Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) General and Code 2A Documentation Training

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

September 2025

Purpose of this Training

- Review the basics related to documentation.
- Gain an understanding of requirements for proper documentation.
- Understand requirements related to documentation of moment responses.
- Understand how to be compliant and audit-ready.
- Help LEAs protect, and keep, their funding.

Training Overview

- Section 1: Overview of Documentation Requirements
- Section 2: Authorization Requirements
- Section 3: Documentation Requirements for Direct Service Practitioners
- Section 4: Direct Service Moment Examples

Glossary of Acronyms

- Audits and Investigations (A&I)
- Centers for Medicare and Medicaid Services (CMS)
- Cost and Reimbursement Comparison Schedule (CRCS or cost report)
- Department of Health Care Services (DHCS)
- Direct Medical Services Percentage (DMSP)
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Protected Family Educational Rights and Privacy Act (FERPA)
- Federal Financial Participation (FFP)
- Individualized Education Plan (IEP)
- Individualized Family Service Plan (IFSP)
- Individualized Health and Support Plan (IHSP)*

Glossary of Acronyms (continued)

- Individuals with Disabilities Education Act (IDEA)
- Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
- Medi-Cal Eligibility Ratio (MER)
- National Provider Identifier (NPI)
- Nurse Practitioner (NP)
- Registered Credentialed School Nurse (RCSN)
- Ordering, Referring, or Prescribing (ORP)
- Physician Assistant (PA)
- Protected Health Information (PHI)
- Random Moment Time Survey (RMTS)
- School-Based Medi-Cal Administrative Activities (SMAA) Program
- Targeted Case Management (TCM)
- Time Survey Participants (TSP)

Section 1:
Overview of Documentation Requirements

Why is Documentation Required?

- Under the LEA BOP, LEAs receive federal financial participation (also known as federal funding) for providing covered services to students who are enrolled in Medi-Cal.
- Any claim for federal funds must be supported by documentation that allows DHCS and CMS to verify the expenditures related to the claim.
- If States are found to be out of compliance with documentation requirements, CMS may withhold or recover federal funds. LEAs may be a part of such financial impacts.
- Applicable Code of Federal Regulations (CFRs):
  - 42 C.F.R. § 431.107(b)
  - C.F.R. § 433.32
  - 45 C.F.R. § 75.302
  - 42 C.F.R. § 447.202

Documentation Responsibilities

- LEAs are responsible for ensuring **proper billing** and **maintaining adequate documentation to support their claim for federal funds.**
- LEAs must **maintain records** to support services billed to LEA BOP.
- LEAs shall maintain records showing that all LEA practitioners, which it employs or with which it contracts, meet and shall continue to **meet appropriate licensing and certification requirements** (Provider Manual: *loc ed rend 2*).

Documentation Responsibilities (continued)

- LEA providers shall maintain records to disclose **the nature and extent of services** provided to a Medi-Cal beneficiary.
- Required records must be **made at or near** the time the service was provided (Provider Manual: *loc ed a prov 11*).
- LEA providers **must keep records for a *minimum* of three years** from the cost report submission date.
  - Records must be kept longer if an audit/review is in process, or a cost report amendment is required.

Quick Review: Medi-Cal Eligibility Ratio (MER) Documentation

- The MER represents the percentage of an LEA's total enrolled students that are LEA BOP eligible and enrolled in Medi-Cal.
- Both data files (the total student enrollment input file and the output file) must be **maintained for audit and/or review purposes**.
- Files will contain highly sensitive Protected Health Information (PHI) and must be **securely stored**.

What is Needed to Provide LEA BOP-Covered Services

- LEA must be enrolled as a Medi-Cal Provider. (Provider Manual: *Loc end elig1*)
- Student must be Medi-Cal enrolled and eligible for FFP.
- Student must be within the program target population:
  - LEA eligible beneficiaries are students under age 22 who are Medicaid eligible beneficiaries, regardless of whether the student has an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) under the Individuals with Disabilities Education Act (IDEA). Students with an Individualized Health and Support Plan (IHSP) or other Care Plan must be under the age of 21.
  - 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.
  - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are applicable to students under age 21.

