

# **LEA BOP: How to Start and Participate in a Billing Consortium**

**May 14, 2025  
11:00 a.m.–12:00 p.m.**

**WE WILL BEGIN THE WEBINAR SHORTLY**

# Introductions



MENDOCINO COUNTY OFFICE  
OF EDUCATION

- » Sarah Borkowski
- » Lydia Outland
- » Ankita Singh
- » Lacey Allred
- » Trung Tran
- » Sherri Crandley
- » Leilany Perez
- » Natanya Kharat

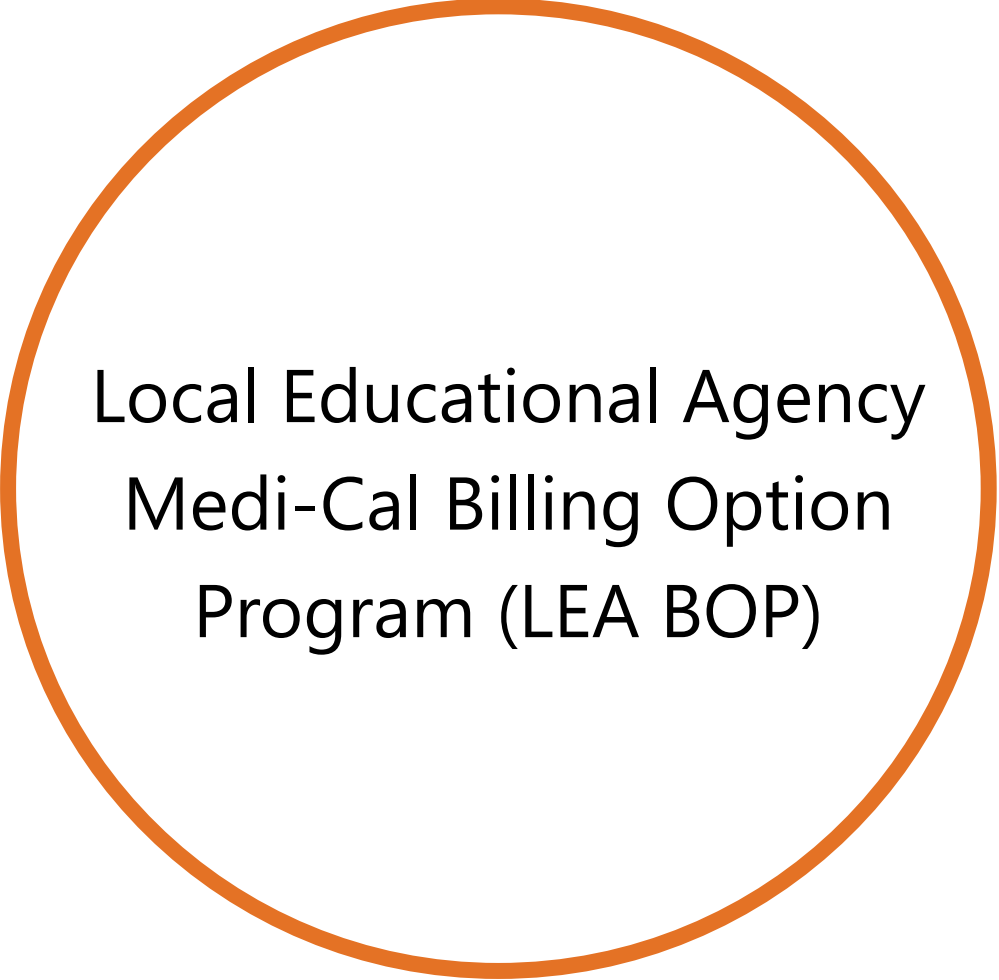
» Debbi Conner

# Workshop Goals

Following today's webinar, participants will understand:

- » The administrative responsibilities of the LEA BOP.
- » The benefits and considerations of joining a billing consortium.
- » The purpose of a billing consortium and requirements as a lead or member.

# Clarification



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

Children and Youth  
Behavioral Health Initiative  
(CYBHI)

For questions regarding CYBHI Consortia  
please contact: [DHCS.SBS@dhcs.ca.gov](mailto:DHCS.SBS@dhcs.ca.gov)

# Agenda

- » Introduction to LEA BOP and Administrative Requirements
- » Consortium Requirements and Structure
- » An Example from Mendocino County
- » Questions and Answers
- » Resources and Closing

# Description of Terms

- » **Billing Consortium** – A group of LEAs coming together to share administrative burden and bill under one NPI number.
- » **Lead Billing Consortium/Lead LEA** – The lead LEA who has taken up responsibility for coordinating with all Consortium Members and hefting most of the administrative burden.
- » **Lead Billing Consortium Coordinator** – the individual chosen to coordinate program involvement and to be the point of contact between DHCS and the Consortium Members.
- » **Consortium Members/Member LEA**– LEAs that participate in a consortium but do not take on the lead role.

