

LEA Medi-Cal Billing Option Program - At a Glance Self-Audit Checklist

The Department of Health Care Services (DHCS) Local Educational Agency (LEA) Medi-Cal Billing Option Program developed the 'At a Glance Self-Audit Checklist' to assist LEAs in ensuring the basic requirements are met in the administration and management of the LEA Medi-Cal Billing Option Program. LEAs are ultimately responsible for administrative functions and should be familiar with the LEA Program Website, department policies, program regulations, and the LEA Program Provider Manual. This checklist is for LEA administrative use only and it is not required to be submitted to DHCS.

1. Program Compliance

<u>Check</u> ✓		<u>Date</u>
	Provider Participation Agreement (Evergreen)	
	Data Use Agreement (Tri-Annually)	
	Annual Report (Annually)	
	Cost and Reimbursement Comparison Schedule (Annually)	

2. Basic Claim Documentation Requirements for LEA Medi-Cal Billing

(for each service billed to Medi-Cal)

<u>Check</u> ✓	
	Unique identification that can be linked to student's Medi-Cal ID (BIC#).
	Parental Consent for IEP/IFSP students.
	Name of student, student's date of birth, date of service, place of service, description of service, detailed documentation of service, name of agency rendering service, and name, title and signature of person rendering service, and supervisor's signature.
	Medically Necessary Services must be identified in student's IEP/IFSP.

Basic Requirements for Practitioners and Services

a. Practitioner Verification for LEA Covered Services

<u>Check</u> ✓	
	Documented evidence on file for each rendering practitioner's license, certification, registration, or credential to practice in California. <ul style="list-style-type: none"> • Authorization documentation is current and up to date

b. Nursing Services

<u>Check</u> ✓	
	Nursing services include functions such as basic health care associated with actual or potential health or illness problem or the treatment thereof. <ul style="list-style-type: none"> • IEP/IFSP health assessments • Non-IEP/IFSP health/nutrition assessments, health education/anticipatory guidance and vision assessment

i. Nursing Practitioners

<u>Check</u> ✓	
	When providing treatment, supervision is required for licensed registered nurse, certified nurse practitioner, and licensed vocational nurse by a registered credentialed nurse.

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II. Trained Health Care Aides

<u>Check</u> ✓	
	Must be supervised (by a physician, registered credentialed school nurse or public health nurse).
	May provide services for specialized physical health care services including, but not limited to, gastric tube feeding, suctioning, oxygen administration, catheterization, and nebulizer treatments.
	Documentation needs to support continuous billing.
	Supervisor's signature, title, and date on treatment logs.

b. Occupational Therapy/Physical Therapy Services and Practitioners

<u>Check</u> ✓	
	Occupational therapy/Physical Therapy services include: <ul style="list-style-type: none"> • IEP/IFSP physical therapy assessments • Non-IEP/IFSP developmental assessments • Occupational/Physical therapy treatments
	Requires a written prescription by a physician or podiatrist, within the practitioner's scope of practice. A parent, teacher or registered credentialed school nurse may request an assessment for a student in writing in substitution of a written prescription, referral or recommendation by an appropriate health services practitioner.
	The written prescription for all individual therapy/treatment services must be updated annually and maintained in student's files.

c. Psychology/Counseling Services and Practitioners

<u>Check</u> ✓	
	Psychology and counseling services include: <ul style="list-style-type: none"> • IEP/IFSP psychological assessments and psychosocial status assessments • Non-IEP/IFSP psychosocial status assessments and health education/anticipatory guidance • Psychology and counseling treatments, including individual and group treatments
	Requires a recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist, within the practitioner's scope of practice. A parent, teacher or registered credentialed school nurse may request an assessment for a student in writing in substitution of a written prescription, referral or recommendation by an appropriate health services practitioner.

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d. Speech Therapy Services and Practitioners

Check ✓	
	Speech therapy services include: <ul style="list-style-type: none"> • IEP/IFSP speech-language assessment • Non-IEP/IFSP developmental assessments and hearing assessments (includes screening test-pure tone and pure tone audiometry-threshold) • Speech-therapy treatments, including individual and group treatments
	Supervision required for Speech-Language Pathologist with a valid clinical or rehabilitative services credential with an authorization in language, speech and hearing or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.
	A written referral must be maintained in the student's files.
	Physician Based Standard: physician-signed protocol on file.

e. Specialized Medical Transportation Services

Check ✓	
	LEA medical covered services provided on-site/off-site.
	Miles tracked (odometer, mapping system).
	Transportation trip log (trip, mileage, pick-up & drop-off locations for each child).
	Transportation Services are billed on a day when the student received a Medicaid-covered service (other than transportation) at the service site, and both the covered service and the transportation are authorized in the student's IEP or IFSP.

3. Other Health Care (OHC) Coverage

Check ✓	
	LEA received a valid Denial Notice from OHC Insurer.
	The Denial Notice is for an individual student and for a specific type of procedure/service.
	The Denial Notice must reflect reasons for denial, such as service not covered, deductible not met, etc.

4. Practitioner License Verification

Check ✓	
	Billing (hours, cost, codes, modifiers)
	License Expiration Date

5. Record Retention

Check ✓	
	Keep necessary records for a minimum of three years from the date of submission of the CRCS to report the full extent of LEAs services furnished to the student. Note: If an audit and/or review is in process, LEA providers shall maintain documentation until the audit/review is completed, regardless of the three-year record retention time frame.