LEA Medi-Cal Billing Option Program

SPA 15-021 Implementation Training

Materials presented today are pending approval of SPA 15-021
Introductions

• California Department of Health Care Services (DHCS)
  – Administers the Local Educational Agency Medi-Cal Billing Option Program (LEA Program)

• Navigant Consulting
  – Contractor to DHCS
  – Provides assistance to DHCS as a subject-matter expert
Logistics

• **Schedule**
  – Morning: 10am to noon, 10-minute break
  – Lunch 12-1pm
  – Afternoon 1-3pm, 15-minute break

• **Restrooms**

• **Questions** (lea@dhcs.ca.gov)
  – Questions converted into FAQs, published on website
  – **Before lunch, submit questions** on notecards
  – Notecards should include slide # (if applicable)
  – Morning session: answered after lunch and in FAQs
  – Afternoon session: answered at end (as time allows) and in FAQs
## Agenda

<table>
<thead>
<tr>
<th>Section</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LEA Program Overview</td>
</tr>
<tr>
<td>2</td>
<td>Major Components of SPA 15-021</td>
</tr>
<tr>
<td>3</td>
<td>SPA 15-021 Program and Policy Overview</td>
</tr>
<tr>
<td>4</td>
<td>Random Moment Time Survey (RMTS)</td>
</tr>
<tr>
<td>5</td>
<td>Documentation Requirements and Guidelines</td>
</tr>
<tr>
<td>6</td>
<td>Cost Reporting and “Backcasting” Overview</td>
</tr>
<tr>
<td>7</td>
<td>Resources and Next Steps</td>
</tr>
</tbody>
</table>
Limitations of Today’s Training

• SPA 15-021 has not been approved by CMS
  – No current timeline for SPA Approval
  – CRCS still being reviewed by CMS
  – “Backcasting” methodology still being negotiated with CMS

• Once SPA 15-021 is approved, DHCS is prepared to move forward with implementation

• DHCS has requested that the combined RMTS be delayed until FY 2020-21
  – CMS is currently reviewing this request
New to Today’s Training

• DHCS conducted this training on April 22 in Southern California
  – Some questions from that training have been added as FAQs to today’s training

• DHCS received clarification on how to apply to be an Ordering, Referring or Prescribing Practitioner (ORP) for Registered Credentialed School Nurses and Licensed Educational Psychologists
  – Addressed in Section 3

• DHCS has set up an RMTS Inbox: RMTS@dhcs.ca.gov
Section 1
LEA Program Overview
Topics to be Covered

- LEA Program Basics
- Overview of LEA Services
- State Plan Amendment (SPA) 15-021
- Overview of Resources
What is the LEA Medi-Cal Billing Option Program?

- LEA Program allows local school districts to receive reimbursement for medically-necessary Medicaid health-related services

- DHCS is able to reimburse districts for half of the cost to provide eligible Medicaid services by drawing down federal matching funds

- The LEA Program is subject to both Education and Medicaid requirements
What is SPA 15-021?

- Program changes must be approved by the Centers for Medicare and Medicaid Services (CMS), the federal oversight agency for the Medicaid Program.
- DHCS submitted a State Plan Amendment (SPA) to CMS to expand the LEA Program.
- The SPA is not yet approved – *guidance provided today is pending SPA approval*.
- The SPA will be retroactive to July 1, 2015.
LEA Program Reimbursement

Reimbursement is provided for students who meet all of the following requirements:

• Are 21 years of age or younger*
• Medi-Cal eligible on the date of the service
• Have appropriate authorization for services
  – For assessments: a parent, teacher, school nurse or appropriate health services practitioner has recommended the student for assessment
  – For treatments: medically necessary services are pursuant to an IEP, IFSP, IHSP (or other “Care Plan”)

* Note that students with an IEP that turn 22 during the school year may continue his or her participation in the LEA Program for the remainder of that current school year.
Conditions of Reimbursement

• To be reimbursed for delivering Medi-Cal services, CMS requires:
  – School districts **submit Medi-Cal claims** to the fiscal intermediary
  – **Maintain documentation** of service delivery
  – Complete annual **cost reporting**
  – Take part in **final settlement process**, including a cost reconciliation process
  – Participate in the **Random Moment Time Survey (RMTS)**
  – **Comply** with Program timelines and submit required documents
Overview of Services

IEP/IFSP Assessments
- Psychological
- 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
- Vision
- Developmental
- Orientation and Mobility
- Respiratory Therapy

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 Activities of Daily Living)
- Orientation and Mobility
- Respiratory Care
- Nutritional Counseling

IEP/IFSP Targeted Case Management

IEP/IFSP Medical Transportation
- One-way transportation
- Mileage

Note: SPA 15-021 retains all current services; new services under SPA 15-021 are in blue.
Overview of Resources

Main resource is the LEA Home Page:
https://www.dhcs.ca.gov/provgovpart/pages/lea.aspx
Overview of Provider Manual

Note: For detail on each service, see sections beginning with *loc ed serv*.
Overview of Policy and Procedure Letters (PPLs)

<table>
<thead>
<tr>
<th>Number &amp; Date</th>
<th>Description</th>
<th>Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPL 18-029</td>
<td>Elimination of CPT Code 96101 and Implementation of New Replacement Code 96130 in the Local Educational Agency Medi-Cal Billing Option Program</td>
<td></td>
</tr>
<tr>
<td>PPL 18-027</td>
<td>Specialized Medical Transportation in the Local Educational Agency Medi-Cal Billing Option Program</td>
<td></td>
</tr>
<tr>
<td>PPL 18-018</td>
<td>Notification of Ordering, Referring or Prescribing Practitioner Requirements in the Local Educational Agency Medi-Cal Billing Option Program</td>
<td></td>
</tr>
<tr>
<td>PPL 18-018</td>
<td>Elimination of Current Procedural Terminology Codes 97001, 97002, 97003 and 97004; and Implementation of Four New Replacement CPT Codes 97163, 97164, 97167 and 97168</td>
<td></td>
</tr>
<tr>
<td>PPL 17-016</td>
<td>Notification of Compliance Process for LEAs that Do Not Submit the Provider Participation Agreement (PPA) by the Mandated Due Date</td>
<td></td>
</tr>
<tr>
<td>November 13, 2017 (Replaces PPL 15-018)</td>
<td></td>
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</tr>
<tr>
<td>PPL 17-002</td>
<td>Rescinding Policy and Procedure Letters (PPL) 13-004, 13-014, and 16-019 Regarding Subrecipient Monitoring for CMAA, TCM, LEA BOP, and SMAA Contracts</td>
<td></td>
</tr>
</tbody>
</table>
Additional Resources

• Additional website resources
  – LEA Onboarding Handbook
  – LEA Toolbox
  – FAQs
  – Transportation Billing Guide
  – Glossary of Terms
  – LEA Program Mailbox
    (LEA@DHCS.CA.GOV)
Section 2
Major Components of SPA 15-021
Topics to be Covered

