

LOS ANGELES COUNTY OFFICE OF EDUCATION

AMENDMENT NO. 1
TO

CONTRACT TO REIMBURSE
ADMINISTRATIVE COSTS RELATED TO
CALIFORNIA SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES
2020-2023

The LOS ANGELES COUNTY OFFICE OF EDUCATION, a public educational agency, located at 9300 Imperial Highway, Downey, California 90242-2890, hereinafter referred to as "LACOE", and;

Azusa Unified School District, hereinafter referred to as "LEA", mutually agree to amend Contract C-20460 as follows:

1. The parties mutually agree that the following specified Attachments are part of Appendix A- Program Participation Agreement as issued by the Department of Health Care Services.

Appendix A-3: Addendum to Program Participation Agreement

Appendix A-4: Data Use Agreement, Attachment A- Data Match Record Layouts

This Amendment is effective upon execution. Any dates set forth in the original Contract and/or prior Amendment(s) shall be deemed updated/revised, if necessary, to be compatible with this Amendment. All other terms and conditions of the original Contract and/or prior Amendment(s) shall remain the same.

LOS ANGELES COUNTY
OFFICE OF EDUCATION

AZUSA UNIFIED SCHOOL DISTRICT

By _____
Patricia Smith
Chief Financial Officer

By _____
Latasha D. Jamal
Typed or Printed Name

Title Assistant Superintendent Business Service

Date _____
lm 4-13
ROC N/A

Date _____

APPENDIX A-3 ADDENDUM TO PROGRAM PARTICIPATION AGREEMENT

**School Based Medi-Cal Administrative Activities
ADDENDUM TO
PROGRAM PARTICIPATION AGREEMENT**

LEC/LGA Name: Los Angeles County Office of Education (COE) EVERGREEN PA

The Department of Health Care Services (DHCS) and Los Angeles COE agree that effective July 1, 2021, this addendum updates the Los Angeles COE Program Participation Agreement (PA), by adding in Article XIV to the PA. This Amendment adds the following Article to read as follows:

ARTICLE XIV – ALTERNATIVE FORMATTING

- A. Los Angeles (COE) assures the state that it complies with the Americans with Disabilities Act (ADA), which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA.
- B. Los Angeles (COE) will ensure that deliverables developed and produced pursuant to this Agreement comply with federal and state laws, regulations or requirements regarding accessibility and effective communication, including the Americans with Disabilities Act (42 U.S.C. § 12101, et. seq.), which prohibits discrimination on the basis of disability, and section 508 of the Rehabilitation Act of 1973 as amended (29 U.S.C. § 794 (d)). Specifically, electronic and printed documents intended as public communications must be produced to ensure the visual-impaired, hearing-impaired, and other special needs audiences are provided material information in the formats needed to provide the most assistance in making informed choices. These formats include but are not limited to braille, large font, and audio.

Except as amended herein, all other terms and conditions of the PA shall remain in full force and effect.

LEC/LGA Name: Los Angeles County Office of Education (COE)



Signature of Authorized Representative

Patricia Smith

Print Name of Authorized Representative

Chief Financial Officer

Title of Authorized Representative

9300 Imperial Hwy., Downey, CA 90242

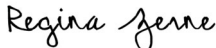
Address

Aug 3, 2021

Date

California Department of Health Care Services

DocuSigned by:



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Signature of Authorized Representative

Regina Zerme, Chief, School-Based Medi-Cal Claiming Services Section, on behalf of Brian Fitzgerald

Print Name of Authorized Representative

Chief, Local Governmental Financing Division

Title

Department of Health Care Services

Name of Department

1501 Capitol Avenue, MS 2628, Sacramento, CA 95899-7413

Address

November 22, 2021

Date

APPENDIX A-4 DATA USE AGREEMENT, ATTACHMENT A- DATA MATCH RECORD LAYOUTS

DEPARTMENT OF HEALTH CARE SERVICES**Data Use Agreement****Attachment A****Data Match Record Layouts**

The following table illustrates the Data Match Record Layout for the input file.

FIELD	SIZE	POSITION	COLUMN HEADING
Social Security Number	9	1-9	SSN
Last Name	20	10-29	Last Name
First Name	15	30-44	First Name
Middle Initial	1	45	Middle Initial
Date of Birth (CCYYMMDD)	8	46-53	DOB
Sex	1	54	Sex (Optional)
Provider Id	9	55-63	Provider Id
School Name	20	64-83	School Name
User data	20	84-103	User Data
County Code	2	104-105	County Code

The following table illustrates the Data Match Record Layout for the output file, which is a csv (comma-separated value) file that is easily opened in Excel.

FIELD	SIZE	POSITION	COLUMN HEADING
Double Quotes	1	1	
Social Security Number	9	2-10	SSN
Double Quotes	3	11-13	
Last Name	20	14-33	Last Name
Double Quotes	3	34-36	
First Name	15	37-51	First Name
Double Quotes	3	52-54	
Middle Initial	1	55	Middle Initial
Double Quotes	3	56-58	
Date of Birth (CCYYMMDD)	8	59-66	DOB
Double Quotes	3	67-69	
Sex	1	70	Sex (Optional)
Double Quotes	3	71-73	
Provider Id	9	74-82	Provider Id
Double Quotes	3	83-85	
School Name	20	86-105	School Name
Double Quotes	3	106-108	
User data	20	109-128	User Data
Double Quotes	3	129-131	
County Code	2	132-133	County Code
Double Quotes	3	134-136	
Beneficiary Identification Card Number	14	137-150	BIC Number
Double Quotes	3	151-153	
Beneficiary Identification Card Issue Date (CCYYMMDD)	8	154-161	BIC Issue Date
Double Quotes	3	162-164	
Match Indicator	1	165	Match or No Match
Double Quotes	3	166-168	
Record Eligibility Indicator	1	169	Eligible or Not
Double Quotes	3	170-172	
Eligibility Indicator	1	173	Eligible this month
Double Quotes	3	174-176	
Share of Cost Amount	5	177-181	Share of Cost Amount

Double Quotes	3	182-184	
Cert Day	2	185-186	Share of Cost Met
Double Quotes	3	187-189	
OHC Indicator	1	190	Other Health Care
Double Quotes	3	191-193	
FIELD	SIZE	POSITION	COLUMN HEADING
Eligibility Indicator	1	194	Eligible Prior Jan
Double Quotes	3	195-197	
Share of Cost Amount	5	198-202	Share of Cost Amount
Double Quotes	3	203-205	
Cert Day	2	206-207	Share of Cost Met
Double Quotes	3	208-210	
OHC Indicator	1	211	Other Health Care
Double Quotes	3	212-214	
Eligibility Indicator	1	215	Eligible Prior Feb
Double Quotes	3	216-218	
Share of Cost Amount	5	219-223	Share of Cost Amount
Double Quotes	3	224-226	
Cert Day	2	227-228	Share of Cost Met
Double Quotes	3	229-231	
OHC Indicator	1	232	Other Health Care
Double Quotes	3	233-235	

Eligibility Indicator	1	236	Eligible Prior Mar
Double Quotes	3	237-239	
Share of Cost Amount	5	240-244	Share of Cost Amount
Double Quotes	3	245-247	
Cert Day	2	248-249	Share of Cost Met
Double Quotes	3	250-252	
OHC Indicator	1	253	Other Health Care
Double Quotes	3	254-256	
Eligibility Indicator	1	257	Eligible Prior Apr
Double Quotes	3	258-260	
Share of Cost Amount	5	261-265	Share of Cost Amount
Double Quotes	3	266-268	
Cert Day	2	269-270	Share of Cost Met
Double Quotes	3	271-273	
OHC Indicator	1	274	Other Health Care
Double Quotes	3	275-277	
Eligibility Indicator	1	278	Eligible Prior May
Double Quotes	3	279-281	
Share of Cost Amount	5	282-286	Share of Cost Amount
Double Quotes	3	287-289	
FIELD	SIZE	POSITION	COLUMN HEADING
Cert Day	2	290-291	Share of Cost Met

Double Quotes	3	292-294	
OHC Indicator	1	295	Other Health Care
Double Quotes	3	296-298	
Eligibility Indicator	1	299	Eligible Prior Jun
Double Quotes	3	300-302	
Share of Cost Amount	5	303-307	Share of Cost Amount
Double Quotes	3	308-310	
Cert Day	2	311-312	Share of Cost Met
Double Quotes	3	313-15	
OHC Indicator	1	316	Other Health Care
Double Quotes	3	317-319	
Eligibility Indicator	1	320	Eligible Prior Jul
Double Quotes	3	321-323	
Share of Cost Amount	5	324-328	Share of Cost Amount
Double Quotes	3	329-331	
Cert Day	2	332-333	Share of Cost Met
Double Quotes	3	334-336	
OHC Indicator	1	337	Other Health Care
Double Quotes	3	338-340	
Eligibility Indicator	1	341	Eligible Prior Aug
Double Quotes	3	342-344	
Share of Cost Amount	5	345-349	Share of Cost Amount
Double Quotes	3	350-352	
Cert Day	2	353-354	Share of Cost Met
Double Quotes	3	355-357	

OHC Indicator	1	358	Other Health Care
Double Quotes	3	359-361	
Eligibility Indicator	1	362	Eligible Prior Sep
Double Quotes	3	363-365	
Share of Cost Amount	5	366-370	Share of Cost Amount
Double Quotes	3	371-373	
Cert Day	2	374-375	Share of Cost Met
Double Quotes	3	376-378	
OHC Indicator	1	379	Other Health Care
Double Quotes	3	380-382	
Eligibility Indicator	1	383	Eligible Prior Oct
Double Quotes	3	384-386	
Share of Cost Amount	5	387-391	Share of Cost Amount
Double Quotes	3	392-394	
Cert Day	2	395-396	Share of Cost Met
Double Quotes	3	397-399	
FIELD	SIZE	POSITION	COLUMN HEADING
OHC Indicator	1	400	Other Health Care
Double Quotes	3	401-403	
Eligibility Indicator	1	404	Eligible Prior Nov
Double Quotes	3	405-407	
Share of Cost Amount	5	408-412	Share of Cost Amount
Double Quotes	3	413-415	
Cert Day	2	416-417	Share of Cost Met
Double Quotes	3	418-420	
OHC Indicator	1	421	Other Health Care

Double Quotes	3	422-424	
Eligibility Indicator	1	425	Eligible Prior Dec
Double Quotes	3	426-428	
Share of Cost Amount	5	429-433	Share of Cost Amount
Double Quotes	3	434-436	
Cert Day	2	437-438	Share of Cost Met
Double Quotes	3	439-441	
OHC Indicator	1	442	Other Health Care
Double Quotes	3	443-445	
Meds Current Date CCYYMMDD	8	446-453	Report Date
Double Quotes	3	454-456	
FFP Eligible	1	457	FFP Qualified
Double Quotes	3	458-460	
Alternative Format Requested	41	461-501	Type of Alt. Format
Double Quotes	1	502	
Blank Spaces	835	503-1337	

The undersigned individual hereby attests that he/she is authorized to enter into this Agreement on behalf of the User and agrees to the terms of the addendum.

User Name: LOS ANGELES COUNTY OFFICE OF EDUCATION

Patricia Smith

Print Name of Authorized Representative

Chief Financial Officer

Title of Authorized Representative

9300 Imperial Highway, Downey, CA 90242

Address



Signature of Authorized Representative

Jan 25, 2022

Date

ROC N/A

The undersigned individual hereby attests that she is authorized to enter into this Agreement on behalf of DHCS and agrees to the terms of the addendum.

Regina Zerne

Staff Services Manager II, School Based Claiming Services Section

Medi-Cal Claiming Services Section

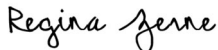
Local Governmental Financing Division

Department of Health Care Services

1501 Capitol Avenue, MS 2628

Sacramento, California 95899-7413

DocuSigned by:



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Signature of DHCS Representative

Enclosure: Attachment A: Data Match Record Layout (Amended)

AB