

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

**Cost and Reimbursement  
Comparison Schedule (CRCS)**

**LEA Medi-Cal Billing Option Program  
State Fiscal Year 2020-2021**

**CRCS Instructions and Information**

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## INTRODUCTION

### **REIMBURSABLE SERVICES IN THE LEA MEDI-CAL BILLING OPTION PROGRAM (LEA BOP)**

The LEA BOP provides “fee-for-service” reimbursement to LEAs for certain health-related services provided by qualified health service practitioners to Medi-Cal eligible students under the age of 22<sup>1</sup>. Covered Medicaid services are those that are medically necessary and authorized in an Individualized Education Program (IEP), Individualized Family Service Plan (IFSP) or Individualized Health and Support Plan (IHSP). LEA BOP covered services include:

- Audiological Services
- Nursing Services
- Nutritional Services
- Occupational Therapy Services
- Optometry Services
- Orientation and Mobility Services
- Physical Therapy Services
- Physician Services
- Psychology and Counseling Services
- Respiratory Therapy Services
- School Health Aide Services
- Speech-Language Pathology Services
- Targeted Case Management (TCM) Services

In addition, Specialized Medical Transportation Services which are activities that contribute to the actual billing of transportation as a medical service in the LEA BOP are reimbursed on a cost basis for SFY 2020-21. Specialized medical transportation services are allowable when delivered to or from a Medicaid covered service and may be provided at a school or other location as specified in the IEP/IFSP. Specialized medical transportation may be reimbursable as a LEA BOP covered service when all the following conditions are met:

- (a) Specialized medical transportation is specifically listed in the IEP/IFSP as a required service;
- (b) A Medicaid covered service that is authorized/documentated in the IEP/IFSP (other than specialized medical transportation) is provided on the day that specialized medical transportation is billed.
- (c) Specialized medical transportation is provided in a specially adapted vehicle.

Additional detail on all LEA BOP covered services is available in the LEA BOP Provider Manual, located at: <http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>.

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<sup>1</sup> If a student is covered under an IEP when they turn 22, they may retain eligibility for the duration of the school year.

**CERTIFICATION OF FUNDS FOR LEA SERVICES**

Under the LEA BOP, LEAs must annually certify that the public funds expended for LEA BOP services provided are eligible for federal financial participation (FFP) pursuant to the requirements of the Code of Federal Regulations (CFR), Title 42, Section 433.51. The Department of Health Care Services (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 prior state fiscal year. Continued enrollment in the LEA BOP is contingent upon submission of the CRCS.

LEAs must provide data, as applicable, in cells that are not shaded in gray in the Excel worksheets. Cells that are shaded in gray contain formulas and will auto-calculate based on data entered by a LEA. **DO NOT enter data in the gray shaded areas or modify the CRCS forms.** Doing so will void your CRCS form submission. The CRCS should be completed by or under the supervision of knowledgeable program personnel who are responsible for financial and accounting information (e.g., fiscal services personnel). The CRCS is designed to capture detailed cost information by practitioner type to compare the federal share of the LEA’s actual costs expended versus the interim Medi-Cal reimbursement for LEA BOP services. Information in the CRCS should be reported based on your internal accounting systems’ financial reports. If your LEA’s system cannot provide the information required in the CRCS, payroll and other relevant documentation may be used to complete the worksheets. All supportive documentation will be subject to review or audit by State and/or federal authorities.

One CRCS should be completed for each LEA provider number/National Provider Identifier (NPI). When multiple school districts form a central billing consortium and bill with one LEA NPI, one CRCS should be completed that represents all school districts operating under that NPI.

## GENERAL INSTRUCTIONS

### **COST REPORT AND DUE DATE SCHEDULE**

Annually, the CRCS form and related instructions will be posted on the LEA BOP website at: <http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>. For SFY 2020-21, the CRCS will be accepted for processing between February 1, 2022 and March 1, 2022. **The SFY 2020-21 CRCS is due no later than March 1, 2022.** Similarly, on a go forward basis, **the CRCS will be due by March 1 after the close of each preceding state fiscal year.** LEAs must complete the form and submit the following electronic files to [LEA.CRCS.Submission@dhcs.ca.gov](mailto:LEA.CRCS.Submission@dhcs.ca.gov):

1. Excel version of the completed CRCS form (all worksheets) AND
2. A one-page PDF that includes your signed Certification Page (signed in blue ink)

The CRCS electronic files AND e-mail subject line must follow the naming convention below:

State Fiscal Year.NPINumber.LEAName.SubmissionDate.CRCS

Example: SFY2021.9726458910.CaliforniaSD.02.03.22.CRCS.XLS (or .PDF)

LEAs are required to maintain the original hard copy CRCS with all worksheets and the Certification page signed in blue ink on site for DHCS Audits and Investigations staff.

### **REPORTING PERIOD**

The CRCS will reconcile LEA costs and Medi-Cal reimbursement by State Fiscal Year (July 1 – June 30). By the end of the calendar year, LEAs may download their Annual Reimbursement Report for the CRCS state fiscal year reporting period on the LEA BOP website. This report summarizes your LEA's units of service, claim count, and interim reimbursement for claims with dates of service in the CRCS reporting period. LEAs may find the figures useful in completing Worksheet F. LEAs should verify the reasonableness of this report with their own internal accounting system and document any potential discrepancies to provide an accounting documentation trail for review and/or audit.

### **DEPARTMENT WEBSITES**

You may retrieve information from the LEA BOP website at:  
<http://www.dhcs.ca.gov/provgovpart/pages/lea.aspx>

Questions regarding the completion of the CRCS worksheets and/or required documentation to be maintained with the CRCS should be e-mailed to:  
[LEA.CRCS.Questions@DHCS.CA.GOV](mailto:LEA.CRCS.Questions@DHCS.CA.GOV)

Additional resources can be found on the Audits and Investigations (A&I), Financial Audits Branch website at: <http://www.dhcs.ca.gov/individuals/Pages/LEA.aspx>

### **PENALTY FOR FAILURE TO FILE AN ACCEPTABLE COST REPORT**

Continued enrollment in the LEA BOP is contingent upon timely submission of the CRCS.

Active LEA BOP providers (those with a current Provider Participation Agreement on file with DHCS) must annually file a CRCS. If the SFY 2020-21 CRCS is not received by or prior to the March 1, 2022 due date, LEA payments may be withheld until the CRCS has been received and accepted for processing.

### **EXTENSIONS FOR COST REPORTS GRANTED ONLY FOR GOOD CAUSE**

Extensions of cost report due dates are limited to those requested for good cause. Good cause refers to those extreme circumstances that are beyond the control of the provider and for which adequate advance planning and organization would not have been of any assistance. Written requests for an extension must clearly explain the necessity for the extension and specify the extension due date being requested.

Not being aware of the due date, inconvenience of the due date, the preparer being engaged in other work so the cost report cannot be completed, or the preparer or signer not being available to sign the cost report do not meet the criteria for good cause and are not acceptable reasons to grant an extension of the due date for submission of the cost report.

### **RETURN OF UNACCEPTABLE COST REPORTS**

Cost reports that are not in compliance with reporting standards will be returned/rejected. The provider will be required to ensure proper completion and resubmission. Failure to timely resubmit a cost report completed in accordance with all applicable rules and instructions will result in the placement of a LEA withhold until the requested information has been received by DHCS.

### **AMENDED COST REPORTS**

Provider-initiated amendments and/or adjustments to a submitted cost report must be requested in writing, including the reason for the amendment. Written requests may be sent to: [LEA.CRCS.Questions@dhcs.ca.gov](mailto:LEA.CRCS.Questions@dhcs.ca.gov).

### **STANDARDIZED REPORTING GUIDELINES**

Object codes from the Standardized Account Code Structure (SACS) are referenced in the worksheets to identify allowable costs. Function codes from SACS may be used to identify costs by practitioner type, if applicable. Since the use of function codes varies among LEAs, they have not been specifically identified in the worksheets. Function and object codes are described in the California School Accounting Manual, Part II Standardized Account Code Structure issued by the California Department of Education (CDE). All costs reported in the CRCS must be in accordance with Office of Management and Budget (OMB) Super-Circular (2 CFR 200). To the extent that reporting is not governed by OMB Super-Circular, LEAs must follow Generally Accepted Accounting Principles.

### **ACCOUNTING METHOD**

All expenditures reported within the Medi-Cal CRCS must be in compliance with the OMB Super-Circular (2 CFR 200). To the extent that reporting is not governed by OMB Super-Circular, the LEA certifies that Generally Accepted Accounting Principles (GAAP) have been applied.

Object codes from the SACS are referenced in the worksheets to identify allowable costs.

Function codes from SACS may be used to identify costs by practitioner type, if applicable. Since the use of function codes varies among LEAs, they have not been specifically identified in the worksheets. Function and object codes are described in the California School Accounting Manual, Part II SACS issued by the CDE, located at:  
<http://www.cde.ca.gov/fg/ac/sa/>.

### **ALLOWABLE AND UNALLOWABLE COSTS**

Only adequately documented, reasonable and necessary allowable program costs incurred or accrued during the cost-reporting period are to be included in the cost report. These costs must be reported in accordance with this program's published reimbursement methodology.

### **COST REPORT CERTIFICATION**

Providers must certify the accuracy of the cost report submitted to DHCS. Making false statements, or the filing of a false or fraudulent claim is punishable under Welfare and Institutions (W&I) Code sections 14107, 14107.11 and 14123.2, and other applicable provisions of law. Before signing the certification pages, carefully read the certification statements to ensure that the signer has complied with the cost-reporting requirements.

### **DIRECT COSTING**

Direct costing must be used unless otherwise stated in these instructions. Direct costing means that costs incurred for the benefit, or directly attributable to, a specific service must be charged directly to that particular service. Costs related to each direct Medi-Cal service must be direct costed. For example, employee payroll taxes and benefits/insurance costs must be direct costed to the individual employee and cannot be allocated. If a cost may be allocated, it will specifically be stated in these instructions.

### **COST ALLOCATION AREAS**

Costs are allocated using statistics that have been approved by the Centers for Medicare and Medicaid Services (CMS) to facilitate the identification of cost associated with Medicaid. There are three key allocation methods used in this cost report: (1) an allocation method to identify the cost of Medi-Cal services irrespective of payer and administrative cost; (2) a method for allocating direct services costs to the LEA BOP; and (3) a method for allocating specialized transportation costs based on the one-way trip ratio.

- **Random Moment Time Survey (RMTS) Percentage:** The first allocation method is based on the CMS-approved time survey methodology, used to determine the percentage of time that health service personnel spend on direct medical services, general and administrative time, and all other activities to account for 100 percent of time and assure that there is no duplicate claiming. The time survey methodology will utilize the Direct Service Practitioners cost pool (Participant Pool 1), which includes staff that are qualified to provide LEA BOP covered services. The Direct Medical Services Percentage will be used to allocate total service costs, net of federal funds, on Worksheet A.
- **Medi-Cal Eligibility Ratio:** The second allocation method is the ratio of Medicaid covered students to all students enrolled in the LEA. The Medi-Cal Eligibility Ratio is applied on Worksheet A.

- **Medi-Cal One Way Trip Ratio:** The third allocation method is the ratio of total one-way specialized medical transportation trips provided on a day when Medi-Cal allowable services pursuant to an IEP/IFSP were provided, divided by the total number of one-way specialized transportation trips. The Medi-Cal One Way Trip Ratio is applied on Worksheet E.

### **RECORDKEEPING**

DHCS A&I will conduct a field or desk review on the CRCS to audit submitted information and complete the final settlement. To facilitate this process, each LEA must maintain and make accessible the reports and supporting documents. These documents must be capable of verification by A&I staff, if necessary. LEA BOP providers may appeal the determinations made by DHCS pursuant to W&I Code, Section 14171.

Providers must maintain records that are accurate and sufficiently detailed to substantiate the legal, financial, and statistical information reported on the cost report. These records must demonstrate the necessity, reasonableness, and relationship of the costs (e.g., personnel, supplies, and services) to the provision of services. Each provider or its designated agent(s) must allow access to all records necessary to verify information submitted on the cost report.

DHCS requires that the provider maintain cost report work papers for a minimum of three years from the date of CRCS submission. In the case that audit findings have not been resolved within this time period, documentation must be maintained until such issues are fully resolved (42 CFR Section 433.32).

## DEFINITIONS

**ALLOCATION** - Method of distributing costs on a prorated basis. For more information, see COST ALLOCATION AREAS in the General Instructions section.

**ALLOWABLE COSTS** - Identified as expenses that are reasonable and necessary to provide care to Medi-Cal beneficiaries and are consistent with federal and state laws and regulations. For more information, see ALLOWABLE AND UNALLOWABLE COSTS in the General Instructions section.

**CALIFORNIA BASIC EDUCATIONAL DATA SYSTEM (CBEDS)** - An annual collection of LEA data administered by the CDE in October. More information on CBEDS, including the date of the data collection day (referred to as the "CBEDS Information Day"), can be found at <http://www.cde.ca.gov/ds/dc/cb/>.

**CERTIFIED PUBLIC EXPENDITURE (CPE)** - Non-federal public funds spent by a public entity (a government/public agency, including public schools) for providing LEA BOP, School-Based Medi-Cal Administrative Activities (SMAA) or Targeted Case Management (TCM) services. Certified public expenditures include only those expenditures made by a governmental agency for services that qualify for federal reimbursement.

**CONTRACTED STAFF** - Personnel for whom the provider is not responsible for the payment of payroll taxes, such as taxes pertaining to Federal Insurance Contributions Act (FICA), Federal Unemployment Tax Act (FUTA) and State Disability Insurance.

**COST POOL** - Time Survey Participants (TSPs) are assigned to one of the two participant cost pools (direct services providers OR administrative providers) based on where their job classification or its equivalent appears on the list of approved positions in Section 6 of the SMAA Manual, located at: <http://www.dhcs.ca.gov/provgovpart/Pages/SMAAManual.aspx>.

**DEPRECIATION EXPENSE** - The periodic reduction of the value of an asset over its useful life or the recovery of the asset's cost over the useful life of the asset.

**DIRECT COST** - Allowable expenses incurred by the provider specifically designed to provide services for this program. Direct costs include direct care salary-related costs (i.e., salaries and employee benefits) and direct care other costs (e.g., supplies/materials, staff travel expenditures, staff dues and membership costs, etc.). For more information, see DIRECT COSTING in the General Instructions section. The direct cost must exclude Medi-Cal costs that support administrative and/or educational activities.

**DIRECT MEDICAL SERVICES** - Include the provision of direct medical services to students, such as counseling services, psychological services, physician services, audiology, physical therapy, occupational therapy, speech-language pathology services, nursing services, respiratory services, vision services, specialized transportation services, and targeted case management services. Each direct medical service has its own LEA Services section of the [LEA Provider Manual](#).

**EMPLOYEE BENEFITS** - Include employer-paid health, life, or disability insurance premiums, or employer-paid child day care for children of employees paid as employee benefits on behalf of your staff. Self-insurance paid claims should be properly direct costed and reported as employee benefits. Workers' compensation costs should also be reported as employee benefits.

Workers' compensation costs refer to expenses associated with employee on-the-job injuries. Costs must be reported with amounts accrued for premiums, modifiers, and surcharges. Costs must be reported net of any refunds and discounts received or settlements paid during the same cost-reporting period. The premiums are accrued, while the refunds, discounts, or settlements are reported on a cash basis. Litigation expenses related to workers' compensation lawsuits are not allowable costs. Costs related to self-insurance are allowable on a claims-paid basis and are to be reported on a cash basis. Self-insurance is a means whereby a provider undertakes the risk to protect itself against anticipated liabilities by providing funds in an amount equivalent to liquidate those liabilities. Self-insurance can also be described as being uninsured. Contributions to self-insurance funds that do not represent payments based on current liabilities are unallowable costs.

**INDIRECT COST** - An indirect cost rate is the percentage of an organization's indirect costs to its direct costs and is a standardized method of charging individual programs for their share of indirect costs. Indirect costs for school-based services are derived by applying the provider-specific cognizant agency unrestricted indirect cost rate. This rate is made available to each provider by CDE. The provider-specific cognizant agency unrestricted indirect cost rate is reported on the cost report, and each district must verify the accuracy of its provider-specific rate. CDE publishes the unrestricted indirect cost rates at: <http://www.cde.ca.gov/fg/ac/ic/>.

**INDIVIDUALIZED EDUCATION PLAN (IEP) or INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)** - A legal agreement composed by educational and medical professionals, with input from the child's parent/guardian, for students identified as disabled in accordance with Individuals with Disabilities Education Act (IDEA) requirements. This agreement guides, coordinates, and documents instruction that is specially designed to meet the student's unique needs, as well as the appropriate related services.

**INDIVIDUALIZED HEALTH AND SUPPORT PLAN (IHSP)** - A care plan used by the LEA as a medical management tool for providing medically necessary direct healthcare services to a student in a school setting. The plan must be developed by a registered credentialed school nurse or qualified medical practitioner acting within their scope of practice in collaboration with the parent or guardian and, if appropriate, the student. Other common names for an IHSP include, but are not limited to, Individualized School Healthcare Plan; plan of care; treatment plan; and nursing plan. The IHSP can stand on its own or can be incorporated into an IEP, IFSP or a Section 504 Plan.

**LOCAL EDUCATIONAL AGENCY (LEA)** - The governing body of any school district or community college district, the County Office of Education, a state special school, a California State University campus, or a University of California campus.

**LEA COLLABORATIVE** - A collaborative interagency human services group (local collaborative) at the county level or sub-county level that makes decisions about the reinvestment of funds made available through the LEA BOP. Generally, representation will include the schools, major public agencies serving children and families including health, mental health, social services and juvenile justice, the courts, civic and business leadership, the advocacy community, parents or guardians, and current safety net and traditional health care providers.

**LEA MEDI-CAL BILLING OPTION PROGRAM (LEA BOP)** - A program for participating LEA providers to bill Medi-Cal for specific health care and medical services provided to students and their families in the school setting. Services provided through this program include assessments, treatments, transportation and TCM. See the LEA BOP Provider Manual for more information:

<http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>.

**LOCAL EDUCATION CONSORTIA (LEC)** - A local agency that is one of the service regions of the California County Superintendent Educational Services Association (CCSESA).

**LOCAL GOVERNMENTAL AGENCY (LGA)** - A local public health office, county agency or chartered city.

**LEA WITHHOLD** - DHCS fee levied against LEA claims reimbursements for claims processing and program-related costs. The withholds are subtracted from the total reimbursement amount on the Medi-Cal Remittance Advice Details (RAD) with RAD codes 795 (administrative fee) and 798 (program support fee).

**MEDI-CAL ELIGIBLE** - An individual who is eligible and enrolled in the Medi-Cal Program.

**NET EXPENSES** - Gross expenses less any purchase discounts or purchase returns and allowances.

**PURCHASE DISCOUNTS** - Discounts such as reductions in purchase prices resulting from prompt payment or quantity purchases, including trade, quantity, and cash discounts. Trade discounts result from the type of purchaser the contracted provider is (i.e., consumer, retailer, or wholesaler). Quantity discounts result from quantity purchasing. Cash discounts are reductions in purchase prices resulting from prompt payment. Reported costs must be reduced by these discounts prior to reporting the costs on the cost report.

**PURCHASE RETURNS AND ALLOWANCES** - Reductions in expenses resulting from returned merchandise or merchandise that is damaged, lost, or incorrectly billed. Reported expenses must be reduced by these returns and allowances prior to reporting the costs on the cost report.

**RANDOM MOMENT TIME SURVEY (RMTS)** - A federally approved, web-based, and

accepted statistical sampling method that will be used to capture the amount of time spent providing direct services to students by qualified health service practitioners that participate in the LEA BOP. This survey samples the participant's activities during the full work-day and when school is in session.

**SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)** – The SMAA program reimburses school districts for the federal share of the certain costs for administering the Medi-Cal Program. For additional information, see the SMAA Manual at: <http://www.dhcs.ca.gov/provgovpart/Pages/SMAAManual.aspx>

**SPECIALIZED MEDICAL TRANSPORTATION EMPLOYEES** - Reflects transportation employees whose primary transportation duties are to service and/or drive a Specially Adapted Vehicle.

**SPECIALLY ADAPTED VEHICLE** - A vehicle that has been physically modified (e.g., addition of a wheelchair lift, addition of seatbelts or harnesses, addition of child protective seating, or addition of air conditioning to accommodate students whose IEP includes the documented need for the special adaptation).

**TIME SURVEY PARTICIPANT (TSP)** - An LEA staff member who participates in the random moment time survey is referred to as a TSP.

**WORKERS' COMPENSATION COSTS** - For cost-reporting purposes, the actual costs paid by the provider during the reporting period related to employee on-the-job injuries (such as commercial insurance premiums or the Medi-Cal bills paid on behalf of an injured employee) are allowable.

## CERTIFICATION

Objectives of this worksheet:

- Identify the LEA or central billing consortium.
- Identify the central billing consortium school districts.
- Summarize total Medi-Cal overpayments/(underpayments) incurred by your LEA.
- Certify the accuracy of total overpayments/(underpayments), including all supporting information used in this calculation (e.g., practitioner costs, indirect cost rate, interim reimbursement, etc.).

### **Section 1: LEA Identification**

Report the LEA BOP Provider's full name, NPI, and County/District/School (CDS) Code. Identify the contact name of the primary LEA employee who can be contacted to answer questions about information submitted in the Medi-Cal CRCS, as well as their title, phone number, fax number, e-mail address and mailing address. As part of the LEA identification information, the LEA must report:

#### **10-DIGIT National Provider Identifier (NPI):**

Include your LEA's unique 10-digit national provider identification number (e.g., "1234567890" and not "NPI 1234567890"). Do not include any extra numeric or non-numeric characters or spaces. Visit the NPI registry at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and "search NPI registry" to locate your LEA's NPI number.

#### **County-District-School (CDS) Code:**

Include your LEA's CDS Code issued by the CDE. The first two digits identify the county, and the next five digits identify the school district. Do not include any extra numeric or non-numeric characters or spaces. Visit the California Ed-Data website to search for your LEA's CDS Code at: <https://www.ed-data.org/>.

