

**Local Educational Agency
Medi-Cal Billing Option Program
Onboarding Handbook**



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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Purpose of the Onboarding Handbook

The Department of Health Care Services (DHCS) designed this Onboarding Handbook to provide guidance to participating providers in the Local Educational Agency Billing Option Program (LEA BOP) to help them acquire the necessary knowledge and skills to become effective participants in the LEA BOP. The LEA BOP provides reimbursement to LEA BOP providers for the medically necessary covered health-related services provided by qualified health service practitioners to Medi-Cal enrolled students. This Onboarding Handbook offers guidance on the correct and appropriate steps for new LEA staff or for enrolling as a new LEA BOP provider. It also offers guidance on obtaining reimbursement for School-Based Medi-Cal services provided to students with an Individualized Education Plan (IEP), Individualized Family Services Plan (IFSP), or Individualized Health and Support Plan (IHSP). The IHSP is a care plan used by the LEA as a medical management tool for providing medically necessary healthcare services to a Medi-Cal enrolled student in a school setting outside of the IEP or IFSP.

Additional information about the LEA BOP is contained in the [State Plan](#) and the LEA BOP [Provider Manual](#).

Note: This handbook does not supersede Medi-Cal policy. It is the obligation of each LEA to ensure compliance with current federal and state laws, regulations, and policies pertaining to the LEA BOP.

LEA BOP Overview

In 1989, Congress provided an option for school districts to recover a portion of the costs of providing Medicaid services to eligible and enrolled children. The LEA BOP allows school districts to claim federal dollar reimbursement to match the education dollars already spent for the medically necessary health care services provided for Medi-Cal eligible students.

In 1993 DHCS established the LEA BOP in conjunction with the California Department of Education (CDE) whereby LEA BOP providers become Medi-Cal providers and bill for covered services already provided by qualified employed or contracted practitioners. The LEA BOP provides the federal share of reimbursement for health assessments and treatments for Medi-Cal enrolled students who have an IEP/IFSP/IHSP. A LEA is defined as the governing body of any school district or community college district, county office of education (COE), charter school, state special school, California University campus, or University of California Campus. A LEA BOP provider employs or contracts with qualified medical practitioners to render certain health services.

The LEA BOP is authorized under California's Welfare and Institutions (W&I) Code section 14132.06 and funded with a combination of local and federal Title XIX and Title XXI (Medicaid) funds. LEA BOP providers bill Medi-Cal for the direct medical services covered by the LEA BOP provided by qualified practitioners, identified in the LEA BOP Provider Manual, to Medi-Cal enrolled students with an IEP/IFSP/IHSP. Claims are filed using the traditional Medi-Cal fee-for-service system through DHCS' fiscal intermediary (FI).

LEA BOP providers are reimbursed the Federal Financial Participation (FFP) share of the maximum allowable rate listed as specified in the LEA BOP [Provider Manual](#). LEA BOP funds are reimbursement dollars for services rendered and are not considered federal dollars upon receipt by the school. The funds are restricted in their use and must supplement, not supplant, existing services. Federal funds are based upon a "fee-for-service" model; therefore, there is no State General Fund expense for this program. LEA BOP providers must have the funds budgeted for program administration and practitioners providing services prior to seeking reimbursement from the LEA BOP.

In order to seek reimbursement through the LEA BOP, LEA BOP providers must have an approved Provider Participation Agreement (PPA) with DHCS as well a Data Use Agreement (DUA). As a condition of participation, LEA BOP providers must reinvest reimbursement funds in health and social services for children and their families. In addition, LEA BOP providers must develop and maintain a collaborative committee to assist them in decisions regarding the reinvestment of LEA BOP reimbursements.

How Does LEA BOP Work?

The LEA hires practitioners based on the school budget for each fiscal year.

The LEA BOP is a reimbursement program. LEAs must have the funds budgeted for the practitioners providing services prior to seeking reimbursement from the LEA BOP.

LEAs pay for the services upfront and are reimbursed the FFP rate relative to the cost of each individual service from federal funds based upon a “fee-for service” model.



The LEA BOP provider bills Medi-Cal for direct medical services provided by qualified practitioners, identified in the LEA BOP Provider Manual, to Medi-Cal enrolled students with an IEP/IFSP/IHSP.

When a practitioner provides services to a Medi-Cal enrolled student, the LEA BOP provider may submit a claim for reimbursement for services covered under the LEA BOP.



Claims are filed using the traditional Medi-Cal fee-for-service system through DHCS’ fiscal intermediary.

Funds are disbursed in accordance with the information provided by the LEA on the Payment Receiver Agreement (DHCS 6246).

The FI sends the LEA a payment and remittance advice detail (RAD), which outlines the LEA’s transaction information for that checkwrite.



An annual cost settlement process is required for LEAs to certify that the public funds expended are eligible for FFP through the Cost and Reimbursement Comparison Schedule (CRCS).

Communication

The preferred method of communication with LEA BOP providers participating in the LEA BOP is electronic; therefore, it is essential that the LEA inform DHCS if there are any changes to its contact information. DHCS sends all program information and updates via e-mail using the most recent contact information on file for the LEA. DHCS has a direct e-mail inbox to submit all LEA BOP related questions. The DHCS staff are committed to providing thorough and accurate information; therefore, e-mail response times may vary. The analyst reviewing the question may need to call the LEA for clarity or additional information, therefore LEA BOP providers must include a phone number in the e-mail.

If you are new to LEA BOP, sign up for these updates through the [e-mail subscription service](#) on the LEA BOP [website](#).

- DHCS LEA BOP e-mail address: LEA@dhcs.ca.gov
- DHCS Random Moment Time Survey (RMTS): RMTS@dhcs.ca.gov

In addition, DHCS issues Policy and Procedure Letters (PPL) when there is a policy change in the LEA BOP. The intended audience will be identified in the TO section and the PPL will reference the LEA BOP.

Note: Policies that pertain to other programs may not apply to the LEA BOP.

LEA BOP Contact Information

Unit	Contact
LEA BOP Questions or Comments Policy questions, program compliance document request, enrollment, change of address/contact	LEA@dhcs.ca.gov
Cost and Reimbursement Comparison Schedule Questions	LEA.CRCS.questions@dhcs.ca.gov
Fiscal Intermediary Telephone Service Center Claim issues	(800) 541-5555
MOVEIt Login/Data Match Questions	LEA@dhcs.ca.gov
Random Moment Time Survey	RMTS webpage RMTS@dhcs.ca.gov
Annual Report Policy questions, program compliance, document requests and document submission	LEA.AnnualReport@dhcs.ca.gov

LEA BOP - Who is Involved?

It is the responsibility of the LEA to designate staff to manage the LEA BOP. Often the LEA BOP providers' Special Education Director/Program Manager and Business Manager work in conjunction with the Billing Agent/Vendor to administer the LEA BOP. The individual(s) identified by the LEA is responsible for managing the program functions and must be familiar with the LEA BOP website, department policies, program regulations, and the program provider manual. The [Internal Administrative Functions Chart](#), found on the LEA BOP website, provides an overview of the key functions that are integral to administrating the LEA BOP. It is the LEA BOP provider's responsibility to ensure that all information submitted on their behalf is true and accurate.

LEA Providers

- School District
- County Office of Education
- Charter School
- State Special School
- Community College District
- California State University Campus
- University of California Campus

LEA Billing Consortium

- Two or more LEA BOP providers pooling their resources to provide LEA BOP services and bill under one LEA National Provider Identifier (NPI) Number.
- LEA BOP providers may join larger LEA BOP providers to share practitioner and administrative resources to support medical services provided to beneficiaries.

LEA Billing Agent/Vendor

- Optional for-profit third party contracted to assist LEA BOP providers with billing and claims submissions.

Getting Started

Becoming a Provider Check List

To become a LEA BOP billing provider, the LEA must do the following:

STEP 1 Sign up through the e-mail subscription service webpage [here](#).

- DHCS utilizes the subscription notification to send LEA BOP information and website updates to LEA BOP providers on this list.

The LEA must complete steps 2 - 6 prior to submitting LEA BOP claims for reimbursement.

STEP 2 All billing providers must obtain a NPI number for the billing school district.

- The NPI number is issued and obtained through the Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES). Information via the NPI Enumerator Phone Line: 1-800-465-3203 or TTY 1-800-692-2326 or apply on the [National Plan and Provider Enumeration System](#) (NPPES).

For more information please refer to [PPL 20-037](#).

If LEA BOP providers are unsure of the LEA BOP provider's billing provider status (new or returning), contact DHCS LEA BOP at LEA@dhcs.ca.gov.

STEP 3 Complete the **Provider Participation Agreement (PPA)** and **Annual Report (AR)** provided by e-mail.

- The PPA is the contract that each LEA must complete to participate in the LEA BOP. It must be signed by an authorized representative of the LEA.
- The PPA is an 'evergreen' document that has no predetermined expiration date. It will remain in effect until terminated either by DHCS or the LEA BOP provider, pursuant to the terms of the PPA. The parties may alter the terms of the PPA once it is in effect by way of a written amendment, signed by duly authorized representatives of DHCS and the LEA BOP provider.
- The AR must be submitted to DHCS annually by November 30 and must include:
 - Medi-Cal Provider Enrollment Information Sheet - include with every PPA/AR submission
 - Consortium Billing Page - if applicable
 - Current Year Certification of State Matching Funds
 - AR Financial Data

Becoming a Provider, cont.

- New LEA BOP providers should enter 0 in all fields
- Statement of Commitment to Reinvest
- LEA Collaborative Partners
- The PPA and AR must be requested by e-mail

STEP 4 Complete the appropriate DUA (Two-Party DUA or Tri-Party DUA).

- The DUA is a contract which safeguards data and documents residing in the DHCS Medi-Cal system of records, ensures the integrity, security and confidentiality of such data and documents, and permits only appropriate disclosure and use as permitted by law. It is an agreement between DHCS and LEAs (Two-Party DUA) or DHCS, LEAs, and the billing vendors (Tri-Party DUA) for disclosure and use of Medi-Cal data containing beneficiaries' eligibility and medical information.
- All LEAs must submit the appropriate DUA to DHCS every three years.
 - Two-Party DUA is specifically for LEA BOP providers who do not utilize a billing vendor but handle the data match files in-house. This agreement is only between the DHCS and the LEA BOP provider.
 - Tri-Party DUA is specifically for LEA BOP providers who utilize a billing vendor to determine Medi-Cal eligibility using the LEA BOP data match. This agreement is between the DHCS and the LEA BOP provider and their billing vendor.
- The DUA is due to DHCS by November 30 of the renewal year and must be submitted electronically with a digital signature to LEA.AnnualReport@dhcs.ca.gov.
- It is the LEA BOP providers' responsibility to verify student's Medi-Cal eligibility prior to billing services to the LEA BOP.
- LEA BOP providers may not share or use Medi-Cal eligibility information obtained for the LEA BOP for any other purpose.

STEP 5 Contracting with LEC/LGAs for Random Moment Time Study

As of July 1, 2020, the LEA BOP will integrate into the RMTS process. LEA BOP providers are required to participate in RMTS in order to be eligible to receive Medi-Cal direct service reimbursement. For the LEA BOP, the only exemption from RMTS participation is for LEAs that contract out all of their direct health service practitioners (e.g., LEAs that do not employ any health service practitioners). These 100 percent contracted LEAs will still be required to submit an annual CRCS, but they will not be required to allocate costs using the RMTS Direct Medical Service percentage. LEAs that contract out all health service practitioners will not be required to contract with a LEC or LGA, since contracted practitioners are not be part of the RMTS process for LEA BOP. LEAs that contract out for all health service practitioners (considered a Model 2 service provider) must complete PPL 20-022R Attachment A prior to the start of each annual RMTS process. All other LEAs must participate in the RMTS process in order to be eligible for LEA BOP Medi-Cal reimbursement.

- LEA BOP providers must contract with either their regional LEC or LGA to participate in RMTS.
 - LEA BOP providers that currently contract with a LEC or LGA and participate in the SMAA RMTS will not need to enter into an additional contract agreement for the LEA BOP RMTS.
 - Any LEA BOP providers that are not participating in the SMAA Program are required to notify their respective LEC/LGA of their participation in the LEA BOP RMTS.
 - To locate your region please reference [LEC and LGA Service Regions](#).
 - Enrollment will not be processed until a LEC/LGA contract is in place for the RMTS.

STEP 6 Billing Process

Each LEA BOP provider is required to complete the [Medi-Cal Telecommunications Provider and Biller Application/Agreement DHCS6153](#) to receive reimbursement for practitioner services billed through the LEA BOP.

Becoming a Provider, cont.

- **Billing Models:** An LEA may work independently or employ a billing agent/vendor to prepare and submit Computer Media Claims (CMC).
 - Independent LEA BOP Providers.
 - Independent LEA BOP providers complete the billing in-house and use staff employed by the LEA to submit LEA BOP billing claims. These LEAs must:
 - Have employees on staff to submit claims.
 - Purchase software to assist in the internal claims submission.
 - Vendors
 - A third party entity is contracted by the LEA to assist with preparation and submission of LEA BOP billing claims.
 - A contract between the LEA and billing vendor is required and copies should be retained by both parties.

The fee structure in this contract must not be contingent upon the receipt of LEA BOP reimbursements. Please refer to [OMB Circular A-87 §32 \(a\)](#).

Changing/Updating LEA Information

The AR is due to DHCS annually on November 30 and must be submitted by all participating LEA BOP providers. You may change your LEA's contact information and/or addresses by submitting Page 1 of the AR to DHCS.

Page 1 of the AR, Medi-Cal Provider Enrollment Information Sheet, will allow you to notate any changes to your LEA's information. If your LEA's contact information changes after your last submission of the AR, but before the submission period for the following year, please submit an updated page 1 only. You do not need to resubmit the entire AR.

Important Note: If your LEA is changing its mailing, payment and/or service address, please submit a revised AR along with a cover letter requesting the address change via e-mail.

Please e-mail submissions to: LEA.AnnualReport@dhcs.ca.gov

The Enrollment Process

The PPA and AR are processed in three steps.

Step 1: Local Educational Agency

- The LEA must request the PPA and AR via e-mail and then submit the completed PPA and AR to DHCS: LEA.AnnualReport@DHCS.CA.gov
- For New LEA BOP providers interested in participating in the LEA BOP click [here](#) to view the LEA BOP enrollment and timeframe.

Step 2: DHCS- LEA BOP Staff

- LEA BOP staff:
 - Receive and review the original and signed PPA and AR.
 - Verify RMTS contract is signed by the LEC/LGA.
 - Sign and submit to DHCS Provider Enrollment Division.

