

General Questions

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

A. Yes. The training materials are being distributed to attendees, along with these questions and answers from the February 12, 2020 training.

Q2. Have invitations for future trainings been sent out yet?

A. No. Future training invitations have not been sent out. These will be sent via e-blast approximately two weeks prior to each training session.

Q3. How do we RSVP for future trainings?

A. Invitations will be sent out via the LEA Program listserv prior to each training. Subscribe to the listserv using this [DHCS website link](#).

Q4. If I'm already signed up for the listserv and I signed up again, will I receive everything twice?

A. No. E-blasts should only be sent once to each email address.

Q5. Slide #5: Who should attend the trainings?

A. Trainings are open to all LEA stakeholders, but the target audience for the material will be LEA Program Coordinators. Third party billing vendors can attend trainings, as well.

Q6. Slide #5: Who should attend the July 30th RMTS Coder training? In the morning session it was stated LEAs are encouraged to attend, but the slide states "LECs/LGAs/Coders only."

A. DHCS initially indicated during the training session that this training will be open to LEAs that wish to attend; however, the training will now be limited to LECs and LGAs. DHCS will provide a different training to LEAs on RMTS coding.

LEA Program Overview

Q7. Slide #9: Is parent counseling a covered service under the LEA Program?

A. In circumstances where a student's IEP/IFSP includes parental counseling as a related service, this is considered an LEA Program covered service. This is consistent with current Program policy.

Q8. Slide #9: What is the timeline to expect new procedure codes and modifiers for upcoming new services?

A. Refer to slide #16. The target date for updating the claims processing system with new procedure codes/modifiers is July 1, 2020. The LEA Program expects to publish new procedure codes/modifiers and interim rates well in advance of this date in March 2020.

Major Components of SPA 15-021

Q9. Slide #16: When will the new FY 18-19 CRCS form be available?

A. The new FY 18-19 CRCS form will be available when SPA 15-021 is approved. DHCS expects to publish the form the Spring of 2020.

Q10. Slide #18: Can the physician prescription that is required for Activities of Daily Living (ADL) Assistance be signed by nurse practitioners or physician assistants?

A. Yes. Consistent with current Program policy, a nurse practitioner (NP) or physician assistant (PA) are both practitioners that are allowed to sign physician prescriptions for LEA services, including ADLs. However, as published in [PPL #19-015](#), a supervising licensed physician must delegate authority for the PA or NP to provide the covered benefit or service, and both the PA/NP and the physician must be enrolled as Medi-Cal providers. More information will be provided during the New Services and Practitioners training on March 5, 2020.

Q11. Slide #18: Will Registered Credentialed School Nurse signatures be required for contracted licensed registered nurses who provide ADL services?

A. No, licensed registered nurses may provide services within scope of practice. Per SPA 15-021, licensed registered nurses (contracted or employed) do not need to be supervised by a Registered Credentialed School Nurse when providing LEA covered services.

Q12. Slide #21: What is the definition of “physician referral” versus “physician prescription” for the LEA Program?

A. Please refer to the following [slide on Physician Recommendation, Referral, and Prescription](#).

Q13. Slide #21: For nutritional counseling, can LEAs use a blanket order from a registered dietician or do LEAs need an order for each individual student?

A. LEAs will need an order for each individual student for nutritional counseling services. Note that nutritional counseling must be referred by a physician; a registered dietician is not authorized to refer the student for LEA billing purposes.

Q14. Slide #22: How small/large are groups for OT/PT?

A. The minimum number of students is two for group OT/PT services. However, there is no maximum number of students in a group per State regulations. LEAs and both occupational therapy and physical therapy providers will need to use their best professional judgement when establishing group sizes.

Q15. Slide #25: Will the new services be retroactively billed to July 1, 2015?

A. Yes. New services may be retroactively billed upon approval of SPA 15-021. The LEA Program will provide additional guidance in this area in future trainings and PPLs.

Q16. Slide #25: Will retroactive billing include adding costs and contractor costs to the CRCS?

A. Yes. LEAs that choose to retroactively bill for new services and new practitioners will include related costs on the respective fiscal year's CRCS. Details on this process will be provided in future training sessions.

Q17. Slide #25: How will LEAs retroactively bill for past years without an RMTS methodology during the past years?

A. Please refer to slide #43. In general, the FY 2020-21 regional RMTS Code 2A percentages will be applied to cost reports for five fiscal years: FYs 2015-16, 2016-17, 2017-18, 2018-19, and 2019-20. More details on retroactive billing for those time periods and the backcasting methodology will be discussed in more detail during future trainings.

Q18. Slide #25: What kind of back-up do we need to keep and for how long?

A. Please see Documentation 101 section from the [Spring 2015-2016 training](#) and the Documentation and Records Retention Requirements section in the LEA Provider Manual ([loc ed a prov](#)).

Q19. Slide #25: How can you check eligibility back to 2015?

A. DHCS is working on the process to confirm retroactive eligibility and will provide more detailed instructions via a PPL.

Q20. Slide #26: Do IHSPs/Care Plans require medical provider signatures for non-IEP treatments?

A. Requirements for non-IEP/IFSP services or services included in an Individualized Health and Support Plan (IHSP), which may also be called an 'individualized school healthcare plan', 'plan of care' or 'nursing plan', will be detailed in a later training; however, all services and assessments included in the LEA Program require proper authorization and signatures by qualified practitioners.

Overview of Random Moment Time Survey (RMTS)

Q21. Slide #37: Will lack of a timely response to RMTS moments affect the reimbursement rate and CRCS? LEAs may have challenges with staff access to computer/email. Is there guidance on this?

A. It is imperative that all moments are responded to within the 4-student attendance day requirement. If the moment is not responded to within the required time frame, the moment is assigned a non-reimbursable activity code. Providers with limited access to email have the option to receive paper/hard copy moments, which have a different timeline entered into the RMTS System Software Platform (SSP). See the current SMAA Manual for details on the hard copy option and process.

Q22. Slide #37: What is the timeline for paper/hard copy moments?

A. Subject to LEC/LGA approval, the paper/hard copy moment, certified by the Time Survey Participant (TSP), must be entered into the SSP within the required 5 student attendance day timeline. The moment, certified by the TSP, must be returned to the LEC/LGA within 3 student attendance days of the moment. This process provides sufficient time for the LEC/LGA to input the response into the SSP. Please refer to the [School-Based Medi-Cal Administrative Activities Manual](#) (section 6, page 16).

Q23. Slide #37: How will someone receive a paper/hard copy moment?

A. Paper/hard copy moments can be delivered via fax, district mail, or hand delivery. See the SMAA Manual, Section 6, Page 16, for additional details on the hard copy option.

Q24. Slide #37: Is the SMAA and LEA Program RMTS combining or will there be two different systems with different cost pools?

A. The SMAA and LEA Program will use one integrated RMTS. There will be two cost pools in the RMTS, one for direct service practitioners (pool 1) and one for administrative service providers (pool 2).

Q25. Slide #37: Will the 2A percentages that will be applied to the CRCS reflect the larger California statewide universe or be specific to each LEC/LGA?

A. 2A percentages will reflect the RMTS universe in which the LEA contracts to participate in RMTS.

Q26. Slide #37: How will the 2A percentages be used for the CRCS and SMAA invoice?

A. The quarterly RMTS process for the LEA Program will be consistent with the SMAA Program; however, the results will be used differently. For the LEA Program, the RMTS results will be an average based on an annual basis and applied to costs on the CRCS, to identify Medicaid allowable costs for direct service practitioners. The SMAA invoice will not utilize the code 2A percentages and will continue utilizing the current quarterly invoicing process.

Q27. Slide #39: If a portion of nursing services are contracted out (not 100%), are the contractors removed from RMTS?

A. Direct health service contractors are excluded from RMTS. All other LEA employed health service practitioners must participate in RMTS.

Q28. Slide #41: It is important for LEAs to understand that when it comes to coding a direct service moment, the coder is determining a code based on the assumption that all required prescriptions, supervision, etc. are in place.

A. This statement is correct. Coders are not making a judgement as to whether the underlying documentation and billing requirements are adequate to bill for the service, but rather that the activity at the time of a moment relates to an LEA covered service.

Q29. Slide #41: Should answers to the RMTS pre-questions be considered correct or incorrect if the response is clearly opposite of the answer? E.g., “No, it is not an IEP service” – but clearly it is an IEP service.

A. DHCS advises that coders ask a clarifying question if this is the case.

Time Survey Participants

Q30. Slide #51: The slide indicates that LEA Coordinators will identify employees who perform and bill for direct services on a regular basis when developing the Time Survey Participant (TSP) list for Cost Pool 1. What is considered a “regular basis”? Weekly? Daily? Monthly?

A. Practitioners who bill on recurring intervals every quarter are identified as billing on a regular basis. However, the expectation is that if the practitioner renders covered services to a Medi-Cal student during the quarter that they are on the TSP list, the practitioner will maintain the appropriate documentation and the LEA will bill Medi-Cal for the services through the LEA Program.

Q31. Slide #52: Are contracted health service providers included as TSPs in Cost Pool 1?

A. No. Direct health service contractors should be excluded from Cost Pool 1. Contractor costs are reported on the CRCS for the applicable fiscal year, but they are not required to participate in RMTS.

Q32. Slide #52: For participants in Cost Pool 1, do they have to bill for the LEA Program during the year?

A. Cost Pool 1 participants should intend to bill for the LEA Program if they provide services to Medi-Cal eligible students. If an LEA does not intend to bill for a practitioner during the upcoming quarter, that practitioner should be excluded from both the Cost Pool 1 TSP list and the CRCS.

Q33. Slide #56: For special education teachers and teacher aides that provide direct medical services, where are they placed on the TSP list? Would they be considered trained health care aides?

A. In general, special education teachers and teacher aides will not be in Cost Pool 1, since their primary job duty is not to provide direct medical services. If the teacher's primary job function is the provision of direct medical services, the LEA may submit an exception request to DHCS with supporting documentation, including a job description. See the current SMAA Manual for details on submitting a TSP Equivalency Form.

Next Steps and Resources

Q34. Slide #62: If a PPA has been submitted, when will we know it has been accepted?

A. As February 2020, PPAs are being reviewed by the LEA Program. Notifications regarding PPA acceptances or rejections will be communicated to LEAs by DHCS.

Q35. Slide #63: Will Code 2a/2z verification be included in the quarterly coding report?

A. Yes, LEAs will have an opportunity to review 2A/2Z codes when they receive the quarterly coding report.

Q36. Slide #65: Should Targeted Case Management (TCM) certification forms be submitted to DHCS before TSP lists are certified and moments are generated?

A. DHCS does not intend to collect the TCM Certification Forms. These should be maintained by the LEAs for audit/review purposes.