• SPA 15-021: Overview of Major Changes
• New Services
• New Qualified Practitioners
• SPA Requirements
• Resources
Four major Program changes:

1. Expands covered services (upon SPA approval)
2. Expands allowable practitioner types (upon SPA approval)
3. Expands the covered population to include Medicaid beneficiaries outside of special education (upon SPA approval)
   - Treatment services that are pursuant to an Individualized Health and Support Plan (IHSP) or “Care Plan” will no longer be subject to 24 services per fiscal year
4. Incorporates RMTS for LEA BOP services (initial survey period pending CMS approval)
SPA 15-021 Important Dates

- Effective date of SPA is July 1, 2015
- Billing systems will be updated with new procedure codes/modifiers for dates of service on or after July 1, 2019
- DHCS has asked CMS for RMTS to officially begin for LEA BOP on July 1, 2020 (first survey period would begin October 1, 2020)
# Change 1: New Services

<table>
<thead>
<tr>
<th>NEW – Covered Services</th>
<th>Assessment</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance with Activities of Daily Living (ADLs)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Group Occupational Therapy (OT) Services</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Group Physical Therapy (PT) Services</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Orientation and Mobility Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Respiratory Therapy Services</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Note: All treatments are applicable to students covered by an IEP, IFSP or IHSP. Assessments must still meet referral standards whereby a parent, teacher, school nurse or practitioner within scope of practice refers the student for an assessment.
New Service Detail: ADL Assistance

• **Service Definition**: Assisting with activities that are necessary for daily care of oneself and independent living, such as eating, toileting, transferring, positioning, mobility assistance, and cueing or directing the completion of an ADL task.

• Includes **direct intervention** (assisting the student in performing a task) or **indirect intervention** (cueing or redirecting the student to perform a task).

• Requires a **physician prescription**.

• Not billable as a group service; however, one or more students may be served one-at-a-time sequentially.

• Billed in 15-minute increments with a new CPT code.
ADL Assistance Examples

• **Feeding** (e.g., being able to get food from a plate into one’s mouth and chopping, pureeing or grinding food)

• **Dressing and grooming** (e.g., selecting clothes, putting them on/off and adequately managing one’s personal appearance)

• **Bathing** (e.g., washing face/body in the bath or shower)

• **Toileting** (e.g., getting to and from and transfer on/off toilet)

• Assist a student to **ambulate, position or transfer** (e.g., from one location to another or moving to and between surfaces such as from a wheelchair to a toilet)

• **Bowel and bladder care**
ADL Assistance
Examples (continued)

• **Cuing, redirecting or monitoring** to ensure the student performs ADL tasks because a cognitive impairment prevents an individual from knowing when or how to carry out the task
  – For example, cueing an individual that may not be able to dress without instruction on how to do so or reminders of what to do and when

• **Help with use of assistive devices**

• **Observation/monitoring and redirection/intervention** to assist with completion of ADLs
ADL Assistance Exclusions

• Assisting with **educational activities** (e.g., tutoring, preparation of educational materials, Braille interpretation)

• **Classroom support** (e.g., redirecting, cueing/intervening to help a child stay on task to complete school assignments)

• **Instrumental Activities of Daily Living (IADLs)** (e.g., assistance with meal preparation, household chores, teaching a child to grocery shop, manage finances, etc.)

• Assisting with ADLs that a **typically developing child** of the same age could not safely and independently perform without adult supervision

• Monitoring or observation of a child who may have **behavioral episodes** in the classroom
New Service Detail: Group OT/PT

• SPA 15-021 expands occupational therapy and physical therapy services to include those provided in a group setting

• Licensed therapists and assistants can bill for group services
  – Assistants must be supervised by a licensed therapist

• Group is two or more students

• Billed in same manner as individual service (initial and additional service increments)
New Service Detail: Orientation and Mobility

• **Service Definition**: Services provided to blind or visually impaired students to enable students to systematic orientation to and safe movement within their environments in school, home, and community.

• **Provided by Orientation and Mobility Specialists**
  – Certified by Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)
  – Possess a Clinical or Rehabilitative Services Credential and an Orientation and Mobility teaching certification
  – No supervision required

• **Authorized by a physician or licensed practitioner of the healing arts within scope of practice**
New Service Detail: Respiratory Therapy

- **Service Definition**: Therapy, management, rehabilitation, diagnostic evaluation and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated aspects of cardiopulmonary and other systems functions

- Provided by respiratory care therapists
  - Licensed by the Respiratory Care Board of California

- Requires a physician prescription
New Service Detail: Nutritional Counseling

• **Service Definition**: Nutrition assessment and education, consisting of assessments and non-classroom nutrition education based on the outcome of the nutritional health assessment (diet, feeding, laboratory values, and growth)

• Provided by registered dieticians, physicians, nurses and physician assistants
  – Nurses without the school nurse service credential require supervision by a Registered Credentialed School Nurse

• Requires a physician referral
# Change 2: New Practitioners

## NEW - Qualified Rendering Practitioners

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Covered Services</th>
<th>Supervision Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy Assistant</td>
<td>• Occupational Therapy Treatment (Individual and Group)</td>
<td>Yes, by a Licensed O/T</td>
</tr>
</tbody>
</table>
| Orientation and Mobility Specialist    | • Orientation and Mobility Assessment  
• Orientation and Mobility Treatment  | No                                   |
| Physical Therapist Assistant          | • Physical Therapy Treatment (Individual and Group)                                | Yes, by a Licensed P/T              |
| Physician Assistant                   | • Health/Nutrition Assessment  
• Nutritional Counseling  
• Health Ed./Anticipatory Guidance  
• Hearing Assessment  
• Psychology and Counseling  
• Vision Assessment                  |                                      |
### Change 2: New Practitioners (cont.)

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Covered Services</th>
<th>Supervision Required?</th>
</tr>
</thead>
</table>
| Registered Associate Clinical Social Worker | • Psychology and Counseling Treatment (Individual/Group)  
• TCM Services                             | Yes, by licensed physician, LCSW, LMFT, licensed psychologist or licensed clinical counselor |
| Registered Dietician                   | • Nutrition Assessment  
• Nutritional Counseling                              | No                                                                                     |
| Associate Marriage and Family Therapist | • Psychology and Counseling Treatment (Individual/Group)  
• TCM Services                             | Yes, by licensed physician, LCSW, LMFT, licensed psychologist or licensed clinical counselor |
| Respiratory Therapist                 | • Respiratory Assessment  
• Respiratory Therapy Treatment                    | No                                                                                     |
| Speech-Language Pathology Assistant   | • Speech Therapy Treatment (Individual/Group)         | Yes, by licensed or credentialed SLP                                                     |
Change 3: Care Plan Requirements

• SPA 15-021 expands reimbursement to include covered services provided under an Individualized Health and Support Plan (IHSP)

• Other common names for an IHSP: Individualized School Healthcare Plan, Plan of Care, Nursing Plan or 504 Plan

• Care Plans should be developed:
  – By a registered credentialed school nurse or qualified medical practitioner within scope of practice
  – In collaboration with the parent or guardian, and if appropriate, the student
The Care Plan

