Financing and Sustaining School Health Programs

Webinar Series: The Path to Funding Racially Just, Relationship-Centered Schools

Training 2 | October 11, 2022
KEY LEARNING OBJECTIVES:
- Name and understand the “Big Three” Medi-Cal Payment systems in schools
- Understand the growing role of Managed Care Plans in schools health partnerships.
- Be able to name the most common models of school Health partnership and integration (MTSS and COST)

• The Crisis is Real and Why School’s Matter
• Medi-Cal By The Numbers
• How MediCaid Works and What It Means for Schools: The 7 Essential Medi-Cal Payors and The Need To Know Them All.

• A Deeper Dive Into The Big Three:
  • Medi-Cal Managed Care Organizations
  • Mental Health Plans
  • Understanding the LEA Program: Direct Billing and Administrative Claiming
THE SOCIAL AND EMOTIONAL HEALTH OF CHILDREN IN CALIFORNIA:

Striking Increases In Utilization And Acuity

How did we get here?
THERE IS A CRISIS IN YOUNG PEOPLE’S MENTAL HEALTH
Consider the facts before COVID-19:

- **104%** Increase in inpatient visits for suicide, suicidal ideation, and self injury for children ages 1-17 years old, and 151% increase for children ages 10-14.

- **50%** Increase in mental health hospital days for children between 2006 and 2014.

- **61%** Increase in the rate of self-reported mental health needs since 2005.

- **43rd** California ranks low in the country for providing behavioral, social, and development screenings that are key to identifying early signs of challenges.
SCHOOLS CAN (and must) BE ESSENTIAL ACTORS IN OUR RESPONSE:

Schools are and have been ground zero for the youth mental health crisis, and our collective failure to support them has contributed to the marginalization of black and brown children (80% of children on Medi-Cal are children of color.) Medi-Cal covers more than half of all children in California but MCOs have struggled to invest strategically or effectively in Children's Behavioral Health. As a result, children make up 42% of enrollees but only 14% of all expenditures.

The Health Care System Needs Schools: Children ages 8-18 have the lowest rate of primary care utilization of any demographic in Medi-Cal—and 75% of mental illness manifests in adolescence. Not only are schools essential actors in a reformed mental health system that overtly addresses healing, justice, and structural racism, but they are also essential service settings for children with clinical needs.

The Finances Align: Schools have what the publicly funded Medicaid system needs: 1) Access to kids 2) Braided funding opportunities, and 3) Consensus on Framework (MTSS) and Mechanism (COST)
WE HAVE A ONCE-IN-A-GENERATION OPPORTUNITY TO ADDRESS THE CRISIS

Public opinion and policymaker agendas are aligned

Political Will: New administration has a stated focus on children’s well-being and has expressed interest and willingness to engage.

Community Support: Half (52%) of all Californians say their community does not have enough mental health providers to serve local needs.

Emerging Consensus and Consciousness: Of the impact of adversity, structural racism, and the pandemic on the social and emotional health of children.

TO TAKE ADVANTAGE OF THIS MOMENT IN TIME WE MUST:

• Embrace the critical need to reform our financing and delivery models in schools so that they are healing and relationship centered.
• Adopt a concurrent but aligned paradigm shift across child serving systems, with particular focus on the role of MediCal in schools.
• Use a significant investment of one time funds to build sustainable programs and supports.
UNPRECEDENTED INVESTMENT IN SCHOOLS AND SYSTEMS

MORE TO COME...

