LEA Medi-Cal Billing Option Program

October 7, 2020

1:00-2:30pm

Documentation Training

TRAINING TO BEGIN AT 1:00PM

Introductions

California Department of Health Care Services (DHCS)

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

Guidehouse (formerly Navigant Consulting)

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

Agenda

| Section	Topic
1	Overview of Documentation Requirements
2	Authorization Requirements
3	Non-IDEA Population Requirements
4	Other Documentation Requirements
5	Common Audit Findings

Housekeeping Items

- Questions
  - Submit via the **Q&A function** (**not** the chat function)
  - Time for Q&A at end of each section
  - A detailed FAQ document will be compiled with all questions submitted via the Q&A function and those sent to LEA@DHCS.CA.gov

- Training materials will be distributed to all stakeholders on the LEA Program listserv

- LEA Program listserv: http://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DHCSLEA
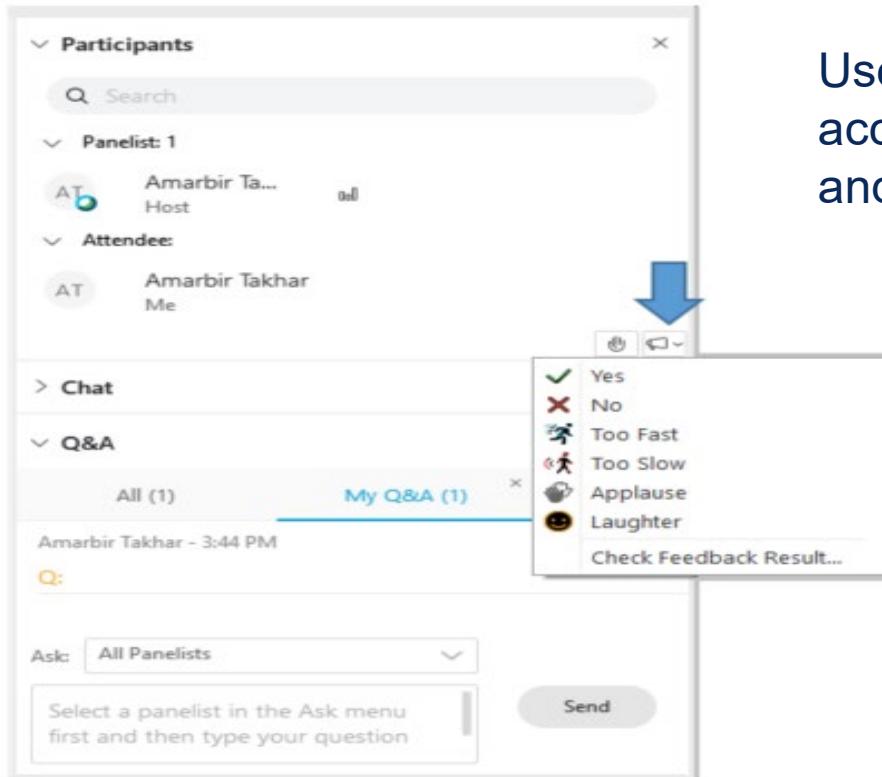
Webex Audio Help

- Connect to meeting audio:
  - Open the event <u>from Webex</u> rather than calling the Webex call-in number, and use the call-in options provided there
  - Select microphone icon at bottom of screen
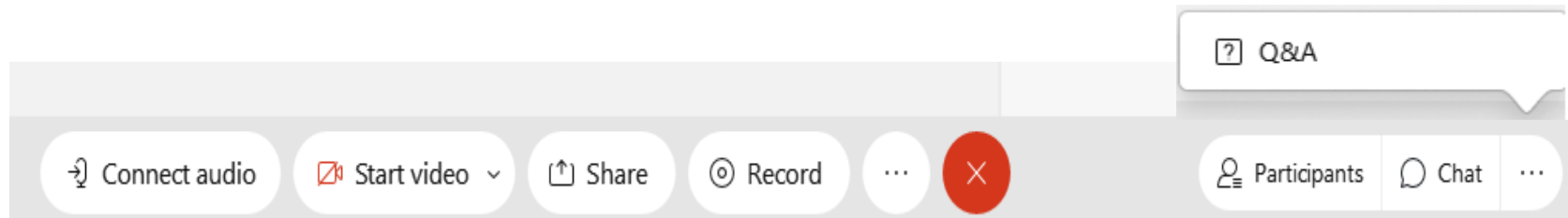 - Select the option for how you would like to connect
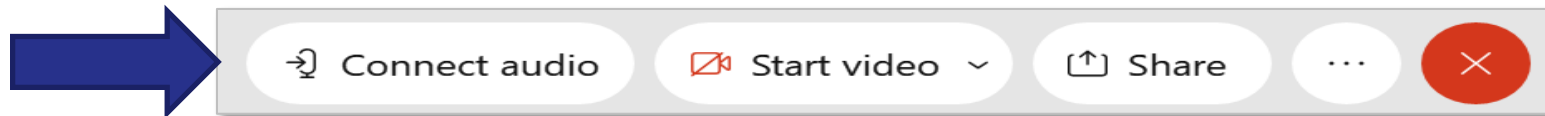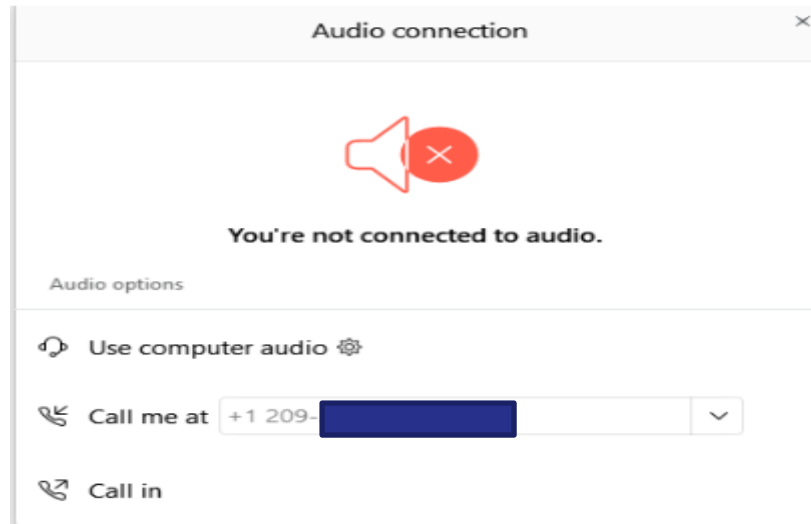
Chat, Feedback, and Q&A

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

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

Goals of Today's Training

1. Review the basics related to documentation

2. Gain an understanding of requirements for proper documentation of medical claims

3. Review eligible non-IDEA services and related documentation

4. Understand requirements related to documentation of moment responses

5. Examine common audit findings

Section 1

Overview of Documentation Requirements

Why is Documentation Required?

- Under the LEA Program, LEAs receive **federal funds** for providing covered services to Medi-Cal students

- DHCS is **required by CMS to audit** all Medicaid provider types to be sure that federal money is spent appropriately

- Requirement of California Medicaid Providers (22 CCR § 51476)

  Each provider shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary.

LEA Documentation Responsibilities

- LEAs are responsible for ensuring **proper billing** and **maintaining adequate documentation**

- LEAs must **maintain records** to support services billed to Medi-Cal

  - A&I conducts **audits of providers**, not billing agents/vendors

- LEA providers shall maintain records showing that all LEA practitioners, which it employs or with which it contracts, meet and shall continue to **meet appropriate licensing and certification requirements** (22 CCR § 51270)

Responsibilities (continued)

- LEA providers shall maintain records to disclose **the type and extent of services** provided to a Medi-Cal beneficiary

- Required records must be **made at or near** the time the service was rendered ([22 CCR § 51476](#))

- LEA providers **must keep records for a *minimum* of three years** from the CRCS submission date
  - Records must be kept longer if an audit/review is in process or a cost report amendment is required

Maintaining Records: Backcasted Cost Reports

DRAFT Audit Timeline

State Fiscal Year	Original CRCS Filing Date	CRCS Resubmission Date	36 Month Audit Statute Deadline
2015-16	11/30/17 (OLD CRCS)	*06/30/22 (NEW CRCS)*	*06/30/25*
2016-17	11/30/18 (OLD CRCS)	*08/31/22 (NEW CRCS)*	*08/31/25*
2017-18	11/30/19 (OLD CRCS)	*10/31/22 (NEW CRCS)*	*10/31/25*
2018-19	11/30/20 (NEW CRCS)	*01/31/23 (Includes RMTS %)*	*01/31/26*
2019-20	*04/30/22 (NEW CRCS)*	N/A	*04/30/25*

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** under the State Plan

What is Needed to Bill Medi-Cal?

- ✓ Service is **documented** appropriately (e.g., assessments, progress/case notes)

- ✓ 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

Documentation:
Service Encounters

- 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

What is Meant by *Nature and Extent* of Services?

- **Documentation tells a story** that answers questions such as:
  - ❑ What was done?
  - ❑ What were the test results/observations?
  - ❑ How much time was spent/miles driven?
  - ❑ How did the student respond?
  - ❑ How did the professional respond/intervene?
  - ❑ Who was notified/included in discussions?
  - ❑ What options were considered/planned?

Description of Services

Documentation must fully disclose the type and extent of services and answer questions such as:

- ❑ **What was done and why?**
  - ✓ May reference IEP/IFSP goals or protocols
- ❑ **How much?**
  - ✓ Time, miles, feeding, medication
- ❑ **How is the student progressing or did they respond to intervention?**
  - ✓ Context is important
- ❑ **Was any intervention or additional action taken or planned?**
  - ✓ Next steps

Documenting Nature and Extent

- <u>Accurate, clear, and concise</u> medical records can document nature and extent

- Supporting documentation may include:

  - ❑ Progress and Case Notes

  - ❑ Contact Logs

  - ❑ Nursing and Health Aide Logs

  - ❑ Specialized Medical Transportation Trip and Mileage Logs

  - ❑ Assessment Reports

Documentation: 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: Parental Consent for IDEA Students

- Requirements must be met by all 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 (*[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

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Documentation: Parental Consent for Non-IDEA Students

- **For non-IDEA students**, LEAs **do not** have to obtain parental consent <u>to bill Medi-Cal</u> for services

  - Medi-Cal application provides the ***consent to bill***

  - 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

  - CMS is encouraging LEAs to put a parental consent protocol in place for non-IDEA services

QUESTIONS – SECTION 1

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

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 2

Authorization Requirements

Documentation: Authorization of Services

- **ALL LEA services** billed to Medi-Cal **require** authorization

    - **Assessments**: Authorized by a practitioner within scope of practice OR parent/teacher

    - **Treatments**: Authorized by a practitioner that is authorized to Order, Refer or Prescribe (ORP) services

    - **Transportation and TCM**: Authorized via the IEP/IFSP

- LEAs must maintain documentation in the student's files to support the authorization

ORP Practitioner 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

Licensed ORP Practitioners

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

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

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 (effective 7/01/19) (works under physician supervision per standard practice, policy detailed in PPL 19-015)

- 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

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Assessments:
Authorization Requirement

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 or teacher

Treatments: Authorization Requirement

Treatments

- **All billable LEA treatments** must have a prescription, referral or recommendation from 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

Physician-Based Protocol

- LEAs may use a Physician Based Standards Protocol **to authorize Speech Pathology and Audiology** treatment services

  ❑ Protocol **must be reviewed and approved** by a Physician **no less than once every two years**

  ❑ Specific contents of a protocol may vary by LEA

  ❑ If a physician protocol is used in lieu of a physician's authorization, *there still must be a written referral from a Speech Language Pathologist*

Documentation Requirements for Physician-Based Standards

- In each student's file:
  - ❑ A copy of the cover letter with the physician's contact information and signature that states the physician reviewed and approved the protocol standards
  - ❑ Proof that the services rendered are consistent with the protocol standards

- In the LEAs file:
  - ❑ A printed copy of the protocol standards
  - ❑ Contact information for individuals responsible for developing the protocol standards
  - ❑ Contact information for the practitioners who have reviewed and rely upon the protocol standards to document medical necessity

Services Authorized in the IEP/IFSP

- The necessity of treatment services are usually identified in the IEP/IFSP and include:

  ❑   Service type(s)

  ❑   Number or frequency of LEA treatment services

  ❑   Length of treatment, as appropriate

- The prescription, referral or recommendation will support the IEP and must be documented in the student's file

- Authorization can be documented by the IEP/IFSP, if signed by the appropriate referring provider

QUESTIONS – SECTION 2

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

Any additional questions can be submitted to the LEA Program Inbox: LEA@DHCS.CA.gov

Section 3

Non-IDEA Population Requirements

Non-IDEA Students

- SPA 15-021 expands the eligible population to include **all students**, regardless of whether they have an IEP or IFSP

- What does this new policy mean?
  - To seek Medi-Cal reimbursement, a student does **<u>not</u>** need to be eligible for related services under the IDEA
  - Assessments are billable for non-IDEA students if they are authorized by a practitioner **OR** recommended by a parent or teacher
  - However, all billable <u>treatment</u> services require authorization in a "Care Plan"

What is a "*Care Plan*"?

- Services provided under an Individualized Health and Support Plan (IHSP)

> Other common names for an IHSP:
> Individualized School Healthcare Plan,
> Plan of Care, Nursing Plan, 504 Plan
> ***Generically, these will be referred to as "Care Plans"***

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

- Requires **signature** of the health service practitioner that developed the plan

IHSP Requirements

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

Medical necessity for services authorized by medical practitioner

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

Duration and frequency of services

Necessary training, supervision and monitoring of designated school staff

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

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

What about Screening Services?

