



**LEA Medi-Cal Billing
Option Program
Advisory Workgroup Meeting
February 3, 2021**

MEETING TO BEGIN AT 10:30AM



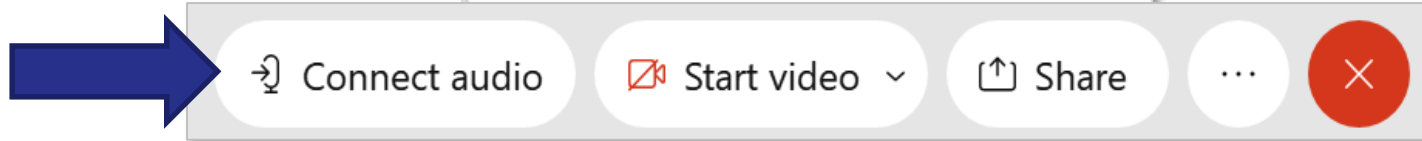
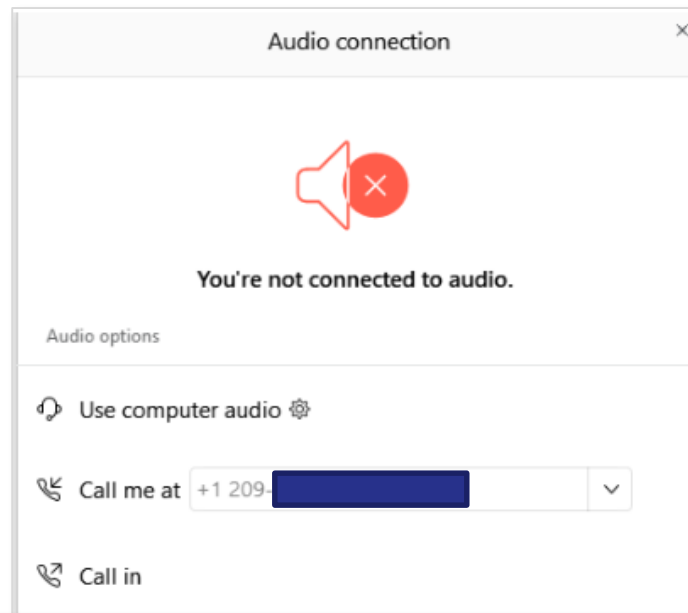
Housekeeping Items

- Questions
 - Submit via the **Q&A function** (*not* the chat function)
- All afternoon session training materials will be distributed to all stakeholders on the LEA Program listserv
- To sign up for the LEA Program listserv:
<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>



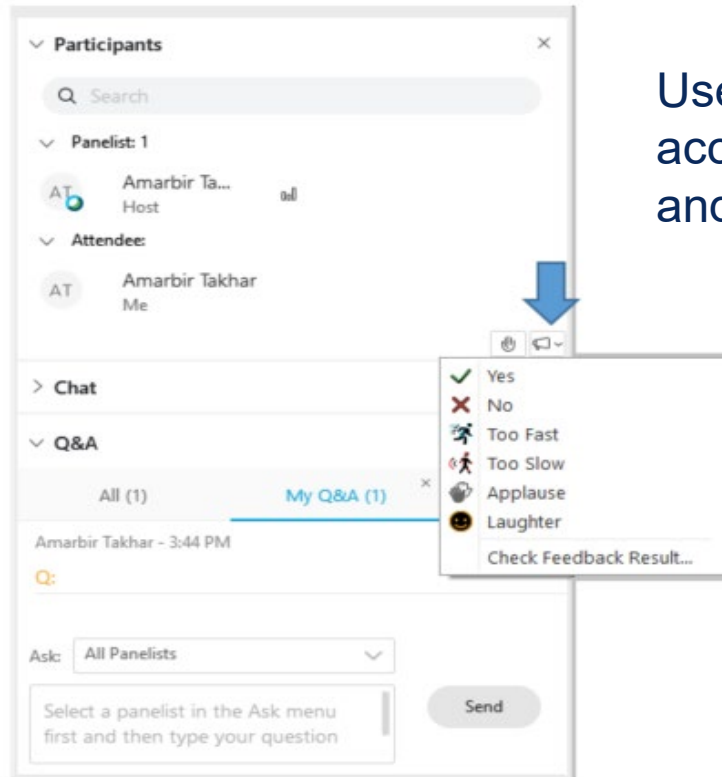
Webex Audio Help

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 - Select the option for how you would like to connect



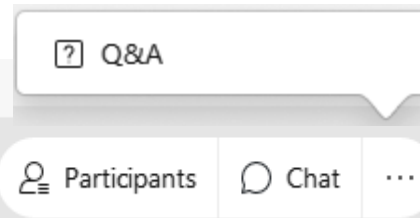


Chat, Feedback, and Q&A



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

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





Morning Session – LGFD Updates



Mental Health Coordination



LEA Program Inbox



Review of Policy Change on Bus Attendant Costs



Policy and Procedure Letter (PPL) #20-004R

- PPL informed LEAs that Specialized Medical Transportation (SMT) reimbursement received by LEAs in SFYs 2015-16 through 2018-19 will be considered final settlement
- **SFY 2019-20 will be the first year that SMT costs will be included on the CRCS** (only applicable to LEAs that claim for SMT)
- Per CMS guidance, **Bus Attendants are not allowable** staff personnel costs and must be excluded from the CRCS
 - ✓ Impacts the CRCS for SFY 2019-20 and forward



Review of Service Authorization for LEA BOP Services



Summary of Authorization Requirements

3 types of authorization required based on the covered service:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Screenings	LEA Program Assessments	LEA Program Treatments
<p>Authorized by:</p> <ul style="list-style-type: none">Bright Futures / American Academy of Pediatrics (AAP) Periodicity Schedule: https://www.aap.org/en-us/documents/periodicity_schedule.pdf	<p>Authorized by:</p> <ul style="list-style-type: none">Licensed practitioner within scope of practice ORParent ORTeacher	<p>Authorized by:</p> <ul style="list-style-type: none">Licensed practitioner within scope of practice <i>(defined in LEA Provider Manual Individual Service Sections)</i>

Transportation services are authorized via the IEP/IFSP

Targeted Case Management (TCM) services are authorized via the IEP/IFSP/IHSP



ORP Practitioner Requirement

ORP practitioner requirement for treatment services:

- Effective July 1, 2018, LEAs were required to include the National Provider Identifier (NPI) of the ORP practitioner on all claims for **treatment** services
- LEA Program ORP practitioners must be individually enrolled as a Medi-Cal ORP provider, as outlined in [PPL 18-018R](#)
- Assessment services are not affected by the PPL



Licensed ORP Practitioners

LEA Program Treatment Service	Physician	Dentist	Podiatrist	Registered Credentialed School Nurse	Psychologist ⁽¹⁾	LMFT / LCSW ⁽²⁾
Nursing Services - Medication/ Therapeutic agent administration	✓	✓	✓		✓	
Health Aide Services	✓		✓			
Occupational Therapy Services	✓	✓				
Physical Therapy Services	✓	✓				
Psychology and Counseling Services	✓			✓	✓	✓
Speech or Audiology Services	✓	✓				
Orientation and Mobility Services	✓	Referral may also come from a Licensed Practitioner within Scope of Practice				
Respiratory Therapy Services	✓					
Nutritional Counseling Services	✓					

(1) Only Licensed Clinical Psychologists may ORP for nursing - medication administration; Licensed Psychologists and Licensed Educational Psychologists may ORP for psych/counseling services.

(2) Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT).



Reminders – Physician Authorizations

- **Physician authorizations may be obtained from:**
 - Student's primary care physician;
 - Physicians **employed by the LEA**;
 - Physicians **contracted by the LEA**; or
 - Physician Assistant or Nurse Practitioner
(works under physician supervision per standard practice)
- Authorizations provided by **contracted physicians:**
 - Do not require the physician to personally evaluate student
 - Require the physician to have a working relationship **with the LEA and treating practitioner**
 - Require the physician to review the student's records prior to authorizing services



Contracted Physicians

If a contracted physician is used to ORP LEA services:

- The LEA, not a billing vendor, must have the working relationship with the contracted practitioner
- Prescriptions **cannot be backdated**
- Valid for one year from the signature date of the prescription
 - ✓ Due to the Public Health Emergency, DHCS is allowing service authorizations to be **extended** past one-year, until the authorization can be renewed



Retroactive Claiming Update



Retroactive Claiming Update

- Prior DHCS guidance was that LEAs would have the opportunity to retroactively claim for SPA 15-021 services back to July 1, 2015 (SPA effective date)
- Since SPA effective date was 5+ years ago, **DHCS is in discussions with CMS to eliminate retroactive claiming**
- No policy decisions have been made at this time



What Does Eliminating Retroactive Claiming Mean?

- Under this scenario, **all settlement** for the prior fiscal years would take place **through the CRCS**
 - ✓ No additional interim claiming would be required for five backcasted years (SFYs 2015-16 through 2019-20)
 - ✓ Claiming for new services/practitioners would be effective for dates of service 7/1/2020 and forward
 - ✓ For five backcasted SFYs, LEAs would include allowable practitioner costs for on the CRCS
- Allowable costs would be allocated to Medi-Cal using:
 - ✓ SFY 2020-21 RMTS code 2A percentage, and
 - ✓ LEA-specific Medi-Cal Eligibility Ratios (for each SFY)



Potential Impacts

- Considerations being evaluated:
 - ✓ Less administrative burden for LEAs/DHCS since no interim claiming for backcasted years would be required
 - ✓ Less risk of historical claims processing errors and potential future system corrections
 - ✓ Reduced **short term** cash flow for LEAs due to lack of interim claiming for SFYs 2015-16 through 2019-20
- No difference to LEAs in **total** cost settlement amount (LEAs would still adjust personnel costs on CRCS)
- Amended CRCS will still be required for each SFY
- Update at April AWG meeting



SFY 2020-21 Claiming

- DHCS expects the paid claims system will be ready for LEAs to bill **new service/practitioner claims for the CURRENT SFY** in Spring 2021
- LEAs should not bill for services rendered in past SFYs until notified by DHCS
 - ✓ CMS decision on retrobilling will dictate necessity of historical claiming
 - ✓ Historical claims will currently deny due to timeliness
- **Hold ALL new service/practitioner claims** until DHCS provides notification via e-blast (applies to historical and current SFY claiming)



LEA Medi-Cal Billing Option Program

February 3, 2021

1:00-3:00pm

Provider Manual Updates

TRAINING TO BEGIN AT 1:00PM



Introductions

California Department of Health Care Services (DHCS)

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

Guidehouse

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



Agenda

Section	Topic
1	Overview of Provider Manual Updates
2	General Sections
3	LEA Individual Service Sections



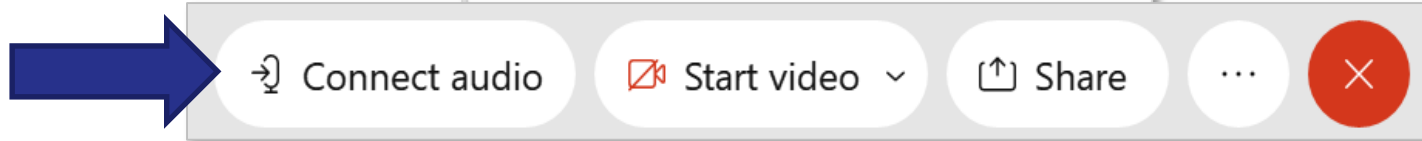
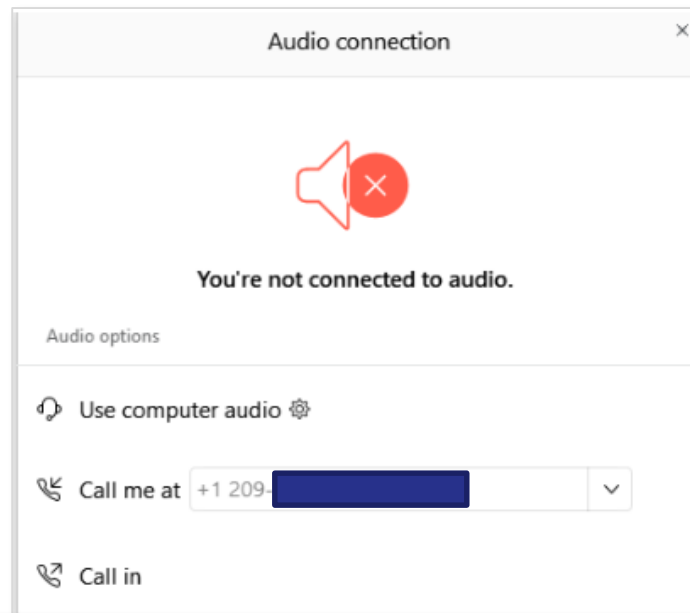
Housekeeping Items

- Questions
 - Submit via the **Q&A function** (*not* the chat function)
 - Time for Q&A at end of each section
 - A FAQ document will be compiled with selected questions submitted via the Q&A function and those sent to LEA@DHCS.CA.gov – DHCS **will not** be responding to every question
- Training materials will be distributed to all stakeholders on the LEA Program listserv
- LEA Program listserv:
<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>



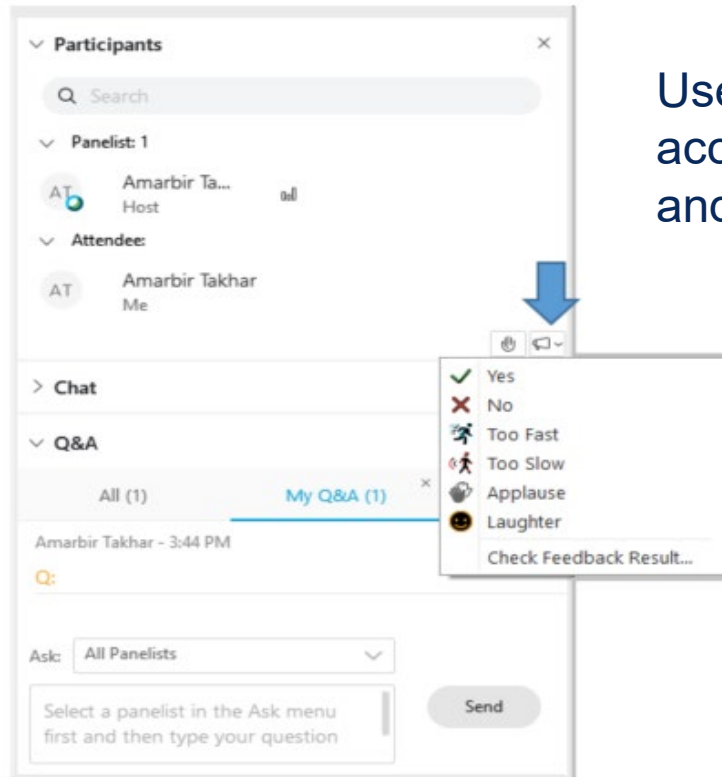
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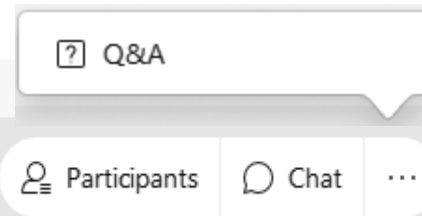


Chat, Feedback, and Q&A



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Section 1

Overview of Provider Manual Updates



March 2021 Publication

In March 2021, the LEA Provider Manual will be updated to include new **CPT codes for practitioners and services**, new **policy related to reimbursement of covered services**, and new **rates**.

The LEA Provider Manual is also being expanded to include three new individual service sections:

1. Orientation and mobility services (*loc ed serv orient*)
2. Nutritional services (*loc ed serv nutri*)
3. Respiratory therapy services (*loc ed serv respir*)

Provider Manual sections will be posted to the LEA Program Provider Manual webpage:

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



SPA 15-021 New Services

Service	Procedure Code	Provider Manual Section
Nutritional counseling services	S9470	<i>loc ed serv nutri</i>
Orientation and mobility assessment	T1023	<i>loc ed serv orient</i>
Orientation and mobility treatments	97533	<i>loc ed serv orient</i>
Respiratory therapy assessment	94618	<i>loc ed serv respir</i>
Respiratory therapy treatments	G0237	<i>loc ed serv respir</i>
School health aide services – assistance with activities of daily living (ADLs)	97535	<i>loc ed serv nurse</i>

Note that procedure codes/modifiers and rates for new services and practitioner types were published as attachments to [PPL #20-039](#).



SPA 15-021 New Practitioners

Rendering Practitioner	Modifier
Licensed Physician Assistant (PA)	U7
Orientation and Mobility Specialist	<i>No modifier</i>
Licensed Respiratory Care Practitioner	<i>No modifier</i>
Physical Therapist Assistant	CQ
Occupational Therapy Assistant	CO
Speech-Language Pathology Assistant (SLPA)	HM
Registered Dietician	AE
Associate Marriage and Family Therapist (MFT)	HL
Registered Associate Clinical Social Worker	HM



Targeted Case Management (TCM)

TCM claims for services provided on or after July 1, 2015 are processed according to a new rate methodology

- All qualified practitioners are paid the **same rate per 15-minute increment** (no low/medium/high rates)
- TCM maximum allowable rates are based on the rate paid to nurses per 15-minute increment:

Procedure Code	SFY 20-21: 7/1/20 to 6/30/21
T1017	\$21.50



Overview of TCM Expansion

DHCS received approval of **SPA 16-001** from CMS that:

- Expands the population of students that are eligible to receive TCM services **beyond those students with an IEP/IFSP**
- Adds **new allowable TCM practitioners**

For dates of service on or after **January 2, 2016**, reimbursement is available for general education students that have TCM services identified in an **IHSP or other care plan**.

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”



TCM Practitioners

Practitioner Type	Rendering TCM Practitioners	Effective Date
Nurses	Registered Credentialed School Nurse, Licensed RN, Certified Public Health Nurse, Certified Nurse Practitioner, Licensed Vocational Nurse	July 1, 2015 (SPA 15-021)
Social Workers	Licensed Clinical Social Worker, Credentialed School Social Worker, Reg. Associate Clinical Social Worker	
Psychologists	Licensed Psychologist, Licensed Educational Psychologist, Credentialed School Psychologist	
Marriage and Fam Therapists (MFTs) and Counselors	Licensed MFT, Associate MFT, Credentialed School Counselor	
Other	Program Specialist	
OTs/PTs/SLPs	Licensed/Credentialed Speech-Language Pathologist (SLP), Licensed Occupational Therapist, and Licensed Physical Therapist	January 2, 2016 (SPA 16-001)



QUESTIONS – SECTION 1

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

Any additional questions can be submitted to the LEA Program Inbox:

LEA@DHCS.CA.gov



Section 2

General Sections



Overview of Changes to General Sections

Section Name	Locator	Summary of Edits
LEA	<i>loc ed</i>	<ul style="list-style-type: none">• Expanded list of LEA manual sections• Added section on parental consent
A Provider's Guide	<i>loc ed a prov</i>	<ul style="list-style-type: none">• Additional information as to when Data Use Agreement (DUA) is required• Section on Random Moment Time Survey (RMTS) requirement• Edits to Model 2 (contractor only) service delivery mode to remove requirement that contractors must enroll as Medicaid providers• Section on Ordering, Referring or Prescribing (ORP) practitioners



Overview of Changes to General Sections

Section Name	Locator	Summary of Edits
Billing and Reimbursement Overview	<i>loc ed bil</i>	<ul style="list-style-type: none">• Removal of LEA Service and Practitioner grids (not ADA compliant)• Addition of new LEA modifiers on modifier table• Minor edits for clarity
Billing Codes and Reimbursement Rates	<i>loc ed bil cd</i>	<ul style="list-style-type: none">• Updated LEA services billing codes chart<ul style="list-style-type: none">✓ Includes all procedure codes/modifiers✓ Includes SFY 20-21 Maximum Allowable Rates



Overview of Changes to General Sections

Section Name	Locator	Summary of Edits
Billing Examples	<i>loc ed bil ex</i>	<ul style="list-style-type: none">Updated billing examples
Eligible Students	<i>loc ed elig</i>	<ul style="list-style-type: none">Updated ineligible aid codes
Individualized Plans Overview	<i>loc ed indiv</i>	<ul style="list-style-type: none">Addition of Individualized Health and Support Plans (IHSPs)
Rendering Practitioner Qualifications	<i>loc ed rend</i>	<ul style="list-style-type: none">Addition of new rendering practitioners and billable practitioner requirements



QUESTIONS – SECTION 2

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LEA@DHCS.CA.gov



Section 3

LEA Individual Service Sections



Authorization Reminders

EPSDT Screening Services



Bright Futures
American Academy
of Pediatrics (AAP)
Periodicity
Schedule:

LEA Assessment Services



Licensed
Practitioner*
OR
Parent
OR
Teacher

LEA Treatment Services



Licensed
Practitioner*

- See *LEA Provider Manual* for detail on which practitioners can authorize by service type (this presentation will also include this detail)

EPDST Periodicity Schedule can be found at: https://www.aap.org/en-us/documents/periodicity_schedule.pdf



LEA Service Section Review

1. Covered Services
2. Rendering Practitioners
3. Authorization Requirements
 - Referrals
 - Recommendations
 - Prescriptions
4. Supervision Requirements
5. Procedure Code/Modifiers for Billing



Occupational Therapy

Local service occu



Local services Occupational Therapy

Covered Services

- IEP/IFSP occupational therapy assessments
- Developmental assessments (non-IEP/IFSP)
- Occupational therapy treatments, including individual **and group treatments (2 or more students)**

Practitioners	Services
Licensed Occupational Therapist	<ul style="list-style-type: none">• IEP/IFSP occupational therapy assessments• Developmental assessments (non-IEP/IFSP)• Occupational therapy treatments, including individual and group treatments
Licensed Occupational Therapy Assistant	<ul style="list-style-type: none">• Occupational therapy treatments, including individual and group treatments



Local service Authorization

Assessments

- Prescription by a physician, dentist or podiatrist
OR
- Referral by a registered credentialed school nurse, teacher or parent

Treatments

- Prescription by a physician, dentist or podiatrist
- Prescription must be updated annually and is valid for one year from the date of the order



Local service occupational Supervision Requirements

Qualified Practitioners	Supervision
Licensed Occupational Therapist	No supervision required to provide occupational therapy services
Licensed Occupational Therapy Assistant	Requires supervision by a licensed occupational therapist

Refer to Business and Professions Code, Sections 2570.2 and 2570.3; California Code of Regulations, Section 4181(a)(1) for comprehensive regulation on supervision by a licensed occupational therapist



Local service Occupational Service Limitations

Service Limitations: Daily

- OT treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day
- Developmental assessments provided to non-IEP/IFSP students are limited to 4 units per student per day

Initial and Additional Treatment Services

- One OT initial service per provider per student per day
- OT initial services are based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes



Local service Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Occupational Therapy Assessment Initial or Triennial IEP Occupational Therapy Assessment	97167
IEP/IFSP Annual Occupational Therapy Assessment	97167 52
IEP/IFSP Amended Occupational Therapy Assessment	97168
Developmental Assessment	96110
Individual Occupational Therapy, initial service	97110
Individual Occupational Therapy, additional service	97110 22
Group Occupational Therapy, initial service	97150
Group Occupational Therapy, additional service	97150 22

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)
Modifiers designating practitioner type are as follows: Occupational Therapist (GO),
Occupational Therapy Assistant (CO)



Physical Therapy

Local service



Local service physical Physical Therapy

Covered Services

- IEP/IFSP physical therapy assessments
- Developmental assessments (non-IEP/IFSP)
- Physical therapy treatments, including individual **and group treatments (2 or more students)**

Practitioners	Services
Licensed Physical Therapist	<ul style="list-style-type: none">• IEP/IFSP physical therapy assessments• Developmental assessments (non-IEP/IFSP)• Physical therapy treatments, including individual and group treatments
Licensed Physical Therapist Assistant	<ul style="list-style-type: none">• Physical therapy treatments, including individual and group treatments



Local service physical Authorization

Assessments

- Prescription by a physician, dentist or podiatrist
OR
- Referral by a registered credentialed school nurse, teacher or parent

Treatments

- Prescription by a physician, dentist or podiatrist
- Prescription must be updated annually and is valid for one year from the date of the order



Loc ed serv phy Supervision Requirements

Qualified Practitioners	Supervision
Licensed Physical Therapist	No supervision required to provide physical therapy services
Licensed Physical Therapist Assistant	Requires supervision by a licensed physical therapist

Refer to Business and Professions Code, Section 2630.3 for comprehensive regulation on supervision by a licensed physical therapist



Local service Service Limitations

Service Limitations: Daily

- PT treatment services that are authorized in an IEP, IFSP **or IHSP** are limited to 24 units per student per day
- Developmental assessments provided to non-IEP/IFSP students are limited to 4 units per student per day

Initial and Additional Treatment Services

- One PT initial service per provider per student per day
- PT initial treatment services are based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes



Local service Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Physical Therapy Assessment Initial or Triennial IEP Physical Therapy Assessment	97163
IEP/IFSP Annual Physical Therapy Assessment	97163 52
IEP/IFSP Amended Physical Therapy Assessment	97164
Developmental Assessment	96110
Individual Physical Therapy, initial service	97110
Individual Physical Therapy, additional service	97110 22
Group Physical Therapy, initial service	97150
Group Physical Therapy, additional service	97150 22

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)
*Modifiers designating practitioner type are as follows: Physical Therapist (GP),
Physical Therapist Assistant (CQ)*



Psychology and Counseling

Local service psych



Local service psychology Psychology/Counseling (1/2)

Covered Services

- IEP/IFSP psychological assessments
- IEP/IFSP/IHSP psychosocial status assessments
- Health education/anticipatory guidance (non-IEP/IFSP)
- Psychology and counseling treatments, including individual and group

Practitioners	Services
Licensed Psychologist Licensed Educational Psychologist Credentialed School Psychologist	<ul style="list-style-type: none">• Psychological assessments• Psychosocial status assessments• Health education/anticipatory guidance• Psychology and counseling treatments, including individual and group treatments
Licensed Physician/Psychiatrist Licensed Physician Assistant (PA)	<ul style="list-style-type: none">• Health education/anticipatory guidance• Psychology and counseling treatments, including individual and group treatments



Local service psychology Psychology/Counseling (2/2)

Practitioners	Services
Licensed Clinical Social Worker Credentialed School Social Worker Licensed Marriage and Family Therapist (MFT)	<ul style="list-style-type: none"> • Psychosocial status assessments • Health education/anticipatory guidance • Psychology and counseling treatments, including individual and group treatments
Credentialed School Counselor	<ul style="list-style-type: none"> • Psychosocial status assessments • Health education/anticipatory guidance
Registered Credentialed School Nurse	<ul style="list-style-type: none"> • Health education/anticipatory guidance
Associate MFT Registered Associate Clinical Social Worker	<ul style="list-style-type: none"> • Psychology and counseling treatments, including individual and group treatments



Local service psychological Authorization

Assessments

- Recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed MFT
OR
- Referral by a teacher or parent

Treatments

- Recommendation by a licensed physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed MFT
- Prescription must be updated annually and is valid for one year from the date of the order



Local service psychology Supervision Requirements

Qualified Practitioners	Supervision
Licensed Physician Registered Credentialed School Nurse Credentialed School Psychologist Credentialed School Social Worker Credentialed School Counselor	No supervision required to provide psychology/counseling services
Licensed PA	Requires supervision as indicated under Business and Professions Code § 3502 to provide psychology/counseling services
Licensed Psychologist Licensed Educational Psychologist Licensed Clinical Social Worker Licensed MFT	Employed licensed practitioners without a valid pupil personnel services (PPS) credential must be supervised by a PPS-credential holder
Associate MFT Registered Associate Clinical Social Worker	Requires supervision as indicated in 16 CCR § 1833.1 and 16 CCR § 1870 to provide psychology/counseling services



Local service psychology Service Limitations

Service Limitations: Daily

- Psychology/counseling treatment services that are authorized in an IEP, IFSP **or IHSP** are limited to 24 units per student per day
- Psychosocial status assessments and health education/anticipatory guidance provided to non-IEP/IFSP students are limited to 4 units per student per day

Initial and Additional Treatment Services

- Psychology/counseling initial service (individual or group) may be billed once per student per day
- The initial service for psychology/counseling is based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes



Local serv psych

Procedure Codes/Modifiers (1/2)

Service	Code/Modifier
Initial IFSP Psychological Assessment Initial or Triennial IEP Psychological Assessment	96130
IEP/IFSP Annual Psychological Assessment	96130 52
IEP/IFSP Amended Psychological Assessment	96130 TS
Initial IFSP Psychosocial Status Assessment Initial or Triennial IEP Psychosocial Status Assessment Non-IEP/IFSP Psychosocial Status Assessment	96156
IEP/IFSP Annual Psychosocial Status Assessment	96156 52
IEP/IFSP Amended Psychosocial Status Assessment Non-IEP/IFSP Psychosocial Status Re-assessment	96156 TS
Health Education/Anticipatory Guidance	99401



Local service psychology Procedure Codes/Modifiers (2/2)

Service	Code/Modifier
Individual Psychology/Counseling, initial service	96158
Individual Psychology/Counseling, additional service	96159
Group Psychology/Counseling, initial service	96164
Group Psychology/Counseling, additional service	96165

