

Welcome Back!

Two wavy, horizontal lines in shades of blue and teal, positioned below the 'Welcome Back!' text and above the session information.

Afternoon Session
1:00 p.m. - 3:00 p.m.

School-Based Medicaid Coordinator Training

Agenda

- » Section 1: LEA BOP Coordinators
- » Section 2: LEA RMTS Coordinators
- » Section 3: SMAA Coordinators

Training Goals

- » Understand the roles, responsibilities, and scopes of School-Based Medicaid Coordinators.
- » Recognize the necessary collaboration with your Local Educational Consortium (LEC) and the Department of Health Care Services (DHCS).
- » Discover the resources available to learn more about best practices and grow your capacity as a School-Based Medicaid Coordinator.

Commonly Used Terms

- » Annual Report (AR)
- » Children's Health Insurance Program (CHIP)
- » Centers for Medicare and Medicaid Services (CMS)
- » Certified Public Expenditure (CPE)
- » Cost and Reimbursement Comparison Schedule (CRCS or cost report)
- » Children and Youth Behavioral Health Initiative (CYBHI)
- » Department of Health Care Services (DHCS)
- » Data Use Agreement (DUA)
- » Direct Medical Services Percentage (DMSP)
- » Federal Financial Participation (FFP)
- » Indirect Cost Rate (ICR)
- » Individualized Education Plan (IEP)
- » Individualized Family Service Plan (IFSP)

Commonly Used Terms

- » Individualized Health and Support Plan (IHSP)*
- » Local Educational Agency (LEA)
- » LEA Medi-Cal Billing Option Program (LEA BOP)
- » Local Educational Consortium (LEC)
- » Medi-Cal Eligibility Ratio (MER)
- » Memorandum of Understanding (MOU)
- » Provider Participation Agreement (PPA)
- » Random Moment Time Study (RMTS)
- » School-Based Medi-Cal Administrative Activities (SMAA)
- » System Software Platform (SSP)
- » Technical Assistance (TA)
- » Time Study Participant (TSP)
- » Quarterly Coding Report (QCR)
- » Institutes of Higher Education (IHE)

*Note: An IHSP is an umbrella term for a care plan and may have a different name depending on the LEA.

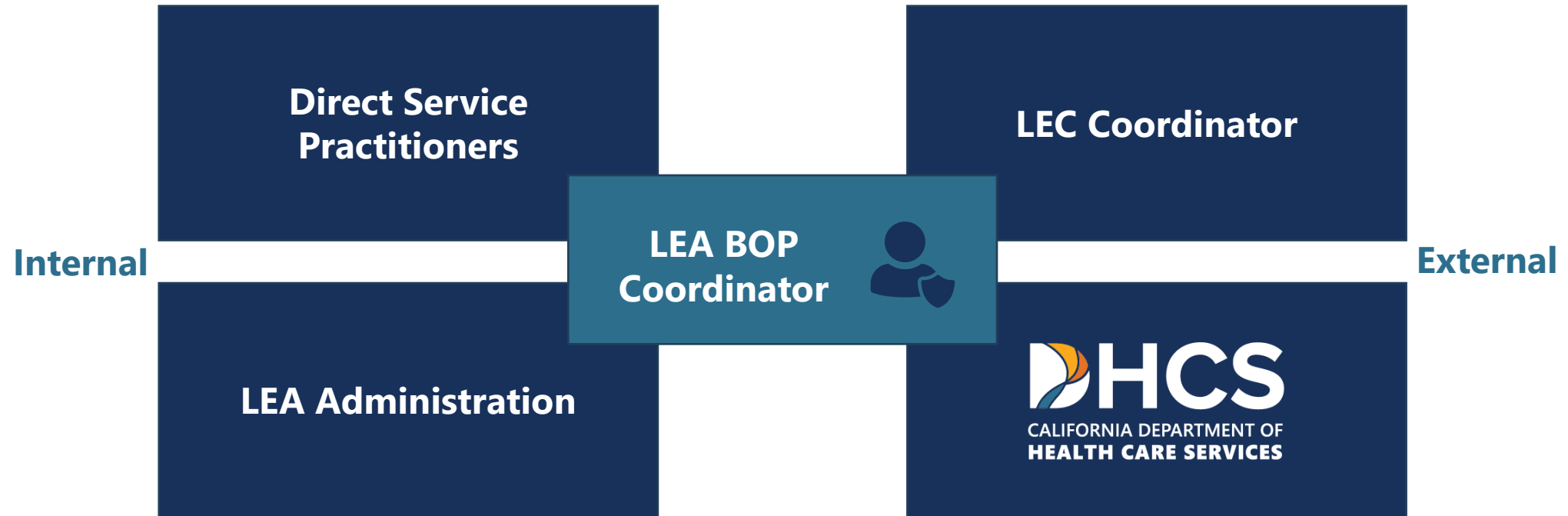
LEA BOP Coordinators



LEA BOP Overview

- » An optional program for LEAs to recoup allowable expenses for providing covered health services to students enrolled in Medi-Cal.
 - Medi-Cal is California's Medicaid program.
- » LEAs certify that Medicaid service costs are eligible for federal matching funds.
- » An ongoing funding stream through reimbursement for eligible services.

Who is the LEA BOP Coordinator?



LEA BOP Administrative Ecosystem

Timeline of Key Program Administration Dates and Activities

Q1	July - September
Q2	» August <ul style="list-style-type: none">• Prepare Quarter 2 Time Study Participant (TSP) List*
Q3	» Random Moment Time Study (RMTS) Moments
Q4	

Note: Services billed and costs tracked throughout the year.

*TSP list due dates are based on your LEC contract and are approximate.

Timeline of Key Program Administration Dates and Activities (continued)

Q1	October - December <ul style="list-style-type: none">» October<ul style="list-style-type: none">• Collect Annual Medi-Cal Eligibility Ratio (MER) Data» November<ul style="list-style-type: none">• Prepare Quarter 3 TSP list• November 30:<ul style="list-style-type: none">○ Data Use Agreement (DUA) (submit once every three years)» RMTS Moments» December<ul style="list-style-type: none">• December 31<ul style="list-style-type: none">○ Annual Report
Q2	
Q3	
Q4	

*TSP list due dates are based on your LEC contract and are approximate.

Timeline of Key Program Administration Dates and Activities (continued)

Q1	January - March <ul style="list-style-type: none">» February<ul style="list-style-type: none">• Prepare Quarter 4 TSP list*» March 1<ul style="list-style-type: none">• Submit Cost and Reimbursement Comparison Schedule (CRCS)» RMTS Moments
Q2	
Q3	
Q4	

*TSP list due dates are based on your LEC contract and are approximate.

Timeline of Key Program Administration Dates and Activities (continued)

Q1	April - June <ul style="list-style-type: none">» April/May<ul style="list-style-type: none">• Prepare Quarter 1 TSP list*» May 15<ul style="list-style-type: none">• Submit Claims by May 15 to ensure they are paid within the fiscal year**» RMTS Moments
Q2	
Q3	
Q4	

*Time Study Participant list due dates are based on your LEC contract and are approximate.

**LEAs may still submit claims after May 15, but there is no guarantee that the LEA will be paid prior to the end of the fiscal year.

Overview of Responsibilities

Direct Service Practitioners

LEA Administration

- » Compliance Paperwork
- » General Documentation
- » Billing System and Vendor
- » Fiscal System
- » Training and Technical Assistance (TA) for Staff and Practitioners
- » LEA Reinvestment Committee

Compliance Paperwork

» What is the timeline for completing these documents and submitting them to DHCS?

- Provider Participation Agreement (PPA)
 - Evergreen
- Data Use Agreement (DUA)
 - Every three years after enrollment
- Annual Report (AR)
- Cost Report (CRCS) – Due March 1

To inquire about your LEA's compliance paperwork status or request compliance documents, please email LEA.AnnualReport@dhcs.ca.gov.

General Documentation

Direct Service Practitioners

- » Documentation is a vital part of participating in the LEA BOP.
 - Proper documentation ensures that services billed are compliant with federal and state regulations. Your documentation also allows for your LEA to accurately bill for all **eligible** services provided.
- » To meet LEA BOP documentation and compliance requirements, LEAs must do the following:
 - Practitioner and Service Logs: Keep, maintain, and have available records that fully disclose the type and extent of LEA services provided to Medi-Cal recipients.
 - Compliance Paperwork
- » Limit access to ensure documentation is stored securely to comply with confidentiality requirements, such as HIPAA compliance.

Building an Audit Defense File

- » An audit defense file is a collection of records that are used to support your cost report during an audit.
- » Timeliness for gathering documentation is essential and record retention is critical.
 - Documentation should be collected at or near the time of a service being claimed.
 - Keeping documentation records is essential.
- » Having a strong audit defense file with proper documentation ensures your LEA receives and keeps the funding for covered services that are already being provided to students.