### **Section 2 – School-Based Medi-Cal Administrative Activities**

Select "Yes" or "No" from the drop-down box to indicate whether your LEA participated in the SMAA claiming program during SFY 2020-21. If "yes", indicate which LEC or LGA your LEA was under contract with for the RMTS. For example, an LEA in Orange County that contracts with their regional LEC for RMTS would write in "LEC Region 9".

### **Section 3 – New Practitioner Costs**

Select "Yes" or "No" from the drop-down box to indicate whether your LEA is submitting costs on this CRCS for practitioners that have no submitted interim claims for SFY 2020-21.

**Section 4 - Certification of State Matching Funds for LEA Services**

The LEA employee who completed or supervised the completion of the Medi-Cal CRCS must read, sign and date this certification statement under penalty of perjury. The contact in Section 1 may be different than the signatory responsible for certification in Section 4.

***Name/Title:***

Each provider must complete the requested information regarding the preparer or supervisor of the person completing the cost report. The preparer of the cost report is the person who prepared the cost report, whether the preparer is an employee of the school district or is contracted to complete the cost report.

***Signature/Date:***

Sign and date the completed CRCS form in blue ink. The certification page is a binding legal document. Read the instructions carefully prior to completing the CRCS and signing the certification statement. The original signed hard copy is required to be maintained by the LEA for review and/or audit by State and/or federal authorities.

**Section 5 - LEA Billing Consortium**

Select "Yes" or "No" from the drop-down box to indicate whether your LEA is part of an LEA billing consortium. LEAs that are part of a consortium are those that bill and receive reimbursement for services provided by other LEA providers, and eventually redistribute the reimbursement funds to the consortium members. Report the LEA name and CDE CDS Code of each participating member of the billing consortium.

## ALLOCATION STATISTICS

Objectives of this worksheet:

- Collect statistical information that will be used to allocate costs collected in other CRCS worksheets.

### **ALLOCATION STATISTICS**

#### **Unrestricted Indirect Cost Rate (Percentage):**

Report the approved indirect cost rate from CDE, in decimal notation (e.g., 3.28).

LEA-specific indirect cost rates may be found at the CDE website:

<http://www.cde.ca.gov/fq/ac/ic/>.

Note that LEA consortiums must weigh the individual district indirect cost rates by direct salary and benefit costs reported on the CRCS to calculate a weighted average rate.

#### **Percent of Claims by Various Federal Medicaid Assistance Percentages (FMAPs)**

To draw down additional federal match, DHCS will allocate an LEA's total Medi-Cal allowable costs to various FMAP funding streams, based on an LEA-specific measure of their interim reimbursement by aid code category grouping. If LEAs served students with Medi-Cal eligibility aid codes that qualify for an enhanced FMAP, the LEA's cost settlement will include a greater amount of their total allowable costs.

To account for the various FMAPs that were effective during SFY 2020-21, LEAs are required to enter their LEA-specific data in new data entry cells. The information for data entry will be provided to LEAs by DHCS and posted on the [LEA BOP website](#), when available. The data provided by DHCS includes a percentage breakdown of each LEA's total interim reimbursement by aid code groupings that are assigned to each FMAP category. For example, DHCS calculates an LEA's Title XIX reimbursement for aid codes reimbursed at 56.2% between July 1, 2020 and June 30, 2021 and divides this total by the LEA's total interim reimbursement for the SFY. The data represents how much of the LEA's total reimbursement is attributable to aid codes in each FMAP grouping and the total of all data entered will sum to 100%.

#### **Direct Medical Service Percentage from Time Survey Results:**

The Direct Medical Service Percentage is based on the CMS-approved time survey methodology, used to determine the percentage of time that medical service personnel spend on direct medical services, general and administrative time, and all other activities to account for 100 percent of time and assure that there is no duplicate claiming. The time survey methodology will utilize the Direct Service Practitioners cost pool, which includes staff that provides LEA BOP covered services. The Direct Medical Services Percentage will be used to allocate total service costs, net of federal funds, on Worksheet A.

The Direct Medical Service Percentage will be provided to DHCS by the LECs/LGAs, based on the regional RMTS results. DHCS will post the regional Direct Medical Service Percentages that should be input on the CRCS on the LEA BOP website. Enter the RMTS Direct Medical Service Percentage in decimal notation (e.g., 41.25). The SFY 2020-21 RMTS results will be applied to costs on the SFY 2020-21 CRCS.

Note: If your LEA contracted out for **all** health services practitioners in SFY 2020-21, enter 100 in the Direct Medical Service Percentage input area. LEAs that contract out all health service practitioners are not subject to the RMTS allocation factor. Health service practitioners that are 100 percent funded by federal resources or grants, or funded by the Indirect Cost Rate, are also not subject to the RMTS allocation factor.

**Medi-Cal Eligibility Ratio (MER):**

The direct service MER will be calculated annually and used to apportion cost to the Medi-Cal Program. A MER will be established for each participating LEA on an annual basis, using a methodology specified by DHCS.

For SFY 2020-21, the components detailed below are input on the Allocation Statistics Worksheet:

***Numerator: Number of Medi-Cal Eligible Students in the LEA***

Report the unduplicated count of Medi-Cal eligible and enrolled students. The number of Medi-Cal eligible and enrolled students will be determined based on the Medi-Cal Data Match File, used to check Medi-Cal student eligibility. Eligibility determination should have been made in October 2020 (any point between October 1 and October 31, 2020). If your LEA did not retain any Medi-Cal Data Match File results from October 2020, please contact [lea@dhcs.ca.gov](mailto:lea@dhcs.ca.gov) for information on how to proceed with determining the numerator.

***Denominator: Total Number of Students Enrolled in the LEA***

Report the unduplicated count of all students enrolled in the LEA. LEA enrollment is available on [CDE's Dataquest site](#). Districts may also have enrollment figures within their student information systems.

***Statewide Unsatisfactory Immigration Status Adjustment Factor***

This MER adjustment discounts the LEA's calculated ratio using a statewide adjustment factor, in order to account for Unsatisfactory Immigration Status (UIS) beneficiaries that were included in the eligibility data match for this time period. Two new rows have been added to the worksheet to address this issue and are grayed out to indicate that the cells will be locked, and no LEA input is required to calculate the adjusted MER for the SFY. The adjustment factor is a statewide factor to be used by all LEAs.

**Medi-Cal One-Way Trip Ratio:**

Specialized medical transportation services are allowable to or from a Medicaid covered service, which may be provided at a school or other location, as specified in the IEP/IFSP. Specialized medical transportation may be reimbursable under the LEA BOP when all of the following conditions are met:

- (a) Specialized medical transportation is specifically listed in the IEP/IFSP as a required service.
- (b) A Medicaid covered service that is authorized/documented in the IEP/IFSP (other than transportation) is provided on the day that specialized medical transportation is billed.
- (c) Specialized medical transportation is provided in a specially adapted vehicle.

A Medi-Cal One Way Trip Ratio will be established for each participating LEA that bills for specialized medical transportation services. When applied, this ratio will discount the transportation costs by the percentage of one-way trips applicable to Medi-Cal students. This ratio ensures that only Medi-Cal allowable specialized transportation costs are included in the cost reconciliation. The Medi-Cal One Way Trip Ratio will be calculated based on the ratio of Medi-Cal Eligible IEP/IFSP One Way Trips divided by the total number of IEP/IFSP One Way Trips.

