



# **LEA Medi-Cal Billing Option Program**

**September 24, 2015 Training – Part Two**

# Logistics and Questions

- ▶ Two part webinar – morning and afternoon session
  - 9:00 – 11:00
  - 1:00 – 3:00
- ▶ Submit questions via message box throughout webinar
- ▶ Q&A session includes 10 – 15 minute break

# Introductions

- ▶ California Department of Health Care Services (DHCS)
  - Safety Net Financing Division (SNFD)
    - Administers the LEA Program
  
- ▶ Audits and Investigations (A&I)
  - Financial Audits Branch (FAB)
    - Conducts financial audits/reviews of LEA Program providers
  - Medical Review Branch (MRB)
    - Performs federally mandated post-service, post-payment utilization reviews
  
- ▶ Navigant Consulting Inc. (NCI)
  - Consultant that works with SNFD to enhance the LEA Program

# Training Goals

- ▶ Provide guidance on how to correctly submit a CRCS
- ▶ Identify common CRCS submission errors
- ▶ Provide overview on types of CRCS audits
- ▶ Identify errors to look out for when completing a CRCS
- ▶ Provide general understanding of the CRCS audit process
- ▶ Overview of documentation requirements
- ▶ ICD-10 update
- ▶ Random Moment Time Study (RMTS) update

# Overview of Training Topics

- ▶ Section 1: CRCS Updates
- ▶ Section 2: “Lessons Learned” from A&I CRCS Audits
- ▶ Section 3: Documentation Requirements
- ▶ Section 4: ICD-10
- ▶ Section 5 : RMTS
- ▶ Section 6: Q & A

# Remember...

- ▶ It is the obligation of each LEA to ensure that they comply with current Medi-Cal policy pertaining to rendered services.
- ▶ ***It is the LEA***, not the billing vendor, ***that is ultimately responsible*** for Medi-Cal compliance in the LEA Program.

# ***CRCs Updates***



# Updates to FY 2013-14 CRCS

- ▶ Minor Revisions to CRCS:
  - Updated dates to reflect the new fiscal year period
  - Added subtotals on certain columns (locked cells)
- ▶ Certification Statement Updates:
  - Restructured into eight separate parts (letters A – H)
  - Signatory must now certify that the LEA will maintain documentation supporting the expenditures claimed
  - Signatory must acknowledge that all records related to funds expended are subject to review and audit by DHCS

# Zero Reimbursement Form 2437a

- ▶ **PPL 15-017** notifies LEAs of the CRCS Certification Statement for participating LEAs receiving no LEA Program reimbursement during a FY
- ▶ Single page form certifies that the LEA received zero reimbursements for the FY and that there are no expenditures to report
  - Form 2437a may be submitted in lieu of the multi-schedule CRCS Form 2437
  - Due by **November 30, 2015** for FY 13-14



State of California—Health and Human Services Agency  
Department of Health Care Services



JENNIFER KENT  
DIRECTOR

EDMUND G. BROWN, JR.  
GOVERNOR

DATE: July 1, 2015 PPL No. 15-017

TO: Local Educational Agencies (LEAs)

SUBJECT: NOTIFICATION OF NEW COST AND REIMBURSEMENT COMPARISON SCHEDULE (CRCS) CERTIFICATION STATEMENT FOR PARTICIPATING LEAs RECEIVING NO LEA MEDI-CAL BILLING OPTION REIMBURSEMENT DURING A FISCAL YEAR

This Policy and Procedure Letter (PPL) notifies LEAs participating in the LEA Medi-Cal Billing Option Program of a new certification statement pertaining to those LEAs that did not receive LEA Medi-Cal Billing Option reimbursement during the fiscal year.

To participate in the LEA Medi-Cal Billing Option Program, LEAs must submit a CRCS annually by the mandated date of November 30 to certify the public funds expended for LEA services pursuant to the requirements of the Code of Federal Regulations (CFR), Title 42, Part 433.5. This requirement is specified in the Provider Participation Agreement (PPA), and continued enrollment in the LEA Medi-Cal Billing Option Program is contingent upon submission of the CRCS.

Effective July 1, 2015, LEAs that do not receive any Medi-Cal reimbursement in the LEA Medi-Cal Billing Option Program must submit the new certification statement, "Certification of Zero Reimbursements for LEA Services DHCS Form 2437a", in lieu of the multi-schedule CRCS (existing DHCS Form 2437). The form may be accessed on the LEA Website.

If you have any questions concerning this PPL, please contact Mr. Rick Record, Chief, LEA Medi-Cal Billing Option Program, by phone at (916) 552-9222 or by e-mail at [Rick.Record@dhcs.ca.gov](mailto:Rick.Record@dhcs.ca.gov).

Sincerely,

ORIGINAL SIGNED BY SHELLY TAUNK FOR

Michelle Kristoff, Chief  
Medi-Cal Administrative Claiming Section

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Safety Net Financing Division  
1501 Capitol Avenue, MS 4503, P.O. Box 997436  
Sacramento, CA 95899-7436  
Phone: (916) 552-9113 Fax: (916) 324-0738  
[www.dhcs.ca.gov](http://www.dhcs.ca.gov)

# Overview of CRCS Acceptance

- ▶ Updated CRCS and instructional materials posted on LEA website in September
- ▶ CRCS is due to A&I/ARAS by **November 30<sup>th</sup>**
  - LEAs submit CRCS in both Excel and PDF formats, with naming convention, by e-mail to: [LEA.CRCS.Submission@dhcs.ca.gov](mailto:LEA.CRCS.Submission@dhcs.ca.gov)
- ▶ A&I ARAS reviews the CRCS
  - Acceptance is based on program compliance and completeness of the CRCS
  - The CRCS may be rejected due to non-compliance and/or report being incomplete

