

Meeting Overview

The LEA BOP Quarterly Meeting (QM) was hosted by the Department of Health Care Services (DHCS) on October 30, 2024, via webinar. Prior to the meeting, materials were distributed to participants via e-mail and are available on the DHCS website at: [LEA Quarterly Meeting Summaries \(ca.gov\)](#). Approximately 225 attendees were present at the October 2024 meeting.

QM Meeting Minutes

- » August 2024 meeting minutes are available [online](#).
- » Comments on the August 2024 Stakeholder Meeting Minutes should be sent via e-mail to the LEA Inbox at LEA@DHCS.ca.gov.
 - If no feedback is received, the meeting minutes will be considered final.
 - If feedback that substantively changes the minutes is received, the modified minutes will be sent via e-blast and posted online.

LEA Presentation on the National Alliance for Medicaid in Education (NAME) 22nd Annual Conference

- » Los Angeles Unified School District and Mendocino County Office of Education (COE) representatives shared a summary of the 2024 NAME conference, providing information on conference sessions that were impactful to them related to the 2023 Centers for Medicare & Medicaid Services (CMS) Comprehensive Guide. DHCS was unable to attend the NAME conference and appreciated the updates from LAUSD and Mendocino COE.
- » Topics discussed included the Random Moment Time Survey (RMTS), including information on how states are moving forward with implementing the summer quarter RMTS and evaluating possible reductions to sample size. In addition, the representatives provided information related to other state interim payment methodologies that might be worth exploring, details on how some states are incorporating changes to their determination of Medicaid eligibility, and provided an update on the Federal Department of Education's draft Parental Consent regulation updates.

- » The discussion included the LEA representatives' perspectives on the benefits of attending the NAME conference, noting the collaborative environment, information gained through interacting with colleagues from other states, hearing directly from CMS, receiving technical assistance, and forming partnerships with other attendees.

Local Governmental Financing Division (LGFD): Program Status Updates

Erroneous Withholds on Interim Settlements

- » Remittance Advice Detail (RAD) Code 709 erroneously included the one- and two-percent administrative withholds on the interim settlements issued between xxx and xxx.
- » DHCS has temporarily paused issuing interim settlements until the issue is resolved (anticipated resolution is at the end of November). Interim settlement payments are expected to resume in fiscal year Quarter 3 (January through March 2025).
- » DHCS is exploring the most expeditious way to return the erroneously withheld funds to the LEAs.

Technical Assistance (TA)

- » DHCS provides technical assistance opportunities for LEAs, on targeted topics, such as the Cost and Reimbursement Comparison Schedule (CRCS), as well as general assistance for newly enrolled LEAs and coordinators. DHCS encourages all LEAs and coordinators to request technical assistance when needed to support their onboarding and engagement with the LEA BOP.
 - DHCS provided the following upcoming CRCS trainings and check-in dates and resources (e.g., [Program Guide](#), [Technical Assistance Form](#)):
- » **CRCS Training:** December 13, 2024, 10:00 – 11:30 AM
- » **CRCS Check-in Meetings:** January 22, 2025, 10:00 AM – 11:00 AM and February 5, 1:00 PM – 2:00 PM
- » DHCS provides targeted outreach to LEAs that experience a 25 percent or more audit impact between their reported and final audited settlement amounts. The tailored outreach efforts, which include a review of audit adjustments and a chance for LEAs to ask questions and review resources, have resulted in positive and productive visits with LEAs.

LGFD: Discussion Points

Mental Health Coordination

- » On November 5, 2020, DHCS published [Policy and Procedure Letter \(PPL\) #20-051](#) regarding LEA coordination of mental health services with their respective Special Education Local Plan Area (SELPA), COE, County Mental Health Plan (MHP), and Managed Care Organization (MCO).
- » The LEA BOP covers mental health-related assessment and treatment services, including psychological assessments, psychosocial status assessments, health education/anticipatory guidance, and psychology and counseling treatments.

Assembly Bill (AB) 483/Five Percent Withhold

- » Effective on January 1, 2024, AB 483 implemented the following impactful changes for LEAs, as listed in the Welfare and Institutions Code section 14115.8:
- » Reduced: When DHCS has not issued a final settlement within 12 months of the CRCS due date, an interim settlement must be issued, and then the final audit settlement must be completed within 18 months from the CRCS submission date. Before AB 483, DHCS had up to 36 months to issue the final settlement.
- » Requires: Technical assistance outreach to all LEAs with a 25 percent or more audit impact, expanded information provided in the Program Guide, interim settlement or final settlement within one year of the March 1 due date (which was already part of the State Plan), annual Report to the Legislature be submitted by December 31 of each year, and implementation of semi-annual billing forums for LEA BOP providers.
- » Amended: Added language that DHCS can collect up to a five percent administrative withhold on total Medicaid payments allocable to LEAs. The existing one percent withhold (RAD 795 designated for claims processing and program-related costs), and the existing two percent withhold (RAD 798 for auditing and the sole source contractor) are inclusive of the five percent administrative withhold. The additional two percent withhold authorized by AB 483 will cover DHCS resources to accommodate condensed audit timelines as well as increased LEA BOP technical assistance, and transparency and “plain speak” materials.