# **Introduction to LEA BOP and Administrative Requirements**

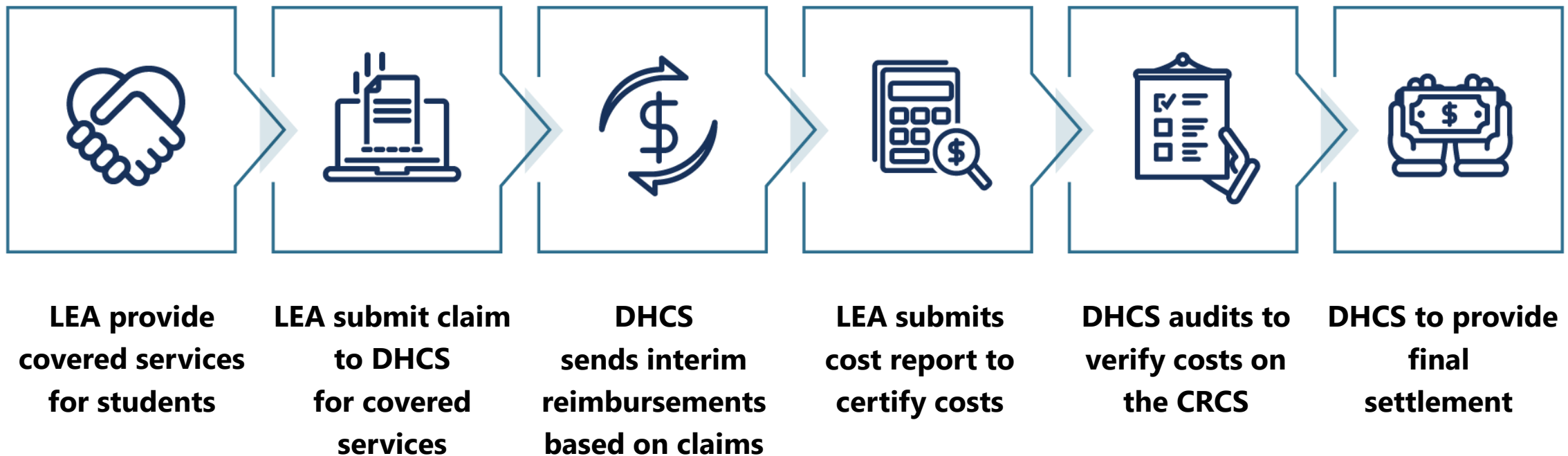
Two decorative wavy lines, one in a medium blue color and one in a darker blue color, flowing horizontally across the middle of the slide.

# About LEA BOP

- » Optional program for LEAs to recoup some expenses for providing covered health services for students enrolled in Medi-Cal
- » Ongoing funding source



# The Reimbursement Cycle



# Administrative Requirements



LEA



- **Compliance Documents:**
  - Provider Participation Agreement (PPA)
  - Annual Report (AR)
  - Data Use Agreement (DUA)
- Random Moment Time Study (RMTS)
- Day-to-day claiming and service documentation
- Cost and Reimbursement Comparison Schedule (CRCS)

LEA



- **Compliance Documents:**
  - Provider Participation Agreement (PPA)
  - Annual Report (AR)
  - Data Use Agreement (DUA)
- Random Moment Time Study (RMTS)
- Day-to-day claiming and service documentation
- Cost and Reimbursement Comparison Schedule (CRCS)

LEA



- **Compliance Documents:**
  - Provider Participation Agreement (PPA)
  - Annual Report (AR)
  - Data Use Agreement (DUA)
- Random Moment Time Study (RMTS)
- Day-to-day claiming and service documentation
- Cost and Reimbursement Comparison Schedule (CRCS)