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)

*Modifiers designating practitioner type are as follows: Licensed Psychologist (AH), Licensed Educational Psychologist (AH), Credentialed School Psychologist (AH), Licensed Physician/Psychiatrist (AG), **Licensed PA (U7)**, Licensed Clinical Social Worker (AJ), Credentialed School Social Worker (AJ), Licensed MFT (none), Credentialed School Counselor (none), Registered Credentialed School Nurse (TD), **Associate MFT (HL), Registered Associate Clinical Social Worker (HM)***



Targeted Case Management

Local service target



Local service target Targeted Case Management (TCM)

Components of TCM

- Comprehensive assessment and periodic reassessment of needs
- Development (and periodic revision) of a specific care plan
- Referral and related activities to needed services
- Monitoring and follow-up activities

Coordinating TCM

- To avoid duplication of services and billing, LEAs must:
 - ✓ Clearly document the LEA and TCM services rendered by each TCM agency or provider
 - ✓ Where necessary, develop written agreements to define the case management service(s) each agency and/or provider will be responsible for rendering



Loc ed serv targ Supervision Requirements (1/2)

Qualified Practitioners	Supervision
Registered Credentialed School Nurse Licensed Registered Nurse Certified Public Health Nurse Certified Nurse Practitioner Licensed Vocational Nurse Licensed Clinical Social Worker Credentialed School Social Worker Licensed Psychologist Licensed Educational Psychologist Credentialed School Psychologist Licensed Marriage and Family Therapist Credentialed School Counselor Program Specialist Licensed/Credentialed Speech-Language Pathologist (SLP) Licensed Occupational Therapist Licensed Physical Therapist	No supervision required to provide TCM services



Local service target Supervision Requirements (2/2)

Qualified Practitioners	Supervision
<p data-bbox="175 646 803 739">Associate Marriage and Family Therapist (MFT)</p> <p data-bbox="175 762 774 855">Registered Associate Clinical Social Worker</p>	<p data-bbox="929 654 1789 848">Requires supervision by a Licensed MFT, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Licensed Physician</p>



Local service target

Service Limitations and Certification

Service Limitations: Daily

- TCM services that are authorized in an IEP, IFSP **or IHSP** are limited to 32 units per student per day
- TCM services are billed in 15-minute increments and do not have separate initial and additional service increments

TCM Certification

- **Effective SFY 2020-21 and on, DHCS requires a TCM Certification Form for Time Survey Participants (TSPs) that provide and bill for TCM services under the LEA Program**
- **The TCM Certification will be completed annually, and updated on a quarterly basis, as part of the RMTS process**



Local service targeted Procedure Codes/Modifiers

Service	Code/Modifier
Targeted Case Management	T1017

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), **IHSP (none)**

Modifiers designating practitioner type are as follows: Nurses (TD), Licensed Vocational Nurse (TE), Licensed Clinical Social Worker (AJ), Credentialed School Social Worker (AJ), Licensed Psychologist (AH), Licensed Educational Psychologist (AH), Credentialed School Psychologist (AH), Registered Associate Clinical Social Worker (HM), Associate MFT (HL), Licensed MFT (none), Credentialed School Counselor (none), Program Specialist (HO), **Licensed/Credentialed SLP (GN)**, **Licensed Occupational Therapist (GO)**, **Licensed Physical Therapist (GP)**



QUESTIONS – SECTION 3

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

Any additional questions can be submitted to the LEA Program Inbox:

LEA@DHCS.CA.gov



Orientation and Mobility

Localized services orient

NEW SECTION



Local service orient – **NEW** Orientation and Mobility Services

Covered Services

- Orientation and mobility assessments
- Orientation and mobility treatments

Practitioners	Services
Orientation and Mobility Specialist	<ul style="list-style-type: none">• Orientation and mobility assessments• Orientation and mobility treatments

Orientation and Mobility Specialists must be certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) and possess a Clinical or Rehabilitative Services Credential: Orientation and Mobility



Loc ed serv orient – **NEW** Authorization

Assessments

- Recommendation by a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice
OR
- Referral by a registered credentialed school nurse, teacher or parent

Treatments

- Recommendations by a physician or other licensed practitioners of the healing arts within the practitioner's scope of practice
- The recommendation must be updated annually and is valid for one year from the date of the recommendation



Local service orient – **NEW** Supervision and Service Limitations

Qualified Practitioners	Supervision
Orientation and Mobility Specialist	No supervision required to provide orientation and mobility services

Service Limitations: Daily

- Orientation and mobility treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day
- Orientation and mobility assessments provided to non-IEP/IFSP students are limited to 4 units per student per day



Local service orient – **NEW** Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Orientation and Mobility Assessment Initial or Triennial IEP Orientation and Mobility Assessment Non-IEP/IFSP Orientation and Mobility Assessment	T1023
IEP/IFSP Annual Orientation and Mobility Assessment	T1023 52
IEP/IFSP Amended Orientation and Mobility Assessment	T1023 TS
Orientation and Mobility Treatment	97533

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)

*Modifiers designating practitioner type are as follows: **Orientation and Mobility Specialist (none)***



Nutrition Services

Local nutrition services

NEW SECTION



Local services – **NEW** Nutrition Services

Covered Services

- IEP/IFSP nutritional assessments
- Health/nutrition assessments (non-IEP/IFSP)
- **Nutritional counseling treatments**

Practitioners	Services
Registered Dietician Certified Nurse Practitioner Certified Public Health Nurse Licensed Physician Licensed Physician Assistant (PA) Licensed Registered Nurse Registered Credentialed School Nurse	<ul style="list-style-type: none">• IEP/IFSP nutritional assessments• Health/nutrition assessments (non-IEP/IFSP)• Nutritional counseling treatments



Local service nutri – **NEW** Authorization

Assessments

- Referral by a physician
OR
- Recommendation by a registered credentialed school nurse, teacher or parent

Treatments

- Referrals by a physician for nutritional treatment services
- Prescriptions by a physician for Medical Nutrition Therapy
- The written referral or prescription must be updated annually and is valid for one year from the date of the order



Local service nutri – **NEW** Supervision and Service Limitations

Qualified Practitioners	Supervision
Registered Dietician Certified Nurse Practitioner Certified Public Health Nurse Licensed Physician Licensed Registered Nurse Registered Credentialed School Nurse	No supervision required to provide nutrition services
Licensed PA	Requires supervision as indicated under Business and Professions Code § 3502 to provide nutrition services

Service Limitations: Daily

- **Nutritional counseling treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day**
- Health/nutrition assessments provided to non-IEP/IFSP students are limited to 4 units per student per day



Local services nutrition – NEW

Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Nutritional Assessment	
Initial or Triennial IEP Nutritional Assessment	96156
Non-IEP/IFSP Health/Nutrition Initial Assessment	
IEP/IFSP Annual Nutritional Assessment	96156 52
IEP/IFSP Amended Nutritional Assessment	
Non-IEP/IFSP Health/Nutrition Re-assessment	96156 TS
Nutritional Counseling Treatment	S9470

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)

*Modifiers designating practitioner type are as follows: **Registered Dietician (AE)**, Licensed Nurse (TD), Licensed Physician (AG), **Licensed PA (U7)***



Respiratory Therapy

Local services respiratory

NEW SECTION



Local service respir – **NEW** Respiratory Therapy Services

Covered Services

- IEP/IFSP respiratory therapy assessments
- Respiratory therapy assessments (non-IEP/IFSP)
- Respiratory therapy treatments

Practitioners	Services
Licensed Respiratory Care Practitioner	<ul style="list-style-type: none">• IEP/IFSP respiratory therapy assessments• Respiratory therapy assessments (non-IEP/IFSP)• Respiratory therapy treatments



Local service respiratory – **NEW** Authorization

Assessments

- Prescription by a physician
OR
- Referral by a registered credentialed school nurse, teacher or parent

Treatments

- Prescriptions from a physician
- The written prescription must be updated annually and is valid for one year from the date of the prescription



Local service respir – **NEW** Supervision and Service Limitations

Qualified Practitioners	Supervision
Licensed Respiratory Care Practitioner	Requires supervision by a physician to provide respiratory therapy services

Service Limitations: Daily

- Respiratory therapy treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day
- Respiratory therapy assessments provided to non-IEP/IFSP students are limited to 4 units per student per day



Local service respiratory – **NEW** Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Respiratory Assessment Initial or Triennial IEP Respiratory Assessment Non-IEP/IFSP Respiratory Assessment	94618
IEP/IFSP Annual Respiratory Assessment	94618 52
IEP/IFSP Amended Respiratory Assessment	94618 TS
Respiratory Therapy Service	G0237

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)

*Modifiers designating practitioner type are as follows: **Licensed Respiratory Care Practitioner (none)***



QUESTIONS – SECTION 3

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LEA@DHCS.CA.gov



Optometry Services

Local services



Local services Optometry Services

Covered Services

- EPSDT vision screenings
- Vision assessments performed outside of the mandated periodicity schedule (non-IEP/IFSP)

Practitioners	Services
Licensed Optometrist Licensed Physician Licensed Physician Assistant (PA) Registered Credentialed School Nurse	<ul style="list-style-type: none">• Vision assessments and screenings

Note: Physician Assistants may only perform routine visual screenings (i.e., noninvasive, nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception) in accordance with Business and Professions Code § 3501, 3502



Local services Authorization and Supervision

Assessments

- Recommendation by a physician or registered credentialed school nurse
OR
- Referral by a teacher or parent

EPSDT Screening services referral via the Bright Futures/American Academy of Pediatrics Periodicity Schedule

Qualified Practitioners	Supervision
Licensed Optometrist Licensed Physician Registered Credentialed School Nurse	No supervision required to provide vision assessments
Licensed PA	Requires supervision as indicated under Business and Professions Code § 3502 to provide vision assessments



Local services Service Limitations and Billing

Service Limitations: Daily

- Vision assessments provided to non-IEP/IFSP students are limited to one per student per day

Service	Code/Modifier
Vision Assessment	99173

*Modifiers designating practitioner type are as follows: Licensed Optometrist (none), Licensed Physician (AG), **Licensed PA (U7)**, Registered Credentialed School Nurse (TD)*



Nursing Services

Loc ed serv nurs



Local services Nursing Services (1/2)

Covered Services

- IEP/IFSP health assessments
- Nutrition assessments
- Health education/anticipatory guidance (non-IEP/IFSP)
- Vision and hearing assessments
- **Nutritional counseling treatments**
- Nursing treatments and **school health aide treatment services (ADL services)**

Practitioners	Services
Registered Credentialed School Nurse Licensed Registered Nurse Certified Public Health Nurse Certified Nurse Practitioner	<ul style="list-style-type: none">• IEP/IFSP health assessments• Nutrition assessments• Health education/anticipatory guidance (non-IEP/IFSP)• Vision assessments• Nursing treatments• Nutritional counseling treatments



Local services Nursing Services (2/2)

Practitioners	Services
Registered Credentialed School Nurse that is a Registered School Audiometrist	<ul style="list-style-type: none"> • Hearing assessments
Licensed Vocational Nurse (LVN)	<ul style="list-style-type: none"> • Nursing treatments
Trained Health Care Aide (THCA)	<ul style="list-style-type: none"> • School health aide treatment services, consisting of: <ul style="list-style-type: none"> • Specialized physical health care services, including gastric tube feeding, suctioning, oxygen administration, catheterization and nebulizer treatments • Assistance with Activities of Daily Living (ADLs), including eating, toileting, transferring, positioning, mobility assistance, and cueing or directing the completion of an ADL task



Local serv nurs Authorization

Assessments

- Recommendation by a physician or registered credentialed school nurse
OR
- Referral by a teacher or parent

EPSDT hearing/vision screenings - Bright Futures Periodicity Schedule will act as the recommendation for the screening

Treatments

- **Referral by a physician is required for nutritional counseling treatment services**
- **Prescription by a physician is required for school health aide services, including ADL assistance services**
- The written order must be updated annually and is valid for one year from the date of the order



Local service nurses Supervision Requirements

Qualified Practitioners	Supervision
Registered Credentialed School Nurse Licensed Registered Nurse Certified Public Health Nurse Certified Nurse Practitioner	No supervision required to provide nursing services
LVN	Requires supervision by a licensed physician, registered credentialed school nurse or certified public health nurse to provide nursing treatment services
THCA	Requires supervision by a licensed physician, registered credentialed school nurse or certified public health nurse to provide school health aide treatment services



Local services Service Limitations

Service Limitations: Daily

- Nursing services provided by RNs, LVNs, and THCA's and authorized in an IEP, IFSP **or IHSP** are limited to 32 units per student per day
- **Nutritional counseling treatments provided by RNs and authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day**
- Nutrition assessments and health education/anticipatory guidance provided to non-IEP/IFSP students are limited to 4 units per student per day
- Vision assessments provided to non-IEP/IFSP students are limited to one per student per day

Treatment Services

- Nursing treatment services, **nutritional counseling services**, and school health aide services (**including ADL assistance services**) are billed in 15-minute increments



Loc ed serv nurs

Procedure Codes/Modifiers (1/2)

Service	Code/Modifier
Initial IFSP Health Assessment	T1001
Initial or Triennial IEP Health Assessment	T1001
IEP/IFSP Annual Health Assessment	T1001 52
IEP/IFSP Amended Health Assessment	T1001 TS
IEP/IFSP Initial Nutrition Assessment	96156
Non-IEP/IFSP Nutrition Assessment/Re-assessment	96156
IEP/IFSP Annual Nutrition Assessment	96156 52
IEP/IFSP Amended Nutrition Assessment	96156 TS
Health Education/Anticipatory Guidance	99401
Vision Assessment	99173
Hearing Assessment, per encounter (pure tone, air only)	92551
Hearing Assessment, per encounter (pure tone audiometry, threshold, air only)	92552



Loc ed serv nurs

Procedure Codes/Modifiers (2/2)

Service	Code/Modifier
Nursing Services by a RN	T1002
Nursing Services by a LVN	T1003
School Health Aide Treatment Services, specialized physical healthcare services	T1004
Nursing Services, assistance with ADLs	97535
Nutritional Counseling Services	S9470

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)

Modifiers designating practitioner type are as follows: Nurse (TD), LVN (TE), THCA (none)



Physician Services

Loc ed serv physician



Local service physician Physician Services

Covered Services

- IEP/IFSP/IHSP health/nutrition assessments
- Health education/anticipatory guidance (non-IEP/IFSP)
- Vision and hearing assessments
- **Nutritional counseling treatments**
- Psychology/counseling treatments, including individual and group

Practitioners	Services
Licensed Physician	<ul style="list-style-type: none">• IEP/IFSP/IHSP health/nutrition assessments• Health education/anticipatory guidance (non-IEP/IFSP)• Vision and hearing assessments• Nutritional counseling treatments• Psychology and counseling treatments, including individual and group treatments
Licensed Physician Assistant (PA)	<ul style="list-style-type: none">• Nutritional counseling treatments• Psychology and counseling treatments, including individual and group treatments



Local service physician Authorization

Assessments

- Recommendation by a physician or registered credentialed school nurse
OR
- Referral by a teacher or parent

Treatments

- Recommendation for psych/counseling treatments by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed MFT
- **Referral by a physician for nutritional counseling treatments**
- The order must be updated annually and is valid for one year from the date of the order



Loc ed serv physician Supervision Requirements

Qualified Practitioners	Supervision
Licensed Physician	No supervision required
Licensed PA	Requires supervision as indicated under Business and Professions Code § 3502 to provide physician services



Local service physician Service Limitations

Service Limitations: Daily

- Psychology/counseling treatment services authorized in an IEP, IFSP **or IHSP** are limited to 24 units per student per day
- Health/nutrition assessments and health education/anticipatory guidance provided to non-IEP/IFSP students are limited to 4 units per student per day
- Vision assessments provided to non-IEP/IFSP students are limited to one per student per day
- Hearing screenings provided to non-IEP/IFSP students are limited to one per student per day

Initial and Additional Treatment Services (psych/counseling)

- Psychology/counseling initial services (individual or group) may be billed once per student per day
- Psychology/counseling initial services are based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes



Loc ed serv physician

Procedure Codes/Modifiers (1/2)

Service	Code/Modifier
Initial IFSP Health/Nutrition Assessment	96156
Initial or Triennial IEP Health/Nutrition Assessment	
Non-IEP/IFSP Health/Nutrition Assessment	
IEP/IFSP Annual Health/Nutrition Assessment	96156 52
IEP/IFSP Amended Health/Nutrition Assessment	96156 TS
Non-IEP/IFSP Health/Nutrition Re-assessment	
Health Education/Anticipatory Guidance	99401
Vision Assessment	99173
Hearing Assessment, per encounter (pure tone, air only)	92551
Hearing Assessment, per encounter (pure tone audiometry, threshold, air only)	92552



Local service physician Procedure Codes/Modifiers (2/2)

Service	Code/Modifier
Individual Psychology/Counseling, initial service	96158
Individual Psychology/Counseling, additional service	96159
Group Psychology/Counseling, initial service	96164
Group Psychology/Counseling, additional service	96165
Nutritional Counseling Services (per 15-minutes)	S9470

Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)

*Modifiers designating practitioner type are as follows: Physician (AG), **PA (U7)***



Remaining Sections



Remaining Provider Manual Sections

The following sections will be updated in **Spring 2021**:

Loc ed serv hear: Audiology Services

Loc ed serv spe: Speech Services

The following sections **do not currently require updates**:

Loc ed serv trans: Transportation

Loc ed serv tele: Telehealth

**Provider Manual sections will be posted to the LEA Program
Provider Manual webpage:**

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



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