

Welcome Back!

Two wavy, horizontal lines in shades of blue and teal, positioned below the 'Welcome Back!' text and above the 'Afternoon Session' text.

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

LEA BOP Documentation Training

Purpose of this Training

- » Review the basics related to documentation.
- » Gain an understanding of requirements for proper documentation of medical claims for LEA BOP.
- » Understand requirements related to documentation of moment responses.
- » Examine common audit findings.

Training Overview

- » Section 1: Overview of Documentation Requirements
- » Section 2: Authorization Requirements
- » Section 3: Documentation Requirements for Direct Service Practitioners
- » Section 4: Direct Moment Examples

Section 1: Overview of Documentation Requirements

Why is Documentation Required?

- » Under the LEA BOP, LEAs receive **federal funds** for providing covered services to students who are enrolled in Medi-Cal.
- » DHCS provides oversight and audits LEAs to confirm that local expenditures are eligible for federal matching funds.
- » Requirement of California Medicaid Providers (Provider Manual: *located at prov 11*)
 - Each provider shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary.

LEA Documentation Responsibilities

- » LEAs are responsible for ensuring **proper billing** and **maintaining adequate documentation**.
- » LEAs must **maintain records** to support services billed to LEA BOP.
 - A&I conducts **audits of providers**, not billing agents/vendors.
- » LEA Providers shall maintain records showing that all LEA practitioners, which it employs or with which it contracts, meet and shall continue to **meet appropriate licensing and certification requirements** (Provider Manual: *loc ed rend 2*).

Quick Review: MER Documentation

- » The Medi-Cal Eligibility Ratio (MER) represents the percentage of an LEA's total enrolled students that are LEA BOP eligible and enrolled in Medi-Cal.
- » Both data files (total student enrollment input file and the MOVEit output file) must be **maintained for audit and/or review purposes**.
- » Files must be maintained for a minimum of 3 years from date of CRCS acceptance.
 - LEAs involved in an audit at the end of the 3-year required retention period must maintain records until the audit is complete.
- » Files will contain highly sensitive Protected Health Information (PHI) and must be **securely stored**.

LEA BOP Documentation Responsibilities (continued)

- » LEA providers shall maintain records to disclose **the type and extent of services** provided to a Medi-Cal beneficiary.
- » Required records must be **made at or near** the time the service was rendered (Provider Manual: *located a prov 11*).
- » LEA providers **must keep records for a minimum of three years** from the CRCS submission date.
 - Records must be kept longer if an audit/review is in process, or a cost report amendment is required.

What is Needed to Provide LEA BOP-Covered Services

- » LEA BOP enrollment on the date of service (Provider Manual: *Loc end elig 1*):
 - Students under the age of 22
 - Student must be FFP qualified
- » Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP)/Individualized Health and Support Plan (IHSP)
- » Authorization:
 - Signed Prescriptions
 - Referrals
 - Physician Recommendation

What is Needed to Provide LEA BOP-Covered Services (continued)

- » Services are:
 - in the LEA BOP Provider Manual;
 - documented appropriately (e.g., assessments, progress/case notes);
 - provided by a qualified practitioner.
- » Supervision is documented, if necessary.

Documenting Services

- » Each service encounter must include the following in the documentation, at a minimum:
- **Date** of Service
 - Name of **Student/Medicaid ID number**
 - Name of **Agency** Providing Service
 - Name of **Person** providing service
 - **Place of service**
 - **Nature, extent or units** of service

Documenting Nature and Extent

- » Accurate, clear, and concise medical records can document nature and extent of the service.
- » Supporting documentation may include:
 - Progress and Case Notes
 - Contact Logs
 - Nursing and Health Aide Logs
 - Specialized Medical Transportation Trip and Mileage Logs
 - Assessment Reports

Description of Services

» Documentation must fully disclose the type and extent of services and answer questions such as:

» **What was done and why?**

- May reference IEP/IFSP goals or protocols

» **How much?**

- Time, miles, feeding, medication

» **How is the student progressing or did they respond to intervention?**

- Context is important

» **Was any intervention or additional action taken or planned?**

- Next steps

Documentation: Qualified Practitioners

- » LEAs must maintain the following for all qualified rendering practitioners:
 - Licenses
 - Registrations
 - Certifications
 - Credentials
- » Provider Manual: “**LEA: Rendering Practitioner Qualifications**” section (*located* *rend 2*) contains all qualification requirements:

Parental Consent for Individuals with Disabilities Education Act (IDEA) Students

- » For IDEA students, you must do the following before accessing public benefits or insurance for the first time:
 - Obtain a **one-time written consent**
 - 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.
- » Please note that students will need to have parental consent for further counseling.
- » Notification requirements are published by CDE.

Parental Consent for Non-IDEA Students

- » For non-IDEA students, additional consent to bill Medi-Cal for services is not required.
 - Medi-Cal application provides the consent to bill.
 - LEAs should check with their school district legal counsel to ensure that they are in compliance with FERPA requirements, prior to submitting claims to Medi-Cal.
 - Centers for Medicare and Medicaid Services (CMS) encourages LEAs to put a parental consent protocol in place for non-IDEA services.

Supplemental Documentation for Audits

- » The 2023 CMS Guidance includes additional examples that LEAs can maintain to support a service billed to LEA BOP:
 - Prior Authorizations
 - Beneficiary's medical records
 - IEP
 - Prescriptions/referral for IEP services
 - Documentation of the service performed on the date of service including **clinical notes signed and dated by provider** (including service claims)
 - Service and diagnostic codes, start and finish time of the service

Supplemental Documentation for Audits (continued)

- School attendance records for the date of service on the claim
- Transportation logs
- Payroll records
- Copies of contracts with medical providers
- National Provider Identification

Documentation Associated with the CRCS

- » The 2023 CMS Guide includes documentation requirements for cost reports.

DHCS Responsibilities

- Finalized CRCS
- CRCS Certification and Signature Document.
- CRCS instructions
- Documentation of the Random Moment Time Survey
- Documentation to support the Time Survey Participants (TSPs) list.
- Copies of manuals related the TSP List and procedures associated with LEA BOP payment

LEA Responsibilities

- Documentation to support the MER
- Supporting documentation that shows costs claimed were incurred by the LEA (e.g., payroll records, equipment purchase orders)
- TSP list and RMTS source document, including time study logs and

Section 2: Authorization Requirements

ORP Practitioner Requirement

- » Ordering, Referring, or Prescribing (ORP) practitioner requirements:
 - LEAs are required to include the ORP practitioner's National Provider Identifier (NPI) on all claims for **treatment** services per Title 42 California Federal Regulations (CFR), Section 455.400.
 - LEA BOP ORP practitioners must be individually enrolled as a Medi-Cal ORP provider, as outlined in PPL 18-018R.
 - Assessment services are not affected by the PPL.

Licensed ORP Practitioners

Treatment Service	Qualified ORP Practitioner(s)
Nursing (registered nurse or licensed vocational nurse)	Medication and therapeutic agent administration: Licensed Clinical Psychologist; Dentist; Physician; Podiatrist Specialized physical health care and other nursing services: Physician
Occupational Therapy	Physician; Podiatrist
Physical Therapy	Physician; Podiatrist
Psychology/Counseling	Licensed Clinical Social Worker; Licensed Educational Psychologist; Licensed Marriage and Family Therapist; Licensed Psychologist; Physician; Registered Credentialed School Nurse
School Health Aide	Physician
Speech Language/Audiology*	Dentist/Physician

****Note that if a speech language pathologist/licensed audiologist refers for services pursuant to a physician-based standards protocol, it is the physician who developed the physician-based standards 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.***

Physician Authorizations

- » **Physician authorizations** may be obtained from any of the following:
 - Student's primary care physician;
 - Physician employed by the LEA;
 - Physician contracted by the LEA; or
 - Physician Assistant or Nurse Practitioner (under physician supervision per standard practice, policy detailed in PPL 19-015).
- » 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.

Documentation: Authorization of Services

- » **All LEA services billed to LEA BOP require authorization:**
 - **Assessments:** Authorized by a practitioner within the scope of practice OR parent/teacher.
 - **Screenings:** Authorized by the periodicity schedule.
 - **Treatments:** Authorized by a practitioner that is authorized to Order, Refer, or Prescribe (ORP) services.
 - **Specialized Medical Transportation:** Authorized via the IEP/IFSP.
 - **Targeted Case Management (TCM):** Authorized via the IEP/IFSP/IHSP.
- » Authorizations must be maintained in the student's files (except for screenings – a copy can be stored in the LEA's central file).
- » Supervision of an authorized service will also require documentation.

