



LEA Medi-Cal Billing Option Program

April 8, 2020

Specialized Medical Transportation and
Targeted Case Management Services Training

*Materials presented today are pending approval of
State Plan Amendment (SPA) 15-021*



Introductions

California Department of Health Care Services (DHCS)

Administers the Local Educational Agency Medi-Cal Billing Option Program (LEA Program) and School-Based Medi-Cal Administrative Activities Program (SMAA Program)

Guidehouse (formerly Navigant Consulting)

Contractor to DHCS
Provides assistance to DHCS as a subject-matter expert



Agenda

Section

Topic

1

Overview of SPA 15-021

2

Specialized Medical Transportation Services

3

Targeted Case Management (TCM) Services



Limitations of Today's Training



SPA 15-021 **has been formally re-submitted**, but not approved by the Centers for Medicare and Medicaid Services (CMS)



Once SPA 15-021 is approved, DHCS is prepared to move forward with implementation



Section 1

Overview of SPA 15-021



What is SPA 15-021?

- A State Plan Amendment (SPA) is the mechanism Medicaid programs use to make program changes
- SPAs **must be approved by CMS**, the federal oversight agency for the Medicaid Program
- DHCS submitted SPA 15-021 to CMS to expand the LEA Program
- The **SPA is not yet approved** – *guidance provided today is pending SPA approval*
- The **SPA will be retroactive** to July 1, 2015



SPA 15-021 Major Changes

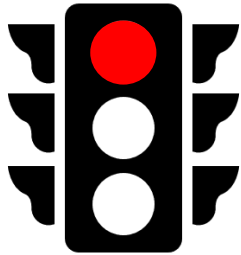
Four major Program changes:

1. Expands covered services *(upon SPA approval)*
2. Expands allowable practitioner types *(upon approval)*
3. Expands the covered population to include Medicaid beneficiaries outside of special education *(upon SPA approval)*
 - Treatment services that are pursuant to an Individualized Health and Support Plan (IHSP) or “Care Plan” will no longer be subject to limit of 24 services per fiscal year*
4. Incorporates RMTS for LEA BOP services *(effective FY 2020-21)*



Billing for New Services and Practitioners

SPA 15-021 approval is required before LEAs can bill new covered services or practitioners



- DHCS anticipates LEAs can begin claiming for new covered services/practitioners on **July 1, 2020**
- **DHCS will notify LEAs when claiming may begin** (updates in future training sessions and via e-blast)



Section 2

Specialized Medical Transportation Services



Specialized Medical Transportation

Specialized transportation services are covered when **all of the following conditions are met:**

- ✓ Provided in an approved mode of transportation (litter van, wheelchair van, or specially adapted vehicle)
- ✓ Transportation services are **included in the student's IEP or IFSP**
- ✓ Another IEP/IFSP Medicaid covered service is provided on same day as transportation

IEP/IFSP medical transportation services include:



Medical transportation
(1 unit = one-way trip, 2 units = round trip)



Mileage (must be billed **in conjunction** with trip)



Litter Van Transportation

- Litter van transportation is appropriate and reimbursable when the student's medical and/or physical condition:
 - Requires specialized equipment and more space than available in passenger cars, taxicabs or other forms of public transportation
 - Does not require the specialized services, equipment and personnel of an ambulance because the student is stabilized and does not need constant observation

22 CCR § 51231.1





Wheelchair Van Transportation

- Wheelchair van transportation is appropriate and reimbursable when the student's medical and/or physical condition:
 - Renders the student unable to sit in a private vehicle, taxicab or other form of public transportation for the time needed for transport
 - Does not require the specialized services, equipment and personnel of an ambulance because the student is in stable condition and does not need constant observation



22 CCR § 51231.2



Specially Adapted Vehicles

- A specially adapted vehicle is reimbursable when a vehicle that **contains specialized equipment** is necessary to accommodate the student's disability
 - Vehicle must be owned or contracted by the LEA and is designed to transport students with special needs
 - Must include special adaptations, such as a wheelchair lift, special harness, safety vest, or special car seat



