

**DATE:** June 18, 2026 CYBHI PPL 26-001

**TO:** All Local Educational Agency (LEA) and Public Institution of Higher Education (IHE) Providers Participating in the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program

**SUBJECT:** Determination of First Date of Service (FDOS) for the CYBHI Fee Schedule Program

**PURPOSE:** The purpose of this Policy and Procedure Letter (PPL) is to outline the process used to determine the billing first date of service for LEAs and IHEs participating in the CYBHI Fee Schedule Program. This guidance is intended to support accurate claims billing and compliance with CYBHI Fee Schedule program requirements.

**BACKGROUND:**

Beginning July 1, 2024, the Department of Health Care Services (DHCS) assigned each LEA and IHE to a cohort during program enrollment for the CYBHI Fee Schedule program. The cohort assignment determines the earliest allowable first date of service (FDOS) for billing purposes. As part of CYBHI Fee Schedule program enrollment, each LEA or IHE must complete several program documentation requirements.

This PPL supersedes prior FDOS guidance given to LEAs and IHEs that required the completion of documentation required for data exchange and provider network creation between the LEA or IHE and the State’s third-party administrator (TPA) for the CYBHI Fee Schedule program, Carelon Behavioral Health. Data exchange and provider network creation documentation is still required prior to claims submission to the State’s TPA for reimbursable services.

**POLICY:**

Each CYBHI Fee Schedule program cohort is assigned to a cohort FDOS of either January 1 or July 1 of each calendar year. If the CYBHI Fee Schedule Provider Participation Agreement (PPA) is submitted prior to the cohort assigned FDOS, the LEA or IHE will have a billing FDOS that aligns with the cohort’s FDOS. To enhance program predictability and administrative efficiency, DHCS is adopting a monthly model for determining a billing FDOS for PPAs submitted after the cohort assigned FDOS that



aligns with the Medi-Cal enrollment process for the CYBHI Fee Schedule program. If a PPA is submitted after the cohort’s assigned FDOS, the billing FDOS will be **the first day of the next month immediately following** when it was submitted to DHCS for Medi-Cal enrollment. Services rendered before the submission of the PPA are not eligible for reimbursement.

This policy will take immediate effect for all LEAs and IHEs participating in the CYBHI Fee Schedule program with a cohort FDOS of January 1, 2025, or later. Please refer to the table below for specific timelines.

**CYBHI Fee Schedule Reimbursement Matrix**

The table below reflects the earliest allowable FDOS based on the cohort-assigned FDOS and monthly billing FDOS model.

<b>Cohort Assignment</b>	<b>Cohort Assigned FDOS</b>	<b>If PPA is completed after Cohort Assigned FDOS</b>
Cohort 2	January 1, 2025	Billing FDOS becomes the <b>first day of the next month following</b> PPA submission. (Example: If a PPA is submitted any time between September 1-30, the billing FDOS will be October 1.)
Cohort 3	January 1, 2025	Same as above
Cohort 4	July 1, 2025	Same as above
Cohort 5	January 1, 2026	Same as above
Cohort 6	July 1, 2026	Same as above
Cohort 7	January 1, 2027	Same as above

**Required Documentation for FDOS**

The following documentation must be completed for an LEA or IHE to receive a billing FDOS:

1. **Provider Participation Agreement (PPA):** Signed agreement between authorized representatives from LEAs and IHEs and DHCS, submitted to DHCS by the LEA or IHE, to permit them to participate as providers of services defined in the CYBHI Fee Schedule program. This agreement is not effective until executed by DHCS. **This document authorizes DHCS to enroll the LEA or IHE into the Medi-Cal program as a CYBHI Provider**, allowing them to be reimbursed for services under the CYBHI Fee Schedule.

### **Required Documentation for Claims Submission**

In addition to the Provider Participation Agreement, LEAs and IHEs must submit the following required documents to the State's third-party administrator, Carelon Behavioral Health, prior to submitting claims:

1. **Data Use Agreement (DUA):** Signed agreement between the entity that owns access to the data source (e.g., dataset or database) and Carelon Behavioral Health, which will receive the data. The DUA outlines terms and limitations on how the shared data can be used and is executed by Carelon Behavioral Health and the LEA or IHE.
2. **Standard Provider Import (SPI) provider network roster:** Microsoft Excel template for use by LEAs and IHEs to compile and securely exchange provider and practitioner information with State's TPA, Carelon Behavioral Health, to create the CYBHI Fee Schedule program provider network. Additionally, providers or practitioners must appear on the SPI file prior to the date of service for which a claim is submitted. Services furnished before a provider or practitioner are added to the SPI file are not eligible for reimbursement.

Each LEA or IHE must complete all required program documentation before submitting claims for reimbursement. Services delivered prior to the billing FDOS cannot be reimbursed, regardless of whether all required documentation has been completed. Claims must be submitted within 365 days of the date the service was delivered to be reimbursed.

DHCS strongly encourages prompt completion of all required documentation to avoid reimbursement delays.

### **Consortia Members**

In a consortium, one Lead LEA or IHE serves as an intermediary between the participating consortium members and the State's third-party administrator, Carelon Behavioral Health. Each consortium member's billing FDOS aligns with the consortium

Lead. Please review the CYBHI Fee Schedule Program Participation Models document<sup>1</sup> for more details on consortia participation.

**Community-Based Affiliated Providers**

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 arranges for the provision of services for students but does not have a formal agreement or financial relationship, are not assigned to a cohort. Affiliated providers and practitioners will follow the monthly billing FDOS model based on documentation completion and Medi-Cal enrollment verification.

If you have any questions or require further assistance regarding this PPL, please contact the CYBHI Fee Schedule mailbox at [DHCS.SBS@dhcs.ca.gov](mailto:DHCS.SBS@dhcs.ca.gov).

Sincerely,

**ORIGINALLY SIGNED BY ASHLEY COVINGTON**

Ashley Covington, Branch Chief  
School-Based Services Branch  
Office of Strategic Partnerships  
Department of Health Care Services

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<sup>1</sup> <https://www.dhcs.ca.gov/CYBHI/Documents/CYBHI-Fee-Schedule-Program-Participation-Models.pdf>