

A recording of the August 5, 2020 RMTS Preparation Training can be requested per request at LEA@dhcs.ca.gov.

General Questions

Q1. Will the PowerPoint for this training be distributed to all attendees?

A. Yes. The PowerPoint presentation will be distributed to all attendees, along with the questions and answers from the August 5, 2020 RMTS Preparation Training.

Q2. How do stakeholders join the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) listserv in order to receive eblasts?

A. Subscribe to the LEA BOP listserv using this DHCS [website link](#).

Q3. How do contracted practitioners without NPI numbers enroll through the PAVE Portal?

A. DHCS will be providing guidance on this in an upcoming eblast.

Specialized Medical Transportation Update

Q4. Slide #11: How does the described allocation methodology for shared costs apply to LEAs that contract out for transportation services?

A. If a LEA contracts out for all transportation services and cannot isolate the specialized medical transportation costs, the described methodology on Slide 11 may be used to allocate specialized medical transportation costs accordingly.

Q2 to Q4 TSP List Development

Q5. Slide #17: Can a Registered Nurse with a Preliminary School Nurse Services Credential be a qualified rendering practitioner under the LEA BOP?

A. Yes. A Registered Credentialed School Nurse includes the Preliminary School Nurse Services Credential and the Professional Clear School Nurse Services Credential. A Preliminary School Nurse Services Credential is considered a valid school nurse services credential and does not require supervision to provide nursing services. Additional information is located in the [loc ed serv nurs](#) section in the LEA Provider Manual.

Q6. With regard to School Nurses with Preliminary School Nurse Services Credentials, can these nurses also act as an Ordering, Referring or Prescribing (ORP) practitioner?

A. Yes, practitioners that hold a preliminary school nurse services credential must have a valid Registered Nurse (RN) license issued by the State of California. Licensed RNs may be an ORP practitioner for services outlined in [PPL #18-018R](#).

Q7. Slide #17: Can secretaries be considered Pool 1 TSPs if they also provide medication administration and first aid?

A. Secretaries are not considered eligible Participant Pool 1 practitioners. Refer to Slide 17 for a comprehensive list of all CMS-approved Participant Pool 1 job classifications.

Q8. Slide #18: What if a LEA intends to have a practitioner bill during an upcoming quarter, but the provider ends up not doing so? What is the effect on the LEA?

A. This may occur in certain circumstances such as if the practitioner does not provide a covered service to a Medi-Cal student. However, the intention is that the practitioner is qualified to bill and expects to bill under the LEA BOP if they are included as a Participant Pool 1 Time Survey Participant (TSP).

Q9. Slide #19: When was the PPL on the TSP equivalency process issued?

A. An e-blast was sent on July 31, 2020, notifying all stakeholders that [PPL #20-031](#), titled "Notification of New Requirements for Time Survey Participant (TSP) Equivalency Requests," was issued, along with the TSP Equivalency Form. Both the PPL and the Form are posted on the LEA BOP [PPL webpage](#).

Q10. Slide #19: Would DHCS consider a blanket extension for the upcoming Q2 TSP Equivalency Request Form deadline?

A. The LEA BOP will not issue a blanket extension for the TSP Equivalency Request Form, since the timeframes required to finalize the random sample vary by LEC/LGA. However, if you would like an extension, please contact DHCS at LEA@DHCS.CA.gov and the LEA BOP will work with LEAs on an extension, if possible.

Q11. Slide #20: Do LEAs still need to submit a TSP Equivalency Form if an equivalency has been granted for SFY 2019-20 Q4?

A. Per [PPL #20-031](#), equivalency requests granted for Participant Pool 1 in previous periods will no longer be effective as of July 1, 2020. Equivalency requests previously granted for Participant Pool 2 will continue to be effective as of July 1, 2020.

Q12. Slide #22: To clarify, the LEA is responsible for the submission of TSP Equivalency Request Forms?

A. That is correct. The LEA is responsible for submitting TSP Equivalency Request Forms to DHCS at RMTS@DHCS.CA.gov. Please include your LEC/LGA informed during this process, as well, since they will need to know which positions have been approved and are appropriate to include when finalizing the random sample.

Q13. Slide #22: Are TSP Equivalency Request Forms submitted to the LEA BOP or the SMAA program?

A. Any equivalency requests for Participant Pool 1 TSPs will be submitted to the LEA BOP through the RMTS Inbox at RMTS@DHCS.CA.gov.

Q14. Slide #24: When will the TCM Certification Form be published?

A. On August 25, 2020, DHCS sent an e-blast to all stakeholders with [PPL #20-033](#) titled "Notification of Reinstatement of Targeted Case Management Claiming for the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)" and the corresponding TCM Certification Form attached. PPL 20-033 and the TCM Certification Form are posted to the LEA BOP [PPL webpage](#).

Q15. Slide #24: Can SLPs, OTs or PTs bill for TCM services? They are not on the DHCS list but are qualified per the Provider Manual description and perform TCM activities on behalf of their patients.

A. Currently, SLPs, OTs, and PTs can bill for TCM services under the LEA Program. SPA 16-001 is approved by CMS. Note that SPA 16-001 has an effective date of January 1, 2016 so there will be an opportunity to retroactively bill for TCM services provided by these practitioners back to the SPA effective date.

Q16. Slide #26: Aside from the flowchart, will the accompanying explanation on the different methods of billing TCM be available for reference?

A: A link to the August RMTS Preparation Training can be found here: [August 5, 2020 Preparing for Random Moment Time Survey Training Slides](#).

Q17. Slide #26: To clarify, a nurse can submit interim claims for nursing services under the LEA BOP as a Pool 1 TSP, excluding any TCM claims, in which case the nurse can instead be reimbursed for TCM services through the SMAA program.

A. That is correct. As depicted in the top right box of the flow chart on Slide 26, the nurse would be claiming for TCM services through the SMAA program as a Pool 1 TSP.

Q1 TSP List Development

Q18. Slide #29: What is the difference between the August 14, 2020 and October 31, 2020 deadlines for the TSP Equivalency Form?

A. The TSP Equivalency Forms for Q2 are due on August 14, 2020, before the start of Q2 and the RMTS process. The Q1 TSP Equivalency Forms, which will be due retrospectively to the quarter, are due by October 31, 2020. Both the Q1 TSP Equivalency Forms and the Q1 TSP List will be developed retrospectively to the quarter since RMTS does not run during Q1.

Q19. Slide #30: For the SMAA program, LEAs currently use the Quarter 4 TSP List for Quarter 1. Will this change starting SFY 2020-21?

A. The SMAA program and LEA BOP will be publishing a joint PPL regarding how each program will handle Q1 in the coming weeks. See [PPL # 20-046](#) for more information.

Future LEA BOP Enrollment

Q20. Slide #36: In order to participate in the LEA BOP, do LEAs have to participate in the SMAA program as well?

A. No. It is not required to participate in both the LEA BOP and the SMAA program. However, participation in both programs is highly encouraged since both school-based programs use one integrated RMTS process.

Q21. Slide #37: If a LEA is already enrolled in the LEA BOP, will they still need to enroll quarterly?

A. No. LEAs that are currently participating will not need to enroll quarterly. The enrollment process and requirements outlined on Slide 36-37 only apply to new LEAs that would like to participate in the LEA BOP.

Q22. Slide #37: If a LEA is enrolling with the LEA BOP, but they miss the deadline for a particular quarter, will the LEA be able to enroll and claim during the next available quarter?

A. Following the August 5, 2020 training, DHCS revised the policy to allow for a quarterly enrollment process, effective January 1, 2021. Therefore, a LEA will be able to enroll and begin claiming the quarter after all required documents are submitted and/or executed, beginning January 1, 2021.

Q23. Slide #37: Can LEAs retroactively bill to the beginning of the state fiscal year regardless of which quarter they begin enrollment?

A. No. LEAs may only bill on or after their date of enrollment as an LEA BOP provider.

Q24. Slide #37: Will a newly enrolled LEA in SFY 2020-21 be eligible for backcasting under SPA 15-021?

A. No. LEAs cannot bill for services rendered prior to their date of enrollment.

RMTS: Roles and Responsibilities

Q25. Slide #40: Can CDE participate in the SMAA program as a State Agency to recoup federal funds for Medi-Cal administrative activities?

A. No. CDE cannot participate in the SMAA program as a State Agency. The qualifications for entities that can participate in the SMAA program are authorized in the Welfare and Institutions Code, Section 14132.47, which authorizes the Department of Health Care Services to contract with Local Governmental Agencies to assist with the performance of administrative activities necessary for the proper and efficient administration of the Medi-Cal program.

Q26. Slide #48: How is billing for covered services under the LEA BOP affected when a LEA does not meet the 85% compliance rate?

A. If a LEA has been selected for at least 14 moments, and it is the LEA's first occurrence of not meeting the 85% compliance rate, the LEC/LGA will notify DHCS via email of the LEA's non-compliance and DHCS will work with the LEC/LGA to issue a warning letter to the LEA.

If it is the LEA's second occurrence (within 12-months of the first occurrence), the LEA will be suspended from receiving federal reimbursements in both school-based programs (SMAA and LEA BOP) for one quarter, during the next available quarter. During the suspension quarter, costs incurred by the LEA shall not be included on the CRCS and any interim reimbursements received during the suspension quarter are subject to a 100% recoupment. Please refer to [PPL #20-043](#) on additional guidance related to the 85% compliance policy.

Q27. Slide #48: Please confirm that the 85% compliance rate will now apply to both school-based programs and could result in missed claiming for both programs.

A. That is correct. The 85% compliance rate for the RMTS applies to both school based Medi-Cal programs.

Q28. Slide #48: Does DHCS have a plan to address the 85% compliance rate during the Public Health Emergency (PHE)?

A. DHCS acknowledges that per [CMS guidance](#), during the timeframe of the declared Public Health Emergency, CMS will not ask states to impose any individual district penalties for districts that do not reach 85 percent compliance threshold. DHCS will be considering this CMS guidance as they prepare for the upcoming RMTS quarter and will provide more information to stakeholders in the coming weeks.