LEA

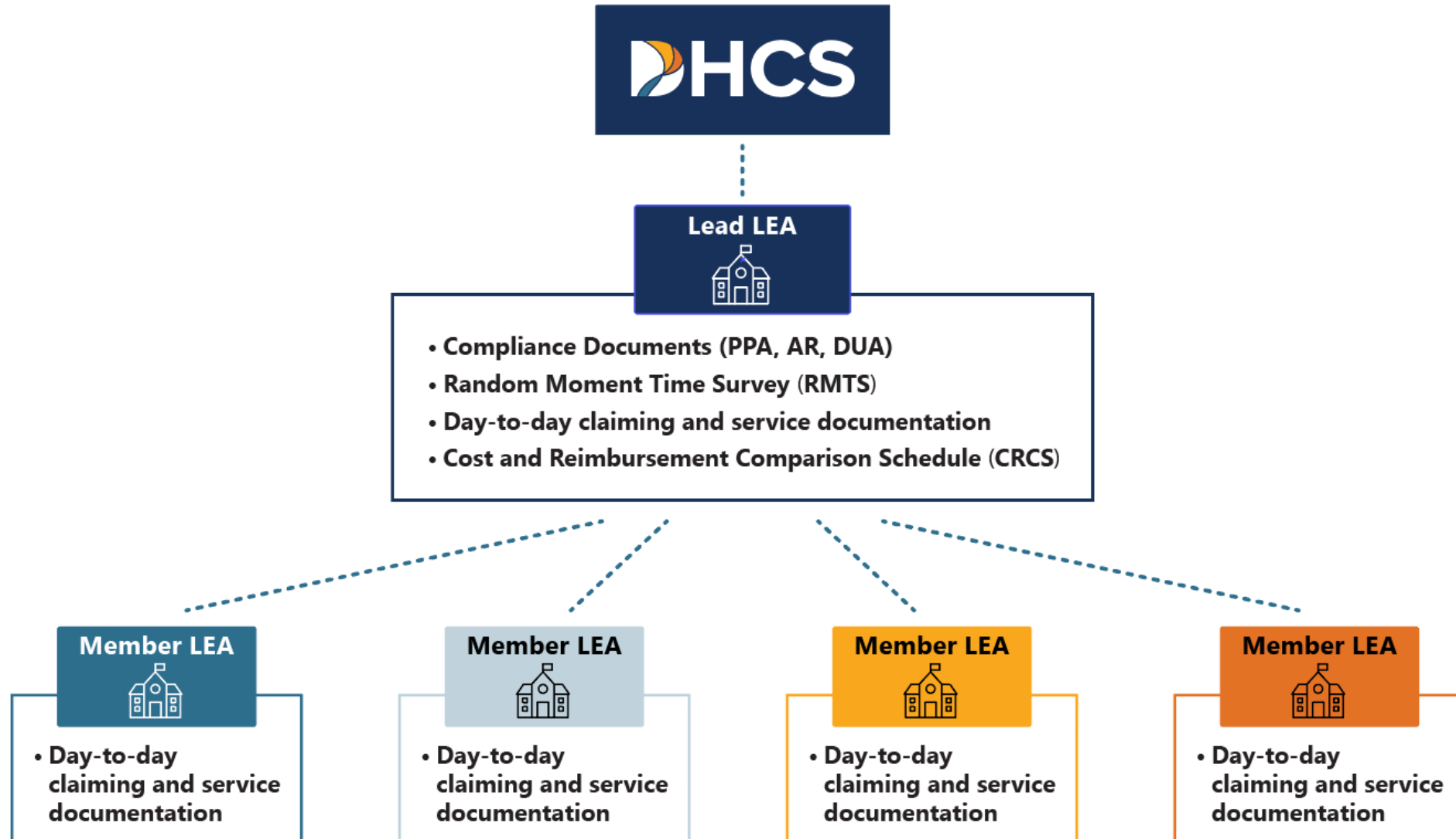


- **Compliance Documents:**
  - Provider Participation Agreement (PPA)
  - Annual Report (AR)
  - Data Use Agreement (DUA)
- Random Moment Time Study (RMTS)
- Day-to-day claiming and service documentation
- Cost and Reimbursement Comparison Schedule (CRCS)

# **Billing Consortium Requirements and Structure**



# What is a Billing Consortium?



# Benefits

## **Specialized Expertise and Sharing Program Knowledge**

- » Allows lead Billing Consortium coordinator to dedicate time to mastering program details
- » Collaboration with a group of LEAs fosters a robust knowledge base

