

## **Billing/Reimbursement Questions**

### **Q1. Regarding Activities of Daily Living (ADL) services, can you expand on the phrase “help with use of assistive devices”?**

A. ADL services include time spent assisting the student with learning to use adaptive equipment or assistive technology. For example, a Trained Health Care Aide (THCA) assisting the student to use and maintain augmentative communication devices. Time spent consulting or training staff and developing or modifying the adaptive equipment is NOT billable when the student is not part of the activity.

### **Q2. Please clarify if ADL services are restricted to activities during the school day hours?**

A. In general, LEA services are not restricted to be performed during school hours. Services may be provided to students before or after school hours, as long as the services meet all requirements outlined in the LEA Provider Manual.

### **Q3. For ADL services provided sequentially, how much time must be spent with a Medi-Cal student in order to bill for the service?**

A. ADL assistance services will be billed in 15-minute unit increments. When seven or more continuous treatment minutes are rendered, a 15-minute increment can be billed. The minimum time (seven minutes) must be one continuous period and cannot be made up of shorter time periods provided throughout the day and added together.

### **Q4. Can we bill for mandated vision and hearing screenings that take place according to the American Academy of Pediatrics (AAP) periodicity schedule?**

A. Upon approval and implementation of SPA 15-021, DHCS anticipates that mandated screenings provided to Medi-Cal eligible students pursuant to the periodicity schedule (“Recommendations for Preventive Pediatric Health Care” by Bright Futures/American Academy of Pediatrics) will be a billable Program service. The periodicity schedule will act as the service authorization when billing for screenings.

### **Q5. We contract out our student vision screenings. May we bill for students who are Medi-Cal eligible?**

A. Yes. In these cases, the school and the direct service provider will establish an agreement under which the provider reassigns payment to the school, then the school may both bill and receive payment directly from Medi-Cal. When completing the Cost and Reimbursement Comparison Schedule (CRCS), the LEA will report the contractor service costs (consistent with current practice for contracted health services).

**Q6. With respect to the LEA Program's Other Health Coverage (OHC) policy, is it the LEA's responsibility to ensure that the OHC carrier is billed for services rendered by the LEA?**

A. In most circumstances, for services provided to Medi-Cal eligible students with OHC, Medi-Cal is the payer of last resort. OHC must be billed by the LEA prior to Medi-Cal. However, for services provided to students authorized in an Individualized Education Plan (IEP), Medi-Cal is the primary payer. In such instances where legally liable commercial insurance is available, the Department of Health Care Services (DHCS) may bill commercial insurance carriers to recoup funds paid by DHCS to the LEA provider.

**Q7. For non-IEP students, must the LEA obtain parental consent in order to bill Medi-Cal?**

A. No, LEAs do not have to obtain parental consent to bill Medi-Cal before providing non-IEP/IFSP services to Medi-Cal eligible students, since consent is provided during the Medi-Cal application process. However, students with services covered under the Individuals with Disabilities Education Act (IDEA), those students with an IEP/IFSP, do require parental consent, since IDEA created a statutory requirement to obtain parental permission before billing a Medicaid program.

**Q8. For initial assessments, before the student actually qualifies under the IDEA, does the LEA need parental consent to bill?**

A. If the student is found to qualify under IDEA following their initial assessment, the LEA must obtain parental consent in order to bill Medi-Cal for that assessment. For more information regarding parental consent and IDEA services, please use the following link: <https://www.cde.ca.gov/sp/se/ac/ideainsrldsrvcsev.asp>

**Q9. When submitting claims, must the LEA provide its own institutional National Provider Identifier (NPI) number, as well as the NPI number of each individual practitioner providing services as well?**

A. No, the LEA should include only its own institutional NPI number on the claims, not the individual NPI number of the practitioner providing the services. However, effective for dates of service on or after July 1, 2018, LEAs are required to include the NPI number of the Ordering, Referring or Prescribing (ORP) practitioner on claims for treatment health care services. In addition, all practitioners who order, refer or prescribe treatment services in the LEA Program must be individually enrolled as a Medi-Cal ORP provider. For more information, see Policy and Procedure Letter (PPL) 18-018R.

**Q10. Can we continue to bill for students who are receiving services at non-public school sites that we contract with? Will those practitioners be subject to completing Random Moment Time Survey (RMTS) responses?**

A. Yes, you may continue to bill for services provided by contracted practitioners at off-sites, so long as the contracted practitioners/agency reassigns the right to payment to the LEA. Contracted practitioners will not be subject to RMTS or be eligible to receive moments.

**Q11. Can a school nurse bill for the time spent developing an individualized health care plan?**

A. Yes, developing an IEP or plan of care is a billable LEA Program service.

**Documentation**

**Q12. In the future, will we need to report hours worked for bus drivers? How about health service practitioners?**

A. Yes, upon approval of SPA 15-021, LEAs will be required to report total hours worked for all practitioners, including bus drivers and transportation personnel, listed on your CRCS. This will include reporting hours for allowable transportation personnel listed on the future CRCS (e.g., bus drivers, substitute drivers, mechanics, bus attendants). The hours will not be used in the annual cost settlement process; however, hours may be used by DHCS to calculate updated interim rates in future periods.

**Q13. For the psychosocial assessment, are there specific categories that must be included, or is it broad in scope?**

A. DHCS does not define what specific tests must be included to bill for a psychosocial assessment. The health services practitioner will use their judgment and experience to determine the types of tests that should be conducted, based on the needs of the student.

**Q14. How will Random Moment Time Survey (RMTS) supporting documentation be kept? Will it be the responsibility of the Local Education Consortium (LEC) to ensure that it is kept?**

A. LEAs, not LECs, should retain documentation to support direct service moment responses. Documentation for moment responses may be maintained through a number of different sources, including, but not limited to: the student's IEP or care plan, treatment logs, practitioner notes, billing schedules, practitioner schedules, calendars, and timesheets.

**Q15. Are we able to bill for practitioner supervision?**

A. No, practitioner supervision is not a reimbursable LEA Program service.

**Services, Prescriptions, Referrals and Recommendations**

**Q16. I understand that physician orders are good for one year. Is the ‘commencement’ date of the order the day of the physician’s signature, or can the physician specify another date, such as an earlier date when the IEP formed?**

A. For Medi-Cal billing purposes, a physician’s order expires one year from the date that the order was signed by the physician. A physician may not specify another date for the creation of the order.

**Q17. We are excited that Nurse Practitioners (NPs) and Physician Assistants (PAs) will be able to authorize services. If we have signed NP or PA orders that were dated on or after 7/1/2018, will we be able to bill for these services?**

A. The new NP/PA authorization policy will not be a retroactive policy. DHCS expects to implement this policy in FY 2019-20, and will issue a PPL with a policy effective date. Once the policy is in effect, LEAs may begin billing for services that were authorized by a PA or NP.

**Q18. Does the LEA Program require a prior authorization form, similar to other Medi-Cal programs? Will this be required after the SPA is approved?**

A. Prior authorization requirements, as they exist in the general Medi-Cal Program, are not applicable to LEA Program services. However, all treatments must be authorized via an "order" (e.g., a prescription, referral, or recommendation from an appropriate health services practitioner). Training slide numbers 64 to 68 provide detail on this requirement. In addition, treatment services must be included in a student's plan of care. See slides 32 and 33 for more information on the care plan requirement that will be implemented via SPA 15-021.

**Q19. The training references “authorization” in some slides and "orders" in other slides. Can you please explain the difference?**

A. Authorization for services will be documented via a prescription, referral or recommendation, depending on the service type. All three of these authorization types are synonymous with an "order" for LEA Program purposes. See slides 60 to 68 for additional detail on what type of authorization is required by service type.

**Q20. Is diapering included in ADL activities? If the child has a catheterization physician order, and is also diapered, does the order have to also state diapering or is it inherent in the catheterization order?**

A. Yes, diapering is considered an ADL activity. Diapering must be separately identified in the physician's order to support billing for this activity.

**Q21. Can contracted physicians provided the authorization (order, referral, prescription) for mental health services?**

A. As explained on slide 65, authorizations may be provided by contracted physicians. In these cases, the contracted physician is not required to personally evaluate the student. However, the contracted physician must review the student's records prior to authorizing services. In addition, the contracted physician must have a working relationship with the LEA and treating practitioner.

**Q22. Please clarify if nursing plans developed by school nurse will require a physician's order?**

A. The development of a care or nursing plan, in itself, does not require an order by a physician or any other practitioner. However, the treatment services that are included the nursing plan do require an order by an appropriate medical practitioner.

**Q23. If a student does not have a 504 plan or IEP, and receives mental health services, does that student need an individualized health and support plan (IHSP)?**

A. If a student is not eligible under IDEA, and does not have an IEP/IFSP, then the student must have a plan of care, which could be a 504 plan or an IHSP. Orders for services can be written into the plan of care, or can be separate document included in the student's files along with the plan of care.

**Q24. For orders for mental health treatment services, what is the required medical necessity?**

A. For all LEA Program services, diagnostic and treatment services are considered medically necessary when used to correct or ameliorate defects, physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screen (see California Code of Regulations, Title 22, Sections 51184 and 51340).

### **Practitioner Qualifications**

**Q25. Is an Associate Marriage and Family Therapist (MFT) the same as an MFT intern?**

A. Yes, on January 1, 2018 the title of MFT Intern changed to Associate MFT or Registered Associate MFT.

**Q26. Why do occupational therapy (OT) and physical therapy (PT) require a physician prescription, when a counseling service can be authorized by the licensed provider performing the service?**

A. State and federal regulations dictate what level of authorization is required for services to be billed to the Medicaid program. In California, State regulations require that OT and PT services be authorized by a physician, dentist or podiatrist, within the practitioner's scope of practice (California Code of Regulations [CCR], Title 22, Section 51309). Federal regulations allow OT and PT services to be prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law. The LEA Program is held to California's stricter interpretation of a prescription, which does not allow a licensed practitioner of the healing arts (e.g., the licensed OT or PT) to authorize services.

**Q27. Are Licensed Professional Clinical Counselors a Medi-Cal billable provider type for Psychology and Counseling treatments?**

A. No, these practitioners are not a qualified rendering practitioner in SPA 15-021.

**Q28. On slide 31, is the supervising practitioner of a "Licensed Clinical Counselor" the same as the Licensed Professional Clinical Counselor (LPCC)?**

A. Yes. However, LPCCs are not qualified to bill in the LEA Program. This slide is referencing that LPCCs may supervise certain practitioners, including the Registered Associate Clinical Social Worker and the Associate Marriage and Family Therapist, within the scope of their practice.

### **Random Moment Time Survey (RMTS)**

**Q29. Under RMTS, does anything change regarding how we document services provided? Will LEAs continue to submit claims to Medi-Cal under RMTS?**

A. No, LEAs will continue to provide and document services in the same manner. LEAs will submit claims through the Fiscal Intermediary in the same manner that they currently do for interim claiming.

**Q30. Under RMTS, will I still submit a CRCS? If so, how will RMTS be incorporated?**

A. Yes, LEAs participating in the LEA BOP will continue to submit the CRCS, which has been revised to include the new covered services, new practitioner types, TCM, transportation and the RMTS direct medical service percentage.

**Q31. Will RMTS affect how transportation services are provided or billed?**

A. No, transportation will continue to be provided and billed in the same manner as it is now. Transportation personnel (bus drivers) will not be subject to the RMTS. However, following approval of SPA 15-021, transportation will begin to be reconciled in the CRCS. DHCS will provide more information in an upcoming CRCS training.

**Q32. Will the same RMTS percentage apply to each district within the region?**

A. Yes, all LEAs within a LEC/LGA region will use that region's RMTS percentage on their CRCS.

**Q33. Will the Los Angeles Unified School District use their own RMTS results?**

A. Yes, LAUSD will continue to operate as its own administrative unit, running a separate RMTS.

**Q34. Does the bus driver need to be included in the TSP list?**

A. No, all transportation personnel will be excluded from RMTS, including bus drivers, substitute drivers, mechanics and bus attendants.

**Q35. If a Time Survey Participant (TSP) is only in Cost Pool 1 for one quarter, but the CRCS is an annual report, how do we report salaries and benefits?**

A. The revised CRCS has been developed to accommodate quarterly reporting of salary and benefit costs, which are then consolidated into an annual cumulative total for the practitioner type. For the example in this question, the LEA will only report the TSP's salaries and benefits for the quarter in which they were on the approved TSP list. No salary/benefit costs for this practitioner will be included in the remaining three quarters.

**Q36. With regard to RMTS, will the cost pool 2 provider moment responses impact the Code 2A RMTS percentage?**

A. No, the only TSPs that will impact the code 2A percentage are the cost pool 1 TSPs (the direct service practitioners).

**Q37. If I am in Cost Pool 1, will all of my moments be coded to code 2?**

A. No, not every moment assigned to a Pool 1 TSP will be considered a Code 2. Pool 1 TSPs do not *exclusively* provider direct services – they also perform administrative activities, participate in staff trainings, check e-mail, assist with outreach, etc.

**Q38. With the SMAA program already using RMTS, how will this RMTS be different? How will DHCS differentiate between the two?**

A. There will only be one RMTS when the LEA Program integrates into the existing RMTS that is currently used by the SMAA Program. Most components of the integrated RMTS will look similar to the current model, with some minor differences to account for the integration of the LEA Program. Future RMTS Coordinator and TSP Trainings will outline these differences.

**Miscellaneous**

**Q39. Will there be a different rate for group services for new practitioner types?**

A. Yes, pending approval of SPA 15-021, specific group rates have been developed for these new practitioner types.

**Q40. When will the rates for the new services/practitioners be published?**

A. DHCS intends to publish the new procedure codes, modifiers and FY 2019-20 interim rates upon SPA 15-021 approval.

**Q41. Can you confirm when billing for TCM will start again?**

A. When SPA 15-021 is approved by CMS, LEAs may begin billing for TCM services for Medi-Cal students with TCM in their IEP/IFSP. CMS will then review another DHCS SPA, SPA 16-001, which will expand the population of billable TCM services to include non-IEP/IFSP students with TCM outlined in a plan of care. Once that SPA is approved, LEAs can bill for the non-IEP/IFSP population, as well. SPA 16-001's effective date is January 1, 2016.

**Q42. If our district did not have reimbursement in transportation or TCM will, it be required to include cost in CRCS?**

A. No, if your LEA does not submit interim claims for these two services, you will not be required to include these costs in the CRCS.



**Q43. I've heard that the CRCS will be due earlier than the November 30 deadline, is this true?**

A. Yes, DHCS will shorten the time between the claiming period and cost report submission to eight months. However, this change will not be implemented this year. The FY 17-18 CRCS will continue to be due by November 30, 2019. CMS and DHCS are still finalizing the timeline regarding the implementation of this change. DHCS will keep LEAs updated as more information becomes available.

**Q44. When the CRCS is due 8 months after the end of the school year, will LEAs be required to submit claims within 8 months, or will we still have 12 months to submit? What happens to the claims that are submitted after CRCS is completed?**

A. LEAs will continue to have 12 months from the month of service to submit claims for reimbursement. If an LEA submits claims after CRCS submission (and before the 12 month cutoff), DHCS Audits and Investigations will capture all paid claims during the reconciliation process.