

LEA Medi-Cal Billing Option Training

October 7, 2011



General Information

- Schedule
- Questions
- Training Materials

Overview of Training Topics

- Section I: LEA Program Overview
- Section II: LEA Provider Participant Requirements
- Section III: Reimbursable Services
- Section IV: LEA Billing Requirements and Code Structure
- Section V: Overview of CRCS

Training Goals

At the end of today's training, participants will understand:

- How to access available LEA Program resources
- New policy updates, program processes and forms
- New LEA provider participation process and requirements
- Services that are reimbursable under the LEA Program
- General billing requirements
- LEA Cost and Reimbursement Comparison Schedule (CRCS) requirements
- FY 2009/10 CRCS form updates
- LEA CRCS auditing process

LEA Training Survey Results

Top training topics from LEA training survey respondents:

- Overview of reimbursable LEA services and billing requirements
- Recent updates to the LEA Program
- LEA Program participation requirements
- FY 2009/10 CRCS form updates and CRCS form completion
- CRCS audit and reconciliation requirements

Introductions



- California Department of Health Care Services (DHCS)
 - Safety Net Financing Division (SNFD)
 - Administers the LEA Medi-Cal Billing Option Program (LEA Program)
 - Audits and Investigations (A&I) Financial Audits Branch (FAB)
 - Conducts financial audits/reviews of LEA Program providers
- Navigant Consulting, Inc.
 - Contractor to DHCS; Conducted the LEA Program rate study
 - Implementing provisions of Senate Bill 231
- LEA Ad-Hoc Workgroup Members
 - Representatives of large, medium and small school districts; County Offices of Education; professional associations

LEA Resources

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



Provider Manual Reference: loc ed

LEA Resources

- LEA Participation Agreement/Provider Enrollment Questions
 - DHCS Provider Enrollment: (916) 323-1945
 - CDE Healthy Start: (916) 319-0914
- LEA Reinvestment Questions
 - CDE, Healthy Start: (916) 319-0284
- LEA Eligibility Match Questions
 - DHCS Information Technology Services Division: (916) 440-7253
(916) 440-7250
- LEA Billing Questions
 - DHCS Fiscal Intermediary: 1 (800) 541-5555



Provider Manual Reference: loc ed

LEA Program Website

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



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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.

[Email Subscription Service](#): Subscribe/Unsubscribe to receive an Email when there are changes or updates to the LEA Website

[What's New](#): Listing of new or updated information on the LEA Website.

[LEA Contact Information Form](#): The LEA Program has developed an LEA Contact Form to ensure program information, correspondence, and required documents are directed to the appropriate LEA contact.

Program Information

- » [Contact Information](#)
- » [FAQ's \(PDF \)](#)
- » [Glossary of Terms](#)
- » [LEA Related Links](#)
- » [Maximum Allowable Claiming Rates for SFY 2009/10 - eff. 07/01/09 \(PDF\)](#)
- » [Program Description](#)
- » [LEA Program 2010-11 Rebased Rates](#)

Manuals & Training

- » [Cost and Reimbursement Comparison Schedule \(CRCS\)](#)
- » [LEA Billing Option Program Training](#)
- » [Provider Manual](#)

Tools & Templates

- » [LEA Annual Report](#)
- » [LEA Targeted Case Management Labor Survey](#)

Publications & Bulletins

- » [LEA FYI - For Your Information](#)
- » [LEA Provider Bulletins](#)
- » [LEA Paid Claims Data Reports](#)
- » [Prescription, Referral, and Recommendation Requirements \(PDF\)](#)
- » [LEA - Reports to the Legislature](#)
- » [Workgroup Meeting Summaries](#)

Policies & Legislation

- » [California Laws and Regulations](#)
- » [Federal Laws and Regulations](#)

Contacts

- » [LEA Program](#)
- » [LEA Audits & Investigations](#)



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LEA Provider Manual

PROVIDER MANUAL - UPDATED (EFFECTIVE MAY 20, 2010)

Medi-Cal Provider Manuals:

- [Part 1 - Medi-Cal Program and Eligibility](#)
- [Part 2 - Billing and Policy](#)

The following items link to various sections of the LEA Provider Manual (Word format):

- [LEA \(loc ed\)](#)
 - > Page 1 (Nov 2009)
- [LEA: A Provider's Guide \(loc ed a prov\)](#)
 - > Page 1 (Feb 2008), Page 2 (Feb 2009), Pages 3-4 (Oct 2009), Pages 5-6 (Jul 2009), Page 7 (May 2006), Page 8 (Nov 2009)
- [LEA Billing and Reimbursement Overview \(loc ed bil\)](#)
 - > Page 1 (May 2007), Page 2 (Jul 2009), Pages 3, 5-6, 9 (May 2006), Pages 4, 15-16 (Dec 2009), Pages 7, 10-14, (Feb 2009), Page 8 (Aug 2006)
- [LEA Billing Codes and Reimbursement Rates \(loc ed bil cd\)](#)
 - > Pages 1-15 (May 2010), Page 16 (Feb 2007)
- [LEA Billing Examples \(loc ed bil ex\)](#)
 - > Page 1, 10 (May 2007), Pages 2-4, 6-9, 11-12, 14 (May 2010), Page 5 (Aug 2009), Page 13 (Nov 2007)
- [LEA Eligible Students \(loc ed elig\)](#)
 - > Pages 1, 3 (May 2007), Page 2 (Oct 2007)
- [LEA: Individualized Plans Overview \(loc ed indiv\)](#)
 - > Page 1 (Jun 2008), Page 2 (Jul 2009)
- [LEA Rendering Practitioner Qualifications \(loc ed rend\)](#)
 - > Page 1 (May 2006), Pages 2, 5-9 (Nov 2007), Pages 3-4 (Feb 2009)
- [LEA Service: Hearing \(loc ed serv hear\)](#)



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LEA Billing Option Program Training

Included on this page are the materials used for the LEA Billing Option Program training conducted on March 10, 2009. The materials are : Handouts and/or attachments for the modules are included; with reference made to the module and slide they accompany.

TRAINING MATERIALS

[2009 LEA Training - Introduction](#) (PDF)

[Introduction Handout \(Slide 7\) - Program History Timeline](#) (PDF)

[Introduction Handout \(Slide 8\) - Claims Processing Issues Summary](#) (PDF)

[Introduction Handout \(Slide 10\) - LEA Program Contacts](#) (PDF)

[Introduction Handout \(Slides 9-11\) - Website Basics](#) (PDF)

[2009 LEA Training - Module 1 - Reimbursable Services](#) (PDF)

[Modules 1 & 2 Reference - Reimbursement Limitations](#) (PDF)

[Module 1 Handout \(Slide 16\) - Individual Services Layout \(Speech\)](#) (PDF)

[Module 1 Handout \(Slide 28\) - Assessment Grid Exercise](#) (PDF)

[Module 1 Handout \(Slide 43\) - Treatment Grid Exercise](#) (PDF)

[2009 LEA Training - Module 2 - Billing Requirements](#) (PDF)

[2009 LEA Training - Module 3 - Overview of Cost and Reimbursement Comparison Schedule](#) (PDF)

[2009 LEA Training - Module 4 - Audit and Review of LEA Claims](#) (PDF)

[Self Audit Check List](#) (PDF)

RESOURCES

Please check the DHCS/ FA website periodically for updates to this page. For the most up to date information, please join the subscription



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Cost and Reimbursement Comparison Schedule (CRCS)

- » [CRCS for Fiscal Years 2009-10](#)
- » [CRCS for Fiscal Years 2008-09](#)
- » [CRCS for Fiscal Years 2006-07 and 2007-08](#)



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Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2009-10

Page Updated: August 15, 2011

FISCAL YEAR 2009-10 CRCS SUBMISSION DEADLINE:

NOVEMBER 30, 2011

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 L federal financial participation. Therefore, continued enrollment in the LBO Program is contingent upon timely submission of the CRCS each fiscal year. Failure to meet from the LBO Program.

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

- [2009-2010 LEA IRUS UPDATES](#) (Excel)

FY 2009-10 CRCS FORM:

- [FY 2009-10 CRCS Forms](#) (Excel) * Please make sure that you use the CRCS dated 9/11
- [FY 2009-10 CRCS Forms Update Summary*](#) (PDF) - [*The FY 09-10 CRCS Forms Update Summary provides information on the CRCS Form updates required for this fiscal year. FY 09-10 CRCS Forms.]

FY 2009-10 CRCS RESOURCES:

- [FY 2009-10 CRCS Packet – Sample, Instructions and Information*](#) (PDF) - [*The CRCS Packet is best if printed double sided.] [Updated September 2011]
- [Sample Interim Reimbursement and Units of Service \(IRUS\) Report](#) (under development)
- [Sample Interim Reimbursement and Units of Service \(IRUS\) Report with Missing or Extraneous Modifiers](#) (under development)
- 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/fic/>

A&I LEA CRCS Website

<http://www.dhcs.ca.gov/individuals/Pages/lea.aspx>



Department of
Health Care Services



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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 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 NEWS ROOM

- 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



Section 1: LEA Program Overview

Section Training Goals

- General overview of the LEA Billing Option Program and services
- Review the LEA Program history
- Highlight LEA Program reimbursement trends over the years
- Highlight LEA Program reimbursement by service type for FY 2009/10

California School-Based Medi-Cal Programs

- LEA Medi-Cal Billing Option (LEA)
 - 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



LEA Program Services

- Services in an Individualized Education Plan (**IEP**)
- Services are **medically necessary** health services
- Included in Medi-Cal **State Plan**
- Extent, duration and scope are defined
- Individual Family Services Plan (**IFSP**) services also covered
- Non-IEP/IFSP services covered if stringent billing requirements met

Program History

Our History



- January 1994: LEA Medi-Cal claims processing begins
- October 2001: Senate Bill 231 chaptered
- March 2003 - December 2004: Prepared SPA 03-024 to amend State Plan
- June 2003: SPA 03-024 submitted to CMS
- March 2005: SPA 03-024 approved by CMS
- July 2006: New billing codes and policy implemented

