



# LEA Medi-Cal Billing Option Program

February 12, 2020

## **State Plan Amendment (SPA) 15-021 Overview Training**

*Materials presented today are pending approval of SPA 15-021*



# Introductions

## California Department of Health Care Services (DHCS)

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

## Guidehouse (formerly Navigant Consulting)

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



# Agenda

## Section

## Topic

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1 LEA Program Overview

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2 Major Components of State Plan Amendment (SPA)  
15-021

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3 Overview of Random Moment Time Survey (RMTS)

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4 Time Survey Participants (TSPs)

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5 Next Steps and Resources

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# Limitations of Today's Training



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

- DHCS anticipates CMS approval shortly



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

Today's training session is intended to provide an overview of the SPA and what steps must take place before RMTS begins on July 1, 2020

- Won't cover details on all areas of the SPA
- Future trainings will address specific areas



# Section 1

## LEA Program Overview



# LEA Program Reimbursement

Reimbursement is available for students who meet all of the following requirements:



Are 22 years of age or younger \*



Medi-Cal eligible on the date of the service



Have appropriate authorization for LEA covered services

- For assessments: a parent, teacher, school nurse or appropriate health services practitioner has recommended the student for assessment
- For treatments: medically necessary services are pursuant to an IEP, IFSP, IHSP (or other “Care Plan”) \*\*

***\* Note that students with an IEP that turn 22 during the school year may continue participation in the LEA Program for the remainder of that current school year.***

***\*\* Change due to SPA 15-021 (all other conditions are currently required)***



# Conditions of Reimbursement

- To be reimbursed for delivering Medi-Cal services, CMS requires:

**Documentation** of service delivery

Annual **cost reporting**

A **final settlement process**, including cost reconciliation

**Compliance** with Program timelines and required documents

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

*\* Change due to SPA 15-021 (all other conditions are currently required)*



# Overview of Services

## IEP/IFSP Assessments

- Psychological
- Psychosocial Status
- Health
- Nutrition
- Audiological
- Speech-Language
- Physical Therapy
- Occupational Therapy
- **Orientation and Mobility \***
- **Respiratory Therapy \***

## Non-IEP/IFSP Assessments

- Psychosocial Status
- Health/Nutrition
- Health Education/Anticipatory Guidance
- Hearing
- Vision
- Developmental
- **Orientation and Mobility \***
- **Respiratory Therapy \***

**Note: SPA 15-021 retains all current services**

**\* New services under SPA 15-021**





# Overview of Services (Cont'd)

## Treatments (IEP/IFSP, Non-IEP/IFSP)

- Physical Therapy (individual and group) \*\*
- Occupational Therapy (individual and group) \*\*
- Speech Therapy (individual and group)
- Audiology (including Hearing Check)
- Psychology & Counseling (individual/group)
- Nursing
- School Health Aide (including assistance with Activities of Daily Living) \*\*

- Orientation and Mobility \*
- Respiratory Care \*
- Nutritional Counseling

## IEP/IFSP Targeted Case Management

## IEP/IFSP Medical Transportation

- One-way transportation
- Mileage

## EPSDT Screenings

**Note: SPA 15-021 retains all current services**

**\* New services under SPA 15-021**

**\*\* Service expanded under SPA 15-021**



# Overview of Resources

Main resource is the LEA Home Page:

[LEA Home Page](#)

The screenshot shows a web browser window with the URL [dhcs.ca.gov/provgovpart/Pages/LEA.aspx](https://dhcs.ca.gov/provgovpart/Pages/LEA.aspx). The page features a navigation bar with icons for Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and Search. The main content area is titled "Local Educational Agency Medi-Cal Billing Option" and includes a description of the program, a link to the [LEA Program Overview](#), and a link to the [LEA Provider Manual](#). Below this, there are several sections with highlighted headers: "Getting Started", "Resources & Tools", "Provider Manual & Policy", "Enrollment and Compliance", "Program Information", "Publications & Bulletins", and "Claims Information & Data".

## Local Educational Agency Medi-Cal Billing Option

The Local Educational Agency (LEA) Medi-Cal Billing Option Program reimburses LEAs (school districts, county offices of education, charter schools, community college districts, California State Universities and University of California campuses) the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medi-Cal eligible students.

