LEA Medi-Cal
Billing Option Program

Vendor Training – October 21, 2021

Training will begin at 9 a.m.

Welcome and Introduction

Introductions

California Department of Health Care Services (DHCS)

Administers the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)

Guidehouse

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

Housekeeping Items

- Training scheduled from 9-10:30 a.m.

- Questions answered at the end of each section

- Q&A will be compiled and sent to participants, along with the slides

- Submit questions via the **Q&A function** (*not* chat)

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

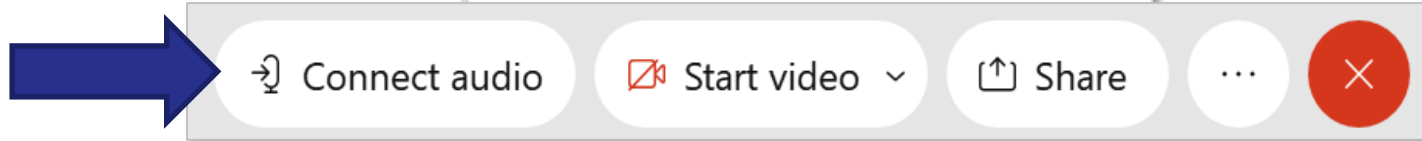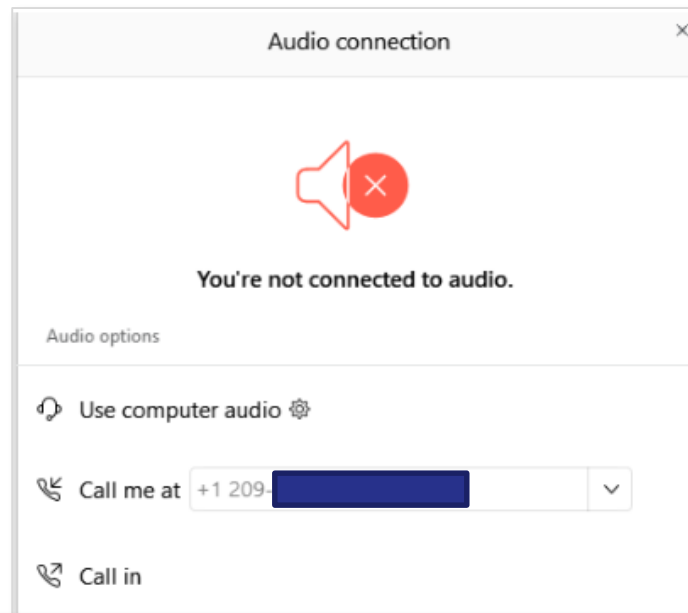Connect audio   Start video   Share   Record   ···   ✕   Participants   Chat   ···

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

LEA BOP Website Resources

- **Main Resources**

  - LEA BOP Website

  - Medi-Cal Provider Manual, including the LEA BOP sections of the manual

  - Policy and Procedure Letters (PPLs)
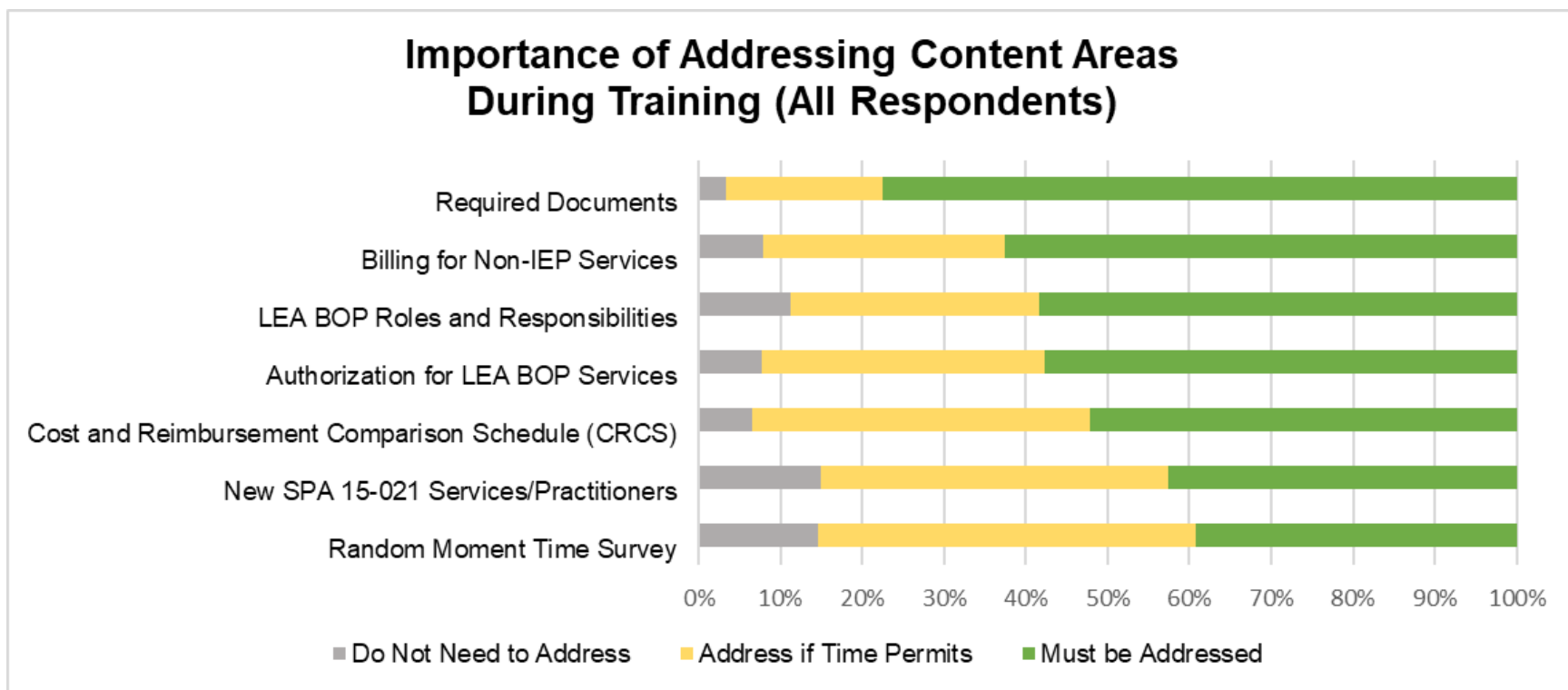
  - Training Resources

LEA BOP Website Resources (cont'd)

- **Additional Resources**

  - [LEA Onboarding Handbook](#) – Great resource for new LEAs

  - [LEA Toolbox](#) – Provides resources and contact information in one area of the website

  - [Transportation Billing Guide](#) – Provides billing requirements and example mileage billing scenarios

  - [Glossary of Terms](#)

  - [LEA BOP Mailbox (LEA@DHCS.CA.GOV)](#)

  - [RMTS Mailbox (RMTS@DHCS.CA.GOV)](#)

Vendor Training Survey Findings

- 98 responses – 77 LEAs, 15 Vendors, 5 LECs/LGAs
- Asked participants to rank topics in importance of presentation at today's training
  - Breakdown of areas ranked by <u>all</u> respondents:

Importance of Addressing Content Areas During Training (All Respondents)

Vendor Responses

Breakdown of areas ranked by 15 vendor respondents, representing 5 vendors:

Importance of Addressing Content Areas During Training (Vendors Only)

Legend: ■ Do Not Need to Address ■ Address if Time Permits ■ Must be Addressed
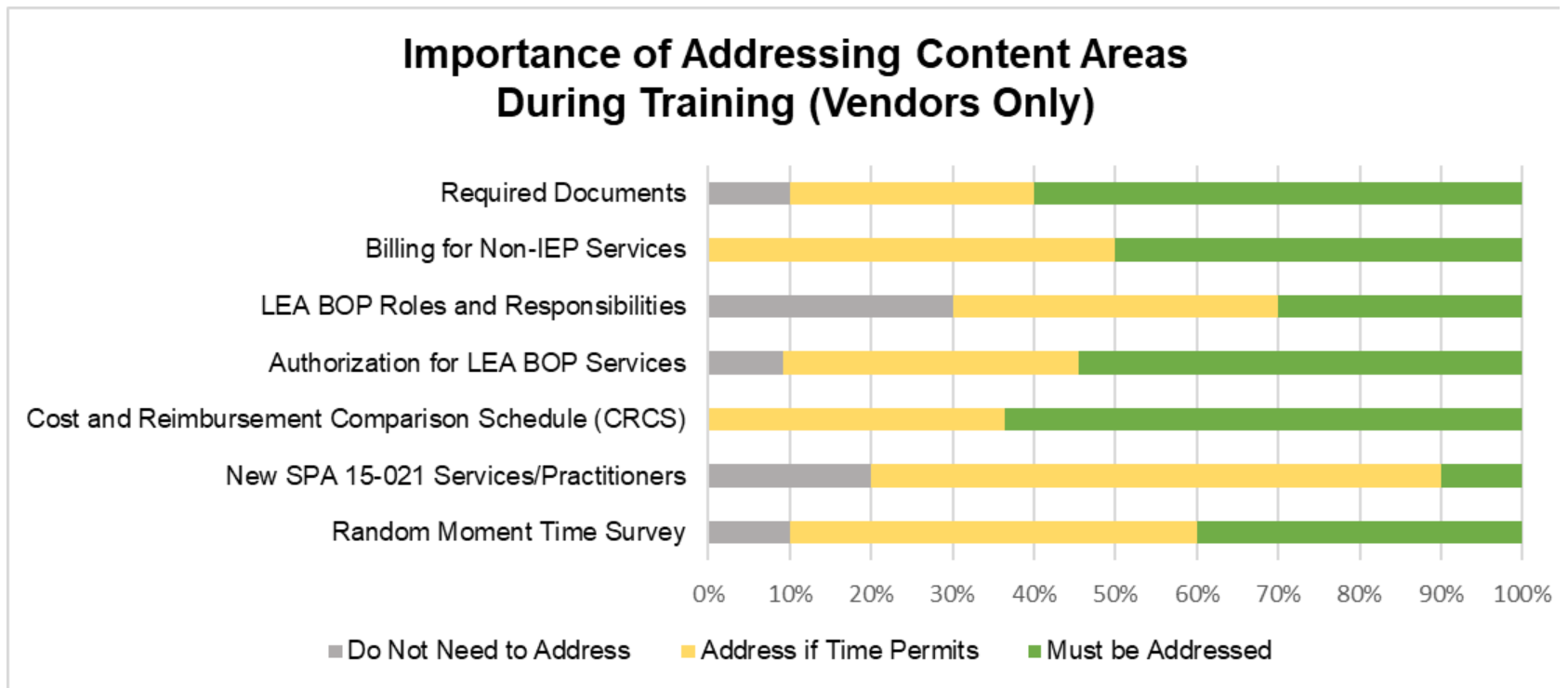
Meeting Agenda

Section	Topic
1	Roles and Responsibilities
2	Required Documents
3	Cost and Reimbursement Comparison Schedule (CRCS)
4	Authorization for Services
5	Non-IEP Billing
6	Questions for DHCS

Section 1

Roles and Responsibilities

LEA BOP and SMAA Partnerships

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│       Centers for Medicare and Medicaid Services (CMS)       │
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                              │
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│          Department of Health Care Services (DHCS)           │
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         │                                          │
┌──────────────────┐                      ┌──────────────────┐
│    LEA BOP       │                      │   SMAA Program    │
│ (Health Services)│                      │  (Administrative) │
└──────────────────┘                      └──────────────────┘
              │        ┌──────────────────┐       │
              └───────▶│      RMTS        │◀──────┘
                       │ (*Through LECs/LGAs)│
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                        │                │
┌──────────────────┐              ┌──────────────────┐
│ LEA Direct Service│              │ LEA Administrative│
│     Claiming      │              │     Claiming      │
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       │       Contract with Billing Vendors      │
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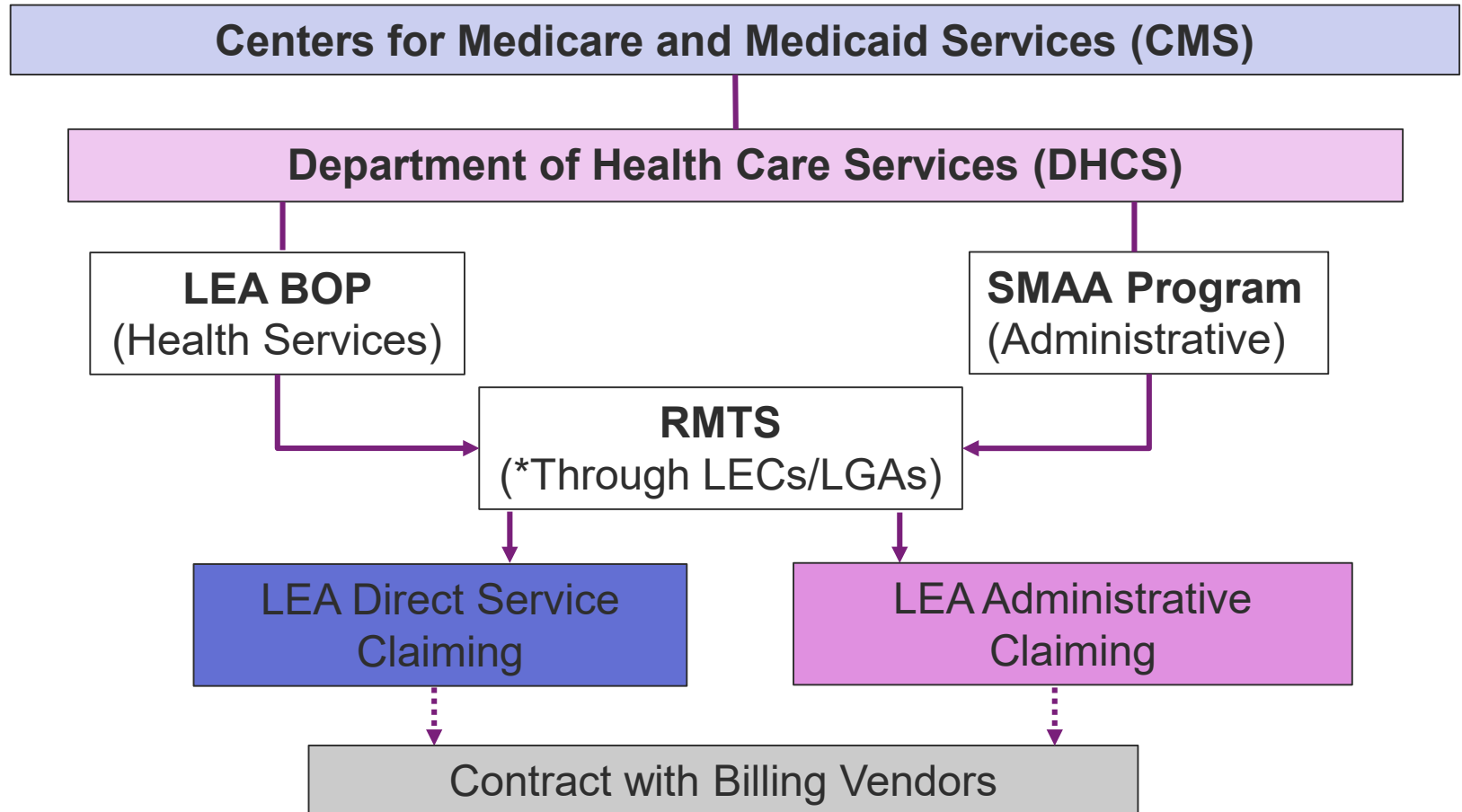
* In California, the SMAA Program is locally administered by a Local Educational Consortium (LEC) or Local Governmental Agency (LGA). The LECs/LGAs are responsible for day-to-day administration of the RMTS.

DHCS Responsibilities

- Single state agency responsible for the administration of the LEA BOP

- Primary source for the dissemination of policy, procedure and guidance with respect to the proper administration of the LEA BOP

- Responsible for oversight and monitoring of the LEA BOP
  - Ensure LEAs comply with LEA BOP requirements
  - Conduct oversight of RMTS activities, including oversight of RMTS administration by LECs/LGAs
  - Perform audits of LEA providers to ensure federal funds are claimed appropriately

LEA Provider Responsibilities

- Employ or contract with direct service practitioners

- Provide and bill for covered services rendered to Medi-Cal enrolled students

- Understand and comply with current LEA BOP policy

  – It is the LEA, not the billing vendor, that is ultimately responsible for Medi-Cal compliance in the LEA BOP

    • Submitted required documents (Provider Participation Agreement, Annual Report, CRCS)

    • Participating in RMTS

    • Documenting services

Vendor Responsibilities

- Contract with the LEAs to provide services related to school-based claiming

- Advise LEAs in accordance with DHCS policy
  - ✓ Submit claims in accordance with DHCS policy
  - ✓ Share available LEA BOP resources
  - ✓ Communicate with DHCS (note that e-mail communication between DHCS and vendors need to include the respective LEA on e-mail inquiries)
  - ✓ Comply with Data Use Agreement requirements, including unique MOVEit usernames and passwords

LEC/LGA Responsibilities

- Day-to-day administration of the RMTS, responsibilities include:
  - ✓ Identify/certify/submit staff pool lists
  - ✓ Moment completion compliance
  - ✓ Oversee central coding process
  - ✓ Conduct training

- Ensure LEAs have contracts in place to participate in RMTS

- Provide support for the RMTS process
  - ✓ LECs/LGAs do not provide support for LEA BOP forms or policies

Section 2

Required Documents

Program Compliance Documents

Documents

1. Provider Participation Agreement (PPA)
   - Evergreen Agreement; and
   - PPA Addendum (Due 11/1/21)
2. Annual Report (Due 11/30/21)
3. Data Use Agreement (Due 11/30/21)
4. CRCS
5. TSP List (Quarterly)
6. TCM Certification
7. Model 2 Certification

Submitting Documents – Program Reminders
1. Forms required to be submitted must be sent via email
2. When submitting forms, verify the correct LEA name
3. Verify the correct naming conventions
4. Include the LEA on any emailed questions to DHCS

Provider Participation Agreement (PPA)

- Contract between DHCS and the LEA

- Required to be a participating Medi-Cal provider and receive LEA BOP reimbursement

- LEAs must have an **effective PPA and an addendum**
  - Evergreen Agreement (effective until terminated)
  - Addendum effective date: August 10, 2021

> Current LEAs need only to **submit PPA Addendum by November 1, 2021**

  - Must be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov

Annual Report (AR)

- **<u>All</u>** LEAs must submit an Annual Report (due annually)

  – Reporting for current and previous fiscal year

  – LEAs may use AR to update their information, such as official name, mailing address, EIN number

  – Must be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov

Next Annual Report due **(11/30/21)**

– New form will be distributed via e-blast

– Once published, LEAs can also request the AR by emailing LEA@dhcs.ca.gov

Data Use Agreement (DUA)

- **All** LEAs must submit a DUA

- Must be **renewed** at scheduled three-year intervals

> **FY 2021-22 is the renewal year**; the current DUA expires December 1, 2021

- The "tri-party DUA" is an agreement between DHCS, the LEA and their vendor

- New template available from DHCS prior to expiration

- May be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov

CRCS – Due Dates

CRCS Due Date	SFY	Submission Window*	36-Month Audit Statute Deadline
3/01/2022	2020-21	**2/01/22 - 3/01/22**	3/1/2025
4/30/2022	2019-20	**4/01/22 – 4/30/22**	4/30/2025
6/30/2022	2015-16	**6/01/22 – 6/30/22**	6/30/2025
8/31/2022	2016-17	**8/01/22 – 8/31/22**	8/31/2025
10/31/2022	2017-18	**10/01/22 – 10/31/22**	10/31/2025
1/31/2023	2018-19	**1/01/23 – 1/31/23**	1/31/2026
3/01/2023	2021-22	**2/01/23 – 3/01/23**	3/01/2026
3/01/2024	2022-23	**2/01/24 – 3/01/24**	03/01/2027

* **Submission Window** represents the defined period that the CRCS will be accepted for processing when submitted to LEA.CRCS.Submission@dhcs.ca.gov.
Reports submitted prior to this window will be rejected.

Time Survey Participant (TSP) List

- Quarterly **due dates based on LEC and LGA timelines**

- When creating the TSP list**, LEAs are responsible for its development and ensuring its accuracy**

- **Quarter 1 list will be developed retrospectively,** based on employed practitioners that are qualified to provide and bill for LEA services in Q1

  - ✓LEAs should use the approved Quarter 2 Pool 1 TSP list and make additions or deletions applicable to Quarter 1

  - ✓Instructions can be found in PPL 20-046

Targeted Case Management (TCM) Certification

TCM Certification Statement is required if billing for TCM services through LEA BOP

- LEAs must make quarterly updates to the TCM Certification Form, as necessary

- LEAs must notify LECs/LGAs of TCM practitioners so they can be identified in the RMTS software platform

- The TCM Certification Statement **does not need to be submitted to DHCS**; must be 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

Model 2 Certification

Applicable only for LEAs using Model 2 for service delivery (i.e., LEA contracts out <u>all</u> health service practitioners)

- **LEAs participating as Model 2 providers must submit the <u>Certification Statement</u>**

  - Submit to the LEA inbox (<u>LEA@dhcs.ca.gov</u>)

  - The subject of the email: "**Model 2 Certification**"

📅 **Due before July 1 every State Fiscal Year,** prior to start of RMTS Quarter 1

Section 3

CRCS Updates

Purpose of the CRCS

- **Mandatory requirement** for LEA BOP participation

  – Allows LEAs to certify that the public funds expended for LEA services provided are **eligible for federal financial participation** (*42 CFR 433.51*)

  > Per the State Plan, DHCS must reconcile the **interim** reimbursement with **allowable costs** back to July 1, 2015

What does this mean for LEAs?

- If an LEA had a PPA in place for **any** state fiscal year (SFY) between SFY 2015-16 and current, they must be cost-settled under the SPA 15-021 reimbursement methodology

  – The cost settlement requirement is applicable even if the LEA has **terminated participation** in LEA BOP

What is "Backcasting" for LEA BOP?

- Backcasting = cost settlement for historical periods under the new reimbursement methodology

  – SPA effective 7/1/15 and approved April 2020

  – Backcasting period is 7/1/15 to 6/30/20 (five SFYs)

- DHCS submitted a **"Backcasting Plan"** to address historical periods

  – Plan is negotiated and eventually approved by CMS

  – Backcasting Plan includes details regarding how DHCS proposes to implement reimbursement methodology for historical periods

Backcasting Plan Details

Backcasting Area	Approved Methodology
How to reimburse for new services	**No retroactive claiming** (7/1/15 and 6/30/20) - Interim claiming begins 7/1/20 - CRCS will include costs for new practitioners *(either new via SPA 15-021 or historical practitioners that provided new covered services in past SFYs)*
How to reimburse for new practitioners	No interim reimbursement during the SFY is required to add eligible practitioner costs to CRCS

Backcasting Plan Details *(continued)*

Backcasting Area	Approved Methodology
How to account for Five SFYs without RMTS data (2015/16 through 2019/20)	• **SFY 2020-21 RMTS results will be applied to five historical CRCS reports** (Code 2A results expected early 2022) • LEAs do not need to be included in the SFY 2020-21 RMTS to use the RMTS Code 2A percentage associated with their LEC/LGA region • **LEAs that no longer participate in the LEA BOP** will use the SFY 2020-21 RMTS percentage information for their region • SFY 2020-21 Pool 1 TSPs may differ from the practitioners providing LEA BOP services during prior cost reporting periods.

Backcasting Plan Details *(continued)*

Backcasting Area	Approved Methodology
How to account for the UIS population	• CMS required a statewide adjustment factor be applied to LEA-specific MERs • Note that DHCS was able to negotiate LEA settlement at various FMAP levels; will help mitigate the UIS adjustment
How to handle transportation and mileage reimbursement	• DHCS negotiated with CMS that transportation services will be not be cost settled back to July 1, 2015 • Interim reimbursement for specialized medical transportation services between 7/1/2015 and 6/30/2019 will be considered <u>final</u> payments • Effective for dates of service on or after July 1, 2019, medical transportation services paid on a cost basis

Backcasting Plan Details *(continued)*

Backcasting Area	Approved Methodology
How to ensure compliance with cost settlement in accordance with the new reimbursement methodology	• All LEAs reimbursed for services between July 1, 2015 and June 30, 2020 are subject to the backcasting plan • **All LEAs must submit an amended CRCS** for services that were previously billed to Medi-Cal, **even if they have terminated from the LEA BOP** • LEAs that do not comply with this requirement are subject to sanctions, including suspension from the LEA BOP and recoupment of all interim reimbursement paid for dates of service during each respective fiscal year period

Calculating the MER

- **Will be specific to SFY and detailed in CRCS Instructions**

- **SFY 2015-16 through 2018-19**
  - Three options: (1) LEA data match result for any point during the SFY, (2) Average MER from the quarterly SMAA invoices during the applicable SFY, (3) proxy MER

- **SFY 2019-20**: DHCS instructed LEAs to determine the **numerator** using the data match eligibility confirmation process at any point during the last quarter of SFY 2019-20 (April to June 2020)

- **SFY 2020-21**: DHCS instructed LEAs to determine the numerator at any point in October 2020, using the data match eligibility confirmation process

- **SFY 2021-22**: DHCS will inform LEAs of the date on which to determine the numerator (once UIS updates to data match process are in place)

Proxy MERs

- DHCS negotiated options for LEAs that don't have historical tape match information or SMAA data

- DHCS would like to start working with vendors now who can identify LEAs that will need a proxy MER

  - DHCS will be tracking LEAs that don't have historical MER data and assisting them with how to move forward, in accordance with Backcasting Plan

  - Form is being developed that LEAs/Vendors may submit to request assistance

Summary of Cost Settlement Backcasting Period

- <u>SFYs 2015-16 to 2019-20</u>: **No retroactive interim claiming** for new SPA 15-021 services/practitioners

  - To cost-settle, LEAs may add costs to the CRCS for any eligible new practitioners that rendered LEA BOP covered services

- PPL will be published outlining the backcasting process

- <u>Reminder</u>: Transportation services rendered between July 1, 2015, and June 30, 2019, **will not** be subject to cost settlement using the CRCS (4 of 5 backcasted SFYs)

- DHCS negotiated cost settlement for certain claims to be reimbursed at enhanced FFP rates (by aid code)

Summary of Cost Settlement
SFY 2020-21 and Forward

- <u>SFYs 2020-21 and Forward</u>: LEAs must submit interim claims for new services and practitioners
  - **Note**: Claiming window expanded to accept SFY 20-21 claims through 12/31/2021 without timeliness penalty
  - Transportation services will be cost settled for LEAs that bill IEP/IFSP transportation
  - Enhanced FFP will continue for populations reimbursed at an enhanced federal match rate

- CRCS trainings will provide detail by SFY

- Submit questions to <u>LEA@dhcs.ca.gov</u>

# Relationship Between TSPs and Costs on the CRCS

Beginning in FY 2020-21, the **costs for employed practitioners** on the CRCS will be limited to TSPs on the approved Pool 1 TSP list

- CRCS for SFY 2020-21 (and forward) will report salary/benefit information by quarter

- A practitioners' costs may be included on the CRCS for one quarter or all quarters, *depending on the TSP list*

- If a practitioners' quarterly costs are included on the CRCS, but that practitioner was not on the TSP list for the quarter, the cost will be disallowed on the CRCS

CRCS Summary
Prior to RMTS Start Date of July 1, 2020
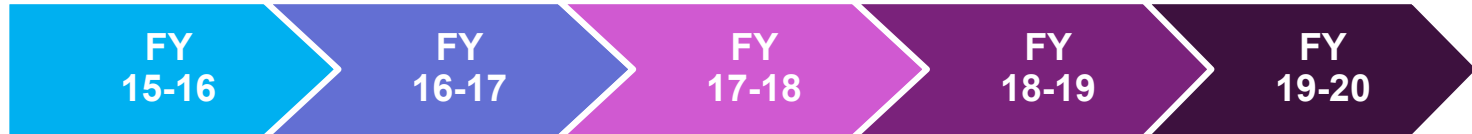
	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
CRCS Form*:	Old Form	Old Form	Old Form	New Form	New Form
Original Due Date:	11/30/2017	11/30/2018	11/30/2019	11/30/2020	4/30/2022
Due Date to Resubmit:	6/30/2022	8/31/2022	10/31/2022	1/31/2023	N/A
RMTS 2A % based on:	FY 20-21	FY 20-21	FY 20-21	FY 20-21	FY 20-21
Transportation	CRCS does not include Specialized Medical Transportation (SMT) Costs (transportation not cost settled)				Includes SMT
Salary/ Benefit Reporting	Reported on an annual basis, not quarterly				

* The Old Form refers to any CRCS that was submitted prior to November 2020 The New Form refers to the CRCS that was revised for the SPA 15-021 reimbursement methodology.

CRCS Summary
<u>After RMTS Start Date</u> of July 1, 2020

	FY 20-21	FY 21-22	FY 22-23
CRCS Form:	New Form	New Form	New Form
Original Due Date:	3/1/2022	3/1/2023	3/1/2024
Due Date to Resubmit:	No Resubmission Necessary		
RMTS 2A % based on:	FY 20-21	FY 21-22	FY 22-23
Transportation	CRCS includes **specialized** medical transportation costs		
Salary/Benefit Reporting	**Quarterly reporting, aligns with quarterly TSP List**		

CRCS Submission Timeline
(in order of CRCS due date)

CRCS Due Date	SFY	Submission Window*	36-Month Audit Statute Deadline
3/01/2022	2020-21	2/01/22 - 3/01/22	3/1/2025
4/30/2022	2019-20	4/01/22 – 4/30/22	4/30/2025
6/30/2022	2015-16	6/01/22 – 6/30/22	6/30/2025
8/31/2022	2016-17	8/01/22 – 8/31/22	8/31/2025
10/31/2022	2017-18	10/01/22 – 10/31/22	10/31/2025
1/31/2023	2018-19	1/01/23 – 1/31/23	1/31/2026
3/01/2023	2021-22	2/01/23 – 3/01/23	3/01/2026
3/01/2024	2022-23	2/01/24 – 3/01/24	03/01/2027

* **Submission Window** represents the defined period that the CRCS will be accepted for processing when submitted to LEA.CRCS.Submission@dhcs.ca.gov. Reports submitted prior to this window will be rejected.

Future CRCS Trainings

Training Date and Time	CRCS Reporting Period	CRCS Due Date
December 1, 2021, 1-3pm	SFY 2020-21 SFY 2019-20	March 1, 2022 April 30, 2022
April 6, 2022, 1-3pm	SFY 2015-16 SFY 2016-17	June 30, 2022 August 31, 2022
June 1, 2022, 1-3pm	SFY 2017-18	October 31, 2022
October 5, 2022, 1-3pm	SFY 2018-19	January 31, 2023

Questions

1. Q: What should be done with claims that were submitted for practitioners during quarters when the practitioner was not included on the TSP list? For example, an SLP is on the TSP list for Q3 and Q4 of the SFY 2020-21 RMTS, but not Q2. This SLP has paid claims in all 3 quarters. What should be done with the Q2 claims? Does this get reconciled during CRCS or do the claims need to be CIF'd?

   A: The cost settlement process will reconcile the overpayment in Quarter 2. The interim payments will be included on the CRCS, yet no costs will be reported for practitioners that were not on the TSP list for a given quarter.

Questions *(continued)*

2. Q: What about practitioners that are included in Cost Pool 1, but didn't submit any billing for a quarter? Are their salaries and benefits still included on CRCS?
A: DHCS does not expect this to be a common scenario, but when it does occur, the TSP's salary and benefits may be included as long as they provided LEA BOP covered services to students during the quarter. In this case, LEAs must be able to substantiate that the TSP met requirements to bill for LEA services, even though they did not actually bill

3. Q: When will the Code 2A RMTS % be finalized for backcasting years?
A: DHCS expects to have this percentage posted to the website in January 2022.

Section 4

Authorization for Services

LEA BOP Reimbursement

- To be reimbursed for delivering Medi-Cal services, the State Plan 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)**

Overview of Covered 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

EPSDT Screenings

Treatments (IEP/IFSP, IHSP)
- 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 and specialized physical health care services)
- Orientation and Mobility
- Respiratory Therapy
- Nutritional Counseling

Targeted Case Management (IEP/IFSP, IHSP)

IEP/IFSP Medical Transportation
- One-way transportation
- Mileage

Documentation:
Authorization of Services

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

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

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

  - **<u>Transportation</u>**: Authorized via the IEP/IFSP

  - **<u>TCM</u>**: Authorized via the IEP/IFSP/IHSP ("care plan")

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

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

Documentation: Parental Consent for Non-IDEA Students

- **For non-IDEA students**, LEAs **do not** have to obtain parental consent to bill Medi-Cal 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

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

- ORP practitioners must be individually enrolled as a Medi-Cal ORP provider, as outlined in PPL 18-018R

- Assessment services and screenings are not impacted by the PPL

ORP Practitioners by Service

Service	Practitioner
Nursing (RNs and LVNs)	1. *Medication/therapeutic agent administration:* Licensed Clinical Psychologist; Dentist; Physician; Podiatrist 2. *Specialized physical health care/ADL Assistance:* 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.

Physician Authorizations

- Physician authorizations may be obtained from:
  - ❑ Student's **primary care physician**;
  - ❑ **Physician Assistant or Nurse Practitioner** (works under physician supervision per standard practice)
  - ❑ Physicians **employed** by the LEA;
  - ❑ Physicians **contracted** by the LEA; or

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 *(DHCS interpretation is that the LEA holds the contract with the physician)*
- ❑ 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

Treatment Services Must be Pursuant to a Care Plan

- The necessity of treatment services are usually identified in the IEP/IFSP or IHSP 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 Care Plan and must be documented in the student's file

- Authorization can be documented by the IEP/IFSP/Care Plan, if signed by an ORP practitioner

Summary of Authorization

- LEAs must maintain the following documentation in the student's files:

  - ✓ Written **prescriptions, referrals and recommendations by ORP practitioners** for treatment services

  - ✓ **Referrals from a parent, teacher or school nurse** for assessments

  - ✓ **Recommendation for screening services** (periodicity schedule)

Vendor Questions

1. Q: Can treatment services be billed prior obtaining to a written prescription?

    A: No, Medi-Cal requires that a prescription needs to be in place **prior to providing treatment services** to Medi-Cal recipients

2. Q: How long are authorizations good for?

    A: One year from the date of the order. Note that during the Public Health Emergency, authorizations will **not** expire at the one-year mark, since LEAs may experience delays in renewing orders.

Section 5

Non-IEP/IFSP Services

Summary of SPA 15-021 Changes

Four major changes:

1 Expands covered services

2 Expands practitioner types

Claimed through the Fiscal Intermediary as of 7/1/2020

3 Expands the covered population to include Medicaid beneficiaries outside of special education *(effective 7/1/15)*

❑ *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 BOP services *(effective FY 2020-21, applied retroactively to costs)*

Non-IEP/IFSP Assessments

- Assessments **referred by a parent, teacher or health service practitioner** within scope of practice may be billed when requirements are met

  - Health/nutrition, psychosocial status, developmental, hearing, vision, orientation & mobility, respiratory care, health education/anticipatory guidance

- Assessments may be conducted to determine student needs, resulting in development of a Care Plan

- Assessments may be conducted to re-evaluate non-IEP students

EPSDT Screenings

- State Plan 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

    - Screenings can be billed for **all Medi-Cal eligible students**

        - Other Health Coverage (OHC) requirements apply for students with third party insurance
        - Minimum time may apply to screen/score/interpret results

EPSDT Screening Summary

Screening	Qualified LEA Practitioners	Comments
Vision	Physician, PA, Optometrist, School Nurse	Vision acuity screening
Hearing	Physician, PA, Audiologist, SLP, Audiometrist	Pure tone or pure tone-threshold screening; Billed using Medi-Cal fee schedule rates (<18 and 18+)
Developmental	Occupational Therapist, Physical Therapist, SLP	Evaluating delays in language, perception, social, emotional and/or motor development
Health	Physician, PA, School Nurse	Comprehensive health and developmental history, physical exam, vital signs, etc.
Psychosocial	Psychologist, Social Worker, MFT, Counselor	Evaluating psychosocial status, trauma, depression, alcohol/tobacco/drug use
Immunization	Physician, PA, School Nurse	If your LEA receives a fee for administering the vaccine, do not bill

Non-IEP/IFSP Treatment Services

- Services outside of an IEP/IFSP are **no longer limited** to a maximum of 24 services per 12-month period

  - All billable <u>treatment</u> 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

  - Non-IEP/IFSP billing will be subject to existing daily utilization controls and Other Health Coverage (OHC) requirements

What is a "*Care Plan*"?

- Services provided under 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

Summary of OHC Requirement

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: If a response from the OHC carrier is not received ***within 90 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 "90 day response delay" on the claim.

Section 6

Questions for DHCS

Vendor Questions

1. Q: Can DHCS please give some detailed guidance on what documentation will be necessary and sufficient in the case of a moment audit?

   A: If an LEA is asked to substantiate a Code 2A moment, they should be able to produce documentation to validate that the activity during their moment supported a covered LEA BOP covered service. The service does **not** need to be billed to Medi-Cal to substantiate the activity (although if the service was billed, the LEA documentation policy should support the moment). LEAs may substantiate moments with treatment logs, progress notes, reports, assessments, the IEP/IFSP/IHSP that authorized the service, calendar or time tracking entries.

Questions *(continued)*

2. Q: Will there still be service audits now that the reimbursement methodology has changed? What is the repercussion of services not passing a service audit with how CRCS is now calculated with the RMTS %?

    A: Yes, audits will continue to be a part of the LEA BOP.   Audits and Investigations (A&I) may still audit interim payments to ensure that they were appropriately billed to Medi-Cal. Audit adjustments will still be proposed, and A&I's findings will flow through the CRCS to impact bottom-line overpayments and/or underpayments. Costs will continue to be audited to ensure that LEAs include costs for eligible practitioners and that federal funds are removed from the final settlement calculation.

Questions *(continued)*

3. Q: Can a list of Code 2A moments be made available via PCG and Fairbanks to vendors so that we can support LEAs with gathering the needed audit documentation?

    A: No, LEAs can provide quarterly coding reports to their vendors if they would like assistance from their vendor to substantiate moments.

4. Can you help us resolve enrollment application denials due to invalid authorized signature titles?

    A: The LEA BOP is in the process of resolving this by expanding the list of allowable signatories. DHCS will send notification once the change has been made. In the meantime, Provider Enrollment Division is allowing DHCS to approve certain titles so let LEA@dhcs.ca.gov know if you need assistance.

5. Q: Claims for SFY 19-20 are currently still being denied despite the extension DHCS has provided. When do you anticipate this issue will be resolved, and 19-20 claims be resubmitted?

   A: As of October 2021, DHCS removed the timeliness penalty for claims outside of the one-year claiming window. This limit only applied back to dates of service on or after January 1, 2020. If you are experiencing current denials, please contact LEA@dhcs.ca.gov

6. Do we need to rebill for telehealth claims that denied due to an invalid type of bill?

   A: Yes, LEAs **should rebill these telehealth claims** with the valid type of bill for LEA services ('891'). Some LEAs received denials for telehealth claims billed using '02' in the type of bill field. The timeliness edit has been lifted and LEAs can rebill claims with dates of service on or after January 1, 2020.

Additional Q&A

LEA@dhcs.ca.gov