directors, Special Education Administrators of County Offices, Charter School Administrators, Principals, Nonpublic School Directors, Parents, and Mental Health Professionals

[Parent Survey Results](#) (Posted 26-Jul-2012)

July 16, 2012, letter to County and District Superintendents, Special Education Local Plan Area Directors, Special Education Administrators at County Offices of Education, Charter School Administrators, Principals, and Nonpublic School Directors

[Providing Coordinated Intensive Services through an Individual with Disabilities Act Compliant Individualized Education Program](#) (Posted 14-Aug-2012; DOC) **New!**

July 26, 2012, letter to County and District Superintendents, Special Education Local Plan Area Directors, Special Education Administrators of County Offices of Education, Charter School Administrators, Principals, and Nonpublic School Directors

Resources

[Local Educational Agency Medi-Cal Billing Option](#) 

The Local Educational Agency (LEA) Medi-Cal Billing Option Program offers health assessment and treatment for eligible students and eligible family members within the school environment. Federal reimbursement is provided to LEAs through the LEA Medi-Cal Billing Option Program.

AB 114 Transition Working Group

IDEA Assessment Guidance Document



CALIFORNIA
DEPARTMENT OF
EDUCATION

TOM TORLAKSON
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

June 28, 2012

Dear County and District Superintendents, Special Education Local Plan Area Directors, Special Education Administrators of County Offices, Charter School Administrators, Principals, Nonpublic School Directors, Parents, and Mental Health Professionals:

ASSEMBLY BILL 114: ASSESSMENT SUMMARY

Assembly Bill 114 made significant changes to Chapter 26.5 of the California *Government Code* (GC) regarding the provision of mental health services to students with disabilities. As a result of AB 114, local educational agencies (LEAs) are responsible for ensuring the provision of related services, including some services previously provided by county mental health agencies under Chapter 26.5 of the GC. As LEAs implement this transition, and as a result of changes in state statute resulting from AB 114, the Individuals with Disabilities Education Act (IDEA) serves as the statutory framework for the provision of related services. In some instances, existing California law provides further clarification of requirements for serving students with disabilities within the IDEA framework.

Under the state's prior structure, a LEA would initially assess students suspected of having social or emotional needs to determine if the students were eligible for special education. If the LEA determined that an eligible student was suspected to require mental health services (and met certain additional criteria), the student would be referred by the LEA to a state or local mental health agency for a mental health assessment. Under the new structure, the transition of responsibilities concerning the provision of related services discontinues the mandatory process of referring such students to mental health agencies for mental health assessments. Consequently, the scope and content of an LEA's assessment process now includes the need to directly assess students with suspected mental health needs, and to assist IEP teams in selecting appropriate services and goals to serve identified students with mental health

This assessment summary is intended to provide general guidance and to assist LEAs in identifying the appropriate procedures and personnel to meet IDEA requirements related to assessment of students with identified or suspected disabilities, and for reassessment when needed, as established in federal and state law.

LEA Medi-Cal Billing Option Program

IEP/IFSP Assessments and Qualified Practitioners

LEAs may bill for the following **IEP/IFSP** assessments:

IEP/IFSP Assessment	Qualified Practitioners **Prior authorization and supervision requirements may apply**
Psychosocial Status	Licensed Clinical Social Worker Credentialed School Social Worker Licensed Marriage and Family Therapist Credentialed School Counselor
Psychological	Licensed Psychologist Licensed Educational Psychologist Credentialed School Psychologist
Health	Registered Credentialed School Nurse
Health/Nutrition	Licensed Physician/Psychiatrist
Audiological	Licensed Audiologist Audiologist
Speech-Language	Licensed Speech-Language Pathologist Speech-Language Pathologist
Physical Therapy	Licensed Physical Therapist
Occupational Therapy	Licensed Occupational Therapist

Provider Manual Reference: loc ed bil

LEA Medi-Cal Billing Option Program

Non-IEP/IFSP Assessments and Qualified Practitioners

Qualified Practitioners **Prior authorization and supervision requirements may apply**	Psychosocial Status	Health/ Nutrition	Health Ed/ Anticipatory Guidance	Hearing	Vision	Developmental
Registered Credentialed School Nurse		X	X		X	
Licensed Physician/Psychiatrist		X	X	X	X	
Licensed Optometrist					X	
Licensed Clinical Social Worker, Credentialed School Social Worker, Licensed Psychologist, Licensed Educational Psychologist, Credentialed School Psychologist, Licensed Marriage and Family Therapist, Credentialed Counselor	X		X			
Licensed Physical Therapist, Registered Occupational Therapist						X
Licensed Speech-Language Pathologist, Speech-Language Pathologist				X		X
Licensed Audiologist, Audiologist				X		
Registered School Audiometrist				X		

Provider Manual Reference: loc ed bil

- LEAs must document all assessments with either:
 - A written prescription, referral or recommendation by the appropriate health services practitioner;
 - OR
 - A request for assessment by a parent, teacher or registered credentialed school nurse

Provider Manual Reference: loc ed bil

Summary of Prescriptions, Referrals & Recommendations for LEA Medi-Cal Billing Option Program Assessments⁽¹⁾

	Prescription	Referral	Recommendation
Assessments conducted by a Physical Therapist or Occupational Therapist	✓ (By Physician or Podiatrist)		
Assessments conducted by a Speech Language Pathologist, Audiologist, or Audiometrist		✓ (By Physician or Dentist)	
Assessments conducted by a Psychologist, Counselor (Licensed Marriage and Family Therapist and Credentialed School Counselor), or Social Worker			✓ (By Physician, Credentialed School Nurse, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Psychologist, or Licensed Educational Psychologist)
Assessments conducted by a Physician, Credentialed School Nurse, or Optometrist			✓ (By Physician or Credentialed School Nurse)

Note: (1) A parent, teacher or registered credentialed school nurse may request an assessment for a student in substitution of a prescription, referral or recommendation by an appropriate health services practitioner.

Provider Manual Reference: loc ed bil

LEA Medi-Cal Billing Option Program

IEP/IFSP Treatment Services

- IEP/IFSP treatment services must be billed according to the services identified in the student's IEP/IFSP
 - Includes service type(s)
 - Number and frequency of LEA service
 - Length of treatment, as appropriate

Provider Manual Reference: loc ed a prov

LEA Medi-Cal Billing Option Program

Treatment Services and Qualified Practitioners

Treatments	Qualified Practitioners **Prior authorization and supervision requirements may apply**
Physical Therapy	Licensed Physical Therapist
Occupational Therapy	Registered Occupational Therapist
Speech-Language	Licensed Speech-Language Pathologist Speech-Language Pathologist
Audiology	Licensed Audiologist Audiologist
Psychology and Counseling	Licensed Physician/Psychiatrist Licensed Clinical Social Worker Licensed Psychologist Licensed Educational Psychologist Credentialed School Psychologist Licensed Marriage and Family Therapist
Nursing	Registered Credentialed School Nurse Certified Public Health Nurse Licensed RN Certified Nurse Practitioner Licensed Vocational Nurse
School Health Care Aide	Trained Health Care Aide

Provider Manual Reference: loc ed bil

Summary of Prescriptions, Referrals & Recommendations for LEA Medi-Cal Billing Option Program Treatments

	Prescription	Referral	Recommendation
Physical Therapy and Occupational Therapy Treatment Services	✓ (By Physician or Podiatrist)		
Speech Therapy and Audiology Treatment Services		✓ (See Note 1)	
Psychology and Counseling Treatment Services			✓ (By Physician, Credentialed School Nurse, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Psychologist, or Licensed Educational Psychologist)

Note: (1) A physician-based standards protocol may be developed and used to document medical necessity of speech and audiology treatment services to meet California State requirements that a written referral be provided by a physician or dentist. The protocol does not fulfill federal requirements, as defined in 42 CFR 440.110(c), which requires a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice (i.e., licensed speech-language pathologist or licensed audiologist) to refer the student for speech and audiology treatment services. LEAs must meet both State and federal documentation requirements.

Provider Manual Reference: loc ed bil

LEA Medi-Cal Billing Option Program Transportation

Covered Services:

- Medical Transportation (per one-way trip)
- Mileage (per mile)

Criteria for Transportation:

- Transportation provided in a litter van or wheelchair van
 - Litter van requires transportation in a prone or supine position
 - **Wheelchair van requires transportation in a wheelchair**
- Mileage may only be billed in conjunction with transportation

Provider Manual Reference: loc ed serv trans





- **IEP/IFSP transportation reimbursement requirements:**
 - Student receives another Medi-Cal covered service on the same day
AND
 - Transportation and the service are both authorized in the student's IEP/IFSP
- Transportation and mileage are covered between school and off-site service

Provider Manual Reference: loc ed serv trans

LEA Medi-Cal Billing Option Program

Targeted Case Management (TCM)

- Components of LEA TCM
 - Determining student's needs (non-diagnostic)
 - Developing service plan
 - Linking and consulting coordination
 - Accessing services outside the school system
 - Assisting with crises
 - Reviewing progress
- **LEA TCM services must be included in the student's IEP/IFSP**