## **Increased Efficiency**

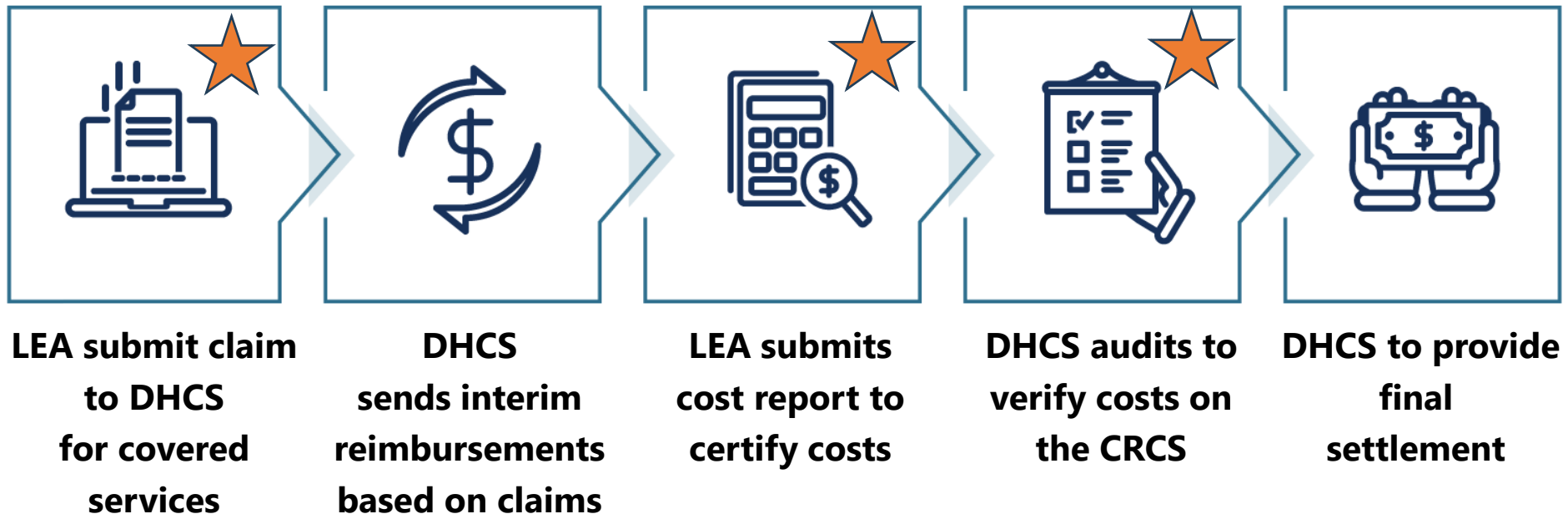
- » Reduces individual workload for other member LEAs
- » Centralizes procedures, protocols, and tools rather than each LEA needing to develop them individually

## **Maximized Opportunity**

- » Each LEA doesn't need exhaustive knowledge to take full advantage of the LEA BOP program

