

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

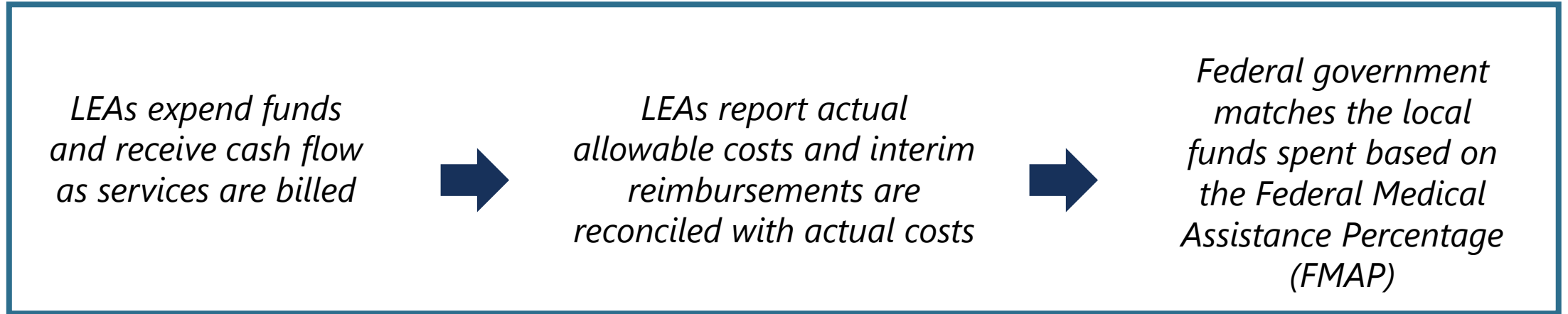
- » Cost Settlement Background
- » The CRCS Audit Process
- » Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program Payments
- » Assembly Bill (AB) 483 and Impact on the Audit Process
- » Medi-Cal Enrollment Ratio (MER) Calculation
- » Fiscal Year (FY) 2024-25 CRCS Training

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.

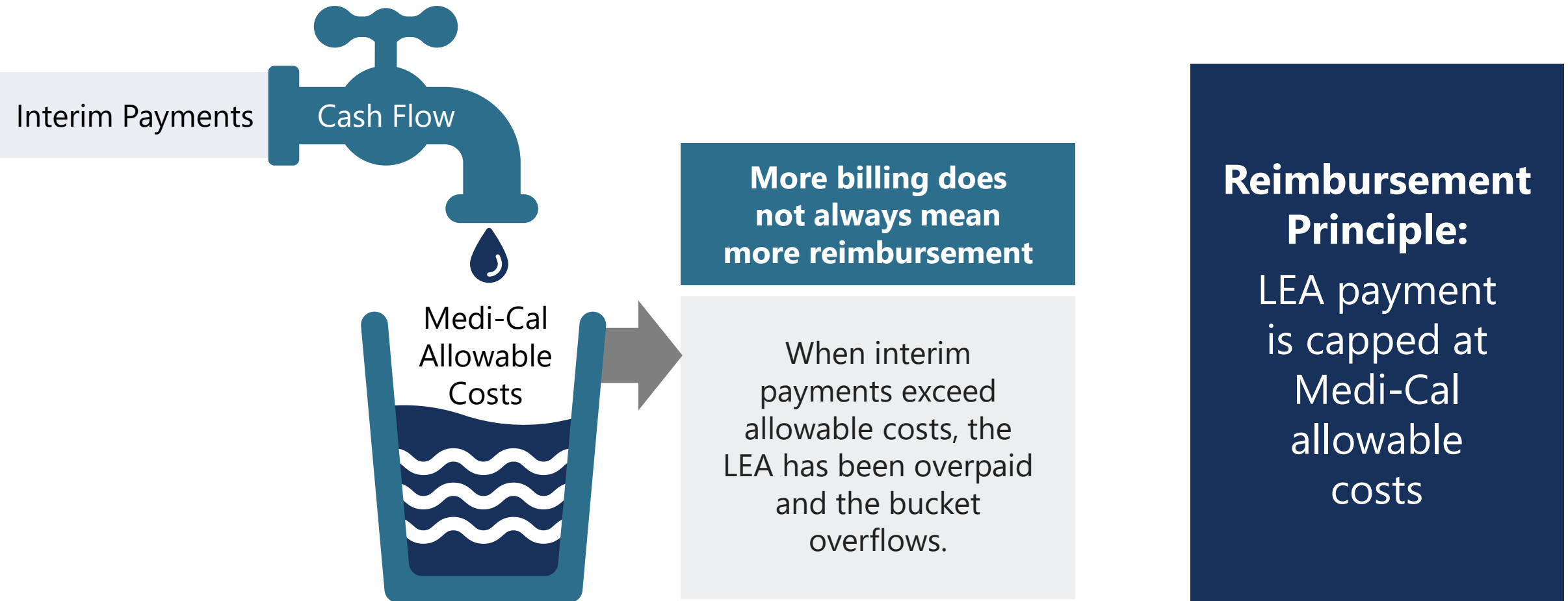
» Cost Settlement

- 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://www.crcs.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)

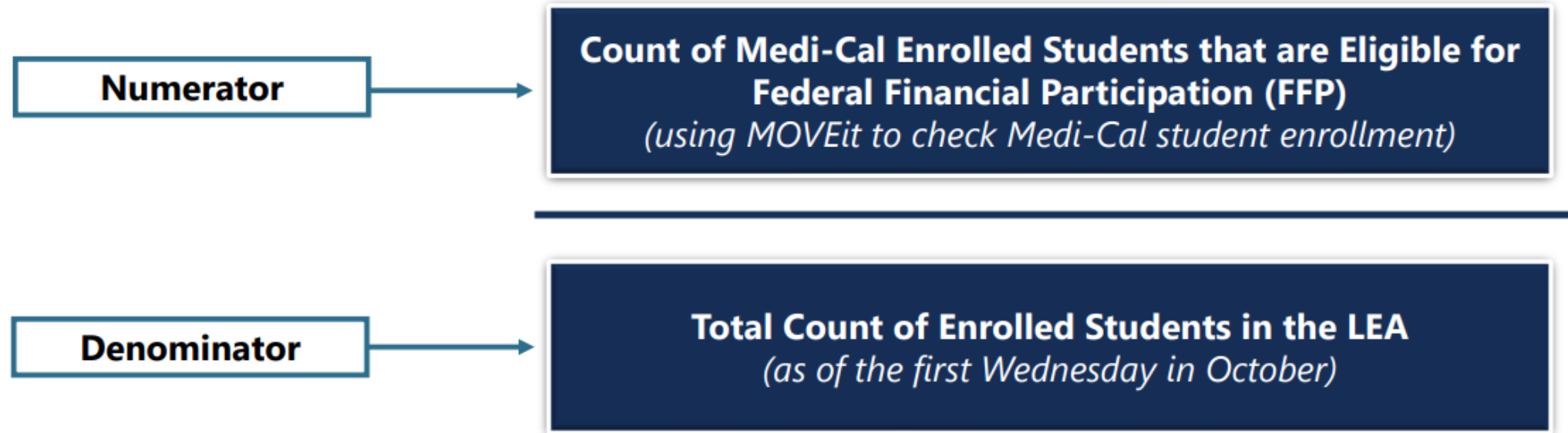
» Indirect Cost Rate (ICR).

- 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

Two decorative wavy lines, one in a medium blue color and one in a darker blue color, flowing horizontally across the middle of the slide.

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

Two decorative wavy lines, one in a medium blue color and one in a darker blue color, positioned below the title text.

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)

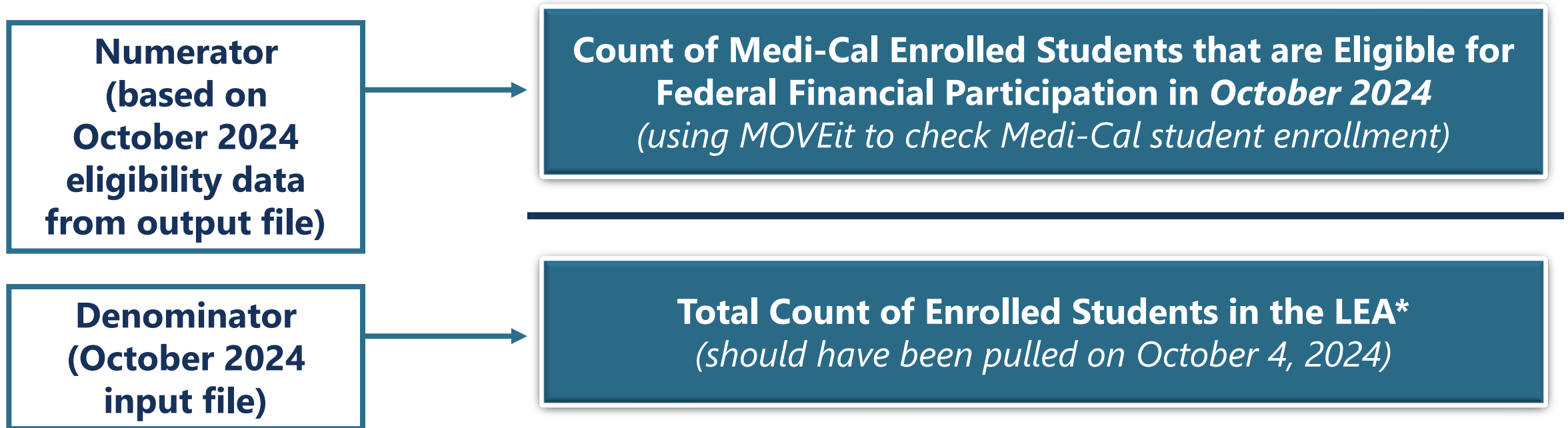


Medi-Cal Enrollment Ratio (MER)

- » 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/provgovpart/Pages/CRCS_Forms.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

