

Children and Youth Behavioral Health Initiative (CYBHI) Statewide Multi-Payer Fee Schedule (CYBHI Fee Schedule)

DRAFT GUIDANCE DOCUMENT

1 Overview and Purpose

As part of Governor Newsom's [Master Plan for Kids' Mental Health](#) and the Children and Youth Behavioral Health Initiative (CYBHI), the Department of Health Care Services (DHCS) is expanding access to school-based (or school-linked) behavioral health services provided to students at a schoolsite.

Specifically, DHCS, in collaboration with the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI), is establishing a statewide, multi-payer, school-linked fee schedule (CYBHI fee schedule) to reimburse school-linked providers for the provision of specified outpatient mental health and substance use disorder (SUD) services furnished to students 25 years of age or younger at a schoolsite.

Under state law, Medi-Cal managed care plans (MCPs), Medi-Cal Fee-for-Service (FFS), commercial health plans, and disability insurers (collectively referred to herein as MCPs) are obligated to reimburse eligible school-linked providers. These include local educational agencies' (LEAs') employed practitioners (e.g., Pupil Personnel Services (PPS) credentialed practitioners) and contracted / affiliated providers (e.g., community-based organizations (CBOs)) or practitioners (e.g., licensed social workers).

This guidance document outlines the policies and operational requirements for the CYBHI fee schedule. It includes guidance for county offices of education (COEs), LEAs, LEA designated providers, designated practitioners, and MCPs.

To learn more about the CYBHI fee schedule, please visit DHCS' [CYBHI webpage](#) or contact DHCS at DHCS.SBS@dhcs.ca.gov.

2 Contents

1	Overview and Purpose	1
2	Contents	2
3	Background and context – the Children and Youth Behavioral Health Initiative (CYBHI)	5
4	CYBHI Fee Schedule Introduction	7
4.1	Fee schedules – a primer	7
4.2	Vision and guiding principles for the CYBHI fee schedule	7
4.3	Service location under the CYBHI fee schedule	8
4.4	Student eligibility	9
4.5	Provider Network Overview	9
4.6	Scope of covered services	10
4.6.1	Categories of services	10
4.6.2	Medical necessity	12
4.6.3	Inputs to defining the scope of services	13
4.6.4	Services that are out-of-scope – special education	15
4.6.5	Referrals	15
5	Provider network requirements	17
5.1	Entities included in the provider network	17
5.2	Eligible designated provider types	18
5.3	Eligible designated practitioner types	18
5.4	Additional designated provider and practitioner requirements	19
5.5	Supervision requirements	20
5.6	LEA Obligations	21
5.6.1	Conditions of participation	22
5.6.2	Confirm Medi-Cal enrollment verification	22
5.6.3	Submit and maintain a designated provider and practitioner lists	23
5.6.4	Collect student insurance information	23
5.6.5	Confirm compliance with consent requirements	24
5.6.6	Confirm compliance with reporting requirements	24

5.7	Grant resources to support COEs, LEAs, and public institutions of higher education	24
6	HIPAA/FERPA and Data Sharing	25
6.1	Federal laws and regulations.....	25
6.1.1	Family Educational Rights and Privacy Act (FERPA)	25
6.1.2	Health Insurance Portability and Accountability Act (HIPAA).....	25
6.1.3	Intersection of FERPA and HIPAA.....	25
6.2	State laws and regulations	26
6.2.1	California Confidentiality of Medial Information Act (CMIA).....	26
6.2.2	California Civil Code	26
6.2.3	California Insurance Information and Privacy Act	27
6.3	Consent to and confidentiality of behavioral health services.....	27
7	Third-Party Administrator (TPA)	29
7.1	TPA overview	29
7.2	TPA role and function	29
7.2.1	Oversight and management of the provider network	30
7.2.2	Claims administration and payment remittance	31
7.2.3	Onboarding, implementation, and ongoing technical assistance	31
7.3	LEAs', designated providers', and designated practitioners' obligations with TPA	32
7.4	MCPs' obligations with the TPA.....	33
8	Billing Guidance and Claims Submission Procedures	34
8.1	Detailed scope of services and service limitations.....	34
8.1.1	Psychoeducation: detailed services and service limitations.....	35
8.1.2	Screening and assessment: detailed services and service limitations	47
8.1.3	Therapy: detailed services and service limitations	59
8.1.4	Case management and care coordination: detailed services and service limitations	66
8.2	Furnishing entity versus billing entity	69
8.3	Considerations for additional school-linked providers (FQHCs, Tribal Entities, School Wellness Centers)	70
9	MCP Payer Obligations	74
9.1	Overview of MCP payer obligations.....	74

9.2	Contracting and rate negotiation.....	74
9.3	Payment timelines	74
9.4	Prior authorization.....	75
9.5	Cost-sharing	75
9.6	TPA.....	77
9.7	Data Sharing.....	77
9.8	Data Reporting.....	77
10	Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)	78
10.1	Background information.....	78
10.2	When to bill for behavioral health services through the LEA BOP vs. the CYBHI fee schedule.....	79
10.3	Implications of CYBHI fee schedule participation for Random Moment Time Surveys (RMTS).....	80
11	Appendices.....	82
11.1	Glossary of Terms	82
11.2	Statutory Requirements.....	83
11.3	Practitioners.....	87
11.4	Additional detail on LEA readiness review	91
11.5	School-Linked Grants.....	92
11.6	Stakeholder Engagement Overview.....	93

3 Background and context – the Children and Youth Behavioral Health Initiative (CYBHI)

Highlighted by Governor Newsom as a part of California’s Master Plan for Kids’ Mental Health¹, the CYBHI is a multiyear, multi-department package of investments that reimagines the systems that support behavioral health for all of California’s children, youth, and their families, regardless of payer. Built on a foundation of equity and accessibility, the CYBHI works to create a more integrated, youth-centered approach that meets the needs of all young people, particularly those who face the greatest systemic barriers to wellness. The initiative’s goal is to enable children and youth in California to find support for their mental health and substance use needs where, when, and in the way that they need it most.

Efforts focus on promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health needs for children and youth ages 0-25, with the following goals:

- 1) **Advance Equity:** All children, youth and their families have access to linguistically, culturally, and developmentally appropriate services and supports.
- 2) **Designed for Youth by Youth:** Children and youth are engaged in the design and implementation of services and supports, ensuring that programs center on their needs.
- 3) **Start Early, Start Smart:** The systems that support children, youth and their families act early by promoting positive mental health and reducing risk for more significant mental health needs and challenges.
- 4) **Center around Children and Youth:** Across all levels of government, child and youth-serving agencies form coordinated systems of care to deliver high-quality behavioral health programs responsive to the needs of children and youth and their families.
- 5) **Empower Families and Communities:** People who teach, work with or care for children and youth are equipped to recognize signs of poor mental health or substance use and know how to access supports.

¹ https://www.gov.ca.gov/wp-content/uploads/2022/08/KidsMentalHealthMasterPlan_8.18.22.pdf

- 6) Right Time, Right Place: Youth and children can access high-quality care and information when they need it — including early mornings, evenings, and weekends and where they need it — including where they live, learn, and play.
- 7) Free of Stigma: Children, youth and their families can talk about their mental health and well-being and seek help without feeling ashamed or fearing discrimination.

The twenty workstreams established as part of the CYBHI are created for and by young people and families. Together with partners across sectors and systems, California is meeting young people where they are – such as schools, college campuses and other learning environments – to provide access to mental health and substance use disorder services and supports. DHCS is responsible for multiple CYBHI workstreams, including but not limited to:

- Development of a Statewide Multi-Payer School-Linked Fee Schedule (CYBHI fee schedule) and School-Linked Behavioral Health Provider Network (provider network) (***focus of this document***);
- Issuance of School-Linked Partnership and Capacity Grants;
- Development of a Behavioral Health Virtual Services & E-Consult Platform;
- Implementation of Dyadic Services as a Medi-Cal Benefit;
- Development of Parent Support Video Series;
- Issuance of Youth Peer-to-Peer Support Programs;
- Development of CalHOPE Student Support;
- Issuance of Mindfulness, Resilience, and Wellbeing Supports;
- Issuance of Grants to Scale Evidence-Based Practices and Community-Defined Evidence Practices;
- Development of Next Generation Digital Technologies; and,
- Development of a Behavioral Health Continuum Infrastructure Program.

For more information about the CYBHI, visit the [CYBHI webpage](#).

4 CYBHI Fee Schedule Introduction

4.1 Fee schedules – a primer

A ‘fee schedule’ establishes the rates at which health care providers are reimbursed by health insurance plans for specific services. A fee schedule typically includes a scope of services and defines the appropriate billing codes, rates, and practitioner types for each service.

4.2 Vision and guiding principles for the CYBHI fee schedule

Studies find that more students can receive behavioral health services when they are provided at school². The CYBHI aims to increase access to behavioral health services for children, youth, and families by expanding access to school-based behavioral health programs. Specifically, the fee schedule enables LEAs and public institutions of higher education to be reimbursed for behavioral health services without needing to negotiate directly with health insurance plans (see introductory video [here](#)). By establishing this sustainable funding mechanism for school-linked behavioral health services, the CYBHI fee schedule aims to:

- Increase access to school-linked behavioral health services for children and youth;
- Ease 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 MCPs;
- Apply to multiple payers, including Medi-Cal MCPs³, Medi-Cal FFS, commercial health plans⁴, and disability insurers⁵. This will ease the uncertainty for providers identifying student’s coverage;
- Expand the types of practitioners eligible for reimbursement for school-based behavioral health services to include Pupil Personnel Services (PPS) credentialed practitioners and Wellness Coaches;⁶ and,

² The Landscape of School-Based Mental Health Services ([link](#))

³ Regulated by DHCS

⁴ Regulated by DMHC

⁵ Regulated by the California Department of Insurance (CDI)

⁶ Pending State Plan Amendment approval for PPS credentialed practitioners for 2024 and Wellness Coaches for 2025

- Provide 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/payment remittance.

Services eligible for reimbursement under the CYBHI fee schedule are:

- Currently reimbursed or reimbursable under existing State and federal authorities;
- Appropriate to provide students in school settings, based on clinical guidance and stakeholder input;
- Additive to services provided elsewhere today; and
- Not duplicative of services that schools are required to provide under State or Federal authorities (e.g., services rendered under an Individualized Education Plan and an Individualized Family Services Plan (IFSP)).

4.3 Service location under the CYBHI fee schedule

California Welfare & Institutions Code section 5961.4 specifies that the CYBHI fee schedule will be developed and maintained for outpatient mental health and substance use disorder treatment provided to a student 25 years of age or younger at a schoolsite⁷.

A schoolsite can include:

- A facility or location used for public kindergarten, elementary, secondary, or postsecondary purposes.
- A facility or location at which a school or school district provides or arranges for the provision of medically necessary behavioral health services (e.g., off campus clinic).

As such, LEAs participating in this program will have discretion in selecting locations at which fee schedule services can be rendered by identifying designated practitioners and service locations in the LEA's designated practitioner and provider list. See Section [5.6.4](#) for additional details.

⁷ California Welfare and Institution Code section 5961.4 ([link](#))

4.4 Student eligibility

Providers and practitioners are eligible to be reimbursed at the CYBHI fee schedule rate for services rendered at a school or school-linked site to students ages 25 or younger who are covered by:

- Medi-Cal MCPs,
- Medi-Cal FFS,
- Commercial health plans, or
- Disability insurers.

For those who are not covered by MCPs included in the CYBHI fee schedule (e.g., uninsured students, students covered by Employee Retirements Income Security Act plans), schools can use alternative funding sources such as Local Control Funding Formula (LCFF) entitlements or other sources of braided funding (e.g., Mental Health Student Services Act). LEAs must continue to meet statutory obligations to provide educationally related mental health services (ERMHS) as required in state law and the federal Individuals with Disabilities Education Act (IDEA).

In addition, LEAs are encouraged to provide assistance for eligible students and families to enroll in Medi-Cal (see DHCS Medi-Cal enrollment [website here](#)), using funding sources such as School-based Medi-Cal Administrative Activities (SMAA) program.

LEAs should implement processes and procedures to identify student health insurance coverage to determine if the student and/or their family, as applicable, is eligible for services reimbursed under the CYBHI fee schedule. See Section [5.6.5](#) for additional information.

4.5 Provider Network Overview

To utilize the CYBHI fee schedule, providers and practitioners must be part of the statewide network of school-linked, behavioral health providers, as specified by DHCS. Entities eligible to enroll in this provider network include:

- LEAs, including county offices of education (COEs), school districts, charter schools, California Schools for the Deaf, and the California School for the Blind; and,
- Public institutions of higher education, including California Community Colleges, California State Universities, University of California campuses.

Each enrolling entity listed above will be expected to submit and maintain a list of designated providers and designated practitioners who will provide services at their school or school-linked site (i.e., off-campus locations or mobile clinics). This list could include (*non-exhaustive*):

- Pupil Personnel Services (PPS) credentialed practitioners (i.e., PPS credentialed school psychologists, PPS credentialed social workers, PPS credentialed counselors, and registered credentialed school nurses) employed by or contracted with the LEA;
- Mental health specialists (i.e., licensed behavioral health practitioners or associate level behavioral health practitioners under the supervision of a licensed practitioner) employed by or contracted with the LEA; and/or,
- Community-based organizations (CBOs), county behavioral health agencies, behavioral health providers, clinics, school-based health centers, or other behavioral health practitioners designated by the LEA as eligible to deliver services to students. Please note: All designated providers and practitioners must be currently actively Medi-Cal enrolled and eligible practitioners. See [Section 5.6.1](#) for additional details.

4.6 Scope of covered services

Services included in the CYBHI fee schedule include select outpatient mental health and substance use disorder (SUD) services. DHCS will continue to evaluate what services should be added based on learnings from early fee schedule implementation, ongoing clinical guidance, and appropriateness for school-based settings. Only covered services specified in the DHCS-published CYBHI fee schedule are eligible for reimbursement under this program. All services covered under the CYBHI fee schedule may be billed by participating LEAs, or their designated providers and practitioners, when performed via telehealth (see DHCS' telehealth policy [here](#)).

4.6.1 Categories of services

Services are grouped into four categories: (1) psychoeducation, (2) screening and assessment, (3) therapy, and (4) care coordination / case management (see below for additional detail). Please see additional detail in [Section 8.1](#) of this document and refer

to the DHCS website⁸ for the finalized scope of services with CPT codes, rates, and eligible practitioner types.

- 1. Psychoeducation:** Psychoeducation involves assisting the child and family members as they identify strategies or treatment options associated with a child's behavioral health needs with the goal of preventing or minimizing the negative effects of mental illness, emotional disturbances, substance abuse, or associated environmental stressors.

Wellness education and skill building services may be provided by unlicensed practitioners (e.g., Pupil Personnel Services Credentialed Counselors, Community Health Workers). A variety of skill building groups are included under wellness education and skill building services, including education around mindfulness, de-escalation, and emotional regulation.

- 2. Screening and Assessment:** Screening and assessments can help identify students at risk for mental illness and/or substance use disorders, ensure that appropriate supports are provided to students across risk levels⁹, and inform prevention and early intervention strategies.

Information from screenings and assessments should be used to help make decisions on which students may need additional supports beyond universal interventions. Follow-ups with students who might need additional supports should happen as soon as possible and should include procedures to follow-up with caregivers and school staff.

- 3. Therapy and Treatment Services:** Therapy and treatment services includes several modes of service delivery such as crisis intervention, individual therapy, group therapy, and dyadic family counseling.
- 4. Care Coordination / Case Management:** Care coordination / case management involves services intended to support and guide patients and families through

⁸ <https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx>

⁹ High risk = same day; Moderate risk = within the week; Low risk = communicate findings to staff, students, and parents within a reasonable time frame; School Mental Health Quality Guide ([link](#))

treatment plans such as conferences with the medical team and medication management.¹⁰

4.6.2 Medical necessity

Under the CYBHI statutory authority, MCPs are required to reimburse school-based and school-linked providers for medically necessary outpatient mental health or SUD treatment at a school site.¹¹

Medical necessity does not equate to or require a diagnosis. Instead, reimbursement will rely on the following authorities (*non-exhaustive*):

- The Mental Health Parity and Addiction Equity Act (MHPAEA) federally mandates parity in how behavioral health and medical/surgical benefits are treated within group health plans or health insurance across all ages.
- The California Health and Safety Code section 1374.72(a)(3)(A)¹² and the California Insurance Code section 10144.5(a)(3)(A)¹³ specify that “medically necessary treatment of a mental health or substance use disorder means a service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing, or treating an illness, injury, condition or symptoms.”
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), which ensures the provision of comprehensive and preventative health services (including mental health) for children under 21 years old who are on Medicaid. For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service meets the standards set forth in section 1396d(r)(5) of Title 42 of the United States Code¹⁴. This federal requirement mandates the provision of all Medicaid-coverable services necessary to correct or ameliorate a mental illness or condition discovered by a screening service, whether such services are covered under the State Plan. Furthermore, federal guidance from the Centers for Medicare & Medicaid Services (CMS) states that mental health services need not be curative or restorative to ameliorate a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition

¹⁰ California Welfare and Institutions Code section 5961.4: MCP Members receiving SMHS TCM from counties can also be eligible for and receive ECM services in school-linked settings. MCPs are required to work with counties to identify Members receiving SMHS TCM and ensure non-duplication of services (see ECM policy guide [link](#))

¹¹ California Welfare and Institution Code section 5961.4 ([link](#))

¹² California Health and Safety Code ([link](#))

¹³ California Insurance Code section 10144.5 ([link](#))

¹⁴ Title 42 of the United States Code ([link](#))

are thus medically necessary and covered as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

- For individuals 21 years of age or older, a Medi-Cal service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.¹⁵

4.6.3 Inputs to defining the scope of services

In defining the scope of services for the CYBHI fee schedule, DHCS considered both educational frameworks for behavioral health needs and potential opportunities to build on additional State programs.

Educational frameworks

Multi-Tiered System of Supports (MTSS): Services reimbursable under the CYBHI fee schedule include services in Multi-Tiered System of Supports (MTSS) Tiers 1, 2 and 3:

- Some Tier 1 universal supports, like prevention and anti-stigma campaigns, are not reimbursable under the CYBHI fee schedule; however, psychoeducation services (e.g., Wellness Coach Services mental health screening) could be provided to all students who meet medical necessity criteria for the services.
- Tier 2 services are those that provide supplemental supports for some students. These include services like skill-building groups and group counseling.
- Tier 3 services provide intensified supports for some students. These include services like individual therapy, medication management and Coordination of Services Teams (COST).

Positive Behavior Intervention and Supports (PBIS): Positive Behavior Intervention and Supports (PBIS) is a framework to increase the adoption and implementation of evidence-based interventions to achieve academic and behavior outcomes for all students, with an emphasis on establishing positive reinforcements / environments at the individual, classroom, and school-wide level. In conjunction with MTSS, PBIS intends to identify and establish the tiers of support needed for behavioral instruction ranging from universal (e.g., preventive screenings) to individual (e.g., assessment-based treatment plans). Services under the CYBHI fee schedule may include services that can be used to address student needs at various PBIS tiers.

¹⁵ California Welfare and Institution Code section 14184.402 ([link](#))

State programs

CalHOPE Student Support and Schools Initiative – Social-emotional learning environment (SEL): With involvement across all 58 California COEs in regular statewide collaborative learning sessions, SEL includes a broader effort to train teachers and school staff to identify mental health distress, provide emotional support, and crisis counseling. By increasing awareness and equipping educators with tools to identify the needs of students, SEL initiatives can be used to connect students to fee schedule services as part of the broader continuum for care. (For more information on the CalHOPE Schools Initiative and CalHOPE Student Support, please visit the [DHCS website](#).)

Student Behavioral Health Incentive Program (SBHIP): SBHIP provides funding to incentivize Medi-Cal MCPs to partner with LEAs to increase access to behavioral health services in schools. These funds can be spent to enable LEAs to provide fee schedule services through increased workforce training and capacity or infrastructure for behavioral health care.

Mindfulness, Resilience, and Well-being Supports for Children, Youth, and Parents: \$65M has been allocated for wellness and resilience building supports for children, youth, and partners, with funds allocated to each of the 58 County Offices of Education to promote wellness and mindfulness programs to support teachers and students in TK-12 schools. The grants aim to support the adoption of and equitable access to evidence-based mindfulness, resilience, and well-being tools, resources, and programs for teachers, youth, and their families.

Community Schools: In 2023, California invested \$4.1 billion to create community schools throughout the state. This new model of education takes a “whole child” approach that increases supports for student’s learning, health, and overall wellbeing. Some initiatives that enable this approach include free school meals; educational programs for before school, after school, and in the summer; and greater access to physical and behavioral health services. By offering integrated student supports and engaging students’ families and communities in supporting their wellbeing, community schools can help students live more healthily and learn better. Community schools will be considered LEAs, and therefore can be eligible for reimbursement under the CYBHI fee schedule. (For more information on Community Schools please visit the [DHCS website](#))

4.6.4 Services that are out-of-scope – special education

The CYBHI fee schedule cannot be used to supplant nor duplicate existing funding sources or requirements to accommodate and provide services to students with disabilities. LEAs and designated providers or practitioners must recognize the interdependencies between these programs and adhere to state and federal law (e.g., IDEA) to meet current obligations pertaining to students with disabilities.¹⁶

LEAs have existing obligations under state and federal law to provide or arrange for the provision of services rendered pursuant to an Individualized Education Plan (IEP), an Individualized Family Services Plan (IFSP), or 504 plan, including all services for which the LEA receives state or federal funding. IDEA requires LEAs to provide Free Appropriate Public Education (FAPE) for students with disabilities and creates a legal obligation to ensure services included on a student's IEP or IFSP are provided to the student. Given that the CYBHI fee schedule cannot be utilized to supplant existing obligations for schools to service students with IEPs or IFSPs, and to ensure there is not duplicative funding:

- The CYBHI fee schedule cannot be utilized to reimburse LEAs or providers for services rendered pursuant to an IEP or IFSP.
- Claims for IEP and IFSP services can be submitted to DHCS under the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) to receive the federal share of reimbursement for providing LEA BOP covered services to Medi-Cal enrolled students.
- If a service was previously, but no longer is, on a student's IEP, the provider may be eligible for reimbursement under the CYBHI fee schedule, pending determination of medical necessity.

Additional documentation and data reporting about special education services are required of participating LEAs and designated providers and practitioners.

4.6.5 Referrals

The CYBHI fee schedule does not limit the LEA or school's ability to refer students to care outside of the school-setting. Referrals may occur, for example, when a higher-level of care is required than the LEA or designated provider or practitioner is equipped to provide, or due to capacity constraints that limit the LEA's ability to provide timely access to care.

¹⁶ California Welfare and Institutions Code section 5961.4(e)

Only services within the CYBHI fee schedule's scope of services that are rendered at a school or school-linked site by a qualified rendering practitioner are eligible for reimbursement through the CYBHI fee schedule. Except for referrals made for CYBHI fee schedule covered services to a designated provider or practitioner, the LEA will not be reimbursed through the CYBHI fee schedule. For example, if an LEA refers a Medi-Cal student to a county behavioral health department for SUD services, the county behavioral health department may directly seek reimbursement through its contract with DHCS for covered services but not through the CYBHI fee schedule.

Further, LEAs and designated school-linked practitioners should utilize the appropriate Youth or Adult Screening and Transition Tools to determine if, for a Medi-Cal member, a referral for mental health services should be made to the county behavioral health agency or the Medi-Cal MCP. For additional information about the Youth and Adult Screening and Transition Tools, see this [DHCS webpage](#).

5 Provider network requirements

Only entities enrolled in the Medi-Cal program are eligible to participate in the CYBHI fee schedule program. This is a pre-requisite for participation by LEAs, IHEs, designated providers, and designated “ordering, referring and prescribing” (ORP) practitioners with an existing enrollment pathway. More information about Medi-Cal enrollment pathways is available on the DHCS website.

5.1 Entities included in the provider network

Entities eligible to participate in this school-linked, behavioral health provider network for the CYBHI fee schedule include:

- **LEAs:** Local entities involved in administering public education. This includes, but is not limited to, school districts, county offices of education, charter schools, California Schools for the Deaf, the California School for the Blind.
- **Public institutions of higher education:** Includes California Community Colleges, California State Universities, and University of California campuses. *Note: Select California Community College campuses will be eligible to join the provider network starting with Cohort Two (July 2024) and all public institutions of higher education will be eligible to join the provider network in January 2025. More information on the phased approach to implementation can be found in [Section 5.7.1](#).*

Each LEA or public institution of higher education participating in the fee schedule provider network will be required to create and maintain a list of designated providers and a list of designated providers and practitioners. The designated providers and practitioners can be organizational providers (e.g., community-based organization county behavioral health departments) or individual practitioners (e.g., licensed clinical social workers) who are employed by or affiliated / contracted with the enrolled LEA or IHE.

All designated providers and designated practitioners must be enrolled in the Medi-Cal program, as applicable, and meet applicable practitioner qualifications, the state licensure or credentialing regulations, as applicable, and any other requirements specified by the state governing bodies (i.e., DHCS, DMHC, CDI, or California Department of Education (CDE).) related to provision of services under the CYBHI fee schedule.

5.2 Eligible designated provider types

LEAs and public institutions of higher education may choose to include providers on their “designated” list, including:

- County behavioral health agencies
- Behavioral health provider agencies
- Clinics
- School-based health centers
- Other qualified behavioral health providers authorized under the Medi-Cal State Plan and/or state law.

5.3 Eligible designated practitioner types

LEAs, public institutions of higher education, or designated providers may employ or contract with individual practitioners to render services to a student in accordance with scope of practice requirements in state law. Eligible individual practitioners vary by service code¹⁷ and include the following:¹⁸

Licensed practitioners:

- Physicians
- Psychiatrists
- Licensed Psychologists
- Licensed Educational Psychologists
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Clinical Counselors
- Licensed Nurses (e.g., Nurse Practitioners, Registered Nurses, Licensed Vocational Nurse)

Non-licensed practitioners:

- Alcohol and Other Drug (AOD) Counselors¹⁹

¹⁷ See the published CYBHI fee schedule for details.

¹⁸ Please note that eligibility of PPS credentialed practitioner is pending SPA 23-0027

¹⁹ AOD counselors certified by a National Commission for Certifying Agencies accredited organization ([link](#))

- Community Health Workers
- Associate Marriage and Family Therapists
- Associate Clinical Social Workers
- Associate Professional Clinical Counselors
- Physician Assistants
- PPS School Credentialed Counselor
- PPS School Credentialed Psychologist
- PPS School Credentialed Social Worker²⁰
- Wellness Coaches²¹

See appendix [Section 11.3](#) for additional detail.

5.4 Additional designated provider and practitioner requirements

All participating individual practitioners and organizations must be appropriately licensed, credentialed and screened in accordance with applicable requirements specified in DHCS All Plan Letters²² and in state law.^{23,24} Participating LEAs and IHEs must provide sufficient information about their designated providers and designated practitioners to the state's TPA, which is responsible for conducting screening and credentialing activities on behalf of the MCPs in accordance with these requirements.

In addition:

- Practitioner eligibility must be verified through the Health and Human Services (HHS) Federal Office Inspector General (OIG) List of Excluded Individuals/Entities. Note, temporary sanctions against providers are not included on the websites. The list can be found online at <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references/sandi>
- Suspended Medi-Cal providers and practitioners may not render services. For information about suspended providers and practitioners, refer to the Suspended and Ineligible Providers List, which is available online at www.medi-cal.ca.gov

²⁰ Pending approval of the State Plan Amendment 23-0027

²¹ Will not be included as an eligible practitioner until 2025

²² APL 22-013 ([link](#))

²³ California Health and Safety Code section 1367 ([link](#))

²⁴ California Code of Regulations Title 28, section 1300.67 ([link](#))

5.5 Supervision requirements

In accordance with the Education Code section 49422(a), all rendering school-linked practitioners, including licensed behavioral health practitioners, must be supervised by a Pupil Personnel Services practitioner with a valid credential.

Additional supervision requirements vary based on the practitioner type and the practitioner's credential or license status. For example, clinical supervision by a Licensed Practitioner of the Healing Arts, as applicable under state law, is required for pre-licensed individuals (e.g., post-graduate associates, trainees). Clinical supervision is also required for non-licensed paraprofessionals (i.e., CHWs, Wellness Coaches, AOD counselors) in accordance with state requirements. In addition, in recent guidance²⁵, CMS clarified its guidance to give states, "greater flexibility to cover services provided by school-based health care providers whose provider qualifications vary from the qualifications for non-school-based providers of the same services, or whose scope of practice might be limited under State or local law to the school setting." CMS further clarified that, "states should not impose provider qualifications that are unique to Medicaid-covered services" and "the State cannot impose additional provider qualification requirements under State law as a condition for receiving Medicaid payment for counseling provided to a Medicaid beneficiary."²⁶ The specific examples given in this CMS guidance pertaining to preventative and rehabilitative services defined in section 1905(a)(13) and 42 C.F.R. section 440.130(c) and (d), respectively, CMS states that, "States can, in the Medicaid State Plan, define the amount, duration and scope of services covered under the benefit, and list providers who are qualified to provide the services by referencing the generally applicable licensure, certification, or other experience, education or training criteria."²⁷

In accordance with this guidance, DHCS is not imposing additional supervision requirements for practitioners who hold a valid PPS credential in accordance with the California Commission on Teacher Credentialing. To the extent that the PPS-credentialed practitioners are authorized to perform such covered services within the scope of their practice under state law, DHCS is leveraging the authority in Title 5

²⁵ <https://www.medicaid.gov/sites/default/files/2023-07/sbs-guide-medicaid-services-administrative-claiming-ud.pdf>

²⁶ <https://www.medicaid.gov/sites/default/files/2023-07/sbs-guide-medicaid-services-administrative-claiming-ud.pdf>, page 28

²⁷ <https://www.medicaid.gov/sites/default/files/2023-07/sbs-guide-medicaid-services-administrative-claiming-ud.pdf>, page 29

California Code of Regulations (CCR), section 80049.1, Education Code, section 49422, and Business and Professions Code section 4989.20.

5.6 LEA Obligations

The CYBHI statute²⁸ authorizes DHCS to develop and maintain a school-linked statewide network for the purposes of implementing the CYBHI fee schedule. To develop this network, DHCS determined that LEAs must demonstrate that they meet operational readiness requirements prior to receiving approval from DHCS to participate in the CYBHI fee schedule program.

In addition, DHCS is taking a phased approach to implementation of the CYBHI fee schedule and provider network:

- January 1, 2024 – Cohort 1. The LEAs and MCPs participating in this first cohort will be a learning cohort of early adopters. During this first phase, DHCS will test implementation strategies with participating LEAs and MCP partners.
- July 1, 2024 – Cohort 2. This cohort will expand the number of participating LEAs and MCPs. DHCS will also include campuses from the California Community Colleges in this cohort. This cohort will also be a learning cohort of early adopters.
- January 1, 2025 – Cohort 3. All remaining LEAs, California Community Colleges, and University of California and California State University campuses will be eligible to participate. DHCS will conduct operational readiness reviews to admit new program participants on an annual basis thereafter.

For all phases, LEAs must meet the following operational readiness requirements:

- Medi-Cal enrollment: LEAs must be Medi-Cal enrolled to receive both state and federal reimbursement for eligible services rendered under the CYBHI fee schedule.
- Service delivery infrastructure: LEAs must demonstrate that they have sufficient existing service delivery infrastructure and/or capabilities to expand service offerings to meet the needs of all students.
- Data collection and documentation: LEAs must have defined policies and protocols for collecting, storing, and transmitting the following information to the State's Third-Party Administrator (TPA) (as appropriate).

²⁸ Welfare & Institutions Code section 5961.4(b)

- Billing infrastructure: LEAs must demonstrate their ability to transmit sufficient data and information to the state's TPA to be able to file a claim. LEAs must be able to receive payments.

See Appendix [11.4](#) and the [DHCS website](#) for additional information about the operational readiness review requirements.

5.6.1 Conditions of participation

Upon approval by DHCS (of the LEA's demonstration that it meets the operational readiness requirements), LEAs must as a condition of participation in the CYBHI fee schedule program:

1. Complete and submit a CYBHI fee schedule program provider participation agreement.
2. Complete and sign applicable data-sharing agreements.
3. Comply with the fee schedule program requirements detailed in this program guide and implement any new policies, processes, and infrastructure (e.g., billing capabilities, IT systems) necessary to achieve the desired outcomes.
4. Coordinate claiming processes with the state's TPA and comply with provider management requirements (e.g., credentialing of practitioners).
5. Submit to the TPA, and update on a monthly basis, a designated provider and practitioner list that includes detailed information (e.g., NPI number) for all eligible and designated providers (e.g., affiliated CBOs or county partners) and practitioners (e.g., PPS credentialed practitioners and licensed behavioral health practitioners).
6. Attend and actively participate in regular office hour sessions and collaborative learning sessions to facilitate shared learning and successful implementation of the fee schedule policy and operational requirements.
7. Have support from the County Office of Education (COE) in the LEA's county.

See below for additional details on LEA obligations.

5.6.2 Confirm Medi-Cal enrollment verification

As a pre-requisite to participation, LEAs and LEA designated providers and practitioners must be enrolled and be in good-standing in the Medi-Cal program. Only Medi-Cal enrolled LEAs, IHEs, and designated providers or practitioners are eligible for reimbursement under the CYBHI fee schedule program. LEAs, IHEs, designated providers and practitioners (as applicable) must also have a valid and relevant National Provider Identifier (NPI) number. LEAs or IHEs that are not already enrolled in the Medi-Cal

program may complete an LEA provider application and provider participation agreement with DHCS' CYBHI program enrollment team.

For individual designated providers and ORP practitioner types with an existing (or future) Medi-Cal enrollment pathway (e.g., LCSWs, LMFTs, NPs), the provider or practitioner must be enrolled through DHCS' provider enrollment processes (e.g., Provider Application and Verification of Enrollment (PAVE) system²⁹).³⁰ LEAs and IHEs may verify enrollment status of designated providers and practitioners via the Open Data Portal.³¹

5.6.3 Submit and maintain a designated provider and practitioner lists

No later than 60 days prior to submitting claims for reimbursement, and monthly thereafter, participating LEAs must submit to the TPA a current list of "designated providers and practitioners." Only providers and practitioners on this list and credentialed by the TPA will be eligible to receive reimbursement under the CYBHI fee schedule. Further direction, including specific data elements (e.g., NPI number) and reporting requirements will be provided to LEAs by the state's TPA prior to the submission deadline.

5.6.4 Collect student insurance information

LEAs are expected to collect and maintain current health insurance coverage information (e.g., health plan, group or member number) for students receiving services under the CYBHI fee schedule. This information will enable the statewide TPA to effectively coordinate benefits, submit claims to the appropriate MCP, and remit payments. While each LEA may develop their own procedures, the state (or its designee, the TPA) will provide guidance on best practices and considerations for collecting student information through the CYBHI fee schedule technical assistance program.

²⁹ <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>

³⁰ <https://www.dhcs.ca.gov/provgovpart/Pages/Provider-Enrollment-Options.aspx>

³¹ <https://data.ca.gov/dataset/medi-cal-ffs-provider-listing>

5.6.5 Confirm compliance with consent requirements

LEAs must comply with existing State and federal consent to services requirements. For example, under California state law³², minors ages 12 and older will be able to consent for their own mental health services; however, IDEA or other federal laws and regulations may impose parental consent requirements for services provided to a student by an LEA as a part of federal programs (e.g., ERMHS). See section 6.3 for additional information.

5.6.6 Confirm compliance with reporting requirements

LEAs will be expected to share information regarding services rendered under the CYBHI fee schedule. All reporting must abide by state and federal laws and regulations, including CMIA, HIPAA, and FERPA. (See [Chapter 6](#) for additional detail). See [Section 5.7.2](#) for additional detail.

5.7 Grant resources to support COEs, LEAs, and public institutions of higher education

As part of the CYBHI, DHCS, in partnership with its grant administrator(s), will award up to \$550 million in one-time grants to strengthen school-linked behavioral health services. Funding will be distributed among:

- California public K-12 schools (\$400 million), and
- California public institutions of higher education (\$150 million).

For additional detail please see [Appendix 11.5](#).

³² California Health and Safety Code section 124260 and California Family Code section 6924

6 HIPAA/FERPA and Data Sharing

6.1 Federal laws and regulations

Stakeholders participating in the provider network and utilizing the CYBHI fee schedule (providers, payers, TPA) must adhere to all federal laws and regulations regarding beneficiary confidentiality and protection of health and education information. The CYBHI fee schedule does not alter existing laws or regulations.

6.1.1 Family Educational Rights and Privacy Act (FERPA)

FERPA protects the privacy of student education records. All LEAs must comply with FERPA requirements. The act serves two primary purposes³³:

- Gives parents or eligible students more control of their educational records; and,
- Prohibits educational institutions from disclosing personally identifiable information in education records without written consent.

6.1.2 Health Insurance Portability and Accountability Act (HIPAA)

HIPAA Privacy Rule protects sensitive patient health information from being disclosed without the patient's consent or knowledge. Covered entities subject to the Privacy Rule include³⁴:

- Healthcare providers who electronically transmit health information in connection with certain transactions (e.g., claims, referrals)
- Health plans, including health insurers and Medicaid insurers
- Healthcare clearinghouses who process health information
- Business associates who perform functions or provide services for other covered entities (e.g., claims processing, data analysis, billing)

6.1.3 Intersection of FERPA and HIPAA

Fee schedule participants should refer to the U.S. Department of Health and Human Services' and the U.S. Department of Education's Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance

³³ Family Educational Rights and Privacy Act (FERPA) Overview, U.S. Department of Education ([link](#))

³⁴ Covered Entities and Business Associates, U.S. Department of Health and Human Services ([link](#))

Portability and Accountability Act of 1996 (HIPAA) to Student Health Records³⁵ for guidance about the intersections between FERPA and HIPAA.

Per the above guidance, HIPAA and FERPA likely do not apply to the same record at the same time, and different stakeholders may be subject to different regulations. For example, while schools may be HIPAA covered entities as they deliver health services, they are typically not required to comply with the HIPAA Privacy Rule because the records are considered “education records” or “treatment records” under FERPA. While FERPA will generally apply to LEA providers, health care clearinghouses and participating health plans may need to adhere to the HIPAA Privacy Rule.

6.2 State laws and regulations

The CYBHI fee schedule does not alter existing laws and regulations. All entities participating in the provider network and utilizing the CYBHI fee schedule (providers, payers, TPA) must adhere to all state laws and regulations around beneficiary confidentiality and protection of health and education information.

6.2.1 California Confidentiality of Medical Information Act (CMIA)

CMIA is a set of state statutes that protect the confidentiality of medical and mental health information and applies to information held by health care providers, health care services plans and contractors. CMIA largely parallels HIPAA. In addition, CMIA allows patients to take legal action for violations, inclusive of compensation, attorney fees, and damages. LEAs are recommended to train their staff on the CMIA requirements.

6.2.2 California Civil Code

California Civil Code section 56.10³⁶ obligates health care providers, health care service plans, and their contractors to not disclose medical information regarding a patient of a provider or, an enrollee or a subscriber of a health service plan without first obtaining an authorization (*see code for applicable exceptions*).

In addition, health care services plans are obligated to protect confidentiality of a subscriber’s or enrollee’s medical information as outlined in California Civil Code section 56.107³⁷.

³⁵ <https://www.hhs.gov/guidance/document/joint-guidance-application-family-educational-rights-and-privacy-act-ferpa-and-health>

³⁶ California Civil Code section 56.10 ([link](#))

³⁷ California Civil Code section 56.107 ([link](#))

6.2.3 California Insurance Information and Privacy Act

The California Insurance Information and Privacy Act³⁸ provides similar protections to the CMIA but applies to health insurance products regulated by the Department of Insurance. More information can be found here: <https://www.insurance.ca.gov/privacy-policy/Privacy.cfm>

6.3 Consent to and confidentiality of behavioral health services

i. **Consent**

The CYBHI fee schedule does not alter existing parental consent or consent to treatment requirements. As noted previously, California state law³⁹ allows minors 12 years of age or older to consent to mental health treatment, when clinically appropriate.^{40,41} IDEA or other federal laws and regulations may impose parental consent requirements for services provided to a student by an LEA as a part of federal programs (e.g., ERMHS).

ii. **Confidentiality**

All medical records under the CYBHI are confidential and cannot be released without the written consent of the member or an authorized representative. According to State Medi-Cal laws and regulations, information can be shared or released between individuals or institutions providing care, fiscal intermediaries, and State or local official agencies. The release of information must continue to follow the FERPA, HIPAA and state law and regulations stated above.

If the youth, parents or legal guardians, as applicable, do not consent to release insurance information for billing purposes, schools will be responsible for finding alternative sources of funding (e.g., LCFF) to reimburse the provision of fee schedule services. Educational entities should provide parents / guardians with appropriate information about the CYBHI fee schedule, encouraging them to consent to releasing insurance information with the needs of the student in mind.

³⁸ California Insurance Information and Privacy Act ([link](#))

⁴⁰ California Health and Safety Code section 124260 ([link](#))

⁴¹ California Family Code section 6924 ([link](#))



DHCS plans to release additional information in the coming months about the notification of services to parents / guardians and required explanation of benefits.

7 Third-Party Administrator (TPA)

7.1 TPA overview

DHCS contracted with a statewide third-party administrator (TPA) to support successful implementation of the CYBHI fee schedule with the goal of reducing administrative burdens on providers and plans, as part of a pilot project through June 30, 2025. Throughout the duration of the pilot, DHCS will assess the impact and feasibility of continuing its contract with the TPA to support long-term implementation of the CYBHI fee schedule.

7.2 TPA role and function

The TPA will play three primary roles within the CYBHI fee schedule:

- **Oversight and management of the school-linked, behavioral health provider network:** This includes conducting screening activities and verifying provider's and designated practitioner's credentials; maintaining a roster of participating LEAs, IHEs and designated providers and practitioners; ; establishing processes to monitor the network and provision of services, as well as to ensure program integrity and prevent fraud, waste and abuse; managing and implementing data-exchange frameworks to guide data exchange between providers and payers, and ensuring data quality and security.
- **Claims administration and payment remittance for services rendered under the CYBHI fee schedule:** This includes capabilities such as claims receipt and validation, medical coding and claims filing with appropriate payer, reconciliation and payment, data management, and data quality and security.
- **Onboarding, implementation, and ongoing technical assistance services for participating providers and payers:** This includes providing support to providers and payers prior to and during the official program launch, serving as the designated point of contact for member and provider grievances, collecting and reporting on a set of metrics required by each stakeholder, and committing to partnership with DHCS, and other partners identified by DHCS, to provide cohesive support to providers and payers.

7.2.1 Oversight and management of the provider network

The TPA will be responsible for managing the school-linked, behavioral health provider network, including:

- **Network creation and enrollment for designated providers and designated practitioners**

The TPA will manage enrollment verification and credentialing of all rendering practitioners. LEAs enrolling in the provider network will be required to share a list of their designated providers and designated practitioners with the TPA. This provider list will include employed, contracted, and affiliated providers and practitioners who intend to render services under the CYBHI fee schedule.

The TPA will then be responsible for:

- Verifying that all designated providers and designated practitioners have the certifications and credentials needed to render fee schedule services;
- Storing documentation on each provider or practitioner for up to 10 years; and,
- Enrolling eligible designated providers and designated practitioners in the provider network in accordance with DHCS policies.

- **Publication and maintenance of the provider directory**

The TPA will be responsible for maintaining an up-to-date provider roster that includes all participating LEAs, IHEs, and designated providers and practitioners that are eligible for reimbursement under the CYBHI fee schedule program.

DHCS and/or its TPA will post on a publicly available website (e.g., DHCS website), the CYBHI fee schedule provider roster. In addition, DHCS, in partnership with the TPA, will determine how to share the provider network roster information with participating payers for the purposes of claims review and payment.

- **Network oversight (e.g., quality)**

The TPA will also be responsible for monitoring designated providers and practitioners. Quality standards will be set by DHCS, in partnership with DMHC and CDI, and will be consistent with broader MCP requirements. The TPA will put processes and protocols in place to act if standards are not upheld.

Note that MCPs cannot use the CYBHI fee schedule for the purpose of meeting network adequacy requirements. They also cannot use the CYBHI fee schedule

rates to adjust their contracts for non-school settings. More information on network adequacy requirements can be found on the DHCS, DMHC, and CDI websites respectively.⁴²

7.2.2 Claims administration and payment remittance

The TPA will be responsible for facilitating claims administration and payment remittance, including:

- **Receiving claims information and validating**
The TPA will receive claims from LEAs or their designated providers / designated practitioners. They will be responsible for reviewing the claims information for accuracy and completeness, ensuring the claim meets the standards for submitting to the MCP.
- **Coordinating benefits and submitting claims**
The TPA will identify payer of responsibility, submitting the clean claim to the appropriate MCP.
- **Facilitating payment remittance**
Once the MCP reviews the claim, they will remit the appropriate payment back to the TPA. The TPA will then confirm the right amount was remitted and transfer the payment to back to the appropriate provider or, if applicable, practitioner. The entity who submitted the claim (whether the LEA or the designated provider/practitioner) will be the entity who receives the payment from the TPA.

7.2.3 Onboarding, implementation, and ongoing technical assistance

The TPA will be responsible for providing support to both payers and providers, including:

- **Providing general support and technical assistance**
The TPA will collaborate with DHCS to provide technical assistance to participants of the CYBHI fee schedule, including LEAs and MCPs.
For example, for Cohorts 1 and 2, at a minimum, state-provided technical assistance will include:
 - Onboarding including topical onboarding sessions and office hours.

⁴² Medicaid Managed Care Final Rule: Network Adequacy Standards document ([link](#))

- Learning sessions to ensure processes and protocols are being updated as needed.

In addition, DHCS will continue to monitor the DHCS.SBS@dhcs.ca.gov inbox to field questions.

- **Receiving, directing, and/or resolving complaints, appeals, and grievances**

The TPA will be responsible for receiving and directing or resolving all of the following:

- General inquiries regarding the CYBHI fee schedule, which may include questions on where to locate training resources, how to submit claims, etc.
- Complaints and grievances submitted by students and parents/guardians specifically regarding the availability and/or quality of rendered behavioral health services under the CYBHI fee schedule.
- Appeals submitted by providers (including LEAs, public institutions of higher education, and designated providers and practitioners) around issues related to claims reimbursement.

7.3 LEAs', designated providers', and designated practitioners' obligations with TPA

Prior to fee schedule launch, LEAs and their designated providers, and designated practitioners will be expected to set up the needed infrastructure to successfully transmit claims, share required data and information and receive payment. This could include a Data Use Agreement and/or Memorandum of Understanding. DHCS, and the statewide third-party administrator, will share additional information in the coming months.

As a condition of participation, LEAs are expected to:

- Maintain an up-to-date list of designated providers / practitioners.
- Share complete list of students, with their insurance coverage.
- Prepare and submit claims for services rendered under the CYBHI fee schedule to the TPA in accordance with HIPAA and FERPA, as applicable.
- Receive payment for services rendered under the CYBHI fee schedule from the TPA.

7.4 MCPs' obligations with the TPA

Prior to fee schedule launch, plans will be expected to set up the needed infrastructure to successfully share information and remit payment. This may include executing a contract (or Memorandum of Understanding) and a Data Use Agreement. DHCS, and the statewide TPA, will share additional information about contracting and data-sharing agreement requirements.

MCPs are expected to (non-exhaustive):

- Adhere to all requirements detailed in All Plan Letters and other policy guidance issued by the DHCS, DMHC and/or CDI.
- Work directly with the TPA to validate and pay claims.
- Remit payments for services rendered under the CYBHI fee schedule to the TPA.
- Coordinate care for members.
- Develop formal relationships with LEAs and IHEs.
- Ensure appropriate and timely access to behavioral health services when a member is referred to the MCP for treatment.

8 Billing Guidance and Claims Submission Procedures

8.1 Detailed scope of services and service limitations

LEAs, IHEs, designated providers, designated practitioners, and MCPs will need to familiarize themselves with the specific services eligible for CYBHI fee schedule reimbursement. The CYBHI fee schedule reimbursement rates are determined by current Medi-Cal FFS rates. Reimbursement rates for the CYBHI fee schedule services are listed on the DHCS website [here](#).

*Note: Pursuant to Welfare and Institutions Code section 5961.4, the CYBHI fee schedule will not supplant or replace services pursuant to an Individualized Education Plan (IEP)/Individualized Family Services Plan (IFSP), and therefore billing codes using the modifiers TM (IFSP) or TL (IEP) will **not** be reimbursed. Services provided to a Medi-Cal enrollee that are pursuant to an IEP or IFSP may be billed through the LEA BOP.*

Sections are included below for each category of service:

- Psychoeducation
- Screenings and Assessments
- Therapy and treatment services
- Care coordination/Case management

Each section includes detail on:

- Reimbursable CTP and HCPCS codes
- Service descriptions, with service time requirements
- Qualified practitioners (as consistent with the practitioner's training and licensing requirements)
- Frequency limits
- Service limitations

8.1.1 Psychoeducation: detailed services and service limitations

Table 1: Psychoeducation: detailed services

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
96164	Health behavior intervention, Group; (only to be used if primary diagnosis is physical health condition); initial 30 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	N/A
96165	Health behavior intervention, Group; (only to be	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners 	N/A

⁴³ Pending state plan amendment for PPS credentialed practitioners

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
	used if primary diagnosis is physical health condition); each additional 15 minutes	<ul style="list-style-type: none"> • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
96158	Health behavior intervention, individual; (only to be used if primary diagnosis is physical health condition); Initial 30 minute	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
96159	Health behavior intervention, individual; (only to be used if primary diagnosis is physical health condition); Each additional 15 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
		<ul style="list-style-type: none"> • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
H2027 HA (Individual) HQ (Group)	Health behavior intervention (Psychoeducational service); Each 15 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	N/A
99401	Preventive medicine counseling and/or risk factor reduction	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
	intervention(s) provided to an individual; Each 15 minutes.	<ul style="list-style-type: none"> • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; Each 30 minutes.	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; Each 45 minutes.	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
		<ul style="list-style-type: none"> • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; Each 60 minutes.	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	N/A
99411	Preventive medicine counseling and/or risk factor reduction	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
	intervention(s) provided to a group; each 30 minutes	<ul style="list-style-type: none"> • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to a group; each 60 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
<p>T1027 U1 required</p>	<p>Dyadic Family Training and Counseling for Child Development; (for child enrolled in Medi-Cal OR their caregiver, regardless of Medi-Cal enrollment); each 15 minutes</p>	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	<p>N/A</p>

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
		<ul style="list-style-type: none"> • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
H2014 HA (Individual) HQ (Group)	Skills Training and Development (i.e., Patient Education); each 15 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician • Alcohol and Other Drug Counselors 	N/A
98960	Education and training for patient self-management	Community Health Workers	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴³	Frequency limitation
	by a CHW: individual		
98961	Education and training for patient self-management by a CHW :2-4 patients	Community Health Workers	N/A
98962	Education and training for patient self-management by a CHW: 5-8 patients	Community Health Workers	N/A

Psychoeducation: service limitations

- Health Behavioral Assessment and Intervention Services**

Health behavioral assessment and intervention (HBAI) services (CPT codes 96156, 96158, 96159, 96164, 96165) are reimbursable when used to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems.

The patient’s primary diagnosis must be a physical health diagnosis (ICD-10), and the focus of HBAI is on factors complicating the medical conditions and treatments. These codes describe assessments (96156) and interventions (96158, 96159, 96164, 96165) to improve the patient’s health and wellbeing utilizing psychological and/or psychosocial procedures designed to ameliorate specific disease-related problems.

HBAI codes and Psychotherapy codes cannot be billed at the same time.

- **Family Training and Counseling for Child Development**

Medi-Cal reimburses Family Training and Counseling for Child Development, using HCPCS code T1027, for recipients ages 0 to 20 years, for family training and counseling provided to the child/caregiver(s). T1027 allows for brief training and counseling related to a child's behavioral issues, developmentally appropriate parenting strategies, parent/child interactions, and related issues.

T1027 is reimbursable for the initial and periodic family training and counseling for child development, per 15 minutes, provided to the child/caregiver(s).

- **Psychoeducational Services**

Medi-Cal reimburses Psychoeducational Services, using HCPCS code H2027, for recipients ages 0 to 20 years, for psychoeducational services provided to the child and/or caregiver(s). Dyadic psychoeducational services are planned, structured interventions that involve presenting or demonstrating information with the goal of preventing the development or worsening of behavioral health conditions and achieving optimal mental health and long-term resilience.

H2027 is reimbursable for the initial and periodic psychoeducational services, per 15 minutes.

8.1.2 Screening and assessment: detailed services and service limitations

Table 2: Screening and assessment: detailed services

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
G0442	Annual Alcohol misuse screening; 15 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	One per year, any practitioner
G9919	ACEs screening (High Risk Score)	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse 	N/A

⁴⁴ Pending state plan amendment for PPS credentialed practitioners

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	
G9920	ACEs screening (Low Risk score)	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • PPS Credentialed School Counselor 	
G8431	<p>Depression Screening (Positive)</p> <p>When a screening for depression is documented as being positive a and a follow-up plan is documented</p>	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	N/A
G8510	<p>Depression Screening (Negative)</p> <p>When a screening for depression is documented as negative, a follow-up plan is not required</p>	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	
99408	Structural Screening and Brief Intervention-Alcohol and/or Substance Use (SABIRT); 15-30 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker 	One per year, any practitioner

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • PPS Credentialed School Counselor 	
99409	Structural Screening and Brief Intervention-Alcohol and/or Substance Use (SABIRT); 30+ minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	One per year, any practitioner
90791	Psychiatric Diagnostic Evaluation; 15 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist 	
96130	Psychological Testing and Evaluation; initial 60 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Psychologists (included Educational Psychologist) • PPS Credentialed School Psychologists 	One per year, any practitioner
96131	Psychological Testing and Evaluation; each additional 60 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Psychologists (included Educational Psychologist) • PPS Credentialed School Psychologists 	Two per year, any practitioner
96132	Neuropsychological Testing and Evaluation; initial 60 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants 	One per year, any practitioner

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Psychologists (included Educational Psychologist) • PPS Credentialed School Psychologists 	
96133	Neuropsychological Testing and Evaluation; each additional 60 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Psychologists (included Educational Psychologist) • PPS Credentialed School Psychologists 	Two per year, any practitioner
96136	Psychological or neuropsychological testing and scoring; initial 30 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Psychologists (included Educational Psychologist) • PPS Credentialed School Psychologists 	One per year, any practitioner
96137	Psychological or neuropsychological Testing and Scoring; each additional 30 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Psychologists (included Educational Psychologist) 	Nine per year, any practitioner

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • PPS Credentialed School Psychologists 	
96116	Neurobehavioral Status Examination; initial 60 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Psychologists (included Educational Psychologist) • PPS Credentialed School Psychologists 	One per year, any practitioner
96121	Neurobehavioral Status Examination; each additional 60 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Psychologists (included Educational Psychologist) • PPS Credentialed School Psychologists 	One per year, any practitioner
96156	Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making)	<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • PPS Credentialed School Social Worker • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
96127	Brief Emotional/Behavioral Assessment (only to be used by non-mental health providers)	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Registered Credentialed Nurses 	Two per day, per practitioner
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment; 5-14 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	One per year, any practitioner

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
		<ul style="list-style-type: none"> • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician • Alcohol and Other Drug Counselors 	
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment; 15-30 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician • Alcohol and Other Drug Counselors 	One per year, any practitioner

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁴	Frequency limitation
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment; 30+ minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician • Alcohol and Other Drug Counselors 	One per year, any practitioner

Screening and assessment: service limitations

- **ACE Screening**

Adverse Childhood Experience (ACE) screening is reimbursable using HCPCS codes G9919 and G9920 for practitioner who have taken a certified Core Training and self-attested to their completion of the training. For more information, refer to the ACEs Aware website at <https://acesaware.org/>.

- **Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)**

Medi-Cal reimburses alcohol and drug use screening, assessment, brief interventions, and referral to treatment for recipients ages 11 and older, including pregnant women, in primary care settings. Alcohol use screening is reimbursable with HCPCS code G0442, alcohol and/or other drug use screening and intervention is reimbursable with CPT codes 99408 and 99409, and alcohol and/or drug use structured assessment is reimbursable with HCPCS codes G2011, G0396, AND G0397.

- **Psychiatric Diagnostic Evaluation**

CPT code 90791 may be used to bill for psychiatric diagnostic evaluation without medical services. Psychiatric diagnostic evaluations must be consistent with the scope of license and competency of the mental health practitioner and must be documented in the medical record with the following items included:

- Presenting problem/changes in functioning/history of presenting concern
- Mental health and substance use history
- Medical history and current medications
- Social and cultural factors
- Risk and safety factors
- Case conceptualization and diagnostic summary

- **Psychological Testing**

Psychological testing (CPT codes 96130, 96131 and 96136-96146 [when used for psychological testing]) is reimbursable when a current medical or mental health evaluation has been conducted and a specific diagnostic or treatment question still exists which cannot be answered by a psychiatric diagnostic interview and history-taking.

8.1.3 Therapy: detailed services and service limitations

Table 3: Therapy and treatment services: detailed services

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁵	Frequency limitation
90832	Psychotherapy session, individual; 16-37 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	/A
90834	Psychotherapy session, individual; 31-52 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Professional Clinical Counselors 	N/A

⁴⁵ Pending state plan amendment for PPS credentialed practitioners

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁵	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
90835	Psychotherapy session, individual; 53 or more minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁵	Frequency limitation
		<ul style="list-style-type: none"> • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
90853	Psychotherapy session, group of 2-8 patients, 90 minutes or more	<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	N/A
90839	Psychotherapy for crisis; initial 60 minutes	<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁵	Frequency limitation
		<ul style="list-style-type: none"> • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
90840	Psychotherapy for crisis; each additional 30 minutes	<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	N/A
90847	Family psychotherapy session; single	<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁵	Frequency limitation
	family, with patient present; 50 minutes	<ul style="list-style-type: none"> • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
90849	Family psychotherapy session; single family, without patient present; 50 minutes	<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁵	Frequency limitation
		<ul style="list-style-type: none"> • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
90846	Family psychotherapy session; multiple families (Group)	<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	N/A
90832	Psychotherapy session, individual; 16-37 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁵	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	

Therapy and treatment services: service limitations

- **Individual therapy**

Individual therapy is limited to a maximum of one and one-half hours per day by the same provider.

When billing individual psychotherapy (CPT codes 90832, 90834, and 90837), providers should use the appropriate code, based on the following direct patient care time frames.

- **Group Therapy**

Group therapy is defined as counseling of at least two but not more than eight persons at any session. There is no restriction as to the number of Medi-Cal-eligible persons who must be included in the group’s composition. For example, if there are five patients in the group, and only one is a Medi-Cal recipient, then Medi-Cal should be billed using CPT code 90853, once per session.

Group therapy sessions of less than one and one-half hours are not reimbursable.

- **Family Therapy**

Family therapy must be composed of at least two family members. The primary focus of family therapy sessions is family dynamics as they relate to the patient’s mental status and behavior(s).

CPT code 90847 should be used when the Medi-Cal recipient who meets criteria for family therapy is present for the entire session or at least a portion of the session. CPT code 90846 should be used when the Medi-Cal recipient who meets criteria for family therapy is not present during the session. Mental health providers must bill for multiple-family group therapy (90849) using the Medi-Cal ID of only one family member per family.

Reimbursement of family therapy is limited to a maximum of 50 minutes when the patient is not present (CPT code 90846) or a maximum of 110 minutes when the patient is present (CPT code 90847).

Some examples of evidence-based family therapy are:

- Child-Parent Psychotherapy (ages 0 thru 5)
- Parent Child Interactive Therapy (ages 2 thru 12)
- Cognitive-Behavioral Couple Therapy (adults)

8.1.4 Case management and care coordination: detailed services and service limitations

Table 4: Case management and care coordination: detailed services

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁶	Frequency limitation
T1017	Targeted Case management; 15 minutes	<ul style="list-style-type: none"> • Medical Doctors (including Physicians and Psychiatrists) • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse 	N/A

⁴⁶ Pending state plan amendment for PPS credentialed practitioners

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁶	Frequency limitation
		<ul style="list-style-type: none"> • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician • Alcohol and Other Drug Counselors 	
99366	Case management with face to face; 30 minutes	<ul style="list-style-type: none"> • Nurse Practitioners • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁶	Frequency limitation
		<ul style="list-style-type: none"> • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	
99368	Case management without face to face; 30 minutes	<ul style="list-style-type: none"> • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • PPS Credentialed School Counselor • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	N/A

Procedure Code / Modifier	Service description	Eligible practitioners ⁴⁶	Frequency limitation
H0034	Medication training and support; 15 minutes	<ul style="list-style-type: none"> • Physician Assistants • Credentialed Registered Nurse • Licensed Professional Clinical Counselors • Licensed Marriage and Family Therapists • Licensed Clinical Social Workers • Licensed Psychologists (including Educational Psychologists) • PPS Credentialed School Psychologist • PPS Credentialed School Social Worker • Interns (ASW, AMFT, APCC), when supervised by a Licensed Clinician 	N/A

Care coordination and case management: service limitations

- **Case Management Services**

Medical team conferences (CPT codes 99366 and 99368) are limited to conferences with persons immediately involved in the case or recovery of the client.

8.2 Furnishing entity versus billing entity

There are two different pathways for submitting claims and receiving reimbursement for services rendered under the CYBHI fee schedule:

- LEA submits the claim and receives the payment for their own employed personnel, and on behalf of their designated practitioners.

- LEAs and their designated practitioners may have their own contracts or affiliation agreements dictating the flow of funds after payment is remitted to the LEA.
 - This is a viable pathway regardless of student insurance coverage.
- Provider or designated practitioner independently submits claims and receives the payment.
 - This is a viable pathway for all student insurance coverage types with exception of students covered by Medi-Cal fee-for-service, for whom claims must be submitted by the LEA.

8.3 Considerations for additional school-linked providers (FQHCs, Tribal Entities, School Wellness Centers)

In addition to understanding how claims may be processed and reimbursed, there are also considerations of the different types of affiliated and billing entities that will interact with the CYBHI fee schedule billing processes today, outlined below.

- **Federally Qualified Health Centers (FQHCs):** FQHCs can offer services and get paid under the new fee schedule as affiliated or contracted providers. However, the payment model for FQHCs may differ from other practitioner types given how their current payment systems work. The CYBHI fee schedule program does not alter payment arrangements for FQHCs. Today, the way in which FQHCs are reimbursed depends on whether individuals receiving services are covered by Medi-Cal FFS or Medi-Cal MCPs:

Medi-Cal FFS members:

For FFS beneficiaries, FQHCs are reimbursed based on a Prospective Payment System (PPS), which is a reimbursement amount based on a set daily rate and not specific to individual services.

Medi-Cal MCP members:

For individuals covered under a Medi-Cal MCP, FQHCs are currently reimbursed on a contracted rate. In addition, if the reimbursement by the payer is less than what would have been paid under the PPS rate, DHCS provides an additional payment (referred to as a “wrap-cap”) to ensure FQHCs are reimbursed at least at the PPS rate.

Beginning January 2024, FQHCs will also be able to choose whether to participate in an Alternative Payment Model (APM) for their managed care beneficiaries. This

will be a fixed, per-member-per-month (PMPM) reimbursement structure that calculates payments equivalent to the total, projected PPS payment amount.

Non-Medi-Cal students:

School-linked FQHCs will be reimbursed as part of the CYBHI fee schedule program at the rates established in the published fee schedule for the provision of services to students enrolled in MCPs regulated by DMHC and CDI.

- **School-Based Health Centers (SBHCs)**⁴⁷: School-based health centers are health centers and clinics located near schools that focus on providing services to students. These centers are organized through school, community, or health provider relationships and provide age-appropriate, clinical health care services by qualified health professionals.⁴⁸

SBHCs are currently supported through a combination of third-party reimbursement; local, state, and federal grants; private foundation / corporate grants; subsidies from lead organizations; donations; and in-kind contributions. Third-party reimbursement includes Medi-Cal, Medi-Cal managed care, Family Planning, Access, Care, and Treatment (PACT), Minor Consent Medi-Cal, County Specialty Mental Health Services, and the Child Health and Disability Prevention (CHDP) program. (Note: Currently, SBHCs that want to join a Medi-Cal managed care plan network must enter contracts with MCPs in their county, which includes credentialing individual clinicians).

Today, approximately half of California's approximately 350 SBHCs are operated by community health centers such as FQHCs, while one-fourth are directly operated by school districts. Those remaining are operated by a combination of local and public hospitals and other entities (e.g., community-based mental health organizations and medical groups)⁴⁹.

For SBHCs that are operated by FQHCs, in addition to licensed FQHC sites (via submission of application to the California Department of Public Health), FQHCs are allowed to have "intermittent sites" that operate under 40 hours per week. These sites have fewer requirements to be set up and use a parent location for Medi-Cal PPS billing at the parent site's established PPS rates. Under this model,

⁴⁷ Billing Advice for FQHC-Run School-Based Center (California School-Based Alliance) ([Link](#))

⁴⁸ About School-Based Health Centers (California School-Based Alliance) ([Link](#))

⁴⁹ Navigating the Promise of School-Based Health Centers: A Guide for Health Care Leaders (California School-Based Health Alliance) ([Link](#))

SBHCs that are run by FQHCs and that are enrolled in the CYBHI provider network will be eligible to bill for qualifying services either under the current PPS model or under the CYBHI fee schedule.

SBHCs that are directly operated by school districts are able to bill under the Child Health and Disability Prevention (CHDP) program, LEA Medi-Cal (LEA BOP), and school-based Medi-Cal Administrative Activities (MAA) program.⁵⁰ Beginning in 2024, SBHCs operated by school districts that are participating in the CYBHI fee schedule and included on an LEAs designated provider / practitioner list will also be eligible to bill for qualifying services under the CYBHI fee schedule.

SBHCs that are operated by a combination of local and public hospitals and other entities are currently able to bill and be reimbursed by public and private health insurance programs for the services they provide⁵¹. With the implementation of the CYBHI fee schedule, these types of SBHCs will also be able to submit claims and be reimbursed for qualifying services if included on an LEA's designated provider / practitioner list.

For SBHCs that are receive funding from multiple different types of sources (e.g., grant funding, third-party reimbursement), it will be necessary for providers, payers, and the TPA to monitor claims activities to ensure that services that are submitted for reimbursement under the CYBHI fee schedule are reviewed for any potential duplication with other funding sources.

- **Tribal Health Care Entities:** In accordance with the California Health and Safety Code⁵², the state oversees the provision of health care services for American Indians across California. The Centers for Medicare and Medicaid Services (CMS) provides different provider types for Indian Health Care Providers (IHCPs) to participate in Medi-Cal, including, but not limited to:
 - Indian Health Services Memorandum of Agreement (I-MOA) clinics,
 - FQHCs (using Health Resources Services Administration criteria),
 - Tribal FQHCs (using CMS criteria), and
 - Community clinics.

For Medi-Cal services, tribal health care entities will continue to submit claims to contracted MCPs, which will reimburse providers at the Federal Indian Health

⁵⁰ Braiding New Funding to Support California SBHCs (California School-Based Health Alliance) [\(Link\)](#)

⁵¹ School-Based Health Centers: Maximizing Third-Party Reimbursement (California School-Based Health Alliance) [\(Link\)](#)

⁵² California Health and Safety Code sections 124575 – 124595 [\(Link\)](#) and California Code of Regulations, Title 17, section 1500-1541 [\(Link\)](#)

Services All-Inclusive Rate⁵³. For individuals covered under commercial plans and disability insurers, when providing qualifying school-based services, Indian Health Care providers can bill these payers for services under the CYBHI fee schedule.

School-linked Tribal Health Care providers will be reimbursed as part of the CYBHI fee schedule program at the rates established in the published fee schedule for the provision of services to students enrolled in MCPs regulated by DMHC and CDI.

⁵³ On an annual basis the Indian Health Service calculates and publishes calendar year reimbursement rates which are often referred to as the All-Inclusive Rates (AIR or the "OMB rate"). The AIR is published in the Federal Register annually and is applicable to reimbursement methodologies primarily under the Medicare and Medicaid programs. ([Link](#))

9 MCP Payer Obligations

9.1 Overview of MCP payer obligations

Beginning January 1, 2024, MCPs that enroll students within Cohort 1 LEAs will be required to reimburse providers for CYBHI fee schedule services. California state law states that these plans are required to reimburse for these services at the greater of the following two rates:

1. The rate the MCP has contracted with the LEA or designated provider / designated practitioner.
2. The fee-for-service rate included on the CYBHI fee schedule published by DHCS.^{54,55}

9.2 Contracting and rate negotiation

LEAs and designated providers / designated practitioners are not obligated to have direct contracts with MCPs to be reimbursed at CYBHI fee schedule rates. However, DHCS encourages LEAs and IHEs to enter into contracts or MOUs with MCPs directly. Some LEAs and designated providers / designated practitioners may already have existing contracts with MCPs. The launch of the CYBHI fee schedule does not change the applicability of those contracts, unless the contracted rates are not, at a minimum, the rates established in the published fee schedule.

In addition, if an MCP, LEA or designated provider / designated practitioner would like to pursue a new contract, the CYBHI fee schedule program does not hinder their ability to do so.

MCPs are obligated to reimburse LEAs and designated providers / designated practitioners at the higher of the CYBHI fee schedule rate and the rate included in the existing contract.

9.3 Payment timelines

Once claims are submitted by the TPA to the appropriate MCP, the MCP will review the claims. MCPs are expected to promptly issue payments to the TPA, which the TPA will then transfer back to the entity that submitted the claim.

⁵⁴ California Health and Safety Code section 1374.722 ([link](#))

⁵⁵ California Insurance Code section 10144.54 ([link](#))

MCPs will be expected to review and remit payment within timely payment standards for clean claims, as determined by the appropriate regulating entity (see Table 5):

Table 5: Timely payment requirements

Department	Timely payment requirement	Source
DHCS	No later than 30 calendar days after claim receipt for 90% of all clean claims ⁸ In addition, 99% of all clean claims ⁸ shall be paid within ninety (90) days of receipt	APL 23-020
DMHC	No later than 30 working days after claim receipt (45 working days for HMOs)	CA Health and Safety Code section 1371
CDI	No later than 30 working days after claim receipt	California Insurance Code sections 10123.13 and 10123.147

9.4 Prior authorization

In accordance with California state law⁵⁶, services that are rendered under the CYBHI fee schedule will not require prior authorization. Determining medical necessity will be done by the practitioner rendering the service (see. [Section 4.6.2](#) for additional detail on medical necessity).

Note: Prior authorization is the process of obtaining approval from a MCPs for a requested service prior to receiving to the service. This is generally done to ensure that a service being provided is medically necessary and aligns with general evidence-based clinical guidelines.

9.5 Cost-sharing

In accordance with California state law, services that are rendered under the CYBHI fee schedule will not be subject to any cost-sharing (e.g., co-pays, deductibles).⁵⁷

Often insurance arrangements deem the individuals receiving healthcare services as responsible for paying for a portion of the cost of the care they receive. Typical payments for a visit may include, but are not limited to, one or more of the following:

⁵⁶ California Health and Safety Code section 1374.722 ([link](#)), California Insurance Code section 10144.54 ([link](#))

⁵⁷ California Health and Safety Code section 1374.722 ([link](#)), California Insurance Code section 10144.54 ([link](#))

- Deductibles: A set amount that an individual pays before their health plan begins to cover a service or group of services.
- Coinsurance: A calculated amount an individual pays for a service after meeting the deductible limit; this is generally a percentage of the total cost of the service.
- Copayment: A set amount an individual pays for a service (e.g., a per visit payment for seeing a primary care physician) after meeting the deductible limit.

These cost-sharing mechanisms are not permitted under the CYBHI fee schedule program.

High Deductible Health Plans

Health and Safety Code section 1374.722 provides that services provided pursuant to its provisions shall not be subject to copayment, coinsurance, deductible, or any other form of cost sharing. However, high deductible health plans (HDHPs) that qualify for Health Savings Accounts (HSAs) under section 223 of the Internal Revenue Code (IRC) may not provide benefits for non-preventive-care services until the applicable deductible(s) are met. It is the Department's guidance that application of Section 1374.722 shall not disqualify or otherwise disrupt an HDHP from meeting the requirements of the Internal Revenue Code or its implementing rules as they relate to HSA eligibility. Therefore, in order to harmonize Section 1374.722 with federal rules regarding HDHPs and HSAs, the DMHC clarifies that, for enrollees of HDHPs otherwise qualifying under section 223 of the Internal Revenue Code, health care service plans shall not reimburse for services covered under Section 1374.722 unless (a) the applicable IRC deductible has been met, or (b) the service is for preventive care, as that term is used by the federal government for purposes of implementing section 223 of the Internal Revenue Code.

Medi-Cal Share of Cost requirements

Distinct from the cost-sharing mechanisms described above, some Medi-Cal beneficiaries may still be required to pay a monthly dollar amount for the Share of Cost (SOC) prior to qualifying for Medi-Cal benefits. This may be determined through the Automated Eligibility Verification System (AEVS). If AEVS indicates a beneficiary has a SOC, the SOC must be met or obligated before a beneficiary is eligible for benefits. The SOC amount is determined by the county welfare department and is administered by Medi-Cal.

9.6 TPA

MCPs will be required to establish information sharing infrastructure with the TPA (e.g., Data Use Agreement, Memorandum of Understanding). DHCS and the statewide TPA will share additional details in the coming months.

9.7 Data Sharing

A data use agreement (DUA) will be established between the TPA and participating payers. These DUAs may outline how exchanged data (e.g., student information, information on rendered behavioral health services) will be used and may include requirements to maintain DHCS, state, and federal confidentiality and security requirements, in addition to other elements as determined by DHCS.

9.8 Data Reporting

MCPs will be expected to share data with the State through the TPA.

Participation in the CYBHI fee schedule will not impact existing reporting requirements of MCPs as established through state and federal law, and MCPs will be continued to adhere to all reporting standards by which they are contractually and legally required.

10 Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)

10.1 Background information

The Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) reimburses LEA BOP providers the federal share for the provision of covered services by qualified health care practitioners to students enrolled in Medi-Cal. LEA BOP providers can include school districts, county offices of education, charter schools, state special schools, community college districts, California State Universities, and University of California campuses.

The federal share, also known as the Federal Financial Participation or FFP, is 50% of the maximum allowable rate for each covered service. LEA BOP is funded by a combination of local and federal Title XIX and XXI funds. Providers file claims using the traditional Medi-Cal fee-for-service system, which are processed by the DHCS' fiscal intermediary. Providers then receive interim reimbursements that are similar to a cash advance. The interim reimbursements are equivalent to the maximum FFP for each individual service.

Cost-based reimbursement

LEA BOP services are reimbursed via a cost settlement methodology; therefore, LEAs must annually report and certify the amount of local funds spent on LEA BOP covered services eligible for FFP. In the final settlement process, DHCS reviews/audits each LEA's annual cost report (the Cost and Reimbursement Comparison Schedule, or CRCS) and determines the difference between the interim reimbursement received during the year and the LEA's final audited settlement amount. This difference results in either funds due to the LEA when the LEA's interim payments are less than their audited costs, or funds recouped from the LEA when the LEA's interim payments exceed their audited costs.

The LEA BOP payment methodology allocates costs to Medi-Cal through two main allocation factors. The first allocation factor is derived from an annual Random Moment Time Survey (RMTS), a federally approved, web-based statistically valid time sampling protocol, which determines the percentage of time allowable practitioners spent providing LEA BOP-covered services. The second allocation factor is an LEA-specific Medi-Cal Eligibility Ratio (MER), based on the percentage of Medi-Cal students who are primarily enrolled in the LEA and eligible to receive FFP. By contrast, the CYBHI fee schedule reimburses LEAs by using a straight fee-for-service rate and LEAs have no

obligation to fund the non-federal share of services nor any opportunity to adjust the rate to match the actual cost of providing services. Providers will submit behavioral health service claims to the State's TPA, who will transmit the claims to the appropriate payer (i.e., Medi-Cal Managed Care Plans, Medi-Cal FFS, commercial health plans, and disability insurers) for payment. The payer will then send payment at the published rate for services that meet the conditions required by the CYBHI fee schedule (i.e., medically necessary behavioral health services rendered to students at a school or school-linked site with sufficient documentation of the service). This type of reimbursement methodology does NOT require cost-settlement, nor does it require the practitioner to participate in the RMTS if they are not billing any other non-behavioral health service claims through LEA BOP. If the LEA designated practitioners provide a covered service to a student, the LEA will be reimbursed at 100% of the published fee schedule rate.

NOTE: Because LEAs may participate in both the CYBHI and the LEA BOP, it is required that LEAs avoid billing both programs for the same behavioral health service encounter. For LEAs opting to participate in the CYBHI fee schedule program, behavioral health services pursuant to an IEP/IFSP should be billed to LEA BOP, while behavioral health services provided to general education students should be submitted to CYBHI fee schedule program TPA for payment.

10.2 When to bill for behavioral health services through the LEA BOP vs. the CYBHI fee schedule

All non-IEP/IFSP behavioral health services included in the scope of services for LEA BOP are also eligible for reimbursement under the CYBHI fee schedule, though the specific codes may differ. (In addition, the CYBHI fee schedule includes services not covered in LEA BOP).

Once enrolled in the school-linked, behavioral health provider network, LEAs should:

- Utilize the **CYBHI fee schedule** for eligible behavioral health services that are not pursuant to a student's an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).
- Utilize **LEA BOP** for all eligible behavioral health services that are required as part of a student's IEP or IFSP.
- Utilize **LEA BOP** for all eligible physical health services regardless of IEP or IFSP status.

10.3 Implications of CYBHI fee schedule participation for Random Moment Time Surveys (RMTS)

LEA BOP employed practitioners must participate in the RMTS to receive federal reimbursement for LEA BOP. A web-based system randomly selects and assigns a “moment” in time (1 minute) to a pre-determined list of Time Survey Participants (TSPs) comprised of LEA BOP practitioners who render LEA BOP-covered services. Responses to the RMTS are used to calculate the Direct Medical Service Percentage, or the portion of time that health service personnel in a designated region spend on direct medical services covered by LEA BOP. The Direct Medical Service Percentage is a required input in each LEA’s annual CRCS.

If possible, it is recommended (although not explicitly required) that LEAs determine program participation for each behavioral health practitioner and limit billing to that program. For example, if a practitioner is solely providing services to IEP/IFSP children, they would only participate in the LEA BOP. Similarly, if a practitioner mainly provides services to general education students, that practitioner would only participate in CYBHI (these practitioners would not be included in the RMTS). However, DHCS acknowledges that for some LEAs, this separation is not practical, and the LEA may have a limited number of practitioners that render services to the entire student population.

Given that behavioral health practitioners in CYBHI-participating LEAs may also be participating in LEA BOP, time spent on direct medical services covered by the CYBHI fee schedule should not be included in the RMTS Direct Medical Service Percentage. When a behavioral health TSP who is participating in both programs responds to the RMTS pre-sample question (“Was this activity related to an assessment or screening, or related to a service that is authorized in an Individualized Education Plan (IEP), Individual Family Services Plan (IFSP), or other service/care plan?”), they utilize the following guidance:

- Respond “Yes”, if the service at the time of the TSP’s moment is pursuant to a student’s IEP or IFSP. Note that this will include required annual and triennial IEP/IFSP assessments and IEP/IFSP amended assessments.
- Respond “No” if the service at the time of the TSP’s moment is not pursuant to a student’s IEP or IFSP but is pursuant to another type of non-IEP care plan, such as a student’s 504 Plan, nursing plan, or other plan of care.
- Respond “No” if the service at the time of the TSP’s moment is not pursuant to any type of care plan (e.g., an IEP/IFSP/504 Plan or any other plan of care). Note that this will include all behavioral health assessments being conducted to

determine whether a student is eligible for an IEP/IFSP (e.g., initial assessments), regardless of the whether the student is deemed eligible for the IEP/IFSP.

- Respond “Not Sure” if the practitioner is not aware of whether the service at the time of their moment is pursuant to a student’s IEP/IFSP.
- Respond “No”, if the service at the time of the TSP’s moment is not pursuant to a student’s IEP or IFSP but is pursuant to another type of non-IEP care plan, such as a student’s 504 Plan, nursing plan, or other plan of care it is related to any other type of care plan.
- Respond “No” if the service at the time of the TSP’s moment is not pursuant to any type of plan (e.g., an IEP/IFSP/504 Plan or any other plan of care). Note that this will include all behavioral health assessments being conducted to determine whether a student is eligible for an IEP/IFSP (e.g., initial assessments), regardless of the whether the student is deemed eligible for the IEP/IFSP.
- Respond “Not Sure”, if the practitioner is not aware of whether the service at the time of their moment is pursuant to a student’s IEP/IFSP.

If a practitioner that participates in both programs and answers “No” to the pre-sample question, this will ensure that the RMTS moment will not be coded as a billable moment, which in turn will not be counted toward the region’s Direct Medical Service Percentage.

NOTE: This guidance will be updated once the Centers for Medicare and Medicaid Services (CMS) approves the outstanding California RMTS Guide, which includes a solution to isolate whether the TSP was providing IEP/IFSP services when responding to the time survey.

11 Appendices

11.1 Glossary of Terms

- AMFT = Associate Marriage and Family Therapist
- AOD = Alcohol and Other Drug
- APCC = Associate Professional Clinical Counselor
- APL = All Plan Letter
- ASW = Associate Social Worker
- BH = Behavioral Health
- CBO = Community Based Organization
- CDE = California Department of Education
- CFR = Code of Federal Regulations
- CHW = Community Health Worker
- CMC = Computer Media Claim
- COE = County Office of Education
- CYBHI = Children and Youth Behavioral Health Initiative
- DHCS = Department of Health Care Services
- DMHC = Department of Managed Health Care
- DUA = Data Use Agreement
- EPSDT = Early and Periodic Screening, Diagnostic, and Treatment
- EOB = Explanation of Benefits
- ERMHS = Educationally Related Mental Health Services
- FERPA = Family Educational Rights and Privacy Act
- FFS = Fee-for-service
- FFP = Federal Financial Participation
- FQHC = Federally Qualified Health Center
- HIPAA = Health Insurance Portability and Accountability Act
- HPI = Healthy Places Index
- IDEA = Individuals with Disabilities Education Act
- IEP = Individualized Education Plan
- IFSP = Individualized Family Service Plan
- LEA = Local Educational Agency
- LEA BOP = Local Educational Agency Medi-Cal Billing Option Program
- LEP = Licensed Educational Psychologist
- LCFF = Local Control Funding Formula
- LCSW = Licensed Clinical Social Worker
- LPCC = Licensed Professional Clinical Counselor
- MCP = Managed Care Plan
- MHPAEA = Mental Health Parity and Addition Equity Act

- MOU = Memorandum of Understanding
- NPI = National Provider Identifier
- NSMHS = Non-Specialty Mental Health Services
- OHC = Other Health Coverage
- RMTS = Random Moment Time Survey
- PAVE = Provider Application and Validation for Enrollment
- PPS = Pupil Personnel Services
- SABIRT = Screening, Brief Intervention, and Referral to Treatment
- SBHC = School-Based Health Center
- SBHIP = Student Behavioral Health Incentive Program
- SUD = Substance Use Disorder
- TPA = Third-Party Administrator

11.2 Statutory Requirements

The Welfare and Institutions (W&I) Code, section 5961.4, requires:

- 5961.4(a): As a component of the [CYBHI] initiative, [DHCS] shall develop and maintain a school-linked statewide fee schedule for outpatient mental health or substance disorder treatment provided to a student 25 years of age or younger at a school-site.
- 5961.4(b): The department shall develop and maintain a school-linked statewide provider network of school-site behavioral health counselors.
- 5961.4(c)(1): Commencing January 1, 2024, and subject to subdivision (d), each Medi-Cal managed care plan and Medi-Cal behavioral health delivery system, as applicable, shall reimburse providers of medically necessary outpatient mental health or substance use disorder treatment provided at a school-site to a student 25 years of age or younger who is an enrollee of the plan or delivery system, in accordance with paragraph (2), but only to the extent the Medi-Cal managed care plan or Medi-Cal behavioral delivery system is financially responsible for those school-site services under its approved managed care contract with the department.
- 5961.4(c)(2): Providers of medically necessary school-site services described in this section shall be reimbursed, at a minimum, at the CYBHI fee schedule rate or rates developed pursuant to subdivision (a), regardless of network provider status.

- 5961.4(d): This section shall be implemented only to the extent that the department obtains any necessary federal approvals, and federal financial participation under the Medi-Cal program is available and not otherwise jeopardized.
- 5961.4(e): This section does not relieve a local educational agency or institution of higher education from requirements to accommodate or provide services to students with disabilities pursuant to any applicable state and federal law, including, but not limited to, the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), Part 30 (commencing with Section 56000) of Division 4 of Title 2 of the Education Code, Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and Chapter 3 (commencing with Section 3000) of Division 1 of Title 5 of the California Code of Regulations.
- 5961(f): For purposes of this section, the following definitions shall apply:
 - (1) "Comprehensive risk contract" has the same meaning as set forth in Section 438.2 of Title 42 of the Code of Federal Regulations.
 - (2) "Institution of higher education" means the California Community Colleges, the California State University, or the University of California.
 - (3) Local educational agency" means a school district, county office of education, charter school, the California Schools for the Deaf, and the California School for the Blind.
 - (4) "Medi-Cal behavioral health delivery system" has the meaning described in subdivision (i) of Section 14184.101.

"Medi-Cal behavioral health delivery system" means an entity or local agency that contracts with the department to provide covered behavioral health Medi-Cal benefits pursuant to Article 3.2 (commencing with Section 14124.20), or Section 14184.400 and Chapter 8.9 (commencing with Section 14700), or a county Drug Medi-Cal Organized Delivery System pilot authorized under the CalAIM Terms and Conditions and described in Section 14184.401 or authorized under the Medi-Cal 2020 Demonstration Project Act pursuant to Article 5.5 (commencing with Section 14184). W&I Code section 14184.101(i)

(5) "Medi-Cal managed care plan" means any individual, organization, or entity that enters into a comprehensive risk contract with the department to provide covered full-scope health care services to enrolled Medi-Cal beneficiaries pursuant to any provision of Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9.

(6) "Schoolsite" has the meaning described in paragraph (6) of subdivision (b) of Section 1374.722 of the Health and Safety Code.

For commercial health plans, the Health and Safety (H&S) Code, section 1374.722, requires:

- 1374.722(a)(1): A health care service plan contract issued, amended, renewed or delivered on or after January 1, 2024, that is required to provide coverage for medically necessary treatment of mental health and substance use disorders pursuant to Sections 1374.72, 1374.721, and 1374.73 shall cover the provision of the services identified in the fee-for-service reimbursement schedule published by the State Department of Health Care Services, as described in subparagraph (B) of paragraph (5) of subdivision (c), when those services are delivered at school-sites pursuant to this section, regardless of the network status of the local educational agency, institution of higher education, or health care provider.
- 1374.722(a)(2): This section does not relieve a local educational agency or institution of higher education from requirements to accommodate or provide services to students with disabilities pursuant to any applicable state and federal law, including, but not limited to, the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), Part 30 (commencing with Section 56000) of Division 4 of Title 2 of the Education Code, Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and Chapter 3 (commencing with Section 3000) of Division 1 of Title 5 of the California Code of Regulations.
- 1374.722(b): The following definitions apply for purposes of this section:
 - (1) "Health care provider" has the same meaning as defined in paragraph (4) of subdivision (a) of Section 1374.72 and paragraph (5) of subdivision (c) of Section 1374.73.

(2) "Institution of higher education" means the California Community Colleges, the California State University, or the University of California.

(3) "Local educational agency" means a school district, county office of education, charter school, the California Schools for the Deaf, and the California School for the Blind.

(4) "Medically necessary treatment of a mental health or substance use disorder" has the same meaning as defined in paragraph (3) of subdivision (a) of Section 1374.72.

(5) "Mental health and substance use disorder" has the same meaning as defined in paragraph (2) of subdivision (a) of Section 1374.72.

(6) "School site" means a facility or location used for public kindergarten, elementary, secondary, or postsecondary purposes. "School site" 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.

(7) "Utilization review" has the same meaning as defined in paragraph (3) of subdivision (f) of Section 1374.721.

- 1374.722(c): When a local educational agency or institution of higher education provides or arranges for the provision of treatment of a mental health or substance use disorder services subject to this section by a health care provider for an individual 25 years of age or younger at a school site, the student's health care service plan shall reimburse the local educational agency or institution of higher education for those services.

(1) A health care service plan shall not require prior authorization for services provided pursuant to this section.

(2) A health care service plan may conduct a post-claim review to determine appropriate payment of the claim. Payment for services subject to this section may be denied only if the health care service plan reasonably determines that the services were provided to a student not enrolled in the health plan, were never

performed, or were not provided by a health care provider appropriately licensed or authorized to provide the services.

(3) Notwithstanding paragraph (1), a health plan may require prior authorization for services as authorized by the department pursuant to subdivision (d).

(4) A local educational agency, community college district, the California State University system, or the Regents of the University of California may consolidate claims for purposes of submitting the claims to a health care service plan.

(5) A health care service plan shall provide reimbursement for services provided to students pursuant to this section at the greater of either of the following amounts:

(A) The health plan's contracted rate with the local educational agency, institution of higher education, or health care provider, if any.

(B) The fee-for-service reimbursement rate published by the State Department of Health Care Services for the same or similar services provided in an outpatient setting, pursuant to Section 5961.4 of the Welfare and Institutions Code.

(6) A health care service plan shall provide reimbursement for services provided pursuant to this section in compliance with the requirements for timely payment of claims, as required by this chapter.

(7) Services provided pursuant to this section shall not be subject to copayment, coinsurance, deductible, or any other form of cost sharing.

(8) An individual or entity shall not bill the enrollee or subscriber, nor seek reimbursement from the enrollee or subscriber, for services provided pursuant to this section.

11.3 Practitioners

Practitioner qualifications are defined in the California Code of Regulations, the California Education Code, the Business and Professions Code, the Welfare and Institutions Code, and the Health and Safety Code.

Licensed Practitioners

- Licensed Marriage and Family Therapist (LMFT): Licensed marriage and family therapists must be licensed to practice by the California Board of Behavioral Sciences. These practitioners must have a PPS credential, or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990⁵⁸. Contracted LMFTs employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences or possess a PPS credential⁵⁹.
- Licensed Clinical Social Workers (LCSW): Licensed clinical social workers must be licensed to practice by the California Board of Behavioral Sciences. Clinical social workers must have a PPS credential with a specialization in school social work, a health services credential, or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.⁶⁰ Contracted licensed clinical social workers employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences or possess a PPS credential with a specialization in school social work.
- Licensed Professional Clinical Counselors (LPCC): Licensed professional clinical counselors must be licensed to practice by the California Board of Behavioral Sciences. Clinical counselors must have a PPS credential, a health services credential, or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.⁶¹ Contracted licensed clinical counselors employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences or possess a PPS credential with a specialization in school social work.
- Registered Credentialed School Nurses (RN): Registered credentialed school nurses must be licensed to practice by the California Board of Registered Nursing. Qualified practitioners must have a school nurse services credential, or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.⁶² Effective January 1, 1981, these nurses also must show proof they have child abuse and neglect detection training. This requirement may be fulfilled through continuing education.

⁵⁸ Business and Professions Code, sections 4980(b) and 4980.03(a) ([link](#))

⁵⁹ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

⁶⁰ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

⁶¹ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

⁶² Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

- Licensed Registered Nurse (RN): Registered nurses (RNs) must be licensed to practice by the California Board of Registered Nursing. RNs who do not have a school nurse services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990 may render LEA services if supervised by a registered credentialed school nurse.⁶³
- Certified Nurse Practitioners (NP): Certified nurse practitioners must be licensed and certified to practice as nurse practitioners, whose practices are predominantly that of primary care, by the California Board of Registered Nursing. Certified nurse practitioners who do not have a school nurse services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990 may render LEA services if supervised by a registered credentialed school nurse.⁶⁴
- Physicians and Psychiatrists (MD): Physicians must be licensed to practice by the Medical Board of Psychiatrists California or the Osteopathic Medical Board of California. Physicians employed on a half-time or greater than half-time basis must have a health services credential, or a valid credential issued prior to November 23, 1970⁶⁵.
- Physician Assistants (PA): Physician Assistants must be licensed to practice by the Physician Assistant Board. These practitioners must have a pupil personnel services credential with a specialization in health or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.⁶⁶
- Licensed Psychologists: Licensed psychologists must be licensed to practice by the California Board of Psychology. These practitioners must have a pupil personnel services credential with a specialization in school psychology, a health services credential, or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

Contracted licensed psychologists employed by non-public schools and agencies must be licensed to practice by the California Board of Psychology or possess a pupil personnel services credential with a specialization in school psychology.⁶⁷

- Licensed Educational Psychologists: Licensed educational psychologists must be licensed to practice by the California Board of Behavioral Sciences. These practitioners must have a pupil personnel services credential with a specialization in

⁶³ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

⁶⁴ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

⁶⁵ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

⁶⁶ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

⁶⁷ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

school psychology or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.⁶⁸

Non-licensed practitioners

- Alcohol and Other Drugs (AODs) Counselors: *To be updated.*
- Community Health Workers: Community Health Workers (CHWs) may include individuals known by a variety of job titles, such as promoters, community health representatives, navigators, and other non-licensed public health workers⁶⁹. All CHWs must have completed one of the following certifications:
 - a. CHW Certification, which allows a CHW to provide all covered CHW services.
 - b. Violence Prevention Professional Certificate, which allows a CHW to provide only CHW violence prevention services specific to community violence.
 - c. Have at least 2,000 hours working as a CHW in the previous three years and has demonstrated skills and practical training as determined and validated by the Supervising provider.⁷⁰ These practitioners must have a pupil personnel services credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

CHWs must be supervised by their employing organization or overseeing organization. The Supervising Provider ensures that CHWs meet the minimum qualifications, submit claims for services provided by CHWs, and oversees services delivered by CHWs. The Supervising Provider does not need to be physically present at the school-site at which a CHW provides services. The Supervising Provider must be a licensed Provider, a hospital, and outpatient clinic, a local health jurisdiction, or a CBO.

- Associate Marriage and Family Therapists (AMFT): Associate marriage and family therapists must be registered with the California Board of Behavioral Sciences. These practitioners may provide psychology and counseling services under the supervision of a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology. The supervisor must be licensed in California or in any other state for a total of at least two years out of the last five years immediately preceding any supervision.

⁶⁸ Education Code, section 49422(a) ([link](#)); CCR, Title 5, section 3065

⁶⁹ All Plan Letter 22-016 ([Link](#))

⁷⁰ All Plan Letter 22-016 ([Link](#))

California Code of Regulations, Title 16, section 1833.1 and Business and Professions Code, section 4980.03.

- Registered Associate Clinical Social Workers (ACSW): Associate clinical social workers must be registered with the California Board of Behavioral Sciences. Registered associate clinical social workers may provide psychology and counseling services under the supervision of a California licensed clinical social worker or a licensed mental health professional, including a licensed clinical psychologist, marriage and family therapist, licensed professional clinical counselor or licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology. The supervisor must be licensed in California or in any other state for a total of at least two years out of the last five years immediately preceding supervision. California Code of Regulations, Title 16, section 1870 and Business and Professions Code, section 4996.
- Associate Professional Clinical Counselors (APCC): Associate clinical social workers must be registered with the California Board of Behavioral Sciences. Registered associate clinical social workers may provide psychology and counseling services under the supervision of a California licensed professional clinical counselor or a licensed mental health professional, including a licensed clinical psychologist, licensed marriage and family therapist, licensed clinical social worker or licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology. The supervisor must be licensed in California or in any other state for a total of at least two years out of the last five years immediately preceding supervision.
- Pupil Personnel Services (PPS) credentialed providers and practitioners: *To be updated.*
- Wellness coaches: *To be added in 2025 pending State Plan Amendment approval.*

11.4 Additional detail on LEA readiness review

The following standards will guide DHCS's review of whether LEAs are ready to join the provider network and bill for services under the CYBHI fee schedule:

- Medi-Cal enrollment: LEAs, and their affiliated providers (such as community-based organizations and school-based health centers), must be Medi-Cal enrolled to receive both state and federal reimbursement for eligible services rendered under the CYBHI fee schedule, and comply with all federal and state requirements.
- Service delivery infrastructure: LEAs must demonstrate having sufficient existing service delivery infrastructure and/or capabilities to expand service offerings to meet needs (such as space, staffing, and resources).

- Data collection and documentation: LEAs must have defined policies and protocols for collecting, storing, and transmitting information to the State's Third-Party Administrator such as:
 - Student data and healthcare coverage information (e.g., subscriber name, date of birth, insurance provider, policy number, group number);
 - LEA's eligible practitioners and affiliated or contracted school-linked providers (e.g., provider name, certification number); and
 - Information on the provision of behavioral health services (e.g., date of service, name of recipient, service location, treatment plans).
- Billing infrastructure: LEAs must demonstrate ability to transmit sufficient data and information to the State's Third-Party Administrator to be able to file a claim. LEAs must also be able to receive payments.

11.5 School-Linked Grants

As part of the CYBHI, DHCS in partnership with a grant administrator will award up to \$550 million in one-time grants to strengthen school-linked behavioral health services. Funding will be distributed among:

- California public K-12 schools (\$400 million), and
- California public institutions of higher education (\$150 million).

Based on input from education stakeholders and partners, the TK-12 grants are designed to support three primary goals:

1. **CYBHI Fee schedule readiness**: Increase the number of Local Educational Agencies (LEAs) who are operationally ready to join the behavioral health provider network and utilize the CYBHI fee schedule.
2. **Expanded access**: Increase availability, equity, and range of behavioral health services in schools or school-linked settings by augmenting LEAs' capabilities and capacity.
3. **Collaborative Infrastructure**: Develop or enhance collaborative infrastructure across LEAs, Medi-Cal MCPs and commercial health plans, county behavioral health departments, and community-based organization providers that focus on child and youth behavioral wellbeing. Grant funds can be spent on developing plans to achieve common goals, policies to enable

and measure success, and tools to improve collaboration to help these systems better support children and families.

For the TK-12 grants, COEs will apply to grant funding for their county. Each COE will determine their funding strategy with input from local partners and disseminate funding to LEAs, charter schools, community-based organizations and/or other implementing partners in the county. The California Schools for the Deaf and the California School for the Blind will be able to apply directly for their portion of grant funding.

To be eligible to receive grant funding, LEAs must commit to implementing the CYBHI fee schedule at some future date. LEAs and other entities may receive funds regardless of the cohort in which they begin using the CYBHI fee schedule. Eligible LEA/entity types include:

- County Offices of Education
- Local education agencies
- Charter schools
- California Schools for the Deaf
- California School for the Blind
- Community partners

DHCS will publish additional guidance with details about the school-linked partnerships and capacity grants program. These details will include the grant application process and the permissible uses of funds.

11.6 Stakeholder Engagement Overview

The state engaged multiple stakeholder groups in conversations regarding school-linked services as a part of CYBHI through eight listening tours, five public-facing webinars, three higher education roundtable discussions, ongoing sessions with the Education Coalition, and multiple conferences.

Following these initial stakeholder engagements, DHCS launched the CYBHI Fee Schedule Workgroup sessions starting in October 2022 to gather input on design choices related to the CYBHI fee schedule and provider network from a range of partners representing K-12 education, public institutions of higher education, Medi-Cal

managed care plans, commercial health plans, county behavioral health departments, behavioral health providers, associations, advocates, youth and parents/caregivers.

Each of these CYBHI fee schedule workgroup sessions provided the state with insights that guided the development and refinement of the CYBHI fee schedule and provider network. More information on the CYBHI fee schedule workgroup, including meeting notes, attendee lists, and materials can be found on the [DHCS website](#).

Along with the CYBHI Fee Schedule Workgroup, the state has been holding stakeholder specific meetings, including monthly health plan work groups to discuss policy and operational questions associated with the roll out of this initiative, including the role of the third-party administrator, scope of services, the phased approach to implementation, and how to utilize the CYBHI fee schedule.