

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 355  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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April 28, 2020

Jacey Cooper, Chief Deputy Director  
Health Care Programs  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Dear Ms. Cooper:

Enclosed is an approved copy of California State Plan Amendment (SPA) 15-021. This SPA was submitted to my office on September 30, 2015, in response to the CMS requirement to update the payment methodology for the Local Educational Agency (LEA) Medi-Cal Billing Option Program. As part of this update, the SPA adds various new services and practitioners under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Local Educational Agency benefit categories.

SPA 15-021 also adds a Random Moment Time Survey (RMTS) methodology to the LEA Medi-Cal Billing Option Program that CMS approved on October 11, 2018 with an effective date of July 1, 2015.

CMS has reviewed the cost report for SPA CA-15-021, which includes the cost pool of expenses that the state has identified for school-based services with step downs to Medicaid-eligible services provided to Medicaid-enrolled beneficiaries. The State agrees to administer its cost report in adherence to 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 as they are stated in SPA 15-021. CMS does not approve the cost report but reviews the content for the inclusion of appropriate costs to the cost pool.

This SPA was approved by CMS on April 27, 2020, with an effective date of July 1, 2015, as requested. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, pages 9-9t and 26-29m
- Limitations on Attachment 3.1-B, pages 9-9t and 25-28m
- Supplement 8 to Att. 4.19-B, pages 1-13

If you have any questions, please contact Cheryl Young at (415) 744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James G.  
Scott -S  
Date: 2020.04.28 16:23:10 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosure

cc: Lindy Harrington, Department of Health Care Services (DHCS)  
Robert Ducay, DHCS  
Jillian Mongetta, DHCS  
Rick Record, DHCS  
Cynthia Smiley, DHCS  
Jim Elliott, DHCS  
Angeli Lee, DHCS  
Amanda Font, DHCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 5 — 0 2 1</u>	2. STATE California
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2015
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION Social Security Act <del>1915(g)</del> sections 1903 (C) and 1905(a) 42 CFR 447, Subpart F	7. FEDERAL BUDGET IMPACT a. FFY 2015 \$ 57,397,085 b. FFY 2016 \$ 76,529,446
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Limitations on Attachment 3.1-A, pages 9-9 <del>J9T</del> and 26-38 <del>29m</del> Limitations on Attachment 3.1-B, pages 9-9 <del>J9T</del> and 25-37 <del>28m</del> Supplement 8 to Attachment 4.19-B, pages 1-4 <del>12</del>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Limitations on Attachment 3.1-A, pages 9-9h and 26-29a Limitations on Attachment 3.1-B, pages 9-9h and 25-28a Supplement 8 to Attachment 4.19-B, pages 1-8
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10. SUBJECT OF AMENDMENT  
New services and Random Moment Time Survey (RMTS) methodology in the Local Educational Agency Medi-Cal Billing Option Program

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
13. TYPED NAME Mari Cantwell	
14. TITLE Chief Deputy Director, Health Care Programs State Medicaid Director	
15. DATE SUBMITTED September 30, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 30, 2015	18. DATE APPROVED April 27, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S Date: 2020.04.28 16:25:19 -05'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS  
For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

1/7/19: The state made revisions in red for boxes 6 and 8-9.  
4/23/20: CMS pen and ink change to add regulatory citation for non-institutional reimbursement per email dated 4/23/20.

**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>Services provided by Local Education Agency (LEA) providers</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary 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>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>LEA eligible beneficiaries are individuals under age 22 who are Medicaid eligible beneficiaries, regardless of whether the beneficiary has an Individualized Education Plan (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.</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 services are limited to services provided to eligible Medicaid beneficiaries under an IEP or IFSP under the IDEA, or under an Individualized Health and Support Plan (IHSP).</p>

TN No. 15-021  
Supersedes TN No. 11-040

Approval Date April 27, 2020

Effective Date July 1, 2015



**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><u>Assessment Services</u></b></p> <p>Health and mental health evaluation and education (Early Periodic Screening Diagnostic Treatment (EPSDT), 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</li> <li>• Hearing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychosocial Status Assessment</li> <li>• Vision Assessment</li> </ul> <p>LEA covered services also include the following assessment services:</p> <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>	<p><b><u>Practitioner Qualifications and Limitations</u></b></p> <p>LEA assessments and treatment 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> <p>Authorization for EPSDT screening services will 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>





















