



LEA Medi-Cal Billing Option Program (LEA BOP)

New LEA Coordinator Training

September 15, 2021

TRAINING TO BEGIN AT 10:00 AM

The recording of this training will be available per
request.



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



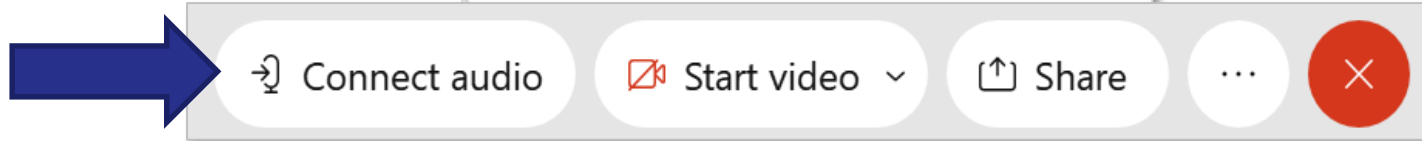
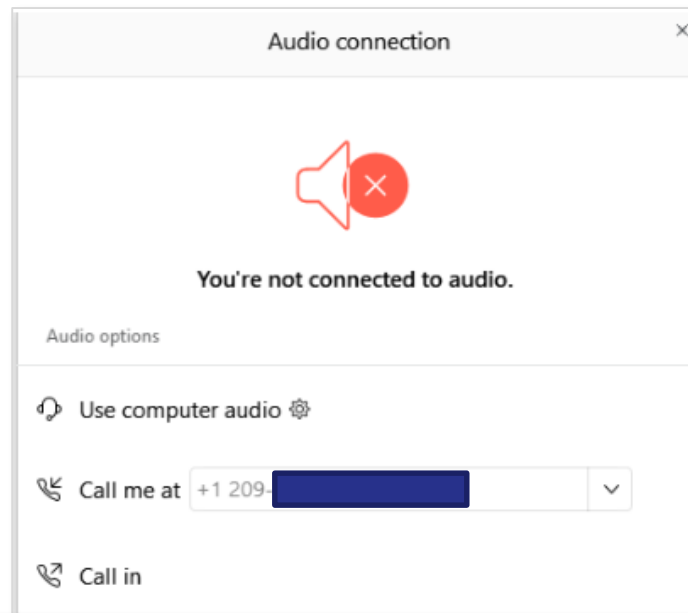
Housekeeping Items

- Questions
 - Submit via the chat function
- All training materials will be posted on the [LEA website](#)
- To sign up for the LEA BOP listserv:
<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>



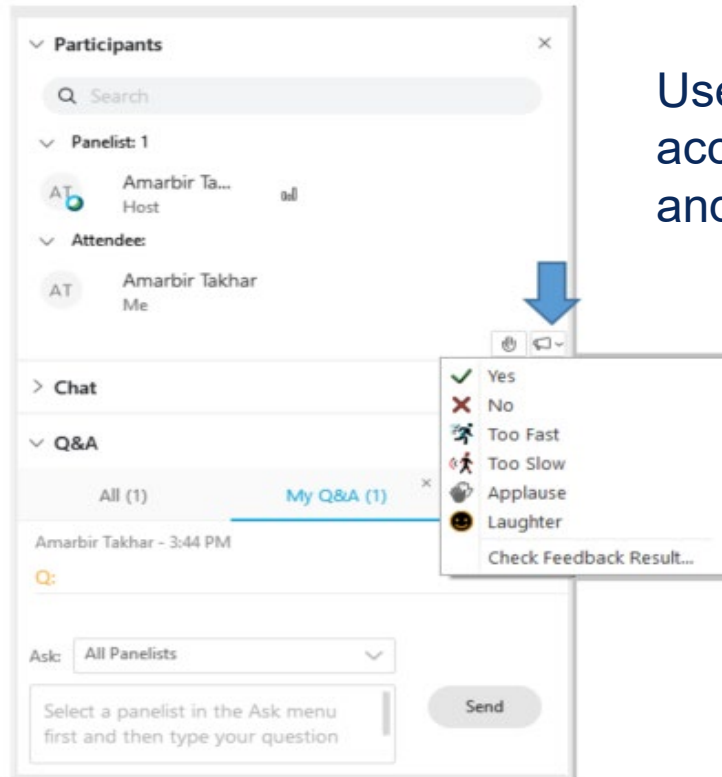
Webex Audio Help

- Connect to meeting audio:
 - Open the event from Webex rather than calling the Webex call-in number, and use the call-in options provided there
 - Select microphone icon at bottom of screen
 - 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.

Connect audio

Start video

Share

Record

...



Participants

Chat

...

Q&A



Poll Functions

A screenshot of a Zoom meeting interface. At the top, there is a menu bar with 'File', 'Edit', 'Share', 'View', 'Audio & Video', 'Participant', 'Meeting', and 'Help'. Below this, two video thumbnails are visible: one for 'Kalpakjian, Kath... (Me)' and another for 'Takhar, Am... (Host)'. The main meeting area displays the DHCS logo and the text 'Poll Functions'. A red-bordered window titled 'Polling' is overlaid on the right side of the screen. This window shows 'Time elapsed: 0:09' and 'Time limit: 15:00'. The poll question is '1. Please choose on of the options below:' followed by four radio button options: 'A. 1', 'B. 2', 'C. 3', and 'D. 4'. A 'Submit' button is located at the bottom right of the poll window. At the bottom of the poll window, it says 'Your answer may be recorded'. The Zoom meeting controls at the bottom include 'Mute', 'Start video', 'Share', and icons for 'Participants' and 'Chat'.

When we start a poll an additional window will pop up on your meeting window for you to fill out.



Poll Functions

▼ Polling

✕

Time elapsed: 1:24 Time limit: 15:00

Poll Questions:

1. Please choose one of the options below:

- A. 1
- B. 2
- C. 3
- D. 4

Complete the poll within the allotted time.

Submit

Click “submit” when complete.

Your answer may be recorded.

Participants Chat ...



Agenda

| Section | Topic |
|---------|-------------------------------------|
| 1 | LEA BOP Overview |
| 2 | Roles and Responsibilities |
| 3 | LEA BOP Requirements |
| 4 | Random Moment Time Survey (RMTS) |
| 5 | Resource Review and Future Training |



Section 1

LEA BOP Overview



Topics to be Covered

- LEA BOP Overview
- Overview of LEA Services and Changes Resulting from State Plan Amendment (SPA) 15-021

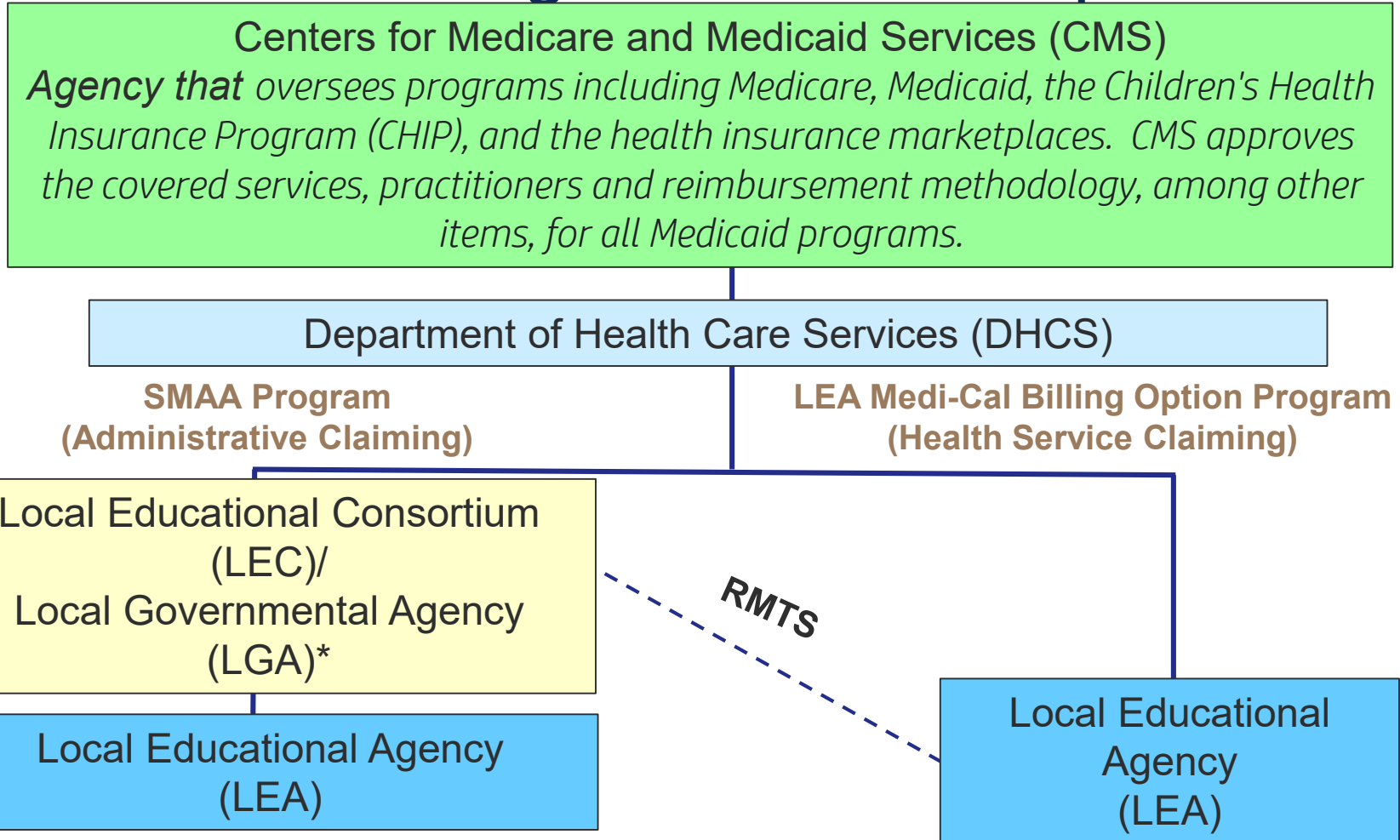


What is the LEA Medi-Cal Billing Option Program?

- Allows participating providers (e.g., districts, COEs, colleges) to receive reimbursement for **medically-necessary health-related services** provided to Medi-Cal enrolled students
- **Funded jointly** by local and federal funds
 - LEA provider funds approximately half of the cost to provide eligible services to Medi-Cal students
 - The federal government covers the other half of allowable costs; DHCS draws down federal matching funds
- LEA BOP reimbursement is subject to federal Medicaid requirements applicable to LEAs and traditional health care providers (e.g., hospitals and clinics)



California School-Based Program Partnerships



* In California, the SMAA Program is locally administered by a Local Educational Consortium (LEC) or Local Governmental Agency (LGA). The LECs/LGAs are responsible for day-to-day administration of the RMTS.



LEA BOP Reimbursement

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



- Are 21 years of age or younger*



- Medi-Cal eligible on the date of the service



- Have appropriate authorization for 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 his or her participation in the LEA BOP for the remainder of that current school year.



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)**

** In addition to the above requirements, LEAs should submit claims for allowable Medi-Cal services to the State's Fiscal Intermediary and receive interim reimbursement for services rendered throughout the year.*



Overview of SPA 15-021



Overview of LEA BOP Services

LEA BOP services are broadly categorized into four types: Assessments, Treatments, Targeted Case Management (TCM), and Specialized Medical Transportation

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



Overview of LEA BOP Services

LEA BOP services are broadly categorized into four types: Assessments, Treatments, Targeted Case Management (TCM), and Specialized Medical Transportation

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

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

- 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



Recent LEA BOP Changes State Plan Amendment (SPA) 15-021

SPA 15-021 resulted in four major changes:

- 1 Expands covered services
- 2 Expands allowable practitioner types
- 3 Expands the covered population to include Medicaid beneficiaries outside of special education
 - ❑ *Treatment services that are pursuant to an Individualized Health and Support Plan (IHSP) or “Care Plan” are no longer limited of 24 services per fiscal year*
- 4 Incorporated RMTS for LEA BOP services (*effective FY 2020-21*)



1

SPA 15-021: Service Expansion

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 the SPA are identified in **blue**.*



1

SPA 15-021: Service Expansion

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 Therapy
- 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 the SPA are identified in blue.



2

SPA 15-021: New Practitioners

9 New Practitioners

Assistants

Occupational Therapy Assistant

Physical Therapy Assistant

Speech-Language Pathology (SLP) Assistant

Associates

Associate Marriage and Family Therapist (MFT)

Associate Clinical Social Worker

Orientation and Mobility Specialist

Physician Assistant

Respiratory Therapist

Dietician



3

IHSP (Care Plan) Requirement

- What does this new requirement mean?
 - To seek Medi-Cal reimbursement, a student does not need to be eligible for related services 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 a Care Plan



3 IHSP Requirement (con't)

- SPA 15-021 **expands potential reimbursement** to include covered services provided under an 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
- Requires **signature** of the health service practitioner that developed the plan



3 IHSP Requirement (con't)

The Care Plan should identify the student's healthcare needs, and include, at minimum:



Medical necessity
for services
authorized by
medical practitioner



Treatment
**services to be
provided to the
student**



**Duration and
frequency**
of services



**Necessary training,
supervision and
monitoring of**
designated school staff



Criteria for **evaluating
and reporting
outcomes** and changes



Method to **ensure and
document safe,
consistent provision of
services** to the student



3 IHSP Requirement (con't)

The Care Plan should identify the student's healthcare needs, and include, at minimum:



Necessary training, supervision and monitoring of designated school staff



Criteria for evaluating and reporting outcomes and changes



Method to ensure and document safe, consistent provision of services to the student



4 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)



4 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
mandatory for **employed**
health service practitioners



4 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:

Was this activity related to an assessment or screening, or related to a service that is authorized in an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or other service/care plan?

Were you working at the time of your moment?

Who were you with?

What were you doing?

Why were you performing this activity?



4

RMTS Requirement

- LEAs must have **contracts in place** with LEC/LGA to participate in RMTS
 - If your LEA participates in SMAA, existing LEC/LGA contracts for RMTS are sufficient to cover both programs
 - LEAs without contracts cannot be reimbursed through the LEA BOP
- Participation in RMTS is required for LEA **employed** health service practitioners that are not 100% federally funded
 - If an LEA contracts out for 100% of their direct medical service practitioners, participation in RMTS is not necessary
 - LEAs that contract out 100% of their direct service practitioners must notify DHCS that they will not participate in RMTS (RMTS@dhcs.ca.gov)



Section 2

Roles and Responsibilities



LEA Providers: Responsible Parties

- Service Practitioner
- Fiscal Personnel
- LEA BOP Coordinator
- Collaborative Members

More information can be found on the [Internal Administrative Functions Chart](#)



Service Practitioner: Role and Responsibilities

- “Service Practitioners” **render medically necessary services** within their scope of practice
- Understand their **licensing/credential requirements** and any scope of practice limitations
- **Document services provided**, identify student goals and track progress made to meet goals
- **Respond to RMTS moments** (if sampled)
- **Attend trainings** (especially the Time Survey Participant training)

Rendering practitioner qualifications found in the LEA Provider Manual section [loc ed rend](#)



Fiscal Personnel: Role and Responsibilities

- “Fiscal Personnel” include members of the LEA’s financial and accounting team (e.g., Fiscal Services, Budgeting, Accounting, etc.)
- These **staff are knowledgeable on:**
 - Standardized Account Code Structure (SACS)
 - SACS-based financial and/or payroll reports
 - Budgeting and expenditure review
- **Work with LEA Coordinators** to compile required reports
 - Annual Report (AR)
 - Provider Participation Agreement (PPA) and Addendum
 - Cost and Reimbursement Comparison Schedule (CRCS)



LEA Coordinator: Role

- “LEA BOP Coordinator” is the person(s) **responsible for overseeing LEA BOP billing** at your LEA
- This position should not be a vendor, but rather the internal employee who is responsible for program coordination
- May coordinate **both** school-based Medi-Cal programs, if LEA participates in the SMAA Program
- May be the **responsible point-person for RMTS**

LEA Coordinators should ensure they are on the [LEA listserv](#) to receive important DHCS updates!



LEA Coordinator: Responsibilities

- Program **oversight**, including answering questions and ensuring that LEA BOP requirements are met
- **Verify licenses or credentials** required to bill
- **Medi-Cal eligibility verification** process completed by LEA/vendor using MOVEit software
 - LEA login information is not to be shared with vendors
- **Claim submission** (may be completed by a billing vendor, but overseen by the LEA Coordinator)
- Participate in LEA BOP **trainings and meetings**



LEA Coordinator: RMTS Responsibilities

- **RMTS-related responsibilities**, including ensuring that:
 - LEA has a contract with their LEC/LGA to participate in RMTS
 - Personnel are included in appropriate participant lists according to the required timeline
 - Time survey responses are completed by TSPs in the required timeline
 - Time Survey Participants (TSPs) understand their role and importance of responding in a detailed manner to moments

(Note: DHCS is offering two upcoming TSP Trainings: September 22 and 28; invites sent via LEA BOP listserv)



LEA Coordinator: Required Document Responsibilities

- Coordinators ensure that required **documentation** is maintained for Medi-Cal claiming purposes
- Working to compile information and complete required documents in a timely manner:
 - Annual Report (due each Fall)
 - Provider Participation Agreement and Addendum
 - Annual Cost and Reimbursement Comparison Schedule (CRCS) Data Use Agreement
 - Quarterly Targeted Case Management (TCM) Certification Statement (if billing for TCM services through LEA BOP)
 - Quarterly RMTS TSP Lists



Collaborative Members: Role and Responsibilities

- “Collaborative Members” are participants in the collaborative interagency human services group at the county/sub-county level that **make decisions about the reinvestment of funds made available through LEA BOP**
- Collaborative membership may vary according to regional needs, but generally includes:
 - School districts
 - Major public agencies serving children and families
 - LEA fiscal business staff
- Members are responsible for:
 - Compiling information and completing the Annual Report
 - Determining financial goals relating to reinvestment of funds



5 Minute Break



Section 3

LEA BOP Billing for Covered Services



Topics to be Covered

- Service Documentation
- Authorization for Services
- Targeted Case Management Services
- Specialized Medical Transportation
- Other LEA BOP Requirements



Service Documentation



LEA Documentation Responsibilities

- LEAs are responsible for ensuring **proper billing and maintaining adequate documentation**
- LEAs must maintain records to support services billed to Medi-Cal
 - A&I conducts **audits of LEA providers**, not billing agents/vendors
- LEA providers shall maintain records showing that all LEA practitioners, which it employs or with which it contracts, **meet appropriate licensing and certification requirements** ([22 CCR § 51270](#))



Documentation Responsibilities (con't)

- LEA providers must keep, maintain and have available records that fully disclose the **type and extent of services** provided to Medi-Cal recipients
- All records documenting services must be maintained for a minimum of three years from the date the CRCS is submitted, more if under review or audit
- Documentation should take place at or near the time of service



Documentation Requirements

- Each service encounter must be documented as follows (at minimum):
 - Date of Service
 - Name of Student
 - Name of Agency Providing Service
 - Name of Person Providing Service
 - Nature, Extent or Units of Service
 - Place of Service
- October 2020 Documentation Training found [here](#)



Authorization for Services



Authorization for Services

All service categories require authorization in order to bill Medi-Cal for services rendered:

- Assessments
- Treatment Services
- Targeted Case Management (TCM) Services
- Medical Transportation Services



Authorization for Assessments

- LEA Program Assessments Include:
 - Assessments that are conducted to determine if the student has a disability, or to amend/review/update the IEP/IFSP or other Care Plan
 - Screening services (e.g., vision or hearing screenings)
- All assessments must be authorized by a **parent, teacher, school nurse OR practitioner**
 - **Exception**: screenings are considered ‘assessments’ under the LEA BOP and may be authorized by the **Bright Futures Periodicity Schedule**



Authorization for Assessments

- Written authorization for assessments must include:
 - School name
 - Student's name
 - Reason for assessment
 - Parent, teacher or practitioner observations and reason(s) for assessment
 - Signature of prescribing/referring practitioner
 - Practitioner title



Authorization for Treatment

- **All billable LEA treatments** must have a prescription, referral or recommendation by a licensed practitioner:
 - **Prescription**: A written order from a licensed physician, podiatrist or dentist for specialized treatment services.
 - **Referral**: Less formal than a prescription, but meets certain documentation standards (i.e., student name, date, reason for referral, name and signature of practitioner).
 - **Recommendation**: May consist of a note in the student's file that indicates the observations/reasons for recommendation, practitioner type, name and signature.



Authorization for Treatment

- In addition to the licensed practitioner authorization, **all treatments must be authorized in an IEP, IFSP or Care Plan** to be reimbursable
 - Care Plan = nursing plan, 504 plan, health care plan, etc.
- LEA Provider Manual indicates which licensed practitioners can prescribe, refer or recommend the service
 - Called Ordering, Referring or Prescribing (ORP) practitioners
 - ORP practitioners are separately enrolled as Medi-Cal providers
 - More information on ORP practitioners and steps to enroll as an ORP can be found in the [ORP Guide](#) and [PPL 18-018](#)
- Service authorization is valid for **one year** from the date of the order



Treatment Authorization Documentation

- Written authorization for treatments must include:
 - School name
 - Student's name
 - Practitioner observations and reason(s) for treatment
 - Signature of prescribing/referring practitioner
 - Practitioner title

Remember that all billable treatments must be authorized in an IEP, IFSP or other Care Plan



Physician Authorization

- Physician authorizations may be obtained from:
 - Student's primary care physician;
 - Physicians employed by the LEA;
 - Physicians contracted by the LEA;
 - Physician Assistant or Nurse Practitioner
(works under physician supervision per standard practice)
- Authorizations provided by **contracted physicians**:
 - Do not require** 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
 - Must be **under contract with the LEA** and not through a billing vendor



Targeted Case Management (TCM) Services



TCM Documentation

- Required documentation for TCM services must include:
 - Service Plan
 - Records of TCM activities
 - Records with student and/or family progress
 - Assessment reports
- Must be **authorized in an IEP, IFSP or other Care Plan**
- LEA BOP provider manual section on TCM [loc ed serv targ](#) contains all TCM policy
- September 2020 TCM Training available [here](#)



Claiming for Referral/Monitoring Services

In order to **prevent duplicate claiming** under California's two school-based programs, LEA coordinators **must choose how they will claim TCM-related services**

Three options exist for claiming (practitioner-specific):

1. Through the LEA BOP

- LEA will receive reimbursement through the LEA BOP
- All eligible TCM services will be billed through the LEA BOP as a direct medical service



Claiming for Referral/Monitoring Services

In order to **prevent duplicate claiming** under California's two school-based programs, LEA coordinators **must choose how they will claim TCM-related services**

Three options exist for claiming (practitioner-specific):

2. Through SMAA Program as a direct service practitioner:

- LEA elects **not** to bill TCM services for a practitioner through LEA BOP
- LEA receives reimbursement through the SMAA Invoice for this service
- Only applicable to LEAs the participate in both school-based programs

3. Through the SMAA Program as an administrative personnel:

- LEA will receive reimbursement only through the SMAA invoice



Components of Each Claiming Option

Option 1: Direct service claiming through the LEA BOP

LEA BOP only

- **Referral and related activities to help the eligible student obtain needed medical, social, educational services.** Examples include:
 - Making referrals to other Medi-Cal service providers, including EPSDT screening services
 - Coordinating the delivery of community-based health services
 - Scheduling appointments for a student
 - Other activities that help link the student with medical, social, educational providers or other programs/services



Components of Each Claiming Option

Option 1: Direct service claiming through the LEA BOP

LEA BOP only

- **Monitoring & follow-up activities.** Examples include:
 - Ensuring services are furnished in accordance with care plan
 - Monitoring that changes in needs are reflected in the plan
 - Conducting periodic reviews to execute the care plan
 - Monitoring the Medi-Cal service components of IEPs, IFSPs and other care plans
 - Providing follow-up contact to ensure that a child has received the Medi-Cal covered services outlined in the care plan



Components of Each Claiming Option

Option 2 or 3: Administrative activity claiming through SMAA – Pool 1 (Option 2) or Pool 2 (Option 3)

SMAA Program only

- **Referral and related activities to help the eligible student obtain needed medical, social, educational services.** Examples include:
 - Making referrals for and/or coordinating medical/physical exams and necessary medical/mental health evaluations
 - Making referrals for and/or scheduling Medi-Cal covered screenings
 - Arranging for Medi-Cal-covered medical/mental health services
 - Scheduling or arranging transportation to Medi-Cal covered services
 - Providing information to other staff on the child's related medical/dental/mental health services and plans



Components of Each Claiming Option

Option 2 or 3: Administrative activity claiming through SMAA – Pool 1 (Option 2) or Pool 2 (Option 3)

SMAA Program only

- **Monitoring & follow-up activities.** Examples include:
 - Monitoring and evaluating the Medi-Cal IEP service components
 - Providing follow-up contact to ensure that a child has received the prescribed medical/mental health services



Components of Each Claiming Option

Note: **LEA BOP TCM does not include the following:** provision of medical treatment or services, diagnostic or treatment services, educational activities that are reasonably expected in the school system, administrative activities or program activities that do not meet the definition of TCM, general Medicaid administrative expenses and authorization of services and services that are an integral part of another service already reimbursed by Medicaid.



Medical Transportation Services



Transportation Billing Requirements

Transportation services are covered when **all of the following conditions are met:**

- ✓ Provided in an approved mode of transportation (litter van, wheelchair van, or specially adapted vehicle)
- ✓ Transportation services must be **authorized in the student's IEP or IFSP**
- ✓ Another IEP/IFSP Medi-Cal covered service is provided on same day as transportation

IEP/IFSP Medical Transportation Services Include:



Specialized medical transportation trip
(1 unit = one-way trip, 2 units = round trip)



Mileage (must be billed **in conjunction** with trip)



Documentation for Transportation Services

- Required documentation for Transportation services must include:
 - Student general information
 - Date of transportation
 - Total number of miles
 - Origination point and destination point
 - Documented verification that the student was in school and covered by LEA BOP
- More information can be found in the [Transportation Billing Guide](#) and in the [2020 Transportation Training](#)



Other Requirements



1. Other Health Coverage (OHC) Requirement

| Insurance Status | Services Authorized in an IEP or IFSP | Services Authorized in an IHSP or other “Care Plan” <u>Other common names for an IHSP:</u> Individualized School Healthcare Plan, Plan of Care, Nursing Plan, 504 Plan |
|------------------|---------------------------------------|---|
| Medi-Cal Only | Bill Medi-Cal | Bill Medi-Cal |
| Medi-Cal and OHC | Bill Medi-Cal | Bill OHC, then Medi-Cal* |

***Note:** If a response from the OHC carrier is not received *within 90 days of the provider’s billing date*, the provider may bill Medi-Cal. A copy of the completed and dated insurance claim form must accompany the Medi-Cal claim. LEA must state “90-day response delay” on the claim.



2. Parental Consent

- Requirements must be met by all participating LEAs
 - [Notification requirements are published by CDE](#)
- **For IDEA students**, you must do the following **before** accessing public benefits or insurance for the first time (required per *34 CFR Section 300.154(d)*):
 - Obtain a **one-time written consent** from the parent/guardian
 - Provide **written notification** to the child's parent/guardian (completed before obtaining one-time written consent, and annually thereafter)
 - Parental consent may be revoked at any time
- **For non-IDEA students**, LEAs **do not** have to obtain parental consent to bill Medi-Cal for services
 - However, LEAs should check with their school district legal counsel to ensure that they are in compliance with FERPA requirements, prior to submitting claims to Medi-Cal



3. Managed Care Coordination

- IEP/IFSP/IHSP (“Care Plan”) services delivered by LEAs are expressly **carved out of Managed Care contracts**
- Managed care organizations (MCOs) have the primary responsibility to provide necessary services that exceed those provided by the LEA
- Care coordination should exist between LEAs and MCOs



LEA BOP Required Forms and Timelines



Topics to be Covered

1. Cost and Reimbursement Comparison Schedule (CRCS)
2. Provider Participation Agreement
3. Annual Report
4. Data Use Agreement



1. CRCS Summary

- ***What is cost settlement?***

Comparison of the LEA's actual Medi-Cal interim payments to actual costs incurred by LEAs to provide covered health services to Medi-Cal enrolled students



- Actual costs are determined through completion of CRCS
- Overpayments result in future withholding of interim claims until overpayment paid off
- Underpayments result in DHCS check to LEA



1. CRCS Due Dates

| State Fiscal Year | CRCS Due Date |
|-------------------|---------------|
| 2020-21* | 3/1/2022 |
| 2019-20 | 4/30/2022 |
| 2015-16 | 6/30/2022 |
| 2016-17 | 8/31/2022 |
| 2017-18 | 10/31/2022 |
| 2018-19 | 1/31/2023 |
| 2021-22* | 3/1/2023 |

- Upcoming CRCS Training on December 1, 2021 *(invitation sent via listserv)*
- 2020 CRCS Training found [here](#)

* Effective SFY 2020-21 and thereafter, the CRCS will be due March 1 following the close of the prior state fiscal year.



2. Provider Participation Agreement (PPA)

- Contract between DHCS and the LEA is required to be a participating Medi-Cal provider and receive LEA BOP reimbursement
- LEAs must have an effective PPA and an addendum
 - Evergreen Agreement (remains in effect until terminated by DHCS or LEA Provider)
 - Current LEAs need only to submit addendum (**due November 1, 2021**)
 - May be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov



3. Annual Report (AR)

- **All** LEAs must submit an Annual Report
- AR will continue to be **due annually**
 - Reporting period for current and previous fiscal year
 - LEAs may use AR to update their information, such as official name, mailing address, EIN number
 - Must be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov
- Next Annual Report due **November 30, 2021**
 - New form will be distributed via e-blast
 - LEAs can also request the AR by emailing LEA@dhcs.ca.gov



4. Data Use Agreement (DUA)

- **All** LEAs must submit a DUA
- Must be renewed at scheduled three-year intervals
- **FY 2021-22 is the renewal year**; the current DUA expires December 2021
- A new “tri-party DUA” will be available prior to the expiration
- May be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov



Section 4

Random Moment Time Survey (RMTS)



Topics to be Covered

- Brief Introduction to RMTS
- RMTS Participation
- Documentation of Moments
- Available Resources



RMTS Requirement

- RMTS is a **methodology to allocate costs** to the LEA BOP
- RMTS captures **the amount of time spent providing direct health services** by health practitioners
- Combined results for all LEAs participating in the LEA's LEC/LGA region
- RMTS results will be applied to your LEA's provider-specific costs on the CRCS, in order to determine final LEA BOP reimbursement



Participation: Moment Selection

- If the TSP is randomly selected for a moment, they should **promptly respond** to the RMTS email
- TSP should **respond to their moment in detail** so that it can be coded appropriately
- TSPs may have no moments or multiple moments assigned in a quarter
- All moments will be received via e-mail and include a direct link to the secure RMTS website



TSP Participation is Important!

- TSPs will have **one student attendance day notification and a four-day response period** for RMTS moments
- Moments not answered within four student attendance days expire and cannot be answered
- Unanswered moments will negatively impact the results used to calculate reimbursement to LEAs
- LEAs **must** participate in RMTS to participate in the LEA BOP
 - ***Sole exception: LEAs that contract out 100% of their direct medical service practitioners do not participate in RMTS***



RMTS Direct Service Moment Documentation

- LEA Policy for Direct Service Moments:
 - LEAs should bill for all direct services provided to Medi-Cal students for whom they seek reimbursement
 - Interim billing requirements support RMTS documentation requirements
 - If the student is not Medi-Cal eligible, participants are still instructed to maintain documentation for RMTS purposes
- **TSPs are essential to RMTS documentation**



Potential Source Documents

Sources to document the moment include, but are not limited to:

- The student’s IEP or IFSP
- IHSP, or other type of care plan that is used as a medical management tool for providing medically necessary services to a student in a school setting
- Treatment Logs
- Practitioner Notes
- Billing Schedules and/or Documents
- Practitioner Schedules
- Calendars
- Timesheets



Example of RMTS Documentation for Direct Service Time

Physical Therapist in Pool 1 responds:

Who were you with? —————> A student

What were you doing? —————> I was in a therapy session

Why were you doing it? —————> The student's IEP requires physical therapy services twice a week

Examples of documentation to support the moment (direct):

- The student's IEP
- TSP's calendar showing they were in a therapy session during the assigned moment
- Progress notes with date of service and detail of session
- Other items that substantiate the response (may be specific to your LEA)



Example of RMTS Documentation for Indirect Service Time

Psychologist in Pool 1 responds:

Who were you with? —————> No one, I was alone

What were you doing? —————> Writing a report

Why were you doing it? —————> I was summarizing assessment results in preparation for an upcoming IEP meeting

Examples of documentation to support the moment (indirect):

- The student's assessment and resulting report
- The student's IEP
- Calendar entries



RMTS Resources

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

RMTS@dhcs.ca.gov

- Questions will be reviewed by SMAA and LEA BOP staff
- Link is included on both the LEA BOP and SMAA websites
- August 2020 RMTS Training found [here](#)

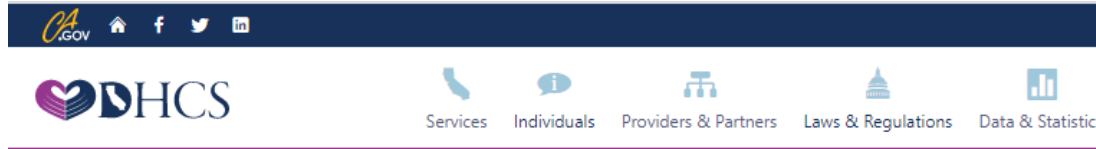


Section 5

Resource Review and Future Training



LEA BOP Website



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, California State Universities and University of California campuses) the federal share of the maximum allowable rate for approved health-related 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 [Handbook](#). For a detailed description of program requirements and program policy, please refer to the [LEA Provider Manual](#).

Getting Started

- [Program Enrollment and Compliance Documents Overview](#)
- [Onboarding Handbook](#)
- [Internal Administrative Functions Chart](#)
- [Technical Assistance/Site Visit Request](#)

Program Manuals and Guides

- [Provider Manual](#)
- [Program Guide](#)
- [Ordering, Referring or Prescribing Guide](#)
- [Transportation Billing Guide](#)
- [ICD-10 General Equivalence Mapping](#)

Program Policy

Publications & Bulletins

- [Advisory Workgroup Minutes](#)
- [Email Notifications](#)
- [FYI - For Your Information](#)
- [Provider Bulletins](#)
- [Reports to the Legislature](#)

Claims Information & Data

- [Claims Processing](#)
- [Paid Claims Data Reports](#)

Legislation & State Plans

- [California Laws and Regulations](#)
- [Federal Laws and Regulations](#)

Additional resources and information are available on the DHCS LEA website

<https://www.dhcs.ca.gov/provgovpart/pages/lea.asp>





Provider Manual



Services



Individuals



Providers & Partners



Laws & Regulations

Data

Medi-Cal/LEA Program Provider Manual

[Back to LEA Home Page](#)

Medi-Cal Provider Manual:

- [Part 1 - Medi-Cal Program and Eligibility](#)
- [Part 2 - Billing and Policy](#)

LEA Billing Option Program Sections of Medi-Cal Provider Manual:

- [LEA Provider Manual - Searchable PDF updated April 2021](#)
- (Note that the PDF may not include the most recent published versions of all sections. The individual LEA Provider Manual s information.)

The following items link to various sections of the LEA Provider Manual (Word format):

- [LEA \(loc ed\)](#) - updated March 2021
- [LEA: A Provider's Guide \(loc ed a prov\)](#) - updated March 2021

The entire Medi-Cal Provider Manual, including the LEA BOP sections of the manual and updates, can be found [here](#).



Onboarding Handbook

Local Education Agency (LEA) Medi-Cal Billing Option Program Onboarding Handbook

Purpose of the Onboarding Handbook.....

LEA Medi-Cal Billing Option Program Overview

How Does the LEA Medi-Cal Billing Option Program Work?.....

Communication

LEA Medi-Cal Billing Option Program Contact Information

LEA Medi-Cal Billing Option Program- Who is Involved?.....

Getting Started.....

Becoming a Provider.....

5 Steps to Become a LEA Medi-Cal Billing Option Program Provider.....

Changing/Updating LEA Information.....

The Enrollment Process.....

PPA/AR Processing Flowchart.....

Electronic Claims Submission.....

Claim Processing Process

Administrative Program Cost.....

The handbook includes additional resources:

- Getting started guide
- Claim submission / processing guide
- Responsibilities
- Checklists

It can be found at:

[LEA Onboarding Handbook \(ca.gov\)](https://www.dhcs.ca.gov/LEA/OnboardingHandbook)



Policy and Procedure Letters

A link to Policy and Procedure Letters (PPLs) can be found by on the DHCS LEA Medi-Cal BOP web site, under the *Provider and Policy* section, or directly at [this](#) link.

CA.GOV

DHCS

Services Individuals Providers & Partners

Getting Started

- Program Enrollment and Compliance Documents Overview
- Onboarding Handbook
- Internal Administrative Functions Chart
- Technical Assistance/Site Visit Request

Program Manuals and Guides

- Provider Manual
- Program Guide
- Ordering, Referring or Prescribing Guide
- Transportation Billing Guide
- ICD-10 General Equivalence Mapping

Program Policy

- Policy and Procedure Letters**
- Cost and Reimbursement Comparison Schedule

CA.GOV

DHCS

Services Individuals Providers & Partners Laws & Regulations Data & Statistics

LEA Medi-Cal Billing Option Program Policy and Procedure Letters

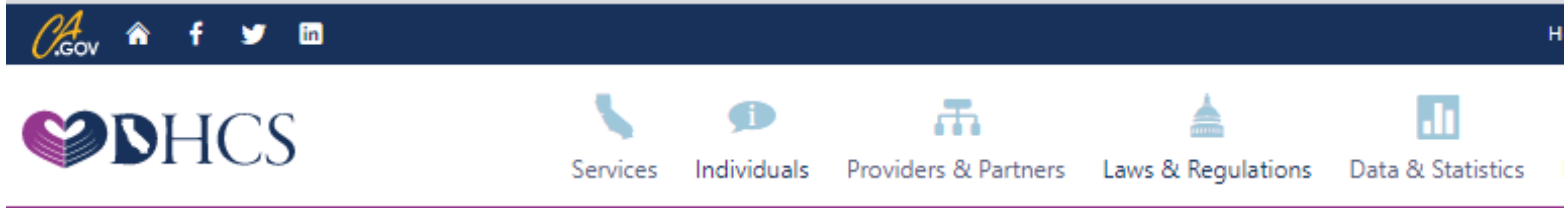
[Back to LEA Home Page](#)

[Back to Policy and Procedure Letters Archive by Year](#)

| Number & Date | Description |
|---|--|
| PPL 21-019 August 17, 2021 | Local Educational Agency Medi-Cal Billing Option Program billing guidance to LEA Providers participating in the LEA BOP regarding covered direct medical services provided to Medi-Cal enrolled students via telehealth. |
| PPL 21-018 August 16, 2021 | Local Educational Agency Medi-Cal Billing Option Program policy related to annual or triennial individual education plans (IEP) and individual family service plans |
| PPL 21-017 | Alternate Format Request Requirements |



Training Resources



2020-21 LEA BOP Training

[Back to LEA BOP Training Page](#)

[Back to LEA BOP Homepage](#)

All training materials are available per request.

Please email lea@dhcs.ca.gov to request any of the items below:

[August 5, 2020 Preparing for Random Moment Time Survey Training Slides](#)

[Preparing for Random Moment Time Survey Training FAQs](#)

[September 3, 2020 Targeted Case Management Training Slides](#)

[Targeted Case Management Training FAQs](#)

[September 29, 2020 Time Survey Participant Training 2 Slides](#)

Training Resources web page can be found [here](#)



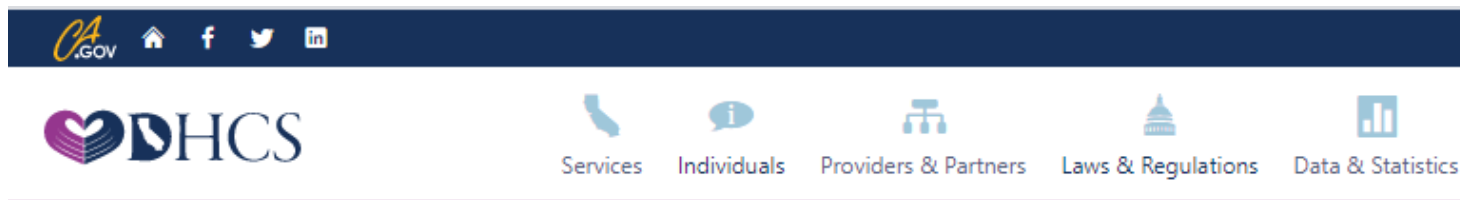
Advisory Workgroup (AWG) Meetings

- Regularly scheduled, DHCS-hosted stakeholder meeting
- Generally held the first Wednesday of February, April, June, August, October and December
 - 10:30am to 3:00pm (includes one hour lunch break)
 - Currently conducted via WebEx
- Morning session: DHCS Updates on important LEA BOP topics
- Afternoon session: LEA training or interactive breakout topics
- Next meeting is **Wednesday, October 13**
(was delayed one week due to the National Alliance for Medicaid in Education Conference)
- Invitation sent to LEA BOP [listserv](#)



Future LEA Communication

<http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>



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, California State Universities and University of California campuses) the federal share of the maximum allowable rate for approved health-related 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 [Handbook](#). For a detailed description of program requirements and program policy, please refer to the [LEA Provider Manual](#).

Getting Started

- [Program Enrollment and Compliance](#)
- [Onboarding Handbook](#)
- [Internal Administrative Functions Chart](#)
- [Technical Assistance/Site Visit Request](#)

Program Manuals and Guides

- [Provider Manual](#)
- [Program Guide](#)

Publications & Bulletins

- [Advisory Workgroup Minutes](#)
- [Email Notifications](#)
- [FYI - For Your Information](#)
- [Provider Bulletins](#)
- [Reports to the Legislature](#)

Claims Information & Data

- [Claims Processing](#)

Subscribe to listserv emails





Additional Resources

Additional website resources

- [School Based Claiming Random Moment Time Survey](#)
- [LEA Toolbox](#)
- [FAQs](#)
- [Transportation Billing Guide](#)
- [Annual Reports](#)
- [Glossary of Terms](#)
- [LEA BOP Mailbox \(LEA@DHCS.CA.GOV\)](#)
- [RMTS Mailbox \(RMTS@DHCS.CA.GOV\)](#)



Training Timeline

SFY 2021-22 Training Schedule:

| Topic | Suggested Date |
|-------------------------------|-------------------------------|
| TSP Training | September 22, 10am |
| TSP Training (repeat content) | September 28, 1pm |
| LEA 101 Training | October 13, 1pm (AWG meeting) |
| Vendor Training | October 21, 9am |
| CRCS Training | December 1, 1pm (AWG meeting) |
| LEA 101 (repeat content) | February 2, 1pm (AWG meeting) |

Invitations sent via the [LEA listserv](#) -- sign up today!!



PLEASE SUBMIT QUESTIONS

**Any questions not covered in today's training
may be sent to the LEA BOP inbox:**

LEA@dhcs.ca.gov