

The purpose of this CYBHI Fee Schedule Program: Guidance for the Participation of Community Providers (Guide) is to provide direction to local educational agencies (LEAs) and public institutions of higher education (IHEs) regarding the participation of community-based, school-linked providers in the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program.¹

Policy Background

As part of the CYBHI statutes,² the California Health and Safety Code § 1374.722(b)(6) and Insurance Code § 10144.53(b)(6) define a 'schoolsite' to mean a location where a "public school or public school district... provides or arranges for the provision of medically necessary treatment of a mental health or substance use disorder to its students at that location, including off-campus clinics, mobile counseling services, and similar locations." DHCS operationalizes this to mean LEAs and IHEs may designate community-based school-linked providers and practitioners as eligible entities able to receive reimbursement as part of the CYBHI Fee Schedule program.

For a community-based school-linked provider to be eligible to participate, LEAs and/or IHEs **must** designate that the community-provider is part of their "network of designated providers and practitioners" serving enrolled students of the district, college or university; therefore, in alignment with the statute, services of a designated provider are furnished at a location where the LEA or IHE "arranges for the provision" of medically necessary mental health or substance use disorder services (behavioral health services). The LEA's or IHE's designated provider and practitioner network may include:

¹ <https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx>

² Welfare and Institutions Code § 5961.4; Health and Safety Code § 1374.722; Insurance Code § 10144.53

- LEA or IHE **directly employed practitioners**, including Pupil Personnel Services (PPS) credentialed practitioners, licensed behavioral health practitioners, Wellness Coaches, Community Health Workers and other qualified professionals eligible to furnish medically necessary services under the CYBHI Fee Schedule program,
- **Embedded providers or practitioners** – including but not limited to community-based providers, clinics, or individual licensed behavioral health practitioners that are **contracted** to provide medically necessary services **on behalf of** the LEA or IHE; and/or,
- **Affiliated providers or practitioners** – including but not limited to community-based providers, clinics, counties, or individually licensed behavioral health practitioners to which the LEA or IHE **refers students for services but does not have a formal agreement** or financial relationship.

Without a formal designation by an LEA or IHE, community-based providers are **not eligible** for reimbursement under the CYBHI Fee Schedule program.

Participation pathways for community-based school-linked providers and practitioners

There are three distinct pathways for community-based school linked providers to participate in the CYBHI Fee Schedule program:

- 1) Obtain a service contract directly with the LEA or IHE. In this case, the community-based provider or practitioner is functioning as an embedded provider or practitioner. The **LEA or IHE will submit claims for reimbursement**³ of CYBHI covered services to the state’s third-party administrator (TPA), Carelon Behavioral Health (CBH). The provider will not receive reimbursement from the TPA directly; instead, the LEA or IHE will reimburse the provider in accordance with its contract terms and conditions.

³ The LEA/IHE’s National Provider Identifier (NPI) will be on the claim as the billing provider.

- 2) A participating LEA or IHE⁴ designates the community-based provider as an affiliated provider or practitioner on its provider roster (or [Standard Provider Information](#)– SPI roster). Upon submission of the LEA/IHE’s SPI roster to the TPA, the designated affiliated provider may begin the onboarding process described below. For affiliated providers that are designated on the LEA/IHE’s SPI roster, the LEA/IHE and the affiliated provider must also execute a Data-Use Agreement (DUA) addendum and submit to CBH. In this case, the **designated affiliated provider or practitioner will submit claims** directly to the TPA and receive reimbursement as the billing provider.
- 3) A “statewide affiliated provider” may be eligible to participate regardless of the status of the LEA or IHE’s participation in the CYBHI Fee Schedule program, meaning the “statewide affiliated provider” could be designated (see process below) by an LEA or IHE that is not yet a part of an active cohort and/or has not yet started submitting claims as part of the CYBHI Fee Schedule program. These statewide affiliated providers must meet the following criteria to be eligible:
 - a. The provider must serve multiple LEAs across two (2) or more counties.
 - b. The provider must not be located at a single fixed location but serving students at multiple sites (or via telehealth) across the state. Note: DHCS would not consider a provider that has only one clinic or facility-based site to be a “statewide” provider that meets this criterion even if that provider served multiple LEAs across 2 or more counties.
 - c. The provider must submit to DHCS a letter from each LEA and/or IHE that “designates” the provider as an affiliated provider of the LEA. If the LEA or IHE signs a designation letter, they do not have to also add the provider to the LEA/IHE’s SPI roster.

Designated “statewide affiliated providers” will independently complete all onboarding steps directly with the TPA. In this case, the **designated affiliated provider or practitioner will execute a PPA with DHCS, execute a DUA with CBH, and submit claims** directly to the TPA and receive reimbursement as the billing provider.

⁴ The LEA/IHE may be participating in the CYBHI Fee Schedule program as either an independent LEA, “lead” LEA, or “participating member” of an LEA consortia.

NOTE: The CYBHI Fee Schedule program is intended to reimburse schools, school districts (i.e., school-based providers) and their community partners (i.e., school-linked providers) that furnish outpatient behavioral health services to students under the age of 26. While state law provides DHCS authority to allow community-based ***school-linked*** providers and practitioners to participate in the CYBHI Fee Schedule program, the statute does not intend to circumvent existing managed care plan and insurers network contracting authorities. Designated “statewide affiliated providers” may only submit claims for services furnished to MCP/Insurer enrollees who are enrolled in the LEA or IHE that designated the community-based provider as a “statewide affiliated provider.”

Claims may NOT be submitted for reimbursement for services furnished to students enrolled in an LEA or IHE that has not designated the community-provider as a “statewide affiliated provider,” nor may that community provider submit claims to CBH (for the purposes of the CYBHI Fee Schedule program) for MCP/Insurer enrollees who are not enrolled in an LEA or IHE as defined in state law.

Community providers that do not meet the requirements for participation in the CYBHI Fee Schedule program, as detailed in this guidance, may work directly with MCPs and/or Insurers to secure provider network contracts as a mechanism for receiving reimbursement for services provided to plan enrollees.

What does an LEA or IHE need to do to “designate” their community provider partners?

Embedded providers

Step 1: To designate an embedded (i.e., contracted) community-based provider or practitioner, the LEA or IHE will list the provider on its [Standard Provider Information \(SPI\)](#) roster file that is submitted to the state’s TPA, Carelon Behavioral Health (CBH). There are detailed instructions in CBH’s [SPI Roster Guide](#) instructing LEAs how to add these providers to the SPI file. Embedded providers should be added as “Type G” or Group providers. See Appendix A and/or the SPI Roster Guide (pages 5-7, 13) for specific information about adding group (i.e., community-based) providers.

Step 2: For community-providers in an embedded model, once the LEA/IHE designates the provider on its SPI roster file, the embedded community-provider must complete

the SPI roster file and list each individual practitioner⁵ that will be furnishing CYBHI covered services to students on behalf of the LEA/IHE. The LEA/IHE will submit this SPI roster file to the TPA. Note: Multiple SPI roster files may be submitted for the same LEA/IHE.

Step 3: The LEA/IHE collects and submits the student batch registration file for all students receiving services from embedded providers, including community-based providers. The student batch registration file must be submitted, at a minimum, 24-hours prior to the submission of claims for services furnished to those students.

Step 4: The LEA/IHE submits claims for reimbursement for services furnished by embedded providers.

NOTE: Upon submission of the SPI roster by the LEA/IHE, CBH will screen the providers,⁶ as applicable. **The LEA/IHE does not need to wait for formal approval from CBH to proceed with claiming for services furnished by providers listed on their SPI roster.** For up to 120 days while CBH is completing screening activities, the LEA/IHE may commence claiming for services (as of the date the provider was listed on the LEA/IHE's submitted SPI roster) furnished by their embedded providers. If, at any time, CBH determines that the provider is not eligible to participate in the CYBHI Fee Schedule program, CBH will notify the LEA/IHE and remove the provider from the CYBHI Fee Schedule provider network. In its written notification, CBH will provide instructions to the LEA/IHE and the provider about its provider dispute resolution procedures in the case the provider opts to dispute the finding.

If the provider is not listed on the LEA's roster or CBH determines that the provider is not eligible to participate, the provider **is not eligible** for reimbursement under this program and any claims submitted to CBH for payment will be denied.

Affiliated Providers

As a condition of participation in the CYBHI Fee Schedule program, all participating designated affiliated providers **MUST** be enrolled as a Fee-for-Service (FFS) provider in

⁵ Eligible individual practitioner types are listed in the [CYBHI Fee Schedule Scope of Services, Codes, and Reimbursement Rates PDF](https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx) on DHCS' CYBHI Fee Schedule program webpage: <https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx>

⁶ See CBH's website for screening and credentialing procedures: <https://cybhi.carelonbehavioralhealth.com/providers/provider-training-materials-and-resources/provider-screening-process/>

the Medi-Cal program through DHCS' [Provider Application and Validation for Enrollment \(PAVE\)](#) portal, which is a web-based provider application for enrollment to participate in the Medi-Cal FFS program. Any affiliated provider that applies to participate in the CYBHI Fee Schedule program must be actively enrolled, in good status, as a Medi-Cal provider.⁷ DHCS will verify enrollment of affiliated providers by validating the provider's National Provider Identifier (NPI) number and checking the DHCS' [Provider Master File](#), which lists all enrolled providers approved to participate in the Medi-Cal Fee-for-Service program.

To designate an affiliated provider or practitioner, the LEA or IHE must either:

1. List the affiliated provider or practitioner on its [Standard Provider Information \(SPI\)](#) roster file; **or**,
2. For "statewide" affiliated providers only, sign the CYBHI Fee Schedule Program - Affiliated Provider Designation Letter and Acknowledgement. See below for details.

See illustration below in Exhibit 1.

As a best practice, DHCS and CBH encourage LEAs and IHEs to notify the CBH Provider Relations representative or contact CBH via email at CYBHITPA@carelon.com.

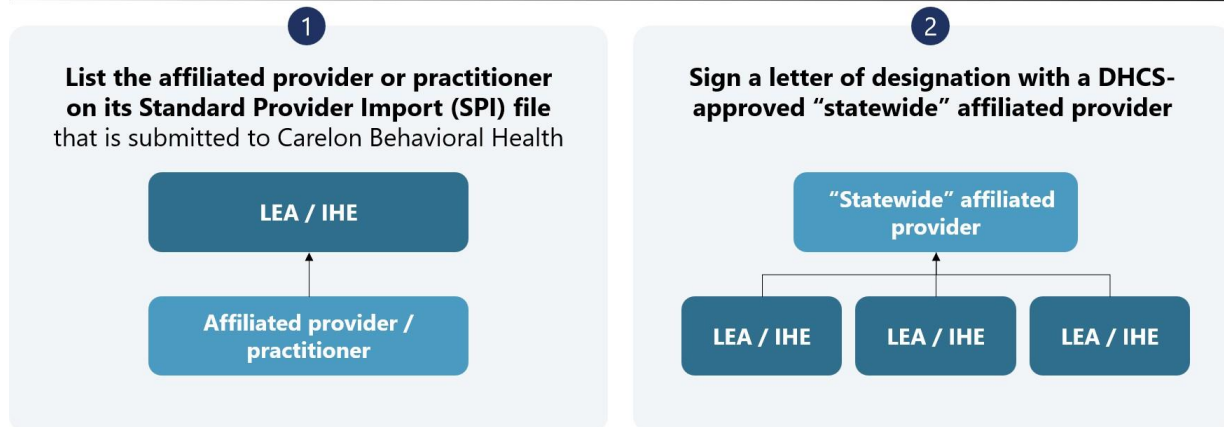
Once designated through either pathway, affiliated providers and practitioners will complete several onboarding steps with DHCS and CBH before they can submit claims and receive reimbursement. Once these pre-requisites are complete, affiliated providers and practitioners will submit claims directly to CBH. They will also be subject to oversight by CBH and DHCS as part of the Medi-Cal program. Multiple LEAs / IHEs can

⁷ The criteria for enrollment as a provider in the Medi-Cal program are described in Title 22 of the California Code of Regulations (CCR). Senate Bill (SB) 857 (statutes of 2003), effective January 1, 2004, revised the responsibilities of providers and provider applicants in the Medi-Cal program. As part of the provider enrollment process, Medi-Cal providers must complete a Medi-Cal provider agreement, which spells out the legal requirements and conditions of participation for the Medi-Cal program. This includes a series of disclosures mandated in state and federal laws (see 42 CFR § 455 Program Integrity; Subpart E, Provider Screening and Enrollment, commencing at 42 CFR § 455.400). Additional information is available on DHCS' [PAVE website](#).

designate the same affiliated provider or practitioner by including them in their respective SPI files.

Exhibit 1: LEA/IHE instructions for designating an affiliated community-based providers

Potential pathways: Local educational agencies (LEAs) and institutions of higher education (IHEs) could...



1. Pathway #1 - List the affiliated provider or practitioner on a participating LEA's / IHE's SPI roster file

Step 1: To designate an affiliated (i.e., non-contracted, no financial relationship) community-based provider or practitioner, the LEA or IHE will list the provider on its [Standard Provider Information \(SPI\)](#) roster file that is submitted to the state's TPA, Carelon Behavioral Health (CBH). There are detailed instructions in CBH's [SPI Roster Guide](#) instructing LEAs how to add these providers to the SPI file. Affiliated providers should be added as "Type G" or Group providers. See Appendix A and/or the SPI Roster Guide (pages 5-7, 13) for specific information about adding group (i.e., community-based) providers.

- ✓ As a best practice, DHCS and CBH encourage LEAs and IHEs to notify the CBH Provider Relations representative or contact CBH via email at CYBHITPA@carelon.com.

Step 2: For affiliated community-providers, once the LEA/IHE designates the provider on its SPI roster file, the LEA/IHE and the affiliated provider must execute a [Provider Participation Agreement \(PPA\)](#) with DHCS and a [Data-Use Agreement \(DUA\) Affiliated Provider Addendum](#) with CBH.

Step 3: The designated affiliated provider must establish a [Provider Connect](#) portal account with CBH. The Provider Connect portal is a HIPAA-compliant⁸ secure file transfer portal (SFTP), which enables secure portal to exchange protected health information (PHI) and/or personal identifiable information between the provider and CBH, in compliance with the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act (FERPA).

Step 4: The designated affiliated provider must establish an [Availity account](#). Availity is the platform used by CBH for claims submission.⁹

Step 5: The designated affiliated provider will complete the SPI roster file and list each individual practitioner¹⁰ that will be rendering CYBHI covered services to students of all LEAs and IHEs that designated the affiliated provider. The affiliated provider will submit this SPI roster file directly to CBH. Note: Only one SPI roster file submission is required for each designated affiliated provider, regardless of the number of LEAs or IHE that have designated the affiliated provider; however, the SPI roster file must be updated, as needed, to list rendering individual practitioners. Affiliated providers may not submit claims for rendering individual practitioners that are not listed on the provider's SPI roster file, as submitted to CBH.

NOTE: Upon submission of the SPI roster by a designated affiliated provider or practitioner, CBH will screen and credential the individual practitioners listed on the provider's SPI roster file.¹¹ **The affiliated provider need not wait for formal approval from CBH to proceed with claiming for services furnished by providers listed on their SPI roster.** For up to 120 days while CBH is completing screening/credentialing activities, the affiliated provider may commence claiming for services (as of the date the provider was listed on the provider's submitted SPI roster). If, at any time, CBH determines that the provider, or a listed practitioner, is not eligible to participate in the CYBHI Fee Schedule program, CBH will notify the affiliated provider and remove the provider or practitioner from the CYBHI Fee Schedule provider network. In its written

⁸ HIPAA refers to the Health Insurance Portability and Accountability Act of 1996.

⁹ Additional information is available on CBH's website:
<https://cybhi.carelonbehavioralhealth.com/providers/provider-training-materials-and-resources/provider-claims-and-availity/>

¹⁰ Eligible individual practitioner types are listed in the [CYBHI Fee Schedule Scope of Services, Codes, and Reimbursement Rates PDF](#) on DHCS' CYBHI Fee Schedule program webpage:
<https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx>

¹¹ See CBH's website for screening and credentialing procedures:
<https://cybhi.carelonbehavioralhealth.com/providers/provider-training-materials-and-resources/provider-screening-process/>

notification, CBH will provide instructions to the affiliated provider about its provider dispute resolution procedures in the case the provider opts to dispute the finding.

If the rendering provider (i.e., practitioner) is not listed on the affiliated provider's roster or CBH determines that the provider is not eligible to participate, the rendering provider is not eligible for reimbursement under this program and any claims submitted to CBH for payment will be denied. This also applies to the affiliated provider, if CBH determines the affiliated provider is not eligible to participate in the CYBHI Fee Schedule program.

Step 6: The designated affiliated provider collects and submits the student batch registration file for all students receiving services from embedded providers, including community-based providers. The affiliated provider must identify the associated LEA or IHE with the student on the student batch registration file. This is required so that CBH and DHCS can associate claims to specific LEAs and IHEs and assess program outcomes.

Step 7: The designated affiliated provider submits claims for reimbursement for services furnished by rendering providers (i.e., individual practitioners employed by the affiliated provider).

In addition to the steps 1-7 identified above, designated affiliated providers must comply with all reporting, monitoring and oversight requirements established by DHCS and/or its TPA.

What if the LEA or IHE is not actively participating in the CYBHI Fee Schedule program?

To designate affiliated providers through this pathway, the LEA or IHE must be approved by DHCS to participate in the CYBHI Fee Schedule program in an active cohort. The LEA/IHE need not complete ALL onboarding steps prior to designating an affiliated provider on its SPI roster; however, the LEA/IHE must, at a minimum, execute a CYBHI Fee Schedule Program PPA with DHCS and the DUA with CBH. The LEA/IHE must submit a SPI roster file (as indicated above) but may submit the SPI roster file with only the affiliated provider listed. This will allow community-based school-linked providers, that are designated by an LEA or IHE, to begin onboarding procedures even if the LEA or IHE has not yet completed all onboarding requirements.

2. Pathway #2 - Submit a "CYBHI Fee Schedule Program - Affiliated Provider Designation Letter and Acknowledgement"

Certain school-linked providers furnish behavioral health services to students across the state. These "statewide affiliated providers" play a vital role in the school-linked services infrastructure and may provide services at multiple sites or via telehealth to students from multiple LEAs or IHEs across counties. Typically, these providers serve students across ten or more LEAs across multiple counties. The goal of this pathway is to expedite the participation of these "statewide affiliated providers" in the CYBHI Fee Schedule program; thereby improving access to behavioral health services for students in all 58 counties.

To be eligible to participate as a "statewide affiliated provider", an affiliated provider must meet the following criteria:

- Provide behavioral health services to students enrolled in multiple (e.g., 10 or more) LEAs and/or IHEs;
- Serve students across 2 or more counties; and,
- Have multiple provider sites under the same organizational umbrella and/or provide services via telehealth. Note: Community-based school-linked providers that furnish services at a single fixed location (i.e., only have one clinic or facility-based site) may participate in the CYBHI Fee Schedule program upon designation by the LEA or IHE on its SPI roster. See Pathway #1 above.

Below are the steps the "statewide affiliated provider" and LEA or IHE must take to participate in the CYBHI Fee Schedule program:

Step 1: The community-based, school-linked provider must submit a written request to DHCS, at DHCS.SBS@dhcs.ca.gov, to be deemed eligible to participate as a "statewide affiliated provider." The written request must include the providers NPI number(s) and proof the provider is enrolled in the Medi-Cal program. DHCS will review all requests on a case-by-case basis to determine alignment with the criteria outlined above.

Step 2: Upon approval by DHCS, the "statewide affiliated provider" must obtain a CYBHI Fee Schedule Program - Affiliated Provider Designation and Acknowledgement Letter (see Appendix B for the DHCS-approved template) from each LEA and IHE with whom the provider partners to deliver behavioral health services to students enrolled in the district, college or university. The LEAs and IHEs may be participating in a cohort as an independent, lead LEA, or participating member of a CYBHI Fee Schedule consortia.

However, in this model, **it is not a requirement** for LEAs and IHEs to be participating in a CYBHI cohort. The LEA or IHE may choose to designate the “statewide affiliated provider” as eligible to participate in the CYBHI Fee Schedule program, regardless of the status of its participation.

As a best practice, DHCS and CBH encourage LEAs and IHEs to notify the CBH Provider Relations representative or contact CBH via email at CYBHITPA@carelon.com.

Step 3: The “statewide affiliated provider” must execute a [Provider Participation Agreement \(PPA\)](#) with DHCS and a Data-Use Agreement (DUA) with CBH.

Complete **Steps 4-7** above.

Oversight and Monitoring of Community-Based School-Linked Providers

Provider Responsibilities

As a Medi-Cal enrolled provider, which is a condition of participation for **Affiliated Providers**, community-based providers must comply with the CYBHI Fee Schedule program Provider Participation Agreement (PPA) and the Medi-Cal Provider Agreement, as well as all applicable state and federal laws and regulations pertaining to the Medi-Cal program and participation as a provider in the Medi-Cal program. The criteria for enrollment as a provider in the Medi-Cal program are described in state law (see Title 22 of the California Code of Regulations (CCR) and Section 14043 of the Welfare and Institutions Code); as well as federal regulations (see Title 42 Code of Federal Regulations, Part 455, Subpart E.)

As the State Medicaid Agency, DHCS is also subject to these state and federal requirements. DHCS has significant monitoring and oversight protocols in place for all Medi-Cal providers. This includes, but is not limited to, revalidation of enrollment at least every 5 years; site certification and site visits; federal database checks to verify the “good-standing” of Medi-Cal providers, completed on a monthly basis; and other oversight mechanisms such as financial audits in cases of suspected fraud, waste and abuse. Program integrity is paramount in the Medi-Cal program.

Furthermore, the state’s TPA, Carelon Behavioral Health, pursuant to its contract with DHCS, will conduct various oversight and monitoring activities, on behalf of the state, for all CYBHI Fee Schedule providers, including Affiliated Providers.

LEA Responsibilities

An LEA or IHE that designates an Affiliated Provider as eligible to participate in the CYBHI Fee Schedule program, must, in writing, notify DHCS and CBH if it, at any time, decides to terminate its affiliation with Affiliated Provider or and/or withdraw its designation of Affiliated Provider. Upon such notification, DHCS will terminate Affiliated Provider's participation in the CYBHI Fee Schedule program for services provided to LEA's enrolled students.

The LEA or IHE is responsible for oversight of its embedded providers and must ensure that embedded providers comply with the CYBHI Fee Schedule program PPA, as well as all applicable state and federal laws and regulations.

If you have questions about this guidance or the CYBHI Fee Schedule program, please contact DHCS at DHCS.SBS@dhcs.ca.gov. To contact CBH, please email CYBHITPA@carelon.com.

Appendix A – Instructions for Completing the SPI Roster File

Below are screenshots to assist LEAs and IHEs with the task of adding embedded or affiliated providers on the SPI roster file.

1. Open SPI Excel file (can find [latest SPI file](#) on Carelon Behavioral Health's CYBHI Fee Schedule program website). Exhibit 2: Blank SPI Excel template example

General Instructions:

1. Fill out the PROVIDER, BILLING, and SERVICING tabs.
 - PROVIDER TAB**
 - Green and Purple fields are required for individual provider. This is where if the Provider Type is "I" or "P".
 - Only Green fields are required for groups. This is where the Provider Type is "G". You do not need to fill out the purple fields in this instance.
 - Yellow fields are optional regardless of Provider Type.
 - BILLING TAB**
 - Green fields are required regardless of Provider Type.
 - SERVICING TAB**
 - Green fields are required regardless of Provider Type.
 - Yellow fields are optional regardless of Provider Type.

NOTE: If you are using copy and paste to populate the data, please paste the value only so that it does not change the formatting of the template. This will be utilizing your right click menu.

- Right click, go to paste and select the "values" icon.
- If there is no "values" icon, in the same right click menu you can select "paste special" and select "text".
- Dates still need to be entered as MM/DD/YYYY - the columns are pre-formatted as text so they will accept exactly as typed.

Additionally, ensure there are no extra spaces behind data that may exceed character limits.

2. Once the 3 tabs are filled out, go to the SUBMIT tab and press COMPILER.
3. Go to LAYOUT tab to ensure the Compiler button created the desired records. Please note that this is a locked tab and cannot be edited. For any adjustments needed, you will need to adjust them in the PROVIDER, BILLING, or SERVICING tab and press Compiler again.
4. To clear all data from the LAYOUT tab, click the [Clear Contents of 'Layout'] button on the SUBMIT tab to clear all data. Once all data is filled out on the PROVIDER, BILLING, and SERVICING tabs, press COMPILER and review results on the LAYOUT tab.
5. Once you have the desired results on the LAYOUT tab, go to the SUBMIT tab and click Export. The Export button will prompt a dialogue to save the file. Please replace the part of the file name with (Insert_LEA_Code) in parentheses with your unique LEA 4-digit code before clicking Save As. This includes removing the parenthesis. This is now the file that will be used for submission.
6. The SPI_GUIDE_LAYOUT tab provides general definition of each field. For more detailed instructions, you can view the online resources in the link below. In addition, you may also contact Carelon at (833) 917-1010 or cybhitpa@carelon.com for additional assistance.

[Online Resources Click Here](#)

Navigation tabs: INSTRUCTIONS, PROVIDER, BILLING, SERVICING, LAYOUT, SUBMIT, SPI_GUIDE_LAYOUT

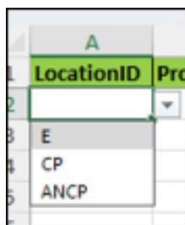
2. Navigate to the 'PROVIDER' tab on the SPI file.

Exhibit 3: SPI file tab layout



3. Select 'ANCP' for Location ID, which stands for Affiliated, Non-Contracted Providers and Practitioners

Exhibit 4: Drop-down options for 'LocationID' field



4. Determine affiliated provider or practitioner's 'Provider Type' (ProviderTypeID field).
 - **I:** For individual affiliated practitioners who are licensed or are Pupil Personnel Services (PPS)- credentialed (e.g., Licensed Clinical Social Workers, Registered Nurses, Medical Doctors)
 - **P:** For individual affiliated practitioners who are non-licensed or associate practitioners (e.g., Associate Social Workers, Associate Marriage and Family Therapists, Community Health Workers, Wellness Coaches)
 - **G:** For affiliated provider groups
5. Fill out remaining required fields on 'PROVIDER' tab.
 - All fields (purple and green) in Exhibit 4 are required for individual affiliated practitioners (Provider Types I and P).
 - Only green fields in Exhibit 4 are required for affiliated providers (Provider Type G).

Appendix B – “CYBHI Fee Schedule Program - Affiliated Provider Designation and Acknowledgement Letter” Template

Instructions: Please copy/paste the template onto the LEA/IHE's letterhead. The letter must be signed by an authorized representative (i.e., an individual with authority to make requisite commitments) of the LEA or IHE. Template below:

Date:

To: Department of Health Care Services
Office of Strategic Partnerships - School-based Services Branch
1501 Capitol Avenue, MS 4650
Sacramento, CA 95814
Email to: DHCS.SBS@dhcs.ca.gov

From: Name and Title of Authorized Signer
Name of Local Educational Agency or Institution of Higher Education

Subject: CYBHI Fee Schedule Program - Affiliated Provider Designation and Acknowledgement Letter

[Name of LEA/IHE] (referenced herein as "LEA" or "IHE") hereby designates [Name of Affiliate Provider] as an affiliated provider of the local education agency (LEA)/institution of higher education (IHE) for the purposes of participating in the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program. As an affiliated provider of the LEA/IHE, [Name of Affiliate Provider] (referenced herein as "Affiliated Provider") furnishes services to students enrolled in the district. However, LEA/IHE has not entered into a contractual agreement with Affiliated Provider whereby LEA/IHE reimburses the provider for outpatient mental health and/or substance use disorder services furnished to students and/or their families.

The Department of Health Care Services (DHCS) defines "affiliated providers or practitioners" to include any community-based provider, clinic, county entity, individual licensed behavioral health practitioner, or other qualified provider to which the LEA/IHE **refers students for services but does not have a formal agreement** or financial relationship.

LEA/IHE and Affiliated Provider acknowledge that Affiliated Provider must complete all pre-requisite onboarding activities before they can be approved by DHCS for participation in the CYBHI program and obtain reimbursement for CYBHI covered services. As a condition of participation in the CYBHI Fee Schedule program, Affiliated Provider must:

- Be a Medi-Cal enrolled provider through DHCS' [Provider Application and Validation for Enrollment \(PAVE\)](#) portal, which is a web-based provider application for enrollment to participate in the Medi-Cal Fee-for Service program. Any provider that applies to participate in the CYBHI Fee Schedule program must be actively enrolled, in good status, as a Medi-Cal provider.
- Submit to DHCS a CYBHI Fee Schedule program [Provider Participation Agreement](#) (PPA). By entering into this agreement, the provider agrees to abide by all CYBHI Fee Schedule program requirements, including oversight and monitoring by DHCS and/or the delegated state's third-party administrator (TPA).
- Execute a Data-Use Agreement with the TPA.
- Create Provider Connect and Availity accounts.
- Submit to the TPA a provider roster file (or [Standard Provider Information](#)– SPI roster) listing all individual practitioners providing behavioral health services to students enrolled in the district for which the provider will seek reimbursement. The TPA will use these data to screen and credential providers, as described above.
- Submit student health insurance data for any district-enrolled students to whom they furnish CYBHI covered services and submit claims for reimbursement. These students must be linked to LEA/IHE in some manner to ensure we can track students served by LEA.
- Submit claims, in accordance with all state and federal laws and regulations.

As a Medi-Cal enrolled provider, which is a condition of participation, Affiliated Provider must comply with its Medi-Cal Provider Agreement, as well as all applicable state and federal laws and regulations pertaining to the Medi-Cal program and participation as a provider in the Medi-Cal program. The criteria for enrollment as a provider in the Medi-Cal program are described in state law (see Title 22 of the California Code of Regulations (CCR) and Section 14043 of the Welfare and Institutions Code); as well as federal regulations (see Title 42 Code of Federal Regulations, Part 455, Subpart E.) Furthermore, the state's TPA will also conduct oversight and monitoring of all CYBHI Fee Schedule providers, including Affiliated Provider, pursuant to its contract with DHCS.

LEA/IHE must, in writing, notify DHCS (via email at DHCS.SBS@dhcs.ca.gov) **and** Carelon Behavioral Health (via email at CYBHITPA@carelon.com) if it, at any time, decides to terminate its affiliation with Affiliated Provider or and/or withdraw its designation of Affiliated Provider. Upon such notification, DHCS will terminate Affiliated Provider's participation in the CYBHI Fee Schedule program for services provided to LEA's enrolled students.

LEA/IHE and Affiliated Provider acknowledge their assent to the above terms of this

Affiliated Provider Designation Letter and Acknowledgment by their signatures below.

LEA/IHE Authorized Representative Signature

Affiliated Provider Signature

Title

Title

Date

Date

Appendix C - Glossary of Terms

- **Affiliated providers or practitioners:** Community-based providers, clinics, counties, or individual licensed behavioral health practitioners to which LEAs or IHEs refer students for services without a formal agreement or financial relationship
- **Availity:** Secure, one-stop provider portal utilized by Carelon Behavioral Health for direct data entry, claim submissions, and tracking
- **Data Use Agreement (DUA):** Legal contract between the entity that owns access to the data source (e.g., dataset or database) and a secondary entity that will receive the data that outlines terms and limitations on how the shared data can be used
- **Embedded providers or practitioners:** Community-based providers, clinics, or individual licensed behavioral health practitioners that are contracted with an LEA or IHE to provide medically necessary services on behalf of the LEA or IHE
- **Employed practitioners:** Practitioners employed directly by LEAs or IHEs, including Pupil Personnel Services (PPS) credentialed practitioners, licensed behavioral health practitioners, Wellness Coaches, Community Health Workers and other qualified professionals eligible to furnish medically necessary services under the CYBHI Fee Schedule program
- **Practitioner:** Individual who provides the eligible behavioral health service; can be independent or part of a provider group
- **Provider:** A group of practitioners, often with shared facilities and resources, or an independent practitioner that provides services to students on behalf of LEAs / IHEs (embedded provider) or is referred to by the LEA / IHE to provide services to students (affiliated provider)
- **Provider Participation Agreement (PPA):** Signed agreement between two authorized representatives from LEAs / IHEs and their designated providers and

practitioners to permit them to participate as providers of services defined in the CYBHI Fee Schedule program

- **Secure File Transfer Protocol (SFTP):** Network protocol for LEAs, IHEs, or providers and practitioners to securely exchange CYBHI files with Carelon Behavioral Health; can utilize Carelon Behavioral Health's ProviderConnect portal or a separate SFTP product (i.e., FileZilla, CuteFTP, etc.)
- **Standard Practitioner Import (SPI) file:** Microsoft Excel template for use by LEAs / IHEs, providers, and counties of education to compile and securely exchange provider and practitioner information with Carelon Behavioral Health
- **Student Batch Registration file:** Microsoft Excel template for use by LEAs / IHEs and providers to compile and securely exchange student health insurance information with Carelon Behavioral Health
- **Tri-party Data Use Agreement (DUA):** Legal contract between LEAs / IHEs, Carelon Behavioral Health, and a third-party entity (e.g., a billing vendor); for the first pathway (i.e., LEAs / IHEs listing the affiliated provider or practitioner on its Standard Provider Import (SPI) file), in lieu of a tri-party DUA, LEAs / IHEs instead sign an addendum to the LEA's / IHE's existing two-party DUA with Carelon Behavioral Health