

# LEA Medi-Cal Billing Option Program

LEA BOP Quarterly Stakeholder  
Meeting Afternoon Session  
1 - 3 p.m.

**Welcome**



# Guest Speakers

## » **Benefits Division**

- Kailey Jackson, Nathaniel Emery, Stephen Jiang

## » **California Department of Education (CDE)**

- Rico Petrino

## » **Santa Clara County Office of Education (SCCOE)**

- Dr. Chaunise Powell

## » **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**

- Anna Diaz, Corinne Chavez, Lauren Gordon

## » **WestED (Contractor to DHCS)**

- Lisa Eisenberg

# **Outreach: Hearing Aids for Children**



**Kailey Jackson**

# Hearing Aid Coverage for Children Program (HACCP)

School-Based Referrals



**Hearing Aid Coverage  
for Children Program**

# HACCP Overview

- » State-funded program launched July 1, 2021 and expanded January 1, 2023
- » Covered benefits:
  - Hearing aids, including assistive listening devices (ALDs) and surface-worn bone conduction hearing devices (BCHDs)
  - Supplies, including ear molds and hearing aid batteries
  - Medically necessary hearing aid accessories
  - Hearing aid-related audiology and post-evaluation services

# HACCP Overview (Continued)

- » Not an LEA BOP benefit, but a related program that serves students
- » Based on Fee-For-Service (FFS) Medi-Cal coverage of hearing aid-related benefits for the same age group (under age 21)
- » Enrolled Medi-Cal providers submit claims for covered benefits provided to HACCP-enrolled patients through the same process they already use for FFS Medi-Cal and California Children's Services (CCS) patients

# HACCP Eligibility

- » Children 0-20 years of age
- » Must reside in California
- » Not otherwise eligible for Medi-Cal
- » Not currently enrolled in CCS for a hearing-related condition
- » Enrollment requires a valid hearing aid prescription or a referral from a medical provider or hearing professional
  - Includes referrals from school-based hearing screenings
  - Resource: [Provider Referral for Patient Enrollment \(DHCS 8482\)](#)

# HACCP Eligibility (Continued)

» Household income under 600% of federal poverty level (FPL)

<b>Household / Family Size (including parents)</b>	<b>600% FPL (household combined gross income)</b>
1	\$87,480 per year (\$7,290 per month)
2	\$118,320 per year (\$9,860 per month)
3	\$149,160 per year (\$12,430 per month)
4	\$180,000 per year (\$15,000 per month)
Each Additional	Add \$30,840 per year (\$2,570 per month)

# HACCP Eligibility (Continued)

» Does not have other health coverage for hearing aids and related services

OR

» Has other health coverage that limits annual benefit for hearing aids to \$1,500 or less

» Documentation options:

- Denial of coverage notice from other health insurance/coverage
- Explanation of coverage from other health insurance/coverage
- Attestation of no other health insurance/coverage (see application)

# HACCP Resources

State of California – Health and Human Services Agency  
**Provider Referral for Patient Enrollment**

Department of Health Care Services  
 **Hearing Aid Coverage for Children Program**

You can send this completed form, a hearing aid prescription, or provider referral letter to us by:

1. **Online Portal:** Sign in and upload with your HACCP application at [www.haccp.dhcs.ca.gov](http://www.haccp.dhcs.ca.gov)
2. **Chat:** Online at [www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp) (click "Chat with us..." in the bottom corner of your screen, then select "Upload Documents")
3. **Fax:** Toll-free to 1 (833) 774-2227
4. **Mall:** Hearing Aid Coverage for Children Program  
P.O. Box 138000  
Sacramento, CA 95813

\*\*\*All fields marked as required must be filled\*\*\*

**Date of Referral:** \_\_\_\_\_

**Patient's Information**

Name (required): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Reason for Referral (required)**

Hearing Aid  
 Hearing Screening  
 Hearing Aid Evaluation  
 Other hearing aid-related coverage: \_\_\_\_\_

**Referring Medical Provider or Hearing Professional**

Individuals who can refer a patient to the HACCP may include the following:  
\*Audiologist      \*Otolaryngologist      \*Physician  
\*Audiometrists      \*Any other trained/licensed hearing or medical professional

Name (required): \_\_\_\_\_  
Title (required): \_\_\_\_\_  
Office/Center Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DHCS 8482 (03/2023)

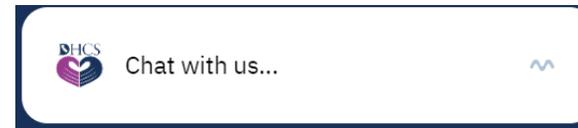
» HACCP webpage:  
[www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp)

- Apply Online
- Find A Provider
- Webinars
- **Resources for Community Partners**
- FAQs

# HACCP Resources (Continued)

## » HACCP Help Center

- **Call 1 (833) 774-2227**
  - Translators available
  - Video relay, TTY/TTD
- Chat with us online at [www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp)
  - English and Spanish
  - Can upload documents
- Email [HACCP@maximus.com](mailto:HACCP@maximus.com)



# Questions?



# **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**



**Anna Diaz and Lauren Gordon**

# Medi-Cal for Kids & Teens Outreach and Education Toolkit

LEA BOP Stakeholder Meeting

April 26, 2023

# Background Information

In 2019, DHCS started to develop member facing materials focused on children's preventive services in response to a 2019 California State Audit (Audit) and a subsequent 2022 Audit on children's preventive services; work was paused due to COVID 19.

In March, 2022 DHCS created the Medi-Cal Strategy to Support Health and Opportunity for Children and Families (The Strategy) to integrate existing and new child and family health initiatives and strengthens DHCS's accountability and oversight of children's services.

One of the initiatives in the Strategy was to implement an Outreach and Education toolkit on the intent and scope of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services requirement to enhance understanding and access to care.



