

Victor Valley Union School District LEA Medi-Cal Billing Funds Request Form

Name of Requestor: _____

Date: _____

Site: _____

Contact #: _____

VENDOR OF CHOICE	
ADDRESS OF VENDOR	
PHONE # OF VENDOR	
DOES VENDOR TAKE P.O.s?	
SHIPPING RATE (\$ or %)	

ITEM #	No. of Units	DESCRIPTION <small>(Attach description of items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines shown below.</i></small>	ITEM Amt	TOTAL AMOUNT	Medi-Cal Justification

Are other local/site funding resources available? If yes, please describe:

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Describe how this purchase will impact the learning of your students.

California State Standards / CAPA Standards to be addressed using the requested items.

Submit completed request form and supporting documentation to Loke Hume, Executive Asst. Business

Funding Guidelines:

Article II, Section (7) LEA Medi-Cal Billing Option Provider Participation Agreement

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 Senate Bill (SB) 620 originally outlines, and now can be found in California Education Code, Section 88004(g).

LEA Medi-Cal Billing Option Program reimbursement may be reinvested in allowable LEA services as set forth in 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 parent 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 mentoring, recreation, career development, and job placement.
10. Case management services.
11. Provisions of on-site Medi-Cal eligibility workers

Special Services Use Only

Special Services Director Signature _____

Collaborative Committee Action: (Yes/No)

- ____ Request meets requirements for supplementing services
- ____ Request meets funding guidelines
- ____ Site/other funding resources available for this request
- ____ Approve Request as submitted
- ____ Approve Request with the following changes:

____ Disapprove Request:

Collaborative Committee Chair

Date