Assessments: Authorization Requirement

- » Students must be referred for an assessment in one of two ways:
 1. A referral from an appropriate health services practitioner within the scope of practice.
 2. A referral by a parent or teacher.

Authorization for Assessments

- » **Assessments:** Authorized by a practitioner within the scope of practice OR parent/teacher.
- » Written authorization for assessments must include:
 - School name
 - Student's name
 - Parent, teacher or practitioner observations
 - Reason for assessment
 - Signature of parent/teacher/prescribing referring practitioner
 - Practitioner title

Screening: Authorization Requirement

- » **Screenings:** Authorized by the periodicity schedule.
 - Here is an example of Anticipatory Guidance for Adolescence ages 11 -21 years.

	ADOLESCENCE										
AGE	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y
ANTICIPATORY GUIDANCE	x	x	x	x	x	x	x	x	x	x	x

Treatments: Authorization Requirement

- » **All billable LEA treatments** must have authorization 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, the reason for referral, name, and signature of the practitioner).
 - **Recommendation:** This may consist of a note in the student's file that indicates the observations/reasons for the recommendation, practitioner type, name, and signature.
- » Valid for **one year** from the date of the order
- » In addition to the licensed practitioner authorization, all treatments must be authorized in an IEP, IFSP or Care Plan to be reimbursable.

Treatment Authorization Documentation

- » **Treatments:** Authorized by a practitioner that is authorized to Order, Refer, or Prescribe (ORP) services.
- » 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

Treatment Services Authorized in the IEP/IFSP

» The necessity of treatment services are usually identified in the IEP/IFSP and/or Care Plan and include:

- Service type(s)
- Number or frequency of LEA treatment services
- Length of treatment, as appropriate

Transportation Billing Requirements

- » Specialized medical transportation services are covered when all of the following conditions are met:
 - Provided in an approved mode of transportation (litter van, wheelchair van, or specially adapted vehicle).
 - Transportation services must be authorized in the student's IEP/IFSP.
 - Another IEP/IFSP LEA BOP covered service is provided on the same day that the transportation is provided.
- » Billing for Medical Transportation Services:
 - Specialized medical transportation trip (billed with T2003, 1 unit = one-way trip, 2 units = round trip)
 - Mileage (billed with A0425, must be billed in conjunction with trip)

Documentation for Transportation Services

- » **Specialized Medical Transportation:** Authorized via the IEP/IFSP.
- » Required documentation for transportation services must include:
 - Student information
 - Date of transportation
 - Origination point and destination point
 - Total number of miles
 - Documented verification that the student was in school and received a covered service on the same day that the transportation was provided
- » More information can be found in the Transportation Billing Guide.

Targeted Case Management (TCM)

- » TCM is reimbursable for students with TCM in their IEP/IFSP or IHSP.
- » Required documentation for TCM services must include:
 - Care Plan (may be referred to as a Service Plan)
 - Records of TCM activities
 - Records of student and/or family progress
 - Assessment Reports
 - TCM Certification
(<https://www.dhcs.ca.gov/formsandpubs/Documents/ACLSS%20PPLs/2020/PPL20-033ReinstatementofTCM.pdf>)

Section 3:

Random Moment Time Survey Responses from Direct Service Practitioners

Quick Review: RMTS, TSPs and Activity Codes

- » Random Moment Time Survey (RMTS)
 - RMTS is a statistically valid means of determining what portion of a group of participants' workload is spent performing Medicaid-reimbursable activities.
- » Time Survey Participants (TSPs)
 - LEA BOP – Participant Pool 1 – Direct Medical Services
- » LEA BOP Direct Medical Services
 - Activity Code 2

Code 2 – Pool 1 Direct Medical Services

- » Code 2 is split into two different sub-codes:
 - **Code 2A (allowable)** – Medically necessary direct medical services, including:
 - Assessments
 - Screenings
 - Treatment Services
 - Specialized Medical Transportation
 - Targeted Case Management (TCM) Services
 - Extensions of a billable direct medical service
 - **Code 2Z (unallowable)** – Includes non-billable direct medical service, or an extension of a non-billable direct medical service.

Code 2A – Pool 1 Direct Medical Services

- » An extension of a direct medical service includes, but is not limited to:
 - Patient follow-up
 - Patient counseling
 - Patient assessment
 - Patient education
 - Parent consultations
 - Billing activities
 - All related paperwork, clerical activities, or staff travel required to perform these activities.