FUNDING OPPORTUNITIES FOR SOCIAL, EMOTIONAL AND MENTAL HEALTH IN SCHOOLS AND SYSTEMS

- Managed Care Plans ($400 million)
- Competitive Grants Program ($550 million)
- MHSA SSA funding ($250 million)
- Workforce including BH Coaches ($800 million)
- BH Virtual Platform: ($750 million)
- Expanding Evidence Based Programs ($429 million)
- DYADIC Benefit

- Community School Partnership Grant Program ($4 billion+)
- Expanded Learning Opportunity Grant Program ($4 billion)
- Mindfulness ($75 Million); Peer to Peer Demonstration ($10 million)
- Investments in Counselor/Social Worker pipeline
- Educator Effectiveness Grant ($1.5 billion)
- HCSB/Special Ed/Other....($1.5 billion)
- Universal TK ($176 million)
- ESSER 1, II, III ($23.4 billion)

CalAIM/Waiver Renewals

CalAIM: $4.5 billion ($3.1 billion in 22-23 year)
- Enhanced Case Management
- Community Supports
- Population Health Management
- Universal Eligibility for System Involved Children
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<tr>
<th>No.</th>
<th>Description</th>
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<tr>
<td>01</td>
<td>Behavioral Health Service Virtual Platform: DHCS, $749.7 M</td>
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<td>School-Linked Behavioral Health Services: DHCS/DMHC, $950M</td>
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<td>03</td>
<td>Develop and Expand Age-Appropriate, Evidence-Based Behavioral Health Programs: Agency/DHCS, $429M</td>
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<td>04</td>
<td>Building Continuum of Care Infrastructure: DHCS, $310M</td>
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<td>05</td>
<td>Plan Offered Behavioral Health Services: DHCS, $800M</td>
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<td>06</td>
<td>School Behavioral Health Counselor + Behavioral Health Coach Workforce: OSHPD, $352M</td>
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<td>07</td>
<td>Broad Behavioral Health Workforce Capacity: OSHPD, $448M</td>
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<td>08</td>
<td>Pediatric, Primary Care And Other Healthcare Providers: DHCS, $50M</td>
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<td>Comprehensive And Culturally And Linguistically Proficient Public Education And Change Campaign: CDPH + OSG, $100M</td>
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<td>Oversight, Coordination, Convening, And Evaluation: DHCS, $70M</td>
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MEDI-CAL BY THE NUMBERS
1/3 of Californians are covered by Medi-Cal (California’s version of MEDICAID), which underinvests in their mental and behavioral health. Children are historically the most underfunded.

Current budget estimates show a 25% increase in Medi-Cal enrollees due to COVID-19.
MEDI-CAL AND CALIFORNIA’S KIDS

Almost 6 out of 10 children are covered by Medi-Cal. They are served by county administered Specialty Mental Health Plans (MHPs) and Medi-Cal Managed Care Plans (MCPs).

Total California Children: 10 Million

- Commerciably Insured: 4 Million
- MEDI-CAL Covered: 6 Million

MCO Total Served Annually: 90,000 Kids
MHP Total Served Annually: 152,409 Kids

Eligible & Not Accessing: 96%
AND ALTHOUGH ELIGIBILITY FOR MENTAL HEALTH SERVICES HAS INCREASED...

6 million of California's 10 million children are now covered by Medi-Cal and the EPSDT entitlement (a 30% increase over last five years)

Everyone under 26 living in a family that makes less than 266% FPL qualifies for Medi-Cal

CALIFORNIA IS GROUND ZERO FOR INCOME INEQUALITY:

7 OUT 10 CHILDREN BORN INTO POVERTY WILL NEVER GET OUT
...ACCESS REMAINS LIMITED

Less than 5%
get access to any care

Only 3%
are in ongoing care
HOW MEDICAID WORKS AND WHAT IT MEANS FOR SCHOOLS

THE 7 ESSENTIAL MEDI-CAL PAYORS AND THE NEED TO KNOW THEM ALL
WHY MEDI-CAL IS IMPORTANT TO SCHOOLS

Medi-Cal is an untapped resource - especially in California.

- Nationally, Medicaid is the third largest federal funding source in schools after Title 1 and IDEA. Each year, schools across the country bill for $13-$14 billion dollars in Medicaid.

The majority of students in CA are Medi-Cal eligible.

- 6 out of 10 kids are covered by Medi-Cal (and growing).

Medi-Cal can help fund mental health services in schools.
EXAMPLES OF WHAT MEDI-CAL PAYS FOR IN
STUDENT MENTAL HEALTH SERVICES

Direct Services
• Mental health assessments
• Therapy
• Counseling
• Targeted case management
• Crisis intervention

Administrative Activities
• Outreach and enrollment
• Program planning
• Transportation
• Care coordination
• Referral

Good News
• Diagnosis is no longer required for certain groups of students
• Recent changes have made it easier for students to qualify for support from a licensed therapist
• There are increased efforts to grow the number of providers that represent the cultural diversity of our state
Certified Public Expenditure (CPE) = A state’s use of public funds spent by other government entities (state or county) to claim federal reimbursement for Medicaid services.

Federal Financial Participation (FFP) = The Federal share of Medicaid dollars – GUARANTEED match without limit or cap
**HOW TO CAPTURE MEDI-CAL FUNDS**

Numerous state, county, and local funds can qualify for this “non-federal match.” It is critical for districts to think creatively about what counts as a match.

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<th>Potential “non-federal” funding sources include</th>
<th>Federal funding that DOES NOT qualify as a match includes</th>
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<td>• Local Control Funding Formula (LCFF)</td>
<td>• ESSER I, II, III</td>
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<td>• State special education funding</td>
<td>• Title I</td>
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<td>• After School Education and Safety (ASES) funds</td>
<td>• Title II Part A</td>
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<td>• Community Schools Partnership Program (CSPP) grants</td>
<td>• Title III</td>
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<td>• Expanding Learning Opportunity Program (ELOP) funds</td>
<td>• IDEA</td>
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<td>• Local parcel taxes</td>
<td>• 21st Century Learning Center</td>
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<td>• First 5 Commission funds</td>
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<td>• Mental Health Services Act grants</td>
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<td>• County General Fund dollars</td>
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THE MEDICAID MAP: WHO PAYS FOR FEDERALLY ENTITLED SERVICES TO CHILDREN AND FAMILIES

Federal Government
Distributed through Federal departments with funding authorized by Congress (FFP/Match)

State of CA
Acting as pass-through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying (CPE)

- Managed Care Plans (MCP)
- County Mental Health Dept. (MHP)
- School Districts (BOP/MAA)
- Community Health Centers (FQHC)
- Dept. of Health
- Public Hospital
- Regional Center
WHO ARE THE MOST IMPORTANT PAYORS FOR SCHOOLS?

Federal Government
Distributed through Federal departments with funding authorized by Congress (FFP/Match)

State of CA
Acting as pass-through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying (CPE)

Managed Care Plans (MCP)
County Mental Health Dept. (MHP)
School Districts (BOP/SMAA)
Community Health Centers (FQHC)
Dept. of Health
Public Hospital
Regional Center

COVERING TODAY: “BIG THREE” PAYORS IN SCHOOLS
A DEEPER DIVE INTO THE “BIG THREE”:

1) Medi-Cal Managed Care Plans (MCP)
2) County Mental Health Plans (MHP)
3) Understanding the LEA Program: Direct Billing and Administrative Claiming (LEA BOP and SMAA)
Overview: Medi-Cal Funding for Children’s Mental & Behavioral Health

$12 billion
for ADULT & CHILDREN Medi-Cal Mental & Behavioral Health

$9.5B (80%)
Managed Care Plan (MCP)

$2.5B (20%)
Mental Health Plan (MHP)

$2 billion (14%)
for CHILDREN’S Medi-Cal Mental & Behavioral Health

$1.75B (75%) MHP

$250M (25%) MCP

$130 million
for CHILDREN’s LEA BOP/SMAA Mental & Behavioral Health
IMPORTANT PAYORS FOR SCHOOLS: Managed Care Plans (MCPs)
The Sleeping Giants for Schools

Managed Care Plans (MCP)

• Managed Care Plans (MCP) = Managed Care Organizations (MCO) are licensed public private health plans contracted by the state.
• Every county has at least one health plan serving children in Medi-Cal.
• Historically, MCPs have not invested in schools.
• In 2021, the state created the School Behavioral Health Incentive Program (SBHIP) to help MCPs partner with schools.

Example: School districts can partner with local health plans to explore co-location of services onsite and/or a contract with a community-based provider.

More info on Managed Care Plans:
https://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx
MOST MEDI-CAL BENEFICIARIES ENROLLED IN MANAGED CARE

• California was first state to implement Medicaid managed care starting in 1970s
• Medi-Cal managed care expanded slowly until mid-1990s
• Approximately 80% (10+ million) of Medi-Cal beneficiaries enrolled in health plans
• Managed care available statewide in all 58 counties
MEDI-CAL MANAGED CARE MODELS BY COUNTY

- County Organized Health Systems (Single Payor): 6 plans, 22 counties
- Two-Plan: 9 Local Initiatives and 3 commercial plans, 14 counties
- Geographic Managed Care: 8 commercial plans, 2 counties
- Regional: 2 commercial plans, 18 counties
- Imperial: 2 commercial plans, 1 county
- San Benito: 1 commercial plan, 1 county

Know the Managed Care Plans (MCPs) in your County:
https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx

Source: California Department of Health Care Services.
MEDI-CAL RELIES HEAVILY ON PUBLIC HEALTH PLANS

• Unlike most states which contract with a limited number of commercial health plans, Medi-Cal contracts with 24 different health plans

• Medi-Cal health plans include 15 local, county-based (“public”) health plans

• 9 Local Initiatives

• 6 County Organized Health Systems

• Local health plans operate in 36 counties

• Local health plans provide coverage for more than 2/3 of Medi-Cal managed care population
KEY COMPONENTS OF MEDI-CAL MANAGED CARE

• Medi-Cal beneficiaries can choose their health plan or be “auto-assigned” to available health plan (single payor system counties)
• Medi-Cal health plan members choose their PCP or are “auto-assigned” by health plan
• Health plans paid monthly on a prospective, capitated basis (“per member, per month”)
• Health plans provide physical and some mental health benefits (lower-acuity mental health services)
SOME SERVICES “CARVED-OUT” FROM HEALTH PLANS

• Most health plans are not required to cover:
  • Specialty mental health and substance use disorder (SUD) services
  • Long-term care services and supports
  • Organ transplants

• Health plans have been responsible for most prescription drug coverage but will be “carved out” effective later in 2021
MEDI-CAL MANAGED CARE and BEHAVIORAL HEALTH: What is the difference?

- Delivery of Medi-Cal Behavioral health services is bi-furcated between counties and Medi-Cal managed care plans (MCPs):

  - **County Health Departments** are responsible for *specialty mental health* and substance use disorder services
  - **Managed Care plans** (MCPs) are responsible for lower-acuity mental health services (i.e., “mild-to-moderate” services); this is also known as *non-specialty mental health*

- This fragmented delivery system leads to frustration for patients, providers, health plans & counties – and as a result many students NOT being served!!
MEDI-CAL MANAGED CARE and MENTAL HEALTH CARE

• Health plans were required to provide the same **mild-to-moderate benefits** as fee-for-service Medi-Cal programs beginning in 2015:
  o Individual and group mental health evaluation and treatment (psychotherapy)
  o Psychological testing
  o Outpatient services to monitor drug therapy
  o Outpatient lab, drugs, supplies and supplements
  o Psychiatric consultation

• Health plans contract with providers to deliver services to enrollees and must meet network adequacy requirements defined by DHCS

• Some Medi-Cal health plans manage mental health benefit directly; others contract with managed behavioral health organizations
Individual/Group vs Organizational/Facility Credentialing

• The Provider Contract/Credentialing type has significant implications for credentialing & ongoing operations.
• Facilities accredited by JCAHO, COA or CARF do not require a Beacon site visit.
• Registered Interns are an allowable provider type in CA Medi-Cal managed care.