The [LEA Program Overview](#) outlines the program's goals and services, and LEAs new to the program will find valuable information on how to get started in the [Onboarding Handbook](#). For a detailed description of program requirements and program policy, please refer to the [LEA Provider Manual](#).

- Getting Started**
  - [Onboarding Handbook](#)
  - [Internal Administrative Functions Chart](#)
  - [Technical Assistance/Site Visit Request](#)
- Resources & Tools**
  - [Glossary of Terms](#)
  - [Nursing and Health Aide Services Treatment Form](#)
  - [Referral and Prescription Requirements](#)
  - [Terminology Crosswalk](#)
  - [Tool Box](#)
- Provider Manual & Policy**
  - [Program Guide](#)
  - [Provider Manual](#)
  - [Policy and Procedure Letters](#)
- Enrollment and Compliance**
  - [Program Enrollment and Compliance Documents](#)
  - [Cost and Reimbursement Comparison Schedule](#)
- Program Information**
  - [FAQs](#)
  - [Free Care Overview](#)
- Publications & Bulletins**
  - [Advisory Workgroup Minutes](#)
  - [Email Notifications](#)
  - [AWG/Training Calendar](#)
  - [Outlook Calendar File](#)
  - [FYI - For Your Information](#)
  - [Provider Bulletins](#)
  - [Reports to the Legislature](#)
- Claims Information & Data**



# Additional Resources

- Additional website resources:
  - [LEA Provider Manual](#)
  - [Policy and Procedure Letters](#)
  - [LEA Onboarding Handbook](#)
  - [LEA Toolbox](#)
  - [FAQs](#)
  - [Transportation Billing Guide](#)
  - [Glossary of Terms](#)
  - [LEA Program Mailbox \(LEA@DHCS.CA.GOV\) or RMTS@dhcs.ca.gov](#)



# Section 2

## Major Components of SPA 15-021



## Topics to be Covered (Section 2)

- SPA 15-021: Overview of Major Changes
- New Services
- New Qualified Practitioners
- SPA Requirements
- Resources