Step 3: DHCS- Provider Enrollment Division (PED)

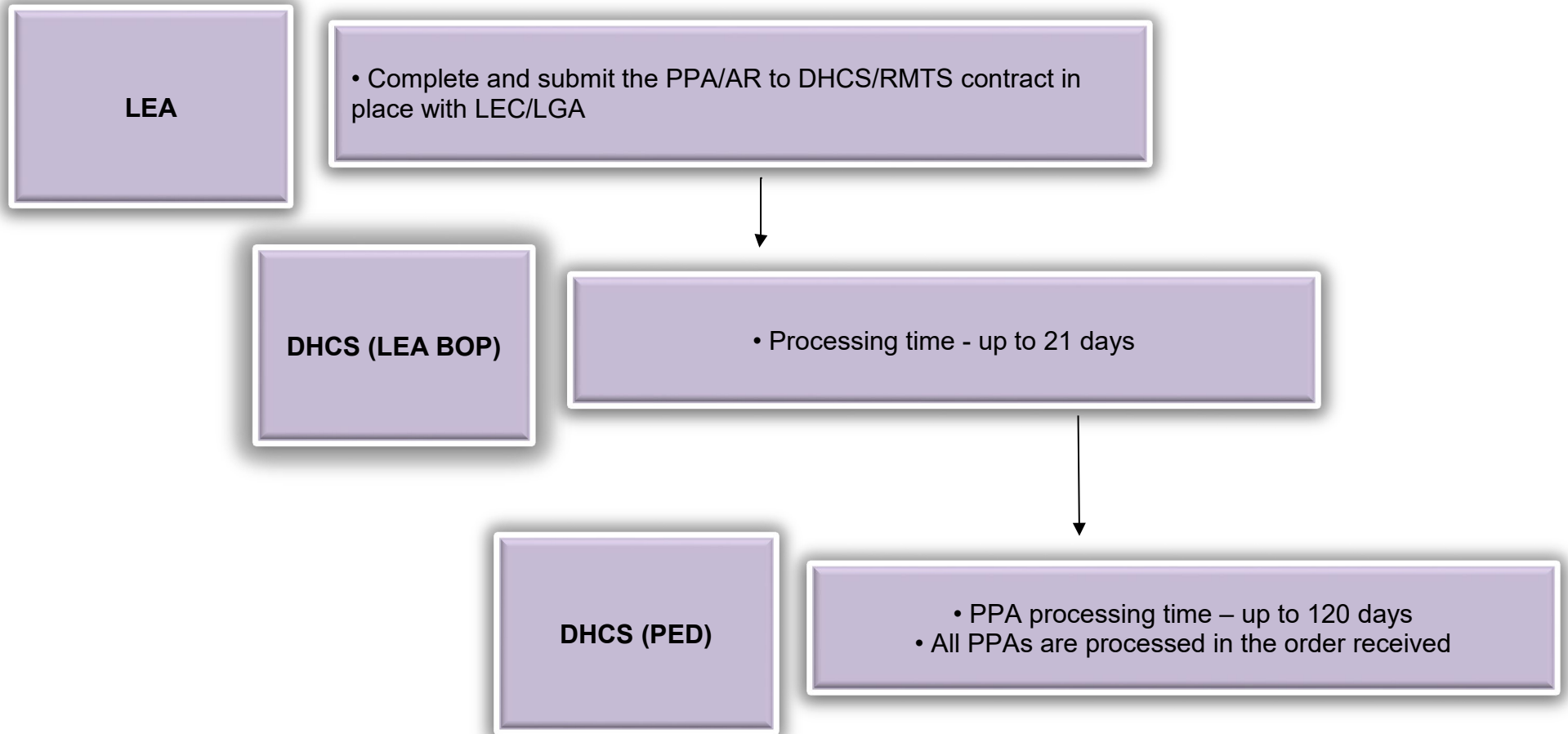
- PED Staff:
 - Receive the signed PPA and AR, update the Provider Master File (PMF), and a send welcome letter to the LEA with an effective date.

It is important for the PPA and AR documents to be completed correctly. Any PPA or AR documents that are submitted with errors or incorrectly will be returned to the LEA. After the PPA is submitted to the PED, it can take up to 120 days to process.

The welcome letter will include a PIN number which is required to submit electronic claims. The LEA should make several copies and store the welcome letter with the LEA billing records.

Note: The PED may deactivate the NPI number of providers from the PMF if a reimbursement claim for the LEA BOP has not been submitted for 12 months. In this case, the LEA may have to re-enroll to claim for LEA BOP services. The re-enrollment process can take up to 120 days from the date that the PED receives the PPA.

PPA/AR Processing Flowchart



Electronic Claims Submission

Participation as a CMC submitter is open to all LEA BOP providers who submit claims on an acceptable medium, in the proper format, and meet the criteria for CMC billing. CMCs are submitted via Point of Service (POS) or on the [Medi-Cal Provider](#) webpage. CMC bypasses the claims preparation and data entry processes of hard copy claims and goes directly into the claims processing system. This significantly reduces adjudication time. Providers submitting electronic claims independently, or through a billing agent/vendor service, must complete and sign the provider portion of the [DHCS Form 6153](#). This form must be completed along with the biller information before the billing agent/vendor can submit the CMC on the provider's behalf.

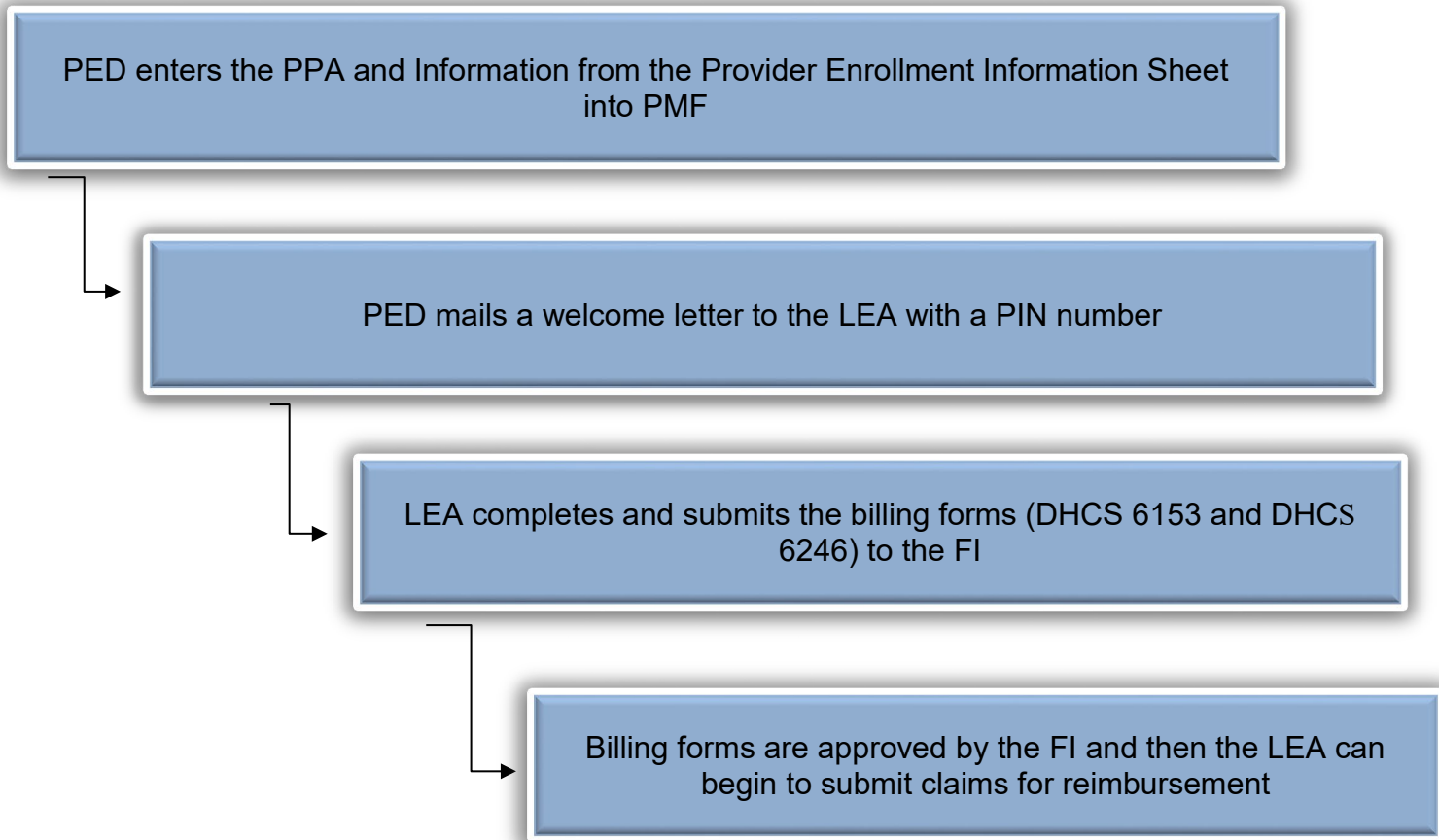
The CMC unit assigns a unique three-character submitter number. This number identifies all claims submitted by the CMC submitter and is mandatory on all claim submissions, including test submissions. The CMC unit will mail this number to the LEA. The following two requirements are mandatory for CMC submission:

- The FI must verify ability to produce claims data on acceptable medium and in the proper format.
- DHCS must authorize participation in the CMC billing program.
 - To meet the above requirements, the LEA must submit a test file. Once enrollment is complete and a submitter number has been assigned, submitters must send a test file to the [Medi-Cal: CMC Submission Instructions](#) site to ensure accurate file format, completeness, and validity. Any format problems discovered during the testing period must be corrected and a new test submitted for review prior to final approval. The CMC unit works directly with the submitter during all phases of the testing process.

Additional CMC information is located in [Medi-Cal: CMC Billing and Technical Manual](#).

The signature on the billing forms (DHCS 6153 and 6246) must be the original, legible, and signed in blue ink. The title of the signer and the date must be included. The Medi-Cal Telecommunications Provider and Biller Application Agreement (DHCS 6153) form must be filled out completely. Each section must have a proper entry or notation of NA (not applicable). All application/agreement forms must contain the original signature of an authorized person responsible for claim submission, as specified above. DHCS will reject all application/agreement forms if incomplete and/or with an unauthorized signature.

Claim Processing Procedure



Administrative Program Cost

Assembly Bill 2608 Chapter 755, Statutes of 2012, requires all LEA BOP providers to pay a fair share of LEA BOP related costs. If the obligatory withholds are not applied, the LEA will be required to pay the necessary withhold amounts at the end of the fiscal year when the program costs are reconciled.

A one percent administrative withhold is levied against LEA BOP reimbursements for claims processing and program-related costs. In addition, a combined two percent withhold is levied against LEA reimbursements to cover audit administration and associated audit costs and to fund and support activities outlined in Welfare and Institutions Code section 14115.8.

Funds over or under withheld from the combined 2 percent withhold shall be proportionately returned to or collected from the LEAs. Withholds are subtracted from the total reimbursement amount on the Medi-Cal Remittance Advice Details (RAD) with RAD code 795 for the one percent administrative withhold and RAD code 798 for the combined two percent withhold.

If the LEA is aware that the required withholds are not being applied to its reimbursements, it must notify DHCS immediately.

LEA BOP Provider Responsibilities

- Comply with W&I Code, Chapter 7 (commencing with Section 14000); and Chapter 8 (commencing with Section 14200); California Code of Regulations (CCR), Title 22, Division 3 (commencing with Section 50000) and Title 5, Division 1, Sections 3029, 3051.12, and 3065; the Medi-Cal Provider Manual; and California Education Code, Division 1, Part 6, Chapter 5, Articles 1, 2, 3 and 4 and Section 49400; all as periodically amended.
- Retain necessary records for a minimum of three years from the date of submission of a new or amended LEA BOP CRCS. If an audit and/or review is in process, LEA providers shall maintain documentation until the audit/review is completed, regardless of the three-year record retention time frame, as set forth in the [LEA BOP Provider Manual](#).
- Furnish LEA BOP records and any information regarding payments claimed for providing the services, upon request, to DHCS, Audits and Investigations (A&I); California Department of Justice, DHCS Medi-Cal Fraud Investigations Branch; Office of State Controller; CMS; and the U.S. Department of Health and Human Services, Office of the Inspector General.
- Ensure that all LEA BOP covered services submitted for reimbursement are furnished by qualified practitioners acting within their scope of practice, in accordance with CCR, Title 22; California Business and Professions Code, Division 2, Section 500 through 4998; California Education Code, section 44000.
- Ensure that all Medi-Cal beneficiaries are aware of and understand the freedom of choice options outlined in Section 1902(a)(23) of the Social Security Act as specified in 42 Code of Federal Regulations (CFR) Sections 431.51(a)(1) and 441.18(a)(1).
- Ensure services billed using the NPI number will not be separately billed by the rendering practitioners.
- LEA BOP providers shall adhere to and comply with all Federal Health and Human Services and CMS requirements with respect to billing for services provided by other health care professionals under contract with the LEA and must avoid duplication of services and billing with other programs.
- Annually put forth and certify the public portion of federal claiming dollars for LEA BOP services only, as specified in 22 CCR, section 51270.
- Accept as payment the approved LEA BOP service rates minus LEA BOP related costs as set forth in the Provider's Guide section of the LEA BOP Provider Manual.
- Reinvest federal funds received for LEA BOP services into services for school children and their families. These funds shall be used to supplement, not supplant, existing services. LEA BOP reimbursement may be reinvested in allowable LEA services as set forth in Education Code section 8804(g).

- Ensure administrative costs are necessary and reasonable for the proper and efficient administration of the program. The cost of professional and consultant services are allowable when reasonable in relation to the services rendered and when not contingent upon recovery of costs from the federal government, as provided in OMB Circular A-87 § 32(a); and 45 CFR section 74.45.
- Establish or designate an existing collaborative interagency human services group (local collaborative) at the county level or sub-county level to make decisions about the reinvestment of funds made available through the LEA BOP as set forth in Education Code Section 8806. The LEA collaborative is required to meet a minimum of twice per year. The process needs to promote full participation in policy development and decision making. In conjunction with making decisions on reinvestment, the local collaborative should work toward assuming the following major functions:
 - To identify needs and develop and coordinate community-wide strategies in response to identified and documented problems confronting children and families.
 - To promote innovative community services in order to ensure early, accessible, and responsive service delivery to families.
 - To coordinate fiscal strategies to assure more comprehensive services (e.g. receipt and allocation of funds; “pooling” of current agency funding for jointly developed services; leveraging of public and private resources, etc.).
 - To assess and monitor outcomes for children and families.
- Attest in writing that the local collaborative body (specified in Section 10 above) will make the reinvestment decisions (specified in Section 8 above) regarding the use of funds made available through LEA BOP reimbursements. The Statement of Commitment to Reinvest (Attachment 2A) shall be signed by the authorized representatives for all members of the collaborative.
- Submit an Annual Report (AR) by the mandated due date of each fiscal year, as outlined in 22 CCR section 51270 and as set forth in the LEA BOP Provider Manual.
- Submit a CRCS report by March 1 of each fiscal year to certify that the public funds expended for services provided have been expended as necessary for federal financial participation (FFP) pursuant to the requirements of SSA, Section 1903, Subdivision (w) and 42 CFR section 433.50, et seq. for allowable medical costs. CRCS reports are due on March 1 following the close of the immediately preceding SFY in which the LEA received interim reimbursement and is reporting costs.
- Adhere to and comply with all federal and State third-party liability requirements prior to billing Medi-Cal, including, but not limited to, any policy directives issued by Federal Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS) and the standards found in 42 United States Code (USC) Section 1396a, Subdivision (a), paragraph(25); 42 CFR section 433.139; W&I Code sections 14005, 14023.7, 14124.90; and 22 CCR51005 and 50761 et. Seq.
- Not discriminate against any beneficiary on the basis of race, color, national or ethnic origin, sex, age, religion, political beliefs, or mental or physical disability.

- Comply with the Family Educational Rights and Privacy Act (FERPA) by requiring that schools obtain written consent from the parent or guardian of the student prior to releasing any medical information from the student's education record. Pursuant to 34 CFR, section 99.30, the written consent must specify the records that may be disclosed, state the purpose of the disclosure, and identify the party to whom the disclosure may be made. This requirement includes when care is coordinated between the school and another entity that is providing medically necessary services to the student, including Medi-Cal managed care health plans (MCPs). LEA BOP providers shall coordinate care to ensure there is no duplication in services. LEA BOP providers may contract with MCPs or their delegated entities to render health care services separate and distinct from LEA BOP services if mutually agreeable terms can be reached between the LEA and MCP.
- Comply with the requirements found in 34 CFR section 300.154 regarding obtaining written consent from the parent or guardian of the student to access the student's or parent's public benefits or insurance to pay for related services. Note that the following guidelines pertain only to students receiving services through the Individuals with Disabilities Education Act (IDEA):
 - Obtain a **one-time written consent from the parent/guardian**, after providing written notification to the parent/guardian as described below, before accessing the child's or the parent's public benefits or insurance for the first time.
 - Provide **written notification** to the child's parent/guardian before accessing the child's or the parent's public benefits or insurance for the first time (prior to obtaining the one-time parental consent) and annually thereafter.

LEAs do not have to obtain parental consent to bill Medi-Cal for non-IEP/IFSP services because the consent is provided during the Medi-Cal application process. However, LEAs should check with their school district legal counsel to ensure they are in compliance with FERPA requirements, prior to submitting claims to Medi-Cal.

LEAs shall comply with confidentiality requirements as specified in 42 USC Section 1320c-9; 20 USC Section 1232g; 42 CFR section 431.300; 34 CFR Sections 99.30, 99.31 and 300.154; W&I Code section 14100.2; 22 CCR section 51009; and Education Code sections 49060, and 49073 through 49079.

- Ensure all applicable state and federal requirements are met in rendering services. It is understood and agreed that failure by the LEA BOP provider to ensure all applicable state and federal requirements are met in rendering services, shall be sufficient cause for DHCS to deny or recoup payments to the LEA BOP provider and/or to terminate. In the event of a federal audit disallowance, the LEA BOP provider shall cooperate with DHCS in replying to and complying with any federal audit exception related to the LEA BOP. The LEA BOP provider shall assume sole financial responsibility for any and all federal audit disallowances related to the rendering of services. The LEA BOP provider shall assume sole financial responsibility for any and all penalties and interest charged as a result of a federal audit disallowance related to the rendering of services. The amount of the federal audit disallowance, plus interest and penalties shall be payable on demand from DHCS.

If the LEA BOP provider fails to remit payment for a federal audit disallowance, and/or for any interest or penalties due for an audit disallowance, following a demand for such payment from DHCS, DHCS may, at its option: terminate this PPA, withhold future payments to the LEA BOP

provider for services rendered, or recoup payments made to the provider for services rendered under the LEA BOP.

- Utilize current safety net and traditional health care providers when those providers are accessible to specific school sites identified by the LEA BOP provider to participate in this program, rather than adding duplicate capacity.
- Adhere to and comply with all HHS and CMS requirements with respect to billing for services provided by other health care professionals under contract with the LEA Provider and avoid duplication of services and billing with other programs.
- Abide by the Business Associate Addendum (BAA) (Exhibit A), as incorporated herein and made part of the Provider Participation Agreement. Data released to the LEA is to be used solely for the purpose of verifying and bill for Medi-Cal eligibility of the beneficiaries and to bill for LEA BOP services provided to those beneficiaries.
- Ensure that providers and their subcontractors are considered contractors solely for the purposes of U.S. Office of Management and Budget Uniform Guidance (Title 2 of the CFR, Part 200, and, specifically, 2 CFR section 200.330). Consequently, as a contractor, as distinguished from sub recipient, a Dun and Bradstreet Universal Numbering System (DUNS) number is not required.
- Adhere to SPA-15-021, effective July 1, 2015. As approved in the State Plan, LEA participating providers that employ direct service practitioners must participate in California's RMTS as of July 1, 2020. The RMTS is a federally approved, web-based, and accepted statistical sampling method that estimates the amount of time spent on various tasks (e.g., direct medical services, Medi-Cal administrative activities, educational activities, etc.). The web-based system randomly selects and assigns a "moment" in time (1 minute) to a pre-determined list of Time Survey Participants (TSPs).

The RMTS is administered quarterly, three times a year (October to December, January to March, and April to June). Moments are assigned randomly among all TSPs in the RMTS. Direct health service staff that are contracted or identified as being 100 percent federally funded prior to the start of the quarter cannot be included on the quarterly TSP List. A TSP that is assigned a moment will receive an email notification one (1) student attendance day in advance with the date and time of their moment, along with a link to the survey itself. The moment must be answered within four (4) student attendance days. If the moment is not answered in the given time frame, the moment expires, becomes invalid, and CANNOT be answered. LEAs receiving 14 or more moments during a quarter must maintain an 85% or higher compliance rate during the quarter in responding to RMTS moments assigned to the district's TSPs. Additional detail on the 85% compliance rate is detailed in [PPL 20-043](#).

LEAs participating in the RMTS process under the LEA BOP are required to submit a quarterly TSP List identifying TSPs in one of two participant pools: (1) Pool 1 - Direct Service Practitioners who regularly perform and are eligible to bill for direct medical services under the LEA BOP, and (2) Pool 2 - Administrative Service Personnel who regularly perform administrative activities for reimbursement through the SMAA Program. The direct service providers that are allowable in Participant Pool 1 have been approved by the Centers for Medicare and Medicaid Services

(CMS). Requests for exceptions to Participant Pool 1 must be approved by DHCS and will only be considered for practitioners meeting the requirements listed in the LEA BOP Provider Manual, [section loc ed rend](#). The Participant Pool 1 TSP Equivalency Request Form must be used to submit exceptions for a specific job classification, in compliance with [PPL No. 20-031](#). More information on RMTS can be found on the [school-based claiming RMTS website](#).

Guidelines

- Although a LEA may work with a billing vendor, the LEA is responsible for all information reported by billing vendors on billing claims, AR, CRCS, or any other documents that are submitted on behalf of the LEA.
- It is the LEA's responsibility to be knowledgeable about LEA BOP requirements.
- DHCS is the governing agency for administering the LEA BOP and is the primary source for obtaining information and does not sanction information, clarification, or interpretation of policy related to the LEA BOP disseminated by entities outside of DHCS as outlined in [PPL 13-005](#).
- LEA BOP providers should contact DHCS directly for any questions that pertain to billing, payment inquiries, policy changes, and the status of any forms submitted by or on the behalf of the LEA.
- Only services identified in the LEA BOP Provider Manual are billable under the LEA BOP.
- Do not include vendors in the LEA Local Collaborative, as it is a conflict of interest.
- LEA BOP providers are required to submit an AR and CRCS annually by the required due date.
- Failure to comply with any of the requirements outlined in the PPA may result in a 100% withhold from future reimbursements. Continued failure to submit the mandated documents may result in removal from the LEA BOP.

Cost and Reimbursement Comparison Schedule
Form 6299

The CRCS is a mandatory requirement for participation in the LEA BOP. DHCS requires that LEA BOP providers annually certify that the public funds expended for LEA BOP services provided are eligible for FFP. Therefore, continued enrollment in the LEA BOP is contingent upon timely submission of the annual CRCS. LEA BOP providers must submit the CRCS by March 1st after the close of the immediately preceding state fiscal year. Failure to meet this requirement may result in a 100% withhold from future reimbursements. Continued failure to submit the CRCS may then result in subsequent suspension from the LEA BOP.

DHCS must also reconcile the interim Medi-Cal reimbursements to LEA BOP providers with the actual costs LEA BOP providers incur in the course of rendering eligible services. The CRCS will be used to compare each LEA's total actual costs for LEA BOP services with interim Medi-Cal reimbursement rates from the LEA BOP Provider Manual for a specific fiscal year. This will determine if LEA BOP providers are owed additional funds to DHCS, or vice versa.

LEA BOP providers must complete a CRCS for any year that they are enrolled in the LEA BOP and eligible to receive Medi-Cal reimbursement. The CRCS is based on the date services are provided, not when the reimbursement is received.

If a provider is suspended from the LEA BOP for any reason, including failure to meet the 85% RMTS compliance threshold, they may not submit practitioner costs on the CRCS in the suspension period. Costs incurred by the LEA during the suspension quarter(s) shall not be included on the CRCS, and any interim reimbursements received during the suspension quarter(s) are subject to a 100% recoupment.

The CRCS is located under the “Program Policy” heading on the [LEA BOP Website CRCS Resources](#) page.

State of California — Health and Human Services Agency
 California Department of Health Care Services

**Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
 Cost and Reimbursement Comparison Schedule (CRCS)
 SFY 2020-21**

1. LEA Identification:

LEA BOP Provider Name _____ National Provider Identifier _____
 Contact Name _____ Provider No. / CDS Code _____
 Phone _____ Title _____
 Fax _____ E-mail Address _____
 Address 1 _____ City _____
 Address 2 _____ State CA Zip _____

2. School-Based Medi-Cal Administrative Activities (SMAA) Program
 Did your LEA participate in the SMAA claiming program during SFY 2020-21? _____
 If Yes, who was your LEA's LEA/LGA? _____

3. New Practitioner Costs
 Does this CRCS contain costs for practitioners that your LEA did not receive any interim reimbursement for?
 (Yes or No) _____

4. Certification of State Matching Funds for LEA BOP Services:
 I, the undersigned, under penalty of perjury state the following:

A. LEA warrants and represents that the information on the accompanying claim form is true and correct.
 B. LEA represents that its expenditures under the LEA Medi-Cal Billing Option Program represent allowable expenditures eligible for Federal Financial Participation (FFP) pursuant to the requirements of Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations.
 C. LEA will maintain documentation supporting the expenditures claimed on the accompanying claim form. This documentation must include all fiscal records required for Medi-Cal audits.
 D. LEA certifies that all expenditures reported within the Medi-Cal Cost and Reimbursement Comparison Schedule are in compliance with the Office of Management and Budget (OMB) Super-Circular (2 CFR 200). To the extent that reporting is not governed by OMB Super-Circular, LEA certifies that Generally Accepted Accounting Principles have been applied.
 E. LEA's expenditures claimed have not previously been, nor will they be, claimed at any other time as claims to receive Federal Financial Participation (FFP) funds under Medi-Cal or any other program.
 F. LEA acknowledges that the information is to be used by the Department of Health Care Services (DHCS) for filing of a claim with the federal government for federal funds and understands that misrepresentation of information constitutes violation of federal and state law.
 G. LEA acknowledges that all records of funds expended are subject to review and audit by DHCS and the Federal Centers for Medicare and Medicaid Services.
 H. LEA understands that DHCS must deny payment of any claim if it is determined that the certification and/or claim form is not adequately supported for purposes of FFP.

As a public administrator, a public officer or other public individual duly authorized as having authority to sign on behalf of the LEA, I am authorized or designated to make this Certification, and declare that this Certification and claim form documents attached hereto are true and correct. I understand that the filing of a false or fraudulent claim or making of false statements in support of a claim may violate the Federal False Claims Act or other applicable statute and federal law, and may be punishable thereunder.

Summary of Overpayments/(Underpayments):

Total Overpayment/(Underpayment) For LEA BOP Services \$ _____
 (From Worksheet A)

 Name Title

 Signature Date

DHCS 8299 (11/2021) Page 1

Certification of Zero Reimbursements for LEA BOP Services
Form 6299a

If your LEA did not claim reimbursements from the LEA BOP during the reporting state fiscal year, you may submit the Certification of Zero Reimbursements Form 6299a in lieu of a complete CRCS document. Participants in the LEA BOP are required to annually certify through the CRCS process that the public funds expended to provide LEA BOP services are eligible for FFP.



State of California—Health and Human Services Agency
Department of Health Care Services



Form 6299a
Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
Certification of Zero Reimbursements for LEA Services Fiscal Year 2019 - 2020
(July 1, 2019 - June 30, 2020)

1. LEA Identification: Identify the primary LEA employee who can be contacted to answer questions about information submitted in the Medi-Cal CRCS.

LEA BOP Provider Name: _____

National Provider Identifier: _____

CDS Code: _____

Address 1: _____

City: _____

Address 2: _____

State: CA Zip Code: _____

LEA Contact Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail Address: _____

CRCS Annual Reimbursement Report

The LEA Annual Reimbursement Report assists LEA BOP providers in completing the CRCS. Annual reimbursement information will include claim count, units of service and reimbursement by service practitioner/type for each participating LEA. The report will be based on paid claims data for dates of service within the state fiscal year. LEA BOP providers must verify the reasonableness between their internal accounting system and the LEA Annual Reimbursement Report, and accurately report the information on the CRCS form.

LEA BOP providers may download copies of the LEA Annual Reimbursement Reports from the [CRCS section](#) on the LEA BOP website.

LEA Medi-Cal Billing Option Program (LEA BOP)
Annual Reimbursement Report
State Fiscal Year 2020-21

This LEA Annual Reimbursement Report will assist LEAs when completing CRCS Worksheet F (Interim Reimbursement) for SFY 2020-21. LEAs should verify the reasonableness between their internal accounting system and the LEA BOP Annual Reimbursement Report and accurately input claims, units and reimbursement information for each service type on their CRCS form. Potential discrepancies between the LEA BOP Annual Reimbursement Report and the LEA's internal system numbers should be documented to support the amounts included on the CRCS and to provide an accounting documentation trail for review and audit.

Instructions: For CRCS reporting on Worksheet F, LEA providers will enter total units, claims, and reimbursement by LEA service practitioner/type, based on their LEA BOP interim reimbursement.

Notes:

- 1) Paid claims information is based on dates of service during SFY 2020-21. Data for the units, claims and reimbursement are as of 12/27/2021 from IBM paid claims data (includes all claims adjudicated as of this date).
- 2) If your LEA NPI is not listed, your LEA does not have paid claims for any LEA BOP service in SFY 2020-21.
- 3) Data in this report are based upon the best available information in the claims processing system at the time the report is generated.
- 4) Any updates to the data due to claims processing errors, omissions and suspensions may be applied during the audit and/or review process.

NPI	Service Practitioner or Service Type	Total Units of Service	Total Claims	Total Interim Reimbursement
1003018631	Licensed Vocational Nurse	208	59	\$ 1,285.44
1003018631	Nurse	198	198	\$ 15,585.18
1003018631	Psychologist	159	159	\$ 39,855.20
1003018631	Speech-Language Pathologist	3,368	1,977	\$ 50,727.30
1003018631	Speech-Language Pathology Assistant	2,560	1,297	\$ 9,198.69
1003113663	Nurse	102	102	\$ 8,336.22
1003113663	Psychologist	2,405	1,296	\$ 57,747.02
1003113663	Speech-Language Pathologist	11,908	6,368	\$ 120,595.61
1003170986	Audiologist/Audiometrist	2	1	\$ 56.41
1003170986	MFT/Counselor	839	416	\$ 20,856.42
1003170986	Occupational Therapist	5	5	\$ 710.55
1003170986	Psychologist	553	305	\$ 29,141.21
1003170986	Social Worker	334	153	\$ 6,367.55
1003170986	Speech-Language Pathologist	6,424	3,028	\$ 62,305.81
1003361239	Nurse	4	4	\$ 338.28
1003361239	Occupational Therapist	139	80	\$ 5,055.51
1003361239	Psychologist	42	42	\$ 12,422.40
1003361239	Speech-Language Pathologist	815	553	\$ 16,759.65
1003374117	Nurse	3	3	\$ 253.71
1003374117	Psychologist	8	8	\$ 2,484.48

CRCS Percent of Claims by Funding Type Report

The Percent of Claims by Funding Type Report calculates the percentage of each participating LEA's total paid claims by the applicable funding category and time period for dates of service within the SFY. This report will assist LEAs in completing the CRCS Worksheet titled "Allocation Statistics".

LEA BOP providers may download copies of the LEA Percent of Claims by Funding Type Report from the [CRCS section](#) on the LEA BOP website.

Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
Percentage of Total Paid Claims by Funding Type
SFY 2020-21

This LEA BOP Percentage of Claims by Funding Type Report will assist LEAs when completing the CRCS Allocation Statistics Worksheet for SFY 2020-21. For CRCS reporting purposes, LEA providers will enter the percentages for their NPI on the Allocation Statistics Worksheet in Excel cells C11 to C14.

Notes:

- 1) Paid claims information is based on dates of service during SFY 2020-21. Data for each NPI was extracted from the paid claims data as of 12/22/2021.
- 2) If your LEA NPI is not listed, your LEA does not have paid claims for any LEA BOP service in SFY 2020-21.
- 3) Data in this report are based upon the best available information in the claims processing system at the time the report is generated.
- 4) Any updates to the data due to claims processing errors, omissions and suspensions may be applied during the audit and/or review process.

NPI	Title XIX % of Total Claims	Title XIX Enhanced % of Total Claims	Title XXI Enhanced % of Total Claims (7/1/20-9/30/20)	Title XXI Enhanced % of Total Claims (10/1/20-6/30/21)	Total
1003018631	79.2602%	0.0000%	2.6131%	18.1266%	100.0000%
1003113663	70.5768%	0.2509%	5.9760%	23.1963%	100.0000%
1003170986	77.8858%	0.0000%	2.7965%	19.3177%	100.0000%
1003361239	78.9611%	0.8982%	3.3394%	16.8013%	100.0000%
1003374117	53.7048%	0.0000%	8.9094%	37.3857%	100.0000%
1003964172	70.6726%	0.0000%	6.0766%	23.2507%	100.0000%
1003964321	82.3327%	0.0000%	0.0000%	17.6673%	100.0000%
1003967522	75.4562%	0.0000%	3.6636%	20.8802%	100.0000%
1013040518	80.7630%	0.1290%	3.3356%	15.7724%	100.0000%
1013072172	81.9125%	1.9471%	2.4523%	13.6881%	100.0000%
1013160894	84.0372%	0.0000%	0.3380%	15.6248%	100.0000%
1013256775	68.0825%	0.3038%	1.6537%	29.9599%	100.0000%
1013571371	75.1814%	0.0000%	3.8207%	20.9978%	100.0000%
1023157310	75.1284%	0.0000%	5.3699%	19.5018%	100.0000%
1023166337	74.2373%	0.0000%	1.6271%	24.1356%	100.0000%
1023169547	91.1423%	0.0000%	1.5530%	7.3047%	100.0000%
1023231891	88.4154%	1.2840%	1.7287%	8.5719%	100.0000%
1023231966	70.8017%	0.0000%	2.4655%	26.7328%	100.0000%

Terminating Participation

If the LEA chooses not to participate in the LEA BOP, it may terminate participation at any time by submitting a cover letter explaining the action requested, to LEA@dhcs.ca.gov.

All terminated LEA BOP providers will be required to submit the CRCS by the due date for any SFY in which they were participating in the LEA BOP. Terminated LEA BOP providers that fail to submit the CRCS by this due date will be required to return the federal reimbursements received to DHCS.

The termination shall be effective on the last day of the month in which the notice of termination was given.

LEA BOP Compliance

In accordance with 22 CCR section 51270, each LEA BOP provider participating in the LEA BOP must produce an executed PPA, AR and DUA, meet the 85% RMTS compliance threshold, and submit a CRCS or certification of receiving zero reimbursement for LEA services.

DHCS may place the LEA BOP provider on withhold from claims reimbursements in the LEA BOP, in accordance with the W&I Code, section 14123 and 22 CCR section 51452. LEA BOP providers that do not comply with the participation provisions or do not timely submit all required documents may be placed on a 100% withhold from future reimbursements. LEA BOP providers that do not submit the required documents will receive a written notice to alert the LEA that the required document(s) is past due. Continued failure to submit the requested document(s) may then result in subsequent termination from the LEA BOP and recoupment of funds paid to the LEA.

Getting Started Checklist

	Item	When to Submit
<input type="checkbox"/>	NPI Obtained	Add to PPA, AR, billing forms, DUA, and CRCS
<input type="checkbox"/>	<p>PPA / AR</p> <p><u>Submit in one of the ways that follow:</u></p> <p>Completed documents online using electronic signatures and e-mail as a PDF to: LEA.AnnualReport@dhcs.ca.gov</p> <p>OR</p> <p>Completed documents online and print, sign, scan, and e-mail as a PDF to: LEA.AnnualReport@dhcs.ca.gov</p> <p>OR</p> <p>Completed documents to: Department of Health Care Services Local Governmental Financing Division LEA BOP Unit 1501 Capitol Avenue, MS 2628 P.O. Box 997436 Sacramento, CA 95899-7436</p>	<p>Submit PPA and AR to begin participating in the LEA BOP</p> <p>AR is due annually on November 30 for enrolled LEAs</p> <p>PPA is submitted once and is an “evergreen” document that does not require annual updates</p>
<input type="checkbox"/>	<p>DUA</p> <p><u>Submit in one of ways that follow:</u></p> <p>Complete documents electronically using electronic signatures and e-mail as a PDF to LEA.AnnualReport@dhcs.ca.gov</p> <p>OR</p> <p>Complete hard copy documents and print, sign, scan, and e-mail as a PDF to LEA.AnnualReport@dhcs.ca.gov</p> <p>OR</p> <p>Mail completed documents to: Department of Health Care Services Local Governmental Financing Division LEA BOP Unit 1501 Capitol Avenue, MS 2628 P.O. Box 997436 Sacramento, CA 95899-7436</p>	<p>DUA is renewed every three years</p>

Item		When to Submit
<input type="checkbox"/>	RMTS Contact LEC/LGA Service Regions Map and Contact Information RMTS@dhcs.ca.gov	Enrollment
<input type="checkbox"/>	Billing Form 6153 Submit to: CMC Unit P.O. Box 15508 Sacramento, CA 95852-1508	Enrollment or when the submitter's information changes
<input type="checkbox"/>	Billing Form 6246 Submit to: Medi-Cal Fiscal Intermediary HIPAA Help Desk P.O. Box 13029 Sacramento, CA 95813-4029	Enrollment or when the receiver's information changes
<input type="checkbox"/>	CRCS Form 6299 E-mail to: LEA.CRCS.Submission@dhcs.ca.gov	Due annually by March 1

Important: All original signatures must be in blue ink

References and Resources

DHCS developed an online [Tool Box](#) to give LEA BOP providers quick access to useful resources and information concerning the proper administration and management of the LEA BOP. LEA BOP providers are ultimately responsible for administrative functions and should be familiar with the LEA BOP website, DHCS policies, program regulations, and the LEA BOP Provider Manual.

List of Acronyms and Clarification of Terms

[Click to LEA Glossary of Terms](#)

Acronym	Term	Definition
AR	Annual Report	All LEA BOP providers enrolled in the LEA BOP must submit an "Annual Report" to the Department of Health Care Services by November 30 of each year. The report includes information on LEA Medi-Cal reimbursement, reinvestment expenditures, anticipated reinvestment service priorities, certification of state matching funds, and commitment to reinvest.
CMS	Centers for Medicare & Medicaid Services	CMS is the federal agency that oversees the Medicare, Medicaid, State Children's Health Insurance Program (CHIP), and several other health-related programs.
CPE	Certified Public Expenditure	Certified Public Expenditure, or CPE, means expenditures that a governmental entity certifies it has expended in furnishing health care services to eligible enrollees, which may be used as a mechanism for providing the non-federal share of the allowable federal payments under the LIHP, in accordance with 42 C.F.R. §433.51.
CRCS	Cost Reimbursement and Comparison Schedule	All LEA BOP providers enrolled in the LEA BOP must submit a CRCS to the Department of Health Care Services by March 1 of each year. LEA providers must annually certify that the public funds expended for LEA services are eligible for federal financial participation. The CRCS will be used to compare each LEA's actual costs for LEA BOP services to the LEA BOP provider's interim Medi-Cal reimbursement each state fiscal year.

Acronym	Term	Definition
DHCS	Department of Health Care Services	The State agency charged with administering the Medicaid program for the Federal Government. (Medi-Cal in California).
DUA	Data Use Agreement	Agreement between the LEA and State to order and receive beneficiary Medi-Cal eligibility information via a data tape match.
EPC	Erroneous Payment Correction	Process used to make adjustments for specific services or claims determined to have been erroneously overpaid or underpaid. The EPC process voids the original claim, appearing as a negative on the provider's Remittance Advice Detail followed by a new claim line showing the corrected amount.
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment	The EPSDT service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The EPSDT program consists of two mutually supportive, operational components: (1) assuring the availability and accessibility of required health care resources and (2) helping Medicaid eligible children and youth and their parents or guardians effectively use these resources. In California, the Child Health and Disability Prevention (CHDP) program provides periodic preventive health services to Medi-Cal eligible children based on the EPSDT program.
FFP	Federal Financial Participation	States must meet certain federal requirements to participate in the Medicaid program. States that meet these requirements receive federal funding in the form of Federal Financial Participation for all Medicaid expenditures.

Acronym	Term	Definition
FFS	Fee-for-Service	The traditional method of billing for health services under which a health care provider charges separately for each patient encounter or service rendered.
IDEA	Individuals with Disabilities Education Act	The federal law that mandates that all children with disabilities have available to them a free appropriate public education that includes special education and related services to meet their unique needs. Part B of IDEA provides formula grant assistance to state education agencies for the education of children with disabilities, ages three through 21. Part C of IDEA provides funds to state lead agencies to assist in the provision of early intervention services to infant and toddlers with disabilities, ages birth through two.
IEP	Individualized Education Plan	A legal agreement composed by educational professionals, with input from the child's parents, for students identified as disabled in accordance with IDEA requirements. This agreement guides, coordinates, and documents instruction that is specially designed to meet the student's unique needs.
IFSP	Individualized Family Service Plan	A written plan for providing early intervention services to a child eligible under IDEA and the child's family. The IFSP enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.
IHSP	Individualized Health and Support Plan	A written "care plan" used by the LEA as a medical management tool for providing medically necessary healthcare services to a Medi-Cal enrolled student. In addition to IHSP, other common names for a "Care Plan" are a nursing plan, Plan of Care, Individualized School Healthcare Plan or 504 Plan.

Acronym	Term	Definition
LEA	Local Education Agency	The governing body of any school district or community college district, the County Office of Education, a state special school, a California State University campus, or a University of California.
LEA BOP	LEA Medi-Cal Billing Option Program	A program for LEA BOP providers to bill Medi-Cal for specific health and medical services provided to students and their families in the school setting. Services provided through this program include assessments and treatments.
-	LEA Collaborative	A local collaborative interagency human services group, at the county level or sub-county level, that makes decisions regarding the reinvestment of funds made available through the LEA BOP. Generally, representation will include the schools, major public agencies serving children and families including health, mental health, social services and juvenile justice, the courts, civic and business leadership, the advocacy community, parents or guardians, and current safety net and traditional health care providers.
LEC	Local Educational Consortia	An LEA coordinating Medi-Cal Administrative Activities (MAA) for one of the 11 service regions of the California County Superintendents Educational Services Association (CCSESA). LEA BOP providers must claim for MAA through their respective region's LEC or their local public health or county agency (also referred to as a Local Governmental Agency or LGA).

Acronym	Term	Definition
LGA	Local Governmental Agencies	An LEA coordinating Medi-Cal Administrative Activities (MAA) for one of the 11 service regions of the California County Superintendents Educational Services Association (CCSESA). LEA BOP providers must claim for MAA through their respective region's LEC or their local public health or county agency (also referred to as a Local Governmental Agency or LGA).
LGFD	Local Government Financing Division	LGFD will serve as the principal policy maker for all county and local governmental federal reimbursement and financial oversight activities. LGFD provides policy and organizational leadership in the formulation and administration of the Department of Health Care Services' (DHCS/Department) financing policy; oversees methods in establishing reimbursement methodologies and related statutory and contractual requirements for reimbursement; serves as the primary contact for communications and information sharing with local and county partners and providers on the Department's reimbursement policies and procedures impacting local governmental programs. LGFD, ensures access to high quality and cost efficient healthcare to the Medi-Cal population, via DHCS' contracted local governmental agencies, which provide both behavioral health care coverage, as well as supplemental school-based health care.
MCP	Managed Care Plan	A health care delivery system that provides services within a defined network of health care providers who are given the responsibility to manage and provide quality, cost-effective health care. Managed care plans, which may include but are not limited to Health Maintenance Organizations (HMOs), typically receive a prepaid rate for each member enrolled in the plan.
NPI	National Provider Identifier	Unique national 10-digit provider identification number that is Health Insurance Portability and Accountability Act compliant.

Acronym	Term	Definition
OMB Circular	Office of Management and Budget	A codified Federal Executive Branch regulation that provides mechanisms and guidelines for state and local governments for accounting for costs when administering federal programs (Title 2 Code Federal Regulations 200).
PPA	Provider Participation Agreement	The Provider Participation Agreement (PPA) is the contract through which qualified Local Educational Agencies enroll to participate in the LEA BOP.
RAD	Remittance Advice Details	A report listing provider claims that have been paid for a particular payment period. The RAD is used by providers to reconcile their records with claims that have been paid, denied or suspended.
RMTS	Random Moment Time Survey	A federally approved, web-based, and accepted statistical sampling method that estimates the amount of time spent on direct medical services or administrative activities, which randomly selects and assigns a 'moment' in time (one minute) to a pre-determined list of Time Survey Participants.
SELPA	Special Education Local Plan Area	The SELPA coordinates with school districts and the County Office of Education to provide a continuum of programs and services for disabled individuals from birth through 22 years of age.

Website Resources

Reference	Website Address
Internal Administrative Function Chart	Internal Administrative Function Chart www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Program Req and Info/Int Admin Func Chart.pdf
DHCS 6153 & DHCS 6246	Medi-Cal Telecommunications Provider and Biller Application/Agreement DHCS 6153 Payment Receiver Agreement DHCS 6246
Education Code 8804 (g)	Education Code 8804 leginfo.legislature.ca.gov/faces/codes_displaysection.xhtml?sectionnum=8804&lawcode=edc
Education Code 8806	Education Code 8806 leginfo.legislature.ca.gov/faces/codes_displaysection.xhtml?sectionnum=8806&lawcode=edc
Glossary of Terms	LEA Glossary of Terms
LEA BOP Training	LEA BOP Training www.dhcs.ca.gov/provgovpart/pages/lea_program_training.aspx
LEA BOP Website	LEA BOP Website
Medi-Cal Computer Media Claims (CMC)	Medi-Cal: CMC Billing and Technical Manual
Medi-Cal Supplemental Changes form (DHCS) 6209	Medi-Cal Supplemental Changes Form DHCS 6209
Medi-Cal test site	https://www.coveredca.com/documents-to-confirm-eligibility/submit-documents/ www.coveredca.com/documents-to-confirm-eligibility/submit-documents/
Medi-Cal website	Medi-Cal Provider Home https://medi-cal.ca.gov

Reference	Website Address
NPPEs	NPI Registry NPPEs NPI Registry (hhs.gov)
OMB Circular A-87 §32 (a)	OMB A-87 CIRCULAR A-21 (Revised 5/10/04) (whitehouse.gov)
PPL 13-005	PPL 13-005
Provider Manual	LEA Provider Manual
RMTS	Random Moment Time Survey
SELPA	Special Education Local Plan Areas
State Plan	California State Plan
Subscribe to DHCS e-mails	Subscribe to DHCS e-mail communications apps.dhcs.ca.gov/lists/subscribe/default.aspx?list=dhcslea
Tool Box	LEA BOP Tool Box