An Introduction to LEA BOP/(Re)Launching Your LEA BOP

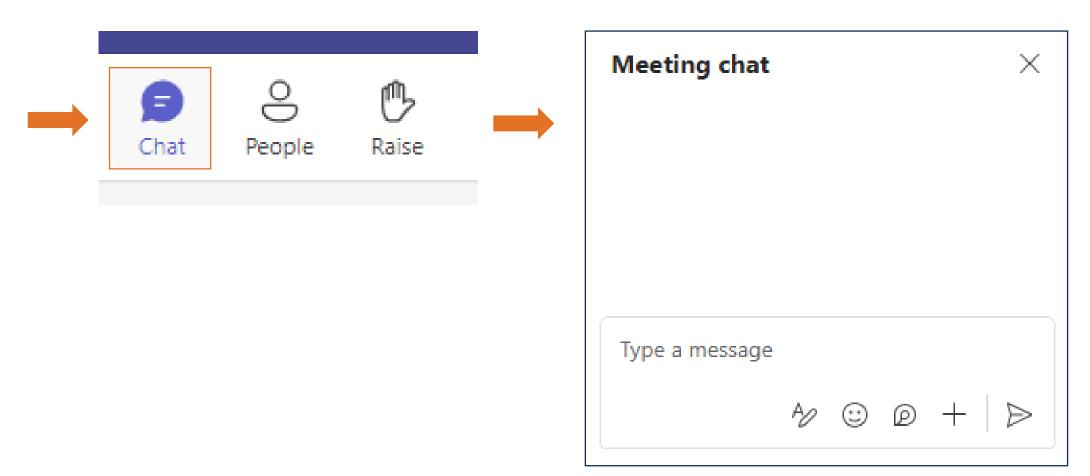
Facilitated by:
Department of Health Care Services
September 18, 2024
11 a.m. - 12 p.m.

WE WILL BEGIN THE WEBINAR SHORTLY



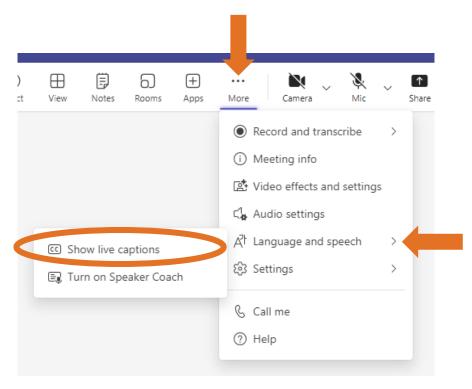
Submit Your Questions

- » Click on "Chat" in your Teams toolbar.
 - Submit name, email address, and question



Live Captions Available

- » Click on "More" in your Teams toolbar.
- » Click "Language and Speech" and " CC Show Live Captions."
 - You will be able to view the live captions in the bottom panel of the meeting.



Introductions



- » California Department of Health Care Services (DHCS)
 - The Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
- » Guidehouse
 - Contractor to DHCS: Marna Metcalf, Heather Kiningham and Audrey Pinto
 - Provides guidance and support to DHCS as a subject-matter expert



Agenda

- » Introduction to LEA BOP
- » Roles and Responsibilities of the LEA BOP Coordinator
- » Best Practices for Building a Successful Program
- » Program Resources and Support for LEAs
- » Program Enrollment Information
- » Reminders

