California Department of Health Services
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Director

State of California-Health and Human Services Agency

Department of Health Services

ARNOLD SCHWARZENEGGER
Governor

September 16, 2005

CCS Information Notice No.: 05-14

TO: ALL CALIFORNIA CHILDREN SERVICES (CCS) COUNTY ADMINISTRATORS, CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: INSTRUCTIONS AND INVOICE FORMS – DIAGNOSTIC, TREATMENT, AND THERAPY EXPENDITURE REPORTING

The CMS Branch has updated the forms and instructions for the Quarterly Report of Expenditures for Diagnostic, Treatment, and Therapy (DDT) for the CSS Program.

The invoice forms enclosed are in Microsoft Excel. Instructions on how to complete these forms have been provided with this notice. These forms should be used in place of the old forms provided to counties in Numbered Letters 33-1293 and 35-094; however, the definitions and program requirements outlined in these Numbered Letters still apply.

The invoices have specific fields for completion by the county. There are some fields on the invoices that cannot be changed without the use of a specific password. Totals, subtotals and other calculation fields are shaded. The shaded fields are formula driven to calculate based upon the specific data that is entered by the county.

If you have any questions, please contact your Regional Administrative Consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

Enclosures

INSTRUCTIONS FOR CCS QUARTERLY REPORT OF EXPENDITURES

PART I. SUMMARY REPORT OF DIAGNOSTIC AND TREATMENT EXPENDITURES

Open the Excel file and go to the worksheet tab labeled 'Part I Dx Trtmnt' (yellow tab if you have Microsoft Excel 2003).

- Fill in the name of your County on the line at the top left corner.
- Fill in the 'from' and 'to' date on the 'Expenditures from:' line at the top right corner.

1. DIAGNOSTIC Expenditures

- Enter on line **a** the total amount of Diagnostic expenditures for the quarter from the sum of the three **MR-0-940** reports applicable. **(If the amount is negative, enter as a negative.)**
- Enter on line **b** the total of **County paid diagnostic** expenditures for the quarter. *(Please note, an entry on this line should only be made provided the county has prior approval from the Children's Medical Services (CMS) Branch or the transition to the fiscal intermediary (FI) provider payment processing occurred within the last 18 months of the quarter being claimed.)*
- Enter on line **c** the total amount of approved diagnostic expenditure **Adjustments** *(the approved adjustment documentation must be attached).* The amount entered must be entered as **a positive if it is increasing the expenditures** or a **negative if it is decreasing the expenditures**.
- Enter on line **d** the amount of **Miscellaneous Revenue** the county received during the quarter. (This includes deposits made within the county for returned warrants and provider refunds, enter amount as a positive.)
- Lines **e** and **f** are formula driven and will calculate based on the data entered in the lines a, b, c, and d.

2. TREATMENT Expenditures

- Enter on line **a** the total amount of Treatment expenditures for the quarter from the sum of the three **MR-0-940** reports that are applicable. **(If the amount is negative, enter as a negative.)**
- Enter on line **b** **the sum of the three MR-O-163(M), CCS Funded totals, (Aid code 9K), Net Paid Amount**. **(If the amount is negative, enter as a negative.)**
- Enter on line **c** the total of **County paid treatment** expenditures for the quarter (this includes county paid dental, also). *(Please note, an entry on this line should only be made provided the county has prior approval or the transition to FI provider payment processing occurred within the last 18 months of the quarter being claimed.)*

- Enter on line **d** the total amount of approved treatment expenditure **Adjustments** *(the approved adjustment documentation must be attached)*. The amount entered must be entered as **a positive if it is increasing the expenditures** or a **negative if it is decreasing the expenditures**.

- Enter on line **e** the amount of **Miscellaneous Revenue** the County received during the quarter. (This includes returned warrants and provider refunds, enter amount as a positive.)

- Lines **f** and **g** are formula driven and will calculate based on the data entered in the lines a, b, c, d, and e.