Provider Manual Reference: loc ed serv targ

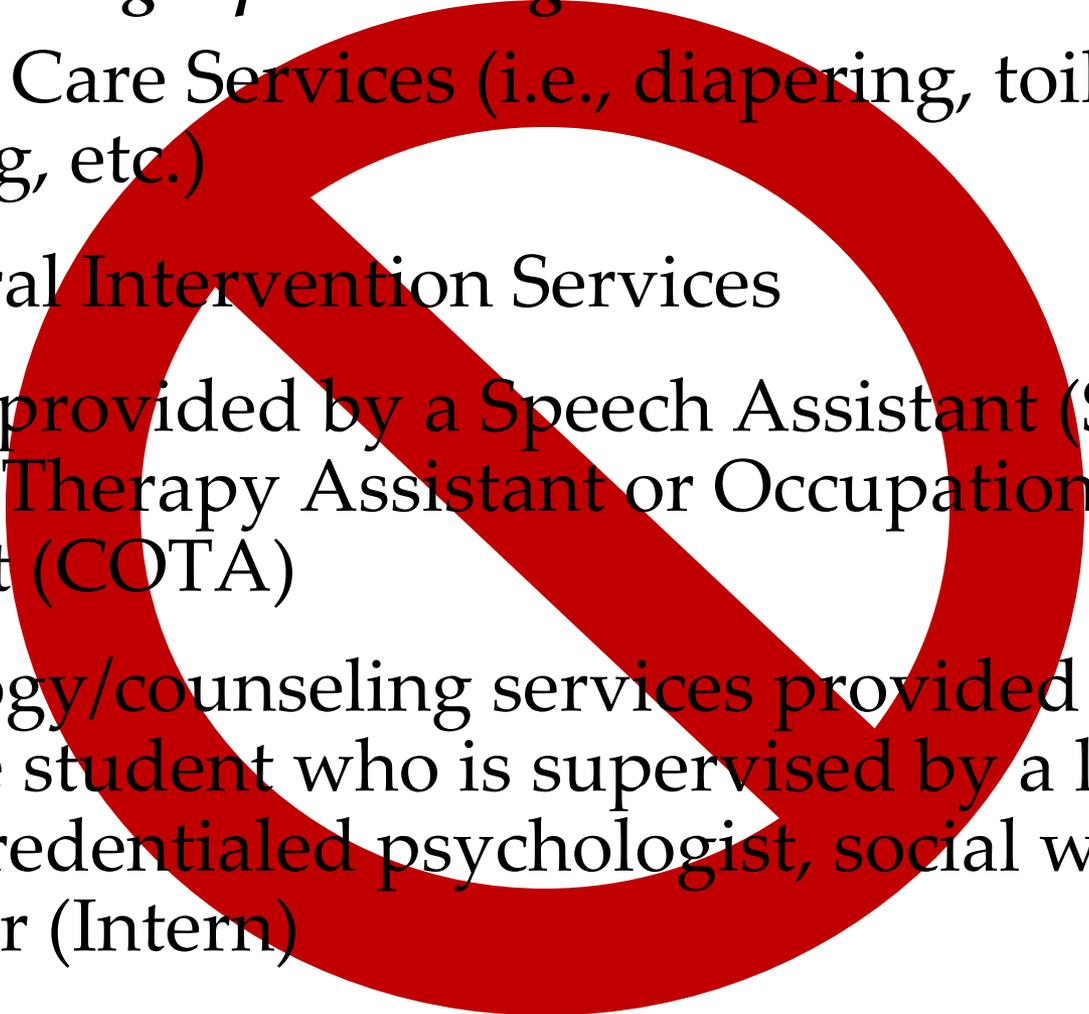
LEA Medi-Cal Billing Option Program TCM and Qualified Practitioners

Registered Credentialed School Nurse
Certified Public Health Nurse
Licensed RN
Certified Nurse Practitioner
Licensed Vocational Nurse
Licensed Clinical Social Worker
Credentialed School Social Worker
Licensed Psychologist
Licensed Educational Psychologist
Credentialed School Psychologist
Licensed Marriage and Family Therapist
Credentialed School Counselor
Program Specialist

Provider Manual Reference: loc ed serv targ

Examples of Non-Reimbursable Services

Which Services Are NOT Currently Reimbursed in the LEA Medi-Cal Billing Option Program ?

- Personal Care Services (i.e., diapering, toileting, grooming, etc.)
 - Behavioral Intervention Services
 - Services provided by a Speech Assistant (SLPA), Physical Therapy Assistant or Occupational Therapy Assistant (COTA)
 - Psychology/counseling services provided by a graduate student who is supervised by a licensed and/or credentialed psychologist, social worker or counselor (Intern)
- 

Section V: LEA Medi-Cal Billing Option Program Billing Requirements and Code Structure



LEA Medi-Cal Billing Option Program

Billing Restrictions

- Free Care: LEAs cannot bill Medi-Cal if the same service is offered to **any** non-Medi-Cal beneficiary without charge
 - Exceptions to the Free Care principle:
 - Medi-Cal covered services provided under an IEP/IFSP
 - The LEA provider still must pursue any Other Health Coverage (OHC) for reimbursement before billing Medi-Cal

Provider Manual Reference: loc ed bil



- Other Health Coverage(OHC)/Third Party Liability(TPL): Medi-Cal will not pay for services if another third party is legally liable and responsible for paying for services
- State Mandated Assessments: Services provided by LEAs that are mandated by State law cannot be billed to Medi-Cal

Provider Manual Reference: loc ed bil

LEA Medi-Cal Billing Option Program

Claim Submission

- LEAs have 12 months from the month of service to claim for Medi-Cal reimbursement
- Paper claim submission on UB-04 claim form
- Computer Media Claims (CMC) submission
 - Requires a computerized claims billing system
 - Most efficient
 - Bypasses the claims preparation and data entry processes of hard copy
 - Goes directly into the claims processing system

Provider Manual Reference: loc ed bil

Overview of Billing Time Increments



- Encounter-based: Bill 1 unit each time the service is performed
- 15-minute increment assessments: Bill 1 unit for each completed 15 minutes of service
- 15-minute increment treatments/TCM: Bill 1 unit for each 15 minutes of service (time may be rounded up)
 - Requires seven or more continuous minutes of service
- Initial treatment services: Bill 1 unit for each continuous 15 minutes of service
 - Initial treatment are 15-45 continuous minutes
- Additional treatment services: Bill 1 unit for each 15 minutes of service performed beyond the initial 15-45 minutes of service

Provider Manual Reference: loc ed bil

Billing Structure - Code Overview



CPT-4 / HCPCS

Procedure Code

(5 digit code)

+

Modifier(s)

(2 digit code)

- **Identifies LEA service:**

- Assessments
- Treatments
- Transportation
- Targeted Case Management

- **When applicable, identifies service type:**

- IEP or IFSP
- Practitioner type
- Intensity of service

Provider Manual Reference: loc ed bil

Billing Structure - Assessment Example

IFSP Amended Speech-Language Assessment

Procedure Code

Modifiers

92506

TS

GN

TL

LEA Service:

**Intensity of
Service:**

Practitioner:

**IEP/IFSP
Services:**

Speech Assessment

Amended

**Speech-Language
Pathologist**

IFSP

Note: Modifiers may be in any order on the claim

Provider Manual Reference: loc ed serv spe

Billing Structure - Treatment Example

IEP Individual Psychology/Counseling Additional Treatment by a Social Worker

Procedure Code

Modifiers

96152

22

AJ

TM

LEA Service:

**Intensity of
Service:**

Practitioner:

**IEP/IFSP
Services:**

**Individual
Psychology
Counseling**

**Additional
15-Minutes**

Social Worker

IEP

Note: Modifiers may be in any order on the claim

Provider Manual Reference: loc ed serv psych

LEA Medi-Cal Billing Option Program

Billing Codes Chart - Example

IEP/IFSP Assessments

Procedure Code/ Modifier	LEA Medi-Cal Billing Option Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate *
97001 TL (IFSP) Or 97001 TM (IEP)	Initial or triennial IEP/IFSP physical therapy assessment	Physical therapy evaluation	Licensed physical therapist <i>(no modifier)</i>	\$248.88

* LEAs will be reimbursed the Medi-Cal maximum allowable rate multiplied by the Federal Medical Assistance Percentage, currently 50%. However, **LEAs should bill the full Medi-Cal maximum allowable rate**, even though they will be reimbursed 50% of the interim reimbursement rate.

Provider Manual Reference: loc ed bil cd

LEA Medi-Cal Billing Option Program

Service Documentation Requirements

- Each LEA Medi-Cal Billing Option Program service must be documented with the following:
 - Date and place of service
 - Name of student
 - Student's Medi-Cal identification number
 - Name of agency and person rendering service
 - Nature, extent or units of service
 - Examples:
 - Progress and case notes
 - Contact logs
 - Nursing and health aide logs
 - Transportation trip logs
 - Assessment reports

Provider Manual Reference: loc ed a prov

LEA Medi-Cal Billing Option Program

TCM Service Documentation Requirements

- Each TCM service must be documented with the following:
 - Service plan
 - Case management activities
 - Records containing a review of student/family progress

Provider Manual Reference: loc ed a prov



Section VI: LEA Medi-Cal Billing Option Program Updates



FY 2012/13 LEA Medi-Cal Billing Option Program Requirements

LEA Medi-Cal Billing Option Program Requirement	Reporting Period				Due Date
	FY 2009-2010	FY 2010-2011	FY 2011-2012	FY 2012-2015	
<u>OPTIONAL</u> CRCS Resubmission*	X				Nov. 30, 2012
CRCS		X			Nov. 30, 2012
AR (Annual Report)			X		Oct. 10, 2012
PPA (Provider Participation Agreement)				X	Oct. 10, 2012
DUA (Data Usage Agreement)				X	Nov. 30, 2012

* Note: FY 2009-2010 CRCS is a one-time optional resubmission. Additional information can be found at <http://www.dhcs.ca.gov/provgovpart/Pages/2009-2010CRCSResubmission.aspx>

PPA/AR - What's New?

- Pop-up comments to help guide LEAs through the completion of the PPA/AR
 - Pop-up comments are either **blue** or **purple**



Blue pop-ups are associated with hyperlinks



Purple pop-ups are general instructions

- The **?** icon appears throughout the PPA/AR
 - The **?** are hyperlinks to websites to verify information
- Billing Consortium Page has been added
- PPA is a multi-year contract and is due every three years
- Retroactive and Amendment for the Certification of State Matching Funds have been removed
- The Annual Report Financial Statement Data layout has been revised (Identified as Attachment 1A)

Verification of Medi-Cal Eligibility

- Point of Service (POS) Network
 - Requires Benefits Identification Card (BIC) number
 - Data entered via:
 - Point of Service Device
 - Phone
 - Medi-Cal Website
 - Real time results
 - Telephone Service Center (TSC) at 1 (800) 541-5555 to get started
 - LEA must complete Medi-Cal Point of Service Network/Internet Agreement
 - <http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA/Eligibility%20Verification/POS.Agreement.pdf>

Verification of Medi-Cal Eligibility

- Data Usage Agreement (DUA)
 - Check eligibility via data tape match if BIC number is unavailable
 - Includes DUA and five attachments
 - <http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>
 - Only DUA is initially signed and returned to DHCS
 - Due November 30, 2012
 - Renewed every three years (common renewal date)
 - Submit questions by October 1, 2012 to LEA@dhcs.ca.gov

Data Tape Match

- Input and Output Field Revisions
 - Currently under testing and expected completion date of October 1, 2012
 - Student Social Security Number (SSN) may be provided as input for increased match accuracy
 - Optional County Code (residence of student's parents) for increased match accuracy if SSN is not available
 - Multiple matched records for a single student will be noted but no records will be returned
 - LEA can resubmit with additional student information
 - BIC Issue Date will be provided on output

HIPAA 5010

- Providers that electronically submit claims in 4010A1 format will be required to switch to ASC X12 5010 format
- Providers can still submit in 4010 format
- End date for processing 4010 transactions not yet determined
- Upon successful activation for submission of 5010 transaction, provider may no longer submit in 4010 format
- DHCS working with fiscal intermediary and Xerox regarding testing issues

HIPAA 5010

- For testing or electronic transaction assistance, call CMC Help Desk at 1 (800) 541-5555
 - Choose 1 for English
 - Choose 1 for Provider
 - Choose 4 for Technical Help Desk
 - Choose 2 for CMC Help Desk
 - For Border providers and out-of-state billers, call (916) 636-1200
- For more information:
http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_5010_home.asp

Affordable Care Act and Final Rule/CMS 6028

- Will require ordering and referring practitioners providing Medicaid services to obtain an NPI and be enrolled as a participating provider
- DHCS researching Provider Enrollment Division (PED) requirements as related to LEA Medi-Cal Billing Option Program requirements and billing practices
- PED projected schedule:
 - October 22, 2012 – Public hearing for Provider Bulletins
 - December 1, 2012 – Issue Provider Bulletins
 - January 1, 2013 – Implement Provider Bulletins

Speech-Language Pathologist (SLP) - Update

- SPA 05-010 was approved December 2011
- Created equivalency for a credentialed SLP with valid professional clear services credential in speech-language pathology as a “speech pathologist” under federal standards
- Policy and Procedure Letter (PPL) No. 12-008
 - http://www.dhcs.ca.gov/formsandpubs/Documents/AC_LSS%20PPLs/2012/PPL%2012-008%20SPA-05-010-DHCS-Final.pdf

Provider Manual Reference: loc ed rend and loc ed serv spe

Speech-Language Pathologist (SLP) - Update

Four Types of Speech-Language Pathologist Credentials:

SLP Credentials	Qualified to Supervise	Requires Supervision
1) Professional clear services credential in speech-language pathology	X	
2) Preliminary services credential in speech-language pathology		
3) Clinical or rehabilitative services credential with an authorization in language, speech and hearing*		X
4) Valid CCTC credential issued prior to above credentials*		X

*Note: Credentialed practitioners can upgrade to newer professional clear services credential by meeting CCTC requirements

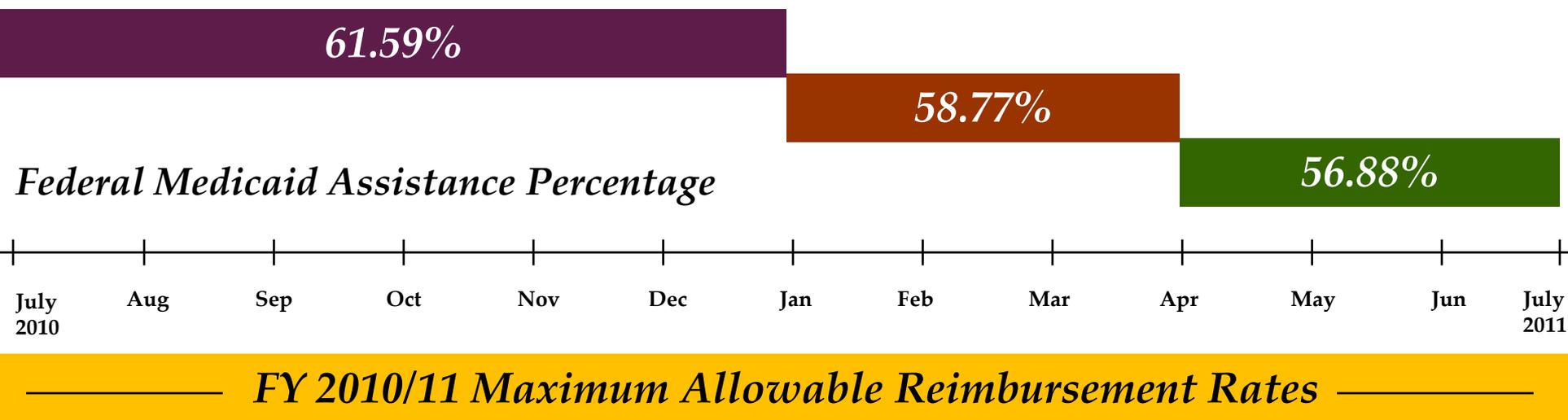
Provider Manual Reference: loc ed rend and loc ed serv spe

Claims Processing Updates

- RAD Code 9921 Denials – “LEA IEP annual assessment limited to one occurrence every state fiscal year when an initial or triennial assessment for the same service is not conducted”
 - LEA IEP annual assessment claims denied when same service type was billed in two consecutive fiscal years
 - Claims processing fix implemented: September 26, 2011
 - Erroneous Payment Correction (EPC) phase 1 implemented: July 18, 2012
 - Dates of service July 1, 2010 through September 26, 2011
 - EPC phase 2: To be determined
 - Dates of service July 1, 2009 through June 30, 2010

Claims Processing Updates

- FY 2010/11 Rate Rebasing and FMAP Decrease
 - Interim reimbursement rates were rebased using reported CRCS costs
 - American Recovery and Reinvestment Act (ARRA) decreased the federal match received



- Claims processing fix implemented: August 19, 2011
- EPC implemented: July 31, 2012 – August 20, 2012

Claims Processing Updates

- FY 2011/12 Rate Inflation
 - FY 2010/11 interim reimbursement rates inflated using the Implicit Price Deflator for new FY 2011/12 interim reimbursement rates
 - Claims processing fix implemented: June 25, 2012
 - EPC: To be determined
- TCM Claims Denied with RAD Code 033 – “ The recipient is not eligible for the special program billed and/or restricted services billed”
 - TCM claims impacted by system update implemented by another Medi-Cal Program
 - Estimated claims processing fix: To be determined
 - EPC required to reprocess TCM claims

- LEA Medi-Cal Billing Option Program withholds on total paid claims reimbursement
 - 1% administrative fee for claims processing and related costs
 - Medi-Cal Remittance Advice Detail (RAD) code 795
 - A&I 1% fee for administrative costs associated with CRCS audit process
 - Maximum collection of \$650,000
 - Medi-Cal RAD code 795
 - FY 2012/13 implementation: August 27, 2012
 - Senate Bill 231 (SB 231) 2.5% withhold to fund activities mandated by SB 231
 - Maximum collection of \$1.5 million
 - Medi-Cal RAD code 798
 - FY 2012/13 implementation: To be determined

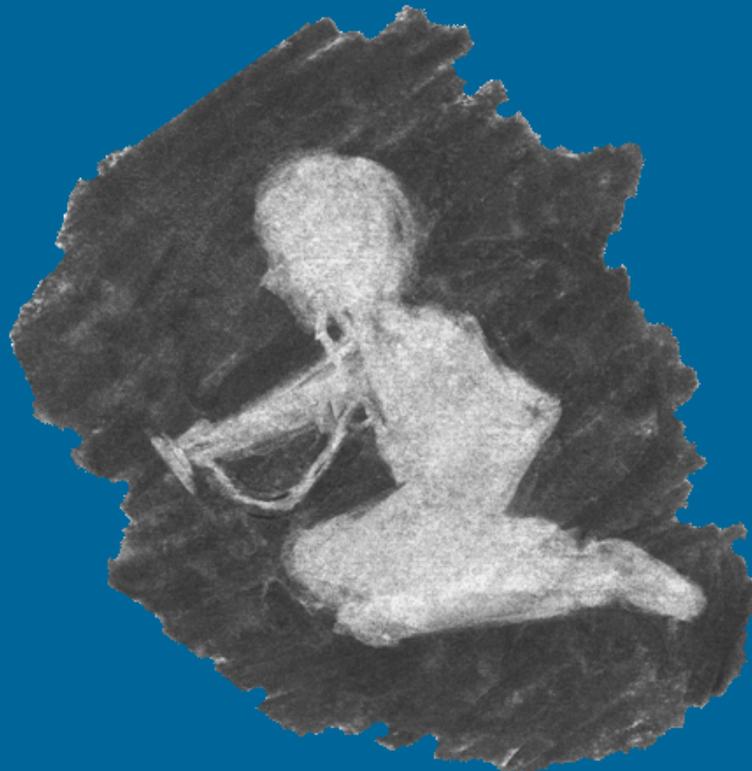
Provider Manual Reference: loc ed a prov

LEA Billing Vendors

- DHCS is the governing agency for administering the LEA Medi-Cal Billing Option Program and DHCS is responsible for policy interpretation, not the billing vendor
- DHCS is the primary source for obtaining information related to the LEA Medi-Cal Billing Option Program
- The LEA should contact DHCS directly for any questions that pertain to billing, payment inquiries, policy changes, and the status of any forms submitted by or on the behalf of the LEA
- E-mail policy questions to: LEA@dhcs.ca.gov
- The LEA is responsible for all information reported by billing vendors on the PPA/AR and CRCS
- DO NOT include vendors in the LEA collaborative, it is a conflict of interest



Section VII: Cost and Reimbursement Comparison Schedule (CRCS)



Why is the CRCS Mandatory?

- Federally required by CMS
 - LEA Medi-Cal Billing Option Program is a Certified Public Expenditure program
- Specified in the PPA
- DHCS required to reconcile and compare LEA Medi-Cal Billing Option Program costs with LEA Medi-Cal Billing Option Program interim reimbursements for each fiscal year
- Final cost settlement
 - Results in a “difference” owed to/from LEAs
 - LEAs will not be paid more or less than the cost of providing LEA services

LEA Responsibility in the CRCS Process

- Reporting costs associated with the direct provision of health services
- Reporting hours worked by qualified and billing practitioners (employees and contractors)
- Identifying direct costs and hours associated with FTEs funded by federally-funded programs outside of the LEA Medi-Cal Billing Option Program
- Reporting Medi-Cal interim reimbursement received and time spent (units and/or encounters) for providing services
- Providing information in the unshaded portions of the CRCS worksheets
- Signing the certification statement once the forms are completed
- Compiling and maintaining documentation that supports the CRCS

FY 2010/11 CRCS
Form Updates

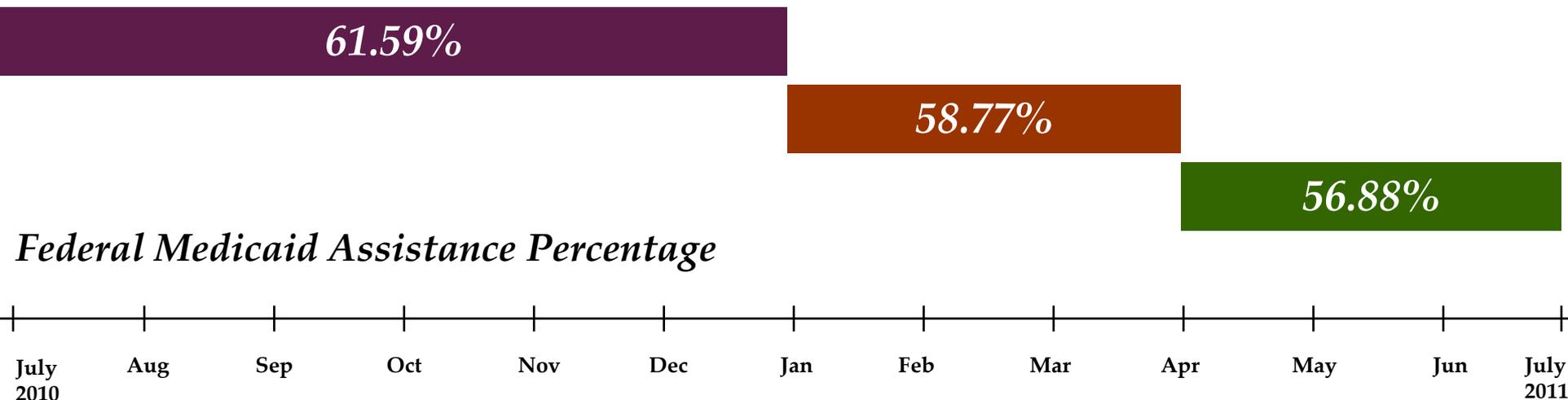
Summary of Form Changes

- Accounts for three different Federal Medicaid Assistance Percentages (FMAP) applied during the fiscal year
 - Requires four additional CRCS worksheets
- Instruction changes
 - Reporting employed practitioners expenditures
 - Reporting employed practitioner FTEs and hours
 - Reporting federally funded practitioners
- Requires additional LEA identification information for billing consortiums

CRCS Worksheets

- Certification
- Worksheet A Costs of Providing IEP/IFSP Services
- Worksheet B Costs of Providing Non-IEP/IFSP Services
- Worksheet A.1/B.1 Salary, Benefit and Other Expenditures
- Worksheet A-1 & B-1 Other Costs
- Worksheet A-2 & B-2 Contractor Costs
- Worksheet A-3 & B-3 Percent of Time
- Worksheet A-4 Units and Reimb (Jul-Dec)
- Worksheet A-4 Units and Reimb (Jan-Mar)
- Worksheet A-4 Units and Reimb (Apr-Jun)
- Worksheet B-4 Units and Reimb (Jul-Dec)
- Worksheet B-4 Units and Reimb (Jan-Mar)
- Worksheet B-4 Units and Reimb (Apr-Jun)

FY 2010/11 Three FMAPs



FY 2010/11 Maximum Allowable Reimbursement Rates

Worksheet Changes: Worksheets A and B

Worksheet A: Costs of Providing LEA Services Documented in an IEP or IFSP

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Net Total Personnel Costs A	Dates of Service 7/1/10 - 12/31/10		Dates of Service 1/1/11 - 3/31/11		Dates of Service 4/1/11 - 6/30/11	
			Percent of Time Providing LEA Services Documented in an IEP or IFSP	Cost of Providing LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Cost of Providing LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Cost of Providing LEA Services Documented in an IEP or IFSP
			B	C = A*B	D	E = A*D	F	G = A*F
1. Psychologists		-	0	-	0	-	0	-
2. Social Workers		-	0	-	0	-	0	-
3. Counselors		-	0	-	0	-	0	-
4. School Nurses		-	0	-	0	-	0	-
5. Licensed Vocational Nurses		-	0	-	0	-	0	-
6. Trained Health Care Aides		-	0	-	0	-	0	-
7. Speech-Language Pathologists		-	0	-	0	-	0	-
8. Audiologists		-	0	-	0	-	0	-
9. Physical Therapists		-	0	-	0	-	0	-
10. Occupational Therapists		-	0	-	0	-	0	-
11. Physicians/Psychiatrists		-	0	-	0	-	0	-
a. Service Costs (Sum C1 - C11, E1 - E11 and G1 - G11)			\$ -		\$ -		\$ -	
b. Service Costs Excluded from Indirect Cost Rate Application			\$ -		\$ -		\$ -	
c. Service Costs Included in Indirect Cost Rate Application (a - b)			\$ -		\$ -		\$ -	
d. Indirect Cost Rate					0.00%		0.00%	
e. Indirect Costs (c * d)			\$ -		\$ -		\$ -	
f. Total Service Costs (a + e)			\$ -		\$ -		\$ -	
g. Federal Medical Assistance Percentage (FMAP)			61.59%		58.77%		56.88%	
h. Medi-Cal Maximum Reimbursable (f * g)			\$ -		\$ -		\$ -	
i. Interim Medi-Cal Reimbursement for LEA Services Documented in an IEP or IFSP			\$ -		\$ -		\$ -	
j. Overpayment/(Underpayment) (i - h)			\$ -		\$ -		\$ -	
k. Net Overpayment/(Underpayment) (Sum of j Totals)				\$ -			\$ -	

- Separately calculates Cost of Providing LEA Services and Overpayment/(Underpayment) for the three FMAP periods:
 - July 2010 – December 2010
 - January 2011 – March 2011
 - April 2011 – June 2011

Worksheet Changes: Worksheet A-3/B-3

Worksheet A-3/B-3: Percent of Time Providing LEA Services

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Number of Full-Time Equivalent (FTE) Employees	Annual Hours Required to Work per FTE	Total Hours Required to Work (Employees)	Total Hours Worked by Contractors	Total Hours Worked by Employees and Contractors	Dates of Service 7/1/10 - 12/31/10		Dates of Service 1/1/11 - 3/31/11		Dates of Service 4/1/11 - 6/30/11		Dates of Service 7/1/10 - 12/31/10		Dates of Service 1/1/11 - 3/31/11		Dates of Service 4/1/11 - 6/30/11	
							Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP
		A	B	C	D	E = C-D	F	G = F/E	H	I = H/E	J	K = J/E	L	M = L/E	N	O = N/E	P	Q = P/E
1. Psychologists					-	-	-	0	-	0	-	0	-	0	-	0	-	0
2. Social Workers					-	-	-	0	-	0	-	0	-	0	-	0	-	0
3. Counselors					-	-	-	0	-	0	-	0	-	0	-	0	-	0
4. School Nurses					-	-	-	0	-	0	-	0	-	0	-	0	-	0
5. Licensed Vocational Nurses					-	-	-	0	-	0	-	0	-	0	-	0	-	0
6. Trained Health Care Aides					-	-	-	0	-	0	-	0	-	0	-	0	-	0
7. Speech-Language Pathologists					-	-	-	0	-	0	-	0	-	0	-	0	-	0
8. Audiologists					-	-	-	0	-	0	-	0	-	0	-	0	-	0
9. Physical Therapists					-	-	-	0	-	0	-	0	-	0	-	0	-	0
10. Occupational Therapists					-	-	-	0	-	0	-	0	-	0	-	0	-	0
11. Physicians/Psychiatrists					-	-	-	0	-	0	-	0	-	0	-	0	-	0
12. Optometrists					-	-	-	0	-	0	-	0	-	0	-	0	-	0
13. Audiometrists					-	-	-	0	-	0	-	0	-	0	-	0	-	0

- Separately calculates Total Hours Reimbursed and Percent of Time Providing LEA Services for the three FMAP periods:
 - July 2010 – December 2010
 - January 2011 – March 2011
 - April 2011 – June 2011

Worksheet Changes: Worksheets A-4 and B-4

1

Worksheet A-4: Units, Encounters and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
 Dates of Service 7/1/10 - 12/31/10

• Worksheets A-4 and B-4 separately account for units, encounters and reimbursement for the three FMAP periods

Row	Service Description	Time	Number of Students	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP
			<i>D</i>	$E = C/D/60$	<i>F</i>
1a	IFSP Psychological Assessment: Initial	96101 TL - 360	1	-	
1b	IFSP Psychological Assessment: Annual	96101 TL 52 120	1	-	

Enter reimbursement figures in Column F for all lines where you entered unit or encounter information

2

Worksheet A-4: Units, Encounters and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
 Dates of Service 1/1/11 - 3/31/11

• Verify the date of service range in the title of Worksheets A-4 and B-4 and only report units, encounters and reimbursement in the specified FMAP periods

Row	Service Description	Number of Students	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP
		<i>D</i>	$E = C/D/60$	<i>F</i>
1a	IFSP Psychological Assessment: Initial	1	-	

Enter reimbursement figures in Column F for all lines where you entered unit or encounter information

3

Worksheet A-4: Units, Encounters and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
 Dates of Service 4/1/11 - 6/30/11

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Total Units or Encounters	Total Minutes	Number of Students	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP
					<i>A</i>	<i>B</i>	$C = A * B$	<i>D</i>	$E = C/D/60$	<i>F</i>
1a	IFSP Psychological Assessment: Initial	96101	TL	-	360			1	-	
1b	IFSP Psychological Assessment: Annual	96101	TL	52	120			1	-	

Enter encounters in Column B for rows 1g, 1i, 1k, 1m, 2g, 2i, 2k, 2m, 3g, 3i, 3k, 3m, 7g, 7i, 7k, 7m, 8g, 8i, 9g, 9i, 10g, 10i, 11g, 11i, 11k, 11m; Enter units for all other rows

Enter reimbursement figures in Column F for all lines where you entered unit or encounter information

IRUS Reports

- Summarizes LEA Medi-Cal Billing Option Program paid claims data by:
 - FMAP periods
 - Procedure code and modifier combinations
 - Practitioner type
- Use to compare against LEA's internal accounting system to report units, encounters and reimbursement on Worksheets A-4 and B-4
- Estimated posting on LEA website: October
- No longer available after FY 2010/11
- What to document in lieu of IRUS Reports:
 - Services Rendered
 - Practitioner
 - Encounters and Units
 - Interim Reimbursement (Medi-Cal Payments)

Reporting “All Qualified” Practitioner Expenditures

- Report expenses for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program

Reporting “All Qualified” Practitioner Expenditures

Does the practitioner have a valid license/credential for LEA billing?

No

Do not include

Yes

Does the practitioner provide LEA reimbursable services?

No

Do not include

Yes

Does the practitioner have the necessary supervision requirements to provide and bill for LEA services?

No

Do not include

Yes

Does the practitioner bill for LEA reimbursable services?

No

Do not include

Yes

Include the practitioner



Reminders: Worksheets A and B

Worksheet A: Costs of Providing LEA Services Documented in an IEP or IFSP

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Net Total Personal Costs A	Dates of Service 7/1/10 - 12/31/10		Dates of Service 1/1/11 - 3/31/11		Dates of Service 4/1/11 - 6/30/11	
			Percent of Time Providing LEA Services Documented in an IEP or IFSP B	Cost of Providing LEA Services Documented in an IEP or IFSP C = A*B	Percent of Time Providing LEA Services Documented in an IEP or IFSP D	Cost of Providing LEA Services Documented in an IEP or IFSP E = A*D	Percent of Time Providing LEA Services Documented in an IEP or IFSP F	Cost of Providing LEA Services Documented in an IEP or IFSP G = A*F
1. Psychologists	No		0	-	0	-	0	-
2. Social Workers	No		0	-	0	-	0	-
3. Counselors	No		0	-	0	-	0	-
4. School Nurses	No		0	-	0	-	0	-
5. Licensed Vocational Nurses	No		0	-	0	-	0	-
6. Trained Health Care Aides	No		0	-	0	-	0	-
7. Speech-Language Pathologists	No		0	-	0	-	0	-
8. Audiologists	No		0	-	0	-	0	-
9. Physical Therapists	No		0	-	0	-	0	-
10. Occupational Therapists	No		0	-	0	-	0	-
11. Physicians/Psychiatrists	No		0	-	0	-	0	-
a. Service Costs (Sum C1 - C11, E1 - E11 and G1 - G11)			\$	-	\$	-	\$	-
b. Service Costs Excluded from Indirect Cost Rate Application			\$	-	\$	-	\$	-
c. Service Costs Included in Indirect Cost Rate Application (a - b)			\$	-	\$	-	\$	-
d. Indirect Cost Rate					0.00%		0.00%	
e. Indirect Costs (c * d)			\$	-	\$	-	\$	-
f. Total Service Costs (a + e)			\$	-	\$	-	\$	-
g. Federal Medical Assistance Percentage (FMAP)				61.59%				56.88%
h. Medi-Cal Maximum Reimbursable (f * g)			\$	-	\$	-	\$	-
i. Interim Medi-Cal Reimbursement for LEA Services Documented in an IEP or IFSP			\$	-	\$	-	\$	-
j. Overpayment/(Underpayment) (i - h)			\$	-	\$	-	\$	-
k. Net Overpayment/(Underpayment) (Sum of j Totals)			\$	-	\$	-	\$	-

Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)

No

Yes

No

Please indicate whether your LEA received any federal funds for this practitioner type. LEA Medi-Cal Billing Option Program reimbursement is not considered to be federal funds on the CRCS.

• Report CDE approved Indirect Cost Rate

- If your LEA received revenues from other federal funds for practitioner types, report "Yes" using the drop down box
 - Resource Code 5640 (Medi-Cal Billing Option) funds are not considered federal funds for CRCS reporting purposes

Reminders: Worksheet A.1/B.1

Worksheet A.1/B.1: Salary, Benefit and Other Expenditures

(Object Code) Practitioner Type	Salary Expenditures (1000-2999) A	Benefit Expenditures (3000-3999) B	Total Other Costs C	Federal Revenues D	Revenue Account Number(s) E	Net Total Personnel Costs $F = A+B+C-D$
1. Psychologists			-			-
2. Social Workers			-			-
3. Counselors			-			-
4. School Nurses			-			-
5. Licensed Vocational Nurses			-			-
6. Trained Health Care Aides			-			-
7. Speech-Language Pathologists			-			-
8. Audiologists			-			-
9. Physical Therapists			-			-
10. Occupational Therapists			-			-
11. Physicians/Psychiatrists			-			-
12. Optometrists			-			-
13. Audiometrists			-			-

- Report both federal and non-federally funded salary and benefit expenditures by practitioner type

- If your LEA received revenues from other federal funds, report the revenues in Column D
 - Resource Code 5640 (Medi- Cal Billing Option) funds are not considered federal funds for CRCS reporting purposes

- Identify the SACS revenue account numbers for the federal revenues received

Reminders: Worksheet A-1/B-1

Worksheet A-1/B-1: Other Costs

(Object Code) Practitioner Type	Materials, Supplies and Reference Materials Expenditures A	Non-capitalized Equipment Expenditures (4400) B	Travel and Conference Expenditures (5200) C	Dues and Membership Expenditures (5300) D	Contractor Costs (5800) E	Contractor Costs (5100) F	Communications Expenditures (5900) G	Total Other Costs H = Sum of A-G
1. Psychologists								-
2. Social Workers								-
3. Counselors								-
4. School Nurses								-
5. Licensed Vocational Nurses								-
6. Trained Health Care Aides								-
7. Speech-Language Pathologists								-
8. Audiologists								-
9. Physical Therapists								-
10. Occupational Therapists								-
11. Physicians/Psychiatrists								-
12. Optometrists								-
13. Audiometrists								-

- Report both federal and non-federally funded expenditures by practitioner type
- Other costs (except for contractor costs) may be allocated based on the proportion of salaries for each practitioner type

Worksheet Changes: Worksheet A-1/B-1

Worksheet A-1/B-1: Other Costs

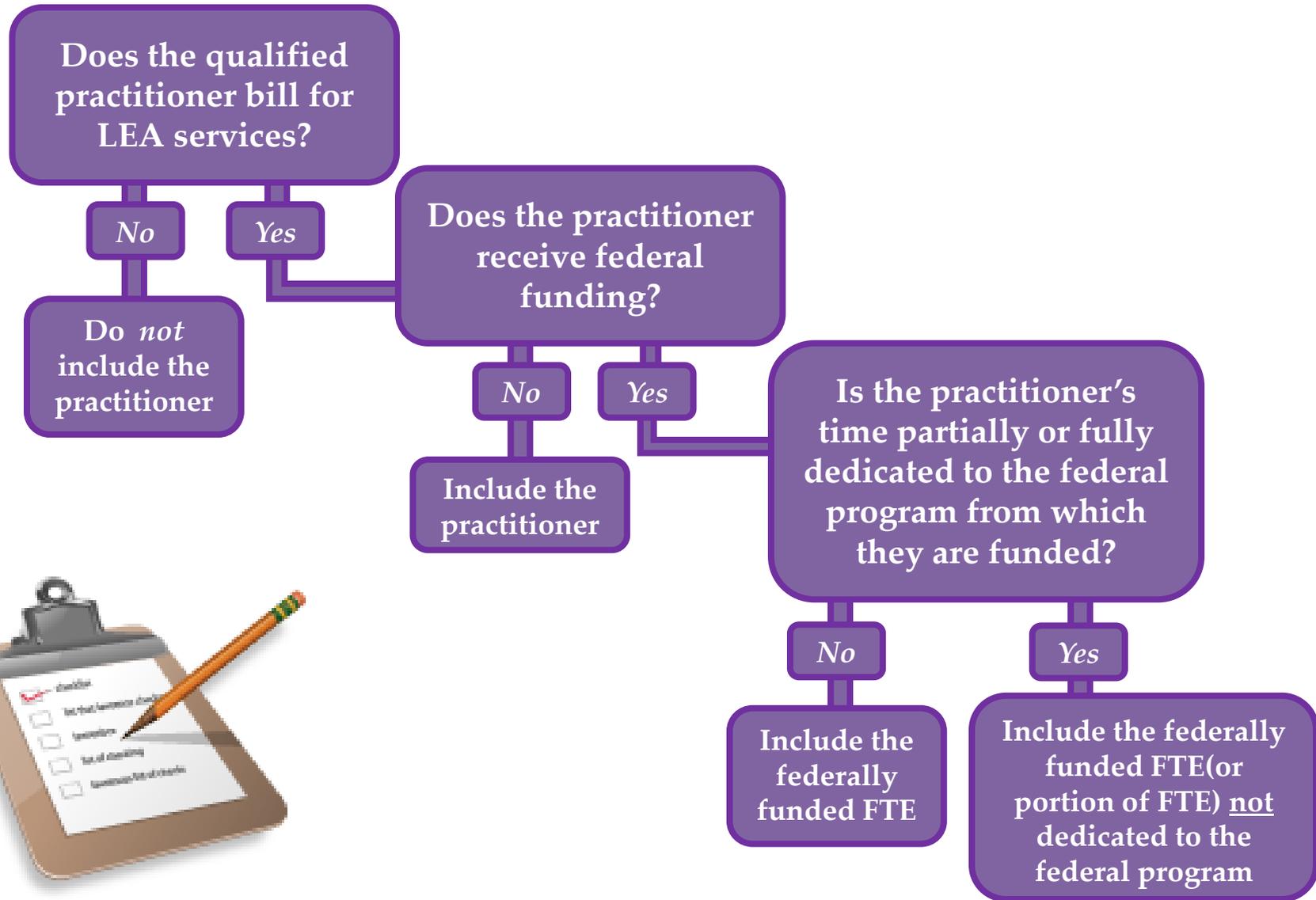
(Object Code)	Materials, Supplies and Reference Materials Expenditures	Non-capitalized Equipment Expenditures (4400)	Travel and Conference Expenditures (5200)	Dues and Membership Expenditures (5300)	Contractor Costs (5800)	Contractor Costs (5100)	Communications Expenditures (5900)	Total Other Costs H = Sum of A-G
Practitioner Type	A	B	C	D	E	F	G	
1. Psychologists								-
2. Social Workers								-
3. Counselors								-
4. School Nurses								-
5. Licensed Vocational Nurses								-
6. Trained Health Care Aides								-
7. Speech-Language Pathologists								-
8. Audiologists								-
9. Physical Therapists								-
10. Occupational Therapists								-
11. Physicians/Psychiatrists								-
12. Optometrists								-
13. Audiometrists								-

- **Column E (Object 5800): Report up to \$25,000 per individual subagreement each year for the duration of the subagreement**
 - Indirect cost rate is applied to expenditures
- **Column F (Object 5100): Report the remainder of the individual subagreement in excess of \$25,000 each year**
 - Indirect cost rate is not applied to expenditures

Reporting Federally Funded FTEs and Hours

- Federally funded FTEs (or portion of FTEs)
 - Include in CRCS if:
 - Practitioner's time is not dedicated to the federal program from which they are funded
 - Exclude in CRCS if:
 - Practitioner's time is dedicated to the federal program from which they are funded

Reporting Federally Funded FTEs and Hours



Reminders: Worksheet A-3/B-3

Worksheet A-3/B-3: Percent of Time Providing LEA Services

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner (Yes or No)	Number of Full-Time Equivalent (FTE) Employees A	Annual Hours Required to Work per FTE B	10 - 12/31/10		Dates of Service 1/1/11 - 3/31/11		Dates of Service 4/1/11 - 6/30/11		Dates of Service 7/1/10 - 12/31/10		Dates of Service 1/1/11 - 3/31/11		Dates of Service 4/1/11 - 6/30/11	
				Percent of Time Providing LEA Services Documented in an IEP or IFSP G = F/E	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP H	Percent of Time Providing LEA Services Documented in an IEP or IFSP I = H/E	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP J	Percent of Time Providing LEA Services Documented in an IEP or IFSP K = J/E	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP L	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP M = L/E	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP N	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP O = N/E	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP P	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP Q = P/E	
				1. Psychologists				0	-	0	-	0	-	0	-
2. Social Workers				0	-	0	-	0	-	0	-	0	-	0	-
3. Counselors				0	-	0	-	0	-	0	-	0	-	0	-
4. School Nurses				0	-	0	-	0	-	0	-	0	-	0	-
5. Licensed Vocational Nurses				0	-	0	-	0	-	0	-	0	-	0	-
6. Trained Health Care Aides				0	-	0	-	0	-	0	-	0	-	0	-
7. Speech-Language Pathologists				0	-	0	-	0	-	0	-	0	-	0	-
8. Audiologists				0	-	0	-	0	-	0	-	0	-	0	-
9. Physical Therapists				0	-	0	-	0	-	0	-	0	-	0	-
10. Occupational Therapists				0	-	0	-	0	-	0	-	0	-	0	-
11. Physicians/Psychiatrists				0	-	0	-	0	-	0	-	0	-	0	-
12. Optometrists				0	-	0	-	0	-	0	-	0	-	0	-
13. Audiometrists				0	-	0	-	0	-	0	-	0	-	0	-

ts

Does Your LEA Receive Federal Funding for this Practitioner (Yes or No)

Please indicate whether your LEA received any federal funds for this practitioner type. LEA Medi-Cal Billing Option Program reimbursement is not considered to be federal funds on the CRCS.

- If your LEA received revenues from other federal funds for practitioner types, report “Yes” using the drop down box
 - Resource Code 5640 (Medi- Cal Billing Option) funds are not considered federal funds for CRCS reporting purposes

Reminders: Worksheet A-3/B-3

Worksheet A-3/B-3: Percent of Time Providing LEA Services

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Number of Full-Time Equivalent (FTE) Employees	Annual Hours Required to Work per FTE	Total Hours Required to Work (Employees)	Dates of Service 7/1/10 - 12/31/10		Dates of Service 1/1/11 - 3/31/11		Dates of Service 4/1/11 - 6/30/11		Dates of Service 7/1/10 - 12/31/10		Dates of Service 1/1/11 - 3/31/11		Dates of Service 4/1/11 - 6/30/11			
					Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP
					F	G = F/E	H	I = H/E	J	K = J/E	L	M = L/E	N	O = N/E	P	Q = P/E		
1. Psychologists					-	0	-	0	-	0	-	0	-	0	-	0		
2. Social Workers					-	0	-	0	-	0	-	0	-	0	-	0		
3. Counselors					-	0	-	0	-	0	-	0	-	0	-	0		
4. School Nurses					-	0	-	0	-	0	-	0	-	0	-	0		
5. Licensed Vocational Nurses					-	0	-	0	-	0	-	0	-	0	-	0		
6. Trained Health Care Aides					-	0	-	0	-	0	-	0	-	0	-	0		
7. Speech-Language Pathologists					-	0	-	0	-	0	-	0	-	0	-	0		
8. Audiologists					-	0	-	0	-	0	-	0	-	0	-	0		
9. Physical Therapists					-	0	-	0	-	0	-	0	-	0	-	0		
10. Occupational Therapists					-	0	-	0	-	0	-	0	-	0	-	0		
11. Physicians/Psychiatrists					-	0	-	0	-	0	-	0	-	0	-	0		
12. Optometrists					-	0	-	0	-	0	-	0	-	0	-	0		
13. Audiometrists					-	0	-	0	-	0	-	0	-	0	-	0		

Annual Hours Required to Work per FTE
B

- **Annual Hours Required to Work Per FTE should exclude paid time off:**
 - **Holidays**
 - **Sick leave**
 - **Vacation time**

Worksheet Changes: Certification

- Report whether or not your LEA is part of a billing consortium
 - Multiple school districts billing and operating under one NPI

Local Educational Agency (LEA) Medi-Cal Billing Option Program Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS) Fiscal Year 2010/11 (July 1, 2010 - June 30, 2011)

1. LEA Identification:

LEA Provider Name _____ National Provider Identifier _____

Contact: Name _____ Provider Number/CDS Code _____

Phone _____ Title _____

Fax _____ E-mail Address _____

Address 1 _____ City _____

Address 2 _____ State CA Zip _____

2. Certification of State Matching Funds for LEA Services:

3. LEA Billing Consortium:

Is your LEA part of a billing consortium? (Yes or No)

Please indicate the LEAs that are part of the billing consortium below. Include the LEA name and corresponding County/District/School Code (CDS Code).

LEA #	LEA Name	CDS Code
LEA #1		

Please indicate whether your LEA is part of a billing consortium.

Summary of Overpayments/Underpayments:

LEA #	LEA Name	CDS Code
LEA #1	_____	_____
LEA #2	_____	_____
LEA #3	_____	_____
LEA #4	_____	_____
LEA #5	_____	_____

- Report the LEA name and corresponding County-District-School (CDS) code for participating members of the billing consortium

Name _____ Title _____

Signature _____ Date _____

3. LEA Billing Consortium:

Is your LEA part of a billing consortium? (Yes or No) _____

Please indicate the LEAs that are part of the billing consortium below. Include the LEA name and corresponding County/District/School Code (CDS Code).

LEA #	LEA Name	CDS Code
LEA #1	_____	_____
LEA #2	_____	_____
LEA #3	_____	_____
LEA #4	_____	_____
LEA #5	_____	_____

CRCS Submission Process

CRCS Submission Process

- CRCS forms are to be submitted electronically to LEA.CRCS.Submission@dhcs.ca.gov
- LEAs will receive an auto-reply e-mail confirming receipt of attachments
 - Auto-reply confirms receipt of e-mail, not accuracy of the information reported in the “Filed” CRCS
- Errors and incomplete forms will be addressed during the “Audit Process”
 - Amended CRCS forms will not be formally accepted; however, will be used as additional documentation

CRCS Penalties for Non-Submission

- CRCS forms are due within five months after the one-year runout period for claiming
 - For example, FYE 06.30.2011 CRCS form is due no later than November 30, 2012
- DHCS has implemented a withhold on current claims for late or non-submission of CRCS forms
 - Late submission will result in a 20% withhold of current claims
 - Failure to submit a CRCS may result in 100% recovery of payments made for the CRCS FY to current and termination from the LEA Medi-Cal Billing Option Program

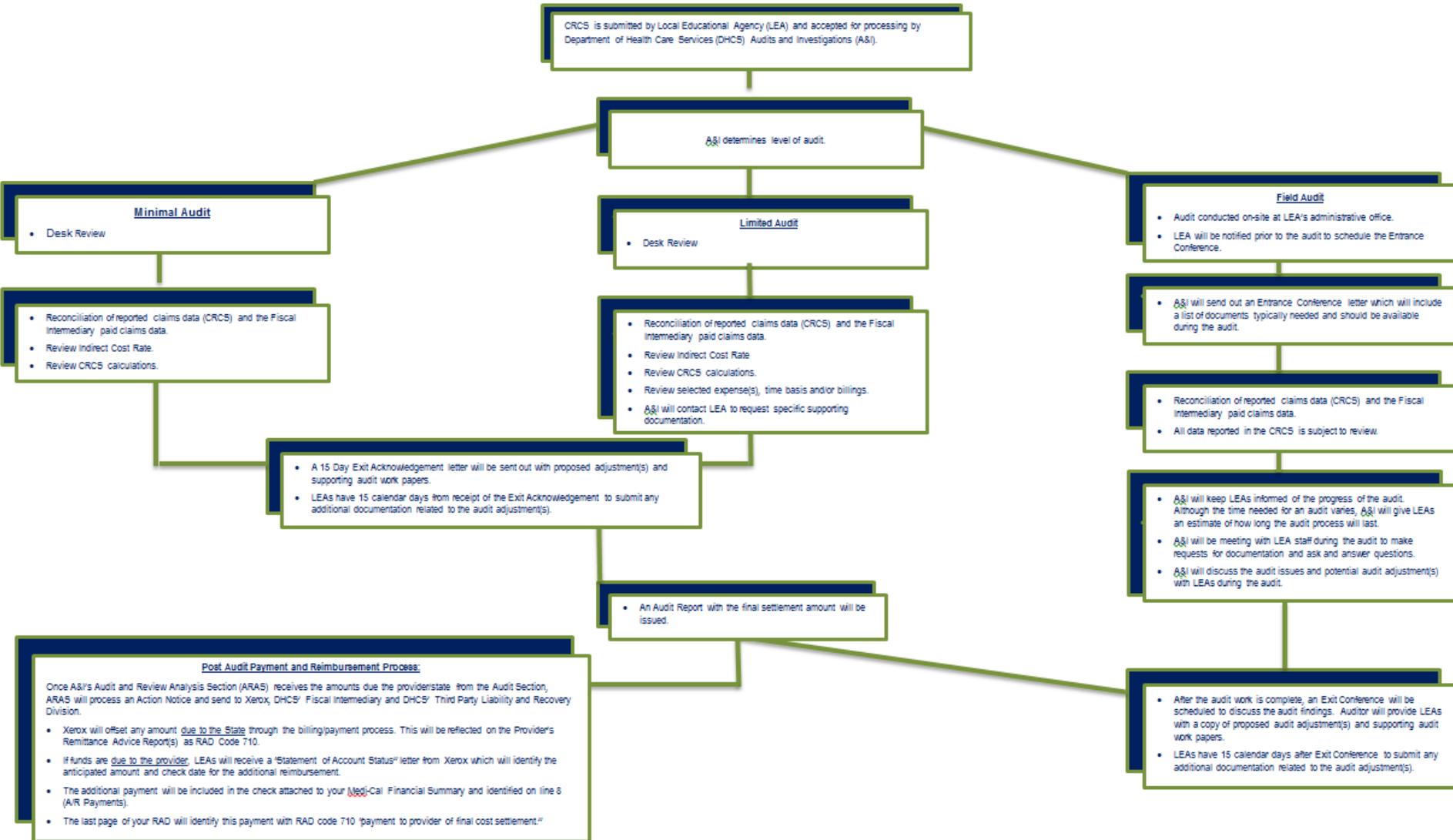
FY 2009/10 CRCS Resubmission

- LEAs have the **option** to resubmit FY 2009/10 CRCS based on updated reporting requirements and clarified instructions
- Optional resubmission due date
 - November 30, 2012
- FY 2009/10 CRCS resubmission forms and additional detail
 - <http://www.dhcs.ca.gov/provgovpart/Pages/2009-2010CRCSResubmission.aspx>

A&I CRCS Process

CRCS Audit Process

Cost and Reimbursement Comparison Schedule (CRCS) Audit Process



CRCS Supporting Documents

CRCS Supporting Documents

- CA Welfare & Institutions Code, Section 14170: “... shall be considered true and correct unless audited or reviewed within three years after the close of the period covered by the report, or after the date of submission of the original or amended report by the provider, whichever is later.”
- All supporting documentation will be subject to review and/or audit by State and/or federal authorities
- Samples of documentation includes, but is not limited to, the following:
 - Practitioner Contracts
 - Billing Records
 - Practitioner Time Sheets
 - Expense/Revenue Records
- During a review or audit, documentation must be maintained in full until all outstanding audit issues are resolved

CRCS Documentation/Audit Binder

- Create a CRCS Documentation/Audit Binder
 - Documentation used to complete each worksheet
 - Bridging Documents
 - Grouping schedules
 - Calculations
 - Notes
- Maintain binder for 3 years after CRCS has been submitted to DHCS

Records Retention

- State Plan Amendment 03-024, Attachment 4.19-B, Supplement 8, Section J. 2. states:

“Each LEA is required to keep, maintain and have readily retrievable, such records to fully disclose its LEA costs eligible for federal financial participation. Such documentation must be maintained for a period of **no less than three** years.”

NOTE: Documentation must be maintained beyond the three years until all outstanding audit and appeal issues are resolved

DHCS Audit Report

DHCS Audit Report

- DHCS – A&I FAB will issue the Audit Report to LEAs
- Format will be similar to a CRCS, but not exact
 - Opinion Letter, Schedules, Adjustments, and if applicable, Management Comments
- Identifies settlement calculations
 - A&I prepares the Action Notice with amounts **DUE TO THE PROVIDER (Underpayment)** or **DUE TO THE STATE (Overpayment)** and forwards them to Fiscal Intermediary and Third Party Liability and Recovery
 - It usually takes about two to eight weeks to get everything settled
- Information on Appeal rights

Appeal Process

Appeal Process

- W&I Code, Section 14171 – Appeal Rights
- California Code of Regulations (CCR), Title 22
 - Section 51016 – defines “institutional provider”
 - Section 51022 – basis for appeal
 - Provider may request a hearing for any disputed audit finding by filing a written request (**Statement of Disputed Issues**) to the Office of Administration Hearing and Appeals (OAHA)

Appeal Process – First Level Appeals

- Informal Appeal Hearing is presided by a OAHA Hearing Auditor
- Informal Appeal timelines
 - Provider has 60 days from the date of Audit Report to file a written request for an appeal hearing
 - OAHA accepts within 30 days
 - Both parties submit position statements within 45 days of appeal acceptance to OAHA
 - Hearing within 90 days of the position statements
 - Report of Findings within 180 days

Appeal Process – Second Level Appeals

- Administrative Law Judge presides
- Formal Appeal timelines
 - Provider has 30 days from the First Level Report of Findings
 - OAHA will give 30 calendar days notice for Hearing
 - OAHA has two years to render “decision”



Exhibits:
LEA Medi-Cal Billing Option
Program Statistics



LEA Medi-Cal Billing Option Program Reimbursement

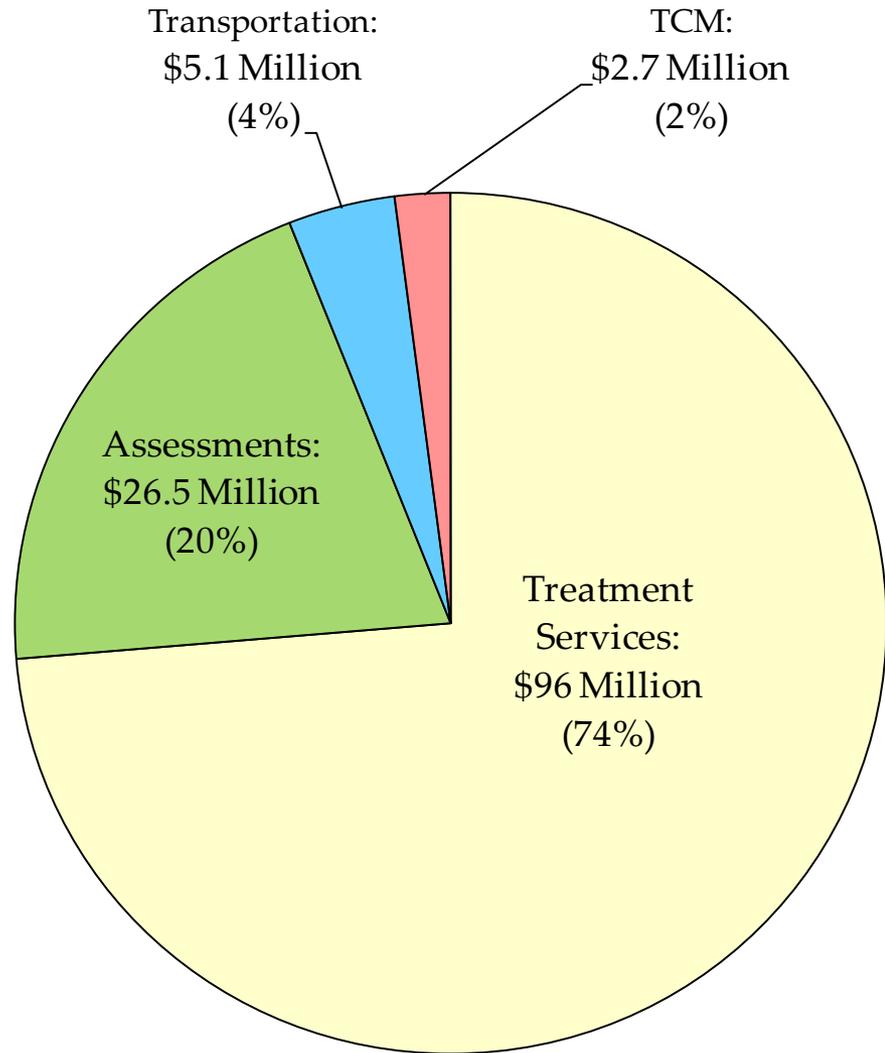
Fiscal Year	Total Reimbursement
FY 2010-2011	Data Pending
FY 2009-2010	\$130,426,809
FY 2008-2009	109,872,476
FY 2007-2008	81,240,932
FY 2006-2007	69,549,972
FY 2005-2006	63,563,404
FY 2004-2005	63,881,236
FY 2003-2004	90,919,630
FY 2002-2003	92,220,083
FY 2001-2002	67,877,704
FY 2000-2001	59,601,374



