A recording of the May 14, 2020 SPA 15-021 Training can be accessed here: SPA 15-021 Implementation and RMTS Requirements (password is QhUZkqe6)

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 the questions and answers from the May 14, 2020 training.

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. Emails from the LEA Program listserv are being blocked by my district server. What email address does the listserv send emails from, so I can whitelist it?

A. E-blasts from the LEA Program listserv are sent from LEA@DHCS.CA.gov.

Q4. What time is the June 3, 2020 Cost and Reimbursement Comparison Schedule (CRCS) webinar?

A. The June 3, 2020 CRCS webinar will be from 1:00-3:00 p.m. during the afternoon session of the June Advisory Workgroup (AWG) Meeting.

Q5. Where should additional questions be directed to?

A. Please email additional questions to the LEA Inbox at LEA@DHCS.CA.gov.

State of Emergency Update (Telehealth)

Q6. Is a Place of Service indicator of '02' required for all telehealth claims?

A. DHCS will reimburse for covered services provided via telehealth in the same manner and at the same rate as face-to-face services. Speech services covered under the current telehealth policy will use modifier '95' and all other LEA services covered under the national emergency (see PPL 20-014) will not use modifier '95'. A Place of Service indicator of '02' is not required for telehealth claiming, but may be included on the claim.

Q7. Do Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) services need to be identified as remote/telehealth in order to be billed?

A. No. LEAs do not need to amend an IEP or IFSP to bill for a telehealth service during the national emergency. As a best practice, DHCS recommends that practitioners are as specific as possible when describing the necessity of telehealth. Please refer to Policy and Procedure Letter (PPL) #20-014 for additional guidance.

Q8. To clarify, even employed practitioners who normally provide speech services face-to-face will need to bill speech services with modifier '95'?

A. Yes. Since speech services provided by licensed practitioners are currently billable via telehealth under the LEA Program, the claims processing system is set up to accept claims with modifier '95'. Therefore, speech services provided by licensed practitioners via telehealth will continue to be billed with modifier '95'.

Q9. Normally, only licensed practitioners can bill for speech services via telehealth. During the State of Emergency, can credentialed practitioners bill for speech services?

A. Yes. During the national emergency, temporary orders are in place and either licensed or credentialed practitioners can bill for services provided via telehealth.

Q10. Can speech services provided by licensed practitioners also be billed without modifier '95'?

A. If licensed speech practitioners are providing services via telehealth, the services should be billed with modifier '95'.

Q11. If a student's IEP or IFSP lists group therapy, are practitioners able to provide and bill for individual therapy via telehealth due to the current shelter-in-place policy?

A. Yes. If a student's IEP or IFSP identified that group services will be provided to the student, for billing purposes it is permissible to substitute an individual telehealth service for the group service during the national emergency. DHCS recommends the reason for the substitution be documented in the treatment notes and requires the service to be billed at the appropriate service rate.

Q12. Can nurses still bill for health assessments when they are unable to do vision and hearing screens face-to-face?

A. DHCS suggests that nurses may complete components that they are able to do remotely now, then wait to bill the assessment until they are able to conduct the screenings. LEAs have twelve months from the month of service to bill for the service, so this approach should allow for LEAs to meet the existing claim filing timeliness requirements.

State Plan Amendment (SPA) 15-021 Overview

Q13. Slide #11: When is the due date for the 2020-21 Provider Participation Agreement (PPA)?

A. The 2020-21 PPA was due from all participating LEAs by June 1, 2020. Submission of the PPA will be a requirement for continued participation in the LEA program.

Q14. Slide #11: How can LEAs submit the 2020-21 PPA?

A. PPAs can be submitted electronically to LEA.AnnualReport@DHCS.CA.gov. Please email the LEA Inbox at LEA@DHCS.CA.gov if any technical issues arise.