**LEA BOP
Coordinator**



Your Audit File: CRCS

- » Items to include for an audit of your cost report:
 - Student enrollment input/output files for the MER
 - Supporting documentation for all cost claims incurred by the LEA, such as payroll records, equipment purchase orders, etc. (support for every claim does not have to be in your file, but you will want access to them to file your CRCS timely)
 - Documentation components to support service claiming for interim reimbursements including:
 - Date and place of service, name of student/Medicaid ID number
 - Name of agency and person providing the service
 - Nature, extent or units of service (e.g. assessment reports, progress reports, treatment logs, practitioner logs, etc)

Note: The file does not need to be a physical binder or copies.

Documentation to Support RMTS Moments

» Items to support Code 2A Moments :

- Student's IEP/IFSP/IHSP (Care Plan), practitioner's qualifications, assessment reports, treatment logs, billing schedules and/or documents, etc.

» Suggestions on how to implement this:

- Look at a practitioner's case load and calendar for that day.
 - Example: if the moment says they were working on a progress report, was there something on their caseload that would have resulted in a progress report?
- Check the live coding report regularly to identify when moments are coded to a 2A and gather documentation at that time.

Note: The file does not need to be a physical binder or copies.

Why Having These Records in Your Audit Defense File Matters

- » Documentation is essential to support all the LEA BOP-covered services that your LEA includes in the cost report.
 - A lack of supporting documentation for an item included on the cost report leads to the possibility of a negative financial impact for your LEA's audited settlement.
- » Documentation to support moments is important because RMTS is a part of the funding and payment methodology to allocate costs to the LEA provider through the cost report.
- » One of the requirements to ensure LEAs keep their FFP (federal funds) is documentation.

Billing System and Vendor

- » A billing system may:
 - Document services
 - Submit interim claims
 - Reconcile claims/payments received
- » Does your LEA work with a vendor?
 - Optional for program participation
 - DHCS does not give recommendations to LEAs for particular vendor companies.

Fiscal System

- » To complete the cost report, work with your LEA's fiscal department to obtain the following information about the costs of providing covered services to students:
 - Salaries and Benefits
 - Contractor costs/invoices
 - Supplies and Equipment
 - Other Costs
- » Having this available will help with gathering your bridging documents and production log which are needed for your cost report.
 - A **Bridging document** provides details for employee salary and benefits costs (by quarter), contractor costs, other costs, and transportation costs that are reported on the CRCS.
 - A **Production log** identifies all employed and contracted practitioners that rendered LEA BOP covered services during the state fiscal year.

Training and TA for Staff and Practitioners

» Training topics may include:

- Documenting services and using the documentation system
- Responding to Random Moment Time Study (RMTS) moments

» TA responsibilities:

- Following up with practitioners and supervisors to ensure compliance
- Confirm that care plans are in place for treatment services

LEA Reinvestment Committee

- » As required by the AR and PPA, the reinvestment committee is responsible for determining how revenue generated through participation in the LEA BOP is reinvested.
- » Do you have the support needed to hold these Reinvestment Committee meetings, or will this be something you need to create?

Reminder: LEA BOP funds are required to be reinvested in the LEA's program, not added to their general fund!

Internal Support for Responsibilities



Best Practices

- » Reach out to other LEAs enrolled in the program to learn their practices and gain tips.
- » Explore the LEA Tool Box available on our webpage that provides excellent resources, such as:
 - Onboarding Handbook
 - Job Aid for New LEA BOP Coordinators
 - Internal Administrative Functions Chart
 - Administration and Audit Checklist
 - CRCS Glossary

Best Practices (continued)

- » Attend training sessions and participate in DHCS' quarterly meetings.
 - Videos and slides of past training sessions are available on the LEA BOP webpage.
- » Subscribe to our mailing LISTSERV to stay updated and receive DHCS communications about the LEA BOP.
- » Request TA by contacting LEA@dhcs.ca.gov or completing a TA Request form available on the LEA BOP webpage.

Knowledge Check



» What are some responsibilities of the LEA BOP Coordinator?
(Name at least two)

Answer

- » Billing System and Vendor (optional)
- » Compliance Paperwork
- » Fiscal System
- » General Documentation
- » LEA Reinvestment Committee
- » Training and TA for Staff and Practitioners

Key Takeaways

- » The LEA BOP Coordinator interacts with many other partners, both internally and externally, as they take on multiple responsibilities for the administration of the LEA BOP at their LEA.
- » Be proactive in gathering documentation to build a strong audit defense file.
- » Enhance collaboration with partners to ensure a seamless and successful operation of the LEA BOP at your LEA.
- » Work closely with your LEA's RMTS Coordinator to ensure Code 2A documentation is gathered and maintained.

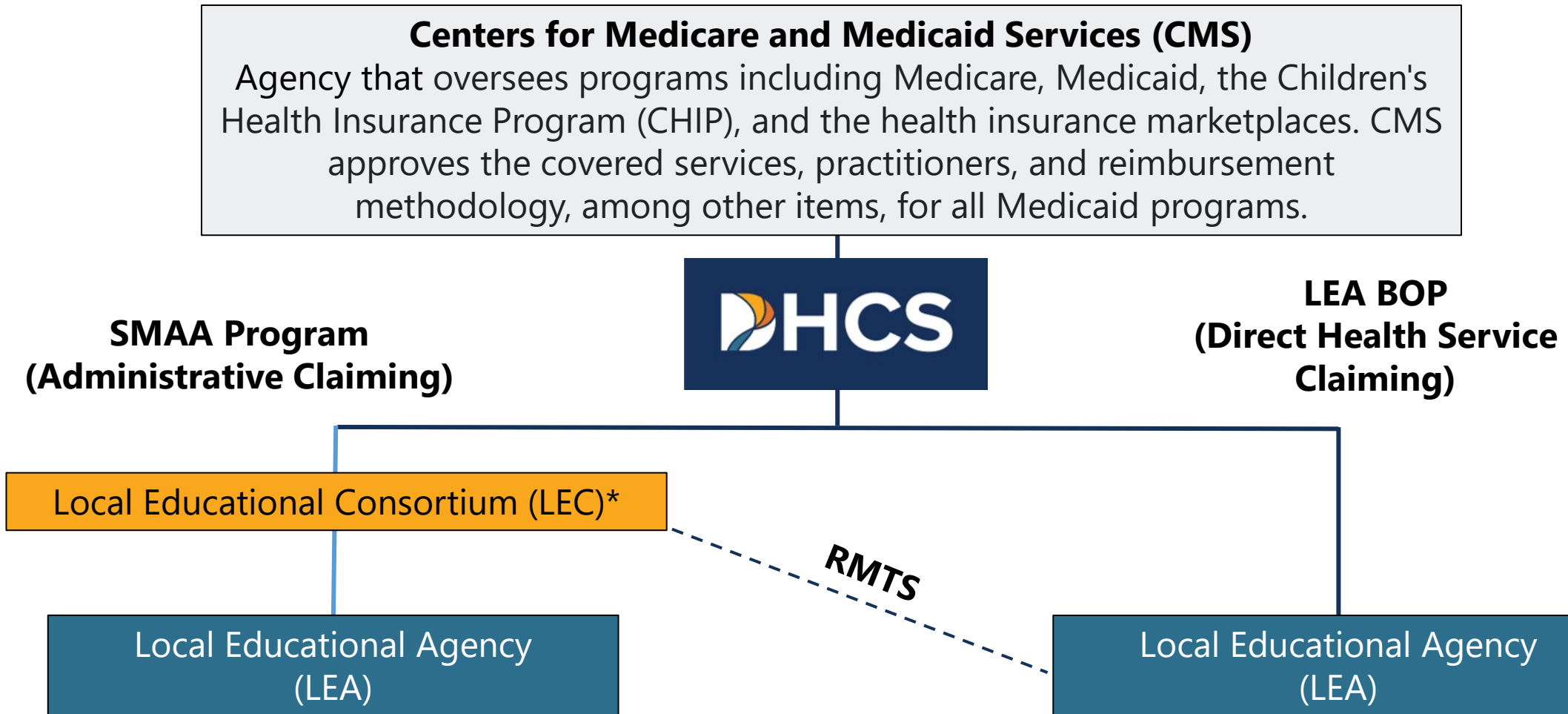
LEA RMTS Coordinators



What is RMTS?

- » **Definition:** the Random Moment Time Study (RMTS) is a federally approved, **statistically valid** web-based time study **methodology** used to determine how staff allocate time to Medi-Cal reimbursable activities.
- » Under RMTS, TSPs are randomly selected and asked what they are doing during their assigned moment, a duration of one minute.
 - Moments are then coded as a reimbursable or non-reimbursable activity based on the TSP's response.
- » **Purpose:** Supports cost allocation for both the LEA BOP and the SMAA Program.

LEA BOP Administration Oversight



* In California, the SMAA Program is locally administered by the LECs. The LECs are responsible for day-to-day administration of the RMTS. The LECs still administer RMTS even if the LEA only participates in LEA BOP.

How Does RMTS Impact Your LEA?

- » One of the key components for determining federal reimbursement for administrative and direct services since it is part of the payment methodology for both programs.
- » Accurate participation ensures compliance and statistical validity.
- » Compliance ensures funding and audit readiness.

Current RMTS Coordinator Roles & Responsibilities

- » Identifying and certifying Time Study Participants (TSPs)
 - Pool 1 = Direct Services*
 - Pool 2 = Administrative Services
- » Provide Training on:
 - RMTS purpose and process
 - How to respond to moments
 - Clarifying questions and response deadlines
 - Importance of accurate and descriptive answers

**Do not include contractors on your Pool 1 list.*

Current RMTS Coordinator Roles & Responsibilities (continued)

- » Submitting and certifying TSP lists quarterly
 - Including all required fields and submitting Equivalency Requests (EQs) as needed
- » Monitoring compliance (85% response rate required)
 - Following up with TSPs for moment responses
- » Collaborating with LECs and DHCS
 - Including attending trainings
- » Maintain supporting documentation
 - Including TSP lists, training logs, and moment responses

Current RMTS Coordinator Roles & Responsibilities (continued)

» TSP Equivalency Requests

- LEAs must submit Equivalency Request Forms for job titles not listed in the State Plan or SMAA Manual. RMTS Coordinators are responsible for submitting forms to LEC and tracking DHCS approval.

» Collecting the LEA's calendar and the TSP's shifts.

» Who to include on the TSP list:

- Current: TSPs regularly performing services or activities.
- New: TSPs who potentially perform services or activities.
- Reminder: a quality, over quantity, TSP list is recommended.

» Working with TSPs to ensure they respond to assigned moments within 4 days.

Current RMTS Coordinator Roles & Responsibilities (continued)

- » Compiling the Quarterly Coding Report (QCR) for all participating LEAs each quarter.
- » In some LEAs, the RMTS Coordinator may also take on LEA BOP responsibilities if no separate LEA BOP Coordinator is designated.
- » For more information regarding RMTS and RMTS Coordinator Roles and Responsibilities please refer to the following recourses:
 - [SMAA Manual Section 6 Time Survey](#)
 - [October 2024 LEA BOP and the Time Survey Participant \(TSP\) List](#)
 - [Job Aid for New LEA BOP Coordinators](#)

Code 2A Certification Form

- » Signed after the LEA has reviewed the Quarterly Coding Report
- » Documentation is required to support Code 2A moments
 - Questions on documentation? *See our General and Code 2A Documentation training (**to be posted soon**)*
- » It is not required to provide documentation at the time of signing the certification
- » A physical audit binder is not required
 - Documentation may be kept electronically and should be available upon request by federal or state Medicaid oversight agencies

TSP Vacancy Process (PPL 19-030)

- » Vacant positions (**before the quarter start**) are allowed on the TSP list if expected to be filled within 30 calendar days of the quarter start.
 - Documentation must support the hiring timeline.
 - The new TSP completes the sampled moments.
 - If vacancy is not filled, sampled moments are coded as Code 17: Not Working/Not Paid.
- » Vacant positions (**during the quarter**) must be filled with Direct Replacement.
 - The new TSP must match original TSP's role and schedule.
 - The new TSP completed the sampled moments.
 - If vacancy is not filled, sampled moments are coded as Code 17: Not Working/Not Paid.

Why Filling Vacancies Matters for Q1

- » There is limited time to finalize the TSP list.
 - Q1 begins on July 1, when LEAs are still hiring staff.
 - TSP lists are due before many positions are filled.
- » Vacant positions = lost moments.
 - Without filling vacant roles, it can lead to missed RMTS moment which impacts federal reimbursement opportunities.
- » This is critical for Q1 because it gives LEAs a chance to:
 - Plan ahead for anticipated hires.
 - Avoid losing moments due to unfilled positions.
 - Ensure cost recovery for time worked once the position is filled.

What is TSP Training?

- » TSP training is incorporated into the moment documentation portion of the RMTS SSP. Sampled staff must review the training information prior to documenting their sampled moment.
- » TSP training does not include an overview of activity codes, as all coding is completed by Central Coders who work for the LECs.
- » TSP training must include:
 - Overview of the school-based Medi-Cal programs
 - Overview of the required process to participate in RMTS
 - Review of the standards for RMTS documentation submitted by the TSP
 - Response process by the TSP to respond to a clarifying question

Understanding the LEA BOP Pre-Question

- » Trend: Participant Pool 1 TSPs often misinterpret the pre-question, leading to incorrect or vague responses.
- » It is important to answer the pre-question correctly to accurately reflect what the TSP is doing in that moment.
- » Pre-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 Service Plan (IFSP), or other service/care plan?

Why is the Pre-Question Important?

- » **Awareness and Accuracy:** The pre-question prompts TSPs to be mindful of the “**who, what, and why**” of their activity during the assigned moment. This ensures they are ready to provide a **focused and detailed response**.
- » **Improved Documentation:** It encourages staff to **mentally note or write down** what they are doing at the time of the moment, which helps in crafting a complete and compliant response.
- » **Compliance and Reimbursement:** Accurate responses are critical for determining whether the activity is **Medicaid-reimbursable**. Incomplete or vague answers can lead to invalid moments and lost reimbursement opportunities.
- » **Training Reinforcement:** The pre-question reinforces training by reminding participants of the importance of their role in the time study and the need to avoid acronyms or names in their responses

Best Practice: P.O.I.N.T.

Did the TSP get to the P.O.I.N.T.?

» **P**Primary Focus

- What was the primary topic or focus of your activity?

» **O**bjective

- Why were you completing your activity?

» **I**nsight

- Try to provide some insight for the activity that you were performing.

» **N**ecessary Detail

- Provide an appropriate level of detail in your answers.

» **T**imely

- There is a grace period to respond to your moment. When it expired, responses can no longer be accepted. If you receive a message asking you to clarify your response, please respond as soon as possible.

Why Does This Matter?

» TSP responses directly impact:

- Federal reimbursement for both LEA BOP and SMAA programs.
- Vague or incomplete responses can result in a non-reimbursable code.
- Compliance with CMS and DHCS requirements.

» Common issues without training:

- TSPs misinterpret the purpose of the LEA BOP pre-question which is to support coders in understanding the context of the moment
- Responses lack detail or context.
- TSPs are unaware of response deadlines or how to use the RMTS platform.

How You Can Be Successful?

» Current Best Practices:

- Use the P.O.I.N.T. framework to guide TSPs in writing clear, complete, and supportable responses
- Address common errors through training
 - Review coded moments and identify trends
 - Tailor your trainings to address deficits
 - Refer your TSPs to our RMTS Quick Reference Guide

Working with Your LEC

- » Get to know your LEC – there are 11 LEC regions in California.
 - Use the LEC Contact Tool on the DHCS RMTS webpage to find out who represents your region.
- » Find out the required deadlines:
 - When are TSP Lists due?
 - When do you need to certify the Quarterly Coding Report?
- » Attend LEC Trainings

Knowledge Check

» Which of the following best describes a key goal of TSP training?



- A) To teach TSPs how to assign activity codes to their moments
- B) To ensure TSPs understand how to respond clearly and accurately to RMTS moments
- C) To help TSPs determine their funding source
- D) To allow TSPs to skip the pre-question if they are unsure

Answer

- » B) To ensure TSPs understand how to respond clearly and accurately to RMTS moments
- » Why This Matters:
 - Clear and accurate responses help ensure your LEA receives the correct federal reimbursement and remains compliant with CMS and DHCS requirements. Incomplete or vague responses can lead to non-billable codes and lost funding.

Key Takeaways

- » Use the P.O.I.N.T. framework to help TSPs provide responses that are accurate, supportable, and audit-ready.
- » Work closely with your LEC, fiscal team, and practitioners to ensure program success and compliance readiness.
- » TSP Funding Verification
 - Coordinators must confirm before each quarter that TSPs are not 100% federally funded or funded solely by the Indirect Cost Rate (ICR).

Key Takeaways (Continued)

» Moment Documentation Support

- Coordinators must ensure documentation is maintained to support all reimbursable moments, especially for Code 2A and Code 16.

» Compliance Readiness

- RMTS Coordinators must maintain and provide documentation upon request, including TSP lists, training logs, and moment clarifications.

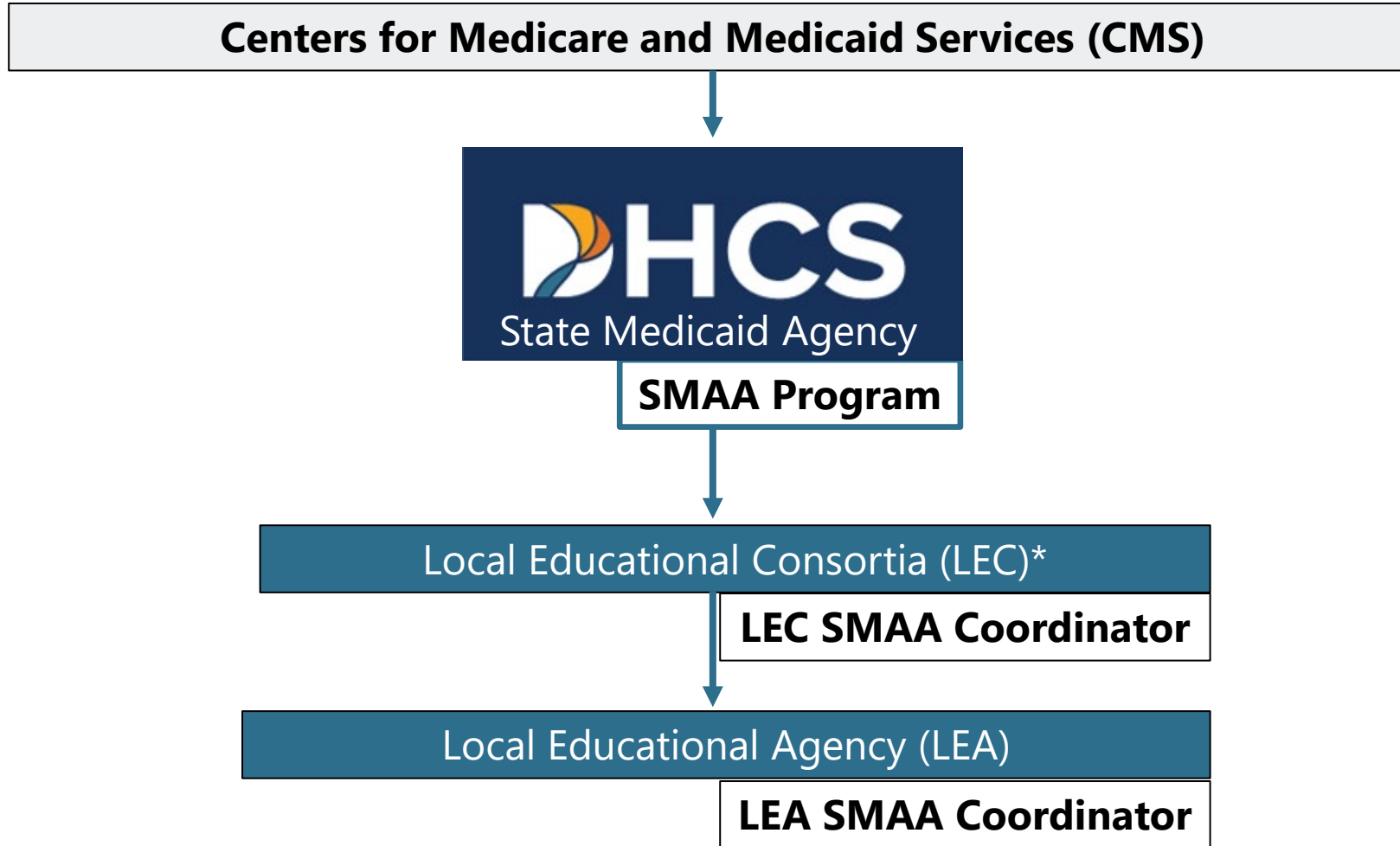
LEA SMAA Coordinators



SMAA Overview

- » SMAA is a voluntary program that allows LEAs to recover costs for administrative activities supporting Medicaid.
 - » Medi-Cal is California's Medicaid health care program.
- » It allows LEAs to be reimbursed for some of their administrative costs associated with school-based health and outreach activities that are not claimable under the LEA BOP or under other Medi-Cal programs.
- » RMTS results and a series of calculations are used to determine the percentage of the LEA's costs that can be claimed under SMAA.
- » Reimbursement is made from federal Medicaid funds.
 - SMAA is a Certified Public Expenditure (CPE) program. See Section 4 of the [SMAA Manual](#).

SMAA Administration Oversight



*In California, the SMAA Program is locally administered by the LECs. The LECs are also responsible for the day-to-day administration of the RMTS for both the LEA BOP and SMAA Program. All references to LEC also cover Local Governmental Agencies (LGA).

LEA SMAA Coordinator Roles & Responsibilities

- » Attend SMAA training hosted by the LEC.
- » Certify completion & accuracy of the SMAA invoice at LEA level.
 - Prior to the LEC submitting to DHCS.
 - Examples: Certifying correct RMTS percentages, ensuring completed signature fields, checking MER/ICR backup documentation, reviewing Personal Service Contracts/backup documentation.
- » Retain documentation to support the LEA's SMAA Audit File/Operational Plan, including contracts, agency documents, & resource directories.

Audit File Checklist*

- » School Calendars
- » Documentation of completed random moments
- » Documentation of coded moments appealed, or corrected changes and outcome
- » Documentation of verified TSP paid time or unpaid time off if moment coded to 16/17
- » Participant list, by job class, included in the RMTS and time study cost pool
- » Organizational charts that show the supervision responsibility of staff in SMAA claiming
- » A duty statement describing the current duties and responsibilities for each job class in the RMTS sample universe
- » Documents used to promote Medi-Cal that directly relate to surveyed time for such activities. Should include DHCS approved flyers, announcements & other materials pertaining to Medi-Cal.

*Complete documentation checklist for the Audit File is found in Sections [7-2 & 7-3](#) of the SMAA Manual.

Audit File Checklist* (cont.)

- » Medi-Cal Eligibility Rate Worksheet & Data Match Calculations
- » Contract or Memorandum of Understanding (MOU) between the LEA and the LEC/LGA for SMAA participation
- » Costs & Revenues Worksheet and Medi-Cal Eligibility Rate Worksheet
- » MAA Summary Invoice and detailed invoice
- » RMTS Activity Percentages
- » Time Study Summary Report and Medi-Cal Eligibility Rate Worksheet
- » Copy of the Indirect Cost Rate from the CDE website
- » Documentation of Direct Charges

*Complete documentation checklist for the Audit File is found in Sections [7-2 & 7-3](#) of the SMAA Manual.

Working with Your LEC

- » Get to know your LEC – there are 11 LEC regions in California.
 - Use the Service Regions Map and Contact Information on the DHCS SMAA webpage to see who represents your region.
 - Link: [LEC Service Regions](#)
- » Find out the required deadlines and documentation:
 - When must invoices be certified for completion/accuracy?
 - What backup documentation is necessary to support the SMAA invoice?
 - What must be retained in the SMAA Audit File/Operational Plan?
- » Attend SMAA Coordinator Trainings.
 - LECs must retain attendance reports to ensure that LEA SMAA Coordinators attend their training.

Knowledge Check

» Which of the following is **not** an LEA SMAA Coordinator's responsibility?



- A) Complete first level of SMAA invoice review to ensure accuracy and completion.
- B) Retain organization charts that show the relationships of TSPs, as entered in the invoice.
- C) Retain a contract or Memorandum of Understanding (MOU) between the LEA and the LEC for SMAA participation.
- D) Submit certified SMAA invoice to DHCS.

Answer

- » D) Submit certified SMAA invoice to DHCS.
 - This is the LEC SMAA Coordinator's responsibility. The LEA SMAA Coordinator completes the initial certification process and confirms correctness.

Key Takeaways

- » The LEA SMAA Coordinator certifies the SMAA invoice at the LEA level, checking for completion, accuracy, and ensuring sufficient backup documentation is available.
- » The LEA SMAA Coordinator retains all documents found in the SMAA Audit File/Operational Plan.

Resources

» LEA BOP Coordinators

- [CMS Medicaid SBS Federal Documentation Requirements Guide](#)
- [CRCS Administrative and Audit Checklist](#)
- [CRCS Glossary](#)
- General and Code 2A Documentation Training (adding link once posted)
- [Internal Administrative Functions Chart](#)
- [Job Aid for New LEA BOP Coordinators](#)
- [LEA BOP Trainings](#)
- [LEA BOP Webpage](#)
- [LEA Tool Box](#)
- [Subscribe to the LISTSERV](#)
- [Technical Assistance Request Form](#)

Resources (continued)

» LEA RMTS Coordinators

- [How to Answer RMTS](#)
- [Onboarding Handbook](#)
- [SMAA Manual Section 6](#)
- [RMTS Quick Reference Guide](#)

» SMAA Coordinators

- [SMAA Manual](#)

Guidance for LEAs that Participate in both LEA BOP and CYBHI Fee Schedule Program

Agenda

- » Overview of LEA BOP
- » Overview of CYBHI Fee Schedule Program
- » Interaction Between LEA BOP and CYBHI
- » Considerations for LEAs
- » Q&A and Wrap-Up

Training Objectives

- » Understand the LEA BOP structure and purpose
- » Understand the CYBHI Fee Schedule Program structure and purpose
- » Explore how to maximize reimbursement by participating in both programs

Overview of LEA BOP



What is LEA BOP?

- » An optional program administered by the California Department of Health Care Services (DHCS) that allows LEAs to receive federal reimbursement for providing certain physical health services to Medicaid enrolled students, under the age of 22*.
 - Authorized under Welfare and Institutions Code, Section 14132.06.
 - Allows LEAs to become Medi-Cal providers.
 - Help LEAs recover costs for delivering medically necessary services.
- » **Covers both physical health and mental health services**, as well as specialized medical transportation and targeted case management services.

* Students receiving IEP services are entitled to special education services until the end of the school year in which they turn age 22. Note that if the service is an EPSDT service, the student must be under the age of 21.

LEA BOP Covered Services

IEP/IFSP Assessments

- » Psychological and Psychosocial Status
- » Health/Nutrition
- » Audiological
- » Speech-Language
- » Physical Therapy
- » Occupational Therapy
- » Orientation and Mobility
- » Respiratory Therapy

Non-IEP/IFSP Assessments

- » Psychosocial Status
- » Health/Nutrition
- » Health Education/Anticipatory Guidance
- » Hearing and Vision
- » Developmental
- » Orientation and Mobility
- » Respiratory Therapy

Early Periodic Screening Diagnostic Treatment (EPSDT) Screenings

Pursuant to an IEP, IFSP, IHSP or Other Plan of Care:

Treatments (IEP/IFSP, IHSP)

- » Physical Therapy (individual and group)
- » Occupational Therapy (individual and group)
- » Speech Therapy (individual and group)
- » Audiology (including Hearing Check)
- » Psychology & Counseling (individual/group)
- » Nursing
- » School Health Aide (including assistance with ADL)
- » Orientation and Mobility
- » Respiratory Therapy
- » Nutritional Counseling

Targeted Case Management (IEP/IFSP, IHSP)

Medical Transportation (IEP/IFSP)

- » One-way transportation and mileage

LEA BOP Covered Services: Physical and Mental Health

Physical Health*

IEP/IFSP Assessments

Non-IEP/IFSP
Assessments/Screenings

Treatment Services
(pursuant to a care plan)

Mental Health

IEP/IFSP Psychological Assessments

Psychosocial Status Assessments

Non-IEP/IFSP screenings; health
education/anticipatory guidance

Psychology and Counseling
*(Individual & Group Therapy,
pursuant to a care plan)*

*Physical health encompasses all assessments and treatments that are not mental health services, as defined in the Psychology and Counseling Section of the LEA BOP Provider Manual.

Eligible Practitioners Under LEA BOP

- » Practitioners that are employed by the LEA or contracted (and reassign the right to bill to the LEA).
- » As of July 1, 2026, practitioners with an enrollment pathway must enroll in Medi-Cal.
- » [LEA Rendering Practitioner Qualifications \(loc ed rend\)](#) identifies all the practitioner types allowable under LEA BOP.

What is the Reimbursement Model?

- » LEA BOP uses a Certified Public Expenditure (CPE) model.
 - LEAs submit claims to the fiscal intermediary for allowable services throughout the year and receive interim reimbursement.
 - Utilizes the Random Moment Time Study (RMTS), a statistically valid means of determining what portion of a group of participant's workload is spent performing Medicaid-reimbursable activities.
 - LEAs complete the Cost and Reimbursement Comparison Schedule (CRCS), in which LEAs certify expenditures have been incurred that are eligible for Federal Financial Participation (FFP).
 - The audited CRCS results in a final cost-based settlement amount.

Knowledge Check

» What statement best describes the LEA BOP payment model?



- A) LEAs submit claims to the fiscal intermediary for final reimbursements.
- B) LEAs receive a flat annual grant based on student enrollment, regardless of services provided.
- C) LEAs are reimbursed based on actual cost of services provided to Medi-Cal eligible students, up to the federal share, through a cost reconciliation process.

Answer

- » C) LEAs are reimbursed based on actual cost of services provided to Medi-Cal eligible students, up to the federal share, through a cost reconciliation process.
- » Why were A and B wrong?
 - A: Claims submitted to the fiscal intermediary are considered interim reimbursements. LEAs are required to submit an annual cost report to determine their total allowable Medicaid payments.
 - B: The LEA BOP does not issue grants or make intergovernmental transfers.

Overview of the CYBHI Fee Schedule Program

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What is the CYBHI Fee Schedule Program?

- » Reimburses LEAs and school-linked providers for specified behavioral health (mental health and substance use disorder) services.
 - Reimburses services that are not in an IEP/IFSP; IEP/IFSP services are not covered.
- » Reimbursed by Medi-Cal Managed Care Plans (MCPs), Medi-Cal Fee-for-Service, disability insurers, and most commercial health care service plans in California.
- » Rates are on a fee schedule.
- » Covers students 25 years of age or younger.

CYBHI Fee Schedule Program Covered Services

Outpatient Behavioral Health Services

- » Screenings for mental health or substance use disorders
- » Parent-child sessions and various dyadic services
- » Psychoeducation, including education about
 - Mental health conditions
 - Substance use disorders
 - Treatment options
- » Care coordination and case management, including help connecting students to services and community resources
- » Support from Certified Wellness Coaches, who are trained professionals who help students manage stress and build healthy habits

CYBHI Fee Schedule Program Covered Services: Behavioral Health Services

Substance Use

Screening, Brief Intervention, and Referral (SBIR)

Assessment for Substance Use Disorders (SUDs)

Individual or Group Counseling

Care Coordination/Case Management

Mental Health

Psychoeducation

Assessments and Screenings

Individual or Group Counseling

Care Coordination/Case Management

Eligible Providers Under CYBHI Fee Schedule Program

- » **Local Educational Agencies** - school districts, County Offices of Education (COEs), charter schools, the California Schools for the Deaf, and the California School for the Blind.
- » **Institutions of Higher Education (IHE)** - California Community Colleges (CCC), California State University (CSU) and University of California (UC) campuses.
- » **Embedded Providers** - community-based school-linked providers, clinics, or individual licensed behavioral health practitioners contracted to provide medically necessary services on behalf of the LEA or IHE.
 - LEA/IHE submits claims and receives reimbursement, then pays the embedded provider.
- » **Affiliated Providers** - non-contracted community-based organizations, county staff, or licensed practitioners formally designated by the LEA.
 - LEA/IHE refers students to affiliated provider and designates the affiliated provider to submit claims and receive reimbursement directly.
- » Please see the [CYBHI Fee Schedule Program Manual PDF](#) & [CYBHI Fee Schedule Program Guidance for the Participation of Community Providers](#).

What is the Reimbursement Model?

» CYBHI is a fee-for-service (FFS) model

- LEAs submit claims for eligible behavioral health services to Carelon Behavioral Health, the statewide Third-Party Administrator (TPA).
- Claims must be submitted within 180 days (6 months) from the date of service.
- All Medi-Cal service requirements apply, including documentation, medical necessity, and practitioner enrollment.
- Medi-Cal Managed Care Plans (MCPs), Medi-Cal FFS, disability insurers, and most commercial health care service plans reimburse services at the published CYBHI Fee Schedule rate or their contracted rate, whichever is higher.
- Unlike LEA BOP, the CYBHI Fee Schedule does not use cost reporting or annual reconciliation.

More About the CYBHI Fee Schedule

- » LEAs and IHEs that express interest in joining the CYBHI Fee Schedule program complete and submit an application.
- » Operational Readiness reviews are conducted from the applications.
- » Approved entities are onboarded in Cohorts, allowing DHCS and Carelon Behavioral Health to provide tailored technical assistance.
- » The latest cohort application opened on October 24,. The application must be completed via [SurveyMonkey](#) by 5:00 p.m. on January 16, 2026.
- » Questions on the CYBHI Fee Schedule Program can be sent to:
DHCS.SBS@dhcs.ca.gov

Knowledge Check

» Which of the following is a requirement of CYBHI?

- A) Treatment services must be pursuant to a plan of care.
- B) Services must be submitted as claims within six months from the date of service.
- C) Services must be documented in accordance with Medicaid standards.
- D) A and B
- E) B and C
- F) A, B, and C



Answer

»E) Both B and C are Correct

B: Services must be submitted as claims within six months from the date of service.

C: Services must be documented in accordance with Medicaid standards.

»Why was A the wrong answer?

- Unlike LEA BOP, treatment services do not have to be pursuant to a plan to be eligible for reimbursement through the CYBHI Fee Schedule Program.
- Services authorized in an IEP/IFSP are not covered by the CYBHI Fee Schedule Program.

Interaction Between LEA BOP and CYBHI

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Key Differences

	CYBHI Fee Schedule Program	LEA BOP
Eligible Services	Expanded set of outpatient mental health and substance use disorder services <i>not</i> furnished pursuant to an IEP/IFSP.	Certain mental & physical health services for both special education and general education students.
Covered Students	Enrolled members of a health plan under 26, enrolled at participating LEAs and Institutions of Higher Education.	Medi-Cal eligible youth under 22 enrolled at participating LEAs.
Obligated MCPs, Health Care Plans, & Insurers	<ul style="list-style-type: none"> • Medi-Cal FFS • Medi-Cal MCPs • Commercial health care service plans • Disability insurers 	<ul style="list-style-type: none"> • Medi-Cal
Reimbursement	Final payment using a fee-for-service rate with no cost settlement.	Interim payment with cost settlement. LEAs can be paid up to their maximum allowable cost.

*Note: if an LEA does **not** participate in the CYBHI Fee Schedule Program, general education mental health services will still be covered under LEA BOP.*

Key Differences (continued)

	CYBHI Fee Schedule Practitioners	LEA BOP Mental Health Practitioners
Eligible Practitioners	<p>All LEA BOP mental health practitioners, plus:</p> <ul style="list-style-type: none"> • Alcohol and other drug counselors • Registered psychology associates • Licensed professional clinical counselors* • Associate professional clinical counselors* • Community health workers* • Certified wellness coaches* 	<ul style="list-style-type: none"> • Licensed psychologists • Licensed educational psychologists • Credentialed school psychologists • Licensed clinical social workers • Credentialed school social workers • Licensed marriage and family therapists • Associate marriage and family therapists • Registered associate clinical social workers • Credentialed School Counselors • Licensed physicians • Licensed physician assistants • Registered Nurses (only health education/anticipatory guidance and screenings)

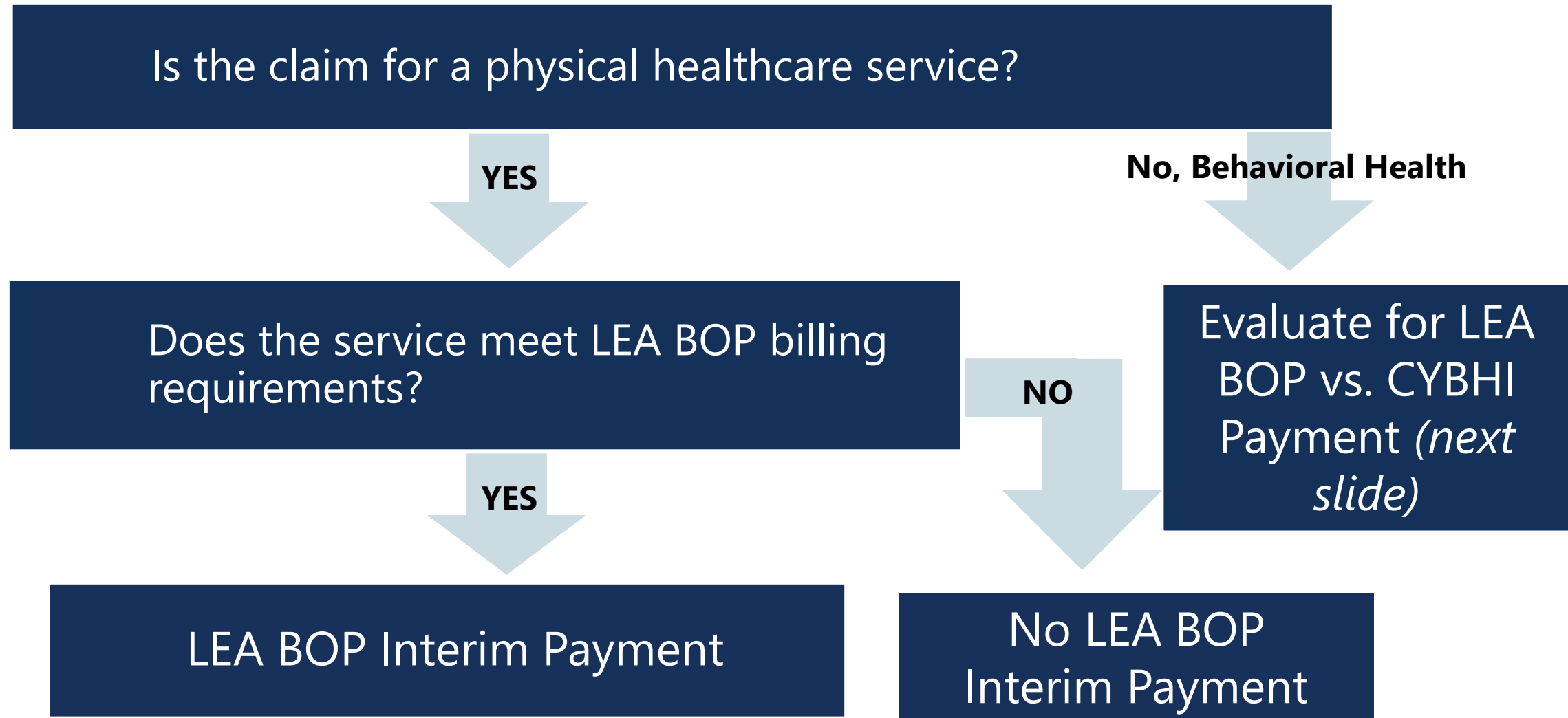
** Note: Practitioners identified with an asterisk will be billable through the LEA BOP upon CMS approval of the upcoming State Plan Amendment, with a pending effective date of July 1, 2026.*

Review of Covered Services

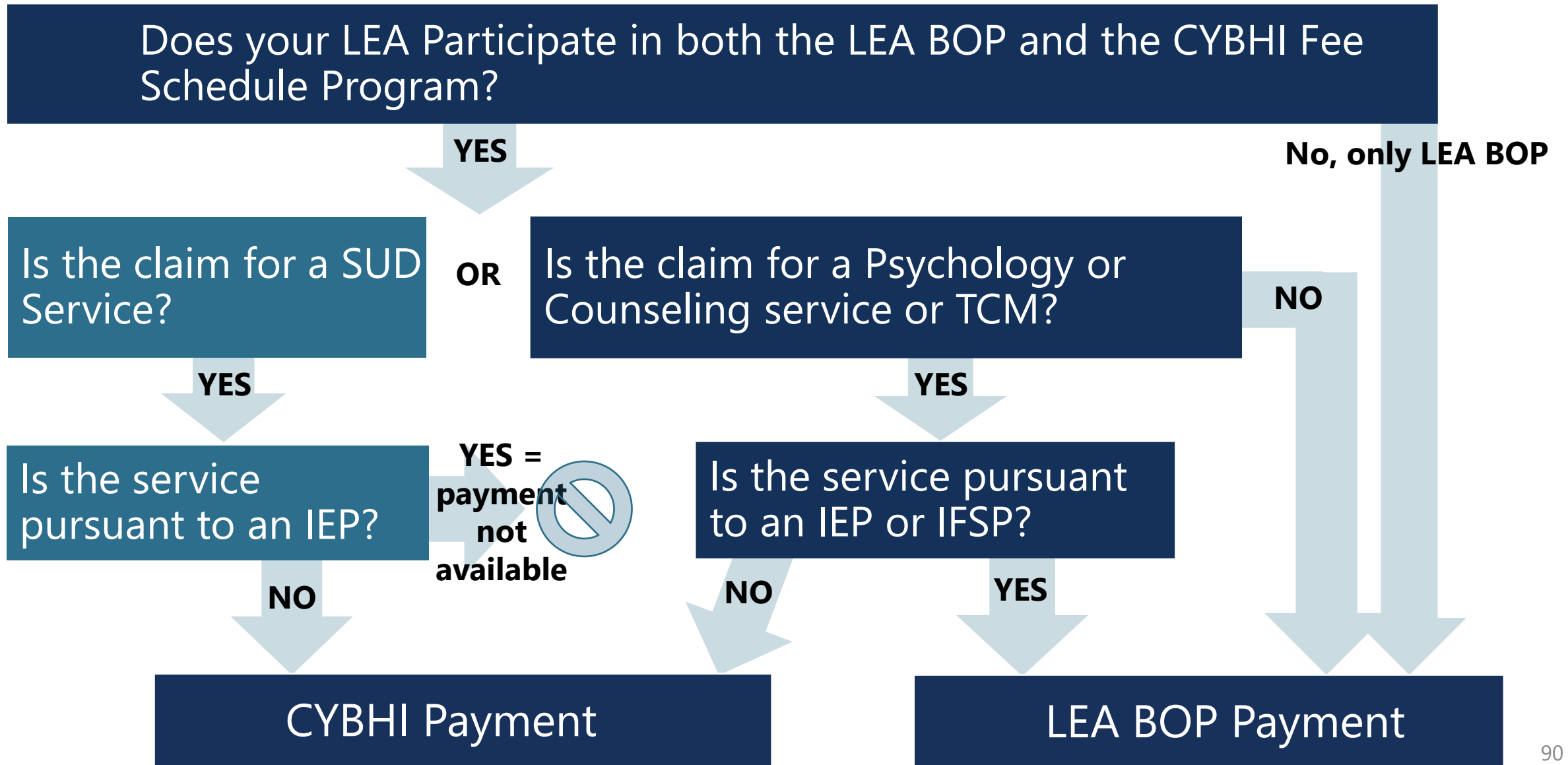
*(when an LEA participates in both the
CYBHI Fee Schedule Program and LEA BOP)*

	CYBHI Fee Schedule	LEA BOP
Physical Health Services	Not Covered	Covered – All populations
Substance Use Disorder Services	Covered when <u>Not</u> Pursuant to an IEP/IFSP	Not Covered
Mental Health Services	Covered when <u>Not</u> Pursuant to an IEP/IFSP	Covered when Pursuant to an IEP/IFSP

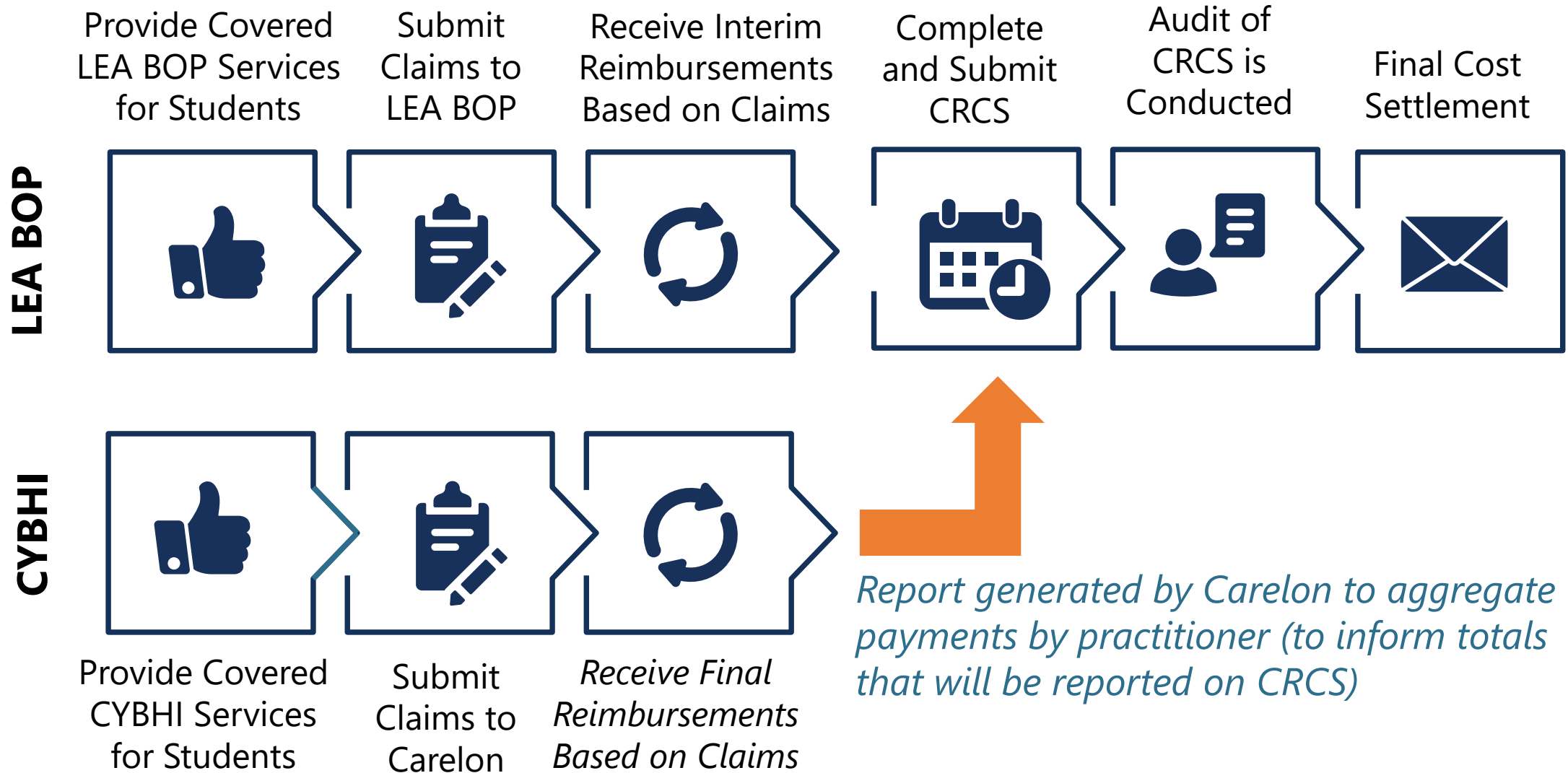
Decision Tree: Physical Health Payments



Decision Tree: Behavioral Health Payments



LEA BOP and CYBHI Fee Schedule: Service to Reimbursement



Removing CYBHI Fee Schedule Payments on the CRCS (FY 24-25 and thereafter)

- » Carelon Behavioral Health report will fee schedule payments that are associated with practitioners (staff and contractors).
- » Total CYBHI Fee Schedule Payments will be **removed** at the practitioner level from salaries and benefits.
- » Methodology applied to both employee and contractor costs.
- » Reduces gross salaries and benefits in same way that federal funds are excluded for final settlement.

Removing CYBHI Fee Schedule Payments on the CRCS (continued)

Quarter 4: April 1 to June 30, 2025 (EXAMPLE)

Provider Category	Quarter 4 Total Salaries	Quarter 4 Total Benefits	Quarter 4 Compensation Expenditures (Net of Federal Resources or Grants)	Fee Schedule Payments (MCP and Commercial Payments)	Quarter 4 Net Compensation Expenditures
Psychologists			-		-
Social Workers	\$150,000	\$20,000	\$170,000	\$30,000	\$140,000
Registered Associate Clinical Social Workers			-		-
Counselors/ MFTs			-		-

This table is an excerpt of columns included on CRCS Worksheet B. The total Fee Schedule Payments by practitioner type will be deducted in a new column, outlined above.

How does CYBHI Fee Schedule Program Participation Impact the Random Moment Time Study (RMTS)?

- » No impact to the RMTS!
- » Continue to place eligible practitioners on the quarterly TSP List when they provide LEA BOP covered services (physical and/or mental health services).
- » No changes to RMTS methodology or Direct Medical Service Percentage (DMSP) calculations.
 - Practitioners will continue responding to moments as usual.

Example Scenario

- » A school psychologist provides therapy to both students with an IEP and those in general education.
- » Which program is billed?
 - LEA BOP for the IEP/IFSP services (designated with the TL or TM modifier)
 - CYBHI for general education services (designated with the U4 modifier for CYBHI)
- » CYBHI Fee Schedule payments for the school psychologist will offset their salary costs in CRCS.
- » The school psychologist will be included on the TSP list.
- » If selected for a moment, the school psychologist will respond with details on who they were with, what they were doing and why they were doing the activity.
 - Not necessary for the TSP to indicate whether the activity was related to a service billed to CYBHI or to LEA BOP (or not billed to either program).

Knowledge Check



- » Your LEA participates in both the CYBHI Fee Schedule Program and LEA BOP. You have a student with an IEP and receives speech therapy services. The student participates in a universal mental health screening. Is this screening reimbursable?
- A) No, the screening is not a reimbursable service in either program.
 - B) Yes, the screening is reimbursable through the CYBHI Fee Schedule Program.
 - C) Yes, the screening is reimbursable through LEA BOP.

Answer

» B) The screening is reimbursable through the CYBHI Fee Schedule Program.

- Even though the student has an IEP, the *screening service* provided was not pursuant to that student's IEP.
- *Note:* If the LEA only participated in LEA BOP, the service would be reimbursable through LEA BOP.

Considerations for LEAs

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Benefits of Participating in Both Programs

- » Able to claim for special ed services and as needed services.
 - Can get LEA BOP reimbursement for services pursuant to an IEP/IFSP.
 - Can get CYBHI Fee Schedule Program reimbursement for a universal screening or crisis counseling for the same student.
- » Anticipated to increase amount of reimbursement received.

Estimating Medi-Cal Allowable Cost Ceiling

Total Qualified Practitioner Salaries and Benefits

Less: Additional Funding Received (cannot be used as matching funds)

= Net Personnel Costs

Multiplied by Three Allocation Statistics:

x Direct Medical Service Percentage (DMSP)

x Medi-Cal Eligibility Ratio (MER)

x Federal Medical Assistance Percentage (FMAP - 50%)

= Estimate of Medi-Cal Allowable Costs (cost ceiling)

Note: In the Tool Box on the LEA BOP website, see *"Tips for Identifying Allowable Costs and Calculating Total Program Reimbursement"* for additional information.

Scenario 1: Baseline (No CYBHI Fee Schedule Payments)

LEA BOP Only (Baseline)	LEA Revenue Calculation
\$300,000	Total Net Personnel Costs
N/A	- CYBHI Fee Schedule Payments Received
55%	x Direct Medical Services Percentage (DMSP)
\$165,000	= Direct Service Costs
50%	x Medi-Cal Eligibility Ratio (MER)
\$82,500	= Medi-Cal Allowable Costs
50%	x FMAP
\$41,250	= Maximum Reimbursable Costs (Cost Ceiling)
\$0	+ CYBHI Fee Schedule Payments Received
\$41,250	= Total Revenue (LEA BOP + CYBHI)

Scenario 1: Baseline (Low CYBHI Payments)

LEA BOP Only (Baseline)	Low Fee Schedule Payments	LEA Revenue Calculation
\$300,000	\$300,000	Total Net Personnel Costs
N/A	\$(15,000)	- CYBHI Fee Schedule Payments Received
\$300,000	\$285,000	= Total Net of CYBHI Payments
55%	55%	x Direct Medical Services Percentage (DMSP)
\$165,000	\$156,750	= Direct Service Costs
50%	50%	x Medi-Cal Eligibility Ratio (MER)
\$82,500	\$78,375	= Medi-Cal Allowable Costs
50%	50%	x FMAP
\$41,250	\$39,188	= Maximum Reimbursable Costs (Cost Ceiling)
\$0	\$15,000	+ CYBHI Fee Schedule Payments Received
\$41,250	\$54,188	= Total Revenue (LEA BOP + CYBHI)

Scenario 1: Baseline (High CYBHI Payments)

LEA BOP Only (Baseline)	Low Fee Schedule Payments	High Fee Schedule Payments	LEA Revenue Calculation
\$300,000	\$300,000	\$300,000	Total Net Personnel Costs
N/A	\$(15,000)	\$(100,000)	- CYBHI Fee Schedule Payments Received
\$300,000	\$285,000	\$200,000	= Total Net of CYBHI Payments
55%	55%	55%	x Direct Medical Services Percentage (DMSP)
\$165,000	\$156,750	\$110,000	= Direct Service Costs
50%	50%	50%	x Medi-Cal Eligibility Ratio (MER)
\$82,500	\$78,375	\$55,000	= Medi-Cal Allowable Costs
50%	50%	50%	x FMAP
\$41,250	\$39,188	\$27,500	= Maximum Reimbursable Costs (Cost Ceiling)
\$0	\$15,000	\$100,000	+ CYBHI Fee Schedule Payments Received
\$41,250	\$54,188	\$127,500	= Total Revenue (LEA BOP + CYBHI)

Scenario 2: Change in DMSP

LEA BOP Only (Baseline)	<u>Low</u> Fee Schedule Payments	<u>High</u> Fee Schedule Payments	LEA Revenue Calculation
\$300,000	\$300,000	\$300,000	Total Net Personnel Costs
N/A	\$(15,000)	\$(100,000)	- CYBHI Fee Schedule Payments Received
\$300,000	\$285,000	\$200,000	= Total Net of CYBHI Payments
45%	45%	45%	x Direct Medical Services Percentage (DMSP)
\$135,000	\$128,250	\$90,000	= Direct Service Costs
50%	50%	50%	x Medi-Cal Eligibility Ratio (MER)
\$67,500	\$64.125	\$45,000	= Medi-Cal Allowable Costs
50%	50%	50%	x FMAP
\$33,750	\$32,063	\$22,500	= Maximum Reimbursable Costs (Cost Ceiling)
\$0	\$15,000	\$100,000	+ CYBHI Fee Schedule Payments Received
\$33,750	\$47,063	\$122,500	= Total Revenue (LEA BOP + CYBHI)

Scenario 3: 30 Percent MER

LEA BOP Only (Baseline)	Low Fee Schedule Payments	High Fee Schedule Payments	LEA Revenue Calculation
\$300,000	\$300,000	\$300,000	Total Net Personnel Costs
N/A	\$(15,000)	\$(100,000)	- CYBHI Fee Schedule Payments Received
\$300,000	\$285,000	\$200,000	= Total Net of CYBHI Payments
55%	55%	55%	x Direct Medical Services Percentage (DMSP)
\$165,000	\$156,750	\$110,000	= Direct Service Costs
30%	30%	30%	x Medi-Cal Eligibility Ratio (MER)
\$49,500	\$47,025	\$33,000	= Medi-Cal Allowable Costs
50%	50%	50%	x FMAP
\$24,750	\$23,513	\$16,500	= Maximum Reimbursable Costs (Cost Ceiling)
\$0	\$15,000	\$100,000	+ CYBHI Fee Schedule Payments Received
\$24,750	\$38,513	\$116,500	= Total Revenue (LEA BOP + CYBHI)

Scenario 4: 70 Percent MER

LEA BOP Only (Baseline)	Low Fee Schedule Payments	High Fee Schedule Payments	LEA Revenue Calculation
\$300,000	\$300,000	\$300,000	Total Net Personnel Costs
N/A	\$(15,000)	\$(100,000)	- CYBHI Fee Schedule Payments Received
\$300,000	\$285,000	\$200,000	= Total Net of CYBHI Payments
55%	55%	55%	x Direct Medical Services Percentage (DMSP)
\$165,000	\$156,750	\$110,000	= Direct Service Costs
70%	70%	70%	x Medi-Cal Eligibility Ratio (MER)
\$115,500	\$109,725	\$77,000	= Medi-Cal Allowable Costs
50%	50%	50%	x FMAP
\$57,750	\$54,863	\$38,500	= Maximum Reimbursable Costs (Cost Ceiling)
\$0	\$15,000	\$100,000	+ CYBHI Fee Schedule Payments Received
\$57,750	\$68,863	\$138,500	= Total Revenue (LEA BOP + CYBHI)

Scenario 5: Fee Schedule Payments Exceed Cost

LEA BOP Only (Baseline)	Fee Schedule Payments in Excess of Cost	LEA Revenue Calculation
\$300,000	\$300,000	Total Net Personnel Costs
N/A	\$(350,000)	- CYBHI Fee Schedule Payments Received
\$300,000	\$0	= Total Net of Fee Schedule Payments
55%	55%	x Direct Medical Services Percentage (DMSP)
\$165,000	\$0	= Direct Service Costs
50%	50%	x Medi-Cal Eligibility Ratio (MER)
\$82,500	\$0	= Medi-Cal Allowable Costs
50%	50%	x FMAP
\$41,250	\$0	= Maximum Reimbursable Costs (Cost Ceiling)
\$0	\$350,000	+ CYBHI Fee Schedule Payments Received
\$41,250	\$350,000	= Total Revenue (LEA BOP + CYBHI)

Operational Considerations

- » Are you going to divide your practitioners between the two programs or do your practitioners provide both special education and general education services?
- » Which practitioners should be Time Study Participants (TSPs) in the RMTS?
 - Only list them as TSPs if you are likely to put them on the LEA BOP CRCS.
- » Continued coordination between billing, HR, and special education teams is recommended.
 - How are you handling this internally?
 - Does your billing vendor help with this?

Avoiding Duplicate Payment

When LEAs participate in **both** programs, avoiding duplication is accomplished in two ways:

1) Claims Payment

Behavioral health claims will be paid based on whether the service is pursuant to an IEP/IFSP.

- LEA BOP will pay claims for all mental health services pursuant to IEP/IFSP (TM/TL modifier)
- CYBHI fee schedule will pay claims for substance use disorder services and those services not pursuant to an IEP/IFSP.

2) Cost Settlement

CYBHI fee schedule total payments **for practitioners with costs on the CRCS** will be deducted on the CRCS (by practitioner type):

- LEAs that participate in both programs will net out CYBHI payments from salary / benefit costs reported on the CRCS.

DHCS believes that participating in both the LEA BOP and CYBHI fee schedule will result in additional LEA funding.

What to Expect

- » Revised CRCS template for FY 2024–25
 - One CRCS template for all LEAs.
 - Ability for LEAs to report FY 24-25 CYBHI payments.
 - Sign up for the LEA BOP list serv for training date announcements.
- » Continued DHCS training and technical assistance
 - Have questions and need additional support?
 - E-mail the LEA inbox: LEA@dhcs.ca.gov
 - Request a one-on-one Technical Assistance visit.

Knowledge Check

» What are good practices for an LEA that participates in both the LEA BOP and CYBHI Fee Schedule?

- A) Communicate internally on operational readiness.
- B) Identify systems that will help track needed information (for example, EHR, student information systems, practitioner documentation systems, etc.).
- C) Review billing records and other documentation periodically to ensure services are correctly allocated to the appropriate program.
- D) Review DHCS manuals, trainings, and other resources.
- E) Do nothing.



Answer

- » A, B, C and D!
- » Even if you are not actively billing through the CYBHI Fee Schedule Program at this point, it is important to start discussing dual participation to prepare your LEA.
- » There are about 600 LEAs in CYBHI Cohorts 1 through 5 so we expect many LEAs to claim under both programs. Get set up now for success!

Key Takeaways

- » CMS defines behavioral health as having two components:
 - Mental health services
 - Substance use disorder (SUD) services
- » LEA BOP covers mental health, not SUD
- » CYBHI Fee Schedule Program covers mental health and SUD
- » LEA BOP also covers physical health assessments and treatments (when pursuant to an IEP, IFSP, IHSP – known as Care Plans)

Key Takeaways

- » For LEAs participating in both the LEA BOP and CYBHI Fee Schedule Program:
 - All covered physical health services are billed to LEA BOP.
 - All IEP/IFSP mental health services and TCM are billed to LEA BOP.
 - General Education mental health services and TCM are billed to the CYBHI Fee Schedule Program .
- » If a LEA does not participate in the CYBHI Fee Schedule Program, all services will continue to be billed to LEA BOP (per program requirements).
- » No changes to RMTS!
- » Cost offsetting will happen through the CRCS to account for total CYBHI Fee Schedule payments when participating in both programs.

Wrap Up

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QUESTIONS

Please submit additional questions to the LEA BOP

Inbox:

LEA@dhcs.ca.gov