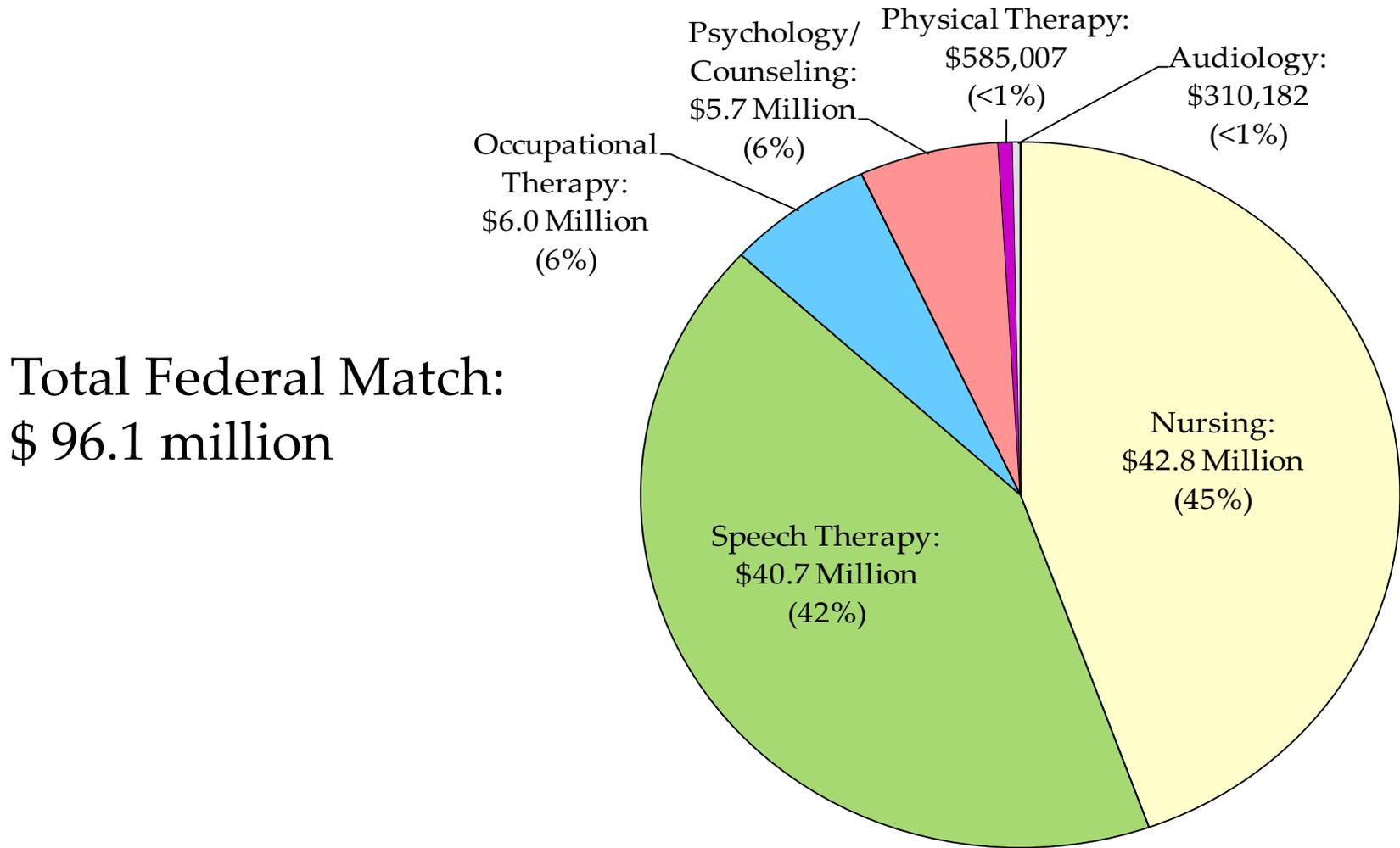
LEA Medi-Cal Billing Option Program Reimbursement (Federal Match) FY 2009/10

Total Federal Match:
\$ 130.4 Million

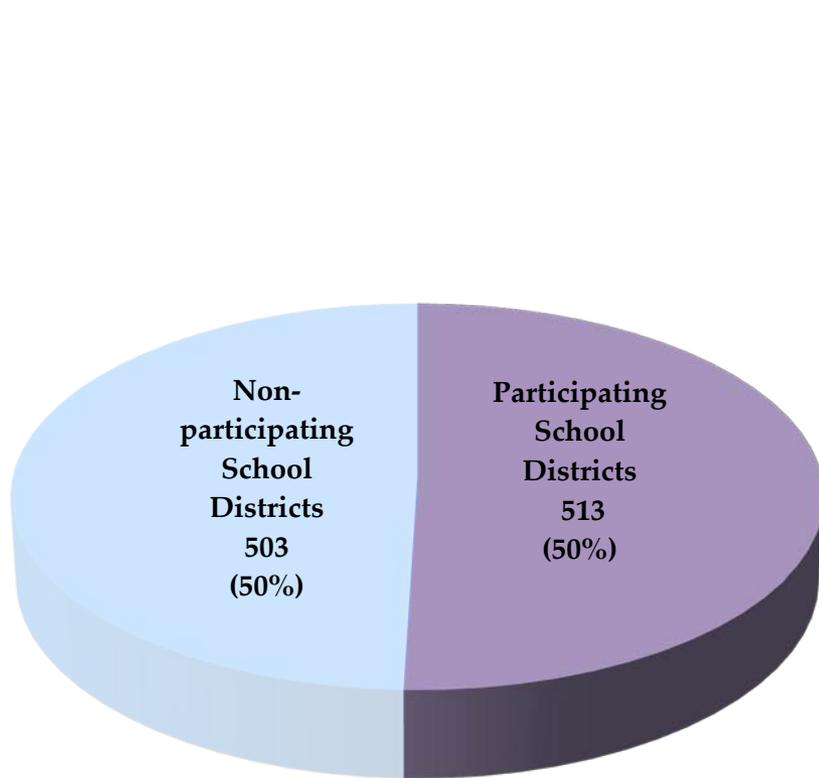
LEA Providers: 486



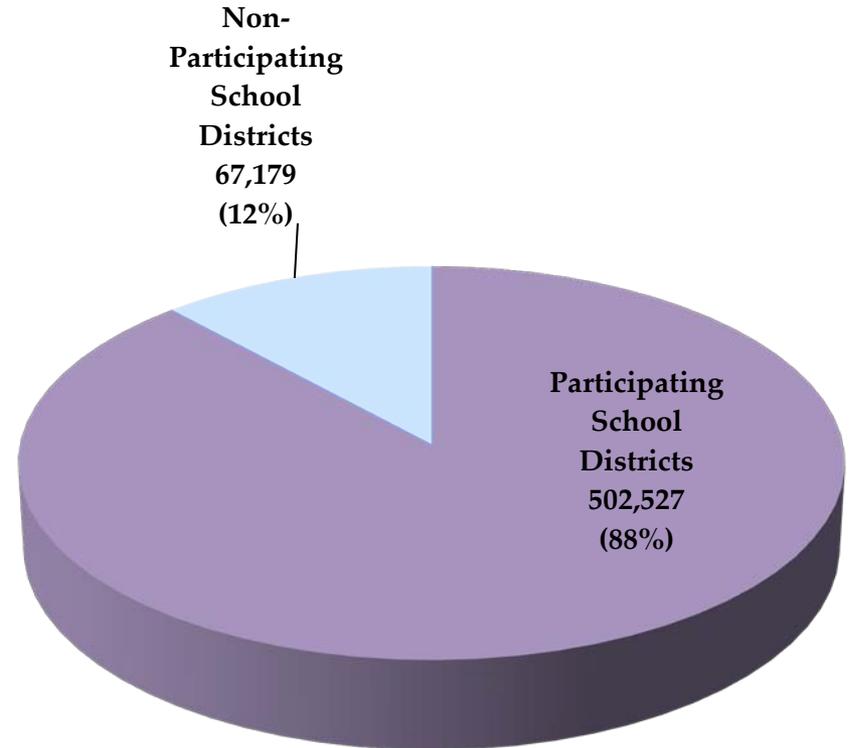
LEA Medi-Cal Billing Option Program Treatment Services (Federal Match) FY 2009/10



Scope of LEA Medi-Cal Billing Option Program Participation



Total School Districts: 1,016



Total Special Education Population: 569,706

Source: CDE DataQuest and Ed-Data

- Thank you for attending the 2012-2013 LEA Medi-Cal Billing Option Program Training
- This training will be posted on the LEA Medi-Cal Billing Option website within the next week
- For additional information regarding the LEA Medi-Cal Billing Option Program, visit <http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>

