



LEA Medi-Cal Billing Option Program

May 14, 2020

State Plan Amendment (SPA) 15-021

Implementation and RMTS Requirements Training



Introductions

California Department of Health Care Services (DHCS)

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

Guidehouse (formerly Navigant Consulting)

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



Agenda

Section	Topic
1	SPA 15-021 Overview
2	SPA 15-021 Program and Policies
3	Random Moment Time Survey (RMTS)
4	Documentation Requirements and Guidelines
5	Retroactive Billing for Services
6	Cost Reporting
7	Next Steps



State of Emergency Update

- **NEW Telehealth Reimbursement Policy:**
 - LEAs can now bill for all allowable direct medical services provided via telehealth, except for services that preclude a telehealth modality (e.g., specialized medical transportation)
 - Employed practitioners with a license/credential can bill for services via telehealth without enrolling as a Medi-Cal provider
 - Contracted practitioners must still enroll as a Medi-Cal provider, although they can hold an out-of-state license (abbreviated Medi-Cal enrollment process has been established)
 - All telehealth claims (other than speech) must be submitted to DHCS **without** the telehealth modifier '95'
- [PPL #20-014](#) published May 11, 2020

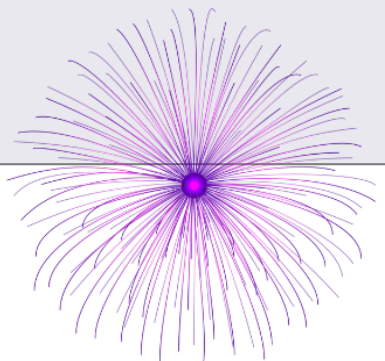
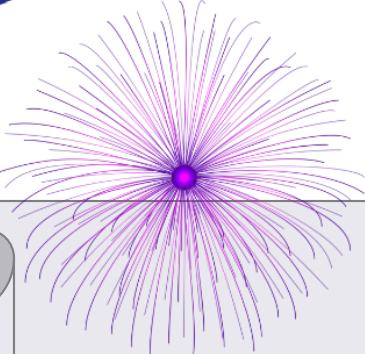


Section 1

SPA 15-021 Overview



SPA 15-021 Approval



State Plan Amendment (SPA) 15-021 was officially **approved** by the Centers for Medicare and Medicaid Services (CMS) on April 27, 2020 with an effective date of July 1, 2015!



SPA 15-021 Major Changes

Four major Program 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” will no longer be subject to limit of 24 services per fiscal year*
4. Incorporates RMTS for LEA Program services (*effective FY 2020-21*)



Overview of Services

IEP/IFSP Assessments

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

Non-IEP/IFSP Assessments

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

Note: SPA 15-021 retains all current services

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



Overview of Services (Cont'd)

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

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

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

IEP/IFSP Targeted Case Management

IEP/IFSP Medical Transportation

- One-way transportation
- Mileage

EPSDT Screenings

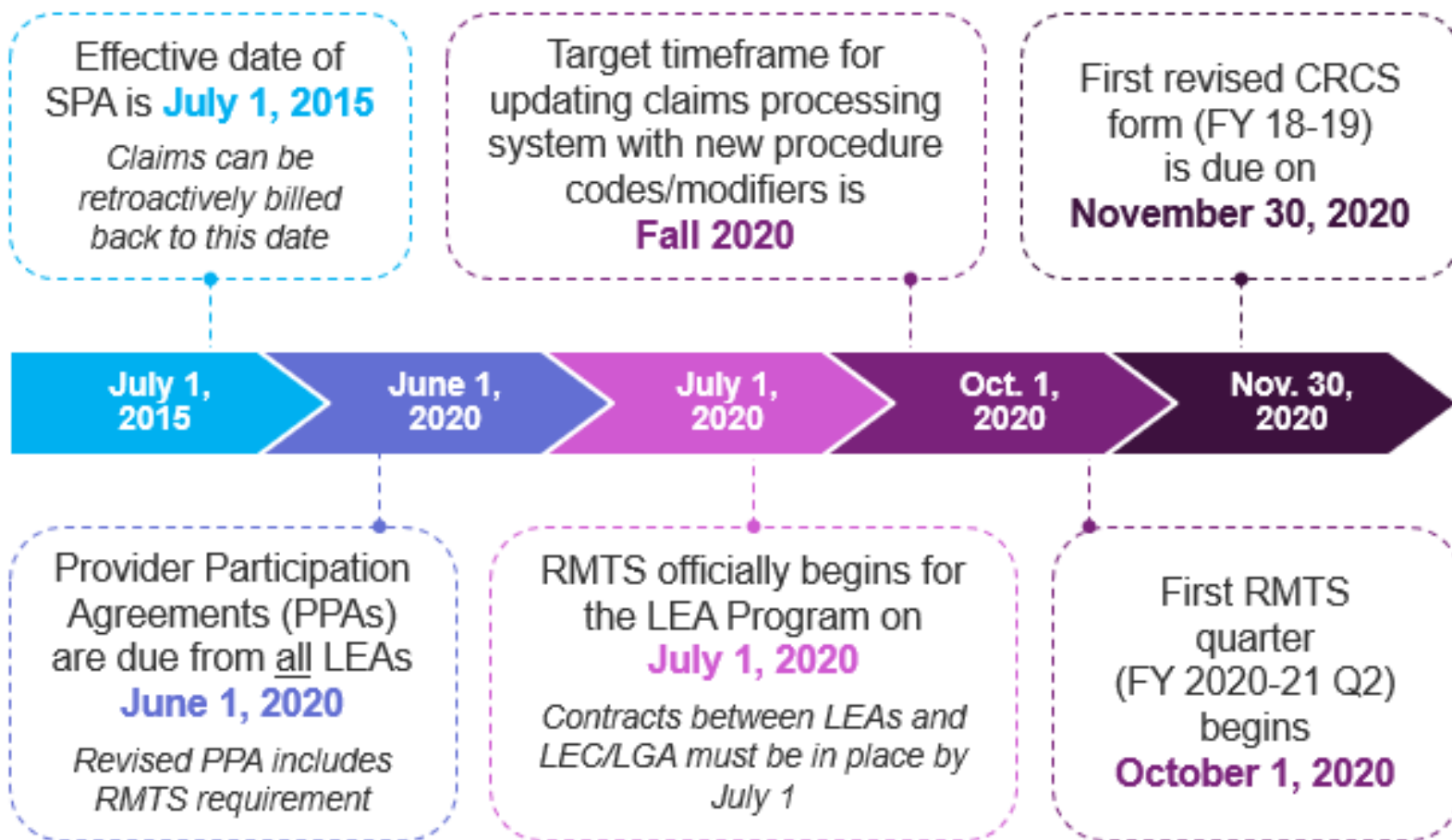
Note: SPA 15-021 retains all current services

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

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



SPA 15-021 Important Dates





LEA BOP Website Resources

Main resource is the LEA Home Page:

[LEA Home Page](#)

The screenshot shows the DHCS website for LEA BOP. The browser address bar is dhcs.ca.gov/provgovpart/Pages/LEA.aspx. The navigation bar includes links for Home, About DHCS, and Translate. The main navigation menu contains: Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and Search. The page title is "Local Educational Agency Medi-Cal Billing Option".

The content area includes a description of the program and links to [LEA Program Overview](#), [Onboarding Handbook](#), and [LEA Provider Manual](#).

Resource categories are listed in two columns:

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



Policy and Procedure Letters


CA.GOV Home About DHCS Translate

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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	Attachment
PPL 20-004 January 10, 2020	Notification of State Plan Amendment (SPA) 15-021 Requirements in Fiscal Year (FY) 2019-20 for Local Educational Agency Providers	
PPL 20-003 January 6, 2020	Notification of the Compliance Process for Local Educational Agency Providers that Did Not Submit the Cost and Reimbursement Comparison Schedule for Prior Reporting Years	
PPL 19-033 December 19, 2019	LEA Psychology/ Counseling CPT Replaced With New CPT Codes	
PPL 19-019 September 18, 2019	Amendment to the annual submission requirements for the Cost and Reimbursement Comparison Schedule (CRCS).	
PPL 19-015 June 28, 2019	Authorizations for direct medical treatment services may be signed by Physician Assistants (PAs) or Nurse Practitioners (NPs), as appropriate, in place of an authorization signed by a physician.	
PPL 18-029 December 10, 2018	Elimination of CPT Code 96101 and Implementation of New Replacement Code 96130 in the Local Educational Agency Medi-Cal Billing Option Program	
PPL 18-027 November 13, 2018	Specialized Medical Transportation in the Local Educational Agency Medi-Cal Billing Option Program	



State of California—Health and Human Services Agency
 Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

JENNIFER KENT
DIRECTOR


DATE: November 13, 2018 **PPL No. 18-027**

TO: Local Educational Agencies


SUBJECT: SPECIALIZED MEDICAL TRANSPORTATION IN THE LOCAL EDUCATIONAL AGENCY MEDI-CAL BILLING OPTION PROGRAM

This Policy and Procedure Letter (PPL) notifies Local Educational Agencies (LEAs) participating in the LEA Medi-Cal Billing Option Program (BOP) that the Department of Health Care Services (DHCS) adopted Section 51190.4.1 and amended Sections 51231.1, 51231.2, 51323, 51360 and 51491, Title 22, Division 3, Chapter 3 of the California Code of Regulations (CCR). This regulatory action added a definition for "LEA Specialized Medical Transportation Services", and amended a number of other CCRs to be consistent with the California Welfare and Institutions Code and the Code of Federal Regulations. The effective date for this regulatory action was April 1, 2016.

The newly adopted Section 51190.4.1 defines LEA Specialized Medical Transportation Services as "medical transportation services provided to an LEA eligible beneficiary who requires a specially adapted vehicle or use of specialized equipment, including but not



State of California—Health and Human Services Agency
 Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

JENNIFER KENT
DIRECTOR

Date: December 10, 2018 **PPL No. 18-029**

To: Local Educational Agencies

Subject: ELIMINATION OF CURRENT PROCEDURAL TERMINOLOGY CODE 96101 AND IMPLEMENTATION OF NEW REPLACEMENT CODE 96130 IN THE LOCAL EDUCATIONAL AGENCY MEDI-CAL BILLING OPTION PROGRAM

This Policy and Procedure Letter (PPL) notifies Local Educational Agencies (LEAs) participating in the LEA Medi-Cal Billing Option Program (BOP) that current procedural terminology (CPT) code 96101, used to bill initial/triennial, annual, and amended Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP) psychological assessments, will be eliminated and replaced with new CPT code 96130.

Effective for dates of service beginning January 1, 2019, the LEA BOP will eliminate CPT code 96101 and implement new replacement CPT code 96130 for IEP/IFSP



LEA Provider Manual

http://www.dhcs.ca.gov/provgovpa LEA Provider Manual

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICATIONS DATA & STATISTICS

Home > Providers & Partners > LEA Provider Manual

Back to LEA Home Page

Medi-Cal/LEA Program Provider Manual

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 Sept 2017
(Note that the PDF may not include the most recent published versions of all sections. The individual LEA Provider Manual sections below contain the most updated information.)

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

- LEA (loc ed) - updated Sept 2016
- LEA: A Provider's Guide (loc ed prov) - updated March 2016
- LEA: Billing and Reimbursement Overview (loc ed bil) - updated Feb 2017
- LEA: Billing Codes and Reimbursement Rates (loc ed bil cd) - updated Feb 2018

Local Educational Agency (LEA)

loc ed 1

This section contains a brief overview of the Local Educational Agency (LEA) Medi-Cal Billing Option Program and contact information that providers may use to obtain additional information about the program.

Overview of LEA

The Local Educational Agency (LEA) Medi-Cal Billing Option Program offers health assessment and treatment for eligible students and eligible family members within the school environment. The following manual sections contain LEA policy and billing instructions:

- LEA: A Provider's Guide
- LEA Billing and Reimbursement Overview
- LEA Billing Codes and Reimbursement Rates
- LEA Billing Examples
- LEA Eligible Students
- LEA Individualized Plans
- LEA Rendering Practitioner Qualifications
- LEA Service: Hearing
- LEA Service: Nursing

Local Educational Agency (LEA) Billing and Reimbursement Overview

loc ed bil 1

This section contains information about reimbursable services for the Local Educational Agency (LEA) Medi-Cal Billing Option Program and how to bill for those services. Included is information about non-reimbursable services, when to bill Other Health Coverage (OHC), and identification of the services each type of practitioner may bill. Also included is information about the type of claim form on which to bill, claim completion instructions and where to submit the claim.

Introduction

LEA providers may bill for services rendered to Medi-Cal eligible students. LEA services may be billed on the paper UB-04 claim or submitted electronically through Computer Media Claims (CMC). See "Computer Media Claims (CMC)" in this section for more information.

Medical Necessity

Diagnostic or treatment services are considered medically necessary when used to correct or ameliorate defects, physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screen (California Code of Regulations [CCR], Title 22, Sections 51184[b] and 51340[e][3]).

Billing Code List

A complete list of procedure codes that are reimbursable to LEAs for

Note: For detail on each service, see sections beginning with loc ed serv



Additional Resources

- Additional website resources:
 - [LEA Onboarding Handbook](#)
 - [LEA Toolbox](#)
 - [FAQs](#)
 - [Glossary of Terms](#)
 - LEA Program Inbox (LEA@DHCS.CA.gov)
 - RMTS Inbox (RMTS@DHCS.CA.gov)



Section 2

SPA 15-021 Program and Policies



LEA Program Reimbursement

- To be reimbursed for delivering Medi-Cal services, SPA 15-021 requires the following:

Student to be **22** years of age or younger

Student to be **Medi-Cal eligible** on the date of the service

Appropriate **authorization** for LEA covered services

Documentation of service delivery

Annual cost reporting, including a final settlement process

Compliance with Program timelines and required documents

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



Policies That Have **Not** Changed Under SPA 15-021

1. Other Health Coverage (OHC) Requirement
2. Parental Consent
3. Managed Care Coordination
4. Ordering, Rendering and Prescribing (ORP) Practitioners Requirement
5. Service Authorization Requirement (Prescription, Referral, and Recommendation)
6. Transportation Billing Requirements
7. Claiming Process



1. OHC Requirement

Insurance Status	Services Authorized in an IEP or IFSP	Services Authorized in an IHSP** or other “Care Plan”
Medi-Cal Only	Bill Medi-Cal	Bill Medi-Cal
Medi-Cal and OHC	Bill Medi-Cal	Bill OHC, then Medi-Cal*

*Note: Per Senate Bill 276, the timeframe for pursuing third party liability from an OHC carrier has been changed to 45 days.

If a response from the OHC carrier is not received ***within 45 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 “45 day response delay” on the claim.

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



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



4. ORP Practitioners Requirement

Ordering, Referring or Prescribing (ORP) practitioner requirements:

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



4. ORP Practitioners (Cont'd)

Service	Practitioner
Nursing (registered nurse or licensed vocational nurse)	1. <u>Medication/therapeutic agent administration</u> : Licensed Clinical Psychologist; Dentist; Physician; Podiatrist 2. <u>Specialized physical health care/ADL Assistance</u> : Physician
O/T Services	Physician; Podiatrist
P/T Services	Physician; Podiatrist
Psychology/ Counseling	Licensed Clinical Social Worker; Licensed Educational Psychologist; Licensed Marriage and Family Therapist; Licensed Psychologist; Physician; Registered Credentialed School Nurse
School Health Aide	Physician
Speech Language/ Audiology*	Dentist; Physician

*Note that if an LEA utilizes the physician-based standards protocol, it is the physician who developed the protocol that is considered the Medi-Cal ORP provider, and it is their NPI that must be included on the claim for Medi-Cal reimbursement.