Q15. Slide #11: Do LEAs receive confirmation upon submitting a PPA? If so, what if a 2020-21 PPA was submitted but no confirmation email was received?

A. An automated response is provided when a PPA is sent to LEA.AnnualReport@DHCS.CA.gov. Additionally, a notification is sent when the PPA is being processed by a Program analyst. If an LEA has submitted their 2020-21 PPA but has not received confirmation, please email DHCS at LEA@DHCS.CA.gov for additional support.

Q16. Slide #11: If the target timeframe for updating the claims processing system with new procedure codes/modifiers is Fall 2020, when will the retroactive claiming period begin?

A. DHCS will notify stakeholders when the retroactive claiming period will begin, since this will be dependent on updates to the claims processing system.

Q17. Slide #14: When will the Provider Manual be updated?

A. DHCS is currently in the process of updating the Provider Manual. Updates are expected to be published this summer. DHCS will be issuing supporting PPLs shortly so that LEAs receive guidance before the Provider Manual updates are published.

Q18. Has DHCS decided whether new LEAs who want to participate in the LEA Program can enroll anytime or only during a specific enrollment period?

A. DHCS is currently drafting policy that will specify an enrollment period for new LEAs who want to participate in the LEA Program. A forthcoming PPL regarding the enrollment period, process, and requirements will include additional guidance.

SPA 15-021 Program and Policies

Q19. Slide #20: How do LEAs know if non-IEP students have other health coverage (OHC)?

A. If the student is covered under Medi-Cal, LEAs may reference the LEA tape match file for OHC information for each Medi-Cal student. Additional information about eligibility verification and ways to verify eligibility is available in the Provider Manual "LEA: Eligible Students" section (*loc ed elig*).

Q20. Slide #20: If LEAs bill for OHC, will that now fall under Health Insurance Portability and Accountability Act (HIPAA) regulation rather than Family Educational Rights and Privacy Act (FERPA)?

A. Per the Provider Participation Agreement (PPA) all LEAs must meet HIPAA requirements to participate in the LEA Program. DHCS does not oversee the Family Educational Rights and Privacy Act (FERPA) requirements, which protects the privacy of student education records. As such, LEAs should consult with the California Department of Education (CDE) if they have questions about FERPA requirements.

Q21. Slide #20: Do LEAs need consent to bill for OHC/private insurance?

A. Under the Individuals with Disabilities Act (IDEA) LEAs are required to receive consent prior to accessing the child's or the parent's public benefits or insurance for the first time. For services rendered outside of an IEP or IFSP, LEAs should work with their legal counsel to determine consent requirements related to accessing the student's benefits.

Q22. Slide #21: Do LEAs have to obtain written consent more than once for Medi-Cal billing?

A. For students covered under the Individuals with Disabilities Education Act (IDEA), after providing written notification to the student's parent/guardian, LEAs must obtain a <u>one-time</u> written consent. Then, LEAs must provide written notification to the student's parent/guardian annually thereafter. For non-IDEA students, 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.

Q23. Slide #21: For IDEA students, is parental consent required annually?

A. No. After obtaining a one-time written consent, LEAs only need to provide <u>written notification</u> to the student's parent/guardian on an annual basis.

Q24. Slide #21: Is there a sample available with wording on required written consent?

A. No. The LEA Program has not provided sample wording on obtaining written consent.

Q25. Slide #21: Is parental consent required for non-IEP students? If so, is there an example or template of the parental consent form?

A. Per slide 21, LEAs do not need additional consent to bill Medi-Cal for services provided to non-IEP students (the Medi-Cal application provides this consent). However, LEAs should check with their school district legal counsel on other necessary consent that may need to be in place.

Q26. Slide #23: Is the claiming system now configured to accept NPI on the claim? It was previously denying all claims with NPI included.

A. DHCS was not aware that including an ordering, referring or prescribing (ORP) provider's NPI on the claim was causing denials. If denials are occurring, please email DHCS at LEA@DHCS.CA.gov to provide additional information.

