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)
  o Safety Net Financing Division (SNFD)
    ▪ Administers the LEA Medi-Cal Billing Option Program (LEA Program)
  o Audits and Investigations (A&I) Financial Audits Branch (FAB)
    ▪ Conducts financial audits/reviews of LEA Program providers

• Navigant Consulting, Inc.
  o Contractor to DHCS; Conducted the LEA Program rate study
  o Implementing provisions of Senate Bill 231

• LEA Ad-Hoc Workgroup Members
  o Representatives of large, medium and small school districts; County Offices of Education; professional associations
LEA Resources

- LEA Program Website

- LEA Program Website Subscription Notice

- 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
  o DHCS Provider Enrollment: (916) 323-1945
  o CDE Healthy Start: (916) 319-0914

• LEA Reinvestment Questions
  o CDE, Healthy Start: (916) 319-0284

• LEA Eligibility Match Questions
  o DHCS Information Technology Services Division: (916) 440-7253
    (916) 440-7250

• LEA Billing Questions
  o DHCS Fiscal Intermediary: 1 (800) 541-5555

Provider Manual Reference: loc ed
LEA Program Website
http://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx

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
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, 18 (Feb 2009), Page 8 (Aug 2008)

- LEA Billing Codes and Reimbursement Rates (loc ed bil ed)
  - Pages 1-15 (May 2010), Page 16 (Feb 2007)

- LEA Billing Examples (loc ed bil ext)
  - 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)
LEA Training

http://www.dhcs.ca.gov/provgovpart/Pages/LEABOProgTraining.aspx

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/LEA website periodically for updates to this page. For the most up-to-date information, please join the subscribing...
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
Cost and Reimbursement Comparison Schedule (CRCS) for Fiscal Year 2009-10

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 services to the Medi-Cal recipients are within 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 loss of enrollment eligibility.

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 2009-10 CRCS Forms Update Summary provides information on the CRCS Form updates required for this fiscal year.]

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 Excessive Modifiers (under development)
- Standardized Accounting Code Structure (SACS) Guidance: [http://www.cdo.ca.gov/fg/ac/ss/]
- California School Accounting Manual (CSAM): [http://www.cde.ca.gov/fg/ac/ss/]
- LEA Indirect Cost Rate Data: [http://www.cde.ca.gov/fg/ac/ir/]

[http://www.dhcs.ca.gov/provgovpart/Pages/2009-10CRCS.aspx]
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)
- MR8 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)
  o Provides reimbursement for health services at fee-for-service rates (W&I Code Section 14132.06)
  o Providers submit claims for each service provided

• Medi-Cal Administrative Activities (MAA)
  o Provides reimbursement for administrative activities necessary for the proper and efficient administration of the Medi-Cal program (W&I Code Section 14132.47)
  o 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

• 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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2009-2010 (draft)</td>
<td>$130,426,735</td>
</tr>
<tr>
<td>FY 2008-2009</td>
<td>109,872,476</td>
</tr>
<tr>
<td>FY 2007-2008</td>
<td>81,240,932</td>
</tr>
<tr>
<td>FY 2006-2007</td>
<td>69,549,972</td>
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<tr>
<td>FY 2005-2006</td>
<td>63,563,404</td>
</tr>
<tr>
<td>FY 2004-2005</td>
<td>63,881,236</td>
</tr>
<tr>
<td>FY 2003-2004</td>
<td>90,919,630</td>
</tr>
<tr>
<td>FY 2002-2003</td>
<td>92,220,083</td>
</tr>
<tr>
<td>FY 2001-2002</td>
<td>67,877,704</td>
</tr>
<tr>
<td>FY 2000-2001</td>
<td>59,601,374</td>
</tr>
</tbody>
</table>
LEA Reimbursement (Federal Match) FY 2009/10

Total Federal Match: $130.4 Million

LEA Providers: 486
LEA Treatment Services (Federal Match) FY 2009/10

Total Federal Match: $ 96.1 million

- **Nursing:** $42.8 Million (45%)
- **Speech Therapy:** $40.7 Million (42%)
- **Occupational Therapy:** $6.0 Million (6%)
- **Psychology/Counseling:** $5.7 Million (6%)
- **Physical Therapy:** $585,007 (<1%)
- **Audiology:** $310,182 (<1%)

**Total Federal Match: $96.1 million**
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
• LEA rate rebasing and ARRA FMAP
  o Claims processing fix implemented: August 19, 2011
  o EPC: To be determined

Federal Medicaid Assistance Percentage

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:
  o PPA structure and the instructions
  o The Annual Report is included in the PPA
  o Amendment to Certified Funds
  o The due date for the PPA/Annual Report has changed to November 30th
  o DHCS letterhead
  o Language regarding all 3 withholds (1% admin, 1% A&I, 2.5% SB 231)
  o 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:
  o 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
  o The PPA/Annual report is available at:
    ▪ http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderEnrollment.aspx
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 addresses. 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 used to process administrative and financial transactions.
  - Once entered, this number will auto populate on the required pages.
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:
  
  o Submit an LEA PPA (which includes Annual Report requirements) to CDE

  o Due **November 30th** of each fiscal year

• LEAs who do not re-apply will be suspended from the program
Instructions for Completing the LEA PPA/Annual Report

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

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

*Print Each Tab Separately.*

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

Use the tabs at the bottom of the page to navigate through the PPA/Annual Report.
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.
LEA Provider Support Costs

• LEA withholds on total paid claims reimbursement
  o 1% administrative fee for claims processing and related costs
    ▪ Medi-Cal Remittance Advice Detail (RAD) code 795
  o 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
  o 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
• 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.

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

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 subcounty 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.

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.
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.
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.
  - Medical Provider Enrollment Information Sheet (MPEIS)
  - Provider Participation Agreement (PPA)
  - Article V – PPA Signature Execution
  - Current Year Certification of State Matching Funds (Attachment 1)
  - Previous Year Certification of State Matching Funds (Attachment 2)
  - Annual Report Financial Data (Attachment 3)
  - Statement of Commitment to Reinvest (Attachment 4)
  - LEA Collaborative Partners (Attachment 5)
- All required signatures on the documents are original and are in BLUE ink.
- All information is printed correctly, except where specifically noted.
- Attorneys 1, 1A (when applicable), 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 include your request in the envelope and send to your LEA.

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
**PPA/Annual Report Flow Chart**

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

**California Department of Education (CDE)**
- 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

**Department of Health Care Services-Local Education Agency Medi-Cal Billing Option Program (DHCS-LEA)**
- 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

**Department of Health Care Services-Provider Enrollment Division (DHCS-PED)**
- 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)
  o Annual cost settlement process
  o Complete and submit a CRCS to DHCS A&I
  o Due **November 30th** for each preceding fiscal year

• LEA participation and reimbursement for Targeted Case Management (TCM) services
  o Submit LEA TCM Labor Survey to SNF (one time submission)
  o Labor Surveys are available at:
    ▪ [http://www.dhcs.ca.gov/provgovpart/Pages/LEATCMLaborSurvey.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/LEATCMLaborSurvey.aspx)
• The PPA/Annual Report can be found at the DHCS LEA website at:
  o http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx
  o 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

<table>
<thead>
<tr>
<th>Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychologists</strong></td>
</tr>
<tr>
<td>Licensed Psychologist</td>
</tr>
<tr>
<td>Licensed Educational Psychologist</td>
</tr>
<tr>
<td>Credentialed School Psychologist</td>
</tr>
<tr>
<td><strong>Social Workers</strong></td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
</tr>
<tr>
<td>Credentialed School Social Worker</td>
</tr>
<tr>
<td><strong>Counselors</strong></td>
</tr>
<tr>
<td>Licensed Marriage and Family Therapist</td>
</tr>
<tr>
<td>Credentialed School Counselor</td>
</tr>
<tr>
<td><strong>Nurses</strong></td>
</tr>
<tr>
<td>Registered Credentialed School Nurse</td>
</tr>
<tr>
<td>Certified Public Health Nurse</td>
</tr>
<tr>
<td>Licensed Registered Nurse</td>
</tr>
<tr>
<td>Certified Nurse Practitioner</td>
</tr>
<tr>
<td><strong>Speech-Language Pathologists</strong></td>
</tr>
<tr>
<td>Licensed Speech-Language Pathologist</td>
</tr>
<tr>
<td>Speech-Language Pathologist</td>
</tr>
<tr>
<td><strong>Audiologists</strong></td>
</tr>
<tr>
<td>Licensed Audiologist</td>
</tr>
<tr>
<td>Audiologist</td>
</tr>
<tr>
<td><strong>Physician/Psychiatrists</strong></td>
</tr>
<tr>
<td><strong>Physical Therapists</strong></td>
</tr>
<tr>
<td><strong>Occupational Therapist</strong></td>
</tr>
<tr>
<td><strong>Licensed Vocational Nurses</strong></td>
</tr>
<tr>
<td><strong>Trained Health Care Aides</strong></td>
</tr>
<tr>
<td><strong>Audiometrists</strong></td>
</tr>
<tr>
<td><strong>Optometrists</strong></td>
</tr>
<tr>
<td><strong>Program Specialists</strong></td>
</tr>
</tbody>
</table>
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](http://www.ctc.ca.gov))
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**:

