

# **Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)**

## **SFY 21-22 Cost and Reimbursement Comparison Schedule (CRCS) Check-In Meeting #1**

February 9, 2023



**Training will begin at 1:00 p.m.**

# Agenda

- 1 Check-In Meeting Logistics and Guiding Principles
- 2 CRCS Due Dates and Resources
- 3 Overview of Recent Common Questions
- 4 Open Question and Answer Session and  
Topic Suggestions for Next Check-In Meeting on 2/16/23

# Check-In Meeting Logistics

- » Today is the first of two scheduled SFY 2021-22 CRCS Check-In Meetings (next check-in will be Thursday, February 16 from 1:00-2:00pm)
- » Submit questions in the Q&A or raise your hand to be called on
- » SFY 2021-22 CRCS is **due March 1, 2023** (submission window is now open)
- » Questions or future agenda items can be submitted to either [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov) or [LEA.CRCS.QUESTIONS@dhcs.ca.gov](mailto:LEA.CRCS.QUESTIONS@dhcs.ca.gov)

# CRCS Check-Ins: Guiding Principles

1. Guided forum where all stakeholders can ask questions
2. Participation is optional – you only need to join if you have questions
3. If DHCS or Guidehouse are unable to answer a question, we will address the response in the next check-in meeting
4. DHCS and Guidehouse won't be able to review and/or approve LEA-specific scenarios; We will provide guidance on methodology and LEAs will need to interpret how that guidance applies to their specific situation

# CRCS Resources for SFY 2021-22

**CRCS Webpage is located on the LEA BOP Website and contains:**

- CRCS due dates and submission windows
- Link to CDE-Approved Indirect Cost Rates
- General resources, such as a link to the California School Accounting Manual

**SFY 2021-22 CRCS Landing Page:**

- Direct Medical Service Percentages (based on RMTS results for SFY 2021-22)
- SFY 2021-22 Forms and Instructions
- Certification and Signature Document
- DHCS-provided data reports, including the Annual Reimbursement Report and the FMAP Grouping Reimbursement Percentages Report

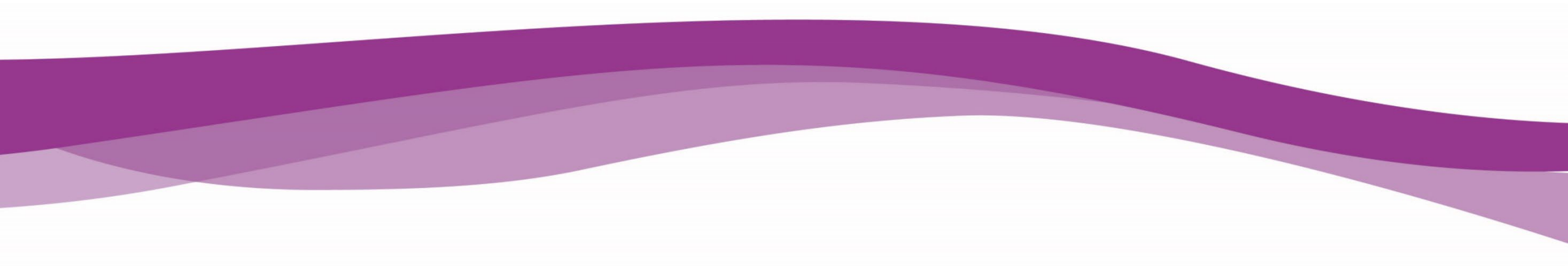
# CRCS Training Resources

- **LEA BOP conducted a SFY 2021-22 CRCS training on January 25, 2023**
  - ✓ Slides sent to stakeholders on the LEA BOP listserv on January 30<sup>th</sup>
    - To sign up for the listserv, go to the [LEA BOP website](#) and click on the ["Email Subscription Service"](#) link
  - ✓ Available on the LEA BOP website under the ["LEA BOP Training"](#) link (see SFY 2022-23 Training Materials)

# Questions to Address in Today's Check-In

1. Can you clarify the submission requirements and what needs to be included on the grouping/bridging schedule and production log?
2. Why do we need to report hours by practitioner type? What hours need to be included on Worksheet B?
3. What are the requirements for a practitioners' salaries/benefits to be included on Worksheet B?
4. I'm having trouble finding the Medicaid Eligibility Rate (MER) for our district, can DHCS help me locate this?
5. If I need an extension on the CRCS due date, who do I ask?

**Question 1: Can you clarify the submission requirements and what needs to be included on the grouping/bridging schedule and production log?**

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## **Question 1: What are the SFY 2021-22 submission requirements?**

**The SFY 2021-22 submission package has four required components:**

1. Completed CRCS Excel file
2. Completed and signed Certification and Signature Document
3. Grouping Schedules/Bridging Documents
4. Production Log

# Grouping Schedule or Bridging Document

## » Minimum fields to include:

- Practitioner Name
- Practitioner Job Classification
- Salary/benefit/other costs
- Resource and Object Codes
- Contractor Amount Paid, Hours Paid, Vendor/Agency Name




## » Include **totals for each category** that will reconcile to CRCS worksheets

- No practitioner SSNs/addresses/phone numbers should be sent

# Grouping Schedule – Sample for Salaries/Benefits

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## Example 1: By Practitioner Type

- ✓ Information by Employed Practitioner Type 
- ✓ Subtotals by Quarter (reconciles to CRCS Worksheet B, Quarterly Total Lines) 
- ✓ Grand Total for State Fiscal Year (SFY) (reconciles to CRCS Worksheet B, SFY Totals Line) 

| Provider Salary, Benefits & Federal |         |                          |                            |                  |                          |
|-------------------------------------|---------|--------------------------|----------------------------|------------------|--------------------------|
| Quarter 1                           |         |                          |                            |                  |                          |
| Provider Type                       | Name    | Qtr 1<br>Total<br>Salary | Qtr 1<br>Total<br>Benefits | Qtr 1<br>Federal | Resource/<br>Object Code |
| Psychologists                       | Psych 1 |                          |                            |                  |                          |
| Psychologists                       | Psych 2 |                          |                            |                  |                          |
| Social Workers                      | LCSW 1  |                          |                            |                  |                          |
| Social Workers                      | LCSW 2  |                          |                            |                  |                          |
| ↓                                   |         |                          |                            |                  |                          |
| Quarter 1 Subtotal                  |         |                          |                            |                  |                          |
| Quarter 2                           |         |                          |                            |                  |                          |
| Provider Type                       | Name    | Qtr 2<br>Total<br>Salary | Qtr 2<br>Total<br>Benefits | Qtr 2<br>Federal | Resource/<br>Object Code |
| Psychologists                       | Psych 1 |                          |                            |                  |                          |
| Social Workers                      | LCSW 1  |                          |                            |                  |                          |
| ↓                                   |         |                          |                            |                  |                          |
| Quarter 2 Subtotal                  |         |                          |                            |                  |                          |
| Quarter 3 Subtotal                  |         |                          |                            |                  |                          |
| Quarter 4 Subtotal                  |         |                          |                            |                  |                          |
| SFY Grand Total                     |         |                          |                            |                  |                          |

# Grouping Schedule – Sample for Salaries/Benefits

## Example 2: By Employee

| Employee Name    | Job Category | Job Title | Qtr | Salary | Benefit | Federal Funding | Resource | Goal | Function | Object |
|------------------|--------------|-----------|-----|--------|---------|-----------------|----------|------|----------|--------|
|                  |              |           | 1   |        |         |                 |          |      |          |        |
|                  |              |           | 1   |        |         |                 |          |      |          |        |
| Total Quarter 1  |              |           |     | \$ -   | \$ -    | \$ -            |          |      |          |        |
|                  |              |           |     |        |         |                 |          |      |          |        |
|                  |              |           | 2   |        |         |                 |          |      |          |        |
|                  |              |           | 2   |        |         |                 |          |      |          |        |
| Total Quarter 2  |              |           |     |        |         |                 |          |      |          |        |
|                  |              |           |     |        |         |                 |          |      |          |        |
|                  |              |           |     |        |         |                 |          |      |          |        |
|                  |              |           |     |        |         |                 |          |      |          |        |
| SFY Grand Totals |              |           |     | \$ -   | \$ -    | \$ -            |          |      |          |        |

