

***A recording of the June 3, 2020 CRCS Training can be accessed here:
[June AWG and CRCS Training](#) (password is qZR6wWfU)***

General Questions

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

A. Yes. The PowerPoint presentation will be distributed to all attendees, along with the questions and answers from the June 3, 2020 CRCS Training.

Q2. How do stakeholders join the LEA Program listserv in order to receive e-blasts?

A. Subscribe to the LEA Program listserv using [this DHCS website link](#).

Q3. Slide #5: Can LEA Coordinators attend the RMTS Coder Training?

A. The RMTS Coder Training will be open to LECs, LGAs, and coders only, in order to focus the training on technical guidance for coding Time Survey Participant (TSP) responses. DHCS has tentatively scheduled a separate training for LEA Coordinators in September.

Q4. Slide #5: Will LEA Coordinators be trained on the information provided during the RMTS Coder Training, especially regarding the difference between Code 2A and 2Z?

A. DHCS has tentatively scheduled a separate training for LEA Coordinators in September, which will cover additional information on the RMTS process, as well as coding. For any specific questions regarding the difference between Code 2A and 2Z, please email the RMTS Inbox at RMTS@DHCS.CA.gov.

Q5. Slide #5: Will coders be trained on LEA Program billing? Treatments are a set time and assessments happen over a period of time.

A. Yes. DHCS will provide coders all LEA Program policy and billing information that is relevant for coding TSP responses.

Q6. Slide #5: Why is the TSP Training tentatively scheduled for September if all billing healthcare practitioners need to be identified starting July 1, 2020?

A. DHCS has tentatively scheduled the TSP Training for September in order to align with when all TSPs will be back in school. In addition, RMTS does not begin until October 1, 2020, so information provided during September will remain top of mind when the quarter begins.

SPA 15-021 Overview

Q7. Slide #11: When will the FY 2018-19 new CRCS form be available?

A. DHCS expects to publish the FY 2018-19 new CRCS form early fall 2020. An e-blast will be sent to all stakeholders when it is available.

Q8. Slide #11: How soon after the end of the school year will the FY 2020-21 RMTS Code 2A percentage be published?

A. DHCS expects the FY 2020-21 RMTS Code 2A percentage to be published within six months from the end of the fiscal year.

Q9. Slide #11: Will LEAs be able to resubmit previous years' CRCS forms prior to the due dates listed, since the FY 2020-21 RMTS Code 2A percentage will already be published?

A. Audits & Investigation (A&I) has a limited pool of resources to complete audits and resubmission of CRCS forms for each fiscal year; therefore, submissions will be allowed during specific timeframes to help A&I manage the audit process. DHCS will provide additional timing guidance related to each CRCS due date in the future.

Q10. Slide #11: If the RMTS Code 2A percentage will be available by November 1, 2021 and the FY 2019-20 CRCS is due by November 30, 2021, will there be an extension given the short turnaround time?

A. DHCS is aware of the short timeline and acknowledges there could be an extension of the FY 2019-20 CRCS submission deadline, depending on when the RMTS Code 2A percentage is published. DHCS will keep LEAs informed on any decisions to extend the CRCS due date.

Q11. Slide #11: For what fiscal years will specialized medical transportation be cost reconciled?

A. Specialized medical transportation costs will be cost settled for all fiscal years 2019-20 and onward. Interim reimbursement for specialized medical transportation costs will be considered final payment for all previous fiscal years.

Q12. Slide #12: What should LEAs do if a provider on the TSP list intends to bill but does not end up billing, or the students are not eligible for Medi-Cal to bill for services?

A. The LEA should include all certified Participant Pool 1 TSPs on their CRCS for a given quarter. DHCS expects LEAs to bill for eligible services provided by certified TSPs in Pool 1; however, we acknowledge that there may be instances where those qualified practitioners do not render billable LEA services during the quarter.

Cost Settlement Overview

Q13. Slide #18: In light of audits that will be conducted for all resubmitted CRCS forms, will the best practice be to maintain all supporting documentation for claims submitted as far back as FY 2015-16?

A. Yes. LEAs must maintain supporting documentation for claims with dates of service in FY 2015-16. The three-year auditing timeline will be based on the resubmission dates of the amended CRCS forms for FYs 2015-16 through 2018-19. For FY 2019-20 and onward, all information will be available prior to the CRCS due date and no resubmission will be necessary.

Q14. Slide #22: Referring to line 9, why is the Medi-Cal eligibility rate applied when LEAs are only billing for Medi-Cal students and staff providing services to those students?

A. All allocation factors listed on Slides 21 and 22 are applied to total costs and will help identify Medi-Cal maximum reimbursable costs (line 14 on Slide 22) for all Pool 1 TSPs. These Medi-Cal maximum reimbursable costs are then compared to Medi-Cal payments for the fiscal year. The CRCS allows for a comparison between TSPs that are eligible to provide and bill for covered LEA services in a quarter and their total Medi-Cal reimbursement.

FY 2018-19 CRCS Walkthrough

Q15. Slide #26: Is it still required to include the units/encounters on the CRCS form?

A. The CRCS has been modified so that total reimbursement, units of service, and claim count for each practitioner type will be reported in the “Interim Payment Data for LEA Services” Worksheet (Worksheet E for FYs 2015-16 through 2018-19 and Worksheet F for FY 2019-20 and onward). However, the units of service and claim count are not used in the comparison of costs versus reimbursements.

Q16. Slide #38: I thought the SMAA Program will be providing Medi-Cal Eligibility Ratio (MER) percentages for all backcasted CRCS forms?

A. The SMAA Program will not be providing MER percentages for all backcasted CRCS forms. Slide 38 outlines the tentative 3-tiered approach for backcasting the MER, and additional guidance will be provided in a forthcoming PPL.

Q17. Slide #38: How will LEAs access the MOVEit Server for the MER data?

A. DHCS is working on the details for accessing the MOVEit Server and will publish a PPL with information on the various options for calculating the MER in historical periods.

Q18. Slide #52: Should LEAs include all applicable “Other Costs” or just those for employees submitting claims?

A. Other Costs reported on Worksheet C will be based on the employees for which the LEA reports salary/benefit data on Worksheet B.

Q19. Slide #52: If an invoice is received that combines the qualified practitioner’s direct costs and “Other Costs,” how should the LEA report the cost?

A. Slide 52 relates to Other Costs associated with staff for which the LEA reports salary/benefit data on Worksheet B. Only expenses related to the Object Codes listed on the form are allowable expenses on Worksheet C.

Consistent with the historical CRCS forms, DHCS will allow LEAs to allocate Other Costs in Worksheet C if the LEA does not directly assign costs to each practitioner type. The allocation will be based on practitioner salaries and wages or an equivalent functional allocation basis (e.g., Full Time Equivalents). The CRCS instructions, to be published early fall 2020, will contain detail on the approved allocation methodology.

Q20. Slide #54: If an LEA buys 5 audiometers adding up to \$10K, the audiometers cannot be depreciated because they are only \$2K each?

A. This is correct. In order for direct medical equipment to be depreciated, the individual asset must exceed the LEA’s capitalization threshold (generally \$5,000).

Q21. Slide #54: Should depreciable assets purchased with certain resources be excluded? For example, federal resources and/or Resource Code 5640?

A. As seen on Slide 54, federal resources or grants used to purchase assets should be removed from the asset’s depreciable costs on Worksheet C.1. 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.

Q22. Slide #54: Are LEAs able to depreciate equipment on the backcasted CRCS forms?

A. Yes. Worksheet C.1 is included in the CRCS forms for FY 2015-16 and onward.

Q23. Slide #58: Should LEAs include costs for all contractors providing covered services, or does the LEA need to be submitting claims for the contractor in order for their costs to be included on the CRCS?

A. DHCS expects that LEAs will submit claims to Medi-Cal for covered services provided to Medi-Cal students. If an LEA does not submit any Medi-Cal claims for services provided by contractors, they should not include contractor costs on the CRCS.

Q24. Slide #58: Can Non-Public Agency (NPA) contractor costs be included in the CRCS if their practitioners provided LEA billable services?

A. If your LEA can isolate the amount paid to the NPA to deliver covered LEA services, this may be included in the CRCS. However, if the cost is included in a bundled payment for educational and health-related services, this total cost is not allowable on the CRCS.

Q25. Slide #59: If an LEA has contractors for both the LEA Program and SMAA Program in previous fiscal years, will the SMAA invoice need to be resubmitted to remove the contractors?

A. No. SMAA invoices for previous fiscal years do not need to be resubmitted. The adjustment can be made on the revised CRCS form, as explained on Slides 59 and 60.

FY 2019-20 CRCS Changes

Q26. Slide #68: For FY 2019-20, do salaries/benefits for the CRCS include Extended School Year (ESY) summer school overtime and extra pay that is associated with provision of services? If so, would this be the same with hours?

A. As of July 1, 2020, salaries (and hours) reported on Worksheet B will be based on the LEA's Pool 1 Time Survey Participants (TSPs) included on the certified staff pool list. LEAs will have the opportunity to include any qualified ESY employees on their FY 2019-20 Quarter 1 TSP List, which will be due after the close of Quarter 1. Note that the RMTS does not run in Quarter 1 so the Q1 TSP List is only necessary for CRCS reporting purposes and may be developed retroactively based on the employees that worked and provided LEA services over the summer. DHCS will publish a PPL on the Quarter 1 TSP List in the coming weeks.

Q27. Slide #73: Will LEAs submit the same MER for the CRCS as the SMAA invoice?

A. No. The MER for FY 2019-20 must be specific to LEA Program eligibility at a point in time, as explained on Slide 73.

Q28. Slide #73: If the FY 2019-20 MER is calculated using the last quarter of the fiscal year, has DHCS considered that the COVID-19 State of Emergency is happening during the same period?

A. The State of Emergency should not have a negative impact on the FY 2019-20 MER, since the numerator is based on the number of Medi-Cal eligible students, not the eligible services provided to the students.

Q29. Slide #77: If an LEA only provides transportation services for special education students, can all of the costs be applied to the CRCS?

A. Transportation expenditures included on the CRCS form are limited to specialized medical transportation services; as such, if an LEA only provides transportation to special

education students, these costs are already isolated as specialized transportation costs. Please remember that reimbursement is only available for transportation provided in specially adapted vehicles that accommodates a student's disabilities.

Q30. Slide #79: For the personnel costs associated with eligible specialized transportation, will individuals' payroll information be required?

A. LEAs must be able to support any personnel costs specific to an individual employee reported on the CRCS with payroll information for audit/review purposes.

FY 2020-21 CRCS Changes

Q31. Slide #89: Is the salary and benefit reporting for the CRCS similar to reporting for the SMAA Program under RMTS?

A. Beginning in FY 2020-21, the quarterly salary and benefit reporting on the CRCS will be similar to the quarterly salary and benefit reporting on the SMAA Invoice. For LEAs that participate in RMTS as of FY 2020-21, the quarterly salary/benefit expenses eligible to be reported on the CRCS will be linked to Time Survey Participants (TSPs) that are included on the certified Pool 1 TSP list for the quarter. Please note that LEAs file quarterly invoices under the SMAA Program, while LEAs complete an annual cost report under the LEA Program (costs are reported by quarter and rolled up on the annual CRCS).

CRCS for FYs 2015-16, 2016-17 and 2017-18

Q32. Slide #92: Is backcasting optional?

A. No. Resubmission of CRCS forms for FYs 2015-16 through 2018-19 is required for all participating providers. However, retroactive claiming for new services and practitioners back to July 1, 2015 is optional for all participating providers.