

Provider Billing Forum Part 2 and Cost and Reimbursement Comparison Schedule (CRCS) Training

Department of Health Care Services (DHCS)

December 18, 2025

1:00 – 2:30 PM

Agenda

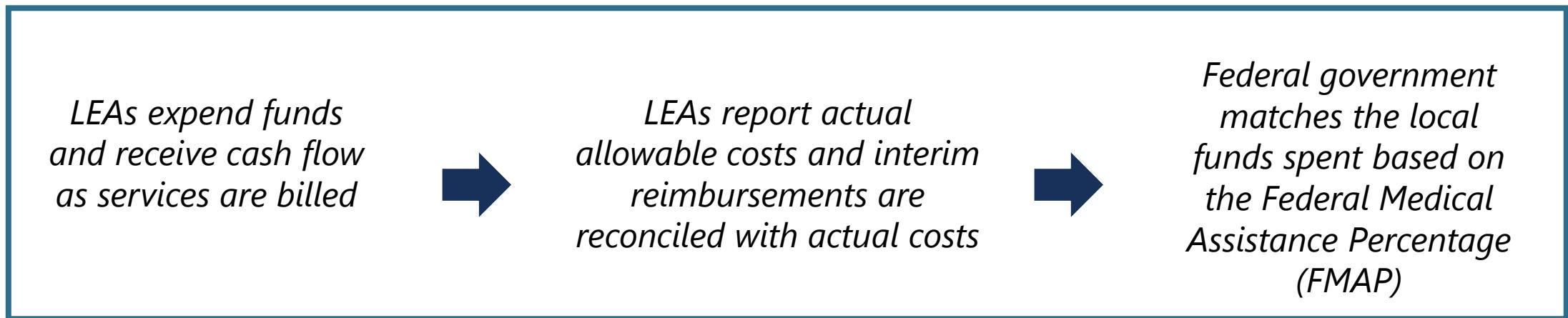
- » Cost Settlement Background
- » The CRCS Audit Process
- » Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program Payments
- » Assembly Bill (AB) 483 and Impact on the Audit Process
- » Medi-Cal Enrollment Ratio (MER) Calculation
- » Fiscal Year (FY) 2024-25 CRCS Training

LEA BOP Cost Settlement Background



LEA BOP Funding Terminology

» CPE = Certified Public Expenditure



» Interim Reimbursement

- “Cash flow” to LEAs as services are billed to Medi-Cal.
- Rates are based on the median state-wide cost by practitioner type.

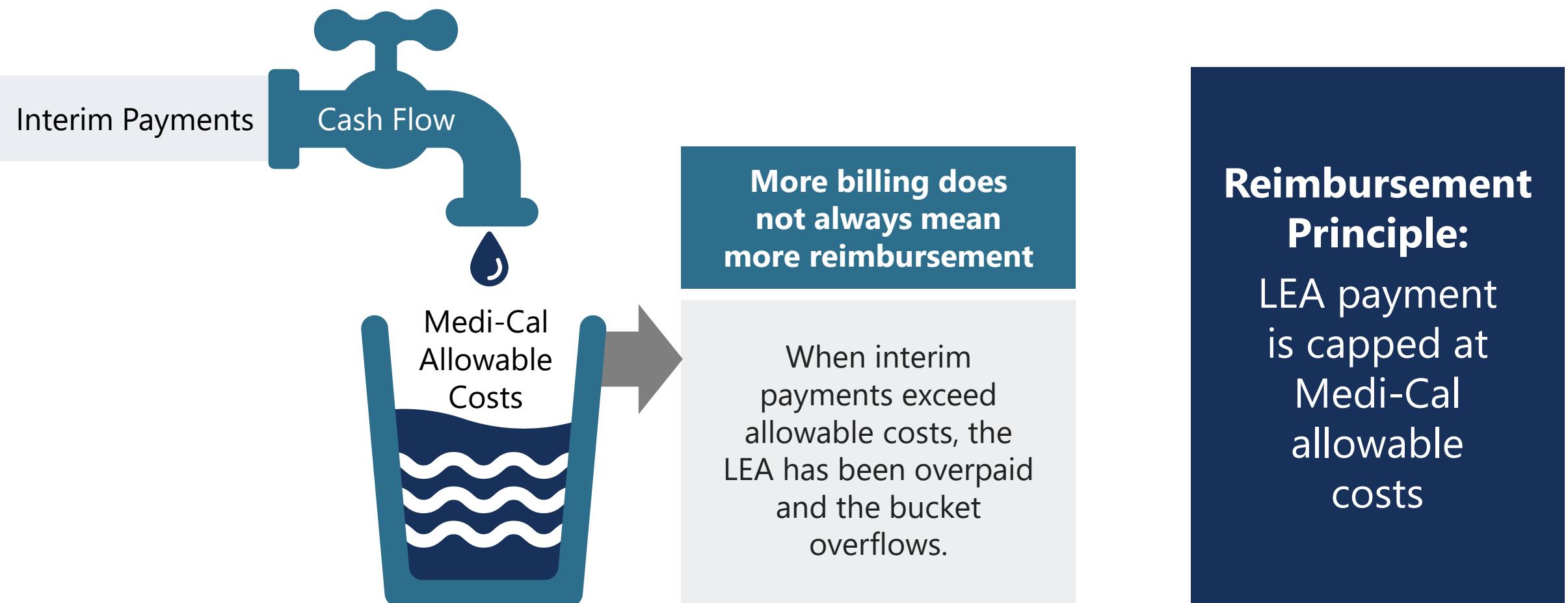
» Cost Settlement

- Cost settlement is an annual process that results in a final audited cost settlement amount.
- Get to know your CRCS – interim reimbursements vs. LEA costs.
- Even LEAs that received **no interim reimbursements** in a year must submit a CRCS.

What is the CRCS?

- » Cost report that compares allowable costs to reimbursements received during the fiscal year.
- » Used to estimate an LEA's costs of providing covered services.
 - Sets a "cost ceiling" or maximum reimbursable amount for LEA BOP qualifying services provided throughout the year.
- » Uses allocation statistics to apportion total costs:
 - FMAP (Title XIX, Title XIX Enhanced, Title XXI)
 - Direct Medical Service Percentage (DMSP)
 - Medicaid Enrollment Ratio (MER)
 - Indirect Cost Rate (ICR)

Relationship Between Interim Reimbursement and Cost



Relationship Between CRCS and RMTS

» CRCS Allocation Statistic: Direct Medical Service Percentage (DMSP)

- The percentage of time practitioners spend providing LEA BOP covered services.
- Derived from moments coded to 2A for each RMTS Administrative Unit.
- Annual average for each RMTS Unit is published to the LEA BOP website.
- All LEAs within the Administrative Unit use the DMSP for their region.
- By applying the DMSP to total costs on the CRCS, **direct medical service costs** can be calculated for the LEA.

» Time Survey Participant (TSP) List

- TSP Lists are a key component to determining an LEA's allowable costs on their CRCS.
- LEAs may only include quarterly personnel costs (salary, benefits, etc.) on their CRCS for individuals listed on that quarter's TSP list.

Role of the CRCS in Cost Settlement Process

- » DHCS must reconcile the interim Medi-Cal reimbursement with each LEA's allowable cost.
- » **CRCS Role:** Used to compare costs with interim reimbursements to determine final settlements.
 - Overpayment: LEA owes DHCS due to overclaiming (payment made to DHCS via future withheld claims).
 - Underpayment: DHCS owes LEA (payment made to LEA via checkwrite process).
- » DHCS audits each LEA's CRCS and determines a final payment (or recoupment) as **final settlements**.

CRCS Important Dates / Submission Deadlines

- » FY 2024-25 CRCS is due by **March 2, 2026**.
 - Submission Window for accepting reports begins February 1, 2026.
 - Submissions and due date extension requests must be sent to:
LEA.CRCS.Submission@dhcs.ca.gov.
- » LEAs have 12 months to claims for services provided in FY 2024-25.
 - If LEAs submit claims after CRCS is due, DHCS will capture total interim payments during cost settlement.
 - All LEAs that bill after the CRCS is submitted will have an audit adjustment to add the additional interim payments.

Compliance Reminders

- » The cost settlement process is a mandatory requirement.
 - LEAs certify that the public funds expended for LEA services provided are eligible for federal financial participation (42 CFR 433.51).
- » If LEAs do not submit the CRCS, policy outlined in [PPL 21-025 \(Notification of Compliance Process for Unfiled CRCS\)](#) is followed:
 - Placed on 100% withhold
 - Corrective Action Plan (CAP) will be issued
 - Suspended from RMTS participation
 - Possible termination from LEA BOP
 - Terminated LEAs cannot file past-due CRCS
 - Interim payments must be paid back to CMS

Summary of CRCS Audit Process



CRCS Submission

- » CRCS is either accepted or rejected upon submission:
 - If accepted, LEAs will receive confirmation from A&I.
 - If rejected, report will be sent back to the LEA to correct and re-submit.
- » Rejected reports should be re-submitted in a timely manner.
- » Extension requests should be e-mailed **prior to the due date.**
 - Include the reason for the extension request and a reasonable proposed extension timeline.
 - E-mail requests to: LEA.CRCS.Submission@dhcs.ca.gov

Top CRCS Rejection Reasons Last Year (FY 2023-24)

- » DHCS rejected 17 CRCS submissions last year (down from 59 FY 2022-23 reports the prior year).

Top Five CRCS Rejection Reasons	Number of LEAs Impacted*
Discrepancy in Reported Total Over/Underpayment Amount – Different amounts on PDF Certification Page and Excel file	9
Incomplete Worksheet (missing data when required)	4
Inaccessible or Incorrectly Labeled Certification Page	3
Wrong NPI	1
Unanswered Question 4 – Billing Consortium	1

**One LEA was rejected for multiple reasons.*

CRCS Audits

- » Cost reports are evaluated to determine the type of audit:
 - **Minimal** – Review of reported versus final Medi-Cal payments and analysis of specific data elements in a desk audit format.
 - **Limited** – Expanded to include review of specific areas. LEA submits supporting documentation for expanded review in a desk audit format.
 - **Field** – On-site comprehensive review of costs, supporting documents, statistics, and other specific areas.

Common Types of Audit Adjustments

- » Correcting Allocation Statistics (not reported or incorrectly reported).
- » Updating Interim Reimbursement.
- » Removing unallowable salaries and benefits.
- » Removing other unallowable costs.

Allocation Statistics

1. Percentage of claims by Federal Medicaid Assistance Percentage (FMAP) category.
2. Indirect Cost Rate (ICR)
3. Medi-Cal Enrollment Ratio (MER) Calculation.

Allocation Statistics (Percentages by Funding Category)

- » Percentage of claims by Federal Medicaid Assistance Percentage (FMAP) category.
 - Percentage of Claims by FMAP Grouping report can be found on the LEA BOP CRCS webpage per Fiscal Year: [CRCS Forms \(ca.gov\)](https://crccs.ca.gov/).
 - Examples below show adjustments due to simple clerical errors:

As Reported	Increase (Decrease)	As Adjusted
76.5683%	0.0200%	76.5 8 83%
91.5000%	(90.5850%)	0.9150%

Allocation Statistics (ICR)

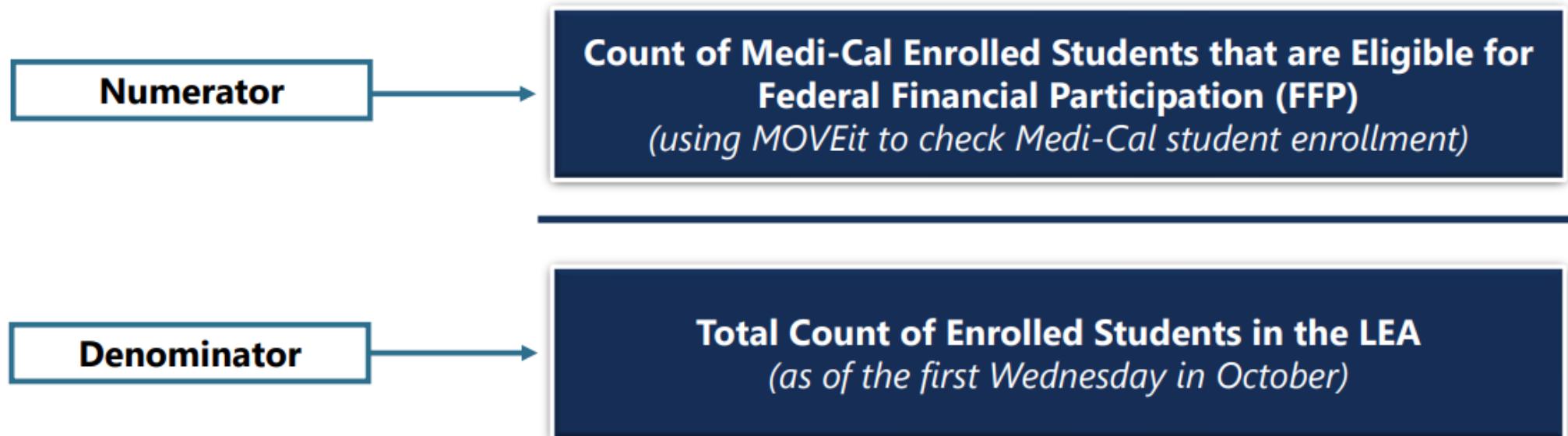
» Indirect Cost Rate (ICR).

- ICR information can be found on the California Department of Education (CDE) website: [Indirect Cost Rates \(ICR\) - Accounting \(CA Dept of Education\)](#).
- Link can also be found in the CRCS instructions:

County Code	LEA Code	Type	LEA Name	2022–23 (based on 2020–21 expenditure data)	2023–24 (based on 2021–22 expenditure data)	2024–25 (based on 2022–23 expenditure data)	2025–26 (based on 2023–24 expenditure data)
01	10017	C	Rydell High School	9.94%	9.91%	9.92%	10.58%
01	61119	D	Rydell Elementary School	7.61%	6.83%	8.02%	8.10%

Allocation Statistics (MER)

- » Medi-Cal Enrollment Ratio (MER) Calculation.



- » MER should **NEVER** be a negative number, zero, or more than 100%.

Interim Reimbursement Data

- » Increase in total Interim Reimbursement (claims) amounts results in less settlement than the LEA may have anticipated.
- » Examples Include:
 - LEA reported underpayment of \$25,000.
 - LEA received \$10,000 in additional interim payments after the CRCS was submitted.
 - Updated amount due to the LEA is now \$15,000.

Salaries/Benefits – Allowable Cost Adjustments

- » Adjustments related to Employee Costs.
- » Examples Include:
 - LEA includes costs for practitioners not on the quarterly Participant Pool 1 TSP list.
 - LEA cannot support LEA BOP covered services with documentation.
 - LEA did not include federal funds on CRCS.

Supporting Documentation

- » Maintaining proper documentation of services ensures your LEA receives and keeps the funding for covered services that are already being provided to students.
- » Supporting documentation can include:
 - IEP/IFSP/IHSP or other care plan
 - Initial assessment, even if they do not result in a care plan
 - Prescriptions/referrals for services
 - Documentation of the service provided
 - Date and place of service
 - Student name/Medicaid ID number
 - Agency and provider name
 - Nature, extent or units of service
 - Provider licenses/certifications
 - Payroll records

Other Cost or Contractor Cost Adjustments

- » Adjustments to contractor or other costs.
- » Examples Include:
 - LEA includes costs for contractors that did not provide covered LEA BOP services.
 - LEA includes contractor costs for non-health-related contractors.
 - LEA includes conference costs for all practitioners.
 - LEA includes the cost of materials / supplies associated with a practitioner who is unable to provide supporting documentation for LEA BOP covered services.
- » Want to know more? Check out: [Tips for Using Contractors as LEA BOP Practitioners](#)

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program Payments – Impact on CRCS Process



Overview of the CYBHI Fee Schedule Program

- » Fee-for-Service program that is **separate from LEA BOP** and provides reimbursement to participating LEAs.
- » Covered services include non-IEP/IFSP behavioral health services, including mental health and substance use disorder services.
- » Payers include Medi-Cal managed care plans, most commercial payers in California, disability insurers and Medi-Cal Fee-for-Service.
- » Claims are processed and paid through a third-party administrator (Carelon Behavioral Health).
- » Claims are considered final (no cost settlement).

Participating LEAs

- » CYBHI Fee Schedule Program uses a cohort model to onboard LEAs.
 - First possible billable date of service for the CYBHI Fee Schedule is July 1, 2024.
 - FY 2024-25 is the first CRCS to incorporate CYBHI Fee Schedule Program payments.
- » Possible Scenarios in FY 2024-25:
 1. LEA did not participate in the CYBHI Fee Schedule Program in FY 2024-25 - **no impact**.
 2. LEA participated in the CYBHI Fee Schedule Program but did not bill for services rendered to students in FY 2024-25 - **no impact**.
 3. LEA participated in the Fee Schedule Program and was paid (or will be paid) for services rendered by practitioners that will **NOT** be reported on the FY 2024-25 CRCS– **no impact**.
 4. LEA participated in the Fee Schedule Program and was paid (or will be paid) for services rendered by practitioners that will be reported on the CRCS in FY 2024-25 - **report payments** on the CRCS.

Removing CYBHI Fee Schedule Payments on the CRCS (FY 2024-25 and thereafter)

- » Carelon Behavioral Health report will include Fee Schedule payments that are associated with practitioners (staff and contractors).
- » Total CYBHI Fee Schedule Payments will be **removed** at the practitioner level from salaries and benefits.
- » Methodology applied to both employee and contractor costs.
- » Reduces gross salaries and benefits in same way that federal funds are excluded for final settlement.

Assembly Bill (AB) 483 – Impact on CRCS Process



Settlement Timeline

- » AB 483 became effective on January 1, 2024.
- » Expedites the **final** settlement timeline:
 - Current State Plan allows for 36 months from CRCS acceptance to finalize settlement.
 - AB 483 requires final settlement **no later than 18 months** after the date that the CRCS is submitted. Note that AB 483 allows an additional three months for LEAs to provide sufficient documentation requested by the auditor.
- » Both the State Plan and AB 483 require interim settlement to be issued within 12 months of the CRCS due date.

Targeted Technical Assistance

- » AB 483 includes a provision that DHCS will provide LEAs with technical assistance when their final audited settlement deviates 25% or more from the LEA's as-submitted (expected) settlement amount. For example:
 - A LEA's as-submitted CRCS shows an expected amount due to the LEA of \$100,000.
 - The LEA will be offered technical assistance when the final audited settlement is either: \$75,000 or less **OR** \$125,000 or more.
- » Technical assistance can help LEAs understand audit adjustments in more detail to inform future CRCS reporting.

Outreach Status for LEAs with Audit Adjustments >25% (FY 2022-23)

Type of Adjustment	Total Count of LEAs	Outreach in Progress	Accepted TA	Rejected TA	Non-Responsive	Disenrolled
LEAs with Positive / Upward Adjustments	5	1	3	1	0	0
LEAs with Negative / Downward Adjustments	22	3	13	2	4	0
Total LEA Count by TA Status	27	4	16	3	4	0

- » DHCS provides targeted technical assistance to all LEAs with an audit adjustment of 25% or more to discuss LEA-specific audit adjustments, offering explanation, suggestions and additional resources.

Top Audit Adjustment Reasons for Negative Adjustments (FY 2022-23)

Top Negative Adjustment Reasons for Adjustments >25%	Number of LEAs Impacted*
Adjustments to FMAP by Funding Category	14
Adjustments to Salaries and Benefits	14
Adjustments to Interim Reimbursement Paid to LEA	13
Adjustments to Contractor Costs	6
Adjustments to Indirect Cost Rate	4
Adjustments to MER Calculation	4
Adjustments to Supplies, Materials and Other Costs	2
Adjustments to Medi-Cal One Way Trip Ratio	1

**LEAs may receive audit findings in multiple categories.*

Top Audit Adjustment Reasons for Positive Adjustments (FY 2022-23)

Top Positive Adjustment Reasons for Adjustments >25%	Number of LEAs Impacted*
Adjustments to Percentages by Funding Category	3
Adjustments to DMSP	3
Adjustments to Interim Reimbursement Paid to LEA	2
Adjustments to Indirect Cost Rate	1

* LEAs may receive audit findings in multiple categories.

- » Even when adjustments are to the benefit of the LEA, DHCS offers technical assistance.

Medi-Cal Enrollment Ratio (MER)

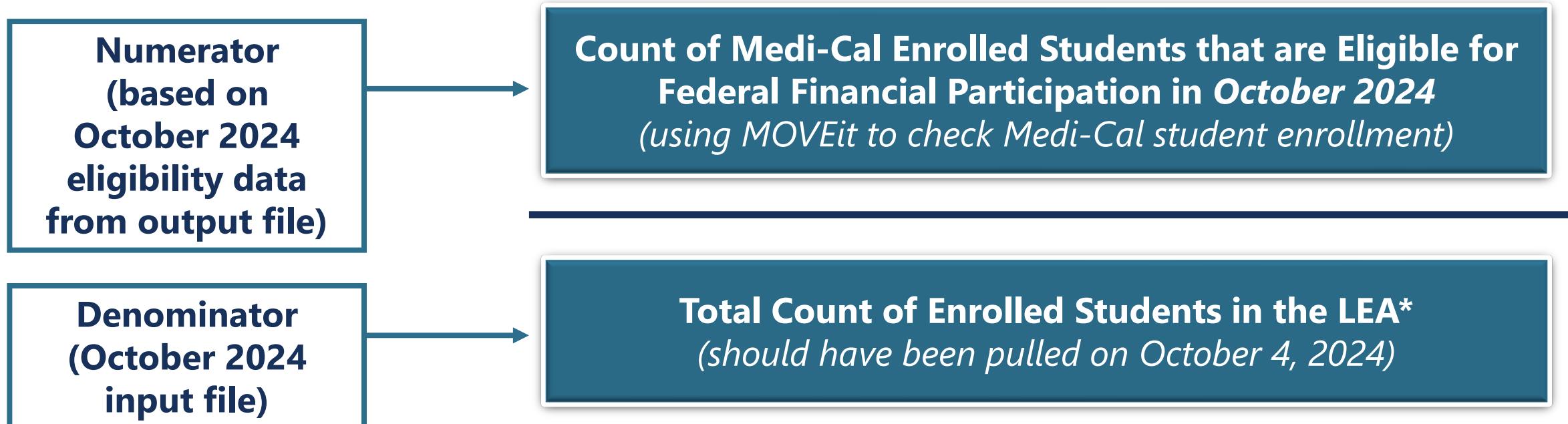


Medi-Cal Enrollment Ratio (MER)

- » The MER is applied to **allocate costs to the Medi-Cal Program**.
- » Obtained for a **snapshot in time in early October**.
- » **Snapshot date lags 16 months from CRCS due date** (e.g., October 2024 MER will be used for the FY 24-25 CRCS, due in March 2026)
- » MER represents the **percentage** of an LEA's total enrolled students that are enrolled in Medi-Cal and eligible for federal matching funds.

FY 2024-25 MER Calculation

- » For the FY 2024-25 CRCS, the MER calculation is based on data from **October 2024**:



***Note:** To include the student in the MER denominator, the student should be considered **primarily enrolled** in an LEA. Primary (versus secondary) enrollment will be defined by the CALPADS enrollment statuses (10 – Primary, 20 – Secondary).

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 10 years from date of CRCS acceptance.
 - LEAs involved in an audit at the end of the 10-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**.
 - Documentation should be maintained in compliance with HIPAA and FERPA.

What If My LEA Did Not Gather Data for the MER Calculation in October 2024?

- » The MER calculation dates are consistent every year.
 - Plan to collect your MER data and calculate the percentage every October.
 - Maintain documentation that supports the counts you include on the CRCS for the MER numerator and denominator.
- » ***If you did not collect your FY 2024-25 MER data, reach out to DHCS at LEA@dhcs.ca.gov to discuss your next steps.***

MER Training Resource

- » A detailed training was conducted on the MER calculation, available at:
<https://www.dhcs.ca.gov/provgovpart/Documents/October-QM-MER-Training-Slides.pdf>
- » Includes detail on the calculation for each type of LEA (independent LEAs, County Offices of Education, and billing consortiums).
- » Training provides an overview of the process, detail on the MOVEit input and output files, and how to determine the counts for the numerator and denominator.

FY 2024-25 CRCS Training

CRCS Training Goals

1. Overview of the **FY 2024-25 CRCS**, including:
 - FY 2024-25 template updates.
 - Overview of supporting reports.
2. Complete a **mock LEA demonstration** of the FY 2024-25 CRCS report with sample data.
3. Provide **next steps**, including:
 - Reminders for completing your CRCS.
 - Summary of available resources, including check-in meetings.
 - Review the CRCS submission package, process and timeline.

FY 2024-25 CRCS Overview

Overview of FY 2024-25 CRCS

The CRCS contains a total of 17 Worksheets in Excel Template:

- » Certification
- » Allocation Statistics
- » Worksheets that summarize costs (Worksheets A, B.2 and E)
- » Cost Collection
 - Worksheet B – salaries/benefits
 - Worksheets C and C.1 – other costs/equipment depreciation
 - Worksheet D – contractor costs
 - Worksheets E.1, E.2 and E.3 – transportation costs
 - ***NEW! CYBHI Fee Schedule Payments (Worksheet B.1)***
- » Time Survey Participant (TSP) Lists (Worksheets F.1, F.2, F.3, F.4)

Changes to FY 2024-25 CRCS

1. CYBHI Fee Schedule Program Updates:

- Certification page requires information on the LEA's CYBHI Fee Schedule Program participation status in FY 2024-25 (yes or no).
- Additional fields to capture **CYBHI Fee Schedule Program payments** for services rendered in FY 2024-25 for directly employed practitioners and contracted staff.

2. Allocation Statistic Updates:

- **MER** is calculated using October 2024 enrollment data (based on LEA BOP data match – do not use SMAA MER Data).
- Direct Medical Service Percentage (DMSP) is derived from **FY 2024-25 RMTS**.
- **FMAP changes** due to the termination of the Public Health Emergency.

Reminder: LEA BOP Program Administration **withhold balance will continue to be reconciled** using the CRCS, in accordance with AB 483.

CRCS Supporting Reports for FY 2024-25

1. **Annual Reimbursement Report** – details total interim payments by NPI. Data will be input on Worksheet A, line 'ac'.
2. **Federal Medicaid Assistance Percentage (FMAP) Grouping Reimbursement Percentages Report** – provides the percentage of an LEA's claims by each FMAP and assists LEAs in completing the Allocation Statistics worksheet.
3. **Direct Medical Services Percentage (DMSP) Report** – provides regional RMTS results for FY 2024-25. Data will be input on the Allocation Statistics worksheet.
4. **Program Administration Withhold Report** – provides amount withheld from claims reimbursement in FY 2024-25 to support the administration of LEA BOP.
5. **Specialized Medical Transportation Report (*optional*)** – assists LEAs in identifying their billable one-way trips.
6. **NEW! CYBHI Payments Report (*optional*)** – provides CYBHI fee schedule program payment amount received for services rendered in FY 2024-25.

1. Annual Reimbursement Report

- » The LEA BOP Annual Reimbursement Report complies paid interim claim amounts by NPI for dates of service in FY 2024-25.
- » Due to the claiming timeline of 12-months, this report may not contain final payment amounts.
- » LEAs will locate their NPI in the report and input the total interim reimbursement information in the CRCS on Worksheet A, line 'ac'.

NPI	Total Interim Reimbursement
1239001111	\$164,154.92
1239002222	\$90,124.54
1239003333	\$252,797.28

2. FMAP Grouping Reimbursement Percentages Report

- » This report helps LEAs complete the CRCS Allocation Statistics worksheet by showing the percentage of each LEA's interim reimbursement attributed to FMAP aid code groupings, totaling 100%.

NPI	Title XIX % of Total Claims (July 1, 2024 - June 30, 2025)	Title XIX Enhanced % of Total Claims (July 1, 2024 - June 30, 2025)	Title XXI Enhanced % of Total Claims (July 1, 2024 - June 30, 2025)	Title XIX COVID-19 Counseling Claims (July 1, 2024 - Sept. 30, 2024)	Title XIX COVID-19 Counseling Claims (Oct. 1, 2024 - June 30, 2025)	FY 2024-25 Total (July 1, 2024 - June 30, 2025)
1239001111	77.9261%	10.0000%	12.0739%	0.00%	0.00%	100.00%
1239002222	75.5455%	0.00%	24.4545%	0.00%	0.00%	100.00%
1239003333	82.9874%	0.00%	17.0126%	0.00%	0.00%	100.00%

3. DMSP Report

- » The DMSP results from the Random Moment Time Survey (RMTS) are used to allocate total costs. Input the DMSP on the Allocation Statistics Worksheet.
- » **Note:** The following DMSP percentages are from FY 2023-24.
****DMSPs for FY 2024-25 will be published in January 2026.****

RMTS Administrative Unit	Percentages (FY 2023-24)
Consortia 1, 2, 7: Sonoma - Glenn - Madera	52.99%
Consortia 3, 4, 5, 6: Sutter - Contra Costa - Santa Cruz - Stanislaus	55.57%
Consortia 8, 9: Kern - Orange	56.91%
Region 10: San Bernardino	47.01%
Region 11: Los Angeles	56.83%

4. Program Administration Withhold Report

- » The report shows the total amount withheld from each LEA for FY 2024-25.
- » Enter the amount on CRCS Worksheet A, line aa.
- » Amount is reconciled against the authorized withhold amount (line z) and a withhold amount due or from the LEA is calculated on Worksheet A, line ab.

NPI	Total Amount Withheld in FY 2024-25
1239001111	\$64,154.92
1239002222	\$19,124.54
1239003333	\$22,797.28

5. Specialized Medical Transportation Report (*optional*)

- » The LEA BOP Specialized Medical Transportation Report details specialized medical transportation trips (T2003) for FY 2024-25.

NPI	Billed One-Way Trips (Total Units of Service)	Total Interim Reimbursement
1239001111	313	\$2,993
1239002222	27,567	\$255,546
1239003333	6,515	\$61,503
1239005555	e-mail LEA@dhcs.ca.gov for data	e-mail LEA@dhcs.ca.gov for data

6. CYBHI Fee Schedule Payments Report (optional)

- » Draft payments will be summarized by billing NPI and rendering practitioner.
 - **Note:** Any additional payments received after the CYBHI Report is published will be accounted for during the audit process.
- » Only include CYBHI Fee Schedule Program Payments on the CRCS for rendering practitioners with costs on the CRCS.

Billing NPI	Rendering Practitioner NPI	Rendering Practitioner Name	Total FY 2024-25 Payments
1239001111	1876543210	Sandy Social Worker	\$1,075
1239002222	1088716251	Penny Psychologist	\$1,632
1239002222	1014869542	Carol Counselor	\$5,255
1239003333	1356641221	Nancy Nurse	\$326
1239003333	1290439745	Carrie Counselor	\$5,025
1239003333	1085550123	Laura Licensed MFT	\$1,192

FY 2024-25 CRCS Mock LEA Demonstration

Demonstration Assumptions

“Ocean Mist Unified” Assumptions:

- » Three employed practitioner types:
 - Psychologist, Speech Language Pathologist (SLP) and Nurse
- » One contracted Social Worker.
- » LEA participates in both the LEA BOP and the CYBHI Fee Schedule Program.
 - The Psychologist bills through both programs and the LEA received Fee Schedule payments for services rendered in FY 2024-25.
- » LEA contracts for specialized medical transportation services.
- » LEA claims for depreciation (medical equipment).

Next Steps



Reminders for Completing Your CRCS

- » Check your LEA's allocation statistics:
 - **Indirect Cost Rate** – Are you using the FY 2024-25 rate?
 - **DMSP** – Are you inputting the correct regional percentage?
 - **Percentage of Claims by FMAP Grouping** – Did you use the report on the LEA BOP website? Do the percentages sum to 100%?
 - **MER** – Are the counts based on LEA BOP data match (not SMAA)? Do you have the supporting files?
- » Ensure only allowable costs are included on CRCS:
 - Only include quarterly costs for practitioners listed on the TSP list.
 - Only include costs that you can support with documentation.
 - Only include contractor costs for covered services and when you have documentation.
- » **Remember!** Additional interim claiming and/or CYBHI fee schedule payments for FY 2024-25 services will impact the final settlement calculation on your audited CRCS.

CRCS Materials for FY 2024-25

Primary resource to support completion of the CRCS is the LEA BOP CRCS Webpage:

[https://www.dhcs.ca.gov/progovpart/Pages/CRCS Forms.aspx](https://www.dhcs.ca.gov/progovpart/Pages/CRCS%20Forms.aspx)

- » CRCS webpage will be updated with the following resources in January 2026:
 - FY 2024-25 CRCS Template and Instructions
 - Supporting Reports (six reports in total, two optional)
 - Electronic Certification Form

FY 2024-25 CRCS Submission Package

- » A complete CRCS submission package for FY 2024-25 includes:
 - ✓ Completed CRCS Excel file.
 - ✓ PDF of the signed Certification Form (total underpayment/overpayment must reconcile to the Certification Worksheet on the Excel file).
 - ✓ Grouping Schedules or Bridging Documents used to prepare the CRCS.
 - ✓ Production Log identifying LEA BOP units/encounters billed during the cost reporting year.

Steps for Completion: FY 2024-25 CRCS

- 1. Download all documents** from the CRCS webpage
 - CRCS Template and Instructions
 - Certification Form
 - Supporting Reports
- 2. Complete the CRCS template**
- 3. Gather all documentation** to support data included in submission
- 4. Certify the costs** on the electronic Certification Form
- 5. Submit** FY 2024-25 CRCS by March 2 to LEA.CRCS.Submission@dhcs.ca.gov

Additional CRCS Resources

- » **LEA BOP Trainings** (CRCS-related and many other topics):
https://www.dhcs.ca.gov/provgovpart/Pages/LEA_Program_Training.aspx
- » **Standardized Account Code Structure (SACS)**: <https://www.cde.ca.gov/fg/ac/ac/>
- » **California School Accounting Manual (CSAM)**: <https://www.cde.ca.gov/fg/ac/sa/>
- » **LEA Indirect Cost Rates**: <https://www.cde.ca.gov/fg/ac/ic/>

For CRCS questions, please email: LEA@dhcs.ca.gov.

*To submit your CRCS or request an extension to the due date, email:
LEA.CRCS.Submission@dhcs.ca.gov*

FY 2024-25 CRCS Check-In Meetings

*DHCS will host **optional check-in meetings** for program partners to support the completion and submission of the FY 2024-25 CRCS.*

- » Check-Ins will occur prior to FY 24-25 CRCS due date:
 - **CRCS Check-In: February 4, 2:00 p.m. – 3:00 p.m.**
 - **CYBHI Fee Schedule Provider Check-In: February 11, 1:00 p.m. – 2:00 p.m.**
- » Specific content to be based on program partner questions (submit today in the chat or to LEA@dhcs.ca.gov)
- » Sign up for the LEA BOP e-mail subscription service to receive updates on CRCS forms and supporting materials:
<https://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DHCSLEA>

Questions?

Please submit additional questions to the LEA BOP inbox:
LEA@DHCS.CA.GOV

