

LEA Medi-Cal Billing Option Program Cost and Reimbursement Comparison Schedule (CRCS) Supplemental Training FY 2010-11





Purpose of Supplemental Training

This training presentation was designed by the Department of Healthcare Services (DHCS) to assist LEA providers or staff that are new to the LEA Medi-Cal Billing Option Program on the completion of the CRCS. This training includes detail on the CRCS form and the flow of calculations between forms for FY 2010/11.

Additional CRCS training resources should be reviewed on the LEA Program Website at:

http://www.dhcs.ca.gov/individuals/Pages/LEA.aspx

<u>http://www.dhcs.ca.gov/provgovpart/Pages/CostandReimbursement</u> <u>ComparisonSchedule(CRCS)forFiscalYear2010-11.aspx</u>

Overview of CRCS

Why is the CRCS Mandatory?

- Federally required by Centers for Medicare & Medicaid Services (CMS)
 - The LEA Medi-Cal Billing Option Program is a Certified Public Expenditure program that requires DHCS to reconcile and compare LEA Medi-Cal <u>costs</u> with LEA Medi-Cal interim <u>reimbursement</u> for each provider every fiscal year
- Specified in the LEA Provider Participation Agreement
- Final cost settlement
 - Results in a "difference" owed to/from LEAs
 - LEAs cannot be paid more than the cost of providing LEA services

LEA Responsibility in the CRCS Process

- The CRCS must be completed by or under the supervision of knowledgeable program personnel who are responsible for financial and accounting information (e.g., Fiscal Services)
- LEAs must input information/data in cells that are not shaded in gray in the Excel worksheets
 - Cells that are shaded in gray contain formulas and will autocalculate based on data entered by an LEA
 - <u>DO NOT</u> enter data in the gray shaded areas or modify the CRCS forms; doing so will void your CRCS form submission

LEA Responsibility in the CRCS Process

LEAs Responsibilities:

- Input information in the unshaded cells:
 - <u>Costs</u> associated with the <u>direct provision of health services</u>⁽¹⁾
 - <u>Hours</u> worked by qualified practitioners who are billing in the LEA Program (employees and contractors)
 - Costs and hours worked for FTEs funded by other federallyfunded programs
 - Medi-Cal <u>interim reimbursement</u> received and <u>time spent</u> (units or encounters) for providing services
- Signing the Certification Statement under penalty of perjury once the forms are complete
- Compiling and maintaining appropriate documentation that supports your CRCS

Note: (1) Costs included on the CRCS should reflect those that the LEA incurred related only to the direct provision of health services, and should exclude administrative costs, such as photocopying, legal fees, materials and supplies used for classroom instruction, etc.

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Definitions

- Interim Reimbursement
 - The amount of claim reimbursement the LEA receives from DHCS for a given fiscal year for providing direct LEA Medi-Cal Billing Option Services
 - Based on statewide LEA reimbursement rates
- Indirect Costs
 - Agency-wide general management costs (e.g., accounting, budgeting, payroll preparation, personnel services, etc.)
 - Captured on the CRCS using the individual LEA's Indirect Cost Rate, determined by the California Department of Education (CDE)

Definitions (con't)

- Federal Medical Assistance Percentage (FMAP)
 - The annual calculation of the federal government's share of a state's expenditures for certain Medicaid services
 - For FY 2010/11, California had three FMAPs for the following date of service ranges:
 - □ July December: 61.59%
 - □ January March: 58.77%
 - □ April June: 56.88%

• National Provider Identifier (NPI) Number

 A unique, 10-digit sequentially assigned national identification number that is mandated by HIPAA to be used by health care providers, health plans and health care clearinghouses in all administrative and financial HIPAA transactions

Definitions (con't)

- Interim Reimbursement and Units of Service (IRUS) Report
 - A DHCS-generated report that summarizes LEA Medi-Cal Billing Option Program paid claims data by FMAP period for each unique procedure code and modifier combination
 - Excludes Transportation, Mileage and Targeted Case Management Services, which are not subject to cost settlement and are excluded from the CRCS report
 - Download from DHCS website at: <u>http://www.dhcs.ca.gov/provgovpart/Pages/CostandReimbursementComparisonSchedule(CRCS).aspx</u>
 - LEAs should compare the IRUS Report against internal accounting system data when reporting information on Worksheets A-4 and B-4 of the CRCS report
 - If differences exist due to LEA provider error, the LEA should input the correct information included on CRCS Worksheets A-4/B-4 and maintain documentation to support any differences
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Qualified Practitioners

- Practitioner
 - Qualified healthcare professional that may provide specific LEA services (LEA Provider Manual Section: *loc ed rend*)

Psychologists	Nurses	Licensed Physician/Psychiatrists		
 Licensed Psychologist Licensed Educational Psychologist 	 Registered Credentialed School Nurse Certified Public Health Nurse 	Licensed Physical Therapists		
Credentialed School Psychologist	Licensed Registered NurseCertified Nurse Practitioner	Registered Occupational Therapist		
Social Workers	Speech-Language Pathologists	Licensed Vocational Nurses		
Licensed Clinical Social WorkerCredentialed School Social Worker	 Licensed Speech-Language Pathologist Credentialed Speech-Language Pathologist 	Trained Health Care Aides		
Counselors	Audiologists	Registered Audiometrists		
 Licensed Marriage and Family Therapist Credentialed School Counselor 	Licensed AudiologistCredentialed Audiologist	Licensed Optometrists		

• Contractor

 Qualified healthcare practitioner that may provide specific LEA services on behalf of an LEA, but is not directly employed by the LEA

LEA CRCS Resources

- LEA Program Website CRCS http://www.dhcs.ca.gov/provgovpart/Pages/CostandReimbursementComparisonSchedule(CRCS).aspx
- A&I LEA CRCS Website http://www.dhcs.ca.gov/individuals/Pages/LEA.aspx
- LEA CRCS Questions E-mail: <u>LEA.CRCS.Questions@dhcs.ca.gov</u>
- LEA CRCS Submissions E-mail: <u>LEA.CRCS.Submissions@dhcs.ca.gov</u>
- Guidance on using Standardized Account Code Structure (SACS) Available at <u>http://www.cde.ca.gov/fg/ac/ac/</u>
- LEA Indirect Cost Rates Available at <u>http://www.cde.ca.gov/fg/ac/ic/</u>

Standardized Account Code Structure (SACS) Guidelines

Standardized Account Code Structure (SACS)

- The Standardized Account Code Structure (SACS) contains seven numerically coded, required fields that must be built into the accounting structure of all LEAs:
 - 1. Fund/Account Group
 - 2. Resource
 - 3. Project Year
 - 4. Goal
 - 5. Function (Activity)
 - 6. Object
 - 7. School

Goal: CRCS costs/hours should be coded and collected at the Function Code and Object Code level of detail Note: Your LEA may also use payroll information, MAA Reports, invoices or other documentation to support expenditures and hours in the CRCS, as long as appropriate documentation is maintained

SACS – Fund/Account Group and Resource

- 1. Fund/Account Group
 - Identifies the source of funds that support the (educational) program or project
 - Example: 01 is the General Fund/County School Service Fund
 - Other Fund codes may be applicable
- 2. Resource
 - Tracks activities funded with revenues that have reporting or special requirements, or activities funded with revenues that have spending restrictions
 - 6000-8999 identify "State Restricted Projects"
 - Example: Special Education 6500
 - Other Resource code ranges may be applicable

SACS – Project Year and Goal

- 3. Project Year
 - Distinguishes the activities of those projects that span more than one fiscal year
 - Usually "9" signifying that the project occurs in only one fiscal year
 - LEA fiscal year and state fiscal year are the same for expense reporting purposes
- 4. Goal
 - Identifies the setting, objective or group of students that receive the services
 - 5000-5999 is "Special Education"
 - Example: "Special Education Unspecified" 5001

SACS – Function (Activity)

- 5. Function (Activity)
 - Describes the activity or service performed, and represents an operational area in an LEA
 - Function codes 3000-3999 "Pupil Services" should include most relevant (EPSDT-like) service
 - Examples:
 - 3110 Guidance and Counseling Services
 - 3120 Psychological Services
 - 3140 Health Services
 - 3150 Speech Pathology and Audiology Services
 - Practitioner type sub-accounts can be created to track expenditures
 - Example, Function Code 3140 Health Services could include the following sub-accounts:
 - 3141 School Nurse
 - 3142 Trained Health Care Aide
 - Two requirements for sub-accounts:
 - Sub-codes must "roll up" to the appropriate code, and
 - LEAs cannot use codes that are already pre-defined

SACS – Object

- 6. Object
 - Classify expenditures according to the types of items purchased or services obtained
 - CRCS expenses are limited to the following object codes:
 - 1000-2999 Salaries
 - 3000 Benefits
 - 4200 Books and Other Reference Materials
 - 4300 Materials and Supplies
 - 4400 Non-capitalized Equipment
 - 5200 Travel and Conferences
 - 5300 Dues and Membership
 - 5800 Contractor Costs⁽¹⁾
 - 5100 Contractor Costs⁽¹⁾
 - 5900 Communications

Note: (1) Contractor costs are reported in two object codes, depending on the amount of the individual subagreement. This distinction is further defined in the slides of this presentation that address Worksheet A-1/B-1.

SACS – School

- 7. School
 - Designates a specific, physical school structure or group of structures that form a campus
 - The three digit school field is required to be built into SACS accounting systems. However, its use is not required (at this time) for state reporting purposes.

Example SACS Report – SLP Salaries

<u>Function Code:</u> 3150 (Speech Pathology and Audiology Services)

Object Code: 1203 (Salaries)

) GENRL	a second and
12,494.00	12,491.26
) TRADSAL	
184,863.00	184,862.19
197,357.00	197,353.45
	12,494.00 TRADSAL 184,863.00

Example SACS Report – SLP Benefits

	3181 STRS CENTIFICATED 01-6500-0-3101-00-5001-3150-245-512-2021-00 01-6500-0-3101-17-5001-3150-245-512-2021-00	GE HRL 1.031.00 TRADSAL 15,497.00	1.030.54
<u>Function Code:</u>	3311 NEDICARE - CERTIFICATED		
3150 (Speech	01-6500-0-3311-00-5001-3150-245-512-2021-00	GENRL	
		176.00	175.39
Pathology and	01-6500-0-3311-17-5001-3150-245-512-2021-00	TRADSAL 2.511.00	2 518 78
00		2.311.00	2.310 /h
Audiology	3401 HEALTH & NELFARE CERTIFICATED 01-6500-0-3401-00-5001-3150-245-512-2021-00	GENRL	
Services)	01 0 000 0 0 001 00 0001 0100 240 017 2021 00	522.00	521.60
50101000	01-6500-0-3401-17-5001-3150-245-512-2021-00	TRADSAL	011.00
		9,093.00	9,089.43
Object Code:	TOTAL: 3401	9,615.00	9,611.03
<u>Object Code:</u>	3411 CUT HEALTH - CERT		
3000 Series	01-6508-0-3411-00-5801-3158-245-512-2821-88	GENRL	P 23 44
	D4 JEDD D 7444 47 EDD4 74ED D4E E40 0004 00	1.056.00	1,055.56
(Benefits)	01-6500-0-3411-17-5001-3150-245-512-2021-00	TRADSAL	40 405 47
v	TELL INTERIAL AUXILIA DE REPORTE L'ART	18,126.00	18,125.13
	3501 UNEMPLOYMENT - CERTIFICATED	OF WOL	
	01-6508-0-3501-00-5001-3150-245-512-2021-00	GE NRL 41.00	37.54
	01-6500-0-3501-17-5001-3150-245-512-2021-00	TRADSAL	35.35
	01-0200-0-2201-11-2001-2120-542-211-5051-00		E10 74
		563.00	562.34
	3601 NORKERS COMP - CERTIFICATED		
	01-6500-0-3601-00-5001-3150-245-512-2021-00	GENRL	407 00
	01-6508-0-3601-17-5001-3158-245-512-2021-00	484.00 TRADSAL	483.09
		7,383.00	7,382.46

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Overview of CRCS Forms and Flow of Calculations for Fiscal Year 2010/11

CRCS Worksheets

- 1. Certification
- 2. Worksheet A Costs of Providing IEP/IFSP Services
- 3. Worksheet B Costs of Providing Non-IEP/IFSP Services
- 4. Worksheet A.1/B.1 Salary, Benefit and Other Expenditures
- 5. Worksheet A-1 & B-1 Other Costs
- 6. Worksheet A-2 & B-2 Contractor Costs
- 7. Worksheet A-3 & B-3 Percent of Time
- 8. Worksheet A-4 Units and Reimb (Jul-Dec)
- 9. Worksheet A-4 Units and Reimb (Jan-Mar)
- 10. Worksheet A-4 Units and Reimb (Apr-Jun)
- 11. Worksheet B-4 Units and Reimb (Jul-Dec)
- 12. Worksheet B-4 Units and Reimb (Jan-Mar)
- 13. Worksheet B-4 Units and Reimb (Apr-Jun)

Worksheets A-4/B-4 have multiple date of service ranges to account for the three different FMAP periods in FY 2010/11

Purpose of Certification

- To identify the LEA (or billing consortium) and contact information
- To summarize the total Medi-Cal overpayment/ underpayment for Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP) services and non-IEP/IFSP services
- To summarize the net Medi-Cal overpayment/ underpayment for all LEA services
- To sign and certify, under penalty of perjury, to the accuracy of information reported on the CRCS

Certification Worksheet

State of California - Health and Human Services Agency

California Department of Health Care Services LEA Medi-Cal Billing Option Program

Local Educational Agency (LEA) Medi-Cal Billing Option Program Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS) Fiscal Y ear 2010/11 (July 1, 2010 - June 30, 2011)

1.	LEA	l d	enti	fica	tion

LEA Provider Name	 National Provider Identifier			 		
Contact: Name	 	Provider Number/CDS Code				
Phone	 	Title				
Fax	 E-mai	l Address				
Address 1	 	City				
Address 2		State	CA	Zip		

2. Certification of State Matching Funds for LEA Services:

I certify under penalty of perjury that the total personnel costs, annual hours worked by employees and contractors, and indirect cost rate provided on this Medi-Cal Cost and Reimbursement Comparison Schedule are true and correct, based on total actual expenditures of the Local Education Agency incurred for the period claimed, and that the funds/contributions have been expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51 (58 FR 6095, January 26, 1993). These claimed expenditures have neither previously been nor will subsequently be used for federal match in this or any other program. I also certify that all expenditures reported within the Medi-Cal Cost and Reimbursement Comparison Schedule are in compliance with the Office of Management and Budget (OMB) Circular A-87, according to 2 CFR Part 225, Appendix A (70 FR 51910,

August 31, 2005). To the extent that reporting is not governed by OMB Circular A-87, I certify that Generally Accepted Accounting Principles have been applied. By signing this certification, I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act, as specified under Title 31, U.S.C., Section 3729 et seq.

Summary of Overrayments/(Underrayments):

IEP/IFSP (Line k of Worksheet A)	ayment) For LEA Services Docum	s -	
Total Overpayment/(Under an IEP/IFSP (Line k of Worksheet B)	wayment) For LEA Services Not Do	cumented in	s -
Net Overpayment/(Underpa	yment) For All LEA Services		s -
Name		Title	
Signature		Date	
-			
LEA Billing Consortium:			
LEA Billing Consortium: Is your LEA part of a billing	consortium? (Yes or No)		
Is your LEA part of a billing	at are part of the billing consortium	below. Include	the LEA name and corresponding
Is your LEA part of a billing Please indicate the LEAs th County/District/School Cod	at are part of the billing consortium	below. Include	the LEA name and corresponding CDS Code
Is your LEA part of a biling Please indicate the LEAs th County District School Cod LEA #1	at are part of the billing consortium e (CDS Code).	below. Include	
Is your LEA part of a billing Please indicate the LEAs th County/District/School Cod LEA #1 LEA #2	at are part of the billing consortium e (CDS Code).		
Is your LEA part of a billing Please indicate the LEAs th County District School Cod LEA #1 LEA #2 LEA #3	at are part of the billing consortium e (CDS Code). LEA Name		
Please indicate the LEAs th County District/School Cod LEA #1 LEA #2 LEA #3 LEA #4	at are part of the billing consortium e (CDS Code). LEA Name		
Is your LEA part of a billing Please indicate the LEAs th County District School Cod LEA #1 LEA #2 LEA #3	at are part of the billing consortium e (CDS Code). LEA Name		

LEA #6		
LEA #7		
LEA #8		
LEA #9		
LEA #10		
LEA #11		
LEA #12		
LEA #13		
LEA #14		
LEA #15	•	

Instructions for Completing Certification:

Section 1 - LEA Identification: Report the LEA Provider's full name, Medi-Cal National Provider Identifier and Provider Number/CDS Code. Identify 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.

Section 2 - Certification of State Matching Funds for LEA Services: The LEA employee that completed or supervised the completion of the Medi-Cal CRCS should 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 2.

Section 3 - LEA Billing Consortium: Select "Yes" or "No" from the drop down box to indicate whether or not 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 CountyDistrict/School Code (CDS Code) of each participating member of the billing consortium.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS, CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATE D WITH DATA ENTERE D ON OTHER MEDI-CAL CRCS WORKSHEETS.

Page 1-b

ICS 2437 (9/11)

Certification – LEA Identification Comments

Local Educational Agency (LEA) Medi-Cal Billing Option Program Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS)

Fiscal Year 2010/11 (July 1, 2010 - June 30, 2011)

LEA Identification:

LEA Provider Name Sample School District			National Provider Identifier 123456789				
Contact: Name	Joanna Doe		Provider Number/CDS Code SS1234567				
Phone	915-556-7849		Title	Financial Officer		r	
Fax	915-586-7241 E-ma		il Address Joanna Doe@sampleSD.c		mpleSD.com		
Address 1	1501 Lawrence Avenue		City	Bakers	field		
Address 2	PO Box 35		State	CA	Zip	93241	
Report your full LEA Provider Name • Use the CDE California School Directory to validate: <u>http://www.cde.ca.gov/re/sd/</u> Report your LEA Street Address, City and Zip Code			• Report the LEA's unique 10-digit National Provider Identification (NPI) number used to bill claims				
Report the LEA Contact Name, Title, Phone and Fax numbers of the person who can be contacted for CRCS questions, if necessary			Code tha • Begins seven r	t is assi with ar numeric	gned by n "SS" pr c digits (r	unty/District/School CDE efix and followed by to hyphens or spaces Data website to searc	, 5)
Report the e-mail address of contact personNote: This is important, since follow-up information is provided via the contact e-mail address			http://v	www.ec	<u>l-data.k1</u>	<u>2.ca.us/Pages/Home</u>	

Certification – LEA Billing Consortium Comments

Yes

LEA Billing Consortium:

Is your LEA part of a billing consortium? (Yes or No)

Please indicate the LEAs that are part of the billing consortium below. Include the LEA name and corresponding County/District/School Code (CDS Code).

	LEA Name
LEA #1	LEA Name 1
LEA #2	LEA Name 2
LEA #3	LEA Name 3
LEA #4	LEA Name 4
LEA #5	LEA Name 5
LEA #6	LEA Name 6
LEA #7	LEA Name 7
LEA #8	LEA Name 8
LEA #9	LEA Name 9
LEA #10	LEA Name 10
LEA #11	LEA Name 11
LEA #12	LEA Name 12
LEA #13	LEA Name 13
LEA #14	LEA Name 14
LEA #15	LEA Name 15

- If your LEA is part of a billing consortium, report "Yes" using the drop down box
 - LEAs that are part of a consortium bill and receive reimbursement for services provided by other LEA providers, and eventually redistribute the reimbursement funds to the consortium members

CDS Code							
1234567890123							
1234567890321							
1234567890543							
1234567890123							
1234567890123							
1234567890123							
1234567890321							
1234567890543							
1234567890123							
1234567890123							
1234567890123							
1234567890321							
1234567890543							
1234567890123							
1234567890123							

• If your LEA is part of a billing consortium, list all of the participating LEAs in your billing consortium and their corresponding 14-digit CDS Code

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Purpose of Worksheets A and B

- To aggregate the direct costs associated with the provision of health services by <u>practitioner type</u>
 - Uses data from other worksheets to estimate the percentage of time and costs attributable to providing LEA Medi-Cal services
- To add indirect costs based on an LEA-specific pre-assigned rate (developed by CDE, available at <u>http://www.cde.ca.gov/fg/ac/ic/</u>)

Worksheet A

State of California - Wealth and Numan Services Agency

California Department of Maith Care Services LE A Medi-Califolding Option Program

				Distance of Servi	D stee of Service 7/1/10 - 12/31/10		D met of Service 1/1/11 - 3/31/11		ice 4/111- 63011
	Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yea or No.)	Net Total Personnel Cests A	Percent of Time Providing LEA Services Documented in an IEP or IPSP B	Cost of Providing LEA Services Documented in an IEP or IFSP C - A*B	Percent of Time Providing LEA Services Documented in an IEP or IFSP D	Cest of Providing LEA Services Documented in an IEP or IFSP E - A*D	Percent of Time Providing LEA Services Documented in an IEP or IFSP F	Cest of Providing LEA Services Documented in an IE P or 1FSP G - A+F
1. 2. 4. 5. 6. 7. 8. 9. 10.	Psychologists Social Workers Courselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Audiologists Occupational Therapists		* * * * * * * *	0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0	
11	Physiciana Psychiatrins	 Service Cents Excluded: Service Cents Included: Indirect Cents Rate Indirect Cents (e * d) Total Service Cents (s + Federal Medical Assistation, Medical Massimar, Rei 	ne Percentage (F).(AP) mbursable (f*g) warment for LEA Services Dec ment) (f - h)	(a - b)	- - - - - - - - - - - - - -	<u> </u>	- - - - - - - - - - - - - -		- <u>5</u> <u>5</u> <u>0</u> .00% <u>5</u> <u>5</u> <u>66.88%</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>65.88</u> % <u>5</u> <u>68.8%</u> <u>5</u> <u>68.8%</u> <u>5</u> <u>68.8%</u> <u>68.8%</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u>

Instructions for Completing Worksheet A: Costs of Providing LEA Services Documented in an IEP or IFSP:

Does Your L EA Roceive Foderal Funding for this Practitioner Type? Select "Yes" or "No" from the dop down box to indicate whether or not your LEA received any federal funding for each practitioner type for the fixed year (includes all qualified district employed practitioners billing LEA reimbunable services in the LEA Medi-Cat Billing Option Program). For CRCS reporting purposes, expenditures classified under Resource Code 3640 (Medi-Cat Billing Option Program) are not considered to be restricted federal funds and maybe included on the CRCS.

Line d (In direct Cost Pate): Enteryour LEA's California Department of Education approved indirect cost rate (available at: http://www.cde.ca.gov/fg/aci/o/) in decimal notation (e.g., 3.68). Use the indirect cost rate that was effective during the facel year you are reporting.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS, CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORK SHEETS.

LEA Provider Name National Provider Identifier Fineal Year

•
0
2010/11 (July 1, 2010 - June 30, 2011)

DHCS 2477 (911)

Worksheet A Comments

				rice 7/1/10 - 12/31/10	Dates of Ser	vice 1/1/11 - 3	8/31/11		vice 4/1/11 - 6/30/11
	Does Your LEA		Percent of Time		Percent of Time			Percent of Time	
	Receive Federal		Providing LEA	o	Providing LEA			Providing LEA	o
	Funding for this	Net Total Personnel	Services Documented in an	Cost of Providing LEA	Services Documented in an	Cost of Pro	-	Services Documented in an	Cost of Providing LEA
Worksheet A	Practitioner Type?	Costs	IEP or IFSP	Services Documented in an IEP or IFSP	IEP or IFSP	Services Doe an IEP c		IEP or IFSP	Services Documented in an IEP or IFSP
		A	B	C= A'B	D	E=/		F	G = A'F
Practitioner Type	(Yes or No)		В	L=AB	U		<u> </u>	F	Q=AF
Psychologists	Yes		0		0			0	
Social Workers			0		0			0	
Counselors			0		0		-	0	
School Nurses			0		0			0	
Licensed Vocational Nurses			0		0			0	
Trained Health Care Aides			0		0		-	0	
Speech-Language Pathologists			0		0			0	
Audiologists			0		0			0	
Physical Therapists			0		0			0	
Occupational Therapists			0		0			0	
Physicians/Psychiatrists			0		0			0	•
b. Service Costs Excluded from Indirect Cost Rate Application c. Service Costs Included in Indirect Cost Rate Application (a - b) \$									
• If your LEA rece federal funds for			-	ort the LEA C rect Cost Rate				10/11 uses ler the follo	3 FMAPs owing date of
		2 I						vice ranges	U
-	report "Yes" using the drop down box			reporting year:				0	
Resource Code	e 5640 (Me	edi-Cal Billing	 <u>http://www.cde.ca.gov/fg/ac/ic/</u> 			ac/1c/	· ·		1/10)- 61.59%
Option) funds	are not co	onsidered	• It	• It will automatically auto-			• (1/1/11 - 3/3	1/11)- 58.77%
. <i>'</i>					2		•		· ·
federal funds f	or CKCS	reporting	-	opulate in Col		1 G	• (4/1/11 - 6/3	0/11)- 56.88%
purposes			or	on Worksheet A			20		

Worksheet A and Worksheet B Comments

			-					
	Does Your LEA		Dates of Server Percent of Time	vice 7/1/10 - 12/31/10	Dates of Ser Percent of Time	vice 1/1/11 - 3/31/11	Dates of Ser Percent of Time	vice 4/1/11 - 6/30/11
	Beceive Federal		Providing LEA		Providing LEA		Percent of Time Providing LEA	
	Funding for this		Services	Cost of Providing LEA	Services	Cost of Providing LEA	Services	Cost of Providing LEA
TA7		Net Total Personnel	Documented in an	Services Documented in	Documented in an	Services Documented in	Documented in an	Services Documented in
Worksheet A	Type?	Costs	IEP or IFSP	an IEP or IFSP	IEP or IFSP	an IEP or IFSP	IEP or IFSP	an IEP or IFSP
Practitioner Type	(Yes or No)	Α	В	C = A'B	D	E = A'D	F	G = A'F
Psychologists	Yes		0		0		0	•
Social Workers		•	0		0	•	0	•
Counselors School Nurses		•	0		0	•	0	•
School Nurses Licensed Vocational Nurses			0		0		0	
Trained Health Care Aides			0		0		0	
Speech-Language Pathologists			0		0		0	
Audiologists			0		0		0	
Physical Therapists			0		0		0	
Occupational Therapists			0		0		0	
Physicians/Psychiatrists			0		0		0	
a.	Service Costs (Sum	C1 - C11, E1 - E11 and G1 - G11)	\$.		\$.		\$.
		ded from Indirect Cost Rate		\$.		\$.		\$ -
	Service Costs Includ	led in Indirect Cost Bate An	nlication (a - h)	* ·		\$.		\$ -
d.	Indirect Cost Rate			12.00%		12.00%		12.00%
e.	Indirect Costs (c * d)			\$		\$.		\$ -
f.	Total Service Costs	(a + e)		\$		\$.		\$ -
g.	Federal Medical Ass	istance Percentage (FMAF	9)	61 <mark>(9%</mark>		58.77%		56.88%
	Medi-Cal I Naximum I			\$.		\$.		\$ -
		imbursement for LEA Servic	es Documented in an	*		*		*
	IEP or IFSP Overpayment/(Under	en autor ant (G. Ja)		• ·		* .		÷ ·
		ipaginencj (r - rij Inderpagment) (Sum of j Tot	ale)	\$ ·		· ·		ф ·
к.	Net Overphyment(O	nderpayment) (Sum or [1 ot	aisj		*			
			Dates of Servi	ice 7/1/10 - 12/31/10	D tes of Ser	ice 1/1/11 - 3/31/11		ice 4/1/11 - 6/30/11
	Does Your LEA		Percent of Time		Percen of Time		Percent of Time	
	Receive ^F ederal Funding for this		Providing LEA Services Not	Cost of Providing LLA Services Not	Providing LEA Service Not	Cont of Providing LEA Services Not	Providing LEA Services Not	Cost of Providing LEA Services Not
T AT 1 1 . .		Net Total Personnel	Documented in an	Documented in an IEI or	Documented in an	Documented in an IEP	Documented in an	Documented in an IEP
Worksheet E	5 Type?	Costs	IEP or IFSP	IFSP	IEP or IFSP	oriTSP	IEP or IFSP	or IFSP
Practitioner Type	(Yes No)	А	в	C= A'B	D	E= A'b	F	G = A'F
Psychologists			0				0	
Social Workers	-		0		č		0	-
Counselors	·		0	· · ·	0	·	0	•
School Nurses	·	•	0	·	0	· .	0	•
Licensed Vocational Nurses	i		0	·	0	· · ·	0	•
Trained Health Care Aides	·	•	0	·	0	· · ·	0	•
Speech-Language Pathologists	·		0	·	0	· · ·	0	
Audiologists Physical Therapists			0	·	0	·	0	
Occupational Therapists			0		0			
Physicians/Psychiatrists			0		0		0	
Optometrists			0		0		0	
Audiometrists			0		0		0	
a	a. Service Costs (Sun	n C1 - C11, E1 - E11 and G1 - G	11)	\$.		\$.		\$.
t	. Service Costs Excl	uded from Indirect Cost Rat	e Application	\$ 7.		\$		\$.
	Service Costs Inclu	ided in Indirect Cost Rate A	pplication (a - b)	\$		\$.		\$
	l. Indirect Cost Rate			12.00%		12.00%		12.00%
e	. Indirect Costs (c * d	i)		\$.		\$ -		\$.
1	f. Total Service Cost	s(a+e)		\$.		\$.		\$.
9	Federal Medical As	sistance Percentage (FMA	P)	61.59%		58.77%		56.88%
	. Medi-Cal Maximum			\$.		\$.		\$.
		eimbursement for LEA Serv	ices not Documented					
	in an IEP or IFSP			\$.		\$.		\$.
	j. Overpayment/(Und	erpayment) (i - h)		\$.		\$.		\$.
k	. Net Overpayment/(Underpayment) (Sum of j To	otals)		\$.			
	-							

- The "Yes" or "No" response selected for practitioners on Worksheet A will auto-populate for the corresponding practitioners on Worksheet B
- Worksheet B has two additional practitioners not identified on Worksheet A: audiometrists and optometrists
 - Audiometrists and optometrists can only be billed for non-IEP/IFSP services
- If your LEA received revenues from other federal funds for audiometrists or optometrists, report "Yes" using the drop down box
 - Resource Code 5640 (Medi-Cal Billing Option) funds are not considered federal funds for CRCS reporting purposes

• The Indirect Cost Rate will autopopulate from Worksheet A to Worksheet B

Purpose of Worksheet A.1/B.1

- To collect salary and benefit costs by <u>practitioner</u> <u>type</u> for practitioners that are billing for LEA Medi-Cal Billing Option Services
 - Uses data from Worksheet A-1/B-1 to calculate the net total personnel costs of providing LEA Medi-Cal Services
- To identify any federal revenues (and corresponding SACS revenue account numbers) received for practitioners' salaries, benefits and/or other costs

Worksheet A.1/B.1

California Department of Health Care Services LEA Medi-Cal Billing Option Program

State of California	- Hicslift and Huma	n Services Agency
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Worksheet A1/B.1: Salary, Benefit and Other Expenditures Salary Expenditures Benefit Expenditures (1000-2999) (3000-3999) Total Other Costs Federal Revenues Revenue Account Number(s) Net Total Personnel Costs (Object Code) Practitioner Type R C D Е F = A + B + C - DPsychologists 2 Social Workers Counselors 4 School Narses Licensed Vocational Narses Trained Health Care Aides 7. Speech-Language Pathologists Audiologists Physical Therapists 10. Occupational Therapists 11 Physicians/Psychiatrists 12 Optometrists Audiometrists

Instructions for Completing Worksheet A.1/B.1: Salary, Benefit and Other Expenditures:

Column A (Salary Expenditures): Enter salary expenditures for object codes 1000-2999 by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. 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 Provider Manual (Section loc ed rend). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the California School Accounting Manual (CSAM), Procedure 330, available at www.cde.ca.gov/fg/ac/sa/. Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option) are not considered to be restricted federal funds and may be included on the CRCS.

Column B (Benefit Expenditures): Enter benefit expenditures for object codes 3000-3999 by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. 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 Provider Manual (Section loc ed rend). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the California School Accounting Manual (CSAM), Procedure 330, available at www.cde.ca.gov/fg/ac/sa/. Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option) are not considered to be restricted federal funds and may be included on the CRCS.

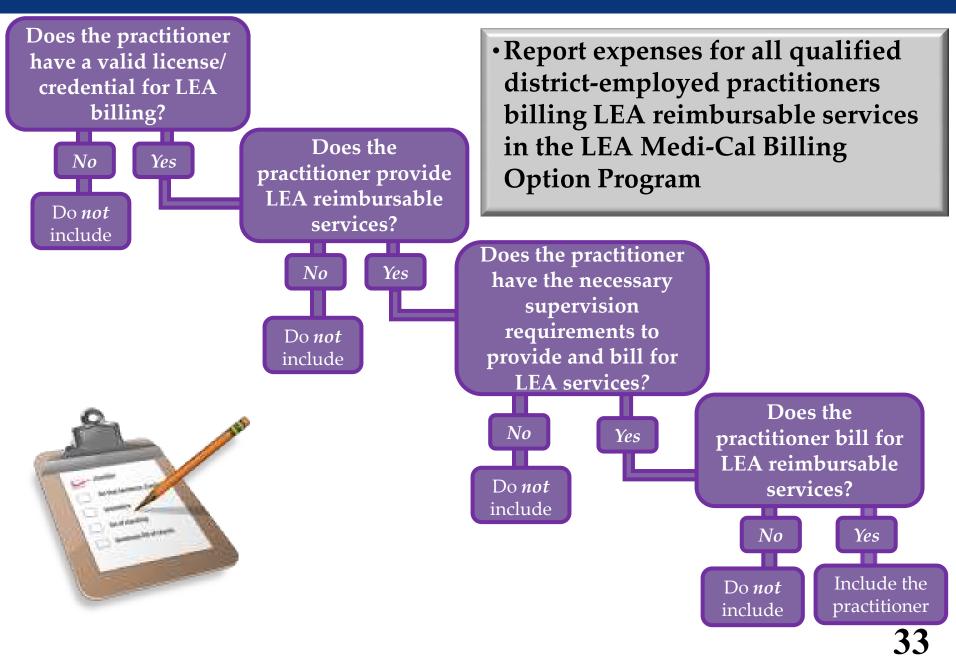
Column D (Federal Revenues): Enter the amount of federal funds that your LEA received for the practitioners' salaries, benefits and/or other costs reported in Columns A and B and Worksheet A-1/B-1. Enter the federal revenues as a positive figure in Column D. For CRCS reporting purposes, Resource Code 5640 (Medi-Cal Billing Option Program) revenues are not considered to be restricted federal funds and should not be reported in Column D.

Column E (Revenue Account Number): Enter the revenue account number(s) where the revenues reported in Column D are booked in your SACS system. If revenues are booked in multiple accounts, separate account numbers with a comma.

DO NOT ENTER ANY DATA INTO THE SHADED CELLS. CELLS SHADED IN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

LEA Provider Name	•
National Provider Identifier	0
Fiscal Year	2010/11 (July 1, 2010 - June 30, 2011)
DRCS 2437 (9/11)	Page 4

Reporting "All Qualified" Practitioner Expenditures



Worksheet A.1/B.1 Comments

Worksheet A.1/B.1 (Object Code) Practitioner Type	Salary Expenditures (1000-2999) A	Benefit Expenditures (3000-3999) B	Total Other Costs C	Federal Revenues D	Revenue Account Number(s) E	Net Total Personnel Costs F = A+B+C-D
Psychologists	62,991	14,122	-	36,800	5035	40,313
Social Workers			-			-
Counselors			-			-
School Nurses			-			-
Licensed Vocational Nurses			-			-
Trained Health Care Aides			-			-
Speech-Language Pathologists			-			-
Audiologists			-			-
Physical Therapists			-			-
Occupational Therapists			-			-
Physicians/Psychiatrists			-			-
Optometrists			-			-
Audiometrists						-

• Report salary and benefit expenditures by practitioner type for <u>all qualified district employed practitioners</u> billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program

• <u>Contracted</u> practitioner costs are reported on Worksheet A-1/B-1

• Total other costs will auto-calculate if the LEA has reported expenditures on Worksheet A-1/B-1 for the practitioner type

- Report the amount of federal funds that your LEA received for practitioner expenditures
 - Report the federal revenues as a positive figure in Column D
 - Resource Code 5640 (Medi-Cal Billing Option) funds are not considered federal funds for CRCS reporting purposes

• Report the Revenue Account Number(s) where the federal revenues reported are booked in your SACS system

SACS Report – Sample Documentation

Documentation Supporting School Nurse Salaries and Benefits:

<u>Function Code:</u> 3140 (Health Services)

<u>Object Codes:</u> 1201 (Salaries) 3000 Series (Benefits)

FD-RESC-Y-ORUT-SO-GOAL-FUNC-BRS-SCH-DD1 -D2			ED/RECEIVED
APPRO	VED RUDGET	CURRENT	YEAR TO DATE
1201 NURSE SALARY			
01-6510-0-1201-00-5710-3140-231-512-0000-00	GENRL		
	24,993.00	24,991.68	24,991.68
TOTAL: 1201	24,993.00	24,991.68	24,991.68
TOTAL: 1xxx	24,993.00	24,991.68	24,991.68
3101 STRS CERTIFICATED			
01-6510-0-3101-00-5710-3140-231-512-0000-00	GENRL		
	2,062.00	2,061.72	2,061.72
TOTAL: 3101	2,062.00	2,061.72	2,061.72
3501 UNEMPLOYMENT - CERTIFICATED		1	
01-6510-0-3501-00-5710-3140-231-512-0000-00	GEMRL		
	75.00	75.00	75.00
TOTAL: 3501	75.00	75.00	75.00
3601 NORKERS COMP - CERTIFICATED			ы. к. с. т.
01-6510-0-3601-00-5710-3140-231-512-0000-00	GENRL		
	962.00	961.39	961.39
TOTAL: 3601	982.00	961.39	981.39
TOTAL: 3xxx	3,099.00	3,098.11	3,098.11
707AL: 1xxx - 5xxx	28,092.00	28,089.79	28,089.79
FUND : 01 GENERAL FUND		B	ND RESP: 231
RESOURCE: 7804 ALTA - INFANT VE	NDOR	D.	1 ·: 0000
1201 NURSE SALARY			
01-7804-0-1201-00-7150-3140-231-512-0000-00	SENRL		
	24,278.00	24,277.68	24,277.68
. TOTAL: 1201	24,278.00	24,277.68	24,277.68
TOTAL: 1xxx	24,278.00	24,277.68	24,277.68
2201 OCCUPATIONAL THERAPIST SALARY			
	TRABOAL	10	
01-7804-0-2201-17-7150-3141-231-512-0000-00	TRADSAL		

Payroll Report – Sample Documentation

CostCente Resource SubFund SchCode Function Object Fund Goal ANNUAL ACTUAL SHIFT POSITION FTE % GR RG ST SALARY SALARY DIFF LOC DAYS HOURS % EXP ACCOUNT DISTRIBUTION THERAPIST-SPCH.AC 100.00% 1,334.0 01 00 6500 1190 000 000 000 392 THERAPIST-SPCH.AC 100.00% 1,334.0 THERAPIST-SPCH, AC 100.00% 1,334.0 THERAPIST-SPCH, BVH 100.00% 1,334.0 000 392 THERAPIST-SPCH, AC 100.00% 1,334.0 THERAPIST-SPCH, AC 100.00% 1,334.0 THERAPIST-SPCH, AC 100.00% 1,334.0 THERAPIST-SPCH.AC 100.00% 1,334.0 THERAPIST-SPCH-HM 80.00% 1,067.2 THERAPIST-SPCH, AC 80.00% 1.067.2 **TEACHER-AC, SPECIA** 100.00% 1,334.0 THERAPIST-SPCH, AC 100.00% 1.334.0 THERAPIST-SPCH.AC 100.00% 1,334.0 THERAPIST-SPCH-EH, 50.00% 667.0 THERAPIST-SPCH.AC 100.00% 1,334.0 THERAPIST-SPCH, AC 100.00% 1,334.0 THERAPIST-SPCH, AC 100.00% 1,334.0

Documentation Supporting Speech Language Pathologist Salaries: <u>Function Code</u>: 1190 (Special Education) <u>Object Code</u>: 1101 (Salaries)

Note: This LEA included its Speech Language Pathologists in Function Code 1190, which is an educational code. The LEA would need to include documentation in its audit/review materials to support that these expenditures were associated with the direct provision of health services.

Payroll/Personnel Listing

MAA Report – Sample Documentation

Documentation in form of MAA Report – Supporting Practitioner Total Salary Expense

Note: Personnel Code identifies practitioner type

0810	Teacher/Resource Teacher	22.40	1,185,724	52,934	
0811	Dept Head / Classroom Teacher	88.50	5,087,155	57,482	
0812	Athletic Director	6.00	308,249	51,375	
0814	Resource Teacher	32.15	1,691,877	52,624	
0815	Resource Teacher/Counselor	1.00	63,428	63,428	
0818	Technical Resource Tch	25.50	1,289,047	50,551	
0821	Middle School ELD Program Coor	1.00	40,530	40,530	
0823	Evaluator	3.00	180,151	60,050	
0831	Librarian	23.60	1,266,761	53,676	
0922	Counselor/Specific Targeted Gr	3.00	170,494	56,831	
0923	Counselor	67.40	3,469,635	51,478	
0925	Social Worker	8.00	493,031	61,629	
0927	Student Placement Worker	1.00	63,404	63,404	
0932	Nurse	24.30	1,356,143	55,808	
0934	Psychologist	31.70	2,011,758	63,462	
0978W	Leave with pay - Certificated	4.00	234,267	58,567	
0978X	Admin Leave with pay - CER	1.00	63,404	63,404	
1002	IS Operator Journey	4.50	187,239	41,609	
1003	IS Operator Senior	2.00	96,991	48,495	
1011	IS Technician Assistant	3.00	110,187	36,729	
1012	IS Technician Journey	9.00	425,714	47,302	
1021	IS Administrator I	11.00	536,418	48,765	
1022	IS Administrator II	7.00	376,297	53,757	
1023	IS Administrator III	3.00	212,132	70,711	
1024	IS Administrator Supervisor	2.00	154,868	77,434	
1033	IS Trainer Senior	2.00	137,743	68,871	
1042	IS Engineer Journey	2.00	143,445	71,722	
1044	IS Engineer Principal	1.00	94,866	94,866	
1051	IS Business Analyst Assistant	1.00	54,788	54,788	
1052	IS Business Analyst	4.00	240,906	60,227	
1062	IS Programmer Analyst	4.00	211,287	52,822	
1063	IS Programmer Analyst Senior	8.00	525,270	65,659	
1064	IS Programmer Analyst Prin	1.00	77,768	77,768	
1071	IS Project Manager	1.00	110,449	110,449	
1202L	Personnel Clerk	1.00	41,657	41,657	
1204	Senior Personnel Clerk	1.00	45,357	45,357	
1204L	Senior Personnel Clerk	4.00	190,703	47,676	
1218	Payroll Supervisor	1.00	64,219	64,219	
1218L	Payroll Supervisor	1.00	73,063	73,063	
1220	Payroll Clerk	1.00	47,337	47,337	
1220L	Payroll Clerk	10.00	480,059	48,006	
1222	Senior Payroll/Personel Clerk	1.00	51,864	51,864	
1222L	Senior Payroll/Personnel Clerk	3.00	157,597	52,532	
1224F	Prin Payroll/Pers Clk	1.00	61,523	61,523	
1242	Personnel Analyst	0.94	50,035	53,229	
1242L	Personnel Analyst	2.00	119,052	59,526	
1244	Senior Personnel Analyst	2.00	134,784	67,392	
1367G	Special Assistant VIII	1.00	54,958	54,958	
1369G	Special Assistant X	1.00	70,143	70,143	
1370G	Special Assistant XI	1.00	93,312	93,312	
1370L	Special Assistant XI	1.00	76,178	76,178	

Purpose of Worksheet A-1/B-1

- To collect the other allowable costs associated with providing direct health services by practitioner type
 - Enter expenditures related to the direct provision of health services
 - Object codes specified on the CRCS are the only costs allowed to be reported

Worksheet A-1/B-1

State o	f California — Health and Human Services.	Agency	Worksheet A-1/B-1: Other Costs					California Department of Hadith Care Services LE A Medi-Cat Billing Option Program		
	(Object Cade)	Materials, Supplies and Reference Materials Expenditures (4200-4300)	Non-capitalized Equipm ent Expenditures (4400)	Travel and Conference Expenditures (5200)	Dues and Membership Expenditures Ø300)	Contractor Costs (5800)	Contractor Costs (5100)	Communications Expenditures (3900)	Total Other Costs	
	Practitioner Type	A	В	с	D	E	F	G	H = Sum of A-G	
1	Psychologists									
2	Social Workers									
3.	Counselors								-	
4	School Nurses									
5.	Licensed Vocational Nurses									
6.	Trained Health Care Aides								-	
7.	Speech-Language Pathologists								-	
8.	Audiologists								•	
9.	Physical Therapists								•	
10.	Occupational Therapists									
11	Physicians/Psychia trists									
12	Optometrists								•	
13.	Audiom etrists								-	

Instructions for Completing Worksheet A-1/B-1: Other Costs:

Column A⁽¹⁾ (Materials, Supplies and References Materials Expenditures): Enter expenditures by practitioner type (lines 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program 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. 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 Provider Manual (Section loc ed rend). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option) are not considered to be restricted federal funds and may be included on the CRCS.

Column B^(D) (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 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. 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 Provider Manual (Section loc ed rend). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.

Column C⁽¹⁾ (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 1-13) for all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program. 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 Provider Manual (Section loc ed rend). If your LEA does not employ a practitioner type, leave that cell blank. Object codes are defined in the CSAM, Procedure 330. Expenditures classified under Resource Code 5640 (Medi-Cal Billing Option Program) are not considered to be restricted federal funds and may be included on the CRCS.