3. SUBTOTALS DIAGNOSTIC and TREATMENT EXPENDITURES

Lines **a** and **b** are formula driven and will calculate from the data entered in the lines above. Line **a** represents the total reportable expenditures, and line **b** represents a gross total which is used in determining the amount of reimbursement due to the state or due to the county.

4. TOTAL COUNTY SHARE 50% Net Diagnostic & Treatment Expenditures

This line calculates the **total county share** of the CCS Diagnostic and Treatment Expenditures for the quarter. *This amount is the total reportable county cost of the non Medi-Cal and non Healthy Families CCS diagnostic and treatment expenditures for the quarter. This amount does not necessarily equal the amount of the Claim for Reimbursement which is determined by a number of different variables.*

5. ASSESSMENT FEES

Enter in field **'a'** the amount of the year to date outstanding assessment fees and enter in field **'b'** the amount collected for the quarter.

6. ENROLLMENT FEES

Enter in field **'a'** the amount of the year to date outstanding enrollment fees and enter in field **'b'** the amount collected for the quarter.

(The remaining lines on this worksheet are formula driven.)

7. TOTAL FEES COLLECTED

This line calculates from the entries in lines 5 and 6.

8. GROSS Diagnostic and Treatment Expenditures, and FEES collected

This line will calculate from the data in the fields **'3.b.'** and **'7'**.

9. 50% OF GROSS DIAGNOSTIC & TREATMENT, and FEES COLLECTED

This field will calculate from the field on line 8.

10. <u>AMOUNT DUE STATE (positive) or DUE COUNTY (negative)</u>

This field will pull the same amount as line 9 , and is displayed only for summary purposes.

PART II. SUMMARY REPORT OF THERAPY EXPENDITURES

Open the Excel file and go to the worksheet tab labeled 'Part II Therapy' (blue tab if you have Microsoft Excel 2003).

The format of this worksheet was previously updated to accommodate for claiming the 100% State reimbursable therapy services expenditures per requirements of AB-3632 (Chapter 26.5 Government Code) interagency regulations. In addition, a change in reporting and offsetting reimbursements received for Medical Therapy Program (MTP) claims submitted to Electronic Data System (EDS), County Organized Health Systems (COHS), or other plans for Medi-Cal reimbursement has been incorporated in this form. No other claiming requirements or allowable services for the MTP were changed.

Information pertaining to the expenditures claimed for the MTP can be found in the Numbered Letters 33-1293 and 35-0994. Additionally, County programs can find specific detail on the types of equipment and supplies that can be purchased and claimed through their California Children Services (CCS) MTP in the numbered letter N.L.: 13-0701, Index: Medical Therapy Program, 'Revised Interagency Agreement...'

Header section: Fill in the caseload fields, the county name and the 'Expenditures from' and 'to' dates of the quarter**.**

<u>SECTION I. COUNTY EMPLOYED MEDICAL THERAPY UNIT (MTU) STAFF</u>

The fields (columns/lines) 1 through 9, as applicable, are to be ***completely*** filled in by the county, *(If more space is needed an attachment with the same data requirements must be attached).*

<u>Column Entries:</u>

1. Name(s) of county employed staff.

2. Classification of the staff (corresponding to each name).

3. Monthly Salary of each staff listed

4. <u>Full Time Equivalent (FTE) Percent</u>

   Enter in decimals the percent of staff time spent on the therapy program, an employee who is also budgeted on the administrative budget cannot have a total combined FTE percent that exceeds 100 percent.

5. Expenditures Paid for the Quarter

   Multiply the monthly salary (Column 3) for each employee by three (for the three months in the quarter). Multiply the resulting amount by the FTE percent (Column 4) and enter the total in Column 5.

Line Entries:

6. Total Personal Services

   Enter all expenditures identified in Column **5**.

7. Staff Benefits

   Enter the percentage paid by the County for staff benefits for County employed therapy personnel in the space provided and calculate the benefits amount by multiplying the Staff Benefit percentage by the Total Personal Services amount from Line **6** and enter the total on Line **7**.

