Joint School-Based Medi-Cal Meeting

October 4, 2018

Welcome

- Introductions

- Housekeeping items

- Agenda for the day

- Protocol for Q&A

Information contained in this presentation may be subject to change pending CMS approval of SPA 15-021

State Plan Amendment (SPA) 15-021 Status Update

SPA 15-021 Update

- SPA 15-021 was submitted to the Centers for Medicare and Medicaid Services (CMS) on September 30, 2015, and includes:
  - Additional coverage for Medi-Cal eligible students regardless of special education status
  - Expansion of covered LEA BOP services
  - Expansion of qualified LEA BOP practitioners
  - New Random Moment Time Survey (RMTS) component

New Services and Practitioners

New LEA Service Type Eligible for Reimbursement	Assessment	Treatment
Activities of Daily Living		✓
Group Treatment Services (O/T and P/T Services)		✓
Nutritional Services		✓
Orientation and Mobility Services	✓	✓
Respiratory Therapy Services	✓	✓

New Qualified Rendering Practitioners	
Occupational Therapy Assistant	Registered Dietician
Orientation and Mobility Specialist	Registered Marriage and Family Therapist Intern
Physical Therapy Assistant	Respiratory Therapist
Physician Assistant	Speech-Language Pathology Assistant
Registered Associate Clinical Social Worker	

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RMTS Basics

- Time survey results will be used to determine the percentage of staff costs reimbursed to the district for both LEA BOP and SMAA

- Current RMTS will incorporate LEA BOP on July 1, 2019

- The goal of RMTS is to capture what randomly selected Time Survey Participants (TSPs) are doing during their assigned moment (one minute)

- Results of the random sample are applied to the entire population

- A TSP is asked questions to capture what they are doing at a specific minute in time:

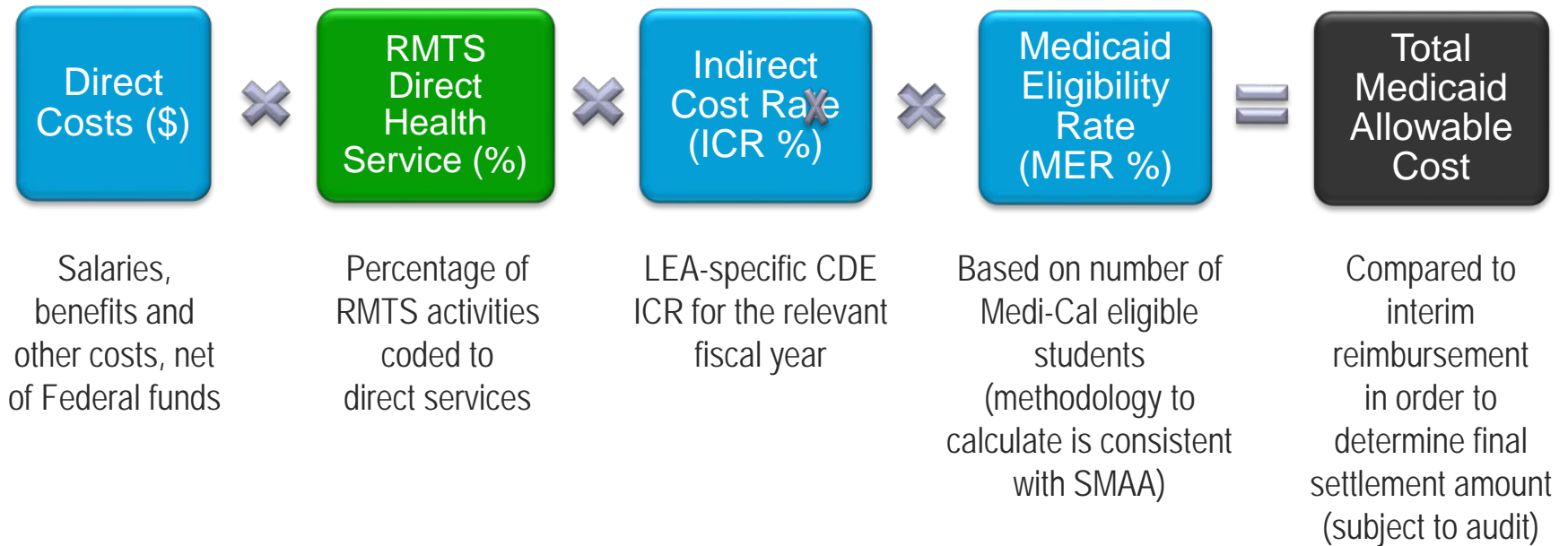| Were you working at the time of your moment?	Was this activity being performed pursuant to, or related to, a service listed on a student's IEP, IFSP or Care Plan?	Who were you with?	What were you doing?	Why were you performing this activity?

RMTS Impact on Cost Settlement

DHCS

Direct Costs ($)	×	RMTS Direct Health Service (%)	×	Indirect Cost Rate (ICR %)	×	Medicaid Eligibility Rate (MER %)	=	Total Medicaid Allowable Cost
Salaries, benefits and other costs, net of Federal funds		Percentage of RMTS activities coded to direct services		LEA-specific CDE ICR for the relevant fiscal year		Based on number of Medi-Cal eligible students (methodology to calculate is consistent with SMAA)		Compared to interim reimbursement in order to determine final settlement amount (subject to audit)

Note: Subject to CMS Approval; Transportation cost settlement will follow a separate methodology, which will not utilize RMTS results.

SPA 15-021 Update

- **SPA effective date is 7/1/15**

- CMS sent DHCS approximately 70 Requests for Additional Information (RAIs)

- The RAI responses have been handled in "phases"

- DHCS is currently working on the final RAI

- DHCS will provide further detailed directions on retroactive billing and backcasting when the SPA is approved

Notification and Response

- In April 2018, CMS notified DHCS of a policy change, requiring no advance notification and a two-day response for RMTS moments

- In June 2018, DHCS sent a letter to CMS requesting an exemption from the CMS recommendation, proposing **one student attendance day notification and a four-day response period** for RMTS moments

- Pending CMS approval

Memorandum of Understanding

- As a condition for approval of SPA 15-021, CMS is requiring that all LEAs participating in the LEA BOP have executed **Memorandums of Understanding (MOUs)** for coordination of care with their local Managed Care Organizations (MCOs)

- In general, the purpose of the MOU is to promote care coordination, and to ensure that the LEA and MCO are not providing duplicative services

- Safety Net Financing Division is working with Managed Care Division to implement this requirement

MOUs (cont.)

- As part of the remaining RAI, DHCS is proposing a two-year implementation timeline for the MOU requirement

- All LEAs would need to submit fully executed MOUs to DHCS by July 1, 2020

- DHCS is currently drafting a sample MOU template and instructions for LEAs

- DHCS plans to post the documents on its website in Spring 2019

QUESTIONS

**Please submit additional questions
to the LEA Program inbox:
LEA@dhcs.ca.gov**

SPA 15-021 Implementation Timeline

IAG Involvement

- Between 2015 and 2017, DHCS worked in collaboration with the Implementation Advisory Group (IAG) on RMTS implementation issues

- The IAG assisted DHCS on many important topics, including:
  - Feedback/review on other State systems
  - Review of over 30 stakeholder questions submitted through the Feedback Tool
  - Development and feedback on RMTS-related training
  - Testing of the revised CRCS
  - Assistance with RMTS Manual content
  - Discussed backcasting and logistical challenges
  - Targeted Case Management technical assistance
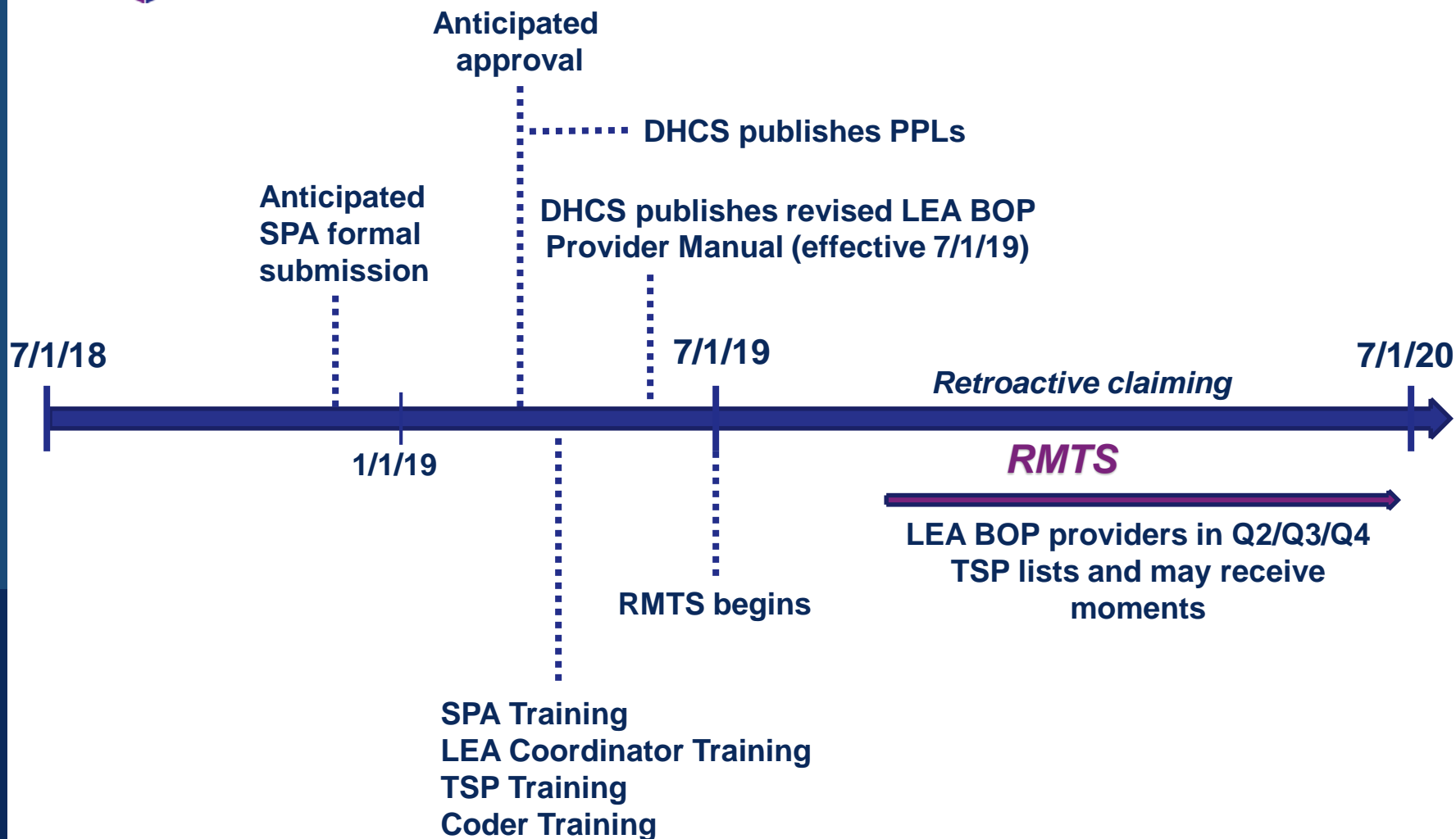 - Discussed OIG findings related to RMTS

LEA Advisory Workgroup

- DHCS maintains RMTS and SPA implementation as standing agenda items on the LEA Advisory Workgroup meetings

- Subcommittees are assisting DHCS with review of revised Provider Manual sections and Policy and Procedure Letters (PPLs)

- Documentation Subcommittee provides feedback to DHCS on a variety of issues

Draft Implementation Timeline

Anticipated approval

.... **DHCS publishes PPLs**

Anticipated SPA formal submission

DHCS publishes revised LEA BOP Provider Manual (effective 7/1/19)

7/1/18

7/1/19

7/1/20

1/1/19

Retroactive claiming

RMTS

LEA BOP providers in Q2/Q3/Q4 TSP lists and may receive moments

RMTS begins

SPA Training
LEA Coordinator Training
TSP Training
Coder Training

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Next Steps

Tasks Planned for Quarter 4 2018

- Submit final RAI response
- Follow-up discussion(s) with CMS
- Formal SPA Submission
- Continue preparing for SPA implementation (in process), including provider manual and PPL development and required system changes

Tasks Planned for Quarter 1 2019

- SPA Approval
- Publish Policy and Procedure Letters (PPLs)
- Continue working with Conduent on MMIS coding changes
- Publish new procedure codes and modifiers
- Publish revised CRCS and guidance on backcasting
- Finalize all training slides
- Publish TSP and LEA Coordinator trainings; work with LECs/LGAs to prepare for implementation

Tasks Planned for Quarter 2 2019

- Deliver in-person regional trainings
- Publish FAQs on LEA Program website related to SPA 15-021
- Deliver Coder training
- Work with LECs/LGAs to prepare for July 1 implementation
- Submit Provider Manual updates for publication (effective July 1)
- Ongoing communication with all stakeholders

RMTS Participation

- LEAs that plan to continue billing in the LEA BOP will be **required to participate in RMTS**

  – Exception: LEAs that contract out for **ALL** billed direct medical services (Model 2) will not be required to participate in RMTS

- LEAs that already participate in RMTS through SMAA may* not need a new contract with their local LEC/LGA

  – LEAs will be doing most of the RMTS administrative work that is currently required for SMAA reimbursement

- LEAs that **do not** participate in RMTS through SMAA will need to contract with their local LEC/LGA (for RMTS administration)

* Note that this language was updated from the original PPT send on 10/3/18.
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New to RMTS?

- In October 2017, DHCS conducted a webinar for those LEAs that participate in LEA BOP and do not participate in SMAA

- Currently, there are approximately 50 LEA BOP providers that do not participate in SMAA and will be new (or returning) to RMTS

- Training slides have detail on next steps for LEAs that are new to RMTS

- The training slides and FAQs are available online on the LEA BOP website, under the RMTS Section

Provider Manual Updates

- Following federal approval of the SPA, DHCS will initiate updates to the LEA Provider Manual

- All sections of the Manual will be updated to include changes resulting from the SPA

- In addition, the following **NEW** sections will be added to the Manual:

    - Orientation and Mobility
    - Nutrition Services
    - Respiratory Therapy

New PPLs

- Since Provider Manual updates may take up to two months to be published, DHCS has prepared and will post Policy and Procedure Letters (PPLs) on its website

- PPLs will provide guidance until the LEA Provider Manual is published

- DHCS expects to post the PPLs within a week of SPA approval, and will notify all stakeholders via e-blast

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SPA 15-021 Timeline

September 2018	October 2018
- DHCS continues work on RAIs, and meet with CMS to discuss SPA 15-021 and RMTS - DHCS finalizes SPA for official submission on 10/1/18 - DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings	- DHCS officially submits SPA to CMS for review on October 1 (back on the 90 day clock) - CMS reviews SPA - DHCS hosts combined school-based meeting to disseminate message to stakeholders about the SPA, revised SMAA Manual, LEA BOP transition to RMTS, and new services

November 2018 - *Schools closed Thanksgiving week*
- CMS reviews SPA
- LECs/LGAs notify vendors of upcoming software changes
- DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings
	December 2018 - *Schools closed half of month*
	- CMS reviews SPA
	- DHCS schedules trainings for Feb/March/early April timeframe for:
	  • Coder Training
	  • Coordinator Training
	  • SPA approval training
	- DHCS continues to inform stakeholders about the transition to RMTS in AWG meeting
	- DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings

SPA 15-021 Timeline (cont.)

January 2019	February 2019
- CMS approves SPA by January 1 - DHCS posts PPLs to SMAA and LEA BOP websites and alerts stakeholders via e-blast - DHCS officially submits LEA BOP PM updates to Bulletin HQ - DHCS officially submits LEA BOP OILs to CA-MMIS - DHCS publishes revised SMAA Manual (effective date July 1, 2019) - LECs/LGAs work with vendors to implement changes to software platform (based on SPA and updated SMAA Manual) - DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings	- DHCS begins conducting trainings - LECs/LGAs continue to work with vendors - Resolve any remaining questions about coding - Troubleshooting of vendor software - LECs/LGAs provide technical assistance to LEAs - DHCS publishes new LEA BOP procedure codes/modifiers and rates so that LEAs can prepare systems for July 1 implementation - DHCS continues to inform stakeholders about the transition to RMTS in AWG meeting - DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings
March 2019 - DHCS continues trainings - LECs/LGAs finalize contracts with LEAs - LECs/LGAs continue to work with vendors - LECs/LGAs train LEAs not participating in SMAA - DHCS to post TCM Certification Form on LEA BOP website - SNFD works with CA-MMIS to finalize/test system - DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings	**April 2019** - DHCS concludes trainings - SNFD/CAMMIS troubleshoots LEA BOP OILs - DHCS continues to inform stakeholders about the transition to RMTS in AWG meeting - DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings

SPA 15-021 Timeline (cont.)

May 2019	June 2019 *Schools Closed*
- Resolve any remaining questions about coding - Troubleshooting of vendor software - LECs/LGAs provide technical assistance to LEAs - Training materials posted on LEA BOP and SMAA websites - DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings	- DHCS continues to update stakeholders about SPA implementation during SMAA Workgroup meetings - LECs/LGAs continue to work with vendors - LECs/LGAs continue to provide technical assistance to LEAs - Final troubleshooting of vendor software - DHCS continues updating stakeholders on the transition to RMTS and billing for new services in AWG meeting - DHCS continues to update stakeholders about SPA

QUESTIONS

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SPA 15-021 Backcasting

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Backcasting

- The effective date of SPA 15-021 is **July 1, 2015**

- What does this mean for LEAs?
  - LEAs <u>do not</u> have to re-submit claims that they have already submitted in prior FYs: 2015-16, 2016-17, 2017-18, and 2018-19
  - However, LEAs must re-submit the Cost and Reimbursement Reconciliation Schedule (CRCS) for each of the above backcasted years on the new CMS-approved CRCS form

- LEA backcasting is different than SMAA backcasting

Backcasting Overview

- Backcasting will include two components:

  1. Resubmission of all costs on a new CMS-approved form, which will include the RMTS percentage *(required for all LEAs)*

  2. Retroactive billing for additional new services and new practitioner types *(optional for all LEAs)*

     - Guidance coming in 2019 on retroactive billing
     - Retroactive billing will not take place until FY 2019-20
     - In general, claims must meet requirement that service was pursuant to an IEP/IFSP/Care Plan
     - Must meet existing documentation requirements

Backcasting - Draft Timeline

Fiscal Year	Original Due Date	CRCS Version	Fiscal Year RMTS Percentage	Re-Submission Date
2015-16	11/30/17	Old Form	FY 2019-20 percentage (estimated to be available by Nov. 2020)	01/31/21
2016-17	11/30/18	Old Form		04/30/21
2017-18	11/30/19	New Form		07/31/21
2018-19	11/30/20	New Form		11/30/20
2019-20	11/30/20	New Form		11/30/20

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Backcasting - Timeline

- DHCS expects the new CMS-approved form to be published in Spring 2019.

  – Once published, LEAs can begin the process of transferring information from the past years' CRCS forms to the new form

- The CRCS for **FY 2017-18** will utilize the new form and will be due **November 30, 2019**.

  – However, since the RMTS percentage will not be available at the time of submission, LEAs will enter "0%" percentage until the RMTS percentage is released by DHCS.

Backcasting – Timeline (cont.)

- **FY 2018-19 CRCS** will utilize the new form and will be due **November 30, 2020**

  - DHCS expects the FY 2019-20 RMTS percentage to be available for LEAs to submit on their FY 2018-19 CRCS

- **FY 2019-20 CRCS** will utilize the new form and will be due on November 30, **2020** (instead of 2021)

  - This will be the first year that the report is due five months after the close of the reporting fiscal year period
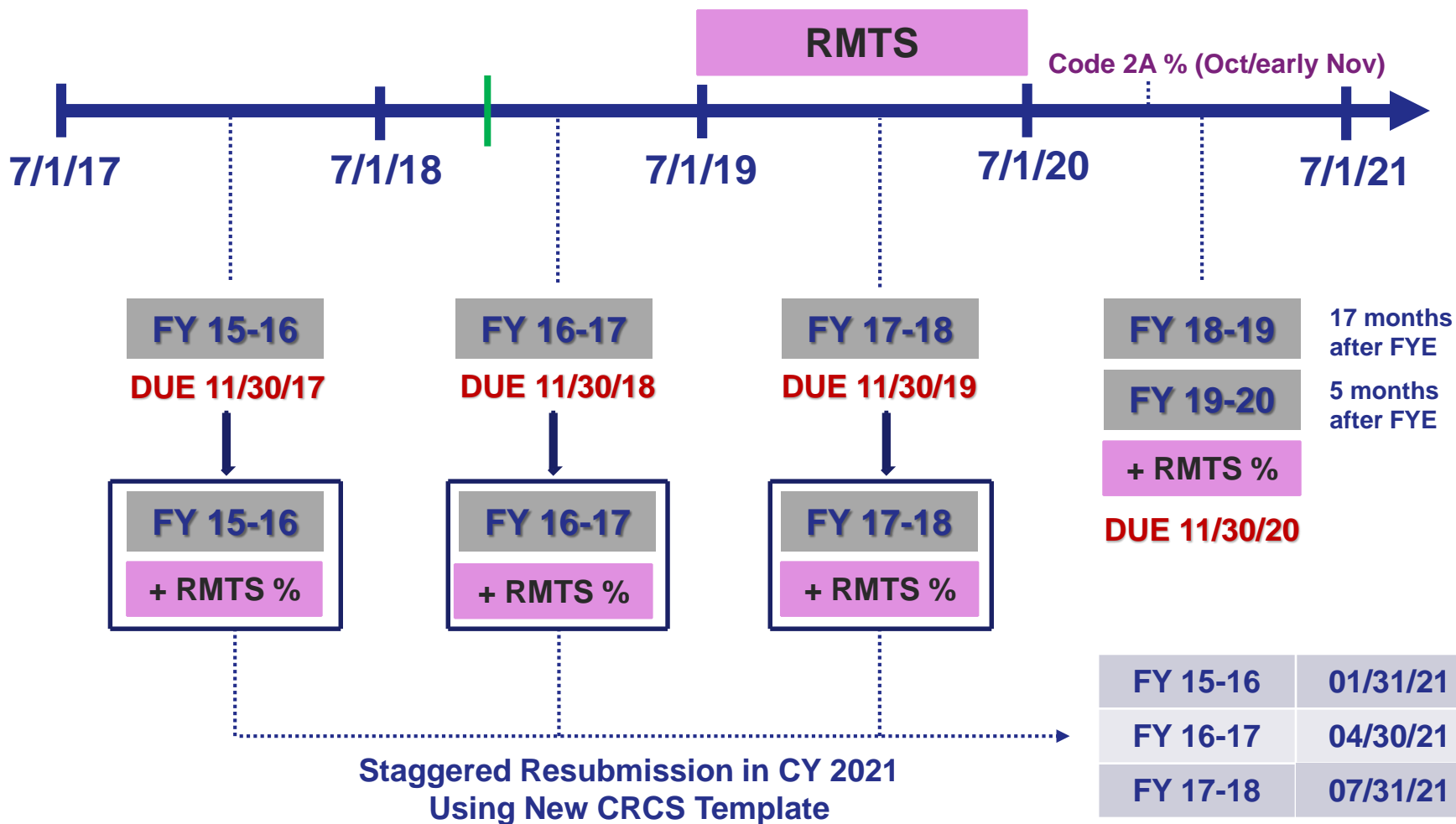 - Forthcoming change from current practice

Backcasting – Timeline (cont.)

- **FY 2020-21** will be a "catch-up" year, in which CRCS reports will be due for two years: FY 2018-19 and FY 2019-20

- The reason for the change is due to language in the current State Plan, which requires LEAs to complete and submit the CRCS "no later than 5 months after the June 30 fiscal year period."

- Moving forward, all CRCS reports will be due five months after the end of the fiscal year

CRCS Backcasting

RMTS

Code 2A % (Oct/early Nov)

7/1/17 7/1/18 7/1/19 7/1/20 7/1/21

| FY 15-16 | FY 16-17 | FY 17-18 | FY 18-19 | 17 months after FYE |
| DUE 11/30/17 | DUE 11/30/18 | DUE 11/30/19 | FY 19-20 | 5 months after FYE |

FY 18-19   17 months after FYE

FY 19-20   5 months after FYE

| FY 15-16 | FY 16-17 | FY 17-18 |
| **+ RMTS %** | **+ RMTS %** | **+ RMTS %** |

+ RMTS %

DUE 11/30/20

Staggered Resubmission in CY 2021 Using New CRCS Template

FY 15-16	01/31/21
FY 16-17	04/30/21
FY 17-18	07/31/21

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LUNCH BREAK

Upcoming SPA 15-021 Training Sessions

Training Overview

- The IAG assisted in all training development

- LECs/LGAs were involved with reviewing the Coder training

- Training sessions will be scheduled upon SPA approval

- Information will be communicated via the LEA Program ListServ and website

- Training will include:
  - SPA 15-021 training
  - LEA Time Survey Participant (TSP) training
  - LEA Coordinator training
  - Coder training

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SPA 15-021 Training

Audience: All Stakeholders

Given By: DHCS

Goals: Following training, participants will understand

- Major components of SPA 15-021
- New LEA Program policies (e.g., IHSPs, managed care coordination, OHC requirements)
- Details on new covered services and practitioner types, including new procedure codes/modifiers
- LEA BOP RMTS integration
- Documentation requirements and guidelines
- Overview of changes to the CRCS
- Details and timing of retroactive billing for services
- Available resources

SPA Implementation Topics

I. LEA Program Overview
- ❑ Brief Program history
- ❑ Overview of current covered services
- ❑ Overview of LEA Provider Manual and other resources

II. Major Components of SPA 15-021
- ❑ Effective date and what that means to LEAs
- ❑ New covered services and practitioners
- ❑ Expansion of covered population
- ❑ Coordination of care requirement
- ❑ Random Moment Time Survey
- ❑ FAQs

SPA Implementation Topics

III. SPA 15-021 Program and Policy Overview
- ❏ IHSP requirement
- ❏ Managed care coordination
- ❏ Other Health Coverage
- ❏ Parental consent
- ❏ Ordering, referring, prescribing (ORP) requirement
- ❏ Overview of new services/practitioners
- ❏ FAQs

IV. RMTS
- ❏ Brief introduction to RMTS
- ❏ Changes to RMTS related to SPA 15-021
- ❏ Importance of RMTS participation
- ❏ Application of RMTS results
- ❏ Resources/FAQs

SPA Implementation Topics

V. Documentation Requirements and Guidelines
- ❑ Documenting RMTS moments
- ❑ Overview of Federal, State and Program requirements
- ❑ Prescriptions, referrals and recommendations
- ❑ Common audit findings
- ❑ FAQs

VI. Cost Reporting
- ❑ Overview of changes to CRCS, including new CRCS components (transportation, TCM, Medi-Cal percentage, RMTS percentage)
- ❑ Timing of revised CRCS implementation
- ❑ FAQs

SPA Implementation Topics

VII. Retroactive Billing

- ❑ Process, timing and requirements for retroactive billing
- ❑ Cost reporting requirements
- ❑ FAQs

VIII. LEA Program Resources

- ❑ LEA website/ListServ
- ❑ Policy and Procedure Letters (PPLs)
- ❑ Updated LEA Provider Manual
- ❑ Future LEA communication strategies

LEA TSP Training

<u>Audience</u>: All TSPs (especially those new to RMTS)

<u>Given By</u>: LEA Coordinators (posted on website)

<u>Goals</u>: Following training, participants will understand

- Basics of RMTS and how the Time Survey will impact LEAs

- Responsibilities of a TSP

- Why TSP participation in RMTS is important

- What Clarifying Questions are and how to respond

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TSP Training Topics

I. Overview of RMTS
- ❑ Very brief overview (most TSPs have SMAA experience)

II. Responding to Moments
- ❑ Detail on moment notification
- ❑ Timing of notification/response
- ❑ New Cost Pool 1 question
- ❑ Tips for answering "who", "what" and "why" questions
- ❑ Clarifying questions
- ❑ Supporting documentation for moment responses
- ❑ FAQs

III. Moment Response Examples
- ❑ Insufficient response examples and how they can be improved

LEA Coordinator Training

Audience: All LEA Coordinators

Given By: LECs/LGAs

Goals: Following training, participants will understand

- The Purpose of RMTS

- Responsibilities of a LEA Coordinator

- Responsibilities of the LEC/LGA

- Who should be in each Participant Pool

- Available RMTS Resources

LEA Coordinator Topics

I. **Purpose of the Time Survey**
   - ❑ Why is it important to participate in RMTS
   - ❑ Administration of RMTS details

II. **Role of LECs/LGAs**
   - ❑ Duties of LECs/LGAs (RMTS, not LEA BOP policy related)

III. **Role of LEA Coordinator**
   - ❑ Duties of the LEA Coordinator
   - ❑ TSP list development and support duties
   - ❑ Oversight and compliance
   - ❑ End-of-quarter duties (when your LEA received sampled moments)

IV. **Participant Pools**
   - ❑ Pool 1 and 2 overview, including who to include and exclude
   - ❑ Identifying LEA BOP TCM providers

V. **Resources**
   - ❑ Coding appeals process
   - ❑ Where to go with questions

Coder Training

Audience: All LEC/LGA Coders

Given By: DHCS

Goals: Following training, participants will understand

- What has changed with LEA BOP RMTS integration
- Role of new Pool 1 question related to Code 2A vs 2Z
- Tips on Activity Code assignment
- Tips on asking Clarifying Questions
- Quarterly Coding Report process
- Available resources

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Coder Training Topics

I. **LEA Program Integration into RMTS Process**
- ❑ Changes required related to LEA BOP integration
- ❑ Changes to Participant Pool 1
- ❑ New sample question asked to TSPs in Pool 1
- ❑ New Code 2 definitions (2A vs 2Z)
- ❑ TCM certification process and coding for TCM moments
- ❑ Use of RMTS results for LEA BOP
- ❑ RMTS coding appeals process

II. **Activity Codes and Interrelated Codes**
- ❑ Parallel and non-parallel activity codes
- ❑ Details on interrelated activity codes (codes 1&16 and 2&8)

III. **Allowable SMAA Activity Codes**
- ❑ Summary of all allowable SMAA codes
- ❑ Review of activity codes 4, 6, 10, 12, 14 and 15

Coder Training Topics (cont.)

IV. Unallowable SMAA Activity Codes

- ❑ Summary of all unallowable SMAA codes
- ❑ Review of activity codes 3, 5, 7, 9, 11, 13, 17 and 18

V. Clarifying Questions (CQs)

- ❑ Rules for asking CQs
- ❑ Examples of open-ended vs. leading CQs

VI. SMAA Invoice

- ❑ Overview of SMAA Invoice flow of funds

VII. Moment Response and Code Assigned

- ❑ Group exercise with examples

QUESTIONS

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LEA@dhcs.ca.gov**

SMAA Backcasting and Prop. 98

SMAA Backcasting

- 2018-19 Budget Act

- FY 2009-10 and FY 2010-11 backcasting invoices was completed in June 2018

- FY 2011-12, FY 2012-13, FY 2013-14, and FY 2014-15 Q1 & Q2 backcasting invoices received

- Submit Payments Directly

QUESTIONS

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SMAA RMTS Updates

SMAA RMTS Updates

Paid/Unpaid Time Off

Adding language to pre-sample question #1:

- Were you working (including lunch/breaks)?

All responses indicating the TSP was on a break at the time of their moment require verification

QUESTIONS

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Moment Response Documentation Requirements

Federal Oversight

- The U.S. Department of Health and Human Services (HHS) is the main federal oversight agency

- CMS is an agency within HHS, and is responsible for administering the Medicare and Medicaid programs

- Office of the Inspector General (OIG) is responsible for audits, investigations and inspections of the programs run by the HHS

- OIG relies upon CMS guidance when auditing

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CMS Guidance

- The 2003 CMS Administrative Claiming Guide

"==Documentation to be retained must support== and include the following: the sample universe determination, sample selection, sample results, ==sampling forms==, cost data for each school district, and summary sheets showing how each school district's claim was compiled."

"==The burden of proof and validation of time study sample results remains the responsibility of the states==. To meet this requirement, some states currently include space on time study forms for a brief narrative description of the Medicaid activity, function, or task being performed. Client name or case number is also noted where applicable. States should consider this approach to documentation, or some comparable procedure that adequately documents Medicaid sampled activities."

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OIG Investigations

- Since 2001, there have been OIG audits in thirty states of school-based programs that have identified over a billion dollars in federal disallowances

- In recent years, the audits have included a focus on RMTS
  - Statistical sampling practices
  - Discarding sample moments inappropriately
  - Not maintaining documentation to support the time study
  - Discrepancies regarding how the moment was coded
  - Documentation of the moment itself

Documentation of the Moment

State	Findings
Kansas, 2014	• OIG **sampled 337 random moments** coded as IEP-covered direct medical services and requested documentation from the school districts to support the reported activities. • School districts could not provide support for the responses for **143 moments**. • OIG extrapolated findings and concluded that responses could not be supported 22.61% of the time. • No monetary finding assessed.

Follow-up with Kansas personnel: Currently, Kansas does not require LEAs to maintain documentation of the sampled moment. When OIG audited the moments, they asked for calendars, timesheets and schedules to support the coding of IEP-covered services.

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Documentation of the Moment

State	Findings
Massachusetts, 2016	• OIG **sampled 200 random moments** coded as Medicaid-eligible direct services and requested documentation from the school districts to support the reported activities. • School districts could not provide support for the responses for **121 moments (60.5%)**. • OIG noted that "Examples of supporting documentation would include therapists' schedules, treatment notes, and students' IEPs." • No monetary finding assessed.

Follow-up with Massachusetts personnel: MassHealth requires the LEAs to maintain documentation about what they were doing at the time of the moment and they may review or ask for the documentation at any time.
- Massachusetts guidance: LEAs should bill for all direct services provided to MassHealth students for whom they seek reimbursement and interim billing requirements include service documentation.
- The RMTS documentation requirement is reinforced by interim billing documentation requirements.
- If the student they were providing a covered direct service to was not on MassHealth, participants are still instructed to maintain the same level of documentation for RMTS purposes.

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Documentation of the Moment

State	Findings
Texas, 2017	• OIG **sampled 317 random moments** coded as Medicaid-eligible direct services and requested documentation from the school districts to support the reported activities. • School districts could not provide support for the responses for **290 moments**. • OIG estimated that 2,981 of the 3,161 random moments (approximately 94%) were not supported by documentation. • The OIG finding indicated that the "State agency did not require supporting documentation for participant responses." • No monetary finding assessed. However, OIG states that ".. the use of random moment sampling without adequate documentation or an audit trail for the random moment participant responses may allow costs that are not allowable."

Follow-up with Texas personnel: Texas is awaiting the CMS guidance before issuing a specific policy on documentation of the moment. Currently, guidance to providers is that the IEP must support billing for the service itself, but Texas has not extended the guidance to time study results. Texas staff noted that they are currently undergoing an OIG audit focused on personal care services and the OIG has asked for supporting documentation of moments.

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California Considerations

- Pool 1 TSP List includes employed practitioners that bill in the LEA BOP

- If practitioners bill in the LEA BOP, they should have documentation to support interim billing

- If moment responses pertain to direct services provided to a **non-Medi-Cal** student, LEAs should expect that these moments require documentation, too

- LEAs with moment responses receive the Quarterly Coding Report, which can be used to verify documentation exists to support the moment

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WRAP UP