

**Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP)
Advisory Workgroup (AWG) Meeting
October 4, 2017 Minutes**

Location: Natomas Unified School District (USD)

Attendees: Rick Record, SNFD; Cheryl Ward, SNFD; Dmitry Terlesky, SNFD; Stephanie Magee, SNFD; Martin Alvarez, A&I Financial Audits Branch (FAB); Renzo Bernales, California Department of Education (CDE); Andrea Pederson, Navigant Consulting; Dennis Finnegan, Navigant Consulting; Marna Metcalf, Navigant Consulting; Alest Walker, California School Board Association; Alma McKenry, Fresno COE; Amanda Dickey, CCSESA; Amy Yribarren, Modesto Junior College; Andrea Celio, Black Oak Mine USD; Andrea Coleman, LAUSD; Anne Rigali, Guadalupe Union SD; Aurelei Alvarez, LACOE; Beth Benne, Pierce College; Beth Coit, Solano COE; Brenda Rios, Ontario-Montclair SD; Cara Schukdske, San Diego COE; Cathy Bennett, Sacramento City USD; Cheryl Boney, UC Davis Student Health; Cristina Guillen, Napa Valley USD; Christine Wilhite, Butte COE; Christyal Salinas, New Haven USD; Craig Chilson, Stockton USD; Debbi Conner, Mendocino COE; Debbi Wood, Bakersfield City SD; Deborah Still, Monterey COE; Diana Reed, Newport Mesa USD; Diana Romeri, Rocklin USD; Emie Ambrose, Solano COE; Enrique Ruacho, LAUSD; Francisca Montes, Manteca USD; Frank Jerome, Ripon USD; Heather Plahn, Palmdale SD; Helen Frederickson, Palmdale SD; Irma Roche, Clovis USD; Jackie Swords, Lancaster SD; Janice Holden, Stanislaus COE; Jeanne Harris-Caldwell, Saddleback College; Jennifer Wood-Slayton, Lamont SD; Jeremy Ford, Oakland USD; Julie Ferebee, Palmdale SD; Karol Castillo, Folsom Cordova USD; Kelly Earls, Bakersfield City SD; Laurie Lane, Winters JUSD; Leslie Agostini, Manteca USD; Linda Ledesma, Lindsay Unified; Lisa Eisenberg, Calif School-Based Health Alliance; Lora Gonzalez, Yuba County SELPA; Margarita Blumberg, Galt Joint Union HSD; Marcie James, San Francisco USD; Margarita Bobe, LAUSD; Maria Parra, Ontario-Montclair SD; Mariana Solomon, Aromas San Juan USD; Maricela Martin, San Bernardino County; Marta Cuevas-Ortega, Galt Joint Union ESD; McKenzie Palomino, San Joaquin COE; Melissa Locketz, Rocklin USD; Melissa Nguyen, San Diego COE; Michelle Cowart, Contra Costa COE; Natalya Dovbush, Natomas USD; Natasha Slivkoff, Bakersfield City School District; Noreen Snyder, Visions in Education Charter; Octavio Castelo, LA COE; Patrice Breslow, San Diego USD; Randy Nakamura, HUSD; Rebecca Santos, Elk Grove USD; Sharon Battaglia, Sonoma COE; Susan Quinn, Sonoma County Junior College District; Tammy Jones, Ventura COE; Wendi Yamabe, Saugus Union SD.

Handouts

Each participant was e-mailed an electronic copy of the following: October AWG Meeting Agenda; October Department of Health Care Services (DHCS) Status Update Summary; a summary for the afternoon group discussions on Activities of Daily Living (ADLs) and the Self-Audit Checklist; and August 2017 Meeting Minutes.

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Purpose

The meeting was convened by DHCS. DHCS welcomed all participants to the meeting and briefly reviewed the purpose of the AWG, which is to improve the LEA BOP. The emphasis of the meeting is to strategize various goals and activities aimed at enhancing the Medi-Cal services provided on school sites and access by students to these services, while increasing federal reimbursement to LEAs for the cost of providing these services.

Review of Meeting Minutes

- The AWG reviewed the August meeting minutes. As a follow up to the discussion on the Cost and Reimbursement Comparison Schedule (CRCS), an LEA asked if they need to complete the CRCS if they did not receive any Medi-Cal LEA BOP reimbursement during the time period of the cost report. DHCS responded that in cases where an LEA did not receive any reimbursements for the CRCS reporting period, they are still required to submit the form titled "Certification of Zero Reimbursements" (posted on the LEA Program website).
- A stakeholder asked if the Medical Review Branch (MRB) of Audits and Investigations (A & I) will staff an auditor for the LEA BOP in the future. DHCS is unsure when, or if, there will be an auditor assigned to the LEA BOP, but they will keep the stakeholders apprised of any staffing updates. DHCS noted that if any LEAs have questions on this, they can e-mail the LEA inbox (LEA@dhcs.ca.gov) and the input will be forwarded to MRB.
- There were no edits to the minutes and DHCS will post the August 2017 minutes on the LEA website as is.

California Department of Education (CDE), Special Education Division Updates

- CDE continues to discuss the Continuum of Care Reform with the Department of Social Services, brought about by AB 403. The reform realigns the child welfare system and will impact the out-of-home funding formula for foster youth services. The Department of Social Services has a State/County Implementation Team (see <http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform> for more information on participating).
- CDE provided an update on Education Code (EC) § 56305, which requires CDE to develop a manual providing guidance to local educational agencies on identifying, assessing, supporting, and reclassifying English learners who may qualify for special education services and pupils with disabilities who may be classified as English learners. CDE stated that they are working on monitoring and technical training and SELPAs will assist LEAs with implementing the changes.

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DHCS A&I Updates - FAB

- A representative from DHCS's Safety Net Financing Division (SNFD) provided an update on behalf of A&I. Below is the status of the Cost and Reimbursement Comparison Schedule (CRCS) audits by Fiscal Year End (FYE) date:
 - FYE 2012 – All but 1 audit have been completed; A&I has issued 516 audit reports.
 - FYE 2013 – Most audits have been completed; approximately 435 audit reports issued to date.
 - FYE 2014– All minimal audits have been completed; approximately 124 audit reports issued to date.
 - FYE 2015 – No work started to date.
- There were the following updates on the eight audit appeals:
 - One informal appeal is awaiting response;
 - Five formal appeals have been scheduled;
 - Two formal appeals are not yet scheduled.
- FAB posted the Summary of Audited Program Expenditures, which were reviewed during the August 2017 AWG meeting. The summary can be accessed by going to this link on the DHCS website:
<http://www.dhcs.ca.gov/dataandstats/reports/Documents/ADASummaryAuditedExpenditures.pdf>
- A stakeholder asked for clarification on what issues are being formally appealed. After the meeting, DHCS forwarded this question to A&I and received the following response regarding the seven formal appeals:
 - All are related to services provided by Trained Health Care Aides (THCAs)
 - Six appeals are due to insufficient documentation for the units billed
 - One appeal is for the THCA Total Hours not being reported for the related billed units reimbursed and reported on the CRCS

DHCS Safety Net Financing Division (SNFD) Status Updates

- **FY 2016-17 Annual Report**
 - All participating LEAs must submit the FY 2016-17 Annual Report, which has been published on the LEA Program website, by November 30, 2017.
 - No significant changes were made to the template this year.
- **FY 2015-16 Annual Reimbursement Report**
 - LEAs will be notified once the FY 2015-16 Annual Reimbursement Report is available and posted on the LEA website.
 - DHCS is expected to publish this report in October but is dependent upon EPC 38960 being completed (discussed below).

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- **Cost and Reimbursement Comparison Schedule (CRCS) and Certification of Zero Reimbursement Reports Update (including past years)**
 - All participating LEAs must submit the FY 2015-16 CRCS, which has been published on the LEA Program website, by November 30, 2017.
 - FY 2014-15: As of September 28, 2017, A&I accepted 525 submissions.
 - 502 DHCS Form 2437 - Medi-Cal Cost and Reimbursement Comparison Schedule
 - 23 DHCS Form 2437a - Certification of Zero Reimbursements for LEA Services
 - Delinquent CRCS Reports: A total of 56 LEAs are on 100% withhold.
 - 45 for FY 2014-15 (\$3,236,547.34 total reimbursements received)
 - 6 for FY 2013-14 (\$21,898.85 total reimbursements received)
 - 3 for FY 2012-13 (\$103.75 total reimbursements received)
 - 1 for FY 2011-12 (\$7,966.96 total reimbursements received)
 - 1 for FY 2009-10 (\$12,345.27 total reimbursements received)
- **CRCS Recoupment Process**
 - DHCS is finalizing a Policy and Procedure Letter (PPL) regarding the recoupment process that will be enforced for those LEAs that are non-compliant in the submission of the CRCS.
 - After the PPL is published, demand letters will be sent to non-compliant LEAs, requesting that the overdue CRCS report be submitted or the total of reimbursements received be returned. Failure to comply will result in recoupment by the DHCS Third Party and Liability Recovery Division (TPLRD).
 - A stakeholder asked what the recoupment process will look like. DHCS stated that a demand letter will be sent to non-compliant LEAs to either submit a CRCS or to return the reimbursement to DHCS. If there is no response to the initial demand letter, TPLRD will recover the funds through an additional demand letter. DHCS reminded the stakeholders that these LEAs are out of compliance with both DHCS, through the PPA, and the Centers for Medicare and Medicaid Services (CMS).
- **LEA Website Updates and E-blasts**
 - E-blast: August 9, 2017: Coordination of Care Protocol
 - E-blast August 18, 2017: Clarification of Coordination of Care Protocol
 - E-blast August 21, 2017: Transition to MOVEit Server
 - E-blast August 24, 2017: Physical Therapy (PT) and Occupational Therapy (OT) Prescription Policy
 - E-blast August 25, 2017: Summary of Audited Program Expenditures; AWG Minutes; IAG Minutes
 - E-blast August 28, 2017: December AWG Date Rescheduled
 - E-blast September 27, 2017: Clarification of PT and OT Prescription Policy
 - E-blast September 28, 2017: FY 2016-17 Inflated Reimbursement Rates (LEA Provider Manual *loc ed bil cd* section and searchable pdf updated) LEA Toolbox includes Claims Inquiry Form process

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- Website Updates August: FY 2015-16 CRCS Instructions updated to include current reporting dates; Updated Erroneous Payment Correction (EPC) Letters link (EPC 37517)
- In Progress: Link to e-blasts listed by year, from 2015 forward
- A stakeholder requested that the Coordination of Care Protocol with Managed Care be included as part of a future group discussion at the AWG. DHCS stated that they will add this to the list of potential topics for the upcoming year.
- A stakeholder asked DHCS if they could publish recent policy clarification regarding the contractual relationship between an LEA and prescribing physician for OT/PT services in the LEA BOP Provider Manual. DHCS stated that they will explore other avenues to publish the clarified policy.

- **Fair Share Reimbursement/Collections for FY 2014-15**
 - DHCS is reviewing the data and will issue the refunds once numbers are verified.

- **FY 2016-17 Rate Inflation**
 - Expected implementation in September 2017
 - Rate table and LEA Provider Manual currently include updated rates
 - An EPC will be initiated to reprocess claims submitted by LEAs for dates of service (DOS) July 1, 2016 through June 30, 2017 using the updated reimbursement rates (180-day EPC).

- **EPC 38960**
 - During implementation of “Termination of SLP CPT Code 92506; Implementation of CPT Codes 92521-24 and 92557” there were erroneous claims denials of Current Procedural Terminology (CPT) Codes 92507 and 92508 for claims with DOS prior to July 1, 2016.
 - Conduent fixed the issue April 13, 2017.
 - Expected implementation in September 2017.
 - DHCS is awaiting completion notice.
 - A stakeholder asked about speech claims that were denied with the RAD code 0008 and whether they are included in this EPC. DHCS stated that speech claims erroneously denied under RAD code 0008 are covered under a different EPC and will be included in a future AWG status update.
 - DHCS is tracking the implementation of EPC 38960 and encouraged stakeholders to email the LEA inbox (lea@dhcs.ca.gov) when they received their EPC payments. Several stakeholders noted that they'd received the letter explaining the upcoming payment, but no payments to date.

- **EPC 39281**
 - During implementation of “Termination of SLP CPT Code 92506; Implementation of CPT Codes 92521-24 and 92557” there were erroneous claims denials of some of the newly implemented speech therapy codes, due to Other Health Coverage.

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- EPC implemented September 11, 2017
 - Resubmits were denied as duplicates because they were reprocessed as part of EPC 37517 (Erroneous claims denials of the new CPT codes for claims with dates of service July 1, 2016 forward). EPC 39281 resulted in no payout.
- **Update on PT and OT Assessment CPT Codes 97001-97004**
 - CMS repealed CPT Codes 97001 – 97004, effective January 1, 2017, and replaced these four CPT codes with new replacement CPT codes. This update does not currently impact LEA Medi-Cal Billing Option claims, since LEA providers are classified as Provider Type E, allowing additional time to implement CPT changes.
 - DHCS plans to move forward with the code changes (delete existing codes and replace with new codes) with an implementation date of July 1, 2018. Until July 1, 2018, CPT codes 97001 – 97004 will continue to be used to bill OT and PT assessments. LEAs will receive additional detail on the new codes in the coming months.
 - A stakeholder reminded DHCS to be diligent with the implementation of these procedure code changes, as the recent errors related to the new speech codes caused delays in reimbursement and operational challenges. The Department acknowledged the importance of the upcoming changes and is supportive of the long lead time to implement the new CPT codes.
 - A stakeholder asked DHCS about the costs associated with processing errors and how much the Department is charged by Conduent. DHCS stated that there is no extra monetary fee for reprocessing claims through an EPC.
- **Claims Inquiry Form (CIF) Process**
 - A CIF is used to request an adjustment for either an underpaid or overpaid claim, request a Share of Cost reimbursement, a reconsideration of a denied claim, or a tracer for a record of a claim. Detailed information about the CIF process can be found in [Part One of the Medi-Cal Provider Manual](#).
 - Providers may call the Point Of Service/Internet Help Desk at 1-800-427-1295 to obtain a CIF form or direct any questions relating to the CIF process.
 - A [CIF Link](#) directing users to Part One of the Medi-Cal Provider Manual has been added to the LEA Toolbox located on the LEA Website.
 - This is not a new process, but is an explanation of existing processes and a reminder to LEAs that need to request an adjustment for underpaid or overpaid claims.
- **Transportation Policy**
 - The Transportation Guide and Training Slides were previously updated to include:
 - *Specialized Medical Transportation provided in a specially adapted vehicle or vehicle that contains specialized equipment, including but not limited to lifts, ramps, or restraints, to accommodate the LEA eligible beneficiary's disability*
 - *Clarifying language under "How to Calculate Mileage"*

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- Upon implementation of the FY 2016-17 Rate Table, an OIL will be initiated to remove the Non-IEP/IFSP Medical Transportation and Non-IEP/IFSP mileage procedure codes (T2003 and A0425, respectively) with no modifier.
 - Upon implementation of the Transportation OIL, the LEA Provider Manual will be updated and a PPL will be issued.
- A stakeholder asked about the transportation policy changes and the impact on future audits of old claims. DHCS stated that this is not part of the current CRCS and since it is not subject to cost settlement, it is not part of the current audit plan. However, DHCS noted that transportation will be included on future CRCS's, when SPA 15-021 is approved by CMS.
- **PT and OT Prescription Policy**
 - On September 28, 2017, DHCS sent an e-blast confirming that treatment plan prescriptions for PT and OT services must be renewed annually, not every six months. As outlined in the Provider Manual, prescriptions for treatment plans are generally established and documented annually in the student's IEP/IFSP. This has been and continues to be program policy.
 - On August 24, 2017, DHCS sent an e-blast stating that prescriptions for PT and OT treatment services may come from a physician employed by or contracted with the LEA, who does not need to be the student's primary care physician and does not need to personally evaluate the student.
 - A stakeholder asked if the annual review of the PT and OT prescription is based upon the date of the IEP or the prescription. DHCS stated that they will answer this at a later date and will need to review applicable code citations.
 - A stakeholder encouraged DHCS and CDE to work together on developing policy like this in the future, which will provide DHCS with more insight into the operations of an LEA.
 - A stakeholder asked about Assembly Bill (AB) 1000, which allows direct access to PT services without a physician's prescription. Navigant clarified that AB 1000 exempts public health insurance programs, including Medi-Cal, from these requirements and LEA BOP covered services will continue to require a physician's prescription, per State regulations.
- **SPA 15-021 (New Services and RMTS Implementation)**
 - DHCS has reached out to CMS to inquire if CMS would be agreeable to changing the SPA effective date. CMS responded with allowing the RMTS implementation to begin on July 1, 2018, and effective date for services and practitioners to begin on 2015. This would require back casting for FYs 2015-16, 2016-17, and 2017-18.
 - The LEA Billing Option Program RMTS Implementation Guide (DRAFT) is under final review/approval by DHCS and is expected to be submitted to CMS in October.
- **RMTS Outreach Informational Webinar**
 - On September 27, 2017, DHCS sent an e-mail to LEAs that participate in the LEA BOP and do not participate in the School-Based Medi-Cal Administrative Activities Program, inviting them to a RMTS Informational Webinar on October 24, 2017.

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- **PGP to MOVEit Transition**

- DHCS Enterprise Innovation Technology Services recently replaced the Pretty Good Privacy (PGP) protection encryption software with the secure MOVEit server, which affects stakeholders that use the DHCS data match to determine beneficiary eligibility.
- An e-blast sent August 21, 2017, notified stakeholders of the change and next steps.

- **EOB Informational Letter**

- Per the request of the attendees of the August 2017 AWG meeting, DHCS has prepared a modified document that is specific for the LEA BOP. DHCS is in the process of reviewing and editing this document.

- **Individualized Health and Support Plan (IHSP) status update**

- Prior to the AWG meeting, DHCS sent proposed LEA BOP Provider Manual language for IHSP services to the Documentation Subcommittee, who provided suggested edits back to DHCS.
- Stakeholders asked about screening services recommended under the Periodicity Schedule. DHCS stated that they understand the LEA's position on covering screening services under the Periodicity Schedule, but need to coordinate with Managed Care and work with CMS on approval for these services under SPA 15-021.

- **SPA 15-021**

- DHCS provided an update to the stakeholders on pending SPA 15-021. DHCS has been in communication with CMS regarding the SPA effective date, as it has been over two years since the SPA was submitted to CMS. SPA 15-021 was originally submitted with a common effective date of July 1, 2015, for both RMTS and new services and practitioners. DHCS acknowledged that this may cause logistical challenges for the upcoming FY 2015-16 CRCS (due November 30, 2017), among other issues. DHCS will keep the stakeholders apprised of updates as they have ongoing discussions with CMS.
- Stakeholders expressed concerns for the delays and had questions about how two-year-old policy would be audited. DHCS noted their concerns and will use them as discussion points when meeting with CMS in the future.
- Many of the Local Educational Consortia (LEC) and Local Governmental Agencies (LGA) reminded DHCS that they have a set schedule to work with and need sufficient notification to incorporate the LEA BOP into the RMTS process.

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- **Random Moment Time Survey (RMTS) Implementation Advisory Group**
 - 30 IAG meetings have taken place in Sacramento to date.
 - The IAG met with DHCS, Navigant, and the IAG members on October 3, 2017. During the meeting, the IAG members discussed a recent Texas OIG audit on school-based services, reviewed two RMTS training presentations (LEA RMTS Coordinator and Time Study Participant), and discussed Targeted Case Management services.
 - At the next meeting, the IAG will finalize the training slides, discuss project milestones, and finalize a roadmap for future RMTS support.

- **Subcommittees – Report Out**
 - **Documentation** – The subcommittee provided DHCS with edits and feedback on the IHSP section of the Provider Manual.
 - **Terminology Crosswalk** – The subcommittee previously sent to DHCS their draft of the terminology crosswalk and DHCS is reviewing and editing that document. DHCS estimated this review may take up to two months to complete.

AWG Discussion Session

The goal of the AWG breakout session is to brainstorm challenges and barriers, use combined expertise to provide guidance to DHCS and suggest planning and solutions. At this meeting, there were two discussion topics for the entire group: Activities of Daily Living (ADLs) and the self-audit checklist.

The goal of the first discussion session was to review ADLs that are provided in the school setting. ADL assistance is a new service area that is in the pending draft of SPA 15-021. Navigant walked attendees through the following proposed ADL requirements:

- Service Definition
- Qualified Practitioner Type
- Supervision
- Plan (IEP, IFSP, or IHSP)
- Prescription
- Covered Services

Following the review of the draft ADL requirements, the stakeholders reviewed questions for discussion. Most of the conversation focused on the qualified practitioners and the roles of nurses or aides. Many LEAs stated that ADLs are provided by aides, specialists, nurses, or other paraprofessionals. DHCS will review the practitioner requirements and discuss a potential expansion of what is currently proposed in the SPA with CMS.

The group also discussed the difference between an ADL and Instrumental Activity of Daily Living (IADL), which are not allowable under SPA 15-021. DHCS will highlight the differences between an IADL and ADL in training materials and provide examples in the LEA BOP

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Provider Manual. LEAs are able to customize the list of procedures in the sample Nursing and School Health Aide Services Treatment Form on the LEA BOP website to document ADL services.

The goal of the second discussion session was to review the self-audit checklist that is posted on the LEA website. Many LEAs stated that they were not aware or did not use the self-audit checklist; some stakeholders noted that it was not a helpful tool to assist in the A&I audit process since it wasn't detailed enough to "pass an audit". The stakeholders suggested several edits to the self-audit checklist to make it more comprehensive, including adding links to the LEA BOP Provider Manual policy, and updating the document title to reflect that it is an operations checklist.

Other Miscellaneous Topics

- Many stakeholders will be attending the National Alliance for Medicaid in Education (NAME) conference in October. The stakeholders encouraged LEAs to join NAME and attend the conference in future years. The stakeholders who are attending the conference will report out on important themes at the December AWG meeting. More information about NAME can be found here: <http://www.medicaidforeducation.org/>.

Next Meeting

The next meeting will take place on Wednesday, December 13, 2017.