# What is SPA 15-021?

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



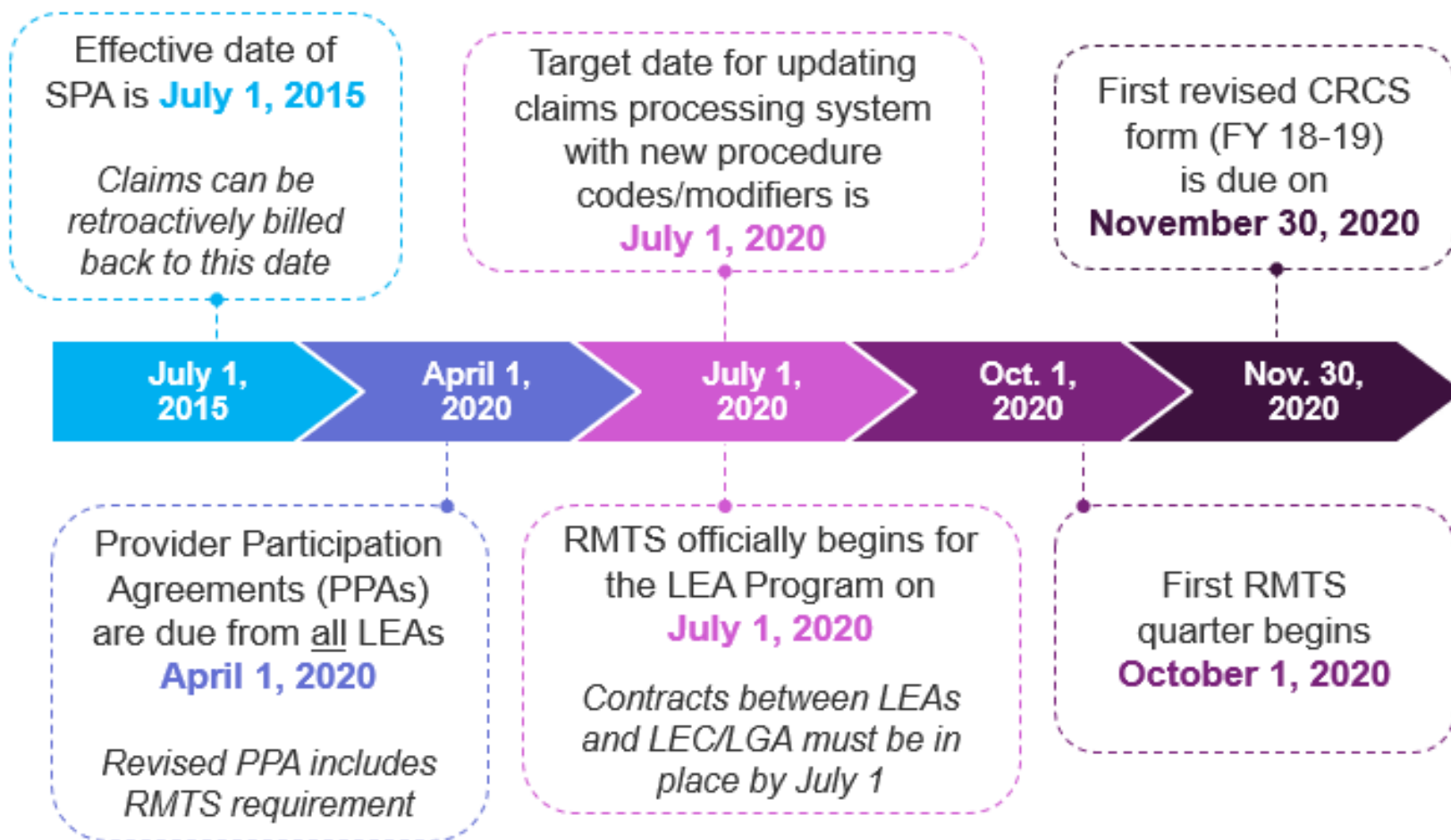
# SPA 15-021 Major Changes

## Four major Program changes:

1. Expands covered services *(upon SPA approval)*
2. Expands allowable practitioner types *(upon SPA approval)*
3. Expands the covered population to include Medicaid beneficiaries outside of special education *(upon SPA approval)*
  - ❑ *Treatment services that are pursuant to an Individualized Health and Support Plan (IHSP) or “Care Plan” that go beyond the 24 service per fiscal year limitation will be billable*
4. Incorporates RMTS for LEA BOP services *(effective FY 2020-21)*



# SPA 15-021 Important Dates







# Change 1: New Services

NEW – Covered Services	Assessment	Treatment
Assistance with Activities of Daily Living (ADLs)		✓
Group Occupational Therapy (OT) Services		✓
Group Physical Therapy (PT) Services		✓
Orientation and Mobility Services	✓	✓
Respiratory Therapy Services	✓	✓
Nutritional Counseling Services		✓

***Note: All treatments are applicable to students covered by an IEP, IFSP or IHSP. Assessments must still meet referral standards whereby a parent, teacher, school nurse or practitioner within scope of practice refers the student for an assessment.***



# New Service Detail: ADL Assistance

## Service Definition

Assisting with activities that are necessary for daily care of oneself and independent living, such as eating, toileting, transferring, positioning, mobility assistance, and cueing or directing the completion of an ADL task

Provided by **Nurses, LVNs and Trained Health Care Aides**



Includes **direct intervention** (assisting in performing a task) or **indirect intervention** (cueing or redirecting student to perform a task)

Requires a **physician prescription**



Not billable as a group service; however, one or more students may be served **one-at-a-time sequentially**

Billed in **15-minute increments** with a new CPT code





# New Service Detail: Orientation and Mobility

## Service Definition

Services provided to blind or visually impaired students to enable students to systematic orientation to and safe movement within their environments in school, home, and community

### Provided by **Orientation and Mobility Specialists**



- Certified by Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)
- Possess a Clinical or Rehabilitative Services Credential and an Orientation and Mobility teaching certification
- No supervision required



Authorized by a **physician or licensed practitioner** of the healing arts within scope of practice



# New Service Detail: Respiratory Therapy

## Service Definition

Therapy, management, rehabilitation, diagnostic evaluation and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated aspects of cardiopulmonary and other systems functions

Provided by **respiratory care therapists**



- Licensed by the Respiratory Care Board of California
- No supervision required



Requires a **physician prescription**



# New Service Detail: Nutritional Counseling

## Service Definition

Nutrition assessment and education, consisting of assessments and non-classroom nutrition education based on the outcome of the nutritional health assessment (diet, feeding, laboratory values, and growth)