8. Other

   Enter an amount ***only*** if your county pays an area differential for recruitment purposes, enter the total amount of the differential paid in the reporting quarter. DO NOT INCLUDE STAFF BENEFITS IN THIS AMOUNT. **Attach a listing to the claim showing the differential paid for the quarter by classification**.

9. Travel Expenses

   Enter the total amount of travel expenses for all therapy staff incurred during the reporting quarter. *(See Numbered Letters for specific allowable costs)*

10. Total County Staff Expenditures

    This line will calculate the totals for 'Section I' and 'State Share Due County'.

SECTION II. CONTRACT THERAPISTS

Columns 1 through 5 are to be ***completely*** filled in by the County if the County contracts for therapy *(if more space is needed, an attachment with the same data requirements must be attached).*

Column Entries:

1. Name(s) of contract staff/company name.

2. Job title of contract staff/number of therapists billed.

3. Hourly rate paid for each staff listed.

4. Number of hours worked for the quarter.

5. Expenditures Paid for the Quarter

   Multiply the hourly rate (Column 3) by the corresponding number of hours for each contractor (Column 4) and enter the **total** in Column 5.

Line Entry:

6. Total Contract Staff Services

   Enter on line 6.a. the total of the expenditures from Column 5. The '**State Share Due County**' will calculate one half (1/2) of the amount on Line 6.a.

SECTION III. MTP COORDINATION WITH SELPA/LEA-LIAISON ACTIVITIES AND IEP ATTENDANCE BY MTP STAFF

Section III on this claim is specific to the MTP requirements outlined in the Interagency Regulations. The staffing levels are allocated by the state. The personal service expenditures of the staff in this section are reimbursed 100% by the state. This section is to be filled out using the same guidelines used in SECTION I. COUNTY EMPLOYED MEDICAL THERAPY UNIT (MTU) STAFF for data fields 1 through 9. Line 10 contains formulas to total the lines 6 through 9 and enters the amount 'State Share Due County' 100%.

SECTION IV. OTHER EXPENDITURES

Lines 1, 2, and 3

Enter on the appropriate type of expenditure claimed. **In addition, attach an itemized listing of the expenditures being claimed.** (***See the Numbered Letters and interagency regulations for the types of expenditures allowed.)***

Line 4 Total Other Expenditures

This line contains formulas to calculate the total and the 'State Share due County'.

SECTION V. SUBTOTAL

This section contains formulas and calculates accordingly.

SECTION VI. ADJUSTMENTS FOR EDS PAID CLAIMS

Column Entries:

Total MR-0-940

Enter the sum from **MR-0-940** reports of Therapy Expenditure totals of the three months for the quarter in the space provided. The cell (b.) offset to State Share due county will calculate.

SECTION VII, VIII, and IX

These fields contain formulas and calculate the 'State Share due County' or 'County Share Due State'; and the 'State Share due County 100%'.

SECTION X. TOTAL THERAPY EXPENDITURES

Formula calculates the total Therapy expenditures from the county incurred expenditures and the MR-0-940 therapy expenditures, excluding the 100% state reimbursed county expenditures. This amount is for display and posting purposes only.

SECTION XI. MTU MEDI-CAL / COHS PAID THERAPY

Enter the total amount of reimbursements received from EDS for claims billed to Medi-Cal and from County Organized Health Systems (COHS) or other plans. The total County Share due state will calculate. Total will post to Claim for Reimbursement summary.

INSTRUCTIONS FOR CCS CLAIM FOR REIMBURSEMENT
Diagnostic / Treatment / Therapy

Open the Excel file and go to the worksheet tab labeled: "Claim for Reimb' (green tab if you have Microsoft Excel 2003).

This worksheet was developed to calculate the amount of reimbursement due the State or due the County from the two separate worksheets, 'Part I DX Trtmnt' (yellow tab) and 'Part II Therapy' (blue tab). The only entries the county will make are as follows:

Heading

The county will enter the county 'name', the 'fiscal year', and the 'from' and 'to' dates for the quarter being claimed.

No other data, or field entries are required before printing, however, the date fields and phone number fields may be entered before printing the form.

Print out the worksheets, review for completeness, and have them signed by the appropriate staff. Send the original signed copy of the 'Claim for Reimbursement' and Parts I and II, including the required attachments, to:

Children's Medical Services Branch
Program Support Section, Fiscal Unit
MS 8104
P.O. Box 997413
Sacramento, CA 95899-7413

INSTRUCTIONS FOR CCS HEALTHY FAMILIES QUARTERLY REPORT OF EXPENDITURES

There are two healthy families (HF) worksheets in the excel file to accommodate for two different federal claiming rates in the state fiscal year (FY). The worksheet is labeled 'CCS HF' (orange tab if you have Microsoft Excel 2003). Open the Excel file and go to the applicable worksheet tab for HF.

Fill in the 'fiscal year', county 'name', and the 'Expenditures from' and 'to' dates for the quarter being reported.

1. HF TREATMENT

- Enter on line **a**, the total amount of HF Treatment expenditures for the quarter from the sum of the three **MR-0-940** reports applicable. **(If the amount is negative, enter as a negative.)**

- Enter on line **b**. **the sum of the three MR-O-163(M), CCS HF (9H) FUNDED TOTALS, (Aid code 9K), Net Paid Amount**. **(If the amount is negative, enter as a negative.)**

- Enter on line **c.** the total amount of approved HF Treatment expenditure **Adjustments** ***(only adjustments of FI paid claims, MR-0-940 corrections can be entered; approval documentation must be attached)***. The amount entered must be entered as **a positive if it is increasing the expenditures** or **a negative if it is decreasing the expenditures**.

- Enter the amount of County Paid HF Treatment expenditures on line **d** (this includes county paid dental, also). ***(pre-approval by CMS must be attached or on file in the CMS Fiscal Unit***)

- Line **e.** will calculate the total HF Treatment expenditures.

2. HF THERAPY

'**HF Therapy'** expenditures are payments to vendors, and are provided in lieu of the County MTP for HF. HF Therapy expenditures should only be coded and paid from this fund source when services have been provided to HF clients.

- Enter on line **a**, the total amount of HF Therapy expenditures for the quarter from the sum of the three **MR-0-940** reports applicable. **(If the amount is negative, enter as a negative.)**

- Enter on line **b.** the total amount of approved HF Therapy expenditure **Adjustments** *(**only adjustments of FI paid claims, MR-0-940 corrections can be entered**; **approval documentation must be attached**)*. The amount entered must be entered as **a positive if it is increasing the expenditures** or **a negative if it is decreasing the expenditures**.

- Enter on line **c** the amount of County Paid HF Therapy expenditures (***pre-approval by CMS must be attached or on file in the CMS Fiscal Unit***).

- Line **d** calculates the total HF Therapy expenditures.

3. TOTAL HEALTHY FAMILIES EXPENDITURES

Formula will calculate from the entries made in HF Treatment and HF Therapy. This amount is rounded to the nearest dollar.

4. FUNDING SOURCES

The funding sources for **a.** Total HF expenditures and adjustments; **b.** Total County Paid; and **c.** Total HF Expenditure Funding Sources are formula driven.

5. AMOUNT DUE

Amount due is formula driven and calculates the **Amount due State or Amount due County**

No other data, or field entries are required before printing, however, the date fields and phone number field may be entered before printing the form.

Print out the worksheet, review for completeness, and have it signed by the appropriate staff. Send the original signed copy of the 'CCS HEALTHY FAMILIES QUARTERLY REPORT OF EXPENDITURES' including required attachments, to:

Children's Medical Services Branch
Program Support Section, Fiscal Unit
MS 8104
P.O. Box 997413
Sacramento, CA 95899-7413