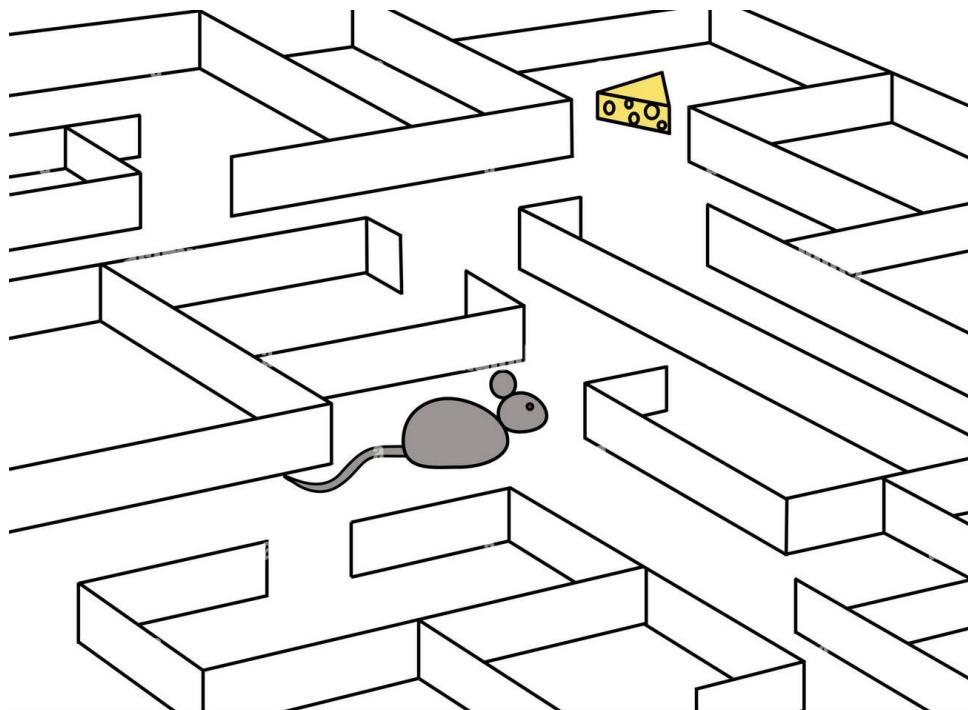


California Statewide Multi-Payer School-Linked Fee Schedule

Sarah Arnquist
December 2023

CA Vision: Establish a sustainable funding mechanism for school-linked behavioral health services that ...

A big experiment that may feel like a maze ...



- Increases access to school-linked behavioral health services for children and youth
- Applies to multiple payers:
 - Medi-Cal Managed Care Plans,
 - Medi-Cal fee-for-service
 - Commercial health plans, and
 - Disability insurers
- Expands the types of eligible practitioners to include Pupil Personnel Services (PPS) credentialed providers, community health workers and Wellness Coaches
- State-established rates eliminates need to contract
- Third-party Administrator will manage the provider network and facilitate claims administration

CBO off-campus locations can be considered “school sites” and eligible for reimbursement under the all-payer fee schedule

Per California Health and Safety Code ([§ 1374.722 \(2021\)](#)):

- “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;”**
- 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)

Source: CYBHI School-linked fee schedule workgroup meetings, California Welfare & Institutions Code 5961.4 ([link](#)); Section 1374.722 of the Health and Safety Code ([link](#))

Phased Roll-Out: Fees not yet release; TPA announced early Dec.

1A. Timeline for fee schedule

UPDATED AS OF 11/27/23 FOR DISCUSSION | NOT EXHAUSTIVE

August 2023

- ✓ Statement of interest shared with County Offices of Education (COEs)
- ✓ Statement of interest and operational readiness survey shared with COEs and LEAs¹
- ✓ DHCS partnership with SCOE and SCCOE announced

October 2023

- ✓ Cohort 1 statement of interest and operational readiness survey closed
- ✓ TPA RFI² closed
- ✓ Draft guidance document published for plans and providers
- ✓ Final fee schedule published with codes and provider types

December 2023

- State Plan Amendment for PPS⁴ providers and directed payment authority approved by CMS^{5,6}
- TPA contract executed and TPA onboarded
- Fee schedule finalized, including rates and modifiers

February 2023

- TA support sessions held (*ongoing through 2024*)
- Cohort 2 application process begins⁷

September 2023

- ✓ Technical assistance (TA) given to Cohort 1 applicants via webinars
- ✓ Third-party administrator (TPA) RFI² released

November 2023

- ✓ Review of LEA statement of interest and operational readiness surveys
- Select and announce Cohort 1 LEAs
- TPA vendor selected

January 2024

- Kick-off with Cohort 1 providers, participating payers, and the TPA
- Launch of TA support sessions and collaboration within learning cohort

Timeline for claims to being processed is dependent on CMS approvals and TPA onboarding timeline