Code 2A Moments Impact on Direct Medical Service Percentage (DMSP)

The proportion of Code 2A moments will impact the annual DMSP.

$$\text{DMSP} = 8/10 = 80\%$$



$$\text{DMSP} = 1/10 = 10\%$$



Why is 2A Documentation Important?

- » Code 2A moments are used to calculate the Direct Medical Service Percentage (DMSP) by region.
- » The DMSP is applied to LEA costs that are reported on the CRCS.
- » The audited CRCS determines the LEA's federal funding.
- » The OIG (Office of Inspector General) has added review of moment documentation to federal audits to ensure costs are allocated appropriately to Medicaid.
 - 2023 CMS Guidance states that LEAs should produce, maintain, and furnish documentation during review or audit to provide evidence that supports a direct medical service activity, as identified by RMTS.

Direct Service Documentation

- » Documentation to support direct services may include:
 - **School attendance records** for the date of the claim
 - Practitioner was **licensed/certified**, as required
 - Student **medical record**
 - **Payroll records** for personnel furnishing services
 - **Copy of the claim** submitted to Medicaid
 - **Documentation of the service** on the date claimed (e.g., progress notes, logs, start/end times, etc.)
 - **Contracts** with medical providers
 - **IEP/IFSP/Care Plans** to support the service
 - **Authorization** for services
 - Documentation of **where service was provided** and who provided the service
 - **RMTS** source documents

Helpful Tips: Code 2A Moments

- » LEAs should submit claims for direct services that are eligible for reimbursement.
 - Interim billing documentation and retention standards should align with direct service (2A) documentation requirements.
 - If a student is not Medi-Cal eligible, participants should maintain documentation for audit purposes.
- » Be thoughtful about which practitioners to include on the TSP List.
- » LEA BOP Coordinators should review coded moments and gather supporting documentation for Code 2A moments as close to the moment response as possible.

Source Documents for Code 2A Moments (Required)

- » Supporting documentation should include:
 - The student's **IEP** or **IFSP**
 - The student's Individualized Health and Support Plan (**IHSP**), or other type of Care Plan
 - Assessment Reports
 - Treatment Logs

Source Documents for Code 2A Moments (Recommended)

» Supporting documentation that is recommended includes*:

- Billing Schedules and/or Documents
- Practitioner Schedules
- Calendars
- Timesheets

*Please note that although these items are recommended as supporting documentation in general, some of these items may be required depending on the moment. Examples will be provided in a future section of this presentation.

Section 4:

Direct Service Moment Examples

Overview of Documentation Requirement

General Documentation:

- » Payroll records for personnel furnishing services
- » Documentation of the service (e.g., progress notes, logs, start/end times, etc.)
- » IEP/IFSP/IHSP/ Care Plans
- » Authorization for services
- » RMTS source documents

2A Moment Documentation:

- » IEP/IFSP/IHSP/Care Plans
- » Documentation of the service (e.g., progress notes, logs, start/end times, etc.)
- » Assessment Reports
- » Treatment Logs

2A Moment Recommended Documentation:

- » Billing Schedules and/or Documents
- » Practitioner Schedules
- » Calendars
- » Timesheets

Example: Direct Service Documentation for Moments

Physical Therapist in Pool 1 receives a moment:

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

Examples of direct documentation to support the moment:

- The student's IEP (needed)
- TSP's calendar showing they were in a therapy session during the assigned moment (good to have)
- Progress notes with date of service and detail of session (needed)
- The attendance record showing the student was at school on the day of the service (needed)

Example: Direct Service Documentation for Moments (continued)

Credentialed School Psychologist in Pool 1 receives a moment:

Who were you with?	<i>A student</i>
What were you doing?	<i>Assessing a student</i>
Why were you doing this?	<i>Student was due for a triennial evaluation; was assessing them to start the evaluation.</i>

Examples of direct documentation to support the moment:

- The student's current IEP (needed)
- The triennial assessment / report for IEP team (needed)
- Attendance records on the date of the moment (needed)
- Other items that substantiate the response (may be specific to the LEA) (good to have)

Example: Indirect Service Documentation for Moments

Credentialed School Psychologist in Pool 1 receives a moment:

Who were you with? *No one – I was alone*

What were you doing? *I was writing a report.*

Why were you doing this? *I was summarizing assessment results in preparation for an upcoming IEP meeting.*

Examples of indirect documentation to support the moment:

- The student's assessment and resulting report (needed)
- The student's IEP (needed – or some sort of documentation to support that the IEP was not yet established)
- Calendar entries (***may*** be needed)

Example: Indirect Service Documentation for Moments (continued)

Licensed Physical Therapist in Pool 1 receives a moment:

Who were you with?	<i>No one</i>
What were you doing?	<i>Preparing activity for upcoming session.</i>
Why were you doing this?	<i>The student's IEP requires therapy twice a week.</i>

Examples of indirect documentation to support the moment:

- Progress and session notes (on the date of the moment – needed)
- Prior assessment reports (good to have)
- The student's IEP (good to have)
- Calendar entries (***may*** be needed)

Section 5:

Payment Methodology Survey and Office Hour Announcement

Interim Payment Methodology Survey and Office Hour

- » Interim Payment Methodology Survey will be sent shortly to:
 - Gauge feedback on current interim payment methodology
 - Determine if LEAs have a desire to adopt a new methodology
 - Understand which methodology would be beneficial and why
- » Office Hour:
 - Tuesday, February 4, 2025, 10:00 – 11:00 AM

Section 6: Helpful Resources

Upcoming Webinar

- » The Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Education (ED) will be hosting a webinar called: Best Practices for Reimbursement and Service Documentation for Common Medicaid School-Based Services.
 - February 13, 2025
 - 12:00 p.m. (Pacific Time)
 - The registration link will be added to the chat.

General Resources

- » LEA BOP Provider Manual:
<https://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>
- » SMAA Manual Section 5:
<https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/SMAA/SMAA%20Manual/SMAAManual-Section5.pdf>
- » RMTS Inbox: RMTS@dhcs.ca.gov
- » LEA Inbox: LEA@dhcs.ca.gov

Resource Links

- » Documentation Requirements (located a prov 11): https://mcweb.apps.prn.cammiis.medi-cal.ca.gov/assets/173943C5-EB52-46D4-B74C-F784E6F3EBEC/locatedaprov.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO (slide 36, 39)
- » Documenting Practitioner Qualifications (located rend 2): https://mcweb.apps.prn.cammiis.medi-cal.ca.gov/assets/F0D63154-5260-429F-A6E1-8CC04F4E3DD1/locatedrend.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO (slide 37)
- » Eligible Students (located elig 1): [Local Educational Agency \(LEA\) Eligible Students \(located elig\)](#) (slide 40)
- » LEA: Rendering Practitioner Qualifications: https://mcweb.apps.prn.cammiis.medi-cal.ca.gov/assets/F0D63154-5260-429F-A6E1-8CC04F4E3DD1/locatedrend.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO (slide 45)
- » Parental Consent (located 4): https://mcweb.apps.prn.cammiis.medi-cal.ca.gov/assets/1B9BD3C1-E484-4AFF-B3C6-3EB19539BC8D/located.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO (slide 46)
- » 2023 CMS Guidance (page 95): <https://www.medicaid.gov/medicaid/financial-management/downloads/sbs-guide-medicaid-services-administrative-claiming.pdf> (slides 48-49)

Resource Links (continued)

- » Medicaid SBS Technical Assistance Center: <https://www.medicaid.gov/resources-for-states/downloads/sbs-fed-doc-reqs.pdf> (slide 50)
- » PPL 18-018R: <https://www.dhcs.ca.gov/formsandpubs/Documents/ACLSS%20PPLs/2019/PPL%2018-018R.pdf> (slide 52)
- » PPL 19-015: <https://www.dhcs.ca.gov/formsandpubs/Documents/ACLSS%20PPLs/2019/PPL-19-015-NP-PA.pdf> (slide 54)
- » Periodicity Schedule American Academy of Pediatrics: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf (Slide 58)
- » Transportation Billing Guide: [https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Program Req and Info/Transportation-Billing-Guide.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Program_Req_and_Info/Transportation-Billing-Guide.pdf) (slide 63)
- » PPL 20-033: <https://www.dhcs.ca.gov/formsandpubs/Documents/ACLSS%20PPLs/2020/PPL20-033ReinstatementofTCM.pdf> (slide 64)
- » CMS and ED Webinar Registration Link: https://us06web.zoom.us/webinar/register/WN_d2OhzNntSeC574wP_xJByA#/registration (slide 84)

QUESTIONS

Please submit additional questions to the LEA BOP inbox:

LEA@DHCS.CA.GOV

Thank You

If you have any remaining questions, please email LEA@dhcs.ca.gov

