

## General Questions

### **Q1. Will the PowerPoint for this training be distributed to all attendees?**

A. Yes. The training materials will be distributed to all attendees, along with these questions and answers from the March 5, 2020 training.

### **Q2. Is this training webinar being recorded?**

A. No. The training webinar was not recorded.

## New Practitioner Types

### **Q3. Some of the procedure modifiers listed were 4-characters in size. All the other modifiers are 2-characters in size. Was this a typo or are these 4-character modifiers accurate?**

A. Although the system will allow for the 4-character modifiers, after the original training (on March 5, 2020) the modifiers were updated to 2-character modifiers to allow for future expansion, if necessary. Refer to the revised slides for updated modifier codes (changes identified in red font).

### **Q4. Slide #14: Based on information previously released, Nurse Practitioners should be considered a qualified ORP provider, but they are not a new practitioner type able to submit for reimbursement. Has something changed with Nurse Practitioners?**

A. Nurse Practitioners are an existing qualified practitioner type in the LEA Program. Regardless of SPA approval, Nurse Practitioners are able to deliver certain existing covered nursing services. Refer to the LEA Provider Manual, section *loc ed serv nurs*, for additional details.

### **Q5. Slides #23-28: There is a new law (AB 1651) that went into effect 1/1/20 that allows licensed educational psychologists (LEPs) to supervise Associate Marriage and Family Therapists (MFTs) and Associate Clinical Social Workers for educationally related mental health services (ERMHS). Does this apply here?**

A. No, educationally-related mental health services are not considered a direct medical service and are therefore not covered under the LEA Program.

### **Q6. Slides #23-28: 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.**

A. For Medi-Cal billing purposes, a PPS credential is not required for Associate MFTs or Associate Clinical Social Workers.

### **Q7. Slides #29-30: Would an Orientation and Mobility Specialist be considered a “licensed practitioner of the healing arts”? Can they also “order” their own services?**

A. 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)**

## **New Covered Services**

### **Q8. Does a district need to have OT or Mental Health authorizations in student files for both Medi-Cal eligible students and those that are not eligible?**

A. For Medi-Cal billing purposes, authorization requirements must be maintained for Medi-Cal eligible students. DHCS does not dictate authorization requirements for students that are not enrolled in the Medi-Cal Program.

### **Q9. Slide #47: Does the Time Survey Participant (TSP) Equivalency Form need to be turned in each quarter or once per fiscal year per job position?**

A. 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.

### **Q10. Slide #47: Please explain the requirements to qualify as a Trained Health Care Aide (THCA)?**

A. THCAs are paraprofessionals that operate without certification or licensing, and whom must be supervised when providing LEA Program nursing services. Upon approval of SPA 15-021, THCAs may provide specialized physical healthcare services and assistance with Activities of Daily Living. THCAs can also be considered school health aides with an identical job description that provide specialized physical health care services and must demonstrate competence in basic cardiopulmonary resuscitation (CPR). THCAs must be trained in the administration of specialized physical health care as specified in California Education Code, Section 49423.5. THCAs may render services only if supervised by a licensed physician, a registered credentialed school nurse or a certified public health nurse. Specialized physical health care services include, but are not limited to, gastric tube feeding, suctioning, oxygen administration, catheterization and nebulizer treatments.

### **Q11. Slide #80: Does “psychologists” refer to only licensed psychologists or does it also include school psychologists?**

A. “Psychologists” refers to licensed psychologists, licensed educational psychologists, or credentialed school psychologists (detailed on slide 79).

### **Q12. Slide #80: Are Targeted Case Management (TCM) services only billable for students with an IEP?**

A. 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.

## **EPSDT Screenings**

### **Q13. Slide #85: Are vision and hearing screenings within a state-mandated year for the student now billable under SPA 15-021?**

A. Yes. Once SPA 15-021 is approved, mandated vision and hearing screenings pursuant to the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) will be a covered service under the LEA Program. In cases where a student has Other Health Coverage (OHC), the OHC carrier

must be billed prior to billing Medi-Cal. The LEA Provider Manual, section ***loc ed bil***, contains more detail on OHC requirements.

**Q14. Slide #88: Must vision and hearing screenings meet the minimum 15-minute requirement or are they encounter based?**

A. Vision and hearing screenings are billed on an encounter basis, with no minimum time requirement.

**Q15. Slide #89: For mandated vision and hearing screenings, do we have to bill OHC first?**

A. Yes. Students with OHC must bill the OHC carrier first, prior to billing Medi-Cal. The service can be billed to Medi-Cal given non-response from OHC carriers within 45 days. See the LEA Provider Manual section ***loc ed bil*** for additional details.

**Q16. Slide #92: For health screenings, is doing a height/weight check along with a BMI and/or Diabetic Risk Factor Assessment now considered billable?**

A. This example would be considered a billable LEA Program service, assuming the service meets the minimum time requirement to bill for the screening. For health assessments, the minimum time requirement is 15-minutes; this minimum time includes the time with the student conducting the service, as well as the following components of the screening:

- Review student records, such as cumulative files, health history, and/or medical records
- Provide information to the student and/or parent/guardian
- Observe the student in the classroom and other appropriate settings, if necessary
- Schedule and administer tests
- Summarize results and recommendations for additional LEA services

**Q17. Slide #92: Are immunization screenings now billable under SPA 15-021?**

A. As explained in the training, immunization screenings are only billable if they take the minimum time requirement of 15-minutes. Additionally, as seen on slide 90 and explained in more detail in question 18, if your LEA receives a fee for administering the vaccine, you should not bill the LEA Program for the immunization screenings.

**Q18. Slide #92: If an LEA receives funding for mandatory screenings, can they bill the LEA Program? Does the funding source matter?**

A. If an LEA is receiving **any** funding for screening services, regardless of the source, those services will not be billable to the LEA Program. If your LEA is not receiving funding for a mandated screening service, such as a vision or hearing screening, those screenings may be billable to the LEA Program. Funding source must be considered to ensure LEAs are not receiving duplicate payment for administering the same screening.

**Q19. Slide #93: For hearing screenings, can we still bill for IEP assessments?**

A. IEP/IFSP assessments continue to be billable to the LEA Program in the same manner as they have been historically.

## **Retroactive Billing**

**Q20. Should we bill for new services and new practitioners once SPA 15-021 is approved, back to 2015? Or do we begin billing now?**

A. Retroactive billing, which will be limited to SPA 15-021 new services and new practitioner types detailed in the training, should not begin until SPA 15-021 is approved. Once the SPA is approved, claims can be retroactively billed back to 2015. DHCS will issue additional guidance and training on the optional retroactive billing process, once the SPA is approved.  
**(Answer updated 4/6/2020)**

**Q21. If the supervising professional needs to sign a “Responsibility Statement,” how are those types of provider’s services going to be retroactive back to 2015 since there was no guidance on what “supervision” was going to look like and what the requirements were?**

A. DHCS is not imposing additional requirements beyond what licensed practitioners should have been doing in accordance with their licensure requirements. If practitioners were supervising assistants in prior periods, they should have been doing so in alignment with what their licensing board required at the time the supervision was taking place. School-based practitioners are not exempt from State licensure requirements.

**Q22. What kind of documentation of supervision must be provided for audit purposes? For example, does the supervisory plan for a SLP Assistant need to be signed by the SLP? The SLPA? How frequently must the supervisor review records, monitor treatment decisions, etc. per student?**

A. Audits and Investigations (A&I) will look to State licensing laws and regulations for requirements that will be applicable to covered services under the LEA Program. Slides from the March 5 training highlight certain requirements, but also provide the relevant citation(s) by practitioner type so that LEAs can further research licensing requirements for each practitioner type to ensure that they meet these requirements prior to billing Medi-Cal.

**Q23. For retroactive billing, will an Ordering, Referring and Prescribing (ORP) and NPI number be required on the claim for all treatment services?**

A. No. ORP requirements were implemented in the LEA Program on July 1, 2018. Therefore, for FYs 15-16 and 16-17, the NPI of the ORP practitioner will not be required on the claim. However, for claims with dates of service on or after July 1, 2018, ORP requirements will apply to claims that are retroactively billed to Medi-Cal. PPL #18-018R provides more detail on the ORP and claims processing requirements.

**Q24. If an LEA was already audited for FYs 15-16 and 16-17 and the CRCS must be re-submitted for those years, does that mean the LEA could potentially be audited for those years again?**

A. Yes. Once the CRCS is re-submitted on the new CRCS form, DHCS Audits and Investigations (A&I) will have three years to review the re-submitted cost report. For example, the FY 2015/16 CRCS must be re-submitted by February 28, 2022. This re-submitted cost report may be audited into 2025 (the exact date will be dependent upon the LEA's cost report submission date).

**Q25. Is the new CRCS form for backcasting annual or will an LEA report salaries and benefits quarterly?**

A. For re-submission of FYs 2015-16 through 2019-20 cost reports, the CRCS will include a worksheet to input annual salary and benefit data. However, starting with the FY 2020-21

CRCS, salaries and benefits will be reported on a quarterly basis to align with the quarterly RMTS process. As of FY 2020-21, the quarterly Time Survey Participant (TSP) lists will dictate which practitioners are included on the CRCS each quarter.