



**CYBHI**

Children and Youth  
Behavioral Health Initiative



# Building Increased Sustainable Funding for School-Linked Student Behavioral Health Services

August 30, 2023



# Today's Agenda

1. Welcome to the CYBHI Webinar Series for LEAs and Partners!
2. Context and Background on CYBHI and Alignment with MTSS Framework
3. Building Increased Sustainable Funding for School-Linked Student Behavioral Health Services
  - The What and Why of the CYBHI Fee Schedule
  - Small Group Discussions to Identify Key Questions and Full Group Q&A
  - Short Break
  - The How: Phased Implementation and School Capacity and Partnership Grants
  - Local Example: How LEAs can apply Eligibility Determination and Readiness Criteria Locally
  - Q&A
4. Next Steps: Fee Schedule DHCS Office Hours on Sept 14, 3:30 pm-4:30pm and Sept 28, 9:30 am- 10:30 am; and Next CYBHI Webinar September 20, 2 pm

# | Today's Speakers

- Melissa Stafford Jones, CalHHS
- Rebecca Kopecky, Orange County Department of Education
- Autumn Boylan, CA Department of Health Care Services
- Chaun Powell, Alameda County Office of Education
- Mike Lombardo, Senior Advisor for K-12 Education to CYBHI

# CONTEXT AND BACKGROUND



# Collective Vision and Shared Values

- Support our children and youth; we know they are struggling
- Value centering of whole child and equity
- Recognition that behavioral health and well-being affect school attendance, learning, and school success

***ALL children and youth, especially those most underserved, have the supports and services they need to learn and thrive***



# Governor's Master Plan for Kids' Mental Health

## Governor Newsom Announced Master Plan for Kids' Mental Health August 18, 2022

- \$4.7B so every Californian aged 0-25 has greater access to mental health and substance use support
- Whole Child, "All of the Above" Approach
- Multi-year, fundamental overhaul to invest in and build needed system infrastructure
- CYBHI at its core

## Other investments and initiatives in California being implemented in coordination and collaboration

- \$4.1B on a community schools' strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities
- \$5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention
- \$1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families
- State budget investments in school-based behavioral health workforce, such as school counselors



# What is the CYBHI?

The **Children and Youth Behavioral Health Initiative (CYBHI)** is a historic, five-year, \$4.7 billion initiative to reimagine and transform the way California supports children, youth and families.

## The initiative is:

- Reimagining a more integrated, youth-centered, equitable, prevention-oriented system
- Promoting mental, emotional and behavioral health and well-being
- Supporting prevention and early intervention while addressing emerging and existing needs
- Increasing access to mental health and substance use services and supports
- Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to wellbeing

Built on a foundation of **equity** and **accessibility**, the CYBHI is designed to **meet young people and families where they are** to create an ecosystem that can help them **when, where and in the way they need it most.**

# CYBHI Workstreams

| Workforce Training and Capacity   |  | Behavioral Health Ecosystem Infrastructure                |   | Coverage  | Public Awareness  |
|---|--|---|---|---|---|
| Wellness Coach Workforce (HCAI)   | <a href="#">Trauma-Informed Educator Training (CA-OSG)</a> | School-Linked Partnership and Capacity Grants (DHCS)      | Student Behavioral Health Incentive Program (DHCS)        | Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)                                       | Public Education and Change Campaigns (CDPH)                          |
| Broad Behavioral Health Workforce Capacity (HCAI)                                       | Youth Mental Health Academy (HCAI)                         | Behavioral Health Continuum Infrastructure Program (DHCS) | Youth Suicide Reporting and Crisis Response Pilots (CDPH) |   | ACEs and Toxic Stress Awareness Campaign (CA-OSG)                     |
| Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS) |  |   |   | Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC) | Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH) |
| Healthcare Provider Training and e-Consult (DHCS)                                       |  |   |   |   | Parent Support Video Series (DHCS)                                    |
| Scaling Evidence-Based and Community-Defined Practices (DHCS)                           |  |   |   |   |   |
| CalHOPE Student Services (DHCS)   |  |   |   |   |   |
| Mindfulness, Resilience and Well-being Grants (DHCS)                                    |  |   |   |   |   |
| Youth Peer-to-Peer Support Program (DHCS)   |  |   |   |   |   |



# School-Behavioral Health Partnership to Support Student Well-Being

Schools are a critical component of the ecosystem that supports the emotional, mental and behavioral health of California's children and youth. That's why the CYBHI includes:

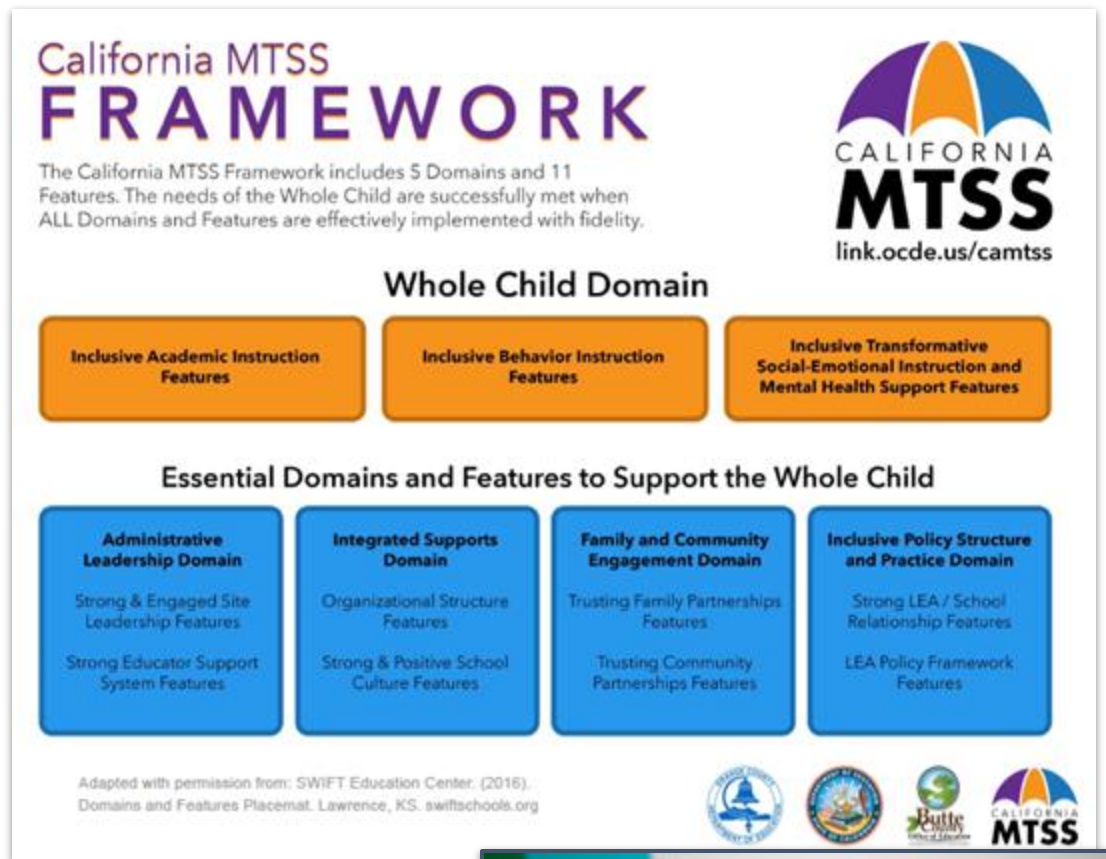
- **New statewide fee schedule** for school-linked behavioral health services reimbursement from Medi-Cal and commercial health plans
- **Behavioral health workforce investments** including a focus on career pipeline programs and developing a **new Wellness Coach role**, as well as investments beyond the CYBHI in school-based and overall behavioral health workforce
- **Building infrastructure** through school-linked partnership and capacity grants
- **Scaling of evidence-based and community-defined practices**, with an emphasis on racial equity, prevention, early intervention
- **Supporting partnerships** between Medi-Cal managed care plans and LEAs through SBHIP
- **CalHOPE Student Services program that provides tools and learning community opportunities** for schools for SEL
- **Supporting Wellbeing, Mindfulness, and Resilience of Students** through new grants
- **Providing training on trauma-informed care** to educators, school personnel and childcare providers.
- **Increasing access** to range of pre-clinical services and navigation to clinical services for students and families through new virtual services platform

# What is CA MTSS?

## Framework and Domains

California's Multi-Tiered System of Support (MTSS) is a comprehensive framework that aligns academic, behavioral, and social-emotional learning in a fully integrated system of support for the benefit of all students. CA MTSS offers the potential to create needed systemic change through intentional design and redesign of services and supports to quickly identify and match to the needs of all students.

