



LEA Medi-Cal Billing Option Program

March 5, 2020

New Services and Practitioners Training

*Materials presented today are pending approval of
State Plan Amendment (SPA) 15-021*



Agenda

Section	Topic
1	Overview of SPA 15-021
2	New Practitioner Types
3	New Covered Services
4	EPSDT Screenings
5	Retroactive Billing



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)

Navigant

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



Limitations of Today's Training



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



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



Provider Participation Agreement

Due April 1, 2020



Section 1

Overview of SPA 15-021



What is SPA 15-021?

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



SPA 15-021 Major Changes

Four major Program changes:

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



New Services and Practitioners

New Services (8)

Treatment Services

- Activities of Daily Living (ADL) Assistance
- Group Occupational Therapy (OT)
- Group Physical Therapy (PT)

Treatment and Assessment Services

- Nutritional Services
- Orientation and Mobility
- Respiratory Therapy

Targeted Case Management (TCM)

EPSDT Screenings

New Practitioners (9)

Assistants

- OT Assistants
- PT Assistants
- Speech-Language Pathology (SLP) Assistants

Associates

- Marriage and Family Therapists (MFTs)
- Clinical Social Workers

Orientation and Mobility Specialists

Physician Assistants

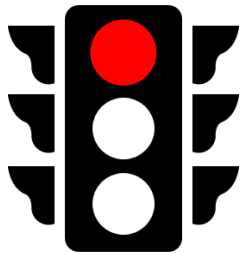
Respiratory Therapists

Dieticians



Billing for New Services and Practitioners

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



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



Section 2

New Practitioner Types



New SPA 15-021 Practitioners

9 New Qualified Service Practitioners

Assistants

1. OT Assistants
2. PT Assistants
3. SLP Assistants

Associates

4. Associate Marriage and Family Therapists (MFT)
5. Associate Clinical Social Workers
6. Orientation and Mobility Specialists
7. Physician Assistants
8. Respiratory Care Practitioner
9. Dieticians



1. OT Assistant

Covered Services

- Occupational Therapy Treatment (Individual and Group)

Qualification

Licensed to practice by the **California Board of Occupational Therapy**

Supervision

Supervision by a **licensed occupational therapist**
(Business and Professions Code, Section 2570)

Note: Refer to Business and Professions Code, Section 2570 for comprehensive regulation on supervision.



1. OT Assistant: Supervision

- Appropriate supervision of a certified occupational therapy assistant includes, at a minimum:
 - The **weekly review** and inspection of all aspects of occupational therapy services by the supervising occupational therapist (at least once each calendar week)
 - The supervising licensed occupational therapist **provides periodic (at least once every 30 days) on-site supervision** and observation of the assigned client care rendered by the certified occupational therapy assistant
 - Based upon the supervisor/supervisee working relationship and the type of services that are being supervised, the supervising licensed occupational therapist may choose either of these or more frequently, as he/she determines is appropriate to the needs of the client
- A licensed occupational therapist may **supervise a maximum of three** certified occupational therapy assistants at any one time

Note: Refer to Business and Professions Code, Section 2570 for comprehensive regulation on supervision.



1. OT Assistant: Billing of Practitioner

Service	Procedure Code	Practitioner	Practitioner Modifier
Individual OT Treatment (initial)	97110	OT Assistant	CO*
Individual OT Treatment (additional)	97110 - 22	OT Assistant	CO*
Group OT Treatment (initial)	97150	OT Assistant	CO*
Group OT Treatment (additional)	97150 - 22	OT Assistant	CO*

- Modifiers designating IDEA Services – TL (IFSP) or TM (IEP) or blank (IHSP service)

** Slide has been updated to reflect 2-digit practitioner modifiers.*



2. PT Assistant

Covered Services

- Physical Therapy Treatment (Individual and Group)

Qualification

Licensed to practice by the **Physical Therapy Board of California**

Supervision

Supervision by a **licensed physical therapist** (*Business and Professions Code, Section 2601 and California Code of Regulations, Title 16, Division 13.2, Article 4, Section 1398.44*)

Note: Refer to Business and Professions Code, Section 2601 and Article 4, Section 1398.44 for comprehensive regulation on supervision.



2. PT Assistant: Billing of Practitioner

Service	Procedure Code	Practitioner	Practitioner Modifier
Individual PT Treatment (initial)	97110	Physical Therapist Assistant	CQ*
Individual PT Treatment (additional)	97110 - 22	Physical Therapist Assistant	CQ*
Group PT Treatment (initial)	97150	Physical Therapist Assistant	CQ*
Group PT Treatment (additional)	97150 - 22	Physical Therapist Assistant	CQ*

- Modifiers designating IDEA Services – TL (IFSP) or TM (IEP) or blank (IHSP service)

** Slide has been updated to reflect 2-digit practitioner modifiers.*



3. SLP Assistant

Covered Services

Speech Therapy Treatment (Individual and Group)

Qualification

Registered with the **California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board**

Supervision

Supervision by a **licensed speech-language pathologist** or a **speech-language pathologist with a valid professional clear services credential in language, speech and hearing** to provide speech therapy treatment services (*Business and Professions Code, Section 2530.2; California Code of Regulations, Title 16, Section 1399.170.15 and Section 1399.170.16*)

Note: Refer to Business and Professions Code, Section 2530.2 and California Code of Regulations, Title 16, Section 1399.170.15 and Section 1399.170.16, for comprehensive regulation on supervision.



3. SLP Assistant: Supervision

- Requirements for the supervising speech-language pathologist include, but are not limited to (*California Code of Regulations, Title 16, Section 1399.170.15*):
 - Designing and implementing a supervisory plan
 - Submitting, within thirty (30) days of beginning supervision, the “Responsibility Statement for Supervision of a Speech-Language Pathology Assistant”
 - Reviewing client/patient records, monitoring and evaluating assessment and treatment decisions of the speech-language pathology assistant, and monitoring and evaluating the ability of the SLPA to provide services
- The supervising speech-language pathologist may not supervise more than two SLPAs (*California Code of Regulations, Title 16, Section 1399.170.16*)

Note: Refer to Business and Professions Code, Section 2530.2 and California Code of Regulations, Title 16, Section 1399.170.15 and Section 1399.170.16 for comprehensive regulation on supervision.



3. SLP Assistant: Billing of Practitioner

Service	Procedure Code	Practitioner	Practitioner Modifier
Individual Speech Therapy (initial)	92507	SLP Assistant	HM
Individual Speech Therapy (additional)	92507 - 22	SLP Assistant	HM
Group Speech Therapy (initial)	92508	SLP Assistant	HM
Group Speech Therapy (additional)	92508 - 22	SLP Assistant	HM

- Modifiers designating IDEA Services – TL (IFSP) or TM (IEP) or blank (IHSP service)

** Slide has been updated to reflect 2-digit practitioner modifiers.*



4. Associate MFT

Covered Services

- Psychology and Counseling Treatment (Individual and Group)
- TCM Services

Qualification

Registered with the **California Board of Behavioral Sciences (BBS)**

Supervision

Supervision by a **Licensed MFT, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Licensed Physician certified in psychiatry by the American Board of Psychiatry and Neurology** (*Business and Professions Code, Section 4999.12 and California Code of Regulations, Title 16, Section 1833.1*)

- Supervisory professionals must have **held a valid license for at least two years out of the last five years prior** to commencing any supervision



4. Associate MFT: Supervision

- Requirements for the supervisor of an Associate MFT include, **but are not limited to**, the following:
 - Have practiced psychotherapy, provided psychological counseling pursuant to subdivision (e) of section 4989.14, or provided direct clinical supervision as described in 16 CCR section 1833.1(a)(5) for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1833.1(a)(5))
 - Completed six hours of supervision training or coursework
 - Sign and comply with the Supervisor Responsibility Statement
- Refer to the Supervisor Responsibility Statement for additional supervision requirements: [BBS Supervisor Responsibility Statement](#)

Note: Refer to Business and Professions Code, Section 4999.12 and California Code of Regulations, Title 16, Section 1833.1 for comprehensive regulation on supervision.



4. Associate MFT: Billing of Practitioner

Service	Procedure Code	Practitioner	Practitioner Modifier
Individual Psychology/ Counseling (initial)	96158	Associate MFT	HL
Individual Psychology/ Counseling (additional)	96159	Associate MFT	HL
Group Psychology/ Counseling (initial)	96164	Associate MFT	HL
Group Psychology/ Counseling (additional)	96165	Associate MFT	HL
Targeted Case Management (TCM)	T1017	Associate MFT	HL

- Modifiers designating IDEA Services – TL (IFSP) or TM (IEP) or blank (IHSP service)
- TCM services may only be billed for IEP/IFSP students



5. Associate Clinical Social Worker

Covered Services

- Psychology and Counseling Treatment (Individual and Group)
- TCM Services

Qualification

Registered with the **California Board of Behavioral Sciences (BBS)**

Supervision

Supervision by a **Licensed MFT, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Licensed Physician certified in psychiatry by the American Board of Psychiatry and Neurology** (*Business and Professions Code, Section 4996.20*)

- Supervisory professionals must have practiced and held a **valid license for at least two years out of the last five years prior** to commencing any supervision

Note: Refer to Business and Professions Code, Section 4996.20 for comprehensive regulation on supervision.



5. Associate Clinical Social Worker: Supervision

- Requirements for the supervisor of an Associate Clinical Social Worker include, **but are not limited to**, the following:
 - Have practiced psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision (*Business and Professions Code section 4989.14*) **OR**
 - Have provided direct supervision to ASWs, Associate Professional Clinical Counselors, Marriage and Family Therapist Trainees, or Associate Marriage and Family Therapists during at least two (2) years out of the last five (5) years prior to the commencement of supervision.
 - Complete a minimum number of hours in supervision training
 - Sign and comply with the Supervisor Responsibility Statement
- Refer to the Supervisor Responsibility Statement for additional supervision requirements: [BBS Supervisor Responsibility Statement](#)

Note: Refer to Business and Professions Code, Section 4996.20 for comprehensive regulation on supervision.



5. Associate Clinical Social Worker: Billing of Practitioner

Service	Procedure Code	Practitioner	Practitioner Modifier
Individual Psych./ Counseling (initial)	96158	Associate Clinical Social Worker	HM
Individual Psych./ Counseling (add.)	96159	Associate Clinical Social Worker	HM
Group Psych./ Counseling (initial)	96164	Associate Clinical Social Worker	HM
Group Psych./ Counseling (add.)	96165	Associate Clinical Social Worker	HM
Targeted Case Management (TCM)	T1017	Associate Clinical Social Worker	HM

- Modifiers designating IDEA Services – TL (IFSP) or TM (IEP) or blank (IHSP service)
- TCM services may only be billed for IEP/IFSP students



6. Orientation and Mobility Specialist

Covered Services

- Orientation and Mobility Assessment
- Orientation and Mobility Treatment

Qualification

Certified by the **Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)** AND possess a **Clinical or Rehabilitative Services Credential: Orientation and Mobility**

Supervision

Supervision not required



6. Orientation and Mobility Specialist: Billing of Practitioner

Service	Procedure Code	IDEA Modifier	Practitioner	Practitioner Modifier
Initial IFSP Orientation and Mobility Assessment	T1023	TL (IFSP)	Orientation and Mobility Specialist	<i>No modifier</i>
IEP Orientation and Mobility Assessment (initial/triennial)	T1023	TM (IEP)	Orientation and Mobility Specialist	<i>No modifier</i>
IEP/IFSP Orientation and Mobility Assessment (amended)	T1023 - TS	TL (IFSP) or TM (IEP)	Orientation and Mobility Specialist	<i>No modifier</i>



6. Orientation and Mobility Specialist: Billing of Practitioner (Cont'd)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
IEP/IFSP Orientation and Mobility Assessment (annual)	T1023 - 52	TL (IFSP) or TM (IEP)	Orientation and Mobility Specialist	<i>No modifier</i>
Non-IEP/IFSP Orientation and Mobility Assessment	T1023	<i>No modifier</i>	Orientation and Mobility Specialist	<i>No modifier</i>
Orientation and Mobility Treatment	97533	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Orientation and Mobility Specialist	<i>No modifier</i>



7. Physician Assistant



Covered Services

- Health/Nutrition Assessment
- Nutritional Counseling
- Health Ed./Anticipatory Guidance
- Hearing Assessment
- Vision Assessment
- Psychology and Counseling



Qualification

Licensed to practice by the **Physician Assistant Board of the Medical Board of California**



Supervision

Physician assistants must practice under a **valid written Delegation of Services Agreement**, working under the direction of a licensed physician (*California Code of Regulations, Section 1399.540*)

Note: Refer to California Code of Regulations, Section 1399.540 for comprehensive regulation on supervision.



7. Physician Assistant: Billing of Practitioner (1/4)

Service	Procedure Code	IDEA Modifier	Practitioner	Practitioner Modifier
Initial IEP/IFSP Health/Nutrition Assessment	96156	TL (IFSP) or TM (IEP)	Physician Assistant	U7
IEP/IFSP Health/Nutrition Assessment (amended)	96156 - TS	TL (IFSP) or TM (IEP)	Physician Assistant	U7
IEP/IFSP Health/Nutrition Assessment (annual)	96156 - 52	TL (IFSP) or TM (IEP)	Physician Assistant	U7
Non-IEP/IFSP Health/Nutrition Assessment	96156	<i>No modifier</i>	Physician Assistant	U7



7. Physician Assistant: Billing of Practitioner (2/4)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
Non-IEP/IFSP Health/Nutrition Re-Assessment	96156 - TS	<i>No modifier</i>	Physician Assistant	U7
Nutritional Counseling	S9470	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Physician Assistant	U7
Health Education/Anticipatory Guidance	99401	<i>No modifier</i>	Physician Assistant	U7



7. Physician Assistant: Billing of Practitioner (3/4)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
Non-IEP/IFSP Hearing Assessment	92551	<i>No modifier</i>	Physician Assistant	U7
Hearing Assessment	92552	<i>No modifier</i>	Physician Assistant	U7
Non-IEP/IFSP Vision Assessment	99173	<i>No modifier</i>	Physician Assistant	U7
Individual Psychology/ Counseling (initial)	96158	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Physician Assistant	U7



7. Physician Assistant: Billing of Practitioner (4/4)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
Individual Psychology/Counseling (additional)	96159	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Physician Assistant	U7
Group Psychology/Counseling (initial)	96164	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Physician Assistant	U7
Group Psychology/Counseling (additional)	96165	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Physician Assistant	U7



8. Respiratory Care Practitioner

Covered Services

- Respiratory Assessment
- Respiratory Therapy Treatment

Qualification

Licensed by the **Respiratory Care Board of California**

Supervision

Licensed respiratory care practitioners must provide services **under the direction of a licensed physician**
(*Business and Professions Code, Section 3703*)

Note: Refer to Business and Professions Code, Section 3703 for comprehensive regulation on supervision.



8. Respiratory Care Practitioner: Billing of Practitioner

Service	Procedure Code	IDEA Modifier	Practitioner	Practitioner Modifier
Initial IEP/IFSP Respiratory Therapy Assessment	94618	TL (IFSP) or TM (IEP)	Respiratory Care Practitioner	<i>No modifier</i>
IEP/IFSP Respiratory Therapy Assessment (amended)	94618 - TS	TL (IFSP) or TM (IEP)	Respiratory Care Practitioner	<i>No modifier</i>
IEP/IFSP Respiratory Therapy Assessment (annual)	94618 - 52	TL (IFSP) or TM (IEP)	Respiratory Care Practitioner	<i>No modifier</i>



8. Respiratory Care Practitioner: Billing of Practitioner (Cont'd)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
Non-IEP/IFSP Respiratory Therapy Assessment	94618	<i>No modifier</i>	Respiratory Care Practitioner	<i>No modifier</i>
Respiratory Therapy Treatment	G0237	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Respiratory Care Practitioner	<i>No modifier</i>



9. Dietician

Covered Services

- Nutrition Assessment
- Nutritional Counseling

Qualification

Registered with the **Commission on Dietetic Registration**

Supervision

Supervision not required



9. Dietician: Billing of Practitioner

Service	Procedure Code	IDEA Modifier	Practitioner	Practitioner Modifier
Initial IEP/IFSP Health/Nutrition Assessment	96156	TL (IFSP) or TM (IEP)	Dietician	AE
IEP/IFSP Health/Nutrition Assessment (amended)	96156 - TS	TL (IFSP) or TM (IEP)	Dietician	AE
IEP/IFSP Health/Nutrition Assessment (annual)	96156 - 52	TL (IFSP) or TM (IEP)	Dietician	AE



9. Dietician: Billing of Practitioner (Cont'd)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
Non-IEP/IFSP Health/Nutrition Assessment	96156	<i>No modifier</i>	Dietician	AE
Non-IEP/IFSP Health/Nutrition Re-Assessment	96156 - TS	<i>No modifier</i>	Dietician	AE
Nutritional Counseling	S9470	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Dietician	AE



Section 3

New Covered Services



New SPA 15-021 Services

8 New Covered Services

Treatment Services

1. ADL Assistance
2. Group OT
3. Group PT

Treatment and Assessment Services

4. Nutritional Services
5. Orientation and Mobility
6. Respiratory Therapy
7. TCM Services
8. EPSDT Screenings (Section 4)



Authorization for Assessments

❑ **All assessments** require authorization 

– Health care practitioners can authorize an assessment **OR**


– A parent or teacher may request an assessment

❑ Authorization for **screening services** will be based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)



Authorization for Treatments

- ❑ **All treatment services** will require a “Care Plan” to support delivery of services
 - A “Care Plan” is a formal plan that outlines extent, duration and frequency of services
 - Care Plans include an IEP/IFSP, IHSP, Nursing Plan, 504 Plan, or Health Care Plan