# The Reimbursement Cycle

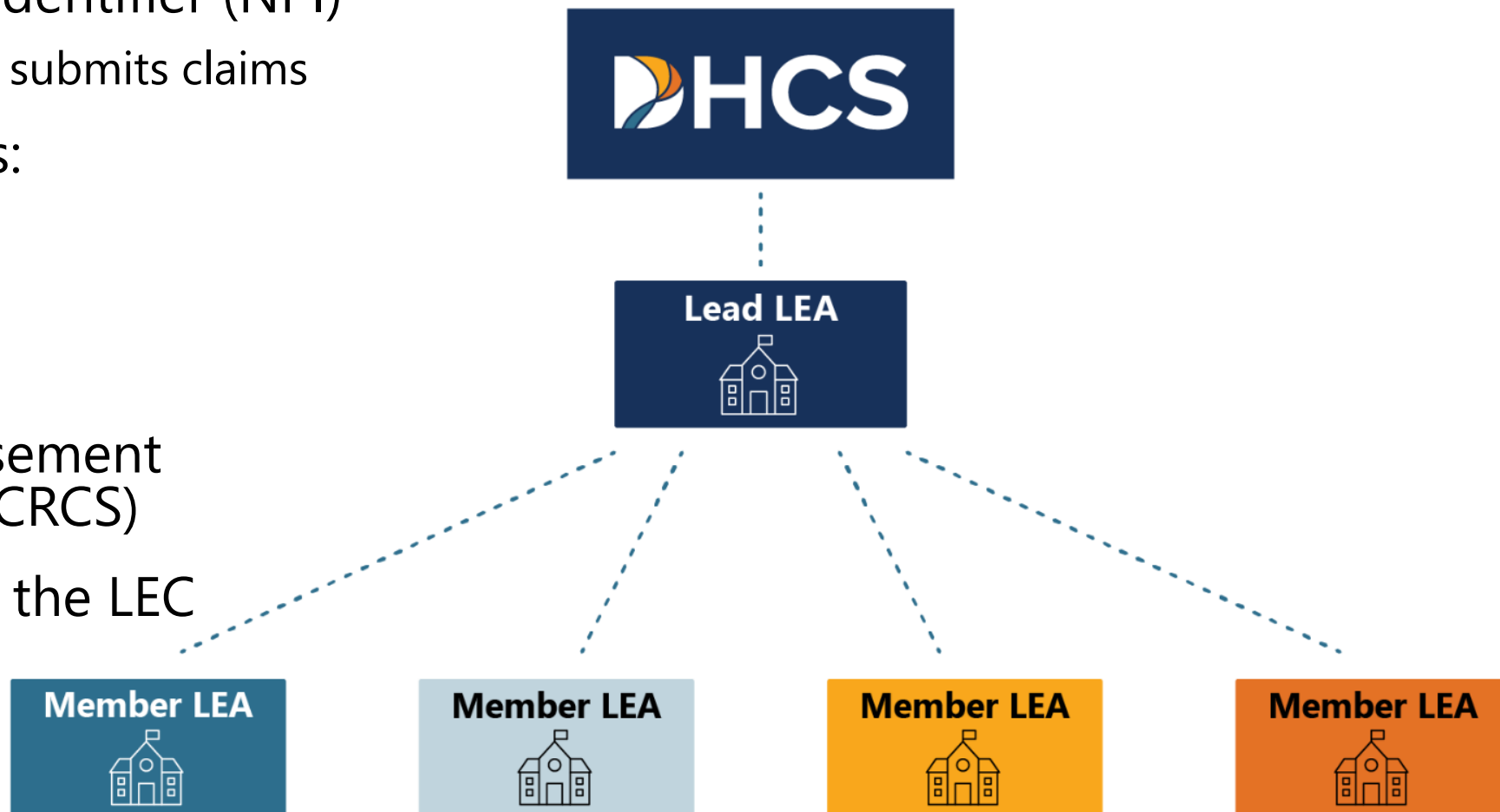
## Billing Consortium



 Areas where a Billing Consortium can assist with the payment cycle.

# Requirements

- » One National Provider Identifier (NPI)
  - Lead Billing Consortium submits claims
- » Compliance Documents:
  - One PPA
  - One AR
  - One DUA
- » One Cost and Reimbursement Comparison Schedule (CRCS)
- » Contract for RMTS with the LEC



# Lead Billing Consortium Responsibilities

- » Enrolls in LEA BOP
- » Act as point of contact between the consortium DHCS and their LEC
- » Submits compliance documents to DHCS (PPA, DUA, Annual Report)
  - Collect letters from each participating member LEA regarding consortium involvement
- » Manages RMTS requirements
  - Contract with the LEC for RMTS
  - Ensure that all member LEAs are participating in the RMTS
  - Communication between DHCS and the LEC is key to ensuring compliance.
- » Submits all consortium members' claims under one NPI
  - Distributing interim reimbursements to members
- » Maintain own claiming and service documentation
- » Submits CRCS report to DHCS
  - Gather all members' financial information for CRCS
  - Calculates the Medi-Cal Eligibility Ratio (MER) and Indirect Cost Rate (ICR) in accordance with the CRCS instructions for consortium
  - Distribute funds back to member LEAs
  - Manages all audits and relays necessary information to members



# Consortium Member Responsibilities

- » Designates point person for communication with Lead Billing Consortium for
  - DUA Requirements
    - Complete a letter stating the relationship with the lead LEA as well as an acknowledgment of HIPAA and FERPA requirements.
  - RMTS Requirements
- » Submit claims to Lead Billing Consortium that are to be billed to DHCS
- » Pull financial information for the cost report and provide to Lead Billing Consortium
- » Maintain claiming and service documentation

# Clarification: RMTS and Consortium

- » Participating in the RMTS is a requirement for the LEA BOP.
- » The structure of the individual consortia and RMTS contract, and the method that the consortia fulfills this requirement, is to be determined between the LEC and the LEA consortia.
- » The lead LEA must work with their member LEAs to comply with Time Study Participants (TSP) lists and moment response requirements.
  - Note: The TSP lists must include the lead billing consortium and all consortia member practitioners so that all are included in the RMTS and subject to random sampling.

# Quiz Questions

**1. What is a billing consortium?**

- a. An electronic health record system
- b. A group of LEAs that bill under one NPI
- c. A county office of education or Special Education Local Plan Area (SELPA) that supports LEAs with their TSP list
- d. I do not know

**2. What is NOT a requirement of a consortium member?**

- a. Maintain claiming and service documentation
- b. Participating in the RMTS
- c. Submitting compliance documents to DHCS
- d. I do not know

**3. What is one requirement for a billing consortium?**

- a. Submit one cost report (or CRCS) for all participating LEAs
- b. Use the same billing vendor
- c. Redistribute the funds evenly
- d. I do not know

# Quiz: Question #1

What is a billing consortium?

» **Answer: (B) A group of LEAs that bill under one NPI**

## Quiz: Question #2

What is **NOT** a requirement of a consortium member?

» **Answer: (C) Submitting the compliance documents to DHCS**

- Compliance documents will be submitted to DHCS by the Lead Billing Consortium.

## Quiz: Question #3

What is one requirement for a billing consortium?

» **Answer: (A) Submit one CRCS for all participating LEAs**

# **Example: Mendocino County (MCOE)**



# LEA BOP Billing Consortium Considerations for our Lead LEA





# Collaborative

## How we make LEA BOP Reinvestment decisions

### » SELPA Policy Council

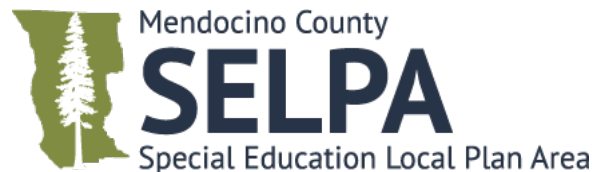
- Bi-monthly Meetings
  - SELPA Executive Director
  - Superintendents
  - Community Advisory Member
  - LEA BOP Administrator

### » Steering Committee

- Monthly Meetings
  - Special Education Directors
  - SELPA Executive Director
  - LEA BOP Administrator
  - Parent Representative
  - Community Advisory Member

### » Annual Report & Reinvestment Considerations

- Utilizing decisions made within these collaborative meetings, the LEA BOP Administrator can complete the Annual Report and Statement of Commitment to Reinvest on behalf of all consortium members. Administrator provides on going technical support to partner LEAs.



# Considerations for developing the Mendocino County LEA BOP Consortium

## » LEA Staffing Needs

- LEAs were unable to staff personnel to individually coordinate the Local Educational Agency Billing Option Program
- LEA administrative staff did not have the capacity to take on the additional responsibilities of operating an individual LEA BOP
- Annual compliance documentation can be consolidated to the Lead LEA, which allows LEA members to not duplicate the efforts that are already managed by the Lead LEA
- Reimbursements for services are committed to the reinvestment of services directly related to student needs, not administrative personnel costs
- All service providers receive focused technical assistance from Lead LEA and the third-party billing vendor

## » Cost Consolidation

- Lead LEA can allocate the necessary staff time to serve all consortium members
- Staff costs are shared to all member LEAs as a flat rate divided by each LEAs Interim Reimbursement, reflecting a reduced cost to each LEA
- Lead LEA holds the contract for one third-party billing vendor. Costs are divided by each LEAs Interim Reimbursements, allowing a share of cost by all member LEAs
- Variances in MER & Indirect Cost Rates amongst LEAs is minimal compared to the cost savings of not individually funding a position to coordinate LEA BOP operations.

# Samples of Interim Reimbursements Tracking via Remittance Advice Detail

Lead LEA Sample Remittance Advice Detail  
Combine all DHCS RADs  
Fiscal Year: xxxx/xxxx

Student Last	Student First	Visit Date	Procedure Code	Units	Provider Last	Provider First	Contract	Amount Paid	Provider Type
Sample Last	Student	8/22/2023	96164AHTM	3	Smith	John	LEA 1	\$ 11.11	Licensed Psychologist
Sample Last	Student	8/23/2023	96164AHTM	1	Smith	Stephen	LEA 1	\$ 11.11	Licensed Psychologist
Sample Last	Student	8/22/2023	96165AHTM	1	Smith	Stephen	LEA 3	\$ 2.28	Licensed Psychologist
Sample Last	Student	8/30/2023	96164AHTM	1	Thompson	Tom	LEA 5	\$ 11.11	Licensed Psychologist
Sample Last	Student	8/29/2023	96165AHTM	1	Thompson	Tom	LEA 6	\$ 2.28	Licensed Psychologist
Sample Last	Student	8/29/2023	96164AHTM	3	Thompson	Tom	LEA 19	\$ 11.11	Licensed Psychologist
Sample Last	Student	9/19/2023	96165AHTM	1	Bright	Samual	LEA 22	\$ 2.28	Licensed Psychologist

