LEA MEDI-CAL BILLING OPTION PROGRAM

OCTOBER 13, 2016 TRAINING

LOGISTICS AND QUESTIONS

- 9:00 to noon
- Submit questions via message box throughout webinar
- Q & A session will include a 10 minute break
- FAQs presented throughout training

INTRODUCTIONS

- Safety Net Financing Division (SNFD)
  Administers the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
- Audits & Investigations Division
  - Financial Audits Branch (FAB)
    Conducts financial audits/reviews of LEA Program providers
  - Medical Review Branch (MRB)
    Performs federally mandated post-service, post-payment utilization reviews
- Navigant Consulting, Inc. (NCI)
  Consultant that works collaboratively with SNFD to enhance the LEA BOP
- California Speech-Language-Hearing Association (CSHA)

TRAINING GOALS AND OVERVIEW

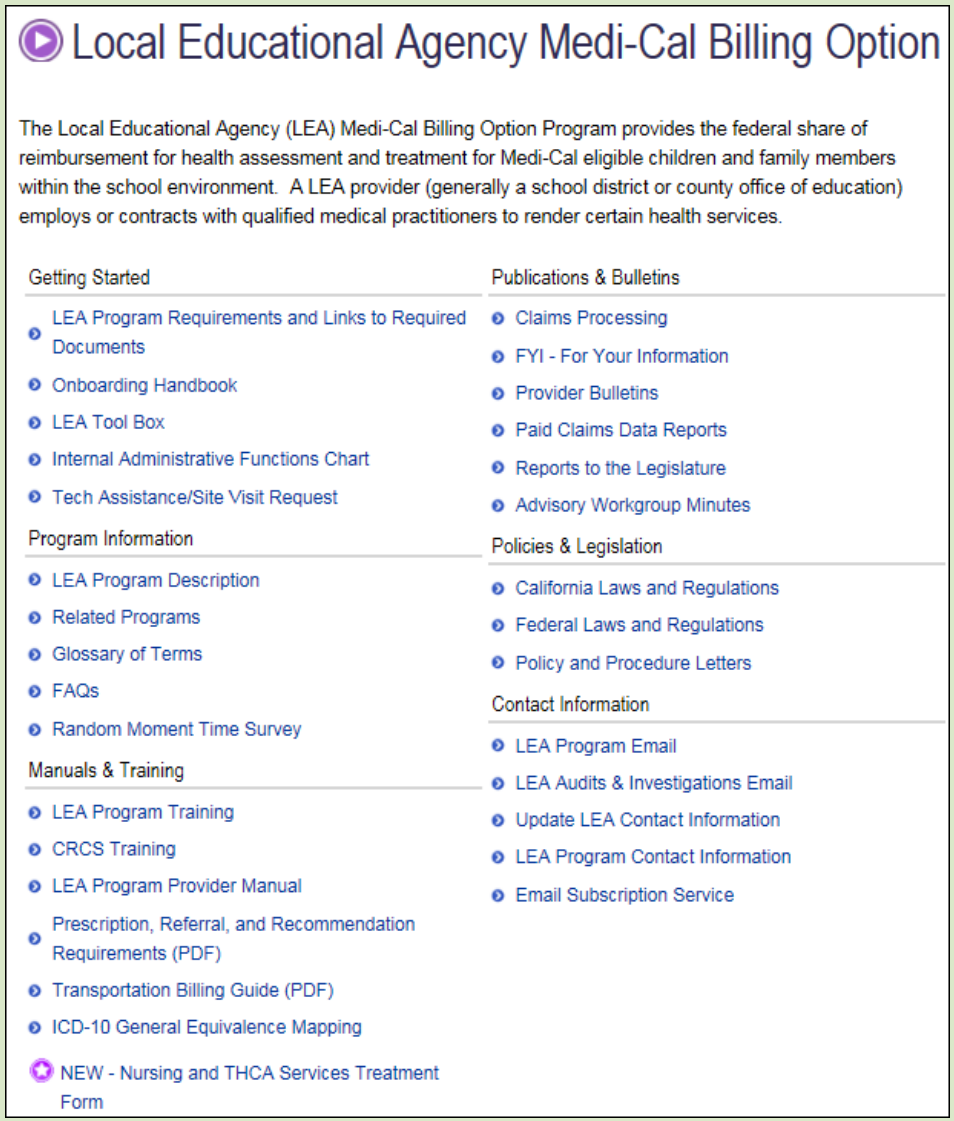
- Program Resources
- Participation Requirement Updates
- LEA BOP Claims Processing
- Policy Updates
- State Plan Amendment (SPA)16-001 (Targeted Case Management)
- SPA15-021 (New Services) and Random Moment Time Survey (RMTS)
- Telehealth for Speech Language Pathology Services
- Elimination of CPT Code 92506 and Implementation of New Codes
- Auditing and Documentation Issues and Requirements

REMEMBER…

- It is the obligation of each LEA to ensure that they comply with current Medi-Cal policy pertaining to rendered services
- ***It is the LEA***, not the billing vendor, ***that is ultimately responsible*** for Medi-Cal compliance in the LEA BOP

PROGRAM RESOURCES

WEBSITE RESOURCES



Local Educational Agency Medi-Cal Billing Option

The Local Educational Agency (LEA) Medi-Cal Billing Option Program provides the federal share of reimbursement for health assessment and treatment for Medi-Cal eligible children and family members within the school environment. A LEA provider (generally a school district or county office of education) employs or contracts with qualified medical practitioners to render certain health services.

Getting Started

- LEA Program Requirements and Links to Required Documents
- Onboarding Handbook
- LEA Tool Box
- Internal Administrative Functions Chart
- Tech Assistance/Site Visit Request

Program Information

- LEA Program Description
- Related Programs
- Glossary of Terms
- FAQs
- Random Moment Time Survey

Manuals & Training

- LEA Program Training
- CRCS Training
- LEA Program Provider Manual
- Prescription, Referral, and Recommendation Requirements (PDF)
- Transportation Billing Guide (PDF)
- ICD-10 General Equivalence Mapping
- NEW - Nursing and THCA Services Treatment Form

Publications & Bulletins

- Claims Processing
- FYI - For Your Information
- Provider Bulletins
- Paid Claims Data Reports
- Reports to the Legislature
- Advisory Workgroup Minutes

Policies & Legislation

- California Laws and Regulations
- Federal Laws and Regulations
- Policy and Procedure Letters

Contact Information

- LEA Program Email
- LEA Audits & Investigations Email
- Update LEA Contact Information
- LEA Program Contact Information
- Email Subscription Service

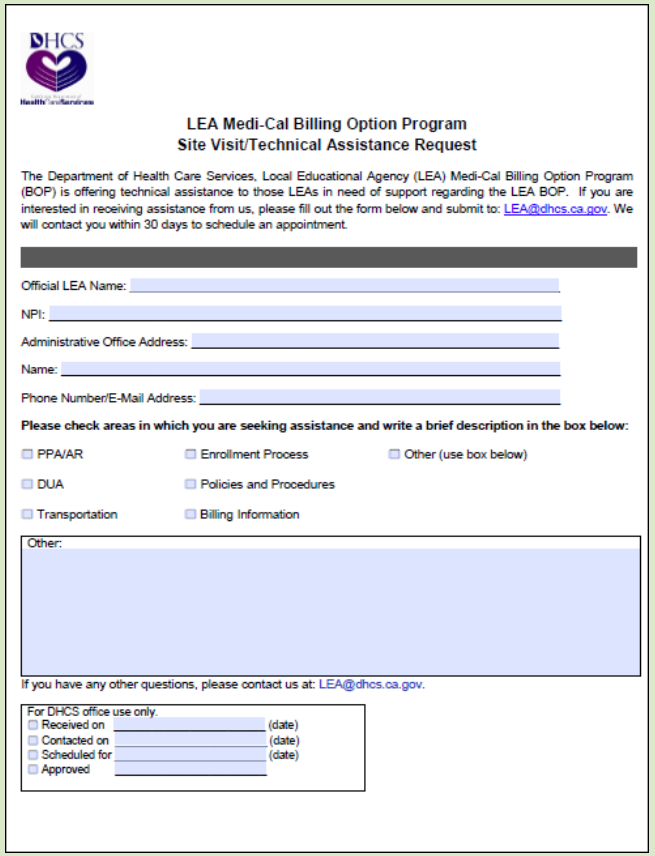
- LEA BOP Provider Manual
- 2015 LEA BOP Training – Part One
- Internal Administrative Functions Chart
- Prescription, Referral and Recommendation Requirements
- Nursing / School Health Aide Treatment Services Form
- Advisory Workgroup Meeting Minutes

WEBSITE RESOURCES (CONTINUED)

- LEA Onboarding Handbook
- LEA Toolbox
- At a Glance Self-Audit Checklist
- FAQs
- Transportation Billing Guide
- Glossary of Terms

WEBSITE RESOURCES (CONTINUED)

- Technical Assistance / Site Visit Request
  - Ensure proper administration of the LEA BOP
  - Evaluate proper documentation
  - Review compliance documents
  - Find areas in which LEAs can expand claiming



DHCS

LEA Medi-Cal Billing Option Program
Site Visit/Technical Assistance Request

The Department of Health Care Services, Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP) is offering technical assistance to those LEAs in need of support regarding the LEA BOP. If you are interested in receiving assistance from us, please fill out the form below and submit to: LEA@dhcs.ca.gov. We will contact you within 30 days to schedule an appointment.

Official LEA Name:

NPI:

Administrative Office Address:

Name:

Phone Number/E-Mail Address:

Please check areas in which you are seeking assistance and write a brief description in the box below:

- ☐ PPA/AR
- ☐ Enrollment Process
- ☐ Other (use box below)
- ☐ DUA
- ☐ Policies and Procedures
- ☐ Transportation
- ☐ Billing Information

Other:

If you have any other questions, please contact us at: LEA@dhcs.ca.gov.

For DHCS office use only.
- ☐ Received on (date)
- ☐ Contacted on (date)
- ☐ Scheduled for (date)
- ☐ Approved

RESOURCES / CONTACTS

- LEA BOP Website: http://www.dhcs.ca.gov/provgovpart/pages/lea.aspx
- LEA BOP Email Subscription Form: http://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DHCSLEA
- LEA BOP Mailbox for Policy or General Questions: LEA@dhcs.ca.gov
- Provider Enrollment Questions: (916) 323-1945
- California Department of Education (CDE):
  Reinvestment Questions (916) 319-0914
  For *Individuals with Disabilities Education Act (IDEA)* Questions contact
  Focus Monitoring and Technical Assistance
- Eligibility Match Questions/DHCS Information Technology Services:
  (916) 440-7254 E-mail: Alexandria.Carrillo@dhcs.ca.gov
  (916) 440-7328 E-mail: Sherri.Henderson@dhcs.ca.gov

RESOURCES / CONTACTS (CONTINUED)

- Xerox Billing Questions: 1 (800) 541-5555
- Annual Report Submissions Mailbox: LEA.AnnualReport@dhcs.ca.gov
- Data Use Agreement (DUA) Submissions Mailbox: LEA.AnnualReport@dhcs.ca.gov
- Cost and Reimbursement Comparison Schedule (CRCS) Submissions Mailbox: LEA.CRCS.Submission@DHCS.CA.GOV
- A&I Mailbox for CRCS Questions: LEA.CRCS.Questions@DHCS.CA.GOV

PROGRAM QUESTIONS?

- ☑ Did you check the LEA BOP Program Provider Manual?
- ☑ Looked at the FAQs?
- ☑ Past Training Materials?
- ☑ What about PPLs?

Still have a question? E-mail us at: LEA@DHCS.CA.GOV

DON'T FORGET!

- Any information that you send to DHCS needs to follow all Health Insurance Portability and Accountability Act (HIPAA) regulations and standards.
- Documents that contain any Protected Health Information (PHI), such as names, social security numbers, contact information and medical history need to be appropriately redacted and sent in a secure manner.

PARTICIPATION REQUIREMENT UPDATES

OVERVIEW

- For FY 2016-17, the Provider Participation Agreement (PPA) was updated to include two new exhibits
- DHCS published a new PPA for colleges to enroll in the LEA BOP
- Currently enrolled LEAs are ***not*** required to submit the PPA or the Data Use Agreement (DUA) this year
- All participating LEAs must submit the FY 15-16 Annual Report (AR) by November 30, 2016
- All newly enrolling LEAs must submit the PPA, AR and the DUA (if applicable)

PROVIDER PARTICIPATION AGREEMENT (PPA)

- For FY 2016-17, the PPA was amended to include two exhibits:
  - Exhibit A – HIPAA Business Associate Addendum (BAA)
  - Exhibit B – Data File Description
- In addition to complying with the terms of the PPA, LEAs must abide by the terms listed in the BAA
- The purpose of the BAA is to guard the privacy and security of protected health information, and to comply with certain standards and requirements of HIPAA regulations
- LEAs ***do not*** need to sign or return Exhibits A and B to DHCS

PPA (CONTINUED)

- For FY 2016-17, DHCS published an amended PPA to allow California Community College Districts, California State University campuses, and University of California campuses to enroll in the LEA BOP
  - ‘PPA for Colleges’ is now available on the LEA BOP website
- All newly enrolling LEAs, including colleges, must submit the PPA, AR and the DUA (if applicable)
- Currently enrolled LEAs are ***not*** required to submit the PPA this year

ANNUAL REPORT (AR)

- DHCS has published the FY 15-16 Annual Report template on the LEA BOP website
- The AR contains minor revisions and formatting changes from the prior year
  - The Dun and Bradstreet Universal Numbering System (DUNS) number is no longer required for participation in the LEA BOP. This field has been removed.
- All currently enrolled LEAs must submit the AR to DHCS by ***November 30, 2016***

DATA USE AGREEMENT (DUA)

- All currently enrolled LEAs that have already submitted the 2015-18 DUA do not need to resubmit the agreement this year
  - Note that if the LEA switches its billing vendor (Custodian of the Files), it must submit DUA Attachment F Part I to DHCS within 15 days of the change
- All newly enrolling LEAs that designate a third-party billing vendor as their 'Custodian of the Files' must submit the DUA in order to allow the vendor to request and receive Medi-Cal eligibility information on behalf of the LEA
- If the LEA does not utilize a third-party billing vendor and performs its own in-house billing, the submission of the DUA is not required

FY 2016-17 LEA PROGRAM REQUIREMENTS

	Reporting Period			
LEA Program Requirements	*FY 2014-15*	*FY 2015-16*	*FY 2016-17*	*Due Date*
CRCS	**X**			11/30/16
AR		**X**		11/30/16
PPA	Newly enrolling LEAs must submit a PPA to participate in the LEA BOP.			
DUA	Newly enrolling LEAs must submit a DUA if utilizing a billing vendor. (Currently enrolled LEAs will be required to renew the DUA 11/30/18.)			

FAQ – PARTICIPATION REQUIREMENTS

- **Question:** Are there any differences in participation requirements for colleges as opposed to regular K-12 LEAs?

  Answer: Participation requirements for colleges are nearly identical to those for regular K-12 LEAs. However, there are some key differences:

  - Colleges must submit a special 'College PPA' rather than the standard PPA when enrolling in LEA BOP
  - Since colleges do not administer Individualized Education Plans (IEP) or Individualized Family Service Plans (IFSP) for their students, services are currently limited to 24 service units in a12-month period
  - In situations where parental consent is typically required (e.g. educational records, medical billing), students aged 18 and over may consent on their own behalf
  - In situations where a parent may refer their child for an assessment, students aged 18 and over may self-refer for an assessment

COST AND REIMBURSEMENT COMPARISON SCHEDULE (CRCS)

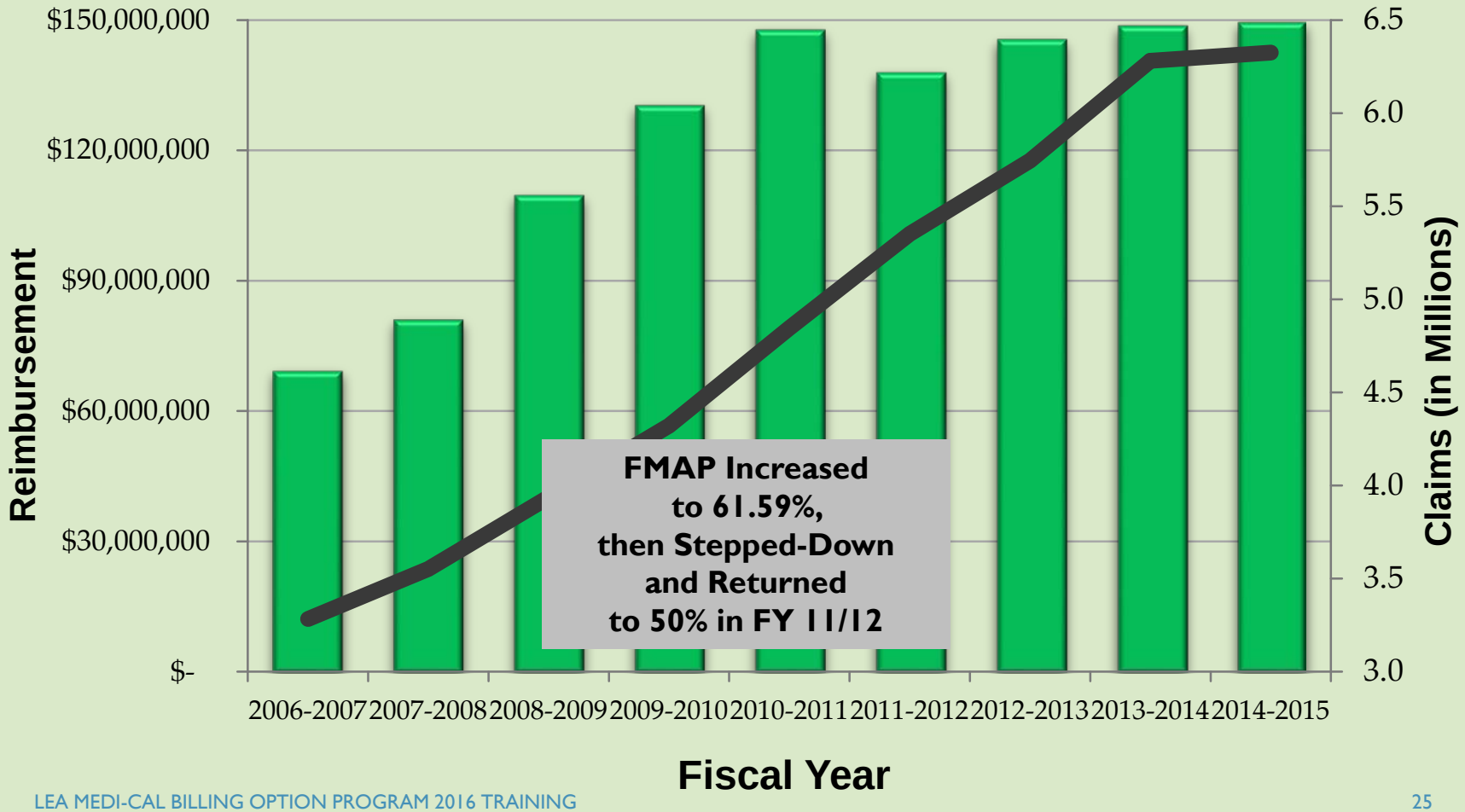
- ***Remember*** the FY 2014-15 CRCS is due by November 30, 2016
- 100% withhold for non-submission per PPL 15-019
- Please follow the submission process as stated online
- Certification of Zero Reimbursements ***based on dates of service***

LEA CLAIMS PROCESSING

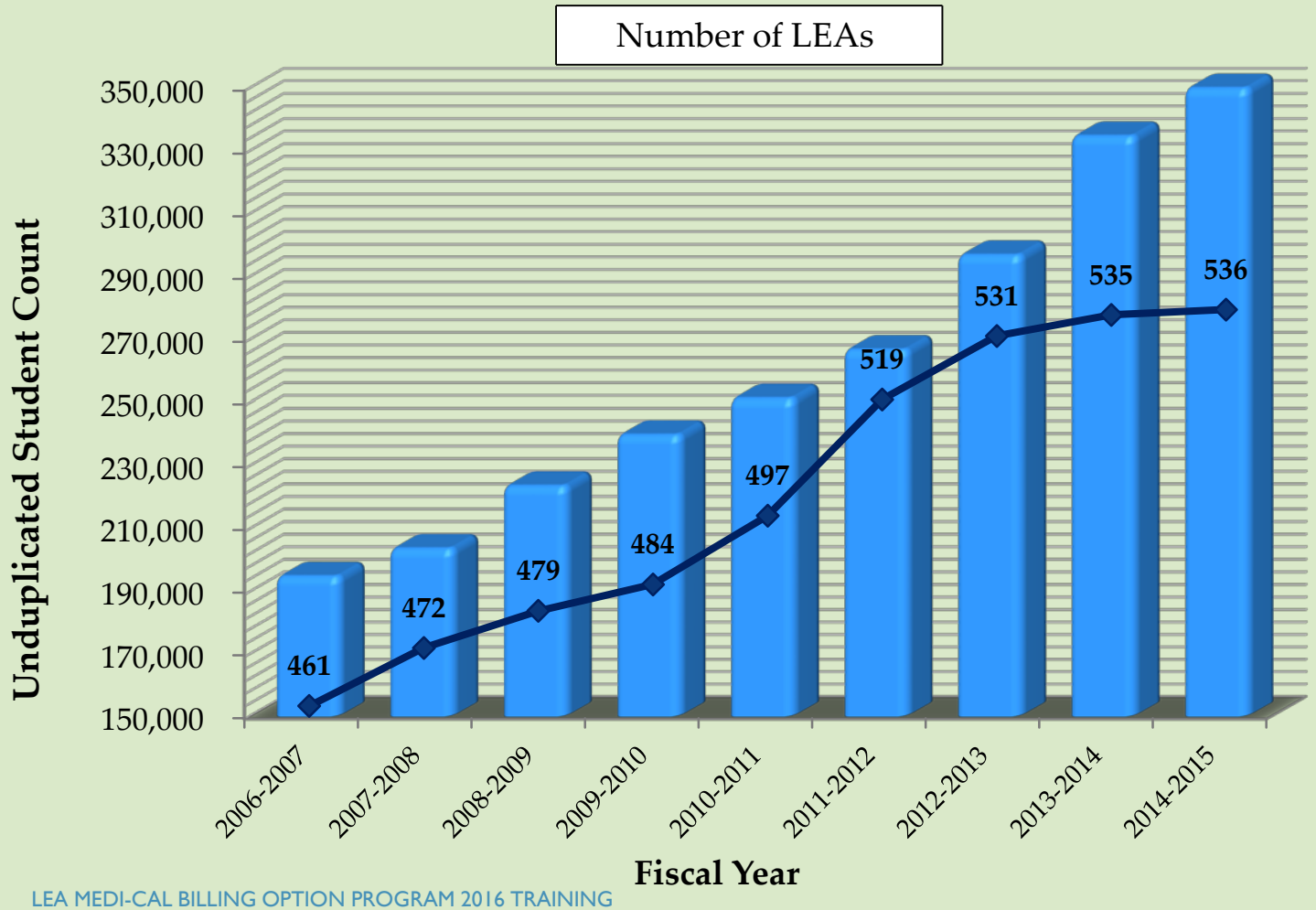
TRENDS OVER TIME

- LEA BOP continues to grow since SPA 03-024 was implemented
- Number of participating LEAs continues to increase
- Number of unduplicated students served continues to increase
- Most LEA BOP expenditures are based on speech therapy treatments, school health aide treatment services and three types of assessments (psychological, health and speech)

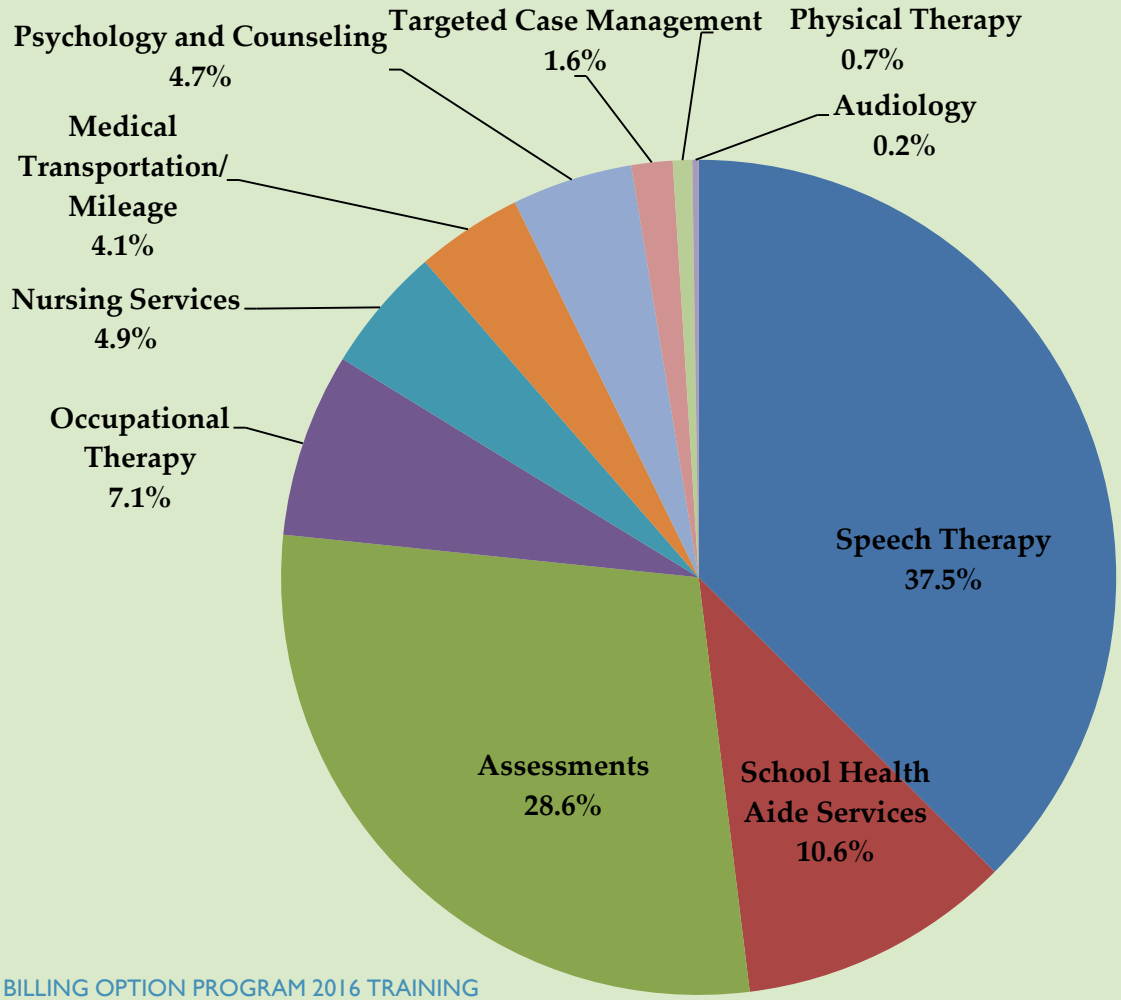
PROGRAM GROWTH OVER TIME



GROWTH IN LEA PROGRAM PARTICIPATION



REIMBURSEMENT BY SERVICE TYPE FY 2014/15



Total Reimbursement: $149.5 Million

INFLATION RATE ADJUSTMENT

- SPA 03-024 requires an annual rate inflation using the Implicit Price Deflator, which requires updating the Xerox LEA Rate Table used to adjudicate claims
  - The Implicit Price Deflator applicable to the FY 2015-16 rate year reported a minor decrease
  - The requirement for a rate adjustment for FY 2015-16 was waived and the FY 2015-16 reimbursement rates will remain unchanged
  - FY 2015-16 rates are located at LEA Program Claims Processing as follows:

Rate Inflation
FY 2015-16 No Rate Change (see FY 2014-15)

PROGRAM SUPPORT COSTS

- 1% Administrative Withhold
  - Claims processing and related staff costs
  - Medi-Cal Remittance Advice Detail (RAD) 795
- 2.5% Combined Withhold ***was reduced*** to 1.5% Combined Withhold in March 2016
  - A&I fee for administrative costs associated with CRCS audit process includes annual maximum collection of $1 million under RAD 798
  - NCI withhold to fund activities mandated by W&I Code 14115.8 includes annual maximum collection of $1.5 million under RAD 798

ANNUAL ACCOUNTING OF FUNDS

- DHCS prepares an Annual Accounting of Funds Summary Report
  - Calculates total withholds from total claims paid (based on date of payment) against program expenses
  - Report lags by two years due to data availability and verification
  - FY 2012-13 and FY 2013-14 Annual Accounting of Funds Summary Reports are posted on the LEA BOP website
  - FY 2014-15 Annual Accounting of Funds Summary Report will be posted once total paid claims are verified
- Overpayment of funds will be proportionately redistributed to LEAs
- Underpayment of funds will be collected from LEAs

FY 2013-14 AND FY 2014-15 FAIR SHARE RECONCILIATIONS

- In October 2014, DHCS reimbursed the over-collected withholds for FY 2011-12 and FY 2012-13
  - DHCS did not collect any under-collected withholds for these periods, and will offset the amount due to the State from FY 2013-14 withhold reimbursements
- DHCS is in the process of reimbursing the over-collected withholds for FY 2013-14 which also include withholds on cost settlements, Electronic Health Record (EHR) incentive payments and payments other than a cost settlement
- Once FY 2013-14 withhold reconciliations are completed, DHCS will initiate FY 2014-15 withhold reconciliations

ERRONEOUS PAYMENT CORRECTION (EPC)

- EPC: Erroneously Denied Transportation Claims
  - Background: Some LEA BOP transportation claims were erroneously denied with RAD 0008, affecting claims processed from 3/23/15 – 6/2/15
  - Xerox resubmitted the affected claims
  - Resubmissions appeared on RADs beginning 12/10/15, with Claim Control Number (CCN) prefix 53285

xerox

Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605

www.xerox.com/govhealthcare

December 4, 2015

Subject: Resubmission of Erroneously Denied LEA Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing some Local Educational Agency (LEA) claims for medical transportation HCPCS code A0425 to erroneously deny with Remittance Advice Details (RAD) code **0008: The provider of service is not eligible for the type of services billed**. The issue affected claims processed from March 23, 2015, through June 2, 2015.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims until the erroneous denials are cleared. These resubmissions will appear on RADs beginning December 10, 2015, with Claim Control Number (CCN) prefix **532855**.

If you disagree with any of these resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date or you may submit an *Appeal Form* within 90 days of the new RAD date. For CIF completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal website (*www.medi-cal.ca.gov*). For *Appeal Form* completion instructions, please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal website.

If you have questions regarding these adjustments, please call the Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Director, Provider Relations
California MMIS
Xerox State Healthcare, LLC

Reference Number: P29273

EPC (CONTINUED)

- EPC: Retroactive Rate Adjustments for LEA Services
  - Background: FY 13-14 interim reimbursement rates inflated to calculate revised FY 14-15 interim reimbursement rates
  - EPC corrects reimbursement rate adjustments for claims submitted by LEA BOP providers for dates of service 7/1/14 through 7/30/15 using updated reimbursement rates for LEA services
  - Adjustments appeared beginning 3/3/16 with RAD 0875 (LEA Providers Retroactive Rate Adjustment)

EPC (CONTINUED)

- EPC: Void and Resubmission of TCM LEA Claims
  - Background: DHCS identified claims processing issue causing some TCM claims billed with HCPCS code T1017 (Targeted Case Management, each 15 minutes) to erroneously pay
  - EPC corrects erroneously paid TCM claims with HCPCS code T1017 submitted by LEA providers for dates of service 7/1/15 through 12/22/15
  - Xerox voided and resubmitted the affected claims. The voids appeared on RADs beginning 6/30/16 with RAD code 0819 (Void and Resubmit of Claims Processed in Error). Corresponding resubmissions appeared on RADs beginning 6/30/16 with CCN roll number 55 (Resubmit).

EPC (CONTINUED)

- In Progress EPC: CPT Code 99401 Claims Incorrectly Paid
  - Background: Providers billing with code 99401 (Non-IEP/IFSP Health Education/Anticipatory Guidance Assessments) were incorrectly being cut back to "1" unit and should have been paid up to "4" units, affecting claims with dates of service from 5/26/15 through 5/23/16
  - Correction was made to procedure master file on 5/23/16
  - An EPC is in progress to reprocess erroneously paid 99401 claims that were reduced to a quantity of "1"

CPT CODE 92506 DENIALS

- Effective 7/1/16 DHCS eliminated Current Procedural Terminology (CPT) Code 92506 and implemented four new replacement CPT codes (92521, 92522, 92523 and 92524) for Speech-Language Assessments
- Effective 7/1/16 Audiological Assessments previously billed using CPT code 92506 was to be billed using CPT code 92557
- Implementation of the five replacement codes was originally expected to be completed 10/1/16, but that date was extended to approximately 10/24/16

CPT CODE 92506 DENIALS (CONTINUED)

- LEAs are instructed to bill Speech-Language and Audiological Assessments with dates of service from 7/1/16 through 10/24/16 (approximately) in one of two ways:
  - Submit claims using the five CPT codes, as appropriate, the claims will be denied, and once the new codes are implemented an EPC will be run to reprocess those claims for payment; ***or***
  - Bill claims retroactively once the new codes are implemented

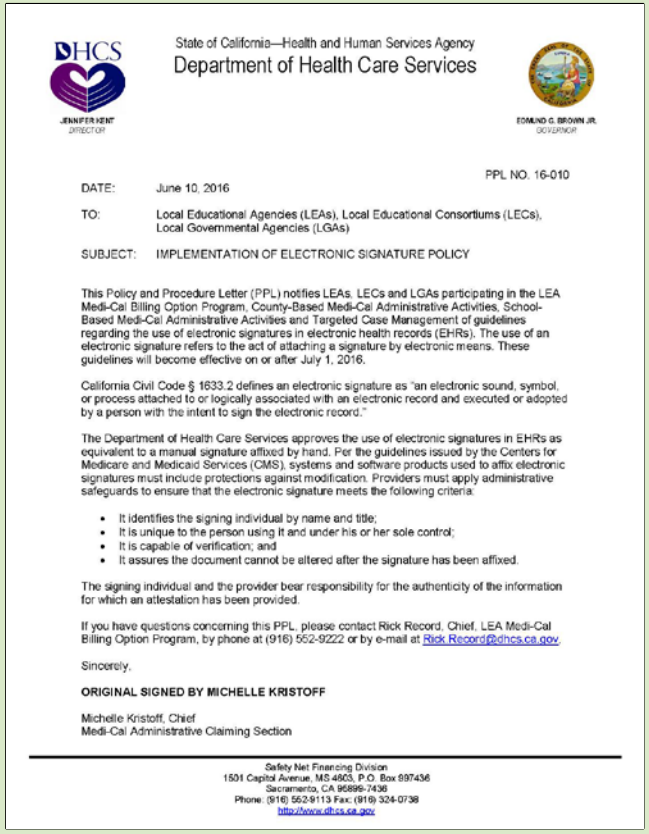
XEROX HELP DESK

- For billing and claims issues, LEAs should contact the Xerox Telephone Service Center (TSC) at 1-800-541-5555
  - The LEA provider should initially call the TSC to ask for assistance
  - IMPORTANT: Keep a log of issue numbers that the TSC representative provides for each phone call
  - If the issue is too complicated for TSC, LEA provider should either request the TSC agent to send a Xerox provider field representative OR the LEA provider should write the Correspondence Specialist Unit (CSU), explain the issue, attach required documents, and request assistance
  - If Xerox provider field rep or CSU is not able to resolve the issue, LEA provider may notify SNFD at LEA@dhcs.ca.gov

POLICY UPDATES

ELECTRONIC SIGNATURES

- On 6/10/16, DHCS published PPL 16-010, which implemented the electronic signature policy in the LEA BOP
- PPL 16-010 outlines specific criteria LEAs must follow when utilizing electronic signatures in EHRs



DHCS
JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

EDMUND G. BROWN JR.
GOVERNOR

PPL NO. 16-010

DATE: June 10, 2016

TO: Local Educational Agencies (LEAs), Local Educational Consortiums (LECs), Local Governmental Agencies (LGAs)

SUBJECT: IMPLEMENTATION OF ELECTRONIC SIGNATURE POLICY

This Policy and Procedure Letter (PPL) notifies LEAs, LECs and LGAs participating in the LEA Medi-Cal Billing Option Program, County-Based Medi-Cal Administrative Activities, School-Based Medi-Cal Administrative Activities and Targeted Case Management of guidelines regarding the use of electronic signatures in electronic health records (EHRs). The use of an electronic signature refers to the act of attaching a signature by electronic means. These guidelines will become effective on or after July 1, 2016.

California Civil Code § 1633.2 defines an electronic signature as "an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record."

The Department of Health Care Services approves the use of electronic signatures in EHRs as equivalent to a manual signature affixed by hand. Per the guidelines issued by the Centers for Medicare and Medicaid Services (CMS), systems and software products used to affix electronic signatures must include protections against modification. Providers must apply administrative safeguards to ensure that the electronic signature meets the following criteria:

- It identifies the signing individual by name and title;
- It is unique to the person using it and under his or her sole control;
- It is capable of verification; and
- It assures the document cannot be altered after the signature has been affixed.

The signing individual and the provider bear responsibility for the authenticity of the information for which an attestation has been provided.

If you have questions concerning this PPL, please contact Rick Record, Chief, LEA Medi-Cal Billing Option Program, by phone at (916) 552-9222 or by e-mail at Rick.Record@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY MICHELLE KRISTOFF

Michelle Kristoff, Chief
Medi-Cal Administrative Claiming Section

Safety Net Financing Division
1501 Capitol Avenue, MS 4603, P.O. Box 997436
Sacramento, CA 95899-7436
Phone: (916) 552-9113 Fax: (916) 324-0738
http://www.dhcs.ca.gov

THIRD PARTY LIABILITY (TPL) AND EXPLANATION OF BENEFITS (EOB)

- On 7/1/16, DHCS published PPL 16-012, which notified LEAs of DHCS' third party liability recoupment requirements in the LEA BOP
- PPL 16-012 outlines DHCS' statutory policy of pursuing liable third parties, typically commercial health insurers, for services provided to Medi-Cal beneficiaries
- As a result of the recoupment process, commercial insurance carriers may issue an EOB statement to the parent of the insured student

TPL AND EOB (CONTINUED)

- In November 2016, DHCS will send an online survey to LEAs participating in the LEA BOP to determine the effect the recoupment process may be having on program claiming and participation
- DHCS encourages all LEAs to take part in the survey and to provide as much information as possible
- DHCS will send the survey link via e-blast to all email addresses in our subscription service database. If you currently do not receive e-blasts from the LEA BOP and wish to be added to the list, please sign up at LEA BOP Email Subscription

FREE CARE

- On 12/15/14, CMS issued a Letter to the State Medicaid Director (SMD 14-006), in which CMS withdrew its prior guidance on the 'free care' policy
- Under the new guidance, Medicaid reimbursement is available for covered services provided to beneficiaries, regardless of whether there is any charge for the service to the beneficiary or the community at large
- DHCS has amended the LEA BOP Provider Manual to reflect the updated free care policy

FREE CARE (CONTINUED)

- The *Billing and Reimbursement Billing Overview* section (*loc ed bil*) of the LEA BOP Provider Manual includes the updated free care policy for the LEA BOP
- Additionally, *loc ed bil* contains updated program policy in regard to the TPL recoupment requirement, and OHC denials of claims/non-response
  - **New:** If a response from the OHC carrier is not received within ***90 days*** of the provider's billing date, the provider may bill Medi-Cal. A copy of the completed and dated insurance claim form must accompany the Medi-Cal claim. LEA must state "90-day response delay" on the billing claim form.

TRANSPORTATION REGULATIONS

- On 12/10/15, LEA BOP transportation regulation package DHCS-12-015 was approved by the Office of Administrative Law and filed with the Secretary of State
- The updated regulations became effective on 4/1/16
- The regulation package amended three California Codes of Regulations (CCRs): 22 CCR § 51231.1, 22 CCR § 51231.2 and 22 CCR § 51323
- The CCRs were amended to align state regulations pertaining to school-based medical transportation services with federal law, resulting in greater access to specialized medical transportation for Medi-Cal eligible students

PARENTAL CONSENT

- The LEA BOP has parental consent requirements which necessitate that LEAs must obtain written consent from the parent or guardian of the student prior to releasing any medical information from the student's education record, as well as to allow LEAs to access the student's or parent's public benefits or insurance to pay for related services
- Complete consent and confidentiality requirements are listed in Article II, Sections 17 and 18 of the Provider Participation Agreement, and can also be found here: http://www.cde.ca.gov/sp/se/ac/ideainsrltdsrvcrev.asp
- Title 34 of the Code of Federal Regulations (CFR) section 300.154 provides guidelines describing when LEAs may access the student's public benefits or insurance, or the parents' private insurance

FAQS – FREE CARE

- **Question #1:** Is there a limitation for reimbursement for non-IEP/IFSP services provided to Medi-Cal eligible students?

  Answer: Yes. Reimbursement for services not authorized in a student's IEP/IFSP is limited to a maximum of 24 services per 12-month period. The 'free care' updates to the Provider Manual did not eliminate this restriction. However, pending future federal approval, SPA15-021 will remove this limitation.

- **Question #2:** How does 'free care' currently work in LEA BOP?

  Answer: Medi-Cal may now reimburse LEA providers for services provided to all Medi-Cal eligible students, regardless of whether the service is offered to the rest of the student population (including non-Medi-Cal students) without charge.

FAQ – OHC

- **Question:** What is the proper procedure to bill for services provided to students who are both Medi-Cal eligible and also have OHC, such as a private health insurance plan?

  Answer: For services authorized in a student's IEP/IFSP provided to students who are Medi-Cal eligible and have OHC, the LEA does not have to bill OHC first; Medi-Cal is the primary payer. In this instance, the LEA may bill Medi-Cal first.

  For non-IEP/IFSP services provided to students who are Medi-Cal eligible and have OHC, the LEA must bill the OHC insurer first. Prior to billing Medi-Cal, the LEA must either receive a valid denial notice from the OHC insurer, or receive no response within 90 days of submitting the claim.

TARGETED CASE MANAGEMENT STATE PLAN AMENDMENTS

TCM SPA 12-009

SPA	Approval Date	Overview of SPA	Impact on LEA BOP	Reference
12-009	4/10/15	• Defined TCM services and provider qualifications • Defined TCM target population as children with an IEP/IFSP • Established a sunset date of 6/30/15 for TCM reimbursement methodology	• For dates of service on or after 7/1/15, LEA BOP TCM claiming is suspended until a new reimbursement methodology is approved by CMS • SPA 15-021 is currently under review at CMS and includes a new TCM rate methodology • TCM Labor Survey no longer required	PPL 15-016

TCM SPA 16-001

SPA	Approval Date	Overview of SPA	Impact on LEA BOP
16-001	• Not yet approved • To be reviewed by CMS after SPA 15-021 is approved • Proposed effective date of 1/1/16	• Removes the IEP/IFSP requirement for TCM target population	• No TCM claiming until a new reimbursement methodology is approved by CMS in SPA 15-021 • Once SPA 16-001 is approved, LEAs may begin billing for the expanded target population (proposed effective date 1/1/16) • CMS will provide guidance on retroactive billing once SPA 15-021 is approved

TCM RETROACTIVE BILLING

- Effective 7/1/15, TCM services with dates of service on or after 7/1/15, were suspended until a rate methodology is approved by CMS
  - TCM claims under the new rate methodology may be retroactive to 7/1/15
- CMS will provide directions on retroactive billing when SPA 15-021 is approved
- In the meantime, LEAs can be proactive and document, ***but do not submit*** claims for TCM services

SPA 15-021 AND RANDOM MOMENT TIME SURVEY

SPA 15-021 OVERVIEW

- SPA 15-021 was submitted on September 30, 2015 to CMS and includes:
  - Coverage of Medi-Cal eligible students regardless of special education status
  - Expansion of covered LEA BOP services
  - Expansion of qualified LEA BOP practitioners
  - RMTS component of reimbursement
- In December 2015, CMS sent DHCS approximately 60 Requests for Additional Information (RAIs)
  - RAI responses have been handled in "phases"
  - DHCS and CMS have worked through most RAIs
  - Once remaining RAIs are informally discussed with CMS, DHCS will resubmit the SPA

SPA 15-021 OVERVIEW (CONTINUED)

- In general, the LEA BOP ***proposes*** to cover medically necessary services ***for all Medi-Cal eligible students*** under the age of 22
  - Third party liability and parental consent requirements must be met by all participating LEAs
  - Services must be included in the approved SPA and provided by a qualified practitioner as stipulated in the LEA BOP provider manual
  - Specialized transportation ***must be documented in an IEP/IFSP***
  - TCM services ***must be documented in an IEP/IFSP***
    (SPA 16-001 proposes to remove the IEP/IFSP requirement)
- Proposed SPA effective date of 7/1/15

COVERED LEA SERVICES

LEA Service Type	New Assessment Services	New Treatment Services
Audiology Services		
Vision Services		
Nursing and School Health Aide Services		*Activities of Daily Living Pending Discussion with CMS*
Nutritional Services		✓ *(1 unit = 15-minute increment)*
Occupational Therapy Services		✓ (Group) *(1 unit = 45-minute initial service increment; 15 minute additional time)*
Orientation & Mobility Services	✓ *(1 unit = 15-minute increment)*	✓ *(1 unit = 15-minute increment)*

COVERED LEA SERVICES (CONTINUED)

LEA Service Type	New Assessment Services	New Treatment Services
Physical Therapy Services		✓ (Group) *(1 unit = 45-minute initial service increment; 15 minute additional time)*
Physician Services		
Psychology and Counseling Services		
Respiratory Therapy Services	✓ *(1 unit = 15-minute increment)*	✓ *(1 unit = 15-minute increment)*
Specialized Medical Transportation		
Speech-Language Services		
Targeted Case Management Services*		

* *SPA 15-021 adds a TCM rate methodology and includes TCM services in the LEA BOP cost settlement process*

NEWLY QUALIFIED PRACTITIONERS

Service Provider	Qualifications to Bill Medi-Cal	Supervision Required?
Occupational Therapy Assistants	Licensed to practice by the California Board of Occupational Therapy	Yes, by licensed O/T
Orientation and Mobility Specialists	Certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) who possess a Clinical or Rehabilitative Services Credential and an Orientation and Mobility teaching certification	No
Physician Assistants	Licensed by the California Physician Assistant Board	Yes, by licensed physician
Physical Therapy Assistants	Licensed to practice by the California Physical Therapy Board	Yes, by licensed P/T
Registered Associate Clinical Social Workers	Registered with the California Board of Behavioral Sciences & PPS Credential	Yes, by licensed physician, LCSW, LMFT, licensed psychologist or licensed clinical counselor

NEWLY QUALIFIED PRACTITIONERS (CONTINUED)

Service Provider	Qualifications to Bill Medi-Cal	Supervision Required?
Registered Dieticians	Registered through the Commission on Dietetic Registration & PPS Credential	*Pending discussion with CMS*
Registered MFT Interns	Registered with the California Board of Behavioral Sciences & PPS Credential	Yes, by a licensed physician, LCSW, LMFT, licensed psychologist or licensed clinical counselor
Licensed Respiratory Care Practitioners	Licensed by the Respiratory Care Board of California	No
Speech-Language Pathology Assistants	Registered with the Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board	Yes, by licensed or credentialed SLP

Specific supervision requirements will be published in the LEA BOP Provider Manual after SPA 15-021 is approved by CMS .

GUIDANCE FROM DHCS ON SPA 15-021

- CMS will provide directions on retroactive billing when the SPA is approved
- In the meantime, LEAs can be proactive and… ***DOCUMENT, BUT DO NOT SUBMIT ANY CLAIMS*** for newly covered services or practitioner types
- Medi-Cal review of documentation for claims billed under the LEA Medi-Cal Billing Option Program ***may seek*** to verify:
  - ✓ The student received the LEA BOP service
  - ✓ The service was a Medi-Cal benefit through the LEA BOP
  - ✓ The service was performed by qualified personnel
  - ✓ The practitioner rendering the services was supervised (if required)
  - ✓ Nature and extent of services rendered
  - ✓ Medical necessity

FAQS – SPA 15-021

- **Question #1**: Can I start billing for new practitioners and service types now?

  Answer: No, CMS must approve SPA 15-021 prior to billing for new services and practitioners. Once the SPA is approved, CMS will provide guidance on retroactive billing. DHCS will update LEAs as information becomes available.

- **Question #2**: What procedure codes should we use to document the new services?

  Answer: DHCS will be working to establish procedure codes and reimbursement rates for the new services and practitioners. DHCS recommends that LEAs document the new services and practitioner types, but wait to submit claims until procedure codes have been established.

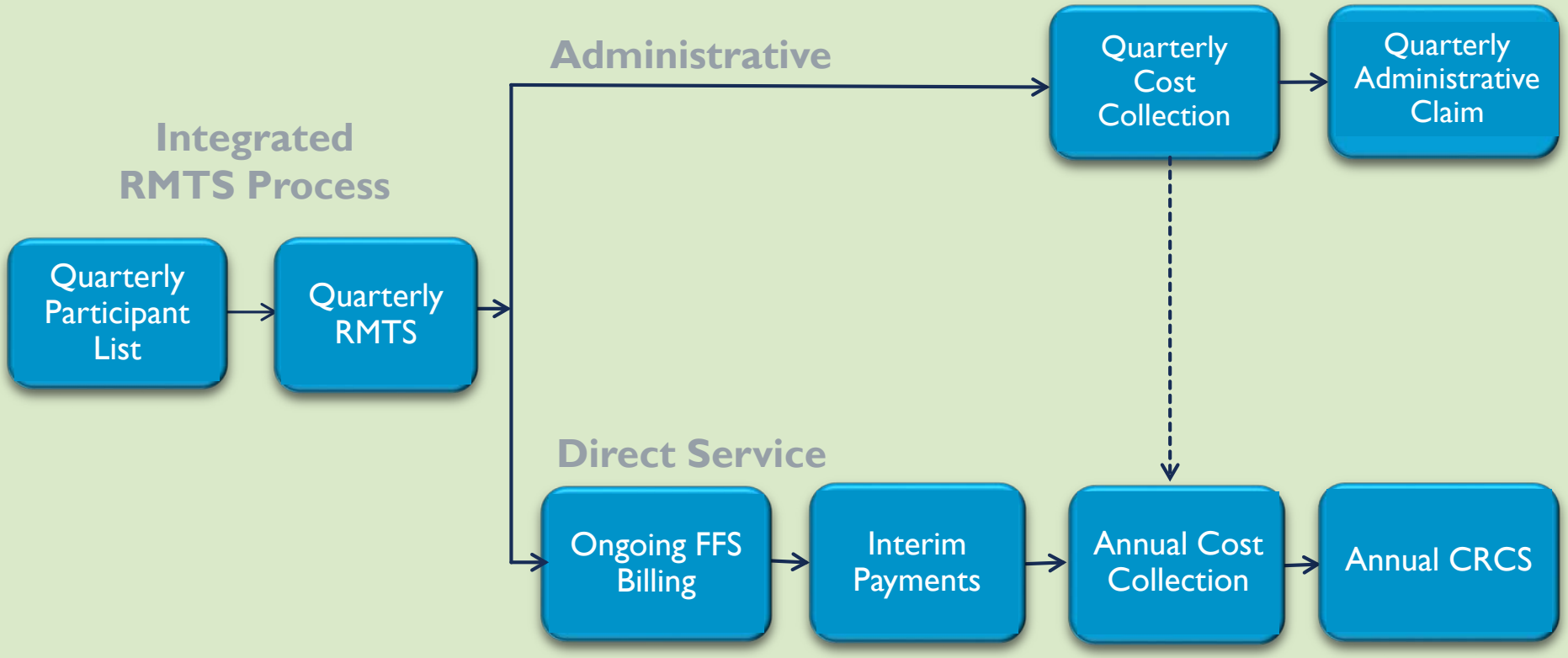
RANDOM MOMENT TIME SURVEY

- What is RMTS?
  - A **statistical sampling technique** that will be used to estimate the amount of time spent providing LEA BOP approved Medi-Cal **direct services** to students by qualified health service practitioners
  - A **web-based system** that randomly selects and randomly assigns a "moment" in time (1 minute) to a pre-determined list of time survey participants (TSPs)
- Why is DHCS moving to RMTS for the LEA BOP?
  - As a term and condition of DHCS' resolution to the School Based Medi-Cal Administrative Activities Program (SMAA) deferral, **DHCS agreed to implement a combined cost allocation methodology** for the SMAA and LEA Medi-Cal Billing Option Programs
- SPA 15-021 includes references to the RMTS methodology for LEA BOP reimbursement

RANDOM MOMENT TIME SURVEY (CONTINUED)

- The SMAA Program implemented RMTS on January 1, 2015
- The existing RMTS process will be integrated into the LEA BOP for cost reconciliation purposes
  - RMTS process will accommodate the LEA BOP, including changes to TSP list for direct service providers

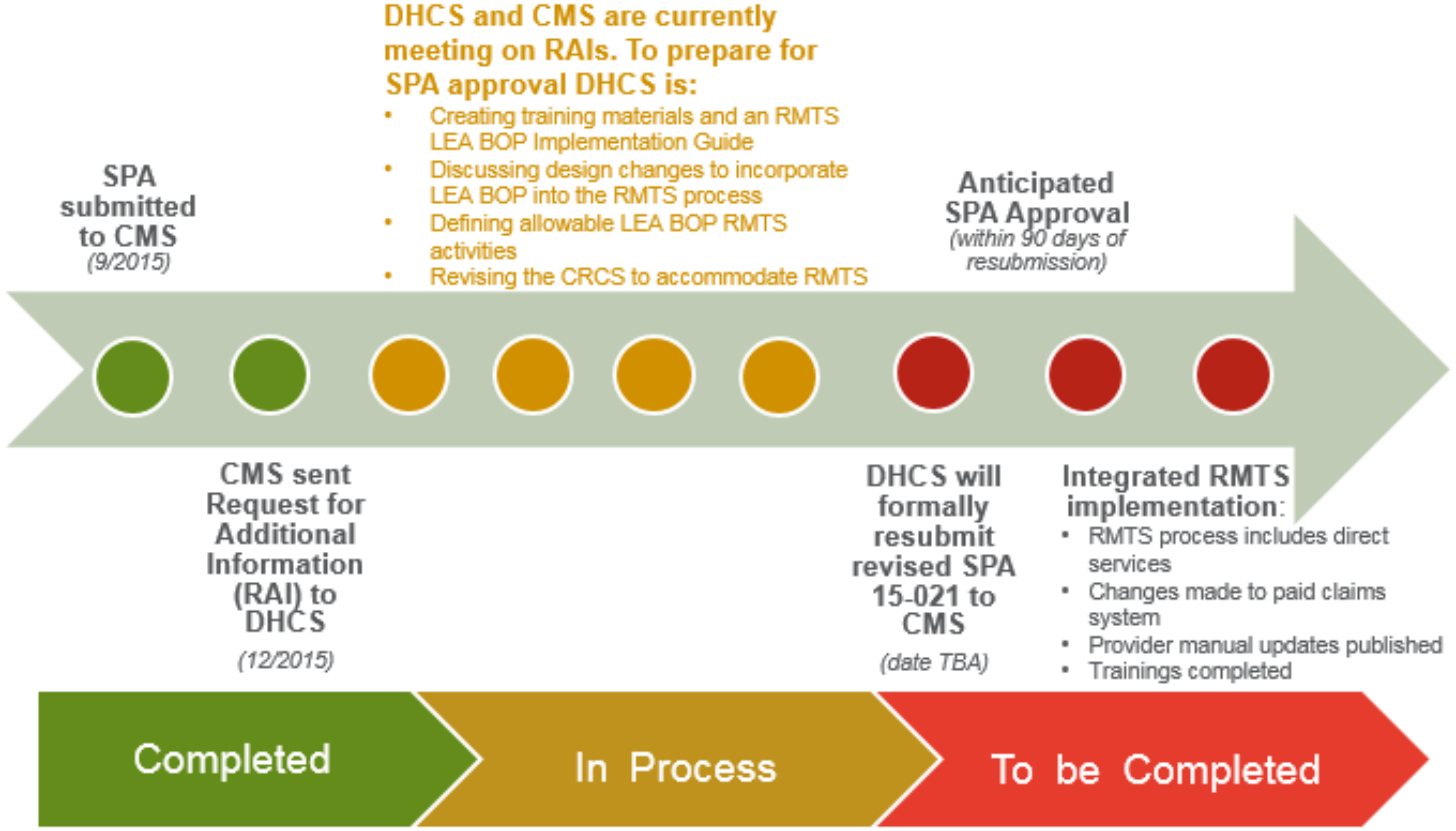
IMPLEMENTATION OF INTEGRATED RMTS



RMTS DESIGN

- DHCS is working with a group of stakeholders on the RMTS design for the LEA BOP
  - 23 Implementation Advisory Group (IAG) meetings to date
  - IAG meeting summaries on the LEA Program Website at: http://www.dhcs.ca.gov/provgovpart/Pages/LEA_RMTS.aspx
- The RMTS Stakeholder Feedback Tool is available on the LEA Program website (RMTS landing page, link above)
  - Submitted comments will be addressed during IAG Meetings
  - Submitted comments are treated confidentially

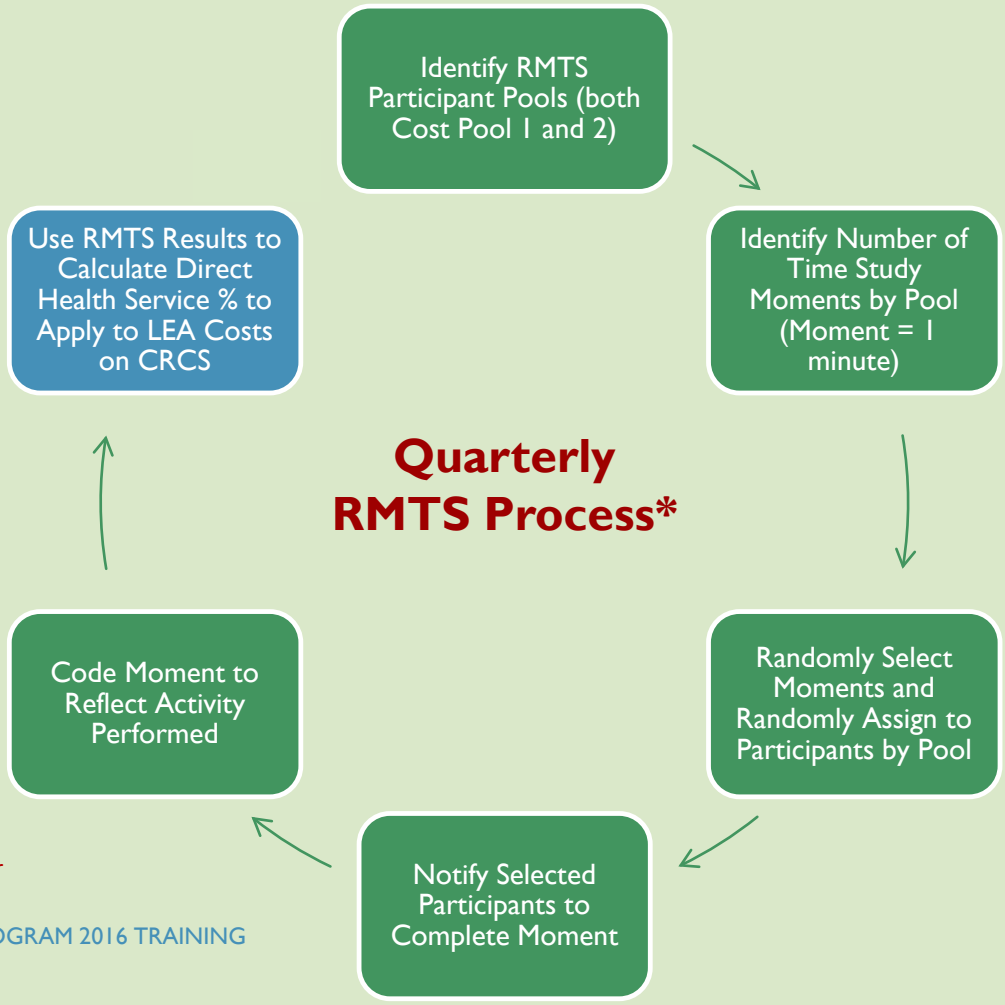
IMPLEMENTATION PROCESS



RMTS – LEA BOP VS SMAA PROGRAM

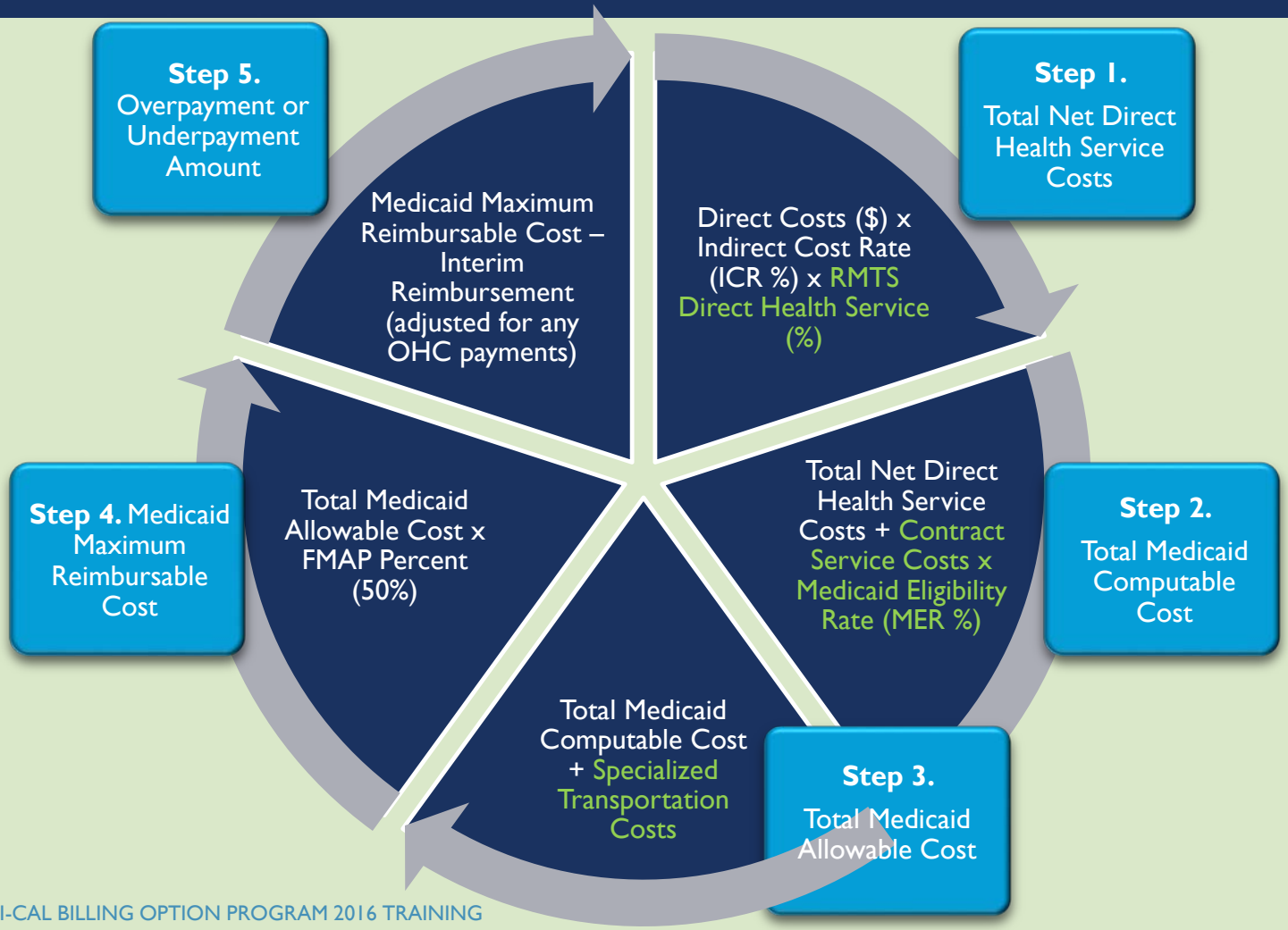
Program Component	SMAA	LEA
Use an integrated RMTS software system	✓	✓
Use of LECs and LGAs to locally administer RMTS	✓	✓
Requires contract with LEC/LGA for RMTS process	✓	✓
Requires contract between DHCS and LEA		✓
CRCS used in final cost settlement		✓
Quarterly invoicing for reimbursement	✓	
Fee-for-service interim billing		✓
TSPs categorized into two cost pools	✓	✓
Oversight and management conducted by DHCS	✓	✓
Maintain a quality assurance process	✓	✓

STEPS IN QUARTERLY LEA BOP RMTS



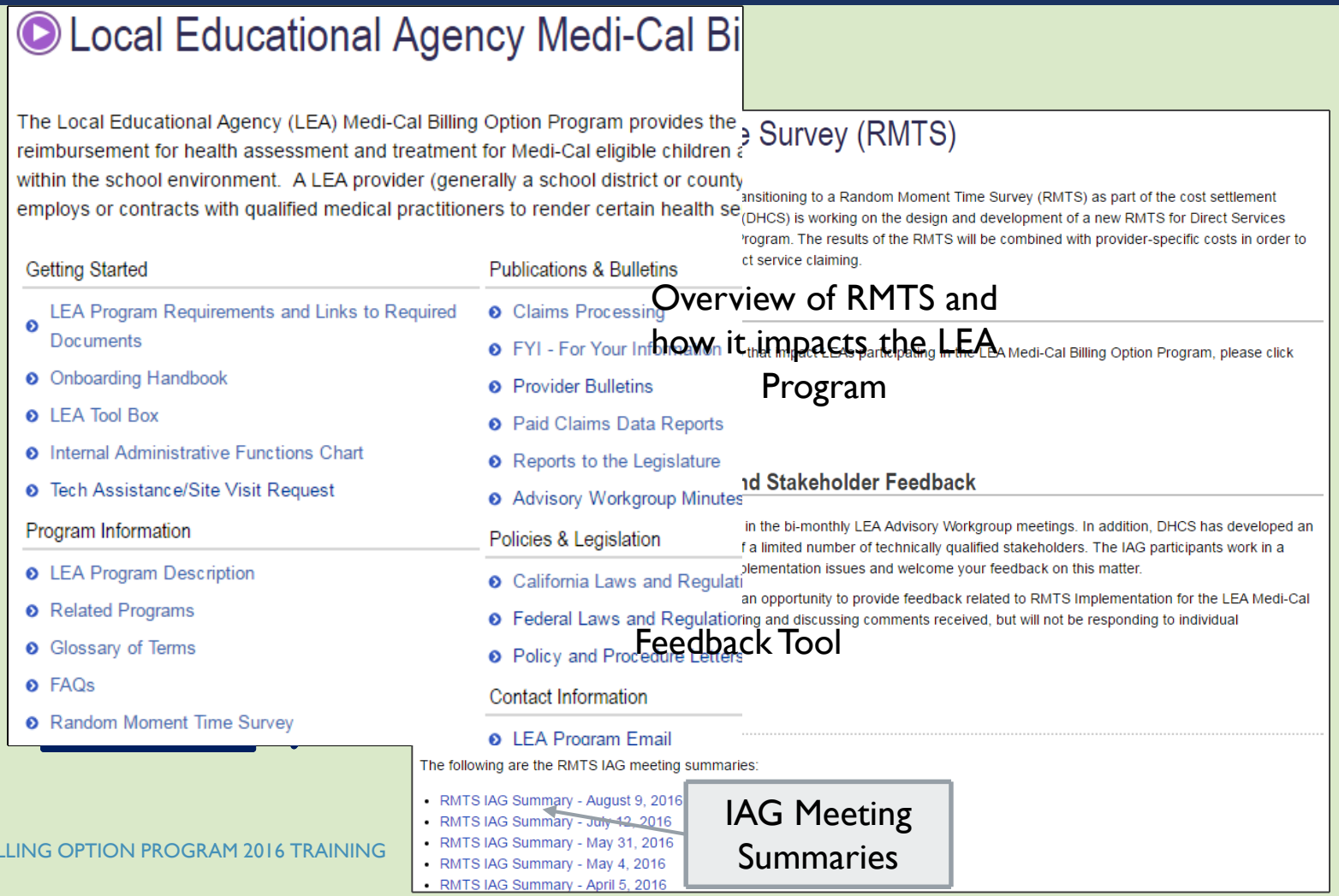
**RMTS process is not applicable for the July - September quarter*

RMTS – IMPACT ON COST SETTLEMENT



RMTS RESOURCES

(http://www.dhcs.ca.gov/provgovpart/Pages/LEA_RMTS.aspx)



FAQS – LEA BOP RMTS

- **Question #1:** Will LEAs continue to submit LEA BOP claims to Medi-Cal?

  Answer: Yes, LEAs will submit claims through the Fiscal Intermediary in the same manner that they currently do for interim claiming.

- **Question #2:** Will I still need to submit a Cost and Reimbursement Comparison Schedule (CRCS)? If so, how will RMTS be incorporated?

  Answer: Yes, LEAs participating in the LEA BOP will continue to submit the CRCS, which will be revised to include the new covered services, new practitioner types, TCM, transportation and the RMTS direct medical service percentage.

- **Question #3:** Will there be training on RMTS and the CRCS?

  Answer: Yes, DHCS will provide training in several different areas, including the new CRCS, the new covered services and practitioner types, and how RMTS will impact the LEA BOP. DHCS has outlined various training topics with the Implementation Advisory Group and plans to develop slides once SPA 15-021 is approved by CMS.

FAQS – LEA BOP RMTS (CONTINUED)

- **Question #4**: Can my LEC or LGA provide guidance on Medi-Cal LEA BOP requirements?

  Answer: No, LECs and LGAs will be providing support for the RMTS process, not LEA BOP program requirements or policies. The tasks on slide 68 are examples of areas where LECs and LGAs will provide guidance to LEAs under RMTS.

- **Question #5**: Is my LEA required to participate in RMTS?

  Answer: Yes, ***unless*** your LEA contracts out 100% of direct medical services billed to Medi-Cal (Model 2 providers). All other LEAs will be required to participate in RMTS.

- **Question #6:** Under RMTS, does anything change regarding how we document services provided?

  Answer: No, LEAs will continue to document services in the same manner.

FAQS – LEA BOP RMTS (CONTINUED)

- **Question #7**: Do I have to participate in both the SMAA and LEA BOP programs?

  Answer: No, participation in **both programs** is voluntary. However, DHCS encourages participation in both programs and with an integrated RMTS system, it is easier to participate in both programs.

- **Question #8**: If I'm not participating in the SMAA RMTS, can I get additional information on RMTS?

  Answer: Yes, for more information you can:

  - Email DHCS at LEA@dhcs.ca.gov
  - Contact your regional LEC/LGA at http://www.dhcs.ca.gov/provgovpart/Pages/MapoftheLECService.aspx
  - View the SMAA Manual at ***http://www.dhcs.ca.gov/provgovpart/Pages/SMAAManual.aspx***

TELEHEALTH FOR SPEECH-LANGUAGE PATHOLOGY

TELEHEALTH DEFINED

- **Telehealth Advancement Act of 2011**
- **Telehealth**: Mode of delivering health care services utilizing information and communication technologies to facilitate a patient's health care while the patient is at the originating site and the health care provider is at the distant site
- **Telemedicine:** The use of medical information exchanged from one site to another using interactive communications equipment
- **Originating Site:** Where the student is located at the time health care services are provided via telehealth
- **Distant Site:** Where the health care provider is located while providing services via telehealth

PPL 15-024R

- DHCS published PPL 15-024R (6/28/16) which superseded PPL 15-024 (12/1/15), and announced the implementation of Telehealth for Speech Therapy Services in the LEA BOP, effective 7/1/16
  - Speech-language assessment and treatment services
- On 6/28/16 LEAs were instructed to bill Speech-Language Assessment and Treatment Services delivered via Telehealth with dates of service from 7/1/16 through 10/1/16* in one of two ways:
  - Submit claims using the Telehealth GT modifier, the claims will be denied, and once the new codes are implemented an EPC will be run to reprocess those claims for payment; **or**
  - Bill claims retroactively once the new codes are implemented

* Extended to approximately10/24/16

PROVIDER MANUAL UPDATES

- On 8/29/16 a Medi-Cal News Flash was published including links to upcoming September 2016 Provider Manual updates regarding Telehealth
- On 9/16/16 the Provider Manual updates were published:
  - *LEA: Telehealth* is a new section detailing Telehealth requirements
  - *LEA Service: Speech Therapy* includes updates to the Speech Therapy section to include Telehealth and the Telehealth GT modifier for billing
  - *LEA Billing Codes and Reimbursement Rates* includes the Telehealth GT modifier for billing

TELEHEALTH REQUIREMENTS

- Must be a telehealth reimbursable service
  (see 'Speech Therapy' section of the LEA BOP Provider Manual)
- Must be Medi-Cal eligible student with service listed in IEP/IFSP
- Health care provider at originating site must obtain oral consent from student's parent or legal guardian, per requirements listed in the LEA Provider Manual (loc ed tele 2) and document in student's medical record, by including:
  - Student's name and ID
  - Who gave consent
  - Date of consent
  - Provider for whom consent was given
  - Purpose of the telehealth visit

TELEHEALTH REQUIREMENTS (CONTINUED)

- Must use interactive audio, video or data communication of a quality to adequately complete all necessary components to document the level of service for the CPT-4 code billed
- All medical information transmitted during delivery of health care via telemedicine must become part of student's medical record maintained by the licensed health care provider
- Qualified services provided at originating and distant sites must be documented to the same standard as an in-person visit

TELEHEALTH REQUIREMENTS (CONTINUED)

- Qualified services provided by Telehealth and ***rendered from the distant site*** are ***billed with modifier GT*** (services rendered via interactive audio and video telecommunications systems)
- Health care provider at originating site may be reimbursed for services, according to standard Medi-Cal practices (using the appropriate CPT code without modifier GT), if it is medically necessary for them to be with the student and they perform a billable service
- Health care provider at originating site may not bill for time spent simply supervising the student, if it is not medically necessary for them to be with the student and they are not performing a billable service
- Facility fee and transmission costs incurred while providing Telehealth services via audio/video communication are not reimbursable

TELEHEALTH REQUIREMENTS (CONTINUED)

- Provider performing services via telemedicine, whether from California or out of state, must be licensed in California, and if contracted by the LEA to provide the direct medical service, must be enrolled as a Medi-Cal provider
- Health care provider with ultimate responsibility for the care of the student must be licensed in California and enrolled as Medi-Cal provider

TELEHEALTH BY MODEL OF SERVICE

LEAs Using Physician/Dentist Referral to Authorize Speech Therapy Treatments:

Model of Service Delivery	Ultimate Responsibility	Speech-Lang. Pathologist Performing Services
Model 1: Direct Employment of Health Care Practitioners	**Physician or Dentist providing referral must be licensed in the State of California and enrolled as a Medi-Cal Provider (with a NPI).**	SLP must be licensed in California
Model 2: Contracting of Health Care Practitioners or Clinics		SLP must be licensed in California **and** enrolled as a Medi-Cal Provider
Model 3: Direct Employment and Contracting with Health Care Practitioners to Supplement Services		SLP must be licensed in California. If SLP is a contractor, they must also be enrolled as a Medi-Cal Provider.
Model 4: Mix of Employed and Contracted Providers		SLP must be licensed in California. If SLP is a contractor, they must also be enrolled as a Medi-Cal Provider.

TELEHEALTH BY MODEL OF SERVICE

LEAs Using Physician-Based Standards Protocol to Authorize Speech Services:

Model of Service Delivery	Ultimate Responsibility	Speech-Lang. Pathologist Performing Services
Model 1: Direct Employment of Health Care Practitioners	**Physician providing referral does not have "ultimate responsibility" for the care of the student. The SLP must be licensed in the State of California AND if not employed by the LEA must be enrolled as a Medi-Cal Provider (with a NPI).**	SLP must be licensed in California
Model 2: Contracting of Health Care Practitioners or Clinics		SLP must be licensed in California **and** enrolled as a Medi-Cal Provider
Model 3: Direct Employment and Contracting with Health Care Practitioners to Supplement Services		SLP must be licensed in California. If SLP is a contractor, they must also be enrolled as a Medi-Cal Provider.
Model 4: Mix of Employed and Contracted Providers		SLP must be licensed in California. If SLP is a contractor, they must also be enrolled as a Medi-Cal Provider.

FAQS – TELEHEALTH

- **Question #1:** Can a LEA bill speech language services delivered via telehealth for services provided by a Speech Language Pathology Assistant or by a Speech Language Pathology credentialed-only provider (non-licensed)?

  Answer: No, since Speech Language Pathology Assistants and Speech Language Pathology credentialed-only providers are ***not licensed***, their services cannot be billed if delivered via telehealth. The provider performing services via telemedicine, whether from California or out of state, ***must be licensed in California,*** and if contracted by the LEA to provide the direct medical service, must be enrolled as a Medi-Cal provider.

FAQS – TELEHEALTH (CONTINUED)

- **Question #2:** Non-Public Agencies (NPA) and Non-Public Schools (NPS) often contract with SLPs to provide services. In this situation:
  - must the NPA/NPS (the contracting agency) be enrolled in Medi-Cal? (no)
  - must the SLP that the NPA/NPS contracts with to provide services to the LEA be enrolled in Medi-Cal? (yes)
  - may the NPA/NPS enroll as a Medi-Cal provider on behalf of the SLP that contracts with them? (no)

  Answer: This correlates best to service delivery Model 2 in the LEA Provider Manual, requiring that the contracted practitioner providing the services be enrolled as a Medi-Cal provider (and not the NPA/NPS). The SLP actually rendering the service would need to be licensed to provide telehealth services.

FAQS – TELEHEALTH (CONTINUED)

- **Question #3:** Regarding the Telehealth model for speech therapy services, does the contracted SLP have to be a Medi-Cal provider, even if the services are being billed under the LEA's NPI number?

  Answer: Yes. If the SLP performing services via telemedicine is contracted by the LEA, and not an employee of the LEA, that SLP will need to be both licensed in California and enrolled as a Medi-Cal provider.

FAQS – TELEHEALTH (CONTINUED)

- **Question #4:** Does the referring physician who recommends the student for speech treatment need to be enrolled in Medi-Cal?

  Answer: The physician that provides the referral for speech therapy treatment must be licensed in California and enrolled as a Medi-Cal Provider.

  If the LEA uses physician-based standards to refer students for speech therapy services, the SLP must be licensed in California. If the SLP is contracted by the LEA, the SLP must also be enrolled as a Medi-Cal Provider. If the SLP is employed by the LEA, it is the LEA that must be enrolled as a Medi-Cal Provider, and not the SLP.

ELIMINATION OF CPT CODE 92506

INTRODUCTION

- Today's Guest Presenter: Shellie Bader, MA, CCC
  - Represents California Speech-Language-Hearing Association (CSHA) on the District 6 Advisory Committee
  - CSHA STAR (State Advocate for Reimbursement) – Liaison with American Speech-Language and Hearing Association (ASHA) on Medi-Cal and Insurance Issues
  - SLP with over 30 years of experience in practice and clinical leadership
- Working in conjunction with DHCS to assist in answering provider questions during the LEA Program's transition to the new CPT codes

HISTORY

- On a national level, the American Medical Association deleted CPT Code 92506 in 2014
  - 92506 was replaced with four new, more specific CPT Codes
  - The LEA BOP continued to use 92506 for billing purposes through June 30, 2016
- CPT Code 92506 was used by LEAs to bill initial/triennial, annual, and amended speech-language and audiological assessments
- DHCS published PPL 15-023 on December 1, 2015, providing information to LEAs on the upcoming CPT code changes

FOUR NEW SPEECH-LANGUAGE CPT CODES

- The four new replacement CPT codes reflect explicit components of the original CPT code 92506

CPT Code	Description	Examples
92521	Evaluation of speech fluency	Stuttering, Cluttering
92522*	Evaluation of speech sound production	Articulation, Phonological Process, Apraxia, Dysarthria
92523*	Evaluation of speech sound production **with** evaluation of language comprehension and expression	Examples noted above, plus receptive, expressive and pragmatic language concerns
92524	Behavioral and qualitative analysis of voice and resonance	Assessment of voice (cleft palate complications or chronic vocal nodules)

* Note that CPT code 92522 is a sub-component of CPT code 92523, thus prohibiting LEAs from billing these two codes together for the same student.

BILLING UNDER THE FOUR NEW CPT CODES

- The four new codes only address speech-language assessments (audiological assessments will have a new, separate CPT code)
- The four new codes are intuitive to Speech-Language Pathologists (SLPs); the codes align precisely with the components of a comprehensive speech-language evaluation:

Evaluation Area	Alignment to New Code
Fluency	92521
Speech	92522
Language **with** Speech	92523
Voice	92524

RATES FOR THE FOUR NEW CPT CODES

- The existing reimbursement rate for speech-language assessments was pro-rated into the four components as follows *(source: loc ed bil cd)*:

	SFY 2016/17 Maximum Allowable Rate			
CPT Code	**IEP Initial/Triennial**	**IEP Annual**	**IEP Amended**	**% of Total Rate**
92521	$ 62.81	$ 34.26	$ 34.26	28%
92522	53.84	29.37	29.37	24%
92523	107.68	58.73	58.73	48%
92524	53.84	29.37	29.37	24%

- A maximum of three separate CPT codes may be billed for one comprehensive student assessment (92521, 92523 and 92524)

DOCUMENTATION UNDER THE FOUR NEW CPT CODES

- In cases where multiple components may be appropriate, documentation should clearly reflect a complete and distinct evaluation for each disorder
  - One sentence does not reflect a complete and distinct evaluation
- Billing for language-only evaluations?
  - There is no code specific ***only*** to evaluation of language
  - 92523 includes evaluation of speech sound production ***with*** evaluation of language
  - SLPs usually do not conduct a language-only evaluation, with no mention of a child's speech sound production. Even if the student has normal sound production, it should be noted in the report.
  - Under ASHA's guidance, 92523 may include an informal evaluation of speech sound production. The SLP's clinical judgment to determine speech capabilities is allowable, although it must be documented.

EXAMPLES OF DOCUMENTATION THAT MAY BE ACCEPTABLE FOR BILLING*

- Speech Fluency
  - *Based on observation in multiple communication environments, there are no atypical dysfluent speech patterns in conversation. Fluency is not an area of concern at this time.*
  - *Based on observation and informal measures, fluency is an area of concern. See below for further assessment results.*
- Voice and Resonance
  - *Based on observation in multiple communication environments, there are no atypical voice/resonance (quality, pitch, intensity) characteristics noted in the student's speech. Voice and resonance are not areas of concern at this time.*
  - *Based on observation and informal measures, voice and resonance is an area of concern. See below for further assessment results.*

***NOTE:**

1. These statements are meant to assist with billing documentation only when these areas may have been a suspected area of disability at the time of assessment.

2. These are examples and not meant to be copied. Each report must contain documentation that accurately describes the student's unique communication abilities.

EXAMPLES OF DOCUMENTATION THAT MAY BE ACCEPTABLE FOR BILLING* (CONTINUED)

- Language Comprehension and Expression
  - *Based on informal language sampling, observation with peers and adults, and teacher/parent input, the student exhibits receptive and expressive language skills which are consistent with peers and which enable him/her to understand and use language adequately in the classroom. Language comprehension and expression are not areas of concern at this time.*
  - *Based on observation and informal measures, language comprehension and expression is an area of concern. See below for further assessment results.*

***NOTE:**

1. These statements are meant to assist with billing documentation only when these areas may have been a suspected area of disability at the time of assessment.

2. These are examples and not meant to be copied. Each report must contain documentation that accurately describes the student's unique communication abilities.

EXAMPLES OF DOCUMENTATION THAT MAY BE ACCEPTABLE FOR BILLING* (CONTINUED)

- Speech Sound Production
  - *The structure and function of the speech mechanism appears adequate for speech production purposes. Based on observation in multiple communication environments, speech sound production is age-appropriate when talking to peers and adults. The student's intelligibility is judged to be at 95% in both known and unknown contexts.*
  - *Based on observation and informal measures, speech sound production is an area of concern. See below for further assessment results.*

***NOTE:**

1. These statements are meant to assist with billing documentation only when these areas may have been a suspected area of disability at the time of assessment.

2. These are examples and not meant to be copied. Each report must contain documentation that accurately describes the student's unique communication abilities.

CPT CODE – AUDIOLOGICAL ASSESSMENTS

- The LEA BOP has identified a new replacement code to bill Audiological Assessments

CPT Code	LEA Description
92557	Audiology Assessment

- 92557 replaces 92506 for billing Medi-Cal
  - Modifiers to distinguish the type of IEP/IFSP Audiological Assessment remain the same: Initial/Triennial (no type of service modifier), Annual (52 modifier), Amended (TS modifier)
- No other areas are impacted (e.g. rates or utilization)

BILLING INSTRUCTIONS

- On 6/28/16, DHCS published an e-blast with guidance on billing under the new CPT Codes:
  - Effective 10/1/16* the new procedure codes will be implemented by the State's fiscal intermediary (Xerox)
  - LEAs are instructed to bill Speech-Language and Audiological Assessments with dates of service from 7/1/16 through 10/1/16* in one of two ways:
    1. Submit claims using CPT codes 92521 – 92524 and 92557, as appropriate. Claims will initially be denied; once the new codes are implemented in the payment system, an EPC will be run to reprocess those denied claims for payment; **or**
    2. Submit claims after notification that the implementation of the new CPT codes has occurred in the claims processing system (no EPC required).

* Extended to approximately 10/24/16

PROVIDER MANUAL UPDATES

- On 8/30/16 a Medi-Cal News Flash was published including links to upcoming September 2016 Provider Manual updates regarding the CPT code changes.
- On 9/16/16 the LEA Provider Manual updates were published:
  - *LEA Service: Speech Therapy* includes updates to the Speech Therapy section to include the new procedure codes for speech assessments
  - *LEA Service: Hearing* includes updates to the Hearing section to include the new procedure code for audiological assessments
  - *LEA Billing Codes and Reimbursement Rates* includes the new CPT codes and rates for billing

FAQS – 92506 ELIMINATION

- **Question #1:** The SLPs in my district are providing the necessary components of a speech assessment, but they are not concerned with documenting each area of the evaluation for Medi-Cal billing purposes. Can you recommend a way that our SLPs can document the portions of the assessment so that billers know what code(s) to submit?

  Answer: Many districts provide a template for the assessment report that would include a check-box indicating which areas were assessed. If the district prefers to not include the codes on the report, they could simply have a check-box for each area: Fluency, Speech Production, Language and Voice.

FAQS – 92506 ELIMINATION (CONTINUED)

- **Question #2:** If we can't "crosswalk" the assessments provided after July 1, 2016 into the four new codes, can we just bill 92506?

  Answer: No, 92506 is no longer an active code for the LEA Program. All speech and audiology assessments with dates of service on or after 7/1/16 must be billed using the new CPT codes.

- **Question #3:** Are the new CPT codes applicable only to IEP/IFSP assessments?

  Answer: Yes, for the LEA Program, CPT Codes 92521 – 92524 and 92557 are only billed for initial/triennial, annual or amended IEP/IFSP assessments.

FAQS – 92506 ELIMINATION (CONTINUED)

- **Question #4:** According to ASHA guidelines, language only evaluations are billed separately with a modifier 52 attached to the 92523 CPT code. Will this be the case in California?

  Answer: No. Modifier 52 will not be used to identify "reduced" services when billing for 92523 in the LEA Program. Modifier 52 for the LEA Program is used to distinguish an annual evaluation of speech sound production from an initial or amended assessment. The use of modifier 52 should only be used to identify if the procedure is an annual evaluation.

FAQS – 92506 ELIMINATION (CONTINUED)

- **Question #5:** For Procedure Code 92523, *Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression*, will the provider have a way (using clinical judgement to determine speech capabilities) to claim if they only perform the *Evaluation of Language Comprehension and Expression* portion of this procedure code?

  Answer: No. It would be extremely rare for a SLP to completely ignore speech sound production when evaluating language. Even in cases where speech sound production is considered normal, this should be documented in the report.

AUDITS AND DOCUMENTATION

FINANCIAL AUDITS BRANCH (FAB)

- FAB's Role
  - Conduct financial audits/reviews of LEA BOP providers
  - Audit each filed CRCS to determine the propriety of the reported data and to calculate final settlement amounts

CRCS AUDIT SCOPE

- A&I Special Programs Section (SPS) determines level of audit:
  - Minimal Audit - Performed from the Auditor's desk. Primarily reconciliation of CRCS to third party records, i.e. Xerox and CDE
  - Limited Audit - Audit of CRCS performed from the Auditor's desk
  - Field Audit - Field audit of the CRCS performed on site and may include a tour of the schools in the LEA
- CRCS Documentation Training is available at:
  - http://www.dhcs.ca.gov/individuals/Documents/ANI/ANI_LEA_CRCS_Documentation_PPT_Training_05.2011.pdf (beginning at page 20 of 111)

MINIMAL AND LIMITED AUDITS

Minimal Audit	Limited Audit
• Is initiated without contacting the LEA	• Auditor initiates contact via telephone then emails Notice of Limited Audit to the LEA
• Primarily reconciliation of CRCS to Fiscal Intermediary (Xerox) paid claims data & CDE indirect cost rate • If there are no material variances and no adjustments, CRCS is accepted as filed	• More detailed audit of items reported on CRCS • LEAs provide A&I with support for the CRCS
• If adjustments are made, 15 Day Exit Letter is sent with proposed adjustments and supporting audit work papers	• 15 Day Exit Letter is sent with proposed adjustments and supporting audit work papers
• LEAs have 15 calendar days to submit additional documentation.	• LEAs have 15 calendar days to submit additional documentation.

FIELD AUDIT – PRIOR

Field Audit – Prior to the Audit
• LEAs will receive a telephone call from A&I to schedule an entrance conference regarding the field examination of the CRCS.
• A&I will send out the entrance letter and Document Request which includes a list of records A&I typically needs during the audit. Please have these records available by the time specified on the Document Request.

FIELD AUDIT – DURING

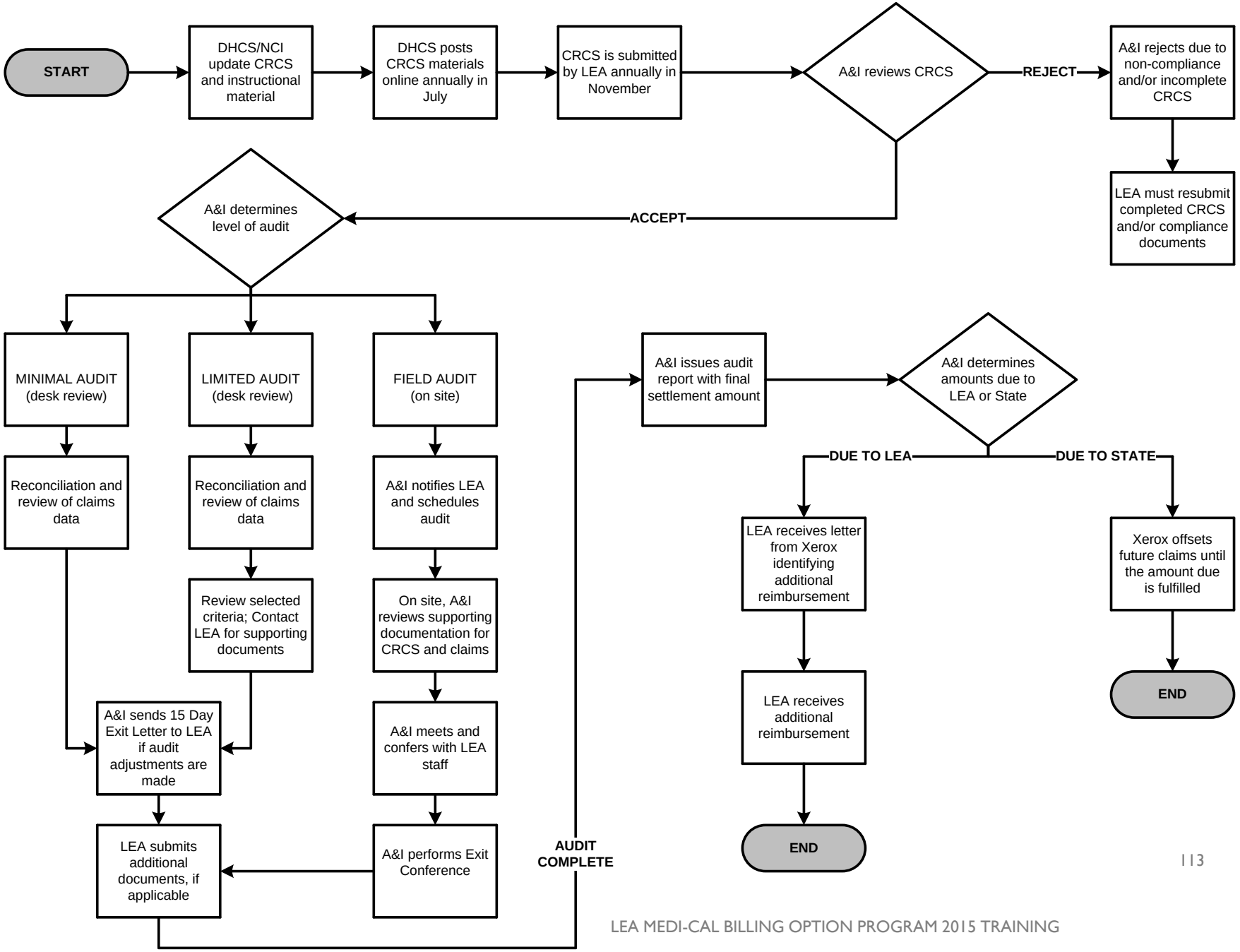
Field Audit – During the Audit
• A&I will keep LEAs informed of the progress of the audit. Although the time needed for an audit varies, A&I will give LEAs an estimate of how long the audit engagement will last.
• A&I will be meeting with LEA staff during the audit to make requests for documentation and ask questions.
• A&I will discuss the audit issues and potential audit adjustments with LEAs during the audit.
• To reduce disruptions of business activities, let the auditor know the best time of day to meet with LEA representatives.

FIELD AUDIT – AFTER

Field Audit – After the Audit
• After the audit is complete, the Auditor will provide LEAs with a copy of proposed audit adjustments and supporting work papers.
• A&I will call to schedule an exit conference to discuss the audit findings.
• After the exit conference LEAs have 15 calendar days to submit any additional documentation.

CRCS FINAL SETTLEMENT

- An audit report with the final settlement amount is issued
- Post Audit Payment and Reimbursement Process:
  - Due to LEA
    - LEA will receive "Statement of Account Status" letter from Xerox identifying anticipated reimbursement amount and check date
    - Payment will be included in the check attached to the Medi-Cal Financial Summary and identified on line 8 (A/R Payments) with RAD code 710 "payment to provider of final cost settlement"
  - Due to State
    - Xerox will offset future claims until the amount due is fulfilled
    - On Provider's Remittance Advice Report(s) as RAD Code 710


START
DHCS/NCI update CRCS and instructional material
DHCS posts CRCS materials online annually in July
CRCS is submitted by LEA annually in November
A&I reviews CRCS
REJECT
A&I rejects due to non-compliance and/or incomplete CRCS
LEA must resubmit completed CRCS and/or compliance documents
ACCEPT
A&I determines level of audit
MINIMAL AUDIT (desk review)
LIMITED AUDIT (desk review)
FIELD AUDIT (on site)
Reconciliation and review of claims data
Reconciliation and review of claims data
A&I notifies LEA and schedules audit
Review selected criteria; Contact LEA for supporting documents
On site, A&I reviews supporting documentation for CRCS and claims
A&I sends 15 Day Exit Letter to LEA if audit adjustments are made
A&I meets and confers with LEA staff
LEA submits additional documents, if applicable
A&I performs Exit Conference
AUDIT COMPLETE
A&I issues audit report with final settlement amount
A&I determines amounts due to LEA or State
DUE TO LEA
DUE TO STATE
LEA receives letter from Xerox identifying additional reimbursement
Xerox offsets future claims until the amount due is fulfilled
LEA receives additional reimbursement
END
END

LEA DOCUMENTATION RESPONSIBILITIES

- LEAs are responsible for ensuring proper billing and maintaining adequate documentation
- A&I conducts audits of providers, not billing agents/vendors
- LEAs need to keep records of instructions to billing agents/vendors
- It is against regulations for billing agents/vendors to bill on a percentage basis for the processing of Medi-Cal claims
  - Code of Federal Regulations § 447.10
  - California Code of Regulations § 51502.1

LEA DOCUMENTATION RESPONSIBILITIES (CONTINUED)

- LEA providers shall maintain records showing that all LEA practitioners, which it employs or with which it contracts, meet and shall continue to meet all appropriate licensing and certification requirements
  - 22 CCR § 51270
- LEA providers shall maintain records as necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary
- Required records must be made at or near the time the service was rendered
  - 22 CCR § 51476
- LEA providers must keep records for a ***minimum*** of three years from CRCS submission date
- If an audit and/or review is in process, LEA providers shall maintain documentation until the audit/review is completed, regardless of the three-year record retention time frame

CRCS COMMON AUDIT FINDINGS

Summary of items to review before CRCS submission based on recent audit findings. Refer to CRCS Packet for specific directions on how to report items on the CRCS.

CRCS Reference	Topic	Findings
W/S A	Indirect Cost Rate	• Not reporting the Indirect Cost Rate • Reporting an incorrect Indirect Cost Rate • Rates are published by California Department of Education (CDE) - refer to http://www.cde.ca.gov/fg/ac/ic/index.asp
W/S A.1/B.1	Federally Funded Salaries & Benefits	• Not reporting Federal Revenues spent providing LEA services on column D
W/S A.1/B.1	Contractor Costs	• Not reporting contractor costs over $25,000 on each sub agreement in the appropriate object code (i.e., code 5100)

CRCS COMMON AUDIT FINDINGS (CONTINUED)

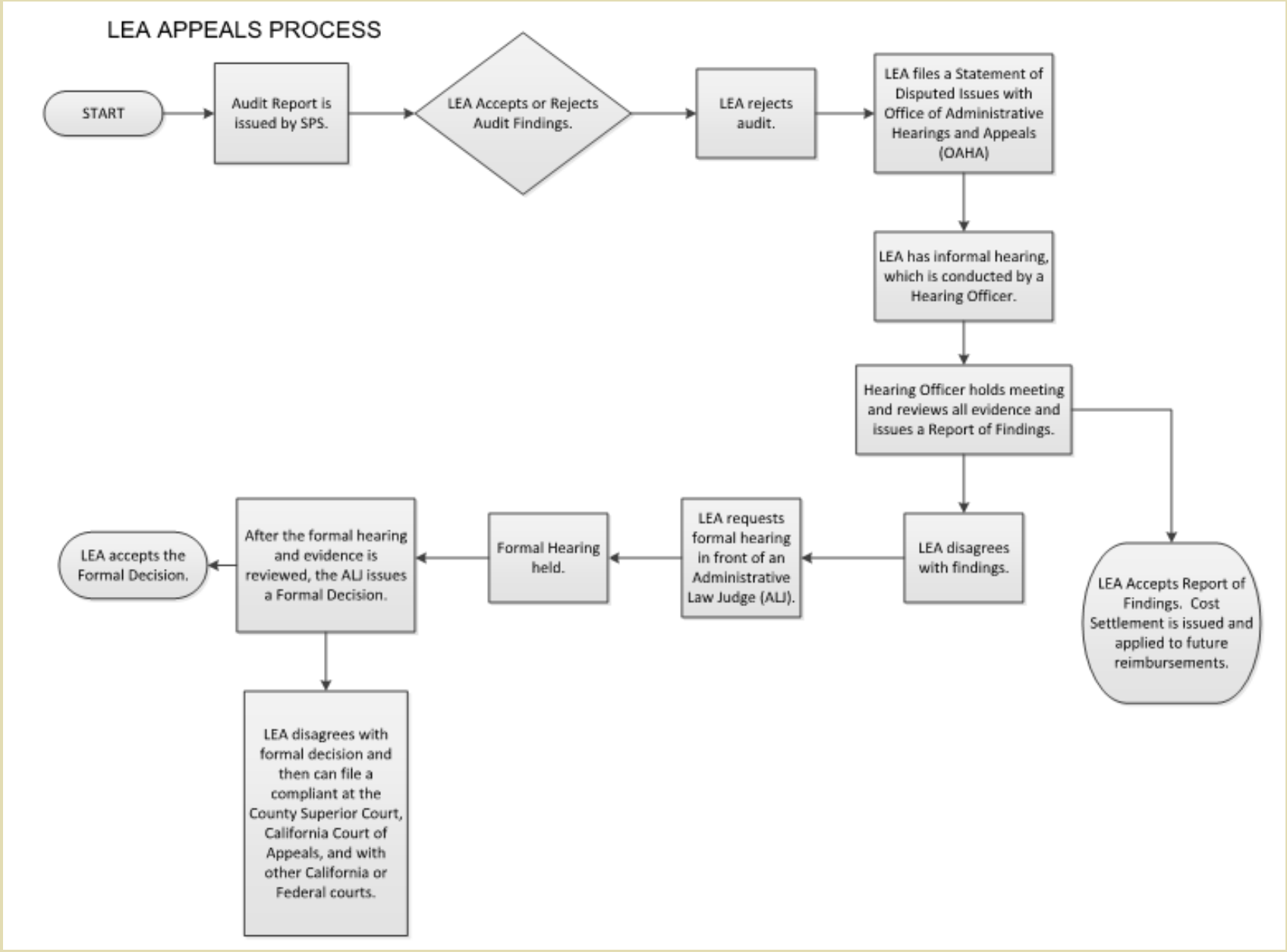
CRCS Reference	Topic	Findings
W/S A-3/B-3	FTEs and Hours Required to work	• Not reporting federally funded FTEs for practitioners whose time was spent providing LEA services • Results in under-reporting total hours required to work
		• Time providing LEA services exceeds 100 percent. • May be an indication that the hours required to work were reported incorrectly
		• Not reporting hours worked during summer months • If summer salaries and benefits are reported, the corresponding hours required to work during summer should be included

CRCS COMMON AUDIT FINDINGS (CONTINUED)

CRCS Reference	Topic	Findings
W/S A-4/ B-4	Units, Encounters & Reimbursement	• Reporting incorrect interim payment or not reporting it at all
		• Under-reporting units from what was billed, even though the information is provided to the LEAs prior to filing CRCS
		• Treatment logs/billing records maintained by LEAs, especially for THCA services, are not documenting the nature and extent of services provided.
		• Treatment logs/billing records sometimes do not have signatures of the rendering practitioner and the supervisor in the case of THCA and LVNs.

APPEALS

- 27 CRCS ***Informal Appeals*** since November 2012
  - Of the 27 Informal Appeals, 18 were denied via the Report of Findings
  - Of the 18 denials, 5 were ***Formally Appealed***
  - Of the 5 Formal Appeals:
    - 1 was withdrawn by the provider
    - 1 has taken place and the decision is still pending
    - 3 have been scheduled
- No audit reports have been formally appealed prior to the informal appeal


LEA APPEALS PROCESS
START
Audit Report is issued by SPS.
LEA Accepts or Rejects Audit Findings.
LEA rejects audit.
LEA files a Statement of Disputed Issues with Office of Administrative Hearings and Appeals (OAHA)
LEA has informal hearing, which is conducted by a Hearing Officer.
Hearing Officer holds meeting and reviews all evidence and issues a Report of Findings.
LEA Accepts Report of Findings. Cost Settlement is issued and applied to future reimbursements.
LEA disagrees with findings.
LEA requests formal hearing in front of an Administrative Law Judge (ALJ).
Formal Hearing held.
After the formal hearing and evidence is reviewed, the ALJ issues a Formal Decision.
LEA accepts the Formal Decision.
LEA disagrees with formal decision and then can file a compliant at the County Superior Court, California Court of Appeals, and with other California or Federal courts.

MEDICAL REVIEW BRANCH (MRB)

- MRB's Role
  - Performs targeted reviews of providers based on provider type, complaints, or aberrant billing patterns
  - Reviews are performed by doctors and nurses who determine whether:
    - Services are reasonable and necessary
    - Documentation supports claims
    - Quality of services/facility meets minimum standards
    - Rendering and Referring providers are qualified
    - Regulations are followed

DOCUMENTS REQUIRED TO BILL

- Requirements to bill for services outlined in the LEA Medi-Cal Billing Option Program:
  - Student is eligible for Medi-Cal - 22 CCR § 51535.5
  - For some services, an IEP/IFSP identifying medically necessary treatment - 22 CCR § 51535.5
  - A referral/prescription authorizing treatment
    - 5 CCR § 3051.12 *Health and Nursing Services* (definition of Specialized Health Care Services, including prescription requirement)
    - 22 CCR § 51309 *Psychology, PT, OT, SLP, Audiology Services* (prescription/referral requirements by service type)
  - Assessments/Progress/Case notes that support the service billed - 22 CCR § 51476
  - LEA Medi-Cal Billing Option Program service performed by a qualified practitioner - 22 CCR § 51491

AUTHORIZATION FOR ASSESSMENT SERVICES

- LEAs must document all assessments with either:
  - A written prescription
  - A written referral
  - A written recommendation
  - In substitution, a parent, teacher or registered credentialed school nurse can refer the student for an assessment
- The prescription, referral or recommendation must be documented in the student's file

TREATMENT SERVICES

- The necessity of treatment services are usually identified in the IEP/IFSP and include:
  - Service type(s)
  - Number or frequency of LEA treatment services
  - Length of treatment, as appropriate
- The prescription, referral or recommendation must be documented in the student's file
- Prescriptions/referrals can be documented by the IEP/IFSP, if signed by the appropriate referring provider

RECOMMENDATION, REFERRAL AND PRESCRIPTION

- Recommendation: May consist of a note in the student's file that indicates the observation/reason for assessment, practitioner type, name and signature
- Referral: Less formal than a prescription, but meets certain documentation standards (i.e., student name, date, reason for referral, name and signature of practitioner)
- Prescription: A written order from a licensed physician, podiatrist or dentist for specialized treatment services - 22 CCR § 51476(d)
- REMEMBER…
  - A parent, teacher or registered credentialed school nurse can request an evaluation, as well. If the parent is making the referral for assessment, the written request should be included in the student's file, and should include the parent's signature and date.
  - Recommendations, referrals and prescriptions must be documented in the student's file

WRITTEN AUTHORIZATION FOR ASSESSMENTS

Assessment Type	Recommendation	Referral	Prescription
Speech-Language & Hearing CCR, Title 22, Section 51309(a) (Includes Developmental Assessment)		Physician Dentist *	
Health, Health/Nutrition & Health Education/Anticipatory Guidance	Physician Registered Credentialed School Nurse	*	
Occupational Therapy & Physical Therapy CCR, Title 22, Section 51309(a) (Includes Developmental Assessment)		*	Physician Podiatrist
Psychological & Psychosocial Status		Physician Registered Credentialed School Nurse Licensed Clinical Social Worker Licensed Psychologist Licensed Educational Psychologist Licensed Marriage & Family Therapist *	
Vision	Physician Registered Credentialed School Nurse	*	

* In substitution of the written authorization requirements noted above, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. This written referral must be documented in the student's file.

Provider Manual Reference: loc ed bil 6

WRITTEN AUTHORIZATION FOR TREATMENTS

Treatment Type	Recommendation	Referral	Prescription
Speech-Language CCR, Title 22, Section 51309(a)		Physician Dentist Licensed Speech-Language Pathologist *	
Occupational Therapy & Physical Therapy CCR, Title 22, Section 51309(a)			Physician Podiatrist
Psychology & Counseling	Physician Registered Credentialed School Nurse Licensed Clinical Social Worker Licensed Psychologist Licensed Educational Psychologist Licensed Marriage and Family Therapist		
School Health Aide Services			Physician

* If a written referral is provided by a speech-language psychologist, a physician-based standards protocol must be developed and used to document medical necessity of speech and audiology treatment services to meet California State requirements that a written referral be provided by a physician or dentist.

Provider Manual Reference: loc ed bil 6

PHYSICIAN BASED STANDARDS PROTOCOL

- LEAs may use an overall Physician Based Standards Protocol for Speech Pathology and Audiology treatment services.
  - Protocol **must be reviewed and approved** by a Physician **no less than once every two years**
  - Specific contents of a protocol may vary with each LEA
  - If a physician protocol is used in lieu of a physician's prescription, there still must be a written referral from a Speech Language Pathologist

DOCUMENTATION REQUIREMENTS OF PHYSICIAN BASED STANDARDS

- In each student's file:
  - A copy of the cover letter with the physician's contact information and signature that states the physician reviewed and approved the protocol standards
  - Proof that the services rendered are consistent with the protocol standards
- In the LEAs file:
  - A printed copy of the protocol standards
  - Contact information for individuals responsible for developing the protocol standards
  - Contact information for the practitioners who have reviewed and rely upon the protocol standards to document medical necessity

FAQ – RX REQUIREMENTS

- **Question: What are the requirements for OT and PT prescriptions?**

  Answer: OT and PT treatment services require a written prescription by a physician or podiatrist, within the practitioner's scope of practice - 22 CCR § 51309(a). The written prescription must be maintained in the student's files.

GENERAL DOCUMENTATION REQUIREMENTS

- Medi-Cal review of documentation for claims billed under the LEA Medi-Cal Billing Option Program may seek to verify:
  - The student received the billed service
  - The service was a Medi-Cal benefit
  - The service was performed by qualified personnel
  - Medical necessity and appropriate authorization for the service is documented in the student's IEP/IFSP

AUDITORS LOOK FOR …

- Documents that could stand alone (i.e., contain all of the elements listed below)
  - Date of service
  - Full name of student, birth date, and Medi-Cal ID number
  - Name of LEA billing the service, and place of service
  - Nature and extent of services clearly documented, i.e. assessment reports and treatment notes meet at least minimum professional standards for the specific practitioner type, and verify the medical necessity and quality of the service
  - For services paid based on time: document start time, stop time, and total time spent with student
  - Name, title, and signature(s) of practitioner(s) rendering the service
  - Signature of supervisor whenever supervision is required (such as credentialed school nurse.)

REQUIRED DOCUMENTATION

- Supporting documentation describes the nature and extent of services and includes, but is not limited to the following:
  - Prescriptions and Referrals
  - Progress notes, therapy notes, incident reports
  - Nursing and health aide treatment logs
  - Contact logs
  - Transportation trip logs
  - Assessment Reports, IEP's, and IEP addendums
  - Targeted Case Management notes
  - Correspondence/phone logs with parents or treating physicians
- Note that a billing log does not substitute for a practitioner's progress notes (although in some cases they can be combined)

DESCRIPTION OF SERVICES

- Documentation must fully disclose the type and extent of services and answer questions such as:
  - **What was done and why?**
    - may reference IEP/IFSP goals or protocols
  - **How much?**
    - time, miles, feeding, medication
  - **How is the student progressing or DID THEY RESPOND to intervention?**
    - context important
  - **Was any intervention or additional action taken or planned?**
    - next steps

COMMON MRB AUDIT FINDINGS

Following are MRB and State Controller's Office (SCO) common findings of LEA BOP audits that result in audits for recovery and other actions.

Reference/Issue	Findings
Billing Issues	• Biller paid as a percentage of paid amounts, which is not legal • Electronic signatures cannot be verified by password or date of entry, do not meet federal requirements for signatures • Services billed with incorrect diagnosis, i.e. "Routine Child Health Exam," or "nonspecific skin eruption" • Service not documented at all
School Health Aide Services	• Lack of Medical Necessity - Nothing in the IEP/IFSP - No nursing plan or school nurse signature - No physician prescription • Documentation appears to be personal services, not medical • Excessive units claimed

COMMON MRB AUDIT FINDINGS (CONTINUED)

Reference/Issue	Findings
Speech Therapy	• Nature and Extent of Service not documented • Service not documented • No Speech Therapist and/or Physician prescription for Speech Therapy
Occupational Therapy / Physical Therapy (Therapeutic Exercises)	• Nature and Extent of Service not documented • Service not documented • No Physician's prescription • Nothing in IEP/IFSP to document the need for Occupational Therapy • Excessive units claimed
Targeted Case Management	• Service not documented / not documented at or near the time of service • Nature and extent of the service not documented • Service was not included in the IEP/IFSP

COMMON MRB AUDIT FINDINGS (CONTINUED)

Reference/Issue	Findings
Physician Prescription was Not Valid because the Prescriber:	• Had not ever personally evaluated the student • Did not make or keep records on the student • Had no consent from parents to evaluate the student

MRB ACTIONS

- Minor Problem Letter
- Civil Money Penalty Warning (CMP)
- Audit for Recovery (AFR)
- Pre-Payment Monitoring (PPM)
- Payment Suspension

SCHOOL HEALTH AIDE SERVICES

- Trained Health Care Aides (THCA) must be trained to provide specialized treatment services for a specific student
- THCAs may only provide services under the supervision of a credentialed school nurse, public health nurse, or licensed physician
- School Health Aide Services are treatment services, and require a physician's prescription - 5 CCR, §3051.12(A)

NOTE: The signature and title of the supervising practitioner, along with the date signed, must be included on LVN or THCA treatment logs.

BILLING FOR NURSING AND SCHOOL HEALTH AIDE SERVICES

- Billed in 15 minute units
  - Must be 7 or more continuous minutes of physical health care services to bill 1 unit
  - Cannot add smaller time increments throughout the day to make a unit
  - Continuous minutes = 1:1 care
    (cannot bill for more than one student for the same time period.)
- Includes trained specialized physical health care
  - Does not include behavioral supervision or personal care services
    (such as diaper changing)
  - Does not include 1:1 tutoring
  - Does not include service of less than 7 minutes

NURSING AND SCHOOL HEALTH AIDE SERVICES SUPPORTING DOCUMENTATION

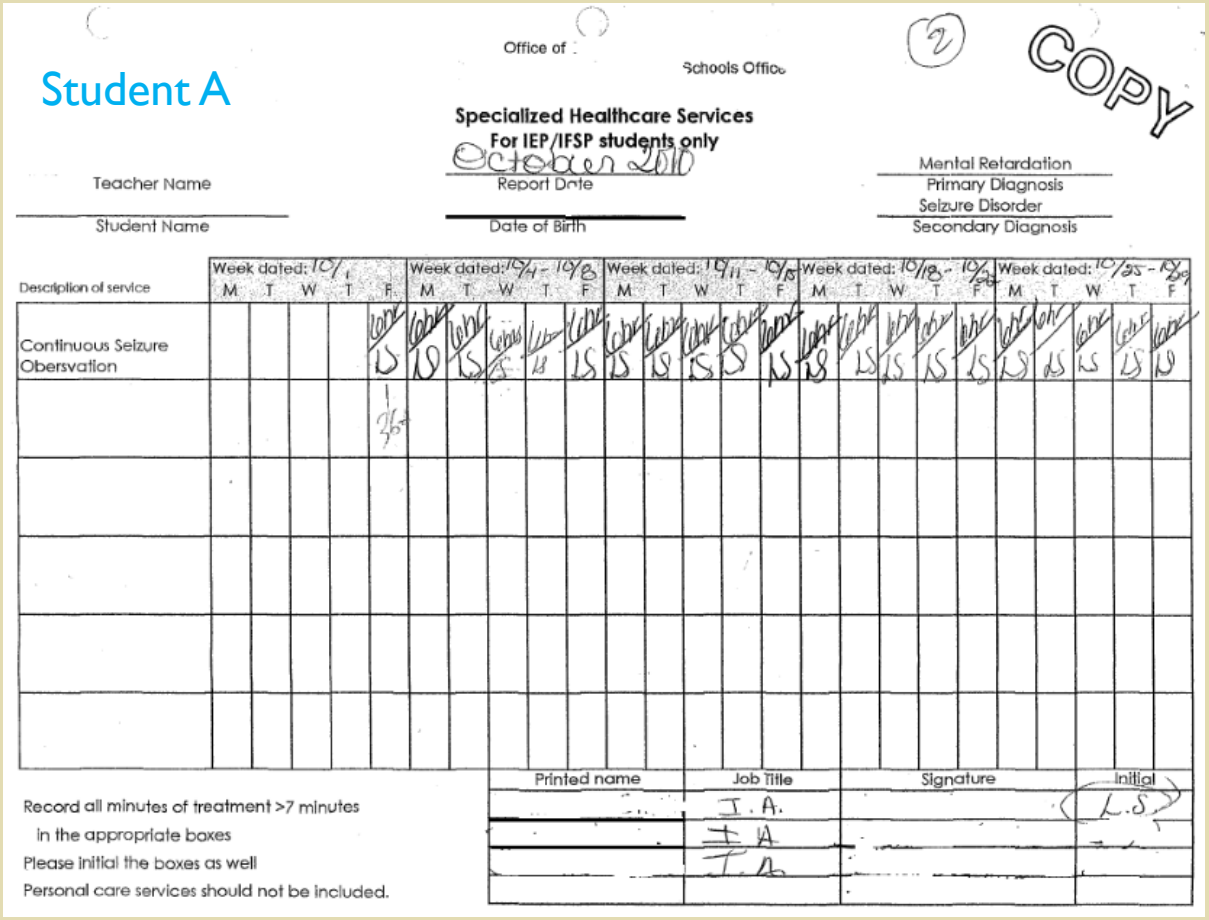
- See samples of Nursing and Trained Health Aide Services Treatment Form and Progress Notes
- Activities guided by a specific nursing treatment plan, and all activities supervised
- THCA log and progress notes may contain:
  - Observations requested in nursing plan
  - Performance of tasks such as suctioning, replacing tubing, gastric tube feeding, etc.
  - Blood sugar results and actions taken based on protocols.
  - Seizure activity and actions taken
  - Notification of supervising professional
  - Summoning emergency services
  - Parent contacted

SAMPLE NURSING AND TRAINED HEALTH AIDE SERVICES TREATMENT FORM

- The following **SAMPLE FORMS** are posted on the LEA BOP website:
  - Nursing and School Health Aide Services Treatment Form
  - Progress Notes
  - Instructions
- Provides guidance to LEAs to collect information which may be required in an audit
- Forms are provided in an unprotected and modifiable format, so LEAs may customize them as needed
- Note that these are **SAMPLE DOCUMENTS** and are not "official" DHCS forms

UNACCEPTABLE DOCUMENTATION

- Start/stop times not documented. Amount of time not credible (no breaks?)
- No RN signature
- No evidence service performed by trained THCA
- Medical Necessity is questionable



Student A

Office of

Schools Office

COPY

Specialized Healthcare Services
For IEP/IFSP students only

October 2010
Report Date

Teacher Name

Student Name

Date of Birth

Mental Retardation
Primary Diagnosis
Seizure Disorder
Secondary Diagnosis

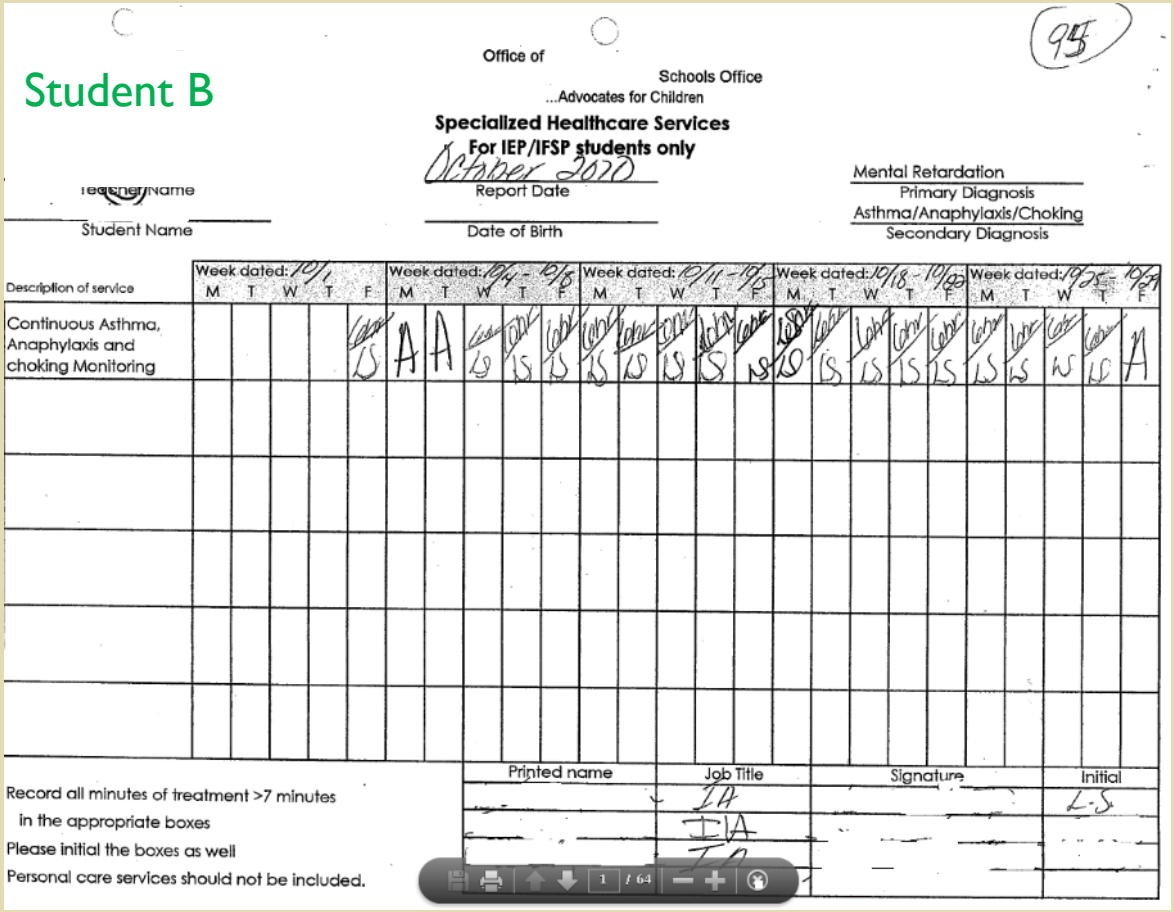
Description of service	Week dated: 10/1 M	T	W	T	F	Week dated: 10/4 - 10/8 M	T	W	T	F	Week dated: 10/11 - 10/15 M	T	W	T	F	Week dated: 10/18 - 10/22 M	T	W	T	F	Week dated: 10/25 - 10/29 M	T	W	T	F
Continuous Seizure Obersvation					LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS
					36																				

Record all minutes of treatment >7 minutes
in the appropriate boxes
Please initial the boxes as well
Personal care services should not be included.

Printed name	Job Title	Signature	Initial
	I.A.		L.S.
	I.A.		
	I.A.		

UNACCEPTABLE DOCUMENTATION

- Start/stop times not documented. Amount of time not credible (no breaks?)
- No RN signature
- No evidence service performed by trained THCA
- Medical Necessity is questionable
- Same provider for same time periods as previous student. Not 1:1 service.



Student B

Office of Schools Office
...Advocates for Children
Specialized Healthcare Services
For IEP/IFSP students only
October 2020
Report Date
Student Name
Date of Birth
Mental Retardation
Primary Diagnosis
Asthma/Anaphylaxis/Choking
Secondary Diagnosis

Description of service	Week dated: 10/1 M T W T F	Week dated: 10/4 - 10/8 M T W T F	Week dated: 10/11 - 10/15 M T W T F	Week dated: 10/18 - 10/22 M T W T F	Week dated: 10/25 - 10/29 M T W T F
Continuous Asthma, Anaphylaxis and choking Monitoring	Labor LS	A A Labor LS Labor LS Labor LS	Labor LS Labor LS Labor LS Labor LS Labor LS	Labor LS Labor LS Labor LS Labor LS Labor LS	Labor LS Labor LS Labor LS Labor LS A

Record all minutes of treatment >7 minutes in the appropriate boxes
Please initial the boxes as well
Personal care services should not be included.

Printed name	Job Title	Signature	Initial
	IA		L-S
	IA		
	IA		

PRESCRIBED PROTOCOL FOR NEXT EXAMPLE . . .

Insulin Orders: ☐ No insulin at school at this time ☒ Insulin at school as indicated below

Brand Name of Insulin: Humalog OR Novolog OR Apidra **(May vary according to Insurance formulary)**

Insulin times and CHO ratios at school: ☐ Breakfast__:__ ☐ AM snack__:__ ☐ Lunch__:__ ☒ Any Times CHOs Eaten 1:15

(i.e., 1:15 means 1 unit of insulin for every 15 grams of CHO)

Insulin administered via: ☒ Syringe OR ☐ Pen

☐ Insulin dose at lunch: _____

Correction dose: ☒ 1 unit(s) of insulin lower(s) the blood sugar 40 mg/dl

☐ Use this scale for blood sugars > 150

☐ On Expert Meter
Dose per recommendation on meter

Blood sugar from	151	to	190	= 1 Unit(s)
Blood sugar from	191	to	230	= 2 Unit(s)
Blood sugar from	231	to	270	= 3 Unit(s)
Blood sugar from	271	to	310	= 4 Unit(s)
Blood sugar from	311	to	350	= 5 Unit(s)

☒ O.K. to add correction to routine insulin dose

☒ Don't give correction dose more frequently than every 3 hours

☒ Glucometer reading of "HI" or "HIGH" is at least 500mg/dl.

Note: Parents are not allowed to verbally change orders with the school nurse, nor can they give orders to their child unless they are independent in all diabetes competencies. If they want to dose other than orders above, they need to go to the school themselves and administer insulin or ask the provider to re fax new orders.

Meal Plan:

☒ Student needs assistance with counting carbohydrates ☐ Expert Meter – put CHO amounts in meter

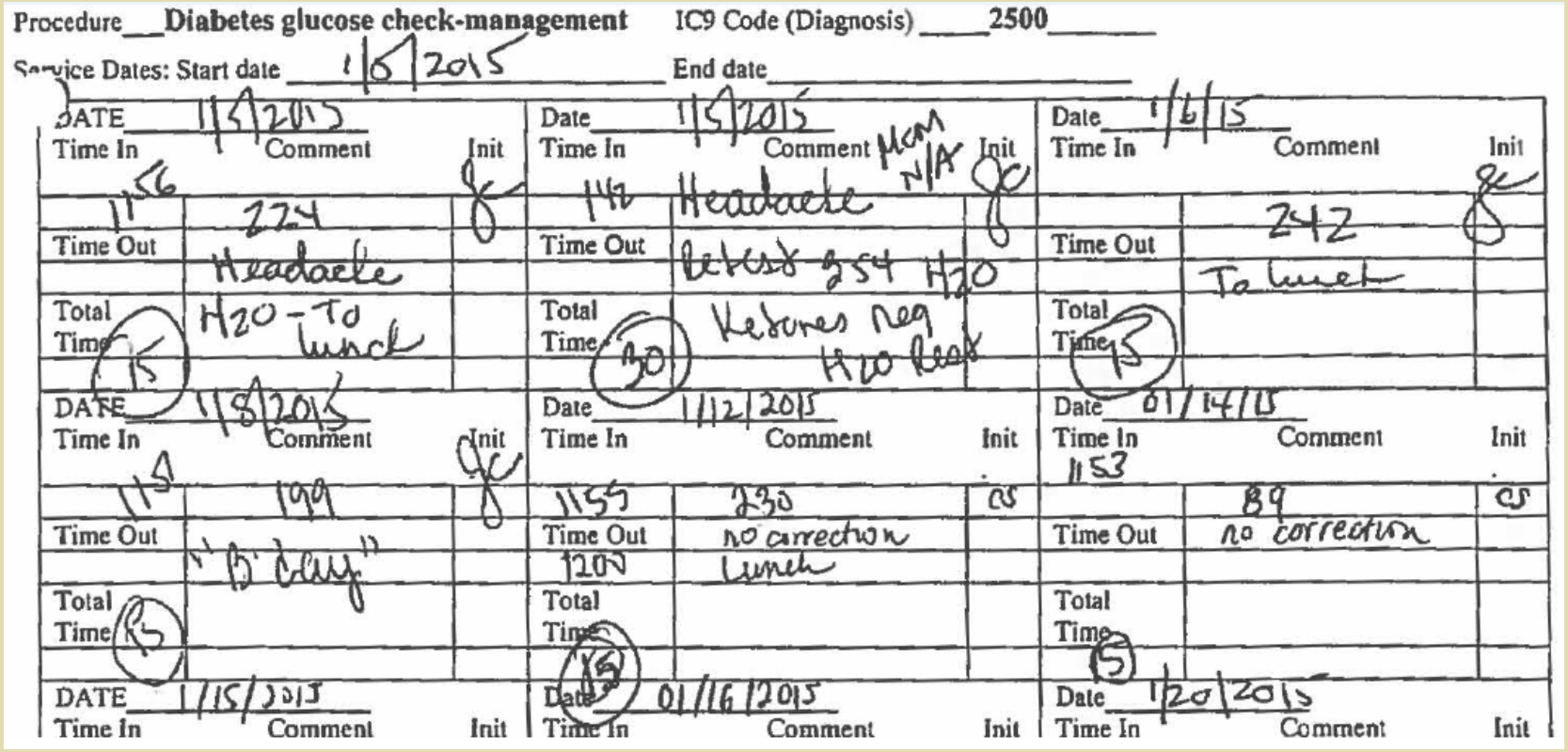
☐ Student is independent with counting carbohydrates ☐ OK to eat ___g. CHO with no insulin at_____

☐ Parents will send food from home with carbohydrates labeled

☐ Grams of carbohydrates for: am snack_____ lunch_____ other_____ ☐ N/A

UNACCEPTABLE DOCUMENTATION

No time in/out. No action taken when protocol called for insulin to be given. No contact with RCSN. No notification of parent/guardian.



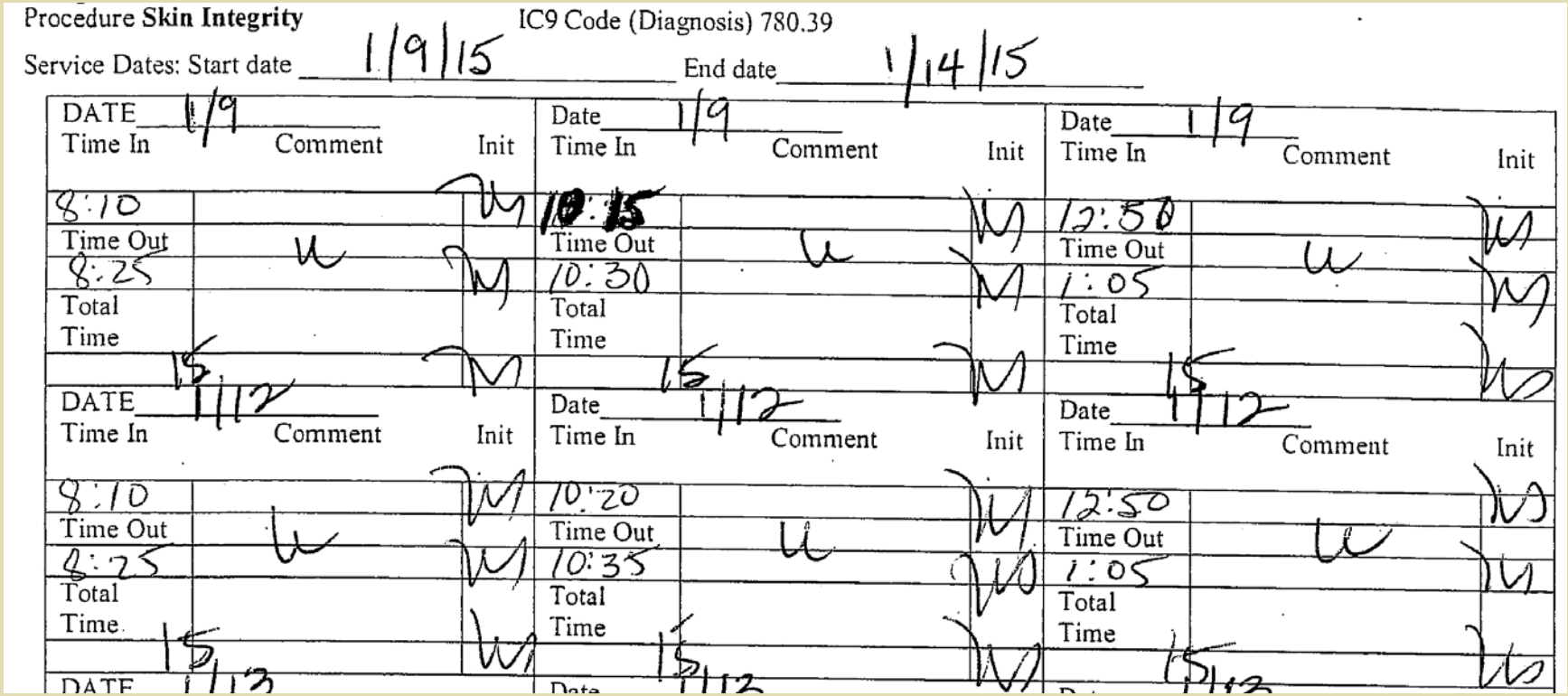
Procedure Diabetes glucose check-management IC9 Code (Diagnosis) 2500

Service Dates: Start date 1/6/2015 End date

DATE 1/5/2015			Date 1/5/2015			Date 1/6/15		
Time In	Comment	Init	Time In	Comment	Init	Time In	Comment	Init
1156	224	JC	1142	Headache Mom N/A	JC		242	JC
Time Out	Headache		Time Out	Retest 354 H20		Time Out	To lunch	
Total Time 15	H20 - To lunch		Total Time 30	Ketones neg H20 Rest		Total Time 15		
DATE 1/8/2015			Date 1/12/2015			Date 01/14/15		
Time In	Comment	Init	Time In	Comment	Init	Time In	Comment	Init
1154	199	JC	1155	230	CS	1153	89	CS
Time Out	"B" Day"		Time Out	no correction		Time Out	no correction	
Total Time 15			1207 Total Time	Lunch		Total Time 5		
DATE 1/15/2015			Date 01/16/2015			Date 1/20/2015		
Time In	Comment	Init	Time In	Comment	Init	Time In	Comment	Init

UNACCEPTABLE TREATMENT FORM

Not a "skin integrity" assessment. Nature or service not described. No MD Rx. No RN signature. Appears to be personal care, not THCA service. Nothing was in IEP.



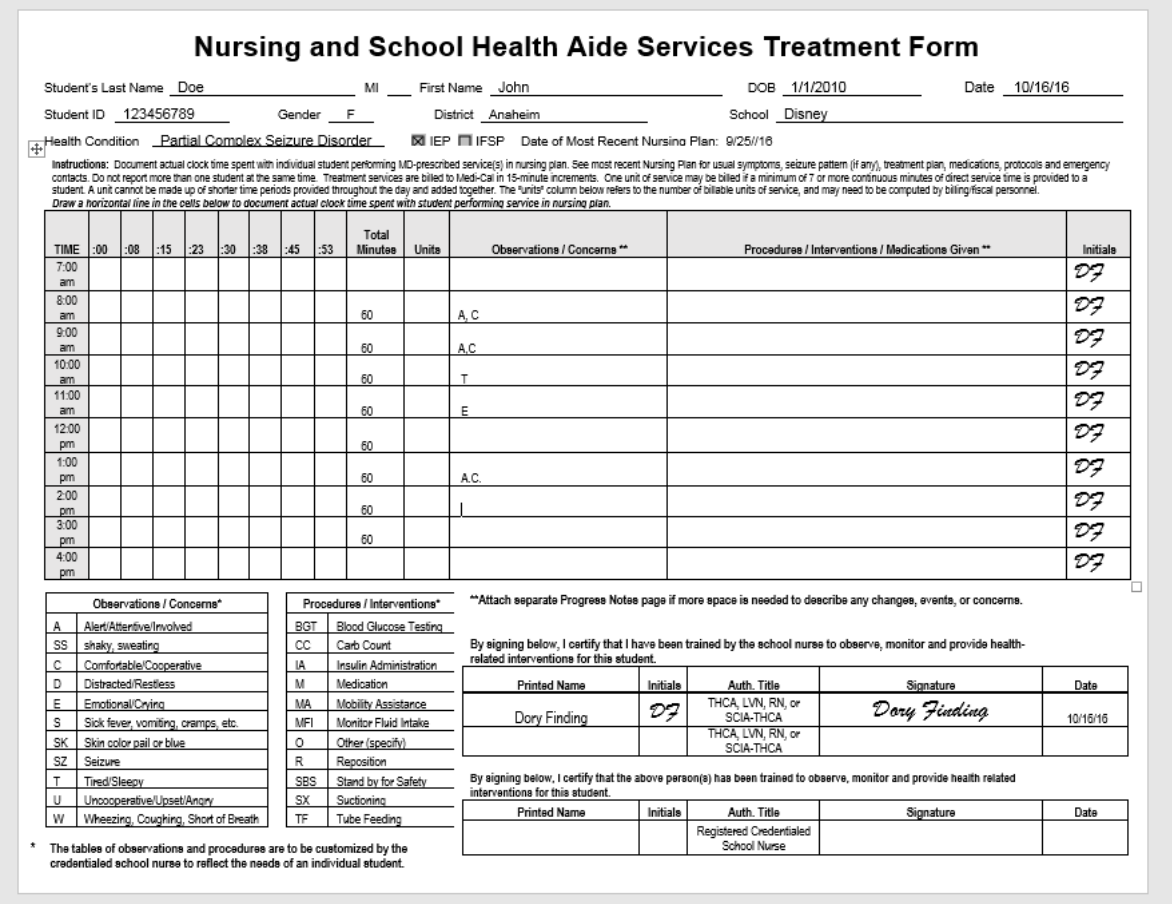
Procedure **Skin Integrity** IC9 Code (Diagnosis) 780.39

Service Dates: Start date 1/9/15 End date 1/14/15

DATE 1/9 Time In	Comment	Init	Date 1/9 Time In	Comment	Init	Date 1/9 Time In	Comment	Init
8:10		M	10:15		M	12:50		M
Time Out 8:25	u	M	Time Out 10:30	u	M	Time Out 1:05	u	M
Total Time 15		M	Total Time 15		M	Total Time 15		M
DATE 1/12 Time In	Comment	Init	Date 1/12 Time In	Comment	Init	Date 1/12 Time In	Comment	Init
8:10		M	10:20		M	12:50		M
Time Out 8:25	u	M	Time Out 10:35	u	M	Time Out 1:05	u	M
Total Time 15		M	Total Time 15		M	Total Time 15		M
DATE 1/13			Date 1/13					

UNACCEPTABLE PROGRESS LOG

- No Time In/Out
- No RN signature
- Medically necessary ???
- THCA has no break?
- Why crying?



Nursing and School Health Aide Services Treatment Form

Student's Last Name Doe MI ___ First Name John DOB 1/1/2010 Date 10/16/16

Student ID 123456789 Gender F District Anaheim School Disney

Health Condition Partial Complex Seizure Disorder ☒ IEP ☐ IFSP Date of Most Recent Nursing Plan: 9/25//16

Instructions: Document actual clock time spent with individual student performing MD-prescribed service(s) in nursing plan. See most recent Nursing Plan for usual symptoms, seizure pattern (if any), treatment plan, medications, protocols and emergency contacts. Do not report more than one student at the same time. Treatment services are billed to Medi-Cal in 15-minute increments. One unit of service may be billed if a minimum of 7 or more continuous minutes of direct service time is provided to a student. A unit cannot be made up of shorter time periods provided throughout the day and added together. The "units" column below refers to the number of billable units of service, and may need to be computed by billing/fiscal personnel.

Draw a horizontal line in the cells below to document actual clock time spent with student performing service in nursing plan.

TIME	:00	:08	:15	:23	:30	:38	:45	:53	Total Minutes	Units	Observations / Concerns **	Procedures / Interventions / Medications Given **	Initials
7:00 am													DF
8:00 am									60		A, C		DF
9:00 am									60		A,C		DF
10:00 am									60		T		DF
11:00 am									60		E		DF
12:00 pm									60				DF
1:00 pm									60		A.C.		DF
2:00 pm									60		I		DF
3:00 pm									60				DF
4:00 pm													DF

Observations / Concerns*	
A	Alert/Attentive/Involved
SS	shaky, sweating
C	Comfortable/Cooperative
D	Distracted/Restless
E	Emotional/Crying
S	Sick fever, vomiting, cramps, etc.
SK	Skin color pail or blue
SZ	Seizure
T	Tired/Sleepy
U	Uncooperative/Upset/Angry
W	Wheezing, Coughing, Short of Breath

Procedures / Interventions*	
BGT	Blood Glucose Testing
CC	Carb Count
IA	Insulin Administration
M	Medication
MA	Mobility Assistance
MFI	Monitor Fluid Intake
O	Other (specify)
R	Reposition
SBS	Stand by for Safety
SX	Suctioning
TF	Tube Feeding

* The tables of observations and procedures are to be customized by the credentialed school nurse to reflect the needs of an individual student.

**Attach separate Progress Notes page if more space is needed to describe any changes, events, or concerns.

By signing below, I certify that I have been trained by the school nurse to observe, monitor and provide health-related interventions for this student.

Printed Name	Initials	Auth. Title	Signature	Date
Dory Finding	DF	THCA, LVN, RN, or SCIA-THCA	Dory Finding	10/16/16
		THCA, LVN, RN, or SCIA-THCA		

By signing below, I certify that the above person(s) has been trained to observe, monitor and provide health related interventions for this student.

Printed Name	Initials	Auth. Title	Signature	Date
		Registered Credentialed School Nurse		

ACCEPTABLE PROGRESS LOG

- Time spent is reasonable
- RNs signature is present
- Medical Necessity is clear (will be supported by MD Rx)

Nursing and School Health Aide Services Treatment Form

Student's Last Name Doe MI ___ First Name John DOB 3/10/1954 Date 10/16/16

Student ID 123456789 Gender F District Anaheim School Disney

Health Condition Diabetes ☒ IEP ☐ IFSP Date of Most Recent Nursing Plan: 9/25//16

Instructions: Document actual clock time spent with individual student performing MD-prescribed service(s) in nursing plan. See most recent Nursing Plan for usual symptoms, seizure pattern (if any), treatment plan, medications, protocols and emergency contacts. Do not report more than one student at the same time. Treatment services are billed to Medi-Cal in 15-minute increments. One unit of service may be billed if a minimum of 7 or more continuous minutes of direct service time is provided to a student. A unit cannot be made up of shorter time periods provided throughout the day and added together. The "units" column below refers to the number of billable units of service, and may need to be computed by billing/fiscal personnel.
Draw a horizontal line in the cells below to document actual clock time spent with student performing service in nursing plan.

TIME	:00	:08	:15	:23	:30	:38	:45	:53	Total Minutes	Units	Observations / Concerns **	Procedures / Interventions / Medications Given **	Initials
7:00 am													
8:00 am													
9:00 am													
10:00 am													
11:00 am													
12:00 pm							→		15	1	A, C	BGT 291 after lunch., 4 Units Reg Insulin given SQ in RUQ per protocol, RN notified, Mrs. Doe notified via note home. No symptoms. Back to classroom	DF
1:00 pm													
2:00 pm													
3:00 pm													

Observations / Concerns*	
A	Alert/Attentive/Involved
SS	shaky, sweating
C	Comfortable/Cooperative
D	Distracted/Restless
E	Emotional/Crying
S	Sick fever, vomiting, cramps, etc.
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Printed Name	Initials	Auth. Title	Signature	Date
Dory Finding	DF	THCA, LVN, RN, or SCIA-THCA	Dory Finding	10/16/16
		THCA, LVN, RN, or SCIA-THCA		

By signing below, I certify that the above person(s) has been trained to observe, monitor and provide health related interventions for this student.

Printed Name	Initials	Auth. Title	Signature	Date
Perfecciona Charming, RN		Registered Credentialed School Nurse	Perfecciona Charming, RN	10/31/16

FAQS – DOCUMENTATION

- **Question #1:** Are all of the Procedures/Interventions listed on the Nursing and THCA Treatment Form billable within the LEA BOP?

  Answer: The ***Procedures/Interventions may or may not be billable services,*** but should be indicated on the log to accurately reflect all time spent with the student. If a physician has prescribed continuous monitoring for a student and that service is listed on the IEP/IFSP, the monitoring is the service being billed, not the specific observations or procedures that occur during the continuous monitoring period. The procedures/interventions are being logged as required documentation that support the continuous monitoring service.

FAQS – DOCUMENTATION (CONTINUED)

- **Question #2:** When billing for services, DHCS requires combining total minutes of treatment per practitioner type, per student, per day. What is the correct way to bill if multiple interventions or ICD-10 codes are used in the same day for the same practitioner type?

  Answer: Units claimed must reflect continuous minutes. If at least 7 continuous minutes are spent with the student (for a 15-minute billing unit), one unit can be billed. If not, no time can be billed. Less than 7-minute time periods throughout the day cannot be combined to equal a unit of service. However, a claim can combine billable units for a given provider type for the same date of service.

FAQS – DOCUMENTATION (CONTINUED)

- **Question #3:** Are SLPs required to keep progress case notes for their therapy sessions that are different than the parental progress notes as required by California Education Code?

  Answer: Notes made documenting the service should be consistent with the practitioner's professional standards. All LEA Program service documentation must fully disclose the type and extent of services, must be maintained on a service-specific basis and created at or near the time of service. These standards are applicable to all provider types.

TRANSPORTATION

- In order to bill for medical transportation services through the LEA Medi-Cal Billing Option Program, the LEA ***must:***
  - Provide transportation 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*
  - Document the need for health and transportation services in the students' IEP/IFSP
  - Provide a transportation trip log that includes the trip, mileage, origination point and destination point for each student, student's full name, and date transportation was provided
  - Verify the student received an approved LEA school-based Medi-Cal service, other than transportation, on the date the transportation was provided (note that the service must meet all necessary standards to be billed through the LEA Medi-Cal Billing Option Program)*
- Transportation Billing Guide http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA/Training/LEA_MC_BillOptProTranClaim_7-1-14.pdf

FAQ – TRANSPORTATION

- **Question:** What will the auditors look at when auditing transportation claims?

  Answer: Auditors will look for:

  - A Medi-Cal covered service the same day transportation services were provided, which meets all necessary standards to be billed through the LEA Medi-Cal Billing Option Program*
  - Both the transportation service and covered service were included in the student's IEP/IFSP
  - Transportation logs document beginning and ending addresses and mileage
  - Vehicle is properly licensed, registered, equipped, and maintained

ADDITIONAL DOCUMENTATION RESOURCES

- Refer to the *Spring 2014 Documentation Training (April 29, 2014)* for more information on documentation requirements and examples of acceptable versus unacceptable documentation for specific services. These are located on the LEA Program training page at: http://www.dhcs.ca.gov/provgovpart/Pages/2013LEA.aspx

- Refer to the *Transportation Billing Guide* located under the *Manuals and Training* section of the LEA Program home page at: http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx