

Meeting Overview

The LEA BOP Quarterly Meeting (QM) was hosted by the Department of Health Care Services (DHCS) on April 29, 2026, via Microsoft Teams webinar. Prior to the meeting, materials (including slides) were distributed to participants via e-mail. These materials will also be available on the DHCS website at: [LEA BOP Quarterly Meeting Summaries](#). Over 475 attendees were present at the April 2026 meeting.

Quarterly Meeting (QM) Minutes

The [January 2026 meeting minutes](#) have been finalized and are available online.

Local Governmental Financing Division (LGFD)

Discussion Points

Understanding the Cost Settlement Process

- » DHCS reviewed the cost settlement process and fiscal year timelines. LEAs were reminded that:
 - Cost and Reimbursement Comparison Schedule (CRCS) reports are due March 1.
 - Claims must be submitted within one year of the date of service.
 - Audits and Investigations (A&I) has 18 months from a cost report's submission to complete final settlement.
- » DHCS provided an update on audit timelines, noting that backcasted CRCS audits are nearly complete. DHCS indicated that current audit activity mainly relates to Fiscal Year (FY) 2023–24, with interim settlement payments already issued and final settlement payments expected by September 2026.
- » DHCS reviewed expected settlement trends and emphasized that, as backcasting concludes, LEAs should generally plan for one interim settlement and one final settlement each FY moving forward.

Practitioner Enrollment Requirement

- » DHCS provided an overview of the practitioner enrollment in Medi-Cal requirement outlined in [Policy and Procedure Letter \(PPL\) 26-001](#), effective July 1, 2026, based on the [2023 Guidance for School-Based Services](#) that was issued by the Centers for Medicare and Medicaid Services (CMS). The Medi-Cal enrollment requirement applies to both employed and contracted practitioners that have an established enrollment pathway.
- » DHCS noted that [all eligible practitioners](#) may enroll through the Ordering, Referring, and Prescribing (ORP) enrollment pathway through the [Provider Application and Validation for Enrollment \(PAVE\) Portal](#), as an administrative workaround that allows up to a one-year retroactive effective date. ORP enrollment through PAVE does not change practitioner scope of practice or legal authority.
- » Practitioners without an enrollment pathway are not required to enroll as a Medi-Cal provider. No additional steps are required, and LEAs may continue billing for services provided by these practitioners.
- » DHCS implemented a phased-in approach to provide a suggested timeline for enrolling each practitioner type into Medi-Cal in a timely manner with the ORP application, to support the Provider Enrollment Division (PED) and the LEAs during the large influx of application submissions.
- » DHCS is offering this approach for LEAs that find it easier to organize enrollment by practitioner type. Following the phased-in approach is not mandatory and practitioners do not have to submit their applications in the designated phases. DHCS still highly recommends practitioners to enroll as soon as possible. Phases will start in April 2026 and end in March 2027, as follows:
 - Phase I – April to June 2026: Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Physician Assistants, Licensed Physicians.
 - Phase II – August to September 2026: Licensed Speech Language Pathologists, Licensed Respiratory Care Practitioners.
 - Phase III – October to November 2026: Licensed Occupational Therapists, Licensed Optometrists.
 - Phase IV – December 2026 to January 2027: Licensed Psychologists, Licensed Audiologists.
 - Phase V – February to March 2027: Certified Nurse Practitioners, Licensed Physical Therapists.

- » DHCS conducted a live question-and-answer session. The following clarifications were noted during the live question-and-answer session:
 - DHCS clarified that the practitioner enrollment requirement does not impact interim claims submission. Services provided by practitioners who are required to enroll, but have not yet enrolled by the effective date, will be addressed through the cost settlement process.
 - DHCS clarified that practitioners with both a license and credential, which are hired under credentialed positions, are not required to enroll if their license is not used to fulfill job duties. In contrast, practitioners who are hired under credentialed positions and use their license to fulfill job duties are required to enroll with their license (if an enrollment pathway exists).
 - DHCS referred participants to the [November 2025 Practitioner Enrollment in Medi-Cal Training](#) slides and [Frequently Asked Questions \(FAQs\)](#) to address common enrollment questions.

Specialized Medical Transportation

- » DHCS reviewed current LEA BOP policy for claiming Specialized Medical Transportation and reiterated that transportation is only billable when all the following requirements are met:
 - Specialized medical transportation must be provided in a specially adapted vehicle or a vehicle that contains specialized equipment.
 - The student must receive a LEA BOP-covered medical service, as authorized in their Individualized Education Program (IEP) or Individualized Family Services Plan (IFSP), at the service site.
 - Transportation must be authorized in the student's IEP or IFSP.
- » In addition to these three requirements, DHCS highlighted a new requirement that will be effective July 1, 2026.
 - To align with CMS requirements, the **specific adaptation** (either physical or environmental) will be required to be documented in the student's IEP or IFSP.
 - DHCS clarified that the presence of a bus aide alone (on a standard school bus) or simple seat belts do not make a vehicle specially adapted.
- » DHCS encouraged LEAs to begin preparing for this change now by reviewing and updating their IEP/IFSP documentation process related to transportation. DHCS will be releasing guidance in a [forthcoming PPL](#) and will work with the

California Special Education Local Plan Areas (SELPA) Association to update the Specialized Medical Transportation Claiming Guide.

State Plan Amendment (SPA) Updates

- » DHCS noted that methodology changes, practitioner additions, and other policy updates require CMS approval prior to statewide implementation, and shared that the [proposed SPA](#) will be released for a 30-day public comment period.
- » DHCS clarified that CMS has instructed states to proceed with operating a Quarter 1 Random Moment Time Study (RMTS), even if CMS approval is pending. Furthermore, LEAs are encouraged to include the proposed practitioner types (Certified Wellness Coaches, Community Health Workers, Licensed Professional Clinical Counselors, and Associate Professional Clinical Counselors) on their Quarter 1 Time Study Participant (TSP) Lists if those practitioners will potentially be providing direct services. DHCS noted that if any new practitioners are ultimately not approved by CMS, adjustments would be made through the cost settlement process.

Announcements

Time Study Implementation Plan (TSIP)

- » DHCS shared that the [draft of the proposed TSIP](#) was submitted to CMS on March 25, 2026, and is posted on the LEA BOP website. Once approved by CMS, the TSIP will serve as official policy as of July 1, 2026.
- » DHCS also previewed the new [TSP training video](#), which will be used annually to train TSPs on their role in the RMTS process. The video will be distributed to LEA RMTS Coordinators by their RMTS Administrative Units to share with their TSPs and is also available on the [RMTS website](#).

Ad Hoc Workgroup Updates

- » Starting FY 2026-27, all subcommittees will be concluded, and all topics will be addressed in one Ad Hoc Workgroup. The RMTS subcommittee will be conducted separately.
- » DHCS is seeking new members for the Ad Hoc Workgroup FY 2026-27 who have prior experience with the LEA BOP. Membership includes a three-year commitment with representation from LEAs of varying types, sizes and locations. An e-blast with application details was released on May 8, 2026.

Medi-Cal Enrollment Ratio (MER) / Parental Consent Updates

- » DHCS noted that the MER remains a key component of the LEA BOP payment methodology and shared that, following the 2023 CMS guidance, DHCS is working with the California Department of Education (CDE) to maintain current MER functionality. DHCS noted that data use agreements will be updated and reminded LEAs that the process will be changing as of July 1, 2026.
- » The goal is for CDE to gather student enrollment data on the annual California Basic Educational Data System (CBEDS) date and provide student information to DHCS so that the dataset can be matched to the Medi-Cal eligibility data. The number of students that were matched will be provided to LEAs to support the MER included in the CRCS.

Reminders

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program and Practitioner Enrollment Impact on RMTS

- » DHCS reviewed the overlap between LEA BOP and the CYBHI Fee Schedule Program, noting that when a LEA participates in both the LEA BOP and CYBHI, behavioral health claims without a TM or TL modifier will be denied under LEA BOP. All CYBHI payments will be offset on the LEA BOP cost report.
- » DHCS reminded LEAs that CYBHI participation does not impact RMTS participation requirements. LEAs can continue to put direct service practitioners that are billed under the CYBHI Fee Schedule on their TSP list, if those practitioners may potentially provide LEA BOP covered services. Additionally, coding of RMTS moments remains unchanged.
- » Additionally, practitioner Medi-Cal enrollment status does not affect RMTS participation, and LEAs should continue to include direct service practitioners on the TSP List regardless of enrollment status. Enrollment through PAVE takes time and has a one-year retroactive effective date. At this point, there is no need to remove practitioners from the TSP list if they are still in the process of enrolling to be a Medi-Cal provider through the PAVE Portal.

Protected Health Information (PHI)

- » DHCS reiterated the importance of protecting PHI to comply with Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and DHCS policies to prevent data breaches. LEAs were reminded to redact PHI whenever possible, minimize unnecessary sharing, and use secure transmission methods, including approved secure file-sharing tools,

when PHI must be shared. DHCS also advised LEAs to consider using the MOVEit platform when submitting documents.

- » DHCS noted that adding “[secure]” in the subject line does not sufficiently secure the data and noted that email encryption is required, either through password protection or use of a third-party encryption service.

Mental Health Coordination

- » DHCS reviewed mental health coordination requirements and clarified that the LEA BOP covers eligible mental health assessments and treatment services. LEAs may continue to refer students to managed care plans, county mental health plans, SELPAs, or ORP providers, as appropriate.

Contact Information

- » General Questions & 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
- » RMTS-related questions: RMTS@dhcs.ca.gov
- » PAVE Help Desk: 1-866-252-1949

Afternoon Session

During the afternoon session, DHCS provided a RMTS refresher and reviewed best practices for completing RMTS moment responses, followed by an overview of audit-ready RMTS documentation requirements.

RMTS Refresher

DHCS provided a brief refresher on RMTS, including school-based Medicaid agency oversight, the role of TSPs, and the importance of timely and accurate moment responses, and reiterated that RMTS responses directly impact reimbursement and compliance. DHCS also noted that Local Educational Consortiums (LECs) will be referred to as RMTS Administrative Units (AU) in alignment with the TSIP.

Best Practices for Moment Responses

DHCS reviewed best practices for RMTS moment responses, emphasizing that responses must be timely, clear, detailed, and accurately describe activities at the sampled moment. DHCS reiterated that clarifying questions (CQs) will be asked when responses

lack sufficient detail. DHCS also highlighted the important role of LEA RMTS Coordinators in supporting this process.

Audit-Ready RMTS Documentation

DHCS reviewed RMTS documentation requirements and noted that prior Office of the Inspector General (OIG) audits have requested supporting documentation to substantiate RMTS moment responses, emphasizing that narratives must be sufficiently detailed to allow for independent review. DHCS also clarified that for administrative activity moments, the RMTS response itself serves as the primary documentation, while direct medical service moments require supplemental service-level documentation.

The Quarterly Coding Report (QCR) is a report generated by the RMTS AU including all sampled moments in the quarter and each moment's assigned Activity Code. It contains all individual TSP responses and assigned Activity Codes for the quarter and can support LEAs in gathering documentation for moments. Beginning in FY 2026-27, a standardized QCR Coding and Documentation Certification Form will be issued for LEA RMTS Coordinators [the person that supports the administration of the RMTS for their LEA for the LEA BOP and/or School-Based Medi-Cal Administrative Activities Program]. The form will be used to indicate that they have the appropriate documentation to support the moments, per program requirements, and that they agree with the coding assigned to each moment. LEAs that dispute any moment coding will not certify and sign the Form until a resolution has been reached.

**Next LEA BOP Quarterly Stakeholder Meeting: Wednesday, August 5, 2026,
10:30 a.m. – 3:00 p.m. Pacific Time (Webinar via Microsoft Teams)**