**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>Physician Services</b></p> <p>Definition: Per 42 CFR § 440.50(a), physicians' services, whether furnished in the office, the beneficiary'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 Physicians</li> <li>Licensed Physician Assistants</li> </ul>	<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>Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</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>*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> <p>Definition: Per 42 CFR § 440.50(a) and § 440.130(d), psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of his or her practice under state law and provided in an individual or group setting.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapist</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 Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Psychologists</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> <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 Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Credentialed School Counselors must have a valid pupil personnel services credential with a specialization in school counseling.</li> <li>• Credentialed School Psychologists must have a pupil personnel services credential with a specialization in school psychology.</li> <li>• Credentialed School Social Workers must have a pupil personal services credential with a specialization in school social work.</li> <li>• Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences and hold a valid pupil personnel services (PPS) credential issued by the Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.</li> <li>• Educational Psychologists must be licensed to practice by the California Board of Behavioral Sciences and hold a valid PPS credential issued by CTC, with the appropriate authorization for those services, or be appropriately supervised by a PPS credential holder.</li> </ul>

TN No. 15-021  
Supersedes None

Approval Date April 27, 2020

Effective Date July 1, 2015





**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 Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Speech-Language Pathologists</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>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board.</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>

TN No. 15-021  
Supersedes None

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**STATE PLAN CHART**

Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.) IDP (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p>Physical therapy services provided in accordance with Item 11a.</p> <p>Occupational therapy services provided in accordance with Item 11b.</p> <p>Speech therapy services provided in accordance with Item 11c.</p> <p>Vision services provided in accordance with Item 5a.</p> <p>Psychology services provided in accordance with Item 6d.1.</p>	<p>Services must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.110, licensed and within their scope of practice under state law.</p> <p>Service must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.50, licensed and within their scope of practice under state law.</p> <p>Services must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.60, licensed and within their scope of practice under state law.</p>

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**STATE PLAN CHART**

Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)  IDP (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p>Developmental Therapy is a service that includes activities that increase the parent's/caregiver's recognition and response to the child's verbal and/or non-verbal communication; increase the parent's/caregiver's interpersonal relationship with the child through everyday activities; training and consultation with the parent/caregiver for the direct benefit of the child to demonstrate developmentally appropriate activities for the child's special need to support the acquisition of new skills; and address the achievement of the objectives and outcomes in the child's IFSP.</p> <p>Intervention activities promote development in all of the following areas; gross motor skills; fine motor skills; cognitive development; communication development; social-emotional development; and self-help/adaptive learning. Activities may include, but are not limited to, use of manipulative props and toys, and weights; play and music therapy; role play; responding to the infant/toddler; positive caregiving strategies; and development of routine and ritual.</p> <p>Developmental therapy is provided under the direction of the multidisciplinary IFSP team at the RC, including licensed personnel, to ensure the continuity of the medically necessary services to ameliorate the child's delays and by guiding the therapeutic regimen related to the child's progress.</p> <p>Treatments are recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law.</p>	<p>Developmental therapy may be provided by unlicensed IDP providers, as described on page 9q.</p> <p>Developmental therapy services provided by unlicensed providers are provided in accordance with the preventive benefit (42 CFR 440.130 (c)).</p>



**STATE PLAN CHART**

Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>4c Family planning services and supplies for individuals of child bearing age.</p> <p>5a Physician's Services</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p>Covered as physician and pharmaceutical services.</p> <p>As medically necessary, subject to limitations; however, experimental services are not covered.</p>	<p>Prior authorization is not required, and informed consent must be obtained in compliance with applicable state law for all sterilizations. Sterilization of persons under 21 years of age is not covered.</p> <p>Physician services do not require prior authorization except as noted below:</p>



**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b><u>Assessment Services</u></b></p> <p>Health and mental health evaluation and education (Early Periodic Screening Diagnostic Treatment (EPSDT), 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</li> <li>• Hearing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychosocial Status Assessment</li> <li>• Vision Assessment</li> </ul> <p>LEA covered services also include the following assessment services:</p> <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>	<p><b><u>Practitioner Qualifications and Limitations</u></b></p> <p>LEA assessments and treatment 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> <p>Authorization for EPSDT screening services will 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>

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (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>• 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. TCM services assist children with an IEP or IFSP, who are eligible for services under the IDEA to gain access to appropriate and needed services</li> </ul>	

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</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>• Certified Nurse Practitioners</li> <li>• Certified Public Health Nurses</li> <li>• Licensed Registered Nurses</li> <li>• Licensed Vocational Nurses</li> <li>• Registered Credentialed School 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>• Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and require supervision by a Licensed Physician, Registered Credentialed School Nurse or Certified Public Health Nurses, when providing specialized physical health care.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and have a school nurse services credential.</li> </ul>



**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</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 beneficiary’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> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides delivering specialized physical health care services must be trained in the administration of specialized physical health care. Trained Health Care Aides may render LEA services only if supervised by a Licensed Physician or Surgeon, a Registered Credentialed School Nurse or a 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>

**STATE PLAN CHART**

Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (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>• Certified Nurse Practitioners</li> <li>• Certified Public Health Nurses</li> <li>• Licensed Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Registered Nurses</li> <li>• Registered Credentialed School Nurses</li> <li>• Registered Dietitians</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>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</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 have a school nurse services credential.</li> <li>• Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians and Nutritionists may only provide nutritional assessments and nutritional counseling services.</li> </ul>

\*Prior authorization is not required for emergency services.

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



**STATE PLAN CHART**

Types of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</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>• Certified Nurse Practitioners</li> <li>• Licensed Optometrists</li> <li>• Licensed Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Registered Credentialed School 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>• Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and have a school nurse services credential.</li> </ul>





**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b>Physician Services</b></p> <p>Definition: Per 42 CFR § 440.50(a), physicians' services, whether furnished in the office, the beneficiary'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 Physicians</li> <li>• Licensed Physician Assistants</li> </ul>	<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>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> </ul>



**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (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> <p>Definition: Per 42 CFR § 440.50(a) and § 440.130(d), psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of his or her practice under state law and provided in an individual or group setting.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapist</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 Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Psychologists</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> <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 Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Credentialed School Counselors must have a valid pupil personnel services credential with a specialization in school counseling.</li> <li>• Credentialed School Psychologists must have a pupil personnel services credential with a specialization in school psychology.</li> <li>• Credentialed School Social Workers must have a pupil personal services credential with a specialization in school social work.</li> <li>• Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences and hold a valid pupil personnel services (PPS) credential issued by the Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.</li> <li>• Educational Psychologists must be licensed to practice by the California Board of Behavioral Sciences and hold a valid PPS credential issued by CTC, with the appropriate authorization for those services, or be appropriately supervised by a PPS credential holder.</li> </ul>

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (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 (cont.)</b></p>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences and hold a valid PPS credential issued by CTC, with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Psychologists must be licensed to practice by the California Board of Psychology and hold a valid PPS credential issued by CTC, with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.</li> <li>• 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>• Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and have a school nurse services credential.</li> </ul>

STATE PLAN CHART

Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</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>24g Local Educational Agency (LEA) Services (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 Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Speech-Language Pathologists</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>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board.</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*
<p>24g Local Educational Agency (LEA) Services (cont.)</p>          <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</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 beneficiary. 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 beneficiaries 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>

**STATE PLAN CHART**

Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b>Targeted Case Management (TCM) Services</b></p> <p>Definition: As defined in Supplement 1c to Attachment 3.1-A, TCM services assist children with an IEP or IFSP, who are eligible for services under the IDEA to gain access to appropriate and needed services.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</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>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Psychologists</li> <li>• Licensed Registered Nurses</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> <ul style="list-style-type: none"> <li>• A Registered Nurse, or a Public Health Nurse with a license in active status to practice as a registered nurse in California; individual shall have met the educational and clinical experience requirements as defined by the California Board of Registered Nursing, or</li> <li>• An individual with at least a Bachelor's degree from an accredited college or university, who has completed an agency-approved case management training course, or</li> <li>• An individual with at least an Associate of Arts degree from an accredited college, who has completed an agency-approved case management training course and has two years of experience performing case management duties in the health or human services field, or</li> <li>• An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.</li> </ul>

**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>Services provided by Local Education Agency (LEA) providers</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary 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>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>LEA eligible beneficiaries are individuals under age 22 who are Medicaid eligible beneficiaries, regardless of whether the beneficiary has an Individualized Education Plan (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.</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 services are limited to services provided to eligible Medicaid beneficiaries under an IEP or IFSP under the IDEA, or under an Individualized Health and Support Plan (IHSP).</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>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b><u>Assessment Services</u></b></p> <p>Health and mental health evaluation and education (Early Periodic Screening Diagnostic Treatment (EPSDT), 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</li> <li>• Hearing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychosocial Status Assessment</li> <li>• Vision Assessment</li> </ul> <p>LEA covered services also include the following assessment services:</p> <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>	<p><b><u>Practitioner Qualifications and Limitations</u></b></p> <p>LEA assessments and treatment 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> <p>Authorization for EPSDT screening services will 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>

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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><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>• 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. TCM services assist children with an IEP or IFSP, who are eligible for services under the IDEA to gain access to appropriate and needed services</li> </ul>	

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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.)

**Nursing Services**  
  
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.”  
  
Qualified Practitioner Types:  
• Certified Nurse Practitioners  
• Certified Public Health Nurses  
• Licensed Registered Nurses  
• Licensed Vocational Nurses  
• Registered Credentialed School Nurses

Practitioner qualifications, limits and supervision requirements:

- 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.
- Public Health Nurses must be licensed and certified by the California Board of Registered Nursing.
- Registered Nurses must be licensed to practice by the California Board of Registered Nursing.
- Vocational Nurses must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians and require supervision by a Licensed Physician, Registered Credentialed School Nurse or Certified Public Health Nurses, when providing specialized physical health care.
- Registered Credentialed School Nurses must be licensed to practice by the California Board of Registered Nursing and have a school nurse services credential.

\*Prior authorization is not required for emergency services.

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

**STATE PLAN CHART**

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<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>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 beneficiary’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> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides delivering specialized physical health care services must be trained in the administration of specialized physical health care. Trained Health Care Aides may render LEA services only if supervised by a Licensed Physician or Surgeon, a Registered Credentialed School Nurse or a 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>

**STATE PLAN CHART**

Type of Services	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>• Certified Nurse Practitioners</li> <li>• Certified Public Health Nurses</li> <li>• Licensed Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Registered Nurses</li> <li>• Registered Credentialed School Nurses</li> <li>• Registered Dietitians</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>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</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 have a school nurse services credential.</li> <li>• Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians and Nutritionists may only provide nutritional assessments and nutritional counseling services.</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.)

\*Prior authorization is not required for emergency services.

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

**Occupational Therapy Services**

Definition: Per 42 CFR § 440.110(b)(1), occupational therapy services prescribed 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 by or under the direction of a qualified occupational therapist. It includes necessary supplies and equipment.

Qualified Practitioner Types:

- Licensed Occupational Therapists
- Occupational Therapy Assistants

Practitioner qualifications, limits and supervision requirements:

- Occupational Therapists must meet personnel qualifications at 42 CFR § 484.115 and be licensed to practice by the California Board of Occupational Therapy.
- Occupational Therapy Assistants must meet personnel qualifications at 42 CFR § 484.115 and be licensed to practice by the California Board of Occupational Therapy and require supervision by a Licensed Occupational Therapist.







**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>Physical Therapy Services</b></p> <p>Definition: Per 42 CFR § 440.110(a)(1), physical therapy means services prescribed 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 by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physical Therapists</li> <li>• Physical Therapist Assistants</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Physical Therapists must meet personnel qualifications at 42 CFR § 484.115 and be licensed to practice by the California Physical Therapy Board.</li> <li>• Physical Therapist Assistants must meet personnel qualifications at 42 CFR § 484.115 and be licensed to practice by the California Physical Therapy Board and require supervision by a Licensed Physical Therapist.</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> <p>Definition: Per 42 CFR § 440.50(a) and § 440.130(d), psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of his or her practice under state law and provided in an individual or group setting.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapist</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 Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Psychologists</li> <li>• Registered Associate Clinical Social Workers</li> <li>• Registered Credentialed School Nurses</li> </ul>	<p><u>Practioner 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 Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Credentialed School Counselors must have a valid pupil personnel services credential with a specialization in school counseling.</li> <li>• Credentialed School Psychologists must have a pupil personnel services credential with a specialization in school psychology.</li> <li>• Credentialed School Social Workers must have a pupil personal services credential with a specialization in school social work.</li> <li>• Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences and hold a valid pupil personnel services (PPS) credential issued by the Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.</li> <li>• Educational Psychologists must be licensed to practice by the California Board of Behavioral Sciences and hold a valid PPS credential issued by CTC, with the appropriate authorization for those services, or be appropriately supervised by a PPS credential holder.</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>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 Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Speech-Language Pathologists</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>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board.</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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Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)  Infant Development Program Services (IDP)</p> <p>*Prior authorization is not required for emergency services.  **Coverage is limited to medically necessary services.</p>	<p>The Infant Development Program (IDP) services offer a variety of medically necessary services identified in an Individualized Family Service Plan (IFSP). The Department of Developmental Services contracts with Regional Centers (RC) statewide to provide and coordinate services for infants with, and at risk for, developmental disabilities. Individuals are not limited to RC providers, and may receive state plan services through their health plan or fee for service providers.</p> <p>IDP services will not be provided to an infant at the same time as another service that is the same in nature and scope.</p>	<p>IFSP Assessments: Infants and toddlers eligible for IDP services will have an IFSP developed by a RC multidisciplinary team, which includes a physician or licensed practitioner who authorizes specific medically necessary services, including frequency and duration, within their scope of their practice under state law. IFSPs are reviewed and updated at least every six months.</p> <p>Provider Qualifications: Providers must meet all applicable license, credential, registration, certificate, permit, or academic degree requirements to provide the service under state law. Unlicensed providers may also provide services under the direct supervision of a licensed member of the IFSP multidisciplinary team, as defined in this section, pursuant to their scope of practice under state law. Unlicensed providers may have a bachelor's degree in education, psychology, child development or related field; or an AA degree in child development or related field.</p>

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Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)  IDP (cont.)	Physical therapy services provided in accordance with Item 11a.  Occupational therapy services provided in accordance with Item 11b.  Speech therapy services provided in accordance with Item 11c.  Vision services provided in accordance with Item 5a.  Psychology services provided in accordance with Item 6d.1.	Services must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.110, licensed and within their scope of practice under state law.  Service must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.50, licensed and within their scope of practice under state law.  Services must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.60, licensed and within their scope of practice under state law.
*Prior authorization is not required for emergency services.		
**Coverage is limited to medically necessary services.		

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Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)  IDP (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p>Developmental Therapy is a service that includes activities that increase the parent's/caregiver's recognition and response to the child's verbal and/or non-verbal communication; increase the parent's/caregiver's interpersonal relationship with the child through everyday activities; training and consultation with the parent/caregiver for the direct benefit of the child to demonstrate developmentally appropriate activities for the child's special need to support the acquisition of new skills; and address the achievement of the objectives and outcomes in the child's IFSP.</p> <p>Intervention activities promote development in all of the following areas; gross motor skills; fine motor skills; cognitive development; communication development; social-emotional development; and self-help/adaptive learning. Activities may include, but are not limited to, use of manipulative props and toys, and weights; play and music therapy; role play; responding to the infant/toddler; positive caregiving strategies; and development of routine and ritual.</p> <p>Developmental therapy is provided under the direction of the multidisciplinary IFSP team at the RC, including licensed personnel, to ensure the continuity of the medically necessary services to ameliorate the child's delays and by guiding the therapeutic regimen related to the child's progress.</p> <p>Treatments are recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law.</p>	<p>Developmental therapy may be provided by unlicensed IDP providers, as described on page 9q.</p> <p>Developmental therapy services provided by unlicensed providers are provided in accordance with the preventive benefit (42 CFR 440.130 (c)).</p>

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Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>4c Family planning services and supplies for individuals of child bearing age.</p> <p>5a Physician's Services</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p>Covered as physician and pharmaceutical services.</p> <p>As medically necessary, subject to limitations; however, experimental services are not covered.</p>	<p>Prior authorization is not required, and informed consent must be obtained in compliance with applicable state law for all sterilizations. Sterilization of persons under 21 years of age is not covered.</p> <p>Physician services do not require prior authorization except as noted below:</p>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<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>LEA eligible beneficiaries are individuals under age 22 who are Medicaid eligible beneficiaries, regardless of whether the beneficiary has an Individualized Education Plan (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.</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 services are limited to services provided to eligible Medicaid beneficiaries under an IEP or IFSP under the IDEA, or under an Individualized Health and Support Plan (IHSP).</p>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b><u>Assessment Services</u></b></p> <p>Health and mental health evaluation and education (Early Periodic Screening Diagnostic Treatment (EPSDT), 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</li> <li>• Hearing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychosocial Status Assessment</li> <li>• Vision Assessment</li> </ul> <p>LEA covered services also include the following assessment services:</p> <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>	<p><b><u>Practitioner Qualifications and Limitations</u></b></p> <p>LEA assessments and treatment 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> <p>Authorization for EPSDT screening services will 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>



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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (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>• 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. TCM services assist children with an IEP or IFSP, who are eligible for services under the IDEA to gain access to appropriate and needed services</li> </ul>	



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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</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 beneficiary’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> </ul> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Trained Health Care Aides delivering specialized physical health care services must be trained in the administration of specialized physical health care. Trained Health Care Aides may render LEA services only if supervised by a Licensed Physician or Surgeon, a Registered Credentialed School Nurse or a 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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Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</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>• Certified Nurse Practitioners</li> <li>• Certified Public Health Nurses</li> <li>• Licensed Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Registered Nurses</li> <li>• Registered Credentialed School Nurses</li> <li>• Registered Dietitians</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>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</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 have a school nurse services credential.</li> <li>• Dietitians must be registered through the Commission on Dietetic Registration. Registered Dietitians and Nutritionists may only provide nutritional assessments and nutritional counseling services.</li> </ul>







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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
23g Local Educational Agency (LEA) Services (cont.)                    *Prior authorization is not required for emergency services.  **Coverage is limited to medically necessary services.	<p><b>Physical Therapy Services</b></p> <p>Definition: Per 42 CFR § 440.110(a)(1), physical therapy means services prescribed 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 by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Licensed Physical Therapists</li> <li>• Physical Therapist Assistants</li> </ul>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Physical Therapists must meet personnel qualifications at 42 CFR § 484.115 and be licensed to practice by the California Physical Therapy Board.</li> <li>• Physical Therapist Assistants must meet personnel qualifications at 42 CFR § 484.115 and be licensed to practice by the California Physical Therapy Board and require supervision by a Licensed Physical Therapist.</li> </ul>

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<p>23g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b>Physician Services</b></p> <p>Definition: Per 42 CFR § 440.50(a), physicians' services, whether furnished in the office, the beneficiary'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 Physicians</li><li>• Licensed Physician Assistants</li></ul>	<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>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li></ul>

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23g Local Educational Agency (LEA) Services (cont.)               *Prior authorization is not required for emergency services.  **Coverage is limited to medically necessary services.	<p><b>Psychology and Counseling Services</b></p> <p>Definition: Per 42 CFR § 440.50(a) and § 440.130(d), psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of his or her practice under state law and provided in an individual or group setting.</p> <p><u>Qualified Practitioner Types:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapist</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 Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Psychiatrists</li> <li>• Licensed Psychologists</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> <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 Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</li> <li>• Credentialed School Counselors must have a valid pupil personnel services credential with a specialization in school counseling.</li> <li>• Credentialed School Psychologists must have a pupil personnel services credential with a specialization in school psychology.</li> <li>• Credentialed School Social Workers must have a pupil personal services credential with a specialization in school social work.</li> <li>• Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences and hold a valid pupil personnel services (PPS) credential issued by the Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.</li> <li>• Educational Psychologists must be licensed to practice by the California Board of Behavioral Sciences and hold a valid PPS credential issued by CTC, with the appropriate authorization for those services, or be appropriately supervised by a PPS credential holder.</li> </ul>

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Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (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 (cont.)</b></p>	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <ul style="list-style-type: none"> <li>• Marriage and Family Therapists must be licensed to practice by the California Board of Behavioral Sciences and hold a valid PPS credential issued by CTC, with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.</li> <li>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Psychiatrists must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Psychologists must be licensed to practice by the California Board of Psychology and hold a valid PPS credential issued by CTC, with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.</li> <li>• 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>• Registered Credentialed School nurses must be licensed to practice by the California Board of Registered Nursing and have a school nurse services credential.</li> </ul>

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Type of Services	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>*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 Physicians</li> <li>• Licensed Physician Assistants</li> <li>• Licensed Speech-Language Pathologists</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>• Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California.</li> <li>• Physician Assistants must be licensed by the California Physician Assistant Board and require supervision by a Licensed Physician.</li> <li>• Licensed Speech-Language Pathologists must be licensed by the California Speech-Language Pathology and Audiology Board.</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*
<p>23g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</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 beneficiary. 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 beneficiaries 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>

**STATE PLAN CHART**

Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
<p>23g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><b>Targeted Case Management (TCM) Services</b></p> <p>Definition: As defined in Supplement 1c to Attachment 3.1-A, TCM services assist children with an IEP or IFSP, who are eligible for services under the IDEA to gain access to appropriate and needed services.</p> <p><u>Qualified Practitioner Type:</u></p> <ul style="list-style-type: none"> <li>• Associate Marriage and Family Therapists</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>• Licensed Clinical Social Workers</li> <li>• Licensed Educational Psychologists</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Psychologists</li> <li>• Licensed Registered Nurses</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> <ul style="list-style-type: none"> <li>• A Registered Nurse, or a Public Health Nurse with a license in active status to practice as a registered nurse in California; individual shall have met the educational and clinical experience requirements as defined by the California Board of Registered Nursing, or</li> <li>• An individual with at least a Bachelor's degree from an accredited college or university, who has completed an agency-approved case management training course, or</li> <li>• An individual with at least an Associate of Arts degree from an accredited college, who has completed an agency-approved case management training course and has two years of experience performing case management duties in the health or human services field, or</li> <li>• An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.</li> </ul>



## **Payment for Local Education Agency (LEA) Services**

Reimbursement for school-based services will be based upon each LEA's reasonable and allowable cost 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 services that are medically necessary and provided by LEAs to all Medicaid enrolled beneficiaries with an Individualized Education Plan (IEP), Individualized Family Services Plan (IFSP), or Individualized Health and Support Plan (IHSP), as defined in Attachments 3.1-A and 3.1-B, include:

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

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 Beneficiaries with an IEP, IFSP, or IHSP.**

#### **A. Interim Payment Methodology Overview**

1. Interim reimbursement rates for IEP/IFSP assessment and treatment services for the period April 1, 2003, through June 30, 2004, were developed from data reported in cost and time surveys from a sample of LEA providers. As described in paragraphs B.1 through B.3, median hourly costs for each type of qualified practitioner (e.g., psychologist, speech therapist, audiologist, etc.) were developed from data reported in the cost survey.



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 fee schedule. The Department may elect to update the median assessment and treatment times by service type using data reported in a time survey, consistent with the methodology described above.
3. Rates for assessments and treatment services will be annually adjusted in subsequent 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 at least once every five years using a methodology similar to that described in Sections B-F.

## **B. Hourly Costs**

1. Health care-related costs were identified by type of practitioner from the cost survey and included salary, benefits and other personnel expenses for SFY 2000-01. Indirect costs were calculated by applying the LEA's approved indirect cost rate to the health-care related costs. Education-related costs were excluded. The hourly basis for the costs was based on total annual hours required to work. Each cost survey received a desk or field review to evaluate the reasonableness of the data provided. All costs used in the calculation were in compliance with OMB Super-Circular (2 CFR 200).
2. Costs for SFY 2001-02 were determined by adjusting cost for SFY 2000-01 for inflation. The inflation adjustment was accomplished by applying the annual percentage increase in certificated salaries to the salary component of reported costs and the Implicit Price Deflator for State and Local Government Purchases of Goods and Services (Implicit Price Deflator) to the remaining cost components (i.e., benefits, other personnel expenses, facility costs, and administrative costs). The annual percentage increase in certificated salaries for each LEA is published by the California Department of Education. 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 were developed from these adjusted costs.
3. Median hourly costs for each type of practitioner were adjusted to the midpoint of the implementation period of April 1, 2003, through June 30, 2004, by applying the LEA Cost of Living Adjustment based on the Implicit Price Deflator. The Cost of Living Adjustment is an inflation percentage designated by the legislature to adjust state apportionments for K-12 Education on an annual basis.

4. In rebasing periods, the Department will collect health care-related costs by type of practitioner from the cost report, including 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 hours worked by practitioner type.

### **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).

- (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 school 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) Trained Health Care Aide hourly costs will be used as an interim rate proxy for psychological services provided by an Associate Marriage and Family Therapists and Registered Associate Clinical Social Workers. Rates based on trained health care aide hourly costs will be billed in service units representing 15-minute increments.
- (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 school nurse hourly cost. Rates for the remaining four assessments (health, psychosocial, developmental and health education/anticipatory guidance) will be billed in units representing 15-minute increments of assessment time.

#### **D. Interim Rates for Treatment Services**

1. Median treatment times for psychology and counseling, speech therapy, audiology, occupational therapy, and physical therapy were 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 were 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 were 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.
  - (c) Trained Health Care Aide hourly costs will be used as an interim rate proxy for the following services and practitioner types:
    - i. Speech Therapy Services provided by a Speech-Language Pathology Assistant;
    - ii. Occupational Therapy Services provided by an Occupational Therapy Assistant;
    - iii. Physical Therapy Services provided by a Physical Therapist Assistant;
    - iv. Psychological Services provided by an Associate Marriage and Family Therapist and a Registered Associate Clinical Social Worker.
  - (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.
  - (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.
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 were based on 15-minute increments and do not include indirect service time. Indirect service time for nurses or trained health care aides will not be billed. Individual treatment

service rates for nursing or trained health care aides will be billed as one unit representing up to 15-minutes of treatment time.

#### **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 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 for these costs, 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; and
  - (d) LEA-specific Medicaid Eligibility 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 begin in fiscal year 2020-21, and 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)

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

The RMTS Direct Medical Service Percentage will be calculated using the average from the three quarterly time studies that occur during the quarters of October to December, January to March, and April to June.

- 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 Eligibility Ratio:** A Medi-Cal eligibility ratio will be established for each participating LEA on an annual basis, using a date specified by the Department, such as the snapshot date selected for the California Basic Educational Data System (CBEDS) annual data collection, administered each October. When applied, this ratio will discount the Total Service Cost, defined above in B.5., by the percentage of Medi-Cal enrolled students. The numerator will be the number of Medi-Cal enrolled students in the LEA. The denominator will be the total number of students enrolled in the LEA.
  - (a) The numerator will be determined based on the Medi-Cal Data Tape Match, used to check Medi-Cal student enrollment.
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

Effective for dates of service on or after July 1, 2019, specialized medical transportation services provided to Medicaid eligible students with an IEP or IFSP will be paid on a cost basis. Providers will be paid an interim rate based on the Medi-Cal fee schedule for specialized medical transportation services. For cost reports beginning with dates of service on or after July 1, 2019, and annually thereafter, 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 Medicaid IEP/IFSP medical service (other than transportation) is provided on the day that specialized medical transportation is billed.
  - (c) Transportation is provided in a specially adapted vehicle.

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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. Attendants
- iii. Mechanics
- iv. 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. The Medicaid One Way Trip Ratio will be calculated based on the ratio of Medicaid Eligible IEP/IFSP One Way Trips divided by the total number of IEP/IFSP One Way Trips.

### 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.

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## 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 state fiscal year covering July 1 through June 30, which represents the reporting period. Effective beginning state fiscal year 2020-21, the CRCS will be 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 36 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 payment claim data. Based on the interim payments received by the LEA during the fiscal year period, the Department will calculate the final settlement amount.

The cost report submission deadlines for the service periods requiring backcasting (fiscal years 2015-16 through 2019-20) will be documented in the CMS approved back casting methodology.

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 State 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

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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 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 14170, which requires the Department to audit and perform final settlement no later than 3 years from the date the CRCS is submitted. In cases where the Department requires an amended cost report to be submitted by all participating LEAs, the 3 year 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's 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.