

### Meeting Overview

The LEA BOP Quarterly Meeting (QM) was hosted by the Department of Health Care Services (DHCS) on October 29, 2025, via Microsoft Teams webinar. Prior to the meeting, materials (including slides) were distributed to participants through the LEA BOP listserv. These materials will be available on the DHCS website at: [LEA BOP Quarterly Meeting](#). Over 500 attendees were present at the October 2025 meeting.

### Quarterly Meeting (QM) Minutes

- » [August 2025 meeting minutes](#) are available online.
- » Comments on the October 2025 QM Meeting Minutes should be sent via e-mail to the LEA Inbox at [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov).
  - If no feedback is received, the meeting minutes will be considered final.
  - If feedback that substantively changes these meeting minutes is received, the modified minutes will be sent via e-blast and posted online.

### Audits and Investigations (A&I) Updates and Training Cost Report Tracking Section (CRTS)

- » A&I provided training on the cost report intake process, covering their review of submitted Cost and Reimbursement Comparison Schedule (CRCS) reports and related communications. The session reviewed the types of emails sent during the intake process (confirmation, acceptance, and rejection), emphasized timely submission of extension requests to the correct email address, and highlighted the top three reasons for cost report rejections, are the following:
  - Blank/incomplete CRCS worksheets.
  - Variance between reported total overpayment/underpayment in the CRCS and the certification statement.
  - Incorrect Local Educational Agency (LEA) Name, National Provider Identifier (NPI), or Fiscal Year (FY) reported in the CRCS or certification statement.
- » A&I shared a graphic illustrating that the number of CRCS rejections has declined over time, highlighting that DHCS outreach to LEAs about submission requirements is proving effective.

## Special Programs Section (SPS): LEA Common Audit Adjustments

- » A&I reviewed common audit adjustments identified during CRCS audits, focusing on reporting of allocation statistics, interim reimbursements, employee salaries and benefits, and contractor costs. Audit adjustments addressed included:
  - Incorrectly reporting allocation statistics (e.g., failing to report or incorrectly reporting the CDE-approved indirect cost rate, the percentage of claims by Federal Medicaid Assistance Percentage (FMAP) group, the Direct Medical Service Percentage, and/or the Medi-Cal Enrollment Ratio (MER)). LEAs should verify allocation statistics against CRCS supporting reports that are published on the LEA BOP and/or CDE website, as applicable, to ensure correct reporting.
  - Reporting related to the interim reimbursement, including failing to report or not fully capturing the reimbursement received during the year. Because interim reimbursement is not final when the CRCS is submitted, A&I will review LEAs' reported figures during the audit against final payment reports for the FY and adjust for any differences. These adjustments may be due to timing, not reporting errors, and are not considered negative findings.
  - Variances in reporting of salary and benefit and contractor costs when compared to the supporting bridging documents and/or service documentation. Adjustments may also relate to LEAs reporting salary and benefits for an individual that did not participate in the Random Moment Time Study (RMTS) and were not included on the Pool 1 Time Study Participant (TSP) List. LEAs should only report quarterly costs for employed practitioners that are on the quarter's TSP List.
- » A&I highlighted that LEAs must be able to produce supporting documentation for all costs and statistics that are included in the CRCS. LEA BOP billing requirements are found in the [LEA BOP Provider Manual: Billing and Reimbursement Overview](#).
- » A&I outlined audit communication protocols, emphasizing that LEAs should work directly with their assigned auditor for questions or concerns.

## Local Governmental Financing Division (LGFD)

### Discussion Points

#### Alternative Format System (AFS) Update

- » DHCS announced that as of September 19, 2025, the former Alternative Format website now redirects to a new [Alternative Formats webpage](#). Members can select from three options to record their Alternative Format: large print, audio file, or braille. A member may also request documents in another accessible format by

contacting their local county Medi-Cal office. LEAs can still access Alternative Format selections through the LEA BOP data match output file.

- » LEAs are required to maintain an Alternative Format plan and make sure that all the staff understand the process.

## Practitioner Enrollment

- » Effective July 1, 2026, practitioners with a Medi-Cal enrollment pathway must enroll separately as Medi-Cal providers for LEAs to receive LEA BOP payments for their services. Eligible practitioners must enroll through the [Provider Application and Validation for Enrollment \(PAVE\) portal](#). DHCS recommends practitioners to enroll as an Ordering, Referring, Prescribing Provider, as that is the easiest enrollment pathway for LEA BOP eligible practitioner types. However, if there is a Medi-Cal enrollment path that better aligns with the practitioner's purpose, they may choose that application type, as long as they meet all requirements for their chosen application type.
- » Practitioners without an enrollment pathway do not need to enroll because the LEA will be considered the furnishing provider. No additional steps will be required for these practitioners without a Medi-Cal enrollment pathway.
  - DHCS is currently reviewing enrollment pathways for Licensed Educational Psychologists (LEPs) and Registered Credentialed School Nurses (RCSNs). DHCS will provide guidance shortly on whether they will be required to enroll as Medi-Cal providers through PAVE.
- » A policy and procedure letter (PPL), survey, and guidance with frequently asked questions (FAQs) will be published soon. The survey will help DHCS evaluate the volume of practitioners who may be required to enroll as a Medi-Cal provider.
- » A training on Practitioner Enrollment Requirements will be held in November 2025. Register for the [LEA BOP email subscription service](#) (listserv) to receive information on all LEA BOP trainings and other important information.

## State Plan Amendment (SPA) Updates

- » DHCS provided an update on the new SPA to be submitted to the Centers for Medicare and Medicaid Services (CMS). The changes included in the upcoming SPA are intended to have an effective date of July 1, 2026. DHCS provided an overview of several SPA updates:
  1. Expanding qualified practitioners and covered services.
  2. Establishing proxy rates for new practitioner types.
  3. Adding a new vaccine administration rate.
  4. Recognizing photoscreeners as a valid screening tool for vision screening.

5. Revising the Random Moment Time Study (RMTS) Quarter 1 (Q1) payment methodology.
6. Exempting colleges from the Pupil Personnel Services (PPS) credential supervision requirement.
7. Clarifying existing language around the Med-Cal Enrollment Ratio (MER) specific to student enrollment count.
8. Removing the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) requirement for Orientation and Mobility Specialists.
9. Updating payment methodology rates that used to be based on proxy rates.
10. Updating the specialized medical transportation one-way trip ratio calculation.

## **Random Moment Time Study (RMTS) Quarter 1 (Q1) Implementation**

- » Beginning July 1, 2026, to comply with the CMS 2023 Guidance, a RMTS will be required to be administered for Q1 (July 1 to September 30) for any Q1 costs to be claimed on the CRCS. This update will be included in the Time Study Implementation Plan (TSIP) that will accompany the SPA and be sent to CMS for review and approval. DHCS will keep program partners informed throughout the CMS review process.
- » If an RMTS is not conducted for Q1, or if an LEA does not participate in the RMTS, a LEA cannot include costs for Q1 on their CRCS or the School-Based Medi-Cal Administrative Activities (SMAA) invoice. LEAs should work with their Local Educational Consortium (LEC) to develop an implementation plan.
- » It is strongly encouraged to attend future LEA BOP Quarterly Meetings and RMTS/SMAA quarterly calls for the latest updates on the components of the TSIP.
- » All TSIP updates will require CMS approval.

## **Program Status Updates**

### **Erroneous Withhold on Interim Settlements Processed with Remittance Advise Detail (RAD) Code 709**

- » DHCS provided an update on an erroneous withhold that was applied to FY 2020-21 interim settlements for 12 LEAs. DHCS issued reimbursement checks to the impacted LEAs on September 2, 2025. Funds were returned to the LEAs using RAD code 709.
- » The warrants may reflect multiple RAD code 709 entries; however, the total of the entries should equal the full amount that was erroneously withheld. DHCS sent email notifications to the impacted LEA BOP Providers on September 19, 2025.

## **LEA BOP Online Program Guide and Provider Manual Updates**

- » Assembly Bill 483 requires all changes to the LEA BOP Online Program Guide to undergo a 30-day notification period before DHCS can adopt any revisions. Updates to the FY 2025–26 Online Program Guide include the following revisions to the LEA BOP Provider Manual, trainings, and the online Toolbox.
  - [LEA BOP Provider Manual](#) Updates: In September 2025, DHCS added documentation requirements for Adverse Childhood Experiences (ACEs) screening under [Psychology/Counseling services](#).
  - [LEA BOP Training](#) Updates: DHCS has added slides for the following trainings to the Program Guide:
    - [August 2025 LEA BOP Quarterly Meeting](#)
    - [August 2025 LEA BOP Provider Billing Forum Part 1: LEA BOP Medicaid Claiming and RMTS](#)
    - [September 2025 LEA BOP General and Code 2A Documentation Training](#)
  - [Tool Box](#) Updates: DHCS added a link to a [Job Aid for New LEA BOP Coordinators](#) that was introduced to LEAs at the August 2025 Quarterly Meeting.

## Recognition for FY 2023-24 CRCS Compliance

- » DHCS announced that all CRCS reports for FY 2023-24 have been submitted by LEAs to DHCS for audit. This accomplishment demonstrates the dedication of LEAs, program partners, and DHCS to upholding program integrity. DHCS extended its gratitude to LEAs, billing vendors, the A&I team, and the LEA BOP Provider Relations Unit for their significant roles in achieving complete compliance with this requirement.

## Reminders / Announcements

### Protected Health Information (PHI)

- » LEAs should protect patient information by redacting PHI before sharing documents or screenshots with DHCS. Any PHI sent via email must be encrypted using “[secure]” to ensure privacy, comply with Health Insurance Portability and Accountability Act (HIPAA) and DHCS policy, and prevent data breaches.

### Mental Health Coordination

- » LEA BOP covers mental health assessments and treatments, which must be provided by qualified practitioners to be billed to LEA BOP. LEAs are encouraged to coordinate these services with their respective Managed Care Organization (MCO), Special Education Local Plan Areas (SELPAs), County Office of Education (COE), and County

Mental Health Plan (MHP). For more information, please review [PPL 20-051](#) (November 5, 2020).

## **Provider Participation Agreement (PPA)**

- » LEAs must have a current PPA to participate in the LEA BOP. The existing PPA will expire on June 30, 2026. Accordingly, all LEAs must submit a new PPA by December 31, 2025. The new PPA will have an effective date of July 1, 2026. DHCS sent out the new PPA and instructions on October 13, 2025.
- » Prior to submitting the new PPA, please be sure to review the instructions and checklist, ensuring the accuracy of your LEA's information.
- » All PPAs should be submitted electronically to [LEA.AnnualReport@dhcs.ca.gov](mailto:LEA.AnnualReport@dhcs.ca.gov) by December 31, 2025.
- » Please email [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov) with any questions or for a copy of the new PPA.

## **Annual Report FY 2025-26**

- » DHCS announced that the Annual Report for FY 2025–26, along with instructions for completing the form, was distributed on October 13, 2025, in the same email as the new PPA, described above. All LEAs must submit the report electronically to [LEA.AnnualReport@dhcs.ca.gov](mailto:LEA.AnnualReport@dhcs.ca.gov) by December 31, 2025.
- » Before submitting the form, LEAs should check that all information and fields are up to date and completed, including the "Anticipated LEA BOP Service Funding Priorities" field and a list of three LEA interagency collaborative partners. LEAs should also ensure all contact details, such as addresses and EINs, are accurate so communications reach the correct recipients, and safeguard all confidential information.

## **Data Use Agreement (DUA)**

- » DHCS is considering developing a new DUA for the data match process to promote compliance with the 2023 CMS Guidance, effective July 1, 2026. The new DUA is expected to be released in early 2026, with exact dates to be announced once confirmed.
  - For context, the 2023 CMS Guidance notes that parents must consent before information from the student's educational record is shared with an outside entity, such as DHCS. This limitation of data to be shared with DHCS will have a negative impact on the MER calculation, which is part of the payment methodology. DHCS continues to evaluate potential solutions to address this consent requirement.

## **Contact Information**

- » General Questions (LEA BOP, CRCS) & Technical Assistance Requests: [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov)
- » Audit Questions: [LEAAuditQuestions@dhcs.ca.gov](mailto:LEAAuditQuestions@dhcs.ca.gov)
- » Compliance Forms & Documents (Provider Participation Agreement, Annual Report and Data Use Agreement): [LEA.AnnualReport@dhcs.ca.gov](mailto:LEA.AnnualReport@dhcs.ca.gov)
- » CRCS Submissions: [LEA.CRCS.Submission@dhcs.ca.gov](mailto:LEA.CRCS.Submission@dhcs.ca.gov)
- » RMTS-related questions: [RMTS@dhcs.ca.gov](mailto:RMTS@dhcs.ca.gov)

## Afternoon Session

During the afternoon session, participants engaged in two informative training modules: the School-Based Medicaid Coordinator Training and guidance for LEAs participating in both the LEA BOP and the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program.

### School-Based Medicaid Coordinator Training

This training included an overview of three LEA school-based Medicaid coordinator positions and their respective roles and responsibilities. DHCS additionally provided resources and best practices surrounding school-based coordinator positions. Key responsibilities for each Coordinator include:

- » **LEA BOP Coordinator:** Preparing TSP lists, providing training and technical assistance for staff and practitioners, completing compliance paperwork, maintaining documentation for billing and audits, preparing audit defense files with CRCS support and RMTS documentation, and creating or maintaining the LEA Reinvestment Committee.
- » **LEA RMTS Coordinator:** Managing participant pools, monitoring compliance, handling TSP equivalency requests, and verifying that Code 2A moment supporting documentation exists. Guidance was provided on managing TSP vacancies, training staff to provide clear and detailed time study responses, and using pre-questions to improve coding accuracy.
- » **School-Based Medicaid Administrative Activities (SMAA) Coordinator:** Preparing TSP lists, attending LEC trainings, certifying invoices, and retaining audit documentation per the SMAA manual.

Each LEC region has its own processes and requirements, and coordinators should maintain strong communication with their LEC.

### Guidance for LEAs that Participate in both LEA BOP and Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program

This session reviewed how LEA BOP co-exists with the CYBHI Fee Schedule Program, covering billing procedures for physical and behavioral health services. Dual providers should bill all physical health services through LEA BOP. For mental health and targeted case management services, only those tied to a student's Individualized Education Program (IEP)/Individualized Family Services Plan (IFSP) are billed to LEA BOP, while general education mental health and targeted case management services must be billed to the CYBHI Fee Schedule Program. Key points included practitioner eligibility, billing distinctions, avoiding duplicate payments, operational coordination, and opportunities for higher reimbursements. The training also explained that CYBHI payments will be deducted from the CRCS starting in FY 2024–25 using a new template to prevent duplicate payments.

**Next LEA BOP Quarterly Stakeholder Meeting: Wednesday, January 28,  
2026 10:30am – 3:00pm PT (Webinar via Microsoft Teams)**