

Meeting Overview

The LEA BOP Quarterly Meeting (QM) was hosted by the Department of Health Care Services (DHCS) on January 28, 2026, via Microsoft Teams webinar. Prior to the meeting, materials (including slides) were distributed to participants via e-mail. The [January QM video](#) and [January QM slides](#) for the afternoon session have been posted on the [LEA BOP Trainings](#) webpage. Additionally, the meeting agenda and Provider Status Update are now available on the [Quarterly Meeting](#) webpage. Over 500 attendees were present at the January 2026 meeting.

Quarterly Meeting (QM) Minutes

- » [October 2025 meeting minutes](#) are available online.
- » Comments on these January 2026 QM Meeting Minutes should be sent via e-mail to the LEA Inbox at LEA@dhcs.ca.gov.
 - If feedback is not received, the meeting minutes will be considered final.
 - If feedback that substantively changes these meeting minutes is received, the modified minutes will be sent via email and posted online.

Local Governmental Financing Division (LGFD)

Discussion Points

Practitioner Enrollment Requirement

- » DHCS provided an overview of the new Medi-Cal practitioner enrollment requirement based on the [Centers for Medicare and Medicaid Services \(CMS\) 2023 Guidance](#) for School-Based Services (CMS Guidance).
- » Practitioners who have an established enrollment pathway in the Provider Application and Validation for Enrollment (PAVE) system must be enrolled in Medi-Cal for the LEA to be eligible to receive reimbursement for LEA BOP services by those practitioners.
- » This requirement is effective July 1, 2026.
- » The requirement applies to both employed and contracted practitioners

- » DHCS reviewed the practitioner types that have an established enrollment pathway. Eligible practitioners must enroll as Medi-Cal providers using the [Provider Application and Validation for Enrollment \(PAVE\) Portal](#).
- » DHCS noted that enrollment may be completed through the Ordering, Referring, and Prescribing (ORP) enrollment pathway, which serves as a streamlined enrollment option, or as a fee-for-service Medi-Cal provider.
- » Enrollment through the ORP pathway *does not*:
 - Impact which practitioners can order, refer, or prescribe for LEA BOP services, because orders, referrals, and prescriptions are governed by state law and are described in the LEA BOP [Provider Manual](#).
 - Require a practitioner to start ordering, referring, or prescribing.
- » When practitioners enroll using the ORP enrollment pathway, the effective date is either one-year before DHCS received the application or the effective date of their professional license, whichever is a shorter time period.
 - If the licensed practitioner has a retroactive effective date on or before July 1, 2026, they will be compliant with the Medi-Cal enrollment requirement and their costs may be placed on the fiscal year 2026-27 LEA BOP Cost and Reimbursement Comparison Schedule (CRCS).
- » DHCS clarified that practitioners without an enrollment pathway are not required to enroll and may continue providing services under the LEA's enrollment as an LEA BOP provider.
 - Licensed Educational Psychologists (LEPs) and Registered Credentialed School Nurses (RCSNs) were previously eligible to enroll in Medi-Cal to recommend services but no longer have an enrollment pathway. Moving forward, these two practitioners may continue providing recommendations for services within their scope of practice without enrolling in Medi-Cal.
- » DHCS outlined next steps, including how LEAs can begin enrolling practitioners using the PAVE Portal, provided links to the training materials from the [November 2025 Practitioner Enrollment Training](#), and discussed upcoming guidance to support LEAs with implementation.
- » DHCS is also developing a phased-in approach to ensure a smooth transition for LEAs and their practitioners while supporting the workload management for DHCS. DHCS will provide more information on the approach in the coming weeks.

- » More information about this policy can be found in [Policy and Procedure Letter 26-001](#), which was published January 26, 2026.

Frequently Asked Questions (FAQs) about Practitioner Enrollment

- » DHCS reported receiving approximately 25 questions related to practitioner enrollment and reviewed a selection of frequently asked questions during the meeting. DHCS held a live Question-and-Answer (Q&A) to address questions not covered in the FAQs slides. FAQs will be finalized and posted on the LEA BOP website.
- » DHCS clarified that the new practitioner enrollment requirement does not impact the claims submission process for interim reimbursement. Services provided by practitioners who are required to enroll but have not done so by the required effective date will be addressed through the cost settlement process, with associated costs removed from the CRCS.
- » DHCS clarified that if a practitioner holds both a license and a credential but is hired and billed only under a credentialed position, the practitioner is not required to enroll in Medi-Cal with their license.
 - For example, Speech-Language Pathologists (SLPs) who hold a license and credential but are hired and billed only under a credentialed role are not required to enroll as Medi-Cal providers.
 - However, practitioners who are hired based on their license are required to enroll if they have an eligible enrollment pathway.
- » DHCS clarified that RCSNs and LEPs may continue making recommendations for psychological and counseling services without enrolling as ORP providers, as these services only require recommendations and not orders, referrals, or prescriptions.
- » For practitioners experiencing challenges with the PAVE Portal, DHCS referred participants to the resources shared during the November 2025 Training (published on the [LEA BOP website](#)), which provides a step-by-step ORP enrollment tutorial.
- » DHCS confirmed that practitioners enrolling under the ORP enrollment pathway can receive a one-year retroactive effective date from the date DHCS received the application or the effective date of the professional license if less than one year from the application received date.

- » Regarding Community Health Workers (CHWs), DHCS noted that CMS has approved them as billable providers through the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program, but they do not have a Medi-Cal enrollment pathway and will not be required to enroll in Medi-Cal. DHCS is currently working on a State Plan Amendment (SPA) to add CHWs as a qualified rendering practitioner in the LEA BOP. CHWs will be a billable practitioner type upon approval of the SPA.
- » DHCS addressed questions related to practitioners who may choose not to enroll. If the practitioner is hired at the credential level and services are billed under a credentialed role, enrollment is not required; however, if services are billed under a license, enrollment is required. DHCS noted that additional clarification will be provided in updated FAQs on this topic.
- » DHCS clarified that practitioners with an eligible enrollment pathway are required to enroll in Medi-Cal regardless of whether they are employees or contractors of the LEA.

Specialized Medical Transportation

- » DHCS shared that CMS added a new specialized medical transportation requirement, which will require the specific transport adaptation to be clearly identified as medically necessary in the student's IEP or IFSP. This requirement is effective July 1, 2026.
- » DHCS shared the upcoming steps to support LEAs with the implementation of the new requirement.
 - DHCS has been working with the California Department of Education (CDE) on this new requirement and will continue to work with CDE and Special Education Local Plan Area (SELPA) partners to provide additional guidance on where and how to document the need for specialized medical transportation in the IEP/IFSP.
 - A PPL will be released to provide further directions to LEAs prior to the July 1, 2026, effective date.
 - DHCS recommends LEAs start reviewing and updating their IEP/IFSP documentation process to maintain compliance for continued billing for specialized medical transportation.
- » DHCS acknowledged questions regarding IEPs that span multiple years, including whether updated documentation and signatures are needed or if the new language can be added during the IEP renewal process. DHCS noted that this issue is under careful consideration due to the potential administrative

burden on LEAs and requested feedback from stakeholders on approaches to address IEP-mandated timelines and ensure that the medical need for specially adapted transportation is documented as of July 1, 2026.

SPA Updates

- » DHCS shared that the SPA package is currently in the final stages of management review prior to submitting to CMS. The intended effective date is July 1, 2026, in compliance with the May 2023 CMS Guidance and to allow all changes to take effect at the beginning of the fiscal year. The proposed amendment includes expanding the qualified practitioners, updating reimbursement methodologies, clarifying policies, and removing outdated requirements.
- » DHCS will notify LEAs when the public notice period begins and will continue to share updates on this topic as they arise.

Reminders / Announcements

Protected Health Information (PHI)

- » LEAs should protect patient information by redacting PHI before sharing documents or screenshots.
- » Any PHI sent via e-mail on Outlook must be encrypted with “[secure]” to ensure privacy and use confidential mode, password-protect attachments, or third-party encryption services for other email platforms. This helps comply with the Health Insurance Portability and Accountability Act (HIPAA), DHCS policy and prevents data breaches.

Mental Health Coordination

- » LEA BOP covers mental health assessments and treatments, which must be provided by qualified practitioners to be billed to LEA BOP. LEAs are encouraged to coordinate these services with their respective Managed Care Organization (MCO), SELPAs, County Office of Education (COE), and County Mental Health Plan (MHP). For more information, please review [PPL 20-051](#) (November 5, 2020).

Provider Participation Agreement (PPA)

- » DHCS provided overdue reminders for the PPA and indicated that targeted outreach will be conducted for LEAs that missed the December 31, 2025,

submission deadline. DHCS also reported that 83 percent of LEAs submitted their PPAs on time.

Annual Report (AR) Fiscal Year (FY) 2025-26

- » DHCS provided reminders regarding the AR for FY 2025–26, which is now overdue and requires immediate submission to avoid compliance issues. Send all completed Annual Reports to LEA.AnnualReport@dhcs.ca.gov.

Program Status Updates

- » DHCS announced that audits for FY 2014–15 are complete. DHCS also shared that audits for FYs 2015–16, 2019–20, 2020–21, and 2022–23 are nearly complete.
- » This accomplishment demonstrates the dedication of LEAs, program partners, and DHCS to upholding program integrity. DHCS extended its gratitude to LEAs, billing vendors, the Audits and Investigations team, and the LGFD Provider Relations Unit for their significant roles in achieving complete compliance with this requirement.
- » DHCS discussed the transition from backcasting (amending prior cost reports so that the payment methodology is compliant with SPA 15-021), noting that backcasting has allowed LEAs to receive payments for multiple fiscal years within a single year. As backcasting comes to an end, LEAs were advised to plan for a transition back to only receiving payments for one fiscal year annually.

Contact Information

- » General Questions (LEA BOP, CRCS) & Technical Assistance Requests: LEA@dhcs.ca.gov
- » Audit Questions: LEAAuditQuestions@dhcs.ca.gov
- » Compliance Forms & Documents (Provider Participation Agreement, Annual Report, and Data Use Agreement): LEA.AnnualReport@dhcs.ca.gov
- » CRCS Submissions: LEA.CRCS.Submission@dhcs.ca.gov
- » Random Moment Time Study (RMTS)-related questions: RMTS@dhcs.ca.gov

Afternoon Session

During the afternoon session, DHCS covered the impact of the 2023 CMS Guidance on the random moment time study (RMTS) and discussed several key changes proposed in the Time Study Implementation Plan (TSIP) that will be submitted shortly to CMS.

Impact of the 2023 CMS Guidance on the RMTS

DHCS reviewed CMS expectations for the RMTS and discussed how the 2023 CMS School-Based Services Guidance impacts RMTS requirements. DHCS emphasized that RMTS methodologies must be statistically valid, uniformly applied, and adequately documented. Participants were reminded that RMTS moments must accurately reflect staff activities at the sampled time, be clear and detailed, be coded correctly, and be supported by sufficient documentation for audit purposes.

RMTS Foundations

DHCS provided an overview of the RMTS, including its purpose as a federally approved time study methodology used to allocate costs for the LEA BOP and School-Based Medi-Cal Administrative Activities (SMAA) Program. The session reviewed RMTS administration, the role of the RMTS Administrative Unit, and the importance of maintaining accurate Time Study Participant (TSP) lists. DHCS highlighted how RMTS results impact reimbursement and reinforced the importance of detailed and timely moment responses to support compliance and audit readiness.

Key Changes with the Proposed TSIP

DHCS reviewed proposed updates to the TSIP, which are intended to align RMTS methodology with CMS requirements and are pending CMS approval. Key topics included proposed changes related to Quarter 1 RMTS participation, new calendar requirements, and the 85 percent response rate compliance requirement. DHCS emphasized that these changes would apply to both the LEA BOP and SMAA Program and shared implementation considerations. Participants were advised that additional guidance will be provided once CMS approval is received.

**Next LEA BOP Quarterly Meeting:
Wednesday, April 29, 2026, 10:30 a.m. – 3:00 p.m. PT
(Webinar via Microsoft Teams)**