General Questions

Q1. Where can I find guidance for establishing our district's collaborative?

A. Guidance can be found in Article II, Sections 8, 9, 10 and 11 of the Provider Participation Agreement (PPA), and the instructional document for the Annual Report (AR), both of which are available on the LEA Program website.

Q2. What is Telehealth?

A. Telehealth is the mode of delivering health care services utilizing information and communication technologies to facilitate a patient's health care while the patient is at the originating site, and the health care provider is at the distant site. Telehealth permits two-way, real time interactive communication between the patient, and the practitioner at the distant site, and enables practitioners to evaluate, diagnose and treat patients remotely. Currently, only Speech Therapy services are reimbursable if delivered via Telehealth in the LEA Program. For more information, please see the LEA Program Provider Manual (*loc ed tele*).

Q3. For telehealth services, who is the "health care provider at originating site"?

A. The health care practitioner at the originating site is the health care practitioner employed or contracted by the billing LEA, who is responsible for coordinating the telehealth session with the health care practitioner at the distant site. For more information, please see the LEA Program Provider Manual (*loc ed tele*).

Q4. Can LEAs pay a vendor on a percentage or contingency basis?

A. No. LEAs assume the audit risk of disallowed claims reimbursements by paying a vendor on a percentage basis. Policy and Procedure Letter 12-012 states that Medicaid claims for the costs of administrative activities and direct medical services may not include fees for consultant services that are contingent upon recovery of costs from the Federal Government. According to the Code of Federal Regulations (CFR), in order for any governmental agency to claim Federal Financial Participation (FFP) for services provided, the billing will be based on the actual direct costs incurred (45 CFR 95.507(b)(6)). Except for some very limited situations, FFP is not available for the costs of Medicaid contingency fee contracts. The Office of Management and Budget (OMB) circular OMB A-87, defines direct costs as those that can be identified specifically with a particular final cost objective.

Nursing and School Health Aide Services

Q5. If more than one Trained Health Care Aide (THCA) provides 15-minutes of services throughout the day on the same student, which THCA's name is that service billed under, and how would this be reported in the Cost and Reimbursement Comparison Schedule (CRCS)?

A. The LEA Billing Codes and Reimbursement Rates (*loc ed bil cd*) section of the LEA Program Provider Manual includes a complete list of reimbursable procedure codes. School Health Aide Services are represented by procedure code T1004 and there is no requirement on the claim to distinguish the practitioner that provided the service. Regardless of whether one or two THCAs provide services to a student on the same day, procedure code T1004 would be used to bill for services. The LEA should only submit one claim for the School Health Aide Services, with the total number of units in the "Service Units" field.

The LEA would need to keep backup documentation to support the total units billed and this would include information on the two practitioners providing the services, including time in and out for each provider so that the LEA can ensure that two THCAs are not billing for the same service unit. In addition, the LEA should ensure that they are not combining the THCA's total minutes when determining how many units of service to bill, and are separately determining how many units were provided by THCA A versus THCA B. On the CRCS, the LEA will report the total salaries, benefits and other costs associated with all THCAs that have billed for services in the LEA Program.

Q6. On the Nursing and School Health Aide Services Treatment Form referenced at the LEA Training, there is a signature for someone trained by a school nurse, and a place for the school nurse to confirm that the person is trained. Where does the school nurse sign if the school nurse did the procedure herself?

A. The Sample Nursing and School Health Aide Services Treatment Form is a sample document only, produced to provide guidance to LEAs, and is not an official DHCS form. The form is provided in an unprotected and modifiable format, so it may be customized as needed (e.g. the form may be modified to state "by signing below, I certify that I have performed the services myself and I do not require supervision"). The form can and should be modified to reflect the nursing plan for each individual student.

Q7. Can I bill for the total time that it takes to complete a clean intermittent catheterization, including the time to remove the clothing, clean the peri area, catheter and put pull-ups back on?

A. Yes, an LEA can bill for the total time it takes to complete the School Health Aide Service. Note that documentation in the student's file must include physician's orders, authorization of services in the IEP/IFSP, and notes by the THCA and School Nurse that clearly describe what was done, and the amount of time spent with the individual student to perform the service. LEAs may bill one 15-minute unit of School Health Aide services when seven or more continuous treatment minutes are rendered. The minimum time of seven minutes cannot be made up of shorter time periods provided throughout the day and added together (*loc ed nurse 2*).

Q8. We have many students with seizure disorders who ride our regular school busses, accompanied by a trained health care aide (THCA) or para-educator. Can we bill for this service? Would it be through transportation or through School Health Aide Services?

A. If both School Health Aide Services and Transportation requirements are met, both services may be billed.

LEA medical transportation provided on a regular school bus is not billable. To be billable, LEA medical transportation requires a specially adapted vehicle or use of specialized equipment, including, but not limited to lifts, ramps or restraints for students with an IEP/IFSP (*loc ed serv trans*) to support the beneficiary's disability. The student must also receive a billable Medicaid-covered service (other than transportation) at the service site. For more information on how to bill transportation, please refer to the LEA Program Provider Manual and the Transportation Billing Guide.

School Health Aide Services are billable in any school location, including on a school bus, if there is a medical need and the service is prescribed by a treating physician. The physician's orders may specify that services must be provided the entire school day, or may specify that services must be provided at specific times or events, such as while eating, while on the bus or while on the playground. School Health Aide Services must be provided by a THCA or nurse (*loc ed nurse*). In order to bill for School Health Aide Services, the person providing the service must be specifically trained and supervised by the registered credentialed school nurse in the care of the individual student.

Q9. We had a student transfer from prior Special Education Local Plan Area (SELPA) school back to our district, with no notice. When he arrived, we utilized the MD orders that were written for the previous school year, as we did not have current orders and we were unable to reach the parent. Can we bill for his continuous care using orders from a previous year until new orders are given? Nursing services, including continuous gastrostomy tube (GT) feedings and medication administration are all included in the IEP.

A. The date ranges for an IEP/IFSP and physician orders/prescriptions may not always align. In general, a physician's medical orders are good for a one calendar year period. In order for an LEA to bill for School Health Aide Services that are included in the student's IEP/IFSP, a student must have a valid prescription and IEP/IFSP covering the date of service, along with meeting all other Medi-Cal requirements.

In any unusual circumstance, such as the one described in the question, the registered credentialed school nurse should document the special circumstances in the student's file, as well as timely efforts to update the physician's prescriptions. Claims in these unique circumstances would be considered by the Medical Review Branch (MRB) of Audits & Investigations (A&I).

Q10. Since some IEPs occur later in the school year, can we bill for services that have been occurring all school year but whose physician's orders were only recently added to the IEP?

A. No, the medically necessary service must be included in the IEP/IFSP (with the appropriate physician orders) at the time the service is delivered for it to be eligible for reimbursement (22 CCR 51476).

Q11. What is the difference between Nursing and School Health Aide Services?

A. Nursing services include preventive and medically necessary assessments and physician-prescribed treatment provided at the school site. School nurses direct, train, coordinate, and supervise the services provided by THCAs.

THCAs work under the supervision of a Registered Credentialed School Nurse (RCSN), administering School Health Aide Services that are routine for the student, prescribed by the student's physician, included in the IEP/IFSP, necessary for the student to attend school, and meet the individual's exceptional needs during the regular school day.

School Health Aide Services (Nursing and School Health Aide Treatment Services (FAQ#10)):

- Require medically related training.
- Are planned by a RCSN or licensed physician, in consultation with the physician treating the pupil.
- Are routine for pupil.
- Pose little potential for harm.
- Have predictable outcomes.
- Do not require nursing assessment/interpretation or decision-making.
- May include procedures such as catheterization, gastric tube feeding, suctioning, or other services meeting the above description.
- Do not include personal care services such as toileting, hygiene, feeding and dressing.
- Do not include behavioral interventions.
- Are supervised by a RCSN.

Q12. Can RCSN authorize services provided by THCAs?

A. THCAs are authorized to provide School Health Aide Services in the LEA Program. In California, School Health Aide Services require a physician's prescription per 5 CCR, §3051.12 (b)(1)(A). RCSNs can assign THCAs to perform routine School Health Aide Services prescribed by a physician, and under the supervision of the RCSN.

Q13. Please provide specific examples of billable School Health Aide Services.

A. THCAs are authorized to provide School Health Aide Services in the LEA Program. THCAs must be trained in the administration of specialized physical health care, as specified in California Education Code, Section 49423.5, and may render LEA services only if supervised by a licensed physician or surgeon, a registered credentialed school nurse or a certified public health nurse. School Health Aide Services include catheterization, suctioning, gastric tube feeding, or other services requiring medically related training (*loc ed serv nurs 2*) . Personal care services, such as diapering, toileting and dressing and other services are not currently billable in the LEA Program.

Q14. Can a registered credentialed school nurse (RCSN) prescribe or refer a student for school health aide, LVN, or nursing treatment services? Or does it have to be a licensed physician?

A. No. A RCSN may not refer or prescribe nursing treatment services for a student. A RCSN may recommend a student for the following services as stated in *loc ed serv nurs 2* of the LEA Program Provider Manual:

- Health assessments
- Health/nutrition assessments
- Health education/anticipatory guidance
- Vision assessments

Nursing and School Health Aide Services must be based on IEP/IFSP goals, physician's orders and nursing protocols. Written prescriptions, referrals, and recommendations for all treatments must be maintained in the student's file. Please see Spring 2014 Documentation Training slides #43 (which is also referenced to slide #24) and #50.

Q15. If a district is using contracted LVN services but employs the Registered Credentialed School Nurse (RCSN) that supervises them, can that RCSN sign off on the contracted LVN logs in order for the LVN services to be billable?

A. As long as the employed and contracted practitioners meet the LEA Program qualification requirements listed in the LEA Program Provider Manual (*loc ed rend*) , and the Licensed Vocational Nurse (LVN) was in fact supervised by the employed Registered Credentialed School Nurse (RCSN), the RSCN may sign off on the contracted LVNs treatment logs.

A RCSN may sign off on billing logs provided that the RCSN can confirm the hours claimed, and confirm that the work was done to the requirements of the LEA Program.

Speech-Language Services

Q16. If a Speech Language Pathologist (SLP), who does not attend the IEP meeting, submits their report with findings and recommendations, and the services are listed on the IEP, is the criterion for referral/recommendations met?

A. A practitioner or physician does not need to attend the IEP/IFSP meeting in order to submit their referral, recommendation or prescription for treatment services into the IEP/IFSP. As long as the student was properly assessed by the practitioner and the practitioner signed the evaluation, a signed written referral may be either completed outside of the IEP/IFSP meeting and then be incorporated into the student's file, or the referral may be established and documented in the student's IEP/IFSP during the IEP/IFSP meeting. The speech pathologist may also need to document that he/she has discussed the evaluation and the plan for speech therapy with the student's parent or guardian.

Q17. Is it a requirement to include the Speech Protocol in the file for each student referred for speech assessment?

A. No, a printed copy of the protocol standards must be maintained in the LEA's file; however, this does not need to be kept within the student's file. In each student's file there must be:

- A copy of the cover letter signed by the physician that states the physician reviewed and approved the protocol standards. The cover letter must include contact information for the physician.
- Proof that the services rendered are consistent with the protocol standards (*loc ed serv spe 2*).

Q18. Do you need a physician's order before the SLP evaluates or assesses the student?

A. No. A written prescription/referral/recommendation by one of the following is required for all assessments:

- An appropriate health services practitioner within their scope of practice (in this case, a physician or dentist may refer a student for a speech assessment).
- In substitution of the above written referral, a registered credentialed school nurse, a teacher or the student's parent may refer the student for an assessment.

