



**Local Educational Agency
Medi-Cal Billing Option**

**LEA BOP 101
February 2, 2022**

Training begins at 1:00 p.m.

Welcome and Introduction

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Agenda

Section	Topic
1	Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) Overview
2	Program Documentation: Enrollment
3	Program Documentation: Compliance
4	Random Moment Time Survey (RMTS)
5	Responding to Moments
6.	Resources

Section 1

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

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LEA BOP - Overview

History and Background :

- » The LEA BOP was established in 1993, in collaboration with the California Department of Education (CDE), to fund Healthy Start Programs.
- » The LEA BOP is authorized under California's Welfare and Institutions Code and reimbursement is based upon a fee for service (FFS) model for direct medical services rendered to the target population.
- » LEAs are reimbursed for direct medical services which are qualified under the LEA BOP for previously incurred expenses.

LEA BOP - Overview

Goal: To allow LEAs to become Medi-Cal providers and bill the LEA BOP for certain health-related assessments and services that the school is already providing to Medi-Cal enrolled students.

Target Population: Medi-Cal eligible individuals under the age of 22 and primarily attending public school, charter schools, community colleges, and universities.

LEA BOP - Overview

Key elements of the program include:

- » LEA BOP is supported with a combination of local and federal Title XIX and XXI funds.
- » LEAs pay 100 percent for the services and are reimbursed the maximum federal reimbursement for each individual service.
- » As of July 1, 2020, DHCS implemented the Random Moment Time Survey (RMTS) methodology in the LEA BOP.

SPA 15-021

Four major Program changes :

1. Expands covered services.
2. Expands allowable practitioner types.
3. Expands the covered population to include Medi-Cal beneficiaries outside of special education.
 - *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.

Overview of 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**

Note: SPA 15-021 retains all current services; new services under the SPA are identified in blue**.

Overview of Services

Treatments (IEP/IFSP, Non-IEP/IFSP)

- 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**)
- Orientation and Mobility**
- Respiratory Care**
- Nutritional Counseling**

Note: SPA 15-021 retains all current services; new services under the SPA are identified in blue**.

Overview of Services

IEP/IFSP Targeted Case Management**

IEP/IFSP Medical Transportation

- One-way transportation
- Mileage

*Note: SPA 15-021 retains all current services; new services under the SPA are identified in blue**.*

Overview of Providers

- Certified Nurse Practitioners
- Certified Public Health Nurses
- Credentialed Audiologists
- Credentialed School Counselors
- Credentialed School Psychologists
- Credentialed School Social Workers
- Credentialed SLPs

****New SPA 15-021 practitioner**

Overview of Providers

- Licensed Audiologists
- Licensed Clinical Social Workers
- Licensed Educational Psychologists
- Licensed Marriage and Family Therapists
- Licensed Occupational Therapists
- Licensed Optometrists
- Licensed Physical Therapists
- Licensed Physicians
- Licensed Physician Assistants**
- Licensed Psychiatrists
- Licensed Registered Nurses
- Licensed Respiratory Care Practitioners
- Licensed SLPs
- Licensed Vocational Nurses

Note: SPA 15-021 retains all current services; new services under the SPA are identified in blue**.

Overview of Providers

- **Occupational Therapist Assistants****
- **Orientation and Mobility Specialists****
- **Physical Therapy Assistants****
- Program Specialists
- **Registered Associate Clinical Social Workers****
- Registered Credentialed School Nurses
- **Registered Dietitians****
- **Associate Marriage and Family Therapists****
- Registered School Audiometrists
- **Speech-Language Pathology Assistants****
- Trained Health Care Aides

*Note: SPA 15-021 retains all current services; new services under the SPA are identified in **blue****.*

What is Needed to Bill Medi-Cal?

- **Medi-Cal eligibility** on the date of service
- Student is **age 22 or younger**
- Appropriate **authorization** for services
 - Assessment: Recommendation by a parent, teacher, school nurse or practitioner within scope of practice
 - Screening: Recommendations for Preventive Pediatric Health Care, published by The American Academy of Pediatrics (the periodicity schedule)
 - Treatment: Signed prescription, referral or recommendation **and** supporting Care Plan
- **Service is covered** under the State Plan

What is Needed to Bill Medi-Cal?

- Service is **documented** appropriately
(see LEA BOP [documentation training](#) conducted in October 2020 for details)
- Service provided by **qualified practitioner**
- **Supervision** is documented, if necessary
- **Parental Consent to bill Medi-Cal** requirements met, when required
- **Billed Other Health Coverage**, when required

LEA BOP Responsibilities

- Single state agency responsible for Program administration.
- Primary source for the dissemination of policy, procedure, and guidance.
- Responsible for oversight and monitoring.
- Ensure LEAs comply with Program requirements :
 - Conduct oversight of RMTS activities, including oversight of RMTS administration by LECs/LGAs.
 - Perform audits of LEA BOP providers to ensure federal funds are claimed appropriately.

Section 2

Program Documentation: Enrollment

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Program Documentation Enrollment

1. Provider Participation Agreement (PPA)
 - Evergreen Agreement
 - PPA Addendum effective 8.10.2021
2. Annual Report (AR)
3. Data Use Agreement (DUA)
4. Random Moment Time Survey (RMTS) participation

OR

Model 2 Certification



with digital signature to LEA.AnnualReport@dhcs.ca.gov

Provider Participation Agreement (PPA)

- Contract between DHCS and the LEA.
- Required to be a participating Medi-Cal provider and to receive LEA BOP reimbursement.
- LEAs must have an **executed PPA and an addendum** :
 - Evergreen Agreement (effective until terminated)
 - Addendum effective date August 10, 2021

Annual Report (AR)

- **All** LEAs must submit an Annual Report
 - Reporting for current and previous fiscal year.
 - LEAs may use the AR to update their information, such as the LEA's official name, mailing address, and EIN number.
 - Must be submitted electronically (with digital signature) to:
LEA.AnnualReport@dhcs.ca.gov



2021-22 Annual Report currently being processed

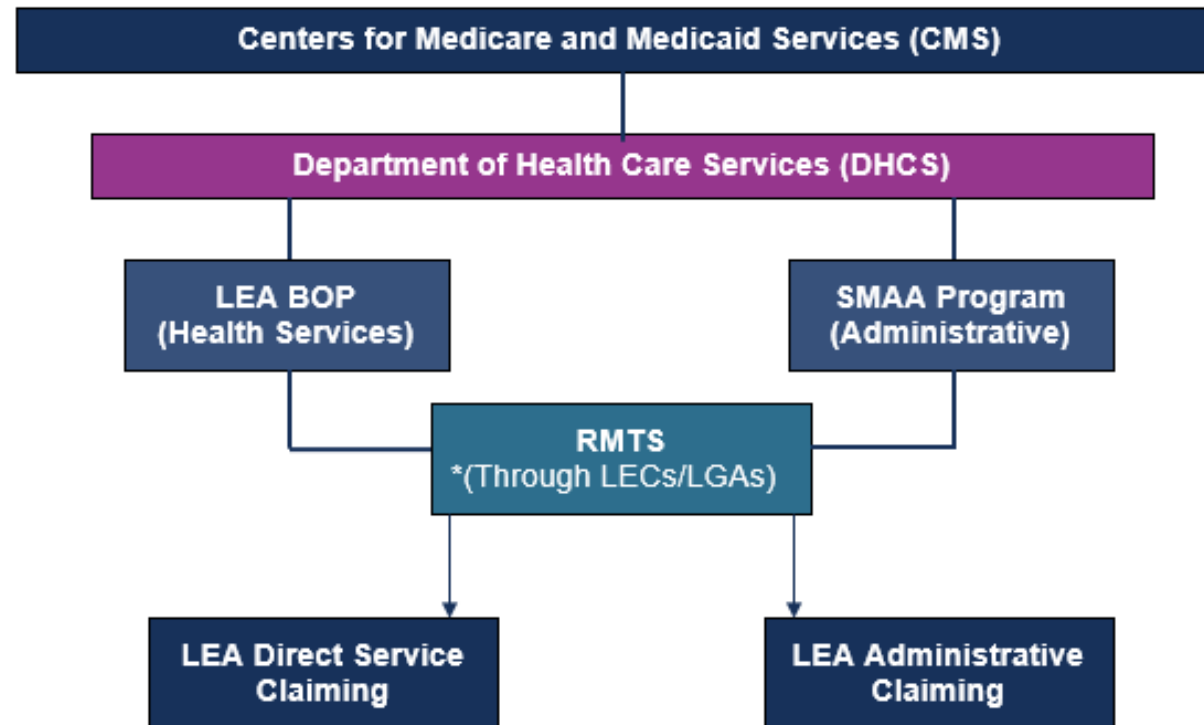
Data Use Agreement (DUA)

- **All** LEAs must submit a DUA
 - Must be **renewed** at scheduled three-year intervals.
 - The tri-party DUA is an agreement between DHCS, the LEA and their vendor.
 - The two-party DUA is an agreement between DHCS and the LEA
 - May be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov



2021-24 Data Use Agreement
currently being processed

RMTS Participation



* In California, the School-Based Medical Administrative Activities (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.

Model 2 Certification

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

- LEAs participating as Model 2 providers must submit the **Certification Statement** .
- The subject of the email: "**Model 2 Certification**".
- May be submitted electronically (with digital signature) to LEA.AnnualReport@dhcs.ca.gov.



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

Submitting Documents

- Forms required to be submitted must be sent via email.
- When submitting forms use the “Official” Provider name.
- Save documents naming conventions per instructions.
- Include the LEA name and NPI when you e-mail questions to DHCS.

Section 3

Program Documentation Compliance

Program Documentation Compliance

1. Annual Report (AR)
2. Data Use Agreement (DUA)
3. Random Moment Time Survey (RMTS) participation

OR

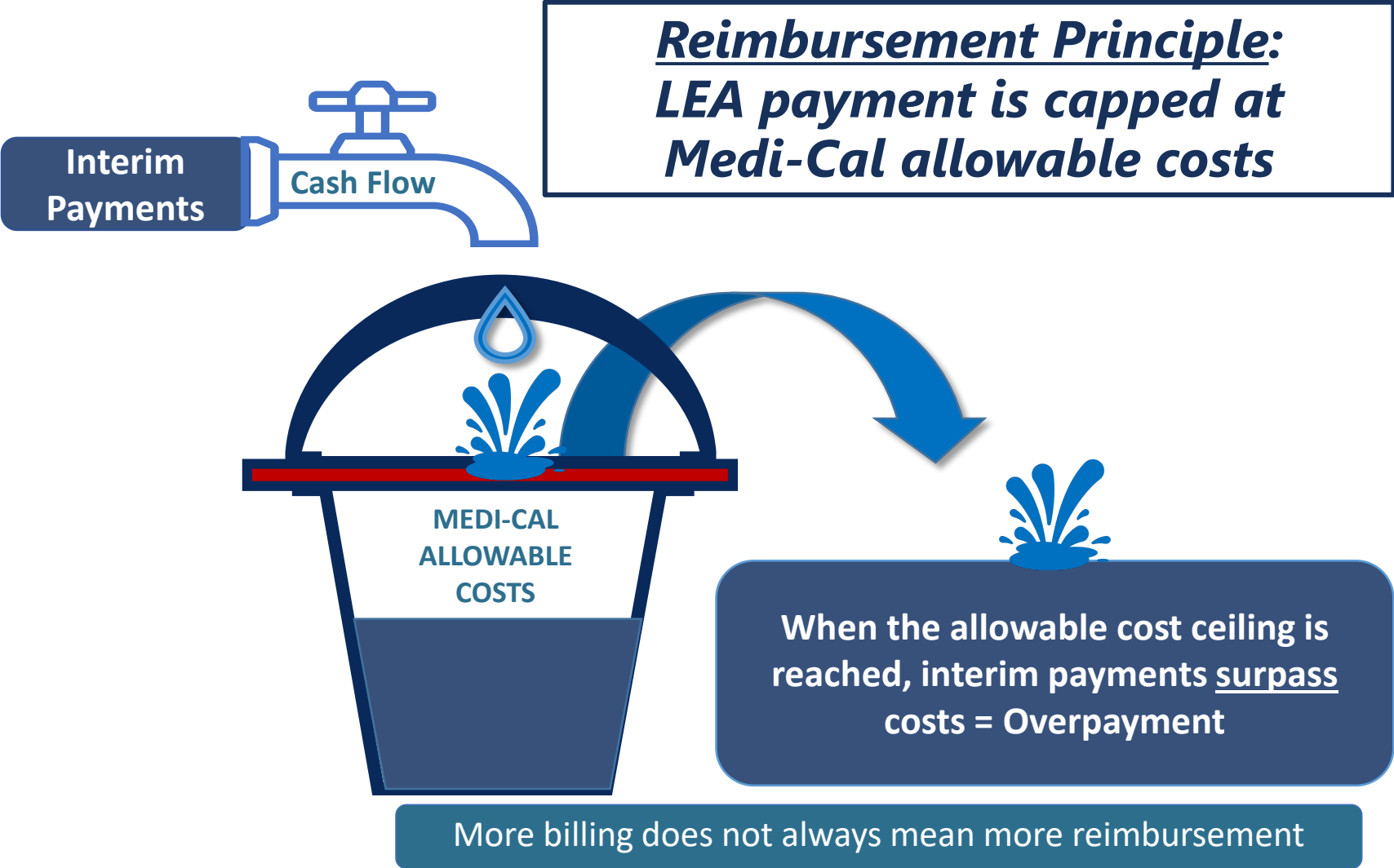
Model 2 Certification

4. Cost and Reimbursement Comparison Schedule (CRCS)



With digital signature "Official" Provider Name
Proper naming convention

Relationship Between Interim Reimbursement and Cost



Purpose of the CRCS

- **Mandatory requirement** for LEA BOP participation
 - LEAs certify that the public funds expended for LEA services provided are **eligible for federal financial participation** (*42 CFR 433.51*)
- DHCS must reconcile the interim Medi-Cal payment with each LEA's allowable cost **back to the SPA effective date of July 1, 2015**
- CRCS compares cost and reimbursement
 - Overpayment: LEAs must pay back funds to DHCS through future withheld claims
