



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



GAVIN NEWSOM
GOVERNOR

DATE: July 8, 2020

PPL No. 20-029

TO: Local Educational Agency (LEA)

SUBJECT: NOTIFICATION OF EXPANSION OF COVERED SERVICE
POPULATION UNDER THE LOCAL EDUCATIONAL AGENCY MEDI-
CAL BILLING OPTION PROGRAM (LEA BOP)

This Policy and Procedure Letter (PPL) notifies LEAs participating in the LEA BOP that the population of covered Medi-Cal beneficiaries has expanded, effective July 1, 2015. The covered population under the LEA BOP now includes services provided to all students that require medically necessary health care services that may not be related to an Individualized Education Plan (IEP), or Individualized Family Services Plan (IFSP), as further outlined in this PPL.

State Plan Amendment (SPA) 15-021 was approved by the Centers for Medicare and Medicaid Services (CMS) on April 27, 2020. This SPA expands access to Federal Medicaid funds for LEAs, through the following three primary changes: (1) incorporating Random Moment Time Survey (RMTS) into the cost settlement process, (2) adding new service practitioners and new services covered under the LEA BOP, and (3) expanding the population covered under the LEA BOP to include Medicaid beneficiaries outside of special education, including mandated screenings¹, to those covered by an Individualized Health and Support Plan (IHSP) also known as a “Care Plan”.² This PPL covers the changes that will take place due to the implementation of the IHSP into the LEA BOP.

Overview of Individualized Plans

IEPs, IFSPs, and IHSPs are integral components to improving educational results for many students. Treatment services rendered to Medi-Cal enrolled beneficiaries that are reimbursable through the LEA BOP must be pursuant to an IEP, IFSP, or IHSP.

¹ *Mandated Screenings based on Early and Periodic Screening, Diagnostic and Treatment (EPSDT).*

² *A “Care Plan” is a medical management tool for providing medically necessary healthcare services to a student in a school setting. Other common names for a “Care Plan” are a nursing plan, IHSP, Plan of Care, Individualized School Healthcare Plan or 504 Plan.*

Assessments and mandated screening services to establish medical necessity pursuant to a Care Plan are also reimbursable LEA BOP services.

An IHSP is a plan of care used by the LEA as a medical management tool for providing medically necessary direct healthcare services to a student in a school setting. The plan must be developed by a registered credentialed school nurse or a qualified medical practitioner acting within their scope of practice, in collaboration with the parent or guardian, and if appropriate, the student. An IHSP must be signed by the health care practitioner that developed the plan.

The IHSP can stand on its own, or can be incorporated into an IEP, IFSP, or a Section 504 Plan of the 1973 Rehabilitation Act. Other common names for an IHSP can include, but are not limited to: individualized school healthcare plan, individualized healthcare plan, treatment plan, plan of care, and nursing plan. The LEA may develop separate IHSPs for specific categories of treatment services appropriate for the student, or can develop a single IHSP to include a number of different types of treatment services provided to the student.

IHSP Requirements to Bill for LEA Services

To seek LEA BOP reimbursement for a covered service, the student does not need to be receiving special education services and does not need to be eligible under the Individuals with Disabilities Education Act (IDEA). In order to be reimbursable through the LEA BOP, all non-IEP/IFSP covered treatment services must be documented in an IHSP. The IHSP documentation must identify the healthcare needs of the student and must include, at minimum, the following:

- Medical necessity for treatment services, supported by a prescription, recommendation or a referral from a qualified medical practitioner (qualified medical practitioners are outlined in each individual service section of the LEA Provider Manual);
- Treatment services to be provided to the student;
- Plan for duration and frequency of treatment services;
- Any necessary training, supervision and monitoring of designated school staff; and
- Plan for evaluating and reporting student outcomes and changes.
- A method to ensure and document safe, consistent provision of services to the student.

The prior claiming limit of 24 non-IEP/IFSP services in a 12 month period is no longer applicable to Medi-Cal beneficiaries.

As of July 1, 2015, LEAs have the option to back bill for all covered services that are provided to non-IEP/IFSP students under an IHSP, subject to existing claims processing utilization controls that are outlined in the LEA Provider Manual. The retroactive billing can include services rendered beyond the prior limitation of 24 services in a 12 month

period. Additional information on retroactive billing and backcasting will be published in a forthcoming PPL.

Specialized Medical Transportation and Targeted Case Management (TCM) services are only allowable for IEP/IFSP students; therefore, those services are not billable for non-IEP/IFSP students regardless of whether they are pursuant to an IHSP. For more information regarding IEPs and IFSPs, refer to the *Local Educational Agency (LEA): Individualized Plans* section of the LEA Provider Manual.

If you have questions concerning this PPL, please contact the LEA BOP by e-mail at LEA@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY RICK RECORD

Rick Record, Chief
Local Educational Agency Medi-Cal Billing Option Program