***Total Number of One-Way Trips for Medi-Cal Special Education Students with Specialized Transportation Services Documented in the IEP/IFSP:***

Report the total number of specialized medical transportation one-way trips during the cost-reporting period. Medi-Cal reimburses on the basis of one-way trips on days when LEA BOP covered Medi-Cal services that are authorized and documented in the IEP/IFSP are provided to the Medi-Cal eligible student. The numerator can be obtained from the California's Medicaid Management Information System (CA-MMIS) claims data. The LEA BOP Annual Reimbursement Report, which will be published on the LEA BOP website, will contain a line on Worksheet F for "transportation – one way trips" that were billed through the Medi-Cal claims processing system.

***Total Number of One-Way Trips for All Special Education Students with Specialized Medical Transportation Services Documented in the IEP/IFSP:***

Report the total number of specialized medical transportation one-way trips during the cost reporting period for all students (i.e., Medi-Cal and non-Medi-Cal enrolled) whose IEP/IFSP requires specialized transportation services. This trip count should include all trips for students riding specialized vehicles (regardless of whether a medical service was provided on the same day) to ensure proper cost allocation.

## **WORKSHEET A - SUMMARY COSTS OF PROVIDING LEA SERVICES**

Objectives of this worksheet:

- Summarizes the amount due to the LEA (underpayment) or due to the State (overpayment), based on information input on all supporting CRCS worksheets.
- Captures any other health coverage reimbursement that the LEA received during the cost reporting period for LEA BOP services.

### **NET PERSONNEL COSTS**

This column references data from Worksheet B.1, State Fiscal Year Funding Summary (column F).

### **OTHER HEALTH COVERAGE**

Report any Medi-Cal reimbursement your LEA received for services provided to students who are Medi-Cal eligible and have third-party commercial insurance, also known as Other Health Coverage (OHC). For example, if your LEA received payment from OHC for services billed to the student's third-party carrier, you'd enter that amount here. Enter the information as a positive amount on Worksheet A, line 'y'.

## WORKSHEET B – QUARTERLY SALARY & BENEFITS DATA REPORT

Objectives of this worksheet:

- To capture salaries, benefits, and federal resources by practitioner type on a quarterly basis for practitioners eligible to provide and bill for LEA BOP covered services.

In order for a practitioner's costs to be included on Worksheet B, the practitioner must perform LEA BOP eligible services and the service must meet documentation requirements for LEA BOP claims. In addition, the practitioner's costs can only be included on Worksheet B when the practitioner is listed on the LEA's certified Participant Pool 1 Time Survey Participant (TSP) list for each respective quarter. For example, practitioners included on Worksheet B for Quarter 2 must be on the LEA's Quarter 2 TSP list for RMTS and meet licensure requirements for the LEA BOP so that they are qualified to provide covered services to Medi-Cal beneficiaries within their scope of practice.

The LEA is required to maintain the requested employee information, payroll and benefits, and federal funding information for each individual employee delivering covered services during the reporting period. Report the requested information by practitioner type for each quarter. Exclude any personnel that are funded 100% by federal dollars for the entire state fiscal year. Exclude any personnel that are not employees of the LEA (contracted service practitioners are reported on CRCS Worksheet D).

Report **total** costs on Worksheet B. If federal resources are received for a practitioner type, report those resources on Worksheet B in the column labeled "Expenditures from Federal Resources or Grants". Expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are **not** considered to be restricted federal funds and may be included on the CRCS.

### **TOTAL SALARIES**

Enter salary expenditures for object codes 1000-2999 by employee. Object codes are defined in the California School Accounting Manual (CSAM), Procedure 330, available at: <http://www.cde.ca.gov/fg/ac/sa/>. Expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and may be included on the CRCS.

### **TOTAL BENEFITS**

Enter benefit expenditures for object codes 3000-3999 by employee. Object codes are defined in the CSAM, Procedure 330, available at <http://www.cde.ca.gov/fg/ac/sa/>. Expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and may be included on the CRCS.

**GROSS COMPENSATION EXPENDITURES**

This column automatically sums the Total Salaries and Total Benefits for each practitioner type. No data input required.

**EXPENDITURES FROM FEDERAL RESOURCES OR GRANTS**

Enter the amount of expenditures from federal resources or grants that your LEA received for the practitioners' salaries and benefits reported on Worksheet B. Enter the resources as a positive figure. For CRCS reporting purposes, expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and should not be reported in this column.

**RESOURCE CODE ACCOUNT NUMBER(S) - FEDERAL RESOURCES OR GRANTS**

Enter the resource code account number(s) where the federal resources or grants are booked in your SACS system. If revenues are booked in multiple accounts, separate account numbers with a comma.

**NET COMPENSATION EXPENDITURES**

This column automatically removes the Expenditures from Federal Resources from the Gross Compensation Expenditures for each practitioner type. No data input required.

## WORKSHEET B.1 – STATE FISCAL YEAR FUNDING SUMMARY

This worksheet summarizes salary, benefit and other costs from Worksheet B and calculates the Total Net Personnel Costs that flow into Worksheet A. No data input is required on Worksheet B.1.

### **TOTAL GROSS SALARIES**

This column references the state fiscal year salary totals from Worksheet B, Salary and Benefits Data Report.

### **TOTAL GROSS BENEFITS**

This column references the state fiscal year benefits totals from Worksheet B, Salary and Benefits Data Report.

### **TOTAL GROSS OTHER COSTS**

This column references data from Worksheet C, Other Costs (column F).

### **EXPENDITURES FROM FEDERAL RESOURCES OR GRANTS**

This column references data from Worksheet B, Expenditures from Federal Resources or Grants, and Worksheet C, Expenditures from Federal Resources or Grants.

### **TOTAL NET PERSONNEL COSTS**

This column subtracts the federal resources from the gross expenditures reported in Columns A, B and C. No data input required.

## WORKSHEET C - OTHER COSTS

Objective of this worksheet:

- To collect allowable costs, other than salary and benefit expenditures, which are necessary for the provision of health care services by all qualified practitioners. Other Costs are limited to the CMS-approved costs included on Worksheet C.

For district-employed practitioners with other costs reported on Worksheet C, LEAs must be able to validate required practitioner licenses and/or credentials. A list of rendering practitioners and their required qualifications can be found in the LEA BOP Provider Manual (Section *loc ed rend*).

### **COLUMN A (Materials and Supplies and Other Reference Material Expenditures)**

Enter expenditures by practitioner type (lines 1-23) for all qualified district employed practitioners for object code 4200 for books and other reference materials related to the direct provision of health services, and for object code 4300 for consumable materials and supplies related to the direct provision of health services, including materials used to conduct assessments (e.g., psychological test materials). Exclude expenditures in object codes 4200 or 4300 for materials or supplies used for classroom instruction. If your LEA does not employ a practitioner type, leave that cell blank.

### **COLUMN B (Non-capitalized Equipment Expenditures)**

Enter expenditures for object code 4400 for non-capitalized equipment related to the direct provision of health services by practitioner type (lines 1-23) for all qualified practitioners. If your LEA does not employ a practitioner type, leave that cell blank.

### **COLUMN C (Travel and Conferences Expenditures)**

Enter expenditures for object code 5200 for travel and conferences related to the direct provision of health services by practitioner type (lines 1-23) for all qualified practitioners. If your LEA does not employ a practitioner type, leave that cell blank.

### **COLUMN D (Dues and Membership Expenditures)**

Enter expenditures for object code 5300 for dues and membership related to the direct provision of health services by practitioner type (lines 1-23) for all qualified practitioners. If your LEA does not employ a practitioner type, leave that cell blank.

### **COLUMN E (Communications Expenditures)**

Enter expenditures for object code 5900 for communications related to the direct provision of health services by practitioner type (lines 1-23) for all qualified practitioners. If your LEA does not employ a practitioner type, leave that cell blank.

### **COLUMN F (Total Other Costs-Gross)**

This column automatically sums the other costs reported in columns A – E for each practitioner type. No data input required.

**COLUMN G (Expenditures from Federal Resources or Grants)**

Enter the amount of expenditures from federal resources or grants that your LEA received for the practitioners' other costs reported on Worksheet C. Enter the resources as a positive figure. For CRCS reporting purposes, expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and should not be reported in this column.

**COLUMN H (Resource Code Account Numbers)**

Enter the resource code account number(s) where the federal resources or grants are booked in your SACS system. If revenues are booked in multiple accounts, separate account numbers with a comma.

Note: If your LEA does not directly assign costs to each practitioner type, you may allocate "Other Costs" in Worksheet C based on practitioner salaries and wages or an equivalent functional allocation basis (e.g., Full Time Equivalents). To allocate "Other Costs" in Worksheet C, use the proportion of salaries and wages of each practitioner type to total costs for the practitioner type within a function code, as defined in the CSAM, Procedure 325. For example, if your LEA includes school nurses and Licensed Vocational Nurses (LVNs) in function code 3140, the proportion of school nurse salaries and wages divided by total salaries and wages in function code 3140 may be used to estimate the materials and supplies (Column A) used by school nurses. A similar calculation would be completed to determine the materials and supplies used by LVNs. LEAs who use an allocation methodology to calculate "Other Costs" by practitioner type shall maintain adequate documentation of their methodology for review or audit by State and/or federal authorities.

## WORKSHEET C.1 – DIRECT MEDICAL EQUIPMENT DEPRECIATION

Objective of this worksheet:

- Identify direct specialized medical equipment purchased that exceeds the LEA's capitalization threshold (generally \$5,000). Equipment depreciation costs are allowable for equipment purchased for more than \$5,000.
- Identify assets, including type, age, useful life, and depreciation associated with the asset for the cost reporting period.

Depreciation is the periodic reduction of the value of an asset over its useful life or the recovery of the asset's cost over the useful life of the asset. Allowable depreciation expense for direct medical service equipment includes only pure straight-line depreciation. No accelerated or additional first-year depreciation is allowable. Any single item purchased during the cost reporting period costing less than \$5,000 must be expensed and reported accordingly.

Required detail must be maintained for each depreciable asset (e.g., each piece of direct medical equipment) and each depreciable asset must be assigned a correct estimated useful life. Administrative equipment should not be included on this cost report.

### **ASSET ID**

Report the asset identification number (if applicable) used in the LEA's accounting system.

### **ASSET TYPE**

Report the type of asset being depreciated. Do not combine items under a generic description such as "various" or "equipment". Do not combine items by year purchased (e.g., "audiometers"). Be specific in providing the description of each depreciable item.

### **MONTH/YEAR PLACED IN SERVICE**

Report the date that the asset was placed into service (not the date the item was purchased). Enter the data in MM/YYYY format. Do not use "various".

### **YEARS OF USEFUL LIFE**

Enter the estimated useful life of the asset. Minimum useful lives must be consistent with the most recent publication of the "Estimated Useful Lives of Depreciable Hospital Assets", published by the American Hospital Association (AHA), or in accordance with Generally Accepted Accounting Principles, GASB Statement No. 34: depreciating capital assets.

### **DEPRECIABLE COST**

Enter the amount of the asset's cost that will be depreciated. The depreciable cost is the cost minus the expected salvage value. For example, if equipment has a cost of \$10,000 but is expected to have a salvage value of \$3,000 then the depreciable cost is \$7,000.

**EXPENDITURES FROM FEDERAL RESOURCES OR GRANTS**

Enter the expenditures from federal resources or grants that your LEA received to offset the asset's purchase price.

**RESOURCE CODE ACCOUNT NUMBERS**

Enter the resource code account number(s) where the federal resources or grants are booked in your SACS system. If revenues are booked in multiple accounts, separate account numbers with a comma.

**ANNUAL STRAIGHT-LINE DEPRECIATION**

The straight-line depreciation method charges costs evenly throughout the useful life of a fixed asset. The per annum depreciation will be calculated by taking the depreciable value of the asset less any federal funds used to purchase the asset, divided by the asset's useful life. No data input required.

**WAS THE ASSET RETIRED DURING THE COST REPORT PERIOD?**

Using the drop-down menu, select 'yes' or 'no' to indicate whether the asset was sold or retired during the cost report period.

**DATE PLACED OUT OF SERVICE**

If the asset was retired during the cost report period, report the month and year the asset was retired or sold. If the asset was not retired during the cost report period, leave this column blank.

**PRIOR PERIOD ACCUMULATED DEPRECIATION**

Report the prior period(s) accumulated depreciation. This represents the amount that the equipment has depreciated since the date placed into service. This is calculated by dividing the *Depreciable Cost* minus the *Federal Resource Amount* by the *Useful Life of Asset* divided by 365, which gives you the average depreciation of the equipment per day for the useful life of the asset. That number can then be multiplied by the number of days the piece of equipment has been in service, which is the *Date Placed in Service* subtracted from the *Last Day of the prior state fiscal year*.

**DEPRECIATION FOR REPORTING PERIOD**

Report the depreciation for the asset for the cost report period. This figure represents the amount that the equipment has depreciated during the current state fiscal year. This can be calculated by dividing the *Depreciable Cost* minus the federally funded resources by the useful life of the asset. The allowable amount of depreciation will be less if the asset became fully depreciated during the reporting period, or the asset was placed into or taken out of service during the cost report period. Fully depreciated means that the total accumulated depreciation for the asset is equivalent to the depreciation basis.

For cost-reporting purposes, the provider is to claim a full month of depreciation for the month the asset was placed into service, no matter what day of the month it occurred. For example, if you purchased a depreciable item in January, you would claim six months of depreciation on your cost report for that item (January through June).

## WORKSHEET D – CONTRACTOR COSTS AND TOTAL HOURS PAID

Objectives of this worksheet:

- To collect allowable costs and hours paid for contracted health service practitioners by practitioner type.
- To identify federal resources received by the LEA for contracted health service costs.

Contracted staff costs include compensation paid for services contracted by the LEA for an individual who delivered any LEA BOP covered school-based health care service to Medi-Cal and/or non-Medi-Cal students. Contractors who do not perform Medi-Cal covered services should not be included on this cost report. Administrative contractors (e.g., legal, machine repair, etc.) should not be included on this cost report.

### **COLUMN A (Contractor Costs 5800)**

Enter expenditures for object code 5800 for contractor costs up to \$25,000 for each individual subagreement for the duration of the subagreement related to contractors performing health services by practitioner type (lines 1-23) for all qualified contracted practitioners billing LEA reimbursable services in the LEA BOP. LEAs must be able to validate required practitioner licenses and/or credentials. The remainder of the individual subagreement exceeding \$25,000 is charged to object code 5100. Do not include contractor expenditures for legal, advertising, machine, repair, or other non-health related contracts (or non-health related portions of contracts). If your LEA does not contract with a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. Expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and may be included on the CRCS.

### **COLUMN B (Contractor Costs 5100)**

Enter expenditures for object code 5100 for the remainder of contractor costs for individual subagreements that exceed \$25,000 for the duration of the subagreement related to contractors performing health services by practitioner type (lines 1-23) for all qualified contracted practitioners billing LEA BOP reimbursable services. LEAs must be able to validate required practitioner licenses and/or credentials. Object codes are defined in the CSAM, Procedure 330. Expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and may be included on the CRCS.

### **COLUMN C (Contract Service Costs Paid with Federal Resources or Grants)**

Enter any federal resources or grants your LEA received for any qualified contracted practitioners billing LEA reimbursable services in the LEA BOP for the state fiscal year. The LEA BOP reimbursement is not considered to be federal funding on the CRCS. Expenditures classified as Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and may be included on

the CRCS.

**COLUMN D (Total Contract Service Costs Net of Federal Funding or Grants)**

This column auto-calculates and subtracts the funds entered in Column C from the contractor costs entered in Columns A and B. No data input required.

**COLUMN E (Total Hours Paid)**

Enter total hours paid to contractors by practitioner type (lines 1-23) for the direct provision of health services. LEAs should report the number of total hours paid that supports the contractor costs reported in Columns A and B. If your LEA does not contract with a practitioner type, leave that cell blank. If "Total Hours Paid" is not available in your accounting system, it may be estimated by dividing "Contractor Costs" by the "Average Contract Rate Per Hour" for the practitioner type. Schedules used to estimate "Total Hours Paid" must be maintained for review and/or audit by State and/or federal authorities.

**COLUMN F (Average Contract Rate Per Hour)**

Enter average hourly contract rates for contractors by practitioner type (lines 1-23) for the direct provision of health services. LEAs should report the average hourly contract rates that supports the contractor costs reported in Columns A and B. If your LEA does not contract with a practitioner type, leave that cell blank. If "Average Contract Rate Per Hour" is not available in your accounting system, it may be estimated by dividing "Contractor Costs" by "Total Hours Paid" for the practitioner type. Schedules used to estimate "Average Contract Rate Per Hour" must be maintained for review and/or audit by State and/or federal authorities.

## WORKSHEET E.1 – SPECIALIZED MEDICAL TRANSPORTATION PERSONNEL COSTS

Objectives of this worksheet:

- To collect allowable salary and benefit costs for specialized medical transportation providers employed by the school district. Personnel costs are limited to the following staff that provide or support specialized medical transportation services:
  - Bus Drivers
  - Mechanics
  - Substitute Drivers
- To identify federal resources received by the LEA for transportation employee personnel costs.

The LEA BOP covers medically necessary specialized medical transportation services when the need for specialized medical transportation is specifically listed in a student's IEP/IFSP. Transportation may be claimed as a covered LEA BOP service when all of the following conditions are met:

- (a) Specialized transportation is specifically listed in the IEP/IFSP as a required service.
- (b) A LEA BOP covered IEP/IFSP medical service (other than transportation) is provided on the day that specialized medical transportation is billed.
- (c) Specialized medical transportation is provided in a specially adapted vehicle (not on a regular school bus).

LEAs may report personnel costs associated with LEA specialized medical transportation services provided during the cost reporting period on Worksheet E.1. If costs related to only specialized medical transportation personnel can be discretely captured within the LEA's accounting structure, the LEA will report only specialized medical transportation costs on this cost report. However, in instances where LEA transportation costs are not direct costed to specialized transportation services, it is permissible for LEAs to allocate the costs of specialized medical transportation services on the CRCS. For example, the LEA may allocate employee salaries and benefits to specialized transportation services when that employee's duties include driving and/or servicing **both** specially adapted vehicles and regular transportation vehicles.

The required allocation methodology will be the LEA's ratio of specially adapted vehicles to the total number of vehicles. The following example of a mechanic that works on both specialized and general transportation vehicles illustrates the required cost allocation methodology:

Total Mechanic Salary/Benefit Cost: \$40,000

Number of Specially Adapted Vehicles: 5

Number of Total Vehicles: 25

Specially Adapted Vehicle Ratio: 20% (5 vehicles divided by 25 vehicles)

Total Cost Allocated to Specialized Transportation Services = \$8,000 (\$40,000 x 20%)

The total cost allocated to specialized medical transportation services (\$8,000, in this example) would be entered into the input cell on Worksheet E.1. Any costs allocated to specialized medical transportation services and reported on CRCS Worksheet E.1 will require documentation to support the allocated amount that is reported on the CRCS.

**JOB CATEGORY**

Input the appropriate job category. Only bus drivers, mechanics or substitute drivers that provide or support specialized medical transportation services may be reported on Worksheet E.1.

**TOTAL SALARIES**

Enter salary expenditures for object codes 1000-2999 by employee. Object codes are defined in the CSAM, Procedure 330, available at <http://www.cde.ca.gov/fg/ac/sa/>. Expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and may be included on the CRCS.

**TOTAL BENEFITS**

Enter benefit expenditures for object codes 3000-3999 by employee. Object codes are defined in the CSAM, Procedure 330, available at <http://www.cde.ca.gov/fg/ac/sa/>. Expenditures classified under Resource Code 5640 or 9010 (related to LEA BOP reimbursement) are not considered to be restricted federal funds and may be included on the CRCS.

**EXPENDITURES FROM FEDERAL RESOURCES OR GRANTS**

Enter the amount of federal resources or grants that your LEA received for each employee's salaries and benefits. For CRCS reporting purposes, Resource Code 5640 or 9010 (related to LEA BOP reimbursement) revenues are not considered to be restricted federal funds and should not be reported in this column.

**GROSS COMPENSATION EXPENDITURES**

This column automatically sums the Total Salaries and Total Benefits for each job category. No data input required.

**NET COMPENSATION EXPENDITURES**

This column subtracts the federal resources from the Gross Compensation Expenditures column. No data input required.

## WORKSHEET E.2 - OTHER SPECIALIZED MEDICAL TRANSPORTATION COSTS

Objectives of this worksheet:

- Collect allowable other specialized medical transportation costs (limited to the following):
  - Lease/Rental costs
  - Insurance costs
  - Maintenance and Repair costs
  - Fuel and Oil costs
  - Contracted Services – costs for Specialized Medical Transportation Services and Specialized Medical Transportation Equipment
- To identify federal resources received by the LEA for non-personnel transportation costs.

LEAs may report other costs associated with LEA BOP specialized medical transportation services provided during the cost reporting period on Worksheet E.2. If specialized medical transportation costs can be discretely captured within the LEA's accounting structure, the LEA will report only specialized medical transportation costs on this cost report. However, in instances where LEA transportation costs are not direct costed to specialized transportation services, it is permissible for LEAs to allocate the costs of specialized medical transportation services on the CRCS. For example, the LEA may allocate insurance costs to specialized transportation services when the insurance policy covers **both** specially adapted vehicles and regular transportation vehicles.

The required allocation methodology will be the LEA's ratio of specially adapted vehicles to the total number of vehicles. See the example under Worksheet E.1 for additional detail on how to allocate costs to specialized transportation. Any costs allocated to specialized medical transportation services and reported on CRCS Worksheet E.2 will require documentation to support the allocated amount that is reported on the annual CRCS.

If your LEA contracts with a vendor to provide all IEP/IFSP specialized medical transportation services, report expenditures under "Contract – Transportation Services" and "Contract – Transportation Equipment" on Worksheet E.2.

### **LEASES/RENTALS**

Report the lease/rental costs and any federal resources received for the cost reporting period.

### **INSURANCE**

Report the cost for insurance premiums and any federal resources received for the cost reporting period. Costs should be reported with amounts accrued for premiums, modifiers, and surcharges and net of any refunds and discounts received or settlements paid during the same cost-reporting period.

**MAINTENANCE AND REPAIRS**

Report maintenance and repair costs and any federal resources received during the cost reporting period. Maintenance and repairs costs include non-depreciable tune-ups, oil changes, cleaning, licenses, inspections, and replacement of parts due to normal wear and tear (such as tires, brakes, shocks, and exhaust components). Maintenance and repair costs also include maintenance supplies purchased during the cost reporting period. Major vehicle repairs (such as engine and transmission overhaul and replacement) costing \$5,000 or more must be depreciated and reported as "Transportation Equipment - Depreciation" on Worksheet E.3.

**FUEL AND OIL**

Report gasoline, diesel, other fuel and oil costs incurred during the cost reporting period. Report any federal resources received during the cost reporting period to offset fuel and oil costs.

**CONTRACT – TRANSPORTATION SERVICES**

Report costs of contracted transportation services. Costs reported in this section should be limited to contracts associated with specialized transportation services.

**CONTRACT – TRANSPORTATION EQUIPMENT**

Report costs of contracted transportation services equipment. Costs reported in this section should be limited to contracts associated with specialized transportation services.

## WORKSHEET E.3 – SPECIALIZED MEDICAL TRANSPORTATION EQUIPMENT - DEPRECIATION

Objectives of this worksheet:

- Identify equipment purchased for more than \$5,000.
- Identify the major transportation assets, including type, age, useful life, and depreciation associated with the asset for the cost reporting period.

Depreciation is the periodic reduction of the value of an asset over its useful life or the recovery of the asset's cost over the useful life of the asset. Allowable depreciation expense for specialized transportation equipment includes only pure straight-line depreciation. No accelerated or additional first-year depreciation is allowable. Any single item purchased during the cost-reporting period costing less than \$5,000 must be expensed and reported accordingly.

Required detail must be maintained for each depreciable asset (e.g., specialized transportation vehicle or equipment) and each depreciable asset must be assigned a correct estimated useful life. Administrative equipment should not be included on this cost report. Do not report costs for equipment applicable to **only** general education students. Costs reported on CRCS Worksheet E.3 are not eligible for allocation using the methodology outlined in the instructions for Worksheets E.1 and E.2; depreciation reported on Worksheet E.3 must be solely related to specialized medical transportation equipment.

### **ASSET ID**

Report the asset identification number (if applicable) used in the LEA's accounting system.

### **ASSET TYPE**

Report the type of asset being depreciated. Do not combine items under a generic description such as "various" or "equipment". Do not combine items by year purchased (e.g., "2018 buses"). Be specific in providing the description of each depreciable item.

### **MONTH/YEAR PLACED IN SERVICE**

Report the date that the asset was placed into service (not the date the item was purchased). Enter the data in MM/YYYY format. Do not use "various".

### **YEARS OF USEFUL LIFE**

Enter the estimated useful life of the asset. Minimum useful lives must be consistent with the most recent publication of the "Estimated Useful Lives of Depreciable Hospital Assets", published by the American Hospital Association (AHA), or in accordance with Generally Accepted Accounting Principles, GASB Statement No. 34: depreciating capital assets.

### **DEPRECIABLE COST**

Enter the amount of the asset's cost that will be depreciated. The depreciable cost is the

cost minus the expected salvage value. For example, if equipment has a cost of \$30,000 but is expected to have a salvage value of \$3,000 then the depreciable cost is \$27,000.

**EXPENDITURES FROM FEDERAL RESOURCES OR GRANTS**

Report any federal resources or grants used to offset the asset's purchase price.

**ANNUAL STRAIGHT-LINE DEPRECIATION**

The straight-line depreciation method charges cost evenly throughout the useful life of a fixed asset. The per annum depreciation may be calculated by taking the depreciable value of the asset less any federal resources used to purchase the asset, divided by the asset's useful life.

**WAS THE ASSET RETIRED DURING THE COST REPORT PERIOD?**

Using the drop-down menu, select 'yes' or 'no' to indicate whether the asset was sold or retired during the cost report period.

**MONTH/YEAR PLACED OUT OF SERVICE**

If the asset was retired during the cost report period, report the month and year the asset was retired or sold. If the asset was not retired during the cost report period, leave this column blank. Enter the data in MM/YYYY format. Do not use "various".

**PRIOR PERIOD ACCUMULATED DEPRECIATION**

Report the prior period accumulated depreciation. This represents the amount that the equipment has depreciated since the date placed into service. This is calculated by dividing the *Depreciable Cost* minus the *Federal Resources Amount* by the *Useful Life of Asset* divided by 365, which gives you the average depreciation of the equipment per day for the useful life of the asset. That number can then be multiplied by the number of days the piece of equipment has been in service, which is the *Date Placed in Service* subtracted from the *Last Day of the prior state fiscal year*.

**DEPRECIATION FOR COST REPORTING PERIOD**

Report the depreciation for the asset for the cost report period. This figure represents the amount that the equipment has depreciated during the current state fiscal year. This can be calculated by dividing the Depreciable Cost minus the federally funded resources by the useful life of the asset. The allowable amount of depreciation will be less if the asset became fully depreciated during the reporting period, or the asset was placed into or taken out of service during the cost report period. Fully depreciated means that the total accumulated depreciation for the asset is equivalent to the depreciation basis.

For cost-reporting purposes, the provider is to claim a full month of depreciation for the month the asset was placed into service, no matter what day of the month it occurred. For example, if you purchased a depreciable item in January, you would claim six months of depreciation on your cost report for that item (January through June).

## **WORKSHEET E – SPECIALIZED MEDICAL TRANSPORTATION SUMMARY**

This worksheet summarizes specialized medical transportation costs from Worksheets E.1, E.2, and E.3 and calculates the Medi-Cal Allowable Transportation Costs. No data input is required on Worksheet E.

## **WORKSHEET F – INTERIM PAYMENT DATA FOR LEA SERVICES**

Objective of this worksheet:

- Collect units of service, number of claims and interim Medi-Cal reimbursement amounts by practitioner type for all LEA BOP services in the cost reporting period (IEP/IFSP services and IHSP services).

Annually, DHCS will post a report on the LEA BOP website, referred to as the Annual Reimbursement Report, which aggregates interim payment data by LEA practitioner type from the claims processing system. The Annual Reimbursement Report represents all LEA services paid for the SFY through the fiscal intermediary as of a specific point in time. LEAs should verify the reasonableness between its internal accounting system and the Annual Reimbursement Report and accurately input data on Worksheet F. Potential discrepancies between the Annual Reimbursement Report and your internal system numbers should be documented, to support the numbers you input onto the CRCS forms, and to provide an accounting documentation trail for review and audit.

Note that for SFY 2020-21, the Annual Reimbursement Report is generated by DHCS prior to the one-year LEA BOP claiming limit. In addition, Erroneous Payment Corrections (EPCs) may implement after the Annual Reimbursement Report has been run. Both of these factors contribute to the fact that not all interim payments to the LEA for the SFY will be included on the Report. However, an updated paid claims summary report will be generated during the review of the CRCS, and any additional reimbursement received by the LEA for the SFY will be factored into final cost settlement by DHCS A&I.

### **TOTAL UNITS OF SERVICE**

Report the total units of service for each practitioner type during the cost reporting period.

### **TOTAL CLAIMS**

Report the total number of paid claims for each practitioner type over the cost reporting period.

### **INTERIM MEDI-CAL REIMBURSEMENT**

Report the total amount of LEA interim reimbursement for each practitioner type over the cost reporting period.