<table>
<thead>
<tr>
<th>IEP/IFSP Assessment</th>
<th>Qualified Practitioners</th>
</tr>
</thead>
</table>
| Psychosocial Status       | Licensed Clinical 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*
• **Required** activities conducted during the Initial and Triennial assessments **must also be conducted** during the Annual or Amended assessment

  o Scheduling, administering, scoring and interpreting tests and assessments may be less extensive or excluded

*Provider Manual Reference: loc ed indiv*
• LEAs **must document all assessments** with either:

  o A written prescription, referral or recommendation by the appropriate health services practitioner;

  OR

  o A request for assessment by a parent, teacher or registered credentialed school nurse

*Provider Manual Reference: loc ed bil*
Authorization for Assessment Services

• Prescription
  o Formal prescription for services within the practitioner’s scope of service

• Referral
  o Less formal than a prescription, but meets certain documentation standards

• Recommendation
  o May consist of a note in the student’s file that indicates the observation/reason for assessment, practitioner type, and signature
<table>
<thead>
<tr>
<th>Prescription</th>
<th>Referral</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments conducted by a Physical Therapist or Occupational Therapist</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>(By Physician or Podiatrist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessments conducted by a Speech Language Pathologist, Audiologist, or Audiometrist</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>(By Physician or Dentist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessments conducted by a Psychologist, Counselor (Licensed Marriage and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Therapist and Credentialed School Counselor), or Social Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(By Physician, Credentialed School Nurse, Licensed Clinical Social Worker,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Marriage and Family Therapist, Licensed Psychologist, or Licensed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Psychologist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessments conducted by a Physician, Credentialed School Nurse, or Optometrist</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>(By Physician or Credentialed School Nurse)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>IEP/IFSP Assessment</th>
<th>Service Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial IFSP</td>
<td>One assessment per lifetime</td>
</tr>
<tr>
<td>Initial IEP</td>
<td>One assessment every third fiscal year</td>
</tr>
<tr>
<td>Triennial IEP/IFSP</td>
<td>One assessment every fiscal year when an initial/triennial assessment is not billed</td>
</tr>
<tr>
<td>Annual IEP/IFSP</td>
<td>One assessment every 30 days when an initial/triennial or annual assessment is billed</td>
</tr>
<tr>
<td>Amended IEP/IFSP</td>
<td>One assessment every 30 days when an initial/triennial or annual assessment is billed</td>
</tr>
</tbody>
</table>

*Provider Manual Reference: loc ed indiv*
Assessments: Non-IEP/IFSP and Practitioners

**Prior authorization and supervision requirements may apply**

<table>
<thead>
<tr>
<th>Qualified Practitioners</th>
<th>Psychosocial Status</th>
<th>Health/ Nutrition</th>
<th>Health Ed/ Anticipatory Guidance</th>
<th>Hearing</th>
<th>Vision</th>
<th>Developmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Credentialed School Nurse</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Physician/Psychiatrist</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Optometrist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Licensed Clinical Social Worker, Credentialed School Social Worker, Licensed Psychologist, Licensed Educational Psychologist, Credentialed School Psychologist, Licensed Marriage and Family Therapist, Credentialed Counselor</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Physical Therapist, Registered Occupational Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Licensed Speech-Language Pathologist, Speech-Language Pathologist</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Licensed Audiologist, Audiologist</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered School Audiometrist</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Treatments</th>
<th>Qualified Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy</td>
<td>Licensed Physical Therapist</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Registered Occupational Therapist</td>
</tr>
<tr>
<td>Speech-Language</td>
<td>Licensed Speech-Language Pathologist</td>
</tr>
<tr>
<td></td>
<td>Speech-Language Pathologist</td>
</tr>
<tr>
<td>Audiology</td>
<td>Licensed Audiologist</td>
</tr>
<tr>
<td></td>
<td>Audiologist</td>
</tr>
<tr>
<td>Psychology and Counseling</td>
<td>Licensed Physician/Psychiatrist</td>
</tr>
<tr>
<td></td>
<td>Licensed Clinical Social Worker</td>
</tr>
<tr>
<td></td>
<td>Licensed Psychologist</td>
</tr>
<tr>
<td></td>
<td>Licensed Educational Psychologist</td>
</tr>
<tr>
<td></td>
<td>Credentialed School Psychologist</td>
</tr>
<tr>
<td></td>
<td>Licensed Marriage and Family Therapist</td>
</tr>
<tr>
<td>Nursing</td>
<td>Registered Credentialed School Nurse</td>
</tr>
<tr>
<td></td>
<td>Certified Public Health Nurse</td>
</tr>
<tr>
<td></td>
<td>Licensed RN</td>
</tr>
<tr>
<td></td>
<td>Certified Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td>Licensed Vocational Nurse</td>
</tr>
<tr>
<td>School Health Care Aide</td>
<td>Trained Health Care Aide</td>
</tr>
</tbody>
</table>

**Prior authorization and supervision requirements may apply**

*Provider Manual Reference: loc ed bil*
<table>
<thead>
<tr>
<th>Prescription</th>
<th>Referral</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy and Occupational Therapy Treatment Services</td>
<td>✓</td>
<td>(By Physician or Podiatrist)</td>
</tr>
<tr>
<td>Speech Therapy and Audiology Treatment Services</td>
<td>✓</td>
<td>(See Note 1)</td>
</tr>
<tr>
<td>Psychology and Counseling Treatment Services</td>
<td>✓</td>
<td>(By Physician, Credentialed School Nurse, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Psychologist, or Licensed Educational Psychologist)</td>
</tr>
</tbody>
</table>

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*
• LEAs may use an overall Physician-Based Standards Protocol for Speech Pathology and Audiology treatment services
  
  o Protocol **must be reviewed and approved** by a Physician **no less than once every two years**
  
  o 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 serv 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

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

**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
  o 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

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

*Provider Manual Reference: loc ed bil*
# Treatment Types and Billing Increments

<table>
<thead>
<tr>
<th>IEP/IFSP and Non-IEP/IFSP Treatments</th>
<th>Treatment Type</th>
<th>Initial and Additional Service</th>
<th>15-Minute Increments</th>
<th>Encounter-Based Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical Therapy</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupational Therapy</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speech</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Audiology</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychology</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RN Nursing</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LVN Nursing</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School Health Aide</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hearing</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

*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
  o Litter van requires transportation in a prone or supine position
  o 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:
  o Student receives another Medi-Cal covered service on the same day AND
  o 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
  o Determining student’s needs (non-diagnostic)
  o Developing service plan
  o Linking and consulting coordination
  o Accessing services outside the school system
  o Assisting with crises
  o 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:
  o Diagnostic or treatment services
  o Educational activities that may be reasonably expected in the school system
  o Administrative activities or
  o Program activities that do not meet the definition of TCM

Provider Manual Reference: loc ed serv targ
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*
<table>
<thead>
<tr>
<th>Qualified Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Credentialed School Nurse</td>
</tr>
<tr>
<td>Certified Public Health Nurse</td>
</tr>
<tr>
<td>Licensed RN</td>
</tr>
<tr>
<td>Certified Nurse Practitioner</td>
</tr>
<tr>
<td>Licensed Vocational Nurse</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
</tr>
<tr>
<td>Credentialed School Social Worker</td>
</tr>
<tr>
<td>Licensed Psychologist</td>
</tr>
<tr>
<td>Licensed Educational Psychologist</td>
</tr>
<tr>
<td>Credentialed School Psychologist</td>
</tr>
<tr>
<td>Licensed Marriage and Family Therapist</td>
</tr>
<tr>
<td>Credentialed School Counselor</td>
</tr>
<tr>
<td>Program Specialist</td>
</tr>
</tbody>
</table>

*Provider Manual Reference: loc ed serv targ*
## TCM and Transportation Billing Increments

