

September 22, 2026

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 26-0008: UPDATE TO THE LOCAL EDUCATIONAL AGENCY
MEDI-CAL BILLING OPTION PROGRAM (LEA BOP) REQUIREMENTS

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 26-0008 for your review and approval. This SPA proposes to expand services and practitioners and to update language clarifying specific policy and removing participation barriers specific to institutions of higher learning. DHCS seeks an effective date of July 1, 2026, for this SPA.

SPA 26-0008 includes updates, improvements, and requirements for compliance with the Centers for Medicare and Medicaid Services (CMS) May 2023 School-Based Settings Guide. The State Plan pages being amended are Limitations on Attachment 3.1-A pages 9-9t and pages 24-29m, Limitations on Attachment 3.1B pages 9-9t and pages 24-29m, and Attachment 4.19-B Supplemental 8.

SPA 26-0008 Public Notice was released on May 14, 2026. DHCS received ten identical requests to add Board Certified Behavior Analysts (BCBAs) and will consider adding that practitioner type in a future SPA. In addition, DHCS has determined that a Tribal notice is not necessary for this proposal.

The following documents are included for submission of SPA 26-0008:

- CMS 179 Form
- Limitations on Attachment 3.1-A pages 9-9p, 26-29m
- Limitations on Attachment 3.1-B pages 9-9p, 25-28m

Ms. Miller

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- Supplement 8 to Attachment 4.19-B pages 1-13
- Standard Funding Questions
- Public Notice

If you have any questions or need additional information, please contact Charles Anders, Chief of Local Governmental Financing Division, at (916) 650-6684 or by email at Charles.Anders@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

cc: Saralyn M. Ang-Olson, JD, MPP
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**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 8

2. STATE

CA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act sections 1903 (C) and 1905 (a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026-27 \$ 914,895b. FFY 2027-28 \$ 1,137,472

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Att 3.1-A pages 9-9e, 9g-9h, 9j-9p, 26-29b, 29d-e,
29g-29m | New pages: 9a.1, 9d.1, 9k.1, 27a, 29a.1, 29h.1
Limitations on Att 3.1-B pages 9-9e, 9g-9h, 9j-9p, 25-28a, 28b,
28d-28e, 28g-28m | New pages: 9a.1, 9d.1, 9k.1, 28a.1, 28h.1
Supplement 8 to Attachment 4.19-B pages 1-12, 13 (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Limitations on Attachment 3.1-A pages 9-9e, 9g-9h, 9j-9p,
6-29b, 29d-e, 29g-29m
Limitations on Attachment 3.1-B pages 9-9e, 9g-9h, 9j-9p,
25-28a, 28b, 28d-2e, 28g-28m
Supplement 8 to Attachment 4.19-B pages 1-12

9. SUBJECT OF AMENDMENT

SPA 26-0008 includes updates, improvements, and requirements for compliance with the Centers for Medicare and Medicaid
Services (CMS) May 2023 School-Based Settings Guide.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Please note: The Governor's Office does not wish to review
the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Tyler Sadwith

13. TITLE

State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED

September 22, 2026

15. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

1. STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b Early and periodic screening, diagnostic, and treatment (EPSDT) services	All medically necessary services coverable under 1905(a) of the Social Security Act are provided to EPSDT-eligible population individuals. EPSDT covered services are provided to Medicaid eligibles under 21 years of age. Includes rehabilitative mental health services: collateral, assessment, individual therapy, group therapy, medication service, crisis intervention, day treatment intensive, day rehabilitation offered in local and mental health clinics or in the community, as described in Attachment 3.1-A, Item 13.	Prior authorization is not required.
Services provided by Local Educational Agency (LEA) providers	Includes LEA Medi-Cal Billing Option Program services (LEA services). An LEA is the governing body of any school district or community college district, county office of education, charter school, state special school, California State University campus, or University of California Campus. Freedom of Choice 42 Code of Federal Regulations (CFR) 431.51. The State assures that the provision of services will not restrict an individual's free choice of qualified providers in violation of section 1902(a)(23) of the Social Security Act. LEAs providing LEA services may be subject to on-site review and/or audit by the Center for Medicare and Medicaid Services and/or agents, the single state agency and/or its agents or the Department of Education under an interagency agreement with the single state agency.	LEA eligible members are individuals under age 22 who are Medicaid eligible members, regardless of whether the member has an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) under the Individuals with Disabilities Education Act (IDEA). Any person who becomes 22 years of age while participating in an IEP or IFSP may continue his or her participation in the program for the remainder of that current school year. LEA eligible members may also include individuals receiving treatment services under age 21, with an Individualized Health and Support Plan (IHSP), or any other medical plan of care.
*Prior authorization is not required for emergency services.		
**Coverage is limited to medically necessary services.		

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<u>Assessment Services</u>	LEA assessment services provided to enrolled Medicaid members are limited to services with an appropriate recommendation.
Services provided by LEA providers (cont.)	Health and mental health evaluation and education (Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, also covered in Items 4b and 13d). EPSDT services are defined as medically necessary when used to correct or ameliorate defects and physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screening. Health and mental health evaluation and education includes parts of EPSDT assessment and screenings such as: Evaluations: Evaluation services assess functioning and inform diagnosis, eligibility, or the need for future treatment. Evaluations include the following: • Audiological Assessment • Crisis Intervention/Risk Assessment • Developmental Assessment • Health Assessment • Nutritional Assessment • Occupational Therapy Assessment • Orientation and Mobility Assessment • Physical Therapy Assessment • Psychological Assessment • Psychosocial Status Assessment • Respiratory Assessment • Speech-Language Assessment • Vision Assessment	Authorizations for EPSDT services provided to eligible Medicaid members may also be based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). In addition, health screenings required for all students by California Education Code or Health and Safety Code will be reimbursable at required intervals. <u>Practitioner Qualifications and Limitations</u> LEA assessment and screening services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, who render services within their scope of practice, as defined in State law.
*Prior authorization is not required for emergency services.		
**Coverage is limited to medically necessary services.		

TN No. 26-0008

Supersedes TN No. 15-021

Approval Date _____

Effective Date July 1, 2026

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<u>Preventive Services</u>	
Services provided by LEA providers (cont.)	Screenings: Screening services are brief, standardized activities administered to a defined student population (or subgroup) to identify risk factors or possible health conditions and determine whether future evaluations or services are needed. Screenings may include hearing, vision, developmental, behavioral health, adverse childhood experiences, depression or anxiety questionnaires, and risk or safety screenings, among others. Health Education/Anticipatory Guidance: Includes age-appropriate education that builds knowledge and skills needed to promote health, prevent illness or injury and support healthy behaviors, and guidance to students (and/or families). Health education/anticipatory guidance may be provided to targeted, at-risk students (and/or families), such as providing information, building skills and preventive counseling on tobacco cessation to a group of students that use tobacco products, and may also be provided to a universal group of students (and/or families), regardless of risk level, with the goal of preventing the onset of risky behaviors. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions.	

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TN No. 26-0008

Supersedes TN No. New

Approval Date _____

Effective Date July 1, 2026

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<u>Treatment Services</u>	LEA treatment services are limited to services provided to eligible Medicaid members pursuant to an IEP, IFSP, IHS, or any other medical plan of care.
Services provided by LEA providers (cont.)	LEA covered services include the following services: • Nursing Services (as defined in 42 CFR § 440.60(a)) ○ School Health Aide Services • Nutrition Services (as defined in 42 CFR § 440.60(a) and § 440.130(d)) • Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1)) • Optometry Services (as defined in 42 CFR § 440.60(a)) • Orientation and Mobility Services (as defined in 42 CFR § 440.130(d)) • Physical Therapy Services (as defined in 42 CFR § 440.110(a)(1)) • Physician Services (as defined in 42 CFR § 440.50(a)) • Psychology and Counseling Services (as defined in 42 CFR § 440.130(d)) • Respiratory Care Services (as defined in 42 CFR § 440.60(a)) • Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c)) Other LEA covered services include the following services: • Non-Clinical Preventive Services (as defined in 42 CFR § 440.130(c)) • Specialized Medical Transportation Services (as defined in 42 CFR § 440.170(a)(1)) • Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A)	LEA treatment services require appropriate authorization in the form of a prescription, referral, or recommendation by licensed practitioner within their scope of practice. <u>Practitioner Qualifications and Limitations</u> LEA treatment services must be performed by practitioner who meet the applicable qualification requirements as defined in 42 CFR Part 440, and who render services within their scope of practice, as defined in State law.
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**Coverage is limited to medically necessary services.		

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Nursing Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). <u>Qualified Practitioner Types:</u> - Registered Nurses - Certified Nurse Practitioners - Certified Public Health Nurses - Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential - Licensed Vocational Nurses	- Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: - Nurse Practitioners who are certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential. - Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under appropriate supervision, as defined by State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 26-0008

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	I. School Health Aide Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). School health aide services include support furnished to an individual to assist in medically necessary health-related functions and Activities of Daily Living (ADLs) related to a member's physical or mental health limitation due to a disability or health condition. Services and support include, but are not limited to: • Specialized physical health care services, such as catheterization, gastric tube feeding, suctioning, oxygen administration and nebulizer treatments. • Hands on assistance with ADL tasks, such as eating, toileting, transferring, positioning and mobility assistance. • Cueing, such as directing the completion of an ADL task. • Observation, intervening and redirecting to assist with completion of an ADL task. • Medically necessary continuous monitoring services when a student's medical condition requires ongoing observation.	• Licensed Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under appropriate supervision, as defined in State law. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice a Nurse Practitioners, whose practices are predominately that of primary care. ○ Certified Public Health Nurses ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential. • Trained Health Care Aides must practice under appropriate supervision, as defined in State law. ○ Trained Health Care Aides delivering specialized physical health care services must be trained in the administration of specialized physical health care.

*Prior authorization is not required for emergency services.

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Approval Date _____

Effective Date July 1, 2026

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	I. School Health Aide Services (cont.)	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	The following practitioners may conduct School Health Aide Services, within scope of practice: <u>Qualified Practitioner Types:</u> • Licensed Vocational Nurses • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential • Trained Health Care Aides	The State's Scope of Practice Act relating to the licensed profession, and the regulations adopted pursuant to those practice acts, assure that the licensed practitioners assume professional responsibility for the patient and the service furnished by the unlicensed practitioner under their supervision.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Nutrition Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a) and the Preventative Services Benefit pursuant to 42 CFR § 440.130(c). <u>Qualified Practitioner Types:</u> - Registered Dietitians - Registered Nurses - Certified Nurse Practitioners - Certified Public Health Nurses - Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential	- Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians may only provide nutritional assessments and nutritional counseling services. - Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: - Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Optometry Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). <u>Qualified Practitioner Types:</u> • Licensed Optometrists • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential • Licensed Vocational Nurses	• Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. Certified Nurse Practitioners providing vision screenings in a TK to grade 12 school setting require supervision, as defined in State law. ○ Certified Public Health Nurses. Certified Public Health Nurses providing vision screenings in a TK to grade 12 school setting require, as defined in State law. ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential. Registered Nurses that hold the Credential do not need supervision to provide vision screening in a TK to grade 12 school setting. • Licensed Vocational Nurses providing vision screenings in a TK to grade 12 school setting must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and require supervision, as defined in State law.

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TN No. 26-0008

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Orientation and Mobility Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Rehabilitative Services Benefit pursuant to 42 CFR § 440.130(d). Orientation and mobility services are recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law. Orientation and mobility services include assessment and treatment services to correct or alleviate movement deficiencies created by a loss or lack of vision, but are not limited to: • Motor Development • Residual vision stimulation/training • Sensory development • Street crossing <u>Qualified Practitioner Types:</u> • Orientation and Mobility Specialists	• Orientation and Mobility Specialists must possess a Clinical or Rehabilitative Services Credential in Orientation and Mobility.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Physician Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Physician Services Benefit pursuant to 42 CFR § 440.50(a). Physicians' services, whether furnished in the office, the member's home, a hospital, a skilled nursing facility, or elsewhere, means services furnished by a physician (1) Within the scope of practice of medicine or osteopathy as defined by State law; and (2) By or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy. <u>Qualified Practitioner Types:</u> • Licensed Physician Assistants • Physicians	• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician. • Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Psychology and Counseling Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Rehabilitative Services Benefit pursuant to 42 CFR §440.130(d). Psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law and provided in an individual or group setting. <u>Qualified Practitioner Types:</u> • Associate Marriage and Family Therapists • Associate Professional Clinical Counselors • Credentialed School Counselors • Credentialed School Psychologists • Credentialed School Social Workers • Licensed Clinical Social Workers • Licensed Educational Psychologists • Licensed Marriage and Family Therapists • Licensed Professional Clinical Counselors • Licensed Psychologists • Registered Associate Clinical Social Workers • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential	• Associate Marriage and Family Therapists must be registered with the California Board of Behavioral Sciences and require appropriate supervision, as defined in State law. • Associate Professional Clinical Counselors must be registered to practice by the California Board of Behavioral Sciences and require appropriate supervision, as defined in State law. • Credential School Counselors must have a valid pupil services (PPS) credential with a specialization in school counseling. • Credentialed School Psychologists must have a valid PPS credential with a specialization in school psychology. • Credentialed School Social Workers must have a valid PPS credential with a specialization in school social work. • Licensed Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences. Licensed Clinical Social Workers employed in a TK to grade 12 school setting must hold a valid PPS credential with a specialization in health issued by the Commission on Teaching Credential (CTC) or be appropriately supervised, as defined by State law. • Licensed Educational Psychologists must be licensed to practice by the California Board of Behavioral Sciences. Educational Psychologists furnishing services in a TK to grade 12 school setting must hold a valid PPS credential with a specialization in health issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law. • Licensed Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences. Marriage and Family Therapists employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Psychology and Counseling Services (cont.)	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)		- Licensed Professional Clinical Counselors must be licensed to practice by the California Board of Behavioral Sciences. Licensed Professional Clinical Counselors employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC or be appropriately supervised, as defined by State law. - Licensed Psychologists must be licensed to practice by the California Board of Psychology. Licensed Psychologists employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law, - Registered Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences and require appropriate supervision, as defined by State law. - Registered Nurses must be licensed to practice by the California Board of Registered Nursing. Registered Nurses may only provide health education/anticipatory guidance and mental health screening services. Registered Nurses include: - Certified Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Respiratory Care Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Physician Services Benefit pursuant to 42 CFR § 440.60(a). Respiratory care services include, but are not limited to the assessment and therapeutic use of the following: • Oxygen therapy • Humidity therapy • Aerosol therapy • Air clearance techniques • Respiratory assist device • Chest physiotherapy • Assessment of patient's cardiopulmonary status <u>Qualified Practitioner Type:</u> • Licensed Respiratory Care Practitioners	• Respiratory Care Practitioners must be licensed by the Respiratory Care Board of California and require supervision by a physician.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Speech-Language and Audiology Services	<u>Practitioner qualifications, limits, and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Speech-Language Pathology and Audiology Services Benefit pursuant to 42 CFR § 440.110(c). Services for individuals with speech, hearing, and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided in an individual or group setting. It includes any necessary supplies and equipment. <u>Qualified Practitioner Type:</u> • Credentialed Audiologists • Credentialed Speech-Language Pathologists • Licensed Audiologists • Licensed Speech-Language Pathologists • Registered School Audiometrists • Speech-Language Pathology Assistants The State's Attorney General, in opinion #06-1011, dated November 30, 2006, concluded that the State's qualifications for the professional clear credential and the preliminary credential for speech-language pathologists were equivalent to the federal speech-pathologists qualifications in 42 CFR § 440.110.	• Credentialed Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology. • Credentialed Speech-Language Pathologists who have a preliminary or professional clear services credential in speech-language pathology may provide assessments and treatment services related to speech, voice, language, or swallowing disorders. Credentialed Speech-Language Pathologists who do not have a preliminary or professional clear services credential in speech-language pathology may provide services under the direction of a Licensed Speech-Language Pathologist or a Credentialed Speech-Language Pathologist who has a professional clear services credential in speech-language pathology. • Licensed Audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board. • Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board. • Registered School Audiometrists must have a valid certificate of registration issued by the Department of Health Care Services. • Speech-Language Pathology Assistants must register with the Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board and require supervision by a Licensed Speech-Language Pathologist or a Credentialed Speech-Language Pathologist.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services	An LEA is the governing body of any school district or community college district, county office of education, charter school, state special school, California State University campus, or University of California Campus Freedom of Choice 42 Code of Federal Regulations (CFR) § 431.51. The State assures that the provision of services will not restrict an individual's free choice of qualified providers in violation of section 1902(a)(23) of the Social Security Act. LEAs providing LEA services may be subject to on-site review and/or audit by the Center for Medicare and Medicaid Services and/or agents, the single state agency and/or its agents or the Department of Education under an interagency agreement with the single state agency.	Prior authorization is not required. LEA eligible members are individuals under age 22 who are Medicaid eligible members, regardless of whether the member has an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) under the Individuals with Disabilities Education Act (IDEA). Any person who becomes 22 years of age while participating in an IEP or IFSP may continue his or her participation in the program for the remainder of that current school year. LEA eligible members may also include individuals receiving treatment services under age 21, with an Individualized Health and Support Plan (IHSP), or any other medical plan of care.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<u>Assessment Services</u> Health and mental health evaluation and education (Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, also covered in Items 4b and 13d). EPSDT services are defined as medically necessary when used to correct or ameliorate defects and physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screening. Health and mental health evaluation and education includes parts of EPSDT assessment and screenings such as: Evaluations: Evaluation services assess functioning and inform diagnosis, eligibility, or the need for future treatment. Evaluations include the following: • Audiological Assessment • Crisis Intervention/Risk Assessment • Developmental Assessment • Health Assessment • Nutritional Assessment • Occupational Therapy Assessment • Orientation and Mobility Assessment • Physical Therapy Assessment • Psychological Assessment • Psychosocial Status Assessment • Respiratory Assessment • Speech-Language Assessment • Vision Assessment	LEA assessment services provided to enrolled Medicaid members are limited to services with an appropriate recommendation. Authorizations for EPSDT services provided to eligible Medicaid members may also be based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). In addition, health screenings required for all students by California Education Code or Health and Safety Code will be reimbursable at required intervals. <u>Practitioner Qualifications and Limitations</u> LEA assessment and screening services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, who render services within their scope of practice, as defined in State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<u>Preventive Services</u> Screenings: Screening services are brief, standardized activities administered to a defined student population (or subgroup) to identify risk factors or possible health conditions and determine whether future evaluations or services are needed. Screenings may include hearing, vision, developmental, behavioral health, adverse childhood experiences, depression or anxiety questionnaires, and risk or safety screenings, among others. Health Education/Anticipatory Guidance: Includes age-appropriate education that builds knowledge and skills needed to promote health, prevent illness or injury and support healthy behaviors, and guidance to students (and/or families). Health education/anticipatory guidance may be provided to targeted, at-risk students (and/or families), such as providing information, building skills and preventive counseling on tobacco cessation to a group of students that use tobacco products, and may also be provided to a universal group of students (and/or families), regardless of risk level, with the goal of preventing the onset of risky behaviors. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions.	

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**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<u>Treatment Services</u> LEA covered services include the following services: • Nursing Services (as defined in 42 CFR § 440.60(a)) ○ School Health Aide Services • Nutrition Services (as defined in 42 CFR § 440.60(a) and § 440.130(d)) • Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1)) • Optometry Services (as defined in 42 CFR § 440.60(a)) • Orientation and Mobility Services (as defined in 42 CFR § 440.130(d)) • Physical Therapy Services (as defined in 42 CFR § 440.110(a)(1)) • Physician Services (as defined in 42 CFR § 440.50(a)) • Psychology and Counseling Services (as defined in 42 CFR § 440.130(d)) • Respiratory Care Services (as defined in 42 CFR § 440.60(a)) • Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c)) Other LEA covered services include the following services: • Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c) • Specialized Medical Transportation Services (as defined in 42 CFR § 440.170(a)(1)) • Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A)	LEA treatment services are limited to services provided to eligible Medicaid members pursuant to an IEP, IFSP, IHSP, or any other medical plan of care. LEA treatment services require appropriate authorization in the form of a prescription, referral, or recommendation by a licensed practitioner within their scope of practice. <u>Practitioner Qualifications and Limitations</u> LEA treatment services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, and who render services within their scope of practice, as defined in State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Nursing Services Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). <u>Qualified Practitioner Types:</u> - Registered Nurses - Certified Nurse Practitioners - Certified Public Health Nurses - Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential - Licensed Vocational Nurses	<u>Practitioner qualifications, limits and supervision requirements:</u> - Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: - Nurse Practitioners who are certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential. - Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under appropriate supervision, as defined by State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	I. School Health Aide Services Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). School health aide services include support furnished to an individual to assist in medically necessary health-related functions and Activities of Daily Living (ADLs) related to a member's physical or mental health limitation due to a disability or health condition. Services and support include, but are not limited to: • Specialized physical health care services, such as catheterization, gastric tube feeding, suctioning, oxygen administration and nebulizer treatments. • Hands on assistance with ADL tasks, such as eating, toileting, transferring, positioning and mobility assistance. • Cueing, such as directing the completion of an ADL task. • Observation, intervening and redirecting to assist with completion of an ADL task. • Medically necessary continuous monitoring services when a student's medical condition requires ongoing observation.	<u>Practitioner qualifications, limits and supervision requirements:</u> • Licensed Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under appropriate supervision, as defined in State law. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. ○ Certified Public Health Nurses ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential. • Trained Health Care Aides must practice under appropriate supervision, as defined in State law. ○ Trained Health Care Aides delivering specialized physical health care services must be trained in the administration of specialized physical health care.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	I. School Health Aide Services (cont.) The following practitioners may conduct School Health Aide Services, within scope of practice: <u>Qualified Practitioner Types:</u> • Licensed Vocational Nurses • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential • Trained Health Care Aides	<u>Practitioner qualifications, limits and supervision requirements:</u> The State's Scope of Practice Act relating to the licensed profession, and the regulations adopted pursuant to those practice acts, assure that the licensed practitioners assume professional responsibility for the patient and the service furnished by the unlicensed practitioner under their supervision.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Nutrition Services Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a) and the Preventative Services Benefit pursuant to 42 CFR § 440.130(c). <u>Qualified Practitioner Types:</u> • Registered Dietitians • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential	<u>Practitioner qualifications, limits and supervision requirements:</u> • Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians may only provide nutritional assessments and nutritional counseling services. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. ○ Certified Public Health Nurses ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Optometry Services Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). <u>Qualified Practitioner Types:</u> • Licensed Optometrists • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential • Licensed Vocational Nurses	<u>Practitioner qualifications, limits and supervision requirements:</u> • Licensed Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. Certified Nurse Practitioners providing vision screenings in a TK to grade 12 school setting require supervision, as defined in State law. ○ Certified Public Health Nurses. Certified Public Health Nurses providing vision screenings in a TK to grade 12 school setting require, as defined in State law. ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential. Registered Nurses that hold the Credential do not need supervision to provide vision screening in a TK to grade 12 school setting. • Licensed Vocational Nurses providing vision screenings in a TK to grade 12 school setting must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and require supervision, as defined in State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Orientation and Mobility Services Coverage is provided under the Rehabilitative Services Benefit pursuant to 42 CFR § 440.130(d). Orientation and mobility services are recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law. Orientation and mobility services include assessment and treatment services to correct or alleviate movement deficiencies created by a loss or lack of vision, but are not limited to: • Motor Development • Residual vision stimulation/training • Sensory development • Street crossing <u>Qualified Practitioner Types:</u> • Orientation and Mobility Specialists	<u>Practitioner qualifications, limits and supervision requirements:</u> • Orientation and Mobility Specialists must possess a Clinical or Rehabilitative Services Credential in Orientation and Mobility.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Physician Services Coverage provided under the Physician Services Benefit pursuant to 42 CFR § 440.50(a). Physicians' services, whether furnished in the office, the member's home, a hospital, a skilled nursing facility, or elsewhere, means services furnished by a physician (1) Within the scope of practice of medicine or osteopathy as defined by State law; and (2) By or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy. <u>Qualified Practitioner Types:</u> • Licensed Physician Assistants • Physicians	<u>Practitioner qualifications, limits and supervision requirements:</u> • Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician. • Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Psychology and Counseling Services Coverage provided under the Rehabilitative Services Benefit pursuant to 42 CFR §440.130(d). Psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law and provided in an individual or group setting. <u>Qualified Practitioner Types:</u> • Associate Marriage and Family Therapists • Associate Professional Clinical Counselors • Credentialed School Counselors • Credentialed School Psychologists • Credentialed School Social Workers • Licensed Clinical Social Workers • Licensed Educational Psychologists • Licensed Marriage and Family Therapists • Licensed Professional Clinical Counselors • Licensed Psychologists • Registered Associate Clinical Social Workers • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential	<u>Practitioner qualifications, limits and supervision requirements:</u> • Associate Marriage and Family Therapists must be registered with the California Board of Behavioral Sciences and require appropriate supervision, as defined by State law. • Associate Professional Clinical Counselors must be registered to practice by the California Board of Behavioral Sciences and require appropriate supervision, as defined in State law. • Credentialed School Counselors must have a valid pupil personnel services (PPS) credential with a specialization in school counseling. • Credentialed School Psychologists must have a valid PPS credential with a specialization in school psychology. • Credentialed School Social Workers must have a valid PPS credential with a specialization in school social work. • Licensed Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences. Licensed Clinical Social Workers employed in a TK to grade 12 school setting must hold a valid PPS credential with a specialization in health issued by the Commission on Teaching Credential (CTC) or be appropriately supervised, as defined by State law. • Licensed Educational Psychologists must be licensed to practice by the California Board of Behavioral Sciences. Educational Psychologists furnishing services in a TK to grade 12 school setting must hold a valid PPS credential with a specialization in health issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law. • Licensed Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences. Marriage and Family Therapists employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Psychology and Counseling Services (cont.)	<u>Practitioner qualifications, limits and supervision requirements:</u> • Licensed Professional Clinical Counselors must be licensed to practice by the California Board of Behavioral Sciences. Licensed Professional Clinical Counselors employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC or be appropriately supervised, as defined by State law. • Licensed Psychologists must be licensed to practice by the California Board of Psychology. Licensed Psychologists employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law, • Registered Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences and require appropriate supervision, as defined by State law. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. Registered Nurses may only provide health education/anticipatory guidance and mental health screening services. Registered Nurses include: ○ Certified Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. ○ Certified Public Health Nurses ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential.

*Prior authorization is not required for emergency services.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Respiratory Care Services Coverage provided under the Physician Services Benefit pursuant to 42 CFR § 440.60(a). Respiratory care services include, but are not limited to the assessment and therapeutic use of the following: • Oxygen therapy • Humidity therapy • Aerosol therapy • Air clearance techniques • Respiratory assist device • Chest physiotherapy • Assessment of patient's cardiopulmonary status <u>Qualified Practitioner Type:</u> • Licensed Respiratory Care Practitioners	<u>Practitioner qualifications, limits and supervision requirements:</u> • Respiratory Care Practitioners must be licensed by the Respiratory Care Board of California and require supervision by a physician.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Speech-Language and Audiology Services Coverage provided under the Speech-Language Pathology and Audiology Services Benefit pursuant to 42 CFR § 440.110(c). Services for individuals with speech, hearing, and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided in an individual or group setting. It includes any necessary supplies and equipment. <u>Qualified Practitioner Type:</u> • Credentialed Audiologists • Credentialed Speech-Language Pathologists • Licensed Audiologists • Licensed Speech-Language Pathologists • Registered School Audiometrists • Speech-Language Pathology Assistants The State's Attorney General, in opinion #06-1011, dated November 30, 2006, concluded that the State's qualifications for the professional clear credential and the preliminary credential for speech-language pathologists were equivalent to the federal speech-pathologists qualifications in 42 CFR § 440.110.	<u>Practitioner qualifications, limits, and supervision requirements:</u> • Credentialed Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology. • Credentialed Speech-Language Pathologists who have a preliminary or professional clear services credential in speech-language pathology may provide assessments and treatment services related to speech, voice, language, or swallowing disorders. Credentialed Speech-Language Pathologists who do not have a preliminary or professional clear services credential in speech-language pathology may provide services under the direction of a Licensed Speech-Language Pathologist or a Credentialed Speech-Language Pathologist who has a professional clear services credential in speech-language pathology. • Licensed Audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board. • Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board. • Registered School Audiometrists must have a valid certificate of registration issued by the Department of Health Care Services. • Speech-Language Pathology Assistants must register with the Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board and require supervision by a Licensed Speech-Language Pathologist or a Credentialed Speech-Language Pathologist.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Specialized Medical Transportation Services Definition: Per 42 CFR § 440.170(a)(1), "transportation" includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatment for a member. This service is limited to transportation of an eligible child to health-related services as listed in a recipient's IEP/IFSP.	<u>Service Limitations and requirements:</u> - Specialized transportation services are available to Medicaid eligible members for whom the transportation services are medically necessary and documented in an IEP/IFSP. - Services must be provided on the same date of service that a Medicaid covered service, required by the student's IEP/IFSP, is received. Both the transportation and the covered services must be authorized in the student's IEP/IFSP. - Transportation must be provided on a specially adapted vehicle to and/or from the location where the Medicaid service is received, and includes specialized transportation services that are provided in a litter van, wheelchair van, or a specially adapted vehicle equipped with adaptations, such as: lifts, ramps, and/or restraints driven by employees or contracted by the LEA. Note: the presence of only an aide (on a non-adapted bus/vehicle) or simple seat belts do not make a vehicle specially adapted.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Targeted Case Management (TCM) Services Definition: As defined in Supplement 1c to Attachment 3.1-A. <u>Qualified Practitioner Type:</u> • Associate Marriage and Family Therapists • Associate Professional Clinical Counselor • Certified Nurse Practitioners • Certified Public Health Nurses • Credentialed School Counselors • Credentialed School Psychologists • Credentialed School Social Workers • Credentialed Speech-Language Pathologists • Licensed Clinical Social Workers • Licensed Educational Psychologists • Licensed Marriage and Family Therapists • Licensed Occupational Therapists • Licensed Physical Therapists • Licensed Professional Clinical Counselor • Licensed Psychologists • Licensed Registered Nurses • Licensed Speech-Language Pathologist • Licensed Vocational Nurses • Program Specialists • Registered Associate Clinical Social Workers • Registered Credentialed School Nurses	<u>Practitioner qualifications, limits and supervision requirements:</u> Members eligible for TCM Services are limited to students who are Medicaid enrolled and have an IEP, IFSP, IHSP, or any other medical plan of care. Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Registered Associate Clinical Social Workers and Licensed Vocational Nurses require supervision, as defined in State law. Case manager requirements are identified in Supplement 1C to Attachment 3.1-A.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	Non-Clinical Preventive Services Coverage provided under the Preventative Services Benefit pursuant to 42 CFR § 440.130(c). Non-clinical preventive services support behavioral health needs and promote physical and mental health, including supporting the member's ability to self-manage health conditions. Services are covered as medically necessary services for Medi-Cal members under 21 years of age, regardless of diagnosis, based upon a recommendation by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Non-Clinical Preventive Services include services such as: • Health education to promote the member's health or address barriers to health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care standards. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions. • Individual and group behavioral health coaching. • Crisis referral, including identifying potential risk, providing emotional support to members and linking members with licensed, credentialed or associate behavioral health providers. • Screenings to identify the need for services, when those screenings do not require a licensed provider.	<u>Practitioner qualifications, limits, and supervision requirements:</u> Qualified rendering practitioners and supervision requirements are defined in Limitations 3.1-A, 13c, pages 18e through 18g and 18l.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Specialized Medical Transportation Services	<u>Service Limitations and requirements:</u>
Services provided by LEA providers (cont.)	Definition: Per 42 CFR § 440.170(a)(1), "transportation" includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatment for a member. This service is limited to transportation of an eligible child to health-related services as listed in a recipient's IEP/IFSP.	- Specialized transportation services are available to Medicaid eligible members for whom the transportation services are medically necessary and documented in an IEP/IFSP. - Services must be provided on the same date of service that a Medicaid covered service, required by the student's IEP/IFSP, is received. Both the transportation and the covered services must be authorized in the student's IEP/IFSP. - Transportation must be provided on a specially adapted vehicle to and/or from the location where the Medicaid service is received, and includes specialized transportation services that are provided in a litter van, wheelchair van, or a specially adapted vehicle equipped with adaptations, such as: lifts, ramps, and/or restraints driven by employees or contracted by the LEA. Note: the presence of only an aide (on a non-adapted bus/vehicle) or simple seat belts do not make a vehicle specially adapted.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Targeted Case Management (TCM) Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Definition: As defined in Supplement 1c to Attachment 3.1-A. <u>Qualified Practitioner Type:</u> • Associate Marriage and Family Therapists • Associate Professional Clinical Counselor • Certified Nurse Practitioners • Certified Public Health Nurses • Credentialed School Counselors • Credentialed School Psychologists • Credentialed School Social Workers • Credentialed Speech-Language Pathologists • Licensed Clinical Social Workers • Licensed Educational Psychologists • Licensed Marriage and Family Therapists • Licensed Occupational Therapists • Licensed Physical Therapists • Licensed Professional Clinical Counselor • Licensed Psychologists • Licensed Registered Nurses • Licensed Speech-Language Pathologist • Licensed Vocational Nurses • Program Specialists • Registered Associate Clinical Social Workers • Registered Credentialed School Nurses	Members eligible for TCM Services are limited to students who are Medicaid enrolled and have an IEP, IFSP, IHSP, or any other medical plan of care. Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Registered Associate Clinical Social Workers and Licensed Vocational Nurses require supervision, as defined in State law. Case manager requirements are identified in Supplement 1C to Attachment 3.1-A.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Non-Clinical Preventive Services	<u>Practitioner qualifications, limits, and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Preventative Services Benefit pursuant to CFR § 440.130(c). Non-clinical preventive services support behavioral health needs and promote physical and mental health, including supporting the member's ability to self-manage health conditions. Services are covered as medically necessary services for Medi-Cal members under 21 years of age, regardless of diagnosis, based upon a recommendation by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Non-Clinical Preventive Services include services such as: • Health education to promote the member's health or address barriers to health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care standards. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions. • Individual and group behavioral health coaching. • Crisis referral, including identifying potential risk, providing emotional support to members and linking members with licensed, credentialed or associate behavioral health providers. • Screenings to identify the need for services, when those screenings do not require a licensed provider.	Qualified rendering practitioners and supervision requirements are defined in Limitations 3.1-A, 13c, pages 18e through 18g and 18l.
*Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.		

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b Early and periodic screening, diagnostic and treatment (EPSDT) services	All medically necessary services coverable under 1905(a) of the Social Security Act are provided to EPSDT-eligible population individuals. EPSDT covered services are provided to Medicaid eligibles under 21 years of age. Includes rehabilitative mental health services: collateral, assessment, individual therapy, group therapy, medication service, crisis intervention, day treatment intensive, day rehabilitation offered in local and mental health clinics or in the community, as described in Attachment 3.1-A, Item 13.	Prior authorization is not required.
Services provided by Local Educational Agency (LEA) providers	Includes LEA Medi-Cal Billing Option Program services (LEA services). An LEA is the governing body of any school district or community college district, county office of education, charter school, state special school, California State University campus, or University of California Campus. Freedom of Choice 42 Code of Federal Regulations (CFR) 431.51. The State assures that the provision of services will not restrict an individual's free choice of qualified providers in violation of section 1902(a)(23) of the Social Security Act. LEAs providing LEA services may be subject to on-site review and/or audit by the Center for Medicare and Medicaid Services and/or agents, the single state agency and/or its agents or the Department of Education under an interagency agreement with the single state agency.	LEA eligible members are individuals under age 22 who are Medicaid eligible members, regardless of whether the member has an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) under the Individuals with Disabilities Education Act (IDEA). Any person who becomes 22 years of age while participating in an IEP or IFSP may continue his or her participation in the program for the remainder of that current school year. LEA eligible members may also include individuals receiving treatment services under age 21, with an Individualized Health and Support Plan (IHSP), or any other medical plan of care.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<u>Assessment Services</u>	LEA assessment services provided to enrolled Medicaid members are limited to services with an appropriate recommendation.
Services provided by LEA providers (cont.)	Health and mental health evaluation and education (Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, also covered in Items 4b and 13d). EPSDT services are defined as medically necessary when used to correct or ameliorate defects and physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screening. Health and mental health evaluation and education includes parts of EPSDT assessment and screenings such as: Evaluations: Evaluation services assess functioning and inform diagnosis, eligibility, or the need for future treatment. Evaluations include the following: • Audiological Assessment • Crisis Intervention/Risk Assessment • Developmental Assessment • Health Assessment • Nutritional Assessment • Occupational Therapy Assessment • Orientation and Mobility Assessment • Physical Therapy Assessment • Psychological Assessment • Psychosocial Status Assessment • Respiratory Assessment • Speech-Language Assessment • Vision Assessment	Authorizations for EPSDT services provided to eligible Medicaid members may also be based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). In addition, health screenings required for all students by California Education Code or Health and Safety Code will be reimbursable at required intervals. <u>Practitioner Qualifications and Limitations</u> LEA assessment and screening services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, who render services within their scope of practice, as defined in State law.
*Prior authorization is not required for emergency services.		
**Coverage is limited to medically necessary services.		

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<u>Preventive Services</u>	
Services provided by LEA providers (cont.)	Screenings: Screening services are brief, standardized activities administered to a defined student population (or subgroup) to identify risk factors or possible health conditions and determine whether future evaluations or services are needed. Screenings may include hearing, vision, developmental, behavioral health, adverse childhood experiences, depression or anxiety questionnaires, and risk or safety screenings, among others. Health Education/Anticipatory Guidance: Includes age-appropriate education that builds knowledge and skills needed to promote health, prevent illness or injury and support healthy behaviors, and guidance to students (and/or families). Health education/anticipatory guidance may be provided to targeted, at-risk students (and/or families), such as providing information, building skills and preventive counseling on tobacco cessation to a group of students that use tobacco products, and may also be provided to a universal group of students (and/or families), regardless of risk level, with the goal of preventing the onset of risky behaviors. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions.	

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**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<u>Treatment Services</u>	LEA treatment services are limited to services provided to eligible Medicaid members pursuant to an IEP, IFSP, IHSP, or any other medical plan of care.
Services provided by LEA providers (cont.)	LEA covered services include the following services: • Nursing Services (as defined in 42 CFR § 440.60(a)) ○ School Health Aide Services • Nutrition Services (as defined in 42 CFR § 440.60(a) and § 440.130(d)) • Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1)) • Optometry Services (as defined in 42 CFR § 440.60(a)) • Orientation and Mobility Services (as defined in 42 CFR § 440.130(d)) • Physical Therapy Services (as defined in 42 CFR § 440.110(a)(1)) • Physician Services (as defined in 42 CFR § 440.50(a)) • Psychology and Counseling Services (as defined in 42 CFR § 440.130(d)) • Respiratory Care Services (as defined in 42 CFR § 440.60(a)) • Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c)) Other LEA covered services include the following services: • Non-Clinical Preventive Services (as defined in 42 CFR § 440.130(c)) • Specialized Medical Transportation Services (as defined in 42 CFR § 440.170(a)(1)) • Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A)	LEA treatment services require appropriate authorization in the form of a prescription, referral, or recommendation by a licensed practitioner within their scope of practice. <u>Practitioner Qualifications and Limitations</u> LEA treatment services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, and who render services within their scope of practice, as defined in State law.
*Prior authorization is not required for emergency services.		
**Coverage is limited to medically necessary services.		

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Nursing Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). <u>Qualified Practitioner Types:</u> - Registered Nurses - Certified Nurse Practitioners - Certified Public Health Nurses - Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential - Licensed Vocational Nurses	- Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: - Nurse Practitioners who are certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential. - Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under appropriate supervision, as defined by State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	I. School Health Aide Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). School health aide services include support furnished to an individual to assist in medically necessary health-related functions and Activities of Daily Living (ADLs) related to a member's physical or mental health limitation due to a disability or health condition. Services and support include, but are not limited to: • Specialized physical health care services, such as catheterization, gastric tube feeding, suctioning, oxygen administration and nebulizer treatments. • Hands on assistance with ADL tasks, such as eating, toileting, transferring, positioning and mobility assistance. • Cueing, such as directing the completion of an ADL task. • Observation, intervening and redirecting to assist with completion of an ADL task. • Medically necessary continuous monitoring services when a student's medical condition requires ongoing observation.	• Licensed Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under appropriate supervision, as defined in State law. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. ○ Certified Public Health Nurses ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential. • Trained Health Care Aides must practice under appropriate supervision, as defined in State law. ○ Trained Health Care Aides delivering specialized physical health care services must be trained in the administration of specialized physical health care.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	I. School Health Aide Services (cont.)	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	The following practitioners may conduct School Health Aide Services, within scope of practice: <u>Qualified Practitioner Types:</u> • Licensed Vocational Nurses • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential • Trained Health Care Aides	The State's Scope of Practice Act relating to the licensed profession, and the regulations adopted pursuant to those practice acts, assure that the licensed practitioners assume professional responsibility for the patient and the service furnished by the unlicensed practitioner under their supervision.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Nutrition Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a) and the Preventative Services Benefit pursuant to 42 CFR § 440.130(c). <u>Qualified Practitioner Types:</u> - Registered Dietitians - Registered Nurses - Certified Nurse Practitioners - Certified Public Health Nurses - Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential	- Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians may only provide nutritional assessments and nutritional counseling services. - Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: - Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Optometry Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). <u>Qualified Practitioner Types:</u> • Licensed Optometrists • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential • Licensed Vocational Nurses	• Licensed Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. Certified Nurse Practitioners providing vision screenings in a TK to grade 12 school setting require supervision, as defined in State law. ○ Certified Public Health Nurses. Certified Public Health Nurses providing vision screenings in a TK to grade 12 school setting require, as defined in State law. ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential. Registered Nurses that hold the Credential do not need supervision to provide vision screening in a TK to grade 12 school setting. • Licensed Vocational Nurses providing vision screenings in a TK to grade 12 school setting must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and require supervision, as defined in State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Orientation and Mobility Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage is provided under the Rehabilitative Services Benefit pursuant to 42 CFR § 440.130(d). Orientation and mobility services are recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law. Orientation and mobility services include assessment and treatment services to correct or alleviate movement deficiencies created by a loss or lack of vision, but are not limited to: • Motor Development • Residual vision stimulation/training • Sensory development • Street crossing <u>Qualified Practitioner Types:</u> • Orientation and Mobility Specialists	• Orientation and Mobility Specialists must possess a Clinical or Rehabilitative Services Credential in Orientation and Mobility.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Physician Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Physician Services Benefit pursuant to 42 CFR § 440.50(a). Physicians' services, whether furnished in the office, the member's home, a hospital, a skilled nursing facility, or elsewhere, means services furnished by a physician (1) Within the scope of practice of medicine or osteopathy as defined by State law; and (2) By or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy. <u>Qualified Practitioner Types:</u> • Licensed Physician Assistants • Physicians	• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician. • Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Psychology and Counseling Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Rehabilitative Services Benefit pursuant to 42 CFR §440.130(d). Psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law and provided in an individual or group setting. <u>Qualified Practitioner Types:</u> • Associate Marriage and Family Therapists • Associate Professional Clinical Counselors • Credentialed School Counselors • Credentialed School Psychologists • Credentialed School Social Workers • Licensed Clinical Social Workers • Licensed Educational Psychologists • Licensed Marriage and Family Therapists • Licensed Professional Clinical Counselors • Licensed Psychologists • Registered Associate Clinical Social Workers • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential	• Associate Marriage and Family Therapists must be registered with the California Board of Behavioral Sciences and require appropriate supervision, as defined by State law. • Associate Professional Clinical Counselors must be registered to practice by the California Board of Behavioral Sciences and require appropriate supervision, as defined in State law. • Credentialed School Counselors must have a valid pupil personnel services (PPS) credential with a specialization in school counseling. • Credentialed School Psychologists must have a valid PPS credential with a specialization in school psychology. • Credentialed School Social Workers must have a valid PPS credential with a specialization in school social work. • Licensed Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences. Licensed Clinical Social Workers employed in a TK to grade 12 school setting must hold a valid PPS credential with a specialization in health issued by the Commission on Teaching Credential (CTC) or be appropriately supervised, as defined by State law. • Licensed Educational Psychologists must be licensed to practice by the California Board of Behavioral Sciences. Educational Psychologists furnishing services in a TK to grade 12 school setting must hold a valid PPS credential with a specialization in health issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law. • Licensed Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences. Marriage and Family Therapists employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Psychology and Counseling Services (cont.)	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)		- Licensed Professional Clinical Counselors must be licensed to practice by the California Board of Behavioral Sciences. Licensed Professional Clinical Counselors employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC or be appropriately supervised, as defined by State law. - Licensed Psychologists must be licensed to practice by the California Board of Psychology. Licensed Psychologists employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law, - Registered Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences and require appropriate supervision, as defined by State law. - Registered Nurses must be licensed to practice by the California Board of Registered Nursing. Registered Nurses may only provide health education/anticipatory guidance and mental health screening services. Registered Nurses include: - Certified Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential.

*Prior authorization is not required for emergency services.

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Respiratory Care Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Physician Services Benefit pursuant to 42 CFR § 440.60(a). Respiratory care services include, but are not limited to the assessment and therapeutic use of the following: • Oxygen therapy • Humidity therapy • Aerosol therapy • Air clearance techniques • Respiratory assist device • Chest physiotherapy • Assessment of patient's cardiopulmonary status <u>Qualified Practitioner Type:</u> • Licensed Respiratory Care Practitioners	• Respiratory Care Practitioners must be licensed by the Respiratory Care Board of California and require supervision by a physician.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Speech-Language and Audiology Services	<u>Practitioner qualifications, limits, and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Speech-Language Pathology and Audiology Services Benefit pursuant to 42 CFR § 440.110(c). Services for individuals with speech, hearing, and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided in an individual or group setting. It includes any necessary supplies and equipment. <u>Qualified Practitioner Type:</u> • Credentialed Audiologists • Credentialed Speech-Language Pathologists • Licensed Audiologists • Licensed Speech-Language Pathologists • Registered School Audiometrists • Speech-Language Pathology Assistants The State's Attorney General, in opinion #06-1011, dated November 30, 2006, concluded that the State's qualifications for the professional clear credential and the preliminary credential for speech-language pathologists were equivalent to the federal speech-pathologists qualifications in 42 CFR § 440.110.	• Credentialed Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology. • Credentialed Speech-Language Pathologists who have a preliminary or professional clear services credential in speech-language pathology may provide assessments and treatment services related to speech, voice, language, or swallowing disorders. Credentialed Speech-Language Pathologists who do not have a preliminary or professional clear services credential in speech-language pathology may provide services under the direction of a Licensed Speech-Language Pathologist or a Credentialed Speech-Language Pathologist who has a professional clear services credential in speech-language pathology. • Licensed Audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board. • Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board. • Registered School Audiometrists must have a valid certificate of registration issued by the Department of Health Care Services. • Speech-Language Pathology Assistants must register with the Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board and require supervision by a Licensed Speech-Language Pathologist or a Credentialed Speech-Language Pathologist.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Specialized Medical Transportation Services	<u>Service Limitations and requirements:</u>
Services provided by LEA providers (cont.)	Definition: Per 42 CFR § 440.170(a)(1), "transportation" includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatment for a member. This service is limited to transportation of an eligible child to health-related services as listed in a recipient's IEP/IFSP.	• Specialized transportation services are available to Medicaid eligible members for whom the transportation services are medically necessary and documented in an IEP/IFSP. • Services must be provided on the same date of service that a Medicaid covered service, required by the student's IEP/IFSP, is received. Both the transportation and the covered services must be authorized in the student's IEP/IFSP. • Transportation must be provided on a specially adapted vehicle to and/or from the location where the Medicaid service is received, and includes specialized transportation services that are provided in a litter van, wheelchair van, or a specially adapted vehicle equipped with adaptations, such as: lifts, ramps, and/or restraints driven by employees or contracted by the LEA. Note: the presence of only an aide (on a non-adapted bus/vehicle) or simple seat belts do not make a vehicle specially adapted.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Targeted Case Management (TCM) Services	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	Definition: As defined in Supplement 1c to Attachment 3.1-A. <u>Qualified Practitioner Type:</u> •Associate Marriage and Family Therapists •Associate Professional Clinical Counselor •Certified Nurse Practitioners •Certified Public Health Nurses •Credentialed School Counselors •Credentialed School Psychologists •Credentialed School Social Workers •Credentialed Speech-Language Pathologists •Licensed Clinical Social Workers •Licensed Educational Psychologists •Licensed Marriage and Family Therapists •Licensed Occupational Therapists •Licensed Physical Therapists •Licensed Professional Clinical Counselor •Licensed Psychologists •Licensed Registered Nurses •Licensed Speech-Language Pathologist •Licensed Vocational Nurses •Program Specialists •Registered Associate Clinical Social Workers •Registered Credentialed School Nurses	Members eligible for TCM Services are limited to students who are Medicaid enrolled and have an IEP, IFSP, IHSP, or any other medical plan of care. Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Registered Associate Clinical Social Workers and Licensed Vocational Nurses require supervision, as defined in State law. Case manager requirements are identified in Supplement 1C to Attachment 3.1-A.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Non-Clinical Preventive Services	<u>Practitioner qualifications, limits, and supervision requirements:</u>
Services provided by LEA providers (cont.)	Coverage provided under the Preventative Services Benefit pursuant to CFR § 440.130(c). Non-clinical preventive services support behavioral health needs and promote physical and mental health, including supporting the member's ability to self-manage health conditions. Services are covered as medically necessary services for Medi-Cal members under 21 years of age, regardless of diagnosis, based upon a recommendation by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Non-Clinical Preventive Services include services such as: • Health education to promote the member's health or address barriers to health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care standards. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions. • Individual and group behavioral health coaching. • Crisis referral, including identifying potential risk, providing emotional support to members and linking members with licensed, credentialed or associate behavioral health providers. • Screenings to identify the need for services, when those screenings do not require a licensed provider.	Qualified rendering practitioners and supervision requirements are defined in Limitations 3.1-A, 13c, pages 18e through 18g and 18l.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services	An LEA is the governing body of any school district or community college district, county of education, charter school, state special school, California State University campus, or University of California Campus. Freedom of Choice 42 Code of Federal Regulations (CFR) 431.51. The State assures that the provision of services will not restrict an individual's free choice of qualified providers in violation of section 1902(a)(23) of the Social Security Act. LEAs providing LEA services may be subject to on-site review and/or audit by the Center for Medicare and Medicaid Services and/or agents, the single state agency and/or its agents or the Department of Education under an interagency agreement with the single state agency.	Prior authorization is not required. LEA eligible members are individuals under age 22 who are Medicaid eligible members, regardless of whether the member has an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) under the Individuals with Disabilities Education Act (IDEA). Any person who becomes 22 years of age while participating in an IEP or IFSP may continue his or her participation in the program for the remainder of that current school year. LEA eligible members may also include individuals receiving treatment services under age 21, with an Individualized Health and Support Plan (IHSP), or any other medical plan of care.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<u>Assessment Services</u> Health and mental health evaluation and education (Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, also covered in Items 4b and 13d). EPSDT services are defined as medically necessary when used to correct or ameliorate defects and physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screening. Health and mental health evaluation and education includes parts of EPSDT assessment and screenings such as: Evaluations: Evaluation services assess functioning and inform diagnosis, eligibility, or the need for future treatment. Evaluations include the following: • Audiological Assessment • Crisis Intervention/Risk Assessment • Developmental Assessment • Health Assessment • Nutritional Assessment • Occupational Therapy Assessment • Orientation and Mobility Assessment • Physical Therapy Assessment • Psychological Assessment • Psychosocial Status Assessment • Respiratory Assessment • Speech-Language Assessment • Vision Assessment	LEA assessment services provided to enrolled Medicaid members are limited to services with an appropriate recommendation. Authorizations for EPSDT services provided to eligible Medicaid members may also be based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). In addition, health screenings required for all students by California Education Code or Health and Safety Code will be reimbursable at required intervals. <u>Practitioner Qualifications and Limitations</u> LEA assessment and screening services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, who render services within their scope of practice, as defined in State law.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<u>Preventive Services</u> Screenings: Screening services are brief, standardized activities administered to a defined student population (or subgroup) to identify risk factors or possible health conditions and determine whether future evaluations or services are needed. Screenings may include hearing, vision, developmental, behavioral health, adverse childhood experiences, depression or anxiety questionnaires, and risk or safety screenings, among others. Health Education/Anticipatory Guidance: Includes age-appropriate education that builds knowledge and skills needed to promote health, prevent illness or injury and support healthy behaviors, and guidance to students (and/or families). Health education/anticipatory guidance may be provided to targeted, at-risk students (and/or families), such as providing information, building skills and preventive counseling on tobacco cessation to a group of students that use tobacco products, and may also be provided to a universal group of students (and/or families), regardless of risk level, with the goal of preventing the onset of risky behaviors. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions.	

