Welcome Back!

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

Provider Participation Agreement (PPA) Training

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

August 2025

Agenda

1. PPA Overview
2. Medi-Cal Provider Agreement
3. What is new in the PPA?
4. Instructions for Completing the PPA
5. DHCS' PPA Review Process

PPA Overview

PPA Defined

- The contract through which qualified Local Educational Agencies (LEAs) enroll to participate in the LEA BOP.
- An **evergreen** agreement between the Local Educational Agency (LEA) and the Department of Health Care Services (DHCS) that does not expire or need to be renewed unless changes in the State Plan and legislation require an updated PPA.

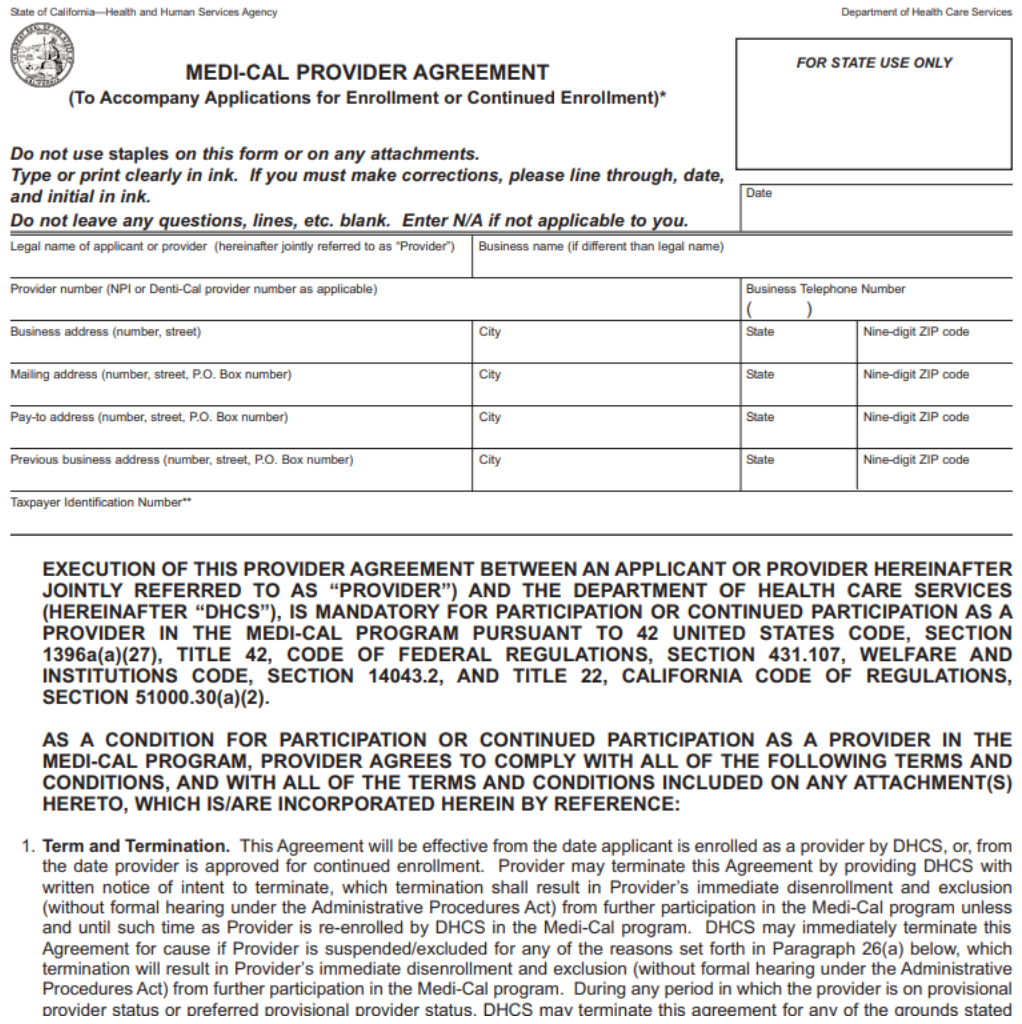
PPA Update

- DHCS updated the PPA to:
  - Align requirements between the PPA and Medi-Cal Provider Agreement to meet state and federal enrollment and provider requirements.
  - Comply with Centers for Medicare and Medicaid Services (CMS) requirement.
- **All** newly enrolling LEAs and currently enrolled LEAs are required to submit a new PPA this fiscal year.

Medi-Cal Provider Agreement

Medi-Cal Provider Agreement

- Mandatory for participation or continued participation as a provider in the Medi-Cal program pursuant to the following:
  - 42 United States Code, Section 1396a(a)(27)
  - Title 42, Code of Federal Regulations, Section 431.107
  - Welfare and Institutions Code, Section 14043.2
  - Title 22, California Code of Regulations, Section 51000.30(a)(2)
- Total of 41 provisions



State of California—Health and Human Services Agency

Department of Health Care Services

MEDI-CAL PROVIDER AGREEMENT

(To Accompany Applications for Enrollment or Continued Enrollment)*

FOR STATE USE ONLY

Do not use* staples *on this form or on any attachments.
Type or print clearly in ink. If you must make corrections, please line through, date, and initial in ink.
Do not leave any questions, lines, etc. blank. Enter N/A if not applicable to you.