Worksheet A-1/B-1 Comments

Worksheet A-1/B-1 (Object Code) Practitioner Type	Materials, Supplies and Reference Materials Expenditures (4200-4300) A	Non- capitalized Equipment Expenditures (4400) B	Travel and Conference Expenditures (5200) C	Dues and Membership Expenditures (5300) D	Contractor Costs (5800) E	Contractor Costs (5100) F	Communications Expenditures (5900) G	Total Other Costs H = Sum of A-G
Psychologists Social Workers	3,088		1,445		27,225	7,000		38,758
Counselors School Nurses								-
Licensed Vocational Nurses Trained Health Care Aides								-
Speech-Language Pathologists Audiologists								-
Physical Therapists Occupational Therapists								-
Physicians/Psychiatrists Optometrists								-
Audiometrists								-

- Report other costs by practitioner type for all <u>qualified district employed practitioners</u> billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program
- Include all expenditures (federally funded and non-federally funded)
- Other costs (except for Contractor Costs, Columns E and F) may be allocated based on the cost allocation methodology described in the CRCS instruction Note 1
- Report <u>contracted</u> practitioner costs related to contractors performing health services
 - Column E: Report contractor costs <u>up to \$25,000</u> for each individual subagreement each year for the duration of the subagreement
 - Column F: Report the remainder of contractor costs for individual subagreements that <u>exceed \$25,000</u> for each year for the duration of the subagreement

SACS Report – Documentation Example

					#J1098	PA	GE 5
Fund: 01 GENERAL FUND	Resource: 0000 N	O REPORTING RE	QUIRMENTS	Function	: 3140 HEALTH SEF	1100420	
ACCOUNT CLASSIFICATION Fu Res Y Goal Func Obj Sch Mgmt	WORKING BUDGET	CURRENT	/RECEIVED YEAR TO DATE		PENDED/ ENCUMBERED	UNENCUM BALANCE	BERED
3941 RETIREE ANNUITY-CERT 01-0000-0-0000-3140-3941-701-1000 TOTAL: 3941	19,502.00 19,502.00	19,502.00 19,502.00	19,502.0 19,502.0	0 100.0	0.00	0.00	
TOTAL: 3000	77,136.00	77,125.36	77,125.3	6 99.9	0.00	10.64	
4319 EQUIP TAGGABLE INSTRUCTIONAL 01-0000-0-0000-3140-4319-701-5000 TOTAL: 4319	1,500.00 1,500.00	0.00	0.0		0.00	1,500.00 1,500.00	
4350 OFFICE SUPPLIES 01-0000-0-0000-3140-4350-707-50MC 01-0000-0-0000-3140-4350-710-1000 TOTAL: 4350	2,533.00 54.00 2,587.00	0.00 53.74 53.74	0.0 53.7 53.7	4 99.5	0.00 0.00 0.00	2,533.00 0.26 2,533.26	
4390 OTHER SUPPLIES 01-0000-0-0000-3140-4390-020-5000 01-0000-0-0000-3140-4390-030-5000 01-0000-0-0000-3140-4390-050-5000 01-0000-0-0000-3140-4390-060-5000 01-0000-0-0000-3140-4390-300-5000 01-0000-0-0000-3140-4390-300-5000 01-0000-0-0000-3140-4390-701-5000 01-0000-0-1119-3140-4390-701-6000 TOTAL: 4390	174.00229.00324.00142.00422.00397.00445.001,082.0025.003,240.00	173.93 228.83 324.37 142.13 197.67 396.48 444.12 98.06 24.24 2,029.83	173.9 228.8 324.3 142.1 197.6 396.4 444.1 98.0 24.2 2,029.8	3 99.9 7 100.0 3 100.0 7 46.8 8 99.8 2 99.8 5 9.0 4 96.9	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.07 0.17 0.37 0.13 224.33 0.52 0.88 983.94 0.76 1,210.17	 53.
TOTAL: 4000	7,327.00	2,083.57	2,083.5	7 28.4	0.00	5,243.43	71.
5201 CONFERENCE EXPENSE 01-0000-0-0000-3140-5201-701-5000 TOTAL: 5201	65.00 65.00	64.84 64.84	64.8 64.8		0.00	0.16 0.16	
5630 REPAIRS 01-0000-0-0000-3140-5630-701-5000 TOTAL: 5630	662.00 662.00	661.69 661.69	661.6 661.6		0.00	0.31	
813 CONTRACT PROFESSIONAL SERV 1-0000-0-0000-3140-5813-701-5000 TOTAL: 5813	5,000.00 5,000.00	4,944.50 4,944.50	4,944.5 4,944.5		0.00	55.50 55.50	1.
5920 PAGERS 01-0000-0-0000-3140-5920-701-5000 TOTAL: 5920	120.00 120.00	89.82 89.82	89.8 89.8		0.00	30.18 30.18	25. 25.

Documentation Supporting School Nurse Supplies: <u>Function Code:</u> 3140 (Health Services) <u>Object Codes:</u> 4300 Series (Materials and Supplies)

Note: 4319 indicates an "instructional" cost. In addition, supplies in Object Code 4350 and 4390 would need to be investigated to ensure they are related to the direct provision of health services.

SACS Report – Documentation Example

			к		#J1098	PA	GE 54
Fund: 01 GENERAL FUND	Resource: 0000 N	O REPORTING RE	QUIRMENTS	Function	: 3140 HEALTH SEP	1.0.00	55 51
ACCOUNT CLASSIFICATION Fu Res Y Goal Func Obj Sch Mgmt	WORKING BUDGET	EXPENDED CURRENT	/RECEIVED YEAR TO DATE	8	PENDED/ ENCUMBERED	UNENCUM BALANCE	BERED
3941 RETIREE ANNUITY-CERT 01-0000-0-0000-3140-3941-701-1000 TOTAL: 3941	19,502.00 19,502.00	19,502.00 19,502.00	19,502.0 19,502.0	0 100.0	0.00	0.00	.0 .0
TOTAL: 3000	77,136.00	77,125.36	77,125.3	6 99.9	0.00	10.64	.0
4319 EQUIP TAGGABLE INSTRUCTIONAL 01-0000-0-0000-3140-4319-701-5000 TOTAL: 4319	1,500.00	0.00	0.0		0.00	1,500.00 1,500.00	100.0 100.0
4350 OFFICE SUPPLIES 01-0000-0-0000-3140-4350-707-50MC 01-0000-0-0000-3140-4350-710-1000 TOTAL: 4350	2,533.00 54.00 2,587.00	0.00 53.74 53.74	0.0 53.7 53.7	4 99.5	0.00 0.00 0.00	2,533.00 0.26 2,533.26	100.0 .4 97.9
$\begin{array}{c} 4390 \text{OTHER \ SUPPLIES} \\ 01-0000-0-0000-3140-4390-030-5000 \\ 01-0000-0-0000-3140-4390-030-5000 \\ 01-0000-0-0000-3140-4390-050-5000 \\ 01-0000-0-0000-3140-4390-070-5000 \\ 01-0000-0-0000-3140-4390-370-5000 \\ 01-0000-0-0000-3140-4390-370-5000 \\ 01-0000-0-0000-3140-4390-701-5000 \\ 01-0000-0-1119-3140-4390-701-5000 \\ 01-0000-1-119-3140-4390-701-6000 \\ \text{TOTAL: \ } 3300 \end{array}$	174.00229.00324.00142.00422.00397.00445.001,082.0025.003,240.00	173.93 228.83 324.37 142.13 197.67 396.48 444.12 98.06 24.24 2,029.83	173.9 228.8 324.3 142.1 197.6 396.4 444.1 98.0 24.2 2,029.8	3 99.9 7 100.0 3 100.0 7 46.8 8 99.8 2 99.8 5 9.0 4 96.9	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.07 0.17 0.37 0.13 224.33 0.52 0.88 983.94 0.88 983.94 0.20017	.0 .0 0 0
TOTAL: 4000	7,327.00	2,083.57	2,083.5	7 28.4	0.00	5,243.43	71.5
5201 CONFERENCE EXPENSE 01-0000-0-0000-3140-5201-701-5000 TOTAL: 5201	65.00 65.00	64.84 64.84	64.8 64.8		0.00	0.16 0.16	.2
5630 REPAIRS 01-0000-0-0000-3140-5630-701-5000 TOTAL: 5630	662.00 662.00	661.69 661.69	661.6 661.6		0.00	0.31 0.31	
5813 CONTRACT PROFESSIONAL SERV 01-0000-0-0000-3140-5813-701-5000 TOTAL: 5813	5,000.00 5,000.00	4,944.50 4,944.50	4,944.5		0.00	55.50 55.50	1.1 1.1
5920 PAGERS 01-0000-0-0000-3140-5920-701-5000 TOTAL: 5920	120.00 120.00	89.82 89.82	89.8 89.8		0.00	30.18 30.18	25.1 25.1

Documentation Supporting Cost of School Nurse Pagers:

<u>Function Code: 3140 (Health Services)</u> <u>Object Codes: 5900 Series (Communications)</u>

SACS Report – Example Documentation

	FD-RESC-Y-OBJT-SO-GOAL-FUNC-BRS-SCH-DD1 -D2 APPRI	SUB-08JT IVED BUDGET	EXPEN CURRENT	DED/RECEIVED YEAR TO DATE
	TOTAL: 3311	2,584.00	2,583.74	2,583.74
Documentation	3401 HEALTH & WELFARE CENTIFICATED			Ŀ
	81-6500-0-3401-80-5001-3120-220-512-2824-88	GENRL		
Supporting		7,930.16	7,930.16	7,930.16
Perchalogists'	TOTAL: 3401	7,930.16	7,930.16	7,930.16
Psychologists'	3411 CUT HEALTH - CENT			
Equipment:	01-6500-0-3411-00-5001-3120-220-512-2024-00	GENEL		
Equipment.	and a to manager the second of the second of the second second second second second second second second second	14,593.84	14,590.32	14,590.32
	TOTAL: 3411	14,593.84	14,590.32	14,590.32
Function Code: 2120	3501 UNENPLOYMENT - CERTIFICATED			
<i>Function Code:</i> 3120	01-6500-0-3501-00-5001-3120-220-512-2024-00	GENRL		
(Psychological Services)		581.00	579.81	579.81
(1 sychological Services)	TOTAL: 3501	581.00	579.81	579.81
	3601 WORKERS COMP - CERTIFICATED			
O_1 : (O_1) (AOO)	81-6508-8-3681-80-5801-3128-228-512-2824-88	GENRL		
<u>Object Codes:</u> 4400		7,349.00	7,348.55	7,348.55
5	TOTAL: 3601	7,349.00	7,348.55	7,348.55
(Non-Capitalized	TOTAL: 3xxx	49,001.00	48,989.51	48,989.51
Equipment)		41,002.00	40,707.52	40,707.32
Цатрисит)	4300 SUPPLIES		A 15	1
	81-6500-0-4300-00-5001-3120-220-512-2024-00	GEXRL		1
	T0 TAL: 4380	4,494.00	4,489.72	4,489.72
	10 THL. 4000	4,494.00	4,489.72	4,489.72
	4400 EQUIPNENT, NOT CAPITALIZED			
	01-6500-0-4400-00-5001-3120-220-512-2024-00	GENRL	0.070.0F	
	TOTAL: 4400	2,271.00 2,271.00	2,270.85	2,270.85
			2,210.00	212(4.03
	TOTAL: 4xxx	6,765.00	6,760.57	6,760.57
	5200 TRAVEL & CONFERENCE	Service for	New York and	Second Second
	01-6500-0-5200-00-5001-3120-220-512-2024-00	SEXAL		
		527.00	526.98	526.98

SACS Report – Example Documentation

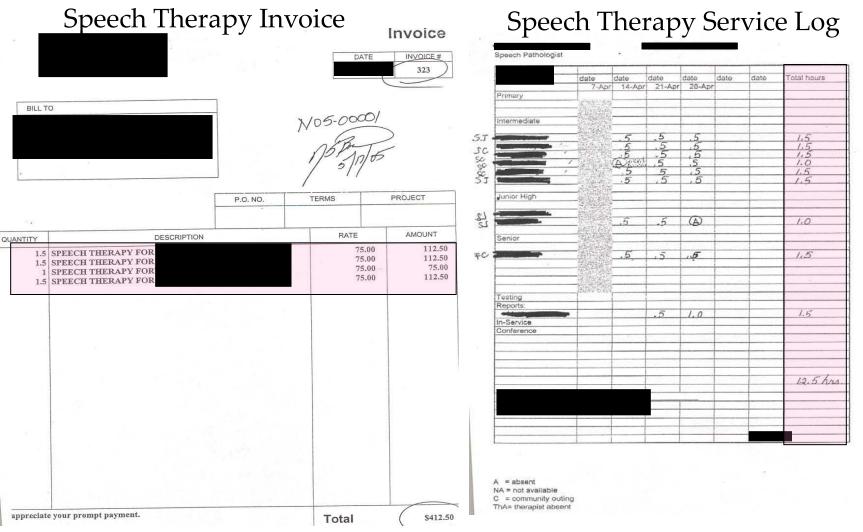
	30	BUDGET SUMMARY	REPORT	19 7	#J1098	PAG	E 54
Fund: 01 GENERAL FUND	Resource: 0000 N	O REPORTING RE	QUIRMENTS	Function	3140 HEALTH SER	RVICES	
ACCOUNT CLASSIFICATION Fu Res Y Goal Func Obj Sch Mgmt	WORKING BUDGET	EXPENDED CURRENT	/RECEIVED YEAR TO DATE	*	PENDED/ ENCUMBERED	UNENCUMB BALANCE	8
3941 RETIREE ANNUITY-CERT 01-0000-0-0000-3140-3941-701-1000 TOTAL: 3941	19,502.00 19,502.00	19,502.00 19,502.00	19,502.00 19,502.00	100.0	0.00 0.00	0.00	.0 .0
TOTAL: 3000	77,136.00	77,125.36	77,125.36	99.9	0.00	10.64	.0
4319 EQUIP TAGGABLE INSTRUCTIONAL 01-0000-0-0000-3140-4319-701-5000 TOTAL: 4319	1,500.00	0.00	0.00		0.00	1,500.00 1,500.00	100.0 100.0
4350 OFFICE SUPPLIES 01-0000-0-0000-3140-4350-707-50MC 01-0000-0-0000-3140-4350-710-1000 TOTAL: 4350	2,533.00 54.00 2,587.00	0.00 53.74 53.74	0.00 53.74 53.74	99.5	0.00 0.00 0.00	2,533.00 0.26 2,533.26	100.0 .4 97.9
4390 OTHER SUPPLIES 01-000-0-0000-3140-4390-020-5000 01-0000-0-0000-3140-4390-050-5000 01-0000-0-0000-3140-4390-050-5000 01-0000-0-0000-3140-4390-050-5000 01-0000-0-0000-3140-4390-30-5000 01-0000-0-0000-3140-4390-380-5000 01-0000-0-1019-3140-4390-701-5000 01-0000-0-119-3140-4390-701-6000 TOTAL: 4390	174.00 229.00 324.00 142.00 422.00 397.00 445.00 1,082.00 25.00 3,240.00	173.93 228.83 324.37 142.13 197.67 396.48 444.12 98.06 24.24 2,029.83	173.93 228.83 324.37 142.13 197.67 396.48 444.12 98.06 24.24 2,029.83	99.9 99.9 100.0 100.0 46.8 99.8 99.8 99.8 9.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.07 0.17 0.37- 0.13- 224.33 0.52 0.88 983.94 0.76 1,210.17	.0
TOTAL: 4000	7,327.00	2,083.57	2,083.57	28.4	0.00	5,243.43	71.5
5201 CONFERENCE EXPENSE 01-0000-0-0000-3140-5201-701-5000 TOTAL: 5201	65.00 65.00	64.84 64.84	64.84 64.84		0.00	0.16	.2
5630 REPAIRS 01-0000-0-0000-3140-5630-701-5000 TOTAL: 5630	662.00 662.00	661.69 661.69	661.69 661.69	99.9 99.9	0.00	0.31	.0
5813 CONTRACT PROFESSIONAL SERV 01-0000-0-0000-3140-5813-701-5000 TOTAL: 5813	5,000.00 5,000.00	4,944.50 4,944.50	4,944.50 4,944.50	98.8 98.8	0.00	55.50 55.50	1.1
5920 PAGERS 01-0000-0-0000-3140-5920-701-5000 TOTAL: 5920	120.00 120.00	89.82 89.82	89.82 89.82		0.00	30.18 30.18	25.1 25.1

Documentation Supporting Cost of School Nurse Contractor:

<u>Function Code:</u> 3140 (Health Services) <u>*Object Codes:*</u> 5800 Series (Contractor Costs)

Contractors – Example Documentation (non-SACS)

Documentation in form of Invoice/Log - Supporting Speech Therapy Contractor



Worksheet A-1/B-1 and A.1/B.1 Comments

Worksheet A-1/B-1 (Object Code) Practitioner Type	Materials, Supplies and Reference Materials Expenditures (4200-4300) A	Non- capitalized Equipment Expenditures (4400) B	Travel and Conference Expenditures (5200) C	Dues and Membership Expenditures (5300) D	Contractor Costs (5800) E	Contractor Costs (5100) F	Communication s Expenditures (5900) G	Total Other Costs H = Sum of A-G
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists	3,088	flows Colu report	s to Works mn C if th	I/B-1, Colu sheet A.1/I te LEA has nditures fo	3.1, [7,000		38,758 - - - - - - - - - - - - - - - - - - -
Audiometrists Worksheet A.1/B.1 (Object Code) Practitioner Type	Salary Expenditures (1000-2999) A	Benefit Expe (3000-3) B	nditures	tal Other Costs	Federal Revenu D		enue Account Number(s) E	Net Total Personnel Costs F = A+B+C-D
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologist Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	62,991			38.758 - - - - - - - - - - - - - - - - - - -	will au LEA ha expend Worksł A-1/B-1		d B.1 or	79.071 - - - - - - - - - - - - - - - - - - -

Purpose of Worksheet A-2/B-2

 To collect contractor costs and hours paid associated with providing direct LEA Medi-Cal Billing Option Program Services by practitioner type

Worksheet A-2/B-2

State o	of California — Wealth and Human Services Agency		California Department of Health Care Services LEA Med HCal Billing Option Program				
	Worksheet A	A-2/B-2: Contractor Costs and	d Total Hours Paid				
	(Object Code)	Contractor Costs (5100 and 5800)	Total Hours Paid	Average Contract Rate Per Hour			
	Practition or Type	A	В	c			
1.	Ps ythologists		208				
2.	So dial Workers						
3.	Counselors						
4.	School Narses						
5.	Licens of Vocational Num es						
6.	Trained Health Care Aides						
7.	Speech-Language Pathologists						
8.	Audiol ogists	•					
9.	Physical Therapists	•					
10.	Occupational Therapis ts						
11.	Physicians (Psychiatrists						
12.	Optometrists						
13.	Audiometrists						

Instructions for Completing Worksheet A-2/B-2: Contractor Costs and Total Hours Paid:

Column B (Total Hours Paid): Enter total hours paid to contractors by practitioner type (lines 1-13) for the direct provision of health services. LEAs should report the number of total hours paid that supports the contractor costs reported on Worksheet A-DB-1, Columns E and F. 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 Column A (Contractor Costs) by Column C (Average Contract Rate Per Hour). Schedules used to estimate "Total Hours Paid" nust be maintained for review and/or audit by State and/or federal authorities.

Column C (Average Contract Rate Per Hour): Enter average hourly contract rates for contractors by practitioner type (lines 1-13) for the direct provision of health services. LEAs should report the average hourly contract rates that supports the contractor costs reported on Worksheet A-1/B-1, Columns E and F. 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 Column A (Contractor Costs) by Column B (Total Hours Paid). Schedules used to estimate "Average Contract Rate Per Hour" must be maintained for review and/or audit by State and/or federal authorities.

DO NOT ENTER ANY DATA INTO COLUMN A (CONTRACTOR COSTS). CELLS SHADEDIN GRAY WILL BE AUTOMATICALLY POPULATED WITH DATA ENTERED ON OTHER MEDI-CAL CRCS WORKSHEETS.

LEA Provider Name National Provider Identifier Fiscal Year



DHCS 2437 (9/11)

Worksheet A-1/B-1 and A-2/A-2 Comments

Worksheet A-1/B-1 (Object Code) Practitioner Type	Materials, Supplies and Reference Materials Expenditures (4200-4300) A	Non- capitalized Equipment Expenditures (4400) B	Travel and Conference Expenditures (5200) C		Contractor Costs (5800) E	Contractor Costs (5100) F	Communication s Expenditures (5900) G	Total Other Costs H = Sum of A-G
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	3,088				Colum - A-2/B- report	nns E and I -2 Column	csheet A-1/B- F flows to Wo A if the LEA tor expenditu type	has
Worksheet A-2/B-2 (Object Code) Practitioner Type Psychologists Social Workers Counselors School Nurses	Contractor Cos (5100 and 580		Iours Paid B	Average Contract Rate Per Hour C	are rel service Colum A (Cor	ated to the es. If not a nn B may b	e direct provision vailable in the e estimated losts) by Colum	entractor services that sion of health he accounting system, by dividing Column mn C (Average
Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists					contra of heat accour by div	ctors that a lth services nting syste iding Colu	s. If not avail m, Column C	the direct provision able in the C may be estimated ractor Costs) by
Audiometrists								49

Purpose of Worksheet A-3/B-3

- To collect employee hours associated with providing LEA Medi-Cal Billing Option Program Services by practitioner type
 - Uses data from other worksheets to estimate the total hours reimbursed and percent of time attributable to providing LEA Medi-Cal Billing Option Program Services
 - Separately auto-calculates Total Hours Reimbursed and Percent of Time Providing LEA Services for each date of service range

Worksheet A-3/B-3

California Systems of California and California and California System Degree Description in the Manhamattice of Contemport We debed A G G G: Coversi of Time President & CA Service Dales e Gentes 7 010-120110 Daless Gentes 10 11-20111 Dales of Service 43 11- 63 631 Dales of Service 13 12- 13 6330 Dales of Service 33 53 - 3 5351 Dates of Service 61311 -0(3011 Date Ver 104 the last of Total Name Report of Care Telel News Report of Case Mail No. Report of Taxo See Street **Terret of Terre** Telef Manual Terrari of Terra Telefold and **Terrori of Terro** Z contra 2 coloral to Marco Telef News Providing C.C.A. Period Con enal X and Total Many Selectored for Presiding 2.5.5 Selector and the Standing 2.2.5 Zeining and Pe Anis-terrorities Number 12.5 Zai eta sei Ce Salation and Dec 2004 (CDA) Replied in 22.4 Services Desire for the Crystalast **Zepáratie** Table Manage Weekeed by Services. 12.5 Services Services. COL Services and so C.C.S. Services Net Services 2011 122 Service Skill Service Net COADentee Not Services 21 et **Desider** 12122 Viela per Viela We had by Control to Contract on Conversion in su Concerning in the Concerning in a Second Second Conversion of the second secon Conversion in Convertisity of Convertisity Conversion in Convertidition Convertidition Conception in the Conversion in sec Descent of a 30.0 (Register) - 27 - 737 - 27 - 227 -17 - 71 27 . 172 an127a+212 Englished and Stanii izar 7₀₀5 (No. e 20) • = 0-040 0-20 0-042 10-20 24-14 0-30 0 - 75 Realizing Ma 22 2 Section Viewers Convolute School Steen 2 Closed Viscolar of Name Testeral March Dave Judge . Specificary way Take by A And step 34. Depaired Through It Description Transition 11. The second Provider State Operations And events in the Instructions for Constitutes Workshoel ArXIV-3. Forest of Time Provider 12.4 Services

Ene Yene LEA Researching for the Freedom of Space ("We's "We'ser the Section of the International Conference of Space Researching for the Section of Space Researching (Space Researching) and Space Researching (Space Researching) and Space Researching (Space Researching) and Space Researching) and Space Researching) and Space Researching (Space Researching) and Space Researching) and Space Researching) and Space Researching (Space Researching) and Space Researching (Space Researching) and Space Researching) and Space Researching (Space Researching) and Space Researching

Caluma A (Number of Full-Then Equivales (FTE) Exploration of his FTEs by particules by (into Full) and spatial data and participants for the state and into the LEAM of FTEs by particules by (into Full) and spatial data and participants for the state and in the LEAM of FTEs by particules by (into Full) and participants for the state and into the state and into the state and the

Calume C (Tatal Have Regions in Wark (Regions)). Data its internet and the set by positioner by (Les P-13) for all guided data tanging in your tank have be determined by the positioner base of the format of the set of th

Column 5 (Total Haves Warked by Contracting). As generic the "Total Haves 7 of" interviewing high matter in generic relations in Delace 5, Warket in 2014.

DO NOT EVIDE ANY DATAINTO THE BRADED CELLS. CELLS BRADED IN CRAY WILL BE AUTOMATICAL LY FORMATICA BY TERD ON OTHER MEDICAL CECS WORKSHE STR.

12.5.7 moder Name Natural Newsley Gastille Faced New

0 2001 (Ay 1, 200 - Aw 20, 201)

Age 7a

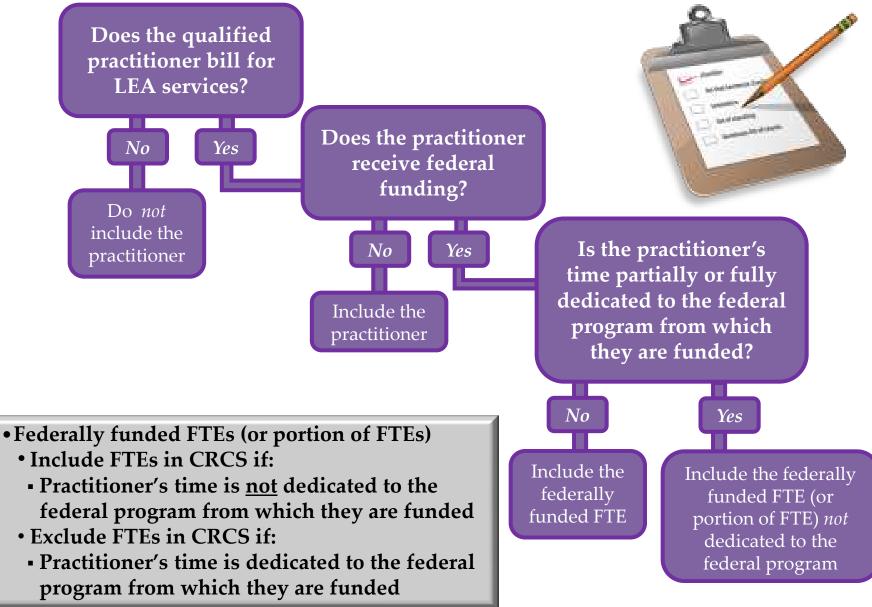
2 a 2 a 2

Worksheet A-2/B-2 and A-3/B-3 Comments

Worksheet A-2/B-2 (Object Code) Practitioner Type	Contractor Costs (5100 and 5800) Total Hours Paid A B			Average Con Rate Per Ho C		
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists		34,22	- - <t< th=""><th>208</th><th></th><th></th></t<>	208		
Worksheet A-3/B-3 Practitioner Type	Federal Funding for this Practitioner Type? (Yes or No)	Number of Full-Time Equivalent (FTE) Employees A	Annual Hours Required to Work per FTE B	Total Hours Required to Work (Employees) C	Total Hours Worked by Contractors D	Total Hours Worked by Employees and Contractors E = C+D
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists						208 - - - - - - - - - - - - - - - - - -

• Worksheet A-2/B-2, Column B flows to Worksheet A-3/B-3, Column D if the LEA has reported contractor expenditures for the practitioner type

Reporting Federally Funded FTEs and Hours



Worksheet A-3/B-3 – District-Employed FTEs Comments

Worksheet A-3/B-3 Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner (Yes or No)	Number of Full-Time Equivalent (FTE) Employees A	Annual Hours Required to Work per FTE B	Total Hours Required to Work (Employees) C	Total Hours Worked by Contractors D	Total Hours Worked by Employees and Contractors E = C+D
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	Yes		1,365	1,502	208 - - - - - - - - - - - - -	1,710 - - - - - - - - - - - - - - - -

- If your LEA received revenues from other federal funds for practitioner types, report "Yes" using the drop down box
 - Resource Code 5640 (Medi-Cal Billing Option) funds are not considered federal funds for CRCS reporting purposes
- Report the number of FTEs by practitioner type <u>for all qualified district-employed practitioners</u> billing LEA services in the LEA Medi-Cal Billing Option Program. Rules for including FTEs (or portion of FTEs) funded by federal revenues:
 - Include in CRCS if the practitioner's time is not dedicated to the federal program from which they are funded
 - Exclude from CRCS if the practitioner's time is dedicated to the federal program from which they are funded
- Report the annual hours required to work per FTE by practitioner type for <u>all qualified district-employed practitioners</u> billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program
 - Based on the number of hours one FTE is required to work multiplied by the number of days the FTE is required to work
 - Excludes paid time off (holidays, sick leave and vacation time)

Documentation Supporting Speech Therapist FTEs

Payroll/Personnel Listing

	alarce for the second	502534-0		2022	ANNUAL	ACTUAL	SHIFT					Fund	SubFund	Resource		Goal	Function		Object		SchCode	CostCente
POSITION	FTE %	GR	RG	ST	SALARY	SALARY	DIFF	LOC	DAYS	HOURS	% EXP		-	1000000		ACCO	UNT D	DISTR	BUTIC	N		
THERAPIST-SPCH,AC	100.00%	30	05	04	46139	46139		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392
THERAPIST-SPCH,AC	100.00%	30	04	06	47153	47153		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392
THERAPIST-SPCH, AC	100.00%	30	05	09	54164	54164		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392
THERAPIST-SPCH, BVH	100.00%	30	06	18	67595	67595		205	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392
THERAPIST-SPCH,AC	100.00%	30	06	04	48335	48335		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392
THERAPIST-SPCH,AC	100.00%	30	06	26	70805	70805		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000	000	392
THERAPIST-SPCH,AC	100.00%	30	07	26	73001	73001		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	000		
THERAPIST-SPCH,AC	100.00%	30	07	26	73001	73001		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	1.5	10.55	
THERAPIST-SPCH-HM	80.00%	30	05	22	67004	53603		125	184		1,067.2	01	00	6500	000	5750	1190	000	1101	19630		232
THERAPIST-SPCH,AC	80.00%	30	05	11	57374	45899		391	184		1,067.2	01	00	6500	000	5750	1190	000	1101			
TEACHER-AC, SPECIA	100.00%	30	07	05	52136	52136		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101			
THERAPIST-SPCH,AC	100.00%	30	05	22	67004	67004		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101			
THERAPIST-SPCH,AC	100.00%	30	04	06	47153	47153		391	184		1,334.0	01	00	6500	000	5750	1190	000	1101	194233		0.022
THERAPIST-SPCH-EH,	50.00%	30	07	26	73001	36501		230	184		667.0	01	00	6500	000	5750	1190	000	1101			
THERAPIST-SPCH,AC	100.00%	30	04	11	55178	55178		160	184		1,334.0		00	6500	000	5750	1190	000	1101			392
THERAPIST-SPCH,AC	100.00%	30	07	26	73001	73001		130	184		1,334.0		00	6500	000	5750	1190	000	1101			392
THERAPIST-SPCH,AC	100.00%	30	04	04	43943	43943		391	184		1,334.0		00	6500	000	5750	1190	000	1101			392

Collective Bargaining Agreement – Annual Hours Required to Work

Documentation Supporting Required Hours for Psychologist

SCHOOL DISTRICT

PSYCHOLOGIST SALARY SCHEDULE

2000-2001

Retroactive to July 1, 2000

STEP		
1	46083	
2	48003	
3	50004	
4	52004	
5	54821	
6	56372	
7	58497	
8	60837	
 9	63270	

The Psychologist works eight (8) hours per day and one hundred ninety (190) work days per year.

Salary includes compensation for Master's Degree - \$900.00 Stipend for MFT License (added to salary) - \$500.00 Extra Duty Hourly Rate - \$ 31.75

Outside credit experience: 1 step for every 3 years experience

Adopted

Worksheet A-3/B-3 – Total Hours Comments

Worksheet A-3/B-3 Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner (Yes or No)	Number of Full-Time Equivalent (FTE) Employees A	Annual Hours Required to Work per FTE B	Total Hours Required to Work (Employees) C	Total Hours Worked by Contractors D	Total Hours Worked by Employees and Contractors E = C+D
Psychologists	Yes	1.10	1,365	1,502	208	1,710
Social Workers					-	-
Counselors					-	-
School Nurses					-	-
Licensed Vocational Nurses					-	-
Trained Health Care Aides					-	-
Speech-Language Pathologists					-	-
Audiologists					-	-
Physical Therapists					-	-
Occupational Therapists					-	-
Physicians/Psychiatrists					-	-
Optometrists					-	-
Audiometrists					_	_

- Report the Total Hours Required to Work by practitioner type for <u>all qualified district employed</u> practitioners billing LEA reimbursable services
 - Estimation can be calculated by multiplying Number of FTE Employees (Column A) by Annual Hours Required to Work per FTE (Column B)
- Total Hours Worked by Contractors will auto-populate if the LEA has reported contractor Total Hours Paid on Worksheet A-2/B-2, Column B for the practitioner type
- Total Hours Worked by Employees and Contractors will auto-calculate if the LEA has reported hours required for the practitioner type

Purpose of Worksheets A-4 and B-4

- To report total units or encounters, and interim reimbursement for LEA Medi-Cal Billing Option Program Services by specific procedure code and modifier combinations, split by FMAP date of service range
 - Auto-calculations use DHCS' prior LEA Rate Study median information to estimate total Medi-Cal hours reimbursed for services provided by the LEA

Worksheets A-4 and B-4 Comments

Row	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Total Units or Encounte rs <i>E</i>	Total Minutes <i>C=A-B</i>	Number of Students L7	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP <i>E = CAD</i> 60	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP <i>F</i>
					rows 1g 3i, 3k, 3r	, 1i, 1k, 1m, 2g, , 7g, 7i, 7k, 7i	Column B for 2i, 2k, 2m, 3g, n, 8g, 8i, 9g, 9i,			Enter reimbursement figures in Column F for all lines where you
					10g, 10i	11g, 11i, 11k, 11r for all other	h; Enter units Iows			entered unit or encounter information
la	IFSP Psychological Assessment: Initial	96101	TL	-	360			1	-	
16	IFSP Psychological Assessment: Annual	96101	TL	52	120			1	-	
le	IFSP Psychological Assessment: Amended	96101	TL	TS	120			1	-	
ld	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	360	14	5,040	1	84	2,814
le	IEP Psychological Assessment: Annual	96101	TM	52	120		-	1	-	
lf	IEP Psychological Assessment: Amended	96101	TM	TS	120		-	1	-	
lg	IFSP Psychology Counseling, Individual Treatment - Initi	96152	TL	AH	55	30	1,650	1	28	953
lħ	IFSP Psychology Counseling, Individual Treatment - Addi	96152	TL	AH, 22	15	12	180	1	3	103
li	IEP Psychology Counseling, Individual Treatment - Initia	96152	TM	AH	55		-	1	-	
lj	IEP Psychology Counseling, Individual Treatment - Addit	96152	TM	AH, 22	15		-	1		
lk	IFSP Psychology Counseling, Group Treatment - Initial	96153	TL	AH	73		-	6		
11	IFSP Psychology Counseling, Group Treatment - Addition	96153	TL	AH, 22	15		-	6		
lm	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	73			6	-	
ln	IEP Psychology Counseling, Group Treatment - Addition:	96153	TM	AH, 22	15			6		
	Psychologists - Totals								115	3,870

• Based on information developed from the prior DHCS LEA Program Rate Study

- Report appropriate total units of service <u>or</u> encounters, and interim Medi-Cal reimbursement for services. Please carefully read the notes on Worksheets A-4/B-4 to appropriately distinguish when to report units of services OR encounters in Column B.
- LEAs may utilize the IRUS Report to verify the accuracy/reasonableness of data collected through your internal accounting system

Worksheet A-4 (Jul-Dec) and A-3/B-3 Comments

Worksheet A-4	4 (Jul-Dec)		IFSP (TL) or IEP	Other Required	Time Spent	Total Units or		Number	Medi-Cal Hours Reimbursed for Services	Interim Medi-Cal Reimbursement for Services
		Procedur	(TM)	Modifier(s	Per	Encount	Total	of	Documented in an	
Service Des	cription	e Code	Modifier)	Unit	ers	Minutes	Students	IEP or IFSP	IEP or IFSP
					وبر	B	C=A B	D	E = CAD460	F
					rows 1g 3i, 3k, 3 9i, 10g	ncounters in (, 1i, 1k, 1m, 2g, 3m, 7g, 7i, 7k, 7 , 10i, 11g, 11i, 11i nits for all oth	2i, 2k, 2m, 3g 7m, 8g, 8i, 9g k, 11m; Enter			Enter reimbursement figures in Column F for all lines where you entered unit or encounter information
IFSP Psychological Assessme	ent: Initial	96101	TL	-	360		-	1	-	
IFSP Psychological Assessme	ent: Annual	96101	TL	52	120		-	1	-	
IFSP Psychological Assessme	ent: Amended	96101	TL	TS	120			1		
IEP Psychological Assessmen	nt: Initial/Triennial	96101	TM		360	14	5.040	1	84	2.814
IEP Psychological Assessmen		96101	TM	52	120		-	1	-	
IEP Psychological Assessmen		96101	TM	TS	120			1	-	
IFSP Psychology Counseling		n 96152	TL	AH	55	30	1,650	1	28	953
IFSP Psychology Counseling			TL	AH. 22	15	12	180		3	103
IEP Psychology Counseling,			TM	AH	55			1		
IEP Psychology Counseling,			TM	AH, 22	15			1		
IFSP Psychology Counseling, IFSP Psychology Counseling			TL	AH AH	73			6		
IFSP Psychology Counseling			TL	AH. 22	15			6		
	· •		TM	AH, 22 AH	73		-	6		
IEP Psychology Counseling, IEP Psychology Counseling	-		TM	AH 22	15			6	-	
		90123	LM	AH 22			-		115	3,870
Psychologists - Tota	18								115	5,870
	/D. a.	Dates of Serv	ice 7/1/10 - 1	12/31/10	D	ates of Servi	ice 1/1/11	3/31/11	Dates of Servi	ce 4/1/11 - 6/30/11
Worksheet A-3	/B-3			Percent of				Percent of		Percent of
	Total Hours Tota	al Hours Reim	burned D	Time roviding LEA	Total	Horas Reimb	averad De	Time oviding LEA	Total Hours Reimb	Time ursed Providing LEA
		for LEA Servi		Services		r LEA Servic		ovide SLEA	for LEA Servic	
		umented in a	n IEP or I	Documented		nented in an		ocumented	Documented in an	IEP or Documented
	Contractors	IFSP		in an IEF or		IFSP	i	n an IEP or	IFSP	in an IEP or
Practitioner Type	E = C + D	F		G = F/E		H		I = H/E	J	K = J/E
Psychologists	208		115	55.05%				0		0
Social Workers	208		115	0.00%				0		- 0
Counselors				0				0		- 0
School Nurses			-	0			-	0		- 0
Licensed Vocational Nurses				0				0		- 0
Trained Health Care Aides				0			-	0		- 0
Speech-Language Pathologists				0			-	0		- 0
Audiologists				0				0		- 0
Physical Therapists	-			0				0		- 0
Occupational Therapists				0				0		- 0
Physicians/Psychiatrists			-	0			-	0		- 0
Optometrists	-									
Audiometrists										

• Column E totals by practitioner type will flow directly to Worksheet A-3/B-3, Column F (for the appropriate dates of service) if the LEA has reported information for the practitioner type

• Percent of Time Providing LEA Services Documented in an IEP or IFSP will auto-calculate if the LEA has reported practitioner information for the date of service range

Worksheet A-4 (Jan-Mar) and A-3/B-3 Comments

Worksheet A	-4 (Jan-Ma	ar)	IFSP (TL)	Other	Time	Total			Medi-Cal Hours Reimbursed for	Interim Medi-Cal Reimbursement
		D	or IEP	Required	Spent	Units or	T 1	Number of	Services	for Services
Service De	variation	Procedur e Code	(TM) Modifier	Modifier(s	Per Unit	Encount ers	Total Minutes	or Students	Documented in an IEP or IFSP	Documented in an IEP or IFSP
bervice De	scription	e Code	Modifier)	A	B	C=A*B	D	E = CAD460	F
						ncounters in (E = LoLoptr	Enter reimbursement
					rows 1g, 3i, 3k, 3 9i, 10g	, 1i, 1k, 1m, 2g, 3 m, 7g, 7i, 7k, 3 , 10i, 11g, 11i, 11k hits for all oth	2i, 2k, 2m, 3g, 7m, 8g, 8i, 9g, ., 11m; Enter			figures in Column F for all lines where you entered unit or encounter
IFSP Psychological Assessm	nent: Initial	96101	TL		360			1	-	information
IFSP Psychological Assessm		96101	TL	52	120			1		
IFSP Psychological Assessm		96101	TL	TS	120			1		
IEP Psychological Assessm			TM		360	7	2,430	1	41	1,407
IEP Psychological Assessm		96101	TM	52	120		-	1		
IEP Psychological Assessm		96101	TM	TS	120			1		
IFSP Psychology Counselin			TL	AH	55	15	811	1	14	477
IFSP Psychology Counselin			TL	AH. 22	15	6	86	1	1	52
IEP Psychology Counseling			TM	AH	55			1		
IEP Psychology Counseling			TM	AH, 22	15			1		
IFSP Psychology Counseling			TL	AH AH	73			6	<u> </u>	
IFSP Psychology Counselin			TL	AH. 22	15			6		
IEP Psychology Counseling			TM		73			6		
IEP Psychology Counseling			TM	AH. 22	15			6		
Psychologists - Tot		- Additi(90105	1 M	АП, 22	15			0	55	1.935
1 sychologists - Tot	ars									2,000
				-						
Worksheet A-3	ר ת/ כ	Dates of Servi			Dat	tes of Servio	e 1/1/11 - 3		Dates of Servi	ce 4/1/11 - 6/30/21
worksneet A-3	3/B-3]	Percent of Time			P	ercent of Time		Percent of Time
	Total Hours	Total Hours Reimb	ursed Pro	oviding LEA	Total H	ours Reimbi	ursed Prov	riding LLA	Total Hours Reimb	
	Worked by	for LEA Servic		Services		LEA Service		ervi es	for LEA Service	
	Employees and	Documented in an		ocumented	Docum	ented in an I		cumented	Documente i in an	
	Contractors	IFSP	it	n an IEP or		IFSP	ir	an IEP or	IFSP	in an IEP or
Practitioner Type	E = C + D	F		G = F/E		Н		I = H/E	J	K = J/E
	200			55 050V				24.442		
Psychologists	208		115	<u>55.05%</u> 0			55	26.66%		- 0
Social Workers	-		-	0	_		-	0		- 0
Counselors	-		-	0			-	0		- 0
School Nurses	-		-	0	_		-	0		- 0
Licensed Vocational Nurses	-		-	0	_		-	0		- 0
Trained Health Care Aides	-			0				0		- 0
Speech-Language Pathologist	-			0				0		- 0
Audiologists				0				0		- 0
Physical Therapists				0				0		- 0
Occupational Therapists				0				0		- 0
Physicians/Psychiatrists Optometrists				0				0		0
•										
Audiometrists										

• Column E totals by practitioner type will flow directly to Worksheet A-3/B-3, Column H (for the appropriate dates of service) if the LEA has reported information for the practitioner type

• Percent of Time Providing LEA Services Documented in an IEP or IFSP will auto-calculate if the LEA has reported practitioner information for the date of service range

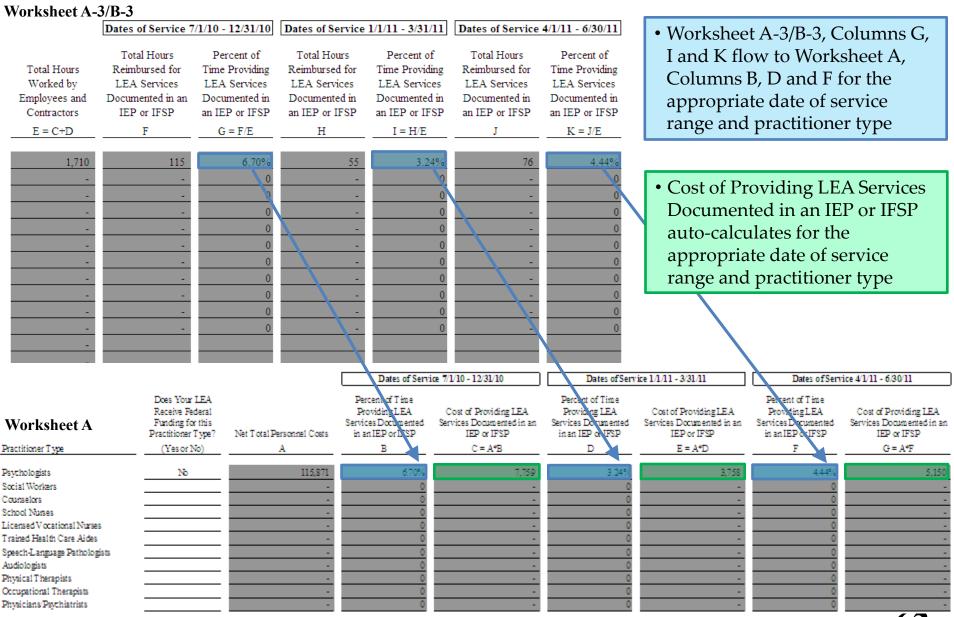
Worksheet A-4 (Apr-Jun) and A-3/B-3 Comments

Worksheet A-4		Procedur e Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Tim Spen Per Unit	t Units or Encount	Total Minutes C = A E		Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP <i>E = CHD</i> 60	IEP or IFSP F
					rows 3i, 3k	encounters in (1g, 1i, 1k, 1m, 2g, 1 , 3m, 7g, 7i, 7k, 1 0g, 10i, 11g, 11i, 11k units for all oth	2i, 2k, 2m, 3 7m, 8g, 8i, 9 :, 11m; Enter	g. g.		Enter reimbursement figures in Column F for all lines where you entered unit or encounter information
IFSP Psychological Assessment:	Initial	96101	TL		360		-	1	-	
IFSP Psychological Assessment:	Annual	96101	TL	52	120		-	1	-	
IFSP Psychological Assessment:	Amended	96101	TL	TS	120		-	1	-	
IEP Psychological Assessment: 1	Initial/Triennial	96101	TM	-	360	10	3,60) 1	60	1,623
IEP Psychological Assessment: A	Annual	96101	TM	52	120		-	1		
IEP Psychological Assessment:	Amended	96101	TM	TS	120		-	1		
IFSP Psychology Counseling, Ind	lividual Treatment - I	n 96152	TL	AH	55	12	66	1	11	423
IFSP Psychology Counseling, Ind			TL	AH, 22	15	20	30	0 1	5	127
IEP Psychology Counseling, Indi			TM	AH	55		-	1		
IEP Psychology Counseling, Indi			TM	AH, 22	15		-	1		
IFSP Psychology Counseling, Gro	oup Treatment - Initia	a 96153	TL	AH	73			6		
IFSP Psychology Counseling, Gro	-		TL	AH. 22	15			6	-	
IEP Psychology Counseling, Gro	-		TM	AH	73			6	-	
IEP Psychology Counseling, Grou	-		TM	AH 22	15			6	_	
Psychologists - Totals									76	2,173
		Dates of S	Service 7/1	/10 - 12/31/1	10 I	Dates of Ser	vice 1/1/	11 - 3/31/11	Dates of Servic	e 4/1/11 - 6/30/11
Worksheet A-3/B	-3	Total H		Percent of		Total Hour		Percent of	Total Hours	Percent of
vonsineer n of D		Reimbur		Time Providir	-0	Reimbursed i		ne Providing	Reimbursed for	Time Providing
	Worked by	LEA Se		LEA Service		LEA Service		EA Services	LEA Services	LEA Services
	Employees and Contractors	Document IEP or		Documented : an IEP or IFS		Documented an IEP or IF:		cumented in IEP or IFSP	Documented in an IEP or IFSF	Documented in an IEP or IFSP
			IFSP		Р		se an		an IEP of IFSF	
Practitioner Type	E = C+D	F		G = F/E		Н		I = H/E	J	K = J/E
Tracutoner Type			_							
Psychologists	1,710		115	6.70	%		55	3.24%	76	4.44%
Social Workers	-		-		0		-	0	-	0
Counselors	-		-		0		-	0	-	0
School Nurses	-		-		0		-	0	-	0
Licensed Vocational Nurses	-		-		0		-	0	-	0
Trained Health Care Aides	-		-		0		-	0	-	0
Speech-Language Pathologists	-		-		0		-	0	-	0
Audiologists	_		-		0		-	0		. 0
Physical Therapists	-		-		0		-	0		0
Occupational Therapists					0		-	0		
Physicians/Psychiatrists					0			0		0
Optometrists					-			0		0
Audiometrists	-									
Audiometrists	-									

• Column E totals by practitioner type will flow directly to Worksheet A-3/B-3, Column J (for the appropriate dates of service) if the LEA has reported information for the practitioner type

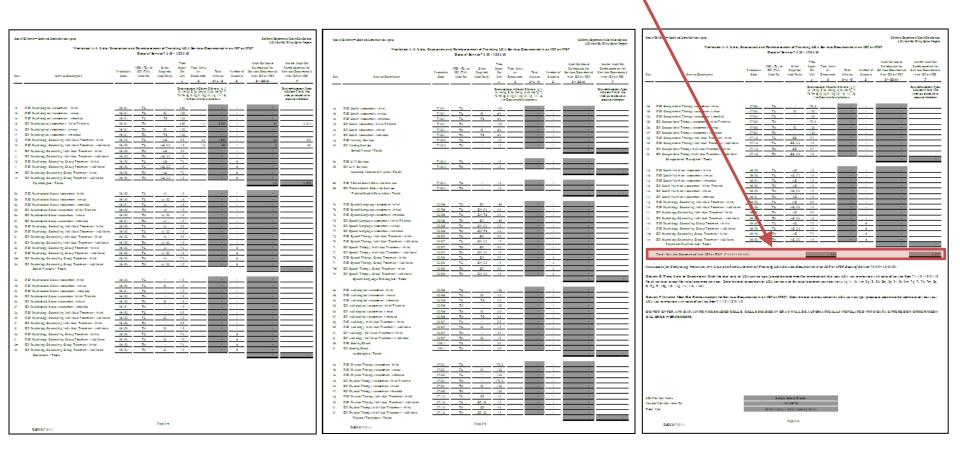
• Percent of Time Providing LEA Services Documented in an IEP or IFSP will auto-calculate if the LEA has reported practitioner information for the date of service range

Worksheet A-3/B-3 and Worksheet A Comments



Worksheet A-4 Comments

- For each FMAP date of service range, Totals will auto-calculate:
 - Total units or encounters
 - Total interim Medi-Cal reimbursement



Worksheet A-4 and Worksheet A Comments

2

308

	Service Description	Procedure Code	IFSP (TL) or IEP (TM) Modifier	Other Required Modifier(s)	Time Spent Per Unit	Total Units or Encounte rs <i>B</i>	Total Minutes C=A*B	Number of Students L7	Medi-Cal Hours Reimbursed for Services Documented in an IEP or IFSP E = CAD460	Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP F	
Wo	orksheet A-4 (Jul-Dec)				rows 1g,	ncounters in C 1i, 1k, 1m, 2g, 2i,	2k, 2m, 3g, 3i,			Enter reimbursement figures in Column F for	
	Total - Services Documented in an IEP or II	FSP (7/1/10-	12/31/10)			56	5		1	3,870	
Wo	rksheet A-4 (Jan-Mar)										_

Total - Services Documented in an IEP or IFSP (1/1/11 - 3/31/11)

Worksheet A-4 (Apr-Jun)

Total - Services Documented in an IEP or IFSP (4/1/11 - 6/30/11)

j. Overpayment/(Underpayment) (i - h)

k. Net Overpayment/(Underpayment) (Sum of j Totals)

• The final Total Interim Medi-Cal Reimbursement for Services Documented in an IEP or IFSP will flow from Worksheet A-4 to Worksheet A for the appropriate date of service range

	Total - Services Doct	imented in an irr of	(4/1/11 - 0/30/11)		72		2,173		
	ksheet A	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	Net Total Personnel Costs A	Dates of Serv Percent of Time Providing LEA Services Documented in an IEP or IFSP B	ice 7/1/10 - 12/31/10 Cost of Providing LEA Services Documented in an IEP or IFSP C = A*B	Dates of Ser Percent of Time Providing LEA Services Documented in an IEP or IFSP D	vice 1/1/11 - 3/31/11 Cost of Providing LEA Services Documented in an IEP or IFSP E = A*D	Dates of Serv Percent of Time Providing LEA Services Documented in an IEP or IFSP F	vice 4/1/11 - 6/30/11 Cost of Providing LEA Services Documented in an IEP or IFSP G = A'F
Trained I Speech- Audiolog Physical Occupat	orkers ors Jurses I Vocational Nurses Health Care Aides Language Pathologists	Yes	79,071	6.70% 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5,295 	3.24% 0 0 0 0 0 0 0 0 0 0 0 0 0	2,564 	4.44% 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,514
	b. c. d. e. f. g. <u>h.</u>	Service Costs Exclud Service Costs Include Indirect Cost Rate Indirect Costs (c * d) Total Service Costs (Federal Medical Assi Medi-Cal Maximum F	stance Percentage (FMAP)	Application lication (a - b))	\$ 5,295 \$ 469 \$ 4,826 8.76% 423 \$ 423 \$ 5,717 61.59% 3,521 \$ 3,870	1	\$ 2,564 \$ 227 \$ 2,337 \$ 2,057 \$ 2,059 \$ 2,769 \$ 1,627 \$ 1,935	2	\$ 3,514 \$ 311 \$ 3,203 8.76% 8.76% \$ 281 \$ 3,795 56.88% 2,159 \$ 2,173

349

671

Worksheet B-4 – Non-IEP/IFSP Services Comments

- Report all appropriate units <u>or</u> encounters, and reimbursement for LEA services not documented in an IEP or IFSP on Worksheet B-4
- Three B-4 Worksheets account for the three FMAP periods:
 - Worksheet B-4 (Jul-Dec)
 - Worksheet B-4 (Jan-Mar)
 - Worksheet B-4 (Apr-Jun)

Saur Billen Schweiten Seine gene Statistications Buile of Statistications Buile of Statistications	Saur Salari - Salari Senar Jan Japan (Sala Salaria Saur Salari - Salari Senar Jan Japan (Sala Salaria Salari Salari - Salari Salari
Werkahrd D-1 Enin, Emmanian and Edinko samal of Franking LEA Service. The Secondaria is an ISE or ISES Data of Large 1010 - 12000	Werkahard D-1 Cala, Campanian and Educing scalar annual of Frankling 123, San Jun Sei Desamania (Jana 127 er 1737 Danard Der Ver 1936 - 1937 -
the Schlars or the Sch Tree Schwart (Schlars of Schlars) Tree Schlars (Schlars) Tree Schlars (Schlars) Tree Schlars) Tree Schlars (Schlars) Tree Schlars) Tree Schl	Image: Second
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27 The ST FT Physing Causing Deg Teamer - Lidean <u>2012</u> <u>27 27 27 27 27 27 27 27 27 27 27 27 27 2</u>	Its Star 27 27 Sequent Program Three Solutions Title 26 27 1 Its Star 27 27 Sequent Program Three Solutions Title 26 1 1 Its Star 27 27 Sequent Program Three Solutions Title 26 1 1 Conguture Three Solutions Title 26 1 1 1
b N=27 27 Advances be closered 201 0 1 1 b N=27 27 Advance be closered 201 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1	In-DEDTET Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i - De NoteDETE Non-plannent formation () TEL: A C i i - De NoteDETE Non-plannent formation () TEL: A C i i i
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Non-2017 Spectrage (administration) SSI	Calum Pfiler in Nat Calibrates a forder to Na Zurenda (no 107 + 1977). Der beind enternet ihr erne hytikt einer hytikten einer for enterne forgen (d. 1975) enterne (d. 1975) enterne (d. 1975) hittigt calibration (d. 1975) hittigt calibration (d. 1975) hittigt calibration (d. 1975)
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Worksheet B-4 (Jul-Dec) and A-3/B-3 Comments

Worksheet B-4 (Jul-D	Worksheet B-4 (Jul-Dec)					Total Units or		Number	Medi-Cal Hours Reimbursed for Services Not	Interim Medi-Cal Reimbursement for Services Not
Row Se	ervice Description		cedure Code	Required Modifier(s)	Per Unit	Encounte rs	Total Minutes	of Students	Documented in an IEP or IFSP	Documented in an IEP or IFSP
 Column E totals by practitioner type will flow directly to Worksheet A-3/B-3, Column L (for the appropriate dates of service) if the LEA has reported information for the practitioner type 					1c, 1e, 2c	Counters in Col c, 2e, 3c, 3e, 7a, l; Enter units for			E = CXDX60	F Enter reimbursement figures in Column F for all lines where you entered unit or encounter information
13a Non-IEP/IFSP Vision As		9	9173		5	6	28	1	0	14
Optometrists - T	otals								0	14
Worksheet A-3/B-3	Total Hours Worked by Employees and Contractors	Dates of Service 7/1/1 Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Pero Time I LEA I Docur an IEF	cent of Providing Services Not mented in P or IFSP	Total Hour LEA S	s Reimbursed Services Not ted in an IEP IFSP	Time P I for LEA S N or Docum an IEP	ent of Providing Services Not Sented in of IFSP	Dates of Service Total Hours Reimburse for LEA Services Not Documented in an IEP o IFSP	Percent of Time Providing ed LEA Services Not or Documented in an IEP or IFSP
Practitioner Type Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	Services IEP or IF the LEA	of Time Providin Not Documented SP will auto-calc has reported pra ion for the date of	g LE d in a culate actitic	an = = = = = = = = = = = = = = = = = = =		N	· · · · · · · · · · · · · · · · · · ·	* N/E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

Worksheet B-4 (Jan-Mar) and A-3/B-3 Comments

Worksheet B-4 (Jan-	Mar) Service Descript	ion	Procedure Code	Required Modifier(s)	Time Spent Per Unit	Total Units or Encounte rs	Total Minutes	Number of Students	Reimb Servi Docum IEP	Cal Hours bursed for ices Not ented in an or IFSP	Interim Medi-Cal Reimbursement for Services Not Documented in an IEP or IFSP
 Column E totals to Worksheet A- dates of service) for the practition 	-3/B-3, Col	umn N (fo:	r the approp	oriate	1c, 1e, 2	c, 2e, 3c, 3e, 7a	Dolumn B for rows a, 7c, 8a, 10b, 11b, or all other rows				F Enter reimbursement figures in Column F for all lines where you entered unit or encounter information
13a Non-IEP/IFSP Vision Optometrists Worksheet A-3/B-3		Dates of Service - Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP	Percent of Time Providing LEA	Dates of Service Total Hours Reimbursed for EA Services No Documented in an IEP or IFSP	Percer Provid t Serv Docur	nt of Time ding LEA	14 Dates of Service Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Percent o Providir	of Time ng LEA es Not nted in	0 Dates of Ser Total Hour Rumbursed LIA Services Documented an IEP or IFS	for Providing LEA Not Services Not I in Documented in
Practitioner Type Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	Services IEP or I the LEA	s Not Docu FSP will au A has repor	K = JE roviding LE umented in a uto-calculate ted practitic e date of ser	an e if oner		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	N 		N/E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	P	

Worksheet B-4 (Apr-Jun) and A-3/B-3 Comments

Worksheet B-4 (Apr	-Jun)		Procedu	re Required	Time Spent Per	Total Units or Encounte	Total	Number	Reim Serv	-Cal Hours ibursed for vices Not nented in an	Interim Medi-Cal Reimbursement for Services Not Documented in an
Row	Service Descript	ion	Code	Modifier(s)	Unit	fS	Minutes	Students	IEP	or IFSP	IEP or IFSP
• Column E totals Worksheet A-3/2 of service) if the practitioner type	1c, 1e, 2	c, 2e, 3c, 3e, 7	olumn B for rows a, 7c, 8a, 10b, 11b, or all other rows		E:	= CAD460	F Enter reimbursement figures in Column F for all lines where you entered unit or encounter information				
Optometrists					5	5	25	1		0	7
		Dates of Service	4/1/11 - 6/30/11	Dates of Service	7/1/10 - 1	2/31/10	Dates of Service	1/1/11 - 3/3	1/11	Dates of S rv	ice 4/1/11 - 6/30/11
Worksheet A-3/B-3	Total Hours Worked by Employees and Contractors E = C+D	Total Hours Reimbursed for LEA Services Documented in an IEP or IFSP J	Percent of Time Providing LEA Services Documented in an IEP or IFSP K = J/E	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP	Provid Servi Docum an IEF	tt of Time ding LEA ices Not I nented in P or IFSP = L/E	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP N	Percent o Providing Services Documen an IEP of O = N	g LEA Not ited in IFSP	Total Hours Reimbursed fo LEA Service M Documente fi an IEP or IFS P	or Providing LEA Not Services Not in Documented in
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	Services IEP or IF the LEA	Not Docur SP will aut has reporte tion for the	oviding LE mented in a to-calculate ed practitio date of	in <u> </u>		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- - - - - - - - - - - - - - - - - - -		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		- 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0

Worksheet A-3/B-3 and Worksheet B Comments

Worksheet A-3/B-3

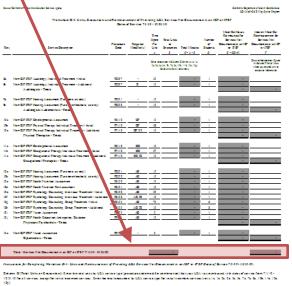
worksneet A-3/B									
Dates of	f Service 7/1/10 - 12/31/10	Dates of Service 1/1	/11 - 3/31/11	Dates of Service 4/	1/11 - 6/30/11	• Works	heet A-3/B	-3, Columns M	ſ
Total Hours Reimburgement Worked by LEA Servement Employees and Document Contractors an IEP E = C+D 1	Hours Percent of Time rsed for Providing LEA vices Not Services Not or IFSP an IEP or IFSP L M = L/E	Reimbursed for P LEA Services Not Documented in D	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP O = N/E	Total Hours Reimbursed for LEA Services Not Documented in an IEP or IFSP P	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP Q = P/E	O and Colum approp	Q flow to ' ins B, D an	Worksheet B, d F for the of service rang	
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- 259	0 0.18%	-	0.09%	-	0.16%				
		Dat	tes of Service	7/1/10 - 12/31/10	Dates of Ser	vice 1/1/11 - 3/31/11	Dates of Serv	vice 4/1/11 - 6/30/11	
Worksheet B	Does Your LEA Receive Federal Funding for this Practitioner Net To Type?	Provi Serv otal Pertonnel Docum	rices Not	Cost of Providing LEA Services Not Documented in an IEP or INSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Cost of Providing LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Cost of Providing LEA Services Not Documented in an IEP or IFSP	
Practitioner Type	(Yes or No)	_A	в	C = A*B	D	E A'D	F	G = A'F	
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologists Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		70

Worksheet B-4 Comments

- For each FMAP date of service range, Totals will auto-calculate:
 - Total units or encounters
 - Total interim Medi-Cal reimbursement

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Worksheet B-4 and Worksheet B Comments

								N. COM					
	Service Description		Procedure Require Code Modifier		Total Units or Encounte rs <u>P</u>	Total Minutes C=A*B	Number of Students 	Medi-Cal Hours Reimbursed for Services Not Documented in an IEP or IFSP <i>E = CM2000</i>	Interim Medi-cal Reimbursement for Services Not Documented in an IEP or IFSP <i>F</i> Enter reimbursement		Medi-	nal Total Inte Cal Reimbur rvices Not	
Worksheet	t B-4 (Jul-I	Dec)			ncounters in Colun 2d 2e 3d 3e 7a 7d				figures in Column F for all lines where you		Docur	mented in an	IEP or
		n IEP or IFSP (7/1/10 - 1	2/31/10)		6				14			will flow from	-
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Workshee	t B-4 (Jan	Mar)										sheet B-4 to	
Total - Services N	ot Documented in a	n IEP or IFSP (1/1/11 - 3	9/31/11)		3			2	7			sheet B for th	
Worksheet	t B-4 (Apr-	Jun)									appro	opriate date	of
		n IEP or IFSP (4/1/11 - (5/30/11)		5			3	7		servio	e range	
		×										0	
Worksheet B Practitioner Type Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologist Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No) Yes - - - - - - - - - - - - - - - - - - -	Net Total Personnel Costs A 79,071 - - - - - - - - - - - - - - - - - - -		Cost o Sr Docum	f Providing LEA revices Not rented in an IEP or IFSP C = A*B 	Percent Provid Servic Docume IEP o	es of Serv t of Time t of Time ing LEA bes Not D 0	ice 1/1/11 - 3/31/11 Cost of Providing LE Services Not Documented in an IEI or IFSP E = A*D	Services Not	Cos	t of Providing LEA Services Not sumented in an IEP or IFSP G = A'F		
[b. Service Costs Ex. c. Service Costs Inc. d. Indirect Costs Rate e. Indirect Costs (c. f. Total Service Costs g. Federal Medical A h. Medi-Cal Maximu i. Interim Medi-Cal F Documented j. Overpayment/(Un 	'd) sts (a + e) Assistance Percentage (f m Reimbursable (f * α) Reimbursement for LEA	t Rate Application te Application (a - b) FMAP) Services not	\$ \$ \$ \$ \$ \$		1	27	\$ \$ 8.76 \$ \$ 58.77 \$ \$		\$ \$ \$ \$ \$ \$ \$	- - - - - - - - - - - - - - - - - - -	3	72

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Worksheet A – IEP/IFSP Services Comments

			Dates of Serv	ice 7/1/10 - 12/31/10	Dates of Ser	vice 1/1/11 - 3/31/11	Dates of Serv	rice 4/1/11 - 6/30/11
TA711- A	Does Your LEA		Percent of Time		Percent of Time		Percent of Time	
Worksheet A	Receive Federal		Providing LEA		Providing LEA		Providing LEA	
	Funding for this		Services	Cost of Providing LEA	Services	Cost of Providing LEA	Services	Cost of Providing LEA
	Practitioner	Net Total Personnel	Documented in an	Services Documented in	Documented in an	Services Documented in	Documented in an	Services Documented in
	Type?	Costs	IEP or IFSP	an IEP or IFSP	IEP or IFSP	an IEP or IFSP	IEP or IFSP	an IEP or IFSP
Practitioner Type	(Yes or No)	A	В	C= A'B	D	E = A'D	F	G = A'F
Psychologists	Yes	79,071	6.70%	5,295	3.24%	2,564	4.44%	3,514
Social Workers			0		0		0	
Counselors			0		0		0	
School Nurses			0		0		0	
Licensed Vocational Nurses		-	0	-	0		0	-
Trained Health Care Aides			0		0		0	
Speech-Language Pathologists			0		0		0	
Audiologists			0		0		0	
Physical Therapists			0		0		0	
Occupational Therapists			0		0		0	
Physicians/Psychiatrists			0	•	0	•	0	•
a	. Service Costs (Sum (C1 - C11, E1 - E11 and G1 - G11)		\$ 5,295		\$ 2,564		\$ 3,514
		ed from Indirect Cost Rate /	Application	\$ 469		\$ 227		\$ 311
		ed in Indirect Cost Rate Appl		\$ 4,826		\$ 2,337		\$ 3,203
	I. Indirect Cost Rate			8.76%		8.76%		8.76%
e	Indirect Costs (c * d)			\$ 423		\$ 205		\$ 281
f	. Total Service Costs (a+e)		\$ 5,717		\$ 2,769		\$ 3,795
		stance Percentage (FMAP)		61.59%		58.77%		56.88%
h	. Medi-Cal Maximum F	eimbursable (f * g)		\$ 3,521		\$ 1,627		\$ 2,159
i		nbursement for LEA Service	s Documented in an					
	IEP or IFSP			\$ 3,870		\$ 1,935		\$ 2,173
	 Overpayment/(Underp Not Overpayment/Underp) 	oayment) (i - h) iderpayment) (Sum of j Total	(-)	\$ 349	\$ 671	\$ 308		\$ 14
к.	. Net Overpayment/(Un	iderpayment) (Sum of [1 Ota	15)		- -			

- Calculations in line items a through g result in a Medi-Cal Maximum Reimbursable Cost in line h.
- Line h is compared to the interim reimbursement received by the LEA during the FMAP date of service range, and an overpayment/(underpayment) is calculated in line j.
- Line k aggregates the overpayment/(underpayment) figures from line j, to result in a net figure for the LEA for the entire fiscal year, related to IEP/IFSP services

Worksheet B – Non-IEP/IFSP Services Comments

			Dates of Service 7	/1/10 - 12/31/10	Dates of Serv	rice 1/1/11 - 3/31/11	Dates of Servi	ice 4/1/11 - 6/30/11
Worksheet B	LEA Receive Federal Funding for this Practitioner	Net Total Personnel Costs	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Cost of Providing LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Cost of Providing LEA Services Not Documented in an IEP or IFSP	Percent of Time Providing LEA Services Not Documented in an IEP or IFSP	Cost of Providing LEA Services Not Documented in an IEP or IFSP
Practitioner Type	(Yes or No)	Α	В	C = A'B	D	E = A'D	F	G = A'F
Psychologists Social Workers Counselors School Nurses Licensed Vocational Nurses Trained Health Care Aides Speech-Language Pathologis Audiologists Physical Therapists Occupational Therapists Physicians/Psychiatrists Optometrists Audiometrists	Yes - - - - - - - - - - - - - - - - - - -	79,071	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
b d f g h	 Service Costs E Service Costs In Indirect Cost Ra Indirect Costs (c Total Service Co Federal Medical Medi-Cal Maximiti. Interim Medi-Ca in an IEP or IFSF Overpayment/(U 	* d) osts (a + e) Assistance Percentage um Reimbursable (f* g) I Reimbursement for LE/	ost Rate Application Rate Application (a - b) (FMAP) A Services not Documented	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 14	\$ 27	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 7 \$ 7		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 7 \$ 7

- Calculations in line items a through g result in a Medi-Cal Maximum Reimbursable Cost in line h.
- Line h is compared to the interim reimbursement received by the LEA during the FMAP date of service range, and an overpayment/(underpayment) is calculated in line j.
- Line k aggregates the overpayment/(underpayment) figures from line j, and results in a net figure for the LEA for the entire fiscal year, related to Non-IEP/IFSP Services

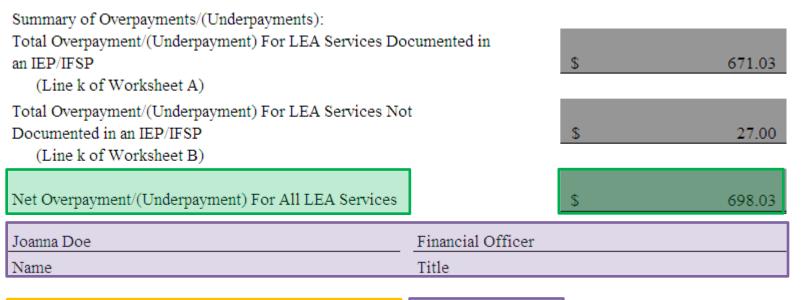
Certification and Worksheet A Comments

				ice 7/1/10 - 12/31/10		vice 1/1/11 - 3/31/11		vice 4/1/11 - 6/30/11	
	Does Your LEA		Percent of Time		Percent of Time		Percent of Time		
	Receive Federal		Providing LEA	Cost of Description LEA	Providing LEA	Cost of Description LEA	Providing LEA	Control Dravidina LEA	
Worksheet A	Funding for this Practitioner	Net Total Personnel	Services Documented in an	Cost of Providing LEA Services Documented in	Services Documented in an	Cost of Providing LEA Services Documented in	Services Documented in an	Cost of Providing LEA Services Documented in	
	Type?	Costs	IEP or IFSP	an IEP or IFSP	IEP or IFSP	an IEP or IFSP	IEP or IFSP	an IEP or IFSP	
Practitioner Type	(Yes or No)	Α	В	C= A'B	D	E= A'D	F	G = A'F	
Bauchalasista	Yes	79,071	6.70%	5,295	3.24%	2,564	4.44%	3,514	
Psychologists Social Workers	res	79,071	6.70%	0,230	3.24%	2,064	4.44%	3,014	
Counselors			0		0		0		
School Nurses			0		0		0		
Licensed Vocational Nurses			0		0	-	0	-	
Trained Health Care Aides			0		0		0	-	
Speech-Language Pathologist	ts		0		0		0		
Audiologists			0		0		0		
Physical Therapists			0		0		0		
Occupational Therapists			0		0		0		
Physicians/Psychiatrists		-	0	-	0	•	0	-	
	 b. Service Costs Exclu c. Service Costs Includ d. Indirect Costs Includ d. Indirect Costs (o d) f. Total Service Costs g. Federal Medical Ass h. Medi-Cal Maximum I i. Interim Medi-Cal Rei IEP or IFSP i. Overpayment//Under 	istance Percentage (FMAP) Reimbursable (f * g) mbursement for LEA Service	lication (a - b)) es Documented in an	\$ 5,295 \$ 469 \$ 4,826 8,76% 423 \$ 5,717 61.59% 3,521 \$ 3,870 \$ 3,49	\$ 671	\$ 2,564 \$ 227 \$ 2,337 8.76½ 8.76½ \$ 205 \$ 2,769 58.77½ 1,627 \$ 1,935 \$ 308		\$ 3,514 \$ 311 \$ 3,203 8.76% 8 \$ 281 \$ 3,795 56.88% 2,159 \$ 2,173 \$ 14	
Summary of Overpay	vments/(Und	erpavments):							erpayment/
			mians Dam	montod in				(Underp	bayment)
Total Overpayment/(Onderpayme	III) FOI LEA SE	ivices Doct	intented in				· · ·	ksheet A,
an IEP/IFSP					\$		671.03		
	1							Line k v	vill flow to
(Line k of Works	sneet A)								· · · · ·
Total Overpayment/(Indernaume	nt) For I FA Se	vices Not					the Cert	ification
• •		m) FOI LEA SE	IVICES INOU						
Documented in an IE	EP/IFSP				\$		27.00		
(Line k of Works	hoot D)								
(Line k of works	sneet B)								
Net Overpayment/(U	Indernaumon	Eor All TEA	Services		¢		698.03		75
Net Overpayment/(O	nderpaymen	O FOI AII LEA	Services		\$		096.05		1 J

Certification and Worksheet B Comments

Worksheet B Practitioner Type Psychologists Social Workers Counselors	LEA Receive Federal Funding for this Practitioner (Yes or No) Yes -	Net Total Personnel Costs A 79,071 -	Dates of Service 7 Percent of Time Providing LEA Services Not Documented in an IEP or IFSP B 0 0 0	///10 - 12/31/10 Cost of Providing LEA Services Not Documented in an IEP or IFSP C = A*B	Dates of Serv Percent of Time Providing LEA Services Not Documented in an IEP or IFSP D 0 0 0	Cost of Providing LEA Services Not Documented in an IEP or IFSP E = A*D	Dates of Serv Percent of Time Providing LEA Services Not Documented in an IEP or IFSP F 0 0 0	ice 4/1/11 - 6/30/11 Cost of Providing LEA Services Not Documented in an IEP or IFSP G = A*F	
. School Nurses . Licensed Vocational Nurses . Trained Health Care Aides . Speech-Language Pathologis . Audiologists . Physical Therapists . Occupational Therapists . Physicians/Psychiatrists . Optometrists . Audiometrists	- - - - - - - - - - - No - No	· · · · · · · · · · · · · · · · · · ·	0 0 0 0 0 0 0 0 0.18%	· · · · · · · · · · · · · · · · · · ·	0 0 0 0 0 0 0 0 0.09%	· · · · · · · · · · · · · · · · · · ·	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	
b c d f f g h i	Service Costs I Service Costs I Indirect Costs R Indirect Costs (Total Service C Federal Medica Medi-Cal Maxir Interim Medi-C in an IEP or IFS	c°d) iosts (a+e) Il Assistance Percentage num Reimbursable (f°g) al Reimbursement for LE	ost Rate Application Rate Application (a - b) e (FMAP) I A Services not Documented	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 14	\$ 27	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 7 \$ 7		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 7 \$ 7	
Certification Summary of Overpaymen Total Overpayment/(Un an IEP/IFSP (Line k of Workshee	ents/(Unde derpayme:	erpayments):		ted in	\$		671.03	• Net Over (Underpa on Works Line k w	ayment)
Total Overpayment/(Un Documented in an IEP/I (Line k of Workshee	FSP	nt) For LEA S	ervices Not		\$		27.00	the Certi	fication
Net Overpayment/(Unde	erpayment	t) For All LEA	Services		\$		698.03		76

Certification Comments



Joanna Doe	9/15/2012
Signature	Date

• Net Overpayment/(Underpayment) For All LEA Services auto-calculates

• Include the LEA Contact Name and Title of the signatory

• The LEA employee that completed or supervised the completion of the CRCS should sign and date the certification statement under penalty of perjury *(Note: the signatory can be different from the contact person identified in LEA Identification Section of the Certification)*

CRCS Submission Process and Deadlines

CRCS Submission Process

- LEAs must submit the following electronic files <u>no later</u> than November 30, 2012, to <u>LEA.CRCS.Submission@dhcs.ca.gov</u>:
 - Excel version of the completed CRCS form (all worksheets)
 - Scanned version of the original signed CRCS form (i.e., PDF, JPEG, etc.)
- CRCS electronic files must follow this naming convention:
 - Fiscal Year
 - NPI Number
 - Business LEA Name
 - Submission Date
 - CRCS Fiscal Year
 - Example: FY1011.1234567890.SampleSchoolDistrict.10.15.2012.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 A&I audit purposes, if necessary