What is Needed to Provide LEA BOP-Covered Services (continued)

- Authorization for services:
  - Referral, recommendation, or prescription
    - Screenings: Can be based on Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventative Pediatric Health Care (Periodicity Schedule) or health screenings that are required for all students by the California Education Code or Health and Safety Code
  - Authorized by an Ordering, Referring, or Prescribing (ORP) practitioner for treatment services
  - Pursuant to an IEP/IFSP/IHSP/Other Care Plan
- Supervision is documented, if necessary

Authorization for Assessments

Assessment Type	Recommendation	Referral	Prescription
Speech-Language Therapy		Physician Dentist	
Occupational Therapy & Physical Therapy			Physician Dentist Podiatrist
Orientation and Mobility	Physician or other licensed practitioner of the healing arts		
Psychological & Psychosocial Status	Physician School Nurse (RCSN) LCSW LMFT		

Authorization for Assessments (continued)

Assessment Type	Recommendation	Referral	Prescription
Health/Nutrition		Physician School Nurse (RCSN)	
Health Education Anticipatory Guidance	Physician School Nurse (RCSN)		
Vision & Hearing Assessments/Screenings*	Physician School Nurse (RCSN)		
Respiratory Therapy			Physician

Authorization for Treatments

Treatment Type	Recommendation	Referral	Prescription
Speech Therapy		Physician Dentist	
Audiology		Physician Dentist Licensed Audiologist	
Health/Nutritional Counseling		Physician	
Occupational Therapy & Physical Therapy			Physician Dentist Podiatrist
Orientation and Mobility	Physician or other licensed practitioner of the healing arts		

Authorization for Treatments (continued)

Treatment Type	Recommendation	Referral	Prescription
Psychology & Counseling/Health Education Anticipatory Guidance	Licensed Physician Licensed Psychologist Licensed Educational Psychologist School Nurse (RCSN) LCSW LMFT		
Activities of Daily Living (ADL)			Physician
Respiratory Therapy			Physician

Documenting Services

- Each service encounter must include the following in the documentation, at a minimum:
  - Date of Service
  - Name of Student
  - Medicaid ID number
  - Name of Agency Providing Service
  - Name of Person providing service
  - Place of service
  - Nature, extent, or units of service

Documenting Nature and Extent

- **Accurate, clear, and concise** medical records can document nature and extent of the service.
- Supporting documentation may include but is not limited to:
  - Progress and Case Notes
  - Contact Logs
  - Nursing and Health Aide Logs
  - Specialized Medical Transportation Trip and Mileage Logs
  - Assessment Reports
  - Date of service
  - Name of recipient
  - Medicaid identification number
  - Name of provider agency and person providing the service

Description of Services

- Documentation must fully disclose the type and extent of services and answer questions such as:
  - **What was done and why?**
    - May reference IEP/IFSP/IHSP (care plan) goals or protocols
  - **How much?**
    - Time, miles, feeding, medication
  - **How is the student progressing or did they respond to intervention?**
    - Context is important
  - **Was any intervention or additional action taken or planned?**
    - Next steps

Documentation: Qualified Practitioners

- LEAs must maintain the following for all qualified rendering practitioners, as required in the LEA BOP Provider Manual:
  - Licenses
  - Registrations
  - Certifications
  - Credentials
- Provider Manual: **"LEA: Rendering Practitioner Qualifications"** section (*loc ed rend 2*) contains all qualification requirements.

Parental Consent: Individuals with Disabilities Education Act (IDEA) Students

- For IDEA students, you must do the following before accessing public benefits or insurance for the first time*:
  - Provide **written notification to the child's parent/guardian** (completed before obtaining one-time written consent, and annually thereafter).
  - Obtain a **one-time written consent.**
- Parental consent may be revoked at any time.
- Billing for services is limited to on or after the date that the parental consent was provided.

**Notification requirements are codified in IDEA and published by the California Department of Education.*

Parental Consent for Non-IDEA Students

- For non-IDEA students, additional consent *to bill Medi-Cal* for services is not required.
  - Medi-Cal application provides the consent to bill.
  - LEAs should check with their school district legal counsel to ensure that they are in compliance with Family Educational Rights and Privacy Act (FERPA) requirements, prior to submitting claims to Medi-Cal.
  - CMS encourages LEAs to put a parental consent protocol in place for non-IDEA services.

Documentation Associated with the Cost Report (CRCS)

MER

- Total student enrollment input file
- Total student enrollment output file

All costs claimed incurred by the LEA such as:

- Payroll records
- Equipment purchase orders
- Other documentation to support costs

Service claiming for interim reimbursements

- Date of service
- Name of student
- Medicaid ID number
- Name of Agency providing service
- Name of Person providing service
- Place of service
- Nature, extent or units of service (e.g. reports, logs, etc)

TSP Lists and Random Moment Time Survey (RMTS)

- Practitioner qualifications for TSP lists
- Time study logs
- Code 2A moment documentation

Knowledge Check

- What is one of the elements that is required when documenting a service encounter?