Date

Legal name of applicant or provider (hereinafter jointly referred to as "Provider")	Business name (if different than legal name)		
Provider number (NPI or Denti-Cal provider number as applicable)		Business Telephone Number ( )	
Business address (number, street)	City	State	Nine-digit ZIP code
Mailing address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
Pay-to address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
Previous business address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
Taxpayer Identification Number**			

EXECUTION OF THIS PROVIDER AGREEMENT BETWEEN AN APPLICANT OR PROVIDER HEREINAFTER JOINTLY REFERRED TO AS "PROVIDER") AND THE DEPARTMENT OF HEALTH CARE SERVICES (HEREINAFTER "DHCS"), IS MANDATORY FOR PARTICIPATION OR CONTINUED PARTICIPATION AS A PROVIDER IN THE MEDI-CAL PROGRAM PURSUANT TO 42 UNITED STATES CODE, SECTION 1396a(a)(27), TITLE 42, CODE OF FEDERAL REGULATIONS, SECTION 431.107, WELFARE AND INSTITUTIONS CODE, SECTION 14043.2, AND TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 51000.30(a)(2).

AS A CONDITION FOR PARTICIPATION OR CONTINUED PARTICIPATION AS A PROVIDER IN THE MEDI-CAL PROGRAM, PROVIDER AGREES TO COMPLY WITH ALL OF THE FOLLOWING TERMS AND CONDITIONS, AND WITH ALL OF THE TERMS AND CONDITIONS INCLUDED ON ANY ATTACHMENT(S) HERETO, WHICH IS/ARE INCORPORATED HEREIN BY REFERENCE:

1. **Term and Termination.** This Agreement will be effective from the date applicant is enrolled as a provider by DHCS, or, from the date provider is approved for continued enrollment. Provider may terminate this Agreement by providing DHCS with written notice of intent to terminate, which termination shall result in Provider's immediate disenrollment and exclusion (without formal hearing under the Administrative Procedures Act) from further participation in the Medi-Cal program unless and until such time as Provider is re-enrolled by DHCS in the Medi-Cal program. DHCS may immediately terminate this Agreement for cause if Provider is suspended/excluded for any of the reasons set forth in Paragraph 26(a) below, which termination will result in Provider's immediate disenrollment and exclusion (without formal hearing under the Administrative Procedures Act) from further participation in the Medi-Cal program. During any period in which the provider is on provisional provider status or preferred provisional provider status, DHCS may terminate this agreement for any of the grounds stated

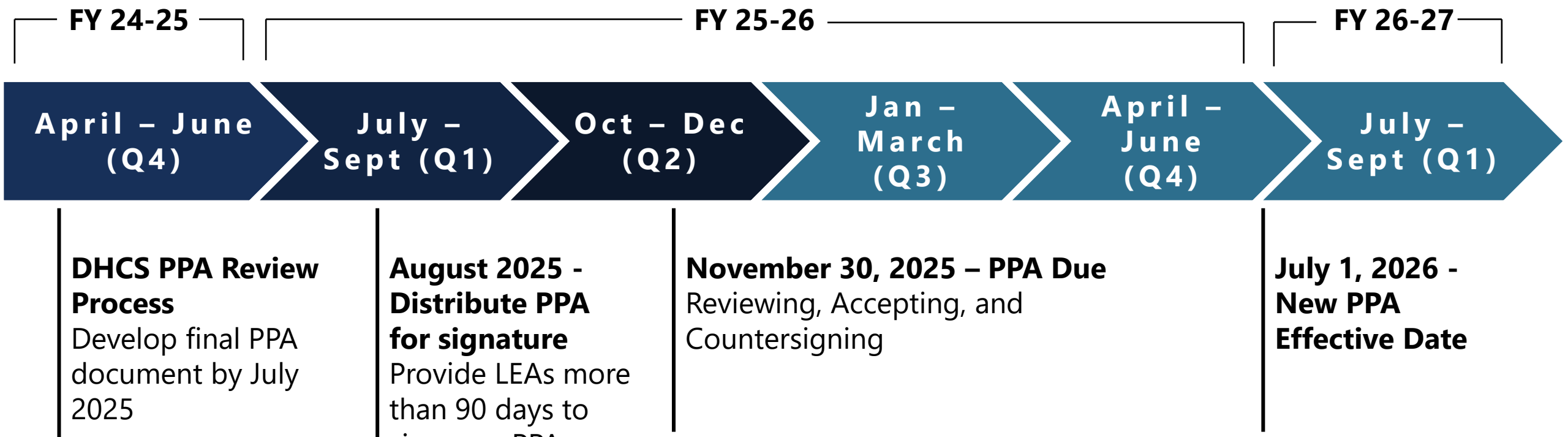
Medi-Cal Provider Agreement Continued

- The Provider Enrollment Division (PED) notified LEA BOP that some requirements in the Medi-Cal Provider Agreement do not exist in the PPA.
- DHCS reviewed the Medi-Cal Provider Agreement and created five categories, which identified if the provision already exist in the PPA:
  - Yes (13)
  - No (16)
  - No, but it is in the Provider Manual (1)
  - Somewhat (8)
  - Not applicable to the LEA BOP (3)

Medi-Cal Provider Agreement Continued

- The PPA sub-committee members discussed and reviewed a total of 28 provisions in the No, No, but it is in the Provider Manual, Somewhat, and Not applicable categories.
- 22 provisions were added to the PPA
  - 1 of the 22 provisions will also be added to the Provider Manual
- 3 provisions will be added to the Provider Manual
- 3 provisions were not applicable to the LEA BOP

Timeline Estimate for PPA



Proposed – subject to change

What is new in the PPA?

The new PPA includes:

- 22 Provisions from the Medi-Cal Provider Agreement
- Language on consortia billing
- Language on practitioner enrollment
- Language regarding non-compliance when LEAs do not submit their compliance documents on time

Proposed – subject to change

Medi-Cal Provider Agreement Provision Topics added to PPA

These provisions from the Medi-Cal Provider Agreement were already somewhat included in the PPA. However, additional language has been added to provide clearer policy guidance.

1. Licensing
2. Information regarding subcontractors and suppliers
3. Changes to Provider information
4. Provider suspension; appeal rights; reinstatement
5. Severability
6. Assignability

Proposed – subject to change

New Medi-Cal Provider Agreement Provision Topics added to PPA

7. Submitting claims to DHCS using a National Provider Identifier (NPI) that is registered with CMS
8. Liability insurance that covers premises/operation and professional liability insurance
9. Disclosures of information to DHCS
10. Required background checks
11. Unannounced visits by DHCS, the California Attorney General's Medi-Cal Fraud Unit ("AG"), and Secretary

Proposed – subject to change

New Medi-Cal Provider Agreement Provision Topics added to PPA Continued

12. Provider fraud and abuse
13. Investigations of provider for fraud or abuse
14. Provider fraud or abuse convictions and/or civil fraud or abuse liability
15. Prohibition of rebate, refund, or discount in connection with the rendering of health care services to any Medi-Cal member
16. Member billing
17. Payment from Medi-Cal program shall constitute full payment
18. Deficit Reduction Act of 2005, Section 6032 Implementation

Proposed – subject to change

New Medi-Cal Provider Agreement Provision Topics added to PPA Continued

19. Termination of provisional provider or preferred provisional provider status
20. Provider capacity
21. Waiver
22. Provider attestation

Proposed – subject to change

Consortia Billing

- Article VII
- Provides guidance and expectations between the lead LEA and member LEA.
- This will only apply to LEAs in a billing consortium.

Proposed – subject to change

Practitioner Enrollment

- Article V – General Provisions, Program Compliance
- Centers for Medicare and Medicaid Services (CMS) requirement
- Effective July 1, 2026, all eligible practitioners in the LEA BOP that provide direct services to Medi-Cal eligible individuals under the age of 22 must separately enroll in Medi-Cal as a furnishing provider, if there is an enrollment pathway for that practitioner type, regardless of whether the LEA employing or contracting with the practitioner is already enrolled in Medi-Cal.

Language regarding non-compliance when LEAs do not submit their compliance documents in time

- Article V – General Provisions, Program Compliance
- LEA Providers that do not comply with the participation provisions, or do not timely submit compliance documents, specifically the CRCS, Annual Report, and DUA, may be issued a Corrective Action Plan (CAP), placed on a 100 percent withhold from claim reimbursements, or disenrolled from the LEA BOP, as deemed appropriately.

Instructions for Completing the PPA

Provider Participation Agreement: Execution

- First Authorized Representative
  - The first authorized representative is the individual who is legally authorized to bind contracts for the LEA. This should be the Superintendent, Assistant Superintendent or Authorized business official.
- Second Authorized Representative
  - Type the name and title of the person who is responsible for reporting the financial information on the PPA for the LEA.
- Sign this document with electronic signatures.
- Representatives from DHCS will complete the shaded portion of this agreement.

Final Checklist

- Please use the checklist, it identifies everything that needs to be included in your submission.
- Make sure you:
  - Submit the correct version of the PPA.
  - Include all of the items on the checklist.
  - DO NOT revise the PPA or any of the attachments as they are considered a legally binding contract.
  - Complete the document with all required electronic signatures.

Reminders

- Read the PPA instructions and submit all the items on the checklist.
- Make sure that the LEA Name and NPI number are correct, they will auto-populate throughout the entire document.
- The LEA is responsible for all information reported by vendors/billing agents on the PPA.
- Get the appropriate signers for the LEA.
- Keep the PPA as one document without any additional pages.
- Submit a complete PPA by November 30, 2025, to LEA@dhcs.ca.gov.
- DHCS is the primary source for obtaining information related to the LEA BOP. If you have questions, e-mail them to LEA@dhcs.ca.gov.

DHCS' PPA Review Process

PPA Review and Processing

- Timeline: 30 – 90 days
- DHCS - LEA BOP processes documentation
  - Verifies and processes PPA
  - If corrections are needed, they will be sent back to the LEA and may extend the timeline for processing.
  - Establishes a MOVEit account to submit and receive tape match data to determine student Medi-Cal eligibility, if a new LEA BOP provider and as needed.

What happens if my LEA does not submit a new PPA by November 30, 2025?

- Effective July 1, 2026, LEA providers may be:
  - Issued a Corrective Action Plan
  - Disenrolled from the LEA BOP

Questions?

Provider Billing Forum

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

August 2025

Agenda

- Medicaid Claiming
- Random Moment Time Survey (RMTS)

Medicaid Claiming

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August 2025

Resources

- LEA BOP Website
  https://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx
- LEA BOP Provider Manual
  https://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx

Certified Public Expenditure (CPE)

- Public entities certify that the funds spent on Medicaid services are eligible for federal matching funds.
- Key program components:
  - Certify costs of providing services
  - Match nonfederal dollars
  - Audit to confirm the final amount

The Payment Cycle

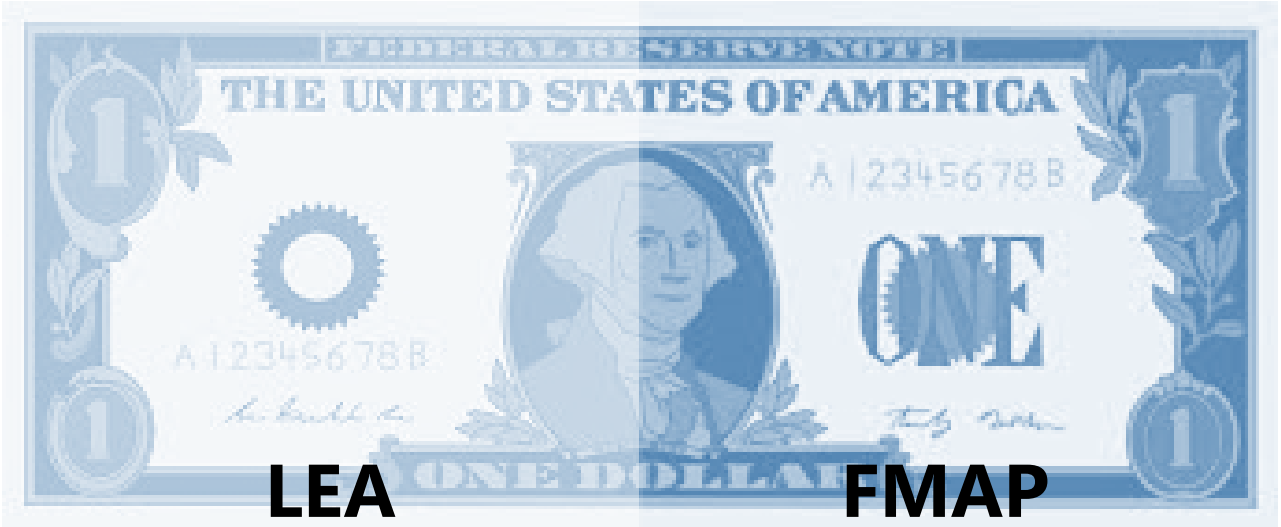
1. Provide covered services for students
2. Submit claims to Medi-Cal for covered services
3. Medi-Cal sends interim reimbursements based on claims
4. LEA submits CRCS to certify costs
5. Audit to verify costs on the CRCS
6. Final settlement

Claiming for Interim Reimbursement

- Submission of claims is a requirement for LEAs participating in LEA BOP.
- LEAs must be prepared to submit claims for the LEA BOP-covered services a qualifying practitioner provides through electronic billing within 12 months of the service date.
- When submitting claims, please check the student's data match records to ensure the student is eligible for Federal Financial Participation (FFP).
- LEAs will be paid interim reimbursements based on these claim submissions.

Federal Medical Assistance Percentage (FMAP)

- The percentage of costs that the federal government will cover.
- This is typically 50 percent for California and is consistent across all LEA BOP Providers.



LEA 50%

FMAP 50%

FMAP

- The FMAP is determined annually for each state by CMS.
- The LEA BOP federal share is funded through Title XIX, Title XIX Enhanced, and Title XXI Funds.
  - Identified through member's eligibility status; aid codes are used.
- Interim claiming is the only way for LEAs to receive enhanced FMAP.
  - Title XIX - 50%
  - Title XIX Enhanced - 90%
  - Title XXI - 65%

LEA BOP Billing Requirements

- For a service to be eligible for billing under LEA BOP, the following criteria must be met:
  - Student is Medicaid Enrolled
  - Service is provided by a qualified practitioner
  - Supervision is documented, if necessary
  - Authorization for services are in place by prescription, referral or recommendation
  - Service is documented appropriately (e.g., assessments, progress/case notes)
  - Parental Consent to bill Medi-Cal requirements met, when required
  - Billed Other Health Coverage (OHC), when required

Documentation of School-Based Services

- The Centers for Medicare and Medicaid (CMS) Guidance states :
  - To claim federal funds for services provided to Medicaid–enrolled students, documentation is required for each claim.
  - School-based providers should include required information in their care plans, Individualized Education Plans (IEPs), or other templates or software used for clinical service documentation.
  - The following slide contains the minimum documentation required by CMS for each claim.

Required Documentation

Required documentation must include	Required for Medicaid Claiming	Required by IDEA*
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	✓	✓
Eligibility for IDEA* services		✓

*Individuals with Disabilities Education Act

Examples of Direct Service Practitioners

Psychology and Counseling Services

- Associate Marriage and Family Therapist
- Licensed Marriage and Family Therapist
- Credentialed School Counselor
- Credentialed School Psychologist
- Credentialed School Social Worker
- Licensed Clinical Social Worker
- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Educational Psychologist
- Licensed Physicians
- Licensed Physician Assistant
- Registered Associate Clinical Social Worker

Note: LEA Rendering Practitioner Qualifications (loc ed rend) identifies all the practitioner types allowable under LEA BOP.

Examples of Direct Service Practitioners Continued

Respiratory Care Services

- Licensed Respiratory Care Practitioner

Speech Therapy Services

- Licensed Speech-Language Pathologist
- Credentialed Speech-Language Pathologist
- Speech-Language Pathology Assistant

Examples of Direct Service Practitioners Continued

Hearing Services

- Licensed Audiologist
- Credentialed Audiologist
- Licensed Physician
- Licensed Physician Assistant
- Credentialed Speech-Language Pathologist
- Registered School Audiometrist
- Registered Credentialed School Nurse, or Registered School Audiometrist

Nursing Services

- Registered Credentialed School Nurse
- Licensed Registered Nurse
- Certified Public Health Nurse
- Certified Nurse Practitioner
- Licensed Vocational Nurse
- Trained Health Care Aide

Examples of Direct Service Practitioners Continued

Nutrition Services

- Registered Dieticians
- Certified Nurse Practitioners
- Certified Public Health Nurses
- Licensed Physicians
- Licensed Physician Assistants
- Licensed Registered Nurse
- Registered Credentialed School Nurse

Occupational Therapy

- Licensed Occupational Therapist
- Licensed Occupational Therapy Assistant

Physical Therapy

- Licensed Physical Therapist
- Licensed Physical Therapist Assistant

Examples of Direct Service Practitioners Continued

Targeted Case Management (TCM)

- Program Specialist
- Eligible practitioners with a TCM Certification Form

Vision Services

- Licensed Optometrist
- Licensed Physician
- Licensed Physician Assistant
- Registered Credentialed School Nurse

Orientation and Mobility

- Orientation and Mobility Specialists

Supervision Requirements

- There are some rendering practitioners that are required supervision by a Pupil Personnel Services (PPS) credential issued by the California Commission on Teacher Credentialing (CTC).
  - This California Department of Education requirement exists even if the practitioner is a licensed practitioner (with no PPS credential).
  - These supervision requirements are outlined in the LEA BOP provider manual under the LEA Rendering Practitioner Qualifications (loc ed rend) section.

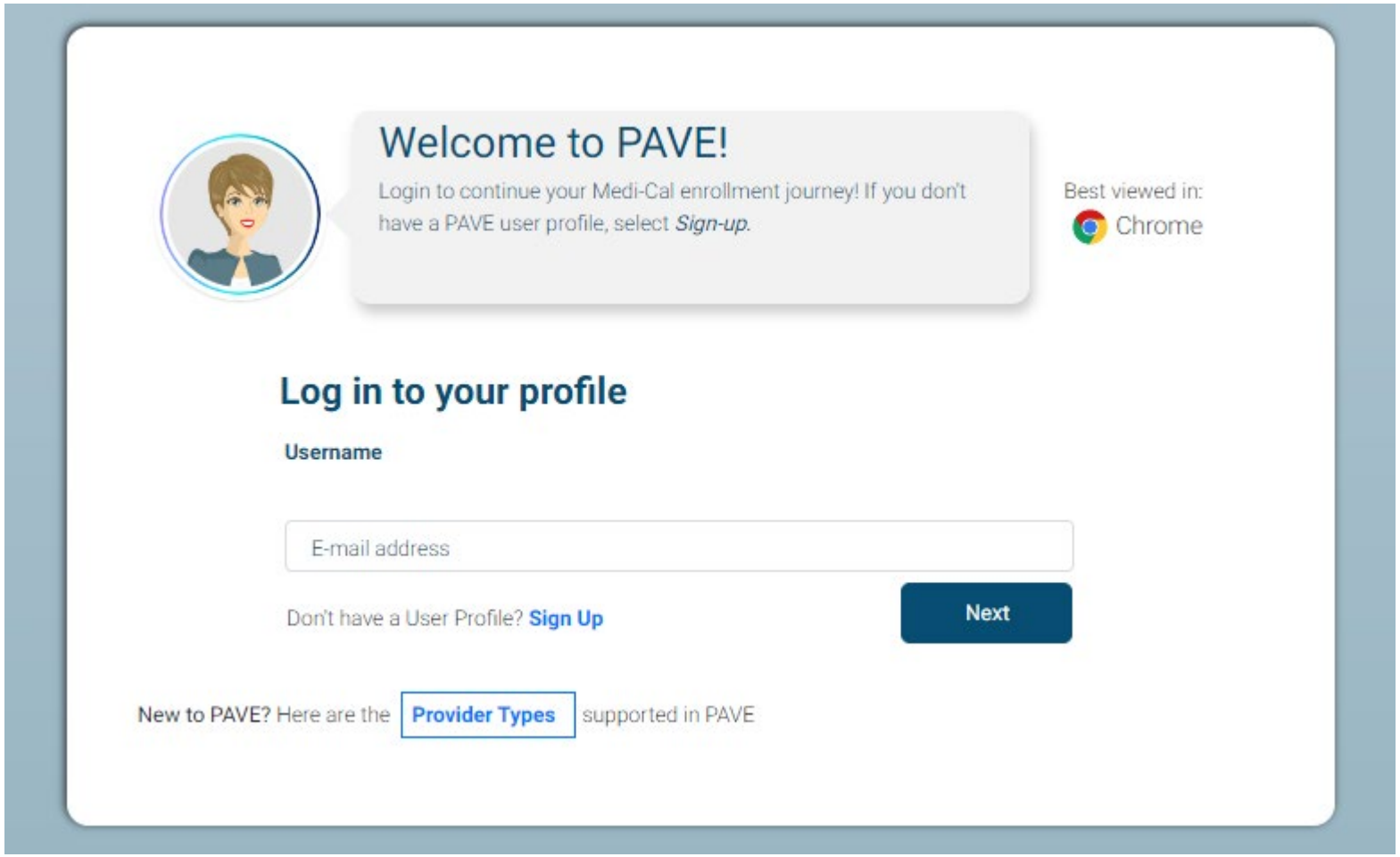
Authorization for Services Prescription, Referral or Recommendation

- All LEA treatment services require a prescription, referral or recommendation from a qualified medical care practitioner.
- **Prescription**: A written order from a licensed physician, podiatrist or dentist for specialized treatment services - 22 CCR § 51476(d).
- **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 observation/reason for assessment, practitioner type, name and signature.
  - A parent, teacher or registered credentialed school nurse can request an evaluation as well. If the parent is making the referral for assessment, the written request should be included in the student's file and should include the parent's signature and date.
  - Prescriptions, referrals and recommendations must be documented in the student's file.

Ordering, Referring or Prescribing (ORP) Requirements

- Each services section of the LEA BOP Provider Manual defines which practitioners are authorized to ORP services.
- ORP practitioners must have an NPI Type 1 and be individually enrolled as a Medi-Cal ORP provider.
- All claim submissions for treatment services must include the NPI of the medical professional who ordered, referred or prescribed the treatment service, on box 76 of the claim form.
- Ordering, Referring or Prescribing Guide

Enrolling in Medi-Cal as an ORP Practitioner



- Submit an enrollment application to the Provider Enrollment Division (PED) through the Medi-Cal Provider Application and Validation for Enrollment (PAVE) Portal
- https://pave.dhcs.ca.gov/sso/login.do?

Parental Consent for IDEA Students

- For IDEA students, one of the following must be completed before accessing public benefits or insurance for the first time (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).

Note: Parental consent may be revoked at any time.

Parental Consent for Non-IDEA Students

- For Non-IDEA students, the Medi-Cal application provides the consent to bill.
- However, 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.
- CMS is encouraging LEAs to put a parental consent protocol in place for non-IDEA services.

Other Health Coverage (OHC) Requirements

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

* Per the Provider Manual, if a response from the OHC carrier is not received within 90 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 "90-day response delay" on the claim.

Cost Settlement

- LEAs receive interim reimbursements throughout the year based on claim submissions.
- LEAs submits the annual CRCS to certify costs.
- DHCS audits the costs on the CRCS to determine the final total reimbursement amount.
- LEAs will receive either an interim (temporary) settlement or final settlement within one year of submitting the CRCS.
- LEAs that receive an interim settlement will then receive the final audited settlement within 18 months of submitting the CRCS.

Questions?

Random Moment Time Survey (RMTS)

DHCS
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August 2025

What is the RMTS?

RMTS

- Beginning July 1, 2020, California incorporated the RMTS into the LEA BOP cost settlement process.
- RMTS is a statistically valid means of determining what portion of a group of Time Survey Participants' (TSP's) workload is spent performing Medicaid-reimbursable activities.
- RMTS is administered in California by RMTS Administrative Units.

RMTS Moments

- Under RMTS, rendering direct service practitioners are referred to as TSPs and included in Participant Pool 1.
- TSPs are randomly selected and asked what they are doing during their assigned RMTS moment, equal to one minute of time.
- An RMTS moment reflects how the TSP's time is distributed across a range of activities and reflects how the time is allocated.
- Once a TSP certifies their responses, the moment is coded by central coding staff into one of the CMS-approved Activity Codes.

Direct Service TSPs and Moments

- Direct Service TSP Moments are coded to Activity Code 2:
  - Reimbursable LEA BOP services – Code 2A.
  - Non reimbursable LEA BOP services – Code 2Z.
- RMTS percentage is calculated to show how the sampled TSPs' time spent is allocated to various activities.
- Direct Medical Service Percentage (DMSP) is compiled across designated regions and published by DHCS.
- LEAs use their region's DMSP as one of several allocation statistics in the annual cost report.

RMTS Moments & LEA Responsibilities

Who is Responsible for RMTS at the LEA?

- It is important to know who is responsible for properly administering the RMTS at the LEA.
- Some LEAs have one RMTS coordinator that administers RMTS for both the LEA BOP and the School-Based Medi-Cal Administrative Activities (SMAA) program. Some LEAs have separate coordinators for each program.
- If your LEA ***has*** an LEA BOP coordinator that is separate from the RMTS coordinator, it is important that they work together to properly administer the RMTS.
- If your LEA ***does not have*** an LEA BOP coordinator, the responsibilities will be held by the person who handles RMTS. This person is sometimes called an RMTS coordinator or an SMAA coordinator.

LEA Responsibilities: RMTS Moments

- Review the Quarterly Coding Report (QCR).
- LEAs are **required** to produce, maintain, and furnish documents to provide evidence that supports the activity or service identified in "the RMTS moment" in case of an audit.
  - Note: If auditors note that the source documents do not support the moment coding, the auditor can recommend recovery of federal funds.
- Provide training to TSPs to provide detailed narrative responses to RMTS moments.
- Remind TSPs to respond to RMTS moments.

Required Source Documentation for Code 2A Moments

- Supporting documentation should include at least one or more of the following:
  - The student's **IEP** or **IFSP**
  - The student's **IHSP** or other type of Care Plan
  - Assessment Reports
  - Treatment Logs

Additional Documentation – Part 1

Supplemental Documentation	Billing of a Medicaid Direct Medical Service Claim	RMTS Moments for a Direct Medical Service
School attendance records to support date(s) of service on the claim	✓	✓
Prior authorizations	✓	
Medical Plans of care	✓	
Provider agreements	✓	
Medical provider qualifications associated with licensing/certification and evidence of provider licensure/certification	✓	✓
Enrollee's medical records	✓	✓

Additional Documentation – Part 2

Supplemental Documentation	Billing of a Medicaid Direct Medical Service Claim	RMTS Moments for a Direct Medical Service
Documentation of the service performed on the date of service (e.g., service and diagnostic codes, start and finish time of the service), including clinical notes signed and dated by provider (including service claims)	✓	✓
Transportation logs	✓	
Payroll records associated with school personnel providing services	✓	✓
Copies of contracts with medical providers	✓	✓
Copy of the service claims submitted to the State Medicaid Agency (SMA) or Managed Care Organization	✓	✓

Additional Documentation – Part 3

Supplemental Documentation	Billing of a Medicaid Direct Medical Service Claim	RMTS Moments for a Direct Medical Service
IEP or Individualized Family Service Plan	✓	✓
Prescriptions/referrals for IEP services	✓	✓
Documentation regarding where the service was provided and who provided the service	✓	✓
Cost reports		✓
RMTS source documents		✓
Sign-in sheets from training sessions		✓
Copies of any manuals related to the RMTS, Cost Allocation Plan, and procedures associated with Medicaid SBS reimbursement		✓
National Provider Identification of the LEA or provider		✓

TSP Lists:
LEA Responsibilities & Best Practices

TSP List Reminders

- The TSP List includes all eligible practitioners delivering covered services to students.
  - Exception: Model 2 (100% contracted practitioners)
- Must exclude practitioners that are 100% federally funded.
- LEA-employed practitioners that are not on the quarterly TSP list are not eligible to report costs on the quarter's CRCS.

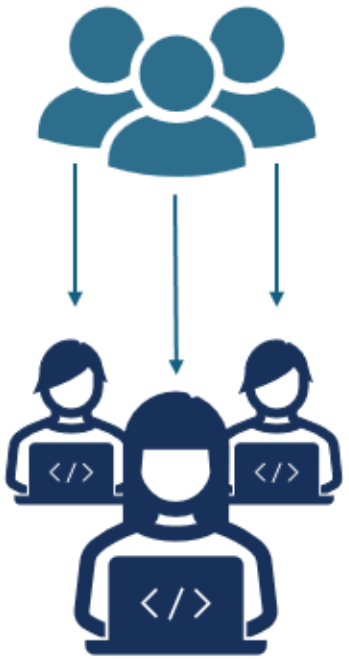
LEA Responsibilities: TSP Lists

- Maintain a current and accurate list of TSPs that take part in the RMTS to ensure that all employed practitioners eligible for billing are included.
- Review the TSP List quarterly to make sure new practitioners are added and remove those no longer needed.
- Notify the Local Educational Consortia (LEC) timely of any vacancies being filled within 30 days, see PPL 19-030: https://pan.dhcs.ca.gov/formsandpubs/Documents/ACLSS%20PPLs/2019/PPL-19-030.pdf
- Submit a TSP Equivalency Form when necessary.

The Purpose of a TSP List

Time Survey Participants (TSPs)

Random Moment Time Survey (RMTS)



The TSP list is a key component for how funding is calculated and for determining what an LEA will receive through participation in the LEA BOP.

Direct Medical Services Percentage (DMSP)

Cost and Reimbursement Comparison Schedule (CRCS)

Final Settlement

Why an Accurate TSP List is Important

- LEAs cannot report costs on the CRCS for an employee that is not on the quarterly TSP List.
  - If practitioners are not on the LEA's cost report, the LEA isn't getting any reimbursement for that practitioner.
  - Refer to PPL 20-046 for more information: https://www.dhcs.ca.gov/formsandpubs/Documents/ACLSS%20PPLs/2020/PPL20-046Q1TSP.pdf

Requirements for an Accurate TSP List

- TSP List for Participant Pool 1 (list of practitioners that provide and are eligible to bill for direct medical services)
  - Must meet the credentialing, licensing requirements.
    - Local Educational Agency (LEA) Rendering Practitioner Qualifications (loc ed rend)
  - Must be appropriately supervised (if required).
    - LEA Provider Manual (ca.gov)
  - Must have an approved Equivalency Form on file if their job title does not match an approved LEA BOP job classification.
  - Must exclude practitioners that are 100% federally funded.