- SPA 15-021 allows LEAs to be reimbursed for EPSDT screening services, such as vision and hearing screenings

- Reimbursement is now available for **ALL** Medi-Cal eligible students

- Billed screenings should align to the American Academy of Pediatrics (AAP) periodicity schedule

EPSDT Screenings: Overview

- **Authorization** for screening services:

  - ❑ Bright Futures/AAP [Recommendations for Preventive Pediatric Health Care](#) (Periodicity Schedule)

  - ❑ California Education Code or Health and Safety Code screening requirements at required intervals

- Not all screenings are billable to the LEA Program

  - ❑ For example, oral health screenings are covered by Denti-Cal, not the LEA Program

  - ❑ The New Services Training provided by DHCS on March 5, 2020 contains more detail on screenings

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 **has been lifted** in the claims processing system (late August 2020)

- Non-IEP/IFSP billing will be subject to existing daily utilization controls

- Non-IEP/IFSP services are subject to **Other Health Coverage (OHC) requirements**

OHC Requirements

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

*Note: 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.

QUESTIONS – SECTION 3

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

**Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov**

Section 4

Other Documentation Requirements

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 <u>existing</u> 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

Draft Retroactive Claiming Timeline: 12/1/20 – 11/30/21

DHCS will send an eblast when the timeline is confirmed

Requirements for Retroactive Claiming

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

1 **Assessments were referred appropriately** by a licensed practitioner (within scope of practice), parent or teacher

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.)

Documentation for Targeted Case Management (TCM)

- Currently, TCM is only reimbursable for students with TCM in their IEP/IFSP

- Required documentation for TCM services must include:

  - ✓ **Care Plan** (formerly referred to as a Service Plan)

  - ✓ Records of **TCM activities**

  - ✓ Records with **student and/or family progress**

Note: DHCS presented a TCM Services training on September 3, 2020 with additional detail on the components of TCM.

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 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 Service Documentation for Moments

Physical Therapist in Pool 1 receives a moment:

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

Examples of <u>direct</u> 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 Service Documentation for Moments

Psychologist in Pool 1 receives a moment:

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

Examples of <u>indirect</u> documentation to support the moment:

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

QUESTIONS – SECTION 4

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

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov

Section 5

Common Audit Findings

Common Findings

Area	Audit Finding(s)	Suggestion to Resolve
General	• Lack of detailed documentation to support billing of the service	• Keep all documents that could support the Medi-Cal claim (e.g., authorization forms, treatment notes, billing logs, etc.)
General	• Practitioner treatment notes describing nature and extent of services are not available because of staffing changes	• If you have an electronic system, include treatment notes • If a practitioner leaves, make sure the practitioner's notes are accessible by the LEA
Salaries	• Payroll data available but doesn't tie out to the CRCS	• Maintain supporting schedules to show how LEA reconciled payroll data to cost report • Data may be kept in an audit binder to support each CRCS (may help with turnover)

Common Findings

Area	Audit Finding(s)	Suggestion to Resolve
Speech Services	• Documentation for initial group treatment services is lacking referral • Documentation is not thorough (e.g., "saw a patient")	• Referral required for all speech services • Physician-based standards may help obtain referrals • Logs must be thorough to ensure that nature and extent of service is documented
THCA Services	• Physician prescription is missing, particularly in cases where the LEA is billing for continuous monitoring services	• In order to bill for monitoring, the service must be medically necessary and have a physician prescription • Cannot bill for more than one student for the same time period • Does not include behavioral supervision

Final Reminders

- Lack in authorization for services results in disallowances
  - ✓ **Remember**: All LEA services require some type of authorization!

- Don't rely heavily on your vendors to produce supporting documentation
  - ✓ The LEA is the entity that contracts with DHCS and should maintain documentation for reimbursed services

- There should be a relationship between the program person and the fiscal person
  - ✓ Keep in mind that the LEA's fiscal person may not understand what is required to adequately document billed services

Best Practice

- Create a CRCS audit binder that is specific to each fiscal year to help support your CRCS, including items like:

  - ✓ Payroll grouping schedules to show how your LEA got from payroll to salaries on the CRCS

  - ✓ Licenses/certifications of practitioners your LEA bills for

  - ✓ Periodicity schedule used to authorize screenings

  - ✓ Physician-based protocol information (if applicable to your LEA)

  - ✓ TSP Lists per quarter that supports the practitioners that you include on your CRCS (effective FY 20-21 and thereafter)

QUESTIONS – SECTION 5

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

Any additional questions can be submitted to the LEA Program Inbox:
LEA@DHCS.CA.gov