- ❑ Authorization for treatments by a physician 
 - Effective July 1, 2019, authorizations for treatment services may be signed by Physician Assistants (PAs) or Nurse Practitioners (NPs)
 - Authority has been delegated by a supervising physician
 - ! **Practitioners who order, refer, or prescribe (ORP) direct medical treatment services must be individually enrolled as a Medi-Cal ORP provider (PPL No. 18-018R)**




1. ADL Assistance Services



ADL Assistance: Definition

Service Definition

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

- Intended to supplement the child's personal abilities and resources
- Includes **direct** intervention (assisting in performing task) or **indirect** intervention (cueing or redirecting student to perform task)
- Determined and documented, based on individual needs
- Written into a Care Plan
- **Authorized** by a physician
 - Services authorized one year from date of physician's prescription
 - Services may not be billed before the prescription is obtained



ADL Assistance: Practitioners and Supervision

Provision of Service

Nurses, Licensed Vocational Nurses (LVNs), and Trained Health Care Aides (THCAs)



Practitioner	Qualification	Supervision
Registered Credentialed School Nurse	Licensed by the California Board of Registered Nursing; School Nurse Services Credential	<i>No supervision required</i>
Registered Nurse (RN) / Public Health Nurse / Nurse Practitioner (NP)	Licensed by the California Board of Registered Nursing	<i>No supervision required</i>



ADL Assistance: Practitioners and Supervision (Cont'd)

Practitioner (Cont'd)	Qualification (Cont'd)	Supervision (Cont'd)
LVN	Licensed by the California Board of Vocational Nursing and Psychiatric Technicians	By a licensed physician, registered credentialed school nurse, or certified public health nurse
THCA	Certified in Cardio-Pulmonary Resuscitation (CPR) and trained in the procedures to a level of competence and safety	By a licensed physician, registered credentialed school nurse, or certified public health nurse



THCA Equivalency

- Not all district job titles for paraprofessionals providing ADL assistance services are “THCAs”
- Under RMTS, THCAs (or DHCS-approved equivalent positions) may be included in Pool 1: Direct Service Providers
- TSP Equivalency Form must be submitted to request approval of other job titles providing ADL assistance
 - Form due 45 calendar days before quarter starts
 - DHCS drafting a PPL on the TSP Equivalency Form
- Aides whose primary purpose is to provide educational services should not be included in Pool 1



ADL Assistance: Billing

Billing of Service

ADL Assistance services are billed in 15-minute increments 

Service	Procedure Code	Practitioner	Practitioner Modifier
ADL Assistance	97535	Nurse LVN THCA	TD TE <i>No modifier</i>

- **Modifiers designating IDEA Services** – TL (IFSP) or TM (IEP) or no modifier (IHSP service)
- Not billable as a group service; however, one or more students may be served **one-at-a-time sequentially**
- May **round up** to one unit of service if direct task takes 7+ continuous minutes



ADL Assistance: Examples

Examples of Covered Services

- **Feeding** (e.g., being able to get food from a plate into one's mouth and chopping, pureeing or grinding food)
- **Dressing and grooming** (e.g., selecting clothes, putting them on/off and adequately managing one's personal appearance)
- **Bathing** (e.g., washing face/body in the bath or shower)
- **Toileting** (e.g., getting to and from and transfer on/off toilet)
- **Assist a student to ambulate, position or transfer** (e.g., from one location to another or moving to and between surfaces such as from a wheelchair to a toilet)
- **Bowel and bladder care**
- **Cuing, redirecting or monitoring** to ensure the student performs ADL tasks because a cognitive impairment prevents an individual from knowing when or how to carry out the task
- **Observation/monitoring and redirection/intervention** to assist with completion of ADLs



ADL Assistance: Examples (Cont'd)

Examples of Services that are Not Covered

- Assisting with **educational activities** (e.g., tutoring, preparation of educational materials, Braille interpretation)
- **Classroom support** (e.g., redirecting, cueing/intervening to help a child stay on task to complete school assignments)
- **Instrumental Activities of Daily Living (IADLs)** (e.g., assistance with meal preparation, household chores, teaching a child to grocery shop, manage finances, etc.)
- Assisting with ADLs that a **typically developing child** of the same age could not safely and independently perform without adult supervision
- Monitoring or observation of a child who may have **behavioral episodes** in the classroom




2. Group OT Services



Group OT: Definition

Service Definition

SPA 15-021 expands occupational therapy treatment services to include those provided in a group setting (two or more students) 

- Determined and documented, based on individual needs
- Written into a Care Plan
- Group comprised of two or more students
- **Authorized** by a physician
 - Services authorized one year from date of physician's prescription
 - Services may not be billed before the prescription is obtained



Group OT: Practitioners and Supervision

Provision of Service

Occupational Therapists and Occupational Therapist Assistants



Practitioner	Qualification	Supervision
Occupational Therapist	Licensed by the California Board of Occupational Therapy; Graduate of an educational program for occupational therapists that is accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE)	<i>No supervision required</i>
Occupational Therapist Assistant	Licensed by the California Board of Occupational Therapy	By a licensed occupational therapist



Group OT: Billing

Billing of Service

Group OT services are billed in initial and additional service increments



Service	Procedure Code	Practitioner	Practitioner Modifier
Group OT Treatment (initial)	97150	Occupational Therapist Occupational Therapist Assistant	GO CO*
Group OT Treatment (additional)	97150-22	Occupational Therapist Occupational Therapist Assistant	GO CO*

- **Modifiers designating IDEA Services** – TL (IFSP) or TM (IEP) or no modifier (IHSP service)
- **Initial** service unit is 15 - 45 continuous minutes
- **Additional** service at 15-minute increments. Additional units of service may round up to one unit if direct task takes 7+ minutes

