

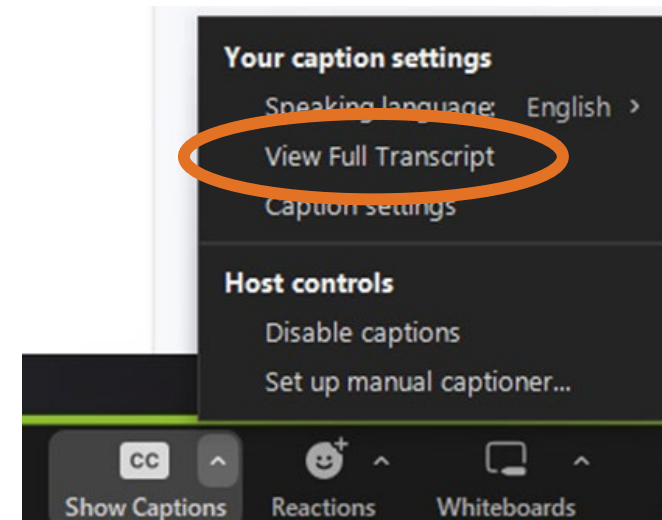
# **An Introduction to LEA BOP for Small and Rural LEAs**

**Facilitated by: WestEd  
December 11, 2023  
1:00 p.m.—2:00 p.m.**

**WE WILL BEGIN THE WEBINAR SHORTLY**

# Live Transcription Available

- » Find the **CC**(Show Captions) icon in your Zoom toolbar.
- » Click "View Full Transcript," and you will be able to view the transcript in the side panel of the meeting.
- » Note: You can click on the provided and drag them to move the position in the meeting window.



# Introductions



- » Sarah Borkowski
- » Lydia Outland



- » Jeremy Ford
- » Lisa Eisenberg
- » Liza Morris
- » Colleen Meacham
- » Malachy McCormick

# Workshop Goals

Following today's webinar, participants will understand:

- » The benefits of program participation for small and rural LEAs
- » The basic design of LEA BOP
- » Some strategies that address the unique challenges facing small and rural LEAs in the LEA BOP

# Agenda

- » Introduction to LEA BOP
- » Understand Cost Reimbursement for Small/Rural LEAs
- » Strategies for Rural and Small LEAs
- » Q&A
- » Next steps and closing

# Introduction to LEA BOP



# About LEA BOP

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

# Benefit of Participating

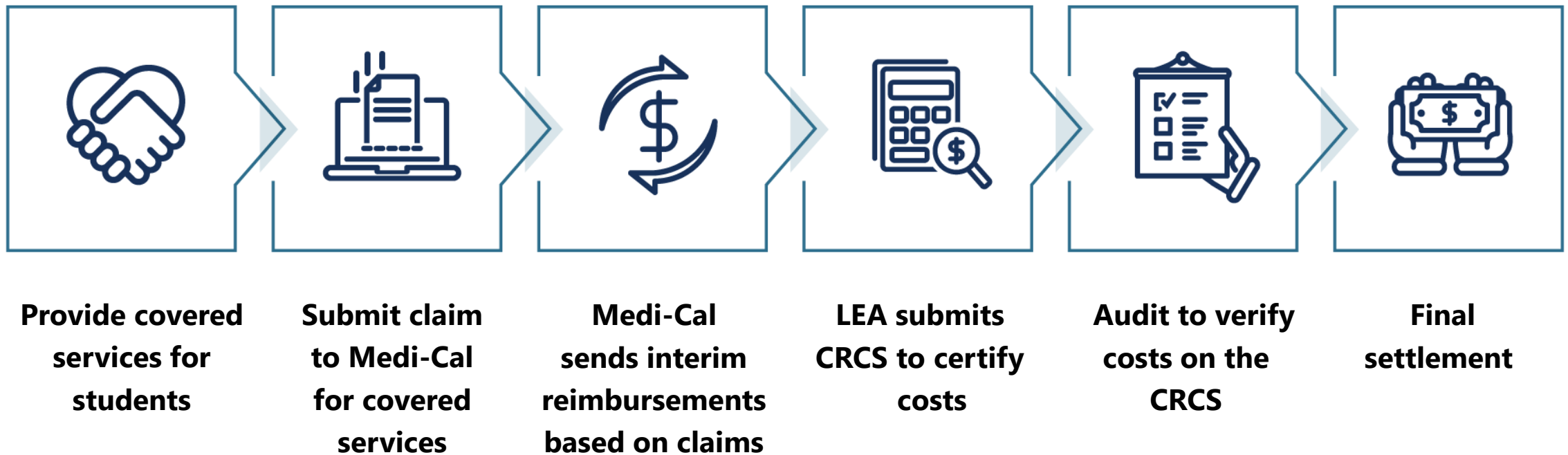
1. Ongoing funding for some school health services
2. The program accounts for your LEA's costs
3. This program is every year: budgeting & built-in efficiencies



# What does CPE mean?

- » 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



# Covered Services

IEP/IFSP	IHSP
<p data-bbox="774 629 1070 672"><b>Assessments</b></p> <p data-bbox="774 743 1034 786"><b>Treatments</b></p> <p data-bbox="774 858 1090 965"><b>Targeted case management</b></p> <p data-bbox="774 1036 1110 1200"><b>Specialized medical transportation</b></p>	<p data-bbox="1444 629 1740 672"><b>Assessments</b></p> <p data-bbox="1444 743 1704 786"><b>Treatments</b></p> <p data-bbox="1444 858 1760 965"><b>Targeted case management</b></p>

# Eligible Practitioners

## Directly Employed



## Contractors



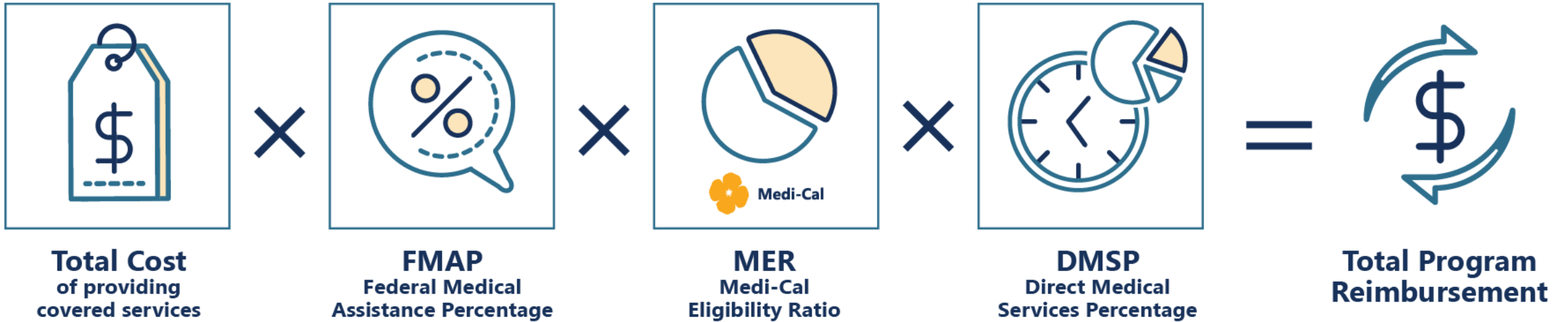
## Telehealth



# **Understand Cost Reimbursement for Small/Rural LEAs**

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# Cost Reimbursement



# Total Allowable Costs

- » Salary & benefits
- » Contractor's costs
- » Other support cost (i.e., supplies)

# Federal Medical Assistance Percentage (FMAP)



**LEA**  
50%

**FMAP**  
50%



# Medi-Cal Eligibility Ratio (MER)

Medi-Cal Enrolled

**LEA  
A**



MER =  
90%

**LEA  
B**

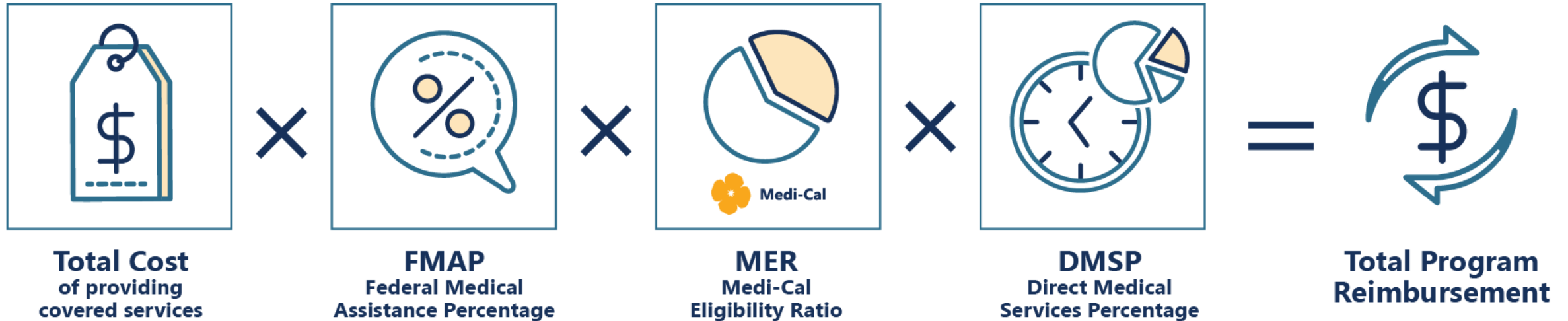


MER =  
50%

# Direct Medical Services Percentage (DMSP)

- » The Random Moment Time Survey (RMTS) is a time study mechanism that California uses to determine the amount of time spent on activities throughout a participant's workday
- » Random moment = one minute of work done by eligible practitioners
- » Percent of time on covered activities = **DMSP**
- » Contract with LEC

# Examples of Cost Reimbursement



## Example 1: LEA Employees

$$\text{\$200,000} \times 50\% \text{ (FMAP)} \times 65\% \text{ (MER)} \times 49\% \text{ (DMSP)} = \text{\$31,850}^*$$

## Example 2: Contractors

$$\text{\$60,000} \times 50\% \text{ (FMAP)} \times 65\% \text{ (MER)} \times 49\% \text{ (DMSP)} = \text{\$19,500}^*$$

*\*Factors like indirect cost rate, changes in FMAP, annual variations in MER and DMSP are not accounted for in this example. Final reimbursement is also pending certification, audit, and final settlement*

# Strategies for Rural and Small LEAs

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# Telehealth

Example 1: LEA employed staff at a district/central office

Example 2: Contract with a telehealth provider

Example 3: Hybrid model

# Consortia

A billing consortium =

- » Submit a single CRCS for all LEAs participating in the consortium
- » Bill under a single NPI
- » Contract or MOU between participating LEAs assigning billing to the lead LEA

# Contracted Services

For many small/rural LEAs, you may rely on COEs or SELPAs to deliver services to students

- » Are you paying the SELPA/COE for services?
- » Are they billing for those services?

# Part-Time Coordinator

Do you need a full-time position devoted to administering the program?

- » Designated billing coordinating or manager
- » Additional billing vendor to support



# Poll

- ☐ True or False. Telehealth can be used for only speech and occupational therapy services.
- ☐ What is the benefit of participating in LEA BOP?
- ☐ Why would a small and rural LEA join a billing consortium?

# Quiz Question #1

True or False. Telehealth can be used for only speech and occupational therapy services.

**Answer: (B) False**

» Telehealth can be used for MORE than speech and occupational therapy services.

## Quiz Question #2

What is the benefit of participating in LEA BOP?

**Answer: (C)** A way to generate reimbursements for some health services to students

- » LEA BOP is an optional program for LEAs to recoup some expenses for providing covered health services for students enrolled in Medi-Cal (see slide 7)

## Quiz Question #3

Why would a small and rural LEA join a billing consortium?

**Answer: (B)** Reduce the administrative effort of participating in LEA BOP

- » A billing consortium is a group of LEAs that submit one cost report and bill under a single NPI, and the goal of consortia is to reduce the administrative burden for participating LEAs

# Q & A



# Questions Received Via Registration

- » How does my LEA enroll in LEA BOP?
- » I need to know the basics. Who do we contact if we need assistance?
- » Are ERMHS and other mental health services allowed in this program?
- » Is hiring a billing vendor required?
- » Has DHCS made progress in adding LPCCs to the LEA BOP program soon?

# Small and Rural LEAs – Question 1

- » **Question:** How does my LEA enroll in the LEA BOP?
- » **Answer:** We have a full training to help answer enrollment questions called [“\(Re\)Launching Your LEA BOP: Understanding the Program and Strategies for Success.”](#) A few steps to get started:
  1. Sign up for a National Provider Identification (NPI) number
    - [NPPES Website.](#)
  2. Reaching out to your LEC to set up a Random Moment Time Survey (RMTS) contract and start date.
    - You can find which Region/LEC you belong to and whom to contact on the [LEA BOP website.](#)
  3. Start enrollment paperwork
    - Please e-mail [LEA.AnnualReport@dhcs.ca.gov](mailto:LEA.AnnualReport@dhcs.ca.gov) to request the necessary enrollment documents.

# Small and Rural LEAs – Question 2

» **Question:** I need to know the basics. Who do we contact if we need assistance?

» **Answer:**

- If you have general questions about the program, contact the LEA BOP inbox at [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov).
- Another resource for general information can be found in the workshops previously conducted:
  - [“Funding School Health Services Through Medi-Cal: An Introduction to LEA BOP,”](#) an overview of how the LEA BOP program works.
  - The “(Re)Launching Your LEA BOP: Understanding the Program and Strategies for Success” workshop focused on how to build/grow LEA BOP on your campuses.
  - Previous training can be found here: [LEA BOP Program Training Website](#).



## Small and Rural LEAs – Question 3

- » **Question:** Are Educationally Related Mental Health Services (ERMHS) and other mental health services allowed in this program?
- » **Answer:** Effective State Fiscal Year 2023-24, medically necessary services that result from an ERMHS or Educationally Related Intensive Counseling Services (ERICIS) assessment are reimbursable when they are part of an Individualized Education Plan (IEP), Individualized Family Services Plan (IFSP), or Individualized Health and Support Plan (IHSP), also known as a care plan.
  - An e-blast regarding this update went out on September 11, 2023.
  - [ERMHS/ERICIS Update.](#)

# Small and Rural LEAs – Question 4

» **Question:** Is it required to hire a billing vendor?

» **Answer:** Hiring a billing vendor is not a requirement and is done at the discretion of the individual LEA.

- Some LEAs and districts have found vendors beneficial in alleviating the administrative burden of this program.
- DHCS cannot recommend a billing vendor, but you can always talk to LEAs in your area or to LEAs that are similar in size and type of location (urban, rural, etc.) to get a better idea of their experiences.
- For more information, please see the [\(Re\)Launching Your LEA BOP Workshop](#), which discusses this topic in more depth.

## Small and Rural LEAs – Question 5

- » **Question:** Has DHCS made progress in adding Licensed Professional Clinical Counselors (LPCCs) to the LEA BOP program soon?
- » **Answer:** Adding LPCCs to the LEA BOP program will require another State Plan Amendment (SPA). We are looking into it and other measures to increase access to behavioral health providers. These additions require programmatic changes and federal approval – so please stay patient and stay tuned!

## Small and Rural LEAs – Question 6

- » **Question:** Does working with a third party, such as a billing vendor, add steps to the enrollment timeline?
- » **Answer:** Billing vendors do not add steps to the enrollment timeline.

# Small and Rural LEAs – Question 7

- » **Question:** How often is the final settlement a debit versus credit?
- » **Answer:** This depends on how much is billed during the year (interim reimbursement) compared with the LEA's total allowable Medi-Cal reimbursable costs listed on the Cost and Reimbursement Comparison Schedule (CRCS). That cost report details the allowable LEA BOP-covered expenses for the LEA. If the amount claimed during the year was more than the allowable expenses, then future claims will be withheld because the LEA claimed more than their costs. If the amount claimed is less than the allowable expenses, the LEA receives a credit from DHCS because the LEA was underpaid.

## Small and Rural LEAs – Question 8

- » **Question:** If a small district contracts with the County Office of Education (COE) for nursing plans are the districts allowed to bill for this directly?
- » **Answer:** The answer would depend on the billing rights that you have assigned through the Memorandum of Understanding (MOU) with the district. If the LEA has a MOU where they pay the COE for these services, the LEA can bill for the service and include the contractor costs on the Cost and Reimbursement Comparison Schedule (CRCS). We recently had a workshop on including contractors in your program, available on the LEA BOP [Training Page](#).

## Small and Rural LEAs – Question 9

- » **Question:** Does the Individualized Health and Support Plan (IHSP) coverage include non-IEP services such as on a 504 plan, which are not on an IEP of a special education student?
- » **Answer:** The IHSP is an umbrella term for many types of formal care plans, including a 504 plan, a nursing plan, a health care plan, etc.

# Small and Rural LEAs – Question 10

» **Question:** What is the difference between LEA BOP and School-Based Medi-Cal Administrative Activities (SMAA) billing?

» **Answer:**

- LEA BOP provides reimbursement related to direct health services rendered to students (e.g., therapy services provided by Occupational Therapists (OTs), Physical Therapists (PTs), Speech-Language Pathologists (SLPs), and assessments provided by many health practitioners, etc.).
- SMAA covers administrative activities, such as outreach and referral activities and linking potentially eligible students and their families to Medi-Cal.



# Small and Rural LEAs – Question 11

» **Question:** Where can the Medi-Cal Eligibility Ratio (MER) be found?

» **Answer:**

- The MER represents the percentage of an LEA's total enrolled students that are LEA BOP eligible and enrolled in Medi-Cal. California's State Plan requires LEAs to identify total student enrollment on a snapshot date and to calculate the MER using October Medi-Cal eligibility data.
- On the DHCS designated snapshot date, you will pull your LEA's total student enrollment. Then, you will submit that total enrollment through the Data Match Eligibility Process to determine how many of your total students are enrolled in Medi-Cal as of the snapshot date. The eligibility process provides the ratio for those eligible to receive federal matching funds.
- Please see the recent [2023-2024 MER Training](#) for further details.

# Small and Rural LEAs – Question 12

- » **Question:** Is a list of telehealth providers available to contract with?
- » **Answer:** DHCS does not maintain a list of telehealth providers that LEAs could contract with to deliver student services. However, many healthcare practitioners provide telehealth services, and you may want to check with any current contractors to determine if they have this capability.

# Next Steps 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>

- » TA Visit request form

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

# Resources from the Workshop

Below are links to additional resources mentioned during the workshop:

- » Slides and recordings from [past trainings](#)
- » Provider Manual sections on [Eligible practitioners](#) and [Telehealth](#)
- » Local Educational Consortium (LEC) [Contact Information](#)
- » [PPL No: 21-016](#) on providing covered services through contractors

# Upcoming Workshops & Trainings

- » LEA BOP Support: How to Start and Participate in a Billing Consortium: January 16, 2024
- » LEA BOP Onboarding for New Coordinators: February 15, 2024

# Thank you!

Remember to complete  
your workshop survey using  
the QR code located here

