***A recording of the April 2021 AWG can be requested* at LEA@dhcs.ca.gov.**

General Questions

Q1. Will the PowerPoint for this training be distributed to all attendees?

A. Yes. The PowerPoint presentation will be distributed to all attendees, along with the survey responses and questions from the April 2021 AWG webinar.

Q2. How do stakeholders join the LEA BOP listserv in order to receive e-blasts?

A. Subscribe to the LEA BOP listserv use this website link.

Survey Topic: New Services and Practitioners

Q3. Is there a LEA BOP checklist for new practitioners?

A. New LEAs and practitioners should review the LEA Onboarding Handbook, in addition to other published LEA Program resources such as the LEA BOP Provider Manual, which can be found at the LEA BOP website.

Q4. Are there any checklists or "cheat sheets" for Random Moment Time Survey (RMTS) for new practitioners?

A. The School-Based RMTS webpage includes links to the RMTS policy (currently Section 5 and 6 of the SMAA program manual), RMTS Fact Sheet, and RMTS Quick Reference Guide. In addition, the August 2020 RMTS Training on the LEA BOP Training webpage is an available resource for LEAs or practitioners that are new to RMTS.

Q5. Can LEAs bill for mental health services?

A. Yes. The LEA BOP covers mental health related assessment and treatment services, including psychological assessments, psychosocial status assessments, health education/anticipatory guidance, and individual or group psychology and counseling treatments. Allowable mental health services covered under the LEA BOP may be provided to students by qualified practitioners and billed by participating LEAs. Additional guidance can be found in the LEA Provider BOP Manual section for Psychology/Counseling (loc ed serv psych).

Q6. Are new practitioner groups included in SPA 15-021 allowed to bill?

A. As of late March 2021, LEAs may begin submitting claims associated with the new services and practitioner types for dates of service in State Fiscal Year (SFY) 2020-21 (July 1, 2020 through June 30, 2021). As of the training date, and until LEAs are notified by DHCS, LEAs should **not** submit claims associated with the new

services and practitioner types for dates of service **prior to** State Fiscal Year (SFY) 2020-21 (dates of service between July 1, 2015 and June 30, 2020).

For SFY 2020-21 dates of service, the claims processing system will deny claims billed with the 'U7' modifier, denoting the service was provided by a physician assistant (PA). If your LEA plans to bill for PA services, you must inform DHCS so that the appropriate system modifications can be made to allow PA claims to successfully adjudicate for your LEA. Department of Health Care Services (DHCS) asks that you hold SFY 2020-21 claims for PAs until you have notified DHCS and received approval to begin billing for PA services. To inform DHCS, please submit an email to the LEA Inbox (LEA@DHCS.CA.gov) with the subject line "Request to bill for PAs" and include your LEA name and NPI in the body of the email.

Q7. Can social workers and psychologists bill for their group and individual counseling sessions, even though some of them may be federally funded?

A. If a LEA knows that a healthcare practitioner is 100 percent federally funded, they should not include the practitioner on the RMTS Time Survey Participant (TSP) list and should not bill for those practitioners. If the practitioner is only partially federally funded, the practitioner is still eligible to bill for their services. However, on the Cost Reimbursement Comparison Schedule (CRCS) for the applicable SFY, the LEA must report the practitioner's federal funding and that funding will be netted out of the practitioner's salary and benefit costs in the cost settlement calculation.

Q8. Are licensed vocational nurses (LVNs) able to bill for immunizations under the supervision of a registered credential school nurse?

A. The California Board of Vocational Nursing and Psychiatric Technicians provides guidance on this topic as it relates to COVID-19 vaccines. In addition, per Business and Professions Code 2860.7, LVNs may administer immunizations under the direction of a physician.

Q9. Which practitioners can provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services? What documentation will be necessary? Will EPSDT services provided via telehealth be covered under the LEA BOP?

A. Only practitioners approved in State Plan 15-021 may provide services under the LEA BOP. All allowable practitioner types are found in the LEA BOP Provider Manual section for Rendering Practitioner Qualifications (loc ed rend). Documentation requirements for EPSDT services are not different than prior expectations; LEAs must be able to produce supporting documentation for service delivery and practitioner licenses or credentials, when required. EPSDT services that do not preclude a telehealth modality are currently billable under the LEA BOP under the DHCS' Public Health Emergency (PHE) flexibilities granted to LEAs. See PPL #20-014R for additional detail on telehealth during the PHE.

Survey Topic: Time Survey Participant (TSP) List

Q10. Who should be identified as a time survey participant (TSP), and what are their responsibilities?

A. TSPs are classified by the LEA Coordinator as either Pool 1 participants or Pool 2 participants. Pool 1 participants are direct health service practitioners that are qualified to bill under the LEA BOP (e.g., a school nurse that provides direct health services to students). Pool 2 participants are administrative claiming staff whose primary job is not to bill direct medical services (e.g., office clerical staff such as a secretary). Under RMTS, TSPs are randomly selected to identify the activity they are performing during a specific moment in time. Additional information can be found on the School-Based RMTS webpage and in the PowerPoint slides and FAQs from the September 2020 Time Survey Participant Training on the LEA BOP Training webpage.

Q11. What is the process for creating the Q1 TSP list? Will the TSP list be created retrospectively after Q2 as it was for SFY 2020-21?

A. Yes. Since there is no RMTS during Q1, the Participant Pool 1 TSP list is not utilized to generate a random sample and can be developed retrospectively after the RMTS quarter has ended. For each SFY, LEAs must develop a Q1 Participant Pool 1 TSP list based on their employed qualified health service practitioners that were eligible to bill for LEA services between July 1 and September 30 of each year. Additional guidance can be found in PPL #20-046, which outlines the requirements and process for developing Q1 TSP lists under the LEA BOP.

Q12. Since RMTS is a new process for the LEA BOP, will there be a grace period for LEAs when billing LEA Medi-Cal if practitioners are not on a quarter's TSP list?

A. No. As of SFY 2020-21, only TSPs identified in the Participant Pool 1 TSP list for that applicable quarter may be reimbursed under the LEA BOP and reported on the CRCS for that quarter. RMTS requires a statistically valid sample and excluding practitioners can compromise those requirements.

Q13. If someone is a direct service provider, but not billing, should they be in Participant Pool 1 or Pool 2?

A. To be included in Participant Pool 1, the LEA should expect to bill for the practitioner in the corresponding quarter. If the LEA does not plan to bill for the practitioner in the upcoming quarter, they may include that practitioner in Participant Pool 2 if they provide administrative activities.

Q14. How can LEAs verify that the submitted TSP list has been approved and updated in the RMTS system?

A. Please contact your LEC or LGA to confirm that the TSP list has been approved and updated in the RMTS system. DHCS is not involved in this process.

Survey Topic: RMTS Moment Documentation

Q15. How often will a participant receive a RMTS moment?

A. TSPs are randomly assigned moments throughout the quarter. The TSP may have no moments, one moment, or multiple moments assigned in a quarter. Responding to assigned moments is mandatory.

Q16. Are there any trainings for Code 2A documentation collection?

A. DHCS provided a Documentation Training during the October 2020 AWG, which included information on documenting Code 2A moments. The PowerPoint slides and FAQs from that training can be found on the LEA BOP Training webpage.

Q17. What is considered acceptable documentation for RMTS moments?

A. Supporting documentation for Code 2A moments include, but are not limited to, the student's Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP)/Individualized Health and Support Plan (IHSP), treatment logs, practitioner notes, billing schedules and/or documents, practitioner schedules, calendars, and timesheets. Only moments related to a covered direct medical service require additional documentation; all other non-billable moments (Code 2Z) do not require direct service documentation.