\*Grand Total Interim Reimbursements

\$ 839,360.58

\*Not a complete representation of the data lines at year end

# Sample of Interim Reimbursement Payments & Cost Reconciliation

MEDI-CAL PAYMENTS TO LEAD LEA							
Income Distribution by District							
Fiscal Year: xxxx/xxxx							
	<i>Total Interim Payments Received</i>	<i>DHCS Fees</i>	<i>Lead LEA Costs</i>	<i>Third Party Billing Vendor Costs</i>	<i>Net after Fees</i>	<i>Adjustment for Prior Year Adjustments</i>	<i>District Reimbursement</i>
		5.00%					
Sample LEA 1	\$ 6,768.46	\$ 338.42	\$ 542.09	\$ 750.36	\$ 5,137.59	\$ 38.56	\$ 5,176.15
Sample LEA 2	\$ 11,122.44	\$ 556.12	\$ 890.81	\$ 1,233.04	\$ 8,442.47	\$ 63.36	\$ 8,505.83
Sample LEA 3	\$ 3,611.54	\$ 180.58	\$ 289.25	\$ 400.38	\$ 2,741.33	\$ 20.57	\$ 2,761.91
Sample LEA 4	\$ 4,708.99	\$ 235.45	\$ 377.15	\$ 522.04	\$ 3,574.35	\$ 26.82	\$ 3,601.18
Sample LEA 5	\$ 189,947.83	\$ 9,497.39	\$ 15,213.09	\$ 21,057.73	\$ 144,179.62	\$ 1,082.02	\$ 145,261.64
Sample LEA 6	\$ 12,551.95	\$ 627.60	\$ 1,005.30	\$ 1,391.52	\$ 9,527.54	\$ 71.50	\$ 9,599.04
Sample LEA 7	\$ 3,334.27	\$ 166.71	\$ 267.04	\$ 369.64	\$ 2,530.87	\$ 18.99	\$ 2,549.87
Sample LEA 8	\$ 1,410.57	\$ 70.53	\$ 112.97	\$ 156.38	\$ 1,070.69	\$ 8.04	\$ 1,078.73
Sample LEA 9	\$ 20,941.42	\$ 1,047.07	\$ 1,677.22	\$ 2,321.58		\$ 119.29	\$ 119.29
Sample LEA 10	\$ 86.29	\$ 4.31	\$ 6.91	\$ 9.57		\$ 0.49	\$ 0.49
Sample LEA 11	\$ 59,695.43	\$ 2,984.77	\$ 4,781.06	\$ 6,617.87		\$ 340.05	\$ 340.05
Sample LEA 12	\$ 596.81	\$ 29.84	\$ 47.80	\$ 66.16	\$ 453.01	\$ 3.40	\$ 456.41
Sample LEA 13	\$ 34,079.16	\$ 1,703.96	\$ 2,729.43	\$ 3,778.04	\$ 25,867.74	\$ 194.13	\$ 26,061.87
Sample LEA 14	\$ 1,086.99	\$ 54.35	\$ 87.06	\$ 120.50	\$ 825.08	\$ 6.19	\$ 831.27
Sample LEA 15	\$ 24,091.57	\$ 1,204.58	\$ 1,929.51	\$ 2,670.81	\$ 18,286.67	\$ 137.24	\$ 18,423.91
Sample LEA 16	\$ 10,864.22	\$ 543.21	\$ 870.12	\$ 1,204.41	\$ 8,246.47	\$ 61.89	\$ 8,308.36
Sample LEA 17	\$ 286,113.31	\$ 14,305.67	\$ 22,915.06	\$ 31,718.69	\$ 217,173.89	\$ 1,629.81	\$ 218,803.71
Sample LEA 18	\$ 135,154.58	\$ 6,757.73	\$ 10,824.65	\$ 14,983.32	\$ 102,588.89	\$ 769.89	\$ 103,358.78
Sample LEA 19	\$ 29,428.58	\$ 1,471.43	\$ 2,356.96	\$ 3,262.47	\$ 22,337.72	\$ 167.64	\$ 22,505.36
Sample LEA 20	\$ 2,722.49	\$ 136.12	\$ 218.05	\$ 301.82	\$ 2,066.50	\$ 15.51	\$ 2,082.01
Sample LEA 21	\$ 773.85	\$ 38.69	\$ 61.98	\$ 85.79	\$ 587.39	\$ 4.41	\$ 591.80
Sample LEA 22	\$ 269.83	\$ 13.49	\$ 21.61	\$ 29.91	\$ 204.81	\$ 1.54	\$ 206.35
<b>Grand Total</b>	<b>\$ 839,360.58</b>	<b>\$ 41,968.03</b>	<b>\$ 67,225.12</b>	<b>\$ 93,052.00</b>	<b>\$ 575,842.65</b>	<b>\$ 4,781.33</b>	<b>\$ 580,623.98</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>

# Collaborative Decisions for Reinvestment

- » Reinvestment decisions are determined by members of SELPA, Special Education departments, Superintendents, Fiscal advisors and community members.
  - Each partner LEA determines how they individually use their earned reimbursements according to Ed Code Section 8804(g). Lead LEA provides technical support and documentation to validate the areas of reinvestment our collaborative meetings have determined to be beneficial to the students in our communities.
  - Our collaborative teams review emerging and continued student health needs and work to enhance services to support improved mental and behavioral health services, EPSDT, Speech Language, Occupational & Physical Therapies, Trained Health Care Aides, Registered Credentialed School Nurses, health service assessments and other supports to improve student outcomes.
  - Expenditures are verified when our Lead LEA completes the Annual Report as well as when we are completing the Bridging Document to prepare for the CRCS submission.

# Mendocino County

## Student Health Billing Consortium Philosophy

MCOE provides educational leadership, resources, and services to schools and districts to ensure a wide array of educational opportunities for all students.

It is the intention of Mendocino County Office of Education to assist LEAs to first, serve the student. We then look at billing opportunities for health services that LEAs are already providing to students. We develop and maintain billing systems that will capture supports and services that are eligible for reimbursement from all health insurers.

We strive to maintain a sustainable cost recovery system and work to expand service billing opportunities as the need is evident. We recognize that emerging billing systems need to be approached with a growth mindset and strive to provide strong structures that will allow utilization of all billing systems at a level that helps to support the needs of our partner LEAs while improving student outcomes.



# Questions?

Debbi Conner  
Grant Administrator  
**(707) 467-5026**  
dconner@mcoe.us

Hillary Dunn  
Fiscal Analyst  
**(707) 467-5042**  
hdunn@mcoe.us

Angela Long  
Grant Technician  
**(707) 467-5050**  
along@mcoe.us

# Q & A





# How to Start and Participate in a Billing Consortium—Question 1

- » **Question:** How does the lead LEA decide to bill other districts for participating in the consortium? Is there a standard way to do this?
- » **Answer** (provided by **Debbi Conner, Mendocino COE Grant Administrator—Fiscal Services**): Each consortium should determine their cost and reimbursement methodology within their own systems, as there is not a standard or universal method required. In Mendocino County we share the DHCS Fee, the Lead LEA staff costs and the Third-Party Billing Vendor costs to all member LEAs, which results in each LEA sharing a percentage of the total costs to participate in this consortium.

# How to Start and Participate in a Billing Consortium—Question 2

- » **Question:** What is the primary role of the Collaborative, and how are funding decisions handled if there is disagreement among members? Additionally, what types of expenditures are typically allowed under the reimbursement funding?
- » **Answer** (provided by **Debbi Conner, Mendocino COE Grant Administrator—Fiscal Services**): Our consortium's role is to primarily reduce the administrative burden, and costs, to participate in LEA BOP. Our collaborative meetings outline the reinvestment opportunities that are aligned with Ed Code 8804(g) and allows for each LEA to make their own determinations on how to reinvest their reimbursements.

# How to Start and Participate in a Billing Consortium—Question 3

- » **Question:** What systems or platforms do consortia typically use to manage data sharing, claiming, and documentation among multiple LEAs?
- » **Answer** (provided by **Debbi Conner, Mendocino COE Grant Administrator—Fiscal Services**): Due to the individual needs of various consortia models, there isn't a typical system to advise on. For our consortium, it was important to contract with a third-party billing vendor capable of accessing and housing all service referrals, consents, services and case notes so that all data sharing, claiming and documentation complies with our Tri-Party Data Use Agreement with DHCS.

# How to Start and Participate in a Billing Consortium—Question 4

- » **Question:** How can I find local existing consortiums to join?
- » **Answer:** You can start out by talking to your COE and other LEAs in your area that may have similar needs, philosophies and goals towards supporting student health needs and improving funding resources to continue delivering school-based services.
- » If you are having difficulty finding a consortium, feel free to reach out to DHCS at [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov).

# How to Start and Participate in a Billing Consortium—Question 5

- » **Question:** What makes a Consortium a Consortium? Meaning, is it a group of LEAs in which a single TIN and NPI is used for billing purposes? Having multiple locations within a Charter School does not make it a Consortium, correct?
- » **Answer:** Correct. A Consortium consists of separate LEAs that are sharing the administrative burdens of the program and billing under one NPI number. Individual school sites do not qualify as a consortium.

# Resources and Closing



# Resources for Support

- » LEA BOP website

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

- » Quarterly Stakeholder Meetings

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

- » Email list

<https://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>

- » TA Visit request form

<https://www.dhcs.ca.gov/provgovpart/Documents/DHCS-6300-Technical-Assistance-Request.pdf>

# Resources From the Workshop

Below are links to additional resources mentioned during the workshop.

- » Slides from the October 2023 workshop on TSP lists  
<https://www.dhcs.ca.gov/provgovpart/Documents/Time-Survey-Participant-TSP-List-508.pdf>
- » LEC service regions, which are the RMTS regions  
<https://www.dhcs.ca.gov/provgovpart/Pages/MapLECsLGAs.aspx>
- » Request a Tri-Party Data Use Agreement (DUA) by emailing  
[LEA.AnnualReport@dhcs.ca.gov](mailto:LEA.AnnualReport@dhcs.ca.gov)
- » Enroll in RMTS by contacting your LEC  
<https://www.dhcs.ca.gov/provgovpart/Pages/MapLECsLGAs.aspx>



**Thank You!**

