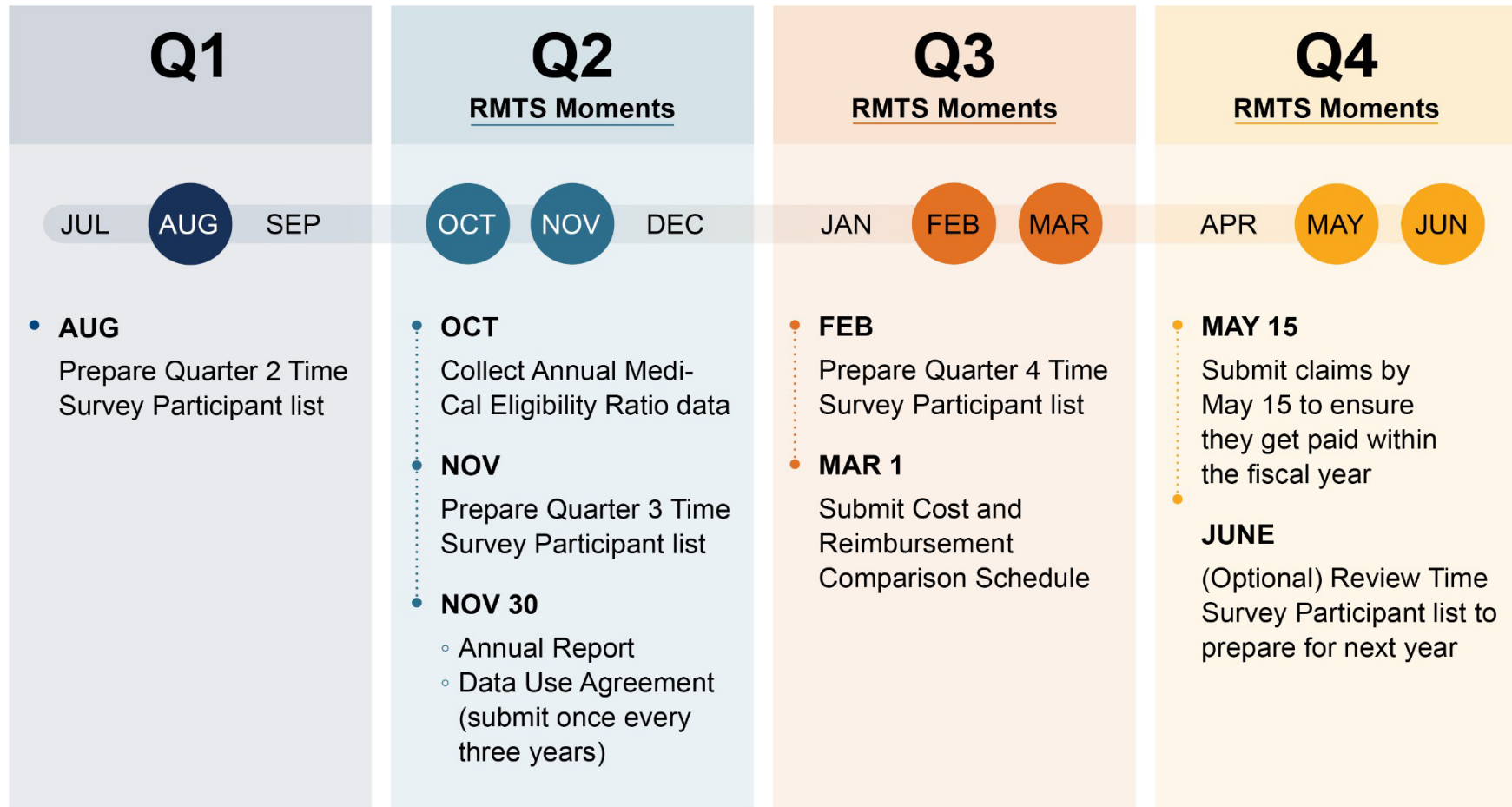


The "Administration and Audit Checklist" is meant to assist LEAs in meeting the basic administration and management requirements of the LEA BOP. It is designed to help you submit and retain the required documents and double-check the information you submit to avoid common errors. LEAs are not required to submit this checklist to DHCS. LEAs are ultimately responsible for administrative functions and should be familiar with the LEA BOP website, department policies, program regulations, and the LEA BOP Provider Manual, which is the primary resource guide for this program and contains additional program requirements for the LEA BOP.