22 CCR § 51190.4.1



Examples of Adaptations

Adaptation	Covered?
Addition of wheelchair lift	Yes
Addition of harnesses	Yes
Addition of protective restraint devices	Yes
Addition of child protective seating	Yes*
Addition of seat belts	Yes**
Presence of a nurse or trained health care aide (THCA) based on medical necessity, per the student's IEP/IFSP	Yes
Presence of a bus supervisor or monitor to supervise all riders	No
Parent transportation	No

****If child protective seating is required for all students of a given age, this is not an adaptation***

*****If all buses in the school district have this adaptation, the vehicle is not considered specially adapted***



Transportation CPT Codes

No billing changes due to SPA 15-021:

Service	Billing Increment	Procedure Code	Reimbursement Rate (100%)	IEP/IFSP Modifier
Medical Transportation	One-way Trip	T2003	\$18.54	TL (IFSP) TM (IEP)
Mileage	Per Mile	A0425	\$1.30	TL (IFSP) TM (IEP)

- Claiming for medical transportation is optional
- Medicaid does not reimburse for transportation provided in a regular or general education school bus.
- Billable trips are either: (1) to and from the residence to an LEA where health services are rendered, or (2) to and from the location where health services are rendered
- Mileage must be billed in conjunction with a trip



Transportation Reimbursement Methodology

FYs 2015-16, 2016-17, 2017-18, and 2018-19

Transportation services reimbursed through the LEA Program **will be considered final payment** for dates of service between July 1, 2015 and June 30, 2019

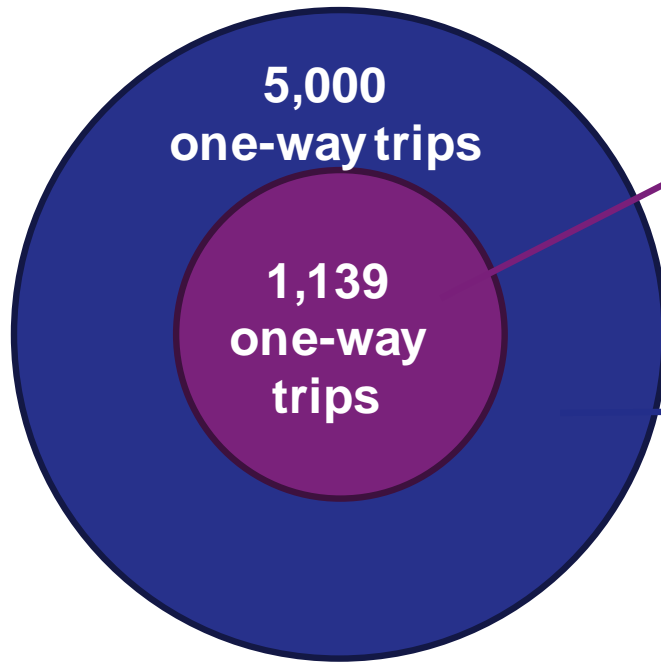
FY 2019-20 and Onward

Transportation services provided on or after July 1, 2019 must be **cost settled and included in the CRCS**

- LEAs need to identify, and report **specialized** transportation costs on the CRCS, not general transportation costs



Allocating Transportation Costs on the CRCS



$$1,139 \div 5,000 = 22.78\%$$

Total Number of One-Way Trips for Medi-Cal Students with Transportation in the IEP/IFSP
(from paid claims data)

÷

Total Number of One-Way Trips for All Students with Transportation in the IEP/IFSP





=

Calculated Medi-Cal One-Way Trip Ratio

All specialized transportation costs reported on the CRCS will be **apportioned using the Medi-Cal One Way Trip Ratio**



Summary of Transportation Updates on the CRCS

Worksheet	Worksheet Changes	New ?
Worksheet E.1: Transportation Personnel Costs	<ul style="list-style-type: none"> Worksheet to detail payroll information for bus drivers, attendants*, mechanics, and substitute drivers (specialized transportation) 	
Worksheet E.2: Other Transportation Costs	<ul style="list-style-type: none"> Worksheet to detail 'other costs' for leases/rentals, insurance, maintenance and repairs, fuel and oil, and contracted transportation services and equipment (specialized transportation) 	
Worksheet E.3: Transportation Equipment – Depreciation	<ul style="list-style-type: none"> Worksheet to detail depreciation costs using straight-line depreciation method (specialized transportation equipment) 	
Worksheet E: Transportation Summary	<ul style="list-style-type: none"> Summary worksheet aggregating information from three detail worksheets (E.1, E.2, E.3) No data input required 	

** Slide updated per CMS Guidance June 2020 – attendant costs will not be included in the CRCS*



Personnel Costs (employed)

Worksheet E.1: Transportation Personnel Costs

Job Category	Total Hours Worked	Total Salaries	Total Benefits	Expenditures from Federal Resources or Grants	Gross Compensation Expenditures	Net Compensation Expenditures
Specialized Transportation Costs						
Bus Driver	325	\$11,000.00	\$3,100.00	\$1,000.00	\$14,100.00	\$13,100.00
Substitute Driver	35	\$2,500.00	\$750.00		\$3,250.00	\$3,250.00
Attendant	650	\$16,000.00	\$1,125.00	\$2,000.00	\$17,125.00	\$15,125.00
Mechanic	105	\$4,200.00	\$995.00		\$5,195.00	\$5,195.00
Total	Transportation Costs (Specialized Transportation)				\$39,670.00	\$36,670.00

- Personnel costs include the salary and benefit costs for listed job categories (positions are **employed by the school district**)
- Total hours worked are not used in the cost settlement calculation; data collected for potential future rate rebasing

Slide updated per CMS Guidance June 2020 – attendant costs will not be included in the CRCS



Other Costs (including contractors)

Worksheet E.2: Other Transportation Costs

Specialized Transportation Costs			
Description	Gross Costs	Expenditures from Federal Resources or Grants	Total Other Specialized Transportation Costs Net of Federal Resources or Grants
Lease/Rental	\$ -		\$0.00
Insurance	\$ -		\$0.00
Maintenance and Repairs	\$ 895.00	\$ 500.00	\$395.00
Fuel and Oil	\$ 2,200.00		\$2,200.00
Contract - Transportation Services	\$ 7,500.00		\$7,500.00
Contract - Transportation Equipment	\$ -		\$0.00
Total	\$10,595.00	\$500.00	\$10,095.00

- Other transportation costs are **limited to those included** on Worksheet E.2
- Contract expenses (both for services and equipment) are reported on this worksheet



Equipment Depreciation

Worksheet E.3: Transportation Equipment - Depreciation

Asset ID (If Applicable)	Asset Type	Month/Year Placed in Service	Years of Useful Life	Depreciable Cost	Expenditures from Federal Resources or Grants	Annual Straight-Line Depreciation	Was the asset retired during the cost report period?	Month and Year Placed Out of Service	Prior Period Accumulated Depreciation	Depreciation for Reporting Period
Specialized Transportation Costs										
998	Buses	Jul-19	12	\$180,000.00		\$15,000.00	No		\$15,000.00	\$15,000.00

- Allowable for specialized transportation **equipment purchased for more than \$5,000** (or based on your LEA's capitalization threshold, if different than \$5,000)
- Equipment is assigned a **useful life**
 - Consistent with the most recent publication of the "Estimated Useful Lives of Depreciable Hospital Assets", published by the American Hospital Association, or consistent with Generally Accepted Accounting Principles)
- Depreciated using **straight-line depreciation**



Summary Worksheet

Worksheet E: Transportation Summary

Job Category	Net Salaries & Benefits (from E.1)	Net Other Medical Transportation Costs (from E.2)	Depreciation - Transportation (from E.3)	Total Net Transportation Service Costs	Indirect Costs	Net Transportation Service Costs plus Indirect Costs	Application of One-Way Trip Ratio	Medicaid Allowable Transportation Costs
Specialized Transportation Services	\$ 36,670	\$ 10,095	\$ 15,000	\$ 61,765	\$ 3,490	\$ 65,255	22.78%	\$ 14,865
Total to Worksheet A:								\$ 14,865