 - Underpayment: DHCS owes additional funds to LEAs through checkwrite process

Cost Reimbursement Cost Schedule (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.

LEA BOP 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

Section 4

Random Moment Time Survey (RMTS)

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RMTS for California's School-Based Medi-Cal Programs (SBMP)

1. LEA BOP:

- Federal program that reimburses LEAs for providing **direct health services** to Medi-Cal enrolled students. (*i.e., speech therapy, occupational therapy, nursing, psychological services*)

2. SMAA Program:

- Federal program that reimburses LEAs for providing administrative and outreach activities for Medi-Cal related services. (*i.e., outreach and referral, arranging transportation, translation services, SMAA claims coordination*)

What is the RMTS you ask?



The RMTS is a time study mechanism that California uses to determine **the amount of time spent** on activities throughout a participant's workday.



Random moment = **one minute of work** done by a **Time Survey Participant (TSP)**. Moments are randomly assigned on a quarterly basis.

As of July 1, 2020, both school-based programs are incorporated into one RMTS.

****[RMTS webpage](#) contains additional resources****

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 BOP services in Q1 :
 - LEAs must 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](#) .

What Should I Know About RMTS?

- RMTS results impact **school-based reimbursement**.
- **Responses must be detailed so that moments can be coded** into one of several pre-determined categories.
- Responses represent your **activity during one minute of time**.
- It is **VERY** important to complete your moment within four-student attendance days, or it becomes **invalid**.
- Each participating LEA must have an **85% moment completion response rate** to be eligible to participate in the school-based programs.

LEC/LGA Responsibilities

- Day-to-day administration of the RMTS responsibilities

Generate sample using staff pool lists and inform TSPs of moments. Review of RMTS compliance rate. 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 (these can be sent to LEA@dhcs.ca.gov)

DHCS School-Based Medi-Cal Programs (SBMP) Collaboration



- The LEA BOP and SMAA program work together to ensure smooth administration.
- Starting January 2022 both programs will hold a joint monthly meeting for RMTS.
- DHCS is also introducing a RMTS panel

The next School-Based Claims: RMTS and SMAA Monthly Meeting is
February 16, 2022.

Section 5

Program Documentation Responding to Moments

How Do TSPs Participate in RMTS?

- If you are randomly selected to participate, you will receive notification via email **one student attendance day in advance**. 
-  A direct link to the **secure RMTS website** will be provided in the e-mail notification along with the **date/time of your moment**.

Example email subject line (may differ between regions):
Upcoming moment for (TSP NAME) at 11/5/2021 9:16 a.m. PST

- **After the assigned time has passed**, you must submit your time survey response within **four student attendance days!**

Note: TSPs may have no moments or multiple moments assigned in a quarter

What Will I Be Asked in the Time Survey?

- **1. Pre-Sample Question:**

“Were you working at the time of your moment?”

Yes, I was working.

No, I was on paid time off.

No, I was on unpaid time off.

No, moment was before/after my work day.

No, I was on a break.

No, I was on a paid lunch.

No, I was on an unpaid lunch.

- **If you respond “No,”** additional questions will not be asked, and the time survey can be submitted.
- **If you respond “Yes, I was working,”** you will need to respond to the following additional questions.

What Will I Be Asked in the Time Survey? (continued)

- 2. For Pool 1 (Direct Service) Practitioners Only:

“Was this activity related to an assessment or screening, or related to a service that is authorized in an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or other service/care plan?”

Yes

No

Not Sure

- A **‘Care Plan’** may be a 504 Plan, Nursing Plan, Health Plan, or other plan prescribing medically necessary services.

Goal of Question #2

- The goal of Question 2 is to determine if a Pool 1 TSP's activity at the time of their moment is **related to a covered LEA BOP service or an extension of a covered service.**
- Answering **YES** to the question **does not** mean that the activity resulted in a billed service.
- Answer **YES if** you are doing an activity related to an assessment or screening, or the activity supports a service in a student's IEP, IFSP or Care Plan.
- Answer **NO if** the activity is not related to an assessment or screening, or a service listed in the IEP, IFSP or Care Plan.

Question #2 – “Yes” Responses

“Was this activity related to an assessment or screening, or related to a service that is authorized in an IEP, IFSP or other service/care plan?”

Some Possible Examples of a ‘Yes’ Response:

1. Conducting or scoring an IEP assessment.
2. Writing a report that summarizes assessment results.
3. Conducting a screening service. (e.g., vision or hearing screening)
4. Administering medication for a student with a 504 Plan.
5. Completing treatment notes related to a service listed in an IEP/IFSP/Care Plan.
6. Traveling to provide a treatment service to an IEP student.
7. Preparing for or administering a specialized healthcare procedure. (e.g., a g-tube feeding or catheterization)

Question #2 - “No” Responses

Some Possible Examples of a ‘No’ Response

1. Providing first aid to a student.
2. Waiting with a sick student for parent pick-up.
3. Checking supply inventory.
4. Filing paperwork.
5. Reviewing a calendar to prepare for the week.
6. Attending a mandatory department meeting.
7. Learning about a new application the district is using.

What Will I Be Asked in the Time Survey? *(continued)*

3. The “Who”:

“Who were you with?”

Use **job title or categories** and not actual names.

For example:

“My student”

...or Parent, Social Worker, Occupational Therapist, Speech Language Pathologist, Teacher, Health Aide, etc.

If no one was with you, respond saying **you were alone**.

What Will I Be Asked in the Time Survey? *(continued)*

- 4. The “What”:

“What were you doing?”

Be **specific**, **detailed**, and **precise** for the one-minute moment.

For example:

Trained Health Care Aide – assisting a student with toileting

Physical Therapist – performing an IEP evaluation

Occupational Therapist – in a therapy session with a student working on fine motor skills

Interpreter – providing translation services for a student

Case Manager – referring a student to mental health services

What Will I Be Asked in the Time Survey? (continued)

- 5. The “Why”:

“Why were you performing this activity?”

Be **specific** and make it **clear** to an outside reviewer the purpose of your activity at that moment.

Do **NOT** respond with “Part of my general job duties.”

Examples:

- Because the student has an **upcoming IEP meeting** that requires an evaluation.
- Because **the student’s IEP includes speech therapy services.**

Clarifying Questions

- **Clarifying Questions (CQs)**

If a TSP **does not provide sufficient information or provides conflicting information**, they may receive up to two CQs requesting more information.

Example: What was the basis of the discussion at this moment?

- TSPs have **five student attendance days** to respond to a CQ
- If a TSP does not respond to the CQ, **only the information provided in the original response** will be available

E-mail subject line may include "Request for Follow-Up"

Clarifying Questions

- CQs Related to the IEP/IFSP/Care Plan (Question #2)

“Was this activity related to an assessment or screening, or related to a service that is authorized in an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or other service/care plan?”

When a TSP’s response to Question 2 **conflicts** with their narrative moment response, **they will likely** receive a CQ requesting more information or clarification.

- For example: question 2 response is “no”
- However, the moment response indicates that the TSP was “creating a handout to assist a student with an activity related to the acquisition of **their IEP goals**”

Will I Need Supporting Documentation For My Moment Response?

If you were providing a direct health service (or an extension of a direct service) at the time of your moment, you must be able to support your response, in event of a Federal or State audit of direct service activities



Documentation to substantiate the moment may include items such as **progress notes and treatment logs**.



Consider documentation requirements similar to what you'd need to produce for a **fair hearing process or litigation**.



Make sure to **never include Student Identifier**.



If you have questions about these documentation requirements, contact your **LEA Coordinator**.

Why Do I Need Documentation For Code 2A Responses?

The new reimbursement methodology uses Code 2A Moment responses to calculate allowable LEA costs

- RMTS code 2A moments are no different than other cost allocation factors that LEAs include on their CRCS
- All components of the CRCS must have supporting documentation – these components dictate how the LEA is being reimbursed for the federal share
- Recent federal audits show a need to substantiate that the underlying moments that went into calculating the RMTS direct service percentage were related to billable services

TSP Reminders

TSPs have **four student attendance days** to complete their RMTS moment

Not responding will have a **negative fiscal impact** on your LEA

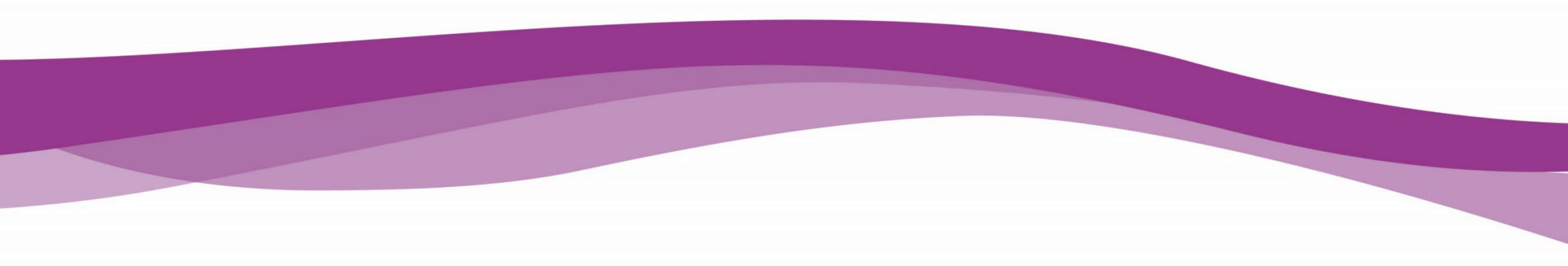
Avoid using acronyms, abbreviations, or names in your RMTS response

If you are unable to access your e-mail, please **notify your LEA / SMAA Coordinator** as soon as possible



Section 6

LEA BOP Resources



LEA BOP Website 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
 - [Glossary of Terms](#)

Technical Assistance (TA)

DHCS offers TA to LEAs in need of support regarding the LEA BOP :

- Compliance documents
- Enrollment Process
- Policies and Procedures
- Billing information
- Any other topics specific to your LEA

Technical Assistance (TA)

State of California
Health and Human Services Agency

Department of Health Care Services



LEA Medi-Cal Billing Option Program Site Visit/Technical Assistance Request

The Department of Health Care Services, Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP) is offering technical assistance to those LEAs in need of support regarding the LEA BOP. If you are interested in receiving assistance from us, please fill out the form below and submit to: LEA@dhcs.ca.gov. We will contact you within 30 days to schedule an appointment.

Official LEA Name: _____

NPI: _____

Administrative Office Address: _____

Name: _____

Phone Number/E-Mail Address: _____

Please check in which you are seeking assistance and write a brief description in the box below:

PPA/AR Enrollment Process Other (use box below)

DUA Policies and Procedures

Transportation Billing Information

Other:

- Fill out the TA form available on website.
- Email to LEA.dhcs@ca.gov.
- DHCS will send you options of available dates and time.
- Upon confirmation of mutual available date and time you will received a Webex invite for the said date.
- You can send questions specific to your LEA for additional TA.
- After meeting all documents will be e-mailed to you for reference.

[LEA Medi-Cal Billing Option Program Site Visit/Technical Assistance Request](#)

Technical Assistance (TA) – Example Questions

Q. Do all assessments and treatments require a wet signature, regardless of provider type?
Is DocuSign a wet signature?

A. IMPLEMENTATION OF ELECTRONIC SIGNATURE POLICY - m of guidelines regarding the use of electronic signatures in electronic health records (EHRs). The use of an electronic signature refers to the act of attaching a signature by electronic means.

Technical Assistance (TA) – Example Questions

Q. Do you have sample documents/templates for school nurses, counselors, mental health, health aides (care plans, referrals, logs, etc.)?

A. [LEA Program Sample Nursing and School Health Aide Services Treatment Form](#)

Provide SAMPLE Nursing and School Health Aide Services Treatment Form, a SAMPLE Progress Notes, and an Instruction Sheet. The Treatment Form and Progress Notes were produced to provide guidance to LEAs to collect the information that may be required in an audit. The forms are provided in an unprotected and modifiable format, so that LEAs may customize them as needed. **Please note that these are sample documents and are not “official” DHCS forms.**

Technical Assistance (TA) – Example Questions

Q. Can volunteer interns bill for TCM (they have a bachelor's degree)?

A. Interns and volunteers not able to bill as would not meet the guidelines based on the TCM Case Manager Qualifications, which need a TCM certification. Also these need to be billed services.

LEA BOP Outreach Campaign

To expand our LEA outreach, DHCS will be contracting with a vendor to :

- Develop and distribute outreach materials
- Deliver trainings
- Support technical assistance
- Train DHCS staff on how to successfully maintain the outreach campaign

We are here to help!

- Submit electronic documents via e-mail
 - Provider Participation Agreement (PPA), PPA Addendum, Annual Report, Data Use Agreement are sent to: LEA.AnnualReport@dhcs.ca.gov
- RMTS Questions: RMTS@dhcs.ca.gov
- CRCS Submissions: LEA.CRCS.Submission@dhcs.ca.gov
- CRCS Questions: LEA.CRCS.Questions@dhcs.ca.gov
- All other inquiries, please use the LEA BOP inbox: LEA@dhcs.ca.gov

Reminders:

When sending information that may contain Protected Health Information (PHI), send the e-mail securely :

Subject: [SECURE] Billing Question for LEA ABC

TSP Equivalency Request Requests are now handled by the LEA Operations team.

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Additional Questions