Department of Health Care Services
Children and Youth Behavioral Health Initiative

Statewide All-Payer School-Linked Fee Schedule Workgroup Session - February 15, 2023

Meeting Summary

This document provides a summary of the February 15, 2023, Statewide All-Payer School-Linked Fee Schedule Workgroup session. The summary notes include: a record of attendance, a brief overview of topics discussed, and a synthesis of the themes from group discussions.

Fee Schedule Workgroup Members Attending (90 total)

Amarbir Takhar, Alex Mays, Alice Wieland, Amanda Mozes, Amrita Rai, Amy Blackshaw, Angela Chen, Angela Gomez, Anna Nguyen, Arturo Chavez, Ashneek Nanua, Beth Whitteker-Molina, Brad Buchman, Brandon Bullock, Brooke Denton, Carol Chio, Catherine Aspiras, Catherine Powell, Chelimer Miro Rivera, Cindy Livers, Constance Laflamme, Corey Hashida, Cynthia Alvarado-Martinez, Daniela Ramirez, David Panush, Dawn Ortiz, Desiree Denard, Diana Gonzalez, Diana Ramos, Diane Van Maren, Donald Witherell, Dory Hicks, Doug Moes, Elia Gallardo, Elizabeth Campos-Martinez, Erik Vandenakker, Eryn Wike, Gabrielle Lyttle, Hayden Schoch, Ingrid Cardenas, Jacqueline Alvarez, Jacqueline Nguyen, Janine Moore, Jeanette Lucht, Jennifer Baker, Jeremy Ford, Jeremy McGuire, Joe Mendez, Jon Goldfinger, Jose Lepe, Kate Grave, Kelsey Rojo, Laura Wasco, Lauren Burnette, Lisa Eisenberg, Lisa Erickson, Lisa Miller, Lucy Marrero, Luis Iraheta, Margie Bobe, Marna Metcalf, Melinda Santiago, Michael Zelman, Michelle Gibson, Mike Roseman, Misty Snodgrass, Natalie Porter, Natassia Rozario, Nicola Parr, Niti Kadakia, Noemi Vargas, Paige Clark, Patricia Gish, Patty Blum, Rhonda Yohman, Rosalind Chotinanon, Samar Fahmy, Sarah Borkowski, Shannon Yorke, Stephen Liu, Stesha Hodges, Susanna Medina, Tammy Frates, Tisha Montiero, Tony Yang, Trina Frazier, Trinity Morton, Yael Koenig

Meeting Agenda and Overview

This meeting was the third session of the Fee Schedule Workgroup (FSWG) established by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) to gather input on design choices related to a statewide, all-payer school-linked fee schedule from a range of stakeholders including representatives from educational institutions (TK-12 and higher education), payers

(Medi-Cal Managed Care plans (MCPs), county behavioral health organizations, commercial plans, etc.), behavioral health providers, and other organizations.

The meeting agenda included:

- Recap fee schedule vision and progress to date
- Review roles for each stakeholder type in future-state process for school-linked behavioral health (BH) services
- Share potential phases and timelines for the fee schedule release / implementation
- Review scope of services included in the fee schedule, discussing variations for TK-12 and institutions of higher education
- Jamboard activity: Discuss potential support for fee schedule implementation
- Share updates on the administration structure for the school-linked grants
- Review next steps and upcoming FSWG meetings
- Discuss updates and design decisions shared

Key Takeaways

- Workgroup members discussed challenges with system readiness for fee schedule go-live in January 2024, including needed investments in infrastructure and capacity of local education agencies (LEAs) and institutions of higher education.

- DHCS shared a proposal to phase-in the fee schedule with a small cohort of LEAs in January. A second cohort would be phased-in in July 2024, with all LEAs and institutions of higher educations having the option to go-live beginning January 2025.

- Workgroup members raised various policy questions, including but not limited to the following topics:

    - Enrollment into the provider network
    - Scope of responsibility
    - Billing duplication
    - Timely reimbursement
    - Medi-Cal MCP requirements

DHCS/DMHC will continue to work through policy and operational considerations with the workgroup in subsequent sessions. Both DHCS and DMC will publish policy guidance prior to go-live to address all outstanding policy questions.

Fee Schedule Implementation

Implementing the fee schedule requires continued engagement with implementing partners. Roles and responsibilities for fee schedule partners are listed below.

- LEAs and institutions of higher education

- o Meet for state and federal enrollment requirements.
  - o Register as a provider in school-linked network (process TBD).
  - o Hire and/or contract with providers to deliver services.
  - o Submit reimbursement claims (potentially with third party support).
- Commercial plans and Medi-Cal delivery system (as applicable)
  - o Reimburse school-linked providers for outpatient mental health and substance use disorder (SUD) services included in the fee schedule.
- County BH departments
  - o Contract or partner with LEAs/institutions of higher education as a school-based provider.
- Community- based organization (CBOs) and providers
  - o Contract or partner with LEAs/institutions of higher education to increase access to school-linked services.

Phased Implementation Approach

Phase One – Jan 2024
- K-12: small group of LEAs with existing billing infrastructure and enrolled in Medi-Cal
- Colleges

Phase Two ~ July 2024
- Expansion to additional districts and/or school sites in Phase 1 counties
- Expansion to LEAs in additional counties within the same region
- Higher ed: campuses from the CA Community

Phase Three ~ Jan 2025 onwards
- All CA IHE campuses, LEAs, charter schools, CA Schools for the Deaf and Blind on a rolling opt-in basis

Questions regarding phase one participants and county readiness were asked in the chat. Phase one partners have not yet been chosen and DHCS will provide more information regarding readiness in the near future.

Scope of Services

Services will fall into four categories: psychoeducation, screening & assessments, treatment, care coordination. DHCS is working on identifying rates and seeks to adopt Wellness Coaches via a State Plan Amendment.

For each service DHCS will publish:

- Relevant CPT/HCPCS codes
- Eligible provider types to deliver service
- Reimbursement rates
- Additional rate modifiers (e.g., for telehealth), as appropriate

Jamboard Summary for Schools Discussion

During the session, workgroup members were asked to brainstorm potential supports in terms of infrastructure (e.g., support to develop physical or technological tools), capacity (e.g., training for administrative staff on billing to a fee schedule), or partnerships (e.g., access to third-party organizations that assist with billing administration. In particular, members were prompted with the following question for the Jamboard Activity:

> *Based your current role, please reflect on the following: For what parts of the process are you most in need of technical assistance, given your role in the process and the open topics for discussion? What specific topics would you want technical assistance on and how might that best be delivered (e.g., guidance documents, webinars, office hours, communities of learning)?*

Themes from those notes are laid out in aggregate across stakeholder group below (given that all members received the same prompt). Emerging themes from these Jamboard discussions are below.

County Behavioral Health Departments:
- LEAs will need specific instructions on which providers qualify and how to verify licensure and good standing.
- Flexible staffing models and/or third-party support models to account for new activities required of schools as well as their varied needs and preferences.
- Oversight determining how will plans, providers, and LEAs ensure there is no duplication of service and ensure that there are no unintended harmful impacts.
- Support to create and develop partnerships to increase workforce capacity in schools (e.g., with Community-Based Organizations (CBOs) that provide behavioral health services, with local training programs).
- Credentialing assistance for SUD providers beyond the regular Medi-Cal credentialing.
- Definitions of parameters for services in the fee schedule (e.g., approved provider types, codes).

Community Based Organizations (CBOs), Providers, and other community Organizations:
- Guidance or assistance supporting clinicians that need to better understand Medi-Cal medical necessity (non-specialty BH vs. specialty BH).
- How will providers currently offering SMHS and SUD services on school campuses be able to expand into CYBHI funded services?
- Clarity on the responsible entity for providers be paid directly by the State or by LEAs (e.g., determining responsibility when both schools and their contracted providers eligibility to bill for services).
- How does this align with dyadic psychoeducation and dyadic community supports services?

Health Plans:

- Protecting student privacy and respecting patient consent (TA is needed on data sharing to ensure care coordination across partners and reduce duplication of services).
- How will grievances be handled? Who is responsible?
- Without cost sharing, how will MCPs ensure they can pay for these services. This will be particularly relevant for commercial plans.
- What will contracting look like for plans if DHCS is maintaining the network and credentialing providers? Will LEA have access to AEVS to check eligibility?

K-12, County Office of Education (COE) and Institutions of Higher Education:
- CSU - we don't bill currently - an entire infrastructure for billing would need to be developed.
- Logistical challenges of offering services in schools (e.g., physical space constraints).
- MOU key components of utilizing CBO/Community Partners to provide services that bill under the LEA as part of the fee schedule.
- Differentiation between restricted funds (LEA BOP) and unrestricted funds (Fee schedule) revenues.
- Need to address potential conflicts between school-linked provider network and other provider networks (e.g., creating duplication of payer responsibility).
- Can schools leverage same providers of other services to provide these services (delivery of services)?
- What determines medically necessary? Guidance for LEAs is needed.

<u>Fee Schedule Workgroup Session Four to be scheduled in May 2023</u>