
Local Educational Agency (LEA)

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This section contains a brief overview of the Local Educational Agency (LEA) Medi-Cal Billing Option Program and contact information that providers may use to obtain additional information about the program.

Overview of LEA

«The Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP) offers reimbursement for health assessment and treatment services for eligible students and eligible family members within the school environment.» The following manual sections contain LEA policy and billing instructions:

- *LEA: A Provider's Guide*
- *LEA Billing and Reimbursement Overview*
- *LEA Billing Codes and Reimbursement Rates*
- *LEA Billing Examples*
- *LEA Eligible Students*
- *LEA Individualized Plans*
- *LEA Rendering Practitioner Qualifications*
- *LEA Service: Hearing*
- *LEA Service: Nursing*
- «*LEA Service: Nutrition Services*»
- *LEA Service: Occupational Therapy*
- «*LEA Service: Orientation and Mobility*»
- *LEA Service: Physical Therapy*
- *LEA Service: Physician Billable Procedures*
- *LEA Service: Psychology/Counseling*
- «*LEA Service: Respiratory Therapy*»
- *LEA Service: Speech Therapy*
- *LEA Service: Targeted Case Management*
- *LEA Service: Transportation (Medical)*
- *LEA Service: Vision Assessments*
- *LEA: Telehealth*

Inquiries

LEA providers and billing vendors may obtain information from the following resources.

Billing Questions

California MMIS Fiscal Intermediary: 1-800-541-5555

CA-MMIS FI (Out-of-State Billers): (916) 636-1200

Program and Policy Questions

«California Department of Health Care Services (DHCS) Local Educational Agency (LEA) Medi-Cal Billing Option Program»

Email: LEA@dhcs.ca.gov

Or write to:

«California Department of Health Care Services
Local Governmental Financing Division
Local Educational Agency Medi-Cal Billing Option Program Unit
MS 2628»
P.O. Box 997436
Sacramento, CA 95899-7436

Eligibility Data Match Questions

«Email: LEA@dhcs.ca.gov»

LEA Reinvestment Questions

«Email: LEA@dhcs.ca.gov»

Cost and Reimbursement Comparison Schedule (CRCS) Acceptance and Audit Questions

Email: lea.crqs.questions@dhcs.ca.gov

CRCS Submission

Email: lea.crqs.submission@dhcs.ca.gov

Additional Information

Additional information may be obtained at the LEA Program website, www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx and the Medi-Cal website, www.medi-cal.ca.gov.

Patient Confidentiality

All medical records under this program are confidential and cannot be released without the written consent of the Medi-Cal student or his/her personal representative. According to state Medi-Cal regulations, information can be shared or released between individuals or institutions providing care, fiscal intermediaries and state or local official agencies. However, the Family Educational Rights and Privacy Act (FERPA) requires that schools obtain written consent from the parent or guardian prior to releasing any medical information in personally identifiable form from the student's education record.

Confidentiality requirements are based on the following Federal and State codes and regulations:

- *42 U.S. Code*, Section 1320c-9 and *20 U.S. Code*, Section 1232g (www.gpoaccess.gov/uscode/index.html)
- *42 Code of Federal Regulations*, Section 431.300 and *34 Code of Federal Regulations*, Part 99 (www.gpoaccess.gov/cfr/index.html)
- *California Code of Regulations (CCR)*, Title 22, Section 51009 (<http://www.dir.ca.gov/dlse/ccr.htm>)
- *Welfare and Institutions Code*, Section 14100.2 (www.leginfo.ca.gov/calaw.html)
- *California Education Code*, Section 49060 and 49073 through 49079 (www.leginfo.ca.gov/calaw.html)

«Parental Consent

Code of Federal Regulations (CFR), Title 34, Section 300.154(d), provides guidelines describing when LEAs may access a student's public benefits or insurance, or other insurance programs in which a child participates. Note that the following guidelines pertain only to students receiving services through the Individuals with Disabilities Education Act (IDEA):

- Obtain a one-time written consent from the parent, after providing written notification to the parent, consistent with Section 300.503(c) described below and in 34 CFR, Section 300.154(d)(2)(v), before accessing the child's or the parent's public benefits or insurance for the first time.
- Provide written notification to the child's parents before accessing the child's or the parent's public benefits or insurance for the first time (prior to obtaining the one-time parental consent) and annually thereafter.

LEAs do not have to obtain parental consent to bill Medi-Cal for non-Individualized Education Plan/Individualized Family Services Plan services because the consent is provided during the Medi-Cal application process. However, LEAs should check with their school district legal counsel to ensure they are in compliance with Family Educational Rights and Privacy Act requirements, prior to submitting claims to Medi-Cal.»

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.