INSTRUCTIONS FOR FORM COMPLETION

Local Educational Agency (LEA) Medi-Cal Provider Enrollment Information Sheet

LEA Official Name: List the official name of your LEA as listed with the Internal Revenue Service (IRS) for tax reporting purposes. The DBA line must be used to include the actual LEA name, which may differ from the official name, used for tax purposes.

LEA Administrative Office Address: List the address from which your LEA will be preparing Medi-Cal claims and has the Medi-Cal documentation related to the claims. If this will be to the attention of any sub-office, please so indicate.

Payment Address: List the address to which the State Controller's Office should mail payments and Remittance Advice Details (RADs). If this will be to the attention of any sub-office, please so indicate.

Contact Name/Title: Indicate the name of the person who would be responsible within the LEA for administering the Medi-Cal reimbursement program.

Telephone Number: List the telephone number used by the LEA office preparing Medi-Cal claims.

LEA Federal Employer Identification No: List the LEA Federal Employer Identification Number, making sure to include all nine (9) digits. It is important that this number and the LEA Official Name match in accordance with the way your LEA is on record with the IRS.

Signature of Authorized Representative: Have the person sign who has the authority to bind the LEA to the statements made on the LEA Medi-Cal Provider Enrollment Information Sheet and whose signature certifies that the information provided is true, accurate, and complete.

Typed or Printed Name/Title of Authorized Representative: The name and title of the person who signed the LEA Medi-Cal Provider Enrollment Information Sheet.

This form is being used to enroll in the LEA Medi-Cal Billing Option. Please complete the form, attach it to a completed LEA Medi-Cal Billing Option Provider Participation Agreement, and mail to:

California Department of Education
School Health Connections/Healthy Start Office
Healthy Start and Regional Network Grants; Medi-Cal Billing Option; Contracts
Attn. Ms. Shirley Day
Phone: (916) 319-0298 - FAX: (916) 445-7367
1430 N Street, Suite 6408
Sacramento, CA 95814

*Should you wish to inquire about any field on this form, please call the California Department of Health Services, Provider Master File Unit at (916) 323-1945.

NOTE: This form is being used by the California Department of Health Services to create the Provider Master File, which is used by the Medi-Cal program to identify currently enrolled, valid Medi-Cal providers of service, and to identify the services they are eligible to provide. It is important to fill it out completely in order to process your enrollment request.

LEA Medi-Cal Billing Option Program
Enrollment Application Checklist

This checklist was developed to assist Local Educational Agencies (LEAs) in completing the Provider Participation Agreement (PPA), which is used to enroll in the LEA Medi-Cal Billing Option program. To start the process, complete the PPA, the official enrollment application, and submit to the California Department of Education, School Health Connections/Healthy Start Office. Questions regarding the enrollment process may be directed to the Department of Health Services, Provider Enrollment Unit at (916) 323-1945. The following checklist includes helpful information:

◊ Provider Participation Agreement must be the 12/10/04 version; it should be obtained from a State agency in order to ensure you are using a correct version.

◊ Please do not revise the form, it is a legally binding contract.

Medi-Cal Provider Enrollment Information Sheet:

◊ LEA Official Name: This must be the official name of your LEA found on record with the Internal Revenue Service (IRS) for tax reporting purposes; if the actual name of your LEA is different, it can be listed as a DBA name on the Medi-Cal Provider Master File while the official name which matches IRS records is the LEA Official Name.

◊ LEA Administrative Office Address: Ensure this is a street address.

◊ Federal Identification Number: Nine digit, taxpayer identification number (TIN) on record with the IRS; should correspond with the LEA Official Name you have listed; Business Service/Fiscal Officer can provide the required IRS documentation that must accompany your enrollment application.

◊ Authorized Representative: This should be the Superintendent or Assistant Superintendent (position of authority to legally bind the LEA to the information provided).

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◊ First Authorized Representative should be the Superintendent, Assistant Superintendent or Business Services/Fiscal Officer who has the authority to sign the contract, which requires the LEA to follow Medi-Cal procedures, submit required reports, and reinvest Medi-Cal reimbursements as specified in the PPA.

◊ **Department of Health Services Signature is for the State not the district** (please do not have LEA Health Services sign).

Other Discrepancies

◊ Attachment 1: Certification of State Matching Funds for current fiscal year; must have a dollar figure, not $0.

◊ Attachment 1A: Certification of State Matching Funds for previous fiscal year; necessary in order to submit claims retroactive one year from date of enrollment; also must have a dollar figure, not $0.

Note: In order to estimate the dollar amount that should be entered on the Certification of State Matching Funds, add up the costs of employees who provide health services (wages, benefits, administrative costs), and any health services contracted for. Omit from the calculation any employees who are 100% federally funded, but include all other nurses, counselors, psychologists, etc. Multiply the total health services costs by the percentage of Medi-Cal students your LEA serves by: a) speaking with the County Social Services office; or b) using a percentage based on the median of your Free and Reduced Lunch and CalWorks program recipients.

◊ Attachment 2: Please make sure all LEA Collaborative partners sign (original signatures required).

Note: The LEA Collaborative may be a newly established or existing collaborative interagency human services group at the county or subcounty level. This group makes decisions about the reinvestment of funds made available through the LEA Medi-Cal Billing Option.

LEA Collaboratives may vary according to community needs; however, representation should include the schools, major public agencies serving students and families including health, mental health, social services, juvenile justice, courts, civic and business leadership, the advocacy community, parents or guardians, and current safety net and traditional health care providers. Experience has shown that LEA Collaboratives consisting of at least three representatives from differing agencies/interests will best serve the needs of the collaborative decision making process.

◊ Make a copy of the entire PPA to keep on file with your LEA; remember, this form describes your program responsibilities as a Medi-Cal provider.

◊ **Please send the enrollment package to the California Department of Education (CDE) who must certify that the applicant is a Local Educational Agency under the California Education Code, Section 33509(e). The address is below:**

California Department of Education
School Health Connections/Healthy Start Office
Healthy Start and Regional Network Grants; Medi-Cal Billing Option; Contracts
Attn. Ms. Shirley Day
Phone: (916) 319-0298 - FAX: (916) 445-7367
1430 N Street, Suite 6408
Sacramento, CA 95814

Main points to remember:

- Submit correct version of the PPA – 12/10/04
- Do not revise the PPA
- Make sure the enrollment application is complete
- Original signatures are required, blue ink is preferred
- There must be a dollar amount on Attachment 1 and Attachment 1A
- Send PPA to the California Department of Education, School Health Connections/Healthy Start Office

State of California
Department of Health Services

Local Educational Agency (LEA)
Medi-Cal Provider Enrollment Information Sheet

Date _____

LEA Official Name _____

DBA: _____

LEA Administrative Office Address _____

_____

_____

Sub-office: _____

Payment Address
(Enter ONLY if different from Administrative Office Address) _____

_____

_____

Sub-office: _____

Contact Name/Title _____

_____

Telephone Number ( ) _____

LEA Federal Employer Identification No. _____

(Must have been issued by IRS under name of applicant)

Signature of Authorized Representative _____

Typed or Printed Name/Title _____

_____

DHS USE ONLY

Medi-Cal Provider Number _____

Effective Date _____

Dated Added _____

Provider #

DHS Use Only

LOCAL EDUCATIONAL AGENCY (LEA)
MEDI-CAL BILLING OPTION
PROVIDER PARTICIPATION AGREEMENT

Name of LEA Provider: _____

Effective Date _____

ARTICLE I – STATEMENT OF INTENT

The purpose of this contract is to permit qualified Local Educational Agencies (LEAs) to participate as providers of services under the state Medicaid program, Medi-Cal. This contract sets out responsibilities relative to participation in the LEA Medi-Cal Billing Option. The mutual objective of the Department of Health Services and the Local Educational Agency is to improve access to needed services for children.

ARTICLE II – LEA PROVIDER RESPONSIBILITIES

By entering into this agreement, the LEA Provider shall:

1. Comply with California Welfare and Institutions Code, Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 14200); California Code of Regulations, Title 22, Division 3 (commencing with Section 50000); and California Education Code, Articles 1,2,3,4,4.5, and 15 and Sections 8800 and 49400; all as periodically amended.

2. Retain necessary records for a minimum of three years from the date of service. Records must disclose fully the extent of services furnished to the patient and must meet documentation requirements of the California Code of Regulations, Title 22. The LEA Provider also agrees to furnish these records and any information regarding payments claimed for providing the services, on request, to the California Department of Health Services, Medi-Cal Audits and Investigations; California Department of Justice, Medi-Cal Fraud Bureau; Office of State Controller, Medi-Cal Audits Project; or U.S. Department of Health and Human Services, or their duly authorized representatives.

3. Ensure that all Medi-Cal covered services are furnished by qualified practitioners acting within their scope of practice, in accordance with California Code of Regulations, Title 22; California Business and Professions Code, Division 2, Section 500 through 4998; and California Education Code, Section 44000.

4. Ensure services billed using the LEA Provider number will not be separately billed by the rendering practitioners.

5. Annually put forth and certify the State match portion of Federal claiming dollars for unique LEA bundled services only. (Attachment 1)

6. Accept as payment the approved LEA service rates minus costs for Department of Health Services administrative and processing services not to exceed one (1) percent of the amount payable to the LEA submitting the claim.

7. Any federal funds received by an LEA Provider for LEA Services shall be reinvested in services for school children and their families. These funds shall be used to supplement, not supplant, existing services. School-linked support services for children and families consist of services such as case-managed health, mental health, social, and academic support services benefiting children and their families. The services are intended to benefit children and their families and may include, but are not limited to the following examples as SB 620 originally outlined, and now can be found in California Education Code, Section 8804(g):

   1) Health care, including:

      (A) Immunizations.
      (B) Vision and hearing testing and services.
      (C) Dental Services.
      (D) Physical examinations, diagnostic, and referral services
      (E) Prenatal care.

   2) Mental health services, including primary prevention, crisis intervention, assessments, and referrals, and training for teachers in the detection of mental health problems.

   3) Substance abuse prevention and treatment services

   4) Family support and parenting education, including child abuse prevention and school age parenting programs.

   5) Academic support services, including tutoring, mentoring, employment, and community service internships, and in-service training for teachers and administrators.

   6) Counseling, including family counseling and suicide prevention

   7) Services and counseling for children who experience violence in their communities.

   8) Nutrition services.

9) Youth development services, including tutoring, mentoring, recreation, career development, and job placement.

10) Case management services.

11) Provision of on-site Medi-Cal eligibility workers.

LEA Providers may also spend a portion of the Medicaid reimbursements to cover:

- LEA administrative, preparation and submission costs related to filing Medi-Cal claims,

- LEA support staff costs for program coordination and facilitating the collaborative process.

8. Establish or designate an existing collaborative interagency human services group (local collaborative) at the county level or sub-county level to make decisions about the reinvestment of funds made available through the LEA Medi-Cal billing Option.

The purpose of the local collaborative is to create a focus for local collective decision making about planning, implementing, financing, and monitoring the child and family support system.

The membership in the local collaborative may vary according to regional needs. Generally, representation will include the schools, major public agencies serving children and families including health, mental health, social services, and juvenile justice, the courts, civic and business leadership, the advocacy community, parents or guardians, and current safety net and traditional health care providers.

In conjunction with making decisions on reinvestment, the local collaborative should work toward assuming the following major functions:

- To identify needs and develop and coordinate community-wide strategies in response to identified and documented problems confronting children and families;

- To promote innovative community services in order to ensure early, accessible, and responsive service delivery to families;

- To coordinate fiscal strategies to assure more comprehensive services (e.g., receipt and allocation of funds; "pooling" of current agency funding for jointly developed services; leveraging of public and private resources, etc.); and

- To assess and monitor outcomes for children and families.

LEAs are not required to establish a new local collaborative to carry out the activities outlined above if interagency collaborative bodies already exist to organize coordinated services for children. However, if a new local collaborative is formed, it shall establish procedures to ensure on-going collaboration and consultation with any existing efforts to provide coordinated services for children.

Examples of collaboration efforts which currently exist in some local areas include, but are not limited to:

- Children and Family Coordinating councils as specified in Welfare and Institutions Code, commencing with Section 18986. (SB 997 of 1989; Presley-Brown Interagency Children's Services Act)

- Healthy Start Collaboratives as specified in California Education Code, commencing with section 8800. (SB 620 of 1991; Healthy Start Support Services for Children Act)

9. Attest in writing that the local collaborative body (described in 8 above) will make the reinvestment decisions (described in 7 above) regarding the use of funds made available through Medi-Cal reimbursements for LEA bundled services. The Statement of Commitment to Reinvest shall be signed by the authorized representatives for all members of the collaborative. (Attachment 2)

10. Submit an Annual Report by October 10th of each year to:

    California Department of Health Services
    Payment Systems Division
    Provider Enrollment
    P.O. Box 997413, MS 4707
    Sacramento, CA 95899-7413

    The annual report shall include data on expenditures and activities in the preceding fiscal year (July 1 – June 30), and service priorities for the current fiscal year. Continued enrollment is contingent upon an Annual Report being submitted.

    The Annual Report shall include:

    a) A list of the agencies and entities participating in the collaborative;

    b) A description of the collaborative and decision-making process, including frequency of collaborative meetings;

c) A summary of financial statement for the previous fiscal year identifying funds received and funds reinvested including collaboration, case management, and claims processing costs;

d) A detailed explanation of use or plans for use of any funds not accounted for in (c) above;

e) Anticipated service priorities for the current fiscal year;

f) A certification of State Matching Funds for LEA Services; and

g) A Statement of Commitment to Reinvest.

11. LEA providers shall adhere to and comply with all federal and state third party liability requirements prior to billing Medi-Cal, including, but not limited to, any policy directives issued by the Federal Health and Human Services and Centers for Medicare and Medicaid Services and those standards found in 42 United States Code Section 1396a(a) (25), 42 Code of Federal Regulations, Section 433.139; Welfare and Institutions Code Sections 14005, 14023.7, 14124.90; and Title 22, California Code of Regulations, Section 51005 and Article 15 commencing with Section 50761.

12. Any claims for LEA Services rendered by an LEA Provider shall conform with the standards set forth in Welfare and Institutions Code, Section 14115.

13. Not discriminate against any beneficiary on the basis of race, color, national or ethnic origin, sex, age, religion, political beliefs, or mental or physical disability.

14. Comply with confidentiality requirements as specified in 42 U.S. Code Section 1320c-9; 42 Code of Federal Regulations, Section 431.300; Welfare and Institutions Code, Section 14100.2; California Code of Regulations, Title 22, Section 51009; and California Education Code, Sections 49060 and 49073 through 49079.

15. The LEA shall ensure applicable state and federal requirements are met in rendering services under this agreement. It is understood and agreed that failure by the LEA to ensure applicable state and federal requirements are met in rendering services under this agreement shall be sufficient cause for the Department of Health Services to deny or recoup payments to the LEA and/or to terminate the contract. In the event of a federal audit disallowance, the LEA shall cooperate with the Department in replying to and complying with any federal audit exception related to the LEA Medi-Cal Billing Option. The LEA shall assume sole financial responsibility for any and all federal audit disallowances related to the rendering of services under this agreement. The LEA shall assume sole financial responsibility for any and all penalties and interest charged as a result of a federal audit disallowance related to the rendering of services under this agreement. The amount of the federal audit

disallowance, plus interest and penalties shall be payable on demand from the Department.

If an LEA fails to remit payment for a federal audit disallowance, and/or for any interest or penalties due to an audit disallowance, following a demand for such payment from the Department of Health Services, the department may, at its option: terminate the contract, withhold future payments to the LEA for services rendered, or recoup payments made to the LEA for services rendered under the LEA Medi-Cal Billing Option.

16. Utilize current safety net and traditional health care providers when those providers are accessible to specific school sites identified by the LEA to participate in this program, rather than adding duplicate capacity.

17. LEA providers shall adhere to and comply with all Federal Health and Human Services and Centers for Medicare and Medicaid Services requirements with respect to billing for services provided by other health care professionals under contract with the LEA.

    If an LEA bills for services provided by health care professionals under contract to the LEA, the services rendered by the contract practitioners must be the same as those offered by the LEA's employee practitioners and must only supplement the services which the LEA is already providing.

ARTICLE III – DEPARTMENT OF HEALTH SERVICES RESPONSIBILITIES

By entering into this agreement, the State Department of Health Services shall:

1. Remit payment to the LEA Provider for services rendered to eligible beneficiaries in accordance with applicable medical necessity and utilization review requirements, and billed in accordance with applicable claims submission requirements.

2. Make available to LEA Providers training in proper documentation and billing procedures.

3. Participate in the review of the LEA Annual Report in cooperation with the State Department of Education.

ARTICLE IV – GENERAL PROVISIONS

This contract constitutes the entire agreement between the parties. No condition, provision, agreement, or understanding not stated in the contract shall effect any rights, duties, or privileges in connection with this contract.

This contract shall not be altered except by an amendment in writing signed by both parties. No person is authorized to alter or vary the terms or make any representation or inducement relative to it, unless the alteration appears by way of a written amendment, signed by the duly authorized representatives of the Department of Health Services and the Local Educational Agency.

Activation of Agreement

This agreement will be considered in effect, upon:

1) Signature by authorized representatives of the LEA and the State Department of Health Services;

2) Receipt of the initial Certification of State Matching Funds for LEA Services (Attachment 1) from the LEA; and

3) Receipt of the initial Statement of Commitment to Reinvest (Attachment 2) from the LEA.

The agreement will remain in effect subject to annual receipt of the LEA Annual Report, which includes Certification of State Matching Funds, unless terminated under the procedures described below.

Agreement Termination

The LEA may terminate participation in the Medi-Cal program at any time by giving written notice to the Provider Enrollment Section of the Department of Health Services. A copy of the notice must be sent to the California Department of Education, School Health Connections/Healthy Start Office. The termination shall be effective on the last day of the month in which the notice of termination was given.

The Department of Health Services may terminate this contract and the participation of the LEA in the Medi-Cal program by giving written notification of the termination and a written statement of the grounds for termination to the LEA. A copy of the notice shall be sent to the California Department of Education, School Health Connections/Healthy Start Office. The termination shall be effective on the last day of the month in which the notice of termination was given. In cases where the Director determines that the health and welfare of beneficiaries or of the public is jeopardized by continuation of the contract, the contract shall be immediately terminated. In addition to other grounds for termination, failure to comply with any of the terms of this contract shall constitute cause for termination. The suspension or termination of an LEA's certification from the California Department of Education shall be grounds for the termination of this contract. The Director shall terminate this contract in the event that it is determined that the LEA does not meet the requirements for participation in the Medi-Cal program or that the LEA has failed to certify that the match of federal funds has been made. The Director may terminate

this contract in the event that it is determined that the LEA, or any employee or contract practitioner has violated the laws, regulations or rules governing the Medi-Cal program.

The Department of Health Services may suspend a LEA provider from participation in the Medi-Cal program in accordance with Welfare and Institutions Code Section 14123 and with the regulations contained in California Code of Regulations, Title 22, Division 3, Chapter 3, Article 6, commencing with Section 51452. Violation of any Medi-Cal statute, rule or regulation relating to the provisions of health care services under the California Medical Assistance Program by an LEA provider shall constitute grounds for issuing a reprimand, placing the provider on probationary status, or suspension from the Medi-Cal program. The type and degree of the sanction shall be governed by the severity of the violation. Mitigating circumstances shall be considered in reaching a final determination on whether administrative sanctions will be imposed and the extent and degree of their severity.

ARTICLE V – EXECUTION

This agreement shall be deemed duly executed and binding upon execution by all Parties below.

LEA Provider _____

Authorized Representative	2nd Authorized Representative (if necessary)
Print Name	Print Name
Title	Title
Date	Date

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

Authorized Representative

Print Name

Title

Date

CERTIFICATION OF STATE MATCHING FUNDS FOR LEA SERVICES

ATTACHMENT 1
LEA Medi-Cal Provider Participation Agreement

FOR STATE USE ONLY

Provider #

This is to certify that Local Educational Agency, _____, has $_____ available in non-federal matchable funds to draw down up to an equal amount of federal Medicaid funds for the fiscal year beginning July 1, 2004 and ending June 30, 2005.

This also certifies that once the Local Educational Agency named above has received reimbursement from Medicaid in the amount set forth above, billings from this Local Educational Agency shall cease until such time as it is certified that additional matchable funds are available.

The undersigned hereby warrants that she/he has the requisite authority to enter into this agreement on behalf of named School District/LEA and thereby bind the above named School District/LEA to the terms and conditions of the same.

_____ _____
Signature of Authorized Official Date

_____
Print Name

_____
Title

CERTIFICATION OF STATE MATCHING FUNDS FOR LEA SERVICES FOR RETROACTIVE CLAIMING

ATTACHMENT 1A
LEA Medi-Cal Provider Participation Agreement

FOR STATE USE ONLY

Provider #

This is to certify that Local Educational Agency, _____, has $_____ available in non-federal matchable funds to draw down up to an equal amount of federal Medicaid funds for the fiscal year beginning July 1, 2003 and ending June 30, 2004.

This also certifies that once the Local Educational Agency named above has received reimbursement from Medicaid in the amount set forth above, billings from this Local Educational Agency shall cease until such time as it is certified that additional matchable funds are available.

The undersigned hereby warrants that she/he has the requisite authority to enter into this agreement on behalf of named School District/LEA and thereby bind the above named School District/LEA to the terms and conditions of the same.

_____ _____
Signature of Authorized Official Date

_____
Print Name

_____
Title

ATTACHMENT 2
LEA Medi-Cal Provider Participation Agreement

_____
Provider #

_____
DHS Use Only

_____

STATEMENT OF COMMITMENT TO REINVEST

Local Educational Agency _____
hereby certifies that:

1) A local collaborative has been formed;

2) The local collaborative will include among its responsibilities the decision making process regarding the reinvestment of funds made available through participation in the LEA Medi-Cal Billing Option; and

3) The reinvestment of funds will remain within the school-linked support services identified in provision (7) of the Provider Participation Agreement.

Signatures of the local collaborative partners below indicate an understanding of and commitment to the above statement.

LEA COLLABORATIVE PARTNERS

Name: _____ Signature _____ Date
Title _____
Organization: _____

Name _____ Signature _____ Date
Title _____
Organization: _____

Name: _____ Signature _____ Date
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ATTACHMENT 2
LEA Medi-Cal Provider Participation Agreement

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