## How to Use the Checklist

Each of the following tables in the checklist has three columns. Use the first column to indicate when the step is complete. The middle column shows the required documents to gather for submission, program requirements, or common errors to avoid. The last column is a place for you to provide the file path for the document or link to other relevant resources. Blank lines have been included for individual use.

**Figure 1. Timeline of Key Program Administration Dates and Activities**



Services billed and cost tracked all

*\*Time Survey Participant list due dates are based on your LEC contract*

## Practitioner and Service Log Checklist

LEA providers must keep, maintain, and have available records that fully disclose the type and extent of LEA services provided to Medi-Cal recipients. The required documents must be entered at or near the time the service was rendered (California Code of Regulations, Title 22, Section 51476). Each service encounter with a student must be documented according to [DHCS LEA BOP Provider Manual](#) for the specific practitioner type.

Done	Service Log Requirements	Notes
<input type="checkbox"/>	Proper documentation of service must include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Student's name</li> <li><input type="checkbox"/> Student's date of birth</li> <li><input type="checkbox"/> Date of service</li> <li><input type="checkbox"/> Place of service</li> <li><input type="checkbox"/> Description of service, including detailed documentation of time spent with student to bill for time-based procedure codes</li> <li><input type="checkbox"/> Name (or agency), title, and signature of the person rendering service, and supervisor's signature, if required</li> <li><input type="checkbox"/> Progress and case notes</li> </ul>	
<input type="checkbox"/>		
<input type="checkbox"/>		

## Review to Avoid Common Errors

Done	Service Log Requirements	Notes
<input type="checkbox"/>	Confirm that the student’s progress, concerns, observations, assessment, or plan are documented.	
<input type="checkbox"/>	Update written prescriptions for all individual therapy/treatment services annually and maintain them in the student’s files.	
<input type="checkbox"/>	Check that the student had an Individualized Health and Support Plan (e.g., IEP, IFSP, Individualized school healthcare plan, plan of care, treatment plan, nursing plan) at the time of service.	
<input type="checkbox"/>	Ensure the services are medically necessary.	
<input type="checkbox"/>	Confirm that the practitioner’s license and/or credential were active for the date of service.	
<input type="checkbox"/>	Check that Ordering, Referring, or Prescribing (ORP) Practitioners are in place for each service. Each services section of the provider manual defines which practitioners are authorized as ORP practitioners. The practitioner’s NPI number must be included in the claim, and they must be enrolled as a Medi-Cal ORP provider.	
<input type="checkbox"/>	Ensure the rendering practitioner is qualified within their scope of practice.	
<input type="checkbox"/>		
<input type="checkbox"/>		

**For Specialized Medical Transportation Services, you will want to review these additional documentation requirements.**

Done	Specialized Medical Transportation Services	Notes
<input type="checkbox"/>	Transportation must be to or from an on-site/off-site medical service for IEP/IFSP students.	
<input type="checkbox"/>	Any mileage billed must be supported by odometer documentation or a mapping system.	
<input type="checkbox"/>	Billed one-way trips must be supported by a transportation trip log (trip, mileage, pick-up, and drop-off locations for each child).	
<input type="checkbox"/>	Transportation Services must only be billed for a day when the student received a Medicaid-covered service (other than transportation) at the service site, and both the covered service and the transportation are authorized in the student's IEP or IFSP.	
<input type="checkbox"/>		
<input type="checkbox"/>		

## Random Moment Time Survey (RMTS) Checklist

The Random Moment Time Survey (RMTS) is a time study mechanism that California uses to determine the amount of time spent on activities throughout a participant’s workday. For the LEA BOP, the time measured is turned into Direct Medical Services Percentage, which directly impacts the Cost and Reimbursement Comparison Schedule. It is important to maintain the Time Survey Participant (TSP) list and ensure timely responses to moments to correctly allocate time and cost in LEA BOP. Review the DHCS [RMTS website](#) for more information on the program.

Done	Managing RMTS	Notes
<input type="checkbox"/>	Identify LEA’s SMAA/RMTS coordinator annually.	
<input type="checkbox"/>	Include all qualified and employed health service practitioners in Participant Pool 1 as a TSP.	
<input type="checkbox"/>	Remind TSPs to complete their moments, as needed, to achieve the required 85% moment response rate.	
<input type="checkbox"/>	Update the TSP list quarterly or by the deadline set by your LEC to match the current list of employed practitioners.	
<input type="checkbox"/>	Save Code 2A documentation showing that billable activities occurred during the moment(s).	
<input type="checkbox"/>		
<input type="checkbox"/>		

## Review to Avoid Common Errors

Done	Managing RMTS	Notes
<input type="checkbox"/>	Review coded moments to make sure they are coded correctly.	
<input type="checkbox"/>	Submit TSP Equivalency request forms 45 days before the next quarter for any staff person who will perform qualified activities using a job classification that is not on the approved list.	
<input type="checkbox"/>		
<input type="checkbox"/>		

## CRCS Submission Checklist

Under the LEA BOP, LEAs must annually certify that the public funds expended for LEA BOP services are eligible for federal financial participation (FFP). DHCS must reconcile the interim Medi-Cal reimbursements received by LEAs with the costs to provide the Medi-Cal services. The Cost and Reimbursement Comparison Schedule (CRCS, or “cost report”) is used to compare each LEA’s total actual costs for LEA BOP services to interim Medi-Cal reimbursement for a specific state fiscal year. Continued enrollment in the LEA BOP is contingent upon the annual submission of a CRCS. See the [LEA BOP CRCS webpage](#).

Done	Documents to Gather	Notes
<input type="checkbox"/>	Completed CRCS	
<input type="checkbox"/>	Completed and signed Certification and Signature Document	
<input type="checkbox"/>	Completed Source Documents (see below)	
<input type="checkbox"/>		
<input type="checkbox"/>		

## Source Documents (aka Grouping Schedules/Bridging Documents)

Done	Documents to Gather	Notes
<input type="checkbox"/>	Production log containing columns for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Practitioner name</li> <li><input type="checkbox"/> Job classification</li> <li><input type="checkbox"/> Service dates</li> <li><input type="checkbox"/> Units of service</li> <li><input type="checkbox"/> Total Medi-Cal Reimbursement (if applicable)</li> </ul>	

Done	Documents to Gather	Notes
<input type="checkbox"/>	The financial log containing resource and object codes for all salary, benefits, and other costs documented on the CRCS.	
<input type="checkbox"/>	Contractor log including contractor or agency name, total amount paid, and total hours paid for all contractor costs documented on the CRCS submission checklist.	
<input type="checkbox"/>		

### Review to Avoid Common Errors

Done	Documents to Gather	Notes
<input type="checkbox"/>	Calculate the Medicaid Eligibility Rate (MER) correctly.	
<input type="checkbox"/>	Check that the data entry on the CRCS Excel file matches the data on the source documents (correct negative/positive numbers, percentages input).	
<input type="checkbox"/>	Remove any student identifying information and/or practitioner Social Security Numbers/addresses/phone numbers from the production log.	
<input type="checkbox"/>	Cross-check the practitioners listed by quarter with your TSP list to ensure that only practitioners who are on the TSP list for the quarter marked moments during the quarter.	
<input type="checkbox"/>		
<input type="checkbox"/>		

**Submit documents to: [lea.crccs.submission@dhcs.ca.gov](mailto:lea.crccs.submission@dhcs.ca.gov). Due March 1, for the previous school year (July 1 through June 30). For example, the CRCS for 2023-24 school year is due March 1, 2025.**

## **Record Retention**

Keep records for a minimum of ten years from the date of submission of the CRCS or until the final audit settlement is complete, whichever comes later ([W&I Code, Section 14170](#)).

**Note:** If an audit and/or review is in process, LEA providers shall maintain documentation until the audit/review is completed and all appeal rights have been exhausted, regardless of the ten-year record retention time frame. Records need to be maintained even if the student graduates.

In addition, for record-keeping purposes, LEA providers should carefully review the full text of the [W&I Code, Chapter 7 \(commencing with Section 14000\)](#) and, in some cases, Chapter 8. Other record keeping requirements of the Medi-Cal program are found in the [Provider Regulations section of the Part 1 Medi-Cal provider manual](#).

**Save all documents to internal drive for audits and record retention for at least ten years or until the final audit settlement is complete.**