5. Service Authorization Requirement Part 1

Assessments

- Students must be **referred for an assessment** in one of two ways:
 1. A referral from an appropriate health services practitioner within scope of practice

OR

 2. A referral by a parent, teacher or credentialed school nurse



5. Service Authorization Requirement Part 2

Treatments

- **All billable LEA treatments** must have a prescription, referral or recommendation from an ORP 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.
- Valid for **one year** from the date of the order



5. Service Authorization Requirement Part 3

Physician Authorizations

- Physician authorizations may be obtained from:
 - Student's primary care physician;
 - Physicians employed by the LEA;
 - Physicians contracted by the LEA; or
 - Physician Assistant or Nurse Practitioner
(works under physician supervision per standard practice)
- Authorizations provided by **contracted physicians**:
 - Do not require the physician to personally evaluate the 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



6. Transportation Billing Requirements

Specialized medical 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 are **included in the student's IEP or IFSP**
- ✓ Another IEP/IFSP Medi-Cal covered service is provided on same day as transportation

IEP/IFSP specialized 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)



7. Claiming Process

- There are no changes to the claiming process due to SPA 15-021
 - LEAs will continue to submit interim claims to the Fiscal Intermediary (FI)
 - LEAs will receive interim reimbursement and will include these reimbursements on the annual cost report



SPA 15-021 **New Policies**

1. Individualized Health and Support Plan (IHSP) Requirement
2. Expanded Non-IEP/IFSP Billing
3. RMTS Requirement
4. CRCS Revisions
5. New Services and Practitioners



1. IHSP Requirement Part 1

- 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



1. IHSP Requirement Part 2

- 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



1. IHSP Requirement Part 3

- The Care Plan should identify the healthcare needs, and include, at minimum:



Medical necessity
for services
authorized by medical
practitioner



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



Plan for **duration and**
frequency
of services



Necessary training,
supervision and
monitoring of
designated school
staff



Plan for **evaluating**
and reporting
outcomes and
changes



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



2. Expanded Non-IEP/IFSP Billing

- Students with services outside of an IEP/IFSP are **no longer limited** to a maximum of 24 services (assessments and treatments) per 12 month period
- Utilization Control limit will be lifted in the claims processing system for dates of payment on or after the paid claims system update
- Non-IEP/IFSP billing will be subject to existing daily utilization controls and OHC requirements



3. RMTS Requirement

- By July 1, 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 Program after July 1, 2020
- 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)



4. CRCS Revisions

- DHCS has **revised the CRCS** to correspond to the SPA 15-021 reimbursement methodology
 - Includes RMTS percentage, Medicaid Eligibility Ratio (MER), and new SPA 15-021 practitioners
 - Transportation costs required as of FY 2019-20
- DHCS will publish **new** CRCS templates and instructions in Summer 2020
- Prior CRCS submissions must be amended and re-submitted on the **new** form
- CRCS training via webinar on June 3



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



ADL Assistance

Authorization

- Authorized by a **physician**
- Services authorized **one year** from date of physician's prescription
- Services may not be billed before the prescription is obtained

Billing Information

- Billed in **15-minute** increments
- May **round up** to one unit of service if direct task takes 7+ continuous minutes
- Not billable as a group service; however, one or more students may be served **one-at-a-time sequentially**

Covered Practitioners	Supervision
<ul style="list-style-type: none">• Nurse	<ul style="list-style-type: none">• None
<ul style="list-style-type: none">• Licensed Vocational Nurse (LVN)• Trained Health Care Aide (THCA)	<ul style="list-style-type: none">• By a licensed physician, registered credentialed school nurse, or certified public health nurse

Details will be updated in the Provider Manual
“LEA Service: Nursing” section (*loc ed serv nurs*)



Group Occupational Therapy

Authorization

- Authorized by a **physician or podiatrist**
- Services authorized **one year** from date of prescription
- Services may not be billed before the prescription is obtained

Billing Information

- Billed in **initial and additional** service increments
- **Initial** service unit is 15 - 45 continuous minutes
- **Additional** service at 15-minute increments (may **round up** to one unit of service if direct task takes 7+ continuous minutes)

Covered Practitioners	Supervision
<ul style="list-style-type: none">• Occupational Therapist	<ul style="list-style-type: none">• None
<ul style="list-style-type: none">• Occupational Therapy Assistant	<ul style="list-style-type: none">• By a licensed occupational therapist

Details will be updated in the Provider Manual
“LEA Service: Occupational Therapy” section (*loc ed serv occu*)



Group Physical Therapy

Authorization

- Authorized by a **physician or podiatrist**
- Services authorized **one year** from date of prescription
- Services may not be billed before the prescription is obtained

Billing Information

- Billed in **initial and additional** service increments
- **Initial** service unit is 15 - 45 continuous minutes
- **Additional** service at 15-minute increments (may **round up** to one unit of service if direct task takes 7+ continuous minutes)

Covered Practitioners	Supervision
<ul style="list-style-type: none">• Physical Therapist	<ul style="list-style-type: none">• None
<ul style="list-style-type: none">• Physical Therapist Assistant	<ul style="list-style-type: none">• By a licensed physical therapist

Details will be updated in the Provider Manual
“LEA Service: Physical Therapy” section (*loc ed serv phy*)



Nutritional Services

Authorization

- Nutritional Counseling must be referred by a **physician**
- If Medical Nutrition Therapy is required, a written **physician prescription** is necessary

Billing Information

- Billed in **15-minute** increments
- Nutritional Counseling treatments may **round up** to one unit of service if direct task takes 7+ continuous minutes

Covered Practitioners	Supervision
<ul style="list-style-type: none">• Dietician	<ul style="list-style-type: none">• None
<ul style="list-style-type: none">• Physician	<ul style="list-style-type: none">• None
<ul style="list-style-type: none">• Nurse	<ul style="list-style-type: none">• None
<ul style="list-style-type: none">• Physician Assistant	<ul style="list-style-type: none">• Practice under a valid written Delegation of Services Agreement, provide services under the direction of a licensed physician

Details will be updated in the Provider Manual
“LEA Service: Nutrition Services” section (*loc ed serv nutr*)



Orientation and Mobility

Authorization

- 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

Billing Information

- Billed in **15-minute** increments
- Treatments may **round up** to one unit of service if direct task takes 7+ continuous minutes

Covered Practitioners	Supervision
<ul style="list-style-type: none">• Orientation and Mobility Specialist	<ul style="list-style-type: none">• None

Details will be updated in the Provider Manual
“LEA Service: Orientation and Mobility” section (*loc ed serv om*)



Respiratory Therapy

Authorization

- Authorized by a **physician**
- Services authorized **one year** from date of physician's prescription
- Services may not be billed before the prescription is obtained

Billing Information

- Billed in **15-minute** increments
- Treatments may **round up** to one unit of service if direct task takes 7+ continuous minutes

Covered Practitioners

- Respiratory Care Practitioner

Supervision

- Provide services under the direction of a licensed physician

Details will be updated in the Provider Manual
"LEA Service: Respiratory Therapy" section (*loc ed serv resp*)



Targeted Case Management

Authorization

- Must be authorized by the student's **IEP or IFSP**

Billing Information

- Billed in **15-minute** increments
- May **round up** to one unit of service if direct task takes 7+ continuous minutes
- All LEAs paid the **same rate** (no high, medium, low rates)

Covered Practitioners	Supervision
<ul style="list-style-type: none">• Nurse, LVN, licensed/credentialed social worker, licensed/credentialed psychologist, licensed marriage and family therapist, credentialed school counselor, and program specialist	<ul style="list-style-type: none">• None
<ul style="list-style-type: none">• Associate marriage and family therapist and registered associate clinical social worker	<ul style="list-style-type: none">• By a licensed MFT, licensed clinical social worker, licensed professional clinical counselor, licensed psychologist, or a physician

Details will be updated in the Provider Manual
“LEA Service: Targeted Case Management” section (*loc ed serv targ*)



EPSDT Screenings: Overview

- SPA 15-021 covers periodic EPSDT screenings for all Medi-Cal eligible students under age 22
 - **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



New SPA 15-021 Practitioners

9 New Qualified Service Practitioners

Assistants

1. OT Assistant
2. PT Assistant
3. SLP Assistant

Associates

4. Associate Marriage and Family Therapist (MFT)
5. Associate Clinical Social Worker
6. Orientation and Mobility Specialist
7. Physician Assistant
8. Respiratory Care Practitioner
9. Dietician

Details will be updated in the Provider Manual “LEA: Rendering Practitioner Qualifications” section (*loc ed rend*)



Occupational Therapy Assistant

Covered Services

- Occupational Therapy Treatment (Individual and Group)

Billing Modifier

- Modifier CO

Qualification

- Licensed to practice by the California Board of Occupational Therapy

Supervision

- Supervision by a licensed occupational therapist

Details will be updated in the Provider Manual
“LEA Service: Occupational Therapy” section (*loc ed serv occu*)



Physical Therapist Assistant

Covered Services

- Physical Therapy Treatment (Individual and Group)

Billing Modifier

- Modifier CQ

Qualification

- Licensed to practice by the Physical Therapy Board of California

Supervision

- Supervision by a licensed physical therapist

Details will be updated in the Provider Manual
“LEA Service: Physical Therapy” section (*loc ed serv phy*)



Speech Language Pathologist (SLP) Assistant

Covered Services

- Speech Therapy Treatment (Individual and Group)

Billing Modifier

- Modifier HM

Qualification

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

Supervision

- Supervision by a licensed SLP or a SLP with a valid professional clear services credential in language, speech and hearing to provide speech therapy treatment services

Details will be updated in the Provider Manual
“LEA Service: Speech Therapy” section (*loc ed serv spe*)



Associate MFT

Covered Services

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

Qualification

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

Billing Modifier

- Modifier HL

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

Details will be updated in the Provider Manual “LEA Service: Psychology/Counseling” section (*loc ed serv psych*) and “LEA Service: Targeted Case Management” section (*loc ed serv targ*)



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)

Billing Modifier

- Modifier HM

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

Details will be updated in the Provider Manual “LEA Service: Psychology/Counseling” section (*loc ed serv psych*) and “LEA Service: Targeted Case Management” section (*loc ed serv targ*)



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)
- Clinical or Rehabilitative Services Credential: Orientation and Mobility

Billing Modifier

- No modifier

Supervision

- None

Details will be updated in the Provider Manual
“LEA Service: Orientation and Mobility” section (*loc ed serv om*)



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

Billing Modifier

- Modifier U7

Supervision

- Physician assistants must practice under a valid written Delegation of Services Agreement, working under the direction of a licensed physician

Details will be updated in the Provider Manual “LEA Service: Physician Billable Procedures” section (*loc ed serv physician*)



Respiratory Care Practitioner

Covered Services

- Respiratory Assessment
- Respiratory Therapy Treatment

Billing Modifier

- No modifier

Qualification

- Licensed by the Respiratory Care Board of California

Supervision

- Licensed respiratory care practitioners must provide services under the direction of a licensed physician

Details will be updated in the Provider Manual
“LEA Service: Respiratory Therapy” section (*loc ed serv resp*)



Dietician

Covered Services

- Nutrition Assessment
- Nutritional Counseling

Billing Modifier

- Modifier AE

Qualification

- Registered with the Commission on Dietetic Registration

Supervision

- None

Details will be updated in the Provider Manual
“LEA Service: Nutrition Services” section (*loc ed serv nutr*)



FAQs – Section 2

Question #1: If a student has a 504 Plan and has dual insurance coverage (Medi-Cal and other health insurance), does the LEA need to bill the other health insurance or will DHCS do this?

- **Answer:** For services rendered outside of an IEP/IFSP, the LEA will bill the other health insurance, before billing Medi-Cal. For IEP/IFSP services, DHCS will pursue reimbursement from the beneficiary's other health insurance after payment of the claim.

Question #2: Is an order required to bill for treatment services for students on a Care Plan (outside of an IEP/IFSP)?

- **Answer:** Yes. All treatment services billed for under SPA 15-021 will require a prescription, referral, or recommendation.



FAQs – Section 2 (Cont'd)

Question #3: Please clarify if ADLs are restricted to activities during the school day hours?

- **Answer:** LEAs may bill up to 32 units per day for ADL services. For example, if ADL assistance is required during a specialized medical transportation service, the ADL service may be billed when substantiated by a physician's prescription and other service requirements.

Question #4: Are primary care physicians the only practitioners that can prescribe treatment services?

- **Answer:** No. Prescriptions may be obtained from any of the following:
 - Students primary care physician;
 - Physicians employed by the LEA;
 - Physicians contracted by the LEA; or
 - Physician Assistant or Nurse Practitioner
(works under physician supervision per standard practice)



FAQs – Section 2 (Cont'd)

Question #5: For nutritional counseling, can LEAs use a blanket order from a registered dietician or do LEAs need an order for each individual student?

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

Question #6: Are there size restrictions (small/large) for group OT/PT?

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



FAQs – Section 2 (Cont'd)

Question #7: Please confirm that Associate Marriage and Family Therapists (MFTs) and Associate Clinical Social Workers do NOT have to also hold a Pupil Personnel Services (PPS) credential.

- **Answer:** For Medi-Cal billing purposes, DHCS does not require a PPS credential for Associate MFTs or Associate Clinical Social Workers.

Question #8: Are Targeted Case Management (TCM) services only billable for students with an IEP?

- **Answer:** Yes. Upon SPA 15-021 approval, TCM services will only be billable pursuant to an IEP or IFSP. However, SPA 16-001 will allow TCM services to be provided to those LEA eligible beneficiaries that are identified in SPA 15-021. SPA 16-001 is pending CMS approval.



FAQs – Section 2 (Cont'd)

Question #9: Would an Orientation and Mobility Specialist be considered a “licensed practitioner of the healing arts”? Can they also “order” their own services?

- **Answer:** No. Orientation and Mobility Specialists are not licensed by the State of California. Under federal regulations, in order to recommend orientation and mobility services, the practitioner must be licensed. Therefore, Orientation and Mobility Specialists may not “order” medically necessary services for students. The order for O&M services would come from a physician or other licensed practitioner, such as an Occupational Therapist. *(Answer updated 4/6/2020)*



Section 3

Random Moment Time Study (RMTS)



Brief Introduction to RMTS

- What is Random Moment Time Survey?



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



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



Quick Facts: RMTS

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

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



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

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



RMTS Basics

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

Were you working at the time of your moment?

Who were you with?

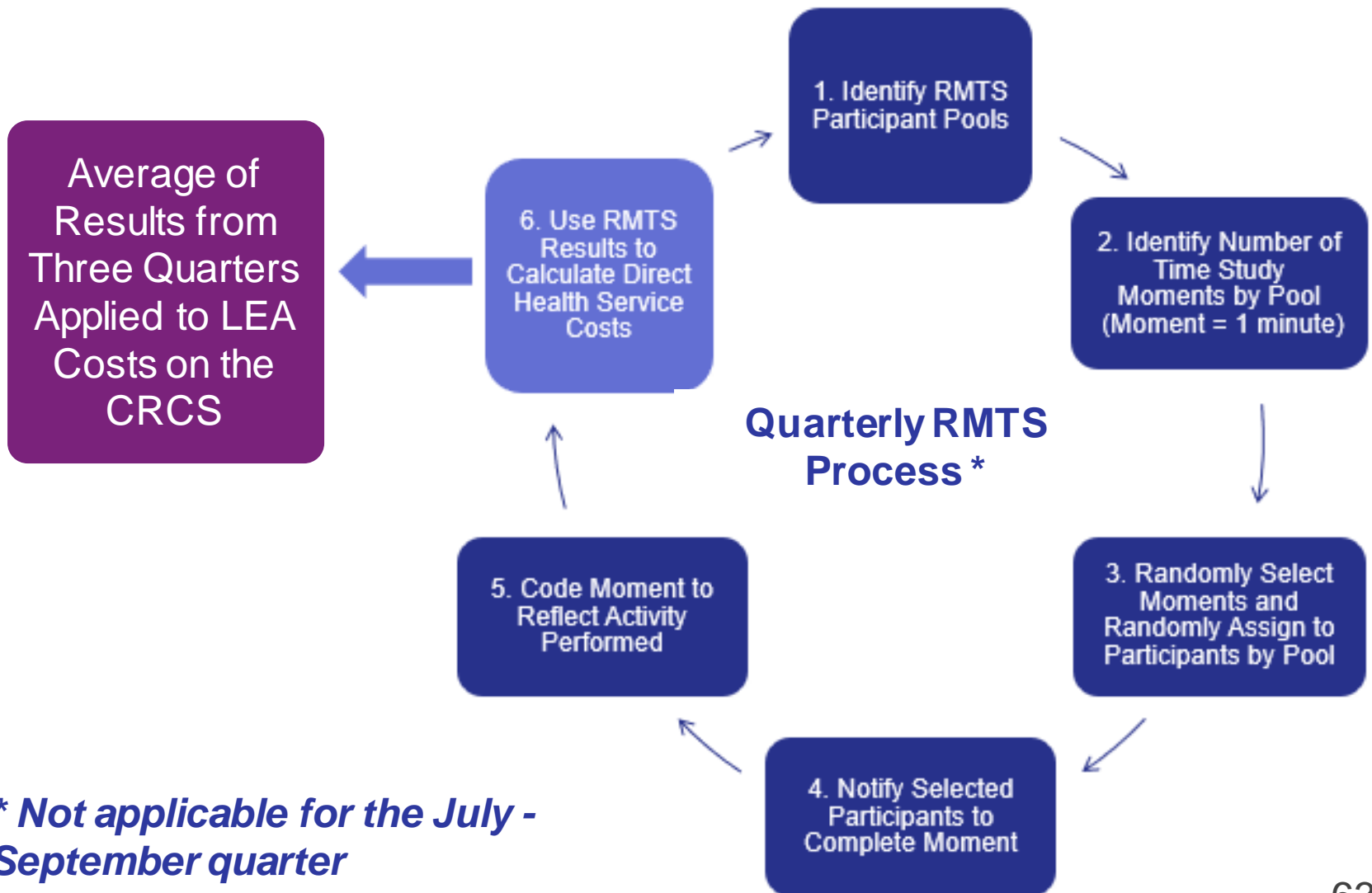
What were you doing?

Why were you performing this activity?

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



LEA Program Quarterly RMTS Process



** Not applicable for the July - September quarter*



SPA 15-021 Impact on RMTS

- Participant Pool 1 = SPA Direct Service Practitioners
- Who should be included in Participant Pool 1?
 - **Employed** practitioners who provide reimbursable direct medical services
 - **Employed** practitioners who have an active license and/or certification for their service specialty (as required)
 - **Employed** practitioners for which the LEA intends to submit interim claims for reimbursement
- LEAs will continue to submit claims for Participant Pool 1 TSPs and receive interim reimbursement
- Contracted practitioners are not included in RMTS



List of Pool 1 Participants

- Certified Nurse Practitioners
- Certified Public Health Nurses
- Credentialed Audiologists
- Credentialed School Counselors
- Credentialed School Psychologists
- Credentialed School Social Workers
- Credentialed SLPs
- Licensed Audiologists
- Licensed Clinical Social Workers
- Licensed Educational Psychologists
- Licensed Marriage and Family Therapists
- Licensed Occupational Therapists
- Licensed Optometrists
- Licensed Physical Therapists
- Licensed Physicians
- **Licensed Physician Assistants***
- Licensed Psychiatrists

**New SPA 15-021 practitioner*



List of Pool 1 Participants (Cont'd)

- Licensed Registered Nurses
- Licensed Respiratory Care Practitioners
- Licensed SLPs
- Licensed Vocational Nurses
- **Occupational Therapy Assistants***
- **Orientation and Mobility Specialists***
- **Physical Therapist Assistants***
- Program Specialists
- **Registered Associate**
- **Clinical Social Workers***
- Registered Credentialed School Nurses
- **Registered Dieticians***
- **Associate Marriage and Family Therapists***
- Registered School Audiometrists
- **Speech-Language Pathology Assistants***
- Trained Health Care Aides

**New SPA 15-021 practitioner*



TSP Equivalency Form

- **DHCS-approved** equivalent positions may be included in Pool 1
- **Pool 1 TSP Equivalency Form** must be submitted to request approval of other job titles providing and billing for LEA covered services
 - Form is due 45 calendar days before quarter starts
 - DHCS is drafting a PPL on the TSP Equivalency Form
 - Pool 1 TSP Equivalency Form will be available on the RMTS website
- Aides whose primary purpose is to provide educational services should not be included in Pool 1



Exclusions from Pool 1

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



TCM Services and RMTS

Time Survey Participant (TSP) List

- All TCM practitioners billing for TCM services under the LEA Program **must be on the Pool 1 TSP List**
- TSPs who certify as a TCM Pool 1 practitioner **will not be eligible** for TCM-related SMAA reimbursement

TCM Certification Form

- TCM-related moments can look identical to coders, making it impossible to know if a service was for the SMAA or LEA Program
- Therefore, a **TCM Certification Form** will be used to assign moments to one of the two school-based programs
- The TCM Certification Form timeline will run parallel to the development of quarterly TSP lists



TCM Certification Form Excerpt

**Local Educational Agency (LEA) Medi-Cal Billing Option Program
Targeted Case Management (TCM) Certification Statement**
Fiscal Year: _____ Quarter: _____

- TCM services are defined in the LEA Billing Option Provider Manual.
- To bill TCM services under the LEA Medi-Cal Billing Option Program the LEA must:
 - a. Meet all billing requirements in the LEA Billing Option Program Provider Manual.
 - b. Review TCM training materials provided by DHCS.
 - c. For Random Moment Time Survey (RMTS) Quarter 2: Identify all qualified practitioners that the LEA will submit TCM claims for direct service reimbursement and submit the form with your Quarter 2 Time Survey Participant List, due in September.
 - d. For RMTS Quarters 3 and 4: Review the prior quarter's TCM Certification Statement, and update the Certification, as necessary. These updates include removing practitioners who will not be claiming direct service reimbursement for TCM in the upcoming quarter and adding newly identified TCM practitioners. If your LEA did not submit a Quarter 2 TCM Certification Statement, you must submit this form prior to the quarter your LEA intends to bill for TCM services.

TCM Certification: I, the undersigned, state the following: As a public administrator, a public officer or other public individual duly authorized by the LEA as having the authority to sign on behalf of the LEA, I am authorized or designated to make this certification on behalf of the Public Entity for _____ (LEA Name), and declare that the information included on this TCM Certification Statement is true and correct.

Print Name: _____
 Title: _____
 Date: _____
 Signature: _____

DRAFT FOR INTERNAL REVIEW ONLY 1

Enter the names of all qualified TCM practitioners for which the LEA will submit claims for TCM direct service reimbursement in the table below. Add rows and additional pages if needed.

TCM Qualified Practitioners	Practitioner Names	Practitioner Names
Nursing Practitioners:		
Registered Credentialed School Nurse		
Certified Public Health Nurse		
Licensed RN		
Certified Nurse Practitioner		
Licensed Vocational Nurse		
Social Workers/Counselors:		
Licensed Clinical Social Worker		
Credentialed School Social Worker		
Reg. Associate Clinical Social Workers		
Licensed Marriage and Family Therapist		
Credentialed School Counselor		
Associate Marriage and Family Therapists		
Psychologists:		
Licensed Psychologist		
Licensed Educational Psychologist		
Credentialed School Psychologist		
Program Specialists		

DRAFT FOR INTERNAL REVIEW ONLY 2



TCM Certification Form

Requirements and Logistics

- LEAs must **notify LECs/LGAs** which practitioners have been listed on the TCM Certification Form so these practitioners can be identified in the RMTS software platform
- The TCM Certification Form **does not need to be submitted to DHCS**; forms are retained by the LEA for audit purposes
- If an LEA receives TCM reimbursement and does not maintain the TCM Certification Form, reimbursement will be disallowed during an audit
- LEAs must make **quarterly updates** to the TCM Certification Form, as necessary



Moment Selection



Moments are received via e-mail and include a direct link to the secure RMTS website



If randomly selected for a moment, TSP should promptly respond to the RMTS email

TSPs may have no moments **or** multiple moments assigned in a quarter



TSPs should provide **detailed responses** on the activity being performed so the moment can be coded to the appropriate activity code



Moment Response Examples

Question	Initial Response	Improved Response
Who were you with?	<ul style="list-style-type: none"> • A student 	<ul style="list-style-type: none"> • N/A
What were you doing?	<ul style="list-style-type: none"> • Therapy • On the phone • Driving • Planning • I was sending an email 	<ul style="list-style-type: none"> • I was providing integrated speech therapy in a small group of students. • I was on the phone following up with a parent concerning a discipline issue related to their student. • I was traveling to attend a student's IEP meeting. • I was preparing materials to use in an OT session with a student. • I was providing information via email to a parent concerning our free lunch program.



Moment Response Examples (Cont'd)

Question (Cont'd)	Initial Response (Cont'd)	Improved Response (Cont'd)
Why were you performing this activity?	<ul style="list-style-type: none">• The IEP• To help a student• Required paperwork• I need to assess the student• It is my job	<ul style="list-style-type: none">• To work on the student's goals per their IEP.• To help a student access Medi-Cal services.• It is required that I document services provided in a treatment log.• The student requires an initial IEP and I have to assess the child.• Conducting a PT session with a student per their IEP.



Participation in RMTS is Important!

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

- ! 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

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



RMTS Resources

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



RMTS@DHCS.CA.gov

- Questions will be reviewed by SMAA and LEA Program staff
- Link is included on the LEA Program website
- [RMTS Homepage](#)



RMTS Webpage

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School Based Claiming Random Moment Time Survey

[Back to LEA BOP Home Page](#)
[Back to SMAA Home Page](#)

As of July 1, 2020, the Department of Health Care Services will use the Random Moment Time Survey (RMTS) methodology for both California School-Based Medi-Cal Programs: the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) and the School-Based Medi-Cal Administrative Activities program (SMAA). The RMTS is a federally approved, web-based, and accepted statistical sampling method that will be used to capture the amount of time spent providing both administrative activities and direct services to Medi-Cal enrolled students.

This webpage contains information and resources to assist LEAs with the administration of RMTS for both school-based programs. For specific program information relating to either the LEA BOP or SMAA Program, please visit their respective websites listed below.

[LEA BOP Home Page](#)
[SMAA Home Page](#)

RMTS Manual and Policy

California RMTS Manual (under review)

PPLs

Number	Date	Description	Attachment
PPL 20-008	March 9, 2020	Time Survey Participant (TSP) List Certification Statement for the Random Moment Time Survey (RMTS)	
PPL 19-030	December 10, 2019	Time Survey Participant (TSP) Replacements and Vacancies for the Random Moment Time Survey (RMTS)	
PPL 19-025	October 18, 2019	Random Moment Time Survey (RMTS) Pre-Sample Question	
PPL 19-011R	June 11, 2019	Random Moment Time Survey (RMTS) Sampling Requirements	
PPL 19-006	February 13, 2019	Notification and Response Timeline for Random Moment Time Survey (RMTS) Moments	
PPL 19-004R	January 10, 2019	Submitting Quarterly Random Moment Time Survey (RMTS) Percentage Results to the Department of Health Care Services (DHCS)	SMAA RMTS Percentages Results Template

Required Forms

The TCM Certification and TSP Equivalency Statement documents are currently under review with an anticipated posting date of September 1, 2020.

Resources

The RMTS TSP Steps, RMTS Quarterly Results, and RMTS Regional Contact documents are currently under review with an anticipated posting date of September 1, 2020.

Trainings

2020 Training are upcoming. This section will be updated by September 1, 2020.

Contact Information

RMTS@dohcs.ca.gov

Last modified date: 5/13/2020 3:25 PM



FAQs – Section 3

Question #1: If an LEA does not participate in SMAA, will the CRCS be completed without the RMTS percentage?

- **Answer:** No. All participating LEA Program providers will be required to include an RMTS percentage on their CRCS. Whether or not the LEA participates in SMAA will have no bearing on this LEA Program requirement.

Question #2: Are LEAs required to participate in RMTS?

- **Answer:** Yes. Unless an LEA contracts out 100% of their direct medical services billed to Medi-Cal (Model 2 providers).



FAQs – Section 3 (Cont'd)

Question #3: Do I have to participate in both the SMAA and LEA Programs?

- **Answer:** No. Participation in both programs is voluntary. However, DHCS encourages participation in both programs, and with an integrated RMTS system, it is easier to participate in both programs.

Question #4: For Pool 1 TSPs, will all moments be coded to Activity Code 2?

- **Answer:** No. Not every moment assigned to a Pool 1 TSP will be considered a Code 2. Pool 1 TSPs do not exclusively complete direct services – they also perform administrative activities, participate in staff trainings, check e-mail, assist with outreach, etc.



FAQs – Section 3 (Cont'd)

Question #5: Will the same RMTS percentage apply to each district within the region?

- **Answer:** Yes. All LEAs within a LEC/LGA region will use that region's RMTS percentage on their CRCS.

Question #6: How will the RMTS percentages be used for the CRCS and SMAA invoice?

- **Answer:** The quarterly RMTS process for the LEA Program will be consistent with the SMAA Program; however, the results will be used differently. For the LEA Program, the RMTS results will be an average based on an annual basis and applied to costs on the CRCS, to identify Medicaid allowable costs for direct service practitioners. The SMAA invoice will continue utilizing the current quarterly invoicing process.



FAQs – Section 3 (Cont'd)

Question #7: Should Targeted Case Management (TCM) Certification Forms be submitted to DHCS before TSP lists are certified and moments are generated?

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

Question #8: Does the Time Survey Participant (TSP) Equivalency Form need to be turned in each quarter or once per fiscal year per job position?

- **Answer:** Equivalency forms only need to be turned in once per job position; however, this assumes there are no changes to the role, description, etc. of the position. A forthcoming PPL regarding the TSP Equivalency Form will include information on the process, timeline, and instructions for how LEAs should submit the form.



Section 4

Documentation Requirements and Guidelines



What is Needed to Bill Medi-Cal?

- ✓ **Medi-Cal eligibility** on the date of service
- ✓ Student is **age 22 or younger**
- ✓ Appropriate **authorization** for services
 - Assessment: Recommendation by a parent, teacher, school nurse or practitioner within scope of practice
 - Screening: Recommendations for Preventive Pediatric Health Care, published by The American Academy of Pediatrics (the periodicity schedule)
 - Treatment: Signed prescription, referral or recommendation **and** supporting Care Plan
- ✓ **Service is covered** by SPA 15-021



What is Needed to Bill Medi-Cal? (Cont'd)

- ✓ Service provided by **qualified practitioner**
- ✓ **Supervision** is documented, if necessary
- ✓ **Parental Consent to bill Medi-Cal**
requirements met, when required
- ✓ **Billed Other Health Coverage**, when required
- ✓ Service is **documented** appropriately



Documentation for Service Encounter

- 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
 - ✓ **Place** of Service
 - ✓ **Nature, Extent or Units** of Service



Documentation for Nature and Extent of Services

- Supporting documentation describing the nature or extent of service may include:
 - Progress and Case Notes
 - Contact Logs
 - Nursing and Health Aide Logs
 - Specialized Medical Transportation Trip and Mileage Logs
 - Assessment Reports



Documentation for Qualified Practitioners

- LEAs must maintain the following for all qualified rendering practitioners:
 - ✓ Licenses
 - ✓ Registrations
 - ✓ Certifications
 - ✓ Credentials
- Provider Manual “LEA: Rendering Practitioner Qualifications” section (*loc ed rend*) contains all qualification requirements



Documentation for Authorization

- LEAs must maintain the following documentation in the student's files:
 - ✓ **Written prescriptions, referrals and recommendations by health service practitioners** for assessments and treatment services
 - ✓ **Referrals from a parent, teacher or school nurse** for assessments
 - ✓ **Recommendation for screening services** (periodicity schedule)



Documentation for TCM

- Required documentation for TCM services must include:
 - ✓ **Service Plan**
 - ✓ **Records of TCM activities**
 - ✓ **Records with student and/or family progress**



Documenting Code 2A Moments

- **New LEA Policy** for Direct Service Moments:
 - LEAs should submit claims for all direct services that are eligible for reimbursement
 - Interim billing documentation and retention standards align with RMTS requirements
 - If a student is not Medi-Cal eligible, participants are still instructed to maintain documentation for RMTS purposes



Source Documents for Code 2A Moments

- Supporting documentation for the moment include, but are not limited to:
 - The student's **IEP** or **IFSP**
 - The student's **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: Direct Documentation for Moments

Physical Therapist in Pool 1 receives a moment:

Who were you with?	<i>A student</i>
What were you doing?	<i>I was in a therapy session.</i>
Why were you doing this?	<i>The student's IEP requires physical therapy services twice a week.</i>

Examples of direct documentation to support the moment:

- 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 the LEA)



Example: Indirect Documentation for Moments

Psychologist in Pool 1 receives a moment:

Who were you with?	<i>No one – I was alone</i>
What were you doing?	<i>I was writing a report.</i>
Why were you doing this?	<i>I was summarizing assessment results in preparation for an upcoming IEP meeting.</i>

Examples of indirect documentation to support the moment:

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



FAQs – Section 4

Question #1: How will moment supporting documentation be kept? Will it be the responsibility of the LEC/LGA to ensure that it is kept?

- **Answer:** Maintaining documentation for a Code 2A moment responses will be the responsibility of the LEA, not the LEC or LGA.

Question #2: Does each treatment service encounter need to be documented with progress notes?

- **Answer:** Yes. Per *CMS' Medicaid and School Health: A Technical Assistance Guide*, documentation should be maintained on a service-specific basis.



FAQs – Section 4 (Cont'd)

Question #3: Can licensing and credentialing documentation for practitioners be kept in an LEA's central files?

- **Answer:** Yes. These may be maintained in the LEA's central files, as long as they are accessible for audit or review.

Question #4: Are LEAs required to maintain documentation of services provided after the student leaves the LEA?

- **Answer:** Yes. If a student leaves the LEA, documentation of services billed through the LEA Program must be maintained in accordance with the three-year minimum retention timeline (three years from the date of the CRCS submission).



Section 5

Retroactive Billing for

Services



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 requires previously submitted CRCS forms to be submitted on the new CRCS template
 - FYs 2015-16, 2016-17 and 2017-18



Backcasting Overview

Backcasting will include two components:

1. Resubmission of all costs on a revised 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***)
 - DHCS will notify stakeholders when the retroactive claiming period will begin
 - 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 and the revised form 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 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
4. Historical non-IEP/IFSP services that meet LEA Program requirements



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.)



FAQs – Section 5

Question #1: Will the new services be retroactively billed to July 1, 2015?

- **Answer:** Yes. New services may be retroactively billed upon approval of SPA 15-021. DHCS will alert stakeholders via e-blast when the claims processing system is able to process the new CPT codes and modifiers.

Question #2: Will retroactive billing include adding costs and contractor costs to the CRCS?

- **Answer:** Yes. LEAs that choose to retroactively bill for new services and new practitioners will include related costs and any interim reimbursement received on the respective fiscal year's CRCS.



FAQs – Section 5 (Cont'd)

Question #3: How will LEAs retroactively bill for past years without an RMTS methodology during the past years?

- **Answer:** In general, the FY 2020-21 regional RMTS Code 2A percentages will be applied to cost reports for five fiscal years: FYs 2015-16, 2016-17, 2017-18, 2018-19, and 2019-20.

Question #4: For backcasting CRCS reports, how will contracted practitioners from past fiscal years (FYs) be applied to the CRCS?

- **Answer:** For the LEA Program, revised CRCS forms for past fiscal years (FYs) will be modified so that health service contractors that were previously included on the SMAA Invoice will not be double-counted on the LEA's CRCS for that time period. Additional guidance will be provided at the CRCS training, scheduled for June 2020.



FAQs – Section 5 (Cont'd)

Question #5: If an LEA has all contracted employees, how does RMTS backcasting work?

- **Answer:** As stated in prior LEA Program trainings, all LEAs must submit the revised CMS-approved CRCS for the fiscal year in which they were participating in the Program. If an LEA has 100% contracted health service practitioners during a fiscal year, they will still re-submit the new CRCS form. However, these LEAs will report all of their costs on the contractor cost worksheet and will not enter any detail in the salary/benefit worksheet applicable to employed health service practitioners.



Section 6

Cost Reporting

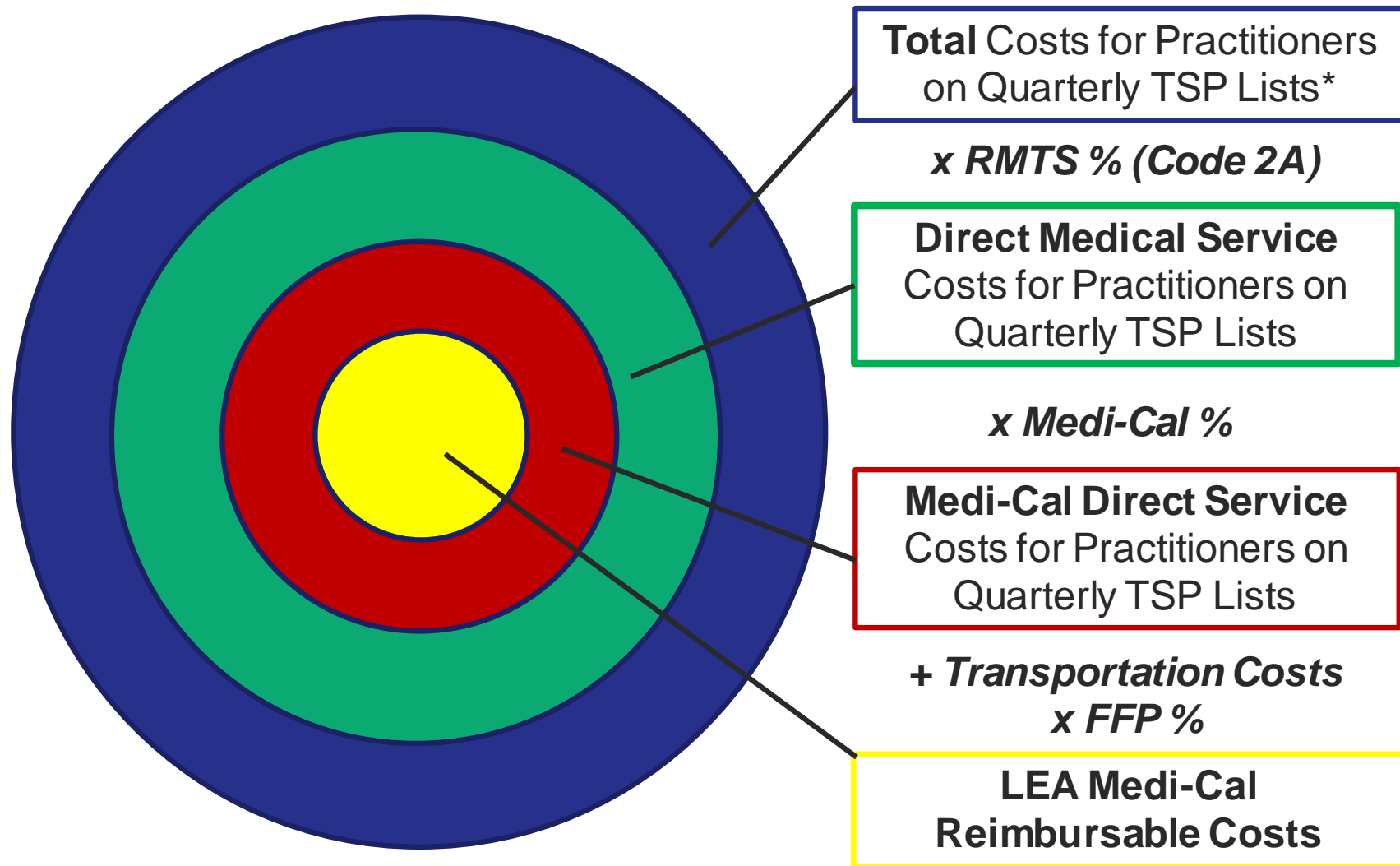


Cost Reporting Summary

- **All SPA 15-021 LEA services will be subject to cost settlement**
- **Although cost report looks similar to prior version, the reimbursement methodology is different**
- **June 2020 training will provide detailed training on the revised CRCS**