LEA Program Reimbursement

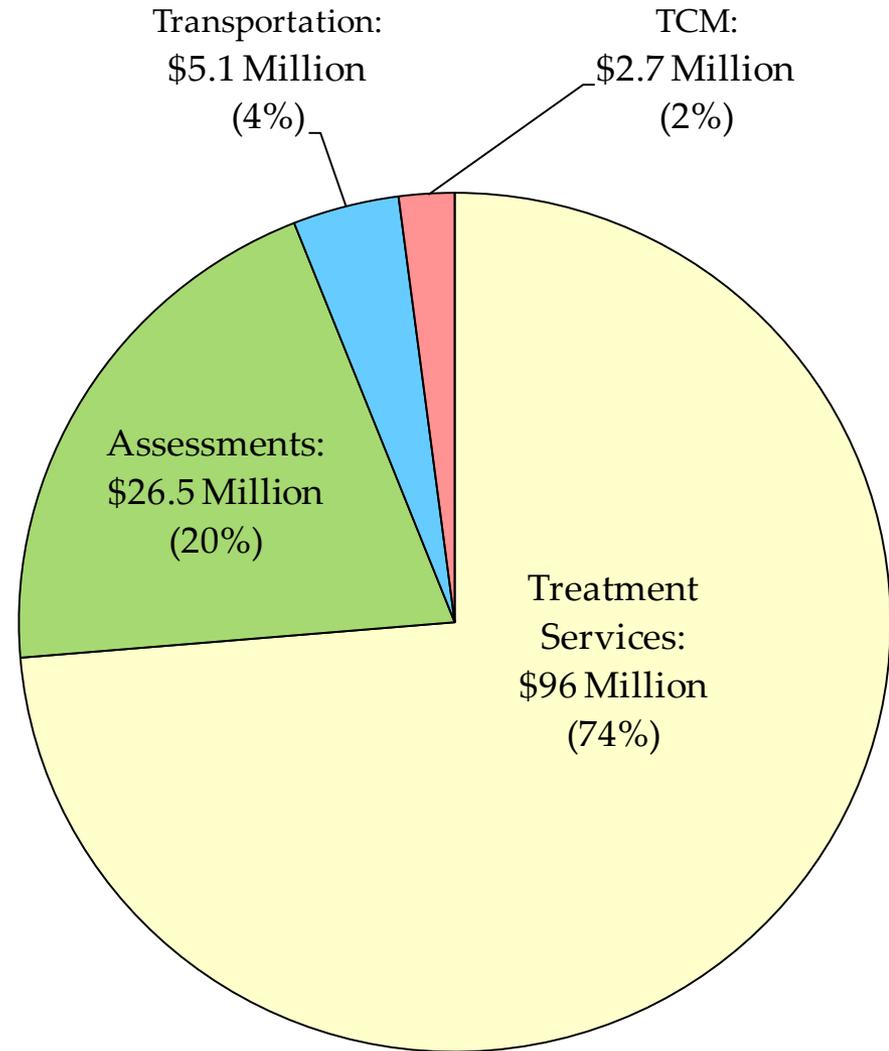
Fiscal Year	Total Reimbursement
FY 2009-2010 (draft)	\$130,426,735
FY 2008-2009	109,872,476
FY 2007-2008	81,240,932
FY 2006-2007	69,549,972
FY 2005-2006	63,563,404
FY 2004-2005	63,881,236
FY 2003-2004	90,919,630
FY 2002-2003	92,220,083
FY 2001-2002	67,877,704
FY 2000-2001	59,601,374



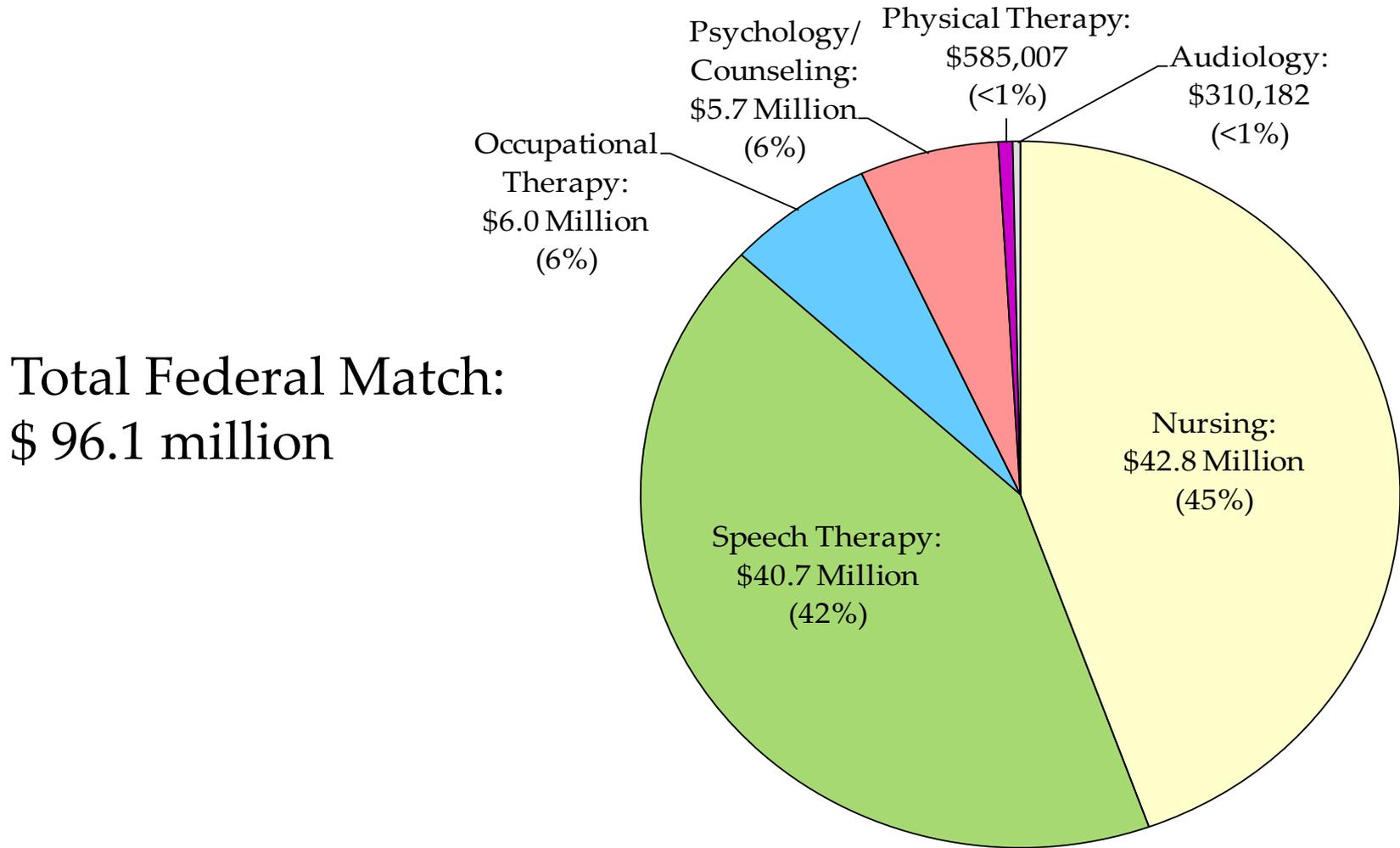
LEA Reimbursement (Federal Match) FY 2009/10

Total Federal Match:
\$ 130.4 Million

LEA Providers: 486



LEA Treatment Services (Federal Match) FY 2009/10

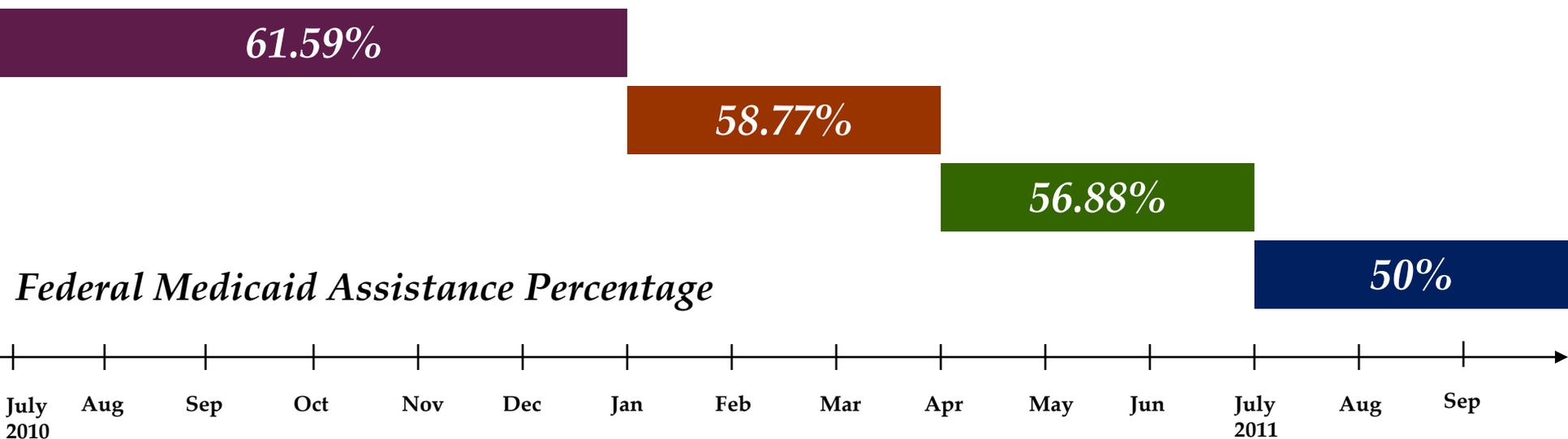


Claims Processing Updates

- RAD Code 9909 Denials – “Optional service not payable on date of service”
 - LEA claims denied for beneficiaries aged 21 and up
 - Impact of adult optional Medi-Cal services removed
 - Claims processing fix implemented: October 2010
 - Erroneous Payment Correction (EPC): January 2011
- 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 billed in two consecutive fiscal years
 - Claims processing fix implemented: September 26, 2011
 - EPC: To be determined

Claims Processing Updates

- LEA rate rebasing and ARRA FMAP
 - Claims processing fix implemented: August 19, 2011
 - EPC: To be determined



FY 2010/11 Maximum Allowable Reimbursement Rates



Section 2:
LEA Provider
Participation
Requirements

What's New

- The LEA Provider Participation Agreement (PPA)/ Annual Report has been restructured, redesigned, and updated. Major changes are:
 - PPA structure and the instructions
 - The Annual Report is included in the PPA
 - Amendment to Certified Funds
 - The due date for the PPA/Annual Report has changed to **November 30th**
 - DHCS letterhead
 - Language regarding all 3 withholds (1% admin, 1% A&I, 2.5% SB 231)
 - Instructions on how to obtain a National Provider Identification (NPI) number

LEA Provider Enrollment Process

- LEAs who would like to participate in the LEA Program must:
 - Submit an LEA Provider Participation Agreement (PPA) to CDE, containing:
 - LEA Medi-Cal Provider Enrollment Information Sheet
 - LEA Provider Participation Agreement
 - Certification of State Matching Funds for LEA Services
 - Statement of Commitment to Reinvest
 - The PPA/Annual report is available at:
 - <http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderEnrollment.aspx>

Medi-Cal Provider Information Sheet

Official LEA Name

- Once entered, this field will auto populate throughout the entire PPA/ Annual Report.
 - Check the box below if LEA is a new provider

Address

- An LEA may have several address. Please indicate which is the mailing address by checking the box beneath the appropriate address.

