CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) Frequently Asked Questions (FAQs)

PLEASE REVIEW THE LEA MEDI-CAL BILLING OPTION PROGRAM PROVIDER MANUAL FOR COMPLETE LEA BOP PROGRAM AND POLICY INFORMATION

The following FAQs about the LEA BOP are organized into five categories:

Documentation

1. **Can licensing and credentialing documentation for practitioners be kept in the Local Educational Agency's (LEAs') central files?**

   Documentation of licensing and credentialing of practitioners must be accessible for review by state and/or federal agencies. They may be maintained in your central files as long as they are accessible for audit or review.

2. **What kind of signature is needed if a practitioner is entering services electronically? Is an electronic signature (practitioner authenticates e-mail address and has private password to log into software) sufficient?**

   The use of an electronic signature is acceptable if the signing unit has policies and procedures regarding the use of electronic signatures, and if it meets all of the following criteria:
   - Identifies the individual signing the document by name and title.
   - Assures the documentation cannot be altered after the signature has been affixed.
   - Provides evidence that makes it difficult for the signor to claim the electronic signature is not valid.

3. **Do we have to stick with the prescribed number of counseling services written in the Individualized Education Plan (IEP), or can we exceed the minimum number of services when necessary?**

   Although an LEA may provide services in excess of what is noted in the IEP based on the student's needs, Medi-Cal may only be billed for treatment service minutes documented and authorized in the IEP (or Individualized Family Services Plan (IFSP), or other care plan that denotes frequency and duration).

4. **Does a billing/service log have to have "time in" and "time out" or can it just have the minutes that it took to conduct the service? For example, if it takes 35 minutes to deliver a service, can the log indicate 35 minutes or would the log have to say 9:00 - 9:35?**

   The requirement to document "time in" and "time out" applies to all services with procedure codes that have a time element associated with them. This requirement does not apply to procedure codes with a fixed rate, and no time element. If using a procedure code with a time element associated with it, and not a flat rate, the provider would be required to have back-up documentation, which would enable the auditor to determine the start and end time. For instance, the practitioner could document that the service started at 2:05 p.m. and write eight minutes for duration (could deduce that the service lasted from 2:05 to 2:13 p.m.). There is no specific regulation, but this is a documentation standard of practice that auditors use for reimbursable codes that have a time element associated with them. It also helps to ensure there is no duplication of claims for the same period of time.

Eligibility

1. **Does a Medi-Cal eligible student have continuing coverage or is there a limit on total funds for each recipient's health coverage?**

   Eligibility is determined on a monthly basis. There is no limit on funds for each recipient's health coverage. The period of eligibility for Medi-Cal beneficiaries shall continue through each successive month during which the person is determined to be eligible. (Title 22, CCR, Section 50195)

2. **What happens if my LEA loses its Provider Identification Number (PIN) number for the online eligibility verification option?**

   A temporary PIN is issued by the Point-Of-Service (POS)/Internet Help Desk to providers who do not have a permanent PIN or have misplaced their permanent PIN. A temporary PIN is valid until midnight of the day it was issued. Providers can use a temporary PIN to verify eligibility and perform Share of Cost transactions. A temporary PIN can only be used on the Supplemental Automated Eligibility Verification System (SAEVS). A temporary PIN cannot be used with the POS Device, Automated Eligibility Verification System (AEVS), Provider Telecommunications Network (PTN) or on the Medi-Cal Web site. All inquiries about PIN, billing, claims, POS devices and AEVS number issues should be directed to the Telephone Service Center (TSC) at (800) 541-5555 or the POS Help Desk at (800) 427-1295. Additional information about the PIN is available on the Department of Health Care Services (DHCS) PIN website.

Compliance Documents

1. **What is the processing time for the Provider Participation Agreement (PPA) to be approved?**

   If no corrections are needed, a properly completed and signed PPA can be processed within four months. DHCS will send a confirmation letter to the LEA.

2. **How do I update my LEA's address or contact information?**

   LEA contact or address information must be updated by using the LEA BOP Medi-Cal Provider Enrollment Information Sheet contained in the Annual Report (AR). When updating contact or address information in the AR, check the applicable box on the LEA BOP Medi-Cal Provider Enrollment Information Sheet. If the LEA is updating its administrative or payment mailing address, it must check the "New LEA Administrative Office Address" or "New Payment Mailing Address" box on the LEA BOP Medi-Cal Provider Enrollment Information Sheet when entering the new address. Requested address or contact information changes must be sent directly to the LEA.AnnualReport@dhcs.ca.gov.

3. **The Annual Report references the need for a LEA Interagency Medi-Cal Collaborative. Who should be included in the LEA collaborative group?**

   The LEA Interagency Medi-Cal Collaborative shall consist of at least three individuals with varying interest in the reinvestment of funds for the LEA BOP. Generally, the collaborative membership will include representatives from the schools, public agencies serving children and families, parent groups of pupils of qualifying schools, community representatives and private partners.

4. **How long does the state have to complete the Cost and Reimbursement Comparison Schedule (CRCS) final cost settlement process?**

   With the 2023 passage of Assembly Bill (AB) 483, the timeline to complete the annual financial audit settlement has changed. This legislation requires the Department to complete the audit of the CRCS and notify the LEA of the findings within 18 months of the date that the CRCS is submitted. This legislation also requires the Department to provide an interim settlement (or final settlement if the audit has been completed) within 12 months of the March 1 CRCS due date. AB 483 impacts CRCS reports submitted for fiscal year (FY) 2022-23 (due March 1, 2024) and beyond.

5. **If an LEA changes billing vendors, is the LEA required to submit a new Data Use Agreement (DUA)?**

   If an LEA changes vendors, they are not required to submit a new DUA agreement; however, the LEA will be required to submit a "Custodianship Amendment to the Data Use Agreement" (Attachment C) within 15 days of the change.
   - Attachment C – Part I is required if there is a change in custodial entity (vendor).
   - Attachment C – Part II is required if the custodial entity (vendor) changes contact information and/or when the person acting as custodian for a custodial entity has changed.

Billing

1. **Can a Speech-Language Pathologist (SLP) with a Required Professional Experience (RPE) temporary license act as a billable practitioner in the LEA BOP?**

   Yes, an SLP with a RPE temporary license may bill in the LEA BOP. The SLP holding a RPE temporary license must meet the required hours of direct supervision per month, as specified by the California Speech-Language Pathology & Audiology and Hearing Aid Dispensers Board. Additional information on the RPE temporary licensure requirements may be found at https://www.speechandhearing.ca.gov/. LEAs must keep all verification that the SLP meets all required direct supervision requirements, and this information may be requested by DHCS during an audit.

2. **When an Individualized Educational Plan (IEP) / Individualized Family Services Plan (IFSP) health assessment takes more than one day to complete, should we bill for a new assessment each day or for one assessment over the course of two days?**

   For IEP/IFSP encounter-based assessments (physical therapy, occupational therapy, speech-language, audiological, health, and psychological), LEAs will bill only one unit of service regardless of the amount of time it takes to complete the assessment. When billing for an assessment that takes multiple days to complete, there are two ways to bill:
   1) Use the date on which the assessment was completed.
   2) Use the "from-through" billing method to record the dates over which the assessment was conducted. Additional information is located in the loc ed bil section in the LEA BOP Provider Manual under "From-Through Billing."

3. **If an IEP student receives an initial speech assessment in English and a second speech assessment in Spanish, can both assessments be billed as initial assessments under the LEA BOP?**

   No. Initial and triennial IEP/IFSP assessments are limited to one assessment every third fiscal year per provider per assessment type. If more than one initial/triennial speech assessment is billed under your LEA's National Provider Identifier (NPI) before the third fiscal year, the second claim will be denied.

4. **Which assessments can utilize the rounding policy (e.g., rounding up to the next unit of service when 7 or more minutes are completed for rates paid in 15-minute increments)?**

   No time-based assessments may utilize the "rounding policy." Assessments may only be billed for completed service time. Most assessments are paid based on a rate per encounter, where LEAs are paid one rate regardless of the amount of time spent completing the assessment. However, certain assessments are billed in 15-minute increments, including IEP/IFSP Psychosocial Status Assessments, IEP/IFSP Health/Nutrition Assessments, and all Non-IEP/IFSP assessments other than vision or hearing assessments. In cases where assessments are billed in 15-minute increments, the LEA should only bill for completed units of service and may not round up partial units of service.

5. **Can the time spent traveling to a student's location or setting up for a service be added to the treatment time for billing purposes?**

   No, the treatment time billed should reflect the actual direct service time. The interim reimbursement rates include a travel time component as part of the rate development process, as well as other pre- and post-service activities. Because the rates already compensate LEAs for this time, no additional time should be added to the direct service time when billing for the service.

6. **In regard to the Trained Health Care Aides (THCAs) billing, what constitutes "supervision"? Is the nurse required to be present?**

   THCAs require supervision by a licensed physician or surgeon, registered credentialed school nurse or certified public health nurse to provide school health aide treatment services (LEA BOP Provider Manual, Section loc ed serv nurs). The supervising practitioner must see each patient at least once, have some input into the type of care provided, and review the patient after treatment has begun. The supervisor specifies the level of supervision required, based on professional judgment, and advises the IEP team of this recommendation. Supervision can be (a) immediate – "the supervisor shall be physically present while a procedure is administered;" (b) direct – "the supervisor shall be present in the same building and available for consultation and/or assistance;" or (c) indirect – "the supervisor shall be available… either in person or through electronic means…" (5 CCR § 3051.12 (b) (3) (D)).

7. **Under Telehealth Policy and Procedure Letter (PPL) 20-014R, if both an Occupational Therapist (O/T) and SLP are in a telehealth session with one student, can both the occupational therapist and SLP bill for the entire session?**

   If there are two practitioners in one session, practitioners may bill for the portion of the session where they were providing direct services, as long as the service meets the minimum time requirement to be billed (Provider Manual, Sections loc ed tele, loc ed serv spe, and loc ed serv occu). For example, an O/T and a SLP were in a 30-minute session with a student. If the O/T spent 18 minutes with the student and the SLP spent 12 minutes with the student, each practitioner can bill for one 15-minute session that represents the time working with the student. However, if the O/T spent 24 minutes and the SLP only spent 6 minutes, the SLP's time with the student does not meet the minimum billing threshold for a 15-minute session. In this case, the O/T can bill for two, 15-minute increments (one for 15-minutes, one for 9 minutes, which meets the "rounding" threshold of 8 or more minutes to bill a 15-minute increment).

8. **We have many students with seizure disorders who ride our regular school buses, accompanied by a THCA. Can we bill for this service? Would it be through transportation or through School Health Aide Services?**

   School Health Aide Services are billable in any school location, including on a school bus, if there is a medical need and the service is prescribed by a treating physician. The physician's orders may specify that services must be provided the entire school day or may specify that services must be provided at specific times or events, such as while eating, while on the bus or while on the playground. In order to bill for School Health Aide Services, the person providing the service must be specifically trained and supervised by the registered credentialed school nurse in the care of the individual student.

9. **If a Licensed Marriage and Family Therapist is providing psychology and counseling treatment to a group of students with IEPs, can the LEA bill for everyone participating in the group session?**

   Assuming all LEA BOP billing requirements are met, the LEA can bill for *each* Medi-Cal eligible student who participates in the group therapy session.

10. Can an IEP/IFSP assessment be billed to the LEA Medi-Cal Billing Option Program even if the student does not qualify for Individuals with Disabilities Education Act (IDEA) services?

Yes, an IEP/IFSP initial assessment is provided to determine the student's eligibility for special education services, and if the student is determined ineligible for services under IDEA and no IEP/IFSP is developed, the IEP/IFSP initial assessment may still be billed to the LEA BOP. If any additional assessments and treatment services are rendered after that determination, the services must be pursuant to a care plan or preventative services, billed as non-IEP/IFSP services, and must meet all billing requirements, including Other Health Coverage requirements, before being billed to Medi-Cal. These requirements are found in loc ed bil section in the LEA BOP Provider Manual.

11. Can social workers and psychologists bill for their group and individual counseling sessions, even though some of them may be federally funded?

If a LEA knows that a healthcare practitioner is 100 percent federally funded, they should not include the practitioner on the Random Moment Time Survey (RMTS) Time Survey Participant (TSP) list and should not bill for those practitioners' services. If the practitioner is only partially federally funded, the LEA may bill for their services. Then when completing the Cost and Reimbursement Comparison Schedule (CRCS), the LEA must report the practitioner's federal funding and any federal resources will be netted out of the practitioner's salary and benefit costs in the final cost settlement calculation.

12. Can LEAs bill for services when the prescription was created prior to the Ordering, Referring, Prescribing (ORP) practitioner's Medi-Cal enrollment?

Medi-Cal enrollment for ORP practitioners is effective retroactively one year prior to the date the application is received by DHCS. If the ORP practitioner submitted a Medi-Cal application to PED after the date of the prescription, LEAs may still validly submit claims for treatment services resulting from that prescription. For example, a physician writes a prescription on August 3, 2023. On December 5, 2023, the physician submits the Medi-Cal application to PED to enroll as a Medi-Cal provider. If the physician's Medi-Cal provider application is approved, the effective enrollment date for the physician would be December 5, 2022. If the first treatment service for

the student's prescription occurs on September 12, 2023, the LEA may bill for treatment services beginning with the September 12 service.

13. Are we able to bill for practitioner supervision?

No, practitioner supervision is not a reimbursable LEA BOP service.

Random Moment Time Survey (RMTS)

1. **Do LEAs still need to submit another Time Survey Participant (TSP) Equivalency Form if equivalency has been granted for a previous quarter?**

   No. If DHCS grants approval for the exception request, no further requests need to be made for the specific job classification.

2. **For Code 2A moment responses, who retains the supporting documentation: local LEA BOP or Coordinators or the direct service staff? Will a response in the software platform suffice?**

   DHCS suggests that the LEA coordinators maintain quarterly audit files holding documentation of Code 2A moments to substantiate that a LEA BOP covered service was provided at the time of the moment. Maintaining documentation for Code 2A moment responses is the responsibility of the LEA, not the Local Educational Consortia (LEC), who oversee the Random Moment Time Survey (RMTS). Development of an audit file allows LEAs to gather quarterly documentation in a timely manner, house the documents in a central location, and be well prepared to provide supporting evidence for a subsequent audit and/or review of 2A moments. Documentation may be maintained electronically as long as there is an audit trail to the supporting documents. For more information on supporting documentation please refer to the LEA BOP Provider Manual, Section loc ed a prov.