• The Care Plan should identify the healthcare needs, and include, at minimum:
  – **Medical necessity** for treatment services, supported by authorization from a qualified medical practitioner;
  – Treatment **services to be provided** to the student;
  – Plan for **duration and frequency** of services;
  – **Necessary training, supervision and monitoring** of designated school staff;
  – Plan for **evaluating and reporting outcomes** and changes;
  – A method to **ensure and document safe, consistent provision of services** to the student.
Change 4: RMTS Requirement

- RMTS is a **new methodology to allocate costs** to the LEA Program
- RMTS captures the amount of time spent providing direct health services by qualified health practitioners
- RMTS results will be combined by the LEA’s LEC/LGA region
- The combined RMTS results will be applied to your LEA’s provider-specific costs on the CRCS, in order to determine final reimbursement for direct service claiming
Resources

- RMTS will be discussed later today in Section 4
- Additional RMTS information will be included on the LEA Program website
- The LEA Provider Manual will be updated to account for SPA 15-021 changes
FAQs

Question #1: Is diapering included in Activities of Daily Living (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?

• **Answer:** Yes, diapering is considered an ADL activity. Diapering must be separately identified in the physician’s order to support billing for this activity.

Question #2: ADL services require a physician prescription or order. Does it expire?

• **Answer:** Yes, all “orders” (recommendations, referrals, and prescriptions) for treatment services expire one year from the date of the order.

Question #3: Is an Associate Marriage and Family Therapist (MFT) the same as an MFT intern?

• **Answer:** Yes, on January 1, 2018 the title of MFT Intern changed to Associate MFT or Registered Associate MFT.
Question #4: Regarding ADL Assistance services, can you expand on the phrase “help with use of Assistive Devices”?

• Answer: This includes time spent in assisting the student with learning to use adaptive equipment or assistive technology. For example, a 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.

Question #5: For ADL services provided sequentially, how much time must be spent with a Medi-Cal student in order to bill for the service?

• Answer: 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.
Section 3
SPA 15-021 Program and Policy Overview
Topics to be Covered

• Care Plan Requirement
• Other Health Coverage Requirements
• Managed Care Coordination
• Parental Consent Requirements
• Ordering/Rendering/Prescribing Practitioner Requirements
• Billing for new services/practitioners
Care Plan Requirement

- **New requirement** in SPA 15-021
- To seek reimbursement, the student does **not** need to be eligible under the IDEA
- All billable treatment services require authorization in a “Care Plan”
  - For **IDEA students**, the IEP or IFSP provides authorization
  - For **non-IDEA students** with health needs, the authorization is pursuant to an IHSP, nursing plan, service plan or 504 Plan
**Other Health Coverage (OHC) Requirements**

<table>
<thead>
<tr>
<th>Insurance Status</th>
<th>Services Authorized in an IEP or IFSP</th>
<th>Services Authorized in a Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal Only</td>
<td>Bill Medi-Cal</td>
<td>Bill Medi-Cal</td>
</tr>
<tr>
<td>Medi-Cal and OHC</td>
<td>Bill Medi-Cal</td>
<td>Bill OHC, then Medi-Cal*</td>
</tr>
</tbody>
</table>

*Note: Per Senate Bill 276, the timeframe for pursuing third party liability from an OHC carrier has been changed to 45 days.*

If a response from the OHC carrier is not received *within 45 days of the provider’s billing date*, the provider may bill Medi-Cal. A copy of the completed and dated insurance claim form must accompany the Medi-Cal claim. LEA must state “45 day response delay” on the claim.
Managed Care Coordination

• IEP/IFSP/IHSP services delivered by LEAs are expressly **carved out of Managed Care contracts**

• Managed care organizations (MCOs) have the primary responsibility to provide necessary services that exceed those provided by the LEA

• CMS will **not require** a Memorandum of Understanding (MOU) between LEAs and MCOs, but they do expect that coordination of care exists
Parental Consent for Accessing Public Benefits or Insurance

• Requirements must be met by all participating LEAs
  – Notification requirements are published by CDE

• For IDEA students, you must do the following before accessing public benefits or insurance for the first time (required per 34 CFR Section 300.154(d)):
  – Obtain a one-time written consent from the parent/guardian
  – Provide written notification to the child’s parent/guardian (completed before obtaining one-time written consent, and annually thereafter)
  – Parental consent may be revoked at any time

• For non-IDEA students, LEAs do not have to obtain parental consent to bill Medi-Cal for services
Authorization Requirements

Ordering, Referring or Prescribing (ORP) practitioner requirement:

• Effective July 1, 2018, LEAs are required to include the National Provider Identifier (NPI) of the ORP practitioner on all claims for treatment services.

• LEA Program ORP practitioners must be individually enrolled as a Medi-Cal ORP provider, as outlined in PPL 18-018.

• Assessment services are not affected by the PPL.
### ORP Practitioners

<table>
<thead>
<tr>
<th>Service</th>
<th>Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing</strong></td>
<td>1. <em>Medication/therapeutic agent administration</em>: Licensed Clinical Psychologist; Dentist; Physician; Podiatrist</td>
</tr>
<tr>
<td></td>
<td>2. <em>Specialized physical health care/ADL Assistance</em>: Physician</td>
</tr>
<tr>
<td><strong>O/T Services</strong></td>
<td>Physician; Podiatrist; Dentist</td>
</tr>
<tr>
<td><strong>P/T Services</strong></td>
<td>Physician; Podiatrist; Dentist</td>
</tr>
<tr>
<td><strong>Psychology/ Counseling</strong></td>
<td>Licensed Clinical Social Worker; Licensed Educational Psychologist; Licensed MFT; Licensed Psychologist; Physician; Registered Credentialed School Nurse</td>
</tr>
<tr>
<td><strong>School Health Aide</strong></td>
<td>Physician</td>
</tr>
<tr>
<td>**Speech Language/ Audiology *</td>
<td>Dentist; Physician</td>
</tr>
</tbody>
</table>

*Note that if an LEA utilizes the physician-based standards protocol, it is the physician who developed the protocol that is considered the Medi-Cal ORP provider, and it is their NPI that must be included on the claim for Medi-Cal reimbursement.*
ORP Policy Update

• On April 26, DHCS issued an e-blast updating stakeholders on ORP enrollment for Registered Credentialed School Nurses (RCSNs) and Licensed Educational Psychologists (LEPs)
  – Provider enrollment issues have been resolved
  – **Re-submit previously denied RCSN/LEP applications** to enroll as ORP providers
  – Select “other” as the provider type
  – Effective enrollment will remain one year prior to the date DHCS receives the complete application package
  – Claims with dates of service on or after 7/1/18 (the effective date of the ORP policy) should not be affected
# New Codes and Modifiers