# Grouping Schedule – Contractors

» Example Layout for Contractors Reported on Worksheet D

| Practitioner Name | Practitioner Type | Company Name | Total Contractor Amount Paid | Resource Code | Object Code | Total Hours Paid |
|-------------------|-------------------|--------------|------------------------------|---------------|-------------|------------------|
|                   |                   |              |                              |               |             |                  |
|                   |                   |              |                              |               |             |                  |
|                   |                   |              |                              |               |             |                  |
| Grand Totals      |                   |              |                              |               |             |                  |

# Grouping Schedule – Other Costs

» Example Layout for Other Costs Reported on Worksheet C

| Name | Practitioner Type | Materials, Supplies and Reference Materials Expenditures | Non-capitalized Equipment Expenditures | Travel & Conference Expenditures | Dues and Membership Expenditures | Communications Expenditures | Federal Funding | Resource Code | Object Code | Total Amount |
|------|-------------------|--|--|----------------------------------|----------------------------------|-----------------------------|-----------------|---------------|-------------|--------------|
|      |                   |  |  |                                  |                                  |                             |                 |               |             |              |
|      |                   |  |  |                                  |                                  |                             |                 |               |             |              |
|      | Grand Totals      |  |  |                                  |                                  |                             |                 |               |             |              |

# Production Log

## » **Minimum fields to include:**

- Practitioner Name
- Practitioner Job Classification
- Service Date
- Total Units of Service
- Total Medi-Cal Reimbursement

## » **Practitioners listed by quarter should match the TSP List**

## » **No student-identifying information should be sent**

# Production Log - Samples

Example 1 (broken out by quarter):

| Practitioner Name | Practitioner Type | Service Date | CPT Code | Total Units | Amount Billed | Amount Paid |
|-------------------|-------------------|--------------|----------|-------------|---------------|-------------|
| Nancy Nurse       | Nurse             | 2/1/22       | T1001-TM | 10          | \$1,529.10    | \$859.40    |

Example 2:

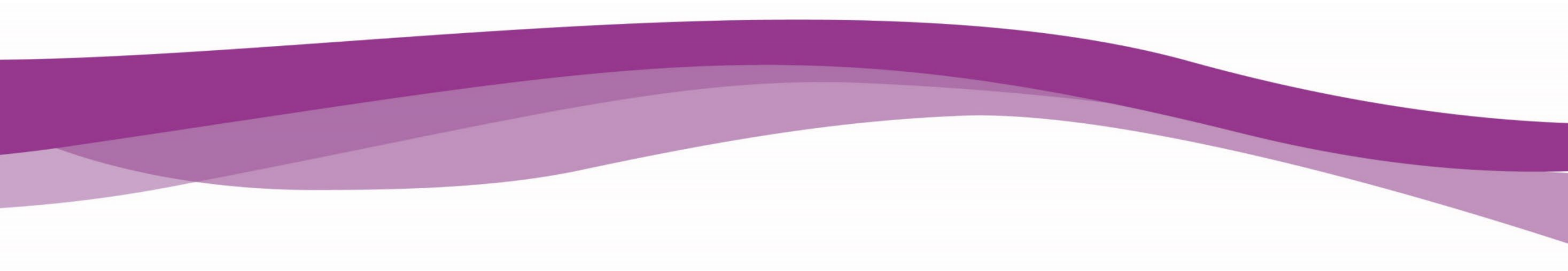
| Provider Name   | Job Category | Job Title                | TSP Start Date | On TSP List | Service Count | On TSP List | Service Count | On TSP List | Service Count | On TSP List | Service Count | Total Service Count | Interim Paid Claims |
|-----------------|--------------|--------------------------|----------------|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|---------------------|---------------------|
|                 |              |                          |                |             | Q1            |             | Q2            |             | Q3            |             | Q4            |                     |                     |
| Nancy Nurse     | School Nurse | District Nurse           | 2/1/2020       | Y           | 2             | Y           | 2             | Y           | 10            | Y           | 6             | 20                  | \$ 1,718.80         |
| Annie Assistant | SLPA         | Speech-Hearing Assistant | 6/15/2021      | Y           | -             | Y           | -             | Y           | -             | Y           | -             | -                   | -                   |



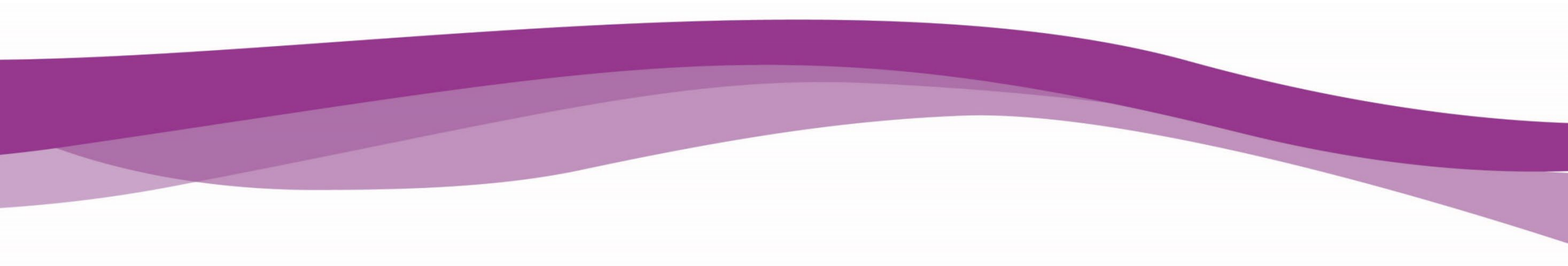
# Review of CRCS Supporting Documentation

1. No Student PHI should be included
2. Not a new requirement for audit
  - » Documents have historically been collected during the audit
  - » Collecting this information at CRCS submission will create efficiencies in the audit process
3. LEAs are free to use reporting layout/format that works best, A&I is flexible in how the information is reported
4. Totals for each category should reconcile to CRCS worksheets
5. If LEAs are concerned with submitting sensitive information, add [SECURE] to email subject line to transmit securely

# Question 1 Q&A



**Question 2: Why do we need to report hours by practitioner type? What hours need to be included on Worksheet B?**

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## Question 2: Why do we need to report hours by practitioner type?

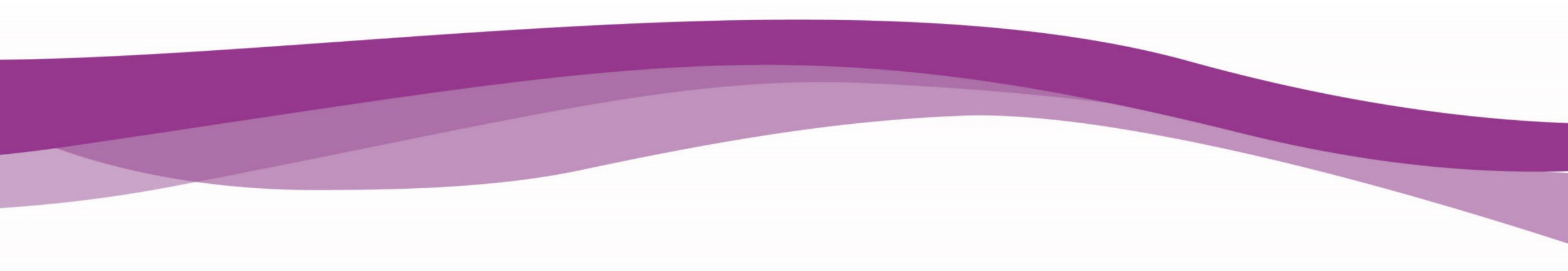
- » Annual hours were on historical versions of the CRCS
- » Reporting of hours was removed to lessen LEA burden in 2022 when five reports were submitted to DHCS
- » Hours are a **critical piece** of rebasing the interim rates
  - » State Plan requires rate rebasing every five years
  - » Costs by practitioner type are reported on the CRCS
  - » Rate-setting requires median hourly cost calculations by practitioner type
  - » Hours are needed to update interim rates

## **Question 2: ? What hours need to be included on Worksheet B?**

### **» UPDATE! Hours are no longer required on Worksheet B**

- During the SFY 21-22 CRCS training, many stakeholders expressed concerns related to reporting of hours
  - DHCS met with stakeholders last week to hear concerns
  - Quarterly reporting of hours presented significant challenges for many LEAs
- ### **» LEAs may elect to include hours if information has been collected**
- Reported hours are not subject to audit

# Question 2 Q&A



**Question 3: What are the requirements for a practitioners' salaries/benefits to be included on Worksheet B?**

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### **Question 3: To be included on the CRCS, does a practitioner need to be on the TSP list and the LEA must have received interim reimbursement for the TSP?**

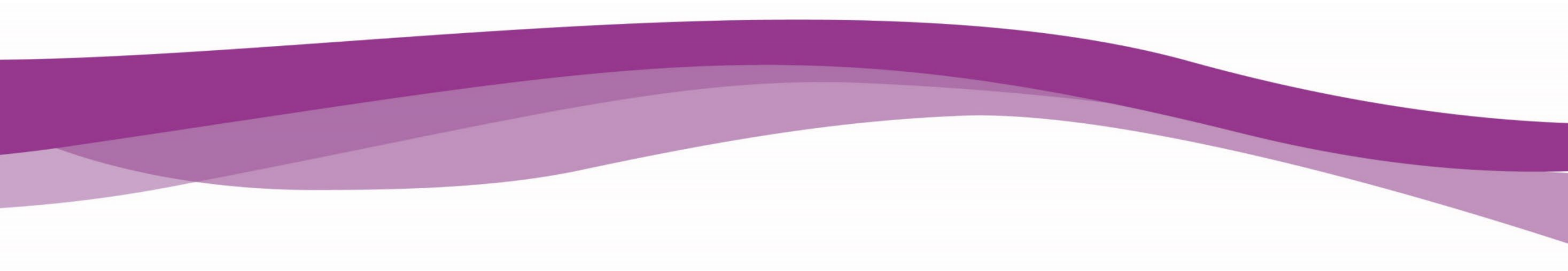
- » No, **billing for LEA BOP covered services is a best practice that is strongly encouraged by DHCS**, but it is not an explicit requirement to include a practitioner's costs on the CRCS
- » A practitioner **must be on the TSP List** to include their costs on the CRCS (by quarter)
- » Practitioners for which the LEA did not receive interim payments may be included if they provided LEA BOP covered services and met LEA BOP billing requirements
  - » LEAs must be able to substantiate these exception cases



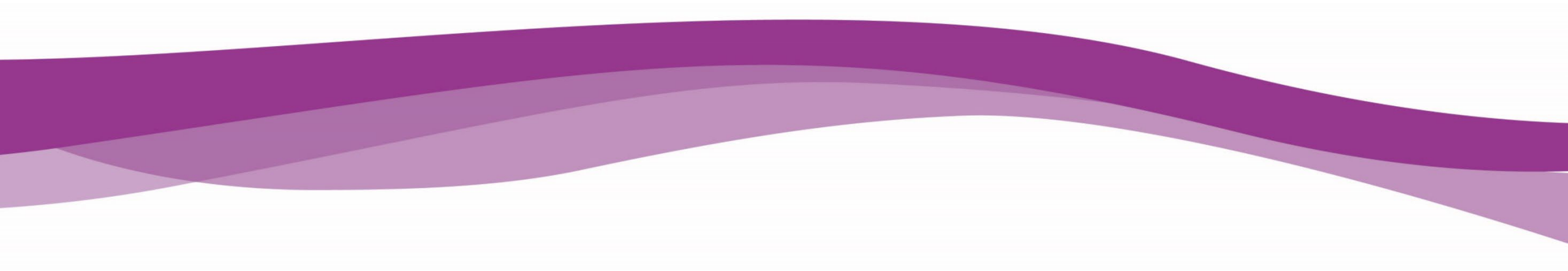
# Practitioners without Interim Payments

- » If the LEA reports practitioners without interim billings on the CRCS, the LEA must be able to support costs with **documented covered services**
  - ✓ Did the practitioner meet the qualifications to bill for the covered service per LEA BOP requirements found in the Provider Manual [\*\(loc ed rend\)\*](#)?
  - ✓ Was the practitioner supervised, if necessary? Is this documented?
  - ✓ Did the practitioner record services (in a portal or hard copy)?
  - ✓ Did the practitioner document to the extent required for billing purposes?
  - ✓ In an audit, could the LEA support that the practitioner provided covered LEA BOP services? Could they readily locate supporting documentation?
- » **If NO to any of the above, do not include these practitioner costs on the CRCS!**

# Question 3 Q&A



**Question 4: I'm having trouble finding the  
Medicaid Eligibility Rate (MER) for our district,  
can DHCS help me locate this?**



## Question 4: Can you DHCS help me locate the data for the MER calculation?

- » The MER is **calculated annually** and used to apportion costs to the Medi-Cal Program
- » The MER is obtained for **a snapshot in time**
- » Data to calculate the MER is **maintained by the LEA**
- » DHCS conducted a [MER training in October 2022](#)
- » The SFY 2021-22 MER is calculated using **two components**:
  1. Numerator: Number of Medi-Cal Enrolled Students in the LEA
  2. Denominator: Total Number of Students Enrolled in the LEA on May 25, 2022

# MER Calculation

- » Denominator: Count of all students *enrolled in the LEA* as of May 2022. LEA BOP Providers were instructed to obtain enrollment data on May 25, 2022.



*Total student enrollment (as of May 25, 2022) is submitted to DHCS via the MOVEit Data Match eligibility confirmation process*

- » Output file is the basis for the MER Numerator
  - » In order to be included in the numerator count, the student must be Medi-Cal enrolled **and** eligible for federal funding ("FFP Qualified")

# Determining the Numerator

Current Month assumes  
May 2022 output file

- » Example of Data Match output text file, delimited into an Excel file
- » Columns created to align with Data Use Agreement Attachment A file layout.

| Position 1-9 | Position 10-29 | Position 30-44 | Position 137<br>(Current Month Data) | Position 262  |
|--------------|----------------|----------------|--------------------------------------|---------------|
| SSN          | LAST NAME      | FIRST NAME     | ELIG INDICATOR                       | FFP QUALIFIED |
|              | LName1         | FName1         | Y                                    | Y             |
|              | LName2         | FName2         | Y                                    | Y             |
|              | LName3         | FName3         | Y                                    | Y             |
|              | LName4         | FName4         | N                                    |               |
|              | LName5         | FName5         | Y                                    | Y             |
|              | LName6         | FName6         | N                                    |               |
|              | LName7         | FName7         | Y                                    | N             |
|              | LName8         | FName8         | N                                    |               |
|              | LName9         | FName9         | Y                                    | Y             |
|              | LName10        | FName10        | Y                                    | Y             |

## To determine the numerator for the MER calculation:

1. Position 137: Current Month  
**Eligibility Indicator = Y;**

**AND**

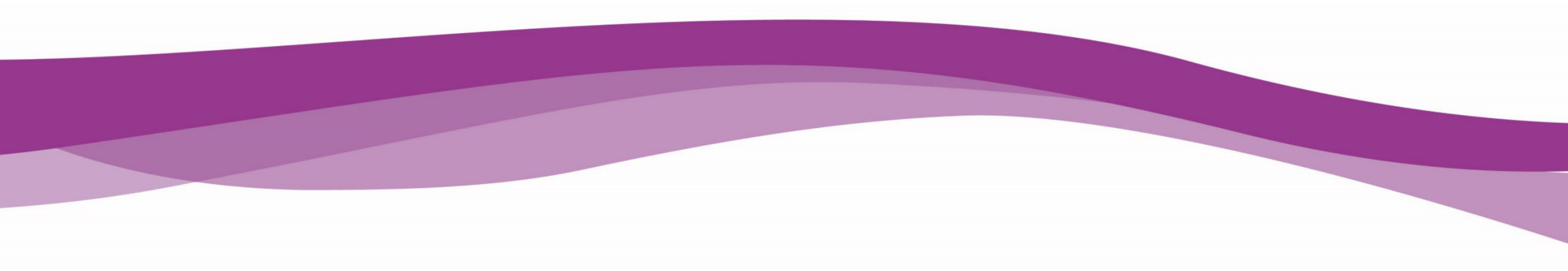
1. Position 262: **FFP Qualified = Y**

**Note:** In the example above, 7 students are eligible for the current month (May), and 6 of the 7 eligible students are FFP Qualified. Therefore, the MER numerator is 6.

# MER Documentation Reminders

- » Both data files (total student enrollment input file and the MOVEit output file) must be **maintained for audit and/or review purposes**.
- » Files must be maintained for a minimum of 3 years from date of CRCS acceptance
  - » LEAs involved in an audit at the end of the 3-year required retention period must maintain records until the audit is complete.
- » Files will contain highly sensitive Protected Health Information (PHI) and must be **securely stored**.

# Question 4 Q&A





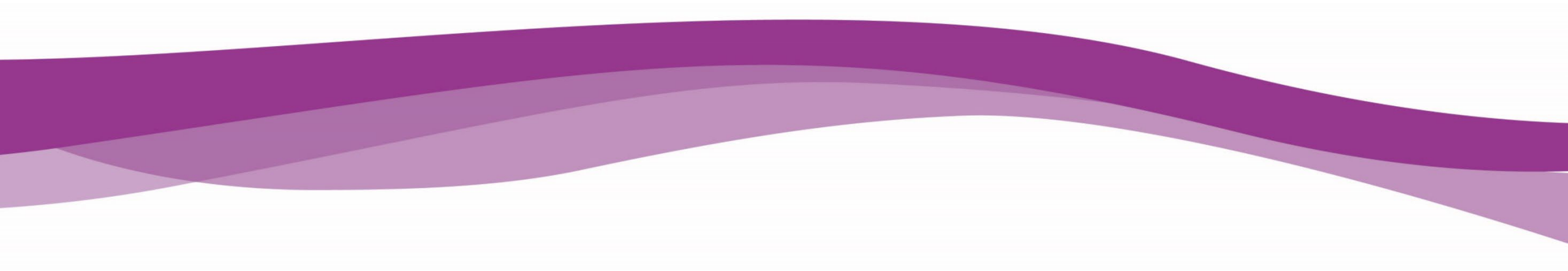
**Question 5: If I need an extension on the  
CRCS due date, whom do I ask?**

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## **Question 5: If I need an extension on the due date, whom do I ask?**

- » **All extension requests go to: [LEA.CRCS.Submission@dhcs.ca.gov](mailto:LEA.CRCS.Submission@dhcs.ca.gov)**
- » You will receive an e-mail response from the Cost Report and Tracking Section (CRTS) of A&I containing approval or denial of extension request
- » **LEA BOP staff cannot grant extensions** (no need to email the LEA inbox)
- » CRCS reports that are not filed by the due date and do not have an extension granted will be considered overdue
  - LEAs on 100% withhold will not receive reimbursement for future claims until the report is accepted by CRTS

# Open Q&A



# Next CRCS Check-In

## » February 16 Check-In Meeting – 1:00 – 2:00pm

- » Unanswered questions from today will be addressed
- » Additional questions may be sent to [LEA.CRCS.Questions@DHCS.CA.gov](mailto:LEA.CRCS.Questions@DHCS.CA.gov)
- » Questions received by **COB Friday, February 10<sup>th</sup>** will be addressed

**Thank you for  
attending today!**

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**LEA@dhcs.ca.gov**