



Policy: GG.1321
Title: **Coordination of Care for Local Education Agency Services**
Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 04/04/2024

Effective Date: 01/01/2009

Revised Date: 04/01/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the guidelines for coordination of care by CalOptima Health or a Health Network for a Member who is eligible for services from a Local Education Agency (LEA).

II. POLICY

- A. A Local Education Agency (LEA) provides certain Medically Necessary preventive, diagnostic, therapeutic, and rehabilitative services to eligible Members aged three (3) years and older who are identified as Children with Special Health Care Needs (CSHCN) while school is in session.
- B. A Member may receive LEA services from his or her LEA in accordance with the Member's Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP).
- C. A Member may receive an IEP or IFSP from his or her LEA in accordance with applicable state and federal regulations.
- D. LEA educational support services may include, but are not limited to, the following, when identified on the Member's IEP or IFSP:
 - 1. Health and mental health evaluation;
 - a. Health and nutritional assessment and education;
 - b. Developmental assessment;
 - c. Vision assessment;
 - d. Hearing assessment
 - e. Education and psychosocial assessment;
 - f. Psychological and counseling services;
 - g. Nursing services;

- h. School aid health services;
 - i. Specialized medical transportation services and the associated mileage;
 - j. Therapy services; and
 - k. Dyadic Services and Family Therapy Benefit.
- E. CalOptima Health, a Health Network, LEA practitioner (e.g., school nurse), or the Member's Primary Care Practitioner (PCP) shall identify a Member eligible for LEA services, as specified in Section III.B.1. of this Policy.
- F. Upon appropriate identification of a Member eligible for LEA services, CalOptima Health, a Health Network, or the Member's PCP shall refer the Member to his or her LEA.
- G. A Member's PCP shall collaborate with CalOptima Health or a Health Network and the LEA to coordinate the provision of Medically Necessary services identified on the Member's IEP or IFSP.
- H. The LEA must provide education to community providers and families on IEPs, as well as when LEA services, as opposed to health plan services, should be requested.
- I. CalOptima Health and its Health Networks are not responsible for the provision, or payment, of LEA services, except as specified in Section III.A.1-2 of this Policy. CalOptima Health and its Health Networks shall provide Medically Necessary Covered Services that are not available under the LEA.
- 1. Services available through an LEA are not Covered Services under CalOptima Health's contract with the Department of Health Care Services. Therefore, if a Member's parents exercise their right to opt out of LEA services, such services will not be covered and paid for by CalOptima Health or its Health Networks in lieu of otherwise available LEA services, which are paid for by the State.
- J. Whenever the LEA services overlap with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, CalOptima Health and its Health Networks shall:
- 1. Assess what level of EPSDT Medically Necessary services the Member requires.
 - 2. Determine what level of service (if any) is being provided by the LEA.
 - 3. Coordinate with the other entities to prevent duplicative services, and ensure the Member is receiving all Medically Necessary EPSDT services in a timely manner, including Durable Medical Equipment (DME) and medication.
- K. CalOptima Health and its Health Networks are considered the responsible and primary provider of all Medically Necessary EPSDT services, including services which exceed the amount provided by the LEA.
- 1. CalOptima Health and its Health Networks will coordinate, authorize and monitor the provision of all Medically Necessary Behavioral Health Treatment (BHT) Services in accordance with CalOptima Health Policies GG.1900: Behavioral Health Services and GG.1548: Authorization and Monitoring of Behavioral Health Treatment (BHT) Services, including service gaps, unfulfilled Member medical need or discontinued services by the LEA or Regional Center of Orange County (RCOC).

III. PROCEDURE

- A. CalOptima Health or a Health Network shall ensure coordination of care and provision of Medically Necessary Covered Services identified on a Member's IEP or IFSP.
 - 1. In order to ensure timely provision of Medically Necessary Covered Services, for children without an IEP and who have not previously received LEA physical therapy (PT), occupational therapy (OT), or speech therapy (ST) services, will receive an initial, six (6)-month authorization for requested LEA services based on a Medical Necessity determination. After the initial six (6)-month authorization, a denial from the Member's LEA for LEA services is required prior to CalOptima Health's authorizing ongoing services beyond the initial six (6)-month authorization period.
 - 2. CalOptima Health shall provide LEA services, PT/OT/ST for continuation while school is not in session during hiatus/vacation periods when services cannot be provided by the LEA.
 - 3. CalOptima Health shall not furnish services during the operative period of the LEA (i.e., the school year) if the services can be provided by the LEA.
- B. A Member's PCP shall:
 - 1. Identify a Member eligible for LEA services through:
 - a. Pediatric prevention screening;
 - b. Developmental screening;
 - c. Case management referrals;
 - d. Utilization Management (UM) referrals;
 - e. Parental referrals;
 - f. Community referrals, such as the RCOC; and
 - g. Dyadic Service Providers.
 - 2. Refer the Member to his or her LEA, upon appropriate identification;
 - 3. Transfer the Member's Medical Records to the LEA in a timely manner, when requested, in accordance with CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities.
 - 4. Collaborate with the LEA in the development of the IEP, or IFSP, for a Member;
 - 5. Coordinate the provision of Medically Necessary Covered Services with CalOptima Health, or the Member's Health Network, in accordance with CalOptima Health Policy GG.1508: Authorization and Processing of Referrals; and
 - 6. Coordinate LEA services for a Member.

- C. Notwithstanding a Member's eligibility for or receipt of LEA services, a Member's PCP shall function as a Medical Home, providing all appropriate screening, preventive, assessment, treatment planning, and coordination of Medically Necessary services in accordance with CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract for Health Care Services
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities
- D. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- E. CalOptima Health Policy GG.1548: Authorization and Monitoring of Behavioral Health Treatment (BHT) Services
- F. CalOptima Health Policy GG.1900: Behavioral Health Services
- G. Department of Health Care Services Policy Letter (PL) 00-06: Managed Care Plan Relationships with Local Education Agency Providers
- H. Department of Health Care Services All Plan Letter (APL) 22-029: Dyadic Services and Family Therapy Benefit (Revised 03/20/2023)
- I. Department of Health Care Services All Plan Letter (APL) 23-005: Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
- J. Department of Health Care Services All Plan Letter (APL) 23-010: Responsibilities for Behavioral Health Treatment Coverage for member Under the Age of 21 (Revised 11/22/2023) (Supersedes APL 19-014)
- K. California Education Code, §§56032, 56340 et seq.
- L. California Government Code, §95020
- M. Welfare and Institutions Code, §14132.06(h)
- N. Title 22, California Code of Regulations, §§51096, 51309, 51323, 51360, 51190.1 through 51190.4, and 51535.5
- O. Title 34, Code of Federal Regulations (CFR.), §300.323(c)
- P. Title 35, Code of Federal Regulations (CFR.), §300.34
- Q. Title 42, Code of Federal Regulations (CFR.), §§438.210(a), 431.53, 440.130 and 440.230

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
04/13/2016	Department of Health Care Services (DHCS)	Approved as Submitted
10/31/2017	Department of Health Care Services (DHCS)	Approved as Submitted
09/23/2020	Department of Health Care Services (DHCS)	Approved as Submitted
07/03/2023	Department of Health Care Services (DHCS)	Approved as Submitted
09/01/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
11/05/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2009	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	11/01/2015	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	01/01/2017	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	06/01/2017	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	07/01/2018	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	11/05/2020	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	07/01/2021	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	11/01/2022	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	04/01/2023	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	08/01/2023	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal
Revised	04/01/2024	GG.1321	Coordination of Care for Local Education Agency Services	Medi-Cal

IX. GLOSSARY

Term	Definition
Behavioral Health Treatment (BHT) Services	Professional services and treatment programs, including but not limited to Applied Behavior Analysis (ABA) and other evidence-based behavior intervention programs that develop and restore, to the maximum extent practicable, the functioning of an individual with Autism Spectrum Disorder. BHT is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior.
CalOptima Health	For purposes of this policy, CalOptima Health means CalOptima Health Direct and CalOptima Health Community Network (CHCN).
Children with Special Health Care Needs (CSHCN)	Children who have or are at increased risk for chronic physical, behavioral, developmental, or emotional conditions, and who also require health care or related services of a type or amount beyond that required by children generally. The identification, assessment, treatment, and coordination of care for CSHCN shall comply with the requirements of Title 42, CFR, Sections 438.208(b)(3) and (b)(4), and 438.208(c)(2), (c)(3), and (c)(4).
Covered Services	<p>Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of Contractor pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than 21 years of age. Contractor is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members);

Term	Definition
	<ol style="list-style-type: none"> 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, Contractor is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, Contractor is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, Contractor must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with APL 22-012.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs.
Durable Medical Equipment (DME)	<ol style="list-style-type: none"> 1. Medically Necessary medical equipment as defined by 22 CCR section 51160 that a Provider prescribes for a Member that the Member uses in the home, in the community, or in a facility that is used as a home.

Term	Definition
Dyadic Services	A family and caregiver-focused model of care intended to address developmental and behavioral health conditions of children as soon as they are identified. Dyadic Services include Dyadic behavioral health (DBH) well-child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational Services, and Dyadic Family Training and Counseling for Child Development.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	The provision of Medically Necessary comprehensive and preventive health care services provided to Members less than twenty-one (21) years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Individual Family Service Plan (IFSP)	A written plan for providing early intervention services to a child eligible under the Individual with Disability Education Act (IDEA) and the child's family. The IFSP enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.
Individualized Education Plan (IEP)	A written document for an individual with exceptional needs that is developed, reviewed, and revised in a meeting in accordance with Sections 300.320 to 300.328, inclusive, of Title 34 of the Code of Federal Regulations and California Education Code, Title 2, Division 4, Part 30. It also means "individualized family service plan" as described in Section 1436 of Title 20 of the United States Code if the individualized education program pertains to an individual with exceptional needs younger than three (3) years of age.
Local Education Agency (LEA)	The governing body of any school district or community college district, county office of education, a charter school, a state special school, a California State University campus, or a University of California campus.
Medical Home	A model of organization of Primary Care at delivers the core functions of primary health care, which is comprised of comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.
Medically Necessary or Medical Necessity	Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.

Term	Definition
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to Members for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner