

# LEA BOP -

# New State Plan

# Expansion:

## Benefits and Requirements



Jeremy Ford

[jeremy.ford@ousd.org](mailto:jeremy.ford@ousd.org)

Hellan Roth Dowden

[Dowden@teachersforhealthykids.org](mailto:Dowden@teachersforhealthykids.org)

# Understanding the LEA BOP Changes Occurring With the New State Plan Amendments

1. Why the implications are important
2. Non IEP billing to include “care plans”
3. Increased reimbursements for most LEAs
4. Expanded population of billable services/providers

# Why the Implications are Important

1. Expansion of the universe of children covered
  - 12% of kids have IEPs
  - About 60% of kids are on Medi-Cal
2. There will still be a need for a “care plan”.
  - A Care Plan is a medical management tool for providing medically necessary healthcare services to a student in a school setting. Other common names for a “Care Plan” are a nursing plan, IHSP, Plan of Care, Individualized School Healthcare Plan or 504 Plan.
3. Removal of limit on the number of services
4. Ease of use of new program, using random moments to track time.
5. Addition of services and providers means increased reimbursable services and allowable cost.



# 5. New Services and Practitioners

## New Services (8)

### *Treatment Services*

Activities of Daily Living (ADL)  
Assistance

Group Occupational Therapy  
(OT)

Group Physical Therapy (PT)

### *Treatment and Assessment*

### *Services*

Nutritional Services

Orientation and Mobility

Respiratory Therapy

Targeted Case Management

(TCM) EPSDT Screenings

## New Practitioners (9)

### *Assistants*

OT Assistant

PT Assistant

Speech-Language Pathology  
(SLP) Assistant

### *Associates*

Associate Marriage and Family  
Therapist (MFT)

Associate Clinical Social Worker

Orientation and Mobility Specialist

Physician Assistant

Respiratory Therapist

Dietician

Information reviewed in detail during the March 5, 2020 training.

For a copy of the presented materials, including procedure codes, modifiers, and rate table, please email [LEA@DHCS.CA.gov](mailto:LEA@DHCS.CA.gov).

# Meeting the New State Plan Requirements

- RMTS (Random Moment Time Survey)  
Participant Pool 1 vs. Contractors
- Meeting RMTS 85%
- Important Deadlines
- Targeted Case Management (TCM)  
Discussion

# RMTS is Now the Driving Force

- Meeting the 85% response rate is required for SMAA and LEA BOP.
  - If you are suspended from RMTS, then you cannot include that quarter on the CRCS (\$\$\$)
  - Pool 1 TSP Equivalency Form is due 45 calendar days before quarter starts (DHCS may change).
    - Required for all non listed job titles and especially emphasised for TCM only billers and Trained Health Care Aides
  - TSP Pool 1 list certification deadline must be met, or you will not have an LEA program
- Depending on your LGA/LEC, your universe might have changed
  - More TSPs means each will get fewer moments
- Code 2A: Percentage of billable direct services
  - LEA BOP staff should be very clear about their RMTS responses, incomplete or unclear moments will cost LEAs money.
    - Bad Example: "Walking a student to class" (Code 1, non-billable)
    - Better Example "Walking a student back to class after our speech therapy session" (Code 2A)

# Who Should be Included in RMTS Participant Pool 1 (Direct Service Providers)

- If you plan to and are eligible to bill you MUST include employees in RMTS Participant Pool 1
  - Employed practitioners who provide reimbursable direct medical services
  - Employed practitioners who have an active license and/or certification for their service specialty (as required)
  - Employed practitioners for which the LEA intends to submit interim claims for reimbursement
- Contracted practitioners are not included in RMTS (They go directly on the CRCS)



# List of Pool 1 Participants *\*New SPA 15-021 practitioner*

- Certified Nurse Practitioners
- Certified Public Health Nurses
- Credentialed Audiologists
- Credentialed School Counselors
- Credentialed School Psychologists
- Credentialed School Social Workers
- Credentialed SLPs
- 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
- **Occupational Therapy Assistants\***
- **Orientation and Mobility Specialists\***
- **Physical Therapist Assistants\***
- Program Specialists
- **Registered Associate Clinical Social Workers\***
- Registered Credentialed School Nurses
- **Registered Dieticians\***
- **Associate Marriage and Family Therapists\***
- Registered School Audiometrists
- **Speech-Language Pathology Assistants\***
- Trained Health Care Aides



# RMTS Participant Pool 2 (Administrative Service Providers)

- Few changes were made, Pool 2 is for SMAA only
  - LEA billing staff that will *not* be actively billing will now be in Pool 2
  - Examples:
    - Unsupervised credential only Speech Therapist
    - Administrative only School nurses
- Staff in Pool 2 ***cannot*** bill LEA services or be included in the CRCS
- SMAA is not required for LEA BOP, but can support the successful implementation of services; through outreach and coordination of services
- Staff will not overlap between Pool 1 and 2. You must pick a pool and meet those requirements accordingly

# Cost and Reimbursement Comparison Schedule (CRCS)

- Major change to the cost formula
  - FTE/Hours worked and interim services no longer used to determine percentage of time
  - Employee cost is now determined by your RMTS Code 2A percentage and Medical eligibility rate
- Contractor cost pass through
  - Contractors do not participate in RMTS Pool 1 and are put directly on the CRCS
  - Not discounted by RMTS Code 2A
  - Can include outside agencies/schools (if all other requirements are met)
- Backcasting: 15-16 to 19-20
  - Increased reimbursement for several years (most LEAs)
  - Retroactive allowance for expanded services

# New CRCS Employee/Contractor Breakdown

Employee

\$100,000

RMTS Code 2A (30-40%?)

MER: 50%

$\$100,000 \times \text{Code 2A (30\%)} \times \text{MER (50\%)} \times \text{FMAP (50\%)} =$

Total Reimbursed Dollars: \$7,500

Contractor:

\$100,000

RMTS Code 2A (NOT USED)

MER: 50%

$\$100,000 \times \text{MER (50\%)} \times \text{FMAP (50\%)} =$

Total Reimbursed Dollars: \$25,000

# What We Don't Know Yet...

- The results of RMTS Code 2A
  - Highly dependent of a successfully roll out throughout the state
- TCM and Transportation are new to the CRCS
  - How will the cost balance work with interim and final billing?
  - Services will be audited for the first time!
    - Will TCM stand up to state and federal audits?
- The final 20-21 CRCS is not available, could changes still be made?
- What will 5 years of backcasting the CRCS look like?
- Impact of COVID on RMTS, Interim billing and the CRCS
- How many LEAs will expand services?
- Relationship and structure of RMTS; SMAA and the LEA BOP going forward.

# Resources



Slides with the DHCS logo were taken directly from their training slides.

These slides and others can be found

[https://www.dhcs.ca.gov/provgovpart/Pages/LEA\\_Program\\_Training.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/LEA_Program_Training.aspx)

DHCS mailing list: [https://www.dhcs.ca.gov/provgovpart/Pages/E-Mail\\_Notifications.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/E-Mail_Notifications.aspx)

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# Any Questions?