Q27. Slide #24: Does a Registered Credentialed School Nurse (RCSN) need to enroll as a Medi-Cal ORP provider?

A. RCSNs need to enroll as Medi-Cal ORP providers if they are ordering, referring, or prescribing (ORP) psychology/counseling treatment services. See PPL 18-018R for additional detail on ORP practitioner requirements under the LEA Program.

Q28. Slide #24: To clarify, RCSNs can refer for nutrition assessments but cannot authorize psychology/counseling treatment services?

A. No. RCSNs can refer for nutrition assessments as well as authorize psychology/counseling treatment services if they are enrolled as a Medi-Cal ORP provider. See PPL 18-018R for additional detail on ORP practitioner requirements under the LEA Program.

Q29. Slide #24: For occupational therapy/physical therapy services, can a physician prescribe a blanket prescription or do LEAs need a prescription for each individual student?

A. Under the LEA Program, occupational and physical therapy services require a prescription for each individual student.

Q30. Slide #25: For IEP students, are there additional authorization requirements for hearing and vision assessments other than a signed assessment plan from an IEP team?

A. Yes. All LEA Program assessments require a referred by an appropriate health services practitioner (within scope of practice), parent, teacher, or school nurse. Hearing and vision screening services may be authorized by the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule).

Q31. Slide #26: Would DHCS consider implementing a protocol like the one that exists for speech services for occupational therapy/physical therapy?

A. No. State regulations do not allow for implementation of a protocol for OT or PT services. Prescriptions must be received by a physician, dentist or podiatrist. As of July 1, 2019, Physicians Assistants and Nurse Practitioners may sign the order in place of the physician, consistent with applicable state and federal laws, and subject to the following:

- Authority has been delegated by the supervising physician to provide the covered benefit or service pursuant to their scope of practice.
- The supervising physician and PA/NP are both enrolled as Medi-Cal providers, pursuant to Article 1.3 (commencing with Section 14043) of Chapter 7, Part 3 of Division 9 of the California Welfare and Institutions Code.

Q32. Slide #28: Are transportation services covered under the LEA Program when a student requires an adult aide during the transportation? Is this considered a special adaption?

A. A specially adapted vehicle is necessary to accommodate the LEA eligible beneficiary's disability. The presence of an aide qualifies as an adaption, as long as the one-on-one presence of the aide accommodates the student's disability per the student's IEP or IFSP. However, the presence of an aide on a general education school bus is not a billable specialized transportation service under the LEA Program.

Q33. Slide #31: Are Individualized Health and Support Plan (IHSP) services the same as non-IEP/IFSP services?

A. With regard to the claiming process, IHSP services will be billed without a TL or TM modifier, similar to the claiming process for historical non-IEP/IFSP services. However, IHSP services must be pursuant to an IHSP, Individualized School Healthcare Plan, Plan of Care, Nursing Plan, 504 Plan, etc. These are generically referred to as "Care Plans." The requirements for "Care Plans" are outlined in Slides 32 and 33.

Q34. Slide #32: If LEAs are able to bill for services outside of IEPs and IFSPs, does that include students on 504 Plans as well?

A. Yes. SPA 15-021 expands potential reimbursement to include covered services provided under an IHSP or other "Care Plan," which includes a 504 Plan.

Q35. Slide #32: Associates are now able to bill under the LEA Program, but they are not listed as an ORP practitioner on Slide 24. Does this mean that the "Care Plan" must be signed by someone on the ORP list and Associate Clinical Social Workers, for example, are not able to?

A. The ORP requirement relates to who can order, refer, or prescribe a service. The ORP requirement does not relate to the practitioner who develops the "Care Plan." If an Associate Clinical Social Worker, for example, develops and signs the Care Plan, a licensed ORP practitioner must still prescribe, refer, or recommend the services.

Q36. Slide #35: If a health service practitioner is partially federally funded, can they still bill for covered services under the LEA Program?

A. Yes. Only practitioners that are 100% federally funded are prohibited from billing.

Q37. Slide #35: What if an LEA currently contracts out for 100% of their direct medical service practitioners but hires a practitioner as an employee later on? Can the LEA participate in the Random Moment Time Survey (RMTS) at that point? If so, can this be done at any point throughout the year or is there an "open enrollment" period?

A. If the LEA is already participating in the LEA Program as a Model 2 provider and they would like to switch to another Model of Service that includes employed health service practitioners, the LEA should work with DHCS to ensure all necessary documents are in place to begin participation in the RMTS. DHCS will coordinate with the LEA to establish the required timeframe in which the LEA may join the RMTS, once all requirements are met, including a contract with a LEC or LGA and required Time Survey Participant lists for the upcoming RMTS quarter.

Q38. Slide #36: What are the transportation costs required on the CRCS as of FY 19-20?

A. Transportation services provided on or after July 1, 2019 must be cost settled and included in the CRCS. LEAs will need to identify and report specialized medical transportation costs on the CRCS, not general transportation costs. These costs include personnel costs, contract expenses, equipment depreciation, insurance, maintenance, etc. Additional detail regarding cost settlement for specialized medical transportation will be included in the CRCS training during June 2020 Advisory Workgroup meeting.

Q39. Slide #37: Will there be a guide in which each provider can reference what is billable, particular to their practice? E.g., annual vision screenings, annual hearing screenings, enrollment assessments, assistance with appointments, social/emotional discussions, etc.

A. The LEA Program Provider Manual provides guidance to LEAs on billing for covered services. The manual will be updated to include requirements for the new services and new practitioner types that are covered under the LEA Program related to SPA 15-021. DHCS will also publish PPLs to help disseminate the information related to SPA 15-021. As a reminder, LEAs and their practitioners should be knowledgeable about the practice standards tied to their license.

Q40. Slide #38: Can trained paraprofessionals (teacher aides) bill for Activities of Daily Living (ADL) services?

A. Trained Health Care Aides (THCAs) are considered qualified rendering practitioners for ADL services under the LEA Program. However, not all LEA job titles for paraprofessionals providing ADL services are THCAs. Individuals or roles that are DHCS-approved through the submission of a Time Survey Participant (TSP) Equivalency Form are considered equivalent to THCAs and may be included in the Pool 1 TSP List. However, aides whose primary purpose is to provide educational services should not be included in Pool 1. A forthcoming PPL regarding the TSP Equivalency Form will include information on the process, timeline, and instructions for how LEAs should submit the form.

Q41. Slide #39: Is consultation time for occupational therapy and speech considered billable?

A. No. Consultations are not a covered service in the LEA Medi-Cal Billing Option Program. The reimbursement rates for treatment services already account for “preparation and completion activities.” Accordingly, consultations are not separately billable in the LEA Medi-Cal Billing Option Program.

Q42. Slide #41: How is nutritional counseling defined and how would LEAs document nutritional counseling in order to bill for it?

A. Nutritional counseling is the treatment service associated with covered nutrition services. Nutrition services are defined as nutrition assessment and education, consisting of assessments and non-classroom nutrition education based on the outcome of the nutritional health assessment (diet, feeding, laboratory values, and growth). Nutritional counseling services must be identified in an IEP, IFSP, or other care plan to be reimbursable under the LEA Program. Examples of nutritional counseling services may include, but are not limited to:

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

Nutritional counseling must be referred by a physician, and if medical nutrition therapy is required, a written physician prescription is necessary. Additional detail regarding supervision and billing was presented during the March 5, 2020 New Services and Practitioners training. Details will also be updated in the Provider Manual "LEA Service: Nutrition Services" section (*loc ed serv nutr*).

Q43. Slide #42: RCSNs can refer for orientation and mobility assessments but cannot authorize orientation and mobility treatment services, is that correct?

A. Orientation and Mobility treatment services require authorization by a physician or licensed practitioner of the healing arts (within scope of practice). RCSNs do qualify as a licensed practitioner of the healing arts for orientation and mobility services. Details will be updated in the Provider Manual "LEA Service: Orientation and Mobility" section (*loc ed serv om*).

Q44. Slide #42: Can a licensed Occupational Therapist be an ORP practitioner for orientation and mobility treatment services?

A. Orientation and Mobility treatment services require authorization by a physician or licensed practitioner of the healing arts (within scope of practice). Therefore, a licensed Occupational Therapist would qualify as a licensed practitioner of the healing arts. Details will be updated in the Provider Manual "LEA Service: Orientation and Mobility" section (*loc ed serv om*).

Q45. Slide #44: Do TCM services need to be included in a student's IEP or IFSP? Is an individual health care plan sufficient?

A. Under SPA 15-021, TCM services are only billable pursuant to an IEP or IFSP. However, SPA 16-001 will expand coverage of TCM services to the entire Medi-Cal population, including Individualized Health and Support Plans (IHSPs) and other "Care Plans." SPA 16-001 is pending CMS approval. Until SPA 16-001 is approved, TCM services must be included in a student's IEP or IFSP in order to be billable to the LEA Program.

Q46. Slide #44: Is 'targeted' case management different than the typical case management case managers do? I.e., scheduling IEPs, contacting providers, etc.

A. TCM services assist eligible children and eligible family members to access needed medical, social, educational and other services. TCM services include the following 4 components:

- Comprehensive assessment and periodic reassessment of individual needs
- Development (and periodic revision) of a specific care plan
- Referral and related activities to help the eligible student obtain needed services
- Monitoring and follow-up activities

Additional detail regarding TCM services was presented during the April 8, 2020 TCM and Specialized Medical Transportation training. Details will also be updated in the Provider Manual "LEA Service: Targeted Case Management" section (*loc ed serv targ*).

Q47. Slide #44: Can teachers bill for TCM services as Program Specialists?

A. All TCM practitioners billing for TCM services under the LEA Program must be approved qualified practitioner types and included on the Pool 1 TSP List. Teachers are not qualified rendering practitioners under the LEA Program. The only exceptions to the list of qualified rendering practitioner types is through a DHCS-approved TSP Equivalency Form. A forthcoming PPL regarding the TSP Equivalency Form will include information on the process, timeline, and instructions for how LEAs should submit the form.

Q48. Slide #45: Can LEAs bill for vision and hearing screenings?

A. Yes. SPA 15-021 covers Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings for all Medi-Cal eligible students under the age of 21. Vision and hearing screenings must be pursuant to the Bright Futures Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). Additional detail regarding billing for EPSDT screenings was presented during the March 5, 2020 New Services and Practitioners training.

Q49. Slide #45: For mandated vision and hearing screenings, can a physician write an order for all students, similar to speech therapy?

A. Physician authorization is not required for mandated vision and hearing screenings. The Bright Futures Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) and California Education Code or Health and Safety Code screening requirements are considered the required authorization for screening services.

Q50. Slide #45: In order to bill for non-IEP/IFSP students for vision and hearing screenings, will LEAs have to bill OHC first?

A. Yes. It is a LEA Program requirement that if services are provided outside of an IEP or IFSP and a student has OHC, the LEA must bill the OHC first. This is a national requirement to ensure Medi-Cal is the payer of last resort in instances where a Medicaid beneficiary has other health insurance coverage.

Q51. Slide #45: For hearing and vision screenings, what type of instrument may be used?

A. The LEA Program will follow the requirements from the Bright Futures/American Academy of Pediatrics periodicity schedule or that of the California Education Code or Health and Safety Code screening requirements. Within the periodicity schedule is an "Instrument-based screening" assessment. LEAs should follow guidelines within the periodicity schedule and are responsible for any changes to the schedule.

Q52. Slide #45: What EPSDT screenings are billable under the LEA Program?

A. The most common billable screenings are the vision and hearing screenings. Additional detail regarding EPSDT screenings was presented during the March 5, 2020 New Services and Practitioners training. If there are further questions, please email the LEA Inbox at LEA@DHCS.CA.gov.

Q53. Slide #49: Can DHCS provide additional guidance on how to determine whether Speech Language Pathologists (SLPs) have a "valid professional clear services credential in language, speech and hearing to provide speech therapy treatment services"?

A. DHCS does not assist in verifying provider licenses or credentials. Practitioners should maintain copies of their licenses/credentials so that LEAs have this information in their audit file. If the practitioner doesn't know their active credential, they should reach out to their appropriate licensing or credentialing board. The speech-language pathology services credentials are authorized through the California Commission on Teacher Credentialing (Email: credentials@ctc.ca.gov).

Q54. Slides #49-51: How is the 'HM' modifier used for both SLP Assistants as well as Associate Clinical Social Workers?

A. These two practitioners bill under different CPT codes, so the modifier can be used by both practitioners.

Q55. Slides #50-51: Can MFT interns and Clinical Social Worker interns bill for services?

A. Under SPA 15-021, Associate MFTs and Registered Associate Clinical Social Workers that meet the necessary qualifications and supervision requirements are able to bill for services. Additional detail regarding these new practitioners was presented during the March 5, 2020 New Services and Practitioners training. Details will also be updated in the Provider Manual "LEA: Rendering Practitioner Qualifications" section (*loc ed rend*).

Q56. Slides #50-51: To clarify, Associate MFTs and Associate Clinical Social Workers must be registered with the California Board of Behavioral Sciences (BBS), not CTC?

A. Yes, that is correct. To qualify as an LEA Program practitioner, these providers must be registered with the California Board of Behavioral Sciences.

Q57. Slide #59: Is a Pupil Personnel Services (PPS) credential still required for licensed MFTs and licensed social workers?

A. These practitioners must be licensed to practice by the California Board of Behavioral Sciences and hold a valid PPS credential, with the appropriate authorization for those services, **or** be appropriately supervised by a PPS-credential holder.

Random Moment Time Survey (RMTS)

Q58. Slide #63: What is the purpose of the RMTS for the LEA Program?

A. RMTS is a statistically valid means of determining what portion of a group of participants' workload is spent performing Medicaid reimbursable activities. Under RMTS, TSPs are randomly selected and asked a series of questions about what they are doing during their assigned moment, equal to one minute of time. Moments coded to Activity Code 2A, Direct Medical Services, will be compiled across designated regions and will be published by DHCS for LEAs to use as one of several allocation statistics applied to LEA-specific costs that are reported in the annual CRCS.

Q59. Slide #66: How do LEAs address employees that are hired to provide services in the Extended School Year (ESY) during the June through July period of 2020? Will LEAs need to wait until Quarter 2 to add them as a Time Survey Participant?

A. LEAs will create a Participant Pool 1 Time Survey Participant (TSP) list at the end of Quarter 1 that will include all qualified direct service employees that were eligible to bill for LEA services between July 1, 2020 and September 30, 2020. A PPL will be forthcoming to provide more details on the Q1 TSP List process.

Q60. Slide #67: Does RMTS participation mean LEA Program practitioners do not need to bill for services anymore?

A. No. LEAs will continue to submit claims for Participant Pool 1 TSPs and receive interim reimbursement.

Q61. Slide #69: The Pool 1 TSP Equivalency Form will be attached to the PPL. When will that be made available?

A. The TSP Equivalency Form PPL is in the review/approval phase at DHCS and is expected to be published in July 2020.

Q62. Slide #69: If a practitioner's official district/County Office of Education job title does not exactly match the wording for the qualified rendering practitioner, will a TSP Equivalency Form be required? For example, "District Nurse" (not "Registered Credentialed School Nurse") or "School Counselor" (not "Licensed Marriage and Family Therapist").

A. Job titles do not need to correspond verbatim to the qualified rendering practitioner. However, the practitioner must meet all rendering practitioner requirements and generally be aligned with the approved job classification title. For example, if the nurse's job title is "District Nurse," but they are an RN that meets the program requirements to bill, they can be aligned with the Nurse job classification. A TSP Equivalency Form will be necessary in more ambiguous cases – for example, a "paraprofessional" that the LEA would like to bill as a THCA providing ADL services.

Q63. Slide #69: What supporting documentation will be required for the TSP Equivalency Form?

A. LEA must provide DHCS a detailed justification and a copy of the job description that meet the requirements of the job categories listed on the CMS approved job classifications list. A forthcoming PPL regarding the TSP Equivalency Form is expected to be published in June 2020 and will include information on the process, timeline, and instructions for how LEAs should submit the form.

Q64. Slide #69: Who will be fielding the TSP Equivalency Forms that are submitted by LEAs?

A. LEA Program staff at DHCS will review the TSP Equivalency Forms submitted for a Pool 1 TSP. SMAA Program staff at DHCS will review the TSP Equivalency Forms submitted for a Pool 2 TSP.

Q65. Slide #71: What is the SMAA Program?

A. The School-Based Medi-Cal Administrative Activities (SMAA) Program reimburses school districts for the federal share of certain costs related to administering the Medi-Cal program. Those activities include: Outreach and Referral; Facilitating the Medi-Cal Application; Arranging Non-Emergency/Non-Medical Transportation; Program Planning and Policy Development; and MAA Claims Coordination. Please visit the SMAA webpage for more information about that program:
https://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx.

Q66. Slide #73: Is the TCM Certification Form new? How often will it be required?

A. The TCM Certification Form is a new requirement under SPA 15-021. If an LEA intends to bill for TCM services through the LEA Program, the form must be completed prior to the quarter in which the LEA bills for TCM services. The TCM Certification Form will be required starting with the RMTS that will run in Q2 FY 2020-21 (October to December 2020). The form must be updated quarterly and retained by the LEA for audit purposes, but does not need to be submitted to DHCS.

Documentation Requirements and Guidelines

Q67. Slide #85-86: Is there a list of documents LEAs will need for an audit? Any update on when audits will occur?

A. Each CRCS will be audited annually, although the scope of the audit may vary from year to year. The level of audit will depend on the reported information provided in the CRCS. LEAs should be prepared for the possibility of any of the audit levels, and it is advised that LEAs keep thorough documentation of any calculations or assumptions made during completion of the CRCS forms (for example, compile a CRCS audit support binder with relevant practitioner cost and reimbursement information). LEAs must keep, maintain and have readily retrievable documentation for a minimum of three years from the date of

submission of the CRCS. The documentation requirements and guidelines have been outlined in Section 4 of this training.

Q68. Slide #85: Is 'RCSN' and 'School Nurse' considered interchangeable terms in this context? Or is a School Nurse an RN who is not credentialed?

A. 'RCSN' and 'School Nurse' are considered interchangeable terms in this training webinar.

Q69. Slide #90: To clarify, if an LEA is billing for vision and hearing screenings, they will need to put a copy of the Periodicity Schedule/CDE law into each student's file?

A. Since the Periodicity Schedule and California Education Code or Health and Safety Code screening requirements are considered the authorization for screening services, LEAs must either maintain the required documentation in a central file to support screenings billed during the fiscal year, or in a student's individual file when they bill Medi-Cal for the screening service provided to that student. In either case, the documentation should be readily accessible for audit/review purposes.

Q70. Slide #93: Supporting documentation such as a calendar of appointments was stated to be one of the methods LEAs can utilize to document RMTS moments. Is this one of the options or <u>required</u> documentation?

A. Calendars and/or practitioner schedules are examples of supporting documentation for RMTS moments, but they are not required or the only options for LEAs to use. As a reminder, it is an LEA's responsibility to maintain sufficient supporting documentation of RMTS moment responses for audit purposes.

Q71. Slide #94-95: How should LEAs maintain documentation for RMTS moments answered by health service practitioners?

A. DHCS suggests that LEAs maintain an audit file that includes supporting documentation associated with any of their TSP's moments that are coded to Activity Code 2A (billable direct medical services). Doing so allows for documentation to be maintained in one area, in the event of federal and/or state audit. Sources to document the direct medical service moment include, but are not limited to:

- The student's IEP or IFSP, IHSP, or other type of care plan that is used as a medical management tool for providing medically necessary healthcare services to a student in a school setting. Common names include, but are not limited to: individualized school healthcare plan, nursing plan, 504 plan, and plan of care.
- Treatment Logs
- Practitioner Notes
- Billing Schedules and/or Documents
- Practitioner Schedules
- Calendars
- Timesheets
- Prescriptions

Q72. Slide #97: We have heard that documentation retention for licensed practitioners is 7 years after the beneficiary's 18th birthday. For LEA Program billing purposes, LEAs only need to maintain documentation for 3 years?

A. For the LEA Program, LEAs must keep, maintain and have readily retrievable documentation for a minimum of three years from the date of submission of the CRCS. If the CRCS is under audit or appeal, documentation should be maintained until the audit or appeal is finalized. LEAs should also be aware of and follow additional CDE-related documentation requirements.

Retroactive Billing for Services

Q73. Slide #101: How long will LEAs have to submit retroactive claims? Will it be one year from July 1, 2020?

A. DHCS will notify stakeholders when the retroactive claiming period will begin and end. Since this timeframe will be dependent on updates to the claims processing system, it will not necessarily begin on July 1, 2020.

Q74. Slide #103: Can all of the new services and new practitioners be retroactively billed, or can they only be billed after July 1, 2020?

A. Claims associated with all of the new services and new practitioners may be retroactively billed back to the SPA 15-021 effective date of July 1, 2015, as long as LEA Program documentation requirements are met.

Q75. Slide #103: With the elimination of the 24-service limit per fiscal year for non-IEP students, can all IHSP services be retroactively billed back to 2015?

A. Yes. All IHSP services may be retroactively billed back to July 1, 2015, as long as LEA Program documentation requirements are met. LEAs can bill for these historical IHSP services even if they were not previously claimed for that student.

Q76. Slide #103: Do the non-IEP services that were previously denied past the 24-service limit per fiscal year need to be re-submitted in the claims system or will they be addressed through erroneous payment corrections (EPCs)?

A. EPCs will not be run for previous claims that were denied due the 24-service limit per fiscal year. If LEAs would like to go back and bill for historical IHSP services, they will need to submit new claims. LEAs will need to ensure that retroactively billed services meet the current LEA Program requirements.

Q77. Slide #103: Are the TCM claims that have been submitted and denied over the last 5 years lost or will they be paid through erroneous payment corrections (EPCs)?

A. EPCs will not be run for historical periods. If LEAs would like to go back and bill for TCM services rendered since July 1, 2015, they will need to submit new claims.

Cost Reporting

Q78. Slide #112: Does re-submission of the CRCS mean that DHCS Audits and Investigations (A&I) will do another round of CRCS audits per the standard practice?

A. Yes. Once the CRCS is re-submitted on the new CRCS form, 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 and acceptance date).

Q79. Slide #112: Who will be responsible for re-submitting the CRCS? Will LEAs be prompted that this needs to occur?

A. LEAs are responsible for re-submission of the CRCS. DHCS will send out announcements and reminders via e-blast to all stakeholders to inform them of the required due dates.