

SMAA LEA Workgroup Minutes

Thursday, October 11th

1. LEA BOP Expansion (Oct. 4 DHCS mtg slides attached)

- Role of LECs and LGAs in Expansion

The LECs state that they do not intend to take over the LEA billing option program. They will also not be charging an additional fee if the LEA is currently not doing SMAA. The LGAs will only accept districts who do SMAA

- Notification

There was discussion of increasing the sample size to keep statistical validity. The goal would be to over sample as the concern is that 1-4 notification will have issues with compliance in comparison to the current 5-5 notification.

- LEA requirement for MOUS with Health Plans

The requirement for CMS to approve the SPA is that each LEA attain an MOU from each health plan to show collaboration in providing care. This would potentially be a logistical challenge for the LEAs in many ways. Districts rarely know the health plan since most of the contact is with the provider. THK suggested that the name of the health plan is in the MEDs data and this would let districts to at least know who to contact. DHCS said there were HIPPA concerns about allowing districts to see the name of the health plan on the MEDs data even though once was available to districts. The point was made that HIPPA doesn't apply to billing, so it should not violate HIPPA as no medical records are included.

Some districts are concerned that schools will lose money because of this requirement since parents are not obligated to offer this information since the service is required to be provided regardless. Parents could potentially withdraw their permission to bill Medi-Cal. This of course applies where there are IEPs. Districts will not be required to provide services but if they do, they can bill Medi-Cal for eligible recipients and for covered services.

DHCS is in communication with the Managed Care section of Health Care Services. The LEA BOP program is under Safety Net Financing. The required collaboration for the SPA approval has not been brought up to the health plans that would need to participate. A meeting between health plans and school districts to discuss possible MOU templates and future collaboration may be planned soon and would be coordinated by Teachers for Healthy Kids.

- Documentation requirements for expansion populations

New federal documentation requirements are still under review for further clarification regarding a physician's exclusive sign off versus the allowance of a nurse to sign off

under the order of a physician on reimbursable services for the expanded SPA population. Updates will be shared as they become available.

- Backcasting
Backcasting will be used for services proved through LEA BOP from September 2015 until the date the SPA is approved. Most likely, this is the Spring of 2019. The emphasis from DHCS is that it will not be like the last backcasting. The expectation is that it will increase revenue and training for all involved will be available. However, compliance requirements have not yet been firmly set and so this may affect the outcome for participating districts. There is also a concern regarding the CRCS form updates and the potential for issues without multiple test runs. Another concern is that the Medi-Cal percentage being included into the formula for interim reimbursements could potentially decrease the reimbursement amount.
- Medi-Cal percentages for low income districts should be at 50% or higher. If that is not the case for your district there is a free tool, www.chipers.org that can assist districts in identifying students who have fallen off of Medi-Cal so that support could be offered and your Medi-Cal percentage will increase. For questions please contact ngarcia@teachersforhealthykids.org. Free training is provided.

2. Other issues:

- Paid vs. Unpaid time off – This is an issue William S. Hart brought to the attention of DHCS. Tony will be sharing an update soon.
- Pay and chase – Letters have gone out to parents requesting payment for school-based services. Initially they were from Cigna and recently they came from Anthem. It was stated they were sent in error. So far letters have gone out in LA and Inland Empire. One district reported some students being denied services by their health plan due to the issue and parents now withdrawing permission to bill Medi-Cal. More clarification has been requested.
- Audits – Five-month turnaround is required to comply with audit regulations however, some practitioners only bill once a year. This could potentially be an issue that will affect compliance outcomes. Also affecting audits is the length of time districts are required to keep documentation as it could easily extend beyond seven years currently required due to CRCS review timelines.
- All issues and concerns regarding the SPA or other program challenges can be sent to DHCS directly via email.

smaa@dhcs.ca.gov or LEA@DHCS.CA.GOV

3. Public Charge

A regulation regarding “public charge” that might encourage, according to the Kaiser Family Foundation (KFF), immigrant families otherwise eligible, to drop their Medi-Cal coverage has been published in the Federal Register. It may impact school districts in that families with children with Individual Education Plans may drop out of Medi-Cal in order to be eligible for citizenship. As the provider of last resort, schools will then be required to pick up the cost without Medi-Cal reimbursement.

This regulation isn't final yet but your comments are needed. The Administration must review all comments before the regulation can be finalized. The more comments, the longer it will take before a policy change can be made. You can submit your original comments here: [Here is the link:](#)

bit.ly/CAcomments

or follow the instructions for submittal at www.regulations.gov.

These need to be received by December 10, 2018

Organizers are trying to have at least 100,000 original comments submitted. Please share with others and ask them to submit their comments.

If you can get your school district involved that would be even better. Let us know if you need more information

Below are resources for your information:

Federal Register - Public Charge

<https://www.gpo.gov/fdsys/pkg/FR-2018-10-10/pdf/2018-21106.pdf>

<https://www.nilc.org/issues/economic-support/how-to-talk-about-public-charge-pif/> 9-25-18

How to Talk About Public Charge with Immigrants and Their Families

<https://www.ilrc.org/public-charge> **Public Charge**

https://www.ilrc.org/sites/default/files/resources/overview_of_public_charge-20180808.pdf

An Overview of Public Charge

https://www.ilrc.org/sites/default/files/resources/consul_process_pract_alert_pub_charge_affid-20180702.pdf

CONSULAR PROCESSING PRACTICE ALERT ON PUBLIC CHARGE AND AFFIDAVIT OF SUPPORT ISSUES
Advice for how to prepare consular processing clients given

https://www.cpcra.org/cpcra/CPCA/CPCA/HEALTH_CENTER_RESOURCES/PUBLIC_CHARGE.aspx

Public Charge - This is an excellent page of resources

<https://thehill.com/opinion/immigration/409537-the-public-charge-rule-is-basically-discrimination-against-children>

Just Released

Proposed Changes to “Public Charge” Policies Could Lead to Declines in Medicaid and CHIP Enrollment as Immigrant Families Face Rising Fear and Uncertainty About Using Public Programs

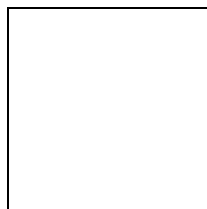
As the Trump administration proposes changes to federal “public charge” policies, the resulting fear and uncertainty among immigrant families about using public programs could drive down enrollment in Medicaid and the Children’s Health Insurance Program, potentially by millions of people, a [new analysis](#) by KFF (the Kaiser Family Foundation) shows.

More than 14 million enrollees in Medicaid and CHIP live in a household with a noncitizen, half of them U.S. citizen children. (Undocumented immigrants are not eligible to enroll in Medicaid or CHIP.) “Public charge” policies govern how reliance upon public benefits may affect an individual’s ability to obtain legal permanent resident status in the U.S.

A proposed rule published Oct. 10 in the Federal Register would newly define a “public charge” as an individual who uses public benefit programs and would expand the list of public programs that the federal government would consider in public charge determinations to include Medicaid and other previously excluded health, nutrition and housing programs. The new analysis examines the share of noncitizens who originally entered the U.S. without legal permanent resident status who have characteristics that the government could potentially weigh against them in public charge determinations.

The analysis presents three scenarios to illustrate the possible magnitude of likely Medicaid and CHIP enrollment declines, based on prior research and experience. It shows that enrollment declines would occur both among those directly affected by the proposed rule as well as among other lawfully present and citizen individuals in immigrant families.

A KFF [issue brief](#) released last month explains the proposed changes in public charge policies for immigrants in greater detail.



Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in San Francisco, California.

4. Next Meeting

**Next SMAA LEA Workgroup call: Thursday, November 8th at
9:30am
Call in number: 866.881.4501 NO PIN REQUIRED**