Answer

- **Date** of Service
- Name of **Student/Medicaid ID number**
- Name of **Agency** Providing Service
- Name of **Person** providing service
- **Place of service**
- **Nature, extent or units** of service

Key Takeaways for Documentation Requirements

- Documentation is essential to disclose the type and extent of services provided and to ensure compliance with federal and state requirements.
- LEAs must maintain records that support all services billed to LEA BOP, including practitioner qualifications and service details.
- Timeliness matters: Documentation should be completed at or near the time of service.
- Retention is critical: Records must be kept for at least three years from the cost report submission date – or longer if under audit.

Section 2:
Authorization Requirements

ORP Practitioner Requirement

- ORP practitioner requirements:
  - LEAs are required to include the Ordering Referring Prescribing (ORP) practitioner's National Provider Identifier (NPI) on all claims for **treatment** services per Title 42 California Federal Regulations (CFR), Section 455.400.
  - Practitioners must be individually enrolled as a Medi-Cal ORP provider, as outlined in the Provider's Guide section of the LEA Provider Manual: loc ed a prov.

Licensed ORP Practitioners

Treatment Service	Qualified ORP Practitioner(s)
Nursing (registered nurse or licensed vocational nurse)	***Medication and therapeutic agent administration***: Licensed Clinical Psychologist; Dentist; Physician; Podiatrist ***Specialized physical health care and other nursing services:*** Physician
Occupational Therapy	Physician; Podiatrist
Physical Therapy	Physician; Podiatrist
Psychology/Counseling	Licensed Clinical Social Worker; Licensed Educational Psychologist; Licensed Marriage and Family Therapist; Licensed Psychologist; Physician; Registered Credentialed School Nurse
School Health Aide	Physician
Speech Language/ Audiology*	Dentist; Physician

**Note that if a speech language pathologist/licensed audiologist refers for services pursuant to a physician-based standards protocol, it is the physician who developed the physician-based standards protocol that is considered the Medi-Cal ORP provider, and it is their NPI that must be included on the claim for Medi-Cal reimbursement.*

Physician Authorizations

- **Physician authorizations** may be obtained from any of the following:
  - Student's primary care physician;
  - Physician employed by the LEA;
  - Physician contracted by the LEA; or
  - Physician Assistant (PA) or Nurse Practitioner (NP) (under physician supervision per standard practice, policy detailed in the Physician Service section of the LEA Provider Manual: loc ed serv physician).

- Authorizations provided by **contracted physicians**:
  - Do not require the physician to personally evaluate the student.
  - Require the physician to have a working relationship with the LEA and treating practitioner.
  - Require the physician to review the student's records prior to authorizing services.

Assessments: Authorization Requirement

- **Assessments**: Authorized by a practitioner within the scope of practice OR parent/teacher.
- Written authorization for assessments must include:
  - School name
  - Student's name
  - Parent, teacher or practitioner observations
  - Reason for assessment
  - Signature of parent/teacher/prescribing referring practitioner
  - Practitioner title

Screening: Authorization Requirement

- **Screenings**: Authorized by the periodicity schedule.
  - Here is an example of Physical Examination for Adolescence ages 11 -21 years.

	ADOLESCENCE										
AGE	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y
Physical Examination	x	x	x	x	x	x	x	x	x	x	x

- An 'X' in the table indicates that a physical examination is recommended for the corresponding age group.
- Per SPA Guidance, screening may be based on:
  - Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventative Pediatric Health Care (Periodicity Schedule) or health screenings that are required for all students by the California Education Code or Health and Safety Code
- The type of **treatment** service will determine whether a **Referral, Recommendation, or Prescription** is required.

Treatments: Authorization Requirement

- **All billable LEA treatments** must have authorization from an ORP practitioner.
  - **Prescription:** A written order from a licensed physician, podiatrist, or dentist for specialized treatment services.
  - **Referral:** Less formal than a prescription, but meets certain documentation standards (i.e., student name, date, the reason for referral, name, and signature of the practitioner).
  - **Recommendation:** This may consist of a note in the student's file that indicates the observations/reasons for the recommendation, practitioner type, name, and signature.
- Authorization is valid for **one year** from the date of issue and cannot be retroactively applied to services provided before that date.
- In addition to the licensed practitioner authorization, all treatments must be authorized in an IEP, IFSP, or IHSP (which may be referred to as a care plan) to be reimbursable.

