



# NOTICE OF GENERAL PUBLIC INTEREST

RELEASE DATE: MAY 14, 2026

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

This notice is to provide information of public interest about a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). The proposed SPA proposes to: (1) expand covered services and add rates for new services; (2) add qualifying practitioners; and (3) clarify and clean up language from SPA 15-021 and incorporate legislative changes. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning proposed SPA #26-0008, which is attached.

DHCS estimates that the annual aggregate Medi-Cal expenditures for Licensed Professional Clinical Counselor (LPCC) assessment and treatment services, Associate Professional Clinical Counselor (APCC) assessment and treatment services, Community Health Worker (CHW) services, Certified Wellness Coach (CWC) services, immunization administration, and use of photoscreening devices will increase by \$917,895 in total funds for fiscal year (FY) 2026-27, and \$1,137,472 in total funds for FY 2027-28.

The effective date of the proposed SPA is July 1, 2026. All proposed SPAs are subject to approval by the Federal Centers for Medicare and Medicaid Services (CMS).

### Public Review and Comments

The proposed changes included in draft SPA #26-0008 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of proposed SPA #26-0008 will be published at the following internet address:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2026.aspx>.

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA #26-0008 or a copy of submitted public comments related to SPA #26-0008 by requesting it



in writing to the mailing or email address listed below. Please indicate SPA #26-0008 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services  
Local Governmental Financing Division  
Attn: Regina Zerne  
P.O. Box 997413, MS 2628  
Sacramento, California 95899-7417

Comments may also be emailed to [PublicInput@dhcs.ca.gov](mailto:PublicInput@dhcs.ca.gov). Please indicate SPA #26-0008 in the subject line or message.

To be assured consideration prior to submission of the SPA to CMS, comments must be received no later than June 15, 2026. Please note that comments will continue to be accepted after June 15, 2026, but DHCS may not be able to consider those comments prior to the initial submission of SPA #26-0008 to CMS.

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b Early and periodic screening, diagnostic, and treatment (EPSDT) services</p>	<p>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.</p> <p>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.</p>	<p>Prior authorization is not required.</p>
<p>Services provided by Local Educational Agency (LEA) providers</p>	<p>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.</p> <p>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.</p> <p>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.</p>	<p>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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b><u>Assessment Services</u></b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Developmental Assessment</li> <li>• Health Education and Anticipatory Guidance, appropriate to age and health status, which includes wellness counseling provided to individuals or groups of students identified to be at risk for poor health outcomes</li> <li>• Hearing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychosocial Status Assessment</li> <li>• Vision Assessment</li> <li>• Crisis Intervention/Risk Assessment</li> <li>• Other Preventive Health Services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency</li> </ul>	<p>LEA assessment services provided to enrolled Medicaid members are limited to services with an appropriate recommendation.</p> <p>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.</p> <p><b><u>Practitioner Qualifications and Limitations</u></b></p> <p>LEA assessment 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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<b><u>Assessment Services (cont.)</u></b>	
Services provided by LEA providers (cont.)	LEA covered services also include the following assessment services: <ul style="list-style-type: none"><li>• Audiological Assessment</li><li>• Health Assessment</li><li>• Occupational Therapy Assessment</li><li>• Orientation and Mobility Assessment</li><li>• Physical Therapy Assessment</li><li>• Psychological Assessment</li><li>• Respiratory Assessment</li><li>• Speech-Language Assessment</li></ul>	

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b><u>Treatment Services</u></b></p> <p>LEA covered services include the following services:</p> <ul style="list-style-type: none"> <li>• Nursing Services (as defined in 42 CFR § 440.166 and § 440.60(a))               <ul style="list-style-type: none"> <li>○ School Health Aide Services</li> </ul> </li> <li>• Nutrition Services (as defined in 42 CFR § 440.60(a))</li> <li>• Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1))</li> <li>• Optometry Services (as defined in 42 CFR § 440.60(a))</li> <li>• Orientation and Mobility Services (as defined in 42 CFR § 440.130(d))</li> <li>• Physical Therapy Services (as defined in 42 CFR § 440.110(a)(1))</li> <li>• Physician Services (as defined in 42 CFR § 440.50(a))</li> <li>• Psychology and Counseling Services (as defined in 42 CFR § 440.50(a) and § 440.130(d))</li> <li>• Respiratory Care Services (as defined in 42 CFR § 440.60(a))</li> <li>• Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c))</li> </ul> <p>Other LEA covered services include the following services:</p> <ul style="list-style-type: none"> <li>• Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c)</li> <li>• Specialized Medical Transportation Services (as defined in 42 CFR § 440.170(a)(1))</li> <li>• Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A)</li> </ul>	<p>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.</p> <p>LEA treatment services require appropriate authorization in the form of a prescription, referral, or recommendation by a licensed practitioner within their scope of practice.</p> <p><u>Practitioner Qualifications and Limitations</u></p> <p>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.</p>

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Nursing Services</b></p> <p>Definition: Per 42 CFR § 440.166 and § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care or services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under the direction of a Physician or Registered Nurse. When providing specialized physical health care services, vocational nurses require supervision by a Physician, Registered Credentialed School Nurse, or Certified Public Health Nurse.</li> </ul>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>I. School Health Aide Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Specialized physical health care services, such as catheterization, gastric tube feeding, suctioning, oxygen administration and nebulizer treatments.</li> <li>• Hands on assistance with ADL tasks, such as eating, toileting, transferring, positioning and mobility assistance.</li> <li>• Cueing, such as directing the completion of an ADL task.</li> <li>• Observation, intervening and redirecting to assist with completion of an ADL task.</li> <li>• Medically necessary continuous monitoring services when a student’s medical condition requires ongoing observation.</li> </ul>	<p><u>Prior authorization or Other Requirements*</u></p> <p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Qualified designated school personnel trained in the administration of specialized physical health care services must meet requirements set forth in California Education Code § 49423.5.</li> <li>• Trained Health Care Aides must work under the supervision of a Physician or Registered Nurse.</li> <li>• Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under the direction of a Physician or Registered Nurse. When providing specialized physical health services, vocational nurses require supervision by a Physician, Registered Credentialed School Nurse, or Certified Public Health Nurse.</li> </ul>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)  Services provided by LEA providers (cont.)	<b>I. School Health Aide Services (cont.)</b>  The following practitioners may conduct School Health Aide Services, within scope of practice:  <u>Qualified Practitioner Types:</u> <ul style="list-style-type: none"> <li>• Trained Health Care Aides</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<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.

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Nutrition Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Physicians</li> <li>• Registered Dietitians</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Licensed Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California and be certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians may only provide nutritional assessments and nutritional counseling services.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> </ul>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Optometry Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Optometrists</li> <li>• Licensed Physician Assistants</li> <li>• Physicians</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Licensed Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health.</li> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing. Certified Nurse Practitioners providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing. Certified Public Health Nurses providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing. Licensed Registered Nurses providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> </ul>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)  Services provided by LEA providers (cont.)	<b>Optometry Services (cont.)</b>	<u>Practitioner qualifications, limits and supervision requirements:</u> <ul style="list-style-type: none"> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li>• 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 in accordance with California Education Code § 49426.</li> </ul>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<b>Orientation and Mobility Services</b>	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	<p>Definition: Per 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Motor Development</li> <li>• Residual vision stimulation/training</li> <li>• Sensory development</li> <li>• Street crossing</li> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Orientation and Mobility Specialists</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation and Mobility Specialists possess a Clinical or Rehabilitative Services Credential in Orientation and Mobility.</li> </ul>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Physician Services</b></p> <p>Definition: Per 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.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants</li> <li>• Physicians</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> </ul>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b>Psychology and Counseling Services</b></p> <ul style="list-style-type: none"> <li>• Definition: Per 42 CFR § 440.50(a) and § 440.130(c) and (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.</li> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</li> <li>• Associate Professional Clinical Counselors</li> <li>• Credentialed School Counselors</li> <li>• Credentialed School Psychologists</li> <li>• Credentialed School Social Workers</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Professional Clinical Counselors</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Psychologists</li> <li>• Physicians</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists must be registered with the California Board of Behavioral Sciences and require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Associate Professional Clinical Counselors must be registered to practice by the California Board of Behavioral Sciences and require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Credentialed School Counselors must have a valid pupil personnel services (PPS) credential with a specialization in school counseling.</li> <li>• Credentialed School Psychologists must have a valid PPS credential with a specialization in school psychology.</li> <li>• Credentialed School Social Workers must have a valid PPS credential with a specialization in school social work.</li> <li>• 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 CTC or be supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> </ul>

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<b>Psychology and Counseling Services (cont.)</b>	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)		<ul style="list-style-type: none"> <li>• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• Licensed Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences. Licensed 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• Licensed Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California and be certified in psychiatry by the American Board of Psychiatry and Neurology.</li> </ul>

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4b EPSDT (cont.)	<b>Psychology and Counseling Services (cont.)</b>	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)		<ul style="list-style-type: none"> <li>• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences and require supervision by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licensed Clinical Psychologist, Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Respiratory Care Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p>Respiratory care services include, but are not limited to the assessment and therapeutic use of the following:</p> <ul style="list-style-type: none"> <li>• Oxygen therapy</li> <li>• Humidity therapy</li> <li>• Aerosol therapy</li> <li>• Air clearance techniques</li> <li>• Respiratory assist device</li> <li>• Chest physiotherapy</li> <li>• Assessment of patient’s cardiopulmonary status</li> </ul> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Licensed Respiratory Care Practitioners</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Respiratory Care Practitioners must be licensed by the Respiratory Care Board of California.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Speech-Language and Audiology Services</b></p> <p>Definition: Per 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.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Credentialed Audiologists</li> <li>• Credentialed Speech-Language Pathologists</li> <li>• Licensed Audiologists</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Speech-Language Pathologists</li> <li>• Physicians</li> <li>• Registered School Audiometrists</li> <li>• Speech-Language Pathology Assistants</li> </ul> <p>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.</p>	<p><u>Practitioner qualifications, limits, and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Credentialed Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology.</li> <li>• 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.</li> <li>• Licensed Audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered School Audiometrists must have a valid certificate of registration issued by the Department of Health Care Services.</li> <li>• 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.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Specialized Medical Transportation Services</b></p> <p>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.</p>	<p><u>Service Limitations and requirements:</u></p> <ul style="list-style-type: none"> <li>• Specialized transportation services are available to Medicaid eligible members for whom the transportation services are medically necessary and documented in an IEP/IFSP.</li> <li>• 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.</li> <li>• 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.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Targeted Case Management (TCM) Services</b></p> <p>Definition: As defined in Supplement 1c to Attachment 3.1-A.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</li> <li>• Associate Professional Clinical Counselor</li> <li>• Certified Nurse Practitioners</li> <li>• Certified Public Health Nurses</li> <li>• Credentialed School Counselors</li> <li>• Credentialed School Psychologists</li> <li>• Credentialed School Social Workers</li> <li>• Credentialed Speech-Language Pathologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Occupational Therapists</li> <li>• Licensed Physical Therapists</li> <li>• Licensed Professional Clinical Counselor</li> <li>• Licensed Psychologists</li> <li>• Licensed Registered Nurses</li> <li>• Licensed Speech-Language Pathologist</li> <li>• Licensed Vocational Nurses</li> <li>• Program Specialists</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Credentialed School Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <p>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.</p> <p>Associate Marriage and Family Therapists, Associate Professional Clinical Counselors and Registered Associate Clinical Social Workers require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>Licensed Vocational Nurses work under the direction of a Physician or Registered Nurse.</p> <p>Case manager requirements are identified in Supplement 1C to Attachment 3.1-A.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)  Services provided by LEA providers (cont.)	<p><b>Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c):</b></p> <p>Definition: 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.</p>	<p><u>Practitioner qualifications, limits, and supervision requirements:</u></p> <p>Qualified rendering practitioners and supervision requirements are defined in Limitations 3.1-A, 13c, pages 18e through 18g and 18l.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services	<p>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</p> <p>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.</p> <p>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.</p>	<p>Prior authorization is not required.</p> <p>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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b><u>Assessment Services</u></b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Developmental Assessment</li> <li>• Health Education and Anticipatory Guidance, appropriate to age and health status, which includes wellness counseling provided to individuals or groups of students identified to be at risk for poor health outcomes</li> <li>• Hearing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychosocial Status Assessment</li> <li>• Vision Assessment</li> <li>• Crisis Intervention/Risk Assessment</li> <li>• Other Preventive Health Services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency</li> </ul>	<p>LEA assessment services provided to enrolled Medicaid members are limited to services with an appropriate recommendation.</p> <p>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.</p> <p><b><u>Practitioner Qualifications and Limitations</u></b></p> <p>LEA assessment 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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p data-bbox="384 285 781 318"><b><u>Assessment Services (cont.)</u></b></p> <p data-bbox="384 354 1163 415">LEA covered services also include the following assessment services:</p> <ul data-bbox="384 456 905 735" style="list-style-type: none"><li data-bbox="384 456 758 488">• Audiological Assessment</li><li data-bbox="384 492 684 524">• Health Assessment</li><li data-bbox="384 527 884 560">• Occupational Therapy Assessment</li><li data-bbox="384 563 905 596">• Orientation and Mobility Assessment</li><li data-bbox="384 599 825 631">• Physical Therapy Assessment</li><li data-bbox="384 634 779 667">• Psychological Assessment</li><li data-bbox="384 670 747 703">• Respiratory Assessment</li><li data-bbox="384 706 837 735">• Speech-Language Assessment</li></ul>	

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p>	<p><b><u>Treatment Services</u></b></p> <p>LEA covered services include the following services:</p> <ul style="list-style-type: none"> <li>• Nursing Services (as defined in 42 CFR § 440.166 and § 440.60(a))               <ul style="list-style-type: none"> <li>○ School Health Aide Services</li> </ul> </li> <li>• Nutrition Services (as defined in 42 CFR § 440.60(a))</li> <li>• Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1))</li> <li>• Optometry Services (as defined in 42 CFR § 440.60(a))</li> <li>• Orientation and Mobility Services (as defined in 42 CFR § 440.130(d))</li> <li>• Physical Therapy Services (as defined in 42 CFR § 440.110(a)(1))</li> <li>• Physician Services (as defined in 42 CFR § 440.50(a))</li> <li>• Psychology and Counseling Services (as defined in 42 CFR § 440.50(a) and § 440.130(d))</li> <li>• Respiratory Care Services (as defined in 42 CFR § 440.60(a))</li> <li>• Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c))</li> </ul> <p>Other LEA covered services include the following services:</p> <ul style="list-style-type: none"> <li>• Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c)</li> <li>• Specialized Medical Transportation Services (as defined in 42 CFR § 440.170(a)(1))</li> <li>• Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A)</li> </ul>	<p>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.</p> <p>LEA treatment services require appropriate authorization in the form of a prescription, referral, or recommendation by a licensed practitioner within their scope of practice.</p> <p><u>Practitioner Qualifications and Limitations</u></p> <p>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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Nursing Services</b></p> <p>Definition: Per 42 CFR § 440.166 and § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care or services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under the direction of a Physician or Registered Nurse. When providing specialized physical health care services, vocational nurses require supervision by a Physician, Registered Credentialed School Nurse, or Certified Public Health Nurse.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p>	<p><b>I. School Health Aide Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Specialized physical health care services, such as catheterization, gastric tube feeding, suctioning, oxygen administration and nebulizer treatments.</li> <li>• Hands on assistance with ADL tasks, such as eating, toileting, transferring, positioning and mobility assistance.</li> <li>• Cueing, such as directing the completion of an ADL task.</li> <li>• Observation, intervening and redirecting to assist with completion of an ADL task.</li> <li>• Medically necessary continuous monitoring services when a student’s medical condition requires ongoing observation.</li> </ul>	<p><u>Practioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Qualified designated school personnel trained in the administration of specialized physical health care services must meet requirements set forth in California Education Code § 49423.5.</li> <li>• Trained Health Care Aides must work under the supervision of a Physician or Registered Nurse.</li> <li>• Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under the direction of a Physician or Registered Nurse. When providing specialized physical health services, vocational nurses require supervision by a Physician, Registered Credentialed School Nurse, or Certified Public Health Nurse.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>I. School Health Aide Services (cont.)</b></p> <p>The following practitioners may conduct School Health Aide Services, within scope of practice:</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <p>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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Nutrition Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Physicians</li> <li>• Registered Dietitians</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Licensed Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California and be certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians may only provide nutritional assessments and nutritional counseling services.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Optometry Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Optometrists</li> <li>• Licensed Physician Assistants</li> <li>• Physicians</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Licensed Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health.</li> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing. Certified Nurse Practitioners providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing. Certified Public Health Nurses providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing. Licensed Registered Nurses providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<b>Optometry Services (cont.)</b>	<p data-bbox="1257 285 1875 354"><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul data-bbox="1257 394 2045 695" style="list-style-type: none"> <li data-bbox="1257 394 2045 524">• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li data-bbox="1257 532 2045 695">• 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 in accordance with California Education Code § 49426.</li> </ul>

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Approval Date \_\_\_\_\_

Effective Date July 1, 2026

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Orientation and Mobility Services</b></p> <p>Definition: Per 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Motor Development</li> <li>• Residual vision stimulation/training</li> <li>• Sensory development</li> <li>• Street crossing</li> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Orientation and Mobility Specialists</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Orientation and Mobility Specialists must possess a Clinical or Rehabilitative Services Credential in Orientation and Mobility.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Physician Services</b></p> <p>Definition: Per 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.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants</li> <li>• Physicians</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Psychology and Counseling Services</b></p> <ul style="list-style-type: none"> <li>• Definition: Per 42 CFR §440.50(a) and §440.130(c) and (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.</li> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</li> <li>• Associate Professional Clinical Counselors</li> <li>• Credentialed School Counselors</li> <li>• Credentialed School Psychologists</li> <li>• Credentialed School Social Workers</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Professional Clinical Counselors</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Psychologists</li> <li>• Physicians</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Nurses                             <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists must be registered with the California Board of Behavioral Sciences and require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Associate Professional Clinical Counselors must be registered to practice by the California Board of Behavioral Sciences and require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Credentialed School Counselors must have a valid pupil personnel services (PPS) credential with a specialization in school counseling.</li> <li>• Credentialed School Psychologists must have a valid PPS credential with a specialization in school psychology.</li> <li>• Credentialed School Social Workers must have a valid PPS credential with a specialization in school social work.</li> <li>• 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 CTC or be supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> </ul>

\*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.)	<b>Psychology and Counseling Services (cont.)</b>	<p data-bbox="1171 277 2045 318"><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul data-bbox="1171 350 2045 1334" style="list-style-type: none"> <li data-bbox="1171 350 2045 618">• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li data-bbox="1171 618 2045 854">• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li data-bbox="1171 854 2045 959">• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li data-bbox="1171 959 2045 1195">• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li data-bbox="1171 1195 2045 1334">• Licensed Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California and be certified in psychiatry by the American Board of Psychiatry and Neurology.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<b>Psychology and Counseling Services (cont.)</b>	<p data-bbox="1171 277 2049 318"><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul data-bbox="1171 350 2049 1300" style="list-style-type: none"> <li data-bbox="1171 350 2049 586">• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li data-bbox="1171 586 2049 651">• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li data-bbox="1171 651 2049 886">• Registered Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences and require supervision by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licensed Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</li> <li data-bbox="1171 886 2049 1024">• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li data-bbox="1171 1024 2049 1089">• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li data-bbox="1171 1089 2049 1154">• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li data-bbox="1171 1154 2049 1300">• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Respiratory Care Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p>Respiratory care services include, but are not limited to the assessment and therapeutic use of the following:</p> <ul style="list-style-type: none"> <li>• Oxygen therapy</li> <li>• Humidity therapy</li> <li>• Aerosol therapy</li> <li>• Air clearance techniques</li> <li>• Respiratory assist device</li> <li>• Chest physiotherapy</li> <li>• Assessment of patient’s cardiopulmonary status</li> </ul> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Licensed Respiratory Care Practitioners</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Respiratory Care Practitioners must be licensed by the Respiratory Care Board of California.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p>	<p><b>Speech-Language and Audiology Services</b></p> <p>Definition: Per 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.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Credentialed Audiologists</li> <li>• Credentialed Speech-Language Pathologists</li> <li>• Licensed Audiologists</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Speech-Language Pathologists</li> <li>• Physicians</li> <li>• Registered School Audiometrists</li> <li>• Speech-Language Pathology Assistants</li> </ul> <p>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.</p>	<p><u>Practitioner qualifications, limits, and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Credentialed Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology.</li> <li>• 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.</li> <li>• Licensed Audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered School Audiometrists must have a valid certificate of registration issued by the Department of Health Care Services.</li> <li>• 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.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Specialized Medical Transportation Services</b></p> <p>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.</p>	<p><u>Service Limitations and requirements:</u></p> <ul style="list-style-type: none"> <li>• Specialized transportation services are available to Medicaid eligible members for whom the transportation services are medically necessary and documented in an IEP/IFSP.</li> <li>• 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.</li> <li>• 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.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p>	<p><b>Targeted Case Management (TCM) Services</b></p> <p>Definition: As defined in Supplement 1c to Attachment 3.1-A.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</li> <li>• Associate Professional Clinical Counselor</li> <li>• Certified Nurse Practitioners</li> <li>• Certified Public Health Nurses</li> <li>• Credentialed School Counselors</li> <li>• Credentialed School Psychologists</li> <li>• Credentialed School Social Workers</li> <li>• Credentialed Speech-Language Pathologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Occupational Therapists</li> <li>• Licensed Physical Therapists</li> <li>• Licensed Professional Clinical Counselor</li> <li>• Licensed Psychologists</li> <li>• Licensed Registered Nurses</li> <li>• Licensed Speech-Language Pathologist</li> <li>• Licensed Vocational Nurses</li> <li>• Program Specialists</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Credentialed School Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <p>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.</p> <p>Associate Marriage and Family Therapists, Associate Professional Clinical Counselors and Registered Associate Clinical Social Workers require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>Licensed Vocational Nurses work under the direction of a Physician or Registered Nurse.</p> <p>Case manager requirements are identified in Supplement 1C to Attachment 3.1-A.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
24g Local Educational Agency (LEA) Services (cont.)	<p><b>Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c):</b></p> <p>Definition: 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.</p>	<p><u>Practitioner qualifications, limits, and supervision requirements:</u></p> <p>Qualified rendering practitioners and supervision requirements are defined in Limitations 3.1-A, 13c, pages 18e through 18g and 18l.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b><u>Assessment Services</u></b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Developmental Assessment</li> <li>• Health Education and Anticipatory Guidance, appropriate to age and health status, which includes wellness counseling provided to individuals or groups of students identified to be at risk for poor health outcomes</li> <li>• Hearing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychosocial Status Assessment</li> <li>• Vision Assessment</li> <li>• Crisis Intervention/Risk Assessment</li> <li>• Other Preventive Health Services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency</li> </ul>	<p>LEA assessment services provided to enrolled Medicaid members are limited to services with an appropriate recommendation.</p> <p>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.</p> <p><b><u>Practitioner Qualifications and Limitations</u></b></p> <p>LEA assessment 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.</p>

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**STATE PLAN CHART**

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<b><u>Assessment Services (cont.)</u></b>	
Services provided by LEA providers (cont.)	LEA covered services also include the following assessment services: <ul style="list-style-type: none"><li>• Audiological Assessment</li><li>• Health Assessment</li><li>• Occupational Therapy Assessment</li><li>• Orientation and Mobility Assessment</li><li>• Physical Therapy Assessment</li><li>• Psychological Assessment</li><li>• Respiratory Assessment</li><li>• Speech-Language Assessment</li></ul>	

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b><u>Treatment Services</u></b></p> <p>LEA covered services include the following services:</p> <ul style="list-style-type: none"> <li>• Nursing Services (as defined in 42 CFR § 440.166 and § 440.60(a))               <ul style="list-style-type: none"> <li>○ School Health Aide Services</li> </ul> </li> <li>• Nutrition Services (as defined in 42 CFR § 440.60(a))</li> <li>• Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1))</li> <li>• Optometry Services (as defined in 42 CFR § 440.60(a))</li> <li>• Orientation and Mobility Services (as defined in 42 CFR § 440.130(d))</li> <li>• Physical Therapy Services (as defined in 42 CFR § 440.110(a)(1))</li> <li>• Physician Services (as defined in 42 CFR § 440.50(a))</li> <li>• Psychology and Counseling Services (as defined in 42 CFR § 440.50(a) and § 440.130(d))</li> <li>• Respiratory Care Services (as defined in 42 CFR § 440.60(a))</li> <li>• Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c))</li> </ul> <p>Other LEA covered services include the following services:</p> <ul style="list-style-type: none"> <li>• Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c)</li> <li>• Specialized Medical Transportation Services (as defined in 42 CFR § 440.170(a)(1))</li> <li>• Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A)</li> </ul>	<p>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.</p> <p>LEA treatment services require appropriate authorization in the form of a prescription, referral, or recommendation by a licensed practitioner within their scope of practice.</p> <p><u>Practitioner Qualifications and Limitations</u></p> <p>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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Nursing Services</b></p> <p>Definition: Per 42 CFR § 440.166 and § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care or services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under the direction of a Physician or Registered Nurse. When providing specialized physical health care services, vocational nurses require supervision by a Physician, Registered Credentialed School Nurse, or Certified Public Health Nurse.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>I. School Health Aide Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Specialized physical health care services, such as catheterization, gastric tube feeding, suctioning, oxygen administration and nebulizer treatments.</li> <li>• Hands on assistance with ADL tasks, such as eating, toileting, transferring, positioning and mobility assistance.</li> <li>• Cueing, such as directing the completion of an ADL task.</li> <li>• Observation, intervening and redirecting to assist with completion of an ADL task.</li> <li>• Medically necessary continuous monitoring services when a student’s medical condition requires ongoing observation.</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Qualified designated school personnel trained in the administration of specialized physical health care services must meet requirements set forth in California Education Code § 49423.5.</li> <li>• Trained Health Care Aides must work under the supervision of a Physician or Registered Nurse.</li> <li>• Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>I. School Health Aide Services (cont.)</b></p> <p>The following practitioners may conduct School Health Aide Services, within scope of practice:</p> <p>Qualified Practitioner Types:</p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under the direction of a Physician or Registered Nurse. When providing specialized physical health services, vocational nurses require supervision by a Physician, Registered Credentialed School Nurse, or Certified Public Health Nurse.</li> </ul> <p>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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Nutrition Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Physicians</li> <li>• Registered Dietitians</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Licensed Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California and be certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians may only provide nutritional assessments and nutritional counseling services.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and the criteria set forth in California Education Code § 49426.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Optometry Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <ul style="list-style-type: none"> <li>• Licensed Optometrists</li> <li>• Licensed Physician Assistants</li> <li>• Physicians</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Licensed Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health.</li> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing. Certified Nurse Practitioners providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing. Certified Public Health Nurses providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing. Licensed Registered Nurses providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> </ul>

\*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.)  Services provided by LEA providers (cont.)	<b>Optometry Services (cont.)</b>	<u>Practioner qualifications, limits and supervision requirements:</u> <ul style="list-style-type: none"> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li>• 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 in accordance with California Education Code § 49426.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Orientation and Mobility Services</b></p> <p>Definition: Per 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Motor Development</li> <li>• Residual vision stimulation/training</li> <li>• Sensory development</li> <li>• Street crossing</li> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Orientation and Mobility Specialists</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Orientation and Mobility Specialists must possess a Clinical or Rehabilitative Services Credential in Orientation and Mobility.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<b>Physician Services</b>	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)	<p>Definition: Per 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.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants</li> <li>• Physicians</li> </ul>	<ul style="list-style-type: none"> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> </ul>

\*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*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b>Psychology and Counseling Services</b></p> <ul style="list-style-type: none"> <li>• Definition: Per 42 CFR § 440.50(a) and § 440.130(c) and (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.</li> </ul> <p>Qualified Practitioner Types:</p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</li> <li>• Associate Professional Clinical Counselors</li> <li>• Credentialed School Counselors</li> <li>• Credentialed School Psychologists</li> <li>• Credentialed School Social Workers</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Professional Clinical Counselors</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Psychologists</li> <li>• Physicians</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists must be registered with the California Board of Behavioral Sciences and require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Associate Professional Clinical Counselors must be registered to practice by the California Board of Behavioral Sciences and require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Credentialed School Counselors must have a valid pupil personnel services (PPS) credential with a specialization in school counseling.</li> <li>• Credentialed School Psychologists must have a valid PPS credential with a specialization in school psychology.</li> <li>• Credentialed School Social Workers must have a valid PPS credential with a specialization in school social work.</li> <li>• 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 CTC or be supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> </ul>

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Psychology and Counseling Services (cont.)</b></p>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• Licensed Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences. Licensed 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• Licensed Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California and be certified in psychiatry by the American Board of Psychiatry and Neurology.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<b>Psychology and Counseling Services (cont.)</b>	<u>Practitioner qualifications, limits and supervision requirements:</u>
Services provided by LEA providers (cont.)		<ul style="list-style-type: none"> <li>• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences and require supervision by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licensed Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Respiratory Care Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p>Respiratory care services include, but are not limited to the assessment and therapeutic use of the following:</p> <ul style="list-style-type: none"> <li>• Oxygen therapy</li> <li>• Humidity therapy</li> <li>• Aerosol therapy</li> <li>• Air clearance techniques</li> <li>• Respiratory assist device</li> <li>• Chest physiotherapy</li> <li>• Assessment of patient’s cardiopulmonary status</li> </ul> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Licensed Respiratory Care Practitioners</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Respiratory Care Practitioners must be licensed by the Respiratory Care Board of California.</li> </ul>

\*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*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b>Speech-Language and Audiology Services</b></p> <p>Definition: Per 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.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Credentialed Audiologists</li> <li>• Credentialed Speech-Language Pathologists</li> <li>• Licensed Audiologists</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Speech-Language Pathologists</li> <li>• Physicians</li> <li>• Registered School Audiometrists</li> <li>• Speech-Language Pathology Assistants</li> </ul> <p>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.</p>	<p><u>Practitioner qualifications, limits, and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Credentialed Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology.</li> <li>• 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.</li> <li>• Licensed Audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered School Audiometrists must have a valid certificate of registration issued by the Department of Health Care Services.</li> <li>• 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.</li> </ul>

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)  Services provided by LEA providers (cont.)	<p><b>Specialized Medical Transportation Services</b></p> <p>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.</p>	<p><u>Service Limitations and requirements:</u></p> <ul style="list-style-type: none"> <li>Specialized transportation services are available to Medicaid eligible members for whom the transportation services are medically necessary and documented in an IEP/IFSP.</li> <li>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.</li> <li>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.</li> </ul>

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\*\*Coverage is limited to medically necessary services.

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>	<p><b>Targeted Case Management (TCM) Services</b></p> <p>Definition: As defined in Supplement 1c to Attachment 3.1-A.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</li> <li>• Associate Professional Clinical Counselor</li> <li>• Certified Nurse Practitioners</li> <li>• Certified Public Health Nurses</li> <li>• Credentialed School Counselors</li> <li>• Credentialed School Psychologists</li> <li>• Credentialed School Social Workers</li> <li>• Credentialed Speech-Language Pathologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Occupational Therapists</li> <li>• Licensed Physical Therapists</li> <li>• Licensed Professional Clinical Counselor</li> <li>• Licensed Psychologists</li> <li>• Licensed Registered Nurses</li> <li>• Licensed Speech-Language Pathologist</li> <li>• Licensed Vocational Nurses</li> <li>• Program Specialists</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Credentialed School Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <p>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.</p> <p>Associate Marriage and Family Therapists, Associate Professional Clinical Counselors and Registered Associate Clinical Social Workers require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>Licensed Vocational Nurses work under the direction of a Physician or Registered Nurse.</p> <p>Case manager requirements are identified in Supplement 1C to Attachment 3.1-A.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)  Services provided by LEA providers (cont.)	<b>Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c):</b>  Definition: 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.	<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.

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services	<p>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.</p> <p>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.</p> <p>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.</p>	<p>Prior authorization is not required.</p> <p>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.</p>

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\*\*Coverage is limited to medically necessary services.

TN No. 26-0008

Supersedes TN No. 15-021

Approval Date \_\_\_\_\_

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p>	<p><b><u>Assessment Services</u></b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Developmental Assessment</li> <li>• Health Education and Anticipatory Guidance, appropriate to age and health status, which includes wellness counseling provided to individuals or groups of students identified to be at risk for poor health outcomes</li> <li>• Hearing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychosocial Status Assessment</li> <li>• Vision Assessment</li> <li>• Crisis Intervention/Risk Assessment</li> <li>• Other Preventive Health Services, as defined in 42 CFR §440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency</li> </ul>	<p>LEA assessment services provided to enrolled Medicaid members are limited to services with an appropriate recommendation.</p> <p>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.</p> <p><b><u>Practitioner Qualifications and Limitations</u></b></p> <p>LEA assessment 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.</p>

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**STATE PLAN CHART**

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<p data-bbox="373 277 1245 354"><b><u>Assessment Services (cont.)</u></b></p> <p data-bbox="373 354 1245 418">LEA covered services also include the following assessment services:</p> <ul data-bbox="373 418 1245 735" style="list-style-type: none"><li data-bbox="373 456 1245 488">• Audiological Assessment</li><li data-bbox="373 488 1245 521">• Health Assessment</li><li data-bbox="373 521 1245 553">• Occupational Therapy Assessment</li><li data-bbox="373 553 1245 586">• Orientation and Mobility Assessment</li><li data-bbox="373 586 1245 618">• Physical Therapy Assessment</li><li data-bbox="373 618 1245 651">• Psychological Assessment</li><li data-bbox="373 651 1245 683">• Respiratory Assessment</li><li data-bbox="373 683 1245 716">• Speech-Language Assessment</li></ul>	

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p>	<p><b><u>Treatment Services</u></b></p> <p>LEA covered services include the following services:</p> <ul style="list-style-type: none"> <li>• Nursing Services (as defined in 42 CFR § 440.166 and § 440.60(a))               <ul style="list-style-type: none"> <li>○ School Health Aide Services</li> </ul> </li> <li>• Nutrition Services (as defined in 42 CFR § 440.60(a))</li> <li>• Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1))</li> <li>• Optometry Services (as defined in 42 CFR § 440.60(a))</li> <li>• Orientation and Mobility Services (as defined in 42 CFR § 440.130(d))</li> <li>• Physical Therapy Services (as defined in 42 CFR § 440.110(a)(1))</li> <li>• Physician Services (as defined in 42 CFR § 440.50(a))</li> <li>• Psychology and Counseling Services (as defined in 42 CFR § 440.50(a) and § 440.130(d))</li> <li>• Respiratory Care Services (as defined in 42 CFR § 440.60(a))</li> <li>• Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c))</li> </ul> <p>Other LEA covered services include the following services:</p> <ul style="list-style-type: none"> <li>• Non-Clinical Preventive Services as defined in 42 CFR §440.130(c)</li> <li>• Specialized Medical Transportation Services (as defined in 42 CFR § 440.170(a)(1))</li> <li>• Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A)</li> </ul>	<p>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.</p> <p>LEA treatment services require appropriate authorization in the form of a prescription, referral, or recommendation by a licensed practitioner within their scope of practice.</p> <p><u>Practitioner Qualifications and Limitations</u></p> <p>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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p>	<p><b>Nursing Services</b></p> <p>Definition: Per 42 CFR § 440.166 and § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care or services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code §49426.</li> <li>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under the direction of a Physician or Registered Nurse. When providing specialized physical health care services, vocational nurses require supervision by a Physician, Registered Credentialed School Nurse, or Certified Public Health Nurse.</li> </ul>

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\*\*Coverage is limited to medically necessary services.

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p>	<p><b>I. School Health Aide Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Specialized physical health care services, such as catheterization, gastric tube feeding, suctioning, oxygen administration and nebulizer treatments.</li> <li>• Hands on assistance with ADL tasks, such as eating, toileting, transferring, positioning and mobility assistance.</li> <li>• Cueing, such as directing the completion of an ADL task.</li> <li>• Observation, intervening and redirecting to assist with completion of an ADL task.</li> <li>• Medically necessary continuous monitoring services when a student’s medical condition requires ongoing observation.</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Qualified designated school personnel trained in the administration of specialized physical health care services must meet requirements set forth in California Education Code § 49423.5.</li> <li>• Trained Health Care Aides must work under the supervision of a Physician or Registered Nurse.</li> <li>• Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and practice under the direction of a Physician or Registered Nurse. When providing specialized physical health services, vocational nurses require supervision by a Physician, Registered Credentialed School Nurse, or Certified Public Health Nurse.</li> </ul>

\*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.)	<p><b>I. School Health Aide Services (cont.)</b></p> <p>The following practitioners may conduct School Health Aide Services, within scope of practice:</p> <p>Qualified Practitioner Types:</p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <p>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.</p>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<p><b>Nutrition Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Physicians</li> <li>• Registered Dietitians</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Licensed Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California and be certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians may only provide nutritional assessments and nutritional counseling services.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and the criteria set forth in California Education Code § 49426.</li> </ul>

\*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*
23g Local Educational Agency (LEA) Services (cont.)	<p><b>Optometry Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <ul style="list-style-type: none"> <li>• Licensed Optometrists</li> <li>• Licensed Physician Assistants</li> <li>• Physicians</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> <li>• Licensed Vocational Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Licensed Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health.</li> <li>• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing. Certified Nurse Practitioners providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing. Certified Public Health Nurses providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing. Licensed Registered Nurses providing vision screenings in a TK to grade 12 school setting require supervision in accordance with California Education Code § 49426 if they do not have a valid school nurse services credential.</li> </ul>

\*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*
23g Local Educational Agency (LEA) Services (cont.)	<b>Optometry Services (cont.)</b>	<p data-bbox="1251 285 1875 354"><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul data-bbox="1251 391 2045 695" style="list-style-type: none"> <li data-bbox="1251 391 2045 524">• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> <li data-bbox="1251 529 2045 695">• 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 in accordance with California Education Code § 49426.</li> </ul>

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<p><b>Orientation and Mobility Services</b></p> <p>Definition: Per 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Motor Development</li> <li>• Residual vision stimulation/training</li> <li>• Sensory development</li> <li>• Street crossing</li> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Orientation and Mobility Specialists</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Orientation and Mobility Specialists must possess a Clinical or Rehabilitative Services Credential in Orientation and Mobility.</li> </ul>

\*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*
23g Local Educational Agency (LEA) Services (cont.)	<p><b>Physician Services</b></p> <p>Definition: Per 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.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physician Assistants</li> <li>• Physicians</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> </ul>

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\*\*Coverage is limited to medically necessary services.

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p>	<p><b>Psychology and Counseling Services</b></p> <ul style="list-style-type: none"> <li>• Definition: Per 42 CFR § 440.50(a) and § 440.130(c) and (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.</li> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</li> <li>• Associate Professional Clinical Counselors</li> <li>• Credentialed School Counselors</li> <li>• Credentialed School Psychologists</li> <li>• Credentialed School Social Workers</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Professional Clinical Counselors</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Psychologists</li> <li>• Physicians</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Nurses               <ul style="list-style-type: none"> <li>○ Certified Nurse Practitioners</li> <li>○ Certified Public Health Nurses</li> <li>○ Licensed Registered Nurses</li> <li>○ Registered Credentialed School Nurses</li> </ul> </li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists must be registered with the California Board of Behavioral Sciences and require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Associate Professional Clinical Counselors must be registered to practice by the California Board of Behavioral Sciences and require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Credentialed School Counselors must have a valid pupil personnel services (PPS) credential with a specialization in school counseling.</li> <li>• Credentialed School Psychologists must have a valid PPS credential with a specialization in school psychology.</li> <li>• Credentialed School Social Workers must have a valid PPS credential with a specialization in school social work.</li> <li>• 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 CTC or be supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li>• 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</li> </ul>

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**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<b>Psychology and Counseling Services (cont.)</b>	<p data-bbox="1176 276 2051 316"><u>Practitioner qualifications, limits and supervision requirements:</u></p> <p data-bbox="1176 349 2051 446">authorization for those services, or be supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</p> <ul data-bbox="1176 454 2051 1404" style="list-style-type: none"> <li data-bbox="1176 454 2051 690">• Licensed Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences. Licensed 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations §80049.1(c).</li> <li data-bbox="1176 698 2051 787">• Licensed Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li data-bbox="1176 795 2051 1031">• 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, with the appropriate authorization for those services, or be supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> <li data-bbox="1176 1039 2051 1161">• Licensed Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California and be certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li data-bbox="1176 1169 2051 1404">• 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 supervised by a PPS-credential holder pursuant to Title 5 of the California Code of Regulations § 80049.1(c).</li> </ul>

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\*\*Coverage is limited to medically necessary services.

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<b>Psychology and Counseling Services (cont.)</b>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences and require supervision by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licensed Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Certified Nurse Practitioners must be licensed and certified to practice as Nurse Practitioners, whose practices are predominately that of primary care, by the California Board of Registered Nursing.</li> <li>• Certified Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.</li> <li>• Licensed Registered Nurses must be licensed to practice by the California Board of Registered Nursing.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and meet the criteria set forth in California Education Code § 49426.</li> </ul>

\*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*
23g Local Educational Agency (LEA) Services (cont.)	<p><b>Respiratory Care Services</b></p> <p>Definition: Per 42 CFR § 440.60(a), federal regulations identify medical or other remedial care provided by licensed practitioners as “any medical or remedial care services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.”</p> <p>Respiratory care services include, but are not limited to the assessment and therapeutic use of the following:</p> <ul style="list-style-type: none"> <li>• Oxygen therapy</li> <li>• Humidity therapy</li> <li>• Aerosol therapy</li> <li>• Air clearance techniques</li> <li>• Respiratory assist device</li> <li>• Chest physiotherapy</li> <li>• Assessment of patient’s cardiopulmonary status</li> </ul> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Licensed Respiratory Care Practitioners</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Respiratory Care Practitioners must be licensed by the Respiratory Care Board of California.</li> </ul>

\*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*
<p>23g Local Educational Agency (LEA) Services (cont.)</p>	<p><b>Speech-Language and Audiology Services</b></p> <p>Definition: Per 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.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Credentialed Audiologists</li> <li>• Credentialed Speech-Language Pathologists</li> <li>• Licensed Audiologists</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Speech-Language Pathologists</li> <li>• Physicians</li> <li>• Registered School Audiometrists</li> <li>• Speech-Language Pathology Assistants</li> </ul> <p>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.</p>	<p><u>Practitioner qualifications, limits, and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Credentialed Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology.</li> <li>• 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.</li> <li>• Licensed Audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Physician.</li> <li>• Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Registered School Audiometrists must have a valid certificate of registration issued by the Department of Health Care Services.</li> <li>• 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.</li> </ul>

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\*\*Coverage is limited to medically necessary services.

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)	<p><b>Specialized Medical Transportation Services</b></p> <p>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.</p>	<p><u>Service Limitations and Requirements:</u></p> <ul style="list-style-type: none"> <li>• Specialized transportation services are available to Medicaid eligible members for whom the transportation services are medically necessary and documented in an IEP/IFSP.</li> <li>• 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.</li> <li>• 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.</li> </ul>

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\*\*Coverage is limited to medically necessary services.

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p>	<p><b>Targeted Case Management (TCM) Services</b></p> <p>Definition: As defined in Supplement 1c to Attachment 3.1-A.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</li> <li>• Associate Professional Clinical Counselor</li> <li>• Certified Nurse Practitioners</li> <li>• Certified Public Health Nurses</li> <li>• Credentialed School Counselors</li> <li>• Credentialed School Psychologists</li> <li>• Credentialed School Social Workers</li> <li>• Credentialed Speech-Language Pathologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Occupational Therapists</li> <li>• Licensed Physical Therapists</li> <li>• Licensed Professional Clinical Counselor</li> <li>• Licensed Psychologists</li> <li>• Licensed Registered Nurses</li> <li>• Licensed Speech-Language Pathologist</li> <li>• Licensed Vocational Nurses</li> <li>• Program Specialists</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Credentialed School Nurses</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements</u></p> <p>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.</p> <p>Associate Marriage and Family Therapists, Associate Professional Clinical Counselors and Registered Associate Clinical Social Workers require supervision by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, Licensed Psychologist, or a Physician certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>Licensed Vocational Nurses work under the direction of a Physician or Registered Nurse.</p> <p>Case manager requirements are identified in Supplement 1C to Attachment 3.1-A.</p>

\*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*
23g Local Educational Agency (LEA) Services (cont.)	<p><b>Non-Clinical Preventive Services as defined in 42 CFR § 440.130(c):</b></p> <p>Definition: 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.</p>	<p><u>Practitioner qualifications, limits, and supervision requirements:</u></p> <p>Qualified rendering practitioners and supervision requirements are defined in Limitations 3.1-A, 13c, pages 18e through 18g and 18l.</p>

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

TN No. 26-0008  
 Supersedes None

Approval Date \_\_\_\_\_

Effective Date July 1, 2026

## **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), OMB Super-Circular (2 CFR 200) 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. Nursing Services
3. Nutrition Services
4. Occupational Therapy Services
5. Optometry Services
6. Orientation and Mobility Services
7. Physical Therapy Services
8. Physician Services
9. Psychology and Counseling Services
10. Respiratory Care Services
11. School Health Aide Services
12. Specialized Medical Transportation Services
13. Speech-Language and Audiology Services
14. Targeted Case Management Services, as defined in Supplement 1c to Attachment 3.1-A
15. Non-Clinical Preventive Services

Providers will be reimbursed interim rates for direct medical services per unit of service at the lesser of the provider's billed charges or the interim rate. 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 were initially 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) between the cost report year and the rebasing year. The Implicit Price Deflator, published by the U.S. Department of Commerce, is an inflation index that measures the change in the prices of goods and services that governments purchase. Median hourly costs for each type of practitioner will be developed from these adjusted costs.

## **C. Assessments**

1. Median assessment times for IEP/IFSP assessments were developed using time reported in the IEP Time Survey and validated in interviews with health service practitioners.

### **2. Service Categories**

Assessment time from the IEP Time Survey was 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 were 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).

(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.

(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. Rates based on school nurse hourly costs 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 physical therapists, speech therapists, psychologists, nurses, audiologists and occupational therapists will be billed on a flat rate basis, regardless of service time spent.
- (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 (health, psychosocial, developmental, health education/anticipatory guidance, and crisis intervention/risk assessment) 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. Each Treatment Service Questionnaire was 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 will be billed as one unit for each 15-minute increment of treatment time.
  - (b) Individual interim treatment service rates are developed for psychology and counseling, speech therapy, audiology, occupational therapy, and physical therapy. Group treatment interim service rates were developed for psychology and counseling, speech therapy, 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. 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.
  - 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 as defined in 42 CFR§ 440.130(c) and qualified rendering practitioners defined in Limitations 3.1-A, 13c, pages 18e through 18g and 18I, 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.
- (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. Individual interim treatment service rates for nursing or trained health care aides are based on 15-minute increments of the nurse or trained health care aide hourly costs. Interim rates based on hourly costs will be billed in service units representing 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 children with an IEP or IFSP who are eligible for services under the IDEA or with an Individualized Health and Support Plan (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 at the lesser of the provider's billed charges or the 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.

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.

### 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 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.

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 provides 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 Eligibility 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 a date specified by the Department. 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 will be the number of federally eligible Medi-Cal enrolled students in the LEA. The denominator will be the total number of students enrolled in the LEA as defined below. The numerator and denominator will be gathered in a manner that meets 34 CFR, Part 99.
  - (a) The numerator will be determined based on the Medi-Cal Data Tape Match, used to check Medi-Cal student enrollment.
  - (b) The denominator will be determined based on the type of LEA:
    - i. Local School Districts: 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. Community college districts, California State University campuses, or University of California campuses: Total enrolled student count eligible to receive LEA BOP covered services through the student health center. Note: Students that opt out of paying the student health center service fee and students that are over age 22 will be excluded from the denominator, as those students are not eligible for LEA BOP covered services.
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 (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-TN No. 26-0008

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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 in school 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 one-way trips. This ratio ensures that only Medicaid allowable transportation costs are included in the cost reconciliation.

When specialized transportation costs can be discretely 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. In the event that the LEA cannot determine the actual Total Number of IEP/IFSP One Way Trips (the denominator), the LEA may estimate the denominator using a conservative 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.

When a final settlement is not issued within 12 months of the March 1 due date, the Department will complete final settlement no later than 18 months after the cost report submission date, not necessarily March 1. 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

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services rendered during the 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 three years from the date of submission of the annual cost report and in the event that amended cost reports are submitted, a minimum of three 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.