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Per Round Trip</th>
<th>Per Mile</th>
<th>15-Minute Increments</th>
<th>Daily Unit Maximum Per Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation: One-Way Trip</td>
<td>X</td>
<td></td>
<td></td>
<td>24 units</td>
</tr>
<tr>
<td>Transportation: Mileage</td>
<td></td>
<td>X</td>
<td></td>
<td>No limitation</td>
</tr>
<tr>
<td>TCM</td>
<td></td>
<td></td>
<td>X</td>
<td>32 units = 8 hours</td>
</tr>
</tbody>
</table>

**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
• **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**:
  o Medi-Cal covered services provided under an IEP/IFSP
  o *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*
• In order to bill Medi-Cal for Free Care services, LEAs must do **all** of the following:

  o Establish a fee for each service provided

  o Collect and bill OHC information from **100%** of the population served

  o 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*
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.
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
• Documenting non-coverage:
  o Bill the other payer using proper billing procedures and receive a claim denial for the specific service rendered.
  o 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
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*
CPT-4 / HCPCS
Procedure Code
(5 digit code)

• Identifies LEA service:
  o Assessments
  o Treatments
  o Transportation
  o Targeted Case Management

Modifier(s)
(2 digit code)

• When applicable, identifies service type:
  o IEP or IFSP
  o Practitioner type
  o Intensity of service

Provider Manual Reference: loc ed bil
## IFSP Amended Speech-Language Assessment

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>92506</td>
<td>TS</td>
</tr>
<tr>
<td></td>
<td>GN</td>
</tr>
<tr>
<td></td>
<td>TL</td>
</tr>
</tbody>
</table>

**LEA Service:** Speech Assessment  
**Intensity of Service:** Amended  
**Practitioner:** Speech-Language Pathologist  
**IEP/IFSP Services:** 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

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>96152</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>AJ</td>
</tr>
<tr>
<td></td>
<td>TM</td>
</tr>
</tbody>
</table>

**LEA Service:**  
Individual Psychology Counseling

**Intensity of Service:**  
Additional 15-Minutes

**Practitioner:**  
Social Worker

**IEP/IFSP Services:**  
IEP

*Note: Modifiers may be in any order on the claim*

*Provider Manual Reference: loc ed serv psych*
### LEA Billing Codes Chart

<table>
<thead>
<tr>
<th>Procedure Code/ Modifier</th>
<th>LEA Program Usage</th>
<th>Service Description</th>
<th>Qualified Practitioner (Practitioner Modifier)</th>
<th>Maximum Allowable Rate *</th>
</tr>
</thead>
<tbody>
<tr>
<td>97001 TL (IFSP) Or 97001 TM (IEP)</td>
<td>Initial or triennial IEP/IFSP physical therapy assessment</td>
<td>Physical therapy evaluation</td>
<td>Licensed physical therapist (no modifier)</td>
<td>$240.31</td>
</tr>
</tbody>
</table>

* 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 Topics

• CRCS Worksheet Changes
  o “All Qualified” Practitioners
  o Federally Funded Revenues and Expenses

• All Qualified Practitioners - FTEs and Costs

• IRUS Reports
  o Documentation to maintain in lieu of IRUS Report
  o 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**

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)</th>
<th>Net Total Personnel Costs A</th>
<th>Percent of Time Providing LEA Services Documented in an IEP or IFSP B</th>
<th>Cost of Providing LEA Services Documented in an IEP or IFSP C = A*B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Psychologists</td>
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<tr>
<td>2. Social Workers</td>
<td></td>
<td></td>
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<tr>
<td>3. Counselors</td>
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<tr>
<td>4. School Nurses</td>
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<tr>
<td>5. Licensed Vocational Nurses</td>
<td></td>
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<tr>
<td>6. Trained Health Care Aides</td>
<td></td>
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<tr>
<td>7. Speech-Language Pathologists</td>
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<tr>
<td>8. Audiologists</td>
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<tr>
<td>9. Physical Therapists</td>
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<tr>
<td>10. Occupational Therapists</td>
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<td></td>
<td></td>
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<tr>
<td>11. Physicians/ Psychiatrists</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**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)**
**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)**

<table>
<thead>
<tr>
<th>Dates of Service 7/1/09 - 6/30/10</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
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- **Salaries and Benefit Expenditures are no longer input on these worksheets**
### Worksheet A.1/B.1: Salary, Benefit and Other Expenditures