- Summary worksheet aggregates information from three detail worksheets (E.1, E.2, E.3) – ***no data input required***
- Transportation costs automatically receive an allocation of indirect costs, based on the LEA's indirect cost rate
- Total specialized transportation costs are allocated to Medi-Cal using the LEA's Medi-Cal One-Way Trip Ratio



Documentation for Medical Transportation

Required documentation for specialized medical transportation must include:

- ✓ Student's first and last name and date of birth
- ✓ Date the medical transportation service was provided
- ✓ Origination point and destination point
- ✓ Documented verification that the student received a covered medical service other than transportation on the date transportation was provided

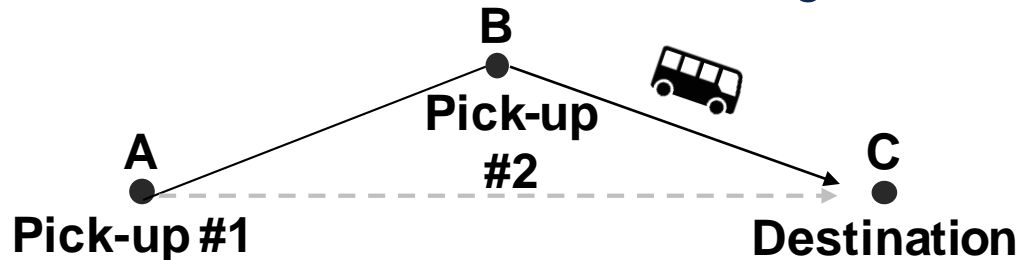


Documentation for Mileage

In cases where a **direct route** is taken, the odometer reading may be used to document mileage



In cases where a **non-direct route** is taken (e.g., other students are being picked up or dropped off along the route), a mapping software should be used to document mileage

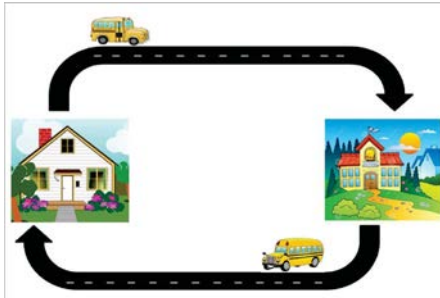


The vehicle's odometer reading will include total mileage, not mileage associated with the **student's individual trip**

Note: If there is insufficient documentation to bill for mileage, the LEA should only bill for the trip.



Transportation Billing Scenario 1



Transportation from home to school and school to home

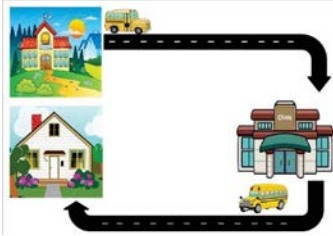
Example: The specially adapted vehicle picks up the student at home and takes the student to school covering a distance of seven (7) miles. The same vehicle takes the student back from school to home covering another seven (7) miles.

Calculating Transportation Services

Trip Claim	+	Mileage Claim	=	Total Claimed	X	Federal Reimbursement (50% FMAP)	=	Amount Reimbursed
2 x \$18.54		14 x \$1.30						
\$37.08	+	\$18.20	=	\$55.28	x	0.50	=	\$27.64



Transportation Billing Scenario 2



Transportation from school to service location and service location to home

Example: Vehicle picks up the student at school and takes the student to the service provider, covering a distance of eleven (11) miles. The vehicle takes the student from the service provider to home covering another fifteen (15) miles.

Note: In this example, transportation from home to school is not covered because an allowable LEA Medi-Cal Billing Option Program covered medical service was not provided at the school. LEAs will be reimbursed for the trips from school to provider and from provider to home.

Calculating Transportation Services

Trip Claim	+	Mileage Claim	=	Total Claimed	X	Federal Reimbursement (50% FMAP)	=	Amount Reimbursed
2 x \$18.54		26 x \$1.30						
\$37.08	+	\$33.80	=	\$70.88	x	0.50	=	\$35.44



Transportation Billing Scenario 3

Transportation for multiple origination points to service location (school or service provider)

Example: The specially adapted vehicle picks up student A at home, drives 3 miles to pick up student B at home, then drives 4 miles and picks up student C at home. The specially adapted vehicle drives another 4 miles to drop all of the students off at the service location, covering a total distance of 11 miles.

Student A lives 9 miles from service location

- The provider cannot bill more than 9 miles for student A for the one-way trip
- The provider cannot include the total one-way bus route of 11 miles for student A

Student B lives 6 miles from service location

- The provider cannot bill more than 6 miles for student B for the one-way trip
- The provider cannot include the total one-way bus route of 8 miles for student B

Student C lives 4 miles from service location

- The provider cannot bill more than 4 miles for student C



FAQs – Section 2

Question #1: Is transportation billable any time a student receives a health service in school as part of their IEP?

- **Answer:** No. Receiving a service that is pursuant to an IEP does not automatically make the transportation reimbursable. The transportation service must be provided in an approved mode of service delivery, the student must have specialized transportation also written into their IEP/IFSP, and the student must receive a Medi-Cal covered service on the same day the transportation is provided.

Question #2: Is it okay if non-Medi-Cal students ride the specialized bus, too?

- **Answer:** Yes, there may be a mix of Medi-Cal and non-Medi-Cal eligible kids on the specialized vehicle. However, you may only bill for Medi-Cal students with specialized transportation in their IEP that receive another covered IEP service on the day they receive transportation.



FAQs – Section 2 (Cont'd)

Question #3: Is a taxi considered a specially adapted vehicle?

- **Answer:** No. A taxi is not considered a specially adapted vehicle. Lyft or Uber transportation are not considered an allowable mode of service delivery, either.

Question #4: We have several students with IEPs noting specialized medical transportation is required because the student needs an aide to accompany them on the bus. Does this qualify as an adaptation, which would allow us to bill the transportation (in cases where the student receives an IEP LEA covered service on the same day)?

- **Answer:** Yes. The presence of an aide would qualify as an adaptation, as long as the one-on-one presence of the aide is considered a medical necessity per the student's IEP.



Section 3

Targeted Case Management (TCM) Services

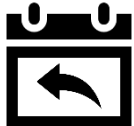


Background

TCM services were suspended July 1, 2015



SPA 15-021 creates a **combined cost allocation methodology** between the SMAA and LEA Programs through RMTS



With the approval of SPA 15-021, TCM reimbursement will be **reinstated and can be retro-billed back to July 1, 2015**

Note: SPA 15-021 restricts TCM reimbursement to the IEP/IFSP population. However, upon approval of SPA 15-021, DHCS will submit SPA 16-001, which will expand LEA TCM services to the entire Medi-Cal population.



TCM Services: Definition

Service Definition

TCM services assist eligible children and eligible family members to access needed medical, social, educational and other services when TCM is covered by the student's IEP or IFSP

- TCM services are written into the IEP/IFSP
- When 7+ continuous service minutes are rendered, a 15-minute increment can be billed
- **Components of TCM:**
 1. Comprehensive assessment and periodic reassessment of individual needs
 2. Development (and periodic revision) of a specific care plan
 3. Referral and related activities to help the eligible student obtain needed services
 4. Monitoring and follow-up activities



Components of TCM #1

1. **Comprehensive assessment and periodic reassessment of student needs to determine the need for any medical, educational, social or other services.**

These assessment activities include:



Reviewing student's records, such as cumulative files, health history and/or medical records



Interviewing the student and/or parent/guardian



Observing the student in the classroom and other appropriate settings



Writing a report to summarize assessment results and recommendations for additional LEA services



Components of TCM #2

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:



Specifies the goals and actions to address the medical, social, educational and other services needed by the student



Includes meeting with the student and parent(s) or guardian(s) to establish needs



Includes activities such as ensuring the active participation of the eligible student, and working with the student (or the student's authorized health care decision maker) and others to develop those goals



Identifies a course of action to respond to the assessed needs of the eligible student



Components of TCM #3

3. **Referral and related activities (such as scheduling appointments for the student) to help the eligible student obtain needed services including:**



Activities that help link the student with medical, social, educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan



Components of TCM #4

4. Monitoring and follow-up activities:



Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible student's needs, and which may be with the student, family members, service providers or other entities or students



Include at least one annual monitoring to determine whether: (1) services are being furnished in accordance with the student's care plan, (2) services in the care plan are adequate, and (3) changes in the needs or status of the student are reflected in the care plan



Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Periodic reviews will be completed at least every six months.



Coordinating TCM

DHCS recommends that each Medi-Cal eligible student is assigned one case manager who has the ability to provide students with comprehensive TCM services.

However, it is recognized that some students will receive TCM services from more than one agency or provider.

To avoid duplication of services and billing, LEAs must do the following:

- ✓ **Clearly document** the LEA and TCM services rendered by each TCM agency or provider

- ✓ Where necessary, **develop written agreements to define the case management service(s)** each agency and/or provider will be responsible for rendering



TCM Services: Practitioners and Supervision

Practitioners	Supervision
<p>Registered credentialed school nurses Licensed registered nurses Certified public health nurses Certified nurse practitioners Licensed vocational nurses Licensed clinical social workers Credentialed school social workers Licensed psychologists Licensed educational psychologists Credentialed school psychologists Licensed marriage and family therapists Credentialed school counselors Program specialists</p>	<p><i>No supervision required</i></p>
<p>Associate Marriage and Family Therapists Reg. Associate Clinical Social Workers</p>	<p>Licensed MFT, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Licensed Physician</p>



TCM Services: Case Manager Qualifications

Case managers employed by the case management agency (the LEA) must meet at least one of the requirements for education and/or experience:

- **A Registered Nurse (RN) or a Public Health Nurse** that meets the educational and clinical experience requirements as defined by the California Board of Registered Nursing
- An individual with at least a **Bachelor's degree** from an accredited college or university, who has completed an **agency-approved case management training course**
- An individual with at least an **Associate of Arts degree** from an accredited college, who has completed an **agency-approved case management training course and has two years of experience performing case management duties** in the health or human services field
- An individual who has completed an **agency-approved case management training course and has four years of experience performing case management duties** in a health or human services field



TCM Services: Billing

Billing of Service

- TCM services are billed in 15-minute increments
- All LEAs paid the same rate (*no high, medium, low rates*)
- Limited to **32 units** per student per day



Service	Proc Code	IDEA Modifier	Practitioner	Practitioner Modifier
Targeted Case Mgmt.. Services	T1017	TL (IFSP) or TM (IEP)	<ul style="list-style-type: none"> • <i>Associate MFTs *</i> • <i>Reg. Associate Clinical SWs *</i> • Nurses • LVNs • Licensed Clinical SWs, Credentialed School SWs • Licensed Psychologists, Licensed Educational Psychologists, Credentialed School Psychologists • Program Specialists • Licensed MFTs, Credentialed School Counselors 	<ul style="list-style-type: none"> • <i>HL *</i> • <i>HM *</i> • TD • TE • AJ • AH • HO • <i>No modifier</i>

**Purple text denotes changes to billing under SPA 15-021.*



Documentation

Required documentation for TCM services **must include:**

- ✓ Service Plan
- ✓ Records of TCM activities
- ✓ Records with student and/or family progress



TCM Services and RMTS

Time Survey Participant (TSP) List

- All TCM practitioners billing for TCM services under the LEA Program **must be on the Participant Pool 1 TSP List**
- TSPs who certify as a TCM Pool 1 practitioner **will not be eligible** for TCM-related SMAA reimbursement

TCM Certification Form

- TCM-related moments can look identical to coders, making it impossible to know if a service was for SMAA or LEA BOP
- Therefore, a **TCM Certification Form** will be used to assign moments to one of the two school-based programs
- The TCM Certification Form timeline will run parallel to the development of quarterly TSP lists



TCM Certification Form Excerpt

**Local Educational Agency (LEA) Medi-Cal Billing Option Program
Targeted Case Management (TCM) Certification Statement**
Fiscal Year: _____ Quarter: _____

- TCM services are defined in the LEA Billing Option Provider Manual.
- To bill TCM services under the LEA Medi-Cal Billing Option Program the LEA must:
 - a. Meet all billing requirements in the LEA Billing Option Program Provider Manual.
 - b. Review TCM training materials provided by DHCS.
 - c. For Random Moment Time Survey (RMTS) Quarter 2: Identify all qualified practitioners that the LEA will submit TCM claims for direct service reimbursement and submit the form with your Quarter 2 Time Survey Participant List, due in September.
 - d. For RMTS Quarters 3 and 4: Review the prior quarter's TCM Certification Statement, and update the Certification, as necessary. These updates include removing practitioners who will not be claiming direct service reimbursement for TCM in the upcoming quarter and adding newly identified TCM practitioners. If your LEA did not submit a Quarter 2 TCM Certification Statement, you must submit this form prior to the quarter your LEA intends to bill for TCM services.

TCM Certification: I, the undersigned, state the following: As a public administrator, a public officer or other public individual duly authorized by the LEA as having the authority to sign on behalf of the LEA, I am authorized or designated to make this certification on behalf of the Public Entity for _____ (LEA Name), and declare that the information included on this TCM Certification Statement is true and correct.

Print Name: _____

Title: _____

Date: _____

Signature: _____

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1

Enter the names of all qualified TCM practitioners for which the LEA will submit claims for TCM direct service reimbursement in the table below. Add rows and additional pages if needed.

TCM Qualified Practitioners	Practitioner Names	Practitioner Names
Nursing Practitioners:		
Registered Credentialed School Nurse		
Certified Public Health Nurse		
Licensed RN		
Certified Nurse Practitioner		
Licensed Vocational Nurse		
Social Workers/Counselors:		
Licensed Clinical Social Worker		
Credentialed School Social Worker		
Reg. Associate Clinical Social Workers		
Licensed Marriage and Family Therapist		
Credentialed School Counselor		
Associate Marriage and Family Therapists		
Psychologists:		
Licensed Psychologist		
Licensed Educational Psychologist		
Credentialed School Psychologist		
Program Specialists		

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2



TCM Certification Form

Requirements and Logistics

- LEAs must **notify LECs/LGAs** which practitioners have been identified on the TCM Certification Form so the LECs/LGAs can identify TCM practitioners in the RMTS software platform
- The TCM Certification Form **does not need to be submitted to DHCS**; forms must be maintained by the LEA for audit purposes
- If an LEA receives TCM reimbursement and does not maintain the TCM Certification Form, reimbursement may be disallowed during an audit
- LEAs should make **quarterly updates** to the TCM Certification Form, as necessary



FAQs – Section 3

Question #1: Can a TCM practitioner bill for TCM services under the LEA Program and through the SMAA Program ?

- **Answer:** No. An LEA practitioner may only bill for TCM services under one school-based program, not both. Billing under both school-based programs could be considered double dipping.

If the practitioner's TCM services will be billed under the LEA Program, they should be identified as a Participant Pool 1 Time Survey Participant list and recorded on the TCM Certification Form. Any TCM-related moments the Participant Pool 1 practitioner receives will be potential Code 2A moments.



FAQs – Section 3 (Cont'd)

Question #2: Can we bill TCM services for students without an IEP or IFSP?

- **Answer:** No. SPA 15-021 restricts TCM reimbursement to the IEP/IFSP population. However, DHCS is preparing to submit a SPA that would allow TCM to be provided to the entire Medi-Cal population.



Resources



PPLs will be issued to provide policy guidance as soon as SPA is approved



The LEA Provider Manual will be updated to account for SPA 15-021 changes



LEA website subscription service will ensure you receive the most current information ([LEA Subscription Link](#))



Please Submit Additional Questions to the LEA Program Inbox

LEA@dhcs.ca.gov