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<u>Treatment Services</u> LEA covered services include the following services: • Nursing Services (as defined in 42 CFR § 440.60(a)) ○ School Health Aide Services • Nutrition Services (as defined in 42 CFR § 440.60(a) and § 440.130(d)) • Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1)) • Optometry Services (as defined in 42 CFR § 440.60(a)) • Orientation and Mobility Services (as defined in 42 CFR § 440.130(d)) • Physical Therapy Services (as defined in 42 CFR § 440.110(a)(1)) • Physician Services (as defined in 42 CFR § 440.50(a)) • Psychology and Counseling Services (as defined in 42 CFR § 440.130(d)) • Respiratory Care Services (as defined in 42 CFR § 440.60(a)) • Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c)) Other LEA covered services include the following services: • Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c) • Specialized Medical Transportation Services (as defined in 42 CFR § 440.170(a)(1)) • Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A)	LEA treatment services are limited to services provided to eligible Medicaid members pursuant to an IEP, IFSP, IHSP, or any other medical plan of care. LEA treatment services require appropriate authorization in the form of a prescription, referral, or recommendation by a licensed practitioner within their scope of practice. <u>Practitioner Qualifications and Limitations</u> LEA treatment services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, and who render services within their scope of practice, as defined in State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Nursing Services Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). <u>Qualified Practitioner Types:</u> - Registered Nurses - Certified Nurse Practitioners - Certified Public Health Nurses - Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential - Licensed Vocational Nurses	<u>Practitioner qualifications, limits and supervision requirements:</u> - Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: - Nurse Practitioners who are certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential. - Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under appropriate supervision, as defined by State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	I. School Health Aide Services Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). School health aide services include support furnished to an individual to assist in medically necessary health-related functions and Activities of Daily Living (ADLs) related to a member's physical or mental health limitation due to a disability or health condition. Services and support include, but are not limited to: • Specialized physical health care services, such as catheterization, gastric tube feeding, suctioning, oxygen administration and nebulizer treatments. • Hands on assistance with ADL tasks, such as eating, toileting, transferring, positioning and mobility assistance. • Cueing, such as directing the completion of an ADL task. • Observation, intervening and redirecting to assist with completion of an ADL task. • Medically necessary continuous monitoring services when a student's medical condition requires ongoing observation.	<u>Practitioner qualifications, limits and supervision requirements:</u> • Licensed Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under appropriate supervision, as defined in State law. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. ○ Certified Public Health Nurses ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential. • Trained Health Care Aides must practice under appropriate supervision, as defined in State law. ○ Trained Health Care Aides delivering specialized physical health care services must be trained in the administration of specialized physical health care.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	I. School Health Aide Services (cont.) The following practitioners may conduct School Health Aide Services, within scope of practice: <u>Qualified Practitioner Types:</u> • Licensed Vocational Nurses • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential • Trained Health Care Aides	<u>Practitioner qualifications, limits and supervision requirements:</u> The State's Scope of Practice Act relating to the licensed profession, and the regulations adopted pursuant to those practice acts, assure that the licensed practitioners assume professional responsibility for the patient and the service furnished by the unlicensed practitioner under their supervision.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Nutrition Services Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a) and the Preventative Services Benefit pursuant to 42 CFR § 440.130(c). <u>Qualified Practitioner Types:</u> • Registered Dietitians • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential	<u>Practitioner qualifications, limits and supervision requirements:</u> • Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians may only provide nutritional assessments and nutritional counseling services. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. ○ Certified Public Health Nurses ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Optometry Services Coverage is provided under the Other Licensed Practitioner Benefit pursuant to 42 CFR § 440.60(a). <u>Qualified Practitioner Types:</u> • Licensed Optometrists • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential • Licensed Vocational Nurses	<u>Practitioner qualifications, limits and supervision requirements:</u> • Licensed Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health. • Registered Nurses must be licensed to practice by the California Board of Registered Nursing. This includes: ○ Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. Certified Nurse Practitioners providing vision screenings in a TK to grade 12 school setting require supervision, as defined in State law. ○ Certified Public Health Nurses. Certified Public Health Nurses providing vision screenings in a TK to grade 12 school setting require, as defined in State law. ○ Registered Credentialed School Nurses who hold the School Nurse Services Credential. Registered Nurses that hold the Credential do not need supervision to provide vision screening in a TK to grade 12 school setting. • Licensed Vocational Nurses providing vision screenings in a TK to grade 12 school setting must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and require supervision, as defined in State law.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Orientation and Mobility Services Coverage is provided under the Rehabilitative Services Benefit pursuant to 42 CFR § 440.130(d). Orientation and mobility services are recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law. Orientation and mobility services include assessment and treatment services to correct or alleviate movement deficiencies created by a loss or lack of vision, but are not limited to: • Motor Development • Residual vision stimulation/training • Sensory development • Street crossing <u>Qualified Practitioner Types:</u> • Orientation and Mobility Specialists	<u>Practitioner qualifications, limits and supervision requirements:</u> • Orientation and Mobility Specialists must possess a Clinical or Rehabilitative Services Credential in Orientation and Mobility.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Physician Services Coverage provided under the Physician Services Benefit pursuant to 42 CFR § 440.50(a). Physicians' services, whether furnished in the office, the member's home, a hospital, a skilled nursing facility, or elsewhere, means services furnished by a physician (1) Within the scope of practice of medicine or osteopathy as defined by State law; and (2) By or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy. <u>Qualified Practitioner Types:</u> • Licensed Physician Assistants • Physicians	<u>Practitioner qualifications, limits and supervision requirements:</u> • Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician. • Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Psychology and Counseling Services Coverage provided under the Rehabilitative Services Benefit pursuant to 42 CFR §440.130(d). Psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law and provided in an individual or group setting. <u>Qualified Practitioner Types:</u> • Associate Marriage and Family Therapists • Associate Professional Clinical Counselors • Credentialed School Counselors • Credentialed School Psychologists • Credentialed School Social Workers • Licensed Clinical Social Workers • Licensed Educational Psychologists • Licensed Marriage and Family Therapists • Licensed Professional Clinical Counselors • Licensed Psychologists • Registered Associate Clinical Social Workers • Registered Nurses ○ Certified Nurse Practitioners ○ Certified Public Health Nurses ○ Licensed Registered Nurses, including licensed nurses that hold the School Nurse Services Credential	<u>Practitioner qualifications, limits and supervision requirements:</u> • Associate Marriage and Family Therapists must be registered with the California Board of Behavioral Sciences and require appropriate supervision, as defined by State law. • Associate Professional Clinical Counselors must be registered to practice by the California Board of Behavioral Sciences and require appropriate supervision, as defined in State law. • Credentialed School Counselors must have a valid pupil personnel services (PPS) credential with a specialization in school counseling. • Credentialed School Psychologists must have a valid PPS credential with a specialization in school psychology. • Credentialed School Social Workers must have a valid PPS credential with a specialization in school social work. • Licensed Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences. Licensed Clinical Social Workers employed in a TK to grade 12 school setting must hold a valid PPS credential with a specialization in health issued by the Commission on Teaching Credential (CTC) or be appropriately supervised, as defined by State law. • Licensed Educational Psychologists must be licensed to practice by the California Board of Behavioral Sciences. Educational Psychologists furnishing services in a TK to grade 12 school setting must hold a valid PPS credential with a specialization in health issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law. • Licensed Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences. Marriage and Family Therapists employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Psychology and Counseling Services (cont.)	<u>Practitioner qualifications, limits and supervision requirements:</u> - Licensed Professional Clinical Counselors must be licensed to practice by the California Board of Behavioral Sciences. Licensed Professional Clinical Counselors employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC or be appropriately supervised, as defined by State law. - Licensed Psychologists must be licensed to practice by the California Board of Psychology. Licensed Psychologists employed in a TK to grade 12 school setting must hold a valid PPS credential issued by the CTC, with the appropriate authorization for those services, or be appropriately supervised, as defined by State law, - Registered Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences and require appropriate supervision, as defined by State law. - Registered Nurses must be licensed to practice by the California Board of Registered Nursing. Registered Nurses may only provide health education/anticipatory guidance and mental health screening services. Registered Nurses include: - Certified Nurse Practitioners must be certified to practice as Nurse Practitioners, whose practices are predominately that of primary care. - Certified Public Health Nurses - Registered Credentialed School Nurses who hold the School Nurse Services Credential.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Respiratory Care Services Coverage provided under the Physician Services Benefit pursuant to 42 CFR § 440.60(a). Respiratory care services include, but are not limited to the assessment and therapeutic use of the following: • Oxygen therapy • Humidity therapy • Aerosol therapy • Air clearance techniques • Respiratory assist device • Chest physiotherapy • Assessment of patient's cardiopulmonary status <u>Qualified Practitioner Type:</u> • Licensed Respiratory Care Practitioners	<u>Practitioner qualifications, limits and supervision requirements:</u> • Respiratory Care Practitioners must be licensed by the Respiratory Care Board of California and require supervision by a physician.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Speech-Language and Audiology Services Coverage provided under the Speech-Language Pathology and Audiology Services Benefit pursuant to 42 CFR § 440.110(c). Services for individuals with speech, hearing, and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided in an individual or group setting. It includes any necessary supplies and equipment. <u>Qualified Practitioner Type:</u> • Credentialed Audiologists • Credentialed Speech-Language Pathologists • Licensed Audiologists • Licensed Speech-Language Pathologists • Registered School Audiometrists • Speech-Language Pathology Assistants The State's Attorney General, in opinion #06-1011, dated November 30, 2006, concluded that the State's qualifications for the professional clear credential and the preliminary credential for speech-language pathologists were equivalent to the federal speech-pathologists qualifications in 42 CFR § 440.110.	<u>Practitioner qualifications, limits, and supervision requirements:</u> • Credentialed Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology. • Credentialed Speech-Language Pathologists who have a preliminary or professional clear services credential in speech-language pathology may provide assessments and treatment services related to speech, voice, language, or swallowing disorders. Credentialed Speech-Language Pathologists who do not have a preliminary or professional clear services credential in speech-language pathology may provide services under the direction of a Licensed Speech-Language Pathologist or a Credentialed Speech-Language Pathologist who has a professional clear services credential in speech-language pathology. • Licensed Audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board. • Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board. • Registered School Audiometrists must have a valid certificate of registration issued by the Department of Health Care Services. • Speech-Language Pathology Assistants must register with the Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board and require supervision by a Licensed Speech-Language Pathologist or a Credentialed Speech-Language Pathologist.

*Prior authorization is not required for emergency services.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Specialized Medical Transportation Services Definition: Per 42 CFR § 440.170(a)(1), "transportation" includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatment for a member. This service is limited to transportation of an eligible child to health-related services as listed in a recipient's IEP/IFSP.	<u>Service Limitations and Requirements:</u> - Specialized transportation services are available to Medicaid eligible members for whom the transportation services are medically necessary and documented in an IEP/IFSP. - Services must be provided on the same date of service that a Medicaid covered service, required by the student's IEP/IFSP, is received. Both the transportation and the covered services must be authorized in the student's IEP/IFSP. - Transportation must be provided on a specially adapted vehicle to and/or from the location where the Medicaid service is received, and includes specialized transportation services that are provided in a litter van, wheelchair van, or a specially adapted vehicle equipped with adaptations, such as: lifts, ramps, and/or restraints driven by employees or contracted by the LEA. Note: the presence of only an aide (on a non-adapted bus/vehicle) or simple seat belts do not make a vehicle specially adapted.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Targeted Case Management (TCM) Services Definition: As defined in Supplement 1c to Attachment 3.1-A. <u>Qualified Practitioner Type:</u> • Associate Marriage and Family Therapists • Associate Professional Clinical Counselor • Certified Nurse Practitioners • Certified Public Health Nurses • Credentialed School Counselors • Credentialed School Psychologists • Credentialed School Social Workers • Credentialed Speech-Language Pathologists • Licensed Clinical Social Workers • Licensed Educational Psychologists • Licensed Marriage and Family Therapists • Licensed Occupational Therapists • Licensed Physical Therapists • Licensed Professional Clinical Counselor • Licensed Psychologists • Licensed Registered Nurses • Licensed Speech-Language Pathologist • Licensed Vocational Nurses • Program Specialists • Registered Associate Clinical Social Workers • Registered Credentialed School Nurses	<u>Practitioner qualifications, limits and supervision requirements:</u> Members eligible for TCM Services are limited to students who are Medicaid enrolled and have an IEP, IFSP, IHSP, or any other medical plan of care. Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Registered Associate Clinical Social Workers and Licensed Vocational Nurses require supervision, as defined in State law. Case manager requirements are identified in Supplement 1C to Attachment 3.1-A.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	Non-Clinical Preventive Services Coverage provided under the Preventative Services Benefit pursuant to 42 CFR § 440.130(c). Non-clinical preventive services support behavioral health needs and promote physical and mental health, including supporting the member's ability to self-manage health conditions. Services are covered as medically necessary services for Medi-Cal members under 21 years of age, regardless of diagnosis, based upon a recommendation by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Non-Clinical Preventive Services include services such as: • Health education to promote the member's health or address barriers to health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care standards. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions. • Individual and group behavioral health coaching. • Crisis referral, including identifying potential risk, providing emotional support to members and linking members with licensed, credentialed or associate behavioral health providers. • Screenings to identify the need for services, when those screenings do not require a licensed provider.	<u>Practitioner qualifications, limits, and supervision requirements:</u> Qualified rendering practitioners and supervision requirements are defined in Limitations 3.1-A, 13c, pages 18e through 18g and 18l.
*Prior authorization is not required for emergency services.		
**Coverage is limited to medically necessary services.		

Payment for Local Educational Agency (LEA) Services

Reimbursement for school-based services will be based upon each LEA's reasonable and allowable costs as determined based on the LEA's annual cost report and Medicare principles of reimbursement as described at 42 CFR Part 413, the Medicare Provider Reimbursement Manual (Centers for Medicare & Medicaid Services, Publication 15-1), and Medicaid non-institutional reimbursement principles.

Medicaid covered assessment services and treatment services that are medically necessary and provided by LEA providers to Medicaid enrolled members with an Individualized Education Program (IEP), Individualized Family Services Plan (IFSP), Individualized Health and Support Plan (IHSP), or any other medical plan of care, as defined in Attachments 3.1-A and 3.1-B, include:

1. Assessment Services
2. Non-Clinical Preventive Services
3. Nursing Services
4. Nutrition Services
5. Occupational Therapy Services
6. Optometry Services
7. Orientation and Mobility Services
8. Physical Therapy Services
9. Physician Services
10. Psychology and Counseling Services
11. Respiratory Care Services
12. School Health Aide Services
13. Specialized Medical Transportation Services
14. Speech-Language and Audiology Services
15. Targeted Case Management Services, as defined in Supplement 1c to Attachment 3.1-A

Providers will be reimbursed interim rates for direct medical service per unit of service based on the methodology described below in Section I. On an annual basis, a LEA-specific cost reconciliation for all over and under payments will be processed via a cost reconciliation process.

I. Interim Rates for Assessments and Treatment Services for Medicaid Eligible Members with an IEP, IFSP, IHSP, or any other medical plan of care.

A. Interim Payment Methodology Overview

1. Interim reimbursement rates for IEP/IFSP assessment and treatment services for the period April 1, 2023, through June 30, 2024, were developed from data reported in cost and time surveys from a sample of LEA providers. As described in paragraphs B.1 through B.2, median hourly costs for each type of qualified practitioner (e.g., psychologist, speech therapist, audiologist, etc.) will be developed and used to inform interim payment rates.

2. Median IEP/IFSP assessment and treatment times by service type (e.g., psychology and counseling, speech therapy, and audiology, etc.) were developed from data reported in a time survey consisting of two instruments, a Treatment Service Questionnaire and an IEP Time Survey. Median IEP/IFSP assessment and treatment times by service type were applied to the median hourly costs for the corresponding practitioners to develop the initial LEA BOP Fee Schedule. The Department may elect to update the median assessment and treatment times by service type using data reported in a time survey.
3. Rates for assessments and treatment services will be annually adjusted in non-rebasing periods by applying the Implicit Price Deflator, which is published by the U.S. Department of Commerce. If the Implicit Price Deflator annual adjustment results in an increase or a decrease of one percent or less for any given year, the Department may elect not to impose the adjustment for that year.
4. The interim rates will be rebased using reported cost data at least once every five years using a methodology similar to that described in Sections B-F.

B. Hourly Costs

1. During rebasing periods, health care-related costs will be identified by type of practitioner from the LEA cost reports or other supplemental data and include salary, benefits and other personnel expenses. Indirect costs will be calculated by applying the LEA's approved indirect cost rate to the health-care related costs. Education-related costs will be excluded. The hourly basis for the costs will be based on total annual contracted hours worked by practitioner type.
2. Hourly costs will be adjusted for inflation by applying the percentage increase in the Implicit Price Deflator for State and Local Government Purchases of Goods and Services (Implicit Price Deflator). Inflation will be calculated by comparing the average Implicit Price Deflator index during the historical cost report period to the average of the most recently published Implicit Price Deflator quarters available at the time rates are developed, using a minimum of three quarters and selecting the period that most closely reflects the upcoming rate year. Median hourly costs for each practitioner type will be developed from these adjusted costs.

C. Assessments

1. Median assessment times for IEP/IFSP assessments are developed using time reported in the IEP Time Survey and validated in interviews with health service practitioners. The Time Survey will be conducted on a periodic basis by DHCS and will be used to rebase interim payment rates.

2. Service Categories

Assessment time from the IEP Time Survey is evaluated by service type (psychology, health, speech therapy, audiology, occupational therapy, and physical therapy) and

IEP/IFSP type of review (initial, annual, triennial and amended). Two versions of IEP/IFSP assessment rates for each service type are developed:

(a) Assessment conducted for an initial or triennial IEP/IFSP review

The initial review is conducted for a student that has not yet been determined to be eligible for services under IDEA. The triennial review occurs every 36 months.

(b) Assessment conducted for an annual or amended IEP/IFSP review

The annual review occurs every year to determine whether the existing IEP/IFSP is appropriately meeting the needs of the child. The amended review occurs periodically when requested by a parent, guardian or professional working with the student or when a student transfers from one LEA to another.

3. Interim Rates for Assessment Services

(a) Rates for assessments provided by social workers, and counselors will be based on the time incremental cost of these practitioners and billed in service units representing 15-minute increments.

(b) Rates for assessments provided by physicians will be based on the time incremental cost of school nurses (used as a proxy) and billed in service units representing 15-minute increments. The use of the school nurse cost as a proxy for physician cost is described in paragraph 3.(e). If adequate practitioner specific cost information becomes available through the annual cost report or other supplemental report, a practitioner specific 15-minute rate will be developed for physicians.

(c) Rates for assessments provided by optometrists will be based on the time incremental cost of school nurses (used as a proxy) and billed in service units representing 15-minute increments. The use of the school nurse cost as a proxy for optometrist cost is described in paragraph 3.(e). If adequate practitioner specific cost information becomes available through the annual cost report or other supplemental report, a practitioner specific 15-minute rate will be developed for optometrists.

(d) Existing audiometry rates from the Medi-Cal fee schedule will be used for hearing assessments.

(e) School nurses are qualified to perform the same LEA assessments as physicians (vision, health, and health education/anticipatory guidance) and optometrists (vision). The nurse hourly cost will be converted into a 15-minute interim rate and billed in service units representing 15-minute increments. The school nurse 15-minute interim rate will be used as a proxy for the physician and optometrist services interim rates, until such a time that adequate practitioner specific cost information becomes available through the annual cost report or other supplemental report.

- (f) School nurse hourly costs will be used as an interim rate proxy for nutrition assessments, respiratory care assessments, and all assessments provided by Physician Assistants. If adequate practitioner specific cost information becomes available through the annual cost report or other supplemental report, a practitioner specific 15-minute rate will be developed for physician assistants. Rates will be billed in service units representing 15-minute increments.
- (g) Occupational therapist hourly costs will be used as an interim rate proxy for orientation and mobility assessments. Rates based on occupational therapist hourly costs will be billed in service units representing 15-minute increments.
- (h) Interim rates for Associate Marriage and Family Therapists and Registered Associate Clinical Social Workers will be developed using hourly costs for these practitioners and will be billed in service units representing 15-minute increments. In cases where adequate data are not available to determine rates, Trained Health Care Aide hourly costs will be used as an interim rate proxy.
- (i) Interim rates for the following IEP/IFSP assessments will be billed on a flat rate basis, regardless of service time spent: health assessment, physical therapy assessment, occupational therapy assessment, speech-language assessment, audiological assessment, psychological assessment.
- (j) Interim rates for hearing and vision assessments will be encounter-based and billed regardless of assessment time spent. The flat rate for vision assessments will be calculated based on five minutes of the nurse hourly cost. This rate applies to screenings measuring visual acuity, as well as instrument-based screening tools, such as photoscreeners. Rates for the remaining five assessments will be billed in units representing 15-minute increments of assessment time, based on the costs of practitioners that are qualified to provide these assessments.

D. Interim Rates for Treatment Services

1. Median treatment times for psychology and counseling, speech therapy, audiology, occupational therapy, and physical therapy are developed using time reported in the Treatment Service Questionnaire. The Questionnaire will be distributed to LEAs on a periodic basis by DHCS and will be used to periodically rebase interim payment rates for treatment services. Each Treatment Service Questionnaire is subjected to a desk review to evaluate the reasonableness of the data provided.
 - (a) Treatment service rates for psychology and counseling, speech therapy, audiology, occupational therapy and physical therapy are developed based on an initial service increment range of 15 to 45 minutes as well as additional rate increments of 15-minutes. Time spent by health service practitioners for preparation and completion activities and travel have been included in the development of initial interim service rates (but not the additional 15-minute increment rates) for these services. The initial service billed for these practitioners represents any amount of treatment time between 15 and 45 minutes. Additional treatment time beyond the initial 45-minutes

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will be billed in 15-minute increments.

- (b) Individual and group interim treatment service rates are developed for psychology and counseling, speech therapy, audiology, occupational therapy, and physical therapy.
- i. Rates for Speech Therapy Services provided by a Speech Language Pathology Assistant will be based on the Speech Language Pathology Assistant hourly costs, when available. In cases where adequate data are not available to determine rates, Trained Health Care Aide hourly costs will be used as an interim rate proxy.
 - ii. Rates for Occupational Therapy Services provided by an Occupational Therapy Assistant will be based on the Occupational Therapy Assistant hourly costs, when available. In cases where adequate data are not available to determine rates, Trained Health Care Aide hourly costs will be used as an interim rate proxy.
 - iii. Rates for Physical Therapy Services provided by a Physical Therapist Assistant will be based on the Physical Therapist Assistant hourly costs, when available. In cases where adequate data are not available to determine rates, Trained Health Care Aide hourly costs will be used as an interim rate proxy.
 - iv. Rates for Psychology and Counseling Services provided by an Associate Marriage and Family Therapist will be based on the Associate Marriage and Family Therapist hourly costs, when available. In cases where adequate data are not available to determine rates, Trained Health Care Aide hourly costs will be used as an interim rate proxy.
 - v. Rates for Psychology and Counseling Services provided by a Registered Associate Clinical Social Worker will be based on the Registered Associate Clinical Social Worker hourly costs, when available. In cases where adequate data are not available to determine rates, Trained Health Care Aide hourly costs will be used as an interim rate proxy.
 - vi. Rates for the Psychology and Counseling Services provided by an Associate Professional Clinical Counselor will be based on the Associate Marriage and Family Therapist hourly costs as an interim rate proxy until adequate Associate Professional Clinical Counselor cost information is available through the annual cost report or other supplemental report.
 - vii. Rates for the Psychology and Counseling Services provided by a Licensed Professional Clinical Counselor will be based on the hourly costs for counselors and social workers and billed in service units representing 15-minute increments.
- (c) Trained Health Care Aide hourly costs will be used as an interim rate proxy to establish individual and group rates for Non-Clinical Preventive Services until adequate practitioner specific cost information is available through the annual cost report or other supplemental report. Non-Clinical Preventive Services will be billed in service units representing 15-minute increments or 30-minute increments.

- (d) School nurse hourly costs will be used as an interim rate proxy for nutrition treatments, respiratory care treatments, and all services provided by Physician Assistants. Interim rates will be based on school nurse hourly costs. If adequate practitioner specific cost information becomes available through the annual cost report or other supplemental report, a practitioner specific 15-minute rate will be developed for these practitioners.
 - (e) Occupational therapist hourly costs will be used as an interim rate proxy for orientation and mobility services provided by Certified Orientation and Mobility Specialists. Interim rates based on occupational therapist hourly costs will be billed in service units representing 15-minute increments. If adequate practitioner specific cost information becomes available through the annual cost report or other supplemental report, a practitioner specific 15-minute rate will be developed for Certified Orientation and Mobility Specialists.
- 2. An interim rate for hearing checks that do not meet the minimum treatment time of 15-minutes for the initial service increment (described in paragraph D.1.a.) was developed. This rate is based on 10-minutes of direct service time for audiologists plus the time spent by audiologists for preparation and completion activities and travel time. This treatment will be billed as one unit for each hearing check that requires less than 15-minutes of treatment time.
 - 3. Treatment service rates for nursing and school health aide services are developed using practitioner-specific hourly costs and billed in 15-minute increments.
 - 4. Existing encounter-based rates from the Medi-Cal fee schedule will be used to reimburse qualified practitioners for vaccine administration. Vaccine administration services will be billed on a flat rate basis, regardless of service time spent with the Medi-Cal enrolled student.

E. Interim Rates for Targeted Case Management (TCM) Services

- 1. TCM Services assist Medicaid enrolled members with an IEP, IFSP, IHSP or any other medical plan of care to gain access to appropriate and needed services. LEAs providing TCM Services, as defined in Supplement 1-c to Attachment 3.1-A, will be reimbursed an interim rate. On an annual basis, an LEA-specific cost reconciliation for all over and under payments will be processed via a cost reconciliation process for all covered services.
- 2. Interim rates for TCM Services will be based on the incremental cost of school nurses (used as a proxy) and billed in service units representing 15-minute increments. The school nurse hourly cost will be converted into a 15-minute interim rate that may be billed by all qualified rendering TCM practitioners.

F. Interim Rates for Specialized Medical Transportation Services

- 1. Existing rates from the Medi-Cal Fee Schedule will be used to reimburse per-trip specialized medical transportation services as described in II. C.

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2. In addition to the per-trip amount described above in F.1., LEAs have the option of seeking reimbursement for mileage associated with specialized medical transportation services. In order to claim for mileage expenses, LEAs must document the student's origination point and destination point in a trip log. If an LEA cannot meet this requirement, LEAs may bill for per-trip transportation services without billing for associated mileage. If the LEA bills for per-trip transportation services, the services must be documented in a trip log. Existing rates from the Medi-Cal fee schedule will be used to reimburse mileage for specialized medical transportation services as described in II. C.

II. Payment Methodology

All LEA services will be reimbursed at reconciled costs. On an interim basis, LEAs will be reimbursed an amount equal to the interim rate, identified above in Section I for each covered service, or the amount billed by the LEA, whichever is less. On an annual basis, a LEA-specific cost reconciliation for over and under payments will be processed via a cost report reconciliation and final settlement process, as provided in Section III. C and Section IV.

A. Data Capture for Cost of Providing Health-Related Services

Data capture for the cost of providing health-related services will be accomplished utilizing the following data sources:

1. Total direct and indirect costs, less any federal non-Medi-Cal payments or other revenue offsets outlined in 45 CFR Section 75.406, will be captured using the following sources:
 - (a) Medi-Cal cost reports received from LEAs, defined in Section III. C.
 - (b) California Department of Education Unrestricted Indirect Cost Rates; as provided in 34 CFR 76.564.
 - (c) Random Moment Time Survey (RMTS) results related to direct services, including the Direct Medical Service Percentage.
 - (d) LEA-specific Medicaid Enrollment Ratios.
 - (e) LEA-specific Medicaid One-Way Trip Ratios.

B. Data Sources and Cost Finding Steps

The following provides a description of the data sources and steps to complete the cost finding and reconciliation:

1. **Direct Medical Service Costs:** Direct costs for medical services include unallocated payroll costs and other unallocated costs that can be directly charged to medical services. Direct payroll costs include the total compensation (i.e., salaries and benefits) paid to the service personnel identified for the provision of health services listed in Attachment 3.1-A and Attachment 3.1-B.

Other direct costs related to the approved service personnel for the delivery of medical services, such as materials and supplies, equipment and capital costs, must be identified and included in the DHCS-approved Medi-Cal cost report.

Total direct costs for medical services are reduced on the cost report by any credits, adjustments or revenue from other funding sources, resulting in direct costs net of federal funds. This includes removing all federal funds, all state expenditures which have been previously matched by the federal government (including Medicaid-covered services for which for-for-service payment has already been claimed for federal matching), and purchase discounts, rebates or allowances, recoveries or indemnities on losses, insurance refunds or rebates, and adjustments of overpayments or erroneous charges.

2. **RMTS Percentage:** The Net Direct service costs for each service category are calculated by applying the Direct Medical Service Percentage from the approved time survey to the direct costs from Item B.1 above.

The CMS-approved time survey methodology is used to determine the percentage of time that medical service personnel spend on direct medical services, general and administrative time and all other activities to account for 100 percent of time and assure that there is no duplicate claiming. The time survey methodology will utilize the Direct Services cost pool, which includes staff that provide LEA covered services. The Direct Medical Services Percentage will include the applicable reallocated portion of General Administration time. The Direct Medical Service Costs and time survey results will be aligned to assure appropriate cost allocation.

The following formula will be used to calculate the Direct Medical Services Percentage including the applicable reallocated portion of General Administration time:

A = All Codes (100%)

D = Direct Medical Services (Activity Code 2A Moments divided by Total Moments for Activity Codes 1 to 16)

R = Reallocated Activities (Activity Code 16 Moments divided by Total Moments for Activity Codes 1 to 16)

$$\text{Direct Medical Service Percentage} = \left(\frac{D}{A-R} \right)$$

The RMTS Direct Medical Service Percentage will be calculated for the time study that is conducted during the July to September period (Quarter 1). The Quarter 1 Direct

Medical Service Percentage will be applied to Quarter 1 costs. Separately, an average Direct Medical Service Percentage will be calculated for the three quarterly time studies that occur during the quarters of October to December, January to March, and April to June. The average Direct Medical Service Percentage for these three quarters will be applied to the respective costs for the same time period.

3. **Contracted Service Costs:** Contracted Service Costs represent the costs incurred by the LEA for direct medical services rendered by a contracted service provider. Total contracted service costs are reduced for any federal fund or other reduction, including revenue offsets, and further reduced by the application of the LEA Medicaid Enrollment Ratio, in order to determine the Medi-Cal direct medical service contract costs. Contracted service costs are not eligible for the application of the unrestricted indirect cost rate. The RMTS Direct Medical Service Percentage will not be applied to contracted service costs.
4. **Indirect Costs:** Indirect costs are determined by applying the LEA's unrestricted indirect cost rate to the Net Direct Medical Service Costs, defined above in B.2. The California Department of Education is the administrative oversight agency for LEAs and approves the unrestricted indirect cost rates for LEAs for the United States Department of Education.
5. **Total Service Cost:** Net Direct Costs from Items B.2 and B.3 above, and indirect costs from Item B.4 above are combined.
6. **Medi-Cal Enrollment Ratio:** A Medi-Cal enrollment ratio will be established for each participating LEA on an annual basis, using the California Basic Educational Data System (CBEDS) annual data collection process, administered on the first Wednesday of October. When applied, this ratio will discount the Total Service Cost, defined above in B.5., by the percentage of Medi-Cal enrolled students. The numerator and denominator will be gathered in a manner that protects the privacy of student education records, as required in 34 CFR, Part 99.
 - (a) The numerator will be determined based on the number of Medi-Cal enrolled students in the LEA that are eligible for federal financial participation during the month of October.
 - (b) The denominator will be determined using counts obtained from the CBEDS annual data collection process, based on the type of LEA:
 - i. Local School Districts and Charter Schools: Total enrolled student count for the LEA.
 - ii. County Offices of Education (COEs): Total enrolled student count for county operated programs that provide LEA BOP covered services.
 - iii. LEA Billing Consortia: Total enrolled student count for all consortium members, including the lead LEA (the billing entity) and all participating member LEAs.
 - (c) The Medi-Cal Enrollment Ratio for community colleges, California State University campuses, or University of California campuses will be based on the total enrolled student count that is eligible to receive services through the student health center.

Note: Only students that have paid the student health center service fee (if required) and are under age 23 will be included in the calculation.

7. **Total Medi-Cal Reimbursable Cost:** The application of the previous steps will result in a total Medi-Cal reimbursable cost for each LEA for Direct Medical Services.

The total Medi-Cal reimbursable cost will be multiplied by the applicable federal medical assistance percentage(s) (FMAP) and compared to total interim Medi-Cal reimbursement paid in accordance with Sections B1 through B6, above. Interim Medi-Cal reimbursement payments and units paid will be derived from Medi-Cal paid claims data.

C. Specialized Medical Transportation Services Payment Methodology

Specialized medical transportation services provided to Medicaid eligible students with an IEP or IFSP will be paid on a cost basis. Providers will be paid an interim rate based on the Medi-Cal fee schedule for specialized medical transportation services, and provider specific cost reconciliation will occur to identify over and under payments.

1. Specialized medical transportation services are allowed to or from a Medicaid covered direct IEP/IFSP service which may be provided at school or other location, as specified in the IEP/IFSP. Transportation may be claimed as a Medicaid service when the following conditions are met:
 - (a) Specialized medical transportation is specifically listed in the IEP/IFSP as a required service.
 - (b) A medically necessary Medicaid-covered IEP/IFSP medical service (other than transportation) is provided on the day that specialized medical transportation is billed.
 - (c) Transportation is provided in a specially adapted vehicle.
2. Specialized transportation costs included on the cost report worksheet will only include those personnel and non-personnel costs associated with specialized medical transportation, reduced by any federal payments for these costs, resulting in adjusted costs for transportation. The costs identified on the cost report include the following:
 - (a) Personnel Costs - Personnel costs include the salary and benefit costs for transportation providers employed by the school district. The definitions for allowable salary and benefit costs for transportation services are the same as for direct medical service providers. The personnel costs may be reported for the following staff:
 - i. Bus Drivers
 - ii. Mechanics
 - iii. Substitute Drivers

- (b) Transportation Other Costs -Transportation other costs include the non-personnel costs incurred in providing the specialized transportation service. These costs include:
 - i. Lease/Rental costs
 - ii. Insurance costs
 - iii. Maintenance and Repair costs
 - iv. Fuel and Oil costs
 - v. Contracted -Transportation Services and Transportation Equipment cost
 - (c) Transportation Equipment Depreciation Costs - Transportation equipment depreciation costs are allowable for specialized transportation equipment purchased for more than \$5,000.
3. All specialized transportation costs reported on the annual cost report will be apportioned using the Medicaid One Way Trip Ratio

Medicaid One Way Trip Ratio- An LEA-specific Medicaid One Way Trip Ratio will be established for each participating LEA. When applied, this Medicaid One Way Trip ratio will discount the transportation costs by the percentage of Medicaid IEP/IFSP one-way trips. This ratio ensures that only Medicaid allowable transportation costs are included in the cost reconciliation.

When specialized transportation costs can be identified, LEAs will use the following formula to calculate the Medicaid One Way Trip Ratio: Total Medicaid Eligible IEP/IFSP One Way Trips divided by the Total Number of IEP/IFSP One Way Trips on each specially adapted vehicle. In the event that the LEA cannot determine the actual Total Number of IEP/IFSP One Way Trips provided on specially adapted vehicles (the denominator), the LEA may estimate the denominator using the following formula: all IEP/IFSP students in the LEA with transportation in their IEP/IFSP x number of school days x two trips per day.

III. LEA Reporting Requirements

A. Certification of Funds Process

Each provider certifies on an annual basis, through its cost report, their total actual incurred allowable costs/expenditures, including the federal share and non-federal share. Certification is conducted on an annual basis.

B. Claims Submittal Process

The LEAs will submit claims for services rendered in accordance with LEA Program requirements. If the LEA claimed amount exceeds the Medi-Cal fee schedule for the service claimed, the Department will adjust the affected LEA's claim payment so that the claim payment does not exceed the Medi-Cal fee schedule for the service provided. However, in no case will the Medi-Cal interim payment exceed the claimed amount if the LEA claimed amount is less than the Medi-Cal fee schedule for the service claimed.

C. Annual Cost Report – Cost and Reimbursement Comparison Schedule

1. LEAs are required to complete the Cost and Reimbursement Comparison Schedule (CRCS) for all school-based services delivered during the fiscal year covering July 1 through June 30, which represents the reporting period. The CRCS is due by March 1 after the close of the immediately preceding state fiscal year. Within 12 months of the March 1 due date, the Department will conduct an interim settlement or final settlement of the Medi-Cal share of each LEA's costs for the reporting period.

The final settlement process will not start earlier than 12 months from the end of the reporting period, to allow all LEA claims to be processed. The CRCS reported expenditures will be compared against interim claim payment data. Based on the finalized interim payments received by the LEA for services rendered during the state fiscal year, the Department will calculate the final settlement amount.

2. The annual cost report includes a certification of funds statement to be completed, certifying the provider's actual, incurred costs/expenditures for the reporting period. LEAs are required to certify that all expenditures are in compliance with OMB Super-Circular (2 CFR 200), reasonable cost principles under the federal Medicare Program, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor. The federal Centers for Medicare and Medicaid Services Provider Reimbursement Manual Part 1 (CMS Publication 15-1), Medicaid non-institutional reimbursement principles, and Generally Accepted Accounting Principles (GAAP). The expenditures certified in the cost report must be total expenditures (both local and federal share). The required annual cost report will be in accordance with instructions and forms issued by the Department.
3. LEAs are required to keep, maintain and have readily retrievable, such records to fully disclose its LEA costs. Such documentation must be maintained for a minimum of ten years from the date of submission of the annual cost report and in the event that amended cost reports are submitted, a minimum of ten years from the date of the submission of any and all amended annual cost reports.

IV. Department's Responsibilities

1. As part of its financial oversight responsibilities, for each LEA on an annual basis, the Department will complete the audit and cost settlement process. The audit plan will include a risk assessment of the LEAs using cost report and paid claim data available from the Department to determine the appropriate level of oversight. The financial oversight of LEAs may include reviewing the allowable costs in accordance with OMB Super-Circular (2 CFR 200), reasonable cost principles under the federal Medicare Program, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor. The federal Centers for Medicare and Medicaid Services Provider Reimbursement Manual Part 1 (CMS Publication 15-1), Medicaid non-institutional reimbursement principles, and GAAP in the form of a desk

audit, limited review audit, or field audit. These activities will be performed within the timeframe in accordance with Welfare and Institutions Code (WIC) Section 14115.8, which requires the Department to complete the audit and notify the LEA of the findings within 18 months of the date of the CRCS submission. In cases where the Department requires an amended cost report to be submitted by all participating LEAs, the audit and final settlement timeframe will begin on the date the amended CRCS is accepted by DHCS. LEAs may appeal audit findings in accordance with WIC Section 14171.

2. If the interim Medi-Cal payments exceed the actual, certified costs of an LEA's Medi-Cal services, the Department will either offset future claims from the affected LEA until the amount of the overpayment is recovered and/or recoup any overpayments and return the Federal share to the Federal government in accordance with 42 CFR 433.316. If the cost report's actual certified costs of an LEA's Medi-Cal services exceed interim Medi-Cal payments, the Department will pay this difference to the LEA. By performing the cost report reconciliation and final settlement process, there will be no instances where total Medi-Cal payments for services exceed 100 percent of the cost report's actual, certified expenditures for providing LEA services for each LEA.
3. The Department reserves the right to audit and investigate using the means and methods it deems necessary to ensure the integrity of the LEA BOP program, including taking all necessary actions to identify and resolve potential instances of fraud, waste, or abuse of LEA services and Medi-Cal funds.