CRCS Overview



*Costs are net of federal funds received and increased by the LEA's CDE-approved indirect cost rate



Revised CRCS Implementation

- DHCS will publish **new** CRCS templates this summer
- Revised CRCS will be used for the FY 2018-19 reporting period (*due 11/30/2020*)
- The RMTS percentage will not be available until after the close of the first RMTS year (late 2021)
- Prior CRCS submissions must be amended and re-submitted on the **new** form (FY 15-16, FY 16-17, and FY 17-18)



Overview of CRCS Changes Part 1

Five major updates include:

1. Incorporates **RMTS** percentage
 - No more “percent of time” calculation
 - One percentage per LEC/LGA Region
 - Used to derive Total **Direct Medical Service** Costs

2. Medi-Cal Eligibility Rate (**MER**) component
 - CRCS will incorporate an LEA-specific MER
 - Used to derive **Medi-Cal** Direct Medical Service Costs



Overview of CRCS Changes Part 2

3. Contractor Costs

- Costs not subject to RMTS allocation, but will be allocated to Medi-Cal using the LEA's MER
- CRCS will include total costs for contractors that delivered covered school-based health services (to Medi-Cal and non-Medi-Cal students)

4. Settlement for **TCM and transportation**

- Will be subject to cost settlement
- Transportation reported on the CRCS as of FY 2019-20:
 - Transportation costs must be **specialized** transportation costs, not general costs
 - Medi-Cal One-Way Trip Ratio used to allocate costs



Overview of CRCS Changes Part 3

5. Link between the **TSP list and the cost report**

- The CRCS will be based on practitioners listed on the certified TSP list for Cost Pool 1 (direct service practitioners)
- TSP lists are certified quarterly so salary/benefits will be reported quarterly on the CRCS
- Quarterly TSP list will inform cost reporting beginning FY 2020-21



FAQs – Section 6

Question #1: If an LEA did not bill for transportation or TCM, will those costs still be included in the CRCS?

- **Answer:** No. If the LEA did not submit interim claims for these two services, the costs are not required to be included in the CRCS.

Question #2: Will the CRCS be due earlier than the November 30 deadline?

- **Answer:** Yes. DHCS will shorten the time between the claiming period and cost report submission to eight months. The first time the submission period will be shortened is for FY 2020-21, due March 2022. The FY 2018-19 CRCS will be due by November 30, 2020.



FAQs – Section 6 (Cont'd)

Question #3: When the CRCS is due 8 months after the end of the school year, will LEAs be required to submit claims within 8 months, or will LEAs still have 12 months to submit? What happens to the claims that are submitted after CRCS is completed?

- **Answer:** LEAs will continue to have 12 months from the month of service to submit claims for reimbursement. If an LEA submits claims after their CRCS submission (and before the 12 month cutoff), Audits and Investigations will capture all paid claims as part of the reconciliation process.



Section 7

Next Steps



RMTS Manual Development

- **RMTS Manual** currently being developed
 - Joint effort between the LEA Program and SMAA Program
 - Removes Sections 5 and 6 of the SMAA Manual and creates stand-alone RMTS Manual that will be applicable to both school-based programs
- Will be submitted to CMS this Spring
- Current policy for RMTS is found in the SMAA Manual (Sections 5 and 6) until the new RMTS Manual is approved



Next Steps for LEAs

- Attend **CRCS Training** on June 3
- Finalize **contracts** with LECs/LGAs
- Submit **Provider Participation Agreement (PPA)** to DHCS
- Submit **TSP Equivalency Requests** for Q1/Q2 TSP List
- **Prepare billing systems** for new CPT codes
- **Decide** if your LEA will submit retroactive claims for new services and/or practitioners
- **Decide** if your LEA will bill for transportation in FY 20-21
- **Decide** if your LEA will bill for TCM in FY 20-21
 - If so, begin preparing the TCM Certification Form



Future LEA Communication

LEA Homepage:

The screenshot shows the DHCS website page for LEA. A purple callout box with the text "Subscribe to listserv emails" has an arrow pointing to the "Email Subscription Service" link in the "Contact Information & Program Related Links" section. The page content includes:

- Local Educational Agency Medi-Cal Billing Option**
 - Getting Started: Onboarding Handbook, Internal Administrative Functions Chart, Technical Assistance/Site Visit Request
 - Provider Manual & Policy: Provider Manual, Program Guide, Policy and Procedure Letters
 - Enrollment and Compliance: Program Enrollment and Compliance Documents, Cost and Reimbursement Comparison Schedule
 - Program Information: FAQs, Free Care Overview, LEA Program Overview, Random Moment Time Survey, SPA 15-021 Overview
 - Resources & Tools: Glossary of Terms, Nursing and Health Aide Services, Referral and Prescription Requirements, Terminology Crosswalk, Tool Box
 - 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
- Contact Information & Program Related Links**
 - LEA Program Mailbox (CONTACT US)
 - Email Subscription Service**
 - Update Your LEA Contact Information
 - Related Programs



LEA Program listserv: [LEA listserv Subscription](#)

SMAA Program listserv: [SMAA listserv Subscription](#)



Additional Resources

- Additional website resources:
 - [LEA Provider Manual](#) - *updated version coming this summer*
 - [Policy and Procedure Letters \(PPLs\)](#)
 - [LEA Onboarding Handbook](#)
 - [LEA Toolbox](#)
 - [FAQs](#)
 - [Glossary of Terms](#)
 - LEA Program Inbox (LEA@DHCS.CA.gov)
 - RMTS Inbox (RMTS@DHCS.CA.gov)
 - [RMTS Homepage](#)



RMTS Webpage

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School Based Claiming Random Moment Time Survey

[Back to LEA BOP Home Page](#)
[Back to SMAA Home Page](#)

As of July 1, 2020, the Department of Health Care Services will use the Random Moment Time Survey (RMTS) methodology for both California School-Based Medi-Cal Programs: the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) and the School-Based Medi-Cal Administrative Activities program (SMAA). The RMTS is a federally approved, web-based, and accepted statistical sampling method that will be used to capture the amount of time spent providing both administrative activities and direct services to Medi-Cal enrolled students.

This webpage contains information and resources to assist LEAs with the administration of RMTS for both school-based programs. For specific program information relating to either the LEA BOP or SMAA Program, please visit their respective websites listed below.

[LEA BOP Home Page](#)
[SMAA Home Page](#)

RMTS Manual and Policy

California RMTS Manual (under review)

PPLs

Number	Date	Description	Attachment
PPL 20-008	March 9, 2020	Time Survey Participant (TSP) List Certification Statement for the Random Moment Time Survey (RMTS)	
PPL 19-030	December 10, 2019	Time Survey Participant (TSP) Replacements and Vacancies for the Random Moment Time Survey (RMTS)	
PPL 19-025	October 18, 2019	Random Moment Time Survey (RMTS) Pre-Sample Question	
PPL 19-011R	June 11, 2019	Random Moment Time Survey (RMTS) Sampling Requirements	
PPL 19-006	February 13, 2019	Notification and Response Timeline for Random Moment Time Survey (RMTS) Moments	
PPL 19-004R	January 10, 2019	Submitting Quarterly Random Moment Time Survey (RMTS) Percentage Results to the Department of Health Care Services (DHCS)	SMAA RMTS Percentages Results Template

Required Forms

The TCM Certification and TSP Equivalency Statement documents are currently under review with an anticipated posting date of September 1, 2020.

Resources

The RMTS TSP Steps, RMTS Quarterly Results, and RMTS Regional Contact documents are currently under review with an anticipated posting date of September 1, 2020.

Trainings

2020 Training are upcoming. This section will be updated by September 1, 2020.

Contact Information

RMTS@dhs.ca.gov

Last modified date: 5/13/2020 3:25 PM



Please Submit Additional Questions to the LEA Program Inbox

LEA@DHCS.CA.gov