

DEPARTMENT OF HEALTH SERVICES

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**REVISED**

N.L. : 35-0994

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County Claiming/Reimbursement

To California Children Services (CCS) Program County Administrators
and Children's Medical Services Branch (CMS) Regional Offices

Subject Revised Diagnostic, Treatment, and Therapy Expenditure Claim Forms for
Counties Using the Department of Health Services' Fiscal
Intermediary

Changes in claiming administrative costs initiated in fiscal year (FY) 1992-93 necessitated changing the mechanisms for reporting and claiming expenditures related to diagnostic, treatment, and therapy services. In order to accommodate the changes, a distinct format was developed for independent counties and described in N.L. 33-1293. The purpose of this letter is to provide a separate format for counties that submit claims for processing through the State Department of Health Services' (DHS) fiscal intermediary (Electronic Data Systems). The new format for reporting expenditures and claiming reimbursement will also improve the CMS Branch/CCS program's ability to capture specific cost data.

Counties that forward claims to the fiscal intermediary are to use the newly revised "County CCS Program Quarterly Report of Expenditures/Diagnostic and Treatment" and "County CCS Program Quarterly Report of Expenditures Medical Therapy Program" including the "County CCS Program Claim for Reimbursement Children's Medical Services/California Children Services Diagnostic/Treatment/Therapy". Beginning with the first quarter of FY 1994-95, these revised forms must be used for claiming reimbursement. However, you may use these forms for the fourth quarter of FY 1993-94.

The revised format provides for separate reporting of all Medical Therapy Program expenditures, including those for vendored therapy provided in lieu of medical therapy unit services. In order to identify and monitor therapy costs, all claims (Medi-Cal Claim Form 40-1, Professional/Supplier) processed by the fiscal intermediary for medical therapy conferences and vendored therapy services must contain a "3" in the third digit of the 11 digit TAR control number. The new indicator "3" will allow vendored therapy and medical therapy conference costs to be accurately identified as therapy expenditures. As a result of this change, the MR-0-940 Monthly Expenditure Report, prepared by the fiscal intermediary, will now reflect this category as a separate subtotal.

Please replace the "Quarterly Reconciliation of Expenditures--Dependent Counties" (MC 2153A) and the "Support Data--Therapy Programs" (MC 2406) with the new forms.

Should you have any questions regarding the use of these forms, please contact your regional office administrative consultant.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

CHILDREN'S MEDICAL SERVICES (CMS)
CALIFORNIA CHILDREN SERVICES

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State Department of Health Services
Health and Welfare Agency

Children's Medical Services
California Children Services

COUNTY CCS PROGRAM
INSTRUCTIONS FOR COMPLETING THE
QUARTERLY REPORT OF EXPENDITURES
DIAGNOSTIC AND TREATMENT
(FOR COUNTIES USING THE DHS FISCAL INTERMEDIARY)

A. GENERAL INFORMATION

1. Claims submitted by county CCS Programs for processing through the State Department of Health Services (DHS) fiscal intermediary, Electronic Data Systems, are initially paid from State CCS funds. Each quarter the county submits a claim to reconcile the expenditures from the diagnostic, treatment, and therapy budgets to determine the amount due to either the state or county CCS Program.
2. One copy of the expenditure form is to be attached to the original claim for reimbursement and mailed to: Children's Medical Services, California Children Services, Program Support Section, 714 P Street, Room 398, Sacramento, CA 95814 within 60 days of the end of each quarter.
3. The amounts reported on the expenditure form shall be based on actual expenditures and/or receipts during the quarter being reported.

B. INSTRUCTIONS

Heading:

Enter the county name, fiscal year, and the beginning and ending dates of the quarter being reported.

Part I - SUMMARY REPORT OF DIAGNOSTIC AND TREATMENT EXPENDITURES

1. Diagnostic Expenditures

- a. MR-0-940--Enter the Total dollar amount for the quarter being reported. This amount is determined by calculating the sum of the three (monthly) FUNDING SUBTOTAL amounts for the quarter being reported. If the calculation results in a negative balance, enter a minus (-) symbol preceding the amount. Each monthly FUNDING SUBTOTAL amount is located under the CCS PAID column within the funding source labeled DIAGNOSTIC SERVICES on the MR-0-940.

Note: Accounts payable adjustments, made by the DHS fiscal intermediary, may result in negative balances appearing on the MR-0-940 report. Such adjustments may occur when undeliverable provider payments are returned.

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>
EXAMPLES: (A)	\$300	\$100	\$600	= \$1000
(B)	\$300	(-)\$100	\$600	= \$ 800
(C)	\$300	\$100	(-)\$600	=(-)\$ 200
	TOTAL			\$1,600

- b. Miscellaneous Revenue--Enter the total dollar amount of other revenue received, and deposited by the county treasurer, in the quarter being reported (e.g.; provider overpayments, insurance payments, third party liability settlements, etc).
- c. Uncashed Warrants--Enter the total dollar amount of all county issued uncashed warrants returned to the county in the quarter being reported (e.g.; maintenance and transportation).
- d. Gross Diagnostic Expenditures--Enter the sum of lines 1a, 1b, and 1c. If the amount is negative, enter a minus (-) symbol preceding the amount.

2 Treatment Expenditures

- a. MR-0-940--Enter the Total dollar amount for the quarter being reported. This amount is determined by calculating the sum of the three (monthly) FUNDING SUBTOTAL amounts within the quarter being reported. If the calculation results in a negative balance, enter a minus symbol (-) preceding the amount. Each monthly FUNDING SUBTOTAL amount is located under the CCS PAID column within the funding source labeled TREATMENT SERVICES from the MR-0-940.
- b. Miscellaneous Revenue--Enter the total dollar amount of other revenue received, and deposited by the county treasurer, in the quarter being reported (e.g.; provider overpayments, insurance payments, third party liability settlements, etc.)
- c. Uncashed Warrants--Enter the total dollar amount of all county issued uncashed warrants returned to the county in the quarter being reported (e.g.; maintenance and transportation).
- d. Gross Treatment Expenditures--Enter the sum or lines 2a, 2b, and 2c. If the amount is negative, enter a minus (-) symbol preceding the amount.

3 Sum of Gross Diagnostic and Treatment Expenditures

Enter the sum of lines 1d and 2d. If the amount is negative, enter a minus (-) symbol preceding the amount.

4 Assessment Fees

- a. Receivables--Enter the entire fiscal year to date outstanding amount due for assessment fees.*
- b. Collected--Enter the amount of assessment fees actually collected for the quarter being reported.

5 Enrollment Fees

- a. Receivables--Enter the entire fiscal year to date outstanding amount due for enrollment fees.*
- b. Collected--Enter the amount of enrollment fees actually collected for the quarter being reported.

6. Sum of Fees Collected

Enter the sum of lines 4b and 5b.

* The amounts due in the Assessment and Enrollment Fee receivables block are not used by the State to calculate the amount owed to the county.

7. Gross Diagnostic and Treatment Expenditures and Fees Collected

Enter the sum of lines 3 and 6. If the amount is negative, enter a minus (-) symbol preceding the amount.

8 Special State Funding

- a. Bone Marrow Transplant(s)--Counties with populations of 600,000 or less, which have met the remaining criteria in Health and Safety Code (HSC) Section 273, shall report allowable costs and maintain documentation, in accordance with N.L. 15-0494, for services authorized by the independent county or state regional office. All costs reported in this line item are 100 percent state reimbursable. Counties which do not meet the HSC criteria will continue to include bone marrow transplant expenditures on line 2.a. Treatment Expenditures.

Enter the total allowable amount of funds expended for treatment services, as identified on the MR-0-940 report. Counties reporting costs in this line item shall include a separate attachment which identifies individual patients and costs per quarter.

- b. Emergency Funding--Counties in receipt of state approval which have met the remaining criteria in HSC, Section 266, shall report allowable costs and maintain documentation in accordance with N.L. 19-0594. All costs reported in this line item may be 100 percent state reimbursable.

Enter the total amount of funds being claimed as emergency funding for diagnostic and treatment services from the MR-0-940 report. The expenditures claimed from the MR-0-940 as emergency funding are not to be entered in Sections 1 or 2 above.

- 9 Total Special Funding (100 percent)--Enter the total of lines 8a and 8b.

10 Total Net Diagnostic and Treatment Expenditures and Fees Collected

Subtract line 9 from line 7 and enter the amount. If the amount is negative, enter a minus (-) symbol preceding the amount.

11. County Match (50 percent)--Enter one-half of the amount shown on line 10. If the amount is negative, enter a minus (-) symbol preceding the amount.

- 12 Adjustments--Enter any adjustments in a. and/or b. Calculate and enter the amount of any adjustments in the quarter being reported and circle the appropriate symbol.

Total Due--Enter the sum of lines 11 and 12. If the amount is due State, circle the word STATE; if the amount is due to the county, circle the word COUNTY.

County Contact Person, Telephone Number, Date

Enter the name of the person responsible for completion of this report. Type or print the person's name, telephone number, and date the report was completed.

COUNTY CCS PROGRAM
QUARTERLY REPORT OF EXPENDITURES
DIAGNOSTIC AND TREATMENT*
FISCAL YEAR _____

_____ COUNTY Expenditures from _____ to _____
(per H&S Code Sections 248-275)

PART I - SUMMARY REPORT OF DIAGNOSTIC AND TREATMENT EXPENDITURES

1 Diagnostic Expenditures

a. MR-O-940	Total =	\$	
b. Miscellaneous Revenue		\$	
Uncashed Warrants		\$	
d. Gross Diagnostic Expenditures			= \$

2. Treatment Expenditures

a. MR-O-940	Total =	\$	
b. Miscellaneous Revenue		\$	
c. Uncashed Warrants		\$	
d. Gross Treatment Expenditures			= \$

3. Sum of Gross Diagnostic and Treatment Expenditures = \$

4. Assessment Fees a. Receivables \$ b. Collected \$

5. Enrollment Fees a. Receivables \$ b. Collected \$

6. Sum of Fees Collected = \$

7. Gross Diagnostic and Treatment Expenditures and Fees Collected = \$

8. Special State Funding a. Bone Marrow Transplant(s) \$ _____

 b. Emergency Funding \$ _____

9. Total Special Funding \$

10. Total Net Diagnostic and Treatment Expenditures and Fees Collected = \$

11. County Match (50%) County = \$

12. Adjustments a. Due County (-) \$ b. Due State (+) \$ (+ or -) = \$

13. Total Due (Circle one) STATE COUNTY = \$

14. _____ (_____) _____
County Contact Person (Type or Print Name) Telephone Number Date

Attach a copy of this form to the original CLAIM FOR REIMBURSEMENT, DIAGNOSTIC/TREATMENT/THERAPY.

COUNTY CCS PROGRAM
QUARTERLY REPORT OF EXPENDITURES
DIAGNOSTIC AND TREATMENT*
FISCAL YEAR 93/94

ANYWHERE COUNTY

Expenditures from 1/1/94 to 3/31/94
(per H&S Code Sections 248-275)

PART I - SUMMARY REPORT OF DIAGNOSTIC AND TREATMENT EXPENDITURES

1. Diagnostic Expenditures

MR-0-940 Total = \$ 280

b. Miscellaneous Revenue \$ 100

c. Uncashed Warrants \$ 20

d. Gross Diagnostic Expenditures = \$ 400

2. Treatment Expenditures

MR-0-940 Total = \$ 74,200

b. Miscellaneous Revenue \$ 2,000

Uncashed Warrants \$ 500

d. Gross Treatment Expenditures = \$ 76,700

3. Sum of Gross Diagnostic and Treatment Expenditures

= \$ 77,100

4. Assessment Fees a. Receivables \$ 4,000 b. Collected \$ 400

5. Enrollment Fees a. Receivables \$ 6,000 b. Collected \$ 600

6. Sum of Fees Collected = \$ 1,000

7. Gross Diagnostic and Treatment Expenditures and Fees Collected = \$ 78,100

8. Special State Funding a. Bone Marrow Transplant(s) \$ 48,700

b. Emergency Funding \$ 0

9. Total Special Funding \$ 48,700

10. Total Net Diagnostic and Treatment Expenditures and Fees Collected = \$ 29,400

11. County Match (50%) County = \$ 14,700

12. Adjustments a. Due County (-) \$ 0 b. Due State (+) \$ 4,000 (+) or (-) = \$ 4,000

13. Total Due (Circle one) STATE COUNTY = \$ 18,700

SAMPLE

14. FRED FLINTSTONE
County Contact Person (Type or Print Name)

(916) 123-4567
Telephone Number

6/29/94
Date

Attach a copy of this form to the original CLAIM FOR REIMBURSEMENT, DIAGNOSTIC/TREATMENT/THERAPY.

* For use by all counties submitting claims for processing to the State Department of Health Services' fiscal intermediary.

COUNTY CCS PROGRAM
INSTRUCTIONS FOR COMPLETING THE
QUARTERLY REPORT OF EXPENDITURES
MEDICAL THERAPY PROGRAM
(For Counties Using the State Fiscal Intermediary)

A. GENERAL INFORMATION

1. CCS county programs are reimbursed for the state share of therapy expenditures on a quarterly basis.
2. Therapist or supporting staff time claimed on the CCS administrative claim MAY NOT BE CLAIMED on this form.
3. One copy of the expenditures for the Medical Therapy Program (MTP) is to be attached to the original claim for reimbursement form and mailed to Children's Medical Services/California Children Services, Program Support Section, 714 P Street, Room 398, Sacramento, CA 95814 within 60 days of the end of each quarter.
4. The CCS program claim for reimbursement for medical therapy program expenditures is to be reported on Line 13 a. and b. of the state form entitled, "COUNTY CCS PROGRAM CLAIM FOR REIMBURSEMENT, CHILDREN'S MEDICAL SERVICES/CALIFORNIA CHILDREN SERVICES, DIAGNOSTIC/TREATMENT/THERAPY". This amount is obtained from Section IV and V of the "QUARTERLY REPORT OF EXPENDITURE, MEDICAL THERAPY PROGRAM" form.
5. A supplemental form is provided for use when the space allowed on the Quarterly Report of Expenditures is insufficient for the number of staff to be claimed. The supplemental form(s) shall be attached to the QUARTERLY REPORT OF EXPENDITURES, MEDICAL THERAPY PROGRAM and submitted with the COUNTY CLAIM FOR REIMBURSEMENT FOR DIAGNOSTIC, TREATMENT AND THERAPY.

B. INSTRUCTIONS

Heading:

Enter the county name, fiscal year, and the beginning and ending dates of the quarter being reported.

C. PART II. SUMMARY REPORT OF THERAPY EXPENDITURES

SECTION I. COUNTY EMPLOYED MEDICAL THERAPY UNIT (MTU)
STAFF

Name (Type or Print)

Enter the names of all county employed therapists and supporting staff (i.e., therapy aides, therapy assistants, etc.) allocated by the State who provided direct patient care in the MTU and/or directly supervised therapists for the reporting period. If the names of county employed or contract therapy staff exceed the space allowed on the MTU expenditures form, indicate on the form, "See Attached Supplement Form", and use the "Supplement to Summary Report of Therapy Expenditures" form (Attachment I and/or II as appropriate).

2 Classification

Enter the appropriate civil service classification corresponding to each name.

3 Monthly Salary: Enter the total monthly salary for each employee.

4. Full Time Equivalent (FTE) Percent

Enter in decimals the percent of staff time spent providing direct patient care and/or directly supervising therapist(s) during the reporting quarter. *NOTE: Time claimed on this budget cannot ALSO be claimed on the Administrative Staff and Budget Request and an employee's total time cannot exceed 100 percent.* Examples of direct patient care are those services reported on the Patient Therapy Record.

5. Expenditures Paid for 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.

6. Total Personal Services

Calculate and 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 on Line 7. Calculate the benefits by multiplying staff benefit percentage by the Total Personal Services amount from Line 6 and enter the total on Line 7.

8. Other

For those counties paying 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. Allowable travel expenses are:

- a. Mileage which is defined as reimbursement to therapy staff for travel costs incurred within the county for performing job related duties.
- b. Expenses related to in-service training and State sponsored seminars. Costs shall be supported by employee travel expense documents. Travel expenses may include per diem, commercial auto rental, air travel and private vehicle mileage payments. No travel outside the State of California shall be claimed without prior written State authorization.

10. Total County Staff Expenditure

- a. Enter the sum of lines 6, 7, 8, and 9.
- b. Enter one half (1/2) of amount of Line 10.a.

SECTION II. CONTRACT THERAPISTS

1. Name (Type or Print)

Enter the names of all therapists contracted by the county to provide services in the MTU for the reporting quarter. For those counties contracting to a company for therapy services, enter the company name.

2. Job Title

Enter the job title of all therapists contracted by the county for the reporting quarter. For those counties contracting to a company for therapy services, enter the job title(s) and number of therapist(s) billed for the reporting quarter.

3. Hourly Rate

Enter the hourly rate paid by the county for each contract therapist. For those counties contracting to a company for therapy services, enter separately the hourly rate paid for the physical therapists and the hourly rate paid for the occupational therapists.

4. Number of Hours

Enter the number of hours, or fractions thereof, that each contract therapist worked during the quarter. For those counties contracting to a company for therapy services, enter separate totals for the number of hours for physical and occupational therapists.

5. Expenditures Paid for 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.

6. Total Contract Staff Expenditure

- a. Enter the sum of expenditures in Column 5.
- b. Enter one half (1/2) of the amount in Line 6.a.

SECTION III. TOTAL OTHER EXPENDITURES

Attach an itemized listing of the miscellaneous expenditures to the Quarterly Report of Expenditures for the Medical Therapy Program (see Glossary for definition of Miscellaneous Expenditures).

- a. Enter the total of other expenditures.
- b. Enter one half (1/2) of Section III.a.

SECTION IV. SUBTOTAL

- a. Add the totals from Section I, Line 10 a. Section II, Line 6 a, Section III a and enter the sum.
- b. Enter one half (1/2) of Section IV.a.

SECTION V. MEDICAL THERAPY PROGRAM EXPENDITURES from MR-0-940 Report

- a. Total the expenditures from the MR-0-940 Reports for the three months being reported and enter.
- b. Enter one half (1/2) of Section IV. A. This is the county share due the State.

**COUNTY CCS PROGRAM
 QUARTERLY REPORT OF EXPENDITURES
 MEDICAL THERAPY PROGRAM
 FISCAL YEAR _____**

Expenditure from _____ to _____
 Per Health & Safety Code
 Sections 248-275

COUNTY: _____
 PART II. SUMMARY REPORT OF THERAPY EXPENDITURES

for counties Using the State Fiscal Intermediary

SECTION I. COUNTY EMPLOYED MTU STAFF

1 NAME	2 CLASSIFICATION	3 MONTHLY SALARY	4 FTE PERCENT	5 EXPENDITURES PAID FOR QUARTER
6) Total Personal Services		\$ _____		
7) Staff Benefits @ _____%		\$ _____		
8) Other *(Attach documentation)		\$ _____		
9) Travel Expenses		\$ _____		
10) TOTAL COUNTY STAFF EXPENDITURE		a. \$ _____	b. 50% State Share Due County	\$ _____

SECTION II. CONTRACT THERAPISTS

1 NAME	2 JOB TITLE	3 HOURLY RATE	4 NUMBER OF HOURS	5 EXPENDITURES PAID FOR QUARTER
6) TOTAL CONTRACT STAFF SERVICES		a. \$ _____	b. 50% State Share Due County	\$ _____

SECTION III. TOTAL OTHER EXPENDITURES

	a. \$ _____	b. 50% State Share Due County	\$ _____
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SECTION IV. SUBTOTAL-SECTION I, II, III

	a. \$ _____	b. 50% State Share Due County	\$ _____
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SECTION V. MEDICAL THERAPY PROGRAM (from MR-0-940 REPORT)

	a. \$ _____	b. 50% County Share Due State	\$ _____
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COUNTY _____ COUNTY _____ Expenditures From: _____ To: _____
 QUARTERLY REPORT OF EXPENDITURES Per Health & Safety Code _____
 MEDICAL THERAPY PROGOGRAM Sections 248-275
 FISCAL YEAR _____
 (for counties using the state fiscal intermediary)

PART II. Supplement to Summary Report of Therapy Expenditures Page ___ Of ___

SECTION I. COUNTY EMPLOYED MTU STAFF

1 NAME	2 CLASSIFICATION	3 MONTHLY SALARY	4 FTE PERCENT	5 EXPENDITURES PAID FOR QUARTER
6) TOTAL PERSONAL SERVICES (COUNTY STAFF)				\$

**COUNTY CCS PROGRAM
 QUARTERLY REPORT OF EXPENDITURES
 MEDICAL THERAPY PROGRAM
 FISCAL YEAR 93/94**

Expenditure from 1/1/93 to 3/31/94
 Per Health & Safety Code
 Sections 248-275

COUNTY: ANYWHERE
 PART II. SUMMARY REPORT OF THERAPY EXPENDITURES

for counties Using the State Fiscal Intermediary

SECTION I. COUNTY EMPLOYED MTU STAFF

1 NAME	2 CLASSIFICATION	3 MONTHLY SALARY	4 FTE PERCENT	5 EXPENDITURES PAID FOR QUARTER
CLARK KENT LOIS LANE	RPT OTR	\$3,000 \$3,200	1.0 .5	\$9,000 \$4,800
SAMPLE				

6) Total Personal Services	\$ <u>13,800</u>			
7) Staff Benefits @ <u>35</u> %	\$ <u>4,830</u>			
8) Other *(Attach documentation)	\$ <u>0</u>			
9) Travel Expenses	\$ <u>600</u>			
10) TOTAL COUNTY STAFF EXPENDITURE	a. \$ <u>19,230</u>	b. 50% State Share Due County	\$ <u>9,615</u>	