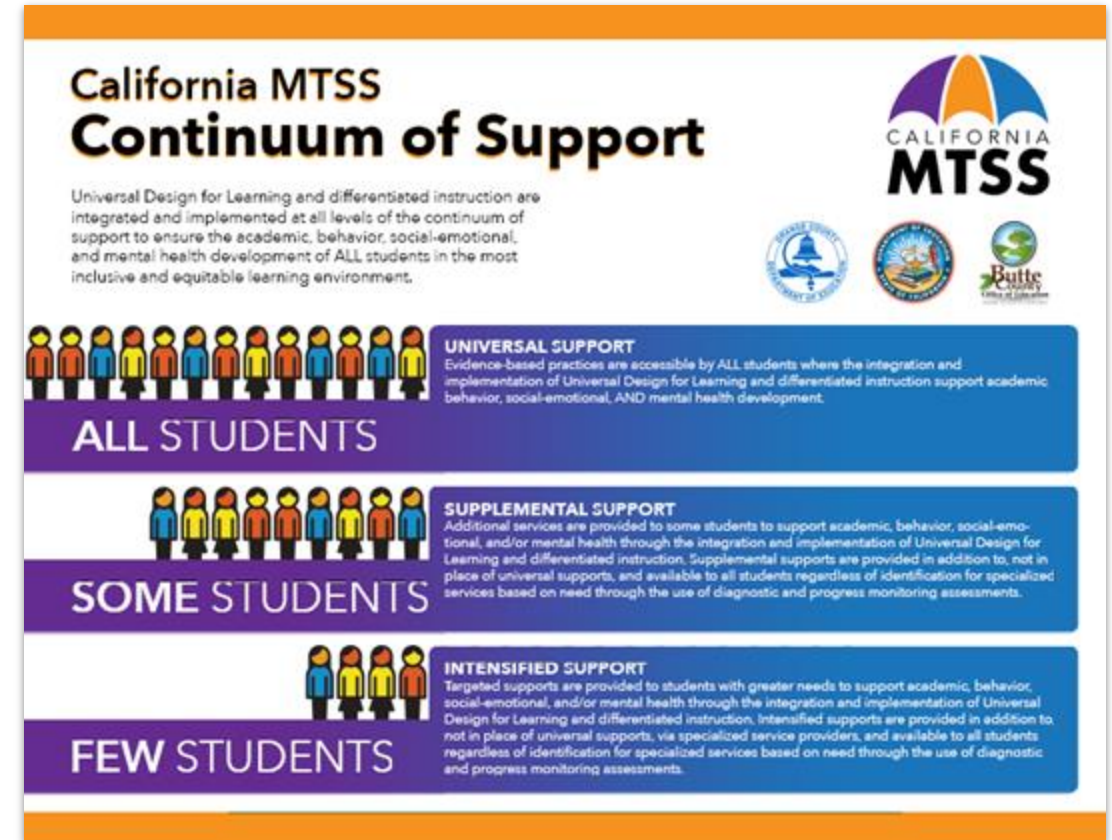
The evidence-based domains and features of the California MTSS framework provide opportunities for LEAs to strengthen school, family, and community partnerships while developing the whole child in the most inclusive, equitable learning environment thus closing the equity gaps for all students.



# What is CA MTSS?

## Continuum of Support

Excellence and equity for all students is about creating a system where all students are fully valued, welcomed, well supported, and engaged in learning. A continuum of support must be in place to ensure all students are benefiting from and engaged in learning.





# Align New Opportunities With Existing Frameworks

- Utilize Integrated Systems Framework (ISF) /MTSS/PBIS/Community Schools as the organizing framework
- Implement CYBHI in the context of that framework
- Incorporate resources and tools of CYBHI to advance your goals

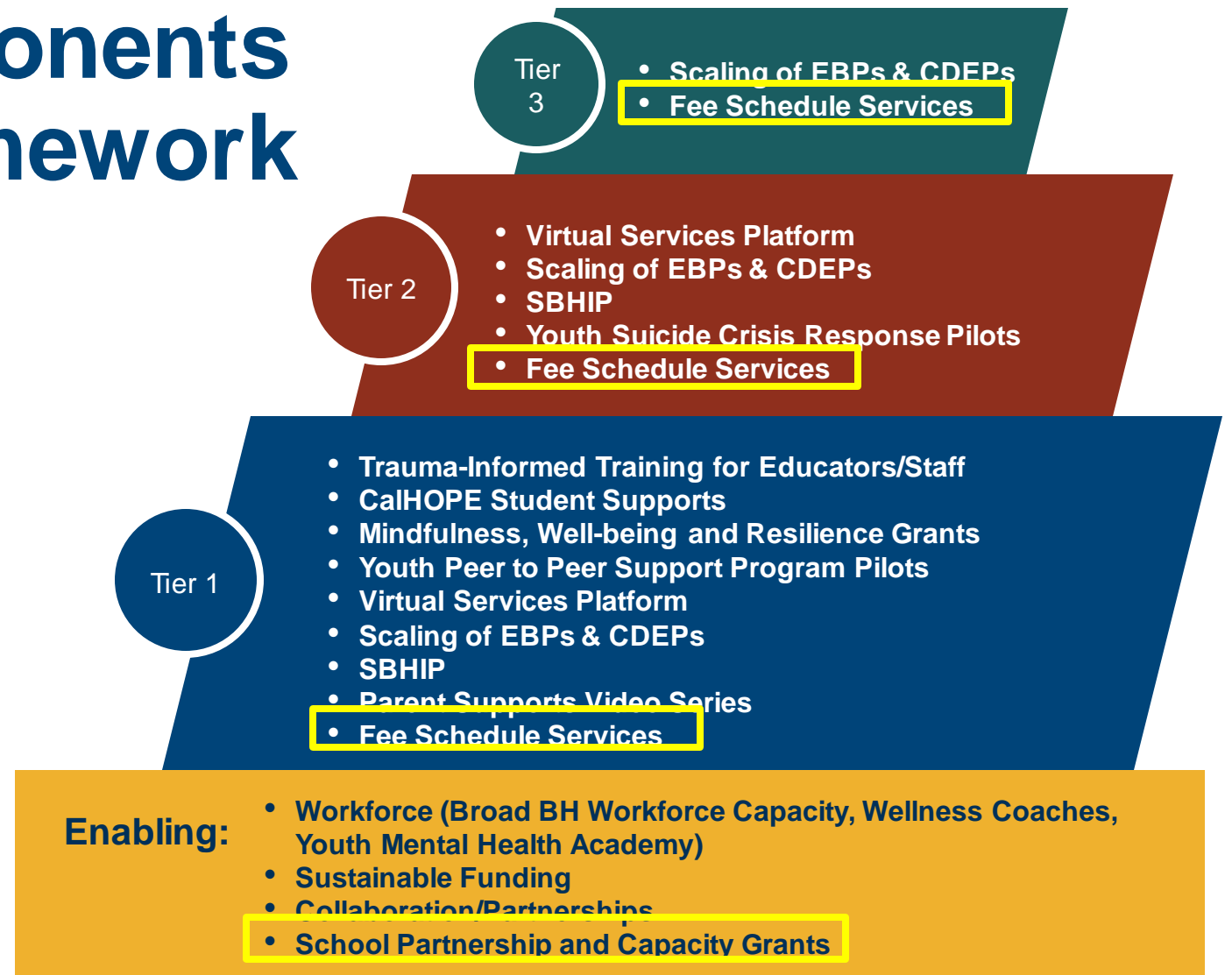


*How can CYBHI be in service and partnership with schools to support the behavioral health and social and emotional well-being of children and youth so they can learn and succeed in school?*

# How CYBHI components fit into MTSS Framework

## Values:

- Whole Child
- Integrated/Coordinated
- Youth-Centered
- Equity-Centered
- Prevention and Well-being Oriented



# What is the Fee Schedule and Why is it relevant to schools?





# The "WHY"

LEA perspective on the opportunity of the CBYHI Multi-Payer Fee Schedule to provide LEAs and their partners with increased, ongoing, sustainable funding to support school-linked behavioral health services for students.

Chaun Powell, Alameda County Office of Education

# About the CYBHI Fee Schedule

[CYBHI Fee Schedule: An Introduction - YouTube](#)

## Vision for the Statewide Multi-Payer School-Linked Fee Schedule

*Non-exhaustive*

Establish a **sustainable funding mechanism** for school-linked behavioral health services that:

- **Increases access** to school-linked behavioral health services for children and youth
- **Applies to multiple payers** (incl. Medi-Cal MCPs<sup>1</sup>, Medi-Cal fee-for-service, commercial health plans, and disability insurers) easing the uncertainty around students' coverage
- **Expands the types of practitioners eligible for reimbursement** for school-based behavioral health services to include **Pupil Personnel Services<sup>2</sup> credentialed providers and Wellness Coaches<sup>3</sup>**
- **Creates a more approachable reimbursement model for schools**, given the shift to fee-for-service reimbursement (as opposed to existing cost resettlement programs)
- **Eases burdens around contracting, rate negotiation and navigation of delivery systems** with State-established rates for all included services
- **Provides state-funded supports for payers and providers**, with a third-party administrator being piloted in 2024 to manage the provider network and facilitate claims administration

1. Managed Care Plan

2. Includes specializations in school counseling, school social work, school psychology

3. Pending State Plan Amendment approval for PPS credentialed providers for 2024 and Wellness Coaches for 2025

# Fee schedule: Authorizing statute

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## Authorizing Statute, *California Welfare & Institutions Code section 5961.4*

“The State Department of Health Care Services shall develop and maintain a **school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment** provided to a student 25 years of age or younger at a schoolsite<sup>1</sup>”

### Intention of the fee schedule<sup>2</sup>

The fee schedule will:

- **Articulate the services and reimbursement rates**, and establish agreements of payment, that the school and designated providers<sup>3</sup> can receive
- **Not supplant nor duplicate existing funding sources** nor requirements to accommodate and provide services to students with disabilities
- **Not alter the accountable payer as already defined** in the current Medi-Cal behavioral health delivery system (e.g., Medi-Cal MCPs<sup>4</sup> for non-specialty mental health services)

### Scope of services<sup>2</sup>

Services included in the fee schedule at launch on January 1, 2024, will include:

- Psychoeducation
- Screening & Assessment
- Therapy
- Peer support
- Care coordination

1. Per the California Health and Safety Code, “A facility or location used for public kindergarten, elementary, secondary, or postsecondary purposes. “Schoolsite” also includes a location not owned or operated by a public school, or public school district, if the school or school district provides or arranges for the provision of medically necessary treatment of a mental health or substance use disorder to its students at that location, including off-campus clinics, mobile counseling services, and similar locations;” 2. CYBHI Fee Schedule – Outstanding Policy and Operational Questions meeting (April 18, 2023); 3. A LEA or institute of higher education enrolling in the network will enable their “designated providers” to provide services (including employed, contracted, or affiliated provider who an individual school deems part of their provider network and who has the credentials required by DMHC/DHCS); 4. Managed Care Plan

# Fee schedule: Preliminary scope of services

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| Category                          | Service   |
|-----------------------------------|---|
| <b>Psychoeducation</b>            | Behavioral Health Prevention Education Service by a Peer  |
|                                   | Family-based behavioral health education  |
|                                   | Health education by Community Health Workers  |
|                                   | Health education by Wellness Coaches <sup>1</sup>   |
|                                   | Preventative wellness and skill building  |
|                                   | Skill training and development for substance use disorder   |
| <b>Screenings and assessments</b> | Wellness education and skill building   |
|                                   | Assessments (e.g., psychological testing, alcohol and/or substance abuse)                         |
|                                   | Screenings (e.g., alcohol misuse, depression)   |
| <b>Therapy</b>                    | Structural Screening and Brief Intervention – Alcohol and/or Substance Use (SABIRT <sup>2</sup> ) |
|                                   | Dyadic family training and counseling for child development                                       |
|                                   | Family psychotherapy  |
|                                   | Family therapy  |
| <b>Care coordination</b>          | Psychotherapy – Standard, Crisis  |
|                                   | Case consultation to teacher  |
|                                   | Case management / care coordination <sup>3</sup>  |
|                                   | Medication management   |

Services included in the fee schedule at launch will be limited to **non-specialty mental health services for which Medi-Cal managed care plans (and not county BH<sup>4</sup>) are the payer of responsibility** within the Medi-Cal BH<sup>4</sup> delivery system. SUD<sup>5</sup> services will be limited to SABIRT<sup>2</sup>, which is also a Medi-Cal MCP<sup>6</sup> benefit

1. Pending State Plan Amendment for addition of Wellness Coaches in 2025; 2. Screening, Assessment, Brief Interventions and Referral to Treatment; 3. Case management services provided to students with commercial coverage, including self-insured plans. Case management for Medi-Cal is the responsibility of Medi-Cal managed care plans; 4. Behavioral health; 5. Substance Use Disorder; 6. Managed Care Plan

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

# Provider network: Authorizing statute

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## **Authorizing Statute**, *California Welfare & Institutions Code section 5961.4*

"The department shall **develop and maintain a school-linked statewide provider network** of schoolsite<sup>1</sup> behavioral health counselors"

## **Authorizing Statute**, *California Health & Safety Code Section 1374.722 (b)(6)*

"A **"schoolsite"** is...used for public kindergarten, elementary, secondary, or postsecondary purposes. "Schoolsite" also includes a location not owned or operated by a public school, or public school district, if the school or school district provides or arranges for the provision of medically necessary treatment of a mental health or substance use disorder to its students at that location, including off-campus clinics, mobile counseling services, and similar locations"<sup>2</sup>

## **Entities eligible to enroll in the provider network**

### **1. Local Educational Agencies (LEA), i.e.,**

- School district
- County office of education
- Charter school
- California Schools for the Deaf and School for the Blind

### **2. Public institutions of higher education, i.e.,**

- California Community Colleges
- California State Universities
- University of California campuses



## **Providers included<sup>1</sup>**

A LEA or institution of higher education enrolling in the network will enable **their "designated providers" to provide services** (including employed, contracted, or affiliated provider who an individual school deems part of their provider network and who has the credentials required by DMHC/DHCS



# DMHC Role in Fee Schedule

- DMHC and DHCS partnering on fee schedule
- DMHC will develop regulatory guidance for commercial plans later in 2023
- Per AB 133, health plans may not require pre-authorization, cost sharing or utilization management.

# Small Group Discussions (15 min)

What key questions do you have about the CYBHI Fee Schedule?

# *Breakout Session in Progress*



# Q&A



# 5-Minute Break!



# Fee Schedule Phased Implementation

[CYBHI Fee Schedule: An Introduction - YouTube](#)



# School-linked grants: Support for schools in building fee schedule readiness capabilities

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## School-linked partnership and capacity grants workflow

**DHCS will disburse \$550M in grants**, with a goal to support capacity, infrastructure, and partnerships necessary for fee schedule readiness, including:

1. \$400M in K-12 grants<sup>1</sup>
2. \$150M in higher education grants<sup>2</sup>

Examples of **eligible expenditures** may include:

- **Modifying physical space** or purchasing technology to provide more or more types of behavioral health services
- **Purchasing new software licenses** for electronic medical records to better manage healthcare data
- **Increasing administrative capacity** to facilitate the billing and claims process

## Operational readiness requirements to utilize the fee schedule

*As determined by DHCS, subject to change*

- **Medi-Cal enrollment** to receive state and federal funds,
- **Infrastructure and capacity to provide behavioral health services** that meet all students' needs,
- **Tools and practices to collect and document data** about student healthcare coverage and health services, and
- **Claims submission and administration** technology and skills

1. For publicly funded schools, charterschools, California School for the Deaf, California School for the Blind, and Bureau of Indian Education schools; 2. For publicly funded higher education institutions: University of California system, California State University system, and California Community Colleges;

Source: DHCS, external stakeholder meetings (e.g., fee schedule working group); Children and Youth Behavioral Health Initiative act [5961 - 5961.5] ([link](#))

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## School-Linked Grants: Statewide Lead SOE

*Grant distribution model for public institutions of higher education to be determined by DHCS in the coming months*

1. Local Educational Agency

Source: DHCS, discussions with stakeholders (e.g., COEs)



### Statewide Lead County Office of Education (COE) as a Third-Party Administrator (TPA) for TK-12 grants

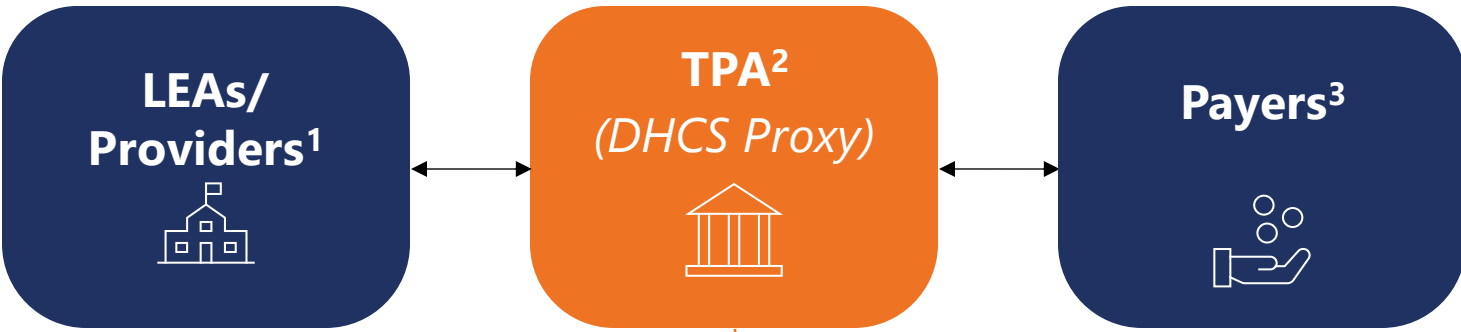


DHCS is partnering with the Sacramento County Office of Education (SCOE) and the Santa Clara County Office of Education (SCCOE) to operate as the Statewide Lead COEs to:

- **Implement a model** established in partnership with DHCS that supports leveraging the expertise of the Statewide Lead COE
- **Act as a fiscal intermediary** to disburse grant funding to all 58 COEs
- **Serve as a coordinator** with COEs to simplify the grant administration process
- **Administer the grants and monitor grant implementation activities**
- **Offer robust technical assistance** that is tailored to the needs of COEs and LEAs<sup>1</sup> to enable every county begin utilizing the CYBHI fee schedule

# Operationalizing the fee schedule: Contracting with a third-party administrator

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The DHCS will contract with a TPA<sup>2</sup> vendor to:

- A. Manage the provider network** of qualified school-linked providers billing under the fee schedule, and
- B. Serve as a claims clearinghouse** to process claims and remit payments under the fee schedule,
- C. Support providers and payers** with onboarding, technical assistance, etc.

1. Local Educational Agencies (LEAs) and public institutions of higher education  
 2. Third-Party Administrator  
 3. Managed Care Plans, Medicaid Fee-For-Service, and commercial plans  
 4. Request for Information

## Next steps:

- **Launch RFI<sup>4</sup> to refine potential scope of work** and begin sourcing TPA<sup>1</sup> *(anticipated by end of August)*
- **Refine proposed operating model between TPA<sup>1</sup> and payers** based on input from stakeholders and the RFI<sup>4</sup>
- **Onboard TPA(s)<sup>1</sup>** *(November 2023)*

*Note: Intention is to contract with the TPA<sup>1</sup> as a pilot in year 1, using the ~\$10M requested in the May budget revise*

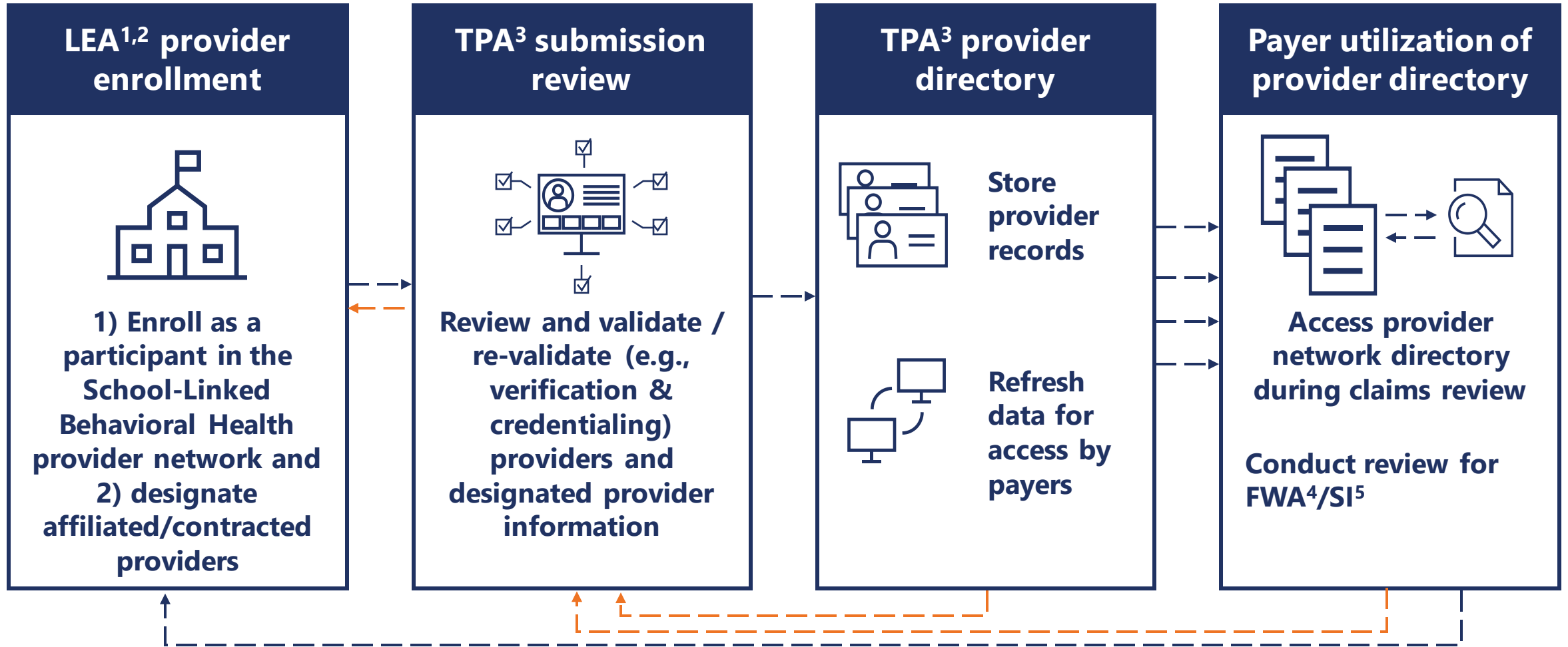
# Provider network management: Illustrative roles and responsibilities of the third-party administrator

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—▶ Standard provider network management process

◀-- Ad hoc refresh of provider directory



Provider network continuously managed and updated based on 1) input from LEA<sup>2</sup>, 2) periodic verification from TPA<sup>1</sup>, and 3) request for verification from payer

# Claims administration and payment remittance: Illustrative roles and responsibilities of the third-party administrator

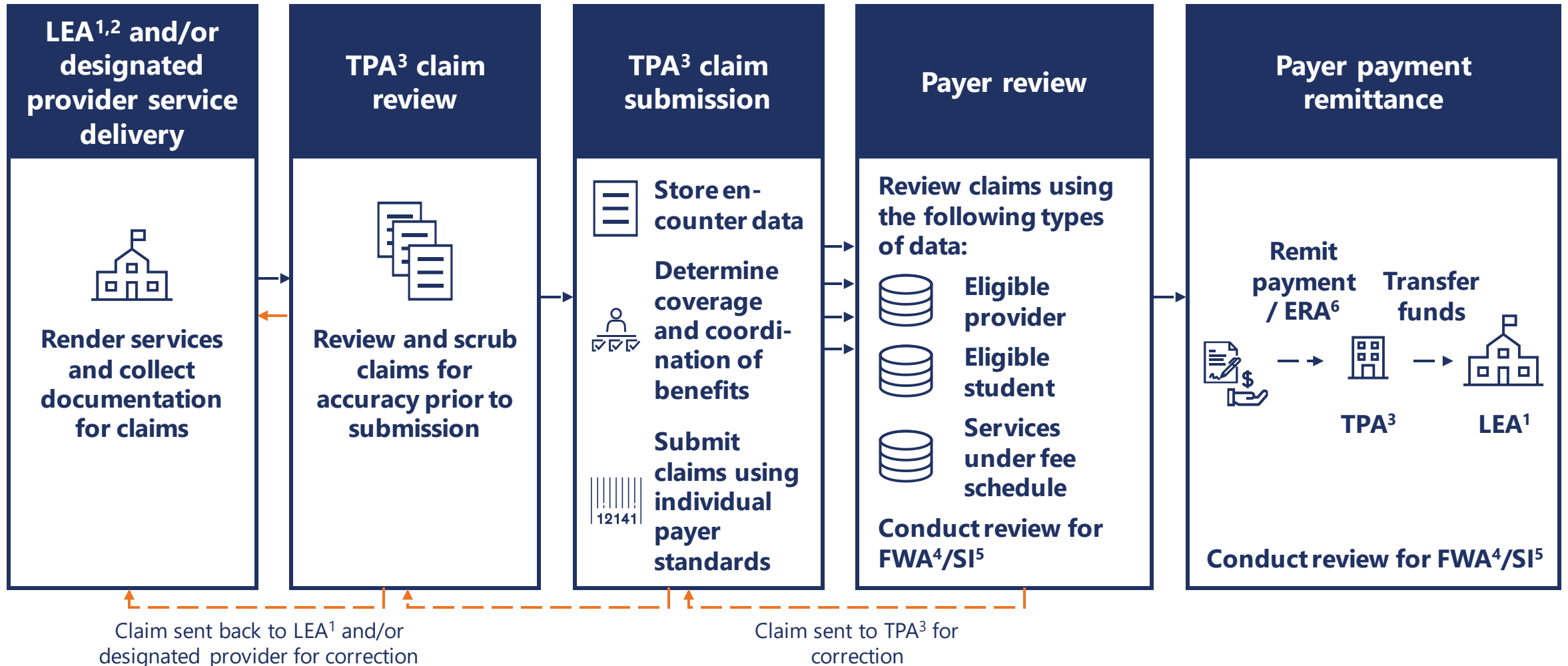
Additional detail on outstanding questions to follow

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---> Standard claim submission / payment process

←-- Claim correction / resubmission process



# Phased approach: Overview

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2024

2025

|  | Jan   | ~July  | ~Jan onwards   |
|--|---|--|--|
| <i>Preliminary, non-exhaustive</i>   | <b>Phase 1 – Early Adopters</b><br><i>Optimize learnings through diverse partners</i>   | <b>Phase 2 – Select Expansion</b>  | <b>Phase 3-Rolling Opt-In</b>  |
| <b>Cohort Participants</b><br><br><i>All proposed cohorts include associated commercial plans and MCPs<sup>2</sup></i> | <b>Representative group of LEAs<sup>1</sup> with:</b> <ul style="list-style-type: none"> <li><b>Some existing Medi-Cal infrastructure</b> (e.g., Medi-Cal enrollment, partnerships with MCPs<sup>2</sup> who participate in SBHIP<sup>3</sup>)</li> <li><b>Willingness and capacity</b> to participate</li> </ul> <i>Additional criteria to be determined by DHCS</i> | <b>Expansion to:</b> <ul style="list-style-type: none"> <li>Additional <b>LEAs<sup>1</sup></b></li> <li>Select <b>California Community College campuses</b></li> </ul> <i>Approach for selecting Phase 2 partners to be further determined by DHCS</i> | <b>Includes all LEAs<sup>1</sup></b> and public higher education campuses (including California Community College, California State University, and University of California campuses) – on a rolling opt-in basis<br><br><i>Note: Ongoing opportunities to register / enroll every 6 months</i> |

**Note:** DHCS may consider awarding School-Linked Partnerships and Capacity Grant funding to LEAs<sup>1</sup> and public institutions of higher education contingent on their commitment to joining the school-linked behavioral health provider network on a specific date

1. Local Educational Agencies (LEAs) include charter schools, county offices of education, California Schools for the Deaf and dBlind; 2. Managed Care Plan; 3. Behavioral Health Student Behavioral Health Incentive Program

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

# Phased approach: Considerations for identifying the TK-12 Phase 1 cohort

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## Cohort 1 objectives

**Create opportunities to learn and collect feedback** from Cohort 1 partners (e.g., COEs, LEAs, MCPs, TPA), revising policies, processes, and guidance based on lessons learned

**Build confidence and interest with effective launch** with Cohort 1 LEAs<sup>1</sup> who have implemented the fee schedule

**Begin expanding access to school-linked behavioral health services** among a diverse set of LEAs<sup>1</sup>



## Considerations



**Geography:** Urbanicity, region, etc.



**Coverage:** Free and Reduced-Price Meal (FRPM) participation, Healthy Places Index, student population size, etc.



**Existing billing/reimbursement infrastructure:** Local Educational Agency Medi-Cal Billing Options Program (LEA-BOP) participant, Medi-Cal enrollment status, Student Behavioral Health Incentive Program (SBHIP) Managed Care Plan (MCP) partnerships, etc.



**Existing care delivery infrastructure:** School Based Wellness Centers (SBWC), Medi-Cal managed care plan models (e.g., 2024 MCP contract changes, subcontracting structures), etc.

1. Local Educational Agencies (LEAs) include charter schools, counties offices of education, California Schools for the Deaf and Blind

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

# Path for LEA Cohort 1 to join the Provider Network

1. Local Educational Agency;
2. Managed Care Plan;
3. Student Behavioral Health Incentive Program
4. County Office of Education
5. DHCS provided COEs with the list of LEAs who were both Medi-Cal enrolled (through LEA BOP) and partner with an MCP who participates in SBHIP; COEs were also given the opportunity to nominate LEAs who are Medi-Cal enrolled even if they do not participate in SBHIP

## Steps

**Able:** DHCS identifies LEAs<sup>1</sup> across the State with existing infrastructure (e.g., Medi-Cal enrollment, partnership with MCPs<sup>2</sup> who participate in SBHIP<sup>3</sup>)

**Willing:** COEs<sup>4</sup> complete a Statement of Interest, indicating the subset of LEAs<sup>1</sup> from those designated as “Able” that they believe should be considered as Cohort 1 participants<sup>5</sup>

**Ready:** LEAs<sup>1</sup> designated by their COE<sup>4</sup> complete a statement of interest and operational readiness checklist, which will include requirements for:

- Medi-Cal enrollment
- Service delivery infrastructure
- Data collection and documenting
- Billing infrastructure

## Timeline



June – July 2023

August 2023

September 2023 – October 2023

***DHCS will make final decisions and notify Cohort 1 participants by December 1, 2023***



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## Cohort 1 selection: Two- Step Application Process

- ☑ **Step 1 - August 21, 2023:** Interested County Offices of Education (COE) completed a statement of interest, indicating the set of Local Educational Agencies (LEA) they believed would be participants who are suitable for Cohort 1 based on the criteria established by DHCS

*DHCS then reviewed COE completed surveys and sent approved LEAs an application package that included an LEA statement of interest survey AND minimum operational readiness requirements*

- ☐ **Step 2 - October 6, 2023:** LEAs who were approved by their COE in Step 1, must submit a completed application package and supporting documentation to DHCS for approval

1. DHCS provided each COE with a list of LEAs who are Medi-Cal enrolled and partner with MCPs who participate in SBHIP; In addition, COEs had an opportunity to "write in" LEA names

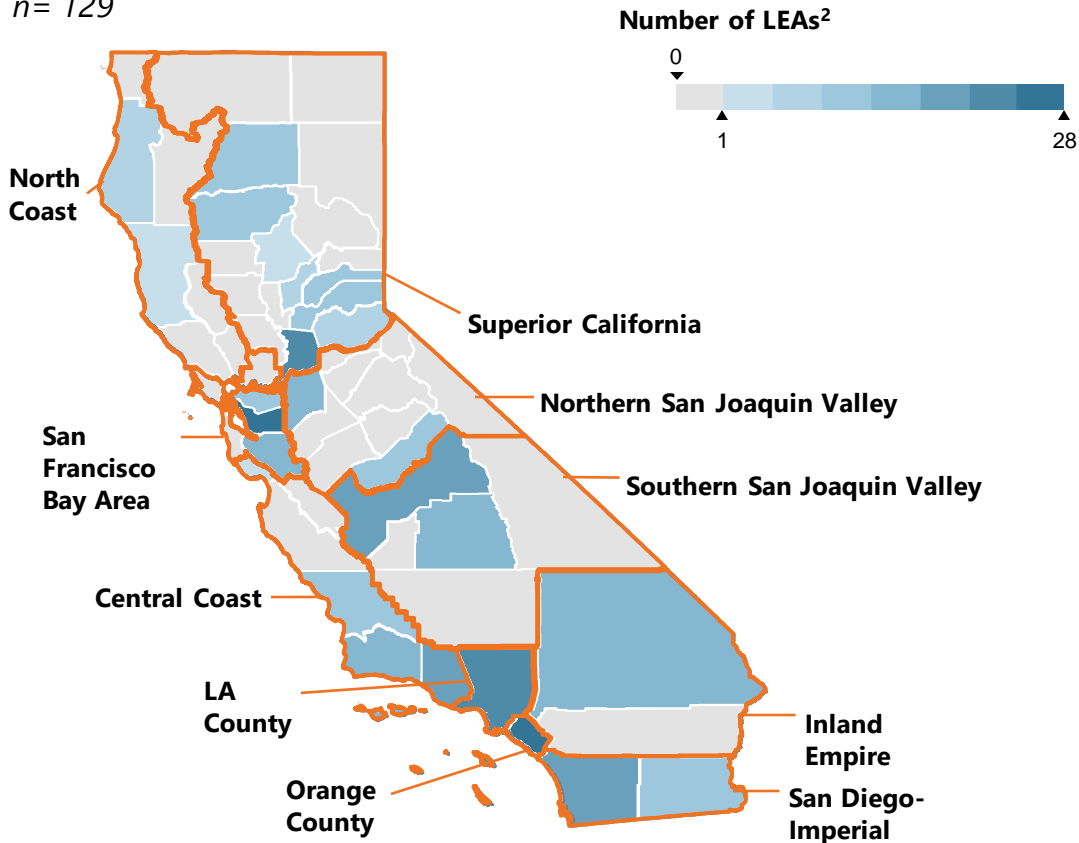
# Cohort 1 selection: County Office of Education Statement of Interest

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## Potential Cohort 1 participants by county, # of LEAs<sup>2</sup>

n = 129



## Additional detail (data as of 8/23/2023)

Statement of interest survey was sent to all COEs,<sup>1</sup> representing ~190 LEAs<sup>2</sup> deemed by DHCS as “able” to participate in Cohort 1. Of these:

**30** COEs<sup>1</sup> responded, indicating a total of **129** LEAs<sup>2,3</sup> who they believed should be considered as Cohort 1 participants. This group of LEAs<sup>2</sup> includes:

**45% (26)** of counties

**34% (2M)** of students across California’s TK-12 public schools

**59% (1.2M)** of Free and Reduced-Price Meal program participants, compared to 53% state average

1. County Office of Education; 2. Local Educational Agency; 3. Analysis includes LEAs who were deemed “able” by DHCS (existing Medi-Cal enrollment and partnership with MCPs who participate in SBHIP) and LEAs which COEs wrote into statement of interest in addition  
Source: COE Statement of Interest responses, CDE data

# Cohort 1 selection: Two-Step Application Process

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## Local Educational Agency (LEA) statement of interest including...

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- A. LEA<sup>1</sup> contact information
- B. Rationale for inclusion in Cohort 1
- C. Indication of which schools or school-linked sites would participate in Cohort 1
- D. Willingness to engage with DHCS and its partners in a learning cohort (including the State's third-party administrator)

## LEA operational requirements, including...

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*See details to follow*

- A. Medi-Cal enrollment
- B. Service delivery infrastructure and capacity building
- C. Data collection and documentation
- D. Billing infrastructure

1. Local Educational Agency

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

# Cohort 1 selection: Operational requirements

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## A. Medi-Cal enrollment

LEAs<sup>1</sup> must **be Medi-Cal enrolled** and meet all federal and state requirements for enrollment

LEAs<sup>1</sup> must agree to complete / submit **all necessary agreements** and certificates of insurance (*to be determined by DHCS<sup>2</sup>*)



## B. Service delivery infrastructure and capacity building

LEAs<sup>1</sup> must demonstrate that they **have capacity and infrastructure to deliver services** (e.g., practitioners who are eligible to provide behavioral health services included in the fee schedule)



## C. Data collection and documentation

LEAs<sup>1</sup> must have defined policies and protocols for **collecting, storing, and transmitting data on:**

- Student information
- Provider network information
- Provision of behavioral health services



## D. Billing infrastructure

LEAs<sup>1</sup> must demonstrate their **ability to collect and submit sufficient claims information** to the TPA<sup>3</sup>

LEAs<sup>1</sup> must have the billing infrastructure in place to **receive payments**

In addition to requiring LEAs<sup>1</sup> to complete the above requirements, **DHCS will consider holistic factors** such as geography (e.g., urbanicity, region), coverage (e.g., student population size, Free and Reduced-Price Meal (FRPM) participation), etc.

1. Local Educational Agencies; 2. Office of Legal Services; 3. Third-Party Administrator  
Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

# Cohort 1 selection: Additional detail on operational requirements (1/2)

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FOR DISCUSSION | NOT EXHAUSTIVE



## A. Medi-Cal enrollment

- **Enrolled in Medi-Cal** (for cohort 1, as of July 2023)
- Have or obtain a **National Provider Identifier**
- **Agree to complete / submit additional requirements;** examples may include:
  - Medi-Cal Provider Participation Agreement
  - CYBHI fee schedule agreement
  - Medi-Cal Disclosure Statement
  - Certificates for general and professional liability coverage and workers' compensation coverage



## B. Service delivery infrastructure and capacity building

- **Demonstrated capacity** to furnish covered behavioral health services to students, including students without an Individualized Education Plan (IEP)
- **Service offerings** by school site
- Details of the Local Educational Agency's (LEA's) **staffing or contracting model and total FTEs** available to provide services to students
- LEA's agreement to submit **detailed provider and practitioner information** and a detailed list of service contracts to the third-party administrator upon request

# Cohort 1 selection: Additional detail on operational requirements (2/2)

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## C. Data collection and documentation

- Existing policies and procedures related to:
  - Collection, storage, and transmission of data related **to health services rendered**
  - Collection of **student health-related records** (e.g., insurance coverage)
  - Collection of **provider information**
  - **HIPAA<sup>1</sup> and FERPA<sup>2</sup> compliance<sup>3</sup>**
  - **Parental consent** for the release of student information for claims submissions
- **Existing contracts / data-sharing agreements** between LEA<sup>4</sup> and affiliated providers
- Agreement to **complete all Data Use Agreements required by DHCS**



## D. Billing Infrastructure

- **Current model** for claims submission (e.g., through the COE<sup>5</sup>, through the LEA<sup>4</sup>, through each school-site)
- **Technology infrastructure** for claims submission (e.g., medical billing software, claims analytics)
- Near-terms plans to **expand infrastructure**
- Current process for **claims administration**
- **Existing partnerships** with payers

1. Health Insurance Portability and Accountability Act; 2. Family Educational Rights Privacy Act; 3. Compliance with HIPAA is required for transactions, e.g., submission of claims; 4. Local Educational Agency; 5. County Office of Education  
Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

## Cohort 1 –Learning Commitment

- » Participation in Cohort 1 of the CYBHI fee schedule provider network will require LEAs to **comply with the CYBHI fee schedule program requirements** and implement new policies, processes, and infrastructure (e.g., billing capabilities, IT systems).
- » Cohort 1 implementing partners (i.e., DHCS, statewide Third-Party Administrator, health plans, LEAs, LEA providers) will function in a **collaborative learning environment** with participants providing **continuous direct input and feedback that will inform refinement of policy and operational guidelines for future cohorts.**
- » All Cohort 1 implementing partners are **required to attend regular office hours** (e.g., weekly) sessions and collaborative learning sessions **to facilitate shared learning and successful implementation** of the fee schedule policy and operational requirements.



# Select milestones for fee schedule

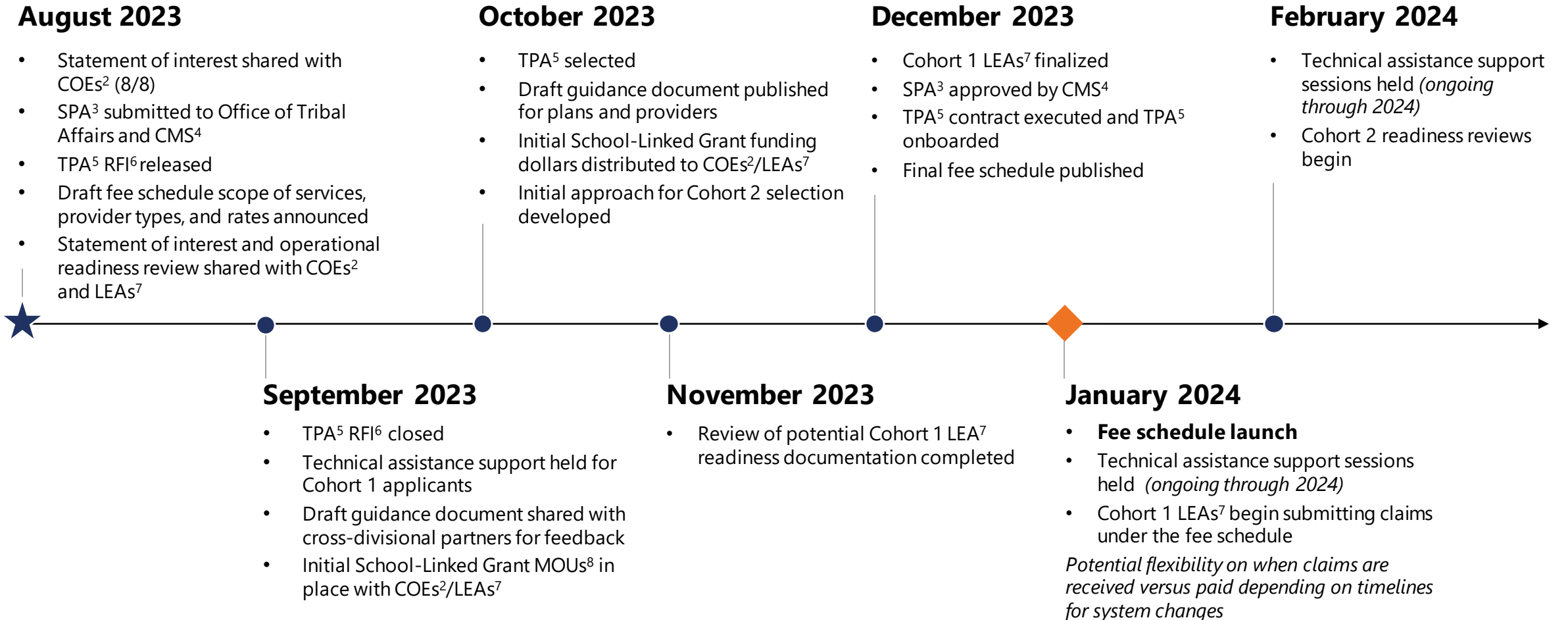
Note: Timeline illustrated is intended to be latest dates feasible to enable January 2024 launch<sup>1</sup>

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★ Current status

◆ Cohort 1 "go live"



1. Completion of milestones prior to end of month, unless otherwise indicated; 2. County Office of Education; 3. State Plan A amendment; 4. Centers for Medicare & Medicaid Services; 5. Third-Party Administrator; 6. Request for Information; 7. Local Educational Agency; 8. Memorandum of Understanding

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

# Local Sense-Making: Determining LEA Eligibility and Readiness



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# All Payer Fee Schedule Readiness Scenario

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Contact Link



## As you Heard, The All-Payer Fee Schedule

- Increases access to school-linked behavioral health services for children and youth.
- Eases administrative complexities for LEAs by streamlining processes and requirements for reimbursement of covered school-linked behavioral health services furnished to students and alleviating LEA burdens related to contract and rate negotiations with health plans.
- Applies to multiple payers, including Medi-Cal Managed Care Plans (MCPs), commercial health plans, and disability insurers.

# All Payer Fee Schedule Readiness

## “Sample County Office of Education (CCOE)”

- Introduction Central County Office of Education (CCOE)
  - CCOE supports both mental health technical assistance and runs school-based programs (Wellness Centers) in several LEAs
  - There are 22 LEAs in the county, ranging from 18,000 to 250 students
  - CCOE utilizes LEA BOP in Special Education Programs
  - CCOE leads implementation of SBHIP throughout 4 or their 22 LEAs
  - CCOE has experience in implementation and professional development

# All Payer Fee Schedule Readiness (Sample School District)

- Introduction to Sample Unified School District: Middle Valley Unified School District (MVUSD)
  - Kindergarten through Eighth Grade
  - Enrollment of 18,000 Students
  - 40% Economically Disadvantaged
  - 15% English Learners
  - 0.5% Foster Youth
  - 26% Chronically Absent
  - Wellness Centers in some of schools
  - Counselors and Licensed staff in several schools

# All Payer Fee Schedule Readiness (County Level)

The process for eligibility and readiness starts with your County Office of Education.

\*\*All Payer Feed Schedule Video: <https://youtu.be/oNcppPuL0vo>

**Central County Office of Education** received a notice from the Department of Health Care Service regarding Fee Schedule. (Notice was sent to the County Superintendent of Schools)

## 1. Meet as County Leadership Team

1. Determine County level of readiness
2. Determine LEA level of readiness

Note that the county process for Cohort 1 was due on August 21<sup>st</sup>.



# All Payer Fee Schedule Readiness (County Level)

## 2. Central COE Readiness and Decision Making

- Determine the county readiness for one of the three Cohorts
  - January 1, 2024 – Cohort 1 (Early Adopters)
  - July 1, 2024 – Cohort 2
  - January 1, 2025 – Cohort 3 (Remaining Counties will be able to opt in on an annual basis)
- It is important to consider both County Education Office Readiness as well as LEA Readiness

# All Payer Fee Schedule Readiness (County Level)

## 3. CCOE Readiness and Decision Making

- Questions to consider
  - Are we able to support the LEA or LEAs who are eligible
  - Can we support the LEA in determining their readiness and complete the Statement of Interest
  - Are we able to support LEA in meeting operational readiness and submit required documents by October 6<sup>th</sup>.
  - As a COE can we support to the LEA, and DHCS or its designee, regarding implementation of the fee schedule in accordance with all established program requirements.

\*\*\*COEs in each county must certify agreement with the LEA's submission and attest to the completeness, accuracy, and truthfulness of the LEA's submission.\*\*\*

# All Payer Fee Schedule Readiness (County Level)

## 4. County Readiness Process should consider:

- LEA's level of interest to participate in a learning cohort to inform future guidance about CYBHI fee schedule implementation (Cohort 1 will start in January 2024);
- Whether the LEA has adequate service delivery infrastructure, including capacity of practitioners and types of behavioral health services provided at schools/school sites; and,
- Whether the LEA is likely to meet the State's operational readiness criteria as outlined in the PDF attachment entitled "Local Educational Agency Statement of Interest and Operational Readiness Review Requirements."

\*Note, COEs were provided with a list of eligible LEAs Attachment 3 "Potential LEAs  
Each LEA was identified because they are participating in Medi Cal and SBHIP

## All Payer Fee Schedule Readiness (County Level)

- Central COE considers the following when approving LEA Candidates:
  1. LEAs' level of interest to participate in a learning cohort to inform future guidance about CYBHI fee schedule implementation (cohort 1 will start in January 2024);
  2. Whether the LEA has adequate service delivery infrastructure, including capacity of practitioners and types of behavioral health services provided at schools/school-sites; and,
  3. Whether the LEA is likely to meet the state's operational readiness criteria as outlined in the "LEA Statement of Interest and Readiness Requirements" PDF.

# All Payer Fee Schedule Readiness (County Level)

## 5. Central COE Decides to move forward and apply for Cohort I

- ***Carefully follow directions in Attachment 2***

- Complete letter of interest by August 21<sup>st</sup> and submit to DHCS

\*Be sure to have a conversation with eligible LEAs

- **\*\*\*CCOE is agreeing to\*\*\***

- Supports the LEA in participating in Cohort 1;

- Will work with the LEA to complete the LEA Statement of Interest survey by the deadline;
- Will support the LEA to meet operational readiness requirements and submit required documentation on or before October 6, 2023; and,
- Will provide the necessary support to the LEA, and DHCS or its designee, regarding implementation of the fee schedule in accordance with all established program requirements.

# All Payer Fee Schedule Readiness (LEA Level)

1. After being notified by CCOE of their eligibility, the Middle Valley Unified School District (MVUSD) decided to form a District Leadership Team to complete the Exploration Process and next steps
  - Leadership is made up of district staff with expertise in:
    - Fiscal Operations
    - Medi Cal
    - Behavior Health
    - School Climate
    - Human Resources
    - Special Education
    - IT
    - Others who may be beneficial for implementation
  - The team assigns a lead administrator to guide implementation and be the point person with COE
  - Regular implementation meetings are scheduled for the leadership team

Getting Started

## All Payer Fee Schedule Readiness (LEA Level)

2. Leadership conducts a district initiative inventory (see attachment 4 “LEA Statement of Interest” section B)
  - Programs and Practices being offered
  - Adequate service delivery infrastructure
  - Determine capacity of staff/practitioners
    - Licensure
    - National Provider Identifier (NPI) number **\*\*\*Note the LEA will need an NPI Number\*\*\***
    - Types of behavioral and counseling expertise
    - Classified support, such as wellness coaches/peer support
    - Will we use LEA staff or Community Based Agencies

**IMPORTANT: The District Leadership Team allocates sufficient resources and time to complete the process for readiness and implementation**



## All Payer Fee Schedule Readiness (LEA Level)

3. District Leadership Team meets and determines
  - Will our PPS Credentialed staff be supporting mental health activities eligible on the fee schedule
  - Will Classified staff be supporting activities on the fee schedule (Wellness Coaches, peer/family supports)
    - \*Remember eligible activities are “school referred” by school and may happen at other locations but must be school-referred (school linked)
    - \*\*All activities must be overseen by an individual holding a PPS (even contract activities)
  - Do we have existing contracts with local agencies or Managed Care Plans? (A managed care plan is an agency that provides MediCal Beneficiary services including Mild to Moderate Mental Health Services) “school-linked providers”
  - Do we currently have a parent’s consent to treat and confidentiality release of information
  - Do we have a process map, referral (nomination forms) and system for determining youth / child participation?
  - Determine current infrastructure for billing LEA BOP or Other Medi Cal reimbursements.

# All Payer Fee Schedule Readiness (LEA Level)

## 4. District Leadership Team meets and determines

### ■ Minimum Requirements

- Determine current capacity (e.g., physical space, staffing, resources, contracts) to furnish covered behavioral health services to students.
- Are we providing only mental health services, only substance use disorder services, or both mental health and substance use disorder services?
- Do we currently have capacity to provide services to students without an Individualized Education Plan (IEP)?

## All Payer Fee Schedule Readiness (LEA Level)

5. After collecting and evaluating district readiness, MVUSD decides to move forward
  - Important for Cohort I: By October 6, 2023, the district leadership team must submit the Statement of Interest and documentation to demonstrate LEA readiness.
  - MVUSD works closely with the County Office of Education All Payer Fee Schedule Lead during the process.
    - Establishes regular consolation and feedback loops for during process
  - MVUSD, along with County Lead, participates in training and technical assistance provided by Sacramento and Santa Clara County Office of Education

- 
- For Questions about All Payer Fee Schedule:
    - Contact Department of Health Care Services:  
[CYBHI@dhcs.ca.gov](mailto:CYBHI@dhcs.ca.gov)

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[mlombardocollaboration@outlook.com](mailto:mlombardocollaboration@outlook.com)  
(916) 421-1612 PST

# Q&A



**Thank You!**

**Questions? Email: [CYBHI@dhcs.ca.gov](mailto:CYBHI@dhcs.ca.gov)**



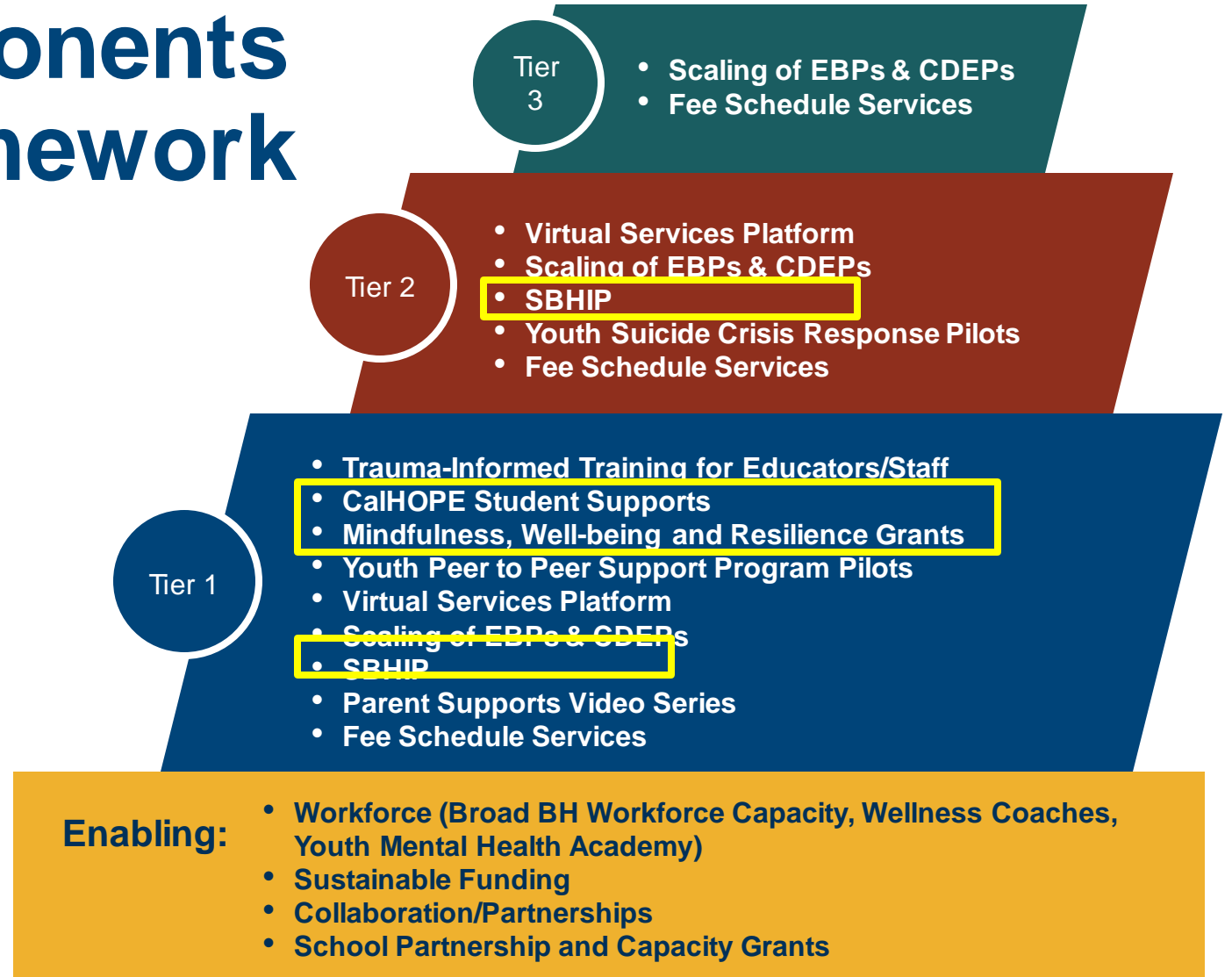
# Office Hours and Next Webinar

- DHCS Office Hours for Fee Schedule on Sept 14, 3:30 pm- 4:30pm and Sept 28, 9:30 am- 10:30 am
- **Next Webinar:** September 20, 2023, 2 pm – 4:30 PM  
Strengthening Tier 1 Supports for Wellbeing Using CYBHI Resources, Tools, and Insights. [Register Here](#).

# How CYBHI components fit into MTSS Framework

## Values:

- Whole Child
- Integrated/Coordinated
- Youth-Centered
- Equity-Centered
- Prevention and Well-being Oriented





# WE WANT YOUR FEEDBACK!

Link to webinar [feedback survey](#) will be posted in chat.