<table>
<thead>
<tr>
<th>LEA Description</th>
<th>Procedure Code or Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation and Mobility Assessment</td>
<td>T1023</td>
</tr>
<tr>
<td>Orientation and Mobility Treatment Services</td>
<td>97533</td>
</tr>
<tr>
<td>Group OT and PT Services</td>
<td>97150</td>
</tr>
<tr>
<td>Respiratory Therapy Assessment</td>
<td>94618</td>
</tr>
<tr>
<td>Respiratory Therapy Treatment Services</td>
<td>G0237</td>
</tr>
<tr>
<td>School Health Aide Services - Assistance with ADLs</td>
<td>97535</td>
</tr>
<tr>
<td>Nutritional Counseling Services</td>
<td>S9470</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>U7</td>
</tr>
<tr>
<td>OT/PT/SLP Assistant, Reg. Associate Clinical Social Worker</td>
<td>HM</td>
</tr>
<tr>
<td>Registered Dietician</td>
<td>AE</td>
</tr>
</tbody>
</table>
Assessments with no billing changes due to SPA 15-021:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>New Practitioner</th>
<th>Billing Increment</th>
<th>New Codes/Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
<tr>
<td>Audiology</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
<tr>
<td>Speech-Language</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
<tr>
<td>Psychological</td>
<td>None</td>
<td>No Changes</td>
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</tr>
<tr>
<td>Psychosocial</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
<tr>
<td>Health</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
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</table>
## IEP/IFSP Assessments

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Procedure Code</th>
<th>Billing Increment</th>
<th>Practitioner</th>
<th>Practitioner Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health/Nutrition</td>
<td>96150 and 96151</td>
<td>Each 15-minutes (completed)</td>
<td>• Dietician</td>
<td>AE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Physician Assistant</td>
<td>U7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Registered Credentialed School Nurse (RCSN)</td>
<td>TD</td>
</tr>
<tr>
<td>Orientation and Mobility (O&amp;M)</td>
<td>T1023</td>
<td>Each 15-minutes (completed)</td>
<td>• Orientation and Mobility Specialist</td>
<td>No modifier</td>
</tr>
<tr>
<td>(new)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapy (new)</td>
<td>94618</td>
<td>Each 15-minutes (completed)</td>
<td>• Licensed Respiratory Care Practitioner</td>
<td>No modifier</td>
</tr>
</tbody>
</table>

*Note: The TL/TM modifier will continue to distinguish between IFSP and IEP assessments.*

*Blue text denotes changes to billing under SPA 15-021.*
Non-IEP/IFSP Assessments

Assessments with no billing changes due to SPA 15-021:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>New Practitioner</th>
<th>Billing Increment</th>
<th>New Codes/ Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial Status</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
<tr>
<td>Developmental</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
<tr>
<td>Assessment</td>
<td>Procedure Code</td>
<td>Billing Increment</td>
<td>Practitioner</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Vision</td>
<td>99173</td>
<td>Encounter</td>
<td>• Physician Assistant</td>
</tr>
<tr>
<td>Health Ed./Anticipatory Guidance</td>
<td>99401</td>
<td>Each 15-minute increment</td>
<td>• Physician Assistant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(completed)</td>
<td></td>
</tr>
<tr>
<td>Health/Nutrition</td>
<td>96150 and 96151</td>
<td>Each 15-minute increment</td>
<td>• Physician Assistant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(completed)</td>
<td>• Registered Dietician</td>
</tr>
<tr>
<td>Hearing</td>
<td>92551 and 92552</td>
<td>Encounter</td>
<td>• Physician Assistant</td>
</tr>
</tbody>
</table>

*Blue text denotes changes to billing under SPA 15-021.*
## Non-IEP/IFSP Assessments

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Procedure Code</th>
<th>Billing Increment</th>
<th>Practitioner</th>
<th>Practitioner Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>O&amp;M (new)</td>
<td>T1023</td>
<td>Each 15-minutes (completed)</td>
<td>• Orientation and Mobility Specialist</td>
<td>No modifier</td>
</tr>
<tr>
<td>Respiratory Therapy (new)</td>
<td>94618</td>
<td>Each 15-minutes (completed)</td>
<td>• Respiratory Care Practitioner</td>
<td>No modifier</td>
</tr>
</tbody>
</table>

*Blue text denotes changes to billing under SPA 15-021.*
## Treatment Services

### Treatments with no billing changes due to SPA 15-021:

<table>
<thead>
<tr>
<th>Treatment</th>
<th>New Practitioner</th>
<th>Billing Increment</th>
<th>New Codes/Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
<tr>
<td>Nursing and School Health Aide Services (Specialized Physical Healthcare Services)</td>
<td>None</td>
<td>No Changes</td>
<td>No Changes</td>
</tr>
</tbody>
</table>
## OT/PT Treatment Services

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Procedure Code</th>
<th>Billing Increment</th>
<th>Practitioner</th>
<th>Practitioner Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Physical Therapy</td>
<td>97110</td>
<td>Initial service: 15-45 minutes; Additional service: 15-minute increments</td>
<td>• Physical therapist assistant</td>
<td>GP HM</td>
</tr>
<tr>
<td>Group Physical Therapy (new)</td>
<td>97150</td>
<td></td>
<td>• Physical therapist</td>
<td>GP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Physical therapist assistant</td>
<td>GP HM</td>
</tr>
<tr>
<td>Individual Occupational Therapy</td>
<td>97110</td>
<td>Initial service: 15-45 minutes; Additional service: 15-minute increments</td>
<td>• Occupational therapy assistant</td>
<td>GO HM</td>
</tr>
<tr>
<td>Group Occupational Therapy (new)</td>
<td>97150</td>
<td></td>
<td>• Occupational therapist</td>
<td>GO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Occupational therapy assistant</td>
<td>GO HM</td>
</tr>
</tbody>
</table>

*Blue text denotes changes to billing under SPA 15-021.*
## Speech Treatment Services

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Procedure Code</th>
<th>Billing Increment</th>
<th>Practitioner</th>
<th>Practitioner Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Speech-Therapy</td>
<td>92507</td>
<td>Initial service: 15-45 minutes; Additional service: 15-minute increments</td>
<td>• Speech-Language Pathology Assistant (SLPA)</td>
<td>GN HM</td>
</tr>
<tr>
<td>Group Speech Therapy</td>
<td>92508</td>
<td>Initial service: 15-45 minutes; Additional service: 15-minute increments</td>
<td>• SLPA</td>
<td>GN HM</td>
</tr>
</tbody>
</table>

*Blue text denotes changes to billing under SPA 15-021.*
## Psychology/Counseling Treatment Services

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Procedure Code</th>
<th>Billing Increment</th>
<th>Practitioner</th>
<th>Practitioner Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Psychology/Counseling</td>
<td>96152</td>
<td>Initial service: 15-45 minutes; Additional service: 15-minute increments</td>
<td>• Physician Assistant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Associate MFT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Registered Associate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clinical Social Worker</td>
<td></td>
</tr>
<tr>
<td>Group Individual Psychology/Counseling</td>
<td>96153</td>
<td>Initial service: 15-45 minutes; Additional service: 15-minute increments</td>
<td>• Physician Assistant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Associate MFT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Registered Associate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clinical Social Worker</td>
<td></td>
</tr>
</tbody>
</table>

*Blue text denotes changes to billing under SPA 15-021.*
# New Treatment Services

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Procedure Code</th>
<th>Billing Increment</th>
<th>Practitioner</th>
<th>Practitioner Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance with ADLs (new)</td>
<td>97535</td>
<td>15-minute increment</td>
<td>Nurse, LVN, Trained Health Care Aide</td>
<td>TD, TE, No modifier</td>
</tr>
<tr>
<td>Nutritional Counseling (new)</td>
<td>S9470</td>
<td>15-minute increment</td>
<td>Physician, Physician Assistant, Dietician, Nurse</td>
<td>AG, U7, AE, TD</td>
</tr>
<tr>
<td>Orientation and Mobility (new)</td>
<td>97533</td>
<td>15-minute increment</td>
<td>Orientation and Mobility Specialist</td>
<td>No modifier</td>
</tr>
<tr>
<td>Respiratory Therapy (new)</td>
<td>G0237</td>
<td>15-minute increment</td>
<td>Licensed Respiratory Care Practitioner</td>
<td>No modifier</td>
</tr>
</tbody>
</table>

*Blue text denotes changes to billing under SPA 15-021.*
TCM Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Procedure Code</th>
<th>Billing Increment</th>
<th>Practitioner</th>
<th>Practitioner Modifier</th>
</tr>
</thead>
</table>
| Targeted Case Management         | T1017          | 15-minute increment | • Registered Associate Clinical Social Worker  
• Associate Marriage and Family Therapist | HM         |

As of 7/01/15, TCM was suspended in the LEA Program. **SPA 15-021 reinstates TCM as a covered service.** In addition to the new practitioners noted above, the following practitioners are qualified TCM practitioners, effective 7/1/15:

- **Nurses (modifier TD)**
- Licensed clinical social worker *(AJ)*
- Credentialed school social worker *(AJ)*
- Licensed psychologist *(AH)*
- Licensed educational psychologist *(AH)*
- Credentialed school psychologist *(AH)*
- Licensed marriage and family therapist *(no modifier)*
- Credentialed school counselor *(no modifier)*
- LVN *(TE)*
- Program specialist *(HO)*

*Blue text denotes changes to billing under SPA 15-021.*
No billing changes due to SPA 15-021:

<table>
<thead>
<tr>
<th>Service</th>
<th>Billing Increment</th>
<th>Procedure Code</th>
<th>IEP/IFSP Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized Transportation</td>
<td>One-way trip</td>
<td>T2003</td>
<td>TL (IFSP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TM (IEP)</td>
</tr>
<tr>
<td>Mileage</td>
<td>Per Mile</td>
<td>A0425</td>
<td>TL (IFSP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TM (IEP)</td>
</tr>
</tbody>
</table>
Authorization for Assessment

• **Students must be referred for an assessment.** The referral can be documented in one of two ways:
  1. A referral from an appropriate health services practitioner within scope of practice; or
  2. A referral by a parent, teacher or credentialed school nurse.

• **New under SPA 15-021:** Screening services provided to all Medi-Cal students are billable
  – Hearing and vision screenings pursuant to the periodicity schedule ("Recommendations for Preventive Pediatric Health Care" by Bright Futures/American Academy of Pediatrics) may be billed
  – Periodicity schedule is the authorization for screening
***In substitution of the written authorization requirements noted below, a registered credentialed school nurse, teacher or parent may refer the student for any assessment.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational Therapy</strong></td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Respiratory Therapy</strong></td>
<td>✓</td>
</tr>
</tbody>
</table>
Assessment Authorization - Referrals

***In substitution of the written authorization requirements noted below, a registered credentialed school nurse, teacher or parent may refer the student for any assessment.

<table>
<thead>
<tr>
<th>Referral</th>
<th>Assessment</th>
<th>Physician</th>
<th>Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Speech-Language</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Audiology *</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

* Hearing Screening authorization requirement will be the periodicity schedule (“Recommendations for Preventive Pediatric Health Care”).
Authorization for Treatment

• All billable LEA treatments must have a prescription, referral or recommendation from an ORP practitioner
  – **Prescription**: A written order from a licensed physician, podiatrist or dentist for specialized treatment services.
  – **Referral**: Less formal than a prescription, but meets certain documentation standards (i.e., student name, date, reason for referral, name and signature of practitioner).
  – **Recommendation**: May consist of a note in the student’s file that indicates the observations/reasons for recommendation, practitioner type, name and signature.

• Valid for **one year** from the date of the order
Physician Authorization for Treatment

• Physician authorizations may be obtained from:
  ❑ Student’s primary care physician;
  ❑ Physicians employed by the LEA;
  ❑ Physicians contracted by the LEA;
  ❑ New: Physician Assistant or Nurse Practitioner (works under physician supervision per standard practice)

• Authorizations provided by contracted physicians:
  ❑ Do not require the physician to personally evaluate the student.
  ❑ Require the physician to have a working relationship with the LEA and treating practitioner.
  ❑ Require the physician to review the student’s records prior to authorizing services.
## Treatment Authorization - Prescriptions

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Treatment</th>
<th>Physician</th>
<th>Dentist</th>
<th>Podiatrist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Occupational Therapy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Physical Therapy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Respiratory Therapy</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>School Health Aide (including ADL assistance and specialized physical health care)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Treatment Authorization – Referrals

<table>
<thead>
<tr>
<th>Referral</th>
<th>Physician</th>
<th>Dentist</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Therapy/Audiology</td>
<td>✓</td>
<td>✓</td>
<td>Speech Language Pathologist *</td>
</tr>
<tr>
<td>Nutritional Counseling **</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If a written referral is provided by a speech-language psychologist, a **physician-based standards protocol** must be developed and used to document medical-necessity of speech and language treatment services to meet California State requirements that a written referral be provided by a physician or dentist.

** If the student is receiving medical nutrition therapy, the referral must be accompanied by a written prescription signed by a physician.
## Treatment Authorization - Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Treatment</th>
<th>Physician</th>
<th>School Nurse</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology and Counseling</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>• Licensed Clinical Social Worker&lt;br&gt;• Licensed Psychologist&lt;br&gt;• Licensed Educational Psychologist&lt;br&gt;• Licensed MFT</td>
</tr>
<tr>
<td>Orientation and Mobility</td>
<td>✓</td>
<td></td>
<td></td>
<td>• Licensed Practitioner of the Healing Arts</td>
</tr>
</tbody>
</table>
FAQs

Question #1: If a student has a 504 Plan and has dual insurance coverage (Medi-Cal and other health insurance), does the LEA need to bill the other health insurance or will DHCS do this?

• Answer: For services rendered outside of an IEP/IFSP, the LEA will be the party to bill the other health insurance, before billing Medi-Cal. For IEP/IFSP services, DHCS will pursue reimbursement from the beneficiary’s other health insurance after payment of the claim.

Question #2: Is an order required to bill for treatment services provided to the non-IEP/FSP population?