Provided by **registered dietitians, physicians, nurses and physician assistants**



Requires a **physician referral**

Note that if **Medical Nutrition Therapy** is required, a **physician prescription** is necessary



# New Service Detail: Group OT/PT

## Service Definition

SPA 15-021 expands occupational therapy and physical therapy treatment services to include those provided in a group setting



Licensed **therapists and assistants** can bill for group services

- Assistants must be supervised by a licensed therapist

Requires a **physician prescription**



**Billed in same manner** as individual service (initial and additional service increments)



# Change 2: New Practitioners

Practitioner	Covered Services	Supervision Required?
Occupational Therapy Assistant	<ul style="list-style-type: none"> <li>Occupational Therapy Treatment (Individual and Group)</li> </ul>	Yes, by a Licensed O/T
Orientation and Mobility Specialist	<ul style="list-style-type: none"> <li>Orientation and Mobility Assessment</li> <li>Orientation and Mobility Treatment</li> </ul>	No
Physical Therapist Assistant	<ul style="list-style-type: none"> <li>Physical Therapy Treatment (Individual and Group)</li> </ul>	Yes, by a Licensed P/T
Physician Assistant	<ul style="list-style-type: none"> <li>Health/Nutrition Assessment</li> <li>Nutritional Counseling</li> <li>Health Ed./Anticipatory Guidance</li> <li>Hearing Assessment</li> <li>Psychology and Counseling</li> <li>Vision Assessment</li> </ul>	No (works under a physician via a Delegation of Medical Services Agreement)



# Change 2: New Practitioners (Cont'd)

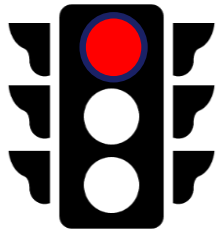
Practitioner	Covered Services	Supervision Required?
Registered Assoc. Clinical Social Worker	<ul style="list-style-type: none"> <li>• Psychology and Counseling Treatment (Individual/Group)</li> <li>• TCM Services</li> </ul>	Yes, by licensed physician, LCSW, LMFT, licensed psychologist or licensed clinical counselor
Registered Dietician	<ul style="list-style-type: none"> <li>• Nutrition Assessment</li> <li>• Nutritional Counseling</li> </ul>	No
Associate Marriage and Family Therapist	<ul style="list-style-type: none"> <li>• Psychology and Counseling Treatment (Individual/Group)</li> <li>• TCM Services</li> </ul>	Yes, by licensed physician, LCSW, LMFT, licensed psychologist or licensed clinical counselor
Respiratory Therapist	<ul style="list-style-type: none"> <li>• Respiratory Assessment</li> <li>• Respiratory Therapy Treatment</li> </ul>	No
Speech-Language Pathology Asst.	<ul style="list-style-type: none"> <li>• Speech Therapy Treatment (Individual/Group)</li> </ul>	Yes, by licensed or credentialed SLP





# Billing for New Services and Practitioners

**SPA 15-021 approval is required** before LEAs can bill new covered services or practitioners (including EPSDT screenings)



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

New procedure codes/modifiers and rates will be published in a PPL **upon SPA approval**



# Change 3: Care Plan Requirements

- SPA 15-021 **expands reimbursement** to include covered services provided under an Individualized Health and Support Plan (IHSP)

Other common names for an IHSP:  
Individualized School Healthcare Plan,  
Plan of Care, Nursing Plan, 504 Plan

***\*Generically, these will be referred to as “Care Plans”***

- Care Plans should be developed:
  - By a registered credentialed school nurse or qualified medical practitioner within scope of practice
  - In collaboration with the parent or guardian, and if appropriate, the student



# 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



# Care Plan Requirement

- **New requirement** in SPA 15-021
- What does this new requirement mean?
  - To seek Medi-Cal reimbursement, a student does **not** need to be eligible under the IDEA
  - However, all billable treatment services require authorization in a “Care Plan”
    - For **IDEA students**, the IEP or IFSP provides authorization
    - For **non-IDEA students** with health needs, the authorization is pursuant to an IHSP, nursing plan, service plan or 504 Plan, etc.