Contact Information

- Note: this information can be changed at any time by completing the contact information form on the LEA website.

LEA Federal Identification Number (EIN)

- 9 digit federal ID on record with the IRS.

National Provider Identification Number (NPI)

- 10 digit number use to process administrative and financial transactions.
 - Once entered, this number will auto populate on the required pages.

DHCS State of California-Health and Human Services Agency
Department of Health Care Services
Local Educational Agency (LEA)
Medi-Cal Provider Enrollment Information Sheet
2011-2012 Fiscal Year

EDWARD G. BROWN JR.
GOVERNOR

Date: _____

Official LEA Name: **Sacramento LEA**
 Check if new provider

Doing Business As (DBA): _____

LEA Administrative Office Address: _____
(NOT a Post Office box)
 Check if mailing address

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

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

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

LEA Federal Employer Identification Number (EIN): _____
(As Filed with the Internal Revenue Service (IRS) for tax reporting)

National Provider Identification (NPI) Number: _____

Signature of Authorized Representative: _____
Typed or Printed Name of Authorized Representative: _____
Typed or Printed Title of Authorized Representative: _____

DHCS USE ONLY

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

LEA Medi-Cal Provider Enrollment Information Sheet Page 1 of 1 DHCS 080111

The PPA/Annual Report will be returned to the LEA if the EIN and NPI are not included

LEA Participation Annual Requirements

- The Annual Report and PPA are now consolidated together
- Effective FY 2011/12, LEAs must **annually** re-apply for LEA Program participation :
 - Submit an LEA PPA (which includes Annual Report requirements) to CDE
 - Due **November 30th** of each fiscal year
- LEAs who do not re-apply will be suspended from the program

Provider Participation Agreement (PPA)

- **The PPA is a legally binding contract, DHCS will only accept a PPA for the current Fiscal Year.**
- **Official LEA Provider Name** will auto populate from the Provider Enrollment Information Sheet
- **Effective Agreement Period is** the Fiscal Year the PPA is valid
 - The Department of Health Care Services (DHCS) may revise the PPA each year in accordance to changes in the State Plan and legislation.

 TOBY DOUGLAS DIRECTOR	State of California-Health and Human Service Agency Department of Health Care Services Local Educational Agency (LEA) Medi-Cal Billing Option Program PROVIDER PARTICIPATION AGREEMENT	 EDMUND G. BROWN JR. GOVERNOR		
<table border="1"><tr><td>FOR STATE USE ONLY</td></tr><tr><td>National Provider Identification Number</td></tr></table>			FOR STATE USE ONLY	National Provider Identification Number
FOR STATE USE ONLY				
National Provider Identification Number				
Official LEA Provider Name: <u>Sacramento LEA</u>	Effective Agreement Period: <u>July 1, 2011- June 30, 2012</u>			
ARTICLE I – STATEMENT OF INTENT				
<p>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.</p>				

LEA Provider Support Costs

- LEA withholds on total paid claims reimbursement
 - 1% administrative fee for claims processing and related costs
 - Medi-Cal Remittance Advice Detail (RAD) code 795
 - Effective July 1, 2011, 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 Participation Agreement: Execution

- Print or type the name and title of the person(s) who is authorized to signed the PPA.
- Sign this document in **BLUE** ink.
- A representative from CDE and DHCS will complete the shaded portion of this agreement.

DHCS 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:

Sacramento LEA

Official LEA Provider Name:

Name of the First Authorized Representative	Name of the Second Authorized Representative (if necessary)
Title of the First Authorized Representative	Title of the Second Authorized Representative (if necessary)
Signature of the First Authorized Representative	Signature of the Second Authorized Representative (if necessary)
Date	

Failure to submit the PPA by the due date will result in suspension from the LEA Medi-Cal Billing Option Program.

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION 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
Typed or Printed Title of the CDE Authorized Representative	Typed or Printed Title of the CDE Authorized Representative
Date	Date

LEA Provider Participation Agreement Page 10 of 10 DHCS 00001111

Attachment 1A: Certification of State Matching Funds For LEA Services

- Print or type the amount your LEA has budgeted in the current fiscal year to fund the activities covered by the LEA Medi-Cal Billing Option Program. This line must include a dollar figure other than \$0.
- Sign this document in **BLUE** ink.

 TOBY DOUGLAS DIRECTOR	State of California-Health and Human Services Agency Department of Health Care Services CERTIFICATION OF STATE MATCHING FUNDS FOR LEA SERVICES (LEA Program Provider Participation Agreement: ATTACHMENT 1)	 EDMUND G. BROWN JR. GOVERNOR	
<table border="1" style="margin: auto;"><tr><td style="text-align: center;">FOR STATE USE ONLY National Provider Identification Number</td></tr></table>			FOR STATE USE ONLY National Provider Identification Number
FOR STATE USE ONLY National Provider Identification Number			
<p>The Local Educational Agency (LEA): <u>Sacramento LEA</u></p> <p>has _____ 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, 2011 and ending June 30, 2012. These funds will be matched through the LEA Program claiming process to receive an equal amount of federal Medicaid funds.</p> <p>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.</p> <p>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.</p>			
_____ Signature of Authorized Representative		_____ Date:	
_____ Name of the Authorized Representative			
_____ Title of the Authorized Representative			
<small>Certification of State Matching Funds for LEA Services Page 1 of 1 DHCS 0801/11</small>			

Attachment 1A: Certification of State Matching Funds For LEA Services Amendment

- An LEA may amend their LEA Certified matching funds; however, the amendment must be submitted prior to the due date of the Cost and Reimbursement Comparison Schedule (CRCS) of the amending fiscal year.
- Enter the dollar amount that the certified funds have increased by
- Enter the LEAs total certified funds (Original amount + additional funds)
- Enter the fiscal year for the amending funds
- Sign this document in **BLUE** ink.

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



TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

FOR STATE USE ONLY
National Provider Identification Number

This is to AMEND the certified funds for Local Educational Agency (LEA):

Sacramento LEA
has an additional _____ a available, in non-federal, certified public funds, for a total of _____ LEA Medi-Cal Billing Option funds to finance LEA Program Activities for the Fiscal Year beginning July _____ and ending June 30, _____. 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 amended 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:

Name of the Authorized Representative

Title of the Authorized Representative

Certification of State Matching Funds for LEA Services Amendment Page 1 of 1 DHCS 08/01/11

Attachment 1B: Certification of State Matching Funds For LEA Services for Retroactive Claiming

- Print or type the amount your LEA budgeted for the previous fiscal year to fund the activities covered by the LEA Medi-Cal Billing Option Program. This line must include a dollar figure other 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
FOR RETROACTIVE CLAIMING
(LEA Program Provider Participation Agreement ATTACHMENT 1B)

 **EDMUND G. BROWN JR.**
GOVERNOR

FOR STATE USE ONLY
National Provider Identification Number

The Local Educational Agency (LEA):
Sacramento LEA
has _____ 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, 2010 and ending June 30, 2011. 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:

Name of the Authorized Representative

Title of the Authorized Representative

Certification of State Matching Funds for LEA Services for Retroactive Claiming Page 1 of 1 DHCS 08/01/11

Attachment 1B: Annual Report Financial Statement Data

- The NPI Number will auto populated from the provider enrollment page.
- 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 prior fiscal year for which you are reporting.
- List how your LEA has reinvested those revenues in expanded health and social services.



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



NPI Number: SS-XXXXXX

Check if new provider

Total dollars received during fiscal year 2010-2011 (a) _____

Carryover from previous fiscal year(s) (b) _____

Total Revenue (lines a + b) (c) \$ -

Reinvestment Expenditures made during 2010-2011, regardless of year the revenue was received:

	Code	Administration/ Claims Processing	Collaborative Operation	Direct Service/Case Management	Total
Certificated Salaries	1000-1999				\$ -
Classified Salaries	2000-2999				\$ -
Employee Benefits	3000-3999				\$ -
Books and Supplies	4000-4999				\$ -
Services, Other Operating Expenses	5000-5999				\$ -
Capital Outlay	6000-6999				\$ -
Other Outgo	7100-7699				\$ -
Total Expenditures					\$ -
Ending Balances as of June 30, 2011 (Total Revenue (c) less Total Expenditures (d))					\$ -

Anticipated service funding priorities of the LEA (Ending Balance as of June 30, 2010 (e)). List Program/Service Items: (Please attach additional page if necessary)

Annual Report Financial Statement Data Page 1 of 1 DHCS 06/01/11

If box is checked, the provider is not required to complete the financial data for the fiscal year of the report.

The shaded boxes will auto calculate

Attachment 2: Statement of Commitment to Reinvest

- The LEA Collaborative may be a newly established or existing collaborative interagency human services group at the county or sub-county level. This group makes decisions regarding the reinvestment of LEA Medi-Cal Billing Option Program funds.
- Description of LEA Medi-Cal Collaborative: Describe the role of the collaborative by answering how reinvestment decisions are made, and the planned frequency of meeting.



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



FOR STATE USE ONLY

National Provider Identification Number

The Local Educational Agency (LEA):

Sacramento LEA

hereby certifies that:

- 1) A local collaborative has been established.
- 2) The local collaborative is responsible for making decisions regarding the LEA Medi-Cal Billing Option Program services.
- 3) The reinvestment decisions are identified.

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.

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

1. Description of LEA Medi-Cal Collaborative decision making process and frequency of meetings:
 - a. How are LEA Medi-Cal Collaborative decisions made? (Check one)

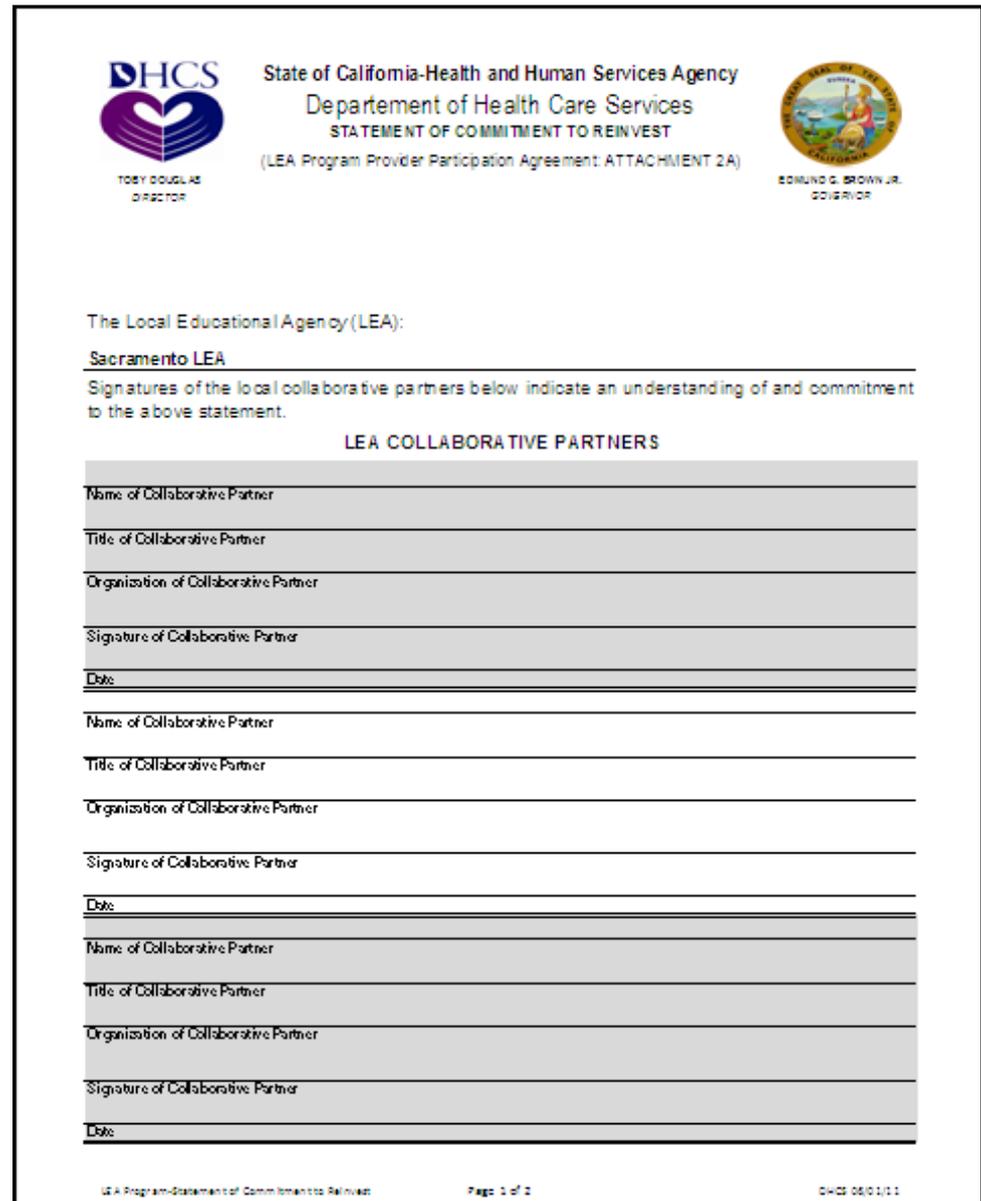
<input type="checkbox"/> Consensus	<input type="checkbox"/> Majority Vote
<input type="checkbox"/> Other	
 - b. What is the frequency of LEA Medi-Cal Collaborative meetings? (Check one)

<input type="checkbox"/> Monthly	<input type="checkbox"/> Every Other Month
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
<input type="checkbox"/> Other	
2. Anticipated service funding priorities of the LEA Medi-Cal Collaborative for fiscal year 2011-2012
 (this describes plans for the potential use of Medi-Cal reimbursement that your LEA has not received yet).
 List Program Service Items (attach an additional page, if needed):

LEA Program Statement of Commitment to Reinvest
Page 1 of 1
DHCS 060111

Attachment 2A: Statement of Commitment to Reinvest- LEA Collaborative Partners

- Experience has shown that a collaborative consisting of at least three representatives from differing agencies/interests will best serve the needs of the collaborative decision making process for the LEA program.



The form is titled "STATEMENT OF COMMITMENT TO REINVEST" and is part of the "LEA Program Provider Participation Agreement: ATTACHMENT 2A". It is issued by the State of California Health and Human Services Agency, Department of Health Care Services. The form includes logos for DHCS (with Toby Douglas, Director) and the Governor's Office (with Edmund G. Brown Jr., Governor). The form asks for the LEA (Sacramento LEA) and requires signatures from three collaborative partners, each providing their name, title, organization, signature, and date.

DHCS
Toby Douglas
Director

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



EDMUND G. BROWN JR.
GOVERNOR

The Local Educational Agency (LEA):
Sacramento LEA

Signatures of the local collaborative partners below indicate an understanding of and commitment to the above statement.

LEA COLLABORATIVE PARTNERS

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
Date

LEA Program-Statement of Commitment to Reinvest Page 1 of 2 DHCS 06/01/11

Final Checklist

- You are submitting the correct version of the PPA: DHCS 06/01/11.
- All of the items on the checklist are included in packet.
- You DO NOT revise the PPA 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 &
LEA Medi-Cal Provider Enrollment Information Sheet**

FINAL CHECKLIST:
Please ensure:

- You are submitting the correct version of the PPA: DHCS 06/01/11.
- 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)
 - Provider Participation Agreement (PPA)
 - Article V – PPA Signature Execution
 - Current Year Certification of State Matching Funds (Attachment 1)
 - Current Year Certification of State Matching Funds-Amendment (Attachment 1A-*if applicable*)
 - Retroactive Year Certification of State Matching Funds (Attachment 1B)
 - Annual Report Financial Data (Attachment 1C)
 - Statement of Commitment to Reinvest (Attachment 2)
 - LEA Collaborative Partners (Attachment 2A)
- All required signatures on the documents are original and are in BLUE ink.
- All information is printed or typed, except where specifically notated.
- Attachments 1, 1A (when applicable), and 1B include dollar amounts, 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 PEDCoordinator@dhcs.ca.gov. Please include the NPI number, LEA, and fiscal year of the PPA. The Provider Enrollment Division charges a \$5.00 service fee for copies.
- You send the enrollment package, with original signatures, to the California Department of Education, [redacted] Educational Agency under the California Education Code, which conforms to the examples specified in the California Code of Regulations, Title 5, Section 49000, and the California Welfare and Institutions Code, commencing with Section 160000.

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

California Department of Education
Health & Safety Office
Shalonn Woodard
Room 6408
95814
X: (916) 445-7367

(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.

LEA PPA/REG Checklist Page 1 of 1 DHCS 06/01/11

PPA/Annual Report Flow Chart

LEA

Local Education Agency

- Complete the PPA/Annual Report in its entirety and submit to the California Department of Education (CDE) by November 30th

CDE

California Department of Education

- Receive PPA/Annual Report (original signature-blue ink)
- Review PPA/Annual Report
- Validate LEA
- Review collaborative to ensure it meets the Ed Code requirements
- Accept PPA/Annual Report
- Sign PPA/Annual Report (signature authority p.10)
- Retain file copy
- Send original PPA/Annual Report with signature to DHCS-LEA

**DHCS-
LEA**

Department of Health Care Services-Local Education Agency Medi-Cal Billing Option Program

- Receive PPA/Annual Report (original)
- Review PPA/Annual Report for completeness (signature, date, funding, etc.)
- Review Certification of State Matching Funds
- Sign Approve PPA/Annual Report (signature authority p.10)
- Send approved original to PED

**DHCS-
PED**

Department of Health Care Services-Provider Enrollment Division

- Receive PPA/Annual Report
- Verify NPI
- Update Provider Master File
- Scan and retain copy of PPA/Annual Report
- Send Welcome Letter to the LEA with effective date.