Introduction to LEA BOP

LEA BOP Administration Oversight

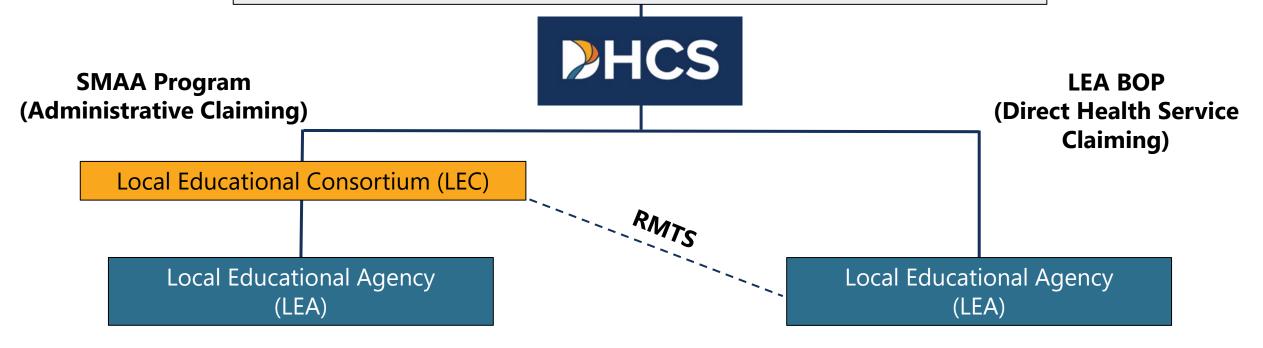
Centers for Medicare and Medicaid Services (CMS)

Agency that oversees programs including Medicare, Medicaid, the Children's

Health Insurance Program (CHIP), and the health insurance marketplaces.

CMS approves the covered services, practitioners and reimbursement

methodology, among other items, for all Medicaid programs.



^{*} In California, the School-Based Medi-Cal Administrative Activities (SMAA) Program is locally administered by the LECs. The LECs are responsible for day-to-day administration of the Random Moment Time Survey (RMTS).

LEA BOP Overview

History and Background:

- The LEA BOP was established in 1993, in collaboration with the California Department of Education (CDE), to fund Healthy Start Programs.
- The LEA BOP is authorized under California's Welfare and Institutions Code and reimburses for direct medical services rendered to the target population.
 - Target Population: Medi-Cal eligible individuals under the age of 22 and primarily attending public school, charter schools, County Office of Education (COE), community colleges, and universities, with an Individualized Education Plan (IEP), Individualized Family Services Plan (IFSP), or Individualized Health and Support Plan (IHSP).

LEA BOP Covered Services

IEP/ IFSP

IEP/IFSP Assessments

Treatments

Targeted Case Management

Specialized Medical Transportation

IHSP

Non-IEP/IFSP Assessments

Treatments

Targeted Case Management

LEA BOP Covered Services (cont.)

IEP/IFSP Assessments

- » Psychological and Psychosocial Status
- » Health
- » Nutrition
- » Audiological
- » Speech-Language
- » Physical Therapy
- » Occupational Therapy
- » Orientation and Mobility
- » Respiratory Therapy

Non-IEP/IFSP Assessments

- » Psychosocial Status
- » Health/Nutrition
- » Health Education/Anticipatory Guidance
- » Hearing and Vision
- » Developmental
- » Orientation and Mobility
- » Respiratory Therapy

<u>Early Periodic Screening Diagnostic Treatment</u> (EPSDT) Screenings

Treatments (IEP/IFSP, Non-IEP/IFSP)

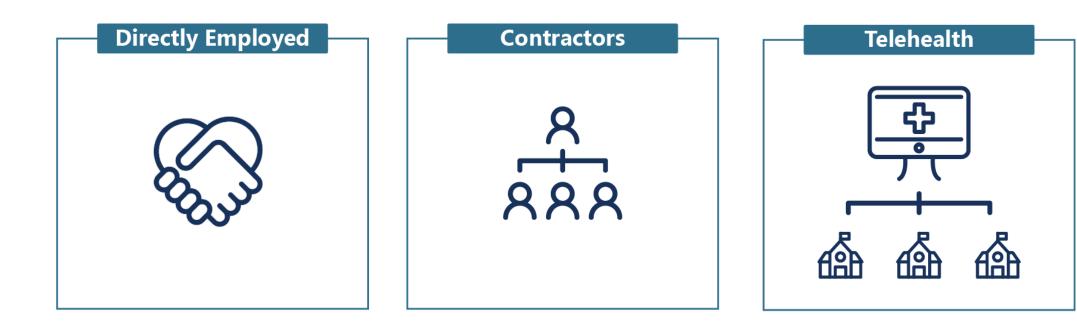
- » Physical Therapy (individual and group)
- » Occupational Therapy (individual and group)
- » Speech Therapy (individual and group)
- » Audiology (including Hearing Check)
- » Psychology & Counseling (individual/group)
- » Nursing
- School Health Aide (including assistance with ADL)
- » Orientation and Mobility
- » Respiratory Therapy
- » Nutritional Counseling

Targeted Case Management

IEP/IFSP Medical Transportation

One-way transportation and mileage

Eligible Practitioners



» <u>LEA Rendering Practitioner Qualifications (loc ed rend)</u> identifies all the practitioner types allowable under LEA BOP.