Q18. When will Code 2A moments be audited?

A. DHCS reviews a random sample of 10% of all moments as part of the quarterly review process. At this point, DHCS does not plan to specifically audit Code 2A supporting documentation as a part of this review. However, DHCS policy is that Code 2A documentation is necessary for LEAs to collect so that they are prepared for a federal Office of Inspector General (OIG) audit.

Q19. How can LEAs provide sufficient documentation for Code 2A moments related to indirect activities, such as an extension of a direct medical service or pre- and post-time associated with direct services?

A. Please refer to the PowerPoint slides presented during the April AWG afternoon session for information on Code 2A documentation related to indirect activities.

Q20. Will a clarifying email from the participant suffice as back-up documentation?

A. No. In general, an email from the participant to the LEA Coordinator simply confirming their moment response is not considered adequate documentation. TSPs should be able to provide some additional documentation, such as the student's IEP/IFSP/IHSP, treatment logs, practitioner notes, billing schedules and/or documents, practitioner schedules, calendars, and/or timesheets, to support their moment response. Additional guidance can be found in the PowerPoint slides and FAQs from the October 2020 Documentation Training on the LEA BOP Training webpage.

Q21. What percentage of Code 2A moments will be reviewed?

A. DHCS will review 10% of all RMTS moments for appropriate coding; a portion of these will relate to Code 2A/2Z.

Q22. What happens when a RMTS moment is sent to a staff member out on leave? Is documentation still required?

A. Given the example in this question, the moment will not be coded as 2A and will therefore not require additional direct service documentation.

Survey Topic: Targeted Case Management (TCM)

Q23. What is TCM?

A. Targeted Case Management (TCM) services assist eligible children and family members to access needed medical, social, educational, and other necessary services when TCM is covered by the student's IEP, IFSP, IHSP, or other Care Plan. Additional guidance can be found in the LEA BOP Provider Manual section for TCM (loc ed serv targ).

Q24. How can school districts begin to bill for TCM?

A. As of late March 2021, LEAs may begin submitting claims associated with TCM services covered under SPA 15-021 and SPA 16-001 for dates of service in SFY 2020-21 (July 1, 2020 through June 30, 2021). Additional guidance can be found in the LEA BOP Provider Manual section for TCM (loc ed serv targ), PPL #20-033 on the reinstatement of TCM services under the LEA Program, and the PowerPoint slides and FAQs from the September 2020 TCM Training on the LEA BOP Training webpage.

Q25. What are the various options for billing TCM?

A. To prevent duplication of reimbursement, LEAs must bill TCM services from one of the following three options:

- The LEA BOP as a Pool 1 participant
- The SMAA Program as a Pool 1 participant (only applicable if the LEA participates in both the LEA BOP and SMAA Program)
- The SMAA Program as a Pool 2 participant

Additional information on each of the three options can be found in PPL #20-052 on claiming TCM costs for the school-based Medi-Cal programs and the PowerPoint slides and FAQs from the September 2020 TCM Training on the LEA BOP Training webpage.

Q26. Do all TSPs in Participant Pool 1 have to be TCM certified?

A. No. Only TSPs that expect to bill for TCM services under the LEA Program as a Pool 1 participant must be identified on a TCM Certification Form. The form can be found on the School-Based RMTS webpage.

Q27. Do all TCM practitioners have to bill for direct service reimbursement to remain in Participant Pool 1 the following quarter?

A. No. LEAs may intend to have a practitioner bill during an upcoming quarter, but the practitioner may not end up doing so, such as if the practitioner does not provide a covered service to a Medi-Cal student. However, the expectation is that the practitioner is qualified to bill and intends to bill under the LEA BOP if they are included as a Participant Pool 1 TSP.

Q28. What is an agency-approved case management course? Who approves these courses if it is not DHCS?

A. The LEA is responsible for approving and making available the case management training course. At a minimum, the training course should cover the requirements for billing TCM under the LEA BOP and best practices for coordinating a student's care.

Q29. For credentialed special education teachers who complete the required case management course for certification, can they be added as a Program Specialist for TCM with a TSP Equivalency Request?

A. Yes. Special education teachers who meet all TCM practitioner requirements can be approved as a Pool 1 participant through a TSP Equivalency Request. They must also be identified as a TCM practitioner on the Time Survey Participant (TSP) list and on the TCM Certification Form. Special education teachers billing as Program Specialists must document TCM services as indicated in the September 2020 TCM Training on the LEA BOP Training webpage.

Survey Topic: Cost and Reimbursement Comparison Schedule (CRCS)

Q30. Will the SFY 2015-16 CRCS be audited again?

A. Yes. The original deadline for the SFY 2015-16 CRCS form was November 30, 2017. Currently, the deadline for re-submission is June 30, 2022, which will then start a three-year audit timeline.

Q31. What is audited if a LEA does not want to add new practitioner costs from SPA 15-021 for SFY 2015-16 through SFY 2019-20 in the revised CRCS?

A. Even if a LEA decides that they will not add any additional costs related to new services in the revised CRCS for the respective state fiscal year, the revised CRCS will include new components such as the RMTS Code 2A percentage and the Medi-Cal Eligibility Ratio (MER). Also, if the LEA billed for transportation services in SFY 2019-20, these costs will now be included on the CRCS, and that is an area that Financial Audits Branch (FAB) may review.

Q32. What are the new changes to the revised CRCS form?

A. The revised CRCS form includes new SPA 15-021 practitioners, direct medical equipment depreciation, and new allocation statistics to apportion costs (RMTS percent and the MER). In addition, the "Percent of Time" calculation has been removed and interim reimbursement will be calculated by practitioner type, not procedure code/modifier combination. Additional information can be found in the PowerPoint slides and FAQs from the June 2020 CRCS Training on the LEA BOP Training webpage.

Q33. Are there any specific trainings or reading materials for the CRCS, specific to LEAs new to Medi-Cal?

A. Additional information on the CRCS can be found on the LEA Program CRCS webpage. Resources include the California School Accounting Manual (CSAM), LEA Indirect Cost Rate Data, and Standardized Accounting Code Structure (SACS) Guidance. New LEAs are encouraged to review the PowerPoint slides and FAQs from the June 2020 CRCS Training on the LEA BOP Training webpage.

Q34. If backcasting will be handled through the CRCS form without retroactive billing, what exactly would that look like?

A. In the case retroactive claiming is eliminated, all settlement for the prior SFYs would take place through the CRCS. LEAs would include allowable practitioner costs on the CRCS, and these costs would be allocated to Medi-Cal using the SFY 2020-21 RMTS Code 2A percentage and LEA-specific Medi-Cal Eligibility Ratios (MERs) for each SFY. There would be no difference to LEAs in total cost settlement amount (LEAs would still adjust personnel costs on the CRCS), and a revised CRCS would still be required for each SFY.

Q35. How much time will it take to complete the backcasting?

A. Backcasting will be considered completed once the Financial Audits Branch (FAB) has completed audits for the backcasted periods (SFY 2015-16 through 2019-20). Statute provides three years after cost report submission to complete audits, and LEAs should anticipate that backcasting will not be complete until 2025 (dates for each SFY depend on when the CRCS is submitted).

Q36. When LEAs include transportation costs on the CRCS, do other items such as mileage and gas also need to be claimed? What if a LEA contracts with a transportation agency?

A. LEAs are not required to submit claims for mileage through the claims processing system. However, if LEAs receive transportation reimbursement in SFY 2019-20 and onward, they must include transportation-related costs on the CRCS. Additional

information on the included transportation costs can be found in PPL #20-040 on Specialized Medical Transportation (SMT) and the PowerPoint slides and FAQs from the April 2020 SMT and TCM Training on the LEA BOP Training webpage. Costs associated with contracted transportation services may be included in the CRCS, as indicated in the April 2020 training.

Q37. How will DHCS handle backcasting for LEAs who participated in the LEA BOP but not the SMAA Program? For example, our LEA has been participating in the LEA BOP since 2016, but we did not participate in the SMAA Program historically and only recently joined the RMTS.

A. LEAs will use the Code 2A percentage for SFY 2020-21 for their LEC or LGA region on the backcasted CRCS forms, even if they did not participate in the SMAA Program RMTS in prior state fiscal years.

Q38. Where are discussions currently with Centers for Medicare and Medicaid Services (CMS) regarding retroactive claiming? If retroactive claiming occurs, how much time will LEAs and vendors be given to bill for services?

A. DHCS is awaiting CMS' response on this issue. If retroactive claiming occurs, DHCS plans to provide an extended timeline for LEAs to submit claims associated with new services and practitioners back to July 1, 2015. However, based on initial discussions with CMS, DHCS does not expect that LEAs will retroactively bill for services rendered between July 1, 2015 and June 30, 2020.

Q39. Can the time spent by a LEA Coordinator dealing with RMTS be claimed on the back end through direct charge under the LEA BOP?

A. No. The LEA BOP does not use direct charge as part of the reimbursement methodology. LEA BOP reimbursement is limited to health service practitioners identified in the LEA BOP Provider Manual.

Q40. For CRCS forms SFY 2020-21 and onward, can costs for contracting agencies providing eligible services be claimed based on payments made or do the costs need to be broken out by specific individual providers within the agency?

A. Contractor costs included on the CRCS must be solely related to the provision of health services provided to students. Some contacts may cover both instruction and health-related services for students; however, it is the LEA's responsibility to collect sufficient detail from their contractors to identify and document costs associated with the provision of health services. In order to include contractor expenses on the CRCS, the expenses specific to Medi-Cal reimbursable health services must be identified and documented. If you contract with a third-party contractor only for the provision of Medi-Cal reimbursable health services, the payments may be included on the CRCS, assuming all individual contracted practitioners met requirements for the LEA to bill for LEA covered services (e.g., the practitioners were licensed or credentialed, as required).

Q41. For CRCS forms SFY 2020-21 and onward, will contractor costs and other costs need to be reported by quarter?

A. DHCS is currently reviewing contractor costs and how they will be reported in future CRCS templates. Due to the PHE, there is a variable Federal Medicaid Assistance Percentage (FMAP) for LEA services, which will be applied to costs incurred during the state fiscal year. Since the FMAP will vary depending on the quarter, DHCS anticipates this will require contractor costs to be reported on a quarterly basis for those impacted time periods

Q42. Previous CRCS audits resulted in adjustments to annual hours required to work. With RMTS, will the results of RMTS be used in the backcasted forms instead of actual annual hours required to work?

A. Annual hours required to work is not part of the new reimbursement methodology outlined in State Plan 15-021. Therefore, the RMTS Code 2A percentage will be used to allocate direct service time, rather than the "percent of time" figure that was calculated on historical CRCS reports.

Q43. Is there a training plan or schedule for the SFY 2019-20 CRCS, SFY 2020-21 CRCS, and backcasting?

A. Upcoming trainings, including those for the CRCS, are announced by DHCS through the LEA BOP listserv. Training materials are regularly presented during the afternoon session of the AWG meetings, scheduled for the first Wednesday in February, April, June, August, October, and December. Subscribe to the LEA BOP listserv using this DHCS website link.

Survey Topic: Care Plans

Q44. Do Care Plans cover general education students?

A. Under the LEA BOP, all treatments must be pursuant to an IEP/IFSP or other Care Plan. Care Plans are required for students receiving treatment services outside of an IEP/IFSP (i.e., they are required for LEA treatment services billed for "general education students"). Examples of a Care Plan include an Individualized Health and Support Plan (IHSP), Individualized School Healthcare Plan, Plan of Care, Nursing Plan, or 504 Plan.

Q45. Can DHCS provide an example of an approved Care Plan?

A. Refer to the PowerPoint slides presented during the April 2021 AWG afternoon session for an example of a Care Plan that meets LEA BOP requirements, which are also outlined in the training.

Q46. Who can develop Care Plans for students outside of an IEP/IFSP?

A. Care Plans should be developed by registered credentialed school nurses or qualified medical practitioners within their scope of practice and in collaboration with the parent or guardian and, if appropriate, the student.

Q47. What kind of supporting documents should a LEA keep on record to support the creation of a Care Plan?

The LEA's healthcare practitioners should maintain any documents that helped to formulate the Care Plan (e.g., assessment results, physician prescriptions, etc.) and align with the document retention policies developed by the LEA.

Survey Topic: COVID-19 Public Health Emergency (PHE) and Telehealth

Q48. During the COVID-19 PHE, are LEA BOP covered services provided via Zoom, Google Meets, or other video platforms billable?

A. Yes. During the national emergency, LEAs may bill for allowable LEA BOP covered direct medical services provided via telehealth, except for services that preclude a telehealth modality such as specialized medical transportation. LEAs may utilize any appropriate non-public facing remote communication products available in their delivery of billable telehealth services during this period. Additional information can be found in PPL #20-014R on LEA BOP telehealth policy during COVID-19.

Q49. What practitioners are eligible to submit claims for telehealth services?

A. During the national emergency, all employed or contracted practitioners rendering Medi-Cal covered services can continue to deliver services and bill under the LEA Provider's National Provider Identifier (NPI) consistent with LEA BOP policy when providing face-to-face services. Additional information can be found in PPL #20-014R on LEA BOP telehealth policy during COVID-19.

Q50. Is the administration of all immunizations considered billable services and a Code 2A?

A. Immunizations billable under the Bright Futures/American Academy of Pediatrics Periodicity Schedule are found on the CDC's Recommended Child and Adolescent Immunization Schedule. The schedule outlines administration of currently licensed vaccines for children and adolescents.

Q51. Is COVID-19 testing currently a billable service and a Code 2A?

A. No. COVID-19 testing in schools is not a billable LEA BOP service. Although testing in schools is a covered Medi-Cal service, claims are not being billed through

the LEA BOP. For more information, refer to the California Department of Public Health FAQs on COVID-19 testing in schools.

Q52. Will clean-up or infection control be billable under the LEA BOP when related to COVID-19 response?

A. No. During the PHE, clean-up time will not be included in the minimum time requirement to bill for LEA services.

Q53. Can parents give consent by email during the PHE? Is signature required?

A. Prior to the national emergency, providers must obtain oral consent from the student's parent or legal guardian to utilize a telehealth modality and must document this consent in the student's medical record. The written or oral telehealth consent requirement has been waived during this national emergency and is not required for telehealth services covered under PPL #20-014R.

Q54. Can special procedures for payback from audits be put in place until the end of the PHE?

A. DHCS does not currently have any arrangements in place to exempt audit recoupments from being collected during the PHE. However, note that audit recoupments are collected as a withhold from future LEA claiming.

Q55. Why is the SFY 2020-21 Code 2A percentage being used in the CRCS? Due to the PHE, the SFY 2020-21 Code 2A percentage is not a valid representation of direct services normally provided during a school year.

A. Although SFY 2020-21 Quarter 2 (October to December 2020) percentages are still being finalized, DHCS has received confirmation that the moment responses constitute a statistically valid sample. Note that several other states have used their RMTS results from the PHE, and those results yielded reimbursement that was in line with prior periods.

Survey Topic: Trainings

Q56. When and how often are trainings offered?

A. Upcoming trainings are announced by DHCS through the LEA BOP listserv. Training materials are regularly presented during the afternoon session of the AWG meetings on the first Wednesday of February, April, June, August, October, and December. Subscribe to the LEA BOP listserv using this DHCS website link.

Q57. Are training presentations being used as a resource in audits?

A. Financial Audits Branch may look at a variety of documents as resources during audit, including the LEA BOP Provider Manual, Policy and Procedure Letters,

Trainings, and Frequently Asked Questions documents that are published by the LEA BOP relevant to the period being audited.

DHCS thanks survey respondents for providing additional feedback on trainings. Feedback and suggestions for future training topics included the following:

- Training for new LEA Coordinators on billing under the LEA BOP
- Training on the benefits of participation in both the SMAA and LEA BOP
- Training on the audit process
- Training on the CRCS
- Training on Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services
- More interaction and open discussions during future trainings
- More involvement from A&I during future trainings
- Smaller meetings on more specific topics outside of the bi-monthly AWGs

Survey Topic: Other

Q58. If a provider is writing IEP goals for an upcoming IEP during a RMTS moment, how will it be coded?

A. DHCS is awaiting CMS' response on this issue. In recent discussions, CMS has indicated that they believe tasks that are solely related to developing the IEP are an education mandate and not Medicaid's responsibility. DHCS will update this information as necessary once CMS provides further guidance.

Q59. If a provider is writing a report for an upcoming IEP during a RMTS moment, how will it be coded?

A. Report writing that takes place after an Individual Development and Educational Assessment (IDEA) assessment is considered a Code 2A.

Q60. If a provider is discussing therapy services with another provider during a RMTS moment, how will it be coded?

A. DHCS is awaiting CMS' response on this issue. Currently, practitioner-to-practitioner discussions regarding a student's medical services is considered a Code 2A. DHCS will update this information as necessary once CMS provides further guidance.

Q61. If a translator is acting as a third-party translator in an IEP meeting during a RMTS moment, is this considered a Code 2A?

A. Any moments where the TSP is participating in an IEP meeting will not be considered a Code 2A.

Live Webinar Questions via Q&A

Q62. What does "EPSDT" stand for?

A. "EPSDT" stands for Early and Periodic Screening, Diagnostic and Treatment. The EPSDT benefit provides comprehensive and preventive health services for children under age 21 who are enrolled in Medicaid.

Q63. What authorization is required for EPSDT screenings?

A. Authorization for screening services covered under the LEA BOP will be based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). LEAs do **not** need an additional prescription, referral, or recommendation from a practitioner that can order, refer, or prescribe services (known as ORP practitioners). Since these services are not identified in a student's (IEP)/ (IFSP) or Care Plan, the LEA needs to maintain a copy of the authorization (such as the Periodicity Schedule) in the student's file.

Q64. Can LEAs submit claims for mandated vision and hearing screenings?

A. Yes. Claims for this SFY 2020-21 (July 1, 2020 through June 30, 2021) can be submitted as long as the vision and hearing screenings are pursuant to the timeline in the Periodicity Schedule. Additional details regarding billing for EPSDT screenings was presented during the March 5, 2020 New Services and Practitioners training posted on the LEA BOP training webpage. Please note that mandated screenings are required to meet the other health coverage requirements before being billed to Medi-Cal; therefore if a student has other health insurance coverage, that coverage must be billed first before billing Medi-Cal for the service.

Q65. For vision screenings, what type of instrument may be used? Would a photo screener suffice?

A. The LEA BOP follows the requirements from the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) or that from the California Education Code or Health and Safety Code screening requirements. Within the Periodicity Schedule is an "Instrument-based screening" assessment. LEAs must follow guidelines within the Periodicity Schedule and are responsible for understanding which screening tools are authorized by the American Academy of Pediatrics for screenings within the practitioner's scope of practice.

Q66. What is the Procedure Code LEAs should be using to bill for EPSDT screenings?

A. There is not one specific Procedure Code that is used for billing screenings under the LEA BOP, it depends largely on the service and the practitioner that will bill for the service. Screenings are considered non- IEP/ IFSP assessments. For example, vision screenings are billed under 99173, hearing screenings are billed under 92551 and 92552, developmental screenings are billed under 96110, and health screenings

are billed under 96156. Please see the LEA BOP Provider Manual section for Billing Codes and Reimbursement Rates (section loc ed bil cd) for the appropriate CPT code/modifier combinations.

Q67. What does it mean to "back out" federal funds?

A. Since the LEA BOP draws down federal Medicaid dollars, federal funds received by the LEA must be removed from the CRCS in order to prevent duplicative funding for practitioners' costs that are already reimbursed with federal dollars.

Q68. Are contracted practitioners still allowed to bill for covered services under the LEA BOP if they are not included in Participant Pool 1 of the TSP list?

A. Yes. If the LEA has an arrangement with the contractor and they've reassigned their right to bill to the LEA, the LEA can bill for any covered services that were provided to Medi-Cal students by qualified practitioners. However, under the LEA BOP, contracted practitioners should not be included on a TSP list and they do not participate in RMTS.

Q69. What if a LEA intends to have a practitioner bill during an upcoming quarter, but the provider ends up not doing so? Can the practitioner still be included on the CRCS?

A. This scenario may occur in rare circumstances, such as if the practitioner does not provide a covered service to a Medi-Cal student during the quarter. However, by including a practitioner on the Pool 1 TSP list, the LEA is affirming that practitioner is qualified to bill and the LEA expects to submit claims for covered services provided during the quarter. In the case the TSP did not provide any reimbursable services, they can still be included on the CRCS.

Q70. Should LEAs train their TSPs to include student initials in their moment responses for documentation purposes?

A. DHCS is currently reviewing its policy on this topic and will provide additional guidance for SFY 2021-22.

Q71. In the PowerPoint training slides, DHCS provides a list of source documents that may be used to support Code 2A moments. Are all the documents listed required?

A. The PowerPoint slide in the training identifies a list of potential documents that could be used to support Code 2A moments. Depending on the moment response, some of the listed documents might not apply as a valid supporting document. In addition, some LEA practitioners might not maintain certain items (e.g., calendar entries) and would therefore not have that as a supporting document. The LEA should gather documentation that they believe substantiates the Code 2A moment so that districts are prepared for a potential federal audit in which Code 2A moments might require validation.

Q72. To clarify, health practitioners' calendars can be used for Code 2A documentation?

A. Yes. Acceptable source documents can include the practitioners' schedules, calendars, timesheets, etc. However, DHCS suggests that LEAs do not solely rely on a calendar entry to support Code 2A moments. For example, additional documentation beyond a calendar entry, such as a copy of the student's IEP/IFSP/care plan, progress notes, billing documentation, etc., would be appropriate to maintain as support for the Code 2A moment.

Q73. Why is documentation required for extensions of direct medical services, such as traveling to a student's therapy session?

A. Under RMTS, extensions of billable direct medical services are considered Code 2A moments. Documentation for Code 2A moments is required in the event of a federal OIG audit

Q74. Did the OIG audits mentioned in the training (Kansas, Massachusetts, and Texas) result in any monetary assessments?

A. The federal OIG audits on Kansas, Massachusetts, and Texas did include large monetary findings; however, the findings were not specific to moment documentation.

Q75. How can LEAs maintain documentation for Code 2A moments if the health practitioners do not know if a student does or does not have Medi-Cal when the service is provided?

A. DHCS expects health practitioners to document direct medical services in accordance with their professional standards, whether or not the student is a Medi-Cal student. In cases when a Code 2A service is provided to a student that does not have Medi-Cal, documentation does not need to include Medi-Cal billing documentation, but should still include standard professional documentation, such as assessments, reports, the IEP/IFSP/other Care Plan, session notes, etc.