

LEA Medi-Cal Billing Option Program - Program Administration Checklist

The Department of Health Care Services (DHCS) Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP) developed the 'Program Administration Checklist' to assist LEAs in meeting the basic administration and management requirements of the LEA BOP. LEAs are ultimately responsible for administrative functions and should be familiar with the LEA BOP website, department policies, program regulations, and the LEA BOP Provider Manual. Note that the [LEA BOP Provider Manual](#) is the main resource guide for this program and contains additional program requirements for the LEA BOP. *This checklist includes a **partial listing of services** for LEA administrative use only and it is not required to be submitted to DHCS.*

Program Compliance

Check ✓	
	Provider Participation Agreement (Frequency: Evergreen Contract, automatically renews unless cancelled by either party)
	Data Use Agreement (Frequency: Due every three years by November 30)
	Annual Report (Frequency: Annually due November 30)
	Cost and Reimbursement Comparison Schedule (Frequency: Annually due November 30)

Basic Claim Documentation Requirements for LEA Medi-Cal Billing

(for each service billed to Medi-Cal)

See LEA Trainings: [FY 2015-16 Part Two](#) (slides 25-50) and [FY 2016-17](#) (slides 114-155) for additional detail

Check ✓	
	Parental Consent for IEP/IFSP students
	Substantiation of Service Billed to Medi-Cal, including the following documentation: <ul style="list-style-type: none"> • Name of student and student's date of birth; • Date of service, place of service and description of service, including detailed documentation of time spent with student for billing of time-based procedure codes; • Name of agency rendering service and NPI of rendering practitioner, if service was contracted (see loc ed a prov 5 and 6 or description of Models of Service Delivery) ; • Name, title and signature of person rendering service, and supervisor's signature, if required.
	Medically necessary services must be identified for each student

Basic Requirements for Practitioners and Services

Check ✓	Practitioner Verification for LEA Covered Services
	Documented evidence on file for each rendering practitioner's license, certification, registration, or credential to practice in California, as applicable
	Authorization documentation is current

Check ✓	Nursing Services and Nursing Practitioners *
	Nursing services include functions such as basic health care associated with actual or potential health or illness problem or the treatment thereof. <ul style="list-style-type: none"> • IEP/IFSP health assessments • Non-IEP/IFSP health/nutrition assessments, health education/anticipatory guidance and vision assessment

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	When providing treatment, supervision is required for licensed registered nurse, certified nurse practitioner, and licensed vocational nurse by a registered credentialed school nurse.
<i>Common Audit Findings</i>	
	<ul style="list-style-type: none"> • Not reporting federally funded Full Time Employees (FTEs) whose time was spent providing LEA services, which results in under-reporting total hours required to work on the Cost and Reimbursement Comparison Schedule (CRCS) • Not reporting hours worked during summer months, which is required on the CRCS

Check ✓	<u>School Health Aide Services</u> Provided by Trained Health Care Aides (THCA) *
	School Health Aide Services require a written prescription provided by a physician covering the date of service.
	Must be supervised by a physician, registered credentialed school nurse or public health nurse
	May provide specialized physical health care services including, but not limited to, gastric tube feeding, suctioning, oxygen administration, catheterization, and nebulizer treatments (no personal care services are currently billable, including toileting, transferring, etc.)
	If a student requires continuous monitoring as prescribed by a physician, documentation must support this continuous billing.
	Rendering practitioner's and supervisor's signature, title, and date on treatment logs
<i>Common Audit Findings</i>	
	<ul style="list-style-type: none"> • Treatment logs maintained by LEAs for the THCA services are not documenting the nature and extent (loc ed a prov 8) of services provided. • Treatment logs do not have signatures of the rendering practitioner and the supervisor • Excessive units claimed • Lack of medical necessity • No physician prescription, most commonly for continuous monitoring, but for other LEA BOP services as well

Check ✓	<u>Occupational Therapy (OT) /Physical Therapy (PT) Services and Practitioners</u> *
	OT/PT services include: <ul style="list-style-type: none"> • IEP/IFSP OT/PT assessments • Non-IEP/IFSP developmental assessments • OT/PT treatments
	OT and PT treatment services require a written prescription from a physician employed by or contracted by the LEA, or from the student's primary care physician, dentist or podiatrist. A prescribing physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a prescription for OT or PT treatment services, but they must have a working relationship with the LEA and treating occupational/physical therapist, and must review the student's records prior to prescribing services.
	The written prescription for all individual therapy/treatment services must be updated annually, and maintained in the student's files.
	Rendering practitioner's signature, title, and date on treatment logs

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<i>Common Audit Findings</i>	
	<ul style="list-style-type: none"> • Nature and extent of services is not documented • The IEP/IFSP does not include documentation regarding the need for OT/PT • No physician’s prescription

Check ✓	<u>Psychology/Counseling Services and Practitioners</u> *
	<p>Psychology and counseling services include:</p> <ul style="list-style-type: none"> • IEP/IFSP psychological assessments and psychosocial status assessments • Non-IEP/IFSP psychosocial status assessments and health education/anticipatory guidance • Psychology and counseling treatments, including individual and group treatments
	Requires a recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist, within the practitioner’s scope of practice.
	Rendering practitioner’s signature, title, and date on treatment logs

<i>Common Audit Findings</i>	
	<ul style="list-style-type: none"> • No student progress, concerns, observations, assessment or plan documented

Check ✓	<u>Speech Therapy Services and Practitioners</u> *
	<p>Speech therapy services include:</p> <ul style="list-style-type: none"> • IEP/IFSP speech-language assessment • Non-IEP/IFSP developmental assessments and hearing assessments (includes screening test-pure tone and pure tone audiometry-threshold) • Speech-therapy treatments, including individual and group treatments
	Supervision required for a non-licensed Speech-Language Pathologist (SLP) with a valid clinical or rehabilitative services credential with an authorization in language, speech and hearing or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.
	A written referral must be maintained in the student’s files. If the written referral is provided by a licensed SLP, instead of a physician/dentist, the LEA must develop and implement Physician Based Standards (loc ed serv spe 3) which must be reviewed and approved by a physician no less than once every two years.
	Rendering practitioner’s signature, title, and date on treatment logs .
	For guidelines on delivering speech therapy treatment services via telemedicine, see the Telehealth section of the LEA BOP Provider Manual (loc ed tele).

<i>Common Audit Findings</i>	
	<ul style="list-style-type: none"> • Nature and extent of services not documented • No physician prescription for Speech Therapy treatment services or physician-based standard protocol on file in lieu of physician prescription • Service not documented • Lack of progress notes

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*** NOTE: A parent, teacher or registered credentialed school nurse may request an assessment for a student in substitution of a written prescription, referral or recommendation by an appropriate health services practitioner. This referral must be documented in the student's files.**

Check ✓	<u>Specialized Medical Transportation Services</u>
	LEA medical covered services provided on-site/off-site for IEP/IFSP students.
	Mileage billed must be supported by odometer documentation or mapping system.
	Billed one-way trips must be supported by a transportation trip log (trip, mileage, pick-up and drop-off locations for each child).
	Transportation Services are only billed on a day when the student received a Medicaid-covered service (other than transportation) at the service site, and both the covered service and the transportation are authorized in the student's IEP or IFSP.

Check ✓	Other Health Coverage (OHC)
	LEA received a valid Denial Notice from OHC Insurer.
	The Denial Notice is for an individual student and for a specific type of procedure/service.
	The Denial Notice must reflect reasons for denial, such as service not covered, deductible not met, etc.

Check ✓	Record Retention
	Keep necessary records for a minimum of three years from the date of submission of the CRCS to report the full extent of LEAs services furnished to the student. Note: If an audit and/or review is in process, LEA providers shall maintain documentation until the audit/review is completed, and all appeal rights have been exhausted, regardless of the three-year record retention time frame.