



Information contained in this file is confidential, preliminary, and pre-decisional as of 02.16.2024.

Local Educational Agency Statement of Interest Survey and Operational Readiness Application

Local Educational Agencies (LEAs) applying to participate in Cohort 2 of the Children and Youth Behavioral Health Initiative (CYBHI) fee schedule **must complete an application package that includes an LEA statement of interest and information related to operational readiness** (see PDF below and survey link [here](#)).

This application package and supporting documentation must be submitted via survey to DHCS for approval by no later than close of business on **April 15, 2024**.

NOTE: County Offices of Education (COEs) in each county may be asked to certify agreement with the LEA's submission and attest to the completeness, accuracy, and truthfulness of the LEA's submission.

LEAs should only complete the below if they are interested in being part of Cohort 2. LEAs will have future opportunities to apply for Cohort 3.

DHCS will make final decisions and notify Cohort 2 participants no later than **June 1, 2024**.

DHCS will be holding technical assistance webinars in February – April 2024 to provide further guidance and answer questions about applying to participate in Cohort 2 (please see the [DHCS CYBHI website](#) for additional details). In addition, if you have questions about the application process or the CYBHI fee schedule, please contact DHCS at DHCS.SBS@dhcs.ca.gov.



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Statement of Interest

1. COE selection: Please select the LEA’s County Office of Education:
2. LEA contact information: Please provide a primary point of contact for the LEA:
 - a. Name of LEA:
 - b. Primary contact name:
 - c. Role in LEA:
 - d. Email:
 - e. Phone number:

3. Rationale: Participation in Cohort 2 of the CYBHI fee schedule provider network will require LEAs to meet the CYBHI fee schedule program requirements and implement new policies, processes, and infrastructure (e.g., billing capabilities, IT systems).

DHCS intends for Cohort 2 implementation partners (i.e., DHCS, statewide Third-Party Administrator, health plans, LEAs, designated providers) to function in a collaborative learning environment with participants providing continuous feedback that will inform refinement of policy and operational guidelines.

Please refer to the [CYBHI Statewide Multi-Payer Fee Schedule draft guidance document](#) for more information.

How might the LEA uniquely contribute to the collaborative learning environment by sharing insights from service delivery, infrastructure, and other best practices? (500-word maximum)

4. Site Selection.
 - a. If selected, please indicate the number of school sites that would go-live for CYBHI fee schedule billing between July 1, 2024, and December 31, 2024.

School Type	Universal Prekindergarten/Transitional Kindergarten	Elementary	Middle Schools	High Schools	Other
Grades		(K-5 or K-6)	(7-8, 6-8, 6-9)	(9-12, 10-12)	
Number of Sites					

- b. If “Other” selected, please explain:

Operational requirements

LEAs **must meet all minimum requirements below** and be deemed operationally ready by DHCS prior to approval for go-live. **LEAs will not be eligible to submit claims** for the CYBHI fee schedule services **until DHCS issues an approval** based upon its review of the LEA's documentation and demonstration of readiness. Retroactive billing to a period prior to this demonstration of readiness is not permitted.

LEAs will be required to demonstrate readiness prior to joining Cohort 2 across the following focus areas¹:

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

A. Focus Area – Medi-Cal Enrollment

Cohort 2 participants must be Medi-Cal enrolled in order to receive both state and federal reimbursement for eligible services rendered under the CYBHI fee schedule (see below example deliverables, each of which is a federal and/or state Medi-Cal requirement).

Minimum Requirements:

1. LEAs must have or obtain a National Provider Identifier (NPI).
 - a. Does the LEA have an NPI?
 - i. Yes
 - ii. No
 - b. If yes, please provide the LEA's NPI:
2. To ensure compliance with state and federal requirements, DHCS may ask LEAs to complete additional Medi-Cal enrollment requirements prior to launch. Potential **example requirements** could include, but are not limited to:
 - Completion of a Medi-Cal Provider Participation Agreement.
 - Completion of a CYBHI-specific fee schedule program agreement to confirm the LEA's commitment to comply with mandatory program requirements.
 - Completion of a Medi-Cal disclosure statement to gather information on the LEA (e.g., name, address, debts due to government that relate to federal or state health care programs, previous suspensions) and individuals who meet

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the definition of a managing employee¹ (e.g., social security number, past felonies, previous suspensions).

- Submission of a certificate of general liability insurance covering the LEA and participating school sites. *General liability insurance covers premises and operation at the LEA address and includes costs of defense, legal costs, damage to property, claims expenses because of injuries to other persons, etc.*
- Submission of a certificate of professional liability insurance covering the LEA and participating school sites. *Professional liability insurance covers against the loss, damage, or expense incident to a claim arising out of the harm of any person as a result of malpractice in rendering professional services by any person who holds a license or certificate.*
- Submission of a certificate of workers' compensation insurance covering the LEA and participating school sites.

Please select one of the below:

I have carefully read and understand the above information and agree that the LEA will complete all additional requirements established by DHCS within requested timelines.

I am unable to agree that the LEA will complete all additional requirements established by DHCS within requested timelines. My rationale for not agreeing is:

B. Focus Area – Service Delivery Infrastructure and Capacity Building

Cohort 2 participants must demonstrate that they have sufficient existing service delivery infrastructure and/or capabilities to expand service offerings to meet the needs of all students.

This includes employing or contracting with practitioners eligible to provide behavioral health services included in the CYBHI fee schedule. This could include:

- Employment of licensed behavioral health professionals,
- Employment of Pupil Personnel Service (PPS) credentialed practitioners, and/or
- Contracting or affiliating with behavioral health practitioners, provider groups, clinics, community-based organizations (CBOs), or county behavioral health departments.

Minimum Requirements:

¹ Any individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an applicant or provider.

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1. Please explain the LEA's current capacity (e.g., physical space, staffing, resources, contracts) to furnish covered behavioral health services to students. (500-word maximum) If applicable, please attach relevant documentation and highlight where this question is referenced.

Note: If the LEA will need assistance with capacity building through the DHCS CYBHI's soon to be released School-Linked Partnerships and Capacity Building Grants, please indicate so in the response below.

2. Does the LEA currently provide only mental health services, only substance use disorder services, or both mental health and substance use disorder services (select one)?
 - a. If the LEA provides mental health services, please elaborate on the types of services/programs offered (e.g., screening, prevention).
 - b. If the LEA provides substance use disorder services, please elaborate on the types of services/programs offered (e.g., SABIRT, prevention).
3. Does the LEA currently have capacity to provide services to students? (Select all that apply)
 - Tier 1 services – universal supports administered to all students (e.g., SUD prevention campaign, anti-stigma campaign, wellness programs)
 - Yes – Services rendered by LEA employees
 - Yes – Services rendered by contracted or affiliated providers
 - Yes – Services referred to off-campus providers
 - No – Services not provided directly or indirectly
 - Tier 1 services – universal supports administered to specific students (e.g., mental health screening, SUD screenings):
 - Yes – Services rendered by LEA employees
 - Yes – Services rendered by contracted or affiliated providers
 - Yes – Services referred to off-campus providers
 - No – Services not provided directly or indirectly
 - Tier 2 services – supplemental supports for some students (e.g., psychoeducation services for students and/or families, skill-building groups, group counseling/coaching):
 - Yes – Services rendered by LEA employees
 - Yes – Services rendered by contracted or affiliated providers

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- Yes – Services referred to off-campus providers
 - No – Services not provided directly or indirectly
- Tier 3 services – intensified supports for some students (e.g., therapy/clinical interventions for individuals, groups, or families):
 - Yes – Services rendered by LEA employees
 - Yes – Services rendered by contracted or affiliated providers
 - Yes – Services referred to off-campus providers
 - No – Services not provided directly or indirectly
- 4. (Optional) Please describe existing efforts as part of the Student Behavioral Health Incentive Program (SBHIP) to enhance behavioral health serving offerings, data collection and documentation infrastructure policies, and billing infrastructure. Note that the CYBHI fee schedule will build on any existing efforts through SBHIP to enhance behavioral health service offerings. If applicable, please attach relevant documentation and highlight where this question is referenced.
- 5. What is the LEA's current staffing or contracting model? Please enter the total FTEs across prospective school sites for each of the below:
 - PPS Credentialed School Psychologists
 - PPS Credentialed School Social Workers
 - PPS Credentialed School Counselors
 - Registered/Certified School Nurses
 - Employed mental health specialists/licensed behavioral health providers
 - Contracted mental health specialists/licensed behavioral health providers
 - Employed mental health paraprofessionals (e.g., case workers, care coordinators, peer support workers)
 - Contracted mental health paraprofessionals (e.g., case workers, care coordinators, peer support workers)
- 6. a. Please **select all models** the LEA currently utilizes to deliver behavioral health services to students:
 - Contracts with CBOs or behavioral health provider organizations
 - Informal arrangements or affiliations with CBOs or behavioral health provider organizations
 - Contracts with county behavioral health department
 - Contracts with Medi-Cal managed care plans

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- Contracts with commercial health plans or disability insurance plans
- Not applicable – LEA does not currently utilize an outside agency to deliver behavioral health services to students
- Other, please describe:

b. Please provide a list of the external entities with which the LEA has a relationship. For each entity, please include a brief description of the relationship including the contracting model, scope of work, and start/end date of contract. If applicable, please attach relevant documentation and highlight where this question is referenced.

Note: DHCS may require LEAs to provide more detailed information on existing partnerships with affiliated and/or contracted practitioners and providers at a later date.

7. If selected for Cohort 2, the LEA will be required to provide information about providers, practitioners, and services, including a detailed provider list and practitioner information for all employed, contracted, and affiliated providers.

I have carefully read and understood the above and agree that the LEA will provide required provider information to the TPA or DHCS upon request.

I am unable to agree that the LEA will provide required provider information to the TPA or DHCS upon request. My rationale for not agreeing is:

C. Focus Area – Data Collection and Documentation

Cohort 2 participants must have defined policies and protocols for collecting, storing, and transmitting the following information to the State’s Third-Party Administrator (TPA) (as appropriate), including the following:

- i. Student data and healthcare coverage information (e.g., subscriber name, date of birth, insurance provider, policy number, group number),
- ii. Provider network information (e.g., provider name, certification number), and
- iii. Information on the provision of behavioral health services (e.g., date of service, name of recipient, service location, treatment plans).

Minimum Requirements:

1. Third Party Administrator: DHCS has contracted with a Third-Party Administrator (TPA), Caelon Behavioral Health, who will serve as a statewide clearinghouse for claims management and payment remittance. The TPA will also be responsible for LEA network oversight to centralize certain functions (e.g., provider management,

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credential verification, quality oversight) necessary to maintain the integrity of the program.

a. Is the LEA willing to work with the State's TPA as a pilot during the initial implementation phase (July 1 – December 31, 2024) to refine billing processes?

Yes

No

Need more information

b. Does the LEA currently contract with a TPA vendor?

Yes

No

Not currently, but the LEA is considering this model

Need more information

c. If yes, which TPA entity?

Data collected and transmitted must include, at a minimum: date of service; name of recipient; Medi-Cal identification number (if applicable); provider agency and person providing the service, and associated NPI numbers; nature, extent, or units of service; place of service; and, eligibility for IDEA (Individuals with Disabilities Education Act) services. This is in accordance with California Code of Regulations, Title 22, Section 51476, which explains that LEA providers must also keep, maintain, and have readily retrievable records to fully disclose the type and extent of services provided to Medi-Cal eligible students.

2. Please describe the LEA's current policies and procedures related to the collection, storage, and transmission of data related to the provision of behavioral health services and the development of student treatment plans (include any systems or software used). Provide any details relating to the training of staff on data privacy. If applicable, please attach relevant documentation and highlight where this question is referenced.
3. Please describe the LEA's policies and procedures pertaining to collection of student health-related records, including student health insurance coverage data. If applicable, please attach relevant documentation and highlight where this question is referenced.
4. Please describe the LEA's policies and procedures related to the collection of provider information and the process to regularly update provider information. If applicable, please attach relevant documentation and highlight where this question is referenced.

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5. Does the LEA have policies or procedures in place related to the development of student treatment plans? If yes, please describe. If applicable, please attach relevant documentation and highlight where this question is referenced.
6. Please describe the LEA's policies and procedures addressing compliance with Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) requirements, as well as any other applicable state and federal laws pertaining to privacy of protected health information and personal identifying information. If applicable, please attach relevant documentation and highlight where this question is referenced.

Note: Compliance with HIPAA is required for transactions of Protected Health Information (PHI) (i.e., submission of claims). Per [federal guidance](#), "In a few limited circumstances, an educational agency or institution subject to FERPA can also be subject to HIPAA. For instance, a school that provides health care to students in the normal course of business, such as through its health clinic, is also a "health care provider" under HIPAA. If a school that is a "health care provider" transmits any PHI electronically in connection with a transaction for which HHS² has adopted a transaction standard, it is then a covered entity under HIPAA. As a covered entity, the school's health care transactions must comply with the HIPAA Transactions and Code Sets Rule (or Transactions Rule)."³

7. Please provide details on communications with parents and guardians to update student health information and describe the LEA's policies and procedures pertaining to parental consent to providing services (e.g., what conditions are required to receive consent from students or parents / guardians) and for the release of student information for the purpose of submitting claims to the TPA for payment. If applicable, please attach relevant documentation and highlight where this question is referenced.

Note: In accordance with FERPA and the Individuals with Disabilities Education Act (IDEA), LEAs are required to obtain the consent of the parent or guardian before disclosing a student's personally identifiable information (PII) to the state Medicaid agencies for billing and for cost reimbursement purposes⁴. Consent must specify the PII that the LEA may disclose, the purpose of the disclosure, and the agency to which the LEA may disclose the information⁵.

² U.S. Department of Health and Human Services

³ https://studentprivacy.ed.gov/sites/default/files/resource_document/file/2019%20HIPAA%20FERPA%20Joint%20Guidance%2008.pdf.

⁴ Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming.

⁵ Per [CMS guidance on school-based Medicaid services](#), On May 18, 2023, the Department of Education published in the Federal Register a proposed rule to modify IDEA Part B requirement in 34 C.F.R. § 300.154(d)(2)(iv) that an LEA must obtain parental consent prior to accessing an IDEA-enrolled child's or the parent's public benefits or insurance for the first time. This proposed rule would help ensure that there is no reduction in benefits to children. It would also protect the rights of children and parents by continuing the no-cost, privacy, and notification protections when LEAs bill Medicaid.

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8. As appropriate, the TPA may share data with the relevant Medi-Cal managed care plan and/or commercial health plan. This may include but is not limited to data required for the payment of claims, utilization reporting, quality reporting, and care coordination. In the coming months, DHCS may require LEAs to enter into a data use agreement the TPA. As such, the LEA must agree to complete all required data use agreements within DHCS established timelines.

I have carefully read and understand the above and agree that the LEA will complete all required data use agreements within DHCS established timelines.

I am unable to agree that the LEA will complete all required data use agreements within DHCS established timelines. My rationale for not agreeing is:

D. Focus Area – Billing infrastructure

Cohort 2 participants must demonstrate their ability to transmit sufficient data and information to be able to file a claim and must be able to receive payments.

Minimum Requirements:

1. Who is the billing entity for behavioral health services at the LEA?
 - a. The COE (on behalf of all LEAs)
 - b. The LEA (on behalf of all schools/school-linked sites)
 - c. Each individual school or school-site
 - d. The LEA contracts with a third-party entity for billing.
 - e. Not sure/ Need more information
2. Please describe the LEA's current technological infrastructure for claims processing and submission (e.g., automated data sharing between providers and payers, medical billing software, claim analytics). If applicable, please attach relevant documentation and highlight where this question is referenced.
3. (Optional) Please describe of any near-term (in less than 1 year) plans to expand such infrastructure. If applicable, please attach relevant documentation and highlight where this question is referenced.
4. Please describe and submit the LEA's current process for claims administration, processing and/or submission. If applicable, please attach relevant documentation and highlight where this question is referenced.
5. Please identify the number of plans (e.g., Medi-Cal managed care plans, commercial plans) with which the LEA has an existing partnership.



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Note: CYBHI legislation does not require school-linked providers to have a contractual relationship with payers (e.g., Medi-Cal managed care plans, commercial plans) in order to be reimbursed under the CYBHI fee schedule. This information is requested for informational purposes.

Additional information

1. Is there anything else you'd like to share?