As specified in the LEA Program Provider Manual (*loc ed serv spe 2*), regardless of who refers the student for an assessment, the prescription/referral/recommendation documentation must be maintained in the student's file, including the reason for the assessment and observations made by the person referring the student for assessment.

Q19. If an SLP administers a language-only IEP assessment, would they use CPT code 92523 (evaluation of speech sound production with evaluation of language comprehension and expression)?

A. No, there is no code specific only to evaluation of language. CPT code 92523 includes evaluation of speech sound production with evaluation of language. It would be extremely rare for a SLP to completely ignore speech sound production when evaluating language. Even in cases where speech sound production is considered normal, this should be documented in the report. Please refer to 2016 Fall Training section titled Elimination of CPT Code 92506.

Q20. Can a SLP with a Required Professional Experience (RPE) temporary license act as a billable practitioner in the LEA Program?

A. Yes, an SLP with a RPE temporary license may bill in the LEA Program. The SLP holding a RPE temporary license must meet the required hours of direct supervision per month, as specified by the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board. If an LEA undergoes an audit by DHCS, the auditor may request verification that the RPE meets direct supervision requirements. More information on the RPE temporary licensure requirements may be found at http://www.speechandhearing.ca.gov/.

Psychology and Counseling Services

Q21. What is the maximum time limit a Licensed Marriage and Family Therapist (LMFT) or Licensed Clinical Social Worker (LCSW) may perform a psychosocial status assessment? Sometimes it takes up to 6 hours to investigate all the components of such an assessment.

A. Psychosocial status assessments are billed in 15-minute increments. For IEP/IFSP assessments, there is no limit on the maximum number of units that can be billed. Items such as reviewing student records, administering and scoring tests, and report writing may be included in the total time billed.

For Non-IEP/IFSP Assessments, there is a limit of 4 units per day, 24 services (assessment, treatment services) per state fiscal year (per the LEA Program Provider Manual, *loc ed serv psych 8*).

If the assessment takes multiple days to complete, there are two ways to bill:

1) Use the date in which the assessment was completed, or
2) Use the "from through" billing method to record the dates over which the assessment was conducted. Additional information is located in the LEA Program Provider Manual (*loc ed bil 15*).

Q22. Regarding psychological treatments, are credentialed school psychologists able to make recommendations for treatment? Can they deliver/bill?

A. No, a credentialed school psychologist may not make a recommendation for psychological treatment services. Per the LEA Program Provider Manual (*loc ed bil 8*), psychological treatments require a recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist, within the practitioner's scope of practice. Credentialed school psychologists may deliver psychology and counseling treatment services, once the licensed practitioner has recommended the student for such services.

Q23. Can Licensed Educational Psychologists with a Pupil Personnel Services (PPS) in School Psychology and/or a Licensed Clinical Social Worker with a PPS in School Social Work self-refer? In other words, can these practitioners make the written recommendation and provide the counseling treatment services?

A. Per the LEA Program Provider Manual (*loc ed bil 8*), psychological treatments require a recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist, within the practitioner's scope of practice. If one of these licensed practitioners is working for the school and is recommending treatment that he/she will render at the school site, then self-referring does appear acceptable as licensed practitioners routinely recommend further treatment and follow-up visits in their own offices. All services (including psychological treatment services) must be documented as medically necessary.

Q24. In our LEA, the credentialed school psychologist is often the practitioner that conducts the initial psychological assessment. Can the credentialed school psychologist assess the student and recommend them for counseling treatment to be rendered by our LCSW or licensed educational psychologist?

A. Although a credentialed school psychologist may conduct a psychological assessment for LEA billing purposes, the psychology and counseling treatment services must be recommended by a physician, registered credentialed school nurse, LCSW, licensed psychologist, licensed educational psychologist, or LMFT, within the practitioner's scope of practice. In the situation referenced, the credentialed school psychologist could conduct the assessment, but the LCSW or the licensed educational psychologist would need to review the assessment to determine if this student should be recommended for treatment services. If the licensed practitioner agrees that the student should receive psychology and counseling treatment services, a self-referral could be appropriate, assuming that the licensed practitioner documents the service as medically necessary.

Occupational and Physical Therapy Services

Q25. Is a student's primary physician required to write the prescription for OT or PT services?

A. DHCS is reviewing policy regarding this issue and will notify LEAs once the answer is vetted and approved.

Miscellaneous Service Questions

Q26. Regarding medically necessary services, is Applied Behavioral Analysis and ongoing treatment by Board Certified Behavior Analysts covered? If so, what documentation for assessment and treatment is needed and can behavior aides deliver it?

A. Currently, Behavior Health Treatment (BHT) services, including Applied Behavioral Analysis (ABA), are not reimbursable in the LEA Program. DHCS covers Medi-Cal BHT services through Medi-Cal managed care plans (MCPs).

On September 15, 2014, DHCS released the All Plan Letter 14-011 to provide MCPs with the interim policy outlining the provision of EPSDT services for beneficiaries 0 to 21 years of age, which includes medically necessary BHT services such as ABA and other evidence-based behavioral intervention services. LEAs may contract with managed health care providers to render health care services separate and distinct from LEA services that do not create additional costs for the State.

Q27. Can principals or deans make a recommendation for an assessment like a teacher can?

A. A written prescription/referral/recommendation by one of the following is required for all assessments:

- An appropriate health services practitioner within their scope of practice.
- In substitution of the above written referral, a registered credentialed school nurse, a teacher or the student's parent may refer the student for an assessment.

In cases where a principal or dean also holds a valid teaching credential, they would meet the requirements noted above to refer a student for an assessment.

In cases where a principal or a dean does not hold a valid teaching credential, they cannot make any recommendations or refer a student for an assessment.

Please see the LEA Program Provider Manual for the recommendation/referral requirements for each appropriate service.

Q28. Why would an auditor want the Medi-Cal ID number? We do not know if a student has Medi-Cal when we bill for services and there could be confidentiality issue with putting a Medi-Cal ID number on a service log.

A. The Medi-Cal ID number helps to clearly identify a student, and assures that the documentation supporting the claim pertains to the correct student. The LEA Program Provider Manual (*loc ed a prov 8*) states:

Each service encounter with a Medi-Cal eligible student must be documented according to the Business and Professions Code of the specific practitioner type, and include, but not be limited to:

- Date of service
- Name of student
- Student's Medi-Cal identification number
- Name of agency rendering the service
- Name of person rendering the service
- Nature, extent and units of service
- Place of Service

DHCS will research updating *loc ed a prov 8* to consider removing the student's Medi-Cal identification number requirement in the LEA Program Provider Manual. MRB would not automatically disallow a claim if the student is clearly identified in some other way (i.e. full name plus date of birth, student number, teacher and room number, etc.)

Q29. Does a billing/service log have to have "time in" and "time out" or can it just have the minutes that it took? If it takes 35 minutes to deliver a service, can the log indicate 35 minutes or would the log have to say 9:00 - 9:35? Is this a requirement for all services or just nursing services?

A. The requirement to document "time in" and "time out" applies to CPT codes that have a time element associated with them. This requirement does not apply to CPT codes with a fixed rate, and no time element. If using a CPT Code with a time element associated with it, and not a flat rate, the provider would be required to have back-up documentation, which would enable the auditor to determine the start and end time. For instance, they could document that the service started at 2:05 p.m., and write 8 minutes (auditor could deduce that the service was from 2:05 to 2:13). There is no specific regulation, but this is a documentation standard of practice that auditors use for CPT codes which have a time element associated with them. It also helps to ensure there is no duplication of claims for the same period of time.

Audits and Investigations

Q30. Is the type of audit an LEA receives a product of random selection, certain red flags, or size?

A. Each CRCS will be audited annually by the DHCS Financial Audits Branch (FAB), although the scope may vary from year to year. The level of audit will depend on the reported information provided in the CRCS. The following audits may be performed by FAB:

- Minimal Audit - Performed from the Auditor's desk. Primarily a reconciliation of CRCS to third party records, i.e. Xerox and CDE;
- Limited Audit - Audit of CRCS generally performed from the Auditor's desk and based on a limited scope;
- Field Audit - On site record review and may include a tour of the schools in the LEA.