Funding and Payment Methodology

- » LEA BOP is funded with a combination of local and federal Title XIX and XXI funds.
 - LEAs pay 100 percent for the services and are reimbursed the maximum federal reimbursement for each individual service.
- » Certified Public Expenditure (CPE)
 - Interim Reimbursements
 - Interim Settlements
 - Final Audited Settlements
- » Random Moment Time Survey (RMTS)
 - A methodology to allocate costs to the LEA Provider through the cost report.

CPE

» Public entities certify that the funds spent on Medicaid services are eligible for federal matching funds.

Key Components:

- Certify costs of providing services
- » Match non-federal dollars
- » Audit to confirm the final settlement amount

The Payment Cycle



Provide covered services for students

Submit claim to Medi-Cal for covered services Medi-Cal sends interim reimbursements based on claims LEA submits cost report (CRCS*) to certify costs Audit to verify costs on the cost report (CRCS*)

Final settlement **

^{*}CRCS = Cost and Reimbursement Comparison Schedule

^{**}Final Settlement- If the LEA does not receive a final settlement within 12 months of the March 1 due date of the CRCS, the LEA will receive an interim settlement and then a final settlement no later than 18 months after the date the CRCS has been submitted.

Cost and Reimbursement Comparison Schedule (CRCS)

- » Annual cost report due March 1 of each year
- » Requirement to participate in LEA BOP
- » Cost settlement
 - Comparison of the LEA's actual Medi-Cal interim payments to actual costs incurred by LEAs to provide covered health services to Medi-Cal enrolled students.
- » Final Audited Cost Settlement Amount
 - Determines final underpayment or overpayment

What is RMTS?

- » A statistical sampling method that estimates the amount of time spent on various tasks (educational instruction, direct medical services, administration, etc.).
 - Administered quarterly three times a year.
- » A web-based system that randomly selects and assigns a "moment" in time (1 minute) to a pre-determined list of Time Survey Participants (TSPs).
 - Participation in RMTS is required for employed health service practitioners.

LEA BOP Quarterly RMTS Process

Average of Results from Three Quarters Applied to LEA Cost on the CRCS



DHCS

Use RMTS Results to Calculate Direct Medical Service Percentage



LEC

Code Moment to Reflect Activity Performed



LEA and LEC Identify Staff for Participant Pool 1



LEA and LEC

Identify the Total # of Time Survey Moments in the Participant Pool 1



RMTS Process



Notify Selected Participants to Complete Moment

System Software Platform

Randomly Select Moments and Randomly Assign to Participants



RMTS Moment Requirements

- The TSP will receive an e-mail notification one student attendance day before their moment and will have four student attendance days to answer the moment.
 - The LEA coordinator is responsible for following up with a TSP to ensure timely response to their moment.
- » LEAs are required to achieve a response rate of 85% to maintain participation in the program.

RMTS Moment Questions

» A TSP will be asked questions to capture what they are doing at a specific minute in time.

Were you working at the time of your moment?

Was this activity related to an assessment or screening, a service that is authorized in an Individualized **Education Plan** (IEP), Individual **Family Service** Plan (IFSP), or other service/care plan?

Who were you with?

What were you doing?

Why were you performing this activity?

Direct Medical Services Percentage (DMSP)

- Time survey results from all three quarters will be used to determine the percentage of staff costs and calculated to identify the DMSP.
- » A percentage that is a CMS-approved calculation of the RMTS results used to determine the percentage of time that medical service personnel spend on direct medical services, general and administrative time, and all other activities to account for 100 percent of time.
 - This is used on the CRCS as part of the payment methodology.

