A recording of the Documentation Training can be accessed here: October Documentation Training (password is AqJP28P9)

General Questions

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

A. Yes. The PowerPoint presentation will be distributed to all attendees, along with the questions and answers from the October 7th training session.

Q2. How do stakeholders join the LEA Program listserv in order to receive e-blasts?

A. Subscribe to the LEA Program listserv using this DHCS website link.

Q3. Where do I find the LEA Provider Manual?

A. The LEA Provider Manual is found on the LEA Program website at the following link: https://www.dhcs.ca.gov/provgovpart/Paes/LEAProviderManual.aspx

Q4. What does IDEA stand for?

A. IDEA stands for the Individuals with Disabilities Education Act and is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. If a child qualifies for services under IDEA, an Individualized Education Plan (IEP) or an Individual Family Services Plan (IFSP) is developed to outline necessary services.

Overview of Documentation Requirements

Q5. If we are not going to participate in retroactive billing for new services and/or practitioner types, how long do we need to keep the records?

A. Regardless of whether your LEA will participate in retroactive billing for new services/practitioners, all LEAs will need to resubmit the FY2015-16 through 2019-20 cost reports. Records must be kept according to the timelines presented on slide 12.

In addition, for record keeping purposes LEA providers should carefully review the full text of W&I Code, Chapter 7, commencing with Section 1400) and, in some cases, Chapter 8. Other record keeping requirements of the Medi-Cal program are found in the *Provider Regulations* section of Part 1 Medi-Cal provider manual.

Q6. For Occupational Therapy Assistants and Registered Associate Clinical Social Workers, what types of documentation for supervision must be kept?

A. State licensing boards have information on standards of supervision for practitioners by scope of practice. For occupational therapy, see *Business and Professions Code*, Sections 2570.2 and 2570.3, and *California Code of Regulations*, Section 4181(a)(1) for information on appropriate supervision of an occupational therapy assistant. For Registered Associate Clinical Social Workers, see the requirements set forth in 16 CCR § 1870.

Q7. Please define the supervision requirements for a licensed psychologist, licensed marriage and family therapist, licensed clinical social worker or licensed educational psychologist that do not hold a Pupil Personnel Services (PPS) credential.

A. CDE has published guidance on this issue, including information regarding "supervision" for community-based staff: https://www.cde.ca.gov/sp/se/ac/reqsecuresrvcs.asp. As indicated in the CDE guidance, employed licensed practitioners without a PPS Credential must operate under the supervision and evaluation of someone with an Administrative Services Credential (may also be someone that holds a PPS Credential).

Authorization Requirements

Q8. Does DHCS have a recommendation for obtaining parent/teacher referrals for mental health counseling services when providers are worried about confidentiality? For example, when a student walks in for a service, there would be no parent/teacher/practitioner referral.

A. EPSDT provides coverage for screening and behavioral health services. If a student self-refers for mental health services, the assessment may be covered as a non-IEP/IFSP service through the EPSDT benefit. The practitioner that conducts the screening may act as the referring practitioner, noting the reasons the student came in for mental health counseling services. After the screening is conducted, if a need for on-going mental health treatment services is identified, a "Care Plan" must be developed in order for on-going treatment services to be billable to Medi-Cal.

Q9. Where are outcomes, responses and interventions documented?

A. In general, practitioners will document progress toward meeting goals and appropriate necessary interventions in their progress notes or treatment logs.

Q10. If a student has an IEP, do they need another "care plan"?

A. No, for students with an IEP, the IEP will cover all related services and a separate care plan is not necessary.

Q11. On slide #26, the broad term "psychologists" is in the chart header. Can you explain how this relates to the specific types of psychologists?

A. Yes, only Licensed Clinical Psychologists may Order/Refer/Prescribe (ORP) for nursing - medication administration. However, Licensed Psychologists and Licensed Educational Psychologists may ORP for psych/counseling services. Post-training, a note was added to this slide to indicate these differences.

Q12. Do we have to stick with the prescribed number of counseling services written in the IEP, or can we exceed the minimum number of services when necessary?

A. Although an LEA may provide services in excess of what is noted in the IEP, they may only bill Med-Cal for minutes authorized in the IEP (or IFSP, or other care plan that denotes frequency and duration).

Q13. For referrals to counseling services from the school nurse, how flexible is the date of referral? For example, the request for referral may be dated after the services have started.

A. LEAs should only bill for services provided on or after the referral date.

Non-IDEA Population Requirements

Q14. Is the parent required to sign the "care plan"?

A. For LEA Program billing purposes, the parent is not required to sign the care plan.

Q15. To send a copy of the Other Health Coverage (OHC) dated insurance claim along with the Medi-Cal claim, we must submit all OHC claims on paper forms? Is this correct?

A. Yes, as indicated in the LEA Provider Manual, section *loc ed bil*, if the OHC carrier denies a claim and the denial notice is valid, the notice may be submitted with Medi-Cal claims for one year from the date of the denial for that student and procedure. If no denial notice is received from the OHC carrier within 90 days of the provider's billing date, the provider may bill Medi-Cal. However, a copy of the completed and dated insurance claim form must accompany the Medi-Cal claim. LEA must state "90 day response delay" on the billing claim form.

Q16. Do physicians have to sign IEPs?

A. No, for Medi-Cal billing purposes there is not a requirement for a physician signature on an IEP. However, there may be instances where a physician will sign the IEP, such as cases where a physician attends an IEP meeting. Note that documentation in the student's file must include the physician's orders.

Q17. How do we know if a student has OHC?

A. Most LEAs use the Medi-Cal data tape match to check Medi-Cal student eligibility. When the results are returned to the LEA, if a student has Other Health Coverage, the insurance carrier will be identified in the output file. Additional information about eligibility verification and ways to verify eligibility is available in the *Local Educational Agency (LEA) Eligible Students* section of the provider manual.

Q18. On Slide 40 - Can we submit those services that were previously denied because the maximum of 24 services had been met and these claims weren't paid? And can we go all the way back to the 2015-16 school year for these services and submit them now?

A. With the approval of SPA 15-021, the LEA Program expanded the covered population to include students with services outside of an IEP or IFSP. Once the paid claims processing system edits are completed to allow for historical billing, LEAs may go back and bill for services for the non-IEP/IFSP student population back to July 1, 2015. LEAs may only bill for non-IEP services that meet the LEA Program billing requirements. The DHCS May 2020 training (section 5, retroactive billing for services) provides more information on retroactive billing.

Q19. During the Public Health Emergency, parents are signing IEPs electronically. Is this satisfactory or do we have to obtain a 'wet' signature?

A. The LEA Program is being flexible during the Public Health Emergency and will permit electronic signatures for Medi-Cal billing purposes. CDE signature requirements for IEPs may differ, however, so please check with CDE to ensure your LEA is meeting their requirements, as well.

Other Documentation Requirements

Q20. Regarding assistance with Activities of Daily Living (ADLs), what is billable?

A. The new services training, presented by DHCS in March 2020, provides several slides detailing ADL services. See slides 44 to 49 of this training for more information on ADL assistance services.

Q21. What is a Code 2A moment?

A. Under the RMTS process, Time Survey Participants (TSPs) respond to moments and those responses are used to code the moment to an appropriate category. A Code 2A moment is one that would be considered a billable activity under the LEA Program.

Q22. If a moment is coded to Code 2A, is it correct to say that the LEA should be able to document that minute in question as a billable covered service?

A. Yes, if your LEA has any moments coded to Code 2A in a quarter, the LEA should be prepared to document that the moment was related to a covered direct medical service. The service did not need to be *billed* to Medi-Cal, but your LEA should be able to be substantiate the moment in the event of federal or State audit/review. Slides 47 through 50 of the October 2020 Documentation training provide more detail on this policy.

Q23. For Code 2A responses, who retains the supporting documentation? Local LEA or MAA Coordinators or the Direct Service Staff? Will a software platform suffice?

A. DHCS suggests that the Coordinators maintain an audit file housing documentation of Code 2A moments. This will allow LEAs to have quarterly documentation maintained in one location and protect the LEA if the direct service practitioner leaves the LEA and is not employed by the LEA during a subsequent audit and/or review. Documentation may be maintained electronically as long as there is an audit trail to the supporting documents.

Q24. We have been told the referral for services can include a statement in the IEP indicating a continued need and the provider needs to sign IEP. Is this adequate?

A. Although a referral is less formal than a prescription, it must meet certain documentation standards (i.e., student name, date, reason for referral, name and

signature of practitioner). The practitioner should not just indicate "continued need" for services in an IEP without providing the reason for the referral. Practitioners are expected to meet professional standard of practice requirements when prescribing, referring or recommending treatment services.

Q25. Will we be able to retroactively bill for Targeted Case Management (TCM) services?

A. TCM services pursuant to an IEP or IFSP will be billable back to July 1, 2015 once the paid claims processing system is configured and able to accept historical claims. DHCS presented a TCM Services training on September 3, 2020 that provides additional detail on billing for historical TCM services.

Q26. What documentation is needed for multiple ADL sessions being provided to a student on a daily basis? For example, a student is seen daily for transferring, feeding assistance or toileting. How should this day be documented?

A. ADL services provided by Trained Health Care Aides will be billable in 15-minute increments, with a minimum service time of seven minutes required to bill one unit of service. Each billing increment must be documented with supporting information related to covered LEA Program services, including stop and start time related to the service. If the same procedure code and modifier combination is billed on more than one line of a claim or on different claim forms for the same date of service, it will appear that the procedure was billed twice in error. To avoid duplicate billing errors, providers should complete one claim for multiple sessions, entering the number of sessions that meet the billing requirements in the *Service Units* field on the claim (Box 46) and the time of each session in the *Remarks* field of the claim (Box 80). Note that DHCS will inform stakeholders when the claims processing system is able to accept historical ADL assistance service claims (and all other new services and or practitioner types).

Q27. Slide #44, item #4: In FY 2015/16, we did not bill for any non-IEP services. Can we bill for these now?

A. Once DHCS informs LEAs that the claims processing system is able to accept historical claims, your LEA may bill for non-IEP services that meet LEA Program requirements, back to SPA 15-021's effective date of July 1, 2015. Please see the May 2020 SPA Implementation Training for more information on retroactive billing requirements. Also, note that for services provided to non-IEP students with other health coverage, the LEA must have billed the other health coverage before billing Medi-Cal.

Common Audit Findings

Q28. What happens when a student moves to a different district and the electronic file is sent to the new district? There would be no electronic file for documentation at that point.

A. If a student leaves your LEA, you must maintain documentation of services billed through the LEA Program in accordance with the LEA Program document retention timelines. Refer to the LEA Provider Manual, section *loc ed a prov* for more details

on document retention. Also, please note that document retention timelines related to services provided on or after July 1, 2015 have been **extended to three years after the amended cost report has been submitted to DHCS** (not three years from when the initial CRCS was submitted). Please see the amended cost report submission timelines on slide number 12 of the October 2020 Documentation Training.