Treatment Authorization Documentation

- **Treatments**: Authorized by a licensed practitioner that is authorized to ORP services.
- Written authorization for treatments must include:
  - School name
  - Student's name
  - Practitioner observations and reason(s) for treatment
  - Signature of prescribing/referring practitioner
  - Practitioner title

Treatment Services Authorized in a Care Plan

- The authorization of treatment services is identified in the IEP, IFSP and/or IHSP (or other type of care plan) and includes:
  - Service type(s)
  - Number or frequency of LEA treatment services
  - Length of treatment, as appropriate

Documentation and Billing for Transportation Services

- Specialized medical transportation services are covered when all of the following conditions are met:
  - Provided in an approved mode of transportation (litter van, wheelchair van, or specially adapted vehicle).
  - Transportation services must be authorized in the student's IEP/IFSP.
  - Another IEP/IFSP covered service is provided on the same day that the transportation is provided.
- Required documentation for transportation services must include:
  - Student information
  - Date of transportation
  - Documented verification that the student was in school and received a covered service on the same day that the transportation was provided
  - Documentation of all transportation costs claimed on the cost report

Documentation and Billing for Transportation Services (continued)

- If mileage is being claimed, documentation must also include:
  - Origination point and destination point
  - Total number of miles
- More information can be found in the LEA BOP Transportation Billing Guide.

Targeted Case Management (TCM)

- TCM is reimbursable for students with TCM in their IEP/IFSP or IHSP.
- Required documentation for TCM services must include:
  - Care Plan (may be referred to as a Service Plan)
  - Records of TCM activities
  - Records of student and/or family progress
  - Assessment Reports
  - TCM Certification (PPL 20-033)

Knowledge Check

- Which of the following services requires authorization from an ORP practitioner enrolled in Medi-Cal?

  A) Assessments
  B) Screenings
  C) Treatment Services
  D) Specialized Medical Transportation

Answer

A) Assessments
B) Screenings
C) Treatment Services
D) Specialized Medical Transportation

Key Takeaways for Authorization Requirements

- **All LEA services billed to LEA BOP require authorization**:
  - **Assessments**: Authorized by a practitioner within the scope of practice OR parent/teacher.
  - **Screenings**: Authorized under the EPSDT periodicity schedule.
  - **Treatments**: Authorized by a practitioner who is authorized to Order, Refer, or Prescribe (ORP) services.
  - **Specialized Medical Transportation**: Authorized via the IEP/IFSP.
  - **Targeted Case Management (TCM):** Authorized via the IEP/IFSP/IHSP.
- Authorizations must be maintained in the student's files
- Services requiring supervision must be supported by documentation confirming that the supervision was conducted and compliant with LEA BOP standards.

Section 3: Documentation Requirements for Random Moment Time Survey (RMTS) Responses From Direct Service Practitioners

DHCS

Quick Review: RMTS, TSPs and Activity Codes

- Random Moment Time Survey (RMTS)
  - A statistically valid means of determining what portion of a group of participants' workload is spent performing Medicaid-reimbursable activities.
- Time Survey Participants (TSPs)
  - LEA BOP – Participant Pool 1 – Direct Medical Services
- LEA BOP Direct Medical Services
  - Activity Code 2

Why Does RMTS Matter?

- RMTS plays a role in LEA BOP's cost reconciliation process.
  - RMTS is a part of the funding and payment methodology to allocate costs to the LEA Provider through the cost report.
    - The RMTS is used to determine the time that practitioners spend on direct medical services, general and administrative time, and all other activities to account for 100 percent of time.
      - The Direct Medical Services Percentage (DMSP) is derived from the results for direct service practitioners providing covered direct medical services.
- One of the requirements to ensure eligible FFP (federal funds) through the LEA BOP is documentation.
  - Code 2A moments without supporting documentation may not be able to show that the moment is eligible for FFP.
    - This may impact the calculated DMSP on the cost report and have financial consequences.
      - For example, if an LEA does not have supporting documentation for the Code 2A moments during a *federal* audit, their claims associated with that service/practitioner may be disallowed.