# Common CRCS Submission Errors

CRCS Reference	Topic	Errors
Certification page	Complete, signed, dated	<ul style="list-style-type: none"> <li>LEA Identification Section is not filled out</li> <li>PDF copy – not signed/dated</li> </ul>
PDF / Excel	Missing files	<ul style="list-style-type: none"> <li>Not submitting <u>both</u> PDF and Excel copies</li> </ul>
PDF / Excel	Missing pages and/or tabs	<ul style="list-style-type: none"> <li>PDF should include <u>ALL</u> pages (1a – 9b), including blank ones</li> <li>Excel should include all tabs (Cert – B4)</li> </ul>
PDF / Excel	Do not reconcile	<ul style="list-style-type: none"> <li>PDF and Excel copies of the CRCS do not reconcile. They should be exactly the same (other than the PDF copy should be signed/dated).</li> </ul>
PDF / Excel / Email subject line	Naming conventions	<ul style="list-style-type: none"> <li>Naming conventions for the PDF, Excel, and Email subject line should be:  FY1314.NPI.ProviderName.SubmissionDate.CRCS  Example: <b>FY1314.123456789.ABCUnified.120515.CRCS</b></li> </ul>

# CRCS Submission Non-compliance

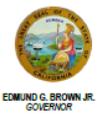
- ▶ CRCS 100% withhold process:
  - If the CRCS is not received by A&I by the due date, or was rejected due to non-compliance and/or report being incomplete, A&I/ARAS will start the 100% withhold process
    - First, a withhold letter will be mailed out to all the delinquent providers
    - Shortly after, a 100% withhold will be placed with Xerox, the fiscal intermediary
    - Withhold will stay in effect until a complete CRCS is received by A&I

# CRCS Submission Non-compliance - continued

- ▶ **PPL 15-019** notifies LEAs of CRCS Compliance Policy
  - Failure to submit CRCS by mandated due date of **November 30**, may result in future reimbursement withholds
  - Continued failure to submit CRCS may result in subsequent suspension from LEA Medi-Cal Billing Option Program



State of California—Health and Human Services Agency  
Department of Health Care Services



JENNIFER KENT  
DIRECTOR

EDMUND G. BROWN, JR.  
GOVERNOR

Date: July 24, 2015 PPL No. 15-019

To: Local Educational Agencies (LEAs)

Subject: NOTIFICATION OF THE COMPLIANCE PROCESS FOR LEAs THAT DO NOT SUBMIT THE COST AND REIMBURSEMENT COMPARISON SCHEDULE (CRCS) BY THE MANDATED DUE DATE.

This Policy and Procedure Letter (PPL) notifies LEAs participating in the LEA Medi-Cal Billing Option Program that LEAs will be placed on withhold from future reimbursements if they have not submitted the CRCS by the mandated due date of November 30, on each fiscal year, and therefore will be considered out of compliance.

Under the LEA Medi-Cal Billing Option Program, LEAs must annually certify that the public funds expended for LEA services provided are eligible for federal financial participation (FFP) pursuant to the requirements in the Code of Federal Regulations (CFR), Title 42, Section 433.50. The Department of Health Care Services (DHCS) must reconcile the interim Medi-Cal reimbursements to LEAs with the costs to provide the Medi-Cal services.

LEAs are required to adhere to the terms and conditions prescribed in the Provider Participation Agreement (PPA) which includes the annual submission requirement of the CRCS. Failure to submit the CRCS by the mandated due date may result in a 100% withhold from future reimbursements. LEAs that do not submit the CRCS by the annual mandated due date of November 30, will receive written notices to alert them that the requested document is past due. Continued failure to submit the CRCS may then result in subsequent suspension from the LEA Medi-Cal Billing Option Program.

Compliance and Reinstatement

In order to become compliant and to reinstate participation in the LEA Medi-Cal Billing Option Program, LEAs must submit all past due CRCS reports. After the required documents are accepted and filed by DHCS, LEAs will become eligible to receive retroactive reimbursements from the initial date of the withhold.

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Safety Net Financing Division  
1501 Capitol Avenue, MS 4603, P.O. Box 997436  
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Phone: (916) 552-9113 Fax: (916) 324-0738  
[www.dhcs.ca.gov](http://www.dhcs.ca.gov)

# CRCS Audit Scope

- ▶ A&I Special Programs Section (SPS) determines level of audit:
  - Minimal Audit - Performed from Auditor's desk. Primarily reconciliation of CRCS to third party records, i.e. Xerox and California Dept. of Education
  - Limited Audit - Audit of CRCS performed from the Auditor's desk
  - Field Audit – Field audit of the CRCS performed on site and may include a tour of the schools in the LEA
  
- ▶ **CRCS Documentation Training** is available at:  
[http://www.dhcs.ca.gov/individuals/Documents/ANI/ANI\\_LEA\\_CRCS\\_Documentation\\_PPT\\_Training\\_05.2011.pdf](http://www.dhcs.ca.gov/individuals/Documents/ANI/ANI_LEA_CRCS_Documentation_PPT_Training_05.2011.pdf)  
Beginning at Page 20 of 111

# CRCS Audit Scope

Minimal Audit	Limited Audit
<ul style="list-style-type: none"><li>• Is initiated without contacting the LEA</li></ul>	<ul style="list-style-type: none"><li>• Auditor initiates contact via telephone then email Notice of Limited Audit to the LEA</li></ul>
<ul style="list-style-type: none"><li>• Primarily reconciliation of CRCS to Fiscal Intermediary (Xerox) paid claims data &amp; California Dept. of Education indirect rate</li><li>• If there are no material variances &amp; no adjustments, CRCS is accepted as filed</li></ul>	<ul style="list-style-type: none"><li>• More detailed audit of items reported on CRCS</li><li>• LEAs provide A&amp;I with support for the CRCS</li></ul>
<ul style="list-style-type: none"><li>• If adjustments are made, 15 Day Exit Letter is sent with proposed adjustments and supporting audit work papers</li></ul>	<ul style="list-style-type: none"><li>• 15 Day Exit Letter is sent with proposed adjustments and supporting audit work papers</li></ul>
<ul style="list-style-type: none"><li>• LEAs have 15 calendar days to submit additional documentation</li></ul>	<ul style="list-style-type: none"><li>• LEAs have 15 calendar days to submit additional documentation</li></ul>

# CRCS Audit Scope

## Field Audit Prior to the Audit:

- LEAs will receive a telephone call from A&I to schedule an entrance conference regarding the field examination of the CRCS.
- A&I will send out the entrance letter and Document Request which includes a list of records A&I typically needs during the audit. Please have these records available by the time specified on the Document Request.

# CRCS Audit Scope

## Field Audit

### During the Audit:

- A&I will keep LEAs informed of the progress of the audit. Although the time needed for an audit varies, A&I will give LEAs an estimate of how long the audit engagement will last.
- A&I will be meeting with LEA staff during the audit to make requests for documentation and ask questions.
- A&I will discuss the audit issues and potential audit adjustments with LEAs during the audit.
- To reduce disruptions of business activities, let the auditor know the best time of day to meet with LEA representatives.

# CRCS Audit Scope

## Field Audit

### After the Audit:

- After the audit is complete, the Auditor will provide LEAs with a copy of proposed audit adjustments and supporting work papers.
- A&I will call to schedule an exit conference to discuss the audit findings.
- After the exit conference LEAs have 15 calendar days to submit any additional documentation.

# CRCS Final Settlement

- ▶ An audit report with the final settlement amount is issued.
- ▶ Post Audit Payment and Reimbursement Process:
  - Due to LEA
    - LEA will receive “Statement of Account Status” letter from Xerox identifying anticipated reimbursement amount and check date
    - Payment will be included in the check attached to the Medi-Cal Financial Summary and identified on line 8 (A/R Payments) with RAD code 710 “payment to provider of final cost settlement”
  - Due to State
    - Xerox will offset future claims until the amount due is fulfilled
    - On Provider’s Remittance Advice Report(s) as RAD Code 710



# ***“Lessons Learned” from CRCS Audits***



# CRCS Common Audit Findings

Summary of items to review before CRCS Submission based on recent audit findings. Refer to [CRCS Packet](#) for specific directions on how to report items on the CRCS.

CRCS Reference	Topic	Findings
W/S A	Indirect Cost Rate	<ul style="list-style-type: none"><li>• Not reporting the Indirect Cost Rate</li><li>• Some Providers are reporting an incorrect rate. Rates are published by California Department of Education(CDE). Refer to the link below: <a href="http://www.cde.ca.gov/fg/ac/ic/index.asp">http://www.cde.ca.gov/fg/ac/ic/index.asp</a></li></ul>
W/S A.1/B.1	Federally Funded Salaries & Benefits	<ul style="list-style-type: none"><li>• Not reporting Federal Revenues on column D</li></ul>
W/S A-1/B-1	Contractor Costs	<ul style="list-style-type: none"><li>• Not reporting contractor costs over \$25,000 on each sub agreement in the appropriate object code (i.e., code 5100)</li></ul>

# CRCS Common Audit Findings – continued

CRCS Reference	Topic	Findings
W/S A-3/B-3	FTEs and Hours Required to work	<ul style="list-style-type: none"> <li>• Some Providers are not reporting federally funded FTEs for practitioners whose time was spent providing LEA services.</li> <li>• This results in under-reporting total hours required to work.</li> </ul>
		<ul style="list-style-type: none"> <li>• Time providing LEA services exceeds 100 percent. This may be an indication that the hours required to work were reported incorrectly.</li> </ul>
		<ul style="list-style-type: none"> <li>• Not reporting hours worked during summer months</li> <li>• If summer salaries and benefits are reported, the corresponding hours required to work during summer should be included.</li> </ul>

# CRCS Common Audit Findings – continued

CRCS Reference	Topic	Findings
W/S A-4/ B-4	Units, Encounters & Reimbursement	<ul style="list-style-type: none"> <li>Reporting incorrect interim payment or not reporting it at all</li> </ul>
		<ul style="list-style-type: none"> <li>Under-reporting units from what was billed, even though the information is provided to the LEAs prior to filing CRCS</li> </ul>
		<ul style="list-style-type: none"> <li>Treatment logs maintained by LEAs, especially for THCA services, are not documenting the nature and extent of services provided.</li> </ul>
		<ul style="list-style-type: none"> <li>Treatment logs sometimes do not have signatures of the rendering practitioner and the supervisor in the case of THCA and LVNs.</li> </ul>

# ***Documentation “101”***



# LEA Documentation Responsibilities

- ▶ LEAs are responsible for ensuring proper billing and maintaining adequate documentation.
- ▶ A&I conducts audits of providers, not billing agents/vendors.
- ▶ LEAs need to keep records of instructions to billing agents/vendors.
- ▶ It is against regulation for billing agents/vendors to bill on a percentage basis for the processing of Medi-Cal claims.
  - [Code of Federal Regulations § 447.10](#)
  - [California Code of Regulations § 51502.1](#)

# LEA Documentation Responsibilities - continued

- ▶ LEA providers shall maintain records showing that all LEA practitioners, which it employs or with which it contracts, meet and shall continue to meet all appropriate licensing and certification requirements. - [CCR § 51270](#)
- ▶ LEA providers shall maintain records as necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary.
- ▶ Required records must be made at or near the time the service was rendered – [CCR § 51476](#)
- ▶ LEA provider must keep records for a **minimum** of three years, from CRCS submission date.
- ▶ 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.

# Documents Required to Bill

- ▶ To bill for services outlined in the LEA Medi-Cal Billing Option Program, the student may be required to have:
  - An assessment - [CCR § 51476](#)
  - An IEP/IFSP identifying medically necessary treatment - [CCR § 51535.5](#)
  - A referral/prescription authorizing treatment - [CCR § 51476](#)
  - Progress/case notes that support the service billed - [CCR § 51476](#)
  - A LEA Medi-Cal Billing Option Program service performed by a qualified practitioner - [CCR § 51491](#)
  - AND must be Medi-Cal Eligible - [CCR § 51535.5](#)

# Authorization for Assessment Services

- ▶ LEAs must document all assessments with either:
  - A written prescription
  - A written referral
  - A written recommendation
  - In substitution, a parent, teacher or registered credentialed school nurse can refer the student for an assessment
- ▶ The prescription, referral or recommendation must be documented in the student's file.

# Documenting Prescriptions, Referrals & Recommendations for Assessments

Assessment Type	Written Prescription	Written Referral	Written Recommendation
Psychological & Psychological Status			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 *
Health & Health Nutrition			By a Physician or Registered Credentialed School Nurse *
Audiology & Speech Therapy		By a Physician or Dentist within the practitioner's scope of practice	*
Physical Therapy & Occupational Therapy	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.