SECTION II. CONTRACT THERAPISTS

1 NAME	2 JOB TITLE	3 HOURLY RATE	4 NUMBER OF HOURS	5 EXPENDITURES PAID FOR QUARTER
ABC THERAPY CONSULTANTS	7 RPTs 5 OTRs	\$45.00 \$40.00	400 250	\$18,000 \$10,000
BILL JONES	RPT	\$45.00	120	\$ 5,400

6) TOTAL CONTRACT STAFF SERVICES	a. \$ <u>33,400</u>	b. 50% State Share Due County	\$ <u>16,700</u>	
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SECTION III. TOTAL OTHER EXPENDITURES	a. \$ <u>4,000</u>	b. 50% State Share Due County	\$ <u>2,000</u>	
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SECTION IV. SUBTOTAL-SECTION I, II, III	a. \$ <u>56,630</u>	b. 50% State Share Due County	\$ <u>28,315</u>	
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SECTION V. MEDICAL THERAPY PROGRAM (from MR-0-940 REPORT)	a. \$ <u>52,000</u>	b. 50% County Share Due State	\$ <u>26,000</u>	
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ATTACHMENT I
 COUNTY EXAMPLE

INDEPENDENT COUNTY
 QUARTERLY REPORT OF EXPENDITURES
 MEDICAL THERAPY PROGRAM
 FISCAL YEAR 1994/95

EXPENDITURES:
 From: 01/01/94 To: 03/01/94
 Per Health & Safety Code
 Sections 248-275

PART II. Supplement to Summary Report of Therapy Expenditures

SECTION I. COUNTY EMPLOYED MTU STAFF

1 NAME	2 CLASSIFICATION	3 MONTHLY SALARY	4 FTE PERCENT	5 EXPENDITURES PAID FOR QUARTER
Charles Hersey	PT Consultant	\$4008	1.00	\$12,024
Frankie O'Henry	PT Consultant	\$4150	1.00	\$12,450
Carol Manley	PT Consultant	\$4008	.75	\$9,018
Bill Bailey	OT Consultant	\$3850	1.00	\$11,550
Earl Daily	OT Consultant	\$4270	.80	\$10,248
Deana Shore	OT Consultant	\$3925	.50	\$ 5,888

6) TOTAL PERSONAL SERVICES (COUNTY STAFF)

*\$61,178

* Report Total on Quarterly Report of Expenditures, Section I, Line 6
 **Attach a copy of this form to the Quarterly Report of Expenditures,
 Medical Therapy Program

COUNTY
 QUARTERLY REPORT OF EXPENDITURES
 MEDICAL THERAPY PROGRAM
 FISCAL YEAR

Expenditures From: _____ To: _____
 Per Health and Safety Code
 Sections 248-275

COUNTY _____
 (for counties using the state fiscal intermediary)

PART II. Supplement to Summary Report of Therapy Expenditures Page ___ Of ___

SECTION II. CONTRACT THERAPISTS

1 NAME	2 JOB TITLE	3 HOURLY RATE	4 NUMBER OF HOURS	5 EXPENDITURES PAID FOR QUARTER
Charles Heathcliff	Physical Therapist	\$22.00	528	\$11,616.00
ABC THERAPY COMPANY	Physical Therapist (3)	\$22.00	600	\$13,200.00
	Occupational Therapist (2)	\$22.00	380	\$8,360.00

6) TOTAL CONTRACT STAFF SERVICE EXPENDITURES \$33,176.00

COUNTY CCS PROGRAM
INSTRUCTIONS FOR COMPLETING
CLAIM FOR REIMBURSEMENT
DIAGNOSTIC/TREATMENT/THERAPY

(for counties using the Department of Health Services fiscal intermediary)

A. GENERAL INFORMATION

1. This claim for reimbursement summarizes the quarterly expenditures for diagnostic, treatment, and therapy services.
2. Attach one copy (each) of the "COUNTY CCS PROGRAM QUARTERLY REPORT OF EXPENDITURES, DIAGNOSTIC AND TREATMENT" and the "COUNTY CCS PROGRAM QUARTERLY REPORT OF EXPENDITURES, MEDICAL THERAPY PROGRAM", to the original claim for reimbursed and mail to:

Children's Medical Services
California Children Services
Program Support Section
714 P Street, Room 398
Sacramento, CA 95814

Reimbursement will not occur unless the claim, quarterly reports, and all required attachments are submitted together.

- 3 Claims for reimbursement are to be submitted by the county within 60 days of the end of each quarter.

B INSTRUCTIONS

Heading:

Enter the county name, fiscal year, and the beginning and ending dates of the quarter being reported.

PART I - (*) From the "COUNTY CCS PROGRAM QUARTERLY REPORT OF EXPENDITURES, DIAGNOSTIC AND TREATMENT", complete the following items and circle positive or negative entry. A negative figure equals amount due to the State. A positive figure equals amount due to the county.

1. Diagnostic--(*) Enter the amount shown on line 1d.
2. Treatment--(*) Enter the amount shown on line 2d.
- 3 Assessment Fees--(*) Enter the amount shown on line 4b
- 4 Enrollment Fees--(*) Enter the amount shown on line 5b
- 5 Sum--Enter the sum of the amounts shown on lines 1 through 4 of this form.
6. Bone Marrow--(*) Enter the total amount shown on line 8a.
Emergency Funding--(*) Enter the total amount shown on line 8b
- 8 Sum--Enter the sum of the amounts shown on line 6 & 7 of this form.
- 9 Subtotal--Subtract line 8 from line 5 of this form and enter the amount.
- 10 County Share--Enter one-half of the amount shown on line 9 of form.
11. Adjustments--(*) Enter the net amount shown on line 12.
12. Adjusted Subtotal--Enter the sum of/or difference (whichever is appropriate) between lines 10 and 11 of this form.

PART II - (*) From the "COUNTY CCS PROGRAM QUARTERLY REPORT OF EXPENDITURES, MEDICAL THERAPY PROGRAM", complete the following items and circle positive or negative entry. A negative figure equals amount due to the State. A positive figure equals amount due to the county.

13. Medical Therapy

A. Due County--Enter the amount shown in Section IV (b). This represents the state share of Medical Therapy Program Expenditures.

B. Due State--Enter the amount shown in Section V (b). This represents the county share of Medical Therapy Program Expenditures.

14 Subtotal--Enter the difference (if appropriate) between lines 13 A and B of this form and circle the appropriate symbol.

15. Total--Enter the sum of/or difference (whichever is appropriate) between lines 12 and 14 of this form. If funds are owed to State, enter the amount on line 15 A of this form. If reimbursement is due to county, enter the amount on line 15 B of this form.

State Department of Health Services
Health and Welfare Agency

Children's Medical Services
California Children Services

CCS PROGRAM
CLAIM FOR REIMBURSEMENT
DIAGNOSTIC/TREATMENT/THERAPY
(For counties using the Department of Health Services fiscal intermediary)

TO: STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES

CLAIM OF: _____ COUNTY FISCAL YEAR: _____

FOR EXPENDITURES INCURRED FROM: _____ TO: _____

PURSUANT TO SECTIONS 248-275 OF THE HEALTH AND SAFETY CODE AND RELATED LEGISLATION

+ = Due County
- = Due State

PART I DIAGNOSTIC AND TREATMENT (Information taken from "County CCS Program Quarterly Report of Expenditures/Diagnostic and Treatment)

	DIAGNOSTIC	(+ or -) \$	_____
2.	TREATMENT	(+ or -) \$	_____
3.	ASSESSMENT FEES	(+ or -) \$	_____
4.	ENROLLMENT FEES	(+ or -) \$	_____
5.	SUM (Total of lines 1-4)	(+ or -) \$	_____
	BONE MARROW	(+ \$	_____
	EMERGENCY FUNDING	+ \$	_____
8.	SUM (Total of lines 6 and 7)	(+ \$	_____
9.	SUBTOTAL (Difference between lines 8 and 5)	(+ or -) \$	_____
10.	COUNTY SHARE (50%)	(+ or -) \$	_____
	ADJUSTMENTS	(+ or -) \$	_____
12.	ADJUSTED SUBTOTAL	(+ or -) \$	_____

II MEDICAL THERAPY (Information taken from "County CCS Program Quarterly Report of Expenditures/Medical Therapy Program)

13.	MEDICAL THERAPY		
	A. DUE COUNTY (Section IV [b])	(+) \$	_____
	B. DUE STATE (Section V [b])	(-) \$	_____
14.	SUBTOTAL	(+ or -) \$	_____

III

15.	TOTAL		
	A. TOTAL DUE STATE	\$	_____
	B. TOTAL REIMBURSEMENT DUE COUNTY	\$	_____

State Department of Health Services
Health and Welfare Agency

Children's Medical Services
California Children Services

CCS PROGRAM
CLAIM FOR REIMBURSEMENT
DIAGNOSTIC/TREATMENT/THERAPY
(For counties using the Department of Health Services fiscal intermediary)

TO: STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES

CLAIM OF: ANYWHERE COUNTY FISCAL YEAR: 1993-94

FOR EXPENDITURES INCURRED FROM: 1/1/94 TO: 3/31/94

PURSUANT TO SECTIONS 248-275 OF THE HEALTH AND SAFETY CODE AND RELATED LEGISLATION

SAMPLE

+ = Due County
- = Due State

PART I DIAGNOSTIC AND TREATMENT (Information taken from "County CCS Program Quarterly Report of Expenditures/Diagnostic and Treatment")

1.	DIAGNOSTIC		(+ or <input checked="" type="radio"/>)	\$ <u>400</u>
2.	TREATMENT		(+ or <input checked="" type="radio"/>)	\$ <u>76,700</u>
3.	ASSESSMENT FEES		(+ or <input checked="" type="radio"/>)	\$ <u>400</u>
4.	ENROLLMENT FEES		(+ or <input checked="" type="radio"/>)	\$ <u>600</u>
5.	SUM (Total of lines 1-4)		(+ or <input checked="" type="radio"/>)	\$ <u>78,100</u>
6.	BONE MARROW	(+)	\$	<u>48,700</u>
7.	EMERGENCY FUNDING	(+)	\$	<u>0</u>
8.	SUM (Total of lines 6 and 7)	(+)	\$	<u>48,700</u>
9.	SUBTOTAL (Difference between lines 8 and 5)		(+ or <input checked="" type="radio"/>)	\$ <u>29,400</u>
10.	COUNTY SHARE (50%)		(+ or <input checked="" type="radio"/>)	\$ <u>14,700</u>
11.	ADJUSTMENTS		(+ or <input checked="" type="radio"/>)	\$ <u>4,000</u>
12.	ADJUSTED SUBTOTAL		(+ or <input checked="" type="radio"/>)	\$ <u>18,700</u>

PART II MEDICAL THERAPY (Information taken from "County CCS Program Quarterly Report of Expenditures/Medical Therapy Program")

13.	MEDICAL THERAPY			
	A. DUE COUNTY (Section IV [b])	(+)	\$	<u>28,315</u>
	B. DUE STATE (Section V [b])	(-)	\$	<u>26,000</u>
14.	SUBTOTAL		(<input checked="" type="radio"/> or -)	\$ <u>2,315</u>

PART III

15.	TOTAL			
	A. TOTAL DUE STATE		\$	<u>16,385</u>
	B. TOTAL REIMBURSEMENT DUE COUNTY		\$	<u>0</u>

CERTIFICATION:

I hereby certify under penalty of perjury: that I am the duly authorized officer of the claimant herein; and that this claim is in all respects true, correct and in accordance with the law; that the material, supplies or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1090 to 1096 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; that the original invoices, payrolls, or other vouchers in support of this claim are on file with the county.

FRED FLINTSTONE
Contact Person (Type or Print Name)

(916) 123-4567
Telephone Number

Date: 6/29/94

DEPUTY DAWG
Authorized Official (Type/Print Name and Title)

By: _____
Signature of Authorized Official

FOR STATE USE ONLY

DATE TO CONTROL:

SCHEDULE #:

REFERENCE IV. A

State Department of Health Services
Health and Welfare Agency

Children's Medical Services
California Children Services

**A GUIDE TO UNDERSTANDING THE MR-0-940
MONTHLY EXPENDITURE REPORT**

The MR-0-940 Report (copy attached) is a monthly expenditure report generated by the Department of Health Services' fiscal intermediary (FI), Electronic Data Systems (EDS). The report reflects line item expenditures paid from 100 percent State funds for Diagnostic, Treatment, and Therapy services. Counties complete a quarterly expenditure report to identify their obligation. Each month a copy of the report is provided to:

- 1 All counties for which claims are processed through the FI
2. Each State Regional office for the counties in their jurisdiction
3. Children's Medical Services (CMS) State Headquarters office

The report is separated into three service categories: Diagnostic, Treatment, and Therapy. Found within each category is:

- o Beneficiary Name--Last name, first name, and middle initial
- o Beneficiary Number--Seven digit CCS ID number
- o Provider Name--Name of provider billing for service(s)
- o Provider Number--Provider's unique CCS Number (beginning with CGP)
- o Date(s) of Service--From and ythrough date(s) of service
- o Claim Control Number--Number used internally by the FI for tracking purposes
- o CCS Paid column--Actual amount paid for a service (by line item)
- o Third Party Paid column--An amount reported in the "other coverage" box on the claim form, i.e., insurance payment.

NOTE: Amount shown in this column is not reflected in the subtotal.

- o Funding Subtotal--Subtotal for each category of service excluding any third party costs. The subtotal is to be used when completing the "County CCS Programs Quarterly Report of Expenditures" for Diagnostic, Treatment, and Therapy costs.

The last item on the last page of the MR-0-940 report is a "County subtotal". This represents the total amount of expenditures for the month (the sum of the three service categories--Diagnostic, Treatment, and Therapy).

A payment reflected in the "3rd party paid" column is to be ignored when completing the "County CCS Programs Quarterly Report of Expenditures" for Diagnostic, Treatment, and Therapy services as it is not calculated in the counties monthly expenditure total. However, for purposes of case management:

- o A figure in this column may indicate beneficiary has third party coverage, such as health insurance.
- o The information may be useful to counties when ascertaining a beneficiary's Other Health Coverage (OHC).

As previously stated, this amount reflects a payment by "other coverage" and is NOT included in any subtotals.

The MR-0-940 Report should be reviewed carefully to identify expenditures that may have been incorrectly paid. Examples are:

1. Beneficiary is not a resident of the county billed for services.
2. County is incorrectly billed for a beneficiary who was not a resident of county at the time services were rendered.
3. Beneficiary was Medi-Cal eligible for dates of service on MR-0-940 report.
4. Beneficiary had OHC for date(s) of service(s) reported on the MR-0-940. These services should have been billed to OHC prior to billing CCS.

If a discrepancy is identified, the county is to calculate their quarterly report based on the funding subtotals reported on the MR-0-940. **DO NOT REDUCE COUNTY SUBTOTAL LISTED ON THE REPORT BY THE AMOUNT OF THE DISCREPANCY AT THIS TIME.** Make a copy of the page the discrepancy appears on, highlight the problem and send, with an explanation, to your local CMS Regional Office. The CMS Regional Office staff will review the problem and advise the county of the outcome. If CMS agrees with the county's determination, adjustments are to be made on a subsequent quarterly claim (see explanation of adjustments in instructions for completing the CCS COUNTY PROGRAMS QUARTERLY REPORT OF EXPENDITURES).

The MR-0-940 report is to be retained by counties for four years in accordance with the State Record Act for financial records.

REPORT NO. MR-D-540
 REPORT DATE 01/21/94

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
 CALIFORNIA CHILDRENS SERVICES
 MONTHLY EXPENDITURES REPORT
 REGIONAL OFFICE: SAN FRANCISCO
 COUNTY: LAKE

PAGE 1
 RUN ON 01/23/94 AT 04:33

BENEFICIARY		PROVIDER		DATES OF SERVICE		CCN	CCS PAID	JRD PARTY PAID	
NAME	NUMBER	NAME	NUMBER	FROM	THRU				
FUNDING: DIAGNOSTIC SERVICES									
XXXXX	XXXXX	X 1111111	PROVIDER A	CGP121212	920909	920909	33365023004010	0.00	0.00
XXXXX	XXXXX	X 1111111	PROVIDER A	CGP121212	920909	920909	40045011007010	0.00	0.00
FUNDING SUBTOTAL:								0.00	0.00
FUNDING: TREATMENT SERVICES									
XXXXXXXX	XXXXXX	X 2222222	PROVIDER B	CGP131313	931115	931115	33474321140010	843.00	0.00
XXXXX	XXXXXXXXXX	X 3333333	PROVIDER C	CGP141414	930701	930701	33282804141310	43.00	0.00
XXXXX	XXXXXXXXXX	X 3333333	PROVIDER C	CGP141414	930708	930708	33282804141020	1,240.00	0.00
FUNDING SUBTOTAL:								2,120.00	0.00
FUNDING: THERAPY SERVICES									
XXXX	XXXXXX	X 4444444	PROVIDER D	CGP151515	930502	930502	33003414007010	0.00	0.00
XXXX	XXXXXX	X 4444444	PROVIDER D	CGP151515	930502	930502	33003414007020	0.00	0.00
XXXX	XXXXXX	X 4444444	PROVIDER D	CGP151515	930717	930717	33003414007030	0.00	0.00
XXXX	XXXXXX	X 4444444	PROVIDER D	CGP151515	930719	930719	33003414007040	0.00	0.00
FUNDING SUBTOTAL:								0.00	0.00
COUNTY SUBTOTAL:								2,120.00	0.00
REGIONAL SUBTOTAL:								2,120.00	0.00
ALL-REGIONS GRAND TOTAL:								2,120.00	0.00

5-2.4

DRAFT
REVISION

State Department of Health Services
Health and Welfare Agency

Children's Medical Services
California Children Services

**COUNTY CCS PROGRAM
GLOSSARY OF TERMS FOR THE
DIAGNOSTIC, TREATMENT AND THERAPY
QUARTERLY REPORT OF EXPENDITURES**

ADJUSTMENTS--Funds being reported to correct a previous quarterly claim. One hundred percent of the adjustment is reported regardless of whether it is due to the State or the county.

ASSESSMENT FEES--An annual fee to be collected by the county for an individual or family of an active or potentially eligible CCS child who at time of application or renewal is required to pay a \$20 fee unless such individual or family meets the exceptions as identified in Health and Safety Code, Section 255(d).

BONE MARROW TRANSPLANTS--Funds expended by a county with a population of 600,000 or less for bone marrow transplant services. Costs for these services must meet all the criteria in Health and Safety Code, Section 273 (see Numbered Letter 15-0494).

COLLECTED--Assessment and Enrollment Fees that have been collected by the county in the quarter being reported.

CONTRACT THERAPY--Physical or occupational therapy services provided in a medical therapy unit by other than county personnel who are paid by a formula which includes fringe benefits.

DIAGNOSTIC EXPENDITURES--Funds initially expended by the State for diagnostic services which were authorized by the State or county as necessary to confirm or establish the presence of a CCS medically eligible condition.

EMERGENCY FUNDING--100 percent state funds expended on behalf of county CCS programs that have exceeded their total county appropriation of \$125,000 or less during the fiscal year and who meet all other criteria as set forth in "Instructions for Certification for Funding Under Health and Safety Code, Section 266."

ENROLLMENT FEES--An annual fee to be collected by the county for an individual or family of a child receiving treatment services through the CCS Program, unless the individual or family meets the exceptions as identified in Health and Safety Code, Section 257(f). Enrollment fees are based upon family size and income and adjusted to reflect changes in the federal poverty level.

FISCAL YEAR--A twelve month period between settlements of financial accounts. For budget purposes the State's fiscal year is July 1 through June 30.

MEDICAL THERAPY CONFERENCE--The multidisciplinary health care team meeting, usually held in the medical therapy units, for the purpose of patient examination, treatment planning, and discussion of Medical Therapy Program cases.

MEDICAL THERAPY PROGRAM--The medically necessary physical and occupational therapy services and medical conference team services provided by the counties in the public school setting through cooperative efforts of state and local CCS programs with state and local educational agencies.

MEDICAL THERAPY PROGRAM EXPENDITURES--Funds expended by the county for medically necessary physical and occupational therapy services and the medical conference team services provided in the medical therapy unit in a public school.

MEDICAL THERAPY UNIT (MTU)--The actual place in the public school where the medical therapy services are provided.

MISCELLANEOUS EXPENDITURES--Items purchased to serve individual clients at the MTU, e.g., splinting material, photography/video supplies.

MISCELLANEOUS REVENUE--Revenue received from other sources, i.e., provider overpayments, insurance payments, third party liability settlements, etc.

RECEIVABLES--Funds due, but not yet collected, in a fiscal year, for Assessment Fees and Enrollment Fees owed by an individual or family of a child receiving diagnostic and/or treatment services.

TREATMENT EXPENDITURES--Funds initially expended by the State for medically necessary services provided to children who are determined to meet CCS eligibility requirements and whose services have been authorized by the CCS Program.

UNCASHED WARRANTS--County warrants issued for payment of services to CCS-eligible children but which were returned to the county uncashed.

VENDOR THERAPY--Physical or occupational therapy services provided in either a hospital or private office in lieu of services provided by county employed therapists in a medical therapy unit. Services are paid on a fee-for-service basis.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 654-0499

(916) 654-0476 TDD/Relay



N.L. 15-0494

Date April 22, 1994

Index Transplants

To County California Children Services Program (CCS) Administrators and
Children's Medical Services Branch (CMS) Regional Offices

Subject: Bone Marrow Transplants for Cancer, Section 273, Health and Safety Code

I BACKGROUND

Legislation was passed during fiscal year (FY) 1983-84 making bone marrow transplants (BMT), when required for the treatment of cancer, a benefit of the California Children Services (CCS) Program. The legislation, known as the Papan bill, was chaptered in the Health and Safety Code, Section 273 and is referenced in the California Code of Regulations, Title 22, Section 42140 (see enclosure).

Section 273 of the Health and Safety Code mandates the CCS Program to reimburse providers for specified BMT costs when the BMT is for treatment of cancer and meets the criteria identified in this section. The expenditures for these services are shared jointly by the state and county CCS programs. However, a provision was made for the state CCS Program to fund 100 percent of specific mandated BMT costs for treatment of cancer for those counties with populations of less 600,000 (based on the most recent federal census conducted by United States Bureau of Census).

II POLICY IMPLEMENTATION

Determination of medical approval for a BMT for cancer is the responsibility of the state Children's Medical Services Branch (CMS) medical consultant, Program Standards and Quality Assurance Section. The medical approval is dependent upon the criteria established by the Medi-Cal Advisory Committee on Anatomical Transplants. Please refer to Numbered Letter 08-0394 for detailed information on the medical approval process for patients requiring organ transplants, including BMTs for cancer. When the patient has met all CCS program eligibility requirements (including financial and residential eligibility), written authorization for the BMT is issued by the independent county CCS program or the state CMS regional office for dependent counties.

III BMT FOR TREATMENT OF CANCER SERVICES ELIGIBLE FOR 100 PERCENT STATE FUNDING

Based on provisions in Section 273 of the Health and Safety Code, specific BMT costs for treatment of cancer are reimbursable at 100 percent state CCS funds for counties with populations of less than 600,000. The effective date and services that are eligible for 100 percent state CCS funding for a BMT for cancer are as follows:

A Donor related costs

- 1 Coverage effective the date of medical approval by the state CMS medical consultant
- 2 Services covered:
 - a Bone marrow (BM) acquisition costs, including the charges related to a National Bone Marrow Donor Registry search.
 - b BM harvest including professional fees and outpatient hospital services required to procure the bone marrow and, if medically necessary, inpatient hospitalization of the donor.

B Recipient (patient) costs

- 1 Coverage effective: From the day of admission for inpatient hospitalization to begin the conditioning necessary for receiving the BMT through the fifth month of post transplant care.
- 2 Services covered:
 - a Inpatient hospitalization for receiving the transplant including the conditioning required prior to receiving the transplant.
 - b Professional services provided through the authorized BMT transplant center medical provider effective the day of inpatient admission in B.1. above.

Post-transplant care services including medications, professional services provided through the Medi-Cal/CCS approved BMT transplant center, and any inpatient service required because of post transplant complications.

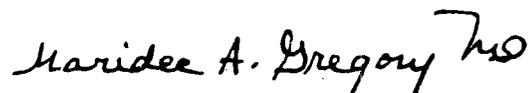
IV PROCEDURE FOR CLAIMING 100 PERCENT STATE FUNDING--for counties with populations of less than 600,000

A Eligible CCS county programs claiming 100 percent state funding for BMT services for cancer shall:

- 1 Maintain documentation in the CCS case record of medical approval by the state CMS medical consultant (narrative note or written approval) and copies of all authorizations for BMTs for cancer. In a separate and retrievable file, the documents used to calculate expenditures that are eligible for 100 percent reimbursement shall be maintained.
- 2 Retain source documents (the case file and the CCS record) for a period of four years in accordance with the State Record Act.

B CCS county programs not using the Department of Health Services (DHS) fiscal intermediary, Electronic Data Systems (EDS), for claims processing shall claim the allowable costs for 100 percent state reimbursement for BMTs on the "Independent County Claim for Reimbursement Diagnosis, Treatment, and Therapy". Instructions for calculating the expenditures that are to be claimed by the county are located in the document titled: "Instructions for Completing Independent County Quarterly Report of Expenditures for Diagnostic and Treatment", section B. 9., issued October 18, 1993.

CCS county programs submitting claims through EDS have ALL claims paid by the state and, on a quarterly basis, submit the "County Claim for Reimbursement for Diagnostic, Treatment and Therapy" which provides either the amount now due the state or the county. Instructions for calculating the amount of expenditure for BMT costs that are 100 percent state CCS funded for these counties is located in the "Instructions for Completing the Quarterly Report of Expenditures Diagnostic and Treatment for Counties with Claims Processed by the DHS Fiscal Intermediary". For dependent county CCS programs, the claims to be used for calculating 100 percent state CCS funding shall be reviewed and jointly agreed upon with a state CMS regional office designee.



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

Health and Safety Code

Section 273 Bone marrow transplant; reimbursement; conditions

(a) A bone marrow transplant for the treatment of cancer shall be reimbursable under this article, when all of the following conditions are met:

- (1) The bone marrow transplant is recommended by the recipient's attending physician.
- (2) The bone marrow transplant is performed in a hospital that is approved for participation in the California Children's Services program.
- (3) The bone marrow transplant is a reasonable course of treatment and is approved by the appropriate hospital medical policy committee.
- (4) The bone marrow transplant has been deemed appropriate for the recipient by the program's medical consultant. The medical consultant shall not disapprove the bone marrow transplant solely on the basis that it is classified as experimental or investigational.

(b) The program shall provide reimbursement for both donor and recipient surgery.

(c) Any county which has a population of not more than 600,000, as determined by the most recent decennial census conducted by the United States Bureau of the Census, shall be exempt from complying with the 25-percent matching requirement provided for under this article, for any bone marrow transplant reimbursable under this section.

California Code of Regulations Title 22, Chapter 7, Article

Section 42160 Bone Marrow Transplantation for Cancer

Bone marrow transplantation for treatment of cancer in a CCS eligible child is reimbursable by CCS when the procedure has prior written approval by the CCS medical consultant in a county which, in the most recent U.S. Bureau of the Census decennial census, had a population of 600,000 or more. In all other counties prior written approval by the State CCS medical consultant is required, and it shall be attached to the county's quarterly invoice to the State.

NOTE: Authority cited: Sections 208 and 248, Health and Safety Code. Reference: Section 273, Health and Safety Code.

History

Change without regulatory effect pursuant to Section 100, Title 1, California Code of Regulations adding new section filed 3-9-90 (Register 90, No. 13). For prior history, see Title 17, Part I, Subchapter 3, Sections 2890-2923, not consecutive.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 654-0499
(916) 654-0476 TDD/Relay



N.L. 19-0594

Date May 13, 1994

Index County Funding

To County California Children Services (CCS) Program Administrators and
State Children's Medical Services Branch Regional Offices

Subject Instructions for Certification of Funding Under Health and Safety
Code Section 266

The 1991 realignment legislation amended Section 266 of the Health and Safety Code to allow services to be paid with 100 percent state funds when specific criteria are met.

As a result of these amendments, the enclosed Instructions for Certification of Funding Under Health and Safety Code Section 266 were developed for use by counties that meet the appropriation criteria as set forth in Section 266. (For those counties that do not meet the criteria, we are providing these instructions for your information.)

If you have any questions regarding these procedures, please contact your state regional office administrative consultant.

A handwritten signature in black ink that reads "Maridee Gregory" with a stylized flourish at the end.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

Instructions for Certification for Funding
Under Health and Safety Code Section 266

County and state California Children Services (CCS) programs share in the cost of providing services to children with physically handicapping conditions through allocation of funds to cover payment of services for diagnosis, treatment, and school-based therapy services expenditures. County CCS programs with a total appropriation of county funds of \$125,000 or less and whose expenditures of these funds will be exceeded during the fiscal year, may request the state program to pay for services from state-appropriated funds pursuant to Health and Safety Code Section 266, Attachment A.

When a county meeting the criteria stated in Section 266 realizes there is going to be a budget shortfall in the diagnostic, treatment, and therapy budget, the county shall immediately notify their state regional office. If, after a review of the county's anticipated funding shortfall by the state regional office staff there are no alternative solutions identified, then the county is responsible for requesting 100 percent state funding for CCS eligible medical care which cannot be delayed without great harm to a child.

To qualify for 100 percent state funding, the county program must complete the "Certification for Funding Under Health and Safety Code Section 266", Attachment B, which states that the following criteria has been met:

The total county appropriation made pursuant to Section 265 of the Health and Safety Code, Attachment C, for the county's share of CCS costs is less than \$125,000 for the fiscal year in question.

In the fiscal year in question, the county has expended county funds for the CCS program at least equivalent to the county appropriation made pursuant to Section 265.

3. The county certifies that there are insufficient revenues, in the current fiscal year from the account established at the time of State Local Program Realignment pursuant to the provisions of Chapter 6 (commencing with Section 17600) of Division 9 of the Welfare and Institutions Code, to cover emergencies or cases where medical care cannot be delayed without great harm to the child.

The certification is to be completed and signed by the county Auditor-Controller and forwarded to the state CCS program attention of the Chief, Administrative Unit. A copy is to be sent to the appropriate state regional office.

The state CMS program will determine if sufficient state funds are available for medical care for a CCS patient whose cost of care for the remainder of the fiscal year will be funded from state funds. Upon determination that state funds are available, a letter advising of the effective date and of the additional level of costs that will be covered under the Section 266 provisions will be forwarded to the county. Should the county experience another budget shortfall, recertification will be required.

Instructions for Certification for Funding
Under Health and Safety Code Section 266

County and state California Children Services (CCS) programs share in the cost of providing services to children with physically handicapping conditions through allocation of funds to cover payment of services for diagnosis, treatment, and school-based therapy services expenditures. County CCS programs with a total appropriation of county funds of \$125,000 or less and whose expenditures of these funds will be exceeded during the fiscal year, may request the state program to pay for services from state-appropriated funds pursuant to Health and Safety Code Section 266, Attachment A.

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To qualify for 100 percent state funding, the county program must complete the "Certification for Funding Under Health and Safety Code Section 266", Attachment B, which states that the following criteria has been met:

The total county appropriation made pursuant to Section 265 of the Health and Safety Code, Attachment C, for the county's share of CCS costs is less than \$125,000 for the fiscal year in question.

In the fiscal year in question, the county has expended county funds for the CCS program at least equivalent to the county appropriation made pursuant to Section 265.

- 3 The county certifies that there are insufficient revenues, in the current fiscal year from the account established at the time of State Local Program Realignment pursuant to the provisions of Chapter 6 (commencing with Section 17600) of Division 9 of the Welfare and Institutions Code, to cover emergencies or cases where medical care cannot be delayed without great harm to the child.

The certification is to be completed and signed by the county Auditor-Controller and forwarded to the state CCS program attention of the Chief, Administrative Unit. A copy is to be sent to the appropriate state regional office.

The state CMS program will determine if sufficient state funds are available for medical care for a CCS patient whose cost of care for the remainder of the fiscal year will be funded from state funds. Upon determination that state funds are available, a letter advising of the effective date and of the additional level of costs that will be covered under the Section 266 provisions will be forwarded to the county. Should the county experience another budget shortfall, recertification will be required.

The following will apply to services and claims paid after certification approval:

1. New Referrals--Coverage will be limited to children who without the requested medical care would result in one or all of the following:
 - a. Potential life-threatening injury or illness
 - b. Measurable, significant loss of physical functioning.
 - c. Significant risk of deterioration of the patient's condition if medical care is not provided.
2. Requests for new services on open cases will be authorized for those services that meet the criteria under new referrals.
3. Claims for services authorized prior to the approval of certification shall be processed for payment using state funds.

Instructions to the county for the claiming of state funds for expenditures relating to diagnostic, treatment, and therapy program costs are in the newly revised claiming procedures for the "(Independent or Dependent) County Quarterly Report of Expenditures for Diagnostic and Treatment" and the "Medical Therapy Program".

All documentation pertaining to Certification for Funding Under Health and Safety Code Section 266 shall be retained by the county in the case file for a period of four years, in accordance with the State Record Act. This documentation shall include the county letter requesting Section 266 funding, the Certification Form, the state approval letter, and any other documentation pertinent to the request.

Attachments: (3)

3/28/94

**CERTIFICATION FOR FUNDING
UNDER HEALTH AND SAFETY CODE SECTION 266**

Whereas, the total county appropriation made pursuant to Section 265 of the Health and Safety Code is less than \$125,000 for this fiscal year, and

Whereas, the county has expended funds for the CCS program at least equivalent to the county appropriation pursuant to Section 265 for this fiscal year, and

Whereas, in this fiscal year there are insufficient county revenues in the Social Services Trust Account pursuant to the provision of Chapter 6 (commencing with Section 17600) of Division 9 of the Welfare and Institutions Code to cover the required catastrophic medical costs...

I request that to the extent funds are available, services be paid from state funds for those cases deemed by the state department to represent emergencies or cases where medical care cannot be delayed without great harm to the child.

I hereby certify under penalty of perjury that I am the official responsible for the examination and settlement of accounts, that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, and that the above statements are in all respects true, correct, and in accordance with law:

Signature Auditor-Controller

Date

Title

Agency

MAIL ORIGINAL TO:

- 1) *State Department of Health Services
Children's Medical Services
714 P Street, Room 398
Sacramento, CA 95814*

and one copy to:

- 2) *Children's Medical Services
State Regional Office*

2/4/94

HEALTH AND SAFETY CODE SECTION 266
State Emergency Aid

For those counties with a total appropriation of county funds not exceeding one hundred twenty-five thousand dollars (\$125,000), and upon the expenditure of the county funds equivalent to a county appropriation pursuant to Section 265, the state department may, to the extent funds are available from state appropriated funds for the California Children's Services Program and upon certification of the county that there are insufficient revenues from the account established pursuant to Chapter 6 (commencing with Section 17600) of Division 9 of the Welfare and Institutions Code, pay for services for cases deemed by the state department to represent emergencies or cases where medical care cannot be delayed without great harm to the child.

HEALTH AND SAFETY CODE SECTION 265
County appropriations and expenditures; state matching

(a)(1) Annually, the board of supervisors shall appropriate a sum of money for services for handicapped children of the county, including diagnosis, treatment, and therapy services for physically handicapped children in public schools, equal to 25 percent of the actual expenditures for the county program under this article for the 1990-91 fiscal year, except as specified in paragraph (2).

(2) If the state certifies that a smaller amount is needed in order for the county to pay 25 percent of costs of the county's program from this source. The smaller amount certified by the state shall be the amount which the county shall appropriate.

(b) In addition to the amount required by subdivision (a), the county shall allocate an amount equal to the amount determined pursuant to subdivision (a) for purposes of this article from revenues allocated to the county pursuant to Chapter 6 (commencing with Section 17600) of Division 9 of the Welfare and Institutions Code.

(c) The state shall match county expenditures for this article from funding provided pursuant to subdivisions (a) and (b).

(d) The county may appropriate and expend moneys in addition to those set forth in subdivision (a) and (b) and the state shall match the expenditures, on a dollar-for-dollar basis, to the extent that state funds are available for this article.

(e) Nothing in this section shall require the county to expend more than the amount set forth in subdivision (a) plus the amount set forth in subdivision (b) nor shall it require the state to expend more than the amount of the match set forth in subdivision (c).