**Slide has been updated to reflect 2-digit practitioner modifiers.*



Group OT: Examples

Examples of Covered Services

- **Improving, developing or restoring functions** impaired or lost through illness, injury, or deprivation
- **Preventing** through early intervention, initial or further impairment or loss of function
- **Neuromuscular development**
- **Muscle strengthening and endurance training**
- **Fine motor skills** facilitation
- **Gross motor skills** facilitation
- **Feeding/oral motor training**
- **Visual perceptual training**
- **Perceptual motor development training**
- **Manual therapy** techniques




3. Group PT Services



Group PT: Definition

Service Definition

SPA 15-021 expands physical therapy treatment services to include those provided in a group setting (two or more students) 

- Determined and documented, based on individual needs
- Written into a Care Plan
- Group comprised of two or more students
- **Authorized** by a physician
 - Services authorized one year from date of physician's prescription
 - Services may not be billed before the prescription is obtained



Group PT: Practitioners and Supervision

Provision of Service

Physical Therapists and Physical Therapist Assistants



Practitioner	Qualification	Supervision
Physical Therapist	Licensed by the Physical Therapy Board of California; Graduate of a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association	<i>No supervision required</i>
Physical Therapist Assistant	Licensed by the Physical Therapy Board of California	By a licensed physical therapist



Group PT: Billing

Billing of Service

Group PT services are billed in initial and additional service increments



Service	Procedure Code	Practitioner	Practitioner Modifier
Group PT Treatment (initial)	97150	Physical Therapist Physical Therapist Assist.	GP CQ*
Group PT Treatment (additional)	97150-22	Physical Therapist Physical Therapist Assist.	GP CQ*

- **Modifiers designating IDEA Services** – TL (IFSP) or TM (IEP) or no modifier (IHSP service)
- **Initial** service unit is 15 – 45 continuous minutes
- **Additional** service at 15-minute increments. Additional units of service may round up to one unit if direct task takes 7+ minutes

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Group PT: Examples

Examples of Covered Services

- **Treatment of physical disability, injury or disease using physical and mechanical means**, including but not limited to: heat, cold, light, air, water, sound, electricity, massage, mobilization and therapeutic exercise with or without assistive devices
- **Range of motion**
- **Joint integrity and functional mobility**
- **Gait, balance and coordination training**
- **Therapeutic procedures**
- **Manual manipulation**
- **Gross motor development**
- **Muscle strengthening**
- **Functional training**
- **Facilitation of motor milestones**
- **Therapeutic exercise**



4. Nutritional Services



Nutritional Services: Definition

Service Definition

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



- Determined and documented, based on individual needs
- Written into a Care Plan
- Nutrition assessments are currently a covered service for nurses and physicians and will **remain billable with current CPT codes/modifiers**
- **Nutritional Counseling must be referred** by a physician
 - If **Medical Nutrition Therapy** is required, a written **physician prescription** is necessary



Nutritional Services: Practitioners and Supervision

Provision of Service

Dietitians, Physicians, Nurses, and Physician Assistants



Practitioner	Qualification	Supervision
Dietician	Registered with the Commission on Dietetic Registration	<i>No supervision required</i>
Physician	Licensed by the Medical Board of California or the Osteopathic Medical Board of California	<i>No supervision required</i>




Nutritional Services: Practitioners and Supervision (Cont'd)

Practitioner (Cont'd)	Qualification (Cont'd)	Supervision (Cont'd)
Registered Credentialed School Nurse	Licensed by the California Board of Registered Nursing; School Nurse Services Credential	<i>No supervision required</i>
Registered Nurse (RN) / Public Health Nurse / Nurse Practitioner (NP)	Licensed by the California Board of Registered Nursing	<i>No supervision required</i>
Physician Assistant	Licensed by the Physician Assistant Board of the Medical Board of California	Practice under a valid written Delegation of Services Agreement, provide services under the direction of a licensed physician



Nutritional Services: Billing

Billing of Service

Nutritional services are billed in 15-minute increments 

Service	Procedure Code	IDEA Modifier	Practitioner	Practitioner Modifier
Initial IEP/IFSP Health/Nutrition Assessment	96156	TL (IFSP) or TM (IEP)	Dietician	AE
IEP/IFSP Health/Nutrition Assessment (amended)	96156 – TS	TL (IFSP) or TM (IEP)	Nurse	TD
IEP/IFSP Health/Nutrition Assessment (annual)	96156 - 52	TL (IFSP) or TM (IEP)	Physician Assistant	U7



Nutritional Services: Billing (Cont'd)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
Non-IEP/IFSP Health/Nutrition Assessment	96156	<i>No modifier</i>	Dietician Physician Assist.	AE U7
Non-IEP/IFSP Health/Nutrition Re-Assessment	96156 - TS	<i>No modifier</i>	Dietician Physician Assist.	AE U7
Nutritional Counseling	S9470	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Dietician Physician Nurse Physician Asst.	AE AG TD U7

➤ Treatment service increments may be **rounded up** to one unit if direct task takes 7+ continuous minutes



Nutritional Services: Examples

Examples of Covered Services

- **Nutritional education** regarding therapeutic diets as part of the development of a nutritional treatment plan
- **Diabetic education and training**
- **Counseling regarding implementation** of nutritional plans
- **The provision of education and consultation** on specific dietary concerns




5. Orientation and Mobility Services



Orientation and Mobility: Definition

Service Definition

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

- Determined and documented, based on individual needs
- Treatment services are written into a Care Plan
- **Authorized** by a physician or licensed practitioner of the healing arts within scope of practice
 - Services authorized one year from date of prescription
 - Services may not be billed before the prescription is obtained



Orientation and Mobility: Practitioners and Supervision

Provision of Service

Orientation and Mobility Specialists



Practitioner	Qualification	Supervision
Orientation and Mobility Specialist	Certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); Clinical or Rehabilitative Services Credential: Orientation and Mobility	<i>No supervision required</i>



Orientation and Mobility: Billing

Billing of Service

All Orientation and Mobility services are billed in 15-minute increments



Service	Procedure Code	IDEA Modifier	Practitioner	Practitioner Modifier
Initial IFSP Orientation and Mobility Assessment	T1023	TL (IFSP)	O&M Specialist	<i>No modifier</i>
IEP Orientation and Mobility Assessment (initial/triennial)	T1023	TM (IEP)	O&M Specialist	<i>No modifier</i>
IEP/IFSP Orientation and Mobility Assessment (amended)	T1023 - TS	TL or TM	O&M Specialist	<i>No modifier</i>



Orientation and Mobility: Billing (Cont'd)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
IEP/IFSP Orientation and Mobility Assessment (annual)	T1023 - 52	TL or TM	O&M Specialist	<i>No modifier</i>
Non-IEP/IFSP Orientation and Mobility Assessment	T1023	<i>No modifier</i>	O&M Specialist	<i>No modifier</i>
Orientation and Mobility Treatment	97533	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	O&M Specialist	<i>No modifier</i>

- Treatment service increments may be **rounded up** to one unit if direct task takes 7+ continuous minutes



Orientation and Mobility: Examples

Examples of Covered Services

- **Providing assistance in the development of skills and knowledge** that enable the child to travel independently to the highest degree possible, based on assessed needs
- **Training the child to travel** with proficiency, safety and confidence in familiar and unfamiliar environments
- **Preparing and using equipment and material**, such as tactile maps, models, distance low vision aids/devices, and long canes, for the development of orientation and mobility skills
- **Evaluation and training performed to correct or alleviate movement deficiencies** created by a loss or lack of vision
- **Communication skills training** (teaching Braille is not a covered benefit)



Orientation and Mobility: Examples (Cont'd)

Examples of Covered Services (Cont'd)

- **Systematic orientation training** to allow safe movement within their environments in school, home and community
- **Spatial and environmental concept training and training in the use of information received by the senses** (such as sound, temperature and vibration) to establish, maintain, or regain orientation
- **Visual training** to understand and use the remaining vision for those with low vision
- **Training** necessary to activate visual motor abilities
- **Training** to use distance low vision aids/devices
- **Independent living skills training**



6. Respiratory Therapy Services



Respiratory Therapy: Definition

Service Definition

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



- Determined and documented, based on individual needs
- Treatment services are written into a Care Plan
- **Authorized** by a physician
 - Services authorized one year from date of physician's prescription
 - Services may not be billed before the prescription is obtained



Respiratory Therapy: Practitioners and Supervision

Provision of Service

Respiratory Care Practitioners



Practitioner	Qualification	Supervision
Respiratory Care Practitioner	Licensed by the Respiratory Care Board of California	Provide services under the direction of a licensed physician



Respiratory Therapy: Billing

Billing of Service

All respiratory therapy services are billed in 15-minute increments



Service	Procedure Code	IDEA Modifier	Practitioner	Practitioner Modifier
Initial IEP/IFSP Respiratory Therapy Assessment	94618	TL (IFSP) or TM (IEP)	Respiratory Care Practitioner	<i>No modifier</i>
IEP/IFSP Respiratory Therapy Assessment (amended)	94618 - TS	TL (IFSP) or TM (IEP)	Respiratory Care Practitioner	<i>No modifier</i>

- Treatment service increments may be **rounded up** to one unit if direct task takes 7+ continuous minutes



Respiratory Therapy: Billing (Cont'd)

Service (Cont'd)	Procedure Code (Cont'd)	IDEA Modifier (Cont'd)	Practitioner (Cont'd)	Practitioner Modifier (Cont'd)
IEP/IFSP Respiratory Therapy Assessment (annual)	94618 - 52	TL (IFSP) or TM (IEP)	Respiratory Care Practitioner	<i>No modifier</i>
Non-IEP/IFSP Respiratory Therapy Assessment	94618	<i>No modifier</i>	Respiratory Care Practitioner	<i>No modifier</i>
Respiratory Therapy Treatment	G0237	TL (IFSP) or TM (IEP) or <i>no modifier</i> (IHSP service)	Respiratory Care Practitioner	<i>No modifier</i>

- Treatment service increments may be **rounded up** to one unit if direct task takes 7+ continuous minutes



Respiratory Therapy: Examples

Examples of Covered Services

- **Managing mechanical ventilation systems**
- **Administering aerosol-based medications**
- **Monitoring equipment** related to cardiopulmonary therapy
- **Managing artificial airways**
- **Assessing lung capacity** to determine impairment
- **Assessing vital signs**
- **Performing tests and studies related to the cardiopulmonary system** (e.g., examinations, stress tests, etc.)
- **Conducting rehabilitation activities**



7. Targeted Case Management Services



TCM: Definition

Service Definition

TCM services assist eligible children and eligible family members to access needed medical, social, educational and other services when TCM is covered by the student's IEP or IFSP

- TCM services are written into the IEP/IFSP
- When 7+ continuous service minutes are rendered, a 15-minute increment can be billed
- **Components of TCM:**
 - Comprehensive **assessment and periodic reassessment** of individual needs, to determine the need for any medical, educational, social or other services
 - Development (and periodic revision) of a **specific care plan**
 - **Referral and related activities** to help the eligible student obtain needed services
 - **Monitoring and follow-up** activities



TCM Services: Practitioners and Supervision

Practitioners	Supervision
<p>Registered credentialed school nurses Licensed registered nurses Certified public health nurses Certified nurse practitioners Licensed vocational nurses Licensed clinical social workers Credentialed school social workers Licensed psychologists Licensed educational psychologists Credentialed school psychologists Licensed marriage and family therapists Credentialed school counselors Program specialists</p>	<p><i>No supervision required</i></p>
<p>Associate Marriage and Family Therapists Reg. Associate Clinical Social Workers</p>	<p>Licensed MFT, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Licensed Physician</p>



TCM Services: Billing

Billing of Service

TCM services are billed in 15-minute increments; All LEAs paid the same rate (*no high, medium, low rates*)



Service	Procedure Code	IDEA Modifier	Practitioner	Practitioner Modifier
Targeted Case Management Services	T1017	TL (IFSP) or TM (IEP)	Associate MFT Reg. Associate Clinical SW Nurses LVNs Social Workers Psychologists Program Specialists MFTs/Counselors	HL HM TD TE AJ AH HO <i>No modifier</i>



Future Training

- **April 8 training** will provide more information on TCM and specialized transportation services
 - Review of Targeted Case Management Certification Statement and process
- **March 10 Vendor Training** - handout provided with CPT codes/modifiers and historical rates for new services and practitioners
(will be sent to today's registered participants, too)



Resources



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



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



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



Section 4

EPSDT Screenings



Screenings

- SPA 15-021 covers periodic EPSDT screenings for all Medi-Cal eligible children under age 21
 - **Authorization** for screening services:
 - Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)
 - California Education Code or Health and Safety Code screening requirements at required intervals
 - Under SPA 15-021, screenings can be billed for **all Medi-Cal eligible students** when applicable minimum time requirements are met
 - Not all screenings are billable to the LEA Program



Authorization for Screenings

Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

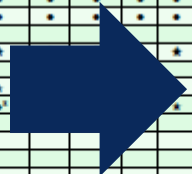
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

AGE ¹	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo
HISTORY							
Initial/Interval	*	*	*	*	*	*	*
MEASUREMENTS							
Length/Height and Weight		*	*	*	*	*	*
Head Circumference		*	*	*	*	*	*
Weight for Length		*	*	*	*	*	*
Body Mass Index ⁵		*	*	*	*	*	*
Blood Pressure ⁶		*	*	*	*	*	*
SENSORY SCREENING							
Vision ⁷		*	*	*	*	*	*
Hearing		*	*	*	*	*	*
DEVELOPMENTAL/BEHAVIORAL HEALTH							
Developmental Screening ¹¹							*
Autism Spectrum Disorder Screening ¹²							*
Developmental Surveillance		*	*	*	*	*	*
Psychosocial/Behavioral Assessment ¹³		*	*	*	*	*	*
Tobacco, Alcohol, or Drug Use Assessment ¹⁴							*
Depression Screening ¹⁵							*
PHYSICAL EXAMINATION¹⁶							
PROCEDURES¹⁷							
Newborn Blood		*	*	*	*	*	*
Newborn Bilirubin ¹⁸		*	*	*	*	*	*
Critical Congenital Heart Defect ¹⁹		*	*	*	*	*	*
IMMUNIZATION²⁰							
Azithromycin					*	*	*
Leish ²¹					*	*	*
Tuberculosis ²²				*	*	*	*
Dyslipidemia ²³			*	*	*	*	*
SEXUALLY TRANSMITTED INFECTIONS²⁴							
HIV ²⁵			*	*	*	*	*
Cervical Dysplasia ²⁶			*	*	*	*	*
ORAL HEALTH²⁷							
Fluoride Varnish ²⁸		*	*	*	*	*	*
Fluoride Supplemental ²⁹		*	*	*	*	*	*
ANTICIPATORY GUIDANCE	*	*	*	*	*	*	*



AGE ¹	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo
HISTORY									
Initial/Interval	●	●	●	●	●	●	●	●	●
MEASUREMENTS									
Length/Height and Weight		●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●
Body Mass Index ⁵		●	●	●	●	●	●	●	●
Blood Pressure ⁶		★	★	★	★	★	★	★	★
SENSORY SCREENING									
Vision ⁷		★	★	★	★	★	★	★	★
Hearing		● ⁸	● ⁹	● ¹⁰	● ¹¹	● ¹²	● ¹³	● ¹⁴	● ¹⁵
DEVELOPMENTAL/BEHAVIORAL HEALTH									
Developmental Screening ¹¹									●
Autism Spectrum Disorder Screening ¹²									●
Developmental Surveillance		●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment ¹³		●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁴									
Depression Screening ¹⁵									



Examples of Screenings Not Covered under LEA BOP

- Oral Health (covered by Denti-Cal)
- Autism Spectrum Disorder Screening (covered by MCOs)
- Newborn Screenings
 - Blood
 - Bilirubin
 - Critical Congenital Heart Defect



Minimum Time Requirements

- For all screenings **except hearing and vision**, rates are based on 15-minute increments
 - Hearing and Vision: no time increment; billed per encounter
- Activities included in assessing a student:
 - Review student records, such as cumulative files, health history, and/or medical records
 - Provide information to the student and/or parent/guardian
 - Observe the student in the classroom and other appropriate settings, if necessary
 - Schedule and administer tests
 - Summarize results and recommendations for additional LEA services



Periodic Screenings

- Considered Non-IEP Assessments
 - Students with Other Health Coverage (OHC): must bill the OHC carrier first, prior to billing Medi-Cal
 - Non-response from OHC carrier within 45 days = service can be billed to Medi-Cal
- Can be a universal screening or a selected screening (high-risk students)



Summary of Screenings

Screening	Qualified LEA Practitioners	Comments
Vision	Physician, PA, Optometrist, School Nurse	Vision acuity screening
Hearing	Physician, PA, Audiologist, SLP, Audiometrist	Pure tone or pure tone-threshold screening; Billed using Medi-Cal fee schedule rates (<18 and 18+)
Developmental	Occupational Therapist, Physical Therapist, SLP	Evaluating delays in language, perception, social, emotional and/or motor development



Summary of Screenings (Cont'd)

Screening (Cont'd)	Qualified LEA Practitioners (Cont'd)	Comments (Cont'd)
Health	Physician, PA, School Nurse	Comprehensive health and developmental history, physical exam, vital signs, etc.
Psychosocial	Psychologist, Social Worker, MFT, Counselor	Evaluating psychosocial status, trauma, depression, alcohol/tobacco/drug use
Immunization	Physician, PA, School Nurse	If your LEA receives a fee for administering the vaccine, do not bill LEA Program for immunization screening



Billing for Qualified Practitioners

Screening	Procedure Code	Qualified LEA Practitioners	Practitioner Code
Vision	99173	Physician School Nurse Physician Assistant Optometrist	AG TD U7 <i>No modifier</i>
Hearing (pure tone)	92551	Physician Speech-Language Pathologist School Nurse	AG GN TD
Hearing (pure tone-threshold screening)	92552	<i>(registered audiometrist)</i> Physician Assistant Audiologist Audiometrist	U7 <i>No modifier</i> <i>No modifier</i>



Billing for Qualified Practitioners (Cont'd)

Screening	Procedure Code	Qualified LEA Practitioners/Practitioner Code	Practitioner Code
Developmental	96110	Physical Therapist Occupational Therapist SLP	GP GO GN
Health	96156 (99401 for Health Ed)	Physician School Nurse Physician Assistant	AG TD U7
Psychosocial	96156 (99401 for Health Ed)	Psychologist Social Worker MFT, Counselor	AH AJ <i>No modifier</i>
Immunization	96156	Physician School Nurse Physician Assistant	AG TD U7



Interperiodic Screenings

- Children may also receive “interperiodic” screenings (outside of the mandated schedule)
 - Pursuant to a provider, a parent, or a developmental or educational professional
 - Billed as a non-IEP assessment for the applicable service type
- When a screening shows possible problem, the child should be referred for further evaluation and potential treatment



Section 5

Retroactive Billing



Impacted Years and Timeline

- Backcasting required for **five fiscal years**, back to SPA effective date: SFY 2015-16 to SFY 2019-20
- The backcasting methodology will apply the SFY 2020-21 Code 2A RMTS percentage to each historical fiscal year's costs
- Backcasting – CRCS Requirements:
 - LEAs must amend the previously submitted CRCS forms for SFYs 2015-16, 2016-17 and 2017-18 on the **new** CRCS template
 - LEAs will submit on the **new** CRCS template as of SFY 2018-19 (due 11/30/2020)



Backcasting Overview

Backcasting will include two components:

1. Resubmission of all costs on a new CMS-approved CRCS, which will include the Code 2A RMTS percentage **(required for all LEAs)**
2. Retroactive claiming for additional SPA 15-021 new services and new practitioner types **(optional for all LEAs)**
 - Limited to one fiscal year: SFY 2020-21
 - LEAs that choose **not** to retroactively claim for services may begin moving forward with final cost settlement (but must await publication of the RMTS percentage before finalizing the CRCS)



Part 1: CRCS Re-Submission

SFY	Original CRCS Due Date	CRCS Submitted On	RMTS % Applied	CRCS Re-Submission Date
2015-16	11/30/17	Old form	*	2/28/22
2016-17	11/30/18	Old form	*	5/31/22
2017-18	11/30/19	Old form	*	8/31/22
2018-19	11/30/20	New form (<i>incomplete</i>)	*	11/30/22
2019-20	11/30/21	New form (<i>complete</i>)	*	N/A
2020-21	3/1/22	New form (<i>complete</i>)	*	N/A

*** FY 2020-21 RMTS % applied to each fiscal year (*The Code 2A percentage is expected to be available at the end of 2021*)**



Part 2: Retroactive Claiming

- Retroactive claiming will take place **for one fiscal year**, between 7/1/20 to 6/30/21
(dates pending claims processing system changes)
- Retroactively billed claims must have dates of service between 7/1/15 and 6/30/20
- DHCS will waive the current one-year claiming limit during the retroactive claiming period
- All interim reimbursement received during the retroactive claiming period will impact the respective fiscal year's CRCS



Requirements for Retroactive Billing

LEAs must maintain documentation for all retroactively billed claims, including:

- 1 **Assessments were referred appropriately** by a licensed practitioner (within scope of practice), parent, teacher or school nurse
- 2 **Treatment services were provided pursuant to an IEP, IFSP, IHSP or other plan of care**
- 3 **EPSDT screenings were provided pursuant to the Bright Futures Recommendations for Preventive Pediatric Health Care (periodicity schedule)**
- 4 Service was provided by a **qualified rendering practitioner**
- 5 Practitioner was **supervised**, when required
- 6 Service was **authorized** with a prescription, referral or recommendation
- 7 Service was **appropriately documented** (e.g., progress notes, logs, etc.)



What Can LEAs Retroactively Bill?

Retroactive claiming will be limited to:

1. Covered services provided by the 9 new practitioner types between July 1, 2015 and June 30, 2020
2. Newly covered services provided by existing practitioner types between July 1, 2015 and June 30, 2020 (e.g., RCSN providing nutritional counseling treatments)
3. Screening services pursuant to the Bright Futures periodicity schedule



Example: No Retroactive Claiming (FY 15-16)

Scenario 1

The LEA decides NOT to retroactively claim for any new services or practitioners for services rendered in FY 2015-16.

1. No submission of new claims for FY 2015-16 dates of service
2. Interim reimbursement does not change; practitioner costs do not change
3. LEA previously submitted the FY 2015-16 CRCS, certifying to accuracy of costs and interim reimbursement. LEA will transfer the information from its as-submitted FY 2015-16 CRCS to the newly approved CRCS form
4. LEA inputs the RMTS Code 2A % into the “new” CRCS, when available (winter 2021)
5. LEA inputs the FY 2015-16 Medicaid Eligibility Ratio (MER) into the “new” CRCS
6. LEA re-submits the FY 2015-16 CRCS (due 2/28/22)
7. DHCS auditing timeline extended to three years after CRCS resubmission date



Example: Retroactive claiming (FY 15-16)

Scenario 2

The LEA decides to retroactively claim for new SPA 15-021 services/practitioners for services rendered in FY 2015-16.

1. LEA submits new claims between 7/1/20 and 6/30/21 and receives interim reimbursement
2. DHCS compiles updated Annual Reimbursement Report data by fiscal year for LEAs to use in revised CRCS (available fall 2021)
3. LEA completes revised CRCS and includes costs and interim reimbursement for all claimed FY 2015-16 services
4. LEA inputs the RMTS Code 2A % into the “new” CRCS, when available (winter 2021)
5. LEA inputs the FY 2015-16 MER in the “new” CRCS
6. LEA re-submits the FY 2015-16 CRCS (due 2/28/22)
7. DHCS auditing timeline extended to three years after CRCS resubmission date



Please Submit Questions to the LEA Program Inbox

LEA@dhcs.ca.gov