

The Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) Quarterly Meeting

10:30 a.m. – 12:00 p.m.

1:00 p.m. – 3:00 p.m.

Welcome

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Morning Session
10:30 a.m. – 12:00 p.m.

Introductions



» California Department of Health Care Services (DHCS)

- The Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)



» Guidehouse

- Consultants for DHCS

Guest Speakers



» California Department of Education

- David Buck and Dr. Karrie Sequeira



» Los Angeles Unified School District

- Margie Bobe



» Mendocino Office of Education

- Debbi Conner

Local Governmental Financing Division Discussion Points

Understanding the Cost and Reimbursement Comparison Schedule (CRCS) Process

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CRCS Overview

- » Providers must submit the CRCS annually to DHCS by March 1.
 - To participate in LEA BOP, providers must certify that the public funds expended for LEA BOP services are eligible for Federal Financial Participation (FFP).
- » The CRCS is used to compare each LEA's actual costs of providing LEA BOP services to the LEA BOP provider's interim Medi-Cal reimbursement each FY.
- » The March 1 due date requires CRCS reports to be submitted eight months after the close of the FY in which services were rendered. However, LEAs will have one year from the month of service to claim for services through the Fiscal Intermediary (FI).

Reminder: FY 2023-24 CRCS Extension

- » The CRCS is due to DHCS by March 1 annually, eight months after the close of the fiscal year. However, the CRCS for Fiscal Year (FY) 2023-24 was considered filed timely through March 31, 2025.
- » The extended filing period is only for the FY 2023-24 CRCS.
- » The extension will not impact the due date for the interim and final settlements.
- » If an extension is needed, an extension request for a FY in the future must be sent to LEA.CRCS.Submission@DHCS.CA.GOV.
 - Extension requests should be sent prior to the due date and must include the reason for the extension request and a reasonable proposed extension timeline.

What To Expect After Submitting the CRCS

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CRCS Submission

- » Audits and Investigations (A&I) Cost Report and Tracking Section (CRTS) completes the CRCS intake process.
 - CRCS is either accepted or rejected upon submission:
 - If accepted, LEAs will receive an e-mail confirmation from A&I.
 - If rejected, the report will be sent back to the LEA to correct and re-submit.
- » Rejected reports should be re-submitted in a timely manner to CRCS submission inbox, LEA.CRCS.Submission@dhcs.ca.gov.
 - The e-mail from A&I will specify the date in which you will need to complete the CRCS to be considered timely.

CRCS Audit Process

- » Three types of audits:
 - Minimal Audit: Standard desk review
 - Limited Audit: Targeted desk review with document follow-up
 - Field Audit: On-site comprehensive review
- » LEAs will need to provide documentation when requested and maintain open communication with the assigned auditor when an audit does occur.

When to Expect Settlements After Submitting The CRCS





- » Per Assembly Bill 483, DHCS must provide an interim or final settlement within 12 months of the March 1 CRCS due date. If the final settlement is not issued within that period, it must be completed within 18 months:
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB483
 - Audit findings are due within 18 months of the CRCS submission, with a possible 3-month extension if documentation is insufficient.
- » If you have submitted the FY 2023-24 CRCS timely by March 31, 2025, you can expect:
 - Interim settlements to be issued by March 1, 2026.
 - Final settlements to be issued by September 1, 2026, or within 18 months of the CRCS being submitted.
- » If you have questions related to audits of the CRCS, please email:
LEAAuditQuestions@dhcs.ca.gov.

What Happens When LEAs Submit the CRCS Late

Policy and Procedure Letter (PPL) No. 21-025









When the CRCS Is Late

Step	Action Taken by DHCS	Consequence ¹	Reversible during current quarter?
100% Withhold	Interim claiming paused; 100% withhold letter issued to LEA and placed.	Reimbursement withheld 	Yes 
Corrective Action Plan (CAP)	CAP issued via email and mail; LEA must sign and return it back to DHCS.	Submit cost report by deadline 	Yes 

1: Once the LEA submits the cost report and those documents are accepted by DHCS, then reimbursement through the LEA BOP will be reinstated.

When the CRCS Is Late (Continued)

Step	Action Taken by DHCS	Consequence	Reversible during current quarter?
RMTS Suspension	LEA is suspended from participating in RMTS.	LEA cannot claim for services or report costs 	No 
Termination	LEA is removed from LEA BOP.	LEA cannot claim for services or report costs 	No 
Recoupment	Interim payments recouped by DHCS.	Reimbursements forfeited 	No 

Using California Immunization Registry (CAIR) Data for Vaccine Documentation in LEA BOP



Required Documentation

Required documentation must include	Required for Medicaid Claiming
Date of service	✓
Name of recipient	✓
Medicaid identification number (of student)	✓
Provider agency and person providing the service	✓
Nature, extent, or units of service	✓
Place of service	✓

CAIR Sample Report

Date Report Generated: 10/17/2024

Report Title: Doses Administered

Filters: CAIR Clinic 13

Detail of Summary: Detail

Date Range: 10/10/2024 to 10/17/2024

Funding Source: All

Doses Administered (Summary)

Vaccine	Age Groups (Years)				Total Number of Doses	Total Number of Patients
	<1	1 to 6	7 to 18	19+		
COVID-19, mRNA LNP-S PF 100mcg or	0	0	1	0	1	1
DTaP-HepB-IPV	0	1	0	0	1	1
Influenza split virus quad preservative	0	0	1	0	1	1
MMRV	0	1	0	0	1	1
MenB, OMV	0	0	0	1	1	1
PCV13	0	1	0	0	1	1
Total Doses						
	0	3	2	1	6	
Total Unique Patients						
	0	1	1	1	3	

- 1 = Date of service
- 2 = Name of recipient
- 3 = Provider agency and person providing the service
- 4 = Nature, extent, or units of service

Doses Administered (Detail)										
Administered Date	Vaccine Group	CAIR ID	Patient Name	DOB	Administered By	Lot#	Expiration Date	Trade Name	Funding Source	Patient Eligibility
10/15/2024	PCV13	██████	Olivia Lopez	06/01/2020	Carol Brown, NP	pl0210	11/30/2025	Prevnar13	VFC	V02 - VFC Eligible Medi-Cal/CHDP
10/15/2024	DTaP-HepB-IPV	██████	Olivia Lopez	06/01/2020	Carol Brown, NP	yt6574	12/31/2025	Pediarix	VFC	V02 - VFC Eligible Medi-Cal/CHDP
10/15/2024	MMRV	██████	Olivia Lopez	06/01/2020	Carol Brown, NP	020104	07/31/2025	Proquad	VFC	V02 - VFC Eligible Medi-Cal/CHDP
10/15/2024	MenB, OMV	██████	Brandi Munoz	04/12/2002	Donald Green, LVN	1234ABCD	12/31/2025	BEXSERO	Private	V01 - Private
10/17/2024	COVID-19, mRNA LNP-S PF 100mcg or	██████	Timothy Rocca	08/16/2010	Donald Green, LVN	19ABC	12/31/2025	Moderna Spikevax (Red Cap) 12Y+	State	CAA01 - State General Funding
10/17/2024	Influenza split virus quad preservative	██████	Timothy Rocca	08/16/2010	Janet Smith, RN	H374KK	08/30/2025	Fluzone Quad MDV	Private	V01 - Private

Required Documentation and CAIR Sample Report

Required documentation must include	Required for Medicaid Claiming	CAIR Sample Report
Date of service	✓	✓
Name of recipient	✓	✓
Medicaid identification number (of student)	✓	
Provider agency and person providing the service	✓	✓
Nature, extent, or units of service	✓	✓
Place of service	✓	

Identifying Missing Documentation Requirements

» Medicaid identification number

- LEAs can match the CAIR report information with the student information at the school district.

» Place of service

- LEAs can support whether the vaccine took place on site versus at a vaccine clinic.

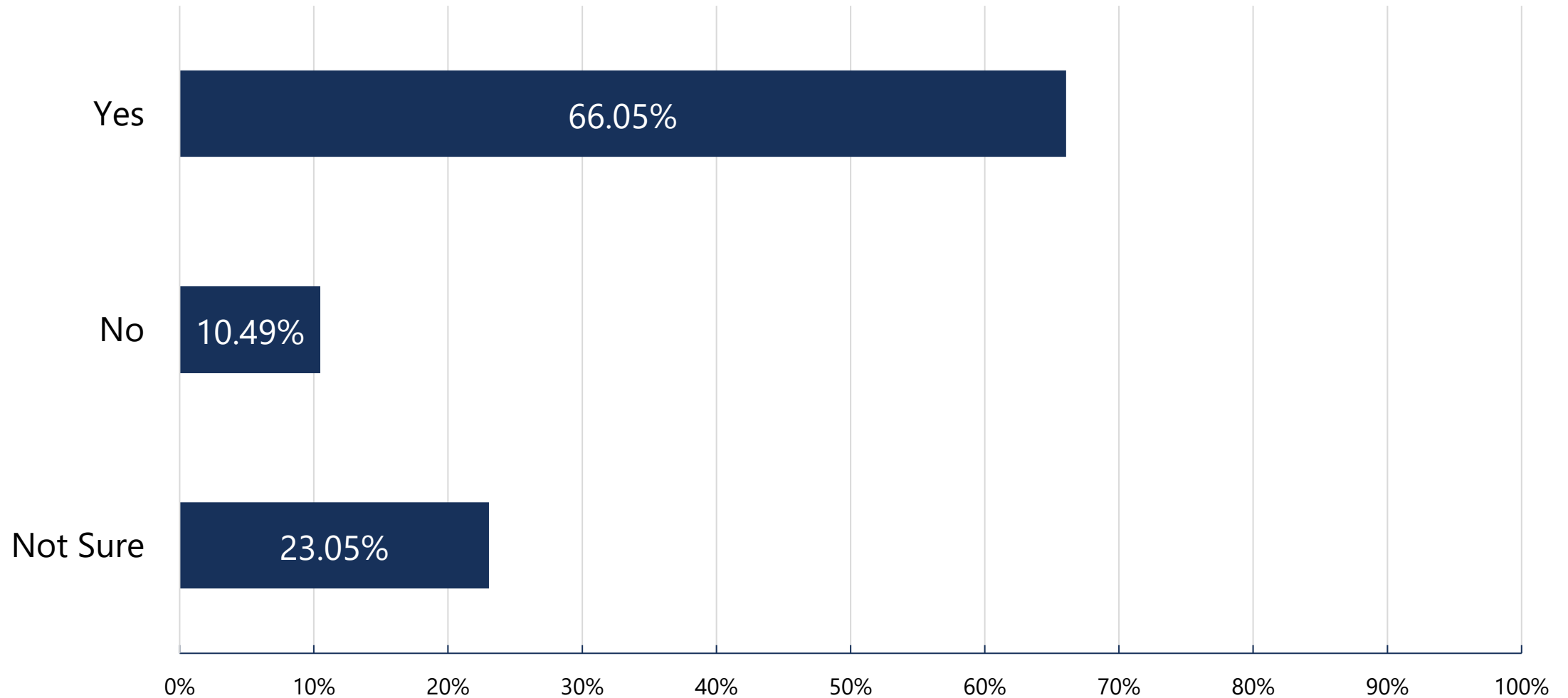
SurveyMonkey State Plan Amendment (SPA) Updates



LEA BOP SPA Survey

- » DHCS sent out the LEA BOP SPA Survey on February 18, 2025.
- » Questions focused on the use of photoscreener for vision screenings, new practitioner types, and Certified Wellness Coaches.
- » 179 responses were received.

Does your LEA have a photoscreener for vision screenings?



Which practitioner(s) use a photoscreener?

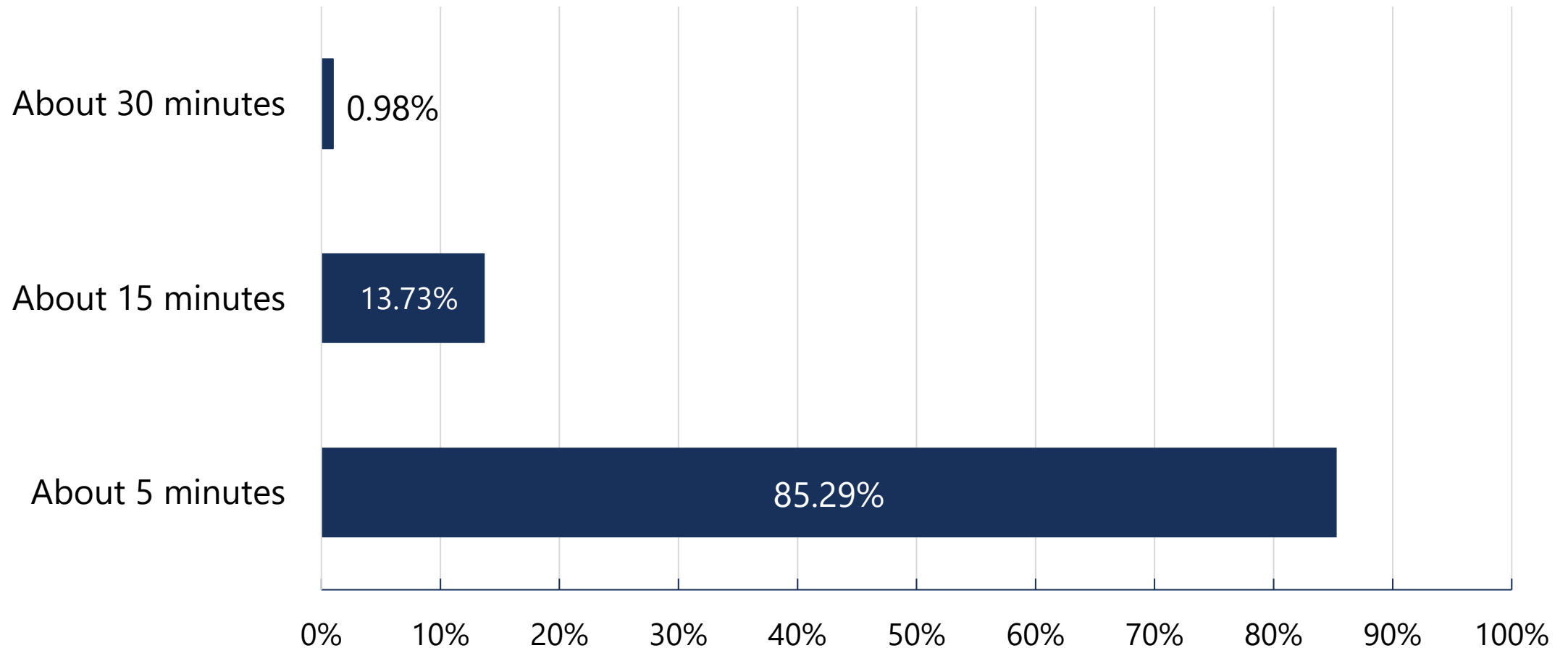
» Majority of Responses:

- Registered Credentialed School Nurses
- Licensed Vocational Nurses
- District Nurses

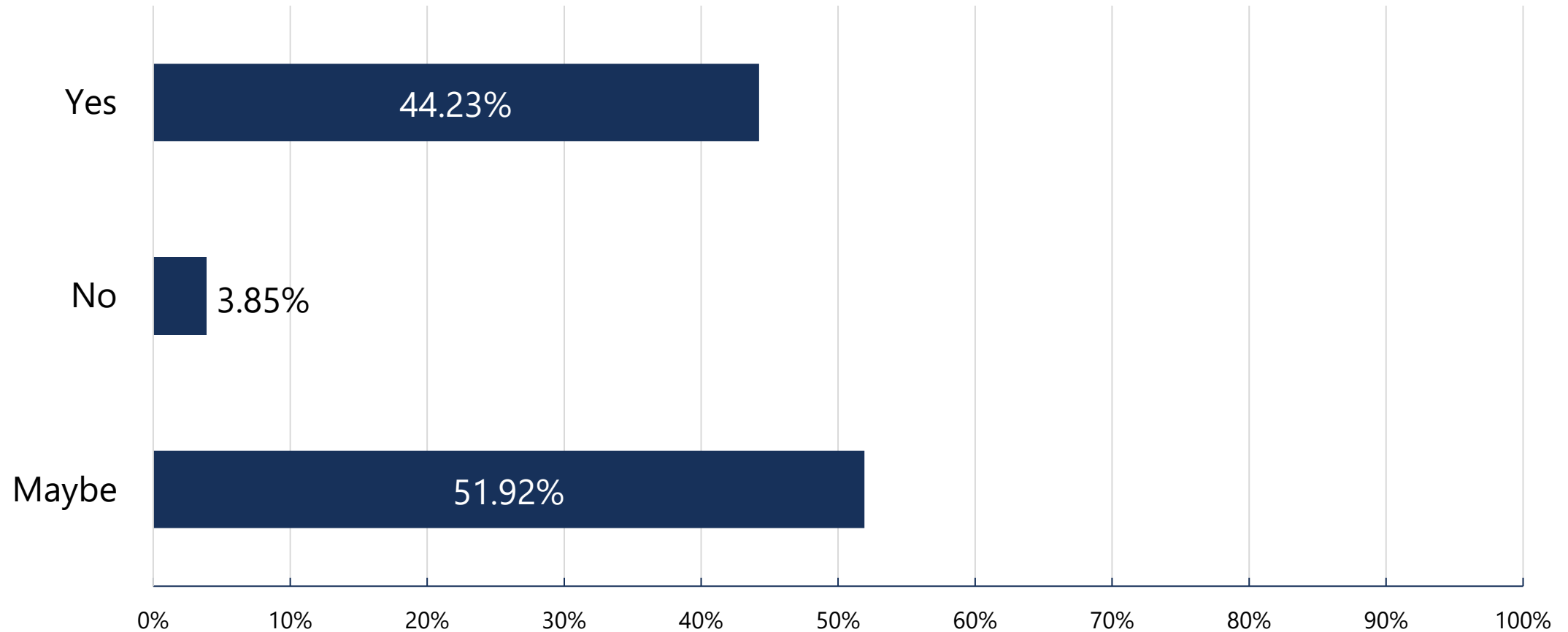
» Other Responses:

- Registered Nurse Interns
- Early Start Intervention Teachers

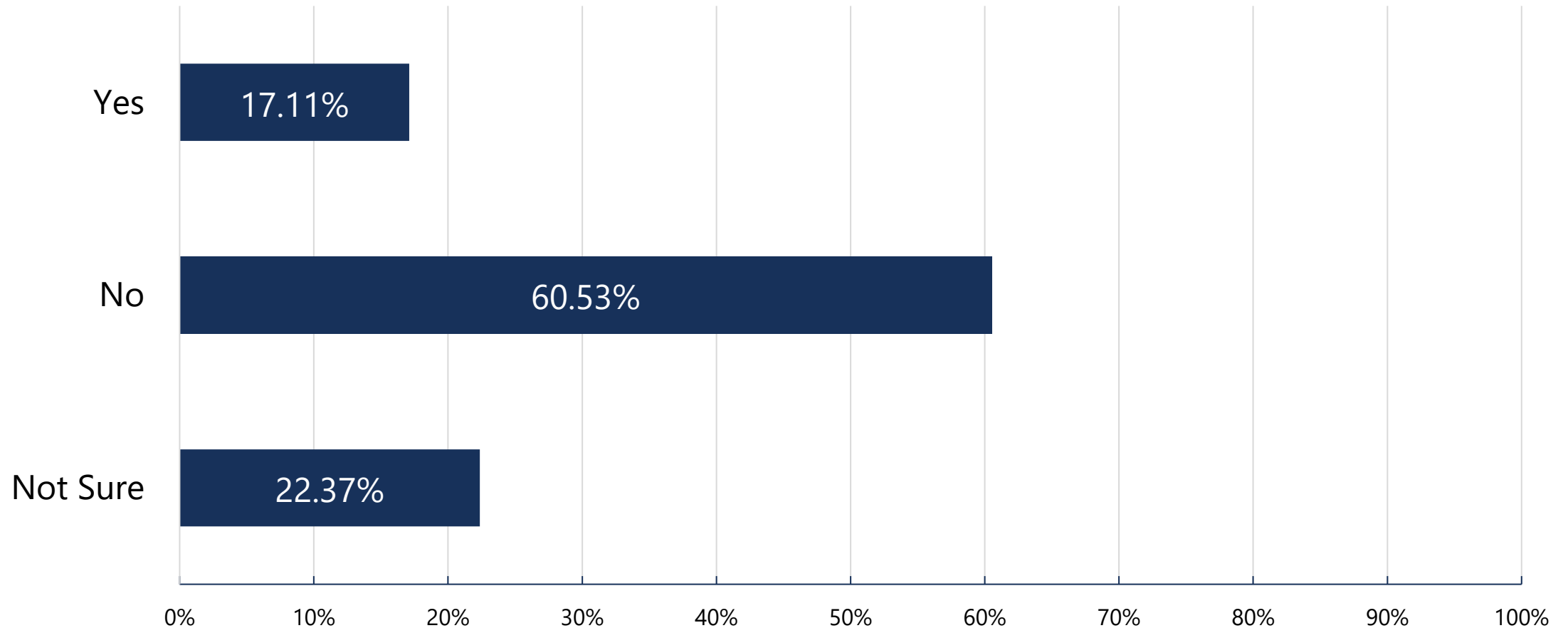
How long does it take a practitioner to use a photoscreener?



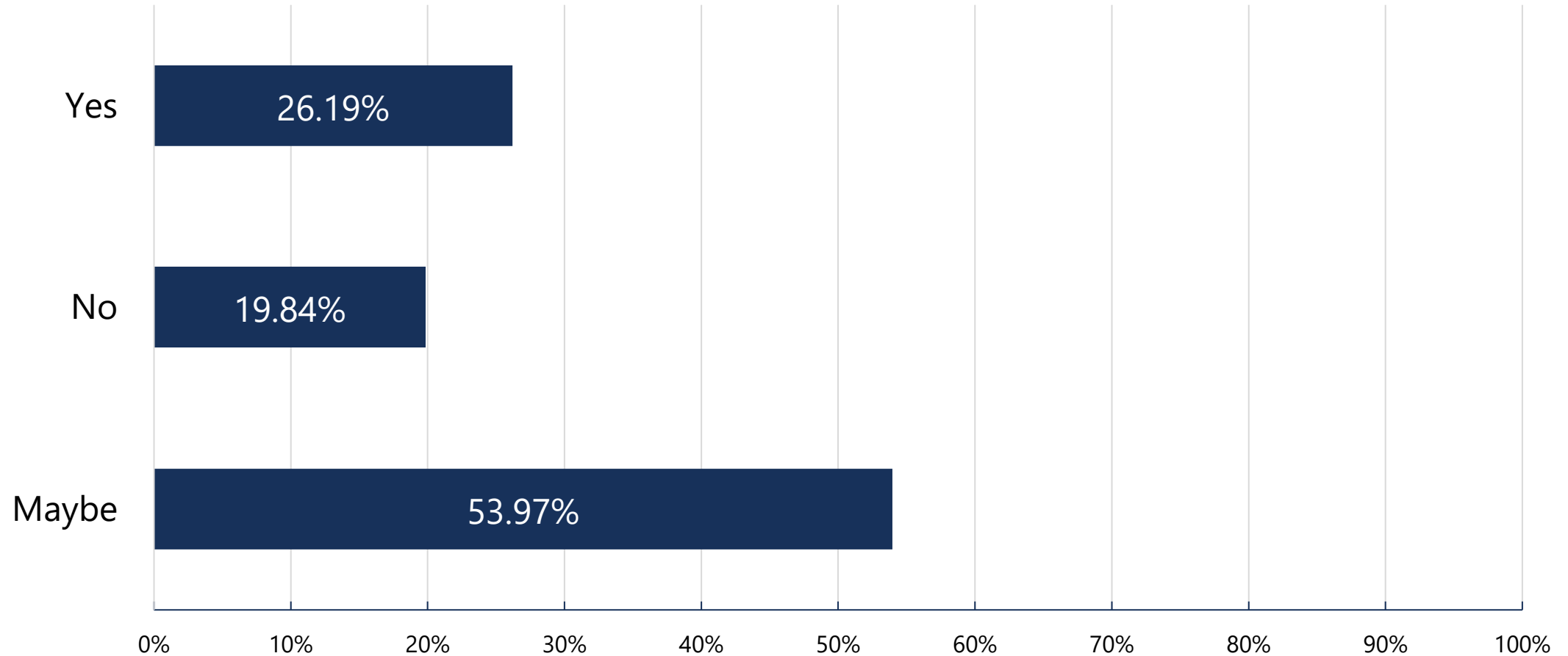
If your LEA does not have a photoscreener, would your LEA consider getting a photoscreener if billable under the LEA BOP?



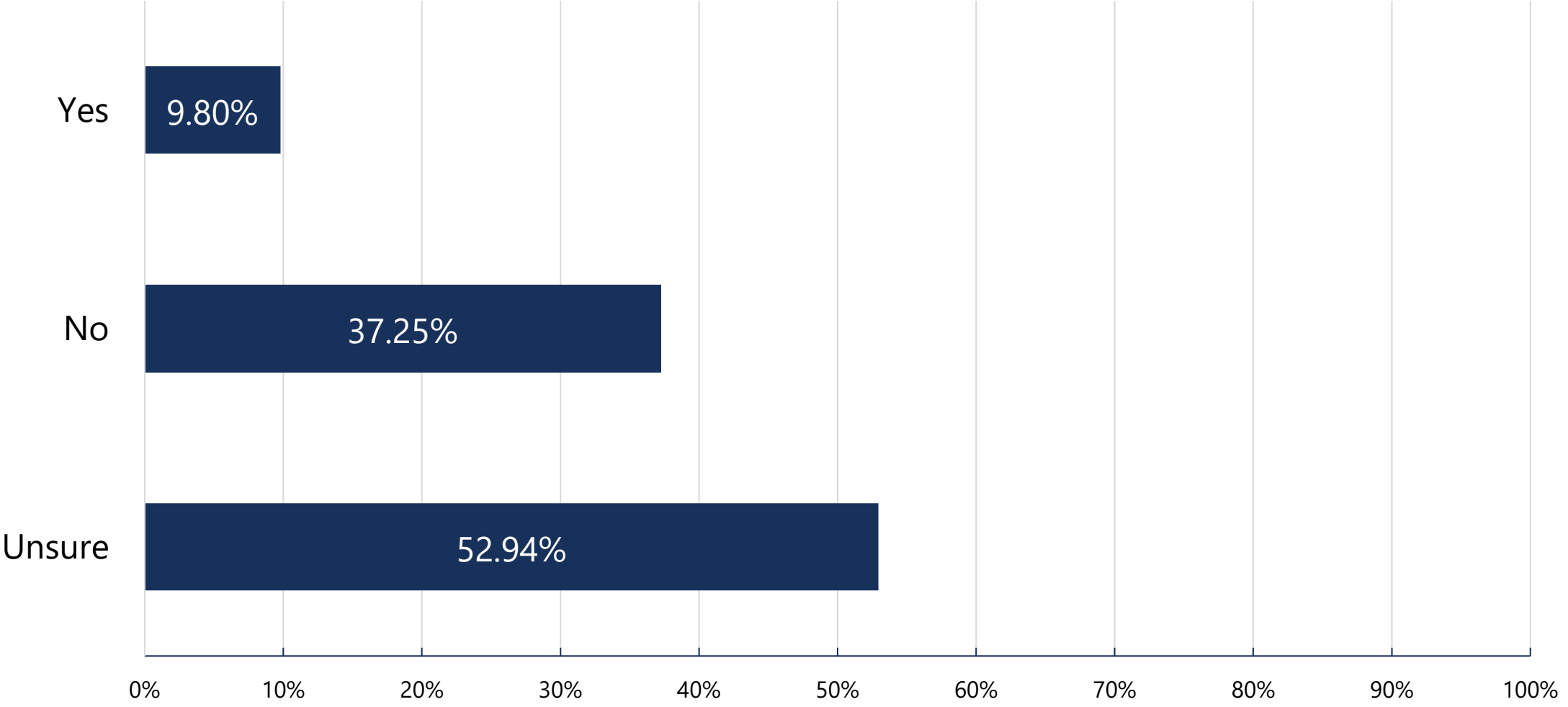
Does your LEA employ Community Health Workers (CHWs)?



If your LEA does not have CHWs, would your LEA consider employing or contracting them for services if they become billable under LEA BOP?



Are your CHWs certified through the Department of Health Care Access and Information (HCAI)?

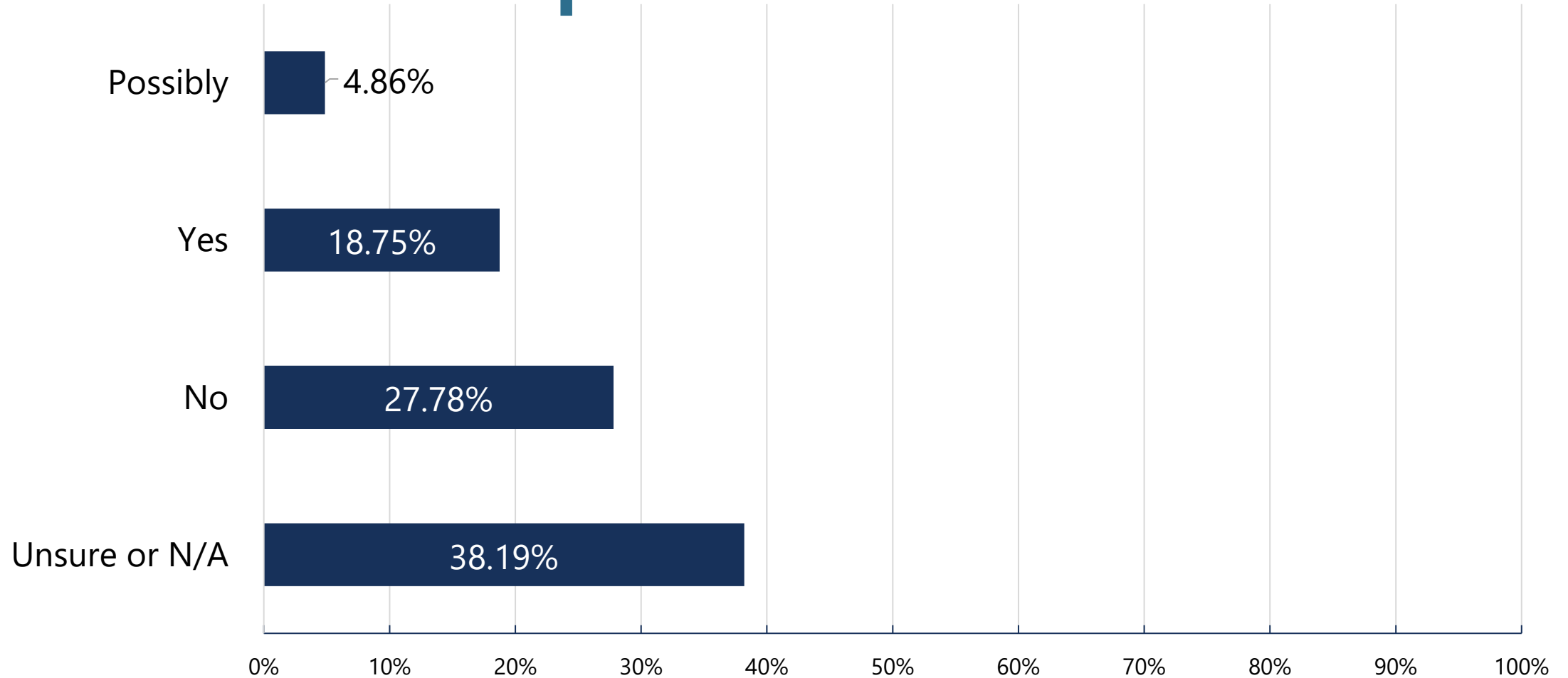


What services do/would your CHWs provide?

» Summary of Responses:

- 57 responses (about 38.78%) reported “Not Sure” or “Unknown.”
- Other responses fell into categories of promoting Health Education and Prevention, Outreach and Screenings, and Care Coordination and Advocacy.
- One respondent said they do not need CHWs because they have school psychologists, school counselors, and school nurses.

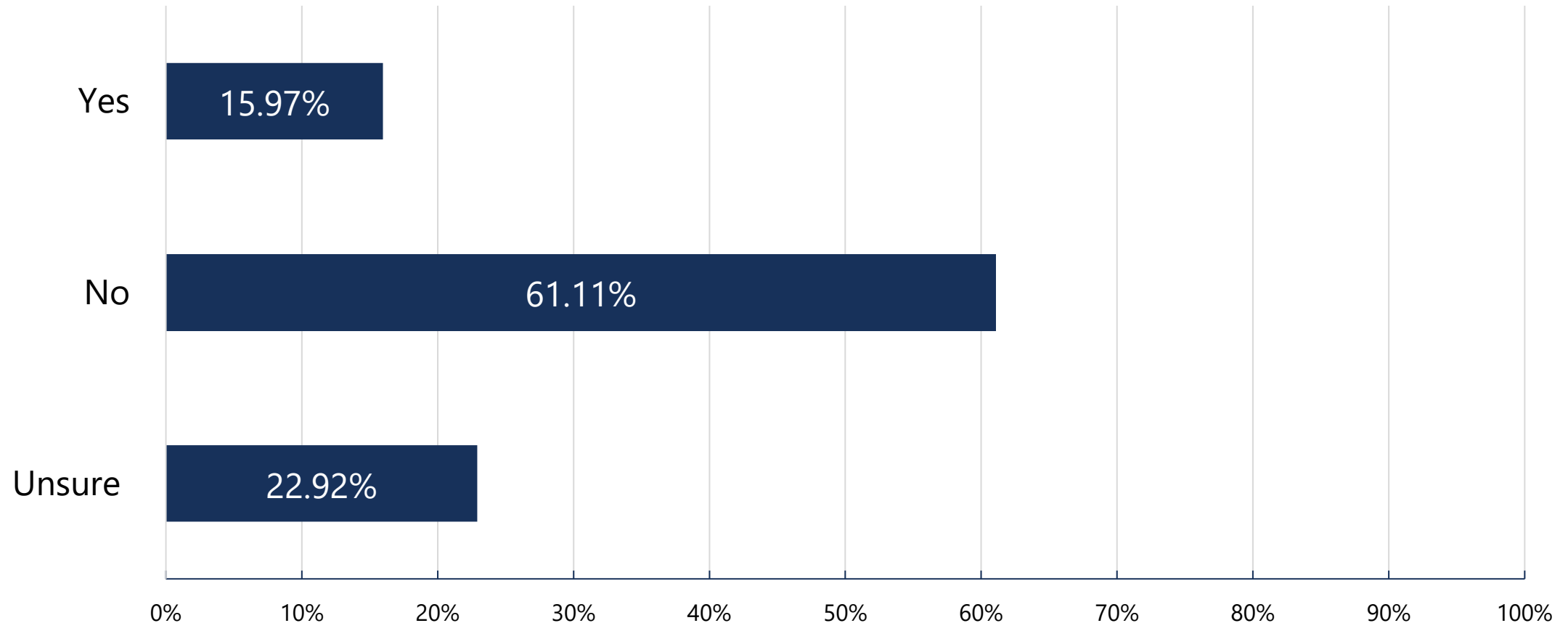
Does/would your LEA have Community Health Worker-related services that are in a student's plan of care?



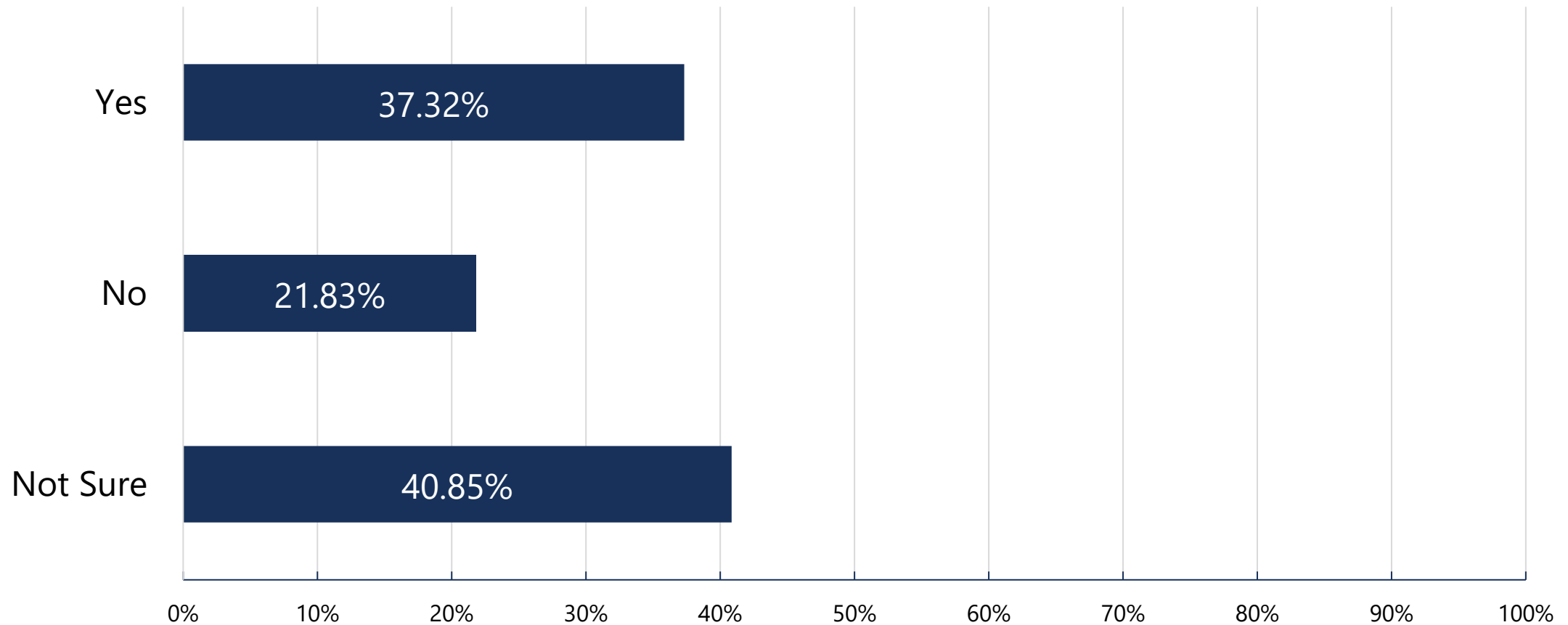
Community Health Worker Services

- » Please list in the chat the services that a Community Health Worker provides at your LEA, or would provide if you had one working at your LEA.
- » Please list next to the service whether it is associated with a plan of care, a preventative service covered by LEA BOP, or a service not covered by LEA BOP.

Does your LEA have Certified Wellness Coaches (CWCs)?



Do you want to bill for services rendered by Certified Wellness Coaches through the LEA BOP?



Does Your LEA Currently Have Employees in Positions Related to CHWs and CWCs?

» Community Health Workers (CHWs):

- CHWs may include individuals in a variety of job titles, including promotors, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.

» Certified Wellness Coaches (CWCs):

- CWCs support non-clinical behavioral health needs such as wellness promotion and education, screening, care coordination, individual and group support, and crisis referral.

What practitioners would you like to be qualified practitioners under LEA BOP?

What current LEA BOP benefit category are/would they be providing?

» Summary of Responses:

- Licensed Vocational Nurses
- Community Health Workers
- Certified Wellness Coaches
- Other practitioners include:
 - Hygiene Aides
 - Marriage and Family Therapist Interns
 - Behavior Intervention Specialists (Psychology Category)
 - Para Educators (Nursing Category)
 - Board Certified Behavior Analyst (Psychology and Counseling Category)
 - Assistive Technology Specialist (Speech Therapy Category)

Interim Payment Methodology

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CMS Flexibility on Interim Payment

- » The May 2023 CMS Guide presented **four new interim payment methodologies** for states with cost-based reimbursement.
 - California does not have to make any changes from the current methodology.
- » Goal of New Methodologies: Provide more flexibilities to manage the mechanics of interim cash flow to reduce the burden relating to interim claiming and payments.

Expectations for Changes in Interim Payment Methodology

- » Continuing expectations for documentation and cost reporting:
 - LEAs **must continue to record and maintain service-level records**, even if the flexibilities reduce the claiming or reporting requirements.
 - A common audit finding is lack of documentation. In such cases, DHCS recoups payments due to lack of documentation for services that were rendered.
 - For more information reference: [October 2020 Documentation Training](#).
 - LEAs **must continue to complete and submit an annual cost report** to reconcile interim payment against allowable costs.

Interim Payment Methodology Survey

- » Survey sent out on Friday, January 31, 2025, and closed on Friday, February 7, 2025.
- » Office hour was held on Tuesday, February 4, 2025, to provide clarification.
- » 55 Responses were received.

Years of Experience with LEA BOP

Responses		
Less than 1 year	9.09%	5
1 - 3 years	29.09%	16
3 - 5 years	18.18%	10
5 - 10 years	10.91%	6
Over 10 years	32.73%	18

Use of a Vendor

Responses		
Yes	92.73%	51
No	7.27%	4

- » Most common use for a vendor:
 - Claims submission and Cost and Reimbursement Comparison Schedule (CRCS).

Level of Satisfaction with Current Methodology

Responses		
Very Satisfied	15.38%	8
Satisfied	53.85%	28
Neutral	23.08%	12
Unsatisfied	5.77%	3
Very Unsatisfied	1.92%	1

Reasons Why LEA is Unsatisfied with Current Methodology

Reason	Responses
Current methodology does not generate enough interim payments for our LEA, and we are receiving a disproportionate share of total reimbursement through the audit process.	0
Current methodology generates interim payment rates that are too high, which creates risk for LEAs being overpaid and needing to re-pay DHCS after an audit.	2
Current methodology is administratively difficult since we are required to bill individual service claims.	0
Current methodology is complex and difficult to understand.	3
Other (please specify)	1

Concerns About Being Overpaid in Interim Payments

Concern	Responses	
Concerned (We support receiving a more modest interim payment to reduce the risk of having to pay DHCS back after an audit).	49.02%	25
Neutral (We do not have a strong opinion or concern).	43.14%	22
Not Concerned (We support expanding interim payments to receive the maximum amount of interim funding possible, even if it means we are overpaid and must pay DHCS back after an audit).	7.84%	4

Support a Change to the Methodology

Responses		
Yes (We would like DHCS to make changes to the methodology).	17.65%	9
No Preference (We are satisfied with current interim payments but are not opposed to a change in methodology).	68.63%	35
No (We would like to maintain the current interim payment methodology).	13.73%	7

Preference for a Lump Sum of Payments

Responses	
Yes	6
No	2

New Methodologies that DHCS Should Consider

Responses	
CMS Flexibility #1: Payment based on Roster Billing	0
CMS Flexibility #2: Payment based on a Per Child, Per Month or Per Child, Per Quarter basis	2
CMS Flexibility #3: Payment based on an average cost per service	1
CMS Flexibility #4: Payment using a bundled payment approach	2
I am not knowledgeable enough on this topic to make an informed decision.	4
Other (please specify)	1

Would it be Beneficial for DHCS to Remove Individual Service Level Claims

Responses		
Yes (We would like DHCS to consider removing this requirement and would still be able to document services to the extent required by DHCS).	22.92%	11
No (The service level claiming helps us ensure that service level documentation exists and is being routinely updated).	77.08%	37

Summary of Financial Audit Findings



Assembly Bill (AB) 483 Audit Reporting Requirements

- » AB 483 requires LEA BOP to report audit data and progress to the California Legislature annually on the ***most recently audited FY*** (in which 70% or more of the filed CRCs have been audited):
 1. **Summary of LEA BOP Financial Findings**: Summarizing statewide program financial findings for the FY
 2. **Updates on the LEA BOP Cost Settlement Process**: Summarizing program cost settlement changes and activity in the FY, including:
 - The number of completed CRCs audits;
 - Breakdown of payments under LEA BOP, including interim reimbursements and final audited settlement totals and differences;
 - Audit findings of non-compliance
- » The most recently audited FY is FY 2020-21, with 100% completed audits on accepted CRCs.

Filed and Audited CRCs by FY

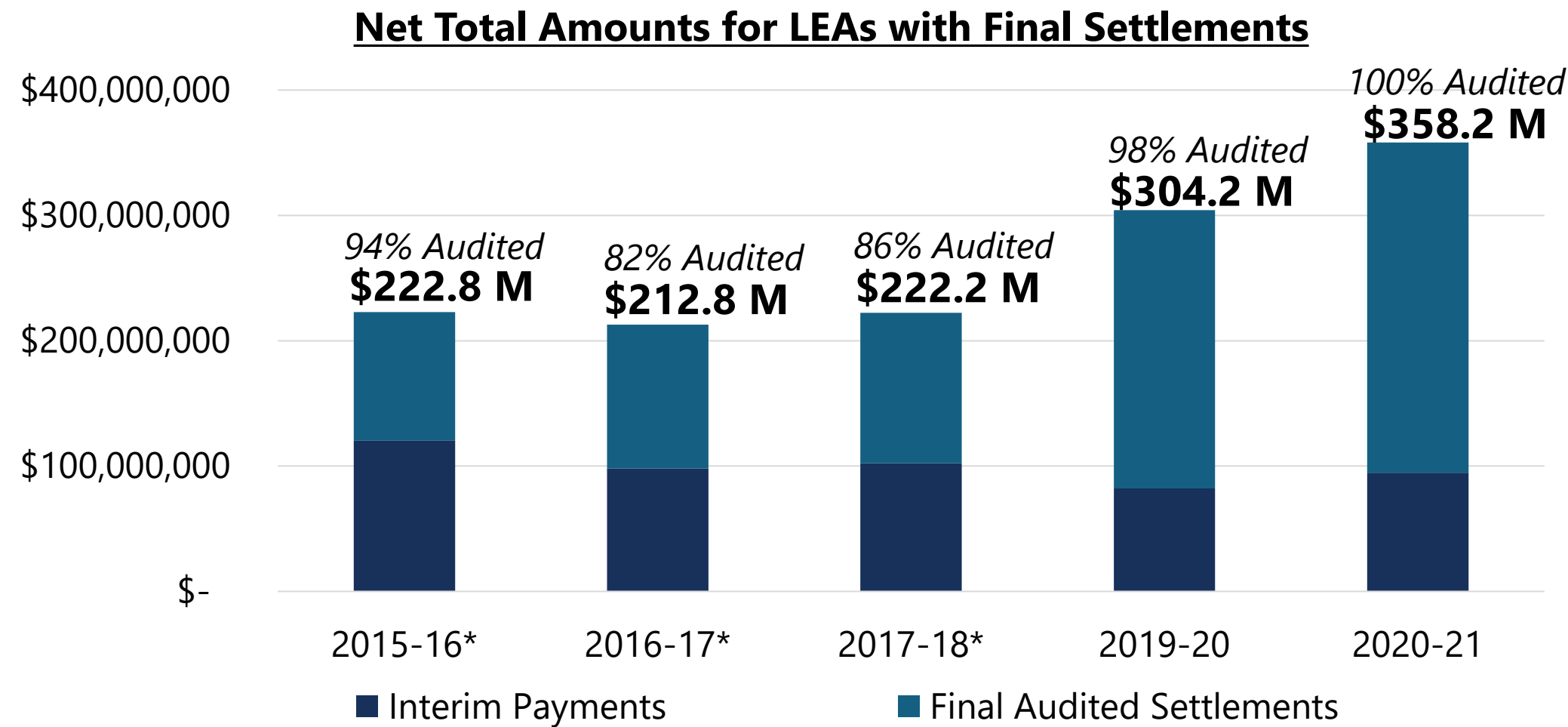
<u>Fiscal Year</u>	<u>Total Accepted CRCs</u>	<u># Final Audits</u>	<u>% Final Settled of Accepted CRCs</u>
2015-16*	522	489	94%
2016-17*	526	430	82%
2017-18*	526	454	86%
2018-19	528	345	65%
2019-20	525	514	98%
2020-21	517	517	100%
2021-22	518	115	22%
2022-23	518	57	11%
2023-24	64	0	0%

*Data for amended backcasted CRCs

Note: Table reflects data as of April 1, 2025

Interim Reimbursement and Final Settlement Totals

» The graph below represents data for the FYs where 70% or more of LEAs with accepted CRCs have received final audits as of April 1, 2025. Interim reimbursements and final settlement amounts account for data from LEAs with final audit settlements.



Pending CRCS Audits and Associated LEA Interim Reimbursements by FY

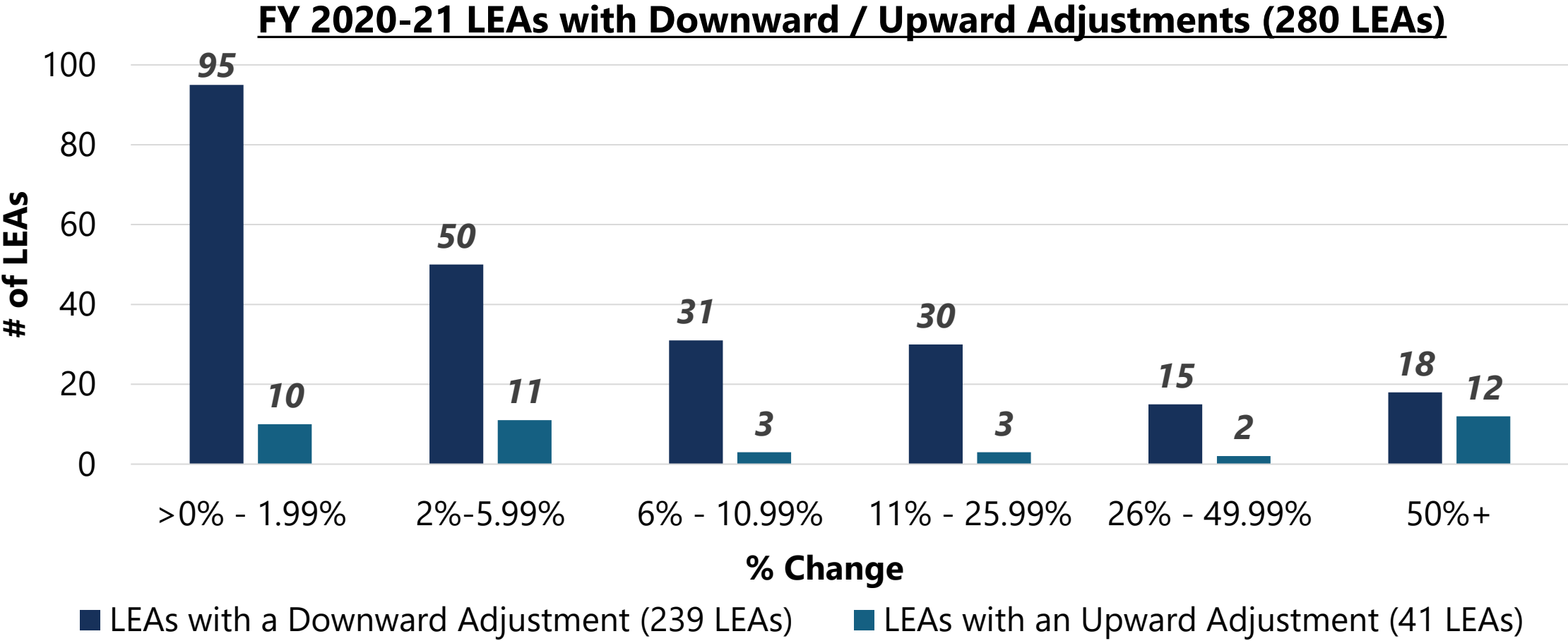
- » The table below represents the number of LEAs with an outstanding settlement (not yet been audited) and their associated interim reimbursements by FY. Counts and amounts include LEAs that have not submitted a CRCS.

<u>Fiscal Year</u>	<u># Pending Settlement</u>	<u>Interim Reimbursements</u> (for LEAs with Pending Settlement)
2015-16*	50	\$17.0 M
2016-17*	109	\$ 29.1 M
2017-18*	85	\$ 27.4 M
2018-19	193	\$ 55.8 M
2019-20	20	\$ 17.3 M
2020-21	7	\$ 0.3 M
2021-22	411	\$ 128.3 M
2022-23	471	\$ 140.4 M

Note: Table reflects data as of April 1, 2025

Expected vs. Audited Settlements (FY 2020-21)

» The graph below details upward and downward adjustments for audited FY 2020-21 settlements. Adjustments are grouped by the percent change between expected settlement amount to audited settlement amount. LEAs with no adjustments are not listed (237).



Note: Graph reflects data as of April 1, 2025

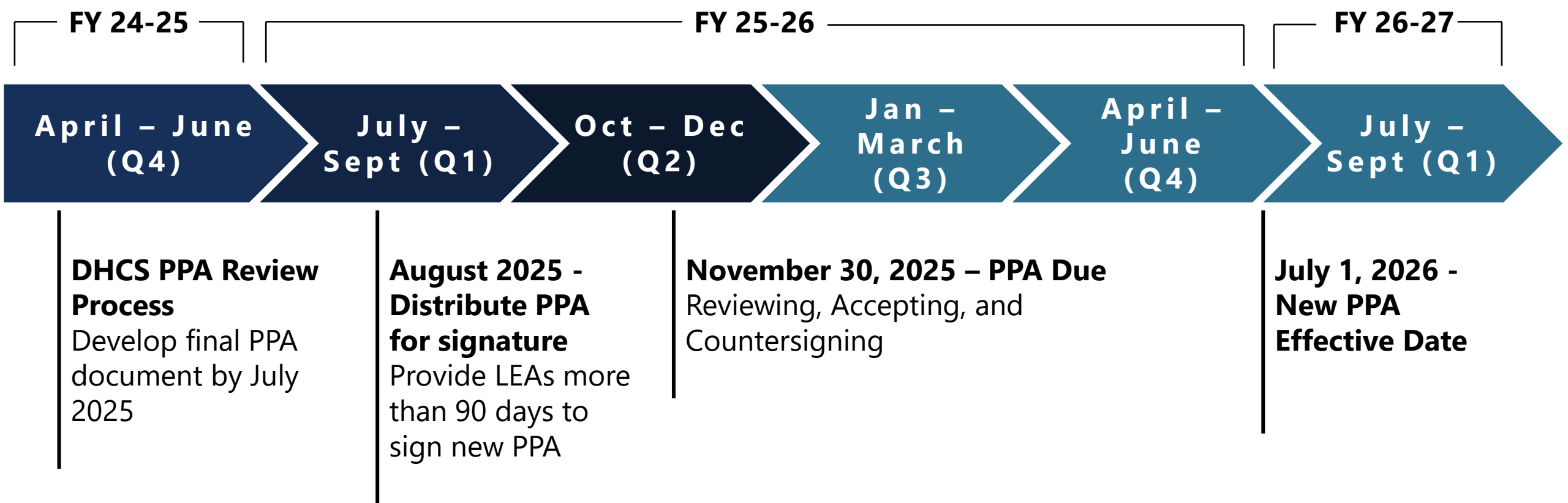
Provider Participation Agreement (PPA) Update



PPA Updates

- » The new PPA will include the following updates:
 - Provisions from the Medi-Cal Provider Agreement
 - Language on consortia billing

Timeline Estimate for PPA



Proposed – subject to change

Program Status Updates



Program Status Updates Items

- » Erroneous Withholds on Interim Settlements (Remittance Advice Details (RAD) 709)
- » Update on Invalid Routing Number on Paper Checks

Mental Health Coordination



Reminders/Announcements



Payment Error Rate Measurement (PERM) Audit Announcement



Meeting Minutes Feedback Reminder



Program Funding Reminder



CMS Webinar: Best Practices for Reimbursement and Service Documentation for Common Medicaid School-Based Services

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General Reminders

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Stay Updated with Listserv

- » Subscribe or unsubscribe to LEA BOP e-blasts for updated program information at:

<http://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DHCSLEA>



List Subscribe

You are working with the following list

DHCSLEA

Please enter your Email address and confirm the Security Code displayed below
Optionally enter your Full Name or leave it blank to subscribe anonymously

Full Name

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New Tools Available!

» LEA BOP has added new tools to the LEA Program Tool Box:

<https://www.dhcs.ca.gov/provgovpart/Pages/LEAToolBox.aspx>

Tip Sheets and New Resources:

- [School-Based Health Funding Resources for LEAs and Health Partners](#)
- [CRCS Resource: Tips for Identifying Allowable Costs and Avoiding Common Pitfalls](#)
- [CRCS Resource: Administration and Audit Checklist](#)
- [CRCS Glossary](#)
- [Enrollment: Steps and Timeline](#)
- [Tips for Using Contractors as LEA BOP Practitioners](#)
- [Tips for Identifying Allowable Cost and Calculating Total Program Reimbursement](#)

Local Governmental Financing Division (LGFD) Mailboxes

- » LEA@dhcs.ca.gov - General questions about the LEA BOP, CRCS, and technical assistance requests.
- » LEA.AnnualReport@dhcs.ca.gov - Compliance documents (Provider Participation Agreement, Annual Report, and Data Use Agreement forms)
- » RMTS@dhcs.ca.gov - Random Moment Time Survey, Time Survey Participant, and moment questions.

Resource Links

- Slide 14: (AB No. 483): <https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14115-8/>
- Slide 41: October 2020 Documentation Training: <https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Training%20and%20Webinars/OctoberAWGDocumentationTrainingSlides.pdf>
- Slide 65 (PERM): <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references/perm>
- Slide 68 (CMS Webinar): https://us06web.zoom.us/webinar/register/WN_d2OhzNntSeC574wP_xJByA#/registration
- Slide 70 (Listserv): <https://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>
- Slide 71 (Tool Box): <https://www.dhcs.ca.gov/provgovpart/Pages/LEAToolBox.aspx>

Thank You!
See you in the Afternoon Session.

1:00 p.m. - 3:00 p.m.

