

**NEXT Call: Thursday February 13, 2020 at 9:30am – TOPIC: Parental Consent- What are the Rules in California and How to Obtain Compliance for Families with Medi-Cal**

**Presenter: Rebecca Gudeman, JD National Center for Youth Law**

**Minutes:**

**SMAA LEA Workgroup Call: Thursday, January 16 at 9:30am**

**Call Number: 866.881.4501- No Pin Required**

**1. Spa Update**

The SPA has been in a process of going back and forth between CMS and DHCS. Formal submission that would start the 90 day clock for approval has not occurred. However, DHCS is still planning a July 2020 implementation date. Trainings are being scheduled between February and July. THK will send the survey results on topics that this group thinks should be covered to DHCS.

**2. Brainstorming -How to Expand Medi-Cal Services beyond those with IEPs**

Below are some of the questions that came up during our discussion. We referred them to DHCS for answers. Below are the questions and the DHCS answers in **RED**

**Discussion:**

- If CONTRACTORS are not allowed to participate in RMTS, AND the MANUAL indicates that in order to bill services in LEA BOP the provider MUST participate in RMTS, HOW ARE LEAs TO BILL FOR CONTRACTOR PROVIDED SERVICES IN LEA BOP?

On April 22, 2019 and May 9, 2019, DHCS facilitated two sessions entitled LEA Medi-Cal Billing Option Program SPA 15-021 General Overview Training. DHCS staff presented information regarding

the Random Moment Time Survey (RMTS) and covered RMTS Participation and Application of RMTS Results in Cost Reporting among other topics. DHCS answered questions and shared the PowerPoint slide deck with stakeholders. (5-9-19 PPT attached)

1. An LEA contracts with an agency or an individual nurse to provide for example, nursing services. The contractor's scope of work is only to provide LEABOP services.

CMS has approved contractors billing for LEABOP services even though they will not participate in the RMTS. (The rule in the Manual is that everyone who bills for LEABOP has to be in the RMTS. ) Do you have written approval from CMS for the contractors to be excluded from the RMTS and to be able to bill through LEABOP?

Yes. Under RMTS, the Time Survey Participant in pool 1 (Direct Service) must be subject to the RMTS moment. However, sole exception: LEAs that contract for 100% of their direct medical service practitioners will not participate in RMTS. Per the CMS approved SMAA Manual, page 6-5. "TSPs shall not include direct medical service contractors that provide direct services through the LEA BOP."

All of the contractors i.e. nurses ' costs would be reported on the CRCS. Is this correct?

Correct. The CRCS will include costs for contractors that delivered covered school-based health services and contractor costs will be allocated to the LEA BOP using the Medi-Cal Eligibility Rate. (MER) Note: Contractor costs will not be subject to the RMTS rate.

2. Another LEA contracts with an agency or an individual nurse to provide a larger scope of services - LEABOP services and other activities, some of which would be claimable as MAA.

This scenario has caused some confusion. Did CMS approve including all the nurses' costs be included in the CRCS? Or just the costs related to LEA BOP services?

For the LEA BOP Direct Services Pool 1, only the cost of practitioners listed on the TSP list will be included on the CRCS. (Note: LEAs that contract for 100% of their direct medical service practitioners will not participate in RMTS but their costs will be included in the CRCS)

If they only approved including the cost of LEA BOP services in the CRCS, could the amount be based on the percentage of time reported to Code 2a in the RMTS? **Only the cost of practitioners listed on the TSP list will be included on the CRCS and subject to the RMTS Code 2A percentage.**

And could the nurse participate in PP 2 of the RMTS, so the time/costs related to SMAA could be claimed.

**Direct service practitioners must be listed in pool 1 that will routinely provide covered health services in the upcoming RMTS quarter. Exceptions: (1) If the Direct service practitioner is unqualified to bill under the LEA BOP, or (2) Direct service practitioners is not providing direct billable health services, then they can be listed in pool 2, Administrative Activities and claim costs related to SMAA.**

The time spent on LEA BOP would be assigned to Code 2, so there would be no duplication of cost. And only claiming the LEABOP portion of their costs on the CRCS would avoid including unallowable costs. Is this correct?

**A TSP cannot be listed in both pools. Pool 1 lists TSP practitioners that will routinely provide covered health services in the upcoming RMTS quarter and their costs will be on the CRCS for the applicable quarter. Pool 2 lists providers that conduct administrative Activities under the SMAA program and their costs will be included in the quarterly SMAA invoice.**

### **3. Mental Health Services Act RFA**

For those of you interested on partnering with your county on funding in last years budget for schools to partner on new mental health funding, the MHSOAC has issued the following documents for the Request for Application (RFA) for the Mental Health Student Services Act. The MHSOAC has issued the following documents for the Request for Application (RFA) for the Mental Health Student Services Act (MHSSA):

- RFA Application Addendum 2
- RFA Addendum 2 Change Log

***Due to the high interest and timing of the Intent to Apply in relation to the holidays, the due date to submit the Intent to Apply has been extended. The new due date for the Intent to Apply is Friday, January 17, 2020.***

The RFA Application Addendum 2 and RFA Addendum 2 Change Log can be found on our website at the following location: <https://mhsoac.ca.gov/what-we-do/request-proposal/mhssa-rfa>

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