



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

Section	Topic
1	LEA Program Overview
2	Major Components of SPA 15-021
3	SPA 15-021 Program and Policy Overview
4	Random Moment Time Survey (RMTS)
5	Documentation Requirements and Guidelines
6	Cost Reporting and “Backcasting” Overview
7	Resources and Next Steps



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>

Local Educational Agency Medi-Cal Billing Option (LEA)

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

The [LEA Program Overview](#) outlines the program's goals and services, and LEAs new to the program will find valuable information on how to get started in the [Onboarding Handbook](#). For a detailed description of 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
- Provider Manual & Policy
- Provider Manual
- Policy and Procedure Letters

Resources & Tools

- Glossary of Terms
- Nursing and Health Aide Services Treatment Form
- Referral and Prescription Requirements
- Terminology Crosswalk - NEW
- Tool Box
- Publications & Bulletins

RESOURCES

- About DHCS
- ACA Questions & Answers
- Affordable Care Act (ACA)
- All Programs & Services
- Calendar of Events
- DHCS A-Z Index
- Laws & Regulations
- Medi-Cal Waivers
- Privacy & HIPAA
- Stakeholder Engagement Initiative
- Steps to Medi-Cal

RELATED LINKS

- California Health and Human Services Agency



Overview of Provider Manual

http://www.dhcs.ca.gov/provgovpa LEA Provider Manual

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HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICAT

Home > Providers & Partners > LEA Provider Manual

Back to LEA Home Page

Medi-Cal/LEA Program Provider Manual

Medi-Cal Provider Manual:

- Part 1 - Medi-Cal Program and Eligibility
- Part 2 - Billing and Policy

LEA Billing Option Program Sections of Medi-Cal Provider Manual:

- LEA Provider Manual - Searchable PDF updated Sept 2017
(Note that the PDF may not include the most recent published versions of all sections. The individual LEA P contain the most updated information.)

The following items link to various sections of the LEA Provider Manual (Word format):

- LEA (*loc ed*) - updated Sept 2016
- LEA: A Provider's Guide (*loc ed a prov*) - updated March 2016
- LEA: Billing and Reimbursement Overview (*loc ed bil*) - updated Feb 2017
- LEA: Billing Codes and Reimbursement Rates (*loc ed bil cd*) - updated Feb 2018

Local Educational Agency (LEA)

loc ed 1

This section contains a brief overview of the Local Educational Agency (LEA) Medi-Cal Billing Option Program and contact information that providers may use to obtain additional information about the program.

Overview of LEA

The Local Educational Agency (LEA) Medi-Cal Billing Option Program offers health assessment and treatment for eligible students and eligible family members within the school environment. The following manual sections contain LEA policy and billing instructions:

- LEA: A Provider's Guide
- LEA Billing and Reimbursement Overview
- LEA Billing Codes and Reimbursement Rates
- LEA Billing Examples

Local Educational Agency (LEA) Billing and Reimbursement Overview

loc ed bil 1

This section contains information about reimbursable services for the Local Educational Agency (LEA) Medi-Cal Billing Option Program and how to bill for those services. Included is information about non-reimbursable services, when to bill Other Health Coverage (OHC), and identification of the services each type of practitioner may bill. Also included is information about the type of claim form on which to bill, claim completion instructions and where to submit the claim.

Introduction

LEA providers may bill for services rendered to Medi-Cal eligible students. LEA services may be billed on the paper UB-04 claim or submitted electronically through Computer Media Claims (CMC). See "Computer Media Claims (CMC)" in this section for more information.

Medical Necessity

Diagnostic or 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 (*California Code of Regulations* [CCR], Title 22, Sections 51184[b] and 51340[e][3]).

