LEA Medi-Cal Billing Option Program

April 7, 2021

1:00-3:00pm

April AWG Survey – Stakeholder Questions

TRAINING TO BEGIN AT 1:00PM

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

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

Agenda

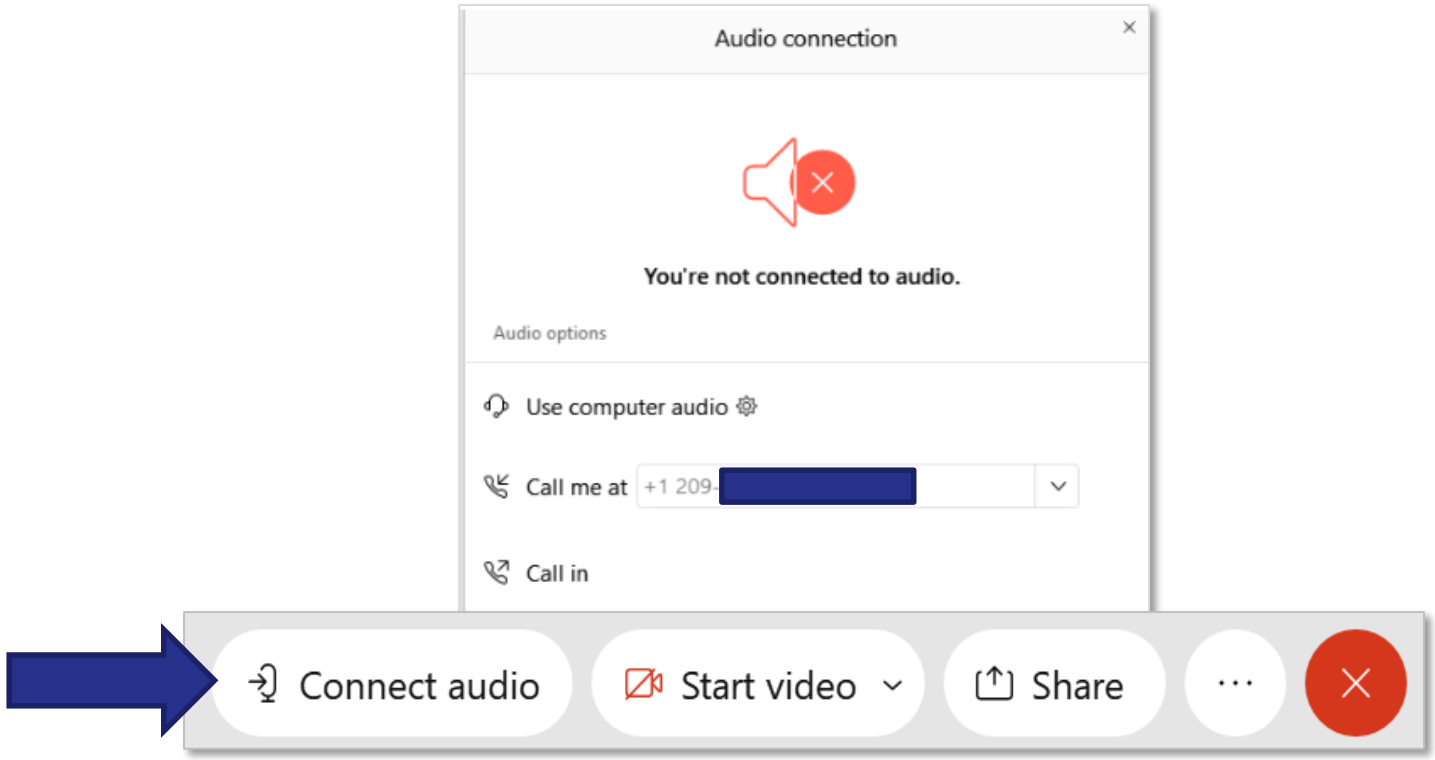
Section	Topic
1	Overview of April AWG Survey
2	New Services and Practitioners
3	Time Survey Participant (TSP) List
4	RMTS Moment Documentation
5	Targeted Case Management (TCM) Services
6	CRCS
7	Care Plans
8	Public Health Emergency/Telehealth
9	Trainings

Housekeeping Items

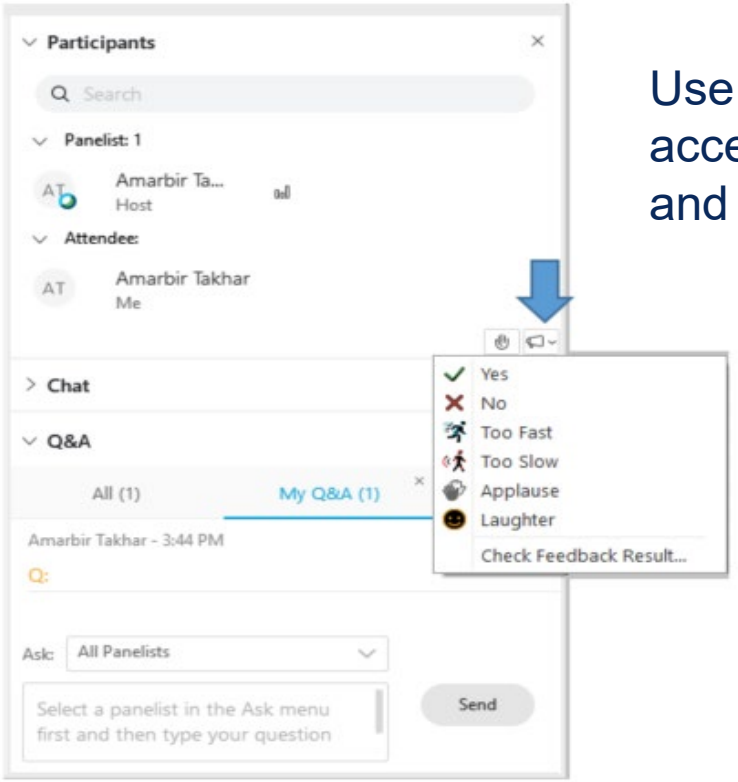
- Questions
  - Submit via the **Q&A function** (***not*** the chat function)
  - Time for Q&A at end of each section
  - An FAQ document will be compiled with questions received in the survey
- Training materials will be distributed to all stakeholders on the LEA Program listserv
- LEA Program listserv: http://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DHCSLEA

Webex Audio Help

- Connect to meeting audio:
  - Open the event from Webex rather than calling the Webex call-in number, and use the call-in options provided there
  - Select microphone icon at bottom of screen
  - Select the option for how you would like to connect

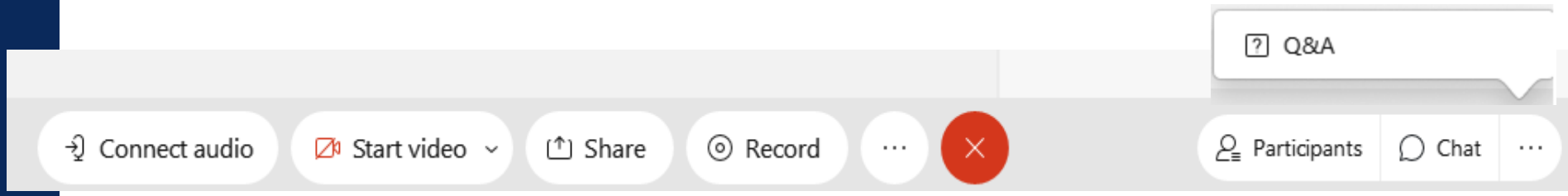


Chat, Feedback, and Q&A



Use the bottom right bubble to access the Participant, Chat, and Q&A window.

The Q&A window is accessed by clicking the button with three dots then select the Q&A pop up.



Section 1

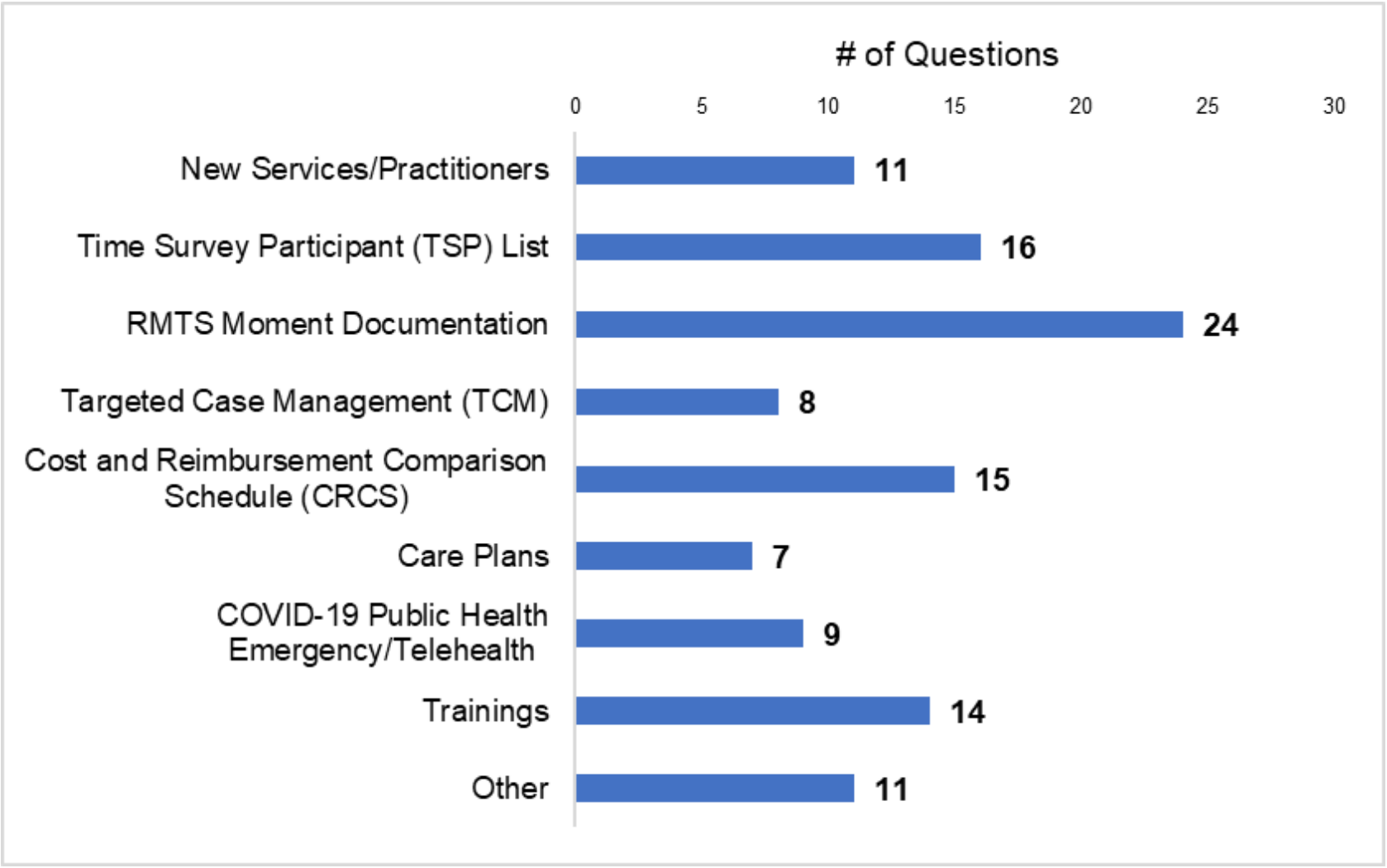
Overview of April AWG Survey

AWG Survey Results

- E-blast sent to LEA listserv on March 2, 2021
  - Requested questions by topical area
  - Responses due by March 19, 2021
  - Received approximately 115 questions from 47 stakeholders*
    - 28 LEAs
    - 7 vendors
    - 9 COEs
    - 1 LEC/LGA
    - 2 stakeholder organizations

**Counts include 25 questions from 13 stakeholders who had incomplete surveys*

Summary of Questions by Topic

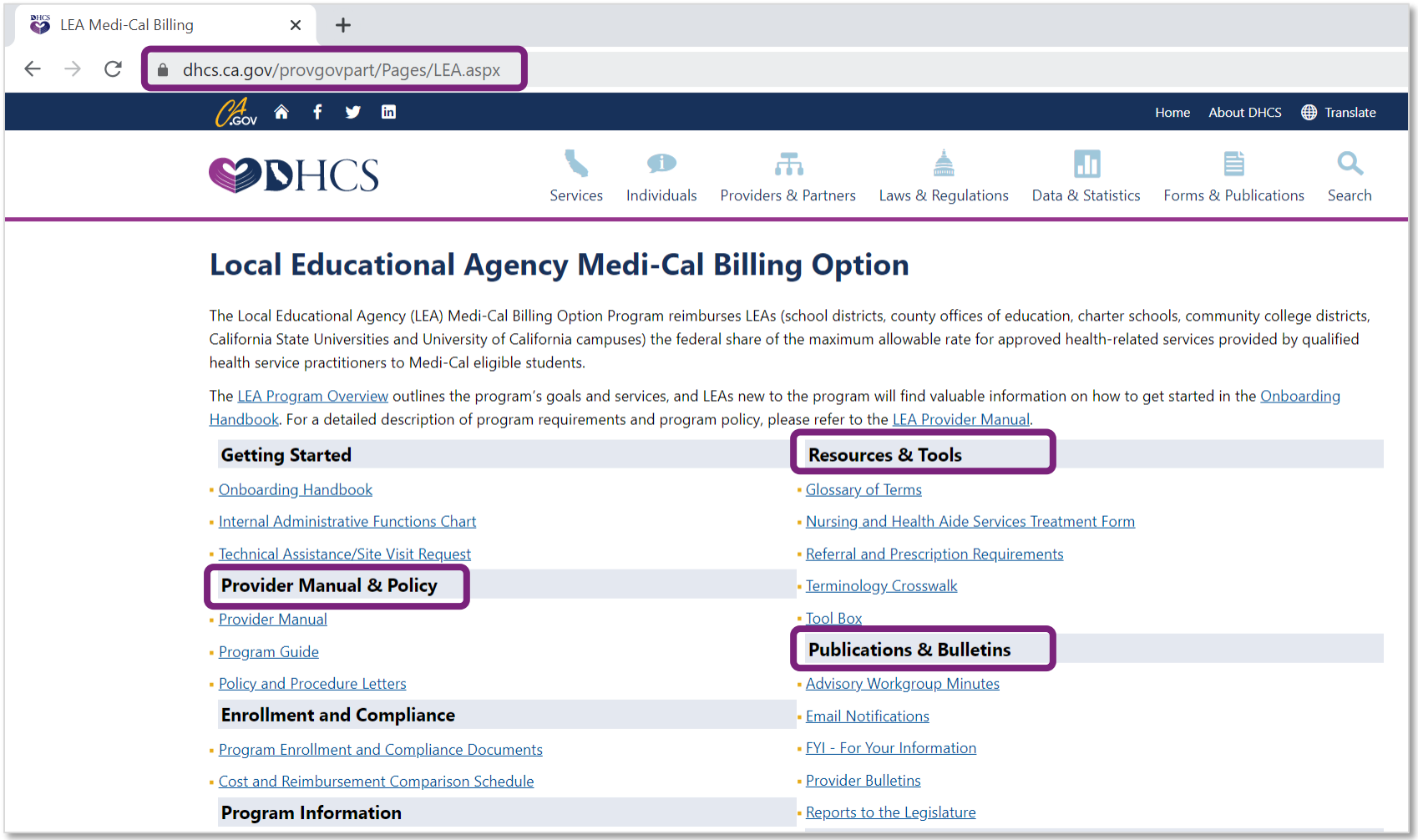


Overview of Today's Training

- By topical survey area:
  - Review available resources
  - Highlight areas based on questions received
  - Review sample questions and answers
- A comprehensive FAQ document will be sent via e-blast after the training session
  - Sign up for the LEA Listserv to receive this and other important LEA Program information!

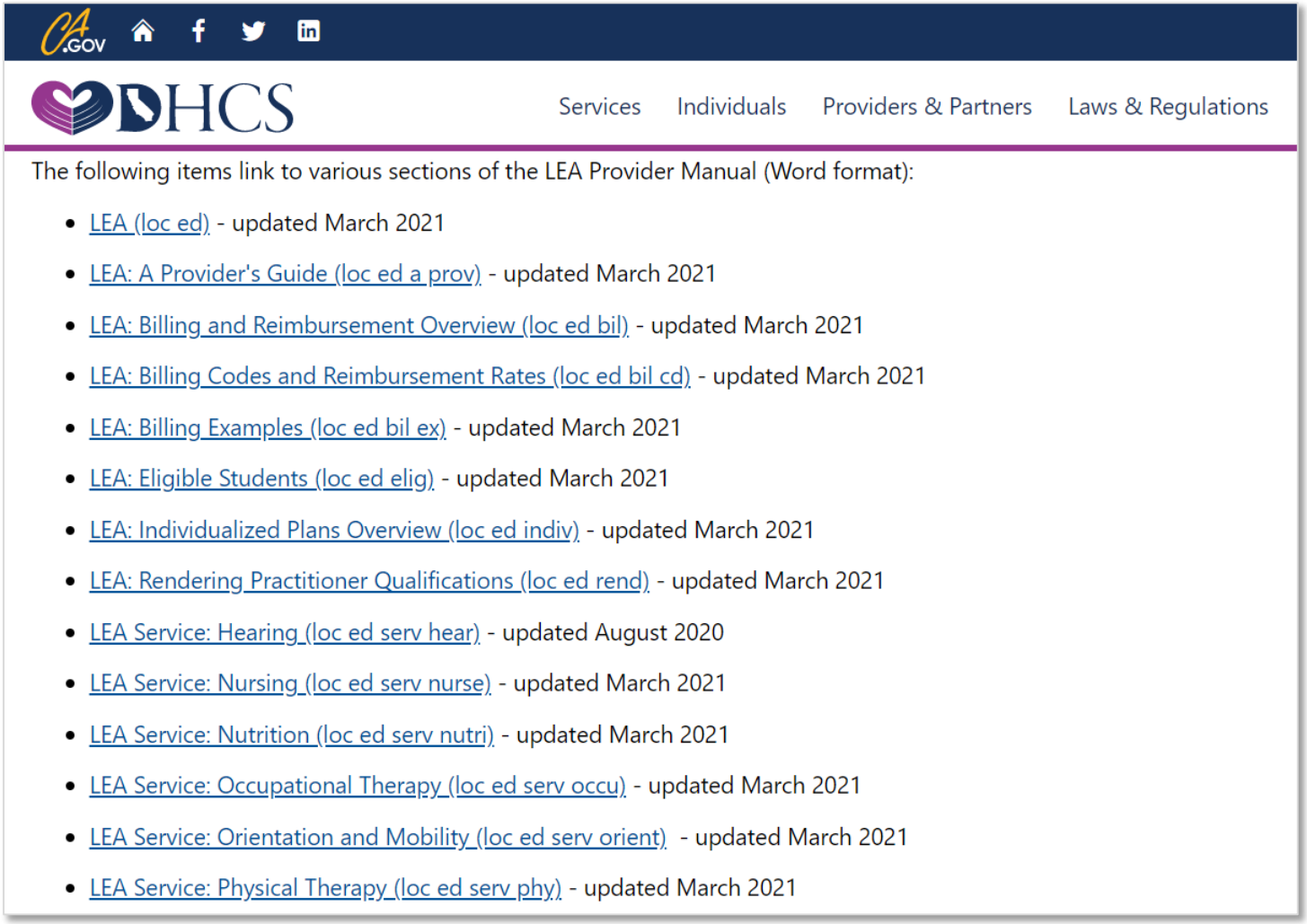
LEA Program Homepage

https://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx



Updated LEA Provider Manual

https://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx



DHCS

Services Individuals Providers & Partners Laws & Regulations

The following items link to various sections of the LEA Provider Manual (Word format):

- LEA (loc ed) - updated March 2021
- LEA: A Provider's Guide (loc ed a prov) - updated March 2021
- LEA: Billing and Reimbursement Overview (loc ed bil) - updated March 2021
- LEA: Billing Codes and Reimbursement Rates (loc ed bil cd) - updated March 2021
- LEA: Billing Examples (loc ed bil ex) - updated March 2021
- LEA: Eligible Students (loc ed elig) - updated March 2021
- LEA: Individualized Plans Overview (loc ed indiv) - updated March 2021
- LEA: Rendering Practitioner Qualifications (loc ed rend) - updated March 2021
- LEA Service: Hearing (loc ed serv hear) - updated August 2020
- LEA Service: Nursing (loc ed serv nurse) - updated March 2021
- LEA Service: Nutrition (loc ed serv nutri) - updated March 2021
- LEA Service: Occupational Therapy (loc ed serv occu) - updated March 2021
- LEA Service: Orientation and Mobility (loc ed serv orient) - updated March 2021
- LEA Service: Physical Therapy (loc ed serv phy) - updated March 2021

Section 2

New Practitioners and New Services

Topical Resources

- March 2020 New Services and Practitioners Training
- March 2020 Training FAQs
- May 2020 SPA Implementation Training (slides 37 to 53)
- PPL #20-039 – Notification of New Services and Practitioners in the LEA Program
  - Attachment to PPL contains codes/modifiers and maximum allowable rates
  - Rates also published in the updated Provider Manual Section *loc ed bil cd*

New Services and Practitioners

New Services (8)

Treatment Services

- Activities of Daily Living (ADL) Assistance
- Group Occupational Therapy (OT)
- Group Physical Therapy (PT)

Treatment and Assessment Services

- Nutritional Services
- Orientation and Mobility
- Respiratory Therapy

Targeted Case Management (TCM)

EPSDT Screenings

New Practitioners (9)

Assistants

- OT Assistants
- PT Assistants
- Speech-Language Pathology (SLP) Assistants

Associates

- Marriage and Family Therapists (MFTs)
- Clinical Social Workers

Orientation and Mobility Specialists

Physician Assistants

Respiratory Therapists

Dieticians

ADL Assistance
(example of new service presented at May 2020 Training)

Authorization

- Authorized by a **physician**
- Services authorized **one year** from date of physician's prescription
- Services may not be billed before the prescription is obtained

Billing Information

- Billed in **15-minute** increments
- May **round up** to one unit of service if direct task takes 7+ continuous minutes
- Not billable as a group service; however, one or more students may be served **one-at-a-time sequentially**

Covered Practitioners	Supervision
• Nurse	• None
• Licensed Vocational Nurse (LVN)	• By a licensed physician, registered credentialed school nurse, or certified public health nurse
• Trained Health Care Aide (THCA)	

Details are now updated in the Provider Manual
"LEA Service: Nursing" section *(loc ed serv nurs)*

Provider Manual Updates – ADLs

‹‹Activities of Daily Living Assistance Services

Activities of Daily Living (ADL) assistance services include basic, personal, everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, transferring, positioning, mobility assistance and cueing or directing the completion of an ADL task. These services include direct intervention (assisting the student in performing a task) or indirect intervention (cueing or redirecting the student to perform a task) and require a physician's prescription. ADL assistance services shall not be performed as a group service; however, one or more students may be served one-at-a-time sequentially. ADL assistance services include, but are not limited to the following:

- Assisting with routine ADLs, such as or
  - Feeding;
  - Dressing and grooming;
  - Bathing; or
  - Toileting.
- Assisting a student to ambulate, position or transfer.
- Bowel and bladder care.
- Cueing, redirecting or monitoring to ensure the student performs ADL tasks becau cognitive impairment prevents an individual from knowing when or how to carry ou task.
- Helping with use of assistive devices.
- Observation/monitoring and redirection/intervention to assist with completion of ADLs.››

‹‹ADL assistance activities do not include the following:

- Assisting the student with educational activities, such as tutoring, preparation of educational materials or Braille interpretation.
- Classroom support, including redirecting, cueing and intervening to help a child stay on task to complete school assignments, projects or activities.
- Instrumental Activities of Daily Living (IADLs), such as assistance with meal preparation, household chores, teaching a child to grocery shop, manage finances or get around in the community by taking the bus.
- Assisting with ADLs or IADLs that a typically developing child of the same chronological age could not safely and independently perform without adult supervision.
- Monitoring or observation of a child who may have behavioral episodes in the classroom.
- Services provided by a bus monitor (while monitoring a group of students on the bus).

For all covered school health aide treatment services, only direct time spent actually providing a covered medical service may be billed. Indirect service time, such a documenting services in a treatment log, may not be billed.

Continuous Monitoring

In cases where a physician has authorized one-on-one continuous monitoring of a student's medical condition as a medically necessary service, the continuous monitoring time may be billed. However, for the continuous monitoring to be a billable service in the LEA Program, the trained health care aide must document observations and/or treatment activities at least

Provider Manual Updates – Codes

‹‹Treatments (Pursuant to IEP, IFSP or IHSP)››

Procedure Codes/Service Limitations Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
‹‹T1002 TL (IFSP) or T1002 TM (IEP) or T1002 (IHSP)››	Nursing services, RN, 15-minute increment	32 units per day
‹‹T1003 TL (IFSP) or T1003 TM (IEP) or T1003 (IHSP)››	Nursing services, LVN, 15-minute increment	32 units per day
‹‹T1004 TL (IFSP) or T1004 TM (IEP) or T1004 (IHSP)››	‹‹School health aide treatment services, specialized physical healthcare services by a trained health care aide, 15-minute increment››	32 units per day
‹‹97535 TD TL (IFSP) or 97535 TD TM (IEP) or 97535 TD (IHSP)	Nursing services, RN ADL services, 15 minute increment	32 units per day
97535 TE TL (IFSP) or 97535 TE TM (IFSP) or 97535 TE (IHSP)	Nursing services, LVN ADL services, 15 minute increment	32 units per day
97535 TL (IFSP) or 97535 TM (IEP) or 97535 (IHSP)	Nursing services, trained health care aide ADL services, 15 minute increment	32 units per day
S9470 TD TL (IFSP) or S9470 TD TM (IEP) or S9470 TD (IHSP)	Nutritional counseling services, 15-minute increment	24 units per day››

Occupational Therapy Assistant
(example of new practitioner presented at May 2020 Training)

Covered Services

- Occupational Therapy Treatment (Individual and Group)

Billing Modifier

- Modifier CO

Qualification

- Licensed to practice by the California Board of Occupational Therapy

Supervision

- Supervision by a licensed occupational therapist

Details are now updated in the Provider Manual
"LEA Service: Occupational Therapy" section (*loc ed serv occu*)

Provider Manual Updates - OTAs

Page updated: March 2021

Rendering Practitioners: Reimbursable Services

‹‹The following chart indicates the services that are reimbursable to LEAs when performed by the indicated qualified practitioner(s).››

Reimbursable Services Table

Qualified Practitioners	Reimbursable Services
‹‹Licensed occupational therapy assistant	Occupational therapy treatments, including individual and group treatments (group constitutes treatment to two or more students)››

‹‹Treatments (Pursuant to IEP, IFSP or IHSP)››

Procedure Codes/Service Limitations: Occupational Therapy Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
‹‹97110 TL (IFSP) or 97110 TM (IEP) or 97110 (IHSP)	Individual occupational therapy initial service, 15 thru 45 continuous minutes (bill 1 unit per 15-minute increment)››	3 units per day
‹‹97110 22 TL (IFSP) or 97110 22 TM (IEP) or 97110 22 (IHSP)	Individual occupational therapy service, additional 15-minute increment››	21 units per day
‹‹97150 TL (IFSP) or 97150 TM (IEP) or 97150 (IHSP)	Group occupational therapy initial service, 15 thru 45 continuous minutes (bill 1 unit per 15-minute increment)››	3 units per day
‹‹97150 22 TL (IFSP) or 97150 22 TM (IEP) or 97150 22 (IHSP)	Group occupational therapy service, additional 15-minute increment››	21 units per day

‹‹Qualified Practitioners (Modifier)

- Licensed occupational therapist (GO)
- Licensed occupational therapy assistant (CO)››

Page updated: March 2021

Supervision Requirements

‹‹The following chart indicates whether a rendering practitioner requires supervision to provide occupational therapy services.››

‹‹Supervision Requirements Table››

‹‹Qualified Practitioners	Supervision Requirement
Licensed occupational therapist	No supervision required to provide occupational therapy services
Licensed occupational therapy assistant	Requires supervision by a licensed occupational therapist››

‹‹Supervising Occupational Therapist

The licensed occupational therapist must at all times be responsible for all occupational therapy services provided to the student. Appropriate supervision of a licensed occupational therapy assistant includes, at a minimum:

- At least weekly review and inspect all aspects of occupational therapy services rendered by the occupational therapy assistant.
- Document the supervision, which shall include either documentation of direct client care by the supervising occupational therapist, documentation of review of the client's medical and/or treatment record and the occupational therapy services provided by the occupational therapy assistant, or co-signature of the occupational therapy assistant's documentation.
- Provision by the supervising licensed occupational therapist of periodic (at least once every 30 days) on-site supervision and observation of the student care rendered by the occupational therapy assistant

LEA Program Reimbursement

- To be reimbursed for delivering Medi-Cal services, SPA 15-021 requires the following:

Student to be **22** years of age or younger

Student to be **Medi-Cal eligible** on the date of the service

Appropriate **authorization** for LEA covered services

Documentation of service delivery

Annual cost report, including a final settlement process

Compliance with Program timelines and required documents

Participation in the **Random Moment Time Survey (RMTS)**

Billing for New Services/Practitioners

- **CAN BILL** for new services and practitioners for dates of service in SFY 20-21 (July 1, 2020 to present)
  - Use procedure codes/modifiers listed in the updated LEA Provider Manual (*loc ed bil cd*)
  - Use maximum allowable rates for SFY 20-21 found in *loc ed bil cd*

✕ **DO NOT BILL** for services rendered prior to SFY 20-21 (July 1, 2015 to June 30, 2019)

  - DHCS in process of discussing billing for SFYs 15-16 through 19-20 with CMS

Billing for Physician Assistants

- **BEFORE** your LEA bills for PA services, an update must be made to your provider record at DHCS
- If you intend to bill for PA services, email LEA@DHCS.CA.gov
  - Include your LEA Name/NPI
  - Subject titled “Request to bill for PAs”
  - Wait for DHCS confirmation to begin billing for PAs
- Claims will deny if you bill using modifier U7 without the update being made

Federally Funded Practitioners

- If your LEA knows that a practitioner is 100% federally funded **before** the quarter starts:
  - Exclude the practitioner from the TSP List (they will not participate in RMTS)
  - Do not bill for the practitioner
  - Do not include the practitioner on your CRCS
- If a practitioner is partially federally funded:
  - Include them on the TSP List
  - Bill for Medi-Cal services rendered
  - Include the practitioner on your CRCS and back out any federal funds received

Sample of Survey Questions

Question #1: Can LEAs bill for mental health services?

- **Answer:** Yes. The LEA Program covers psychological assessments, psychosocial status assessments, health education/anticipatory guidance, and psychology and counseling treatments. Additional guidance can be found in the LEA Provider Manual section for Psychology/Counseling (*loc ed serv psych*).

Question #2: Are licensed vocational nurses (LVNs) able to bill for immunizations under the supervision of a registered credential school nurse?

- **Answer:** The California Board of Vocational Nursing and Psychiatric Technicians provides guidance on this topic as it relates to COVID-19 vaccines. In addition, per Business and Professions Code 2860.7, LVNs may administer immunizations under the direction of a **physician**.

Sample of Survey Questions

Question #3: Which practitioners can provide EPSDT services? What documentation will be necessary? Will EPSDT services provided via telehealth be covered under the LEA program?

- **Answer:** Only practitioners approved in SPA 15-021 may provide services under the LEA Program (regardless of whether services are covered under EPSDT). Documentation requirements are not different than prior expectations; LEAs must be able to produce supporting documentation for service delivery and practitioner licenses or credentials, when required. EPSDT services that do not preclude a telehealth modality are currently billable under the LEA Program under the Department's Public Health Emergency (PHE) flexibilities granted to LEAs. See PPL# 20-014R for addition detail on telehealth during the PHE.

Sample of Survey Questions

Question #4: Are there any checklists or cheat sheets for RMTS for new practitioners?

- **Answer:** The School-Based RMTS webpage includes links to the RMTS Manual, RMTS Fact Sheet, and RMTS Quick Reference Guide. In addition, the August 2020 RMTS Training is a good resource for new practitioners.

QUESTIONS – SECTION 2

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 3
Pool 1 TSP List

Topical Resources

- School-Based Medi-Cal Administrative Activities (SMAA) Manual, Section 6
- August 2020 RMTS Training
- PPL #20-031 – Notification of New Requirement for Time Survey Participant Equivalency Requests (Form included as an attachment to PPL)
- PPL #20-046 – Notification of New Requirement for Quarter 1 TSP List

Participant Pools

- **Participant Pool 1** = Direct Service Providers
- **Participant Pool 2** = Administrative Service Providers
- **Participant Pool 1 excludes**:
  - Employees that are **100 percent federally-funded**
  - Direct service practitioners that are **not qualified** to provide and bill for LEA Program covered services
  - Direct service practitioners that the **LEA does not intend to bill** for during the upcoming quarter
  - **Direct health service** contractors*

    ** Note: The SMAA Program does allow contractors to be in Participant Pool 2; the policy on whether contractors participate in RMTS differs between LEA Program and SMAA*

Pool 1 (Direct Service) – Approved Participants

- Certified Nurse Practitioners
- Certified Public Health Nurses
- Credentialed Audiologists
- Credentialed School Counselors
- Credentialed School Psychologists
- Credentialed School Social Workers
- Credentialed SLPs
- Licensed Audiologists
- Licensed Clinical Social Workers
- Licensed Educational Psychologists
- Licensed Marriage and Family Therapists
- Licensed Occupational Therapists
- Licensed Optometrists
- Licensed Physical Therapists
- Licensed Physicians
- **Licensed Physician Assistants***
- Licensed Psychiatrists
- Licensed Registered Nurses
- Licensed Respiratory Care Practitioners
- Licensed SLPs
- Licensed Vocational Nurses
- **Occupational Therapy Assistants***
- **Orientation and Mobility Specialists***
- **Physical Therapist Assistants***
- Program Specialists
- **Registered Associate Clinical Social Workers***
- Registered Credentialed School Nurses
- **Registered Dieticians***
- **Associate Marriage and Family Therapists***
- Registered School Audiometrists
- **Speech-Language Pathology Assistants***
- Trained Health Care Aides

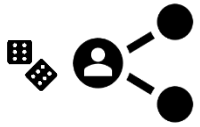
New SPA 15-021 practitioner

Moment Selection

Moments are received via e-mail and include a direct link to the secure RMTS website

If randomly selected for a moment, TSP should promptly respond to the RMTS email

TSPs may have no moments **or** multiple moments assigned in a quarter



TSPs should provide **detailed responses** on the activity being performed so the moment can be coded to the appropriate activity code

Q1 TSP List Development

Per PPL #20-046, Q1 TSP Lists will be **developed retrospectively** based on employed practitioners that are qualified to provide and bill for LEA services in Summer 2021

TSP Equivalency Forms for Q1 (July 1, 2021 to September 30, 2021) direct health service practitioners will be due to DHCS by **December 31st**

Q1 TSP Lists will be **developed and maintained by LEAs** for audit and review purposes (not necessary to submit to DHCS)

The SFY 2021-22 Q1 TSP List will be applicable to costs on the SFY 2021-22 CRCS **due March 2023**

Sample of Survey Questions

Question #1: Who should be identified as a time survey participant (TSP)? And what are their responsibilities?

- **Answer:** TSPs are classified by the LEA Coordinator as either Pool 1 participants or Pool 2 participants. Pool 1 participants are direct health service practitioners that are qualified to bill under the LEA Program (e.g., a school nurse that provides direct health services to students). Pool 2 participants are administrative claiming staff that will not bill direct medical services (e.g., a case manager that links families to health insurance or refers and coordinates health, dental or mental health services). Under RMTS, TSPs are randomly selected to identify the activity they are performing during a specific moment in time. Additional information can be found on the School-Based RMTS webpage and in the PowerPoint slides and FAQs from the September 2020 Time Survey Participant Training on the LEA Program Training webpage.

Sample of Survey Questions

Question #2: Since this is a new process, will there be a grace period for LEAs when billing LEA Medi-Cal if practitioners are not on a quarter's TSP list?

- **Answer:** No. As of SFY 2020-21, only TSPs identified in the Participant Pool 1 TSP list for that applicable quarter may be reimbursed under the LEA Program and reported on the CRCS for that quarter. RMTS requires a statistically valid sample and excluding practitioners can compromise this principle.

Question #3: How can LEAs verify that the submitted TSP list has been approved and updated in the RMTS system?

- **Answer:** Please contact your LEC or LGA to confirm that the TSP list has been approved and updated in the RMTS system. DHCS is not involved in this process.

Sample of Survey Questions

Question #4: What is the process for creating the Q1 TSP list? Will they be created retrospectively after Q2 as they did for SFY 2020-21?

- **Answer:** Yes. Since there is no RMTS during Q1, the Participant Pool 1 TSP list is not utilized to generate a random sample and can be developed retrospectively after the RMTS quarter has ended. For each SFY, LEAs must develop a Q1 Participant Pool 1 TSP list based on their employed qualified health service practitioners that were eligible to bill for LEA services between July 1 and September 30 of each year. Additional guidance can be found in PPL #20-046, which outlines the requirements and process for developing Q1 TSP lists under the LEA Program.

Sample of Survey Questions

Question #5: If someone is a direct service provider, but not billing, should they be in Participant Pool 1 or Pool 2?

- **Answer:** To be included in Participant Pool 1, the LEA should expect to bill for the practitioner in the upcoming quarter. If the LEA does not plan to bill for the practitioner in the upcoming quarter, they may be included in Participant Pool 2 if they provide administrative activities.

QUESTIONS – SECTION 3

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 4

RMTS Moment Documentation

Topical Resources

- October 2020 Documentation Training
- 2003 Administrative Claiming Guide
- Prior Office of the Inspector General Audits

Federal Oversight

- The U.S. Department of Health and Human Services (HHS) is the federal oversight agency
- CMS is an agency within HHS, and is responsible for administering the Medicare and Medicaid programs
- Office of the Inspector General (OIG) is responsible for audits, investigations and inspections of the programs run by HHS
- OIG relies upon CMS guidance when auditing

CMS Guidance

- The 2003 CMS Administrative Claiming Guide

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

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

OIG Investigations

- Since 2001, there have been OIG audits in over thirty states related to school-based programs
- In recent years, the audits have included a focus on RMTS
  - Statistical sampling practices
  - Discarding sample moments
  - Maintaining documentation to support the time study
  - Discrepancies regarding how the moment was coded
  - Documentation of the moment itself

Documentation of the Moment

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

Documentation of the Moment

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

Documentation of the Moment

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

Documentation of the Moment

State	Findings
New Jersey, 2019	• OIG **sampled 227 moments** coded as **administration activities**. • Agreed with coding for only **5** of 227 moments. The remaining moments were either incorrectly coded (127) or unsupported (93). • Incorrectly Coded: Included 60 moments related to IEP-related activities. OIG's comments included *"The CMS Guide states that activities related to identifying, evaluating, and developing IEPs for children with a disability under IDEA are education-related activities and are not eligible for Medicaid administrative reimbursement"* and that the CMS Guide states that "*Medicaid does not pay for . . . IEP team meetings or for costs related to attendance at those meetings by medical professionals."* • Unsupported: Included 93 moments coded as related to Medicaid administration without sufficient support to make such a coding decision. OIG noted a lack of follow-up questions to ensure moments were coded appropriately. OIG noted that if student names and case information were in the sample results, the State agency would have been able to provide additional information that may have allowed it to satisfy its burden of proof.

NJ OIG Appendix

APPENDIX C: RANDOM MOMENT SAMPLING DOCUMENTATION REQUIREMENTS

To claim Federal reimbursement, the allocation of costs for Medicaid eligible and non-eligible activities requires careful documentation of all work performed by certain school staff over a set period of time and is used to identify, measure, and allocate the school staff time that is devoted to activities reimbursable by Medicaid.

Federal regulations require costs to be adequately documented (45 CFR § 75.403(g)). The CMS Guide requires that documentation be retained to support sampling used to allocate costs, including the sample universe determination, the sample selection, and the sampling results (CMS Guide, pp. 42-43).

Documentation of results must be sufficiently detailed to determine whether the claimed activities are necessary for the proper and efficient administration of the State plan. The burden of proof and validation of sample results remains the responsibility of the State agency. To meet this requirement, the timestudy documentation can include a narrative description of the Medicaid activity being performed, including student names or case information where applicable (CMS Guide, p. 37). Regardless of how the State validates sample results, the State must maintain appropriate documentation for audit purposes.

Policy on Moment Documentation

- **DHCS Policy**: LEAs must be able to substantiate **Code 2A moments**
- This practice will help prepare for a future OIG audit
  - Preparing now will reduce future risk for **ALL** LEAs!
- Code 2A moments can be supported by interim billing documentation in many cases
- DHCS cannot provide feedback on how to document every Code 2A scenario

Source Documents for Code 2A Moments

Supporting documentation for the moment include, but are not limited to:

- ❑ The student's **IEP** or **IFSP**
- ❑ The student's **IHSP**, or other type of Care Plan used as a medical management tool for providing medically necessary services to a student in a school setting
- ❑ Treatment Logs
- ❑ Practitioner Notes
- ❑ Billing Schedules and/or Documents
- ❑ Practitioner Schedules
- ❑ Calendars
- ❑ Timesheets

Direct Service Moments

- In cases where the moment relates to a **direct face-to-face service**, documentation prepared to support the service may be used
  - For example, providing therapy at the time of your moment could be supported with the IEP that includes therapy services, billing documentation (Medi-Cal students), progress notes for the therapy session, and calendar entry noting TSP was in a therapy session
  - Documentation that would support interim billing can be used to substantiate moments
  - DHCS suggests that LEAs train TSPs that when they get a moment, they should be pulling documentation to support what they were doing at the time of their moment

Example: Direct Service Documentation for Moments

Physical Therapist in Pool 1 receives a moment:

Was the activity related to an assessment or pursuant to an IEP/IFSP/Care Plan?	*Yes*
Who were you with?	*A student*
What were you doing?	*I was in a therapy session.*
Why were you doing this?	*The student's IEP requires physical therapy services twice a week.*

Examples of documentation to support the moment:

- The student's IEP showing the physical therapy services
- TSP's calendar showing they were in a therapy session during the assigned moment
- Progress notes with date of service and detail of session
- Other items that substantiate the response (may be specific to the LEA)

Indirect Service Moments

- If the moment **supports** a direct service, the practitioner will use similar documentation to a direct service moment
  - For example, writing an assessment report at the time of your moment could be supported with the dated assessment (showing it took place prior to the report writing), the final copy of the report, the IEP that resulted from the assessment, and a calendar entry or time tracking module that indicates the practitioner was writing reports for a block of time.
  - Your documentation will tell a story that will be supported by assessments, treatment plans, progress notes, calendar entries, etc.

Example: Indirect Service Documentation for Moments

Psychologist in Pool 1 receives a moment:

Was the activity related to an assessment or pursuant to an IEP/IFSP/Care Plan?	*Yes*
Who were you with?	*Myself*
What were you doing?	*I was writing a report for an initial assessment*
Why were you doing this?	*Student is being assessed for special education*

Examples of documentation to support the moment:

- The student's assessment that pre-dates the time of the moment
- The resulting report
- The student's IEP (if generated)
- Calendar entry for the psychologist that indicated what they were doing during the time of their moment (e.g., 10-10:20am – report writing)

Example: Indirect Service Documentation for Moments

Nurse in Pool 1 receives a moment:

Was the activity related to an assessment or pursuant to an IEP/IFSP/Care Plan?	*Yes*
Who were you with?	*I was by myself in my office*
What were you doing?	*I was on the phone*
Why were you doing this?	*I was speaking with a parent to get health and vision updates for her student for the upcoming IEP meeting.*

Examples of documentation to support the moment:

- Dated notes in the student's records from the call with the parent
- The student's IEP that resulted from the call
- Practitioner calendar entry that indicated what they were doing in the block of time that included their moment

Example: Indirect Service Documentation for Moments

SLP in Pool 1 receives a moment:

Was the activity related to an assessment or pursuant to an IEP/IFSP/Care Plan?	*Yes*
Who were you with?	*Myself*
What were you doing?	*Scheduling a student assessment*
Why were you doing this?	*The student had an upcoming triennial assessment*

Examples of documentation to support the moment:

- The speech assessment for the student
- The student's triennial IEP with speech services
- Practitioner calendar entry that indicated what they were doing in the block of time that included their moment

Example: Indirect Service Documentation for Moments

SLPA in Pool 1 receives a moment:

Was the activity related to an assessment or pursuant to an IEP/IFSP/Care Plan?	*Yes*
Who were you with?	*No one*
What were you doing?	*Documenting therapy session notes*
Why were you doing this?	*Therapy notes provide current progress toward the student's IEP goals*

Examples of documentation to support the moment:

- Dated session notes in the student's records (note that electronic records will have a time stamp near the time of the moment)
- Session date prior to the notes
- The student's IEP with speech therapy services
- Practitioner calendar entry

Example: Indirect Service Documentation for Moments

SLP in Pool 1 receives a moment:

Was the activity related to an assessment or pursuant to an IEP/IFSP/Care Plan?	*Yes*
Who were you with?	*No one – working virtually*
What were you doing?	*Planning for speech therapy for the day*
Why were you doing this?	*Speech therapy based on IEP goals*

Examples of documentation to support the moment:

- Practitioner calendar showing speech therapy conducted that day
- Medi-Cal billing for speech therapy (if planning for a Medi-Cal student)
- The student's IEP with speech therapy services
- Practitioner calendar entry

Example: Indirect Service Documentation for Moments

Physical Therapist in Pool 1 receives a moment:

Was the activity related to an assessment or pursuant to an IEP/IFSP/Care Plan?	*Yes*
Who were you with?	*I was alone*
What were you doing?	*Preparing treatment space with equipment*
Why were you doing this?	*To prepare for a small group breakout session*

Examples of documentation to support the moment:

- Practitioner calendar showing group therapy conducted that day
- Medi-Cal billing for group therapy (if session included a Medi-Cal student)
- Progress notes from the group therapy session that day
- A student in the group's IEP showing physical therapy services
- Practitioner calendar entry

Sample of Survey Questions

Question #1: How often will a participant receive a RMTS moment?

- **Answer:** TSPs are randomly assigned moments throughout the quarter. They may have no moments, one moment, or multiple moments assigned in a quarter. Responding to assigned moments is mandatory.

Question #2: What percentage of Code 2A moments will be reviewed?

- **Answer:** 10% of all RMTS moments will be reviewed by DHCS for appropriate coding; a portion of these relate to Code 2A/2Z.

Sample of Survey Questions

Question #3: Will a clarifying email from the participant suffice as back-up documentation?

- **Answer:** No. In general, an email from the participant simply confirming their moment response is not considered adequate documentation. TSPs should be able to provide some additional documentation, such as the student's IEP/IFSP/IHSP, treatment logs, practitioner notes, billing schedules and/or documents, practitioner schedules, calendars, and/or timesheets, to support their moment response.

Question #4: What happens when a RMTS moment is sent to a staff member out on leave? Is documentation still required?

- **Answer:** The moment will not be coded as 2A if the staff member is out on leave and will therefore not require additional documentation.

QUESTIONS – SECTION 4

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 5

Targeted Case Management (TCM)

Topical Resources

- April 2020 Transportation and TCM Training
- September 2020 TCM Training
- April 2020 and September 2020 Training FAQs
- PPL #20-033 – Notification of Reinstatement of TCM in the LEA Program
- SMAA PPL #20-052 – Claiming TCM costs for the School-Based Medi-Cal Programs
- TCM Provider Manual Section (*loc ed serv targ*)

LEA Program 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, IFSP, or IHSP

- TCM services are written into the IEP/IFSP/IHSP
- 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

School-Based TCM Reimbursement

With the approval of SPA 15-021, the LEA Program was integrated into the RMTS process

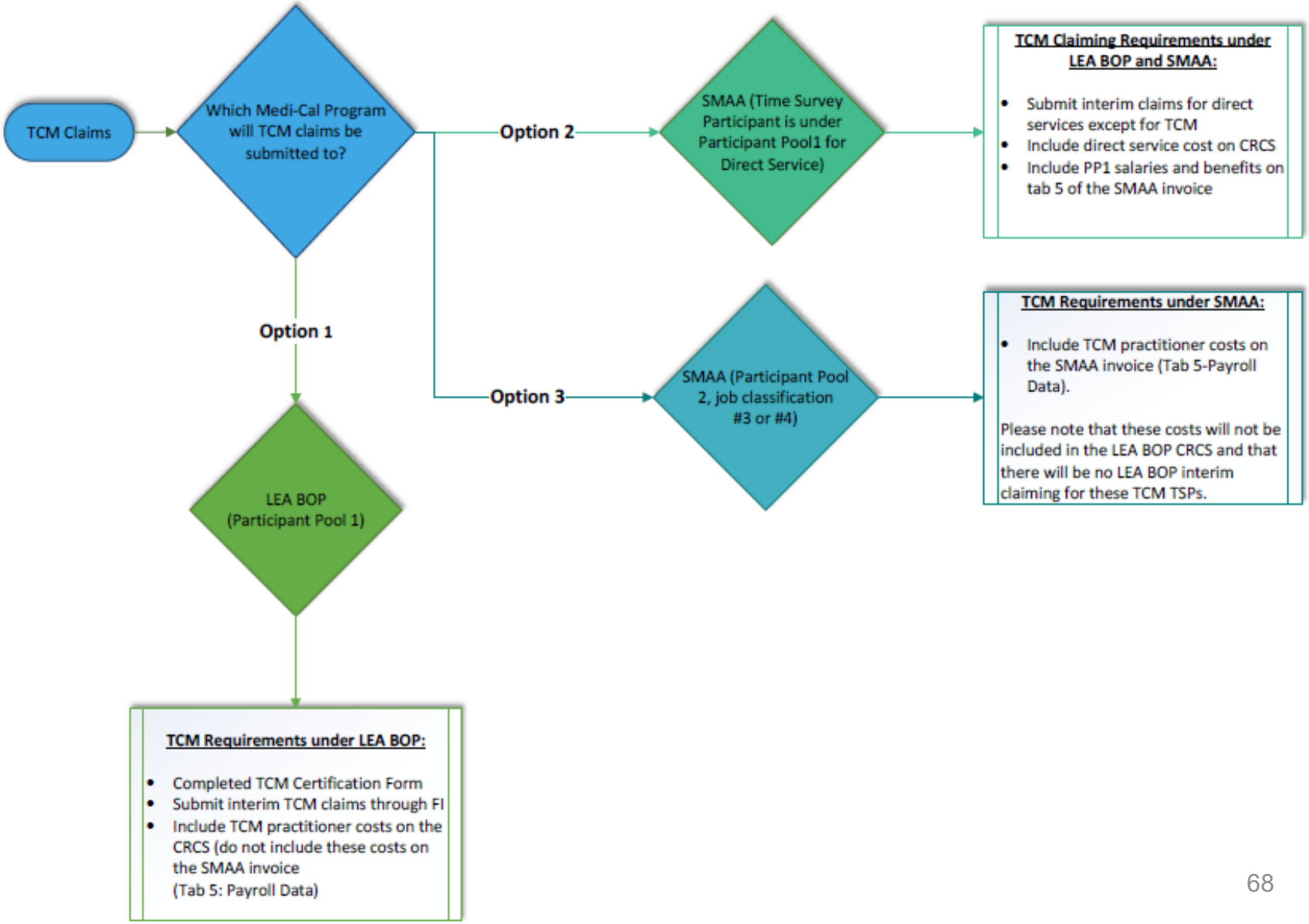
In order to prevent duplication of reimbursement, LEAs will need to choose which school-based program to receive TCM reimbursement through:

- **Option 1:** The LEA Program as a Pool 1 Participant
- **Option 2:** The SMAA Program as a Pool 1 Participant

  Note: Applicable only if the LEA participates in both the LEA Program and SMAA Program

- **Option 3:** The SMAA Program as a Pool 2 Participant

School-Based TCM Flow Chart



Billing for TCM Services

Billing of Service

- TCM services are billed in 15-minute increments
- Procedure Code T1017
- Modifiers designating practitioner type
- Modifiers designating the type of Care Plan – IEP (TL), IFSP (TM), IHSP (no modifier required)
- All LEAs paid the same rate *(no high, medium, low rates)*
- Limited to **32 units** per student per day
- Credentialed special education teachers may bill as Program Specialists (if they meet requirements)
- LEAs must maintain TCM Certification Statement, which lists all Pool 1 practitioners expected to bill LEA Program TCM each quarter

Provider Manual Updates - TCM

‹‹TCM Certification

Effective fiscal year 2020-21 and beyond, DHCS will require a TCM certification form for Random Moment Time Survey (RMTS) participants (known as Time Survey Participants, or TSPs) that provide and bill for TCM services under the LEA Medi-Cal Billing Option Program. The *Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) Targeted Case Management (TCM) Certification Statement* (DHCS 9137) form will identify time survey participants (TSPs) for random moment time survey (RMTS) central coding staff so they may use this information to assist in coding case management-related moments.

The TCM certification form can be found on the DHCS website (*www.dhcs.ca.gov)* on the Local Educational Agency Medi-Cal Billing Option Program page. On the "Program Information" web page, providers should click "School Based Claiming Random Moment Time Survey" and then "TCM Certification Form."

TCM Case Manager Qualifications

Case managers employed by the case management agency must meet the requirements for education and/or experience as defined below:

- ‹‹A registered nurse, or a public health nurse with a license in active status to practice as a registered nurse in California; individual shall have met the educational and clinical experience requirements as defined by the California Board of Registered Nursing; or
- An individual with at least a bachelor's degree from an accredited college or university, who has completed an LEA agency-approved case management training course; or
- An individual with at least an associate of arts degree from an accredited college, who has completed an LEA agency-approved case management training course and has two years of experience performing case management duties in the health or human services field; or
- An individual who has completed an LEA agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.››

Service Limitations: Daily

TCM services are limited to 32 units per student per day. ‹‹A unit is defined as 15 minutes of continuous treatment.››

TCM Services Billed Using 15-Minute Increments

TCM services are billed in 15-minute increments and do not have separate initial and additional service increments. ‹‹Any time more than seven continuous treatment minutes can be billed as a 15-minute increment.››

‹‹**Procedure Codes/Service Limitations: Targeted Case Management Table**››

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
‹‹T1017 TL (IFSP) or T1017 TM (IEP) or T1017 (IHSP)››	‹‹Targeted case management, 15-minute increment››	32 units per day

Qualified Practitioners (Modifier):

- Registered credentialed school nurses (TD)
- Licensed registered nurses (TD)
- Certified public health nurses (TD)
- Certified nurse practitioners (TD)
- Licensed vocational nurses (TE)
- Licensed clinical social workers (AJ)
- ‹‹Registered associate clinical social workers (HM)››
- Credentialed school social workers (AJ)
- Licensed educational psychologists (AH)
- Licensed psychologists (AH)
- Credentialed school psychologists (AH)
- Licensed marriage and family therapists (no modifier)
- ‹‹Associate marriage and family therapists (HL)››
- Credentialed school counselors (no modifier)
- Program specialists (HO)
- ‹‹Licensed speech-language pathologists (GN)
- Credentialed speech-language pathologists (GN)
- Licensed occupational therapists (GO)
- Licensed physical therapists (GP)››

Sample of Survey Questions

Question #1: Do all TSPs in Participant Pool 1 have to be TCM certified?

- **Answer:** No. Only TSPs that expect to bill for TCM services under the LEA Program as a Pool 1 Participant must be identified on a TCM Certification Form. The form can be found on the School-Based RMTS webpage.

Question #2: What is an agency-approved case management course? Who approves these courses if it is not DHCS?

- **Answer:** The LEA is responsible for approving and making available the case manager training course. At a minimum, the training course should cover the requirements for billing TCM under the LEA Program and best practices for coordinating a student's care.

Sample of Survey Questions

Question #3: For credentialed special education teachers who complete the required case management course for certification, can they be added as a program specialist for TCM with a TSP Equivalency Request?

- **Answer:** Yes. Special education teachers who meet all TCM practitioner requirements can be approved as a Pool 1 Participant through a TSP Equivalency Request. They must also be identified as a TCM practitioner on the Time Survey Participant (TSP) list and on the TCM Certification Form. Special education teachers billing as program specialists must document TCM services as indicated in the September 2020 TCM Training.

QUESTIONS – SECTION 5

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 6

Cost and Reimbursement Comparison Schedule (CRCS)

Topical Resources

- June 2020 CRCS Training
- June 2020 Training FAQs
- LEA Program CRCS webpage

LEA Program Cost and Reimbursement Comparison Schedule

Back to LEA Home Page

Cost and Reimbursement Comparison Schedule (CRCS) Resources

- Includes CRCS reports for Fiscal Years 2009-10 and 2010-11 (note not all audited CRCS reports are included) and includes a Summary of Audited Impact on Program Expenditures.
- CRCS Documentation Training
- CRCS FAQs
- CRCS Flow Chart
- CRCS Submission Checklist
- California School Accounting Manual (CSAM)
- LEA Indirect Cost Rate Data
- Standardized Accounting Code Structure (SACS) Guidance
- CRCS Questions: LEA.CRCS.Questions@DHCS.CA.GOV
- CRCS Submissions: LEA.CRCS.Submission@DHCS.CA.GOV

CRCS Forms

Below are CRCS forms for Fiscal Years 2009-10 through 2018-19. Note that the link to the CRCS and Certification of Zero Reimbursements for Fiscal Year 2013-14 is currently unavailable - please contact the LEA Program directly at lea@dhcs.ca.gov to request those documents.

CRCS for Fiscal Year 2018-19
Included Certification of Zero Reimbursements

CRCS for Fiscal Year 2017-18
Includes Certification of Zero Reimbursements

CRCS Summary
Prior to RMTS Start Date of July 1, 2020

CRCS Form*:	Old Form	Old Form	Old Form	New Form	New Form
Original Due Date:	11/30/2017	11/30/2018	11/30/2019	11/30/2020	11/30/2021
Due Date to Resubmit:	2/28/2022	5/31/2022	8/31/2022	11/30/2022	N/A
RMTS 2A % based on:	FY 20-21	FY 20-21	FY 20-21	FY 20-21	FY 20-21
Transportation	CRCS does not include Specialized Medical Transportation (SMT) Costs (transportation not cost settled)				Includes SMT
Salary / Benefit Reporting	Reported on an annual basis, not quarterly				

* The Old Form refers to any CRCS that was submitted prior to November 2020. The New Form refers to the CRCS that was revised for the SPA 15-021 reimbursement methodology.

CRCS Summary
After RMTS Start Date of July 1, 2020

CRCS Form:	**New Form**	**New Form**	**New Form**
Original Due Date:	**3/1/2022**	**3/1/2023**	**3/1/2024**
Due Date to Resubmit:	**No Resubmission Necessary**		
RMTS 2A % based on:	**FY 20-21**	**FY 21-22**	**FY 22-23**
Transportation	**CRCS includes specialized medical transportation costs**		
Salary / Benefit Reporting	**Quarterly reporting, aligns with quarterly TSP List**		

Summary of Updates to CRCS

Worksheet	Worksheet Changes
Certification	• Removes over/underpayment amount for IEP vs Non-IEP • Certifying to total LEA service costs
Allocation Statistics	• Adds statistics to allocate transportation costs (SFY 19-20 and onward)
Worksheet A: Summary of Costs	• Summarizes net personnel costs (salary, benefit, other costs) • As of SFY 19-20, adds transportation costs to the calculation
Worksheet B: Salary and Benefits Data Report	• Annual payroll data input for LEA Program qualified rendering practitioners
Worksheet B.1: Fiscal Year Funding Summary	• No data input • Calculates net personnel costs that flow to Worksheet A
Worksheet C: Other Costs	• Includes materials/supplies, non-capitalized equipment, dues/ membership, travel/conferences, communication • No changes from SFY 18-19 reporting
Worksheet C.1: Equipment Depreciation	• Recording asset purchases > $5,000 • Includes depreciation calculation associated with the asset

CRCS Updates (con't)

Worksheet	Worksheet Changes
Worksheet D: Contractor Costs	• Captures contractor expenditures and federal funding information • No changes from SFY 18-19 reporting
Worksheet E: Transportation Summary	• Summary worksheet aggregating information from three detail worksheets (E.1, E.2, E.3) – No data input required
Worksheet E.1: Transportation Personnel Costs	• **Adds worksheet** to detail **payroll information** related to specialized transportation services
Worksheet E.2: Other Transportation Costs	• **Adds worksheet** to detail **'other costs'** specialized transportation services
Worksheet E.3: Transportation Equipment – Depreciation	• **Adds worksheet** to detail **depreciation** using straight-line method (specialized transportation costs)
Worksheet F: Interim Reimbursement	• Adds **transportation and mileage reimbursement**, effective SFY 19-20

Sample of Survey Questions

Question #1: What is audited if a LEA does not add new practitioner costs from SPA 15-021 for SFYs 2015-16 through 2019-20 in the revised CRCS?

- **Answer:** Even if a LEA decides that they will not add any additional costs related to new services in the revised CRCS for the respective state fiscal year, the revised CRCS will include new components such as the RMTS Code 2A percentage and the Medi-Cal Eligibility Ratio (MER). Also, if the LEA billed for transportation services in SFY 2019-20, these costs will now be included on the CRCS, and that is an area that Financial Audits Branch (FAB) may review.

Sample of Survey Questions

Question #2: If backcasting will be handled through the CRCS form without retroactive billing, what would that look like?

- **Answer:** In the case retroactive claiming is eliminated, all settlement for the prior SFYs would take place through the CRCS. LEAs would include allowable practitioner costs on the CRCS, and these costs would be allocated to Medi-Cal using the SFY 2020-21 RMTS Code 2A percentage and LEA-specific Medi-Cal Eligibility Ratios (MERs) for each SFY. There would be no difference to LEAs in total cost settlement amount (LEAs would still adjust personnel costs on the CRCS), and a revised CRCS would still be required for each SFY.

Sample of Survey Questions

Question #3: How much time will it take to complete the backcasting?

- **Answer:** Backcasting will be considered completed once the Financial Audits Branch (FAB) has completed audits for the backcasted periods (SFY 2015-16 through 2019-20). Statute provides three years after cost report submission to complete audits, so we anticipate that backcasting won't be complete until 2025 (dates for each SFY depend on when the CRCS is submitted).

Question #4: How will DHCS handle backcasting for LEAs who participated in the LEA Program but not the SMAA Program?

- **Answer:** LEAs will use the Code 2A percentage for SFY 2020-21 for their LEC or LGA region on the backcasted CRCS forms, even if they did not participate in the SMAA Program RMTS in prior state fiscal years.

Sample of Survey Questions

Question #5: Are there any specific trainings or reading materials for the CRCS, specific to LEAs new to Medi-Cal?

- **Answer:** Additional information on the CRCS can be found on the LEA Program CRCS webpage. Resources include the California School Accounting Manual (CSAM), LEA Indirect Cost Rate Data, and Standardized Accounting Code Structure (SACS) Guidance. New LEAs are encouraged to review the June 2020 CRCS Training slides and FAQs.

QUESTIONS – SECTION 6

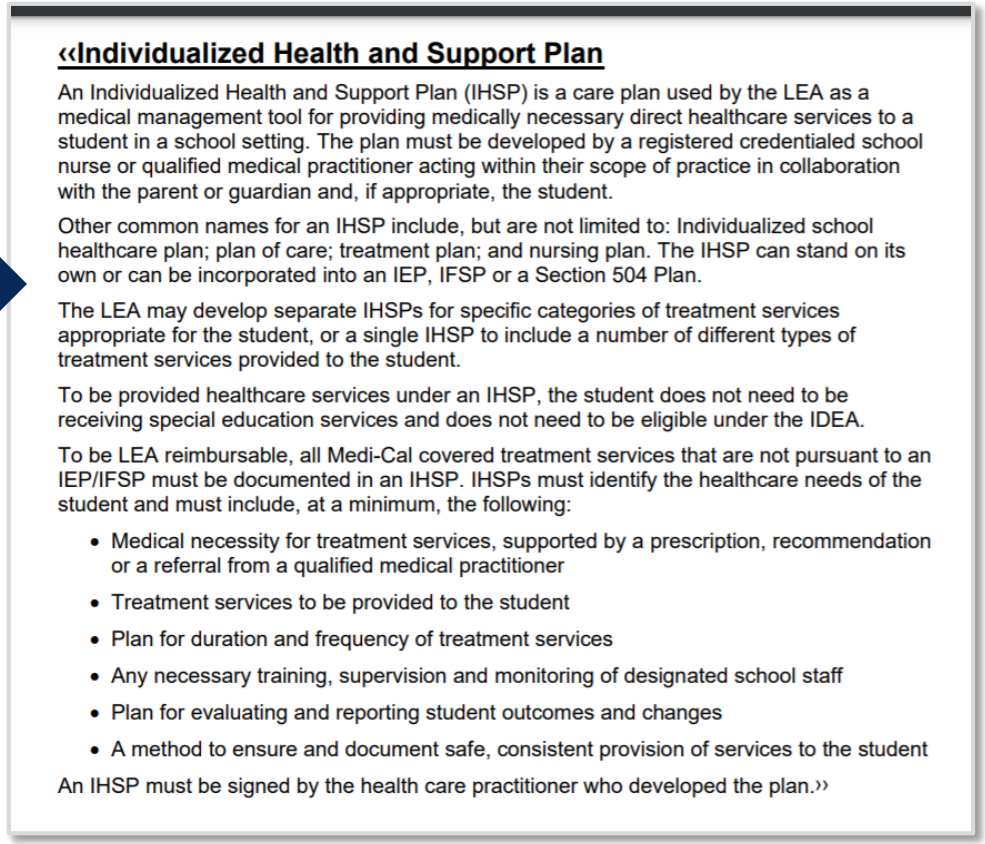
*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 7
Care Plans

Topical Resources

- May 2020 SPA Implementation Training (slides 29 to 31)
- May 2020 Training FAQs
- Updated LEA Provider Manual *(loc ed indiv)*



‹‹Individualized Health and Support Plan

An Individualized Health and Support Plan (IHSP) is a care plan used by the LEA as a medical management tool for providing medically necessary direct healthcare services to a student in a school setting. The plan must be developed by a registered credentialed school nurse or qualified medical practitioner acting within their scope of practice in collaboration with the parent or guardian and, if appropriate, the student.

Other common names for an IHSP include, but are not limited to: Individualized school healthcare plan; plan of care; treatment plan; and nursing plan. The IHSP can stand on its own or can be incorporated into an IEP, IFSP or a Section 504 Plan.

The LEA may develop separate IHSPs for specific categories of treatment services appropriate for the student, or a single IHSP to include a number of different types of treatment services provided to the student.

To be provided healthcare services under an IHSP, the student does not need to be receiving special education services and does not need to be eligible under the IDEA.

To be LEA reimbursable, all Medi-Cal covered treatment services that are not pursuant to an IEP/IFSP must be documented in an IHSP. IHSPs must identify the healthcare needs of the student and must include, at a minimum, the following:

- Medical necessity for treatment services, supported by a prescription, recommendation or a referral from a qualified medical practitioner
- Treatment services to be provided to the student
- Plan for duration and frequency of treatment services
- Any necessary training, supervision and monitoring of designated school staff
- Plan for evaluating and reporting student outcomes and changes
- A method to ensure and document safe, consistent provision of services to the student

An IHSP must be signed by the health care practitioner who developed the plan.››

Authorization for Assessments

- **All assessments** require authorization

  - Health care practitioners can authorize an assessment **OR**
  - A parent or teacher may request an assessment

- Authorization for **screening services** will be based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

Authorization for Screenings

Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

	INFANCY								
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	
MEASUREMENTS									
Length/Height and Weight		●	●	●	●	●	●	●	
Head Circumference		●	●	●	●	●	●	●	
Weight for Length		●	●	●	●	●	●	●	
Body Mass Index[5]									
Blood Pressure[6]		★	★	★	★	★	★	★	
SENSORY SCREENING									
Vision[7]		★	★	★	★	★	★	★	
Hearing		●[8]	●[9] →			★	★	★	
DEVELOPMENTAL/BEHAVIORAL HEALTH									
Developmental Screening[11]								●	
Autism Spectrum Disorder Screening[12]									
Developmental Surveillance		●	●	●	●	●	●		
Psychosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	
Tobacco, Alcohol, or Drug Use Assessment[14]									
Depression Screening[15]									

https://www.aap.org/en-us/documents/periodicity_schedule.pdf

Authorization for Treatments

- **All treatment services** will require a formal plan to support delivery of services
  - Plan may be an IEP/IFSP
  - Plan may be another type of "Care Plan" such as an IHSP, Nursing Plan, 504 Plan or Health Care Plan
  - IEPs/IFSPs/Care Plans are formal plans that outline the extent, duration and frequency of services

- Authorization for treatments by a physician
  - Effective July 1, 2019, authorizations for treatment services may be signed by Physician Assistants or Nurse Practitioners
  - Authority has been delegated by a supervising physician

! **Practitioners who order, refer, or prescribe (ORP) treatment services must be individually enrolled as a Medi-Cal ORP provider** (PPL No. 18-018R)

The Care Plan

- The Care Plan should identify the healthcare needs, and include, at minimum:

Medical necessity for services authorized by medical practitioner

Treatment **services to be provided** to the student

Plan for **duration and frequency** of services

Necessary training, supervision and monitoring of designated school staff

Plan for **evaluating and reporting outcomes** and changes

Method to **ensure and document safe, consistent provision of services** to the student

Katie Nilsson, President of the Northern Section of the California School Nurses Organization (CSNO), will go through a sample Care Plan in the following slides

Example Care Plan – Page 1

Small Town Unified School District

CATHETERIZATION (CIC) - INDIVIDUALIZED HEALTH-CARE PLAN (IHP)

Student: Jane Doe	**DOB:** 11/29/14	**District/Site:** Small Town Elementary	**Grade:** 1st

Date Completed: 04/02/2021 **Revised:** **School Nurse:** Katie Nilsson, RCSN

Medical diagnosis/problem(s) and description:
1. Spina Bifida

Health-Care Provider (MD/PA/NP):
1. Dr. Johnson, MD

Allergies:
1. Latex Precautions
2. KNDA

Medication:
1. None

Standard Health-Care Procedure(s) and/or Emergency Procedure(s) Required in the Educational Setting: (include date Health-Care provider signed the order) Note: Documents attached to the IHP.
1. Clean Intermittent Catheterization (CIC), please see attached order.
2.
3.
4.

Personnel Providing Standard Procedure(s)
- ☑ Registered credentialed school nurse
- ☑ Licensed registered or vocational nurse under direct/indirect supervision of licensed credentialed school nurse
- ☐ Unlicensed qualified designated school staff under direct/indirect supervision of licensed credentialed school nurse

Medical necessity for services authorized by medical practitioner

Example Care Plan – Page 1

Page 1 continued:

Equipment and supplies provided by parent/guardian:	
☑Labeled storage container for supplies	☑Disposable underpads
☑Single use catheters _____ Fr (4 to 6 per day)*	☑Water soluble lubricant
☑Unscented wipes	☐ Pull-ups, diapers, or pads
☐ Mild soap	☑Change of clothes
☐ Cotton balls	☑Plastic bag for soiled clothes
☑4x4 sterile gauze pads	☐
☑Urinary collection device for measurement	☐

*Multi-use catheters are not best practice and have been shown to increase UTIs. If ordered, health-care provider should provide rationale for using multi-use catheters.

Equipment and supplies provided by educational setting:	
☑Non-latex gloves	☑Paper towels
☑Restroom & privacy for performing CIC	☑Secure storage place for supplies
☑Room & privacy for performing CIC	☑Garbage can
☑Sink with soap and paper towels	☐
☑Hand sanitizer with 60% alcohol-base	

Form C, Section 3: Catheterization; *The Green Book: Guidelines for Specialized Physical Health-Care Services in Educational Settings 3rd Ed.* (2020)

Example Care Plan – Page 2

Student: Jane Doe	**DOB:** 11/29/2014	**School:** Small Town Elementary	**Grade:** 1st

School Management Plan / Nursing Interventions:

☑Student will catheterize every Daily for 15 minutes every 4 hours

☑Student will be provided restroom/room with privacy.

☑Adult to: assist☐ perform ☑CIC.

☑ Procedure to be performed by RCSN or trained LVN

☑ Procedure will be documented at each occurrence and will include student outcome.

Health/Mental Health Concerns:

1. None

Disaster Preparedness:

1. Three-days of disaster supplies (catheters and medication).
2. Copy of IHP, orders, and SHCP will be stored:
3. Container with supplies which can be easily transported in an evacuation.
4. Multiple trained personnel (three) who can assist student with CIC.
5.
6.

Transportation Plan:

1. Parent to transport to and from school

Plan for field trips or other class outings:

1. Licensed trained nurse to accompany student on field trips if CIC required.

Method to **ensure and document safe, consistent provision of services** to the student

Example Care Plan – Page 2

Page 2 continued:

Services	Frequency/Duration	Start Date	End Date	Comments
Clean Intermittent Catheterization (CIC)	15 minutes Daily every 4 hours	04/02/2021	04/02/2022	☑Perform ☐Assist with Urinary Catheterization
Credentialed School Nurse	30 minutes Twice yearly	04/02/2021	04/02/2022	Training staff

Plan for **duration and frequency** of services

Treatment **services to be provided** to the student

Example Care Plan – Page 2

Page 2 continued:

Nursing Diagnosis	Interventions and Activities	Date Implemented	Outcome Indicator	Date Evaluated
☑ ND1 Alteration in urinary elimination (impairment, retention, or incontinence) r/t: ☐☑ Spina Bifida / Myelomeningocele ☐ Spinal cord injury ☐ Tumor ☐ Neurogenic bladder ☐ Closed bladder exstrophy	☑ RCSN* will provide private area for procedure. ☑ RCSN or trained LVN to perform CIC. ☐ RCSN to assist student with CIC. ☑ RCSN will participate in urinary elimination management by: - ensuring CIC is performed every 4 hours using a single use ____ Fr catheter as prescribed by the primary health-care provider. - ensuring student positioned for comfort	04/02/2021	Student will follow urinary continence program as evidenced by: ☑Catheterizing per health-care provider designated intervals and protocol. ☑ No urinary incontinence during the school day. ☑ Reporting signs and symptoms of UTI to designated adult (nurse/ parents). ☑ Student demonstrates adequate fluid intake as evidenced by urine concentration.	
	- observing and recording color, amount, and clarity of urine. ☐		☑ Describe steps of CIC. ☐ Assist with steps of CIC. ☐ Demonstrates ____ % of steps in self-catheterization. ☐ Demonstrates steps of CIC via self-care. ☐	

Plan for **evaluating and reporting outcomes** and changes

Example Care Plan – Page 3

Page 3

☑ND 2 Potential for urinary tract or kidney infection r/t altered urine elimination and CIC.	☑ RCSN or trained LVN to perform CIC. ☐ RCSN to assist student with CIC. ☑ Student will maintain adequate fluid intake during the school day. ☑ RCSN will monitor and discuss with student the signs and symptoms of urinary tract infection. ☑ RCSN will ensure student understands when adult must be notified immediately. ☐	04/02/21	☑ Student will have no UTIs or have a reduction in UTIs. ☑ Student / assistive personnel utilize clean procedure for CIC 100% of the time. ☐	
☑ND 3 Potential for	☑ RCSN to ensure CIC performed and medication given as ordered to		☑ Student's skin remains intact.	

Plan for **evaluating and reporting outcomes** and changes

Example Care Plan – Page 3

Page 3 continued:

	☐			
☑ND 3 Potential for alteration in skin integrity	☑ RCSN to ensure CIC performed and medication given as ordered to prevent urinary leakage between CIC. ☑ RCSN to ensure unscented wipes or mild soap and water utilized to clean skin. ☑ If leakage or urine spilled during CIC, ensure skin thoroughly cleaned. ☑ Student to be checked frequently to ensure pad / pull-ups are dry. ☑ Change any soiled or wet clothing. ☑ RCSN to ensure student keeps adequate supplies and extra clothing at school. ☐	04/02/21	☑ Student's skin remains intact. ☑ Student's skin is clear from redness and other signs of skin breakdown. ☐	
☑ND 4 Potential for ineffective coping	☑ To the extent possible, provide consistent person to provide CIC. ☑ RCSN/assistive personnel to reassure student and explain procedure prior to and during the procedure. ☑ Student to participate to the extent possible in their care and decision-making. ☑ RCSN/assistive personnel to allow student to rate care and provide feedback. ☑ All staff to be sensitive to cultural nuances and linguistic needs.	04/02/21	☑ Student verbalizes their feelings. ☑ Student takes responsibility for their care as evidenced by: verbalization and interest in learning self-care as able for developmental stage	

Plan for **evaluating and reporting outcomes** and changes

Form C, Section 3: Catheterization; *The Green Book: Guidelines for Specialized Physical Health-Care Services in Educational Settings 3rd Ed.* (2020)

Example Care Plan – Page 4

Developed by Registered Credentialed School Nurse or qualified medical practitioner in collaboration with parent/guardian and student (if appropriate)

Necessary training, supervision and monitoring of designated school staff

Student: Jane Doe	**DOB:** 11/29/2014	**School:** Small Town Elementary	**Grade:** 1st

☐	☐	☐	☐	

*RCSN = Registered Credentialed School Nurse
***Nursing Diagnoses, Interventions, and Outcomes taken from: *Individualized Healthcare Plans for the School Nurse 2nd Ed*, 2017

I have read and agree with the information provided above. I understand and give my consent for this information to be shared with school, transportation, and emergency personnel as deemed necessary to provide quality of care. This consent is valid for one year from date unless otherwise stated and may be revoked at any time. Consent may be faxed.

Parent/Guardian Signature: _____ Date: _____

RCSN Signature: _____ Date: _____

Physician signature: _____ Date: _____

* Physician print name: Dr. Donald Johnson NPI number: 12345678

Qualified Designated School Staff		
Name	**Procedure(s)**	**Date Training Completed**
Susan Smith, LVN	Clean Intermittent Catheterization (CIC)	04/02/2021
Wilma Wilson, LVN	Clean Intermittent Catheterization (CIC)	04/02/2021

Distribution of IHP:
√ Parent: Consent obtained for IHP. Confidentiality process explained.
√ Confidential Student Health Record; √ Authorized Health-Care Provider;
√ Teacher(s)/Substitute notebook; _____ Other: _____

Sample of Survey Questions

Question #1: Do Care Plans include general education students or only IEP students?

- **Answer:** Under the LEA Program, all treatments are pursuant to an IEP/IFSP or other Care Plan. Although Care Plans may be developed for students with an IEP/IFSP, they are required for students receiving treatment services without an IEP (i.e., "general education students"). Examples of a Care Plan include an Individualized Health and Support Plan (IHSP), Individualized School Healthcare Plan, Plan of Care, Nursing Plan, or 504 Plan.

Sample of Survey Questions

Question #2: Who can develop Care Plans for non-IEP students?

- **Answer:** Care Plans should be developed by registered credentialed school nurses or qualified medical practitioners within scope of practice in collaboration with the parent or guardian and, if appropriate, the student.

Question #3: What kind of supporting documents should a LEA keep on record to support the creation of a Care Plan?

- **Answer:** The LEA's healthcare practitioners should maintain any documents that helped to formulate the Care Plan (e.g., assessment results, physician prescriptions, etc.), in line with the document retention policies developed by the LEA.

QUESTIONS – SECTION 7

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 8

Public Health Emergency (PHE) and Telehealth Services

Topical Resources

- June 2020 Telehealth Training
- June 2020 Training FAQs
- PPL #20-014R – LEA Program Telehealth Policy Relative to COVID-19

Telehealth Policy During PHE

Page 2 of PPL #20-014R:

During the national emergency, LEA Providers may bill for covered direct medical services provided via telehealth under the LEA BOP, except for services, such as specialized medical transportation services, that preclude a telehealth modality. LEAs may utilize any appropriate non-public facing remote communication products available in their delivery of billable telehealth services during this period. DHCS will reimburse for covered services provided via telehealth in the same manner and at the same rate as for face-to-face services. Consistent with current policy for existing LEA BOP telehealth speech services, DHCS will not pay for ancillary costs, such as technical support, transmission charges, and equipment.

During the national emergency, DHCS authorizes reimbursement for covered direct medical services provided via telehealth to all Medi-Cal enrolled students, including students with and without an IEP/IFSP. The LEA must meet all existing LEA BOP requirements related to non-IEP/IFSP services, including that students' other health coverage must be billed before billing Medi-Cal.

Service authorizations (prescriptions, referrals or recommendations, as outlined in the LEA Provider Manual) that will expire during the national emergency may be extended until the end of the national emergency[1]. The authorization does not need to identify whether services will be delivered via face-to-face contact or via telehealth.

Telehealth Policy During PHE

Page 2-3 of PPL #20-014R:

MEDI-CAL ENROLLMENT REQUIREMENTS

During the national emergency, providers may treat Medi-Cal beneficiaries and be reimbursed for covered services even if they are located in another state or licensed to only practice in another state.

During the national emergency, a LEA Provider employed practitioner rendering Medi-Cal covered services via a telehealth modality can continue to deliver services and bill under the LEA Provider's National Provider Identifier consistent with LEA BOP policy when providing face-to-face services. DHCS has revised its policy on Medi-Cal enrollment of contracted practitioners delivering services via telehealth under the LEA

BOP; **contractors do not need to enroll as a Medi-Cal provider during the State of Emergency.**[2]

Consistent with current LEA BOP policy, employed or contracted LEA practitioners that order, refer or prescribe (ORP) treatment services to Medi-Cal beneficiaries must enroll as an ORP provider through Provider Enrollment Division (PED). See PPL #18-018R, available on the LEA Program website, for additional information on ORP provider requirements.

Telehealth Policy During PHE

Page 3 of PPL #20-014R:

BILLING REQUIREMENTS

DHCS will reimburse for covered services provided via telehealth in the same manner and at the same rate as for face-to-face services. Claims for speech services delivered via telehealth will continue to be reimbursed with the modifier '95'. **LEAs must submit all other telehealth claims to DHCS through the fiscal intermediary without the telehealth modifier (modifier '95') in order to receive reimbursement.**

Sample of Survey Questions

Question #1: Can parents give consent by email during the PHE? Is signature required?

- **Answer:** Prior to the national emergency, providers must obtain oral consent from the student's parent or legal guardian to utilize a telehealth modality and must document this consent in the student's medical record. The written or oral telehealth consent requirement has been waived during this national emergency and is not required for telehealth services covered under PPL #20-014R.

Sample of Survey Questions

Question #2: Is the administration of all immunizations considered billable services and a Code 2A?

- **Answer:** Immunizations billable under the Bright Futures/American Academy of Pediatrics Periodicity Schedule are found on the CDC's Recommended Child and Adolescent Immunization Schedule. The schedule outlines administration of currently licensed vaccines for children and adolescents.

Question #3: Is COVID-19 testing currently a billable service and a Code 2A?

- **Answer:** No, COVID-19 testing in schools is **not** a billable LEA Program service. Although testing in schools is a covered Medi-Cal service, claims are not being billed through the LEA Program. For more information, refer to the California Department of Public Health FAQs on COVID-19 testing in schools.

QUESTIONS – SECTION 8

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 9
LEA Program Training

Topical Resources

- LEA Program Website – Training webpage
- AWG Meetings – Held 1st Wednesday of every other month (February/April/June/August/ October/December)
  - Morning Session (10:30am to noon): DHCS Updates
  - Afternoon Session (1 to 3pm): Provider Training
  - Materials and Webex link sent via LEA Program Listserv

Sample of Survey Questions

Question #1: When and how often are trainings offered?

- **Answer:** Upcoming trainings are announced by DHCS through the LEA Program listserv. Training materials are regularly presented during the afternoon session of the AWG meetings.

Question #2: Are training presentations being used as a resource in audits?

- **Answer:** Financial Audits Branch (FAB) may look at a variety of documents as resources during audit, including the LEA Provider Manual, Policy and Procedure Letters, Trainings, and Frequently Asked Questions documents that are published by the LEA Program relevant to the period being audited.

Suggestions for Future Trainings

- Survey respondents provided comments on future training topics:
  - Billing for new LEA Coordinators
  - The benefits of participation in both the SMAA and LEA Programs
  - The audit process
  - CRCS submission
  - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services

QUESTIONS – SECTION 9

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov