

SFY 2017-18 Cost and Reimbursement Comparison Schedule (CRCS) Questions

Q1. My LEA had a minimal audit for SFY 2017-18. Can you please confirm whether Audits and Investigations (A&I) will audit my LEA again if I do not add new staff costs to the amended CRCS?

A. A&I reviews each CRCS and determines the scope of the audit. Since there are new components of the amended CRCS (e.g., the Medicaid Eligibility Ratio and the RMTS direct medical services percentage), LEAs that were previously audited on their original SFY 2017-18 CRCS will still be subject to audit of the amended form.

Q2. With backcasted CRCS reports, there are audit reports that were issued and audited under different cost inclusion rules. In previous CRCS reporting, A&I disallowed participant costs that did not generate reimbursement for the LEA. In the new environment, where participants are only required to participate, can these costs that were originally removed by A&I now be included in the back-casted reports?

A. In order to determine which practitioner costs may be added to the amended CRCS, LEAs will need to review **PPL 21-042**. Pages five to seven of this PPL discuss the requirements to include new practitioner costs to the amended CRCS reports for SFYs 2015-16 through 2019-20.

Q3. Is there any idea of what limited and/or field audits will look like in light of RMTS?

A. The Department of Health Care Services' (DHCS') A&I division is responsible for reviewing the submitted CRCS forms, determining which LEAs will receive limited or field audits, and developing the auditing protocols. The Local Governmental Financing Division (LGFD) is not involved in this process.

Q4. For the SFY 2017-18 CRCS, where can I find the Medi-Cal Eligibility Ratio (MER) data, including the number of Medicaid enrolled students in the LEA?

There are three options to calculate the MER (in priority order) for SFY 2017-18:

1. The LEA BOP Data Match output results, obtained through the MOVEit system (any date in SFY 2017-18). The LEA will use the count of Medi-Cal enrolled beneficiaries from the LEA BOP Data Match Output file.
2. The average SMAA MER percentage for SFY 2017-18. The LEA will average the SMAA MERs calculated in SFY 2017-18 using the SMAA invoices in the LEA's audit files. Please ensure that the calculated MER on the Allocation Statistics worksheet of the CRCS matches the average SMAA MER for the fiscal year.
3. If you don't have data for option 1 or 2, please email LEA@Guidehouse.com and fill out the Attachment in **PPL 22-001**. Guidehouse will assist you in determining your LEA's proxy MER for SFY 2017-18.

Q5. When are LEAs required to complete and submit the SFY 2017-18 CRCS form?

A: For LEAs that participated in the LEA BOP in SFY 2017-18, the amended CRCS report is a mandatory program requirement and is due by 10/31/22. LEAs that did not participate in LEA BOP during SFY 2017-18 are not required to submit an amended CRCS report.

Q6. If we have contractor costs on the SMAA invoice for SFY 2017-18, but the costs were not included on the original CRCS for that year, do we still need to transfer the SMAA invoice information from 65D and 65E?

A. Yes, any LEA that received SMAA reimbursement for participant pool 1 (direct service) contractors in SFY 2017-18, must transfer the SMAA invoice data reported in 65D and 65E to the CRCS. This will ensure that there is no possibility of duplicate reimbursement and is a requirement on the backcasted CRCS forms.

Other Questions

Q7. Is telehealth eligible under LEA BOP?

A. Yes, telehealth services are eligible under LEA BOP using the modifier 95. More information can be found in the LEA BOP Provider Manual **telehealth section** and **PPL 21-019**.

Q8. Will DHCS hold a training session during summer 2022 or in September 2022?

A. DHCS does not plan to hold a training session during the summer at this time. DHCS will share details of further training sessions as DHCS updates the training calendar.