Other LEA Provider Requirements

- Cost and Reimbursement Reconciliation Schedule (CRCS)
 - Annual cost settlement process
 - Complete and submit a CRCS to DHCS A&I
 - Due **November 30th** for each preceding fiscal year
- LEA participation and reimbursement for Targeted Case Management (TCM) services
 - Submit LEA TCM Labor Survey to SNF (one time submission)
 - Labor Surveys are available at:
 - <http://www.dhcs.ca.gov/provgovpart/Pages/LEATCMLaborSurvey.aspx>

Provider Participation Agreement/Annual Report

- The PPA/Annual Report can be found at the DHCS LEA website at:
 - <http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>
 - Click on the Annual Report link and access the FY 2010-11 PPA/Annual Report
- If you have questions regarding the PPA/Annual Report, please send them to LEA@dhcs.ca.gov



Section 3: Reimbursable Services

Section Training Goals

- Understand reimbursable LEA assessments, treatments, Targeted Case Management and transportation services
- Reiterate billing time increments for LEA services
- Identify which qualified practitioners can provide specific LEA services
- Reiterate LEA billing service limitations
- Understand prior authorization requirements

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

Qualified Practitioners

- LEAs must **maintain documentation** of each practitioner's license, registration, certification or credential
 - Credential requirements are at the California Commission on Teacher Credentialing website (www.ctc.ca.gov)



Provider Manual Reference: loc ed rend and loc ed a prov

Summary of Services

- Assessments
- Treatment Services
- Targeted Case Management
- Transportation



Assessment Types



- **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

IEP/IFSP Assessments and 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

IEP/IFSP Assessment Types

- **Initial:** Evaluation to determine a student's eligibility under IDEA and the educational needs of the student
- **Triennial:** Re-evaluation required once every three years – also to assess continued eligibility under IDEA
- **Annual:** Less extensive re-evaluation to measure annual progress
- **Amended:** Evaluation conducted if condition(s) warrant re-evaluation or changes to a student's plan of care

Provider Manual Reference: loc ed indiv

Assessments: Initial & Triennial

- **Must include** the following activities:
 - Review student records
 - Interview student and/or parent/guardian
 - Observation of student in appropriate settings
 - Schedule and administer appropriate tests and assessments
 - Score and interpret test results, as applicable
 - Write a report summarizing assessment results

Provider Manual Reference: loc ed indiv

Assessments: Annual or Amended

- **Required** activities conducted during the Initial and Triennial assessments **must also be conducted** during the Annual or Amended assessment
 - Scheduling, administering, scoring and interpreting tests and assessments may be less extensive or excluded

Provider Manual Reference: loc ed indiv

Authorization for Assessment Services

- 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

Authorization for Assessment Services

- Prescription
 - Formal prescription for services within the practitioner's scope of service
- Referral
 - Less formal than a prescription, but meets certain documentation standards
- Recommendation
 - May consist of a note in the student's file that indicates the observation/reason for assessment, practitioner type, and signature



Summary of Prescriptions, Referrals & Recommendations for 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

Assessments: IEP/IFSP – Service Limitations

Limitations per service type per beneficiary per LEA provider:

IEP/IFSP Assessment	Service Limitation
Initial IFSP	One assessment per lifetime
Initial IEP	One assessment every third fiscal year
Triennial IEP/IFSP	One assessment every fiscal year when an initial /triennial assessment is not billed
Annual IEP/IFSP	
Amended IEP/IFSP	One assessment every 30 days when an initial/triennial or annual assessment is billed

Provider Manual Reference: loc ed indiv

Assessments: Non-IEP/IFSP and 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

Non-IEP/IFSP Assessments Types

- **Non-IEP/IFSP** assessments are subject to annual service limits of 24 services (assessments, treatments and transportation) per fiscal year
 - Assessment
 - Re-assessment

Provider Manual Reference: loc ed bil

Treatment Services and 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 Treatment

	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

Physician-Based Standards Protocol

- LEAs may use an overall Physician-Based Standards Protocol for Speech Pathology and Audiology treatment services
 - Protocol **must be reviewed and approved** by a Physician **no less than once every two years**
 - Specific contents of a protocol may vary with each LEA

Provider Manual Reference: loc ed serv spe

Components of Physician-Based Standards Protocol

Basic components of a protocol typically include:

- **Eligibility and exit criteria** set by the LEA for Speech and Language services for disorders of articulation, language, fluency (stuttering), and voice as referenced in the LEA's documents and publications
- Indication that **medical necessity** for these disorders is established through criteria that is reflective of the American Speech-Language Hearing Association (ASHA) publication *Preferred Practices for the Profession of Speech Language Pathology (1997)* and the CA Education Code, Section 56333
- Indication that speech and language disorders are not due to unfamiliarity with the English language

Provider Manual Reference: loc ed sero spe

Components of Physician-Based Standards Protocol

Basic components (*continued*):

- **Developmental norms** for speech and language development
- A **statement** that assessment and treatment services **must be documented** in writing
- **Acknowledgement that parents are provided information** through the IEP process to share with their primary care physician
- A **statement indicating that a physician** designated by the LEA **is available to audit records** for services billed to Medi-Cal where medical necessity is a requirement for reimbursement

Provider Manual Reference: loc ed serv spe

Treatment Services – Service Limitations

IEP/IFSP and Non-IEP/IFSP Treatments	Daily Service Limitation Per Service Per Beneficiary
Physical Therapy	Daily maximum of 6 hours (24 units)
Occupational Therapy	
Speech Therapy	
Audiology	
Psychology and Counseling	
Nursing	Daily maximum of 8 hours (32 units)
LVN	
School Health Aide	
IEP/IFSP Treatment Only	Daily Service Limitation
Hearing Check	Daily maximum of 1 check

*****Non-IEP/IFSP treatments are subject to annual service limits of 24 services (assessments, treatments and transportation) per fiscal year***

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: Bill 1 unit for each 15 minutes of service (time may be rounded)
- Initial treatment services: Bill 1 unit for each continuous 15 minutes of service
 - Initial treatments are 15-45 continuous minutes
- Additional treatment services: Bill 1 unit for each 15 minutes of service performed beyond the initial 15-45 minute service

Provider Manual Reference: loc ed bil

Assessment Types and Billing Increments

	Assessment Type	Encounter-Based Service	15-Minute Increments	Daily Unit Maximum Per Beneficiary
IEP/IFSP	Psychological	X		
	Health	X		
	Audiological	X		
	Speech Language Pathology	X		
	Physical Therapy	X		
	Occupational Therapy	X		
	Psychosocial Status		X	
	Health/Nutrition		X	
Non-IEP/IFSP	Psychosocial Status		X	4 units = 1 hour
	Health Nutrition		X	4 units = 1 hour
	Health Education		X	4 units = 1 hour
	Hearing	X		1 unit
	Vision	X		1 unit
	Developmental		X	4 units = 1 hour

Provider Manual Reference: loc ed bil

Treatment Types and Billing Increments

	Treatment Type	Initial and Additional Service	15-Minute Increments	Encounter-Based Service
IIEP/IFSP and Non-IIEP/IFSP Treatments	Physical Therapy	X		
	Occupational Therapy	X		
	Speech	X		
	Audiology	X		
	Psychology	X		
	RN Nursing		X	
	LVN Nursing		X	
	School Health Aide		X	
	Hearing			X

Provider Manual Reference: loc ed bil

Transportation - Criteria

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



Transportation - Authorization for Services

- **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

Transportation - Authorization for Services

- **Non-IEP/IFSP** transportation and mileage are restricted to trips between the school and the location where health services are provided
 - Home to school transportation is not covered



Provider Manual Reference: loc ed serv trans

LEA 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

TCM - Excluded Services



- TCM does **not** include:
 - Diagnostic or treatment services
 - Educational activities that may be reasonably expected in the school system
 - Administrative activities or
 - Program activities that do not meet the definition of TCM

Provider Manual Reference: loc ed serv targ

TCM - LEA Provider Requirements

- To bill for TCM services, LEAs must complete the TCM Labor Survey and submit it to DHCS
 - LEAs billing for TCM services without submitting their survey will not be reimbursed for TCM services

Provider Manual Reference: loc ed a prov

TCM - 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

TCM and Transportation Billing Increments

Service Type	Per Round Trip	Per Mile	15-Minute Increments	Daily Unit Maximum Per Beneficiary
Transportation: One-Way Trip	X			24 units
Transportation: Mileage		X		No limitation
TCM			X	32 units = 8 hours

***Non-IEP/IFSP transportation are subject to annual service limits of 24 services (assessments, treatments and transportation) per fiscal year*

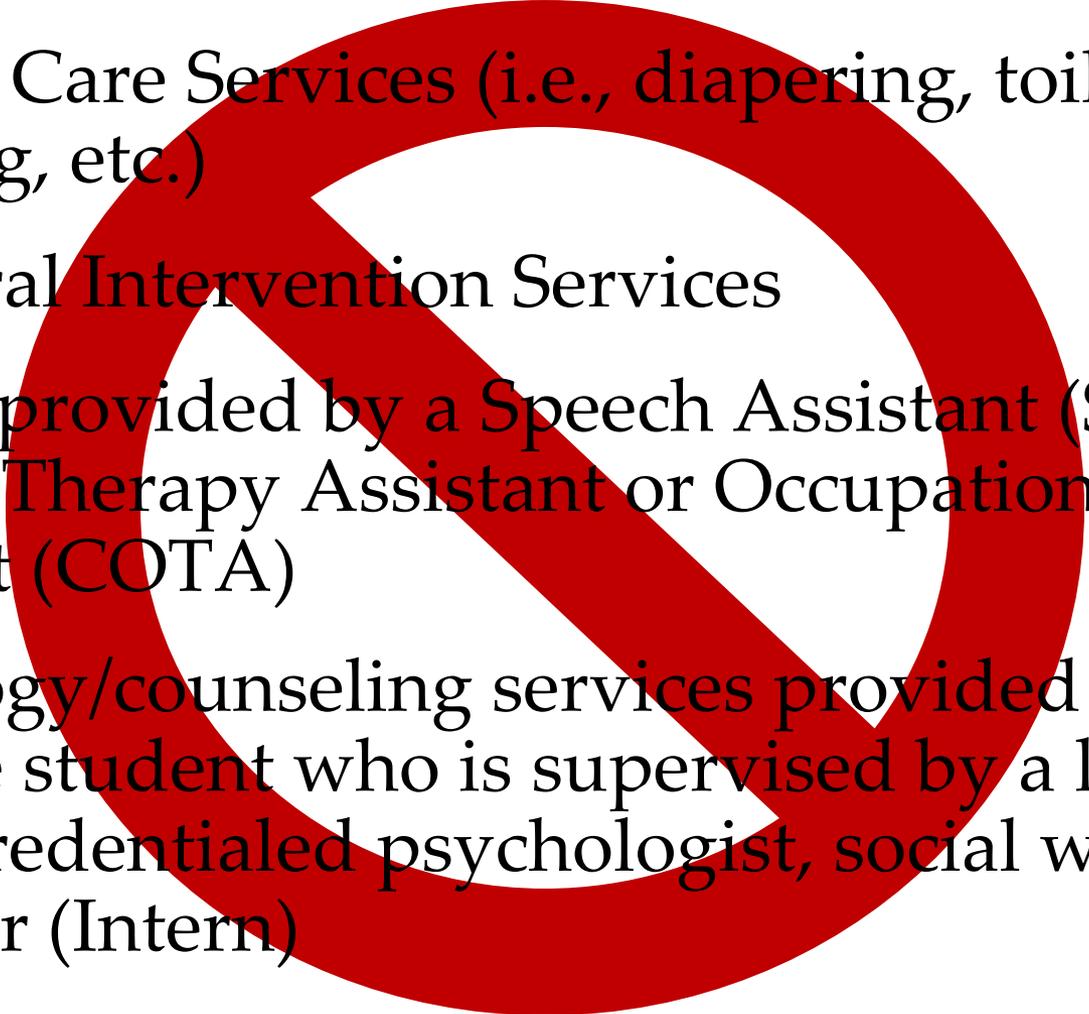
Provider Manual Reference: loc ed serv trans and loc ed serv targ

No “Double Dipping”

Targeted Case Management and Transportation services are eligible for billing under **EITHER** the LEA Billing Option Program **OR** the MAA Program, but **NOT** both.

Examples of Non-Reimbursable Services

Which Services Are NOT Currently Reimbursed in the LEA 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 4:
LEA Billing Requirements
and Code Structure

Section Training Goals

- Reiterate Free Care and Other Health Coverage requirements
- Emphasize stringent non-IEP/IFSP billing requirements
- Provide an overview of the LEA billing code structure and maximum allowable rates

Free Care Provision - Principle

- General Principle: 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
 - *However*, for those services exempt from the free care requirement, the LEA provider still must pursue any Other Health Coverage (OHC) for reimbursement before billing Medi-Cal

Provider Manual Reference: loc ed bil

Free Care Provision - Policy and Requirements

- In order to bill Medi-Cal for Free Care services, LEAs must do **all** of the following:
 - Establish a fee for each service provided
 - Collect and bill OHC information from **100%** of the population served
 - Bill other responsible third party insurers (OHC) before billing Medi-Cal
- If any parent refuses to allow OHC to be billed, and the LEA service is still provided, it is considered Free Care and the LEA can **not** bill Medi-Cal for that type of service to any student

Provider Manual Reference: loc ed bil

State Mandated Assessments

- LEAs are legally obligated to provide and pay for services that are mandated by State law, such as State mandated screenings (e.g., standard vision, hearing or scoliosis screenings)
- Services provided by LEAs that are mandated by State law are not reimbursable and can **not** be billed to Medi-Cal



Provider Manual Reference: loc ed bil

- General Principle: Medi-Cal will not pay for services if another third party is legally liable and responsible for paying for the services
- If a student has OHC, the provider must bill the other payer or obtain documentation that the plan does not provide coverage for the specific service rendered before billing Medi-Cal

Provider Manual Reference: loc ed bil

OHC/TPL - Documenting Non-Coverage

- Documenting non-coverage:
 - Bill the other payer using proper billing procedures and receive a claim denial for the specific service rendered.
 - The claim denial is valid for one year. Examples of legitimate denial reasons are: service not covered, patient not covered, etc.
- LEAs are responsible for documenting non-coverage



Provider Manual Reference: loc ed bil

OHC/TPL - Managed Care

- LEAs may be reimbursed for services provided to students in a Managed Care Plan (MCP)
 - Services must be in the student's IEP/IFSP
 - Services not in the student's IEP/IFSP are subject to annual service limitations

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 Billing Codes Chart

IEP/IFSP Assessments

Procedure Code/ Modifier	LEA 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>	\$240.31

* 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



Section 5:
Overview of Cost and
Reimbursement
Comparison Schedule
(CRCS)

Section Training Goals

- FY 2009/10 CRCS Form
- IRUS Report
- CRCS Documentation/Audit Binder
- Records Retention
- Certified Public Expenditure Program as it relates to LEA
- CRCS Overview Calculations
- LEA Responsibility in the CRCS Process
- CRCS Submission Process
- CRCS Supporting Documents
- A&I CRCS Audit Process
- DHCS Audit Report
- Appeal Process

FY 2009/10 CRCS Form

- CRCs Worksheet Changes
 - “All Qualified” Practitioners
 - Federally Funded Revenues and Expenses
- All Qualified Practitioners - FTEs and Costs
- IRUS Reports
 - Documentation to maintain in lieu of IRUS Report
 - Encounters vs. Units
- CRCs Documentation/Audit Binder
- Records Retention

Worksheet Changes: Worksheets A and B

- One FMAP Period
- Title of the federal funding column has been revised to indicate whether or not any federal funds are received for any of the practitioner types

NOTE: Funds classified under Resource Code 5640 (Medi-Cal Billing Option) are not considered restricted federal funds for CRCS reporting purposes

- Salaries and Benefit Expenditures are no longer input on these worksheets

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Dates of Service 7/1/09 - 6/30/10		
		Net Total Personnel Costs	Percent of Time Providing LEA Services Documented in an IEP or IFSP	Cost of Providing LEA Services Documented in an IEP or IFSP
		A	B	C = A*B
1. Psychologists		-	0	-
2. Social Workers		-	0	-
3. Counselors		-	0	-
4. School Nurses		-	0	-
5. Licensed Vocational Nurses		-	0	-
6. Trained Health Care Aides		-	0	-
7. Speech-Language Pathologists		-	0	-
8. Audiologists		-	0	-
9. Physical Therapists		-	0	-
10. Occupational Therapists		-	0	-
11. Physicians/Psychiatrists		-	0	-
a. Service Costs (Sum, F1 - F11)				\$ -
b. Service Costs Excluded from Indirect Cost Rate Application				\$ -
c. Service Costs Included in Indirect Cost Rate Application (a - b)				\$ -
d. Indirect Cost Rate				
e. Indirect Costs (c * d)				\$ -
f. Total Service Costs (a + e)				\$ -
g. Federal Medical Assistance Percentage (FMAP)				61.59%
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)				\$ -

Worksheet Changes: Worksheet A.1/B.1

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

<i>(Object Code)</i> 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			-			-

- New worksheet that captures both non-federal and federally funded expenditures by practitioner type
- Identifies the revenues received by other federal funds
NOTE: Funds classified under Resource Code 5640 (Medi-Cal Billing Option) are not considered restricted federal funds for CRCS reporting purposes
- Calculates net Personnel Costs

Worksheet Changes: Worksheet A-1/B-1

Worksheet A-1/B-1: Other Costs

<i>(Object Code)</i>	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
<i>Practitioner Type</i>	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								-

Captures both non-federal and federally funded expenditures by practitioner type

NOTE: As of September 22, 2011, W/S A-1/B-1 Instructions have been revised. The “non-federally funded” language has been removed.

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 Employees (FTE) (A)	Annual Hours Required to Work per FTE (B)	Total Hours Required to Work (Employees) (C)	Total Hours Worked by Contractors (D)	Total Hours Worked by Employees and Contractors (E = C+D)	Dates of Service 7/1/09 - 6/30/10		Dates of Service 7/1/09 - 6/30/10	
							Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP (F)	Percent of Time Providing LEA Services Documented in an IEP or IFSP (G = F/E)	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP (H)	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP (I = H/E)
1. Psychologists					-	-	-	0	-	0
2. Social Workers					-	-	-	0	-	0
3. Counselors					-	-	-	0	-	0
4. School Nurses					-	-	-	0	-	0
5. Licensed Vocational Nurses					-	-	-	0	-	0
6. Trained Health Care Aides					-	-	-	0	-	0
7. Speech-Language Pathologists					-	-	-	0	-	0
8. Audiologists					-	-	-	0	-	0
9. Physical Therapists					-	-	-	0	-	0
10. Occupational Therapists					-	-	-	0	-	0
11. Physicians/Psychiatrists					-	-	-	0	-	0
12. Optometrists					-	-	-	0	-	0
13. Audiometrists					-	-	-	0	-	0

One FMAP Period

Worksheet Changes: Worksheet A-4/B-4

**Worksheet A-4: Units, Encounters and Reimbursement of Providing LEA Services Documented in an IEP or IFSP
Dates of Service 7/1/09 - 6/30/10**

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit <i>A</i>	Total Units or Encounters <i>B</i>	Total Minutes <i>C = A * B</i>	Number of Students <i>D</i>	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP <i>E = C/D/60</i>	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP <i>F</i>
					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
1a	IFSP Psychological Assessment: Initial	96101	TL	-	360		-	1	-	
1b	IFSP Psychological Assessment: Annual	96101	TL	52	120		-	1	-	
1c	IFSP Psychological Assessment: Amended	96101	TL	TS	120		-	1	-	
1d	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	360		-	1	-	
1e	IEP Psychological Assessment: Annual	96101	TM	52	120		-	1	-	
1f	IEP Psychological Assessment: Amended	96101	TM	TS	120		-	1	-	
1g	IFSP Psychology Counseling, Individual Treatment - Initial	96152	TL	AH	55		-	1	-	
1h	IFSP Psychology Counseling, Individual Treatment - Additional	96152	TL	AH, 22	15		-	1	-	
1i	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	55		-	1	-	
1j	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AH, 22	15		-	1	-	
1k	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AH	73		-	6	-	
1l	IFSP Psychology Counseling, Group Treatment - Additional	96153	TL	AH, 22	15		-	6	-	
1m	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	73		-	6	-	
1n	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH, 22	15		-	6	-	
	Psychologists - Totals								-	-

Identifies which rows should contain encounters in Column B and which rows should contain units

Worksheet Changes: All Qualified Practitioners

- LEAs are now required to report expenses and FTEs for all qualified practitioners employed by your LEA, regardless of whether or not they provided LEA services to Medi-Cal beneficiaries and regardless of their funding
- Bridging Schedule
 - Ties reported expenses to the Financial Statements

IRUS Reports

- FY 2009/10 posted on website:
 - <http://www.dhcs.ca.gov/provgovpart/Pages/2009-10CRCS.aspx>

Home > Providers & Partners > Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2009-10

Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2009-10

Page Updated: August 15, 2011

FISCAL YEAR 2009-10 CRCS SUBMISSION DEADLINE:
NOVEMBER 30, 2011

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:

- [2009-2010 LEA IRUS UPDATES \(Excel\)](#)

- 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)

FY 2009/10 IRUS Report

LEA Medi-Cal Billing Option Program Interim Reimbursement and Units of Service Report (IRUS Report) Fiscal Year 2009/10

General Note:

This IRUS Report will assist LEAs to complete CRCS Worksheets A-4 and B-4. LEAs should verify the reasonableness between your internal accounting system and the IRUS Report and accurately input encounters, units and reimbursement information for each procedure code for LEAs to complete on your CRCS form. Potential discrepancies between the IRUS Report and your internal system numbers should be documented to support the numbers you input on the CRCS forms and to provide an accounting documentation trail for review and audit.