Roles and Responsibilities of the LEA BOP Coordinator

Overview of LEA BOP Coordinator Responsibilities

- » Compliance Paperwork and Administrative Requirements
- » Billing System and Vendor
- » Fiscal System
- >> Training and Technical Assistance for Staff and Practitioners
- » LEA Reinvestment Committee

Note: More information on Internal Administrative Functions can be found on <u>Internal Administrative Functions Chart</u>

Compliance Paperwork and Administrative Requirements

- » Provider Participation Agreement (PPA)
 - Due at the initial time of enrollment
- » Data Use Agreement (DUA)
 - Due every three years on November 30
- » Annual Report
 - Due November 30
- » CRCS
 - March 1
- » RMTS
 - LEC Contract, TSP List, Moment Review
- » Day-to-day Claiming and Service Documentation

Billing System & Vendor

A billing system should...

- » Document services
- » Submit interim claims
- » Reconcile claims/payments received

Does your LEA work with a vendor?

Working with a Billing Vendor

- » LEA= ultimately responsible for program compliance
- >> Vendor= assists in program requirements based on needs of LEA
- » Contracting with a billing vendor is optional

Vendor Services

- » Train practitioners
- » Support compliance documents
- » Complete LEA BOP enrollment paperwork
- » Guidance for LEA Medi-Cal Coordinator

- » Access to Electronic Health Records (EHR) or billing system
 - » Does it integrate into other internal systems (IEP, Student information systems)?
- » Monitor billing documentation
- » Run billing status reports
- » RMTS

Managing Billing Vendor Relation

What to keep in mind when working with vendors or changing vendors:

- Who is responsible for what services?
 - Who completes the cost report? Who submits the cost report?
 - Who submits claims? Who maintains compliance documents?
 - Who will be conducting the Medi-Cal Eligibility Ratio (MER) data match and calculate the MER?
 - Who will be identifying when Medi-Cal enrolled students must receive written information in an alternative format?
- » What are your contract terms, specifically what are your billing options?
- » How can you help us navigate the electronic health record and billing system and check that it meets program compliance?
- >> Who are some of the other LEAs you work with that I can contact?

Fiscal System

- » Salaries and Benefits
- » Contractor Costs
- » Supplies and Equipment
- Other Costs
- » Identifying and Removing Federal Funding

LEA Reinvestment Committee

- » Required by the Annual Report and the Provider Participation Agreement (PPA).
- Outlined in 22 CCR Section 51270, LEAs must establish an existing collaborative interagency human services group (LEA local collaborative group) at the county level or sub-county level to make decisions about the reinvestment of funds made available through LEA BOP.
 - The collaborative membership shall involve representatives from the schools, public agencies serving children and families, parent groups of pupils of qualifying schools, community representatives, and private partners.

Best Practices for Building a Successful Program

Cost and Reimbursement Comparison Schedule (CRCS)

- » One of the most important compliance documents for this program.
- » Purpose is to certify the cost of providing LEA BOP covered services to students.
- » Compares interim payments to total annual allowable costs.

Helpful Resources:

- » CRCS webpage:
 https://www.dhcs.ca.gov/provgovpart/Pages/C
 RCS_Forms.aspx
- » Email Questions about CRCS:
 LEA.CRCS.Questions@dhcs.ca.gov

- » Chief Business Officer (CBO) or Finance Director
- » HR staff/Payroll
- Billing Coordinator

Train Staff on Proper Service Documentation

- » Documentation for Assessments and Treatments
- » Documentation that the service:
 - Happened <u>AND</u>
 - Was medically necessary (e.g., authorized by a referral or prescription)

Helpful Resources:

» October 2020 Documentation Training: https://www.dhcs.ca.gov/provgovpart/Doc uments/ACLSS/LEA%20BOP/Training%20an d%20Webinars/OctoberAWGDocumentatio nTrainingSlides.pdf

- » Supervisors of health practitioners
- Billing coordinator
- » Maybe your vendor

Use Non-Federal Dollars

- » LEA BOP is a CPE program
- » Federal dollars must be excluded in the CRCS
- » Only allowable practitioner types can render services

- CBO or Finance Director
- » HR staff/Payroll
- » Billing Coordinator

Manage the Time Survey Participant (TSP) List

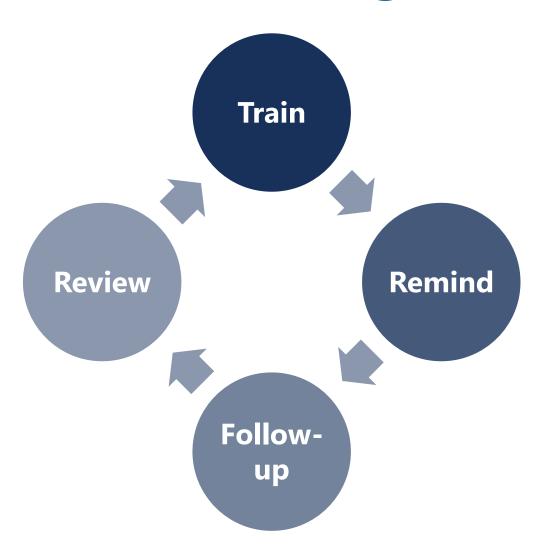
- » Include allowable staff that meet requirements
- » Link to EHR
- » Review list quarterly

Helpful Resources:

» October 2023 TSP List Training: https://www.dhcs.ca.gov/provgovpart/Docume nts/Time-Survey-Participant-TSP-List-508.pdf

- » HR staff/Payroll
- » Billing Coordinator
- Your LEC contact
- » Maybe your vendor

Manage RMTS Participation



Helpful Resources:

» RMTS Time Survey Participant Training: https://www.dhcs.ca.gov/provgovpart/Docume nts/ACLSS/LEA%20BOP/Training%20and%20W ebinars/TSP-Training-Slides-September-22.pdf

- » Supervisors of health practitioners
- » Billing Coordinator
- Your LEC contact
- » IT department
- Maybe your vendor

Program Resources and Support for LEAs

Resources and Support for LEAs



Quarterly Newsletter

State Plans

California Law and Regulation

Federal Laws and Regulations

Reminder: New Tools Available!

- » Accelerating the Expansion of Quality School-Based Health: A Primer on Available State Resources for LEAs and Health Partners
- » LEA BOP Enrollment Steps and Timeline
- Tips for Identifying Allowable Costs and Avoiding Common Pitfalls in the LEA BOP
- » LEA BOP Administration Checklist for Providers
- <u>Tips for Identifying Allowable Cost and Calculating Total Program</u>
 <u>Reimbursement</u>
- Tips for Using Contractors as LEA BOP Practitioners
- (Revised) LEA BOP Onboarding Handbook

Technical Assistance (TA)



- » Technical Assistance Form
- Submit to <u>LEA@dhcs.ca.gov</u>

Program Enrollment Information

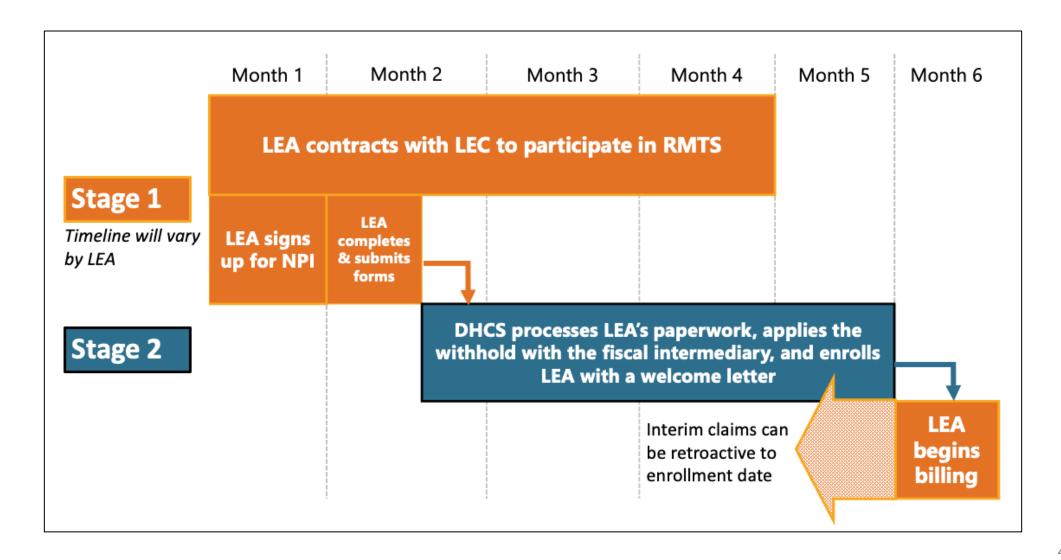
LEA BOP is...