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Salary Expenditures (1000-2999)</th>
<th>Benefit Expenditures (3000-3999)</th>
<th>Total Other Costs</th>
<th>Federal Revenues</th>
<th>Revenue Account Number(s)</th>
<th>Net Total Personnel Costs</th>
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</thead>
<tbody>
<tr>
<td>1. Psychologists</td>
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<tr>
<td>2. Social Workers</td>
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<td>3. Counselors</td>
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<td>4. School Nurses</td>
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<tr>
<td>5. Licensed Vocational Nurses</td>
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<tr>
<td>6. Trained Health Care Aides</td>
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<td>7. Speech-Language Pathologists</td>
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<td>10. Occupational Therapists</td>
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<td>12. Optometrists</td>
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<tr>
<td>13. Audiometrists</td>
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</tr>
</tbody>
</table>

- 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**

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<th>Practitioner Type</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>Total Other Costs</th>
</tr>
</thead>
<tbody>
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<td>3. Counselors</td>
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<td>5. Licensed Vocational Nurses</td>
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<td>10. Occupational Therapists</td>
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<td>13. Audiometrists</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Does Your LEA Receive Federal Funding for this Practitioner Type?</th>
<th>Number of Full-Time Equivalent Employees (FTE)</th>
<th>Annual Hours Required to Work per FTE</th>
<th>Total Hours Required to Work (Employees)</th>
<th>Total Hours Worked by Employees and Contractors</th>
<th>Total Hours Worked by Contractors</th>
<th>Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP</th>
<th>Percent of Time Providing LEA Services Documented in an IEP or IFSP</th>
<th>Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP</th>
<th>Percent of Time Providing LEA Services Not Documented in an IEP or IFSP</th>
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<tbody>
<tr>
<td>1. Psychologists</td>
<td>1 (Yes)</td>
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<tr>
<td>2. Social Workers</td>
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<tr>
<td>3. Counselors</td>
<td>1 (Yes)</td>
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<tr>
<td>4. School Nurses</td>
<td>1 (Yes)</td>
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<tr>
<td>5. Licensed Vocational Nurses</td>
<td>1 (Yes)</td>
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<tr>
<td>6. Trained Health Care Aides</td>
<td>1 (Yes)</td>
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<td>7. Speech-Language Pathologists</td>
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<td>8. Audiologists</td>
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<tr>
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<td>10. Occupational Therapists</td>
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<tr>
<td>12. Optometrists</td>
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<td>13. Audiometrists</td>
<td>1 (Yes)</td>
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### One FMAP Period
## 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

<table>
<thead>
<tr>
<th>Row</th>
<th>Service Description</th>
<th>Procedure Code</th>
<th>IFSP (TL) or IEP (TM)</th>
<th>Total Units or Encounters</th>
<th>Total Minutes</th>
<th>Number of Students</th>
<th>Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP</th>
<th>Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>IFSP Psychological Assessment: Initial</td>
<td>96101</td>
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<td>1e</td>
<td>IEP Psychological Assessment: Annual</td>
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<td>TM</td>
<td>52</td>
<td>120</td>
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<td>-</td>
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<tr>
<td>1f</td>
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<td>TL</td>
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<td>AH</td>
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<tr>
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<td>IFSP Psychology Counseling, Group Treatment - Additional</td>
<td>96153</td>
<td>TL</td>
<td>AH, 22</td>
<td>15</td>
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<tr>
<td>1n</td>
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<td>AH, 22</td>
<td>15</td>
<td>-</td>
<td>6</td>
<td>-</td>
</tr>
</tbody>
</table>

**Psychologists - Totals**

---

**Note:**

Identifies which rows should contain encounters in Column B and which rows should contain units.
• 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
  o Ties reported expenses to the Financial Statements
IRUS Reports

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

• No longer available after FY 2010/11

• What to Document in lieu of IRUS Reports:
  o Services Rendered
  o Practitioner
  o Encounters and Units
  o Interim Reimbursement (Medi-Cal Payments)
## FY 2009/10 IRUS Report

### LEA Medical Billing Option Program
**Interim Reimbursement and Units of Service Report (IRUS Report)**
**Fiscal Year 2009/10**

### General Notes

This IRUS Report will assist LEAs to complete CRCS Workbooks A-4 and B-4. LEAs should verify the reasonableness of their external accounting system and the IRUS Report and accurately input encounters, units and reimbursement information for all procedures. LEAs are reminded to complete the CRCS form. Potential discrepancies between the IRUS Report and your accounting data may be documented to support the reimbursement submitted or to allow you to identify specific areas of concern.