Notes:

- 1) For CRCS reporting, LEA providers will enter the total units by LEA service type (procedure code/modifier combination) that your LEA was reimbursed for all services, except for initial treatment services. For initial treatment services, enter the total encounters by LEA service type on Worksheet A-4 rows 1g, 1i, 1k, 1m, 2g, 2i, 2k, 2m, 3g, 3i, 3k, 3m, 7g, 7i, 7k, 7m, 8g, 8i, 8k, 8m, 9g, 9i, 9k, 9m, 10g, 10i, 11g, 11i, 11k, 11m and Worksheet B-4 rows 1c, 1e, 2c, 2e, 3c, 3e, 7c, 7e, 8c, 8e, 9c, 9e, 10c, 10e, 11c, 11e and Worksheet B-4 rows 1c, 1e, 2c, 2e, 3c, 3e, 7c, 7e, 8c, 8e, 9c, 9e, 10c, 10e, 11c, 11e.
- 2) Paid claims information is based on dates of service during FY 2009/10. Data for the encounters, units and reimbursement are as of September 2011 from HP paid claims data (includes EPCs and CIFs as of this date).
- 3) This report only contains encounters, units and reimbursement for LEA providers with paid LEA services, excluding Targeted Case Management, transportation and mileage. LEA service procedure code/modifier combinations with "zero" reimbursement are not in this report.
- 4) If your LEA NPI is not listed, your LEA does not have paid claims for any LEA service procedure code/modifier combinations, as defined above in notes 2 and 3, for FY 2009/10.

National Provider Identifier (NPI)	CRCS Worksheet	CRCS Row Number	Services Provided By	LEA Service	National Code	IEP/IFSP Service Modifier	Practitioner Modifier	Type of Service Modifier	Units	Encounters	Reimbursement
1003018631	A-4	1d	Psychologists	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	-	185		\$ 50,123.90
1003018631	A-4	1e	Psychologists	IEP Psychological Assessment: Annual	96101	TM	-	52	58		\$ 5,237.98
1003018631	A-4	1f	Psychologists	IEP Psychological Assessment: Amended	96101	TM	-	TS	48		\$ 4,334.88
1003018631	A-4	1i	Psychologists	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	-		254	\$ 10,513.06
1003018631	A-4	1j	Psychologists	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AH	22	10		\$ 112.90
1003018631	A-4	4d	School Nurses	IEP Health Assessment: Initial/Triennial	T1001	TM	-	-	155		\$ 11,778.45
1003018631	A-4	4f	School Nurses	IEP Health Assessment: Amended	T1001	TM	-	TS	5		\$ 217.10
1003018631	A-4	4h	School Nurses	IEP Nursing Services	T1002	TM	-	-	7		\$ 76.02
1003018631	A-4	6b	Trained Health Care Aides	IEP Trained Health Care Aide Services	T1004	TM	-	-	9,769		\$ 44,546.64
1003018631	A-4	7d	Speech-Language Pathologists	IEP Speech Language Assessment: Initial/Triennial	92506	TM	GN	-	109		\$ 13,930.20
1003018631	A-4	7e	Speech-Language Pathologists	IEP Speech Language Assessment: Annual	92506	TM	GN	52	63		\$ 4,392.36
1003018631	A-4	7f	Speech-Language Pathologists	IEP Speech Language Assessment: Amended	92506	TM	GN	TS	82		\$ 5,717.04
1003018631	A-4	7i	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GN	-		128	\$ 4,957.44
1003018631	A-4	7j	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GN	22	69		\$ 801.78
1003018631	A-4	7m	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GN	-		2,525	\$ 35,855.00
1003018631	A-4	7n	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN	22	438		\$ 1,695.06
1003964172	A-4	10d	Occupational Therapists	IEP Occupational Therapy Assessment: Initial/Triennial	97003	TM	-	-	5		\$ 631.40
1003964172	A-4	10e	Occupational Therapists	IEP Occupational Therapy Assessment: Annual	97003	TM	-	52	3		\$ 263.10
1003964172	A-4	10i	Occupational Therapists	IEP Occupational Therapy Individual Treatment - Initial	97110	TM	GO	-		19	\$ 791.35
1003964172	A-4	1d	Psychologists	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	-	60		\$ 16,256.40
1003964172	A-4	1e	Psychologists	IEP Psychological Assessment: Annual	96101	TM	-	52	8		\$ 722.48
1003964172	A-4	1f	Psychologists	IEP Psychological Assessment: Amended	96101	TM	-	TS	14		\$ 1,264.34
1003964172	A-4	1i	Psychologists	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	-		32	\$ 1,324.48
1003964172	A-4	1m	Psychologists	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	-		45	\$ 412.20
1003964172	A-4	1n	Psychologists	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH	22	11		\$ 20.79
1003964172	A-4	4d	School Nurses	IEP Health Assessment: Initial/Triennial	T1001	TM	-	-	71		\$ 5,395.29
1003964172	A-4	4e	School Nurses	IEP Health Assessment: Annual	T1001	TM	-	52	3		\$ 130.26
1003964172	A-4	4f	School Nurses	IEP Health Assessment: Amended	T1001	TM	-	TS	3		\$ 130.26
1003964172	A-4	5b	Licensed Vocational Nurses	IEP LVN Services	T1003	TM	-	-	124		\$ 745.92
1003964172	A-4	6b	Trained Health Care Aides	IEP Trained Health Care Aide Services	T1004	TM	-	-	4,338		\$ 19,781.28
1003964172	A-4	7d	Speech-Language Pathologists	IEP Speech Language Assessment: Initial/Triennial	92506	TM	GN	-	46		\$ 5,878.80
1003964172	A-4	7e	Speech-Language Pathologists	IEP Speech Language Assessment: Annual	92506	TM	GN	52	33		\$ 2,300.76
1003964172	A-4	7f	Speech-Language Pathologists	IEP Speech Language Assessment: Amended	92506	TM	GN	TS	34		\$ 2,370.48
1003964172	A-4	7i	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GN	-		84	\$ 3,253.32
1003964172	A-4	7m	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GN	-		2,320	\$ 32,944.00
1003964172	A-4	7n	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GN	22	1		\$ 3.87

Encounters vs. Units – Initial Treatments

Speech Therapy – 60 minute continuous session

Medi-Cal Billing:

Initial Service = 15-45 continuous minutes
= 1 unit per 15 minute increment
= 3 units

Add'l Service = 15 minute increments
= 1 unit
= **4 units** billed to Medi-Cal

Tracking for CRCs:

Initial Service = 15-45 continuous minutes
= **1 encounter**

Add'l Service = **1 unit**

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.

CRCs Overview

Calculations

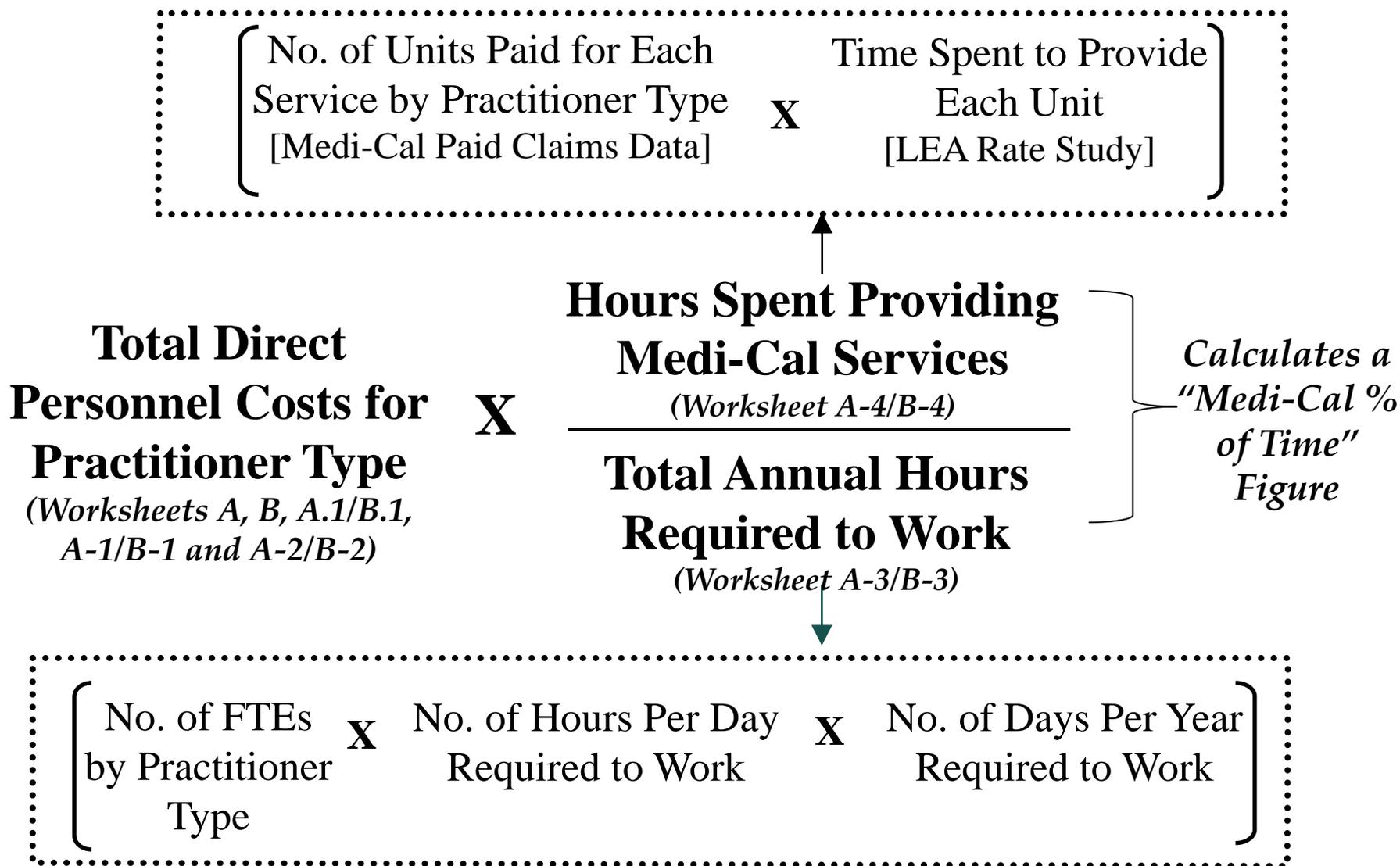
Certified Public Expenditure Program

- Allowable costs are based on the provision of covered health services
- Certified public expenditure programs are subject to periodic State audit and review
- Cost and Reimbursement Comparison Schedule (CRCS) reported expenditures will be compared against the Fiscal Intermediary payment claim data
- The State will initiate final settlement as it results in a “difference” owed to/from the LEA