• Answer: Yes, all treatment services billed for under SPA 15-021 will require a prescription, referral or recommendation.
Question #3: Please clarify if ADLs are restricted to activities during the school day hours?

• **Answer:** LEAs may bill up to 32 units per day for ADL services. For example, if ADL assistance is required during transportation, this service may be billed when substantiated by the physician prescription.

Question #4: Are primary care physicians the only practitioners that can prescribe treatment services?

• **Answer:** No, prescriptions may be obtained from any of the following:

  - Students primary care physician;
  - Physicians employed by the LEA;
  - Physicians contracted by the LEA;
  - **New:** Physician Assistant or Nurse Practitioner (works under physician supervision per standard practice)
Section 4
Random Moment Time Survey (RMTS)
Topics to be Covered

- Brief Introduction to RMTS
- SPA 15-021: Impact of RMTS on LEA BOP
- Overview of Integrated California RMTS Process
- RMTS Participation
- The Importance of Completing Moments
- Application of RMTS Results in Cost Reporting
- Available Resources
- FAQs
Brief Introduction to RMTS

• What is Random Moment Time Survey?

  – A statistical sampling method that estimates the amount of time spent on various tasks (educational instruction, direct medical services, administration, etc.)

  – 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)
Quick Facts: RMTS

- Administered quarterly 3 times a year in California (Oct to June)
- TSPs are randomly selected to identify the activity they are performing at a random moment in time
- Results in an estimated work effort for the entire population of TSPs over the quarter
- Participation in RMTS is required for employed health service practitioners
RMTS Basics

• Time survey results will be used to determine the percentage of staff costs reimbursed to the district for both LEA BOP and SMAA

• 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 being performed pursuant to, or related to, a service listed on a student’s IEP, IFSP or Care Plan?
- Who were you with?
- What were you doing?
- Why were you performing this activity?
LEA BOP Quarterly RMTS Process

* Not applicable for the July - September quarter

- Identify RMTS Participant Pools
- Identify Number of Time Study Moments by Pool (Moment 1 minute)
- Randomly Select Moments and Randomly Assign to Participants by Pool
- Notify Selected Participants to Complete Moment
- Code Moment to Reflect Activity Performed
- Use RMTS Results to Calculate Direct Health Service
- Average of Results from Three Quarters Applied to LEA Costs on the CRCS
SPA 15-021 Impact on RMTS

- TSPs in Cost Pool 1 = eligible LEA BOP practitioners that will routinely provide covered health services in the upcoming quarter

- Only costs associated with Cost Pool 1 TSPs will be on the CRCS for the applicable quarter

- LEAs will continue to submit claims for Cost Pool 1 TSPs and receive interim reimbursement
RMTS Participation

• LEAs **must** participate in RMTS to continue participation in the LEA Program
  – **Sole exception:** LEAs that contract for 100% of their direct medical service practitioners will not participate in RMTS

• In Summer 2019, DHCS will publish an addendum to the Provider Participation Agreement (PPA), which will include new terms and conditions regarding Program participation and RMTS

• The PPA addendum will be due to DHCS by November 30, 2019
Moment Selection

• If the TSP is randomly selected for a moment, they should promptly respond to the RMTS email
  – TSPs may have no moments or multiple moments assigned in a quarter
  – Effective FY 2019-20, TSPs are required to respond to moments within 4 student attendance days

• All moments will be received via e-mail and include a direct link to the secure RMTS website
Participation is Important!

- Beginning in FY 2019-20, TSPs will have one student attendance day notification and a four-day response period for RMTS moments.
- Moments not answered within four student attendance days expire and cannot be answered.
- Unanswered moments will negatively impact the results used to calculate reimbursement to LEAs.
- LEA BOP providers that employ health service practitioners are required to participate in RMTS to receive Medi-Cal reimbursement.
RMTS and Cost Reporting

• RMTS results will replace the “percentage of time” component on the CRCS

• DHCS will calculate an annual average direct health service percentage by LEC/LGA universe
  – Based on October to June RMTS results

• The RMTS percentage is applied to LEA costs
  – One of several factors on the CRCS that will allocate total costs to the LEA Program
CRCS Methodology Overview

**Total** Costs for Practitioners on Quarterly TSP Lists*

\[ \times \text{RMTS} \% \ (\text{Code 2A}) \]

**Direct Medical Service**
Costs for Practitioners on Quarterly TSP Lists

\[ \times \text{Medi-Cal} \% \]

**Medi-Cal Direct Service**
Costs for Practitioners on Quarterly TSP Lists

* Costs are net of federal funds received and increased by the LEA’s CDE-approved indirect cost rate.
RMTS Resources

• If you have questions, DHCS encourages LEAs to reach out to the RMTS Inbox:

  RMTS@dhcs.ca.gov

  – Questions will be reviewed by SMAA and LEA Program staff
  – Link will be included on both the LEA Program and SMAA websites
FAQs

Question #1: Will LEAs continue to submit claims to Medi-Cal?
  • Answer: Yes, LEAs will submit claims through the Fiscal Intermediary in the same manner that they currently do for interim claiming.

Question #2: Will I still submit a CRCS? If so, how will RMTS be incorporated?
  • Answer: 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.

Question #3: If my LEA does not participate in SMAA, will we complete the CRCS without the RMTS percentage?
  • Answer: No, all participating LEA Program providers will be required to include an RMTS percentage on their CRCS. Whether or not your LEA participates in SMAA will have no bearing on this LEA Program requirement.
FAQs (continued)

Question #4: Is my LEA required to participate in RMTS?

  • Answer: Yes, unless your LEA contracts out 100% of direct medical services billed to Medi-Cal (Model 2 providers). All other LEAs will be required to participate in RMTS.

Question #5: Under RMTS, does anything change regarding how we document services provided?

  • Answer: No, LEAs will continue to document services in the same manner.

Question #6: Do I have to participate in both the SMAA and LEA BOP programs?

  • Answer: No, participation in both programs is voluntary. However, DHCS encourages participation in both programs and with an integrated RMTS system, it is easier to participate in both programs.
Question #7: For Pool 1 TSPs, will all moments be coded to Activity Code 2?

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

Question #8: Will the same RMTS percentage apply to each district within the region?

• **Answer:** Yes, all LEAs within a LEC/LGA region will use that region’s RMTS percentage on their CRCS.
PLEASE SUBMIT QUESTIONS

Please submit additional questions to the LEA Program inbox:
LEA@dhcs.ca.gov
Section 5
Documentation Requirements and Guidelines
Topics to be Covered

• Federal, State and Program Oversight
• Requirements to Bill Medi-Cal
• Documenting RMTS Moments
Federal Documentation Guidelines

• CMS Technical Assistance Guide

  “A school, as a provider, must keep organized and confidential records that detail client specific information regarding all specific services provided for each individual recipient of services and retain those records for review.”
CMS State Medicaid Manual

– Supporting documentation includes a minimum of the following:

• Date of Service
• Name of Recipient
• Medicaid Number
• Place of Service
• Name of Person Providing Service
• Nature, Extent or Units of Service
• Name of Provider Agency
State Documentation Guidelines

• LEA providers should carefully review the record keeping guidelines in California laws and regulations

• Other requirements of the Medi-Cal program are found in Part 1 of the Medi-Cal Provider Manual
LEA Program Record Keeping

• LEA providers must keep, maintain and have available records that fully disclose the type and extent of services provided to Medi-Cal recipients

• All records documenting services must be maintained for a minimum of three years from the date the CRCS is submitted, more if under review or audit

• Documentation should take place at or near the time of service
LEA Program Documentation

- Each service encounter must be documented as follows (at minimum):
  - Date of Service
  - Name of Student
  - Name of Agency Providing Service
  - Name of Person Providing Service
  - Nature, Extent or Units of Service
  - Place of Service
Documenting Nature and Extent of Services

• Supporting documentation describing the nature or extent of service may include:
  – Progress and Case Notes
  – Contact Logs
  – Nursing and Health Aide Logs
  – Transportation Trip and Mileage Logs
  – Assessment Reports
Other Documentation

• Other documentation may include:
  – Claim Forms
  – Billing Logs
  – OHC Information
  – Claims Denials from OHC Insurance Carriers
Qualified Practitioners

• Maintain documentation of license, registration, certification and/or credential for all qualified rendering practitioners

• Provider Manual *loc ed rend* contains all qualification requirements
Authorization Documentation

• Maintain documentation in the student’s files for:
  – Written prescriptions, referrals and recommendations by health service practitioners for assessments and treatment services
  – Referrals from a parent, teacher or school nurse for assessments
  – Recommendation for screening services (periodicity schedule)
Assessment Authorization

• Written authorization for assessments must include:
  – School name
  – Student’s name
  – Reason for assessment
  – Parent, teacher or practitioner observations and reason(s) for assessment
  – Signature of prescribing/referring practitioner
  – Practitioner title
Treatment Authorization

• Written authorization for treatments must include:
  – School name
  – Student’s name
  – Practitioner observations and reason(s) for treatment
  – Signature of prescribing/referring practitioner
  – Practitioner title
LEAs using a Physician-Based Standards protocol for treatment must maintain:

- A copy of the cover letter in the student’s file;
- A printed copy of the Standards;
- Contact information for individuals who developed the Standards;
- Contact information for practitioners using the Standards.
Documentation for TCM

- Required documentation for TCM services must include:
  - Service Plan
  - Records of TCM activities
  - Records with student and/or family progress
What is Needed to Bill Medi-Cal?

✓ **Medi-Cal eligibility** on the date of service
✓ Student is **age 21 or younger**
✓ Appropriate **authorization** for services
  - **Assessment**: Recommendation by a parent, teacher, school nurse or practitioner within scope of practice
  - **Screening**: Recommendations for Preventive Pediatric Health Care, published by The American Academy of Pediatrics (the periodicity schedule)
  - **Treatment**: Signed prescription, referral or recommendation and supporting Care Plan

✓ **Service is covered** by SPA 15-021
What is Needed to Bill Medi-Cal? (continued)

- Service provided by **qualified practitioner**
- **Supervision** is documented, if necessary
- **Parental Consent to bill Medi-Cal** requirements met, when required
- **Billed Other Health Coverage**, when required
- **Service is documented** appropriately
CMS Documentation Requirement

• LEAs should retain documentation supporting direct service moment responses

• 2003 CMS Administrative Claiming Guide excerpt:

“Documentation to be retained must support and include the following: the sample universe determination, sample selection, sample results, sampling forms, cost data for each school district, and summary sheets showing how each school district’s claim was compiled.”

“The burden of proof and validation of time study sample results. To meet this requirement, some states currently include space on time study forms for a brief narrative description of the Medicaid activity, function, or task being performed. Client name or case number is also noted where applicable. States should consider this approach to documentation, or some comparable procedure that adequately documents Medicaid sampled activities.”
RMTS Direct Service Moment Documentation

• LEA Policy for Direct Service Moments:
  – LEAs should bill for all direct services provided to Medi-Cal students for whom they seek reimbursement
  – Interim billing requirements support RMTS documentation requirements
  – If the student is not Medi-Cal eligible, participants are still instructed to maintain documentation for RMTS purposes

• TSPs are essential to RMTS documentation
Potential Source Documents

- Sources to document the moment include, but are not limited to:
  - The student’s IEP or IFSP
  - IHSP, or other type of care plan that is used as a medical management tool for providing medically necessary services to a student in a school setting
  - Treatment Logs
  - Practitioner Notes
  - Billing Schedules and/or Documents
  - Practitioner Schedules
  - Calendars
  - Timesheets
Example of RMTS Documentation for Direct Health Services

**Physical Therapist in Pool 1 responds:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who were you with?</td>
<td>A student</td>
</tr>
<tr>
<td>What were you doing?</td>
<td>I was in a therapy session.</td>
</tr>
<tr>
<td>Why were you doing it?</td>
<td>The student’s IEP requires physical therapy services twice a week.</td>
</tr>
</tbody>
</table>

**Examples of documentation to support the moment (direct):**

- The student’s IEP
- TSP’s calendar showing they were in a therapy session during the assigned moment
- Progress notes with date of service and detail of session
- Other items that substantiate the response (may be specific to your LEA)
Psychologist in Pool 1 responds:

Who were you with? No one, I was alone
What were you doing? Writing a report
Why were you doing it? I was summarizing assessment results in preparation for an upcoming IEP meeting

Examples of documentation to support moment (indirect):
• The student’s assessment and resulting report
• The student’s IEP
• Calendar entries
FAQs

• **Question #1:** How will moment supporting documentation be kept? Will it be the responsibility of the LEC/LGA to ensure that it is kept?

  • **Answer:** Maintaining documentation for a Code 2A moment responses will be the responsibility of the LEA, not the LEC or LGA. An upcoming LEA RMTS Coordinator Training will address this in more detail.

**Question #2:** Does each treatment service encounter need to be documented with progress notes?

  • **Answer:** Yes, per CMS' *Medicaid and School Health: A Technical Assistance Guide* documentation should be maintained on a service-specific basis.

**Question #3:** Can licensing and credentialing documentation for practitioners be kept in the LEAs central files?

  • **Answer:** Yes, these may be maintained in your central files, as long as they are accessible for audit or review.
Section 6

Cost Reporting and Backcasting Overview
Topics to be Covered

• Overview of Cost Settlement
• Timing of Revised CRCS Implementation
• Overview of Changes to CRCS
• Overview of New CRCS Components
CRCS Summary

• **What is 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 students

• Actual costs are determined through completion of CRCS

• Under SPA 15-021, the **new** CRCS looks similar to past versions
CRCS Overview

Total Costs for Practitioners on Quarterly TSP Lists*

\[ \times \text{RMTS} \% \ (\text{Code 2A}) \]

Direct Medical Service Costs for Practitioners on Quarterly TSP Lists

\[ \times \text{Medi-Cal} \% \]

Medi-Cal Direct Service Costs for Practitioners on Quarterly TSP Lists

\[ + \text{Transportation Costs} \times \text{FFP} \% \]

LEA Actual Cost for Medi-Cal Services

* Costs are net of federal funds received and increased by the LEA's CDE-approved indirect cost rate
Costs Elements on the CRCS

**Direct Service Costs:**
- **Employed Practitioner** Salaries, Benefits, Other Costs
- Health Service **Contractor** Costs

*(must pertain to an LEA covered service; for employed practitioners, must be on the TSP list)*

**Indirect Service Costs:**
Allocation of indirect costs using the LEA’s CDE-approved Indirect Cost Rate for the relevant fiscal year

**Transportation Costs:**
Specialized medical transportation service costs, including:
- Personnel Costs, Other Costs and Equipment Depreciation
Revised CRCS Implementation

• DHCS expects to publish the *new* CMS-approved CRCS in time for the FY 2017-18 reporting period *(CRCS due November 30, 2019)*

• The RMTS percentage will not be available until after the close of the first RMTS year

• Prior CRCS submissions must be amended and re-submitted on the *new* form *(FY 15-16 and FY 16-17)*
Overview of CRCS Changes

Five Major updates include:

1. Incorporates **RMTS** percentage
   - No more “percent of time” calculation
   - One percentage per LEC/LGA Region
   - Used to derive Total **Direct Medical Service** Costs

2. Medi-Cal Eligibility Rate (**MER**) component
   - CRCS will incorporate an LEA-specific MER
   - Used to derive **Medi-Cal** Direct Medical Service Costs
3. Different way of **reimbursing for contractors**
   - Costs not subject to RMTS allocation
   - CRCS will include costs for contractors that delivered any covered school-based health service
   - Contractor costs will be allocated to Medi-Cal using the MER

4. Settlement for **TCM and transportation**
   - Will be subject to cost settlement
   - Transportation costs will be reported on the CRCS:
     - Personnel costs, other costs, equipment depreciation
     - Two ratios will be used to allocate transportation costs
5. Link between the **TSP list and the cost report**

- The CRCS will **ONLY** include costs for practitioners on the certified TSP list for Cost Pool 1 (direct service practitioners)
- TSP lists are certified quarterly so salary/benefits will be reported quarterly on the CRCS
- TSP list will be the starting point for cost reporting
Cost Reporting Summary

• **All** SPA 15-021 LEA services will be subject to cost settlement

• Although cost report looks similar to prior version, the reimbursement methodology is different

• Future training will go into detail on everything discussed today
Future Training

• DHCS will provide training on the new CRCS
  – Walk-through of all forms via Webinar
  – Will include details on backcasting and cost report submission deadlines

• Once CMS approves the form, the revised CRCS and instructions will be posted on the LEA website

• Sign up for the LEA listserv to receive notifications on future training
FAQs

Question #1: If district did not have reimbursement in transportation or TCM will, it be required to include cost in CRCS?

• Answer: 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.

Question #2: I’ve heard that the CRCS will be due earlier than the November 30 deadline, is this true?

• Answer: 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.
FAQs (continued)

Question #3: 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?

• Answer: 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), Audits and Investigations will capture all paid claims during the reconciliation process.

Question #4: If a practitioner provided services for the entire year, but we only received reimbursement for Medi-Cal eligible students in 3rd quarter (Q3), are we allowed to include salary & benefits for the entire year or only Q3?

• Answer: This depends on whether the practitioner was on the Cost Pool 1 TSP list for the particular quarter. In this example, if your practitioner was only on the TSP list for Q3, the salary and benefits on the CRCS would be limited to Q3.
Section 7
Resources and Next Steps
Topics to be Covered

- LEA Website/ListServ
- Role of Policy and Procedure Letters
- Updated Provider Manual
- Future LEA Communication
LEA Program Website

• Additional resources and information are available on the DHCS LEA website

http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx
E-mail Lists

• Once the SPA is approved, DHCS will send an e-blast to LEAs on each listserv with additional information

  – Sign up for the LEA BOP listserv at:
    http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA

  – Sign up for the SMAA listserv at:
    http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSSMAA
Policy and Procedure Letters

A link to Policy and Procedure Letters (PPLs) can be found by on the DHCS LEA Medi-Cal BOP website, under the Provider and Policy section, or directly at: http://www.dhcs.ca.gov/formsandpubs/Pages/LEA_BOP_PPLs.aspx

<table>
<thead>
<tr>
<th>Number &amp; Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPL 18-018</td>
<td>Notification of Ordering, Referring or Prescribing Practitioner Requirements in the Local Educational Agency Medi-Cal Billing Option Program</td>
</tr>
<tr>
<td>PPL 18-016</td>
<td>Elimination of Current Procedural Terminology Codes 97001, 97002, 97003 and 97004; and Implementation of Four New Replacement CPT Codes 97163, 97164, 97167 and 97168</td>
</tr>
<tr>
<td>PPL 17-016</td>
<td>Notification of Compliance Process for LEAs that Do Not Submit the Provider Information</td>
</tr>
</tbody>
</table>
Updated Provider Manual

The entire Medi-Cal Provider Manual, including the LEA Billing Option Program sections of the manual and updates, can be found at: http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx
Future LEA Communication

http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx

Local Educational Agency Medi-Cal (LEA)

The LEA Medi-Cal Billing Option Program reimburses LEAs (school districts, charter schools, community college districts, California State Universities and University of California campuses) the federal share of the maximum allowable rate for approved health services to Medi-Cal eligible students.

The LEA Program Overview outlines the program’s goals and services, and LEAs find valuable information on how to get started in the Onboarding Handbook. For program requirements and program policy, please refer to the LEA Provider Manual.

Getting Started
- Onboarding Handbook
- Internal Administrative Functions Chart
- Technical Assistance/Site Visit Request

Resources & Tools
- Glossary of Terms
- Nursing and Health Aide
- Referral and Prescription
- Terminology Crosswalk
- Tool Box

Policy and Procedure Letters
- Program Compliance Documents
- Cost and Reimbursement Comparison Schedule
- Eligibility Verification (DUA and POS)
- Provider Participation Agreement / Annual Report

FAQs
- LEA Program Overview
- Random Moment Time Survey
- SPA 15-021 Overview
- Targeted Case Management Billing

Manuals & Training
- LEA Program Training

Subscribe to listserv emails

Publications & Bulletins
- Advisory Workgroup Minutes
- Email Notifications
- FYI - For Your Information
- Provider Bulletins
- Reports to the Legislature

Claims Information & Data
- Claims Processing
- Paid Claims Data Reports

Legislation & State Plans
- California Laws and Regulations
- Federal Laws and Regulations
- State Plans

Contact Information & Program Related Links
- LEA Program Mailbox (CONTACT US)
- Email Subscription Service
- Update Your LEA Contact Information
- Related Programs

Transportation Billing Guide
PLEASE SUBMIT QUESTIONS

Please submit additional questions to the LEA Program inbox: LEA@dhcs.ca.gov