### Notes

1. Data reported for this report is based on data collected during FY 2009/10. Data for the encounters, units and reimbursement are as of September 2011 from HIP claims data (includes EPC and CRCS data as of this date).
2. This report only contains encounters, units and reimbursement for LEAs providers with paid LEA services, excluding Targeted Case Management, transportation and mileage. LEA service procedure codes do not reflect these encounters, units and reimbursement.
3. If you are a LEA and need to correct any LEA service procedure codes or unit combinations, as defined above in notes 2 and 3, for FY 2009/10.

### Table

<table>
<thead>
<tr>
<th>National Provider Identifier (NPI)</th>
<th>CRCS Worksheet</th>
<th>CRCS Row Number</th>
<th>Service Provider By</th>
<th>LEA Service</th>
<th>National Code</th>
<th>IEP/IFSP Service Modifier</th>
<th>Practitioner Modifier</th>
<th>Type of Service Modifier</th>
<th>Units</th>
<th>Encounter</th>
<th>Reimbursement</th>
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</table>
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’t’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’t’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.
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 **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
  o 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

\[
\text{Total Direct Personnel Costs for Practitioner Type} \times \text{No. of FTEs by Practitioner Type} \times \text{No. of Hours Per Day Required to Work} \times \text{No. of Days Per Year Required to Work} \]

\[
\text{Time Spent to Provide Each Unit} \times \text{LEA Rate Study} \times \text{No. of Units Paid for Each Service by Practitioner Type [Medi-Cal Paid Claims Data]} \]

\[
\frac{\text{Hours Spent Providing Medi-Cal Services (Worksheet A-4/B-4)}}{\text{Total Annual Hours Required to Work (Worksheet A-3/B-3)}} \]

Calculates a "Medi-Cal % of Time" Figure
CRCS Calculation

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

= 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
  
  o Transportation (T2003), Mileage (A0425) and Targeted Case Management (T1017) are excluded from CRCS

• LEAs report reimbursement and units/encounters based on paid claims
  
  o 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
  o Late submission will result in a 20% withhold of current claims
  o 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:
  o Practitioner Contracts
  o Billing Records
  o Practitioner time sheets
  o 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
• Each Filed CRCS will have an audit performed
  o Three levels of review (Field, Limited, Minimal)
  o One “audit” for each Filed CRCS
  o Audited CRCS Issuance Process
  o Audit Appeal Process

• Current Audits in process
CRCS Audit Process

Flowcharting the A&I Process

CRCS submitted by LEA & accepted for processing by DHCS

Conduct audit in accordance with CMS Medicare Reimbursement Principles and regulatory authority

Field / Limited Review of CRCS

Determine Level of Audit

Notify LEA and issue Audit Report

Minimal Review
CRCS Audit Process

• Minimal Audit Review
  o Comparison of reported claims data (CRCS) to the Fiscal Intermediary paid claims data (does not take into account expense/revenue review)
  o A 15 Day Exit Acknowledgement letter will be sent out with proposed adjustments
  o 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
  o LEA will be notified prior to the audit
  o Comparison of reported claims data (CRCS) to the Fiscal Intermediary paid claims data (will take into account expense and revenue review)
  o A 15 Day Exit Acknowledgement letter will be sent out with proposed adjustments or an exit conference will be scheduled
  o 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
  o LEA will be notified prior to the audit so as to schedule the entrance conference
  o A&I will send out the entrance letter which will include a list of documents typically needed and should be available during the audit
  o 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
  o 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
  o A&I will be meeting with LEA staff during the audit to make requests for documentation and ask and answer questions
  o A&I will discuss the audit issues and potential audit adjustments with LEAs during the audit
  o To reduce disruptions of business activities, let the auditor know the best time of day to meet with LEA representatives
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.
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
  o Provider has 60 days from the date of Audit Report to file and appeal
  o Office of Administration Hearing and Appeals (OAHA) accepts within 30 days
  o Both parties submit position statements within 45 days of appeal acceptance
  o Hearing within 90 days of the position statements
  o Report of Findings within 180 days
• Administrative Law Judge presides
• Formal Appeal timelines
  o Provider has 30 days from the First Level Report of Findings
  o OAHA will give 30 calendar days notice for Hearing
  o OAHA has two years to render “decision”