# California School-Based SLP Guide to New Medi-Cal Billing Updates

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## Introduction

California's school-based speech-language pathologists (SLPs) and speech-language pathology assistants (SLPAs) play a critical role in ensuring that students receive high-quality, necessary speech-language services while maintaining compliance with state and federal requirements. Effective July 1, 2026, the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) began to require that practitioners who have an enrollment pathway **now be enrolled in Medi-Cal as individual practitioners**.

The California Speech-Language-Hearing Association (CSHA) School-Based Committee has developed this guidance document to support school-based professionals in understanding and implementing these new Medi-Cal billing requirements. This resource is designed to translate complex policy language into practical guidance that can be readily applied in schools. While it is not intended to replace official guidance issued by the California Department of Health Care Services (DHCS), it serves as a companion resource that highlights the changes most relevant to speech-language pathology practice and their implications for service delivery. Individual practitioners are encouraged to reference official DHCS publications and to consult with their local Medi-Cal billing teams, school districts, county of education offices, or SELPAs regarding specific procedures.

The July 1, 2026 practitioner enrollment requirement does not apply to every practitioner who provides speech-language services. Licensed SLPs and other practitioner types with an available Medi-Cal enrollment pathway are subject to the new requirement. SLPAs and certain other practitioners without an available enrollment pathway remain qualified rendering practitioners under the LEA BOP at this time.

## Background

In 2023, the Centers for Medicare & Medicaid Services (CMS) issued guidance addressing Medicaid-covered services provided in school-based settings. The guidance requires practitioners who have an available Medicaid enrollment pathway to enroll separately, regardless of whether the entity employing or contracting with them is also enrolled (42 C.F.R. §§ 455.410). California Department of Health Care Services (DHCS) is implementing this requirement in the LEA Medi-Cal Billing Option Program (LEA BOP), effective July 1, 2026.

The Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) reimburses LEA BOP Providers (school districts, county offices of education, charter schools, state special schools, community college districts, California State Universities, and University of California campuses) the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medi-Cal eligible students. The LEA Medi-Cal Billing Option Program is funded with a combination of local and federal Title XIX (Medicaid) funds. Claims are filed using the traditional Medi-Cal fee-for-service system through the Department of Health Care Services (DHCS) fiscal intermediary. LEAs pay for the services and are reimbursed the federal funds, at 50% of cost, for each individual service.

The reimbursement rates for speech and language assessments and services that are provided within the schools, effective July 1, 2026 are provided by the Department of Healthcare Services.

Under California law (Welfare & Institutions Code §14132.06 and Education Code §8804(g)), Local Educational Agency (LEA) Medi-Cal Billing Option Program reimbursements are restricted to supplementing health and social services for students. Because funds are managed by individual school district collaborative committees, specific allocations vary, but LEA funds directly benefiting Speech-Language Pathologists (SLPs) typically include:

- **Therapy & Assessment Materials**: Diagnostic test kits, standardized assessment protocols, stimulus cards, and clinical therapy software.
- **Assistive Technology & AAC Devices:** Augmentative and alternative communication (AAC) devices, specialized speech-generating software, apps, and adaptive therapy tools for student use.
- **SLP & SLPA Staffing:** Funding full-time, part-time, or contracted SLPs and Speech-Language Pathology Assistants (SLPAs) to reduce caseload sizes.
- **Professional Development & Continuing Education**: Coverage for CEU courses (e.g., CSHA Convergence registrations), specialized clinical certifications, and travel expenses to keep licenses current.
- **Clinical Equipment & Audiological Tools:** Audiometers for hearing screenings, therapy materials, specialized room supplies,  and sanitation equipment.
- **Billing & Administrative Support:** Software subscriptions or dedicated clerical staff to assist SLPs with Medi-Cal time studies, documentation, and logging billable services.

Specific allowable expenditures and local allocation decisions should be evaluated by the LEA in accordance with applicable law, DHCS guidance, and local processes.

**What is Changing?**

| Requirement Category | Old Requirements (Pre-July 1, 2026) | New Requirements (Effective July 1, 2026) |
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| **Medi-Cal Provider Enrollment** | Only the LEA was required to be an enrolled Medi-Cal provider. Direct rendering SLPs did not need individual Medi-Cal enrollment unless acting as an ORP (Ordering, Referring, Prescribing) provider. | **Mandatory Individual Enrollment:** All eligible practitioners (including licensed SLPs) providing direct services must separately enroll in Medi-Cal as an individual provider. |
| **National Provider Identifier (NPI)** | Individual Type 1 NPI was optional for rendering SLPs who were not ordering or prescribing. | **Type 1 NPI Required:** Every rendering SLP with an enrollment pathway must hold an individual (Type 1) NPI number prior to enrolling. |
| **Enrollment Portal & Pathway** | Internal LEA credential and license tracking; no PAVE portal application required for rendering-only SLPs. | Applications must be submitted online through the **PAVE Portal** (DHCS recommends using the ORP pathway for streamlined processing). |
| **License vs. Credential Basis** | Claims were processed under general LEA qualification standards. | **Scope of Duty Rules:** SLPs hired and performing duties under their state license must enroll. (Practitioners without an established Medi-Cal pathway remain exempt). |
| **Claim Submission & Reimbursement** | LEAs could bill Medi-Cal for speech-language services using solely the LEA's organizational Medi-Cal provider status. | LEAs **cannot claim reimbursement** for direct SLP services unless the individual SLP is actively enrolled in Medi-Cal. |

**Who Needs to Enroll?**

*"If the individual practitioner directly providing the service is a provider type that **is eligible** to separately enroll as a Medicaid or CHIP provider, they would be considered the furnishing provider and **must be enrolled**, regardless of whether the entity employing or contracting with them is also an enrolled provider. If the furnishing provider is not enrolled with Medicaid or CHIP or chooses not to bill Medicaid or CHIP for the service, then CMedicaid or CHIP payment cannot be made for the service and any expenditures related to the service are not allowable." (CMS 2023 Guide, Section III(G), as implemented by DHCS PPL 26-001.)*

Licensed Speech-Language Pathologists and individuals holding a valid Speech-Language Pathology Services Credential are practitioner types supported in Provider Application and Validation for Enrollment (PAVE) Portal. Eligibility can be verified through the DCA License Lookup and CTC Credential, Certificate, and/or Permit Lookup.

Speech-Language Pathology RPE candidates, Speech-Language Pathology Assistants (SLPAs), and individuals holding a Clinical or Rehabilitative Services Credential do not need to take any additional action at this time. Services provided by RPE candidates, SLPAs, and individuals holding a Clinical or Rehabilitative Services Credential can still have their services reimbursed through the former LEA BOP process. Practitioners in this category do not need to take additional action.

**When does enrollment need to occur?**

The new requirements became effective July 1, 2026. DHCS is implementing a phased-in approach. Eligible providers are encouraged to begin enrolling at the earliest opportunity.

The effective date of enrollment for an approved application for ORP providers shall be one year prior to the date DHCS received the complete application package, or the date the applicant was licensed, if the effective date of their professional license is less than one year prior to submitting the application.

*If a practitioner enrolls in MediCal through a different enrollment pathway than ORP, they will not receive a one-year retroactive effective date.* Instead, the effective date will be the date DHCS received the application. SLPs enrolling via the ORP pathway in PAVE can receive up to one year of retroactive coverage from their application submission date, allowing applications submitted through June 30, 2027, to retroactively cover services rendered starting July 1, 2026.

**Is there a fee associated with registration?**

There is no application fee for individual practitioner enrollment in Medi-Cal.

**How do practitioners enroll?**

The DHCS has provided detailed steps on how to enroll as a provider. Please reference this training document. Eligible speech-language pathologists are encouraged to enroll via the ORP pathway in PAVE to prevent enrollment delays.

**Am I required to enroll?**

If an LEA is billing Medi-Cal for services provided by an SLP who has an available Medi-Cal enrollment pathway, the SLP must enroll for those services under the new requirements.

Under the Educational Employment Relations Act (EERA / Rodda Act), school districts cannot unilaterally change mandatory subjects of bargaining (*Cal. Gov't Code § 3543.5(c)*). If your district mandates individual PAVE enrollment and Medi-Cal logging, these duties fall within the scope of bargaining for your local union (CTA/CFT affiliate). Please consult your district's or district of education's bargaining agreement or contract to see if MediCal billing falls within your current duties.

**If the SLP has both a license and credential do they need to enroll if they were hired under their credential?**

No. If a practitioner is hired with their credential at the LEA and the LEA does not bill Medi-Cal for services provided as a licensed practitioner but only bills for the services provided in the context of their credential, they will not have to enroll in Medi-Cal with their license.

**Does an SLP need to enroll if the district does not bill Medi-Cal for that practitioner's services?**

No. The individual practitioner would only need to enroll if their district opts into the billing program at a later time.

**If a school-based SLP enrolls as a Medi-Cal provider for the LEA BOP, can they still have a private practice and see clients who have Medi-Cal?**

Medi-Cal enrollment does not prohibit an SLP from maintaining a private practice or seeing clients who happen to be Medi-Cal beneficiaries. Medi-Cal enrollment may impose restrictions on privately billing Medi-Cal beneficiaries for Medi-Cal-covered services.

School-based professionals navigating the overlap between school-related Medi-Cal registration and private clinical practice are encouraged to consult with the Department of Healthcare Services (DHCS) or professional legal advisors for specialized guidance. While enrolling individually for LEA BOP purposes does not automatically transition a private practice into an LEA BOP entity, general Medi-Cal regulations regarding provider conduct and student billing may still pertain to any covered clinical services delivered to eligible beneficiaries. Please contact the California Department of Health Care Services for additional information.

**Does individual enrollment for the LEA BOP grant an SLP status as an independent Medi-Cal provider?**

Under the LEA BOP, the function of the individual practitioner is distinct from the organizational status of the school district as the billing entity. While the LEA manages claim submission, the SLP must be *separately enrolled as the individual practitioner* who is actually furnishing and rendering the services.

**Can a practitioner un-enroll from Medi-Cal after enrolling for LEA BOP?**

DHCS's current LEA BOP guidance does not provide a specific “voluntary disenrollment” process for practitioners who enroll solely because of the LEA BOP requirement at this time. Please contact the California Department of Health Care Services for additional information.

**Does individual Medi-Cal enrollment increase an SLP's professional liability?**

Enrollment does not convert the school-based practitioner into the billing provider. DHCS states that LEAs are responsible for the administrative functions of the program and must maintain documentation supporting their claims. Individual practitioners should continue to follow their district’s policies regarding billing practices

**Who can provide support?**

For specific questions regarding the enrollment process, please contact the LEA BOP.

If you have concerns about the impact enrollment may have on individual workloads, please contact your local union representative or bargaining team. Inform them that the district is implementing new individual credentialing/administrative mandates tied to Medi-Cal billing and share the resources in this document.

**Does the new Medi-Cal enrollment requirement require LEAs to provide additional compensation to practitioners?**

No specific DHCS provision identified in this guidance requires an LEA to provide additional compensation to an individual practitioner solely because the practitioner is required to enroll in Medi-Cal. Compensation, workload, and assignment of additional duties are generally matters governed by the applicable employment contract, collective bargaining agreement, and local district policies.

However, practitioners and their bargaining representatives may wish to discuss whether additional compensation, release time, or other workload adjustments are appropriate when the new requirement creates additional administrative responsibilities.

**Potential Issues to Discuss With Your Bargaining Representative**

This guidance does not constitute official legal advice, formal labor representation, or binding policy positions of the California Speech-Language-Hearing Association (CSHA). CSHA does

not serve as a labor union or collective bargaining agent for school district employees. Terms and conditions regarding Medi-Cal billing responsibilities are determined locally between individual school districts and their recognized exclusive bargaining representatives (such as local CTA or CFT union affiliates). Specific allowable expenditures and local allocation decisions should be evaluated by the LEA in accordance with applicable law, DHCS guidance, and local processes.

Speech-Language Pathologists seeking to address Medi-Cal enrollment mandates, documentation requirements, or workload impacts should consult their local union leadership, bargaining team, or legal counsel to review the specific contract language applicable to their district. *Cal. Educ. Code § 8804(g); 22* and *Cal. Code Regs. § 51270(b)(1)–(2)* provides specific guidance on how MediCal reimbursement funds can be reinvested. Possible items to consider include:

1. Dedicated administrative time, specifically for protected, duty-free hours built into weekly schedule (e.g., 2–4 hours per week) specifically designated for logging Medi-Cal claims, tracking NPI/PAVE updates, and completing time-study logs.
2. Under California Education Code § 8804(g), LEA Medi-Cal funds are federal reimbursements that local collaborative committees must reinvest. Bargain contract language ensuring that a percentage of the district's LEA Medi-Cal reimbursement goes directly toward upgrading SLP assessment tools, AAC equipment, covering convention costs and CEU registrations (e.g., CSHA Convergence), and hiring SLPAs to assist with therapy delivery.
3. Provide stipends to reimburse costs associated with state license renewals, professional certifications (e.g., ASHA CCCs), and other professional members (e.g., CSHA membership)
4. Request contractual indemnification ensuring that the district holds SLPs harmless for non-fraudulent clerical billing errors, audit retractions, or technical system glitches occurring within PAVE or the LEA billing system.
5. Mandate that individual NPIs and Medi-Cal provider numbers collected by the district are used strictly for LEA Billing Option Program (LEA BOP) reimbursement and cannot be used for commercial or third-party billing without written consent.

**Additional Resources**

- California Department of Education LEA Billing resources (DHCS)
- Policy and Procedure Letter (PPL) 26-001 Practitioner Enrollment
- Practitioner Enrollment Frequently Asked Questions (FAQs)
- November 2025 LEA BOP Practitioner Enrollment in Medi-Cal Training
    - November 2025 LEA BOP Practitioner Enrollment in Medi-Cal (Video)
- Ordering/Referring/Prescribing Only Enrollment Information
- Application Information by Provider Type | DHCS