CRCS Overview

- The CRCS calculates the difference between costs incurred by LEAs and *interim* reimbursement payments received during the fiscal year
 - Results in an LEA overpayment or underpayment
- LEAs report the costs and hours for their health service practitioners
- The CRCS process compiles information from LEAs and Medi-Cal to compare costs to reimbursements

Calculation of Medi-Cal Direct Service Costs



CRCS Calculation

$$\left(\begin{array}{l} \text{Total} \\ \text{Calculated} \\ \text{Medi-Cal} \\ \text{Direct} \\ \text{Service} \\ \text{Costs} \end{array} + \text{Indirect} \right) \times \begin{array}{l} \text{FMAP \%} \\ \text{[DHCS]} \end{array} - \begin{array}{l} \text{Interim} \\ \text{Medi-Cal} \\ \text{Reimbursement} \\ \text{[Medi-Cal Paid} \\ \text{Claims Data]} \end{array} = \text{Difference}$$

LEA Responsibility in the CRCS Process

- Reporting costs associated with the direct provision of health services
- Reporting hours worked by qualified practitioners (employees and contractors)
- Identifying direct costs and hours associated with FTEs funded by federally-funded programs outside of the LEA 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

CRCS Data Collected

- CRCS based on dates of service between July 1 – June 30 for the relevant fiscal year
- LEAs reported costs and hours for their qualified practitioner population
 - Transportation (T2003), Mileage (A0425) and Targeted Case Management (T1017) are **excluded** from CRCS
- LEAs report reimbursement and units/encounters based on paid claims
 - Multiple modifiers are used to distinguish the type of service, the practitioner that performed the service and if the service was an IEP/IFSP service

CRCs Submission Process

CRCS Submission Process

- 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
- Streamlining the Acceptance process for FY 2009/10 and future years
- 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

- DHCS has implemented a withhold on current claims for late or non-submission of CRCS forms
- CRCS forms are due within five months after the one-year runout period for claiming. For example, FYE 06.30.2010 CRCS form is due no later than November 2011
 - 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 Billing Option program

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

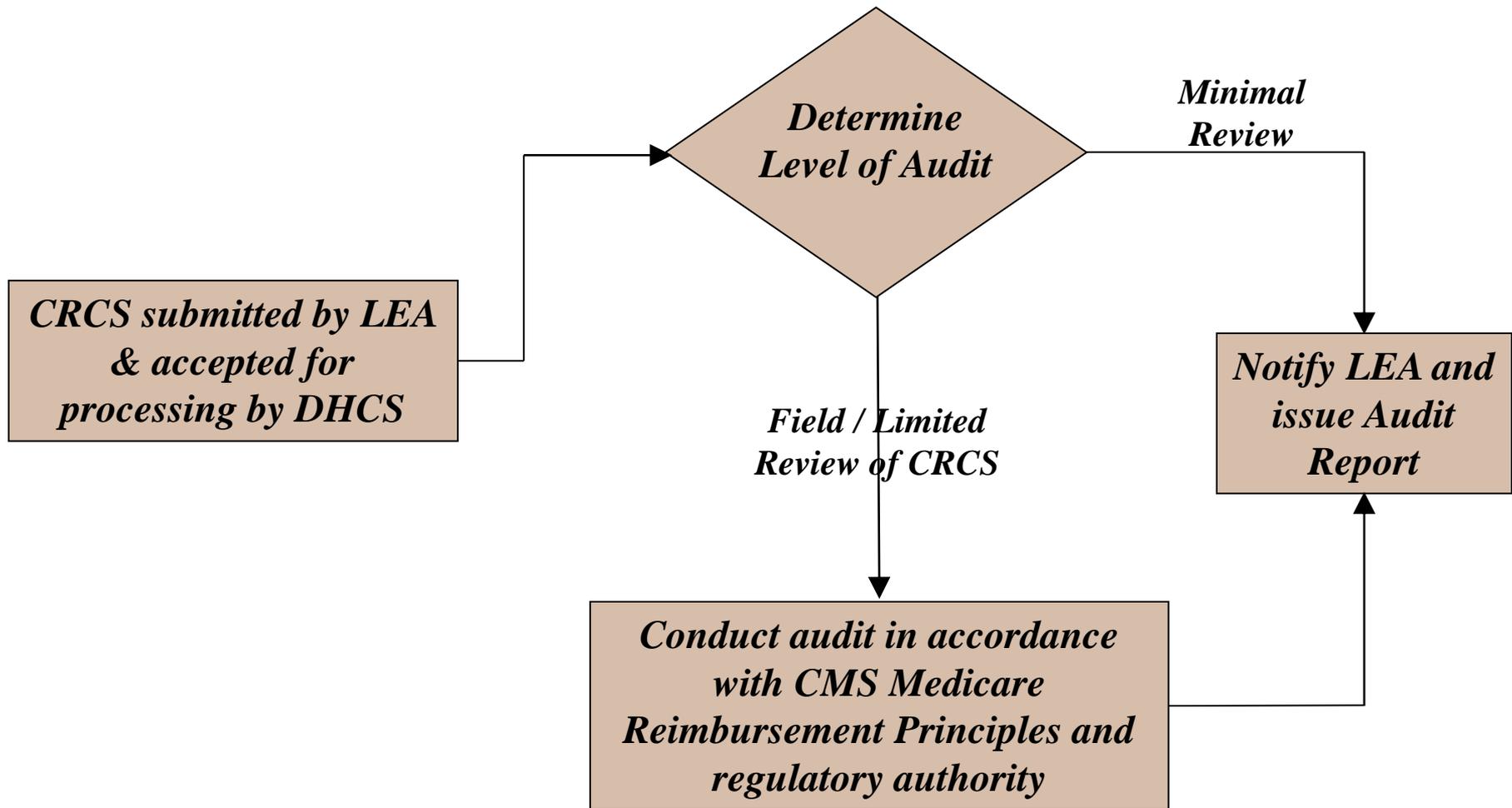
A&I Audit Process

CRCS Audit Process

- Each Filed CRCS will have an audit performed
 - Three levels of review (Field, Limited, Minimal)
 - One “audit” for each Filed CRCS
 - Audited CRCS Issuance Process
 - Audit Appeal Process
- Current Audits in process

CRCS Audit Process

Flowcharting the A&I Process



CRCS Audit Process

- Minimal Audit Review
 - Comparison of reported claims data (CRCS) to the Fiscal Intermediary paid claims data (does not take into account expense/revenue review)
 - A 15 Day Exit Acknowledgement letter will be sent out with proposed adjustments
 - LEAs have 15 calendar days from receipt of the exit acknowledgement to submit any additional documentation related to the audit adjustments

CRCS Audit Process

- Limited Audit Review
 - LEA will be notified prior to the audit
 - Comparison of reported claims data (CRCS) to the Fiscal Intermediary paid claims data (will take into account expense and revenue review)
 - A 15 Day Exit Acknowledgement letter will be sent out with proposed adjustments or an exit conference will be scheduled
 - LEAs have 15 days from receipt of the exit acknowledgement or the exit conference to submit any additional documentation related to the audit adjustments

CRCS Audit Process

- Field Audit Review
 - LEA will be notified prior to the audit so as to schedule the entrance conference
 - A&I will send out the entrance letter which will include a list of documents typically needed and should be available during the audit
 - Comparison of reported claims data (CRCS) to the Fiscal Intermediary paid claims data (will take into account expense/revenue review)

CRCS Audit Process

- Field Audit Review
 - A&I will keep LEAs informed of the progress of the audit. Although the time needed for an audit varies, A&I will give LEAs an estimate of how long the audit process will last
 - A&I will be meeting with LEA staff during the audit to make requests for documentation and ask and answer questions
 - A&I will discuss the audit issues and potential audit adjustments with LEAs during the audit
 - To reduce disruptions of business activities, let the auditor know the best time of day to meet with LEA representatives

CRCs Audit Process

- Field Audit Review
 - After the audit work is complete, auditor will provide LEAs with a copy of proposed audit adjustment(s) and supporting audit workpapers
 - The Exit conference will be scheduled to discuss the audit findings
 - LEAs have 15 days from exit conference to submit any additional documentation related to the audit adjustments
 - Issuance of Audited DHCS Cost Report

DHCS Audit Report

DHCS Audit Report

- DHCS – A&I FAB will send the Audit Report to LEAs
- Format will be similar to a CRCS, but not exact
 - Opinion Letter, Schedules, Adjustments, Management Comments
- Identifies settlement calculations
 - A&I prepares the Action Notice with amounts **DUE TO THE PROVIDER (or THE STATE)** and forwards them to Fiscal Intermediary and Third Party Liability
 - It usually takes about two 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

Appeal Process – First Level Appeals

- Hearing Auditor (mediation)
- Informal Appeal timelines
 - Provider has 60 days from the date of Audit Report to file and appeal
 - Office of Administration Hearing and Appeals (OAHA) accepts within 30 days
 - Both parties submit position statements within 45 days of appeal acceptance
 - 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”