Note: For detail on each service, see sections beginning with *loc ed serv*



Overview of Policy and Procedure Letters (PPLs)

LEA_BOP_PPLs

https://www.dhcs.ca.gov/formsandpubs/Pages/LEA_BOP_PPLs.aspx

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Home > Forms, Laws & Publications > LEA_BOP_PPLs

Back to LEA Home Page

Back to Policy and Procedure Letters Archive by Year

LEA Medi-Cal Billing Option Program Policy and Procedure Letters

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

DHCS
JENNIFER KENT
DIRECTOR

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

EDMUND G. BROWN JR.
GOVERNOR

DATE: November 13, 2018

TO: Local Educational Agencies

PPL No. 18-027

SUBJECT: SPECIALIZED MEDICAL TRANSPORTATION IN THE LOCAL EDUCATIONAL AGENCY MEDI-CAL BILLING OPTION PROGRAM

This Policy and Procedure Letter (PPL) notifies Local Educational Agencies (LEAs) participating in the LEA Medi-Cal Billing Option Program (BOP) that current procedural terminology (CPT) code 96101, used to bill initial/triennial, annual, and amended Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP) psychological assessments, will be eliminated and replaced with new CPT code 96130. Effective for dates of service beginning January 1, 2019, the LEA BOP will eliminate

DHCS
JENNIFER KENT
DIRECTOR

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

EDMUND G. BROWN JR.
GOVERNOR

Date: December 10, 2018

To: Local Educational Agencies

PPL No. 18-029

Subject: ELIMINATION OF CURRENT PROCEDURAL TERMINOLOGY CODE 96101 AND IMPLEMENTATION OF NEW REPLACEMENT CODE 96130 IN THE LOCAL EDUCATIONAL AGENCY MEDI-CAL BILLING OPTION PROGRAM

This Policy and Procedure Letter (PPL) notifies Local Educational Agencies (LEAs) participating in the LEA Medi-Cal Billing Option Program (BOP) that current procedural terminology (CPT) code 96101, used to bill initial/triennial, annual, and amended Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP) psychological assessments, will be eliminated and replaced with new CPT code 96130. Effective for dates of service beginning January 1, 2019, the LEA BOP will eliminate



Additional Resources

- Additional website resources
 - [LEA Onboarding Handbook](#)
 - [LEA Toolbox](#)
 - [FAQs](#)
 - [Transportation Billing Guide](#)
 - [Glossary of Terms](#)
 - [LEA Program Mailbox](#)
[\(LEA@DHCS.CA.GOV\)](mailto: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



SPA 15-021 Major Changes

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

NEW – Covered Services	Assessment	Treatment
Assistance with Activities of Daily Living (ADLs)		✓
Group Occupational Therapy (OT) Services		✓
Group Physical Therapy (PT) Services		✓
Orientation and Mobility Services	✓	✓
Respiratory Therapy Services	✓	✓

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 dietitians, 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

Practitioner	Covered Services	Supervision Required?
Occupational Therapy Assistant	<ul style="list-style-type: none"> Occupational Therapy Treatment (Individual and Group) 	Yes, by a Licensed O/T
Orientation and Mobility Specialist	<ul style="list-style-type: none"> Orientation and Mobility Assessment Orientation and Mobility Treatment 	No
Physical Therapist Assistant	<ul style="list-style-type: none"> Physical Therapy Treatment (Individual and Group) 	Yes, by a Licensed P/T
Physician Assistant	<ul style="list-style-type: none"> Health/Nutrition Assessment Nutritional Counseling Health Ed./Anticipatory Guidance Hearing Assessment Psychology and Counseling Vision Assessment 	



Change 2: New Practitioners (cont.)

NEW - Qualified Rendering Practitioners

Practitioner	Covered Services	Supervision Required?
Registered Associate Clinical Social Worker	<ul style="list-style-type: none"> • Psychology and Counseling Treatment (Individual/Group) • TCM Services 	Yes, by licensed physician, LCSW, LMFT, licensed psychologist or licensed clinical counselor
Registered Dietician	<ul style="list-style-type: none"> • Nutrition Assessment • Nutritional Counseling 	No
Associate Marriage and Family Therapist	<ul style="list-style-type: none"> • Psychology and Counseling Treatment (Individual/Group) • TCM Services 	Yes, by licensed physician, LCSW, LMFT, licensed psychologist or licensed clinical counselor
Respiratory Therapist	<ul style="list-style-type: none"> • Respiratory Assessment • Respiratory Therapy Treatment 	No
Speech-Language Pathology Assistant	<ul style="list-style-type: none"> • 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.



FAQs (continued)

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

Insurance Status	Services Authorized in an IEP or IFSP	Services Authorized in a Care Plan
Medi-Cal Only	Bill Medi-Cal	Bill Medi-Cal
Medi-Cal and OHC	Bill Medi-Cal	Bill OHC, then Medi-Cal*

* 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

Service	Practitioner
Nursing	<ol style="list-style-type: none"> <u>Medication/therapeutic agent administration:</u> Licensed Clinical Psychologist; Dentist; Physician; Podiatrist <u>Specialized physical health care/ADL Assistance:</u> Physician
O/T Services	Physician; Podiatrist; Dentist
P/T Services	Physician; Podiatrist; Dentist
Psychology/ Counseling	Licensed Clinical Social Worker; Licensed Educational Psychologist; Licensed MFT; Licensed Psychologist; Physician; Registered Credentialed School Nurse
School Health Aide	Physician
Speech Language/ Audiology *	Dentist; Physician

*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

LEA Description	Procedure Code or Modifier
Orientation and Mobility Assessment	T1023
Orientation and Mobility Treatment Services	97533
Group OT and PT Services	97150
Respiratory Therapy Assessment	94618
Respiratory Therapy Treatment Services	G0237
School Health Aide Services - Assistance with ADLs	97535
Nutritional Counseling Services	S9470
Physician Assistant	U7
OT/PT/SLP Assistant, Reg. Associate Clinical Social Worker	HM
Registered Dietician	AE



IEP/IFSP Assessments

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

Assessment	New Practitioner	Billing Increment	New Codes/Modifiers
Physical Therapy	None	No Changes	No Changes
Occupational Therapy	None	No Changes	No Changes
Audiology	None	No Changes	No Changes
Speech-Language	None	No Changes	No Changes
Psychological	None	No Changes	No Changes
Psychosocial	None	No Changes	No Changes
Health	None	No Changes	No Changes



IEP/IFSP Assessments

Assessment	Procedure Code	Billing Increment	Practitioner	Practitioner Modifier
Health/ Nutrition	96150 and 96151	Each 15-minutes (completed)	<ul style="list-style-type: none"> • Dietician • Physician Assistant • Registered Credentialed School Nurse (RCSN) 	AE U7 TD
Orientation and Mobility (O&M) <i>(new)</i>	T1023	Each 15-minutes (completed)	<ul style="list-style-type: none"> • Orientation and Mobility Specialist 	<i>No modifier</i>
Respiratory Therapy <i>(new)</i>	94618	Each 15-minutes (completed)	<ul style="list-style-type: none"> • Licensed Respiratory Care Practitioner 	<i>No modifier</i>

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:

Assessment	New Practitioner	Billing Increment	New Codes/ Modifiers
Psychosocial Status	None	No Changes	No Changes
Developmental	None	No Changes	No Changes



Non-IEP/IFSP Assessments

Assessment	Procedure Code	Billing Increment	Practitioner	Practitioner Modifier
Vision	99173	Encounter	• Physician Assistant	U7
Health Ed./ Anticipatory Guidance	99401	Each 15-minute increment (completed)	• Physician Assistant	U7
Health/ Nutrition	96150 and 96151	Each 15-minute increment (completed)	• Physician Assistant • Registered Dietician	U7 AE
Hearing	92551 and 92552	Encounter	• Physician Assistant	U7

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



Non-IEP/IFSP Assessments

Assessment	Procedure Code	Billing Increment	Practitioner	Practitioner Modifier
O&M (<i>new</i>)	T1023	Each 15-minutes (completed)	• Orientation and Mobility Specialist	<i>No modifier</i>
Respiratory Therapy (<i>new</i>)	94618	Each 15-minutes (completed)	• Respiratory Care Practitioner	<i>No modifier</i>

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



Treatment Services

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

Treatment	New Practitioner	Billing Increment	New Codes/Modifiers
Audiology	None	No Changes	No Changes
Nursing and School Health Aide Services <i>(Specialized Physical Healthcare Services)</i>	None	No Changes	No Changes



OT/PT Treatment Services

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

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



Speech Treatment Services

Treatment	Procedure Code	Billing Increment	Practitioner	Practitioner Modifier
Individual Speech-Therapy	92507	Initial service: 15-45 minutes; Additional service: 15-minute increments	<ul style="list-style-type: none"> • Speech-Language Pathology Assistant (SLPA) 	GN HM
Group Speech Therapy	92508	Initial service: 15-45 minutes; Additional service: 15-minute increments	<ul style="list-style-type: none"> • SLPA 	GN HM

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



Psychology/Counseling Treatment Services

Treatment	Procedure Code	Billing Increment	Practitioner	Practitioner Modifier
Individual Psychology/Counseling	96152	Initial service: 15-45 minutes; Additional service: 15-minute increments	<ul style="list-style-type: none"> Physician Assistant Associate MFT Registered Associate Clinical Social Worker 	
Group Individual Psychology/Counseling	96153	Initial service: 15-45 minutes; Additional service: 15-minute increments	<ul style="list-style-type: none"> Physician Assistant Associate MFT Registered Associate Clinical Social Worker 	

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



New Treatment Services

Treatment	Procedure Code	Billing Increment	Practitioner	Practitioner Modifier
Assistance with ADLs <i>(new)</i>	97535	15-minute increment	<ul style="list-style-type: none"> • Nurse • LVN • Trained Health Care Aide 	TD TE <i>No modifier</i>
Nutritional Counseling <i>(new)</i>	S9470	15-minute increment	<ul style="list-style-type: none"> • Physician • Physician Assistant • Dietician • Nurse 	AG U7 AE TD
Orientation and Mobility <i>(new)</i>	97533	15-minute increment	<ul style="list-style-type: none"> • Orientation and Mobility Specialist 	<i>No modifier</i>
Respiratory Therapy <i>(new)</i>	G0237	15-minute increment	<ul style="list-style-type: none"> • Licensed Respiratory Care Practitioner 	<i>No modifier</i>

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



TCM Services

Service	Procedure Code	Billing Increment	Practitioner	Practitioner Modifier
Targeted Case Management	T1017	15-minute increment	<ul style="list-style-type: none"> Registered Associate Clinical Social Worker Associate Marriage and Family Therapist 	<p>HM</p> <p>HL</p>

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.



Medical Transportation Services

No billing changes due to SPA 15-021:

Service	Billing Increment	Procedure Code	IEP/IFSP Modifier
Specialized Transportation	One-way trip	T2003	TL (IFSP) TM (IEP)
Mileage	Per Mile	A0425	TL (IFSP) TM (IEP)



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



Assessment Authorization - Prescriptions

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

Prescription			
Assessment	Physician	Dentist	Podiatrist
Occupational Therapy	✓	✓	✓
Physical Therapy	✓	✓	✓
Respiratory Therapy	✓		



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.*

Referral		
Assessment	Physician	Dentist
Nutrition	✓	
Speech-Language	✓	✓
Audiology *	✓	✓

* 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

Prescription			
Treatment	Physician	Dentist	Podiatrist
Occupational Therapy	✓	✓	✓
Physical Therapy	✓	✓	✓
Respiratory Therapy	✓		
School Health Aide <i>(including ADL assistance and specialized physical health care)</i>	✓		



Treatment Authorization – Referrals

Referral			
Treatment	Physician	Dentist	Other
Speech Therapy/ Audiology	✓	✓	Speech Language Pathologist *
Nutritional Counseling **	✓		

* 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

Recommendation			
Treatment	Physician	School Nurse	Other
Psychology and Counseling	✓	✓	<ul style="list-style-type: none"> • Licensed Clinical Social Worker • Licensed Psychologist • Licensed Educational Psychologist • Licensed MFT
Orientation and Mobility	✓		<ul style="list-style-type: none"> • Licensed Practitioner of the Healing Arts



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.



FAQs (continued)

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?

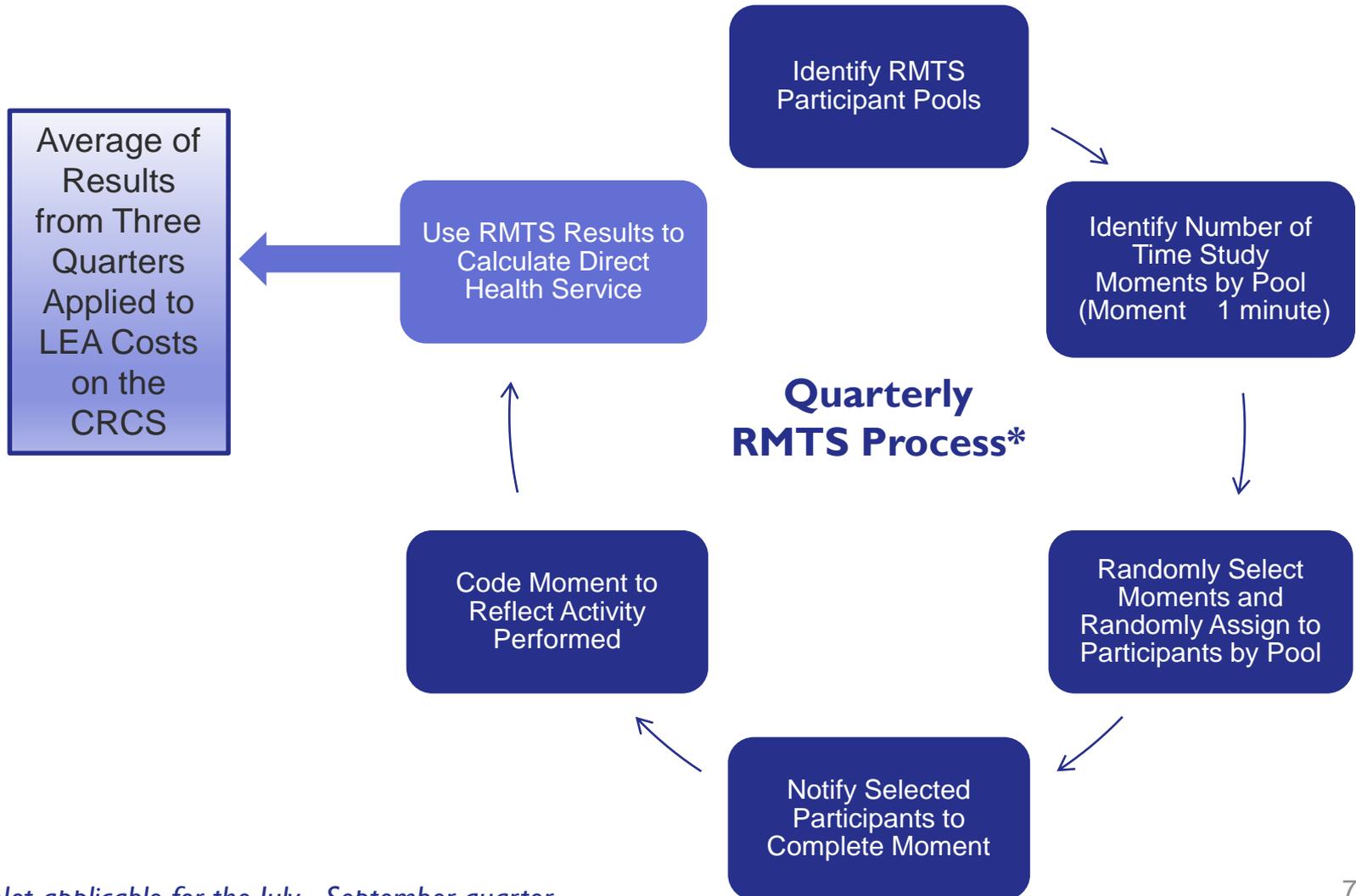
Who were you with?

What were you doing?

Why were you performing this activity?



LEA BOP Quarterly RMTS Process



* Not applicable for the July - September quarter



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

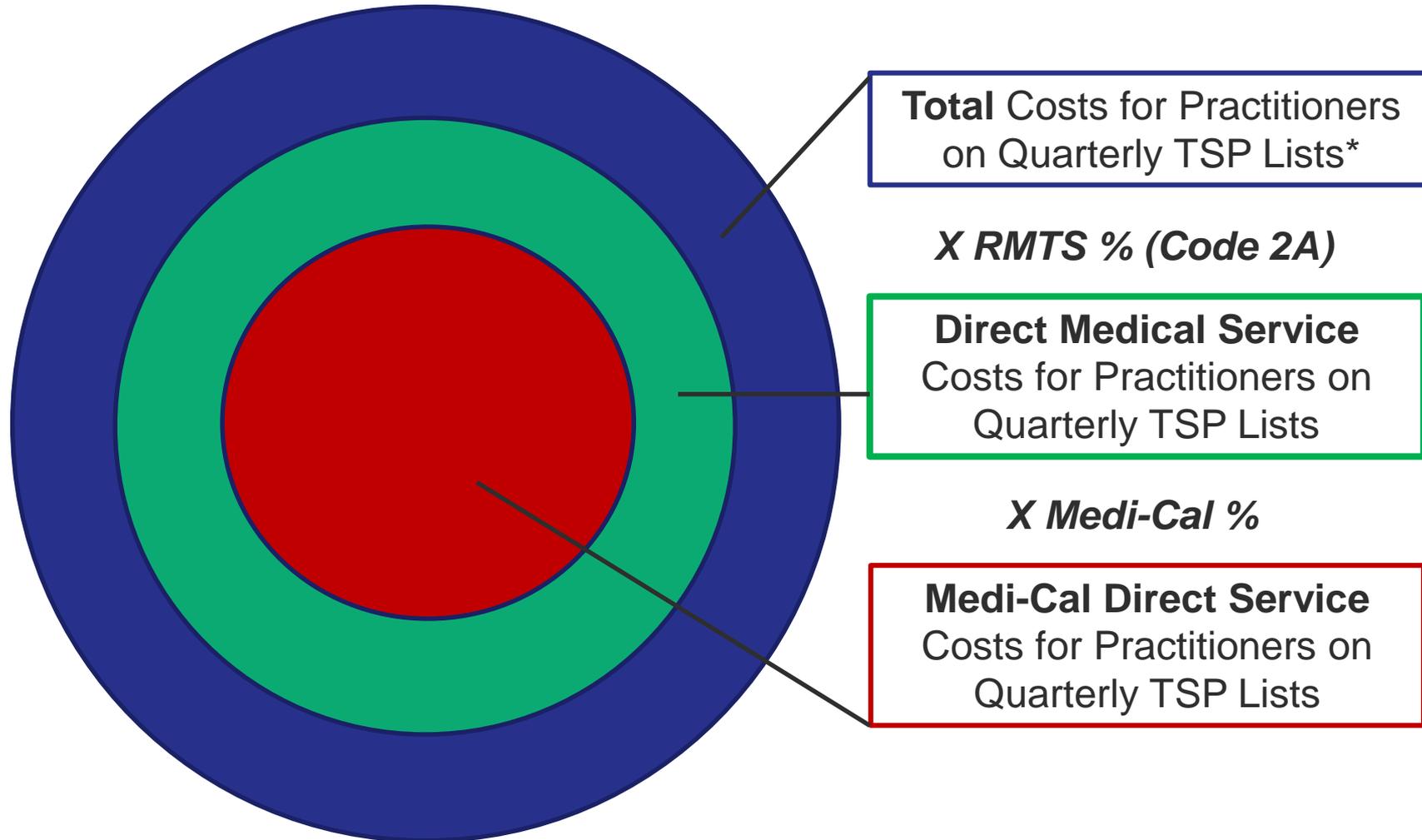


RMTS and Cost Reporting

- 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



* 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.



FAQs (continued)

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



LUNCH BREAK



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.”*



Documentation of Services

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 *located* 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



Speech and Audiology Alternate Referral Option

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:

Who were you with?	A student
What were you doing?	I was in a therapy session.
Why were you doing it?	The student's IEP requires physical therapy services twice a week.

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)



Example of RMTS Documentation for Direct Health Services

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



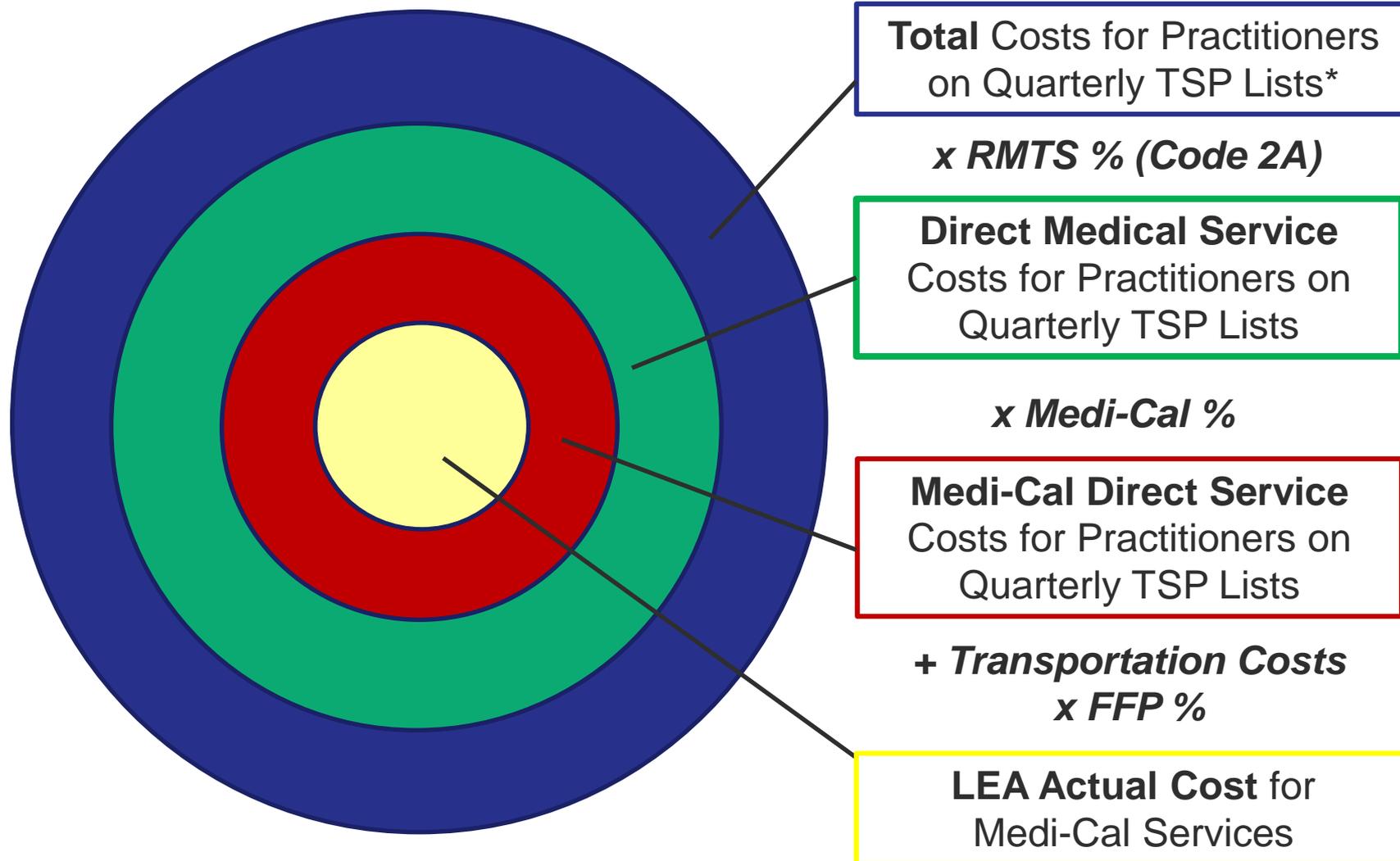
CRCS Summary

- *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



* 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



Overview of CRCS Changes (*continued*)

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



Overview of CRCS Changes *(continued)*

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

CA.GOV CALIFORNIA DEPARTMENT OF Health Care Services

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICATIONS DATA & STATISTICS

Home > Providers & Partners > LEA Medi-Cal Billing

Local Educational Agency Medi-Cal Billing Option (LEA)

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

The [LEA Program Overview](#) outlines the program's goals and services, and LEAs new to the program will find valuable information on how to get started in the [Onboarding Handbook](#). For a detailed description of program requirements and program policy, please refer to the [LEA Provider Manual](#).

Getting Started	Resources & Tools
<ul style="list-style-type: none">Onboarding HandbookInternal Administrative Functions ChartTechnical Assistance/Site Visit Request	<ul style="list-style-type: none">Glossary of TermsNursing and Health Aide Services Treatment FormReferral and Prescription Requirements
Provider Manual & Policy	<ul style="list-style-type: none">Terminology Crosswalk - NEWTool Box
Program Compliance Documents	Publications & Bulletins
<ul style="list-style-type: none">Provider ManualPolicy and Procedure Letters	<ul style="list-style-type: none">Advisory Workgroup Minutes

RESOURCES

- [About DHCS](#)
- [ACA Questions & Answers](#)
- [Affordable Care Act \(ACA\)](#)
- [All Programs & Services](#)
- [Calendar of Events](#)
- [DHCS A-Z Index](#)
- [Laws & Regulations](#)
- [Medi-Cal Waivers](#)
- [Privacy & HIPAA](#)
- [Stakeholder Engagement Initiative](#)
- [Steps to Medi-Cal](#)

RELATED LINKS

- [California Health and Human Services Agency](#)

- 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

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

LEA Medi-Cal Billing

CALIFORNIA DEPARTMENT OF Health Care Services

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLIC

Home > Providers & Partners > LEA Medi-Cal Billing

Local Educational Agency Medi-Cal Billing Option (LEA)

A link to Policy and Procedure Letters (PPLs) can be found by on the DHCS LEA Medi Cal BOP web site, under the *Provider and Policy* section, or directly at:

http://www.dhcs.ca.gov/formsandpubs/Pages/LEA_BOP_PPLs.aspx

www.dhcs.ca.gov/formsandpubs/Pages/LEA_BOP_PPLs.aspx

CALIFORNIA DEPARTMENT OF Health Care Services

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICATIONS DATA & STATISTICS

Home > Forms, Laws & Publications > LEA_BOP_PPLs

Back to LEA Home Page

Back to Policy and Procedure Letters Archive by Year

LEA Medi-Cal Billing Option Program Policy and Procedure Letters

- Getting Started
 - Onboarding Handbook
 - Internal Administrative Functions
 - Technical Assistance/Site Visit
- Provider Manual & Policy
 - Provider Manual
 - Policy and Procedure Letters
- Program Compliance Documents

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



Updated Provider Manual

www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx

The screenshot shows the website header with the CA.GOV logo and navigation links for HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, and FOR. The breadcrumb trail reads: Home > Providers & Partners > LEA Provider Manual. A link for 'Back to LEA Home Page' is present. The main heading is 'Medi-Cal/LEA Program Provider Manual'. Below it, 'Medi-Cal Provider Manual:' is followed by two bullet points: 'Part 1 - Medi-Cal Program and Eligibility' and 'Part 2 - Billing and Policy'. The section 'LEA Billing Option Program Sections of Medi-Cal Provider' includes a link for 'LEA Provider Manual - Searchable PDF updated May 2018' with a note that the PDF may not include the most recent published versions. Below this, it states 'The following items link to various sections of the LEA Provider Manual (Word format):' and lists 'LEA (loc ed) updated Sept 2016'.

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>

The thumbnail shows a document page titled 'Local Educational Agency (LEA)'. It includes a sub-section 'Overview of LEA' and a list of manual sections: 'LEA: A Provider's Guide', 'LEA Billing and Reimbursement Overview', 'LEA Billing Codes and Reimbursement Rates', and 'LEA Billing Examples'. A 'loc ed' label with a right-pointing arrow and the number '1' is visible in the top right corner of the document page.



Future LEA Communication

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

The screenshot shows the website header with navigation links: HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, DATA & STATISTICS. The main content area is titled "Local Educational Agency Medi-Cal Billing (LEA)". Below the title, there is a paragraph describing the program and a link to the "LEA Program Overview". A sidebar on the left contains sections for "Getting Started", "Provider Manual & Policy", and "Program Compliance Documents". The main content area is divided into several sections: "Policy and Procedure Letters", "Program Compliance Documents", "Cost and Reimbursement Comparison Schedule", "Eligibility Verification (DUA and POS)", "Provider Participation Agreement / Annual Report", "Program Information", "Manuals & Training", and "Publications & Bulletins". A purple callout box with the text "Subscribe to listserv emails" and an arrow points to the "Email Subscription Service" link in the "Contact Information & Program Related Links" section.

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

- Policy and Procedure Letters
- Program Compliance Documents
- Cost and Reimbursement Comparison Schedule
- Eligibility Verification (DUA and POS)
- Provider Participation Agreement / Annual Report
- Program Information
 - FAQs
 - Free Care Overview
 - LEA Program Overview
 - Random Moment Time Survey
 - SPA 15-021 Overview
 - Targeted Case Management Billing
- Manuals & Training
 - LEA Program Training
- 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