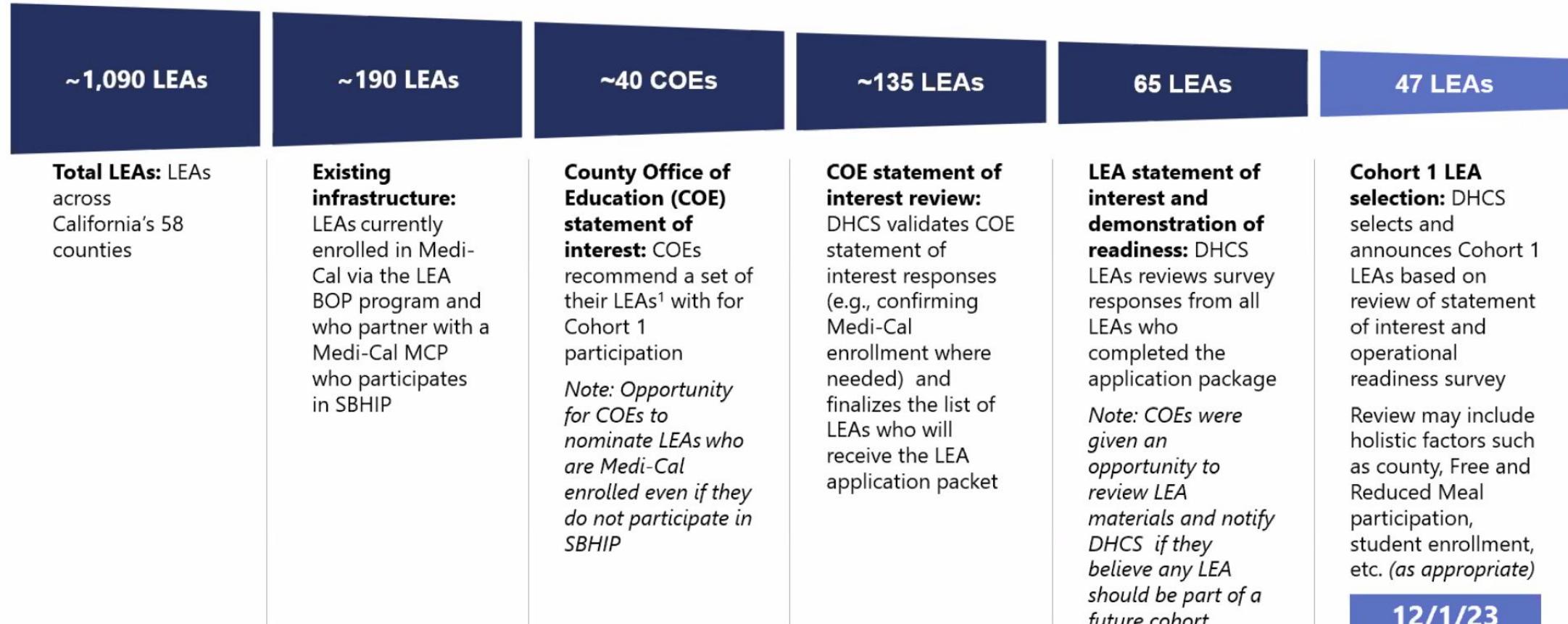
1. Local Educational Agency; 2. Request for Information; 3. Statement of Interest; 4. Pupil Personnel Services; 5. Centers for Medicare & Medicaid Services; 6. Start date for approval of claims dependent on CMS approval; 7. Cohort 2 will include Local Educational Agencies and California Community Colleges (CCCs)

60

Cohort 1 Early Adopters

Los Angeles County Early Adopters

1. Los Angeles County Office of Education
2. Los Angeles Unified
3. Montebello Unified

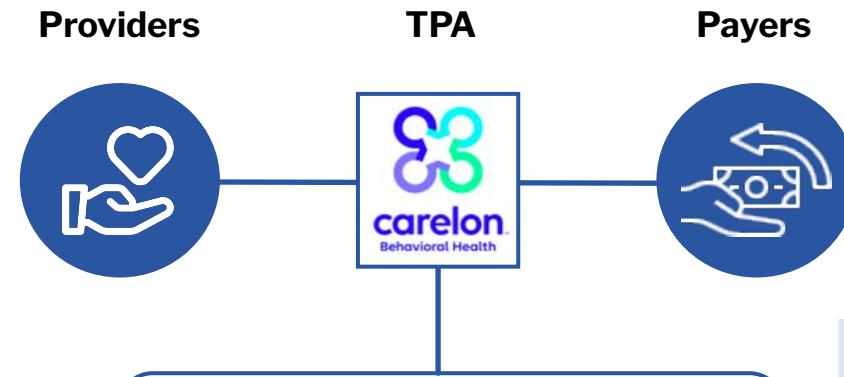


12/1/23

Current status

1. Local Educational Agency : 2. County Office of Education

What is a third-party administrator?



Provider network management

Practitioner credentialing: Validate that designated² providers and practitioners have the appropriate credentials for participation in the school-linked behavioral health provider network

Provider list maintenance: Maintain and share provider lists from LEAs³ and public institutions of higher education that includes employed, contracted and affiliated providers

Network regulatory compliance and quality oversight:

Monitor quality and performance, ensuring processes are in place to address issues as they arise (e.g., provider eligibility)

Data exchange and quality monitoring: Work with all participating providers to collect, manage, quality check, and share data (*as appropriate*)

The contracted TPA Vendor will:

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



Claims administration and payment remittance

Claims validation: Review claims forms to ensure accurate and necessary information is present, reducing risk of duplication and working with providers as needed to adjust

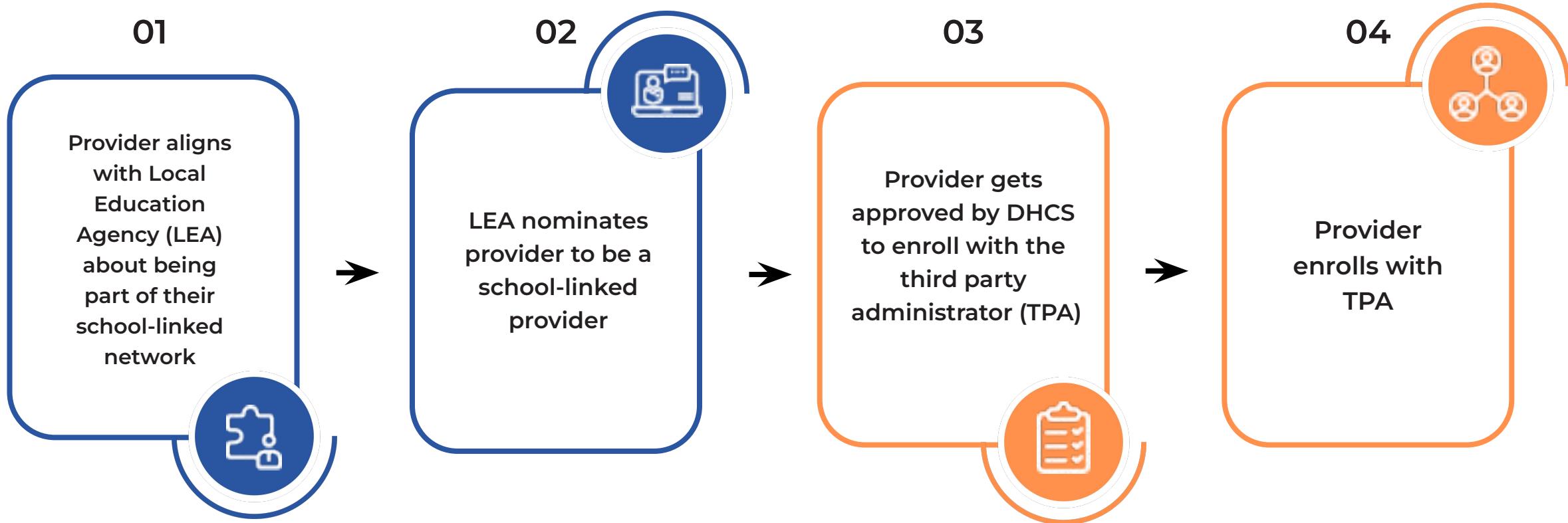
Benefits coordination: Determine the appropriate payer for claims based on students' insurance coverage

Claims submission: Submit claims to appropriate payers of responsibility

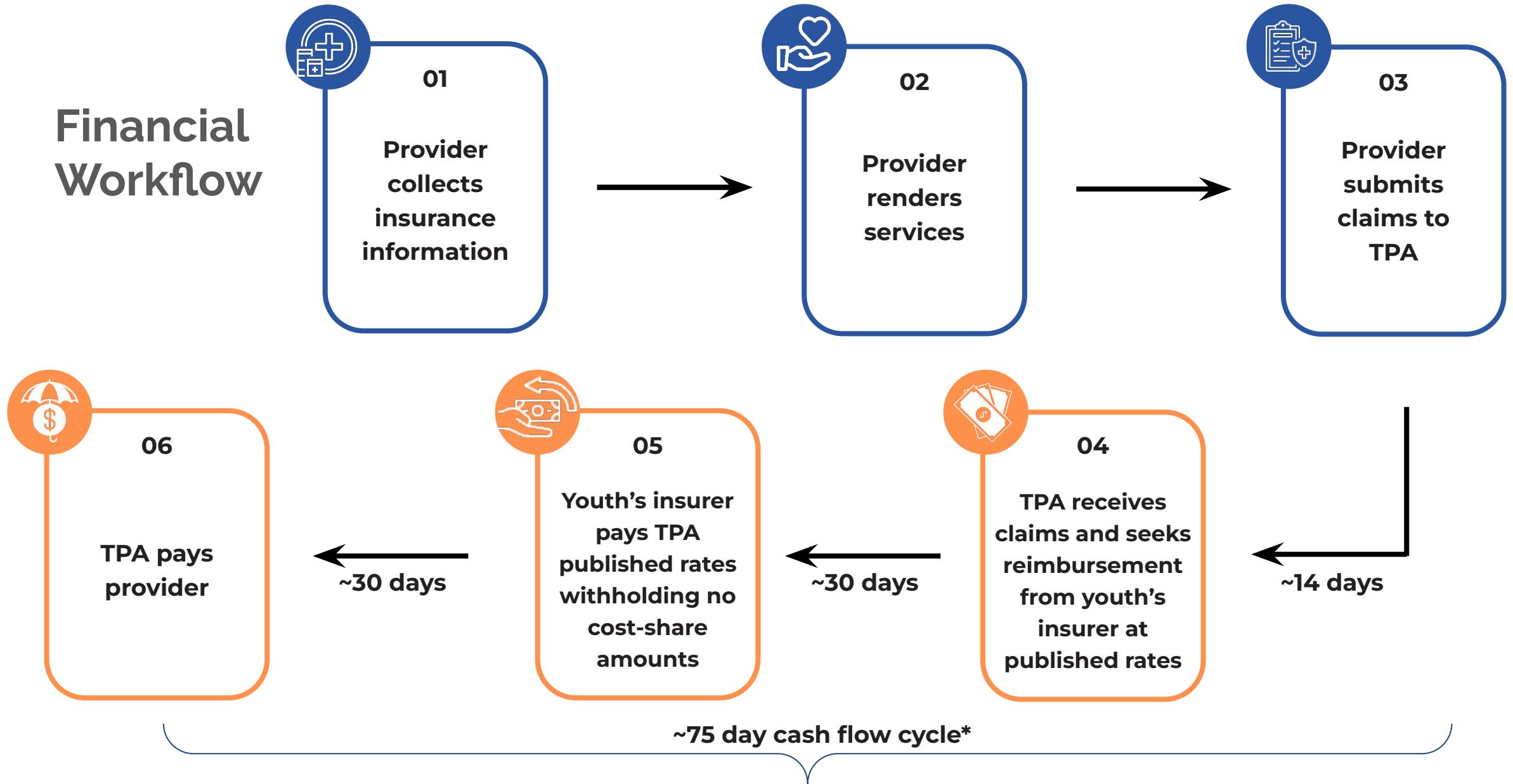
Reconciliation and payment coordination: Respond to any outstanding questions from payers and facilitate reimbursement back to providers

Data management: Process, maintain, and analyze claims data, ensuring effective tracking of services administered, data security, and data integrity

Provider Enrollment Process



Financial Workflow



**Because this is a brand new process it is unclear how fast the claims turnaround times will be. These are placeholder estimates.*

Draft LEA Selection Application Includes Questions about CBO Partners

1. Capacity to furnish covered services (e.g., space, staffing, resources)	<ul style="list-style-type: none">The LEA provides information on its employed, contracted, and affiliated provider / practitioner network, including provider's / practitioner's employer of recordThe LEA's employed, contracted, or affiliated providers / practitioners have capacity to provide Multi-Tiered Systems of Supports (MTSS) Tier 1, 2 and 3 behavioral health services to students without an Individualized Education Plan (IEP)The LEA's employed, contracted, or affiliated providers / practitioners have capacity to provide Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) for alcohol and drug misuseThe LEA has a designated location for students to receive behavioral health services in a private setting at the school or school-linked siteThe LEA has a mechanism to provide required training to behavioral health service providers / practitionersThe LEA has systems to manage referrals to providers outside of a school setting as appropriate
2. Service offerings: MH services only, SUD services only, both)	The LEA provides a response to the question
3. Capacity to provide services to non-IEP students	Capacity to provide services across MTSS Tier 1, 2, and 3 services through employed staff, contract/affiliated providers , or off- campus referrals
4. List of service offerings (<i>Note: responses will be via submitting an Excel template</i>)	A completed Excel spreadsheet listing out the same set of sites as indicated in Statement of Interest Question 4a Information on services provided , meeting any DHCS- established thresholds for the provision of services The LEA meets the DHCS-established threshold for service offerings (e.g., number / breadth of services provided)
5. [Optional] Description of efforts underway for Student Behavioral Health Incentive Program (SBHIP)	N/A – optional question
6. Current staffing / contracting models for behavioral health services	The LEA meets the DHCS-established threshold for the number of employed, affiliated, or contracted mental health specialists or paraprofessionals
7a. Current models to deliver behavioral health services	Description
7b. List of external entities (e.g., CBOs, BH providers, county BH departments, Medi-Cal MCPs, commercial health plans, disability insurance plans) with which LEA has a relationship	The LEA provides a list of existing relationships with external entities

School-linked fee schedule services and eligible practitioners

Categories of service included in the fee schedule



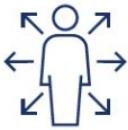
Psychoeducation



Screening and Assessment



Treatment



Care Coordination

Eligible practitioners

Note: Practitioners' eligibility to provide specific services will be based on their scope of practice (including supervision requirements)

- Alcohol and Other Drugs Counselor
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Associate Social Worker
- (Certified) Nurse Practitioner
- Community Health Worker
- Licensed Clinical Social Worker
- Licensed (Educational) Psychologist
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- (Licensed) Registered (Credentialed School) Nurse
- Medical Doctor (Physician or Psychiatrist)
- Physician Assistant
- PPS¹ School Counselor
- PPS¹ School Psychologist
- PPS¹ School Social Worker
- Wellness Coaches²

1. Pupil Personnel Services; subject to State Plan Amendment approval; 2. Starting 2025; subject to State Plan Amendment approval

Fee Schedule Guiding Principles

- Includes 51 distinct service codes; 33 of which are non-specialty medi-cal codes.
- Includes codes for case management codes, “preventive medicine” and health education
- Codes were Selected because they are reimbursable under existing State or Federal authorities
- **Prediction:** Reimbursement rates will be about 87% of the Medicare rate*
- NOTE: These do not replace services required in student IEP or 504 plans.

SAMPLE School-linked Fee Schedule Codes

Code	Description	Time	Limitation	2024 Medi-Cal FFS rate*
90791	psychiatric diagnostic evaluation without medical services	Per visit	One per provider per day	\$163.08
90832	Psychotherapy, 30 minutes	30 min		\$67.83
90834	Psychotherapy, 45 minutes	45 min		\$89.64
90837	Psychotherapy, 60 minutes	60 min	one per person per day	\$131.97
90839	Psychotherapy for crisis; first 60 minutes	60 min		\$126.55
99366	medical team conference in which a non-physician spends 30 minutes or more of face-to-face time with the patient and/or family;	30 min	one per day, per provider.	\$36.71
99368	medical team conference where a non-physician spends 30 minutes or more, not face-to-face with the patient and/or family	30 min	one per day, per provider.	\$31.44
90846	Family psychotherapy (without the patient present), 50 minutes	max 50 min	cannot be billed on the same day for the same person	\$86.64
90847	Family psychotherapy (with patient present), 50 minutes	max 110 min	cannot be billed on the same day for the same person	\$89.65
90849	Multiple-family group psychotherapy			\$33.88

*NOTE: School-linked fee schedule rates are not yet posted. These are Medi-Cal Fee-for-Service Rates for 2024.
<https://mcweb.appsprd.cammis.medi-cal.ca.gov/rates>

Core Operational Readiness Requirements



Medi-Cal Enrollment

- Is your clinical staff enrolled? (*DHCS is launching a new CBO PAVE pathway for CHWs in January*)



Service Delivery Infrastructure

- Do you have a documented, effective, and sustainable care delivery model?



Data collection and documentation

- Do you have an EHR/HIPAA compliant system to store client data and health insurance coverage?
- Do you have a system to store practitioner and service level data?



Billing Infrastructure

- Can you transmit information for claims and receive payment? If not, do you have a plan?

Recommended Next Steps

- Review DHCS Draft “Operational Readiness Rubric” and be prepared to answer all questions**

- Secure a commitment from your LEAs to be included in their school-linked network as a “designated provider”**
 - *Make their life easy by having all of the information ready*

- Develop a Short Pitch Deck**
 - **Who:** Intro to your Organization
 - **What:** Problem are you trying to solve
 - **How:** Your proposed solution: current footprint and your care delivery model across MTSS tiers
 - **Why you:** What is unique about your model of care and organization (your special sauce)
 - **Your readiness:** How are you prepared to meet all the requirements and make their life better

A new provider category: The Wellness Coach

New provider category for schools: Wellness Coaches



Wellness Coach I

- Near recent or recent high school graduates
- 60 credits of classroom education
- 400 hours of field practicum
- Associate's degree + Wellness Coach I certification
- Focus on education related to wellness promotion, life skills, and mental health literacy
- Provide limited individual and group support with a structured curriculum

Wellness Coach II

- Wellness Coach I certification or Associate's degree in related field
- 60 credits of classroom education
- 400 hours of field practicum
- Bachelor's degree + Wellness Coach II certification
- Focus on individual and group support related to wellness education, goal setting, life skills, and coping skills
- Perform the same core services as Wellness Coach I with additional expertise

All Wellness Coaches will:

- Serve children and youth aged 0 - 25
- Operate as part of a care team
- Offer 6 core services, including:
 - Wellness promotion and education
 - Screening
 - Care coordination
 - Individual support
 - Group support
 - Crisis referral
- Operate under the direction of and coordination with a PPS credentialed or licensed professional, depending on setting

Example Wellness Coach Services & Competencies

Services <i>Activities core to the Wellness Coach roles</i>	<ol style="list-style-type: none">1 Wellness promotion and education2 Screening3 Care coordination and extension4 Individual support5 Group support6 Crisis referral
Additional Competencies <i>Demonstrated areas of knowledge to be evaluated against during on-the-job training</i>	<ol style="list-style-type: none">7 Cultural competency, humility, and mitigating implicit bias8 Professionalism, ethics, and legal mandates9 Communication10 Operating in role and different environments

Example sites for wellness coaches

 Applies across ages

Example site	Early childhood ¹	Elementary school ²	Middle and high school ³	Transition aged ⁴
Schools	<ul style="list-style-type: none"> Preschool programs Head start 	<ul style="list-style-type: none"> Primary school campus 	<ul style="list-style-type: none"> High school campus 	<ul style="list-style-type: none"> Community colleges Four year colleges
Community-based Organizations	<ul style="list-style-type: none"> Community centers 	<ul style="list-style-type: none"> YMCA Boys and Girls Club Community centers 	<ul style="list-style-type: none"> Community centers After-school programs 	<ul style="list-style-type: none"> Community centers Mobile crisis
Health Centers	<ul style="list-style-type: none"> Primary care Tribal health programs 	<ul style="list-style-type: none"> Primary care clinics Tribal health programs Hospital specialty clinics Residential treatment centers Partial hospitalization programs 	<ul style="list-style-type: none"> Crisis service providers Federally qualified health centers Rural health clinics School health centers 	
Government	<ul style="list-style-type: none"> Childcare and development programs AIMSS⁵ 	<ul style="list-style-type: none"> Juvenile justice Homeless service providers Foster care service providers Home-based & home-visiting programs 		
Telehealth		<ul style="list-style-type: none"> Technology/telecommunication solutions to support specific groups (e.g., rural areas, foster care system) After-hours services and easy-to-reach services for all groups DHCS Platform 		

1. Ages 0-5. 2. Elementary schools with children aged 6-12. 3. Public middle and high schools with youth aged 13-18.

4. Ages 18-25. 5. American Indian Maternal Support Services.

Example Criteria for Sites

- **Sites that have direct youth engagement** (e.g., elementary schools, middle schools, and high schools).
- Sites that **promote sustainable impact**, including those that:
 - **Youth frequently occupy**, would want to try behavioral health services, and/or **trust the current services and individuals**
 - **Value coach services** and offer continued mentorship and professional development
 - **Employ staff knowledgeable about behavioral health services** and motivated to integrate coaches
- Consider sites that **promote feasibility**, including those that:
 - Serve youth with **needs that are appropriate for coaches' level of education and training**
 - **Offer infrastructure that supports scalability** (e.g., telehealth)

December 2023 Updates from HCAI

Wellness Coach Workforce (HCAI)

Accomplishments since Sept 2023

Oct 2023, Marketing

HCAI launched a statewide marketing and outreach campaign to highlight opportunities and resources related to Wellness Coaches.

Dec 2023, Website

HCAI will be launching an official website for Certified Wellness Coaches to inform the public, potential candidates, employers, and education partners.

Upcoming Work

Early 2024, Certification

HCAI plans to launch the certification portal. Wellness Coach I and II certification will be available through 2 pathways: the Education Pathway and the **Workforce Pathway**.

Early 2024, Wellness Coach Employer Grants

HCAI anticipates opening an employer support grant funding opportunity.

Mid 2024, Wellness Coaches Scholarships

HCAI anticipates opening scholarship opportunities to potential Wellness Coach candidates.

Mid 2024, Education Programs

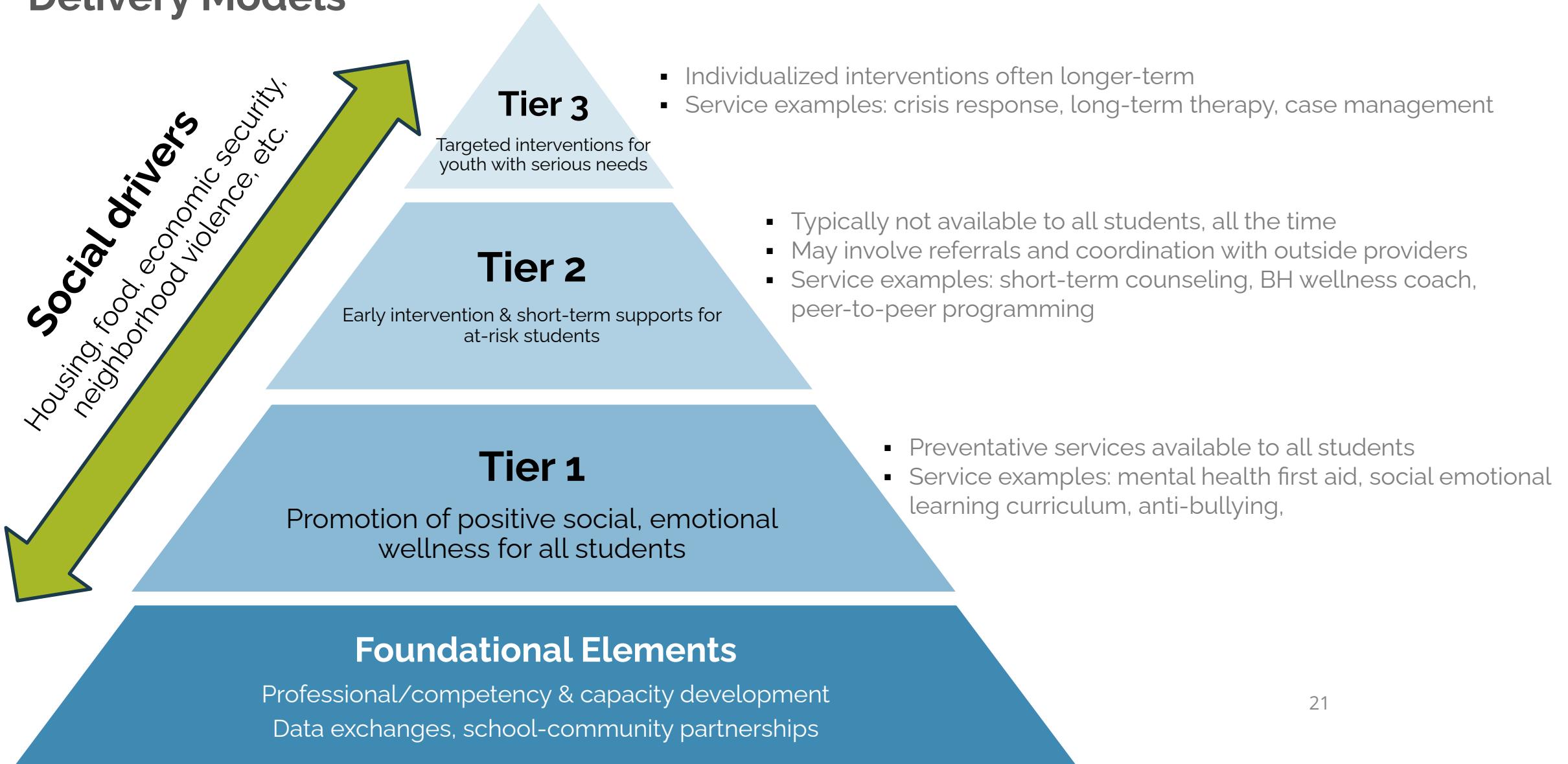
HCAI is connecting with CCC and CSU programs to develop HCAI-designated education programs for new Wellness Coach candidates.

Recommended Next Steps on Wellness Coaches

- Subscribe to HCAI for updates
- Develop a Wellness Coach job description that meets the requirements listed on slide 15
- See if any of your existing staff meet the definition and be prepared to seek certification through the “experience pathway”

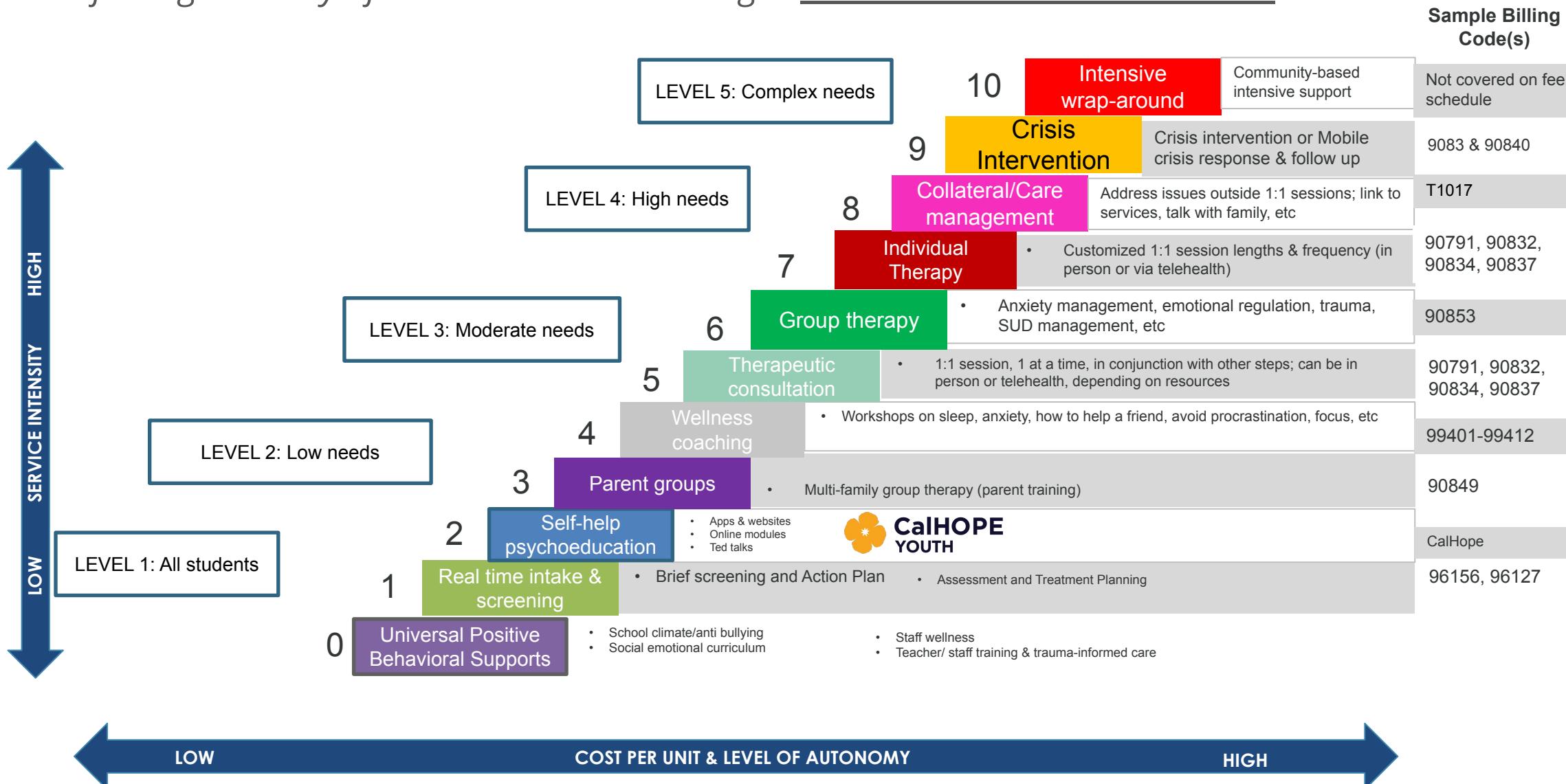
Model of Care Development under the Fee Schedule Rules

Multi-Tiered System of Supports: Common Framework for Describing Care Delivery Models



Mapping the fee schedule to services along the stepped care continuum

Who is responsible for monitoring students' need for moving up and down the continuum and adjusting intensity of services as needs change? **Providers can fill that void.**



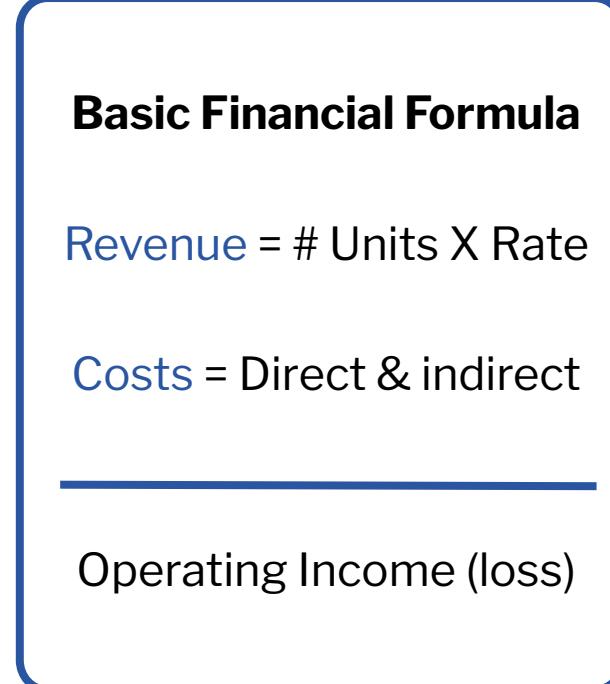
Fee Schedule in Action

8-year-old with big emotions, frequently refuses to “follow the group,” struggles with transitions and disproportionate responses to problems, frequently elopes from the classroom.

Sample Case: Student in Services for 2-3 months						
Service Category	Service Description	Billing Codes	Who?	Units Per month	Sample Rate*	Total Reimbursement
Screening & Assessment - Non-Clinical	Assessment- Brief Emotional/Behavioral Assessment , per 15 min (only to be used by non-mental health providers)	96127	Wellness Coach	4	\$10.00	\$40.00
Depression screening (positive)	e.g. PHQ-9	G8431	Wellness coach	1	\$29.68	\$29.68
Clinical Screening & Assessment	Assessment- Psychosocial Status Assessment	96156	Associate/Clinical Staff	1	\$95.72	\$95.72
Drug and Alcohol misuse Assessment	Structural Screening and Brief Intervention-Alcohol and/or Substance Use (SABIRT), 15-30 min	99408	Wellness Coach	1	\$26.66	\$26.66
Planning Team Conference	Case Management w/o Face to Face, 30 min unit (medical team conference - non physician)	99368	LCSW/LPCC/LMFT (+associates)	2	\$40.00	\$80.00
Individual Therapy	Psychotherapy-standard, individual, 60 min	90837	LCSW/LPCC/LMFT (+associates)	6	\$147.60	\$885.57
Psychoeducation	Health Education by a CHW: individual (30 min)	98960	Wellness Coach	2	\$26.66	\$53.32
Case Management - coordinating with school staff, parents, teachers	Targeted Case Management, 15 min unit	T1017	Wellness Coach	4	\$22.00	\$88.00
Parent training group	Family therapy- multiple families	90849	LCSW/LPCC/LMFT (+associates)	3X multiple parents	\$39.70	\$119.09
						\$1,298.95

*Rates are illustrative only; there are not yet published rates

Model of Care Development: Next Steps for Providers



Steps:



Develop a clinical model you can proudly stand behind



Crosswalk services to billing codes & estimate productivity



Compare projected revenues against projected costs



Identify drivers of short-falls or positive margin



Make adjustments to the model to impact drivers



For un-reimbursable services, identify other funding streams to make up losses (e.g. base contract with school or county)

Learn More

Fee Schedule Overview Page:

www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule

Universal Citation: CA Health & Safety Code § 1374.722 (2021)

- [Behavioral Health Services Template Excel Download](#)
- [LEA Statement of Interest and Operational Readiness Requirements PDF Download](#)
- [Operational Readiness Rubric Draft PDF Download](#)

DHCS video for COEs and LEAs on School linked behavioral health services fee schedule:
<https://youtu.be/li3fCyBXTuQ>

Questions & Discussion

Thank you!

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