



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



GAVIN NEWSOM  
GOVERNOR

DATE: October 28, 2020

PPL No. 20-046

TO: Local Educational Agency (LEA)

SUBJECT: NOTIFICATION OF NEW REQUIREMENTS FOR THE QUARTER ONE TIME SURVEY PARTICIPANT (TSP) LIST FOR THE LOCAL EDUCATIONAL AGENCY MEDI-CAL BILLING OPTION PROGRAM (LEA BOP) UNDER THE RANDOM MOMENT TIME SURVEY (RMTS) PROCESS

This Policy and Procedure Letter (PPL) notifies LEA Providers participating in the RMTS process under the LEA BOP that they must compile a Participant Pool 1 TSP list for quarter one (Q1) (July 1 to September 30) of each State Fiscal Year (SFY), effective the quarter beginning July 1, 2020. Since there is no RMTS during Q1, the Participant Pool 1 TSP list is not utilized to generate a random sample and can be developed retrospectively after the RMTS quarter has ended. For each SFY, LEAs must develop a Q1 Participant Pool 1 TSP list based on their employed qualified health service practitioners that were eligible to bill for LEA services between July 1 and September 30 of each year.

Participant Pool 1 TSPs must not include direct medical service contractors who provide direct services through the LEA BOP. Participant Pool 1 includes the direct service practitioners that are outlined in the School-Based Medi-Cal Administrative Activities (SMAA) Manual, and listed below under “Participant Pool 1 TSP List”. These practitioners have been approved by the Centers for Medicare and Medicaid Services (CMS) as eligible to provide direct health services to Medi-Cal enrolled students under the LEA BOP.

**Participant Pool 1 TSP Job Classifications:**

The following list includes the CMS-approved job classifications that may be reported on the Participant Pool 1 TSP list.

Any direct service practitioner (or job classification) that the LEA would like to qualify as a TSP related to job classification number 32 (Other positions approved by CMS for the LEA BOP), **must receive approval from DHCS** using the TSP Equivalency Request Form. See the section below titled “*Pool 1 TSP Equivalency Requests for Quarter One*” for additional information on the equivalency process.

Participant Pool 1 (Direct Service Providers)

1. Associate marriage and family therapist
2. Audiologist with a valid credential/license
3. Certified nurse practitioner/Public health nurse
4. Credentialed school counselor
5. Credentialed school psychologist
6. Credentialed school social worker
7. Licensed audiologist
8. Licensed clinical social worker
9. Licensed educational psychologist
10. Licensed marriage and family therapist
11. Licensed occupational therapist
12. Licensed optometrist
13. Licensed physician
14. Licensed psychiatrist
15. Licensed physical therapist
16. Licensed physician assistant
17. Licensed psychologist
18. Licensed registered nurse, including registered credentialed school nurse
19. Licensed respiratory care practitioner
20. Licensed/credentialed speech-language pathologist
21. Speech-language pathology assistant
22. Licensed vocational nurse
23. Occupational therapist assistants
24. Orientation and mobility specialist
25. Physical therapy assistants
26. Program specialist
27. Registered associate clinical social worker
28. Registered marriage and family therapist intern
29. Registered dietician
30. Registered school audiometrist
31. Trained health care aide
32. Other positions approved by CMS for the LEA BOP (requires DHCS approval)

**Participant Pool 1 TSP Equivalency Requests for Quarter One:**

Requests for exceptions to the Participant Pool 1 job classifications, including those practitioners classified under job classification number 32 (Other positions approved by CMS for the LEA BOP), **must be approved by DHCS** through the TSP Equivalency Request process, outlined in [PPL 20-031](#). 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. Exceptions to the CMS-approved Participant Pool 1 TSP list will only be considered when practitioners meet the criteria outlined in the LEA BOP Provider Manual, *section loc ed rend*, and [PPL 20-039](#), which outlines the requirements and qualifications for the newly added practitioner types. LEAs choosing to submit any Participant Pool 1 TSP Equivalency Requests related to Q1 may do so using the [TSP Equivalency Request Form](#) on the LEA website.  
<https://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx>

**All equivalency request forms related to Q1 are due to DHCS by December 31 of each year.**

Note that if your LEA receives approval for a TSP Equivalency Request related to Q2 of SFY 20-21, this request may be applied retroactively to Q1. In order to retroactively apply the approval of a Q2 TSP Equivalency Request to Q1, the same job description used to support the Q2 request must also be applicable to Q1 TSPs.

**Participant Pool 1 TSP List Requirements:**

The Q1 Participant Pool TSP list for each SFY must be compiled by each participating LEA and maintained by the LEA for audit or review purposes. **The Q1 TSP list for Participant Pool 1 will not be submitted to DHCS.** Salary and benefit costs on the Cost and Reimbursement Comparison Schedule (CRCS) must be limited to those TSPs on the Q1 TSP list for Participant Pool 1.

In compiling the Q1 TSP list for Participant Pool 1, LEAs should use the following approach, using the certified Q2 TSP list for Participant Pool 1 as a starting point:

- Identify and **remove** any practitioners from the Q2 certified Participant Pool list that did not provide LEA services in Q1. Reasons for removing employees may include but is not limited to the following: (1) the employee was not yet hired in Q1, (2) the employee was not providing covered direct medical services as a routine part of their job in Q1, or (3) the employee was on leave during Q1.
- Identify and **add** any employed practitioners to the Q2 certified TSP list who were eligible to provide and bill for LEA covered services in Q1. An LEA may want to add employees such as Extended School Year (ESY) employees who are hired for a short duration during the summer. ESY employees must meet the LEA BOP requirements to provide and bill for covered direct medical services, as detailed in the LEA BOP Provider Manual. In addition, the LEA may want to add employees who were providing covered LEA BOP services during Q1, but terminated their employment with the LEA by Q2.

LEAs must maintain backup documentation supporting the development of the Q1 Participant Pool 1 TSP list, and must be able to produce the Q1 list during audit or review. Costs for Q1 on the CRCS for each fiscal year must be limited to those employees on the Q1 list, using the methodology described in this PPL.

If you have questions concerning this PPL, please contact the LEA BOP by e-mail at [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY**

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