# Assessment Documentation

Written prescriptions, referrals and recommendations for assessments must be maintained in the student's file and include:

	Prescription/ Referral	Recommendation
School/District Name	✓	
Student's Name	✓	✓
Type of assessment needed	✓	
Parent, teacher, or practitioner observations and reason(s) for assessment	✓	✓
Name, title and signature of prescribing/referring practitioner	✓	✓
Date	✓	✓

# IEP/IFSP Treatment Services

- ▶ Treatment services must be billed according to the services identified in the student's IEP/IFSP and include:
  - Service type(s)
  - Number and frequency of LEA treatment service
  - Length of treatment, as appropriate
- ▶ The prescription, referral or recommendation must be documented in the student's file.

# Documenting Prescriptions, Referrals & Recommendations for Treatment

	Prescription	Referral	Recommendation
Physical Therapy and Occupational Therapy Treatment Services	By Physician or Podiatrist		
Speech Therapy and Audiology Treatment Services		*	
Psychology and Counseling Treatment Services			By Physician, Credentialed School Nurse, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Psychologist, or Licensed Educational Psychologist

\* A Physician Based Standards Protocol may be developed and used to document medical necessity of speech and audiology treatment services to meet California state requirements that a written referral be provided by a physician or dentist. The protocol does not fulfill federal requirements, as defined in 42 CFR 440.110(c), which requires a physician or other practitioner of the healing arts within the practitioner's scope of practice ( i.e., licensed speech language pathologist or licensed audiologist) to refer the student for speech and audiology treatment services. LEAs must meet both State and federal documentation requirements.

# Treatment Documentation

Written prescriptions, referrals and recommendations for treatment must be maintained in the student's file and include:

	Prescription/ Referral	Recommendation
Student's Name	✓	✓
Practitioner observations and reason(s) for treatment	✓	✓
Specific treatment needed (especially for medications/feedings)	✓	✓
Written statement in the student's file from the recommending practitioner		✓
Signature of prescribing/referring recommending practitioner	✓	✓
Name and Title of Practitioner	✓	
Date	✓	✓

# Treatment Services and Qualified Practitioners

Treatments	Qualified Practitioners *
Audiology	Licensed Audiologist or Audiologist
Nursing	Registered Credentialed School Nurse, Certified Public Health Nurse, Licensed Registered Nurse, Certified Nurse Practitioner, Licensed Vocational Nurse
Occupational Therapy	Registered Occupational Therapist
Psychology and Counseling	Licensed Physician/Psychiatrist, Licensed Clinical Social Worker, Licensed Psychologist, Licensed Educational Psychologist, Credentialed School Psychologist, Licensed Marriage and Family Therapist
Physical Therapy	Licensed Physical Therapist
Speech Language	Licensed Speech Language Pathologist or Speech Language Pathologist

\* Prior authorization and supervision requirements may apply. Only the services provided by a qualified practitioner, outlined in the LEA Medi-Cal Billing Option Program Provider Manual, may be billed under the LEA Medi-Cal Billing Option Program.

# Physician Based Standards Protocol

- ▶ LEAs may use an overall Physician Based Standards Protocol for Speech Pathology and Audiology treatment services.
  - **Protocol must be reviewed and approved** by a Physician **no less than once every two years**
  - Specific contents of a protocol may vary with each LEA

# Components of Physician Based Standards

- ▶ Basic elements of a protocol typically include:
  - **Eligibility and exit criteria**
  - Indication of **medical necessity** and speech language disorders are not due to unfamiliarity with the English language
  - Developmental **norms** for speech and language development
  - A statement that **assessment** and **treatment services** must be **documented** in writing
  - **Acknowledgement that parents are provided information** through the IEP process to share with their primary care physician
  - A **statement indicating that a physician** designated by the LEA is **available to audit records** for services billed to Medi-Cal where medical necessity is a requirement for reimbursement

# Documentation Requirements of Physician Based Standards

- ▶ In each student's file:
  - A copy of the cover letter with the physician's contact information and signature that states the physician reviewed and approved the protocol standards
  - Proof that the services rendered are consistent with the protocol standards
  
- ▶ In the LEAs file:
  - A printed copy of the protocol standards
  - Contact information for individuals responsible for developing the protocol standards
  - Contact information for the practitioners who have reviewed and rely upon the protocol standards to document medical necessity

# General Documentation Requirements

- ▶ Medi-Cal review of documentation for claims billed under the LEA Medi-Cal Billing Option Program may seek to verify:
  - The student received the billed service
  - The service was a Medi-Cal benefit
  - The service was performed by qualified personnel
  - Medical necessity and appropriate authorization for the service is documented in the student's IEP/IFSP

# Auditors Like to See...

- ▶ Documents that could stand alone
  
- ▶ Each service encounter with a Medi-Cal eligible student must be documented according to the Business and Professions Code of the specific practitioner type, and include, but not be limited to:
  - Date of service
  - Full name of student and birth date
  - Student's Medi-Cal identification number
  - Name of agency rendering the service
  - Name and title of practitioner or rendering the service
  - Place of service
  - Nature and extent of services rendered
  - Signature of rendering practitioner, and supervisor, if applicable

# Required Supporting Documentation

- ▶ Supporting documentation describes the nature and extent of services and includes, but is not limited to the following:
  - Progress and case notes
  - Contact logs
  - Nursing and health aide logs
  - Transportation trip logs
  - Assessment reports

# Description of Services

- ▶ Documentation must fully disclose the type and extent of services and answers questions such as:
  - **What was done and why?**
    - may reference IEP/IFSP goals or protocols
  - **How much?**
    - time, miles, feeding, medication
  - **What was response?**
    - context important
  - **Was any additional action taken or planned?**
    - next steps

# THCA Billing Supervision Requirements

- ▶ Trained Health Care Aides (THCA) may only provide services and bill under the supervision of a credentialed school nurse, public health nurse, or licensed physician.
- ▶ **NOTE:** The signature and title of the supervising practitioner along with the date signed, must be included on nursing treatment logs which may be included with supporting documentation required to bill for continuous monitoring of a medically necessary specialized physical health care service.

# Continuous Billing for Nursing & THCA Services

- ▶ Billed in 15 minute units
  - Must be 7 or more continuous minutes of physical health care services
  - Cannot add smaller time increments to make a unit
  - Continuous minutes = 1:1 care
  - Continuous means you cannot stop and do something else for a while unless someone else takes over
  - Documentation must occur for each time unit billed
  
- ▶ Includes specialized physical health care
  - Does not include behavioral supervision
  - Does not include 1:1 tutoring
  - Does not include service of less than 7 minutes

# Documentation Requirements for Nursing & THCA Treatment Services

- ▶ All nursing and THCA treatment service documents must include the information identified in the general documentation requirements section of this training **AND:**
  - Nursing logs
  - Supporting documentation describing the nature and extent of nursing and THCA service
- ▶ **NOTE:** The signature and title of the supervising practitioner along with the date signed, must be included on nursing treatment logs which may be included with supporting documentation required to bill for continuous monitoring of a medically necessary specialized physical health care service.

# Acceptable Continuous Billing Nursing Treatment Log

Student Name: \_\_\_\_\_ File Number: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

THCA Name: \_\_\_\_\_ THCA Supervisor: \_\_\_\_\_

TIME	ACTIVITY	RESP. RATE	RESPIRATION QUALITY (CIRCLE ONE)	SKIN COLOR (CIRCLE ONE)	SKIN QUALITY (CIRCLE ONE)	DEMEANOR (CIRCLE ONE)	TUBING CHECK (CIRCLE ONE)	TANK LEVEL	ACTION TAKEN (SEE PROGRESS NOTES)	INITIALS
9:00 - 9:15			Irregular Gasping Wheezing Labored Other _____	Blue Red Pink Gray Pallid Other _____	Warm Dry Moist Cold Cool Hot Other _____	Alert Agitated Responsive Somnolent Other _____	Kinked/ No Kinks Leaks/ No Leaks Other _____			
9:15 - 9:30			Irregular Gasping Wheezing Labored Other _____	Blue Red Pink Gray Pallid Other _____	Warm Dry Moist Cold Cool Hot Other _____	Alert Agitated Responsive Somnolent Other _____	Kinked/ No Kinks Leaks/ No Leaks Other _____			
9:30 - 9:45			Irregular Gasping Wheezing Labored Other _____	Blue Red Pink Gray Pallid Other _____	Warm Dry Moist Cold Cool Hot Other _____	Alert Agitated Responsive Somnolent Other _____	Kinked/ No Kinks Leaks/ No Leaks Other _____			
9:45 - 10:00			Irregular Gasping Wheezing Labored Other _____	Blue Red Pink Gray Pallid Other _____	Warm Dry Moist Cold Cool Hot Other _____	Alert Agitated Responsive Somnolent Other _____	Kinked/ No Kinks Leaks/ No Leaks Other _____			
10:00 - 10:15			Irregular Gasping Wheezing Labored Other _____	Blue Red Pink Gray Pallid Other _____	Warm Dry Moist Cold Cool Hot Other _____	Alert Agitated Responsive Somnolent Other _____	Kinked/ No Kinks Leaks/ No Leaks Other _____			
10:15 - 10:30			Irregular Gasping Wheezing Labored Other _____	Blue Red Pink Gray Pallid Other _____	Warm Dry Moist Cold Cool Hot Other _____	Alert Agitated Responsive Somnolent Other _____	Kinked/ No Kinks Leaks/ No Leaks Other _____			
10:30 - 10:45			Irregular Gasping Wheezing Labored Other _____	Blue Red Pink Gray Pallid Other _____	Warm Dry Moist Cold Cool Hot Other _____	Alert Agitated Responsive Somnolent Other _____	Kinked/ No Kinks Leaks/ No Leaks Other _____			

THCA Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Supervisor Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# Nursing & THCA Supporting Documentation

- ▶ Progress notes are required in addition to the nursing treatment log.
  
- ▶ Progress notes may describe:
  - Unlisted or other findings
  
  - Performance of tasks such as suctioning, replacing tubing
  
  - Notifies supervising professional
  
  - Summons emergency services

# Documentation for Nursing & THCA Services Must:

- ▶ Be objective
  - What was done, seen, heard or felt
- ▶ Be factual, accurate and specific, based on
  - IEP goals
  - Physician's orders
  - Nursing protocols
- ▶ Identify the presence as well as absence of characteristics
  - Every undesirable observation has at least one possible corresponding favorable observation

# Transportation

- ▶ In order to bill for medical transportation services through the LEA Medi-Cal Billing Option Program, the LEA **must**:
  - Provide transportation in a medical vehicle that contains lifts, ramps, and restraints
  - Document the need for health and transportation services in the students' IEP/IFSP
  - Provide a transportation trip log that includes the trip, mileage, origination point and destination point for each student, student's full name, and date transportation was provided
  - Review school attendance records to verify that the child was in school
  - Verify the student received an approved LEA school-based Medi-Cal service, other than transportation, on the date the transportation was provided
  
- ▶ [Transportation Billing Guide](#)

# Additional Documentation Resources

- ▶ Refer to the *Spring 2014 Documentation Training (April 29, 2014)* for more extensive documentation requirements and for examples of acceptable versus unacceptable documentation for specific services, located on the LEA Program training page at:  
<http://www.dhcs.ca.gov/provgovpart/Pages/2013LEA.aspx>
- ▶ Refer to the *Transportation Billing Guide* located under the *Manuals and Training* section of the LEA Program home page at: <http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>

# ICD-10



# ICD-10 Goals

- ▶ Today's training should provide you with:
  - A high-level understanding of ICD-10 changes
  - A review of two example 'crosswalks' that illustrate the complexity of ICD-10
  - LEA Program resources
  - Federal and State resources
  - Information on how to join tomorrow's CMS ICD-10 webinar
- ▶ This training will NOT teach you how to "crosswalk" between ICD-9 and ICD-10.

# ICD-10 Basics

## ▶ When?

- LEA ICD-10 is effective **October 1, 2015**

## ▶ Why?

- ICD-9 is outdated and limited (developed in 1979, collects limited information)

## ▶ Who?

- Impacts all entities covered by the Health Insurance Portability and Accountability Act (HIPAA)

## ▶ How?

- On **October 1, 2015**, all health care services provided in the US must report using ICD-10 diagnosis codes; claims with ICD-9 codes will not be paid

# ICD-10 Mapping

- ▶ Approximately 14,500 ICD-9  70,000 ICD-10 codes
- ▶ General Equivalence Mapping (GEMs)
  - Developed by CMS
  - Optional tool that can be used to convert data from ICD-9-CM to ICD-10-CM (backwards conversion from ICD-10 to ICD-9 is also available)
  - **LIMITATION:** Generally provides only one suggestion; other codes may be better 'match' for the student
- ▶ ICD-10 Tabular List may be helpful to identify other possible codes

# ICD-10 Tabular List

## Table of Contents

- 1 Certain infectious and parasitic diseases (A00-B99)
- 2 Neoplasms (C00-D49)
- 3 Diseases of the blood and blood-forming organs, certain disorders involving the immune mechanism D50-D89)
- 4 Endocrine, nutritional and metabolic diseases (E00-E89)
- 5 Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
- 6 Diseases of the nervous system (G00-G99)
- 7 Diseases of the eye and adnexa (H00-H59)
- 8 Diseases of the ear and mastoid process (H60-H95)
- 9 Diseases of the circulatory system (I00-I99)
- 10 Diseases of the respiratory system (J00-J99)
- 11 Diseases of the digestive system (K00-K95)
- 12 Diseases of the skin and subcutaneous tissue (L00-L99)
- 13 Diseases of the musculoskeletal system and connective tissue (M00-M99)
- 14 Diseases of the genitourinary system (N00-N99)
- 15 Pregnancy, childbirth and the puerperium (O00-O9A)
- 16 Certain conditions originating in the perinatal period (P00-P96)
- 17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
- 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
- 19 Injury, poisoning and certain other consequences of external causes (S00-T88)
- 20 External causes of morbidity (V00-Y99)
- 21 Factors influencing health status and contact with health services (Z00-Z99)

# LEA Example #1 (Easy)

## ICD-9 Code

343.9  
“Cerebral Palsy,  
NOS”



## Potential ICD-10 Codes

G80.9 – Cerebral Palsy, Unspecified (GEM)

### Identified in Tabular List

### **G80 - Cerebral palsy**

- G80.0 - Spastic quadriplegic cerebral palsy
- G80.1 - Spastic diplegic cerebral palsy
- G80.2 - Spastic hemiplegic cerebral palsy
- G80.3 - Athetoid cerebral palsy
- G80.4 - Ataxic cerebral palsy
- G80.8 - Other cerebral palsy
- G80.9 - Cerebral palsy, unspecified

# LEA Example #2 (More Complex)

## Possible ICD-10 Codes

### ICD-9 Code

V57.3  
“Speech-  
language therapy  
(Care involving  
speech-language  
therapy)”



Z51.89 – Encounter for Other Specified Aftercare (GEM)  
*Note: Z 51 series codes also include aftercare for chemotherapy, radiation therapy, and palliative care*

### Identified in Tabular List

Symptoms and signs involving speech & voice (R47-R49)  
*19 Codes*

Speech articulation impairment due to intellectual disabilities (F70-F79)  
*6 Codes*

Specific developmental disorders of speech and language (F80)  
*7 Codes*

Others.... ASHA identifies 350 codes for “common” speech-language pathology services

# LEA Program Resources

- ▶ SNFD has posted a table listing the LEA Program's Top 20 most commonly billed ICD-9 Codes and their CMS-identified GEM(s).
- ▶ Table should **not** be relied upon as an ICD-9 to ICD-10 strict “crosswalk” for LEAs
  - May be used as a starting point in ICD-10 identification process; **NOT DHCS OFFICIAL GUIDANCE**
  - Each LEA responsible for determining if a better ICD-10 ‘match’ exists for the student
- ▶ Available on the LEA Program website at: [ICD-10 General Equivalence Mapping](#)

# ICD-10 Resources

## ▶ General Resources

- [www.cms.gov/ICD10](http://www.cms.gov/ICD10) (includes information on GEMs)
- [www.roadto10.org](http://www.roadto10.org)
- <http://cdn.roadto10.org/wp-uploads/2014/08/2015-ICD-10-CM-Tabular-List-of-Diseases-and-Injuries.pdf>
- <http://www.asha.org/Practice/reimbursement/coding/ICD-10/>
  - Includes a mapping tool for speech and audiology related ICD-9 Codes

## ▶ Medi-Cal Resources

- [http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa\\_icd10\\_home.asp](http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_icd10_home.asp)
- Providers may submit ICD-10-related questions to:  
[ICD-10Medi-Cal@xerox.com](mailto:ICD-10Medi-Cal@xerox.com)

# CMS Training

- ▶ Webinar **tomorrow** – **Friday 25<sup>th</sup>**
- ▶ Overview of topics (delivered by medical and certified coding staff):
  - Overview of ICD-10
  - Clinical/Business Impacts of ICD-10
  - Customizable Action Plan
  - Documentation Requirements for Common Health Conditions
  - Interactive Practice Clinical Scenarios
  - Testing
  - Resources
- ▶ Register at **Pre-registration**
- ▶ **Join WebEx meeting**
  - Meeting number: 649 426 295 Meeting password: Webinar
- ▶ **Join by phone**
  - Dial In: 1-866-338-0145 PC: 953 405 96#

# ***Random Moment Time Study***



# Random Moment Time Study (RMTS)

- ▶ What is RMTS?
  - A **statistical sampling technique** that will be used to capture the amount of time spent providing **direct services** to students by qualified health service practitioners that bill in the LEA Medi-Cal Billing Option Program
- ▶ Why is DHCS moving to RMTS for the LEA Program?
  - As a term and condition of DHCS' resolution to the SMAA program deferral, **DHCS agreed to implement a combined cost allocation methodology** for the SMAA and LEA Medi-Cal Billing Option Programs
- ▶ SPA 15-021 will be submitted to CMS by **9/30/2015** and will include references to RMTS methodology.

# Impact on LEA Billing Option Program

State of California — Health and Human Services Agency

California Department of Health Care Services  
LEA Medi-Cal Billing Option Program

- RMTS results will be used to replace the “percentage of time” component on the CRCS:

**Worksheet A: Costs of Providing LEA Services Documented in an IEP or IFSP**

Practitioner Type	Does Your LEA Receive Federal Funding for this Practitioner Type? (Yes or No)	<div style="border: 1px solid red; padding: 2px; display: inline-block;">Salaries + Benefits + Other Costs – Federal Funds</div> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">Replaced by RMTS %</div>		
		Net Total Personnel Costs A	Percent of Time Providing LEA Services Documented in an IEP or IFSP B	Cost of Providing LEA Services Documented in an IEP or IFSP C = A*B
Psychologists	No	239,354	8.84%	21,164
Social Workers		-	0	-
Counselors		-	0	-
School Nurses	No	76,580	12.07%	9,241
Licensed Vocational Nurses		-	0	-
Trained Health Care Aides	Yes	184,101	28.24%	51,996
Speech-Language Pathologists	No	345,248	24.67%	85,157
Audiologists		-	0	-
Physical Therapists		-	0	-
Occupational Therapists		-	0	-
Physicians/Psychiatrists		-	0	-

a. Service Costs (Sum, F1 - F11)	\$ 167,557
b. Service Costs Excluded from Indirect Cost Rate Application	\$ 752
c. Service Costs Included in Indirect Cost Rate Application (a - b)	\$ 166,806
d. Indirect Cost Rate	6.22%
e. Indirect Costs (c * d)	\$ 10,375
f. Total Service Costs (a + e)	\$ 177,933
g. Federal Medical Assistance Percentage (FMAP)	50.00%
h. Medi-Cal Maximum Reimbursable (f * g)	\$ 88,966
i. Interim Medi-Cal Reimbursement for LEA Services Documented in an IEP or IFSP	\$ 90,992
j. Overpayment/(Underpayment) (i - h)	\$ 2,025

Multiplied by Medicaid Eligibility Ratio

# RMTS Design

- ▶ DHCS is working with a group of stakeholders on the RMTS design for the LEA Program.
  - Ten Implementation Advisory Group (IAG) meetings to date
  - IAG meeting summaries on the LEA Program Website at: [http://www.dhcs.ca.gov/provgovpart/Pages/LEA\\_RMTS.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/LEA_RMTS.aspx)
- ▶ The RMTS Stakeholder Feedback Tool is available on the LEA Program website (RMTS landing page, link above).
  - Submitted comments will be addressed during IAG Meetings
  - Submitted comments are treated confidentially

# RMTS Resources



## Local Educational Agency

The Local Educational Agency (LEA) Medi-Cal Billing reimbursement for health assessment and treatment within the school environment. A LEA provider (generalist or specialist) who employs or contracts with qualified medical practitioners.

### Getting Started

- LEA Program Requirements and Links to Required Documents
- NEW - Onboarding Handbook
- NEW - Internal Administrative Functions Chart

### Program Information

- LEA Program Description
- Related Programs
- Glossary of Terms

- NEW - Random Moment Time Study

## Random Moment Time Study (RMTS)

The LEA Medi-Cal Billing Option Program will be transitioning to a Random Moment Time Study (RMTS) as part of the cost settlement process. The Department of Health Care Services (DHCS) is working on the design and development of a new RMTS for Direct Services provided through the LEA Medi-Cal Billing Option Program. The results of the RMTS will be combined with provider-specific costs, in order to determine provider-specific reimbursement for direct service claiming.

*For an overview of RMTS and the RMTS areas and topics that impact LEAs participating in the LEA Medi-Cal Billing Option Program, please click on the link below:*

[RMTS Quick Profile Page](#)

Overview of RMTS and how it impacts the LEA Program

DHCS maintains RMTS as a standard meeting. In addition, DHCS has developed an Implementation Advisory Group (IAG) comprised of a limited number of technically qualified stakeholders. The IAG participants work in a collaborative environment with DHCS on RMTS implementation issues, and welcome your thoughts and feedback on this matter. The link to the Stakeholder Feedback Tool below provides you with an opportunity to provide feedback related to RMTS Implementation for the LEA Medi-Cal Billing Option Program. The IAG commits to reviewing and discussing comments received, but will not be responding to individual stakeholders.

*IAG welcomes input from stakeholders on RMTS implementation issues, please click on the link below:*

[Stakeholder Feedback Tool](#)

Feedback Tool

Following are the RMTS IAG meeting summaries:

[RMTS IAG Summary - July 15, 2015](#)

[RMTS IAG Summary - June 24, 2015](#)

[RMTS IAG Summary - June 3, 2015](#)

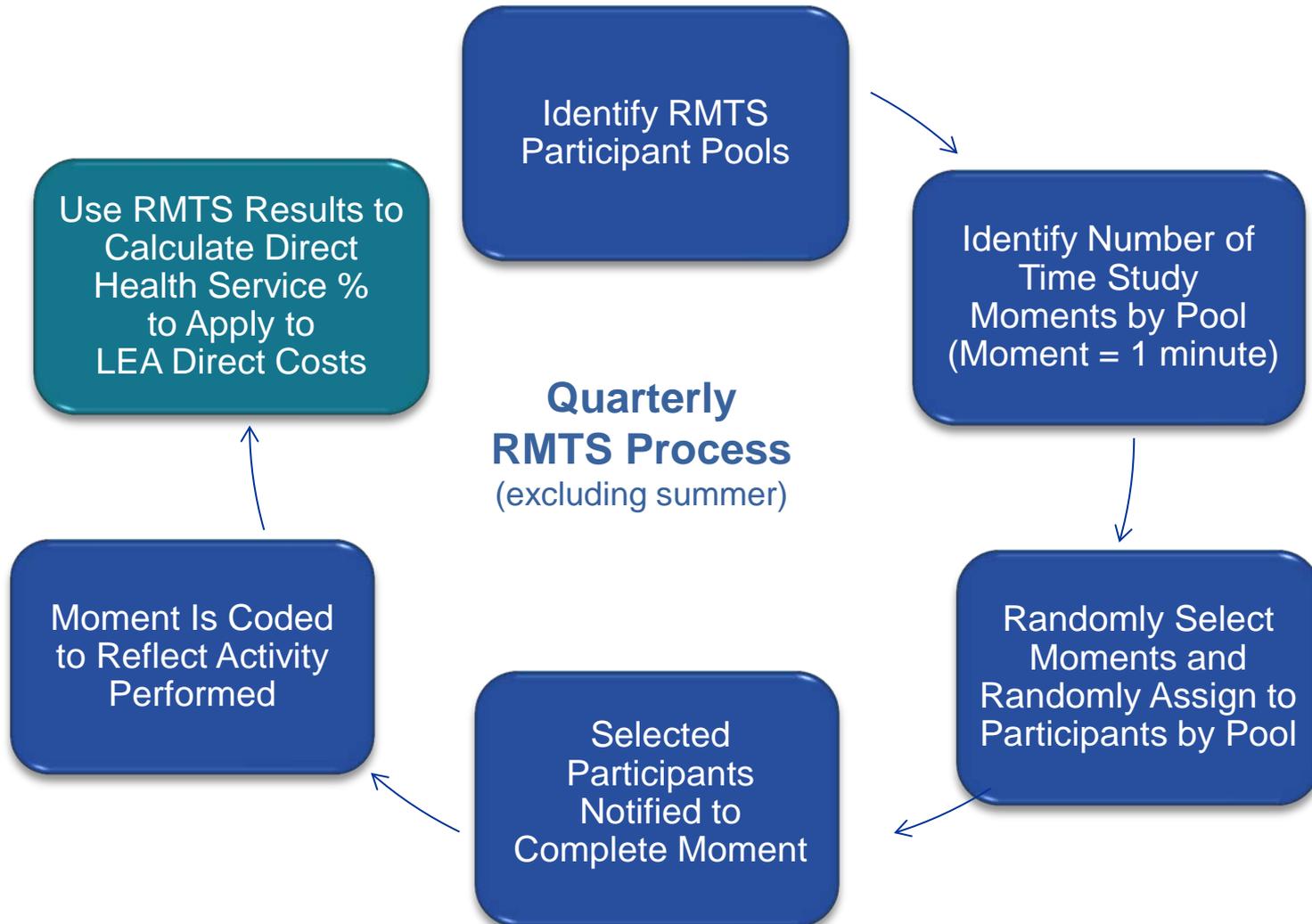
[RMTS IAG Summary - May 20, 2015](#)

[RMTS IAG Summary - April 28, 2015](#)

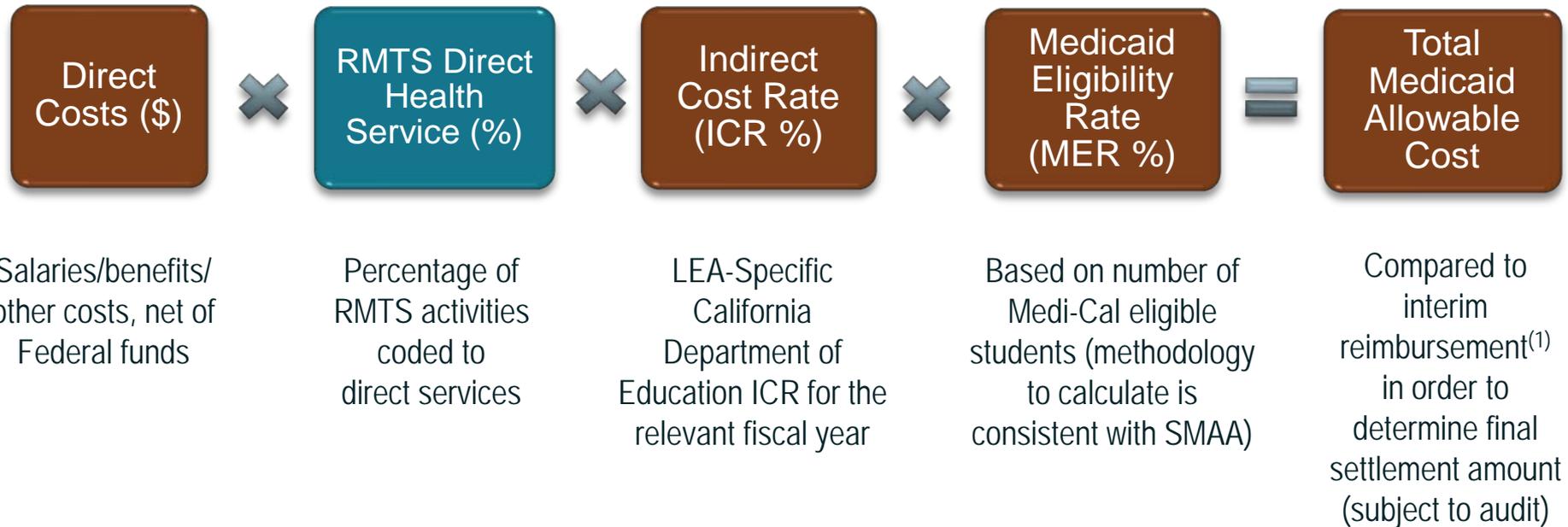
[RMTS IAG Summary - April 8, 2015](#)

IAG Meeting Summaries

# Steps in the Quarterly RMTS Process



# RMTS – Impact on Cost Settlement



*Notes: Subject to CMS Approval; Transportation cost settlement will follow a separate methodology, which will not utilize RMTS results.*

*Note: (1) Under LEA Medi-Cal Billing Option Program*

# LEA Billing Option Program

## RMTS “Quiz”

Question	YES	NO
Will LEAs continue to submit claims to Medi-Cal?	✓	
Will my LEA continue to receive interim reimbursement for submitted claims within the LEA Billing Option Program?	✓	
Will RMTS eliminate the need for the CRCS?		✓
Will LEAs be required to continue reporting salaries, benefits and other costs on an annual cost report?	✓	
Does RMTS eliminate the need to document delivery of services?		✓
Is my LEA required to participate in RMTS, once implemented?	✓	
Can I communicate my questions/concerns to DHCS? <a href="http://www.dhcs.ca.gov/provgovpart/Pages/LEA_RMTS.aspx">http://www.dhcs.ca.gov/provgovpart/Pages/LEA_RMTS.aspx</a>	✓	

**Note: Responses are subject to CMS SPA Approval**

# ***10 Minute Break*** ***for*** ***Questions and Answers***



# *Questions and Answers*

