



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



GAVIN NEWSOM
GOVERNOR

Date: July 29, 2020 **PPL NO. 20-031**

To: Local Educational Agencies (LEA Providers), Local Educational Consortiums (LECs), and Local Governmental Agencies (LGAs)

Subject: NOTIFICATION OF NEW REQUIREMENTS FOR TIME SURVEY PARTICIPANT EQUIVALENCY REQUESTS FOR THE LOCAL EDUCATIONAL AGENCY (LEA) MEDI-CAL BILLING OPTION PROGRAM (BOP) UNDER THE RANDOM MOMENT TIME SURVEY (RMTS) PROCESS

This Policy and Procedure Letter (PPL) notifies LEA Providers that will participate in the RMTS process under the LEA BOP (beginning July 1, 2020) of the new requirements for submitting a Participant Pool 1 Time Survey Participant (TSP) Equivalency Request (DHCS Form) to the Department of Health Care Services (DHCS). The requirements that are outlined in this PPL only pertain to requests for TSPs that are listed in Participant Pool 1. Requirements for TSPs in Participant Pool 2 can be found in the 2019 SMAA Manual (Section 6).

The direct service providers that are outlined in Participant Pool 1 have been approved by the Centers for Medicare and Medicaid Services (CMS). Requests for exceptions to Participant Pool 1 must be approved by DHCS, and will only be considered for practitioners listed in the LEA BOP Provider Manual, section *loc ed rend*. The Participant Pool 1 TSP Equivalency Request Form must be used to submit exceptions for a specific job classification, which covers multiple TSPs who perform and bill for LEA BOP services, or for one (1) individual TSP that provides direct medical services but may not necessarily fit the job categories listed in Participant Pool 1. Note Job Classification #32 (Other position approved by CMS for the LEA BOP) must be approved through the TSP Equivalency Request form process by DHCS.

For all requests, the LEA must provide DHCS a detailed justification and a copy of the job description that meet the requirements of the job categories listed on the CMS approved job classifications list. Specific job classification exception requests only require a one-time submission. If DHCS grants approval for the exception request, no further requests need to be made for the specific job classification. Requests for an individual TSP would be made when the LEA does not intend to request equivalency for an entire job classification, but has a limited number of employees that meet LEA BOP

requirements and intends to bill for these practitioners through the LEA Program. In these cases, the requests must be submitted on a case-by-case basis to ensure that the TSP will be performing billable direct medical services as a primary job function.

The table below provides an example of the two different approaches for completing the Participant Pool 1 TSP Equivalency Request Form:

	Specific Job Classification Example	Individual TSP Example
Approved Job Classification:	Trained Health Care Aide (THCA)	THCA
Job title of TSP exception request:	Paraprofessional <i>* In this example, all staff with this job title perform THCA covered services</i>	Health Specialist <i>* In this example, <u>one</u> health specialist performs THCA covered services</i>
Applicable population:	One specific job classification exception request is made to DHCS because there are multiple paraprofessionals that all provide direct medical services.	One individual TSP exception request is made per LEA employee; however, if there is a second employed “health specialist” that the LEA would like to include in Participant Pool 1, the LEA must submit a separate specific Job Classification Exception Request for each employee.
Applicable time period:	Once the TSP Exception Request is granted, the LEA does not need to re-apply for the exception. However, the LEA must let DHCS know if the job duties for this job title change so that DHCS can ensure that the job title still meets the exception criteria.	

Requests must be submitted to DHCS no later than forty-five (45) calendar days prior to the beginning of a new quarterly time survey. Note that if your LEA received DHCS approval of an equivalency request prior to July 1, 2020 for Participant Pool 1, you will need to resubmit your request. Equivalency requests granted for Participant Pool 1 in previous periods will no longer be effective as of July 1, 2020. Equivalency requests previously granted for Participant Pool 2 will continue to be effective as of July 1, 2020.

Exception requests for State Fiscal Year 2020-21 Quarter 2 (the first quarter in which the LEA Program will be part of the RMTS process) can be submitted at any time, but **must** be submitted no later than Friday, August 14, 2020. Any equivalency requests received after Friday, August 14, 2020, may not be considered by DHCS until the following quarter. Approved requests will be provided to the LEA and their respective LEC/LGA no later than seven (7) calendar days prior to the beginning of a new quarterly time survey. Each LEC/LGA and LEA will maintain the approved equivalency forms for the LEAs within its service region for both Participant Pools 1 and 2. The TSP Equivalency Requests can be electronically mailed to the RMTS inbox at RMTS@dhcs.ca.gov.

PPL 20-031
Page 3
July 23, 2020

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

Sincerely,

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