INDIVIDUAL PRACTITIONER CREDENTIALING

Beacon individually credentials and recredentials the following categories of clinicians in private solo or group practice settings:

- Psychiatrists
- Physicians certified in Addiction Medicine
- Psychologists
- Licensed Clinical Social Workers
- Master’s-level ANCC board certified Behavioral or Mental Health Clinical Nurse Specialists/Psychiatric Nurses
- Licensed behavioral health counselors
- Licensed Marriage and Family Therapists
- Licensed chemical dependency professionals
- Advanced chemical dependency professionals
- Certified alcohol counselors
- Certified alcohol and substance/drug abuse counselors
- Other behavioral healthcare specialists who are master’s level or above and who are licensed, certified, or registered by the state in which they practice

ORGANIZATIONAL CREDENTIALING

Beacon credentials and recredentials facilities and licensed outpatient agencies as organizations. Facilities that must be credited by Beacon as organizations include:

- Licensed outpatient clinics and agencies, including hospital-based clinics
- Federally Qualified Healthcare Centers (FQHCs), accredited and non-accredited
- Freestanding inpatient behavioral health facilities – freestanding and within general hospital
- Inpatient behavioral health units of general hospitals
- Inpatient detoxification facilities
- Other diversionary behavioral health services including:
  1. Partial hospitalization
  2. Day treatment
  3. Intensive outpatient
  4. Residential
  5. Substance use rehabilitation
NEW PARTNERSHIPS FORMING BETWEEN MANAGED CARE PLANS (MCPs) and SCHOOL DISTRICTS: Student Behavioral Health Incentive Program (SBHIP)

- 2021-22 CA State Budget included $4.4 billion investment in Children and Youth Behavioral Health Initiative; a key component is Student Behavioral Health Incentive Program (SBHIP) = $389 million to encourage MCPs to partner/fund mental health programs and providers in schools
- **How it works:** Managed Care Plans must partner with County Offices of Education to identify partner school districts, create a needs assessment and select one or more of 14 targeted behavioral health interventions to implement with partner school districts
- Approved targeted interventions have already been outlined and defined
- Program is being administered by Department of Health Care Services (DHCS) and is contracted to a third party (Guidehouse)
RESOURCES FOR STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM (SBHIP)

SBHIP Office Hours:
Every 2nd Tuesday of the month
3:00-4:00 pm PST

Every 4th Thursday of the month
9:00-10:00 am PT

Check out SBHIP Webpage:
https://www.dhcs.ca.gov/sbhip

Email questions:
sbhip@guidehouse.com

Individualized TA Support:
available upon request, please reach out to sbhip@guidehouse.com
County Mental Health Plans (MHPs)
IMPORTANT PAYORS FOR SCHOOLS: Mental Health Plans (MHPs)
WHAT DISTRICTS SHOULD KNOW

- County Mental Health Plans (MHP) = County Behavioral Health Departments.
- Federally designated health plans that manage the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mental health benefit for children.
- Control Prop 63/MHSA funds which can be used as a non-federal match (CPE).
- Explore creative financing strategies with local MHPs to generate federal matching funds.
- **Do you know your County Mental Health Director?** Consider reaching out to discuss partnership opportunities with your district.

**Example:** County MHPs can contract with a CBO to locate and staff mental health services at a school sites. The CBO takes care of Medi-Cal billing and hiring staff.
REVENUE COLLECTION: HOW IT FLOWS TO COUNTIES

Most state revenue for mental health services flows directly to county-managed accounts. State law dictates how counties must spend these funds, but counties have significant flexibility and local control.

1. **State Collects Dedicated Revenue Sources.** Primary revenue for Counties:
   - MHSA tax on personal income more than $1 million
   - 2011 realignment funds: state sales tax
   - 1991 realignment funds: State sales tax and vehicle license fees

2. **State controller distributes revenue to county accounts according to methodologies outlined in state law:**
   - 2011 Realignment Subaccount
   - Mental Health Services Act Account
   - 1991 Realignment Subaccount
   - Local taxes or fee collections

3. **Money deposited into County Subaccounts**
   - Counties must match 1991 realignment mental health funds with a “maintenance of effort” amount of local tax money.

California pays for public mental health services primarily through dedicated revenue sources that are not directly subject to the annual state appropriations process.

Through a unique policy approach known as “realignment,” revenue flows directly from the state to counties through a distribution methodology set in state law. Counties must use these funds for certain programs and populations. Generally, Medi-Cal beneficiaries have first priority for the funds, as the law only requires that services for uninsured residents be provided “to the extent resources are available.”

If demand and costs exceed the revenue a county receives from the state, the county must use local dollars to cover the difference or some clients’ needs may go unmet. Some counties contribute more local dollars to mental health services than others.
PRIMARY SOURCES OF NON-FEDERAL FUNDS (CPE) ARE ESSENTIAL TO MENTAL HEALTH PLAN OPERATIONS.

Sources: CA Governor’s 2020-21 Budget (January 2020); CA State Controller’s Office; and DHCS Medi-Cal Estimates
TIMELINESS AND ACCESS TO CARE IN MENTAL HEALTH PLANS (MHPs):

All Mental Health Plans must provide care within 15 miles or 30 minutes from the beneficiary’s residence assuming the beneficiary (under 21 years of age) meets the MHP’s definition of MediCal Necessity:

- You must meet one of 18 covered diagnosis and the intervention (the mental health service that you need) must be focused on addressing the impairment.\(^\text{15}\)

- And the intervention must meet specialty mental health service criteria. This means that your condition would be responsive to mental health treatment, but would not be responsive to physical health care based treatment.\(^\text{1}\)
THE FOLLOWING SERVICES ARE COVERED BY MENTAL HEALTH PLANS (MHPs):

1. Rehabilitative Mental Health Services, including:
   • Mental health services
   • Medication support services
   • Day treatment intensive
   • Day rehabilitation
   • Crisis intervention
   • Crisis stabilization
   • Adult residential treatment services
   • Crisis residential treatment services
   • Psychiatric health facility services
2. Psychiatric inpatient hospital services
3. Targeted case management
4. Psychiatrist Services
5. Psychologist services
6. EPSDT supplemental specialty mental health services (for individuals under age 21); and
7. Psychiatric Nursing Facility Services
UNDERSTANDING THE DIFFERENCE BETWEEN HOW MHPs AND MCPs GET PAID:

MCPs (health plans) are paid in capitation—set per member per month payment are already blended state and federal dollars.

MHPs (county mental health plans) operate under what is called a “Certified Public Expenditure” methodology. They use multiple sources of non-federal funds, fully fund the cost of the services and then retroactively claim federal matching funds. Per minute, per beneficiary, per service mode or code.
LOCAL EDUCATION AGENCY BILLING OPTIONS PROGRAM (LEA BOP) and SCHOOL BASED ADMINISTRATIVE ACTIVITIES (SMAA)
IMPORTANT PAYORS FOR SCHOOLS: LEA BOP/SMAA
IN A NUTSHELL – WHAT DISTRICTS SHOULD KNOW

- Bill Medi-Cal directly through the Billing Options Program (LEA BOP) and School based Medicaid Administrative Activities (SMAA).
- Program has historically had challenges and low participation rates but new opportunities should help districts increase revenue.
- Since 2020 school districts can bill Medi-Cal for allowable expenditures in general education (not just IEPs)—opens opportunities to bill for additional students and services.
- CDE has stepped up outreach and technical assistance efforts to help districts increase LEA BOP and SMAA revenues.
- Discuss with your BOP/SMAA vendor how your district might bill BOP or SMAA for eligible services paid for by CDE’s Expanded Learning Opportunity Program or Community School Partnership program.
OVERVIEW OF THE LEA BOP PROGRAM:

The LEA Program is authorized under California’s W&I Code section 14132.06, and reimbursement is based upon a “fee-for-service” model.

The LEA Program provides reimbursement to LEAs (school districts, county offices of education, charter schools, community colleges, and university campuses) for health related services provided by qualified health service practitioners to Medi-Cal eligible students under the age of 22.

LEA Program allows local school districts to receive reimbursement for medically-necessary Medicaid health-related services paid for using non-federal funds (CPE)

DHCS is able to reimburse districts for half of the cost to provide eligible Medicaid services by drawing down federal matching funds
LEA BILLING: THE BILLING OPTION PROGRAM AND ADMINISTRATIVE ACTIVITIES

The LEA Billing Option Program \textbf{(LEA BOP)} provides reimbursements for a defined set of services delivered by qualified practitioners hired or contracted by the LEA with non-federal dollars.

The School-Based Medi-Cal Administrative Activities \textbf{(SMAA)} pays for time spent by staff paid for with non-federal dollars or contractors administering, planning, conducting outreach, brokering, or determining eligibility:

\textbf{LEA BOP = SPECIFIC SERVICES TO STUDENTS IN MEDICAL}
\textbf{SMAA = TIME ON TASK DOING ALLOWABLE ACTIVITIES}

Both programs operated under a Certified Public Expenditure (CPE) model—meaning LEA’s must fully fund staff or contracts and \textit{get a percentage of their expenditures} matched.
LEA BILLING: THE BILLING OPTION PROGRAM AND ADMINISTRATIVE ACTIVITIES

The Billing Option Program (BOP) pays fee for service for a defined set of services delivered by qualified providers hired or contracted by the LEA with nonfederal dollars.

The School Administrative Activities (SMAA) pays for time spent by staff paid for with nonfederal dollars or contractors administering, planning, conducting outreach, brokering, or determining eligibility:

BOP = SPECIFIC SERVICES TO STUDENTS IN MEDICAL
SMAA = TIME ON TASK DOING ALLOWABLE ACTIVITIES

Both programs operated under a Certified Public Expenditure (CPE) model—meaning LEA’s must fully fund staff or contracts and get a percentage of their expenditures matched.
The SMAA program authorizes governmental entities to submit claims and receive reimbursement for activities that constitute administration of the federal Medicaid program.

The program allows school claiming units to be reimbursed for some of their administrative costs associated with school-based health and outreach activities that are not claimable under the LEA BOP or under other Medi-Cal programs.

In general, the cost of school-based health and outreach activities reimbursed under SMAA consist of:

- Referring students/families for Medi-Cal eligibility determinations
- Providing health care information
- Referring, coordinating and monitoring health services
- Coordinating services between agencies.
THE LEA BILLING OPTION PROGRAM (LEA BOP) COVERED SERVICES:

BOP is for Direct Medical Services to Medi-Cal Beneficiaries.

Eligible services include: (not exhaustive list)

- Health Education and Anticipatory Guidance Assessments
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Optometry Services
- Orientation and Mobility
- Physical Therapy
- Physician Services
- Psychology and Counseling
- Respiratory Care
- School Health Aide Services
- Specialized Medical Transportation
- Speech Therapy
- Targeted Case Management

For a complete list, see SPA 15-021:
How Does the LEA Medi-Cal Billing Option Program Work?

The LEA hires practitioners based on the school budget for that fiscal year.

The LEA Program is a reimbursement program. LEAs must have the funds budgeted for the practitioners providing services prior to seeking reimbursement from the LEA Program. LEAs pay for the services upfront and are reimbursed the FFP 50% rate relative to the cost of each individual service from federal funds based upon a “fee-for-service” model.

The LEA Program

The LEA bills Medi-Cal for direct medical services provided by qualified practitioners, identified in the LEA Medi-Cal Billing Option Program Provider Manual, to Medi-Cal eligible students with an IEP/IFSP.

When a practitioner provides service to a Medi-Cal eligible student, the LEA may submit a claim for reimbursement for services covered under the LEA Program.

Claims are filed using the traditional Medi-Cal fee-for-service system through Xerox, the fiscal intermediary for DHCS.

Funds are disbursed in accordance to the information provided by the LEA on the Payment Receiver Agreement (DHCS 6246). Xerox mails the LEA a check and remittance advice detail (RAD), which outlines the LEAs transaction information for that checkwrite.

To be reimbursed for delivering Medi-Cal services (at 50%)

- School districts submit Medi-Cal claims to the fiscal intermediary
- Maintain documentation of service delivery
- Complete annual cost reporting (CRCS)
- Take part in final settlement process, including a cost reconciliation process
- Participate in the Random Moment Time Survey (RMTS)
- Comply with Program timelines and submit required document
LEA BOP STATE PLAN AMENDMENT CHANGES:

In Spring of 2020, SPA 15-021 was approved!

It creates major changes four Program changes:

1. Expands covered services
2. Expands allowable practitioner types
3. Expands the covered population to include Medicaid beneficiaries outside of special education lifts caps on most services
4. Incorporates RMTS for LEA BOP services (initial survey period pending CMS approval)

A care plan (IHSP) is still required for this population to be able to bill for services.
KEY RESOURCES
FOR LEA BOP/SMAA
PROGRAMS:

BOP website:
https://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx

SMAA website:
https://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx

Fill out a form for Technical Assistance:
https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Program_Req_and_Info/Tech_Assist_Req_6300.pdf

LEA Program Mailbox: LEA@DHCS.CA.GOV
FINANCING IS MESSY....BUT WE HAVE CONSENSUS ON THE MODEL AND MECHANISM
Pyramid of Interventions

**Tier 3**
Longer-Term Intensive Interventions

**Tier 2**
Short-Term Targeted Interventions

**Tier 1**
School-Wide Interventions

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**Coordination of Services Team (COST)**
A proven strategy for coordinating learning supports and resources for students

✔ Students with needs get appropriate services
✔ System of student support is well coordinated

Source: Centers for Disease Control and Prevention
FIVE ACTIONS SCHOOL LEADERS CAN TAKE NOW:

1. Commit to social, emotional, and mental health as a district priority: Identify activities (immediate, short, longterm) that can be done to address the youth mental health crisis which has only grown more stark during the current pandemic.

2. Identify your key collaborators: Connect with your thought partners and potential agency collaborators. If applicable, determine who will provide the services and who will do the billing.

3. Prepare financial scenarios: Determine your Medi-Cal eligible student population. Identify the costs you are incurring that can be claimed from direct and administrative services. Estimate the new and/or additional Medi-Cal revenue that could be generated.

4. Design your partnership: Develop the new, enhanced, or expanded services to be financed with the new and/or additional Medi-Cal revenue. Convene a working group to apply the step-by-step process outlined in the next section.

5. Execute your strategy: Bill Medi-Cal for services and ensure revenue is reinvested to support students’ social and emotional well-being.

UPCOMING WEBINARS

Training 3  
October 18, 2-3:30 pm  
Essential Components for Change: Applying MTSS and COST for Student Health and Well-Being

Training 4  
October 25, 2-3:30 pm  
California’s Historic Investment in Students: Creating Racially Just, Relationship Centered Schools
JOINS US! OFFICE HOURS WITH CALIFORNIA CHILDREN’S TRUST

Do you have a specific question related to Medi-Cal or funding mental health in schools that you would like discuss further? Want to learn more about how this information can apply to your school district? Bring your questions and join Alex Briscoe and CCT staff in Office Hours this fall:

October 13, 2022 10 am - 12 pm
November 10, 2022 1 - 3 pm
November 29, 2002 1 - 3 pm

To sign up for virtual Office hours, email aimee@cachildrenstrust.org
Please share your feedback on today’s webinar in a short survey. You can access the survey by:

- Scanning this QR code
- Or visiting this website: https://ucsf.co1.qualtrics.com/jfe/form/SV_drhduaGZ3nCM1Vk

(the link will also be pasted in the chat)
Thank You!

Read and share our issue briefs and presentations, www.cachildrenstrust.org

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