In addition to these audits conducted by FAB, DHCS' MRB may conduct post-service, post-payment utilization reviews. These can be generated randomly, or providers can be selected based on unusual "red flag" billing activity. MRB reviews are different from FAB reviews, in that there is more focus on medical documentation, medical necessity, and quality of care.

Q31. After an audit has been settled, can records and documentation be destroyed?

A. Welfare and Institutions (W&I) Code section 14170 requires the retention of LEA's financial and medical records for a minimum of three years from the date of the submission of the CRCS. Furthermore, it is recommended that if CRCS audit findings are appealed, that the LEA maintain the records until the appeal process has been settled (CRCS General Question 17).

Q32. Regarding the CRCS, will LEAs be audited to the W&I Code or what is in the Provider Manual?

A. The LEA Program CRCS reports will be audited using Federal and State laws, regulations and policy related to the LEA Program.

Cost and Reimbursement Comparison Schedule

Q33. If the CRCS is rejected, can it be corrected and resubmitted?

A. Yes, when a CRCS is rejected by the Audit Review and Analysis Section (ARAS), the provider should review the reasons for rejection and make necessary corrections, and timely resubmit the revised CRCS to the LEA submissions inbox (LEA.CRCS.Submissions@dhcs.ca.gov). If there are further issues with the revised submission ARAS will contact the provider to notify them the revision was rejected and request a new revision be timely submitted. Until a CRCS submission is accepted by the Department the provider may be subject to a withhold.

Parental Consent and Other Health Coverage (OHC)

Q34. Do LEAs need to obtain consent from parents for providing non-IEP services?

A. No. LEAs do not have to obtain parental consent to bill Medi-Cal before providing non-IEP/IFSP services to Medi-Cal eligible students, since this consent is provided during the Medi-Cal application process. However, students with services covered under IDEA (under an IEP/IFSP) do require parental consent, since IDEA created a statutory requirement to obtain parental permission before billing a Medicaid program (34 CFR 300.154).

Q35. If a family refuses to provide OHC information, will reimbursement be denied?

A. Depending on whether the service is performed under an IEP/IFSP, reimbursement may or may not be denied. For students with IEPs/IFSPs who are both Medi-Cal eligible and have OHC, LEAs may bill Medi-Cal directly without first pursuing the OHC insurer. In this scenario, reimbursement will not be denied. However, for students without an IEP/IFSP, the LEA must submit the claim to the OHC insurer first, and either receive a written denial or no response from the insurer, prior to billing Medi-Cal. Reimbursement will be denied if the LEA does not attempt to bill the insurer first.

Q36. Does DHCS have to get parental consent to bill private insurance?

A. No. As one of the conditions for enrolling in Medi-Cal, in situations where an individual may be dually insured (Medi-Cal and private insurance), Medi-Cal is always the payer of last resort. All Medi-Cal beneficiaries are subject to this condition, and it is incorporated into the agreement that the beneficiary signs when enrolling in Medi-Cal.

Q37. What is DHCS's Third Party Liability (TPL) recoupment policy?

A. As stated in the LEA Program Provider Manual, Federal statutes and regulations require DHCS to take all reasonable measures to ascertain and to pursue legally liable third parties for services provided to Medi-Cal beneficiaries. Recent guidance from Centers for Medicare & Medicaid Services (CMS) regarding 'free care' (SMD 14-006) did not create any exception to this requirement. For services provided by LEAs to Medi-Cal eligible students who also have third-party private commercial insurance, also known as OHC, DHCS may bill insurance carriers to recoup funds paid by DHCS to the LEAs. DHCS will not "cost avoid" against LEA claims (initially deny claims due to OHC). As a result of the recoupment process, insurance carriers may issue Explanation of Benefits (EOB) statements to the parent of the insured student.

Q38. The tape match does not clearly state the OHC. Are there instructions available on how to read the data tape match return file?

A. Refer to the Attachment A Data File Description link and the LEA Tape Match Record Layout link on the Data Use Agreement web page for a complete Tape Match Record Layout. Note that the OHC indicator is included for all twelve months.

Q39. Can billing Medi-Cal for school-related services affect the parent's lifetime benefits or maximums?

A. No. Under the Affordable Care Act (ACA), there are no lifetime benefit maximums. Additionally, Medi-Cal eligible individuals' participation in the LEA Program will not decrease available lifetime coverage or any other insured public benefit, and will not increase premiums or lead to discontinuation of public benefits or public insurance.

Free Care Services

Q40. Can we bill for students who do not have an IEP, but have plans of care, Individual Health Care Plans or 504 Service Plans?

A. Yes. However, services rendered to a student who does not have an IEP/IFSP are limited to a maximum of 24 services per 12-month period per student. Students with care plans or 504 plans are also subject to this same limitation. All program policies, guidelines, OHC requirements and restrictions listed in the LEA Program Provider Manual are still applicable to non-IEP/IFSP services.

Q41. When LEAs claim for vision and hearing screenings, how should the "reason for assessment" be worded on the recommendation?

A. DHCS is developing policy regarding this issue and will notify LEAs once the answer is vetted and approved.

Q42. What is the difference in first aid services versus nursing treatments?

A. First aid services are not billable under the LEA Program. Any services outside of an IEP/IFSP that are documented by a plan of care (e.g., a care plan, individual health plan, 504 plan, etc.), can be billed as non-IEP/IFSP services, as long as requirements (as stated in the LEA Program Provider Manual) are met. Non-IEP services are subject to a service limitation of 24 services per fiscal year. Services beyond this limitation will be denied.

Random Moment Time Survey (RMTS)

Q43. Now that LEA billing and RMTS are coming together, will the LECs and LGAs be taking over the LEA Program?

A. No, Local Education Consortiums (LECs) and Local Government Agencies (LGAs) will only be providing support for the RMTS process. They will not be responsible for other aspects of LEA Program requirements or policies, such as completion of the CRCS or interim claiming. The tasks on slide 68 (FY 2016-17 LEA Training) are examples of areas where LECs and LGAs will provide guidance to the LEAs under RMTS.

Q44. With the new State Plan Amendment (15-021), will an LEA contract with a LEC/LGA or directly with DHCS for RMTS?

A. The RMTS Implementation Advisory Group (IAG) is working through implementing RMTS for the LEA Program and will address this issue. At this point, DHCS expects that LEAs will contract with their respective LEC or LGA in order to participate in the RMTS process.

Q45. For districts who are already participating in the SMAA RMTS, will the LEA Program RMTS be facilitated through the current RMTS Software System Platform?

A. Although DHCS is still in the process of finalizing the logistical issues of a combined RMTS, it is expected that the current software platform will be revised to incorporate both School-Based Medi-Cal Administrative Activities (SMAA) and LEA Program requirements. DHCS will work with CMS to determine LEA Program integration details and will keep LEAs informed as information becomes available.

Q46. Will RMTS percentages be district only or will it be by region as it is now?

A. Pending CMS approval, DHCS anticipates that the RMTS percentages will be determined on a regional basis, as is currently the case with the SMAA RMTS.

Q47. How will LEA's get their RMTS moment percentages? If by LECs/LGAs, will districts have to incur further costs for this information related to the LEA Program?

A. Although this is still being finalized, DHCS expects to publish the RMTS percentages by region on the LEA Program website for LEAs to use in the completion of their CRCS.

Q48. If an LEA only participates in the Billing Option Program and not SMAA, how will that impact RMTS?

A. Participation in both programs is voluntary. However, DHCS encourages participation in both programs, and with an integrated RMTS system, it is easier to participate in both programs. If an LEA chooses only to participate in the LEA Program RMTS, DHCS anticipates that they will still need to contract with their regional LEC/LGA, who will administer the RMTS process. More information on this will be forthcoming.