## General Questions

**Q1. Will the PowerPoint for this training be distributed to all attendees?**

A. The PowerPoint presentation was distributed to all attendees via e-blast. If you did not receive this e-blast, e-mail LEA@dhcs.ca.gov for a copy.

**Q2. How do stakeholders join the LEA Medi-Cal Billing Option Program (LEA BOP) listserv in order to receive e-blasts?**

A. Subscribe to the LEA BOP listserv using the following DHCS website link.
http://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DHCSLEA

## Allocation Statistics Questions

**Q3. If we are a billing consortium formed of agencies with different approved indirect cost percentages and Medi-Cal Eligibility Ratio (MER) percentages, which rate should be used?**

A. In instances where multiple school districts bill with one National Provider Identifier (NPI) as a billing consortium, the appropriate way to determine the indirect cost rate and Medicaid Eligibility Ratio (MER) that is entered on the Cost Reimbursement Comparison Schedule (CRCS) Allocation Statistics worksheet is to weight the individual district rates by direct salary and benefit costs reported on the CRCS. The following is a simplified example of how to weight the indirect cost rate:

> A consortium has three participating districts, A, B and C. District A accounts for salaries and benefits on the CRCS of $10,000 and has an indirect cost rate of 5%; District B accounts for salaries and benefits on the CRCS of $50,000 and has an indirect cost rate of 5%; District C accounts for salaries and benefits on the CRCS of $100,000 and has an indirect cost rate of 3%.
>
> The consortium should first determine each district's weighting of total salaries and benefits on the CRCS:
> District A = $10,000/$160,000 = .0625
> District B = $50,000/$160,000 = .3125
> District C = $100,000/$160,000 = .6250
>
> The consortium should then apply these weightings to the district's CDE-approved indirect cost rate:
> District A = 5% * .0625 = 0.3125
> District B = 5% * .3125 = 1.5625
> District C = 3% * .6250 = 1.875

The indirect cost rate that the consortium should report on the Allocation Statistics worksheet of its CRCS is 3.75% (.3125 + 1.5625 + 1.875).

LEAs who use this methodology to calculate a weighted indirect cost rate and/or MER should maintain adequate documentation for review/audit by State and/or federal authorities.

**Q4. When will MER rates be published?**

A. The LEA's MER is not published by DHCS. The LEA will be responsible for determining their MER for the state fiscal year using the methodology outlined in the CRCS training slides (see slides 25 and 26 for details).

**Q5. How does an LEA determine the number of Medi-Cal eligible students enrolled in previous fiscal years? Will DataQuest offer that info?**

A. DataQuest does not include this information. The LEA Data Match output files would be the best option to determine these counts. If no Data Match output file exists, the School Based Medi-Cal Administrative Activities (SMAA) MER can be used in cases where the LEA participated in the SMAA Program for the SFY. Policy and Procedure Letter (PPL) 22-001 provides details on the MER calculation by SFY.

**Q6. Does the MER calculation depend on the enrollment from October 2019, but the eligibility portion come from a tape match processed during April, May or June of 2020?**

A. Yes, but there are options for the denominator - LEAs can use the certified enrollment information collected on the California Basic Educational Data System survey day in October 2019, your LEA's Student Information System, or the DataQuest information provided by the California Department of Education.

**Q7. How is the Code 2A percentage calculated for years when the LEA BOP did not participate in Random Moment Time Survey (RMTS)?**

A. The LEA BOP joined the RMTS in SFY 2020-21. For SFYs 2015-16 through 2019-20, the 2020-21 RMTS Code 2A percentage will be applied retroactively. As such, the SFY 2020-21 Code 2A percentage will be included in the CRCS for six years (SFYs 2015-16 through 2020-21).

**Q8. On the allocation statistics page, I have a question about the new "percent of claims" allocation percentages. Is there a list of services covered in the LEA BOP that fit into each of the different claim types? For example, will the provider manual be updated to identify if a specific service is considered a Title XIX, XIX Enhanced, or XXI claim type?**

A. No, the claim types (XIX, XIX enhanced and XXI) are associated with beneficiary eligibility aid codes. Each LEA will download the report off the LEA BOP CRCS website which will already calculate the percentages that will be reported for the NPI on the allocation statistics page.

## Practitioner and Time Survey Participant (TSP) Questions

**Q9. In the past, contractors could only be included if paid by the LEA based on a documented hourly rate. Some contractors are paid based on an annual rate. Will these contractor costs be allowed in the new CRCS?**

A. LEAs may include costs for contractors paid on an hourly or annual basis. Contracts under both types of payment arrangements need to meet the LEA BOP requirements, including that the contractor(s) provided Medi-Cal covered services for the period of the contract and that the contract does not include administrative services (e.g., legal, machine repair, etc.). All contractor costs must be limited to costs relating to the delivery of LEA BOP covered services. If a contract covers both educational and health-related services, only the health-related portion of the contract should be included on the cost report.

**Q10. When 'SMAA payments' are mentioned, is that only referring to the contractor costs claimed?**

A. Yes, SMAA payments are only related to personal service contractor costs on Tab 6 of the SMAA invoice. The CRCS instructions for SFY 2019-20 contain additional detail on reporting these payments.

**Q11. Can you include costs of providers who did NOT do interim billing? For example, if you had a Speech-Language Pathology Assistant (SLPA) that provided services in a prior fiscal year can you now include their salary and benefit costs?**

A. Yes, DHCS only allowed the new practitioners to be billed for SFY 2020-21 and forward. Because of this, you can add costs for practitioners that meet certain requirements (see PPL 21-042 for more details) to the CRCS for prior reporting periods. For example, you may add your SLPAs that meet LEA billing requirements in SFYs 2015-16 through 2019-20.

## CRCS Submission and Due Date Questions

**Q12. Can you elaborate on the certified TSP list that will be required to accompany the CRCS? Exactly which list is this? How does the LEA obtain it?**

A. From SFY 2020-21 and forward, LEAs will submit the certified TSP lists for the fiscal year, along with the CRCS form, to A&I. LEAs will attach certified lists for Quarters 2 – 4. Per PPL 22-002 instructions, LEAs may need to add practitioners that were not identified prior to the start of the quarter, such as those practitioners that filled a vacant position on the TSP list or those that were direct replacements for TSPs that left their position. PPL 22-002 addresses this new CRCS submission requirement, effective CRCS reports for SFY 2020-21 and after.

## Other Questions

**Q13. Can specialized medical transportation costs be recovered in the CRCS if there were no interim claims submitted?**

A. No, LEAs need to have billed specialized medical transportation services to include costs in the CRCS. Remember that specialized medical transportation costs are cost-settled as of SFY 2019-20. Any interim payments that LEAs received for specialized transportation services and/or mileage between SFYs 2015-16 and 2018-19 are considered final payments.

**Q14. I'm trying to understand how two audits of the same CRCS time period will be considered when calculating the final cost settlement. In an example scenario, an LEA had an overpayment in SFY15-16 of $4,000. They then resubmitted SFY15-16, and it was found that there was another overpayment of $500. Will the LEA owe $500 after the second audit?**

A. No, in your example, the final overpayment will be $500 for the SFY under the SPA 15-021 reimbursement methodology. In this case, the LEA would receive $3,500 (they would be reimbursed most of their initial overpayment made to DHCS, since they actually only owed $500). The two figures would be netted in this case to determine the final settlement amount.