# Change 4: RMTS Requirement



RMTS is a **new methodology** used to **allocate costs**

RMTS captures the **amount of time spent providing direct health services** by qualified health practitioners



RMTS results **combined by the LEA's LEC/LGA region**

The combined RMTS results will be **applied to your LEA's provider-specific costs on the CRCS** to determine final reimbursement for direct service claiming





# Resources

*Additional information on RMTS in next section*



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



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



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



# Section 3

## Overview of Random Moment Time Survey (RMTS)



## Topics to be Covered (Section 3)

- Brief Introduction to RMTS
- SPA 15-021: Impact of RMTS on LEA BOP
- Overview of Integrated California RMTS Process
- RMTS Participation
- The Importance of Completing Moments
- Application of RMTS Results in Cost Reporting





# Brief Introduction to RMTS

- What is Random Moment Time Survey?



A statistical sampling method that estimates the amount of time spent on various tasks (educational instruction, direct medical services, administration, etc.)



A web-based system that randomly selects and assigns a “moment” in time (1 minute) to a pre-determined list of Time Survey Participants (TSPs)



# Quick Facts: RMTS

Administered quarterly,  
**three times a year**  
(October to June)

TSPs are **randomly selected** to identify the activity they are performing at a **random moment in time**

Results in an **estimated work effort** for the entire population of TSPs over the quarter

Participation in RMTS is required for **employed** health service practitioners





# RMTS Basics

- Time survey results are used to allocate a **percentage of LEA costs** to both school-based programs
- A TSP will be asked questions to capture what they are doing at a specific minute in time:

**Were you working at the time of your moment?**

**Who were you with?**

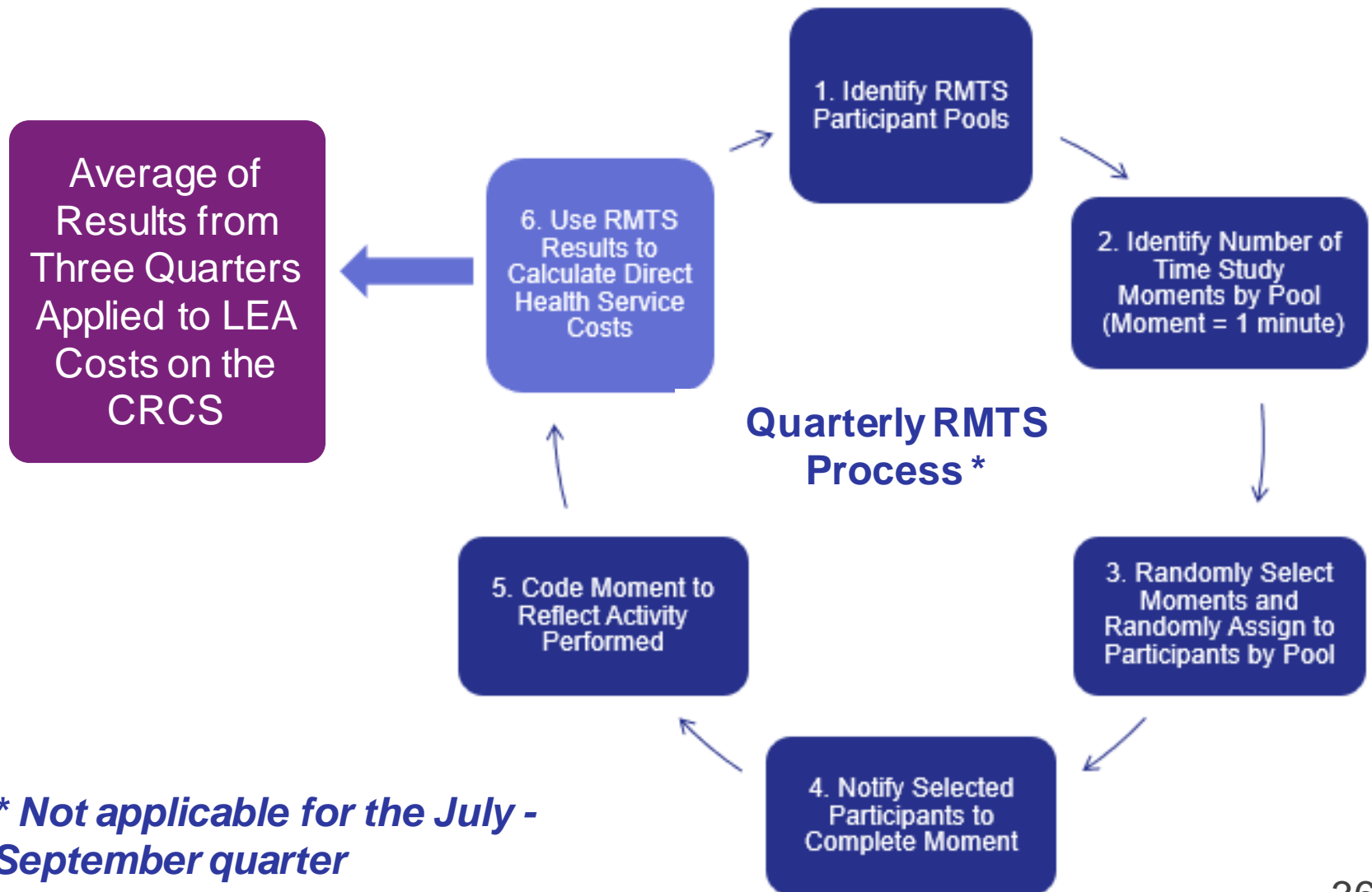
**What were you doing?**

**Why were you performing this activity?**

**Was the activity being performed related to a student assessment, as defined in the LEA Provider Manual, or pursuant to a service listed on a student's IEP, IFSP, or 'Care Plan'?**



# LEA Program Quarterly RMTS Process



*\* Not applicable for the July - September quarter*



# SPA 15-021 Impact on RMTS

- Participant Pool 1 = SPA 15-021 Direct Service Practitioners
- Beginning with FY 2020-21, TSPs that are eligible and expected to bill (reported on the CRCS) will be identified in the Participant Pool 1 list for that applicable quarter
- LEAs will continue to submit claims for Participant Pool 1 TSPs and receive interim reimbursement



# RMTS Participation

If an LEA **contracts out for 100%** of their direct medical service practitioners, participation in RMTS is not necessary

## **ALL other LEAs must participate in RMTS**

Reimbursement through the LEA Program is contingent upon RMTS participation



In November 2019, DHCS sent an e-blast notifying LEAs they **must complete the revised PPA**

- Includes new terms and conditions regarding RMTS
- Due from **ALL** LEAs to DHCS by **April 1, 2020**
- Contact [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov) for forms



# Moment Selection



Moments 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

You 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



# Moment Response Examples

Question	Initial Response	Improved Response
Who were you with?	students	n/a
What were you doing?	therapy	I was providing integrated speech therapy in a small group of four students.
Why were you doing this activity?	IEP goal	To work on the student's goals per their IEP.
Was the activity being performed related to a student assessment, as defined in the LEA Provider Manual, or pursuant to a service listed on a student's IEP, IFSP, or 'Care Plan'?	Yes	Yes





# Participation in RMTS is Important!

- ! TSPs have **one student attendance day** notification and a **four-day response** period

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- ! Moments not answered within **four student attendance days** expire and cannot be answered

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- ! Unanswered moments will **negatively impact** the results used to calculate reimbursement to LEAs

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- ! As of July 1, 2020, LEA BOP providers that employ health service practitioners are **required to participate in RMTS** to receive Medi-Cal reimbursement



# RMTS and Cost Reporting

- RMTS results will replace the “percentage of time” component on the CRCS
- DHCS will calculate an **annual average direct health service percentage** by LEC/LGA universe
  - Based on October to June RMTS results
  - One of several factors on the CRCS that will allocate total costs to the LEA Program
- 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



# RMTS Resources

- If you have questions, DHCS encourages LEAs to reach out to the RMTS Inbox:



[RMTS@dhcs.ca.gov](mailto:RMTS@dhcs.ca.gov)

- Questions will be reviewed by SMAA and LEA Program staff
- Link is included on the LEA Program



# Section 4

# Time Survey

# Participants



## Topics to Be Covered (Section 4)

- RMTS Participant Pools
- Requirements to be on Pool 1 TSP List
- Exclusions from Pool 1 TSP List
- Policy for replacements/vacancies
- TCM certification process
- Interface between the TSP list and the CRCS



# Important Points for July 1, 2020

! RMTS begins for the LEA Program  
(first survey quarter begins **October 1, 2020**)

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! RMTS moment responses will now **impact LEA Program reimbursement** (Code 2A percentage will be calculated and used in annual cost reconciliation process)

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! LEAs must have contract in place with **regional LEC or LGA** to participate in RMTS

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! LEAs must have **signed PPA** on file with DHCS



# Participant Pool Overview

- California has two participant pools:  
(1) Direct Service Providers, and  
(2) Administrative Service Providers
- Each TSP must **only be listed in one participant pool**
- A TSP selected for a moment will be notified of their moment via e-mail **1 student attendance day prior to the moment**



# List of Pool 1 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

*\*New SPA 15-021 practitioner*





# List of Pool 1 Participants (Cont'd)

- 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*



# Pool 1: Direct Service Providers

- The LEA Coordinator identifies employees who **perform and bill** for direct services on a regular basis
  - Pool 1 TSPs should be performing direct services as a **routine part of their job function**
  - TSPs from Pool 1 should crosswalk over to the CRCS



# Exclusions from Pool 1

- As of July 1, 2020, the following should be **excluded from the Pool 1 TSP list**:
  - ✗ Direct health service contractors
  - ✗ Any participant that is not qualified to bill for direct medical services under SPA 15-021
  - ✗ Any qualified practitioner that the LEA does not intend to bill for during the upcoming quarter
- Any participant that is **100% federally funded in the upcoming quarter** should be excluded from the TSP list



# Policy for TSP Vacancies *(effective July 1, 2020)*

The quarterly certified TSP list may include vacant positions that will be filled **during the first 30 days** of the quarter

- Vacant position included on the quarterly TSP list **must be supported by documentation**, maintained in the audit file, demonstrating that the hiring process will be completed within 30 calendar days
- If a vacant position is filled during the quarter, the individual will complete the time study (if sampled)
- Actual costs incurred related to the filled position will be included on the CRCS for that quarter



# Policy for TSP Replacements *(effective July 1, 2020)*

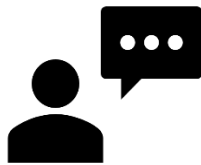
If a previously certified position becomes vacated during the quarter, it may be filled with a direct **replacement**

- The direct replacement will complete the time survey moment (if sampled)
- The proportional costs incurred for both the original participant and direct replacement are eligible to be reported on the CRCS for that quarter



# TSP List Exceptions

For Pool 1, **most health service practitioners** can be classified into one of the SPA-approved titles



However, an LEA **may request to include a TSP in Pool 1** even if their job title doesn't match the Pool 1 participant list

TSPs with job classifications that differ from the approved TSP list (although qualifications/duties are substantially similar), must **request an exception and provide supporting documentation**



# Special Education Teachers

In general, special education teachers will **NOT** be in Pool 1, since their **primary job duty** is not to provide direct medical services

- In general, special education teachers that provide school health aide services will **not qualify as an exception** to the TSP 1 participant list
- LEA must demonstrate that the provision of direct medical services is the teacher's primary job function
- If granted approval to include a special education teacher on the list, LEAs must maintain supporting documentation in audit file



# TSPs and the CRCS

Beginning in FY 2020-21, the **costs for** practitioners on the CRCS will be those employees on the approved Pool 1 TSP list

- CRCS has been modified to report salary/benefit information by quarter
- A practitioners' costs may be included on the CRCS for one quarter or all quarters, *depending on the TSP list*
- If a practitioners' quarterly costs are included on the CRCS, but that practitioner was not on the TSP list for the quarter, the cost will be disallowed on the CRCS





# Section 5

## Next Steps and Resources



# Readiness Checklist for July 1, 2020

- 1. Revised **PPA signed by 4/1/20**
- 2. LEAs must have **contracts in place** with LEC/LGA
- 3. LEA **TSP lists align with SMAA manual** participant pool lists
- 4. **Coding to 2A and 2Z** and LEA review of Quarterly Coding Report
- 5. LEAs ready to implement **Vacancy and Replacement Policy**
- 6. LEAs to decide if they will **retroactively claim** for new SPA services and practitioners
- 7. LEAs to decide whether they will **bill for TCM services** through the LEA Program and **must complete** the TCM Certification Statement
- 8. LEAs to decide whether they will **bill for specialized transportation services**
- 9. Begin **collecting data necessary for the Medicaid Eligibility Rate (MER) calculation** that will be used on the CRCS



## Action Items by July 1, 2020 (#1-2)

- ❑ 1. FY 20-21 Provider Participation Agreement (PPA) **signed by 4/1/20**
  - Stakeholders notified via e-blast in November 2019
  - DHCS ready to accept PPAs
  - **PPA must be in place by July 1** to participate in the LEA Program

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- ❑ 2. LEAs must have **contracts in place** with LEC/LGA by **7/1/20 (at latest, but should be earlier)**
  - Contract with a LEC or LGA for administration of the RMTS *(if required)*
  - Existing LEC/LGA contracts for RMTS are sufficient to cover both school-based programs
  - **LEAs without contracts cannot receive reimbursement** through the LEA Program after July 1, 2020



## Action Items by July 1, 2020 (#3-4)

- ❑ 3. **LEA TSP lists align with SMAA manual** participant pool lists
    - Most LEAs have already implemented new TSP classifications
    - If LEAs haven't aligned TSP list with published SMAA Manual, they should do that for Q4 (April to June 2020)
- 
- ❑ 4. **LEC/LGA coding to 2A and 2Z** and review of Quarterly Coding Report
    - LECs/LGAs now coding to 2A and 2Z classifications
    - Approved SMAA-Manual contains information on the code split
    - LEAs should begin reviewing the Quarterly Coding Report for Code 2A/2Z



## Action Items by July 1, 2020 (#5-6)

- ❑ 5. Updated **Vacancy and Replacement Policy** implemented
  - SMAA Manual contains policy approved by CMS
  - Implementation of new policy in FY 2020-21, per PPL 19-030

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- ❑ 6. LEAs to decide if they will **retroactively claim** for new SPA services and practitioners
  - DHCS is finalizing the backcasting methodology with CMS
  - Backcasting PPL and trainings will summarize requirements
  - LEAs can determine if unbilled services meet IEP/IFSP/Care Plan requirements to retroactively bill treatment services
  - All LEAs must submit amended CRCS forms for FYs 2015-16 to 2019-20, even if they decide NOT to retroactively claim for additional services in prior periods



# Action Items by July 1, 2020 (#7)

- ❑ 7. LEAs to decide whether they will **bill for TCM services** through the LEA Program

**\*\* If billing TCM through the LEA Program, LEAs must identify TCM providers so they can be flagged in the software system platform \*\***

- Training in April 2020
- LEAs will complete a TCM Certification Form to identify practitioners that will bill TCM Services (quarterly)
- TCM certification will parallel development of quarterly TSP lists
- Coders will use the flag to code TCM-related moments for those practitioners that bill TCM through the LEA Program
- LEAs will maintain the quarterly certification for audit/review; they will **not submit the Certification Form** to DHCS



## Action Items by July 1, 2020 (#8)

- ❑ 8. LEAs to decide whether they will **bill for specialized transportation services** *(to be cost settled as of FY 2019-20)*
  - **Specialized** transportation costs must be separately maintained and reported on the CRCS for FYs 2019-20 and beyond
  - DHCS is developing a transportation PPL and training to summarize requirements for LEAs (training in April)

LEAs planning to bill for transportation should track the following **specialized** transportation information:

- **Salaries/Benefits for employed personnel**  
*(bus drivers, ~~attendants~~\*, mechanics and substitute drivers)*
- **Other related costs**  
*(lease/rental costs, insurance costs, maintenance and repair costs, fuel and oil costs, and contract costs for specialized transportation services and equipment)*
- **Depreciation** for assets meeting the LEA's capitalization threshold  
**Count of total number** of students that have specialized transportation as part of their IEP/IFSP

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



## Action Items by July 1, 2020 (#9)

- ❑ 9. Begin **collecting data necessary for the Medicaid Eligibility Rate (MER) calculation** that will be used on the CRCS
  - DHCS published **PPL #20-004** with additional information on the MER calculation
  - **Numerator** – count of Medi-Cal eligible students as of a specific date (to be specified by DHCS)
  - **Denominator** – total count of all students in your LEA as of a specific data (to be specified by DHCS)





# E-mail Lists

- Once the SPA is approved, DHCS will send an e-blast to LEAs on each listserv with additional information



Sign up for the LEA BOP listserv at: [LEA BOP Listerv Subscription](#)



Sign up for the SMAA listserv at: [SMAA Listerv Subscription](#)



# Please Submit Remaining Questions to the LEA Program Inbox

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