How to Identify Targeted Case Management (TCM) Staff in RMTS

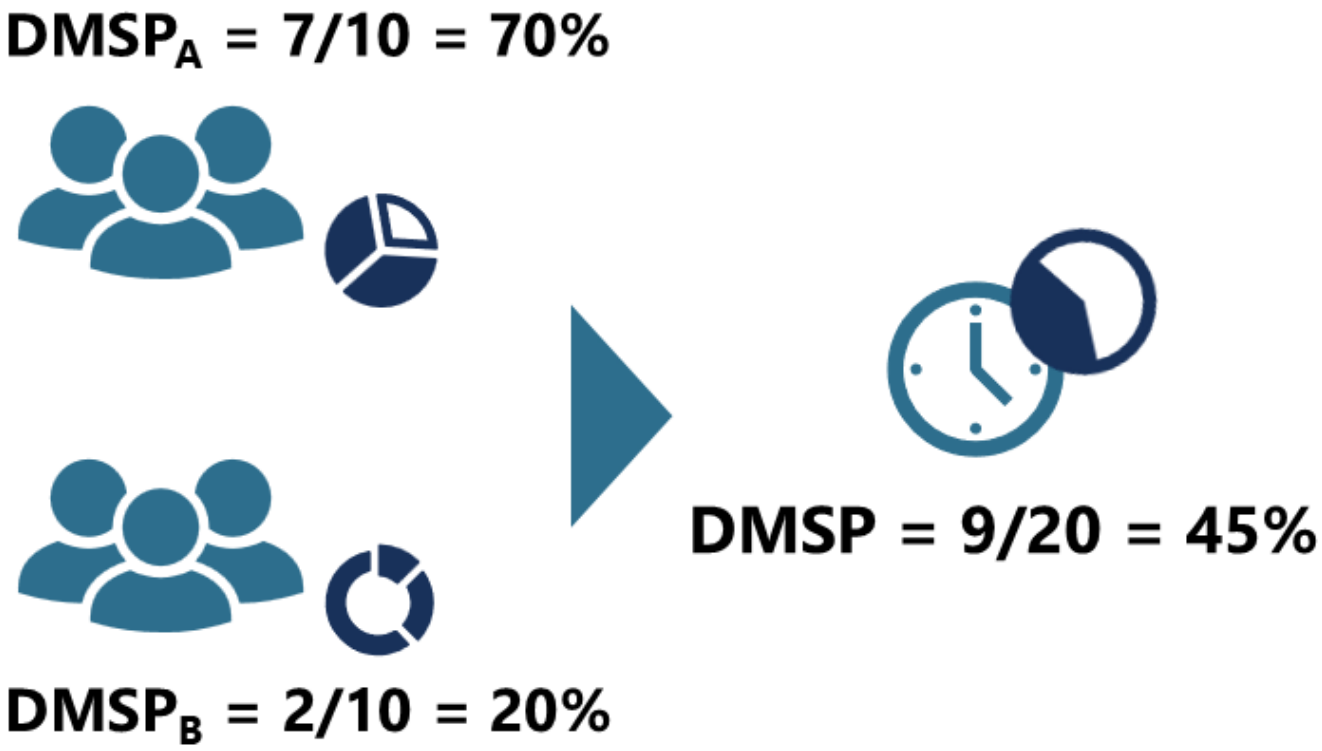
- TCM practitioners are identified on the TSP list under **"Job Title" with a "-TCM" suffix** at the end of their job title.
  - Example: Speech Pathologist-TCM
  - Indicate who will bill TCM services through the LEA BOP for each respective RMTS quarter and update the TSP List, when needed.
- TCM Practitioners must be identified on the TCM Certification Statement and identified as TCM practitioners on the TSP List.

Best Practice #1

- Update Your TSP List Quarterly.
- Tips: Work with HR and/or Finance to confirm new hires and recent exits.

Best Practice #2

Consider how much time practitioners on the TSP List spend on covered LEA BOP services for students.



Best Practice #3

- Only submit interim claims for practitioners on your TSP List.
- Tip: A helpful tool is making sure to coordinate your TSP List with your billing software.

Best Practice #4

- Be aware of federal funding!
  - TSPs cannot be **100%** federally funded
- Tip: Work with HR and/or Finance to confirm funding sources.

Billing Consortia, TSP Lists, and RMTS Participation

- 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 TSP List must include the lead LEA and all member LEA practitioners.

Key Takeaways

- Participate in RMTS.
- Develop and maintain an accurate TSP List quarterly.
- Ensure that your TSPs are responding to moments.
- Review the QCR to ensure that the LEA has appropriate documentation for moments coded as a billable direct service (Code 2A) or as paid time off (Code 16).

Resources

- SMAA Manual (ca.gov)
- LEA Provider Manual (ca.gov)
- LEA Training (ca.gov)
- October 2024 Time Survey Participant List Presentation
- October 2023 LEA BOP and the Time Survey Participant (TSP) List
  - LEA BOP and the Time Survey Participant (TSP) List (video)

Resources

- Medicaid SBS Federal Documentation Requirements for Claims, Cost Reporting, and Time Studies for LEAs
- PPL 20-022 Attachment A
- PPL 19-030
- PPL 20-046
- PPL 20-008
- LEA Medi-Cal Billing Option Program Site Visit/Technical Assistance Request

Thank You!

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