

**Yolo County Office of Education
1280 Santa Anita Court, Suite 100
Woodland CA 95776**

**LEC Committee Meeting Minutes
February 2, 2012**

LEC Coordinator/Representative Attendees:

Greg Englar, Sonoma County Office of Education - Region 1
Debbie Geer, Glenn County Office of Education – Region 2
Marjorie Rollins, Sutter County Superintendent of Schools, **Co-Chair** - Region 3
Michelle Cowart, Contra Costa County Office of Education – Region 4
Monica Morgan, Santa Cruz County Office of Education - Region 5
Susan Ellyson, Madera County Office of Education - Region 7
Ken Gragg, Kern County Superintendent of Schools - Region 8
Margaret Roux, Kern County Superintendent of Schools - Region 8
Annette Jewell, Orange County Department of Education, **Co-Chair** - Region 9
Julian Weaver, San Bernardino County Superintendent of Schools - Region 10
Cathy Bray, Los Angeles County Office of Education - Region 11

Other Attendees:

Geri Baucom, Department of Health Care Services (DHCS)
Barbara Schultz, Department of Health Care Services (DHCS)
Isabel Fritz, Department of Health Care Services (DHCS)
Janice DiCroce, LGA Co-Chair
Lynda Lindsay, LGA Co-Chair
Anysia Drumheller, Butte County Office of Education
Sheri Coburn, San Joaquin County Office of Education
Janet Crabtree, San Bernardino County Superintendent of Schools
Catherine Graham, Orange County Department of Education
Sherry Purcell, Los Angeles Unified School District
Susie Tierney, Glenn County Office of Education

Absent:

Merrilee Johnson, Glenn County Office of Education – Region 2
Janice Holden, Stanislaus County Office of Education – Region 6

1.0 Introductions

Each individual stated his/her name and agency affiliation.

2.0 Additions to the Agenda

None

3.0 Approval of Minutes

The December 1, 2011 LEC Committee Meeting Minutes were approved.

4.0 Department of Health Care Services (DHCS) and Co-Chairs Report

4.0 Staffing

Tonya Corral left her analyst position and is now on the department transition team (Public Health programs are transitioning to Department of Health Care Services). Two new analysts are in place (one to fill Tonya's position, and one to fill the other vacant analyst position). The DHCS MAA unit is now fully staffed.

4.1 New SMAA Contracts

- There are currently 3 amended (LGA) contracts in process.
- There are currently 6 contract renewals in process (2 LGA and 4 LEC).

4.2 Status of DHCS Desk/Site Reviews

- There are 63 outstanding LEC & LGA CAPs (Corrective Action Plans). Some are as old as two years. Moving forward, with a fully staffed department, DHCS can focus more time on bringing all desk/site reviews up to date.
- Planned (desk) reviews for this year include 3 LECs (Kern, San Bernardino, Los Angeles); and 4 LGAs (Kern, Sacramento, San Bernardino, Santa Clara).

4.3 Time Survey Samples

- No Discussion

4.4 CMS (Centers for Medicare and Medicaid Services) Audit - update

- CMS plans to conduct their review of selected MAA claiming units during the last week of February through the end of March 2012; with a completed report by June 2012. At this time, it is not known if CMS will visit individual claiming units or visit the associated LEC. Isabel Fritz of DHCS has been the liaison between CMS and the LECs. CMS will be contacting the LECs directly in the future.
- A LEC Committee member asked why CMS specifically selected a claiming unit that is within a "managed care" county as part of their review. Branch Chief Geri Baucom responded that managed care is something that is expected to be expanded throughout the State. In addition, any program that has like services has the potential for duplication. Santa Barbara is a high dollar claiming unit and is within a managed care county. Reviewing this claiming unit will ensure that the appropriate program is paying for appropriate activities.
- A LEC Committee member asked for clarification on the relationship of managed care to the MAA Program and how a CMS audit finding may affect the MAA Program. Branch Chief Geri Baucom responded that managed care may affect

the MAA Program in the future. DHCS will implement whatever changes are necessary for the MAA Program.

4.5 Host Contract Status

- DHCS recently revised the Host Contracts to allow for DHCS to bill LECs in the current year. The revised contract language was not correct. DHCS has been working with legal staff to improve the host contract language. DHCS needs to know if a multi-year contract is workable for all LECs. LEC representatives should respond to DHCS (through the LEC Co-Chairs) as to whether or not a multi-year contract is allowed in their respective region.
- LEC Co-Chair Margie Rollins will send out an electronic version of the Host Contract so that each LEC can have it reviewed by their legal department.

4.6 Medicaid Agency E-signatures – Update

DHCS has nothing new to report.

4.7 Community College

4.7.1 Indirect Cost Rate

- Branch Chief Geri Baucom stated that a PPL (Policy & Procedure Letter) regarding guidelines for Community College Indirect Cost rate is on her desk for review. She hopes to have it ready for the LEC Co-Chairs to review in approximately two weeks.

4.7.2 Student Fees

- DHCS provided a handout with information from the Community College Chancellor's Office and from Santa Rosa Junior College regarding Community College student health fees.

4.7.3 CPE (Certified Public Expenditure)

- DHCS is in agreement with the Chancellor's Office that student health fees qualify as a certified public expenditure and are, therefore, appropriate for use as the Medicaid required state match.
- Branch Chief Geri Baucom stated that California Education Code identifies "Direct Services" and not "MAA Activities." Based on DHCS research, Community College student health fees qualify as CPE. Colleges must follow rules applicable to "Certified Public Expenditures."

4.8 Regular Education Teachers

- A conference call was held on January 27, 2012 regarding the appropriateness of regular education teachers participating in the MAA Program. Participants of the conference call included CMS (Judi Wallace and Susan Ruiz), LEC Co-Chairs, LGA Co-Chairs, LGA Consultant (Patrick Sutton), DHCS Staff, and Region 8 LEC representatives.
- CMS stated that there is no federal guidance to restrict MAA participation by job classification. However, MAA claimed activity must be reasonable, necessary, and in support of the State Medicaid Plan. In addition, MAA activities must be a regular part of a MAA participant's job. Given these parameters, why would regular education teachers be participating in the MAA program? State guidance is necessary to determine what level of regular education claiming is reasonable, necessary, and in support of the State Medicaid Plan. CMS suggested that the

State look at three quarters of invoices already submitted and compare them with future invoices.

- Branch Chief Geri Baucom stated that as a result of the conference call, DHCS staff will gather data from the LECs as far as what job classifications are participating in the MAA program and what coding samples are provided. DHCS will research the appropriateness of regular education teacher participation, and come up with a good (program participation) policy for the State of California. A LEC Committee member suggested that perhaps DHCS staff could interview participants.
- The LEC Committee continued to discuss the appropriateness of regular education teachers participating in the MAA Program. Items that were discussed included:
 - A distinction must be made regarding “regular” education teachers and “alternative” education teachers.
 - Considering that health and nursing services are being reduced more and more, regular education teachers are taking on more and more health related (MAA) activities. Regular education teachers are frequently connecting students/families to Medi-Cal covered health services in rural California.
 - The State should consider what a “reasonable” amount of time would be for regular education teacher participation
 - The data will show that regular education teachers participate at a much lesser rate than nurses and health staff. However, they do participate and are often instrumental in connecting students to (necessary) health services.
 - The State should also consider the fiscal motivation that entities may have to place regular education teachers into their MAA invoice.
- DHCS will get back to the LEC Committee as far as what they need to develop a State policy relative to regular education teacher participation in the MAA Program.

4.9 2012/2013 SBMAA Manual Changes

4.9.1 RMTS Language

- RMTS language will not be included in the 2012/13 manual

4.9.2 DHCS SMAA Changes

- February 14, 2012 is the deadline for suggested manual changes.
- The LGAs are also working on suggestions/input to the SMAA Manual.

4.10 Random Moment Time Study (RMTS Updates)

4.10.1 Release of DHCS Key Components

- DHCS is working on a Random Moment Time Study plan for California. DHCS now has a much better understanding of RMTS and will develop a proposed RMTS plan that would allow for collaborative groups. Once developed, the plan will be presented to CMS for approval. If CMS approves the plan, then methods will be set up for notification of which LEAs will participate in RMTS.
- DHCS had been focusing on RMTS participation/implementation within a region, but will now take a look at claiming units within a LEC joining with claiming units in another LEC (crossing regions) to form a

consortium. While a consortium may allow LECs to join together and LGAs to join together, LEC and LGA participation will remain separate. A regional LEC cannot join with a regional LGA to form a consortium.

- RMTS can only be implemented in a region if the LEC or the LGA agree to have RMTS in their respective region. DHCS does not contract with the LEA, but contracts with LECs/LGAs.
- A draft plan should be completed by DHCS by the end of February for LEC Committee review. The plan will cover training, coders, comprehensive documentation, etc.
- Claiming units will not be required to use RMTS methodology. The worker log (time survey) will still be available.
- While the last methodology presented by DHCS to CMS for approval was a lengthy process (two years), Branch Chief Geri Baucom does not anticipate that SMAA RMTS approval will take as long. It is, however, reasonable to assume that there will be no new RMTS implementation at the beginning of the 2012/13 year. It is also possible to begin RMTS at a time other than the first quarter of a fiscal year.

4.10.2 Provide Update on LAUSD Implementation

- Sherry Purcell, Medi-Cal Reimbursement & Healthy Start Programs (LAUSD), provided an update on LAUSD RMTS implementation.
- There has been tremendous compliance by LAUSD RMTS participants. The paradigm shift from worker log to RMTS has made a huge difference in the rate of participation in the MAA Program.
- The workflow in central offices is very different using RMTS methodology. A lot of time is invested up front to make sure the correct people are randomly selected during the correct hours of operation.
- Tonya Corral, DHCS and Sherry Purcell will be participating in a presentation on RMTS methodology at the California School Health Centers (Vision & Voice for Healthy Students) conference in March. Sherry encourages LEC members to attend.

4.10.3 Provide Update on CMAA Implementation/CMS Approval

- The County-based MAA (worker log) methodology is being reviewed by CMS. The LGAs are awaiting (CMAA) worker log methodology approval before submitting RMTS methodology to DHCS.

4.11 Branch Chief Report

Branch Chief Geri Baucom has nothing specific to report. She is looking forward to “good things” now that the DHCS MAA unit is fully staffed.

5.0 Review of December 1, 2011 LEC Committee Meeting Items

No discussion

6.0 LEC Committee Business

6.1 Status of DHCS Desk/Site Reviews

See item 4.2

6.2 New DHCS SMAA Contracts

The LEC Committee discussed the possibility of having one legal review of the Host Contract done by one LEC with a shared cost by all LECs.

6.3 Time Survey Samples

6.3.1 Transportation Question

- The LEC Committee discussed claiming transportation of incarcerated youth to a Medi-Cal covered service as a code 12 activity and whether or not this should be allowed. Incarcerated youth are considered wards of the court and are (presumed to be) already receiving Medi-Cal services. There should be no MAA activity claims related to incarcerated youth.

6.4 California Virtual Academy (CAVA)

- Per DHCS guidance, only claiming units that provide face to face instruction/interaction with students can participate in the MAA Program.
- The Committee discussed how groups of charter schools should process MAA claims, and what to do if a Charter School were to go “out of business” with pending (MAA) audit exceptions.
- A Committee member stated that each Charter School location has its own CDS# and Tax ID#. It would be prudent to have one contract and one MAA invoice for each Charter School location.
- If one Charter School Organization hires and pays all of the Charter School sites, should the LEC contract with the “Organization” or with each Charter School site? It was previously discussed that where the fiscal data resides would determine where a Charter School would process their MAA claim. However, if the fiscal agency does not have the same CDS# and TAX ID# as the Charter School, should the Charter School claim through the region that the CDS County Code resides?

6.5 Managed Care Plans

- The LEC Committee discussed “managed care plans.” California State Administration intends to move all Medi-Cal recipients into Medi-Cal managed care within the next 3 years.
- The principle of managed care is to manage and integrate the entire range of services that a patient needs. It is unclear how “managed care” affects MAA participation.
- Janice DiCroce, LGA Co-Chair believes this to be a large issue on the TCM side. Janice does not see this as an issue for the MAA Program, as you would refer a student to their managed care plan. The larger issue is “who” provides the direct service.

6.6 Community College

6.6.1 Indirect Cost Rate (PPL)

- The PPL relative to Community College ICR is in draft form with DHCS. The LEC Co-chairs will review the PPL before it is released by DHCS.

6.6.2 Student Fees

- See item 4.7.2.

6.6.3 CPE (Certified Public Expenditure)

- See item 4.7.3.

6.7 Family PACT

After researching Family PACT, DHCS concluded that referrals to Family PACT are allowed and claimable as MAA activities.

6.8 AB 3632

- The Committee discussed AB3632 (Mental Health Services) coming to districts and COEs and how there is a fine line between case management and MAA activities.
- With the opening of mental health clinics, intake staff will be performing MAA activities as the majority of their job. The LEC Committee discussed whether it would be best for intake staff to direct charge or complete a quarterly MAA time survey form.

6.9 Regular Education Teachers

- The LEC Committee discussed the decision by DHCS to gather data from the LECs and develop a policy regarding regular education teacher participation in the MAA Program. Concern was expressed about how soon DHCS will conclude their research. The LEC Co-Chairs stressed the urgency of this issue to DHCS at the DHCS/Co-Chair meeting.
- A LEC Committee member stated that this could have a large impact on some claiming units, as pulling out regular education teachers from a MAA invoice could result in a large drop in the MAA reimbursement.
- DHCS is trying to get a sense of how regular education teachers are performing MAA activities. LEC Committee members agreed that it would be prudent to send a message to claiming units (about regular education teacher participation) while waiting for DHCS to develop guidelines.

6.10 Review 2012/2013 SBMAA Manual Changes/Clarifications

- The LEC Committee discussed proposed SBMAA Manual changes focusing mainly on code 2 and code 8. Regions 1 and 5 will collaborate on clarifications to these two codes and attempt to develop a matrix for further LEC Committee discussion.

6.11 Random Moment Time Study (RMTS) Updates

6.11.1 Release of DHCS Key Components

See item #4.10.1

6.11.2 Provide Update on LAUSD Implementation

See item #4.10.2

6.11.3 Provide Update on CMAA Implementation/CMS Approval

See item #4.10.3

7.0 Business and Administration Steering Committee (BASC) Report

No discussion

8.0 Invoice News

No discussion

9.0 LEA Medi-Cal Billing Option Ad-Hoc Workgroup Report

- The Ad-Hoc Workgroup meeting format has changed. The group will now do more work at the meeting, breaking into sub-groups to review issues, make suggestions, and develop solutions. The new meeting format was a major topic of discussion.
- PPA (Provider Participation Agreement) requirements in conjunction with the CRCS (Cost and Reimbursement Comparison Schedule) were discussed. There were several PPAs that were not completed correctly and revisions will be required.
- The Workgroup discussed how best to perform outreach and market the LEA Medi-Cal Billing Option Program to non-participating districts. Data collection and identifying non-participants would be a first step. CDE Guidance would be necessary and the CDE representative was not present at the February meeting.
- CMS 6028 was discussed. This new rule affects provider enrollment and screening regulations and was designed to improve Medicaid program integrity. Changes for existing providers will take effect in March 2012. More information to follow.
- 5010 Format Change – Effective with claims submitted after January 1, 2012, providers are mandated to convert from HIPAA X12 4010A1 to version 5010. Additional information on the 5010 format change will be forthcoming.

10.0 LGA Report

The LGAs are awaiting time survey methodology approval from CMS.

11.0 Adjourn

The next LEC Committee Meeting will be on Thursday, April 5, 2012 @ YOLO COE