- 1. An <u>optional Medi-Cal program</u> that allows LEAs to recoup some expenses associated with providing covered health services to Medi-Cal enrolled students.
 - Medi-Cal is California's Medicaid program. Medicaid provides health coverage to children and families with low incomes.
- 2. An ongoing funding stream provided through periodic reimbursements, known as interim payments.
- 3. A CPE program.

Benefits of Participating

- 1. Ongoing funding for some school health services.
- 2. The program accounts for your LEA's costs.
- 3. This program is every year: budgeting & built-in efficiencies.
- 4. Model for interacting with the healthcare system.
 - i.e., electronic health records, documentation, coordination

Overall Enrollment Process



LEA BOP Enrollment Stages

» Stage 0: Preparation

- Determine if you are enrolled by e-mailing <u>LEA@dhcs.gov</u>.
- Utilize <u>LEA BOP Enrollment Tool</u>

» Stage 1: LEA To-Dos

- Sign up for a National Provider Identifier (NPI).
- Contract with Local Educational Consortia (LEC) Coordinator for the Random Moment Time Survey (RMTS).
- Request and complete the Provider Participation Agreement (PPA), Annual Report (AR), and Data Use Agreement (DUA) and submit them to the LEA.AnnualReport@dhcs.ca.gov.
 - You can request the compliance documents from <u>LEA.AnnualReport@dhcs.ca.gov</u>.
- Determine if your LEA would like to contract with a billing vendor.

LEA BOP Enrollment Stages, Continued

» Stage 2: DHCS To-Dos

- DHCS receives and processes enrollment package (previous slide).
- Establishes LEAs as a Medi-Cal provider
- Applies Withhold with DHCS' Fiscal Intermediary (FI)
- Sends a welcome letter to LEA with the enrollment date.

Stage 3: With Fiscal Intermediary and After

 Completes and submits the billing forms to FI for electronic claims submission.

Next Steps

- » Action steps you can take today:
 - E-mail your LEC to start conversation on RMTS participation
 - LEC Service Regions
 - Register for an NPI
 - Look into working with a vendor
 - Sign up for DHCS Technical Assistance
 - Reach out to DHCS if you have any questions: <u>LEA@dhcs.ca.gov</u>

Reminders

Important Program Information

- » California Basic Educational Data System (CBEDS) Census Day on Wednesday, October 2, 2024.
 - Identify total student enrollment on CBEDS Census Day.
 - Student enrollment information submitted to MOVEit (not the LEA inbox).
 - Returned data will be used to calculate the Medi-Cal Eligibility Ratio (MER) for the FY 2024-25 CRCS that will be due **March 1, 2026**.
 - Save documentation (student enrollment information and data match) for audit purposes.
- The Data Use Agreement (DUA) is due to DHCS by November 1, 2024.

Important Program Information (cont.)

- » Annual Report, due November 30, 2024
 - DHCS has not released the Annual Report.
- » Inform DHCS of any administrative changes immediately and do not wait until the Annual Report submission.
 - Submit the first two pages of the Annual Report (Medi-Cal Provider Enrollment Information Sheet) to: LEA.AnnualReport@dhcs.ca.gov
 - Subject: UPDATE: Provider Contact/Address Change/Employer Identification Number
- » Sign up for LEA BOP e-blasts for updated program information: https://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DHCSLEA

Upcoming Trainings

- >> LEA BOP and the TSP List Training
 - October 9, 2024, from 10 11 a.m.
 - Past Training:
 - October 2023 TSP List Training
- » Provider Billing Forum and Medi-Cal Eligibility (MER) Ratio
 - October 30, 2024, from 1 3 p.m.
 - Past Trainings:
 - August 2024 Provider Billing Forum
 - September 2023 MER Training

Thank you!

Questions and Feedback about LEA BOP? E-mail us at <u>LEA@dhcs.ca.gov</u>

