

## SMAA LEA Workgroup Call Minutes

### Thursday, April 25<sup>th</sup>

#### Agenda

1. DHCS Update - The Summary Notes from the [April 17, 2019 SMAA Workgroup](#) conference call are now posted to the [SMAA website](#)
2. Proposed PPL on RMTS Sampling Requirements (attached)

The PPL on RMTS includes potential changes to the RMTS timeline for the last week of the school year and the last minute of a shift. PCG may have to change the current algorithm to accommodate these changes. Fairbanks, the RMTS software vendor in LA, confirmed that the program itself can be adjusted. LECs would like all changes to be added to a PPL so that it would be required and not be accompanied by a fee from PCG. However, LECs may still have to make manual adjustments to shifts.

3. SPA Update

Total SPA implementation will be delayed until July of 2020 to give additional time for training. However, DHCS has asked CMS to implement on July 1, 2019 the following: lift the cap on services, add new providers, bill for Medi-Cal services for non- IEP students. DHCS recently had a meeting with CMS regarding the SPA. Details from the meeting will be shared when available. DHCS will be invited to join the workgroup call to speak on updates. The recent SPA implementation training in Southern California did not include any additional details than what was already reviewed in previous meetings.

Requirement Update to LEA BOP: DHCS provided an update from their Benefits Division regarding a request from the LEA BOP Adhoc Work Group to make the prescription orders for services effective on the date of the IEP. The response from the Benefits Division is that orders for services are valid one year from the date of the order for the prescription. It can be the same as the IEP date if that was the date the prescription for services was ordered

#### 4. TSP List

When the SPA is implemented, additional positions can be added to the TSP list for reimbursement. One issue raised was final TSP lists are submitted sometimes months before the quarter begins and if a position is hired after submission of the list, the person cannot be added or claimed until the following quarter. There are also multiple positions that cannot participate in RMTS easily. Health Aides provide services that cannot be counted due to time constraints of their position or access to email/computers during work hours. Contractors won't face these same issues. Also, Subs and temporary staff cannot be easily added to the cost pool. PCG confirmed that several other states have different TSP flexibilities that includes vacant positions being added to the TSP lists at the beginning of a quarter to later be filled. The issue of not being able to certify a list if there is a vacancy came up. For example, there are 80 speech therapists, 55 positions are filled. As therapists are hired to replace the vacancy, they can be added. DHCS says no, but other states allow.

The LECs/LGAs raised another issue regarding contracts being required for the RMTS between them and LEAs. What is the role of the state in monitoring these contracts?

RESOLVING ISSUES RAISED: LEAs can show the impact of system restrictions with examples of how many reimbursement dollars are lost each quarter. Flexibility in the program would decrease the effects of high turnover rates or hiring during the quarter. Districts should not have to change their business practices to accommodate the program. School districts are encouraged to tally how many positions and hours could potentially be eligible for reimbursement but cannot due to system issues. It was suggested that CMS be asked for their reasoning when changes aren't allowed given that other states don't face these restrictions.

#### 5. Legislation Review - (list attached)

#### 6. Next Meeting: TUESDAY MAY 14 AT 9:30 am