State Plan Amendment (SPA) Updates

- » LEA BOP is preparing the following SPAs to update qualified practitioners, add benefits, and modify the interim payment methodology, including:
 - SPA 1: Refine the current State Plan, approved in 2020 via SPA 15-021. This update will include adding qualified practitioners and new benefits, as well

as making minor edits to the payment methodology and language to clarify or remove requirements.

- SPA 2: Align LEA BOP with new 2023 CMS Guidance, including adding an option to estimate total one-way trips used in the transportation One-Way Trip Ratio, and updating the interim payment methodology (pending results of the program partner survey findings).

2023 CMS Comprehensive Guidance

- » **Interim Payment Methodology.** DHCS presented additional details on the four new interim payment methodologies outlined in the [May 2023 CMS Guide](#):
 - » Roster Billing
 - » Per Child, Per Month (or Per Child, Per Quarter)
 - » Average Cost per Service
 - » Bundled Payments.

DHCS summarized the process for payment under each option and compared each new methodology to the current interim payment methodology, noting areas of similarities and differences.

- CMS's goal of establishing new, flexible payment methodologies is to ease administrative burden for LEAs while maintaining program integrity.
- Under all methodologies, DHCS expects LEAs to continue recording and maintaining service level documentation records while also completing and submitting the annual CRCS.
- DHCS will send the slides presented during today's meeting, along with a survey for LEAs to complete, so that all program partners can review the options and provide feedback on whether DHCS should consider one of these new payment methodologies. Program partners can also indicate if they prefer to keep the current interim payment approach when completing the survey.
- » **Transportation.** CMS added a new requirement in the 2023 CMS guidance, noting that the medical need for physical or environmental adaptations during transport must be identified in the Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP). DHCS discussed this new language and noted that they would be adopting this policy when updates are implemented upon approval of the SPA.
- » **RMTS.** DHCS shared required and optional changes that impact RMTS and noted that they are working with the RMTS sub-committee to evaluate each change:

- » Required: RMTS calendar must include all working days (not solely student attendance days), reduced moment response time (from the current time of four days to two days), clarification of documentation requirements, use of de-identified data to protect sensitive data, and an updated RMTS compliance formula that excludes Code 17 (Not Working/Not Paid) as a valid moment.
- » Optional: Increase Error Rate from two percent to five percent (thus reducing the required sample size).

Data Use Agreement (DUA) 2024-2027

- » The 2024 – 2027 DUA is **due on November 1, 2024**. All DUAs must be submitted as a PDF to LEA.AnnualReport@dhcs.ca.gov. DHCS will accept both e-signed and hand-signed DUAs.
- » All LEAs (including those who have been newly enrolled) who use the data tape match process to verify eligibility must submit the DUA to DHCS every three years for a new contract term. The new DUA will cover November 30, 2024, through November 30, 2027. The current 2021-2024 DUA expires on November 30, 2024.
- » DUAs authorized how LEAs (and their vendors) may use the students' data on the tape match and help mitigate protected health information breach risks by outlining proper data handling, security measures, and restrictions on use, thus preventing misuse and unauthorized access. LEAs must access student enrollment data to calculate the Medicaid Eligibility Ratio (MER), identify requests for alternative format materials, conduct School-Based Medi-Cal Administrative Activities (SMAA) outreach and Medi-Cal application assistance activities, and submit claims for interim reimbursement. Accessing this information without an executed DUA constitutes a breach of protected health information.
- » For DUA technical assistance or questions, please email LEA@dhcs.ca.gov.

Annual Report Update Fiscal Year (FY) 2024-2025

- » DHCS discussed changes and additions to the Annual Report, including the LEA Consortium Billing Sheet and the Model 2 Certification Form for LEAs that only have contracted practitioners and do not directly employ practitioners.
 - DHCS has added a new field in the Billing Consortium sheet which will allow the lead LEA to add the NPIs for member LEAs that have one.
 - Please note that LEAs should not include each individual school site within a district or county as they do not classify or qualify as member LEA.

- DHCS has added the Model 2 Certification form to the Annual Report. An LEA is considered to be operating under Model 2 if they only have contracted practitioners and no employed practitioners. If your LEA classifies as a Model 2 LEA, then you must complete the Model 2 Certification page in order to certify that your LEA uses the Model 2 Delivery of Service and that your LEA does not employ any health service practitioners. For more information on Model 2 see the LEA BOP Provider Manual section titled [Local Educational Agency: A Provider's Guide \(loc ed a prov\)](#).
- » DHCS reminded LEAs that all information / fields must be completed, including:
 - LEA name / National Provider Identification (NPI) number identified on every page.
 - Complete the Anticipated LEA BOP Service Funding Priorities, including how funds are planned to be spent.
 - List three LEA Interagency Collaborative Partners.
 - The LEA local collaborative group shall include parents/guardians and teachers of the children receiving LEA services, LEA Providers or potential LEA Providers, or their representatives.
- » All LEA information changes should be shared with DHCS. Submit any updates to contact information with your next Annual Report.
 - Note that you can submit updated information throughout the year by sending an email with the subject line 'UPDATE: Provider Contact/Address Change/EIN'.
- » The Annual Report for FY 2024-25 and Instructions will be sent out via e-blast and must be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov by **November 30, 2024** but DHCS will be accepting as timely submission until **December 20, 2024**.

Communication Resources

- » DHCS provided general reminders including the following:
 - Reminder to timely update contact and mailing information if it changes after Annual Report has been submitted.
 - Reminder that DHCS primarily communicates via ListServ and to sign up to receive E-blasts by subscribing here: <http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>

- Reminder that the New LEA Program Tool Box webpage is now available: <https://www.dhcs.ca.gov/provgovpart/Pages/LEAToolBox.aspx>
- » DHCS provided links to the following inboxes:
 - General Questions & TA Requests: LEA@dhcs.ca.gov
 - Compliance Forms & Documents: LEA.AnnualReport@dhcs.ca.gov
 - Annual Report Submissions: LEA.AnnualReport@dhcs.ca.gov
 - RMTS & TSP Lists: RMTS@dhcs.ca.gov
 - CRCS Submissions & Requests: LEA.CRCS.Submission@dhcs.ca.gov
 - Audit Questions & Reports: LEAAuditQuestions@dhcs.ca.gov

Afternoon Session

The afternoon portion of the meeting consisted of a recap of Part 1 of the Provider Billing Forum (presented in August), a presentation of Part 2 of the Provider Billing Forum, and a training on the Medi-Cal Eligibility Ratio (MER). The afternoon also included a presentation on the impact of the Children and Youth Behavioral Health Initiative (CYBHI) fee schedule payments on the CRCS (for LEAs that participate in both programs). The following is a summary of topics discussed:

Billing Forum Part 1: Recap and Outstanding Questions

- » DHCS presented the Billing Forum Part 1 during the August Quarterly Meeting, which provided an overview on the first half of the LEA BOP payment cycle (e.g. covered services, claims submission, and interim reimbursements), and an overview of the RMTS, including documentation and Time Survey Participant (TSP) list reminders. Part 1 slides are posted on the [LEA BOP Website](#). DHCS provided a brief recap of Part 1 and answered outstanding questions from August.

Billing Forum Part 2: Cost and Reimbursement Comparison Schedule (CRCS)

- » During the October Quarterly Meeting, DHCS presented Part 2 of the Billing Forum, which focused on the second half of the LEA BOP payment cycle, including the CRCS components, cost settlement, the audit process and results, and impact of AB 483 on the CRCS. Part 2 slides are posted on the [LEA BOP Website](#).

Medi-Cal Eligibility Ratio (MER)

- » DHCS conducted a training on the MER, providing a general overview of the MER, the FY 2024-25 MER calculation and process, and documentation reminders. Slides are posted on the [LEA BOP Website](#).
- » DHCS provided key reminders for the MER that will be used on the FY 2024-25 CRCS, noting that the total student primary enrollment (MER denominator) should have been extracted on October 2, 2024. LEAs should submit this population through MOVEit to determine the total October 2024 Medi-Cal enrolled students that are eligible to receive federal funding (MER numerator).

LEAs Participating in both the LEA BOP and the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule: Impact on the CRCS

- » DHCS provided an overview of the impact of CYBHI fee schedule payments on the LEA BOP cost reporting process. The FY 24-25 CRCS draft template (that includes areas to subtract CYBHI payments) was reviewed and example scenarios were illustrated to show the overall impact on LEA funding when LEAs participate in both programs. Overall, DHCS noted that participation in both programs is expected to result in additional LEA revenue.

Next LEA BOP Quarterly Meeting: Wednesday, January 29, 2025, 10:30am – 3:00pm PT (Webinar via Microsoft Teams)