Code 2 – Pool 1 Direct Medical Services

- Code 2 is split into two different sub-codes:
  - **Code 2A (billable)** – Medically necessary direct medical services covered in the State Plan, including:
    - Assessments
    - Screenings (including EPSDT)
    - Treatment Services
    - Specialized Medical Transportation
    - Extensions of a billable direct medical service
    - TCM services (for TSPs identified as billing TCM through LEA BOP in TSP list)
  - **Code 2Z (non-billable)** – Includes direct medical services, or an extension of a direct medical service, that are non-billable for reimbursement under LEA BOP.

Code 2A – Pool 1 Direct Medical Services

- An extension of a direct medical service includes, but is not limited to:
  - Patient follow-up
  - Patient counseling
  - Patient assessment
  - Patient education
  - Parent consultations
  - Billing activities
  - Any related paperwork, clerical activities, or staff travel required to perform covered service activities

Why is 2A Documentation Important?

- Code 2A moments are the main component in the calculation the DMSP.
- The DMSP is applied to LEA costs that are reported on the cost report.
- The audited cost report determines the LEA's federal funding.
- CMS states that LEAs should produce, maintain, and furnish documentation during review or audit to provide evidence that supports a direct medical service activity, as identified by RMTS.
  - Note: If *federal* auditors note that the source documents do not support the moment coding, the auditor can recommend recovery of federal funds.

Direct Service Documentation

- Documentation to support direct services may include:
  - **School attendance records** for the date of the claim
  - Practitioner **licenses/certifications**, as required
  - Student **medical record**
  - **Payroll records** for personnel furnishing services
  - **Copy of the claim** submitted to Medicaid
  - **Documentation of the service** on the date claimed (e.g., progress notes, logs, start/end times, etc.)
  - **Contracts** with medical providers
  - **IEP/IFSP/IHSP/Care Plan** to support the service
  - **Authorization** for services
  - Documentation of **where service was provided** and who provided the service

CMS' Examples of Code 2A Documentation

- Supporting documentation may include at least one or more of the following:
  - The student's **IEP** or **IFSP**
  - Prescriptions/Referrals/Recommendations for IEP services
  - The student's **IHSP**, or other type of Care Plan
  - Assessment Reports
  - Treatment Logs
  - The student's medical records
  - The provider's qualifications (licensing/certification)

CMS' Examples of Code 2A Documentation (continued)

- Supporting documentation may include at least one or more of the following:
  - Billing Schedules and/or Documents
  - Practitioner Schedules
  - Calendars
  - Timesheets
  - Student attendance logs (when the moment indicates that the TSP was with a student)

Knowledge Check

- What are some examples of documentation that can be provided to support Code 2A moments?

Answer

- The student's IEP/IFSP/IHSP/Care Plan
- Billing schedules and/or documents
- Student attendance logs
- Practitioner schedules
- Assessment reports
- Treatment logs

Key Takeaways for Code 2A Moment Documentation

- LEAs should submit claims for direct services that are eligible for reimbursement.
  - Interim billing documentation and retention standards should align with direct service (2A) documentation requirements.
  - If a student is not Medi-Cal eligible, participants should maintain documentation for audit purposes.
- Be thoughtful about which practitioners to include on the TSP List.
- LEA BOP Coordinators should review coded moments and gather supporting documentation for Code 2A moments as close to the moment response as possible.

Section 4:
Direct Service Moment Examples

DHCS

Overview of Documentation Requirements for Covered Direct Services

General Documentation:

- Payroll records for personnel furnishing services
- Documentation supporting interim claim
- Documentation of the service (e.g., progress notes, logs, start/end times, etc.)
- IEP/IFSP/IHSP/ Care Plans
- Authorization for services
- RMTS source documents

2A Moment Documentation:

- IEP/IFSP/IHSP/Care Plans
- Documentation of the service (e.g., progress notes, logs, start/end times, etc.)
- Assessment Reports
- Treatment Logs
- Billing Schedules and/or Documents (recommended)
- Practitioner Calendars/Schedules/Timesheets (recommended)
- Student Attendance Logs (recommended)

Example: Direct Service Documentation for Moments

Licensed Physical Therapist in Participant Pool 1 receives a moment:	
Pre-Question:	*Yes*
Who were you with?	*A student*
What were you doing?	*I was in a therapy session.*
Why were you doing this?	*The student's IEP requires physical therapy services twice a week.*

Examples of <u>possible</u> direct service documentation to support the moment:

- The student's IEP
- TSP's calendar showing they were in a therapy session during the assigned moment
- Progress notes with date of service and detail of session
- The attendance record showing the student was at school on the day of the service

Example: Direct Service Documentation for Moments (continued)

Credentialed School Psychologist in Participant Pool 1 receives a moment:	
Pre-Question:	*Yes*
Who were you with?	*A student*
What were you doing?	*Assessing a student.*
Why were you doing this?	*Student was due for a triennial evaluation; was assessing them to start the evaluation.*

Examples of <u>possible</u> direct service documentation to support the moment:

- The student's current IEP
- The triennial assessment / report for IEP team
- Attendance records on the date of the moment

Example: Extension of a Direct Service Documentation for Moments

Credentialed School Psychologist in Participant Pool 1 receives a moment:	
Pre-Question:	*Yes*
Who were you with?	*No one – I was alone.*
What were you doing?	*I was writing a report.*
Why were you doing this?	*I was summarizing assessment results in preparation for an upcoming IEP meeting.*

Examples of <u>possible</u> documentation to support the moment:

- The student's assessment and resulting report
- The student's IEP or documentation that the IEP was not yet established
- Calendar entries

Example: Extension of a Direct Service Documentation for Moments (continued)

Licensed Physical Therapist in Pool 1 receives a moment:	
Pre-Question:	*Yes*
Who were you with?	*No one*
What were you doing?	*Preparing activity for upcoming session.*
Why were you doing this?	*The student's IEP requires therapy twice a week.*

Examples of <u>possible</u> documentation to support the moment:

- Progress or session notes
- The student's IEP

Knowledge Check

- A school psychologist receives a moment while writing a report alone to summarize assessment results. What are some ideas for documentation that could support this Code 2A moment?

Answer

- The student's IEP or documentation that the IEP was not yet established
- The student's assessment and resulting report
- Calendar entries

Key Takeaways for Direct Service Moments

- Thorough documentation is essential to ensure your LEA receives the funding for covered services that are already being provided to students.
- Code 2A documentation should clearly support the activity described in the RMTS moment.
- More documentation = stronger audit readiness.

Section 5:
Helpful Resources

General Resources

- LEA BOP Provider Manual: https://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx
- SMAA Manual Section 5: https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/SMAA/SMAA%20Manual/SMAAManual-Section5.pdf
- SMAA Manual Section 6: https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/SMAA/SMAA%20Manual/SMAA-Manual-Section-6.pdf
- RMTS Inbox: RMTS@dhcs.ca.gov
- LEA Inbox: LEA@dhcs.ca.gov

Resource Links

- 2023 CMS Guidance (page 95): https://www.medicaid.gov/medicaid/financial-management/downloads/sbs-guide-medicaid-services-administrative-claiming.pdf
- Eligible Students (Loc end elig 1): Local Educational Agency (LEA) Eligible Students (loc ed elig)
- Documentation Requirements (loc ed a prov 11): https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/173943C5-EB52-46D4-B74C-F784E6F3EBEC/locedaprov.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO
- Documenting Practitioner Qualifications (loc ed rend 2): https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/F0D63154-5260-429F-A6E1-8CC04F4E3DD1/locedrend.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO
- LEA: A Provider's Guide (loc ed a prov): https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/173943C5-EB52-46D4-B74C-F784E6F3EBEC/locedaprov.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO
- LEA Service: Physician Billable Procedures (loc ed serv physician): https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/87A54C9D-B722-45D7-A553-1D5B89A5419F/locedservphysician.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

Resource Links (continued)

- LEA: Rendering Practitioner Qualifications: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/F0D63154-5260-429F-A6E1-8CC04F4E3DD1/locedrend.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO
- Medicaid SBS Federal Documentation Requirements: https://www.medicaid.gov/resources-for-states/downloads/sbs-fed-doc-reqs.pdf
- Medicaid SBS Technical Assistance Center: https://www.medicaid.gov/resources-for-states/downloads/sbs-fed-doc-reqs.pdf
- Parental Consent (loc ed 4): https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/1B9BD3C1-E484-4AFF-B3C6-3EB19539BC8D/loced.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO
- Periodicity Schedule American Academy of Pediatrics: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- Transportation Billing Guide: https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Program_Req_and_Info/Transportation-Billing-Guide.pdf

QUESTIONS:

Please submit additional questions to the LEA BOP inbox:
LEA@DHCS.CA.GOV

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES