



# OPERATIONAL READINESS STANDARDS FOR COHORT 2 OF THE CYBHI FEE SCHEDULE PROGRAM

## FOR DHCS USE ONLY

The purpose of this document is to provide the Department of Health Care Services (DHCS) a resource they may potentially share with Local Educational Agency (LEA) and public institutions of higher education (IHE) applicants of Cohort 2 of the Children and Youth Behavioral Health Initiative (CYBHI) statewide, multi-payer, school-linked fee schedule (CYBHI fee schedule). DHCS may consider using the operational readiness standards described below as they review the Cohort 2 statements of interest and operational readiness checklists.

This document has been created at the request of the California DHCS. All information is based on inputs from the DHCS.

The approaches and considerations included in this document are preliminary and may be further developed based on additional inputs from the DHCS and California Health and Human Services.

# Operational readiness standards for the CYBHI fee schedule program

This document outlines the operational readiness standards that Local Educational Agencies (LEAs) and public institutions of higher education (IHEs) will be expected to demonstrate prior to joining Cohort 2 of the Children and Youth Behavioral Health Initiative (CYBHI) statewide, multi-payer, school-linked fee schedule. See below for a list of the operational readiness standards, definitions, and example responses<sup>1</sup> as determined by the Department of Health Care Services (DHCS) that LEAs and IHEs may use as a guide as they complete their statement of interest and operational readiness checklist.

## List of Operational readiness standards as outlined in the following table:

**Standard 1:** LEA or IHE has sufficient service delivery infrastructure to furnish (directly or via contracts) behavioral health services to children, youth, and families

**Standard 2:** LEA or IHE has workforce infrastructure to support continued delivery or expansion of behavioral health services, including through employed Pupil Personnel Services (PPS) practitioners, partnerships with community-based providers, and/or relationships with county behavioral health departments

**Standard 3:** LEA or IHE collects student health information (including health insurance information and documentation of behavioral health services delivered) or has mechanisms to collect student health information in the future

**Standard 4:** LEA or IHE handles student health information in a manner compliant with all federal and state regulations (e.g., HIPAA<sup>2</sup>, FERPA<sup>3</sup>)

**Standard 5:** LEA or IHE collects and has mechanisms to report provider/practitioner information

**Standard 6:** LEA or IHE has existing billing infrastructure and capability to submit claims or has a mechanism/plan (e.g., grant funding)

**Standard 7:** LEA or IHE demonstrates willingness to collaborate with DHCS throughout onboarding and duration of time in the school-linked, behavioral health provider network

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<sup>1</sup> Draft example responses are blinded from Cohort 1 applications

<sup>2</sup> Health Insurance Portability and Accountability Act

<sup>3</sup> Family Educational Rights and Privacy Act

Operational readiness standard and definition	Example responses <sup>4</sup> from Cohort 1 participants
<p><b>Standard 1: LEA or IHE has sufficient service delivery infrastructure to furnish (directly or via contracts) behavioral health services to children, youth, and families</b></p> <p><b>Definition:</b>  Applicant indicates an established ability to provide mental health/substance use disorder (SUD) services  Applicant provides multiple behavioral health services to students across one or more categories of behavioral health services:</p> <ul style="list-style-type: none"> <li>» Universal supports for students (e.g., screenings, classroom based social emotional learning, school-wide mental health education)</li> <li>» Targeted low-intensity supplemental supports for specific students (e.g., small group interventions, mentoring, classroom-based supports)</li> <li>» Intensified supports for certain groups of students (e.g., individual therapy, group therapy, case management)</li> </ul>	<p><b>Response to multiple choice question:</b>  The applicant selects that they currently provide mental health and/or SUD services  The applicant also selects “Yes” for at least one of the categories of behavioral health services to indicate that they currently provide behavioral health services to their students</p>
<p><b>Standard 2: LEA or IHE has workforce infrastructure to support continued delivery or expansion of behavioral health services, including through employed Pupil Personnel Services (PPS) practitioners, partnerships with community-based providers, and/or relationships with county behavioral health departments</b></p>	<p><b>Response to multiple choice question:</b>  Applicant indicates utilizing one or more eligible providers and practitioners (e.g., therapists, social workers, community-based providers, PPS credentialed practitioners) to deliver behavioral health services included in the CYBHI fee schedule</p> <p><b>Example written response(s):</b></p>

<sup>4</sup> Draft example responses are blinded from Cohort 1 applications

Operational readiness standard and definition	Example responses <sup>4</sup> from Cohort 1 participants
<p>Applicant has employed or contracted with practitioners to deliver behavioral health services to students (e.g., psychiatrists, therapists, PPS credentialed practitioners)</p> <p>Applicant has contracts in place that show evidence of partnerships with providers and organizations in the community (including scope of work documents outlining delivery of mental health or SUD services)</p>	<ol style="list-style-type: none"> <li data-bbox="789 199 1417 829"> <p><i>We have <b>strong partnerships with various community-based providers.</b> Our district contracts with ABC to provide <b>individual counseling and group counseling</b> services at our X school sites. For our Medi-Cal eligible students, we contract with XYZ for counseling services. We additionally partner with ZZZ that provides <b>SUD counseling to youth ages XX-YY at our middle and high school sites.</b> Furthermore, we contract with EFG, which provides students with immediate <b>access to therapists in school-based settings via telehealth.</b></i></p> </li> <li data-bbox="789 840 1417 1417"> <p><i>We <b>partner with the following list of entities to provide school-site mental health services ranging from therapy, counseling, crisis intervention, and education and outreach programs:</b> [insert list of community-based providers/external entities]. We also contract with the following list of <b>entities for therapists and addiction counselors</b> that provide a range of behavioral health services and SUD counseling: [insert list of community-based providers/external entities]</i></p> </li> </ol> <p><b>Example document(s) to provide:</b></p> <ul style="list-style-type: none"> <li data-bbox="789 1480 1417 1648">» Contracts with providers and practitioners (including scope of work, contracting model, start/end date of contract)</li> <li data-bbox="789 1659 1417 1732">» Memorandums of understanding with providers and practitioners</li> <li data-bbox="789 1743 1417 1858">» Non-binding agreements with providers and practitioners to provide behavioral health services to students</li> </ul>

Operational readiness standard and definition	Example responses <sup>4</sup> from Cohort 1 participants
<p><b>Standard 3: LEA or IHE collects student health information (including health insurance information and documentation of behavioral health services delivered) or has mechanisms to collect student health information in the future</b></p> <p>Applicant details either of the following:</p> <ol style="list-style-type: none"> <li>Existing policies and processes for gathering and handing student health information (at minimum including student health information and documentation of behavioral health services delivered in school or school-linked settings) during registration and/or by eligible practitioners (e.g., school nurse), including platforms in which the data is stored and transmitted to other parties, or</li> <li>Concrete plan for collecting and handling student health information in preparation for participation in the CYBHI fee schedule program, including processes and platforms for collecting and documenting health information, policies for protecting and sharing, and specific fields of health information which will be collected</li> </ol>	<p><b>Example written response(s):</b></p> <ol style="list-style-type: none"> <li><i>All <b>student health data</b>, such as <b>names, dates of birth, insurance providers, policy numbers, and past medical history</b> is <b>gathered and housed within our encrypted student information system (SIS)</b>. Information regarding the <b>delivery of behavioral health services</b> (including service dates, recipient names, service locations, and detailed treatment plans) is <b>logged in XX system</b> within 2 business days of delivering services. For <b>data beyond the scope of our SIS, we utilize a secure, password protected cloud storage system</b> with exclusive internal access. Our systems are all compliant with regulatory requirements for privacy and security (e.g., HIPAA)</i></li> <li><i><b>Caregivers complete student health information forms during enrollment</b> and we store them in our [student information system] SIS. We have <b>specific forms to collect insurance information</b> as well during this process (see attached for sample forms completed during enrollment). <b>Administrative staff are then responsible for entering the health information into the SIS</b> which is accessible to staff involved in providing services.</i></li> </ol> <p><b>Example document(s) to provide:</b></p> <ul style="list-style-type: none"> <li>» Organizational policy statements outlining data storage and sharing</li> <li>» Organizational standard operating procedures outlining processes for collecting and documenting student</li> </ul>

Operational readiness standard and definition	Example responses <sup>4</sup> from Cohort 1 participants
	<p>health information (including fields collected)</p> <ul style="list-style-type: none"> <li>» Sample registration/intake paperwork at school sites (or flowcharts demonstrating processes around intake)</li> <li>» Data use agreements with other parties (e.g., county, Third-Party Administrator)</li> <li>» Contracts with external vendors relating to student health records data storage and/or documentation</li> <li>» Business associate agreements (e.g., Third-Party Administrator)</li> <li>» Document(s) outlining future plan(s) for building in processes to collect student health information</li> </ul>
<p><b>Standard 4: LEA or IHE handles student health information in a manner compliant with all federal and state regulations (e.g., HIPAA, FERPA)</b></p> <p>Applicant details policies on data storage and data sharing, both internally and with third parties, including technological infrastructure and specifications on how policies meet the HIPAA and FERPA mandates as well as state regulations</p> <p>Applicant has procedures in place for regular training of staff on data privacy practices</p>	<p><b>Example written response(s):</b></p> <ol style="list-style-type: none"> <li>1. <b><i>Students/caregivers sign a release of information for the school site to facilitate care coordination on the site at the time of intake. All medical records are confidential and cannot be released without the written consent of the parent/guardian. We follow all requirements for privacy and confidentiality under the FERPA and HIPAA (see attached documentation). Regular training sessions are held to ensure staff and contractors are familiar with and comply with data privacy best practices, ensuring the utmost care in handling and storing student data.</i></b></li> </ol> <p><b>Example document(s) to provide:</b></p> <ul style="list-style-type: none"> <li>» Organizational policy statements outlining data compliance with HIPAA and FERPA regulations and state regulations</li> </ul>

Operational readiness standard and definition	Example responses <sup>4</sup> from Cohort 1 participants
	<ul style="list-style-type: none"> <li>» Sample consent forms and/or forms provided to students and parents regarding HIPAA and/or FERPA</li> <li>» Data privacy provisions and tech security standards</li> <li>» Data use agreements with other parties (e.g., county, TPA)</li> <li>» Contracts with external vendors relating to student health records data storage and/or documentation</li> <li>» Business associate agreements (e.g., TPA)</li> </ul>
<p><b>Standard 5: LEA or IHE collects and has mechanisms to report provider/practitioner information</b></p> <p>Applicant demonstrates clear processes in place to collect provider/practitioner information (e.g., NPI, license information, primary specialty, address of facility, credential date), including regular updates of the information</p>	<p><b>Example written response(s):</b></p> <ol style="list-style-type: none"> <li>1. <i>We currently have a process for collecting provider information for our employees and partner agency staff. Our <b>HR department collects this information as part of the onboarding process.</b> The data is then <b>stored in our enterprise resource planning (ERP) software.</b> Storage in our ERP allows <b>tracking and storage of data as well as provision of notices when credentials may be expiring</b> which provides an opportunity for staff to update credentials.</i></li> <li>2. <i>For providers billing for services, our <b>administrative staff works with the district and state licensing agencies to provide licensing information.</b> New employees complete a form that includes this information which then gets uploaded onto our ERP platform. <b>The HR department conducts internal reviews of practitioners every X months to verify for expiring credentials.</b> Community-based providers partnering with us are responsible for the</i></li> </ol>

Operational readiness standard and definition	Example responses <sup>4</sup> from Cohort 1 participants
	<p><i>credentials/licenses of their own employees, and contractors must show appropriate credentials or licenses at the time of hire.</i></p> <p><b>Example document(s) to provide:</b></p> <ul style="list-style-type: none"> <li>» Standard operating procedure documents that describe the processes around collection and updating of provider information</li> <li>» Data documents listing fields of provider information that are collected (e.g., data templates, data use agreements)</li> <li>» Contracts with Third-Party Administrators (TPAs) involved in collecting and managing provider information</li> </ul>
<p><b>Standard 6: LEA or IHE has existing billing infrastructure and capability to submit claims or has a mechanism/plan (e.g., grant funding)</b></p> <p>If billing is managed in-house, applicant shows:</p> <ul style="list-style-type: none"> <li>» Administrative capacity to generate documentation for claims submission as well as prior experience submitting claims for services not pursuant to an IEP/IFSP</li> </ul> <p>If the applicant has an established billing vendor, supporting documentation may include:</p> <ul style="list-style-type: none"> <li>» An agreement between applicant and their TPA that details the claims preparation and submission process</li> <li>» Data use agreement between the applicant and their TPA</li> <li>» Detail on ability to scale current claims submission processes to accommodate an increase in claims volume (e.g., no</li> </ul>	<p><b>Example written response(s):</b></p> <ol style="list-style-type: none"> <li>1. <b><i>All claims are submitted by the district into the EHR system operated by our county's third-party administrator (TPA). Administrative staff support the data entry, monitor claims status and eligibility, and conduct auditing functions that limit risk of fiscal recoupment during annual reviews. Claims are held by our TPA and submitted to the State for remittance (see attached contract). Our infrastructure accommodates the following: eligibility lookups, claims management, service authorization, and secure data exchange.</i></b></li> <li>2. <b><i>Our providers/practitioners are responsible for entry of service information into the student information system (SIS) billing system which our County Office of</i></b></li> </ol>



Operational readiness standard and definition	Example responses <sup>4</sup> from Cohort 1 participants
<p>limitations on claims volume by the applicant’s TPA or willingness of applicant to work with their TPA to adjust scope)</p>	<p><b>Education (COE) then uses to process claims.</b> <i>The COE’s central EHR is integrated with our district’s SIS which streamlines our ability to send health data necessary for the COE to process claims. We also <b>submit enrollment data to our COE in an electronic format in order to determine Medi-Cal eligibility</b> which is supported by the county’s TPA (see attached contract).</i></p> <p><b>Example document(s) to provide:</b></p> <ul style="list-style-type: none"> <li>» Contracts with external entities (including scope of work, contracting model, start/end date of contract)</li> <li>» Memorandums of understanding with external vendors</li> <li>» Billing services contracts (or contracts that include terms on billing) with external entities (e.g., TPAs, county health services)</li> <li>» Data use agreements with other parties (e.g., county, TPA)</li> <li>» Administrative flowsheets or organizational charts showing staff responsible for billing and claims submission</li> <li>» Policy or procedural documents describing processes around billing and claims submission</li> </ul>
<p><b>Standard 7: LEA or IHE demonstrates willingness to collaborate with DHCS throughout onboarding and duration of time in the school-linked, behavioral health provider network</b></p> <p>Applicant shows willingness to complete additional Medi-Cal enrollment requirements (e.g., Provider Participation Agreement), participate in the onboarding</p>	<p><b>Response to multiple choice question:</b></p> <p>Applicant states that they agree (or is willing to comply) to all the conditions stated in the application</p>

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activities, provide DHCS/TPA with requested data, and participate in data use agreements as needed by DHCS	