

LEA CRCS Documentation Training Questions and Answers

CRCS Submissions and CRCS Acceptance/Rejection Information

- Q1. If we believe a CRCS report was submitted incorrectly, how do we correct it?**
- A. You may submit a corrected CRCS with all the supporting documentation. A&I will use the revised version as additional documentation. If the corrections prove to be valid, the revisions will be incorporated during the audit.
- Q2. Is there a tracking system that we can view online that would show what the status of our CRCS report, audit reimbursement?**
- A. There's no tracking system to view the status of CRCS. Any questions regarding the CRCS or audit of the CRCS should be submitted via e-mail to A&I's inbox.
lea.crqs.questions@dhcs.ca.gov.
- Q3. Can we submit CRCS 6/30/2010 now?**
- A. The new CRCS for FYE 6/30/2010 will be available in mid-August 2011. The due date is November 30, 2011. Do not submit the CRCS for 06/30/2010 on a previous year's version.
- Q4. Can an LEA retract a CRCS for revision if based on training today it feels that some additional documentation/calculations need to be done?**
- A. Please see response to Q1.
- Q5. Record retention for 06/07 records 3 years in some cases may have been after the 08/09 submission date due to State issue. Are schools held liable?**
- A. The three-year period of record retention begins when the CRCS was submitted. For instance, if an LEA submitted the FYE 2006/07 CRCS on February 1, 2011, the three-year record retention period ends on January 31, 2014.
- Q6. Are the new forms available yet?**
- A. See response to Q3.
- Q7. Can you clarify the 3 years? Is from the day we send in the CRCS or is it based on when the review is?**
- A. Please refer to Q5.
- Q8. What is the difference between Filing Date and Filing Due Date?**
- A. The filing date is the first day after the one-year run out period for billing claims (e.g. the CRCS FY 2009/10 filing date is July 1, 2011). The filing due date or CRCS submission deadline is the last day to file the CRCS for a FY. (e.g. the Filing Due Date for the CRCS covering FY 2009/10 is November 30, 2011).

CRCS Documentation Requirements

Q9. Do we need to include time sheets with payroll records in the audit binder?

A. It is not necessary to store all the time sheets in the CRCS audit binder; however, the documents should be accessible during the audit.

Q10. We currently keep all of our G/L information in a separate binder. Is it truly necessary to combine all of that information together or can it just be referenced to the other binder that is in the same location as our audit binder?

A. It is not necessary to combine all of the information together. A reference is sufficient. Documents should be accessible during the audit.

Q11. What type of documentation is required to satisfy the “time report” part of the required supporting documents?

A. Employee’s time sheet or time card to support the payroll record (Payroll Register or Labor Distribution) is *usually* sufficient. However, depending on the information provided, additional documentation may or may not be requested.

Q12. NPA contract services: when you have a behavioral Para educator for the length of the entire day, what documentation for each service would you require since it is to keep the student safe from eloping, harm to self and others during the entire school day? Does the escalation management plan within the IEP suffice?

A. The LEA Program does not reimburse for behavioral services. Additionally, a “Para educator” is not a qualified LEA practitioner as defined in the LEA Provider Manual, Section LEA Rendering Practitioner Qualifications (loc ed rend).
<http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>

Q13. Supporting documents in W/S A-1/B-1 includes invoices. Are purchase orders considered valid supporting documentation?

A. For W/S A-1/B-1 “Other Costs”, purchase orders would not be considered adequate supporting documentation. Vendor invoices that detail the paid expenses are *usually* the most sufficient source documentation. As noted in Q11, additional supporting documentation may or may not be requested.

Q14. Electronic Records from a billing system instead of pager logs, is this allowed?

A. Electronic records are acceptable for the financial review of billing, but not the medical review.

Q15. Audit supporting documentation such as treatment logs, provider session notes, can information be in database or must it be available as a printed report? Or in provider files?

A. Please consult with your legal Counsel regarding electronic medical records privacy law.

Q16. For documentation, can scanned treatment logs, invoices, etc. be used or do we need the original paper logs?

A. Please see response to Q15 and Q16.

- Q17. What do you recommend to do for filed reports that were compiled without the detailed documentation that you are expecting?**
- A. It is recommended to retain as much as detailed documentation as possible in order to prepare for the future audit.
- Q18. What are your recommendations for collecting the supporting documentation? After the year is over or while the current fiscal year. If so how often?**
- A. Each situation is different and there is not a simple answer for this question. It is best to consult the person that will be preparing the CRCS.
- Q19. Source documentation - can it be in Excel downloads?**
- A. Excel downloads are acceptable. Records that support Excel download should also be retained for audit purposes.
- Q20. It was mentioned that FAB will recover any billings, if supporting information is not available at time of field review. Is that limited to availability of financial documentation only or both financial and program documentation?**
- A. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 gives A&I the authority to recover reimbursements due to insufficient or lack of supporting documentation. Recoveries apply to both financial and program.
- Q21. If we supply data to our vendor, Paragon, what documentation do we need to have access to on the field audit?**
- A. All supporting documentation used to compile the CRCS should be readily available during an audit.
- Q22. Can we keep of records for the 3 years documentation in a scanned format?**
- A. Scanned documentations are acceptable, however, it is highly recommended to consult your legal Counsel regarding electronic health information.
- Q23. If a vendor prepared your CRCS should we still have a folder/ binder?**
- A. It is highly recommended that LEAs maintain an audit binder containing the supporting documentation that was given to the vendor.
- Q24. Do we need to go back to 06/07, 07/08 and 08/09 to create grouping sheets?**
- A. Grouping schedules are a recommended, not a required. The purpose of grouping schedules are to assist the both you and auditors in support of the information contained in the CRCS.
- Q25. If licenses for practitioners are housed in HR and we can provide as needed, do we still need in the binder?**
- A. Binders are a recommendation, not a requirement. During an audit, the documents supporting the reported information in the CRCS should be accessible.

Miscellaneous Questions

- Q26. Will LEAs get a detailed analysis of the changes that were made to their submitted CRCS due to the state errors in the formula?**

- A. Please refer to “What’s New” at <http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx> for information regarding the LEA IRUS Updates.
- Q27. Would an audit ever occur close to the December or summer breaks? Staffs that have the needed information are on extended vacations and there is a concern about collecting the needed data after an audit.**
- A. Due to the audit production, an audit may occur in December or summer breaks. However, A&I - FAB will work with LEAs to determine the best time to conduct the audits.
- Q28. If a district bills for Non-IEP services (which stick out like a sore thumb on the CRCS), is this a red flag for auditors?**
- A. A&I – FAB is not at liberty to discuss audit procedures or “red flags”. Each audit is conducted independently and areas of concern will be addressed during the audit process.
- Q29. If the IRUS is not provided by DHCS, will you supply anything to reconcile our records to yours?**
- A. Please refer to the LEA Documentation Training in regards of “What to document in lieu of the IRUS report” and “Units of Service vs. Encounters” at <http://www.dhcs.ca.gov/individuals/Pages/LEA.aspx>
- Q30. Is the purpose of the audit to specifically find something wrong? The tone of documents and presenters indicate that there is no way that any LEA will make it through an audit.**
- A. The purpose of the audit is to verify the reported information in the filed CRCS. In order to determine the proper cost reporting, the presenters reinforced the importance of maintaining proper supporting documentation.
- Q31. How do we get a copy of the webinar presentation and also the golden sheet showing the various useful websites for those signed up through webinar?**
- A. Yes, you can download the presentation and golden sheet at <http://www.dhcs.ca.gov/individuals/Pages/LEA.aspx>. Unfortunately, the recorded presentation will not be available due to the technical difficulties experienced.
- Q32. Is there an actual pot of funds already set aside by the State to pay underpayments?**
- A. There is no "actual pot of funds already set aside by the State to pay the underpayments." Upon completion of the final settlement calculations, if it is determined that an underpayment occurred, an Audit Report will be issued and final settlement payments will be made within 15 to 20 days.
- Q33. For LEAs that have settlements due to them, when should they anticipate the money? Should we accrue the receivable now?**
- A. Please see response to Q32 regarding the timing of settlements. Regarding the accrual of a receivable, A&I – FAB cannot make recommendations on this issue.
- Q34. Can we have copy of audit tool?**
- A. Audit Programs are confidential and will not be made public.

Q35. What have the findings been thus far? Pilot audits.

A. Pilot audits were performed to assist in the development of audit procedures. Any major areas of concern were addressed during the LEA Documentation portion of the training.

Q36. Why is IRUS going away?

A. IRUS reports were developed to be used as a **guide** or to assist LEAs in reporting the units of service and interim reimbursements. Reliance on the IRUS report as a sole source of supporting documentation creates an internal control conflict during the audit process. It is the responsibility of each LEA to maintain documentation of units of service provided and the interim reimbursements received independent of the IRUS report.

Q37. Will all districts be audited or will it be random selection?

A. Each CRCS will be audited to some degree. The level of audit will depend on the reported information provided in the CRCS.

Q38. Field audit: 1) how much time is provided in advance of field audit? 2) How long will it take to receive audit findings summary after audit is complete?

A. Each audit varies and the amount of time provided in advance of a field audit will depend on several factors. In most cases, a one to two week advance notice will be provided. The amount of time between completion of the field work and audit report issuance truly depends on various factors. Again, in most cases, an Audit Report will be issued within two months of completion of the field work.

Q39. Who gets a field audit? How are the field audits chosen?

A. Field audits will be determined based on various screening tools.

Q40. Re: HIPPA, what happens if DHCS get a records request?

A. Public Records Requests are handled through DHCS' Office of Legal Services (OLS). Depending on the information requested, OLS will provide a timeline of when the information will be made available.

Q41. Who at the LEA will you be contacting to know about the audit?

A. The contact person listed on the certification sheet of the CRCS.

Q42. For audit 08/09 forward, will all CRCS's be a field audit or will they be a combination?

A. Please see response to Q37.

Q43. You indicated "Health Aides" as an example many districts have job titles that may not be health aide, i.e., Spec Ed teacher, but they are trained and supervised to provide health aide services. How would this work?

A. In this example, the job title itself is not as critical as the qualifications. A "Trained Health Care Aide" can one of many titles as long as the person providing LEA school health aide services meets the qualifications specified in California Education Code, Section 49423.5. In all scenarios, it is imperative to maintain documentation of qualifications and a description of the job duties.

Q44. Do you find a lower error rate when a vendor is used as opposed to In-house?

A. No information collected regarding this issue.

- Q45. Any training planned for 2011-2012 documentation in lieu of IRUS report?**
- A. There is no training planned for now. However, Information for all the upcoming trainings will be posted on line. <http://www.dhcs.ca.gov/individuals/Pages/LEA.aspx>. DHCS also provides annual training for overall LEA issues. Please check the website periodically for information regarding future trainings.
- Q46. If an LEA is audited and there are take backs, how will that information be adjusted on the IRUS if the take back is in a lump sum, and not by individual claim control#?**
- A. Adjustments will not be made to the IRUS. Audit adjustments will be made to the information contained in the CRCS. Adjustments made to the "Units of Service" or the "Interim Reimbursement" on the CRCS will be based on adjudicated claims information. This information is obtained through the DHCS Fiscal Intermediary and a "Paid Claims Summary Report" will be made available to support the audit adjustments.
- Q47. Future CRCS - when will the FMAP decrease that was supposed to be incremental beginning with 1/1/11 dos, be adjusted? There have been none yet. Will there be notification to LEAs?**
- A. FMAP is 61.59% for date of service from 7/1/09 thru 6/30/10 and is identified on the FY 09/10 CRCS.
- Q48. Give an overview of what type of services need to be provided?**
- A. Please refer to <http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx> for the various types of services that need to be provided.
- Q49. We are fiscal employees and would like to know how many LEAs have consultants doing their reporting?**
- A. DHCS does not maintain this type of data.
- Q50. What type of children does this program services?**
- A. The LEA Medi-Cal Billing Option program provides federal financial participation reimbursement to LEAs for specific health services provided to Medi-Cal eligible students (generally, special education students) and their families.

Worksheet A and B

- Q51. Can you please confirm that LEA funds (resource code 5640) can be used as Match beginning the 09/10 CRCS?**
- A. Resource Code 5640 LEA Medi-Cal Billing Option Program funds can be used to hire and/or pay for a practitioner's total personnel costs. Please refer to the "LEA CRCS Documentation Training" on <http://www.dhcs.ca.gov/individuals/Pages/LEA.aspx>
- Q52. Why is there a field for "practitioner fully federally funded" when they should be excluded from the CRCS? Does this mean that FFF practitioners can bill LEA, but we cannot claim their costs?**

- A. The field was used as a tool to remind LEAs not to include any federally funded expenses (e.g. Salaries, Benefits, etc.). This field has been revised on the FY 09/10 CRCS. LEA services provided by federally funded practitioners can be billed under the LEA Medi-Cal Billing Option Program.
- Q53. On the CRCS are we supposed to be reporting all employees or just employees who are Special Education, non-federally funded employees?**
- A. Report *all qualified* practitioners employed by the LEA, regardless of whether or not they provide LEA services.
- Q54. In another of the CRCS trainings last month, there were questions on 1) whether to include FFF or partial FFF staff. 2) Whether to include practitioners who don't bill (example credentialed SLPS that aren't supervised and therefore no billing was submitted) in the CRCS. Can you address these issues?**
- A. Starting with the FY 09/10 CRCS, all qualified practitioners employed by the LEA, regardless of whether or not they provided LEA services should be included. A list of rendering practitioners and their required qualifications can be found in the LEA Provider Manual (Section LEA Rendering Practitioner Qualifications (loc ed rend). <http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>
- Q55. Why does CRCS include all employed practitioners, not only those for whose services were paid by LEA Billing Option program? If it's the latter, documentation will not be a problem.**
- A. The CRCS is designed to capture total personnel costs in order to apply the percent of time providing LEA services. The full salary/benefits should be included on Worksheet A for all the qualified rendering practitioners. Time spent on providing Medi-Cal services will subsequently be estimated for each practitioner-type based on the percentage of time providing LEA services.
- Q56. What if Retro payment not made until well into the next year?**
- A. Maintain all payroll documentation and file with recommended CRCS audit binder. Notify Auditor that retro payments occurred but were not incorporated into the CRCS.
- Q57. Functions for each practitioner type, where to get them?**
- A. Please refer to Standardized Account Code Structure (SACS) Guidelines.
- Q58. Can you go over again, what is a resource code, function code, object code?**
- A. Please refer to Standardized Account Code Structure (SACS) Guidelines.
- Q59. Can we include salaries and benefits of staff paid for with state grants?**
- A. Yes. Enter non-federally funded salary expenditures for object codes 1000-2999 by practitioner type for all qualified practitioners.
- Q60. Can we include salaries and benefits for staff paid for by federal grants?**
- A. Please refer to Q52.
- Q61. We have 3 speech pathologists, only one is licensed, we do not bill for 2 credentialed speech pathologist because they are not licensed. Do we include the two credentialed therapists in the CRCS report?**

- A. Please refer to LEA Provider Manual (Section loc ed rend) for list of rendering practitioners and their required qualifications. Licensed speech-language pathologist and speech-language pathologist with a valid credential are qualified rendering practitioners under the LEA Medi-Cal Billing Option Program and should be included in the CRCS.

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

Q62. Do you require NPS/NPA staff licenses as back up? Teacher, SLP, OT, APE and Aide?

- A. Yes. All practitioner licenses should be accessible as supporting documentation.

Q63. What will a “grouping” consist of?

- A. Two or more account balances are combined and reported on any one line of the CRCS is considered a “group”. A grouping schedule is created to identify which accounts were grouped together. For example, books and consumable materials may be grouped together and reported on the same line.

Q64. What will a sub code look like?

- A. For example, Function Code 3140 Health Services could include the sub-accounts: 3141 School Nurse, 3142 Trained Health Care Aides, 3143 Physical Therapy and 3144 Occupational Therapy.

Q65. Our labor distributions are by quarter so I need to have a summary in this format by employee or can I use Excel for that total? I used Excel.

- A. Excel format is acceptable with the labor distribution supported.

Q66. Function code/sub-coded, Can DHCS work with CDE to create function codes that are required? Often a district’s software cannot be adjusted because it is controlled by the COE.

- A. CDE defines the SACS coding structure and provides general guidelines for Function and Object coding for LEAs. LEAs should discuss this request directly with CDE personnel and keep DHCS Program staff informed. Presumably LEAs can collaborate with the COEs to help define sub-accounts in their SACS coding structure.

Q67. Are the ARRA Resource Code 3200, job 3205, ARRA Special Ed Resource 3313, these are all Federally Funded, are these going to be any exception with claiming expenditures?

- A. Starting with the FY 09/10 CRCS, all federally funded practitioners and their related expenses will be included in the CRCS.

Q68. Worksheet A, practitioner 100% federally funded, yes or no, do you need to list it if it is yes?

- A. A list of federally funded practitioners filed in your Audit Binder would be helpful for Auditors.

Q69. Why can’t we use 5640 on older CRCS forms?

- A. The CRCS for FY 2009/10 CRCS is due November 30, 2011; therefore, LEAs have the opportunity to draw down the maximum share of federal monies. Expenses pertaining to Resource Code 5640 may be included in FY 09/10 CRCS.

Worksheet A-1/B-1

Q70. If administrative costs cannot be easily identified for Trained Health Aides, for example, can we exclude?

- A. You may allocate "Other Costs" based on practitioner salaries and wages. Refer to LEA CRCS Documentation Training for example of allocation method.
<http://www.dhcs.ca.gov/individuals/Pages/LEA.aspx>

Q71. How do you come up with the salary % to total on the expense allocation?

- A. Use the proportion of salaries and wages of each practitioner type to total costs for the practitioner type within a function code to develop the percentage. If an allocation methodology was used to calculate "Other Costs" by practitioner type, adequate documentation of the methodology must be maintained for audit.

Worksheet A-2/B-2

Q72. Do periodic student reports from contractors satisfy the service log?

- A. Similar to the contractor's invoices or service/treatment log, they must identify the students that received the services, the dates of the service were provided and the length of the services.

Q73. Do you check to see if they are board approved?

- A. Yes. A review will be made to ensure the specific health professional is a qualified rendering practitioner under the LEA Medi-Cal billing Option Program.

Worksheet A-3/B-3

Q74. If you have a full time employee (one FTE) who also works additional time carded hours during the summer, how is the FTE calculated for that person? Are the extra hours (time) added or does the FTE remain @ one? Would you count all of their salary and benefits including the extra hourly time?

- A. FTE should always remain at one. Annual hours required to work per FTE is based on annual productive hours per FTE. If LEA has practitioners rendering services during summer school or is on an extended school year, that time should be included in Col B of the worksheet.

Q75. How are split-funded employees reported (Federal/State split) on W/S A-3/B-3?

- A. Starting with the FY 09/10 CRCS, data for *all* practitioners are reported the same regardless of the funding.

Q76. The “Position Assignment Report” is not required, but what other reports/back up is required, for example?

- A. Similar reports may be provided by Human Resources to identify number of hours one FTE is required to work per day and number of days the FTE is required to work annually.

Worksheet A-4/B-4

Q77. Define treatment log for a Para educator that serves within a special day class for moderate to severe student? What does or should that look like for a 6 hour day?

- A. A “Para educator” is not a qualified LEA practitioner as defined in the LEA Provider Manual section loc ed rend.

Q78. The 2 year time limit mentioned during the Billing Overview section - is that to submit logs for reimbursement or to reconcile already billed logs?

- A. The two-year limit is applicable to the State’s timeframe to claim FFP from the federal government.

Q79. Will there be a requirement to report on both total units and total “encounters”? Currently only total units is reported and included on CRCS.

- A. Yes, both total units and total encounters need to be reported on Worksheet A-4 and B-4 of the CRCS. The new CRCS for FY 2009/10 (available in July 2011) will have the instruction for reporting units and encounters on the applicable lines.

Q80. Why the IRUS is report being terminated June 30, 2011. Seems like a step backward trading computerized report generation for manual compilation.

- A. The IRUS reports containing data through June 30, 2011 will be available until November 30, 2012. Please refer to Q36.

Q81. Formerly we would consider 60 minutes of speech therapy to be a total of 4 units. On the W/S A-4/B-4, 3 units would go on the line indicated for the initial therapy, and 1 unit would go on the line for additional minutes. As I understand it now, for CRCS, this should be documented on A-4/B-4, 1 encounter and 1 unit. Will the 09/10 CRCS W/S A-4/B-4 forms be revised to reflect this required method of logging the encounters vs. units?

- A. Yes, the new FY 2009/10 CRCS (available in July 2011) has specific instructions on which lines to report encounters and units.

Q82. Question eliminated.

Q83. Could you give us the exact web address where the affected procedure codes mentioned in training section 7-2?

- A. The website is www.dhcs.ca.gov/individuals/Pages/LEA.aspx. The Initial Treatment Procedure Codes document referred to can be found under the LEA CRCS Documentation Training title.

Q84. Shall we discontinue submitting claims for the units of an initial treatment?

A. No. Initial treatments are billed to Medi-Cal by identifying whether the treatments are 1, 2, or 3 units (15 – 45 minutes, 1 unit for every 15 minutes). For CRCS reporting purposes, an initial treatment is reported as 1 encounter.

Q85. If the reconciliation is largely based on a percentage of time spent providing services, per practitioners, and 1, 2, or 3 units on the initial treatment is a direct representation of the amount of time spent providing the initial treatment, how will the percentage of time be calculated correctly if all initial treatments are represented as 1 encounter, disabling the ability to calculate the correct number of minutes spent on the service?

A. All initial treatments are reported as one encounter. The time associated with encounters and units were derived from time studies and are listed on Worksheets A-4 and B-4. For example, an initial treatment for Speech Therapy would be reported as one encounter and the time associated with the Speech encounter, as shown on Worksheet A-4 and B-4 is 50 minutes.

Q86. Please explain an encounter in more detail, i.e. what is the minimum time of an encounter?

A. Initial treatments are reported on the CRCS as encounters. The CRCS calculates initial treatment encounters based on 48 minutes to 73 minutes, depending on the type of initial treatment. The 48 minutes to 73 minutes were based on data obtained from a LEA time study. Billing Medi-Cal for an initial treatment is different. Initial treatments are billed as 1, 2, or 3 units (15 – 45 minutes, 1 unit for every 15 minutes).

Q87. I understand the units and encounters, I also think we will be able to track it, but how do we use that info on the CRCs, it only has a place for units, for your 50 min example what would you put on that cell for the CRCS?

A. The new FY 2009/10 CRCS (available in August 2011) will have specific instructions on which lines to report encounters and units.

Q88. Can you explain how we use Units vs. Encounters?

A. Initial treatments are reported on the CRCS as encounters. Assessments and additional treatments are reported as 1 unit for each additional 15 minutes. The new FY 2009/10 CRCS (available in July 2011) has specific instructions on which lines to report encounters and units. Refer to the LEA Medi-Cal Billing Option Program Provider Manual for instructions on how to bill for services.

Q89. Unit of service vs. encounter, initial = 1 encounter, each additional 15 min?

A. Please refer to Q88.

Q90. Have the formulas with the worksheet A-4 been corrected to calculate correct total minutes? For example a speech treatment (initial) is 15 min per unit with a

max of 3 units. The attached worksheet A-4 (pg7-b, line 7g) indicates each unit is 50 min.

- A.** Yes, the formulas have been corrected on Worksheets A-4 and B-4. Although, with the example that you have given, 1 encounter would be reported on Line 7g, not 3 units. The new FY 2009/10 CRCS (available in July 2011) has specific instructions on which lines encounters and units are to be reported. There is a difference between what is billed and what is reported on the CRCS. Refer to the LEA Medi-Cal Billing Option Program Provider Manual for instructions on how to bill for services.

Q91. Where on Worksheet A-4 (or IRUS) is the column for “encounters”?

- A.** The new FY 2009/10 CRCS (available in August 2011) will include specific instructions that identify which lines encounters are reported on and which lines units are reported on.