# Toolkit Elements

- » Target audiences: families, providers, and Managed Care Plans (MCPs)
- » Toolkit describes EPSDT: what it covers and how it works
- » Coordination of toolkit with child serving stakeholders to deliver targeted messaging related to services and benefits covered under EPSDT (key state agencies, local government entities, community based advocates)
- » [Medi-Cal Strategy to Support Health and Opportunity for Children and Families](#)

# What is EPSDT?

- Federal law enacted in 1967 established **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**, which guarantees all medically necessary services to children and youth under age 21 enrolled in Medi-Cal.
- California refers to EPSDT as **Medi-Cal for Kids & Teens**.



# What is Medi-Cal for Kids & Teens?

- » Requires comprehensive age-appropriate health care services be provided to all Medi-Cal enrolled children and youth under age 21
- » Requires preventive screening, diagnostic services, and treatment services
- » Screenings, coverage requirements, and definition of medical necessity for children enrolled in Medi-Cal are more robust than that for adults' care

## Goal of Medi-Cal for Kids & Teens

*Ensure that children get the*

**Right Care**

*at the*

**Right Time**

*in the*

**Right Place**

# Medi-Cal for Kids & Teens Services Are Free for Most Medi-Cal Eligible Children Under Age 21



- » All medically necessary Medi-Cal for Kids & Teens preventive, screening, diagnostic, and treatment services for children and youth are **free** for most children and youth under age 21.
- » Under Medi-Cal for Kids & Teens, medical necessity is defined under federal and state requirements as services correcting or ameliorating conditions, defects, and physical and mental illnesses.

# Medi-Cal for Kids & Teens Periodicity Schedule

- » Medi-Cal for Kids & Teens follows the **Bright Futures/American Academy of Pediatrics (BF/AAP) Periodicity Schedule**.
- » The BF/AAP Periodicity Schedule is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence.
- » The most up to date BF/AAP Periodicity Schedule can be accessed online [here](#).

# Toolkit Components



**Member  
Brochures**  
(child and  
teen versions)



**Your Medi-  
Cal Rights  
Letter**



**Provider  
Training**

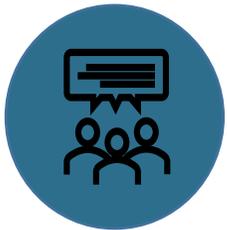
# Toolkit Goals



**Improve member understanding** of how Medi-Cal for children and youth works, what it covers, its role in preventive care screening, diagnosis and treatment, and medical necessity requirements.



**Increase coordination with a range of child-serving stakeholders**, including Medi-Cal Managed Care Plans (MCPs), providers, key state agencies, local government entities, and community-based advocates to help disseminate toolkit materials.



**Develop a standardized EPSDT provider training** for Medi-Cal MCPs to utilize with their network providers.

# Medi-Cal for Kids & Teens: Brochures



## Included in the Brochures

- » Overview of covered services, how to access care, and additional resources available, including free transportation to and from an appointment
- » Information about the services provided at check-ups for children and teens/young adults
- » Key contact information such as the Medi-Cal Member Help Line, 988, and specialty mental health resources
- » In the **child-focused brochure**: Condensed Periodicity Schedule for well-child visits
- » In the **teen/young adult-focused brochure**: Overview of sexual health care and behavioral health care services

**What happens at your child's check-up?**

**Your child's provider will:**

- Do a physical exam
- Ask about your family's health history
- Give recommended shots, when needed
- Talk about dental health and, when needed, give your child fluoride varnish and fluoride supplements, and help in finding a dentist
- Check your child's hearing and vision
- Discuss important health topics such as development, behaviors, your and your child's mental health, nutrition, sleep, safety, and protecting skin from the sun

**Your child's provider will check for:**

- Developmental milestones
- Lead poisoning
- Anemia, if at risk
- Autism
- Depression screening in new mothers
- Anxiety
- Tuberculosis (TB), if at risk
- Cholesterol, if at risk
- Other health issues or concerns you have

**If you have questions or want to learn more**

**Your Medi-Cal managed care plan**  
The phone number is on your plan ID card and your plan's website  
Or go to [www.dhcs.ca.gov/immchcpd](http://www.dhcs.ca.gov/immchcpd)

**Medi-Cal Member Help Line**  
Call 1-800-541-5555 (TDD 1-800-430-7077)  
Or go to [www.dhcs.ca.gov/myMedi-Cal](http://www.dhcs.ca.gov/myMedi-Cal)

**Medi-Cal Dental**  
Call Smile, California at 1-800-322-6384 (TTY 1-800-735-2922)  
Or go to [smilecalifornia.org](http://smilecalifornia.org) or [www.dhcs.ca.gov/MCP](http://www.dhcs.ca.gov/MCP)

**Specialty Mental Health**  
Call 1-888-452-8609  
To ask about services for a serious mental health condition, contact your county Mental Health Plan at [www.dhcs.ca.gov/CMHP](http://www.dhcs.ca.gov/CMHP)

**Alcohol or drug use**  
Call the Department of Health Care Services (DHCS) Substance Use Resource Center 24/7 at 1-800-879-2772  
Or go to [www.dhcs.ca.gov/SUD-NETRI](http://www.dhcs.ca.gov/SUD-NETRI)

**Crisis support**  
Call the National Suicide Prevention Line at 988  
Or call 1-833-317-HOPE (4673)  
For live CalHOPE crisis counseling, go to [www.calhopecnect.org](http://www.calhopecnect.org)

**Your rights and responsibilities**  
Call 1-888-452-8609

**DHCS**  
[www.dhcs.ca.gov/services/pages/EPSTDT.aspx](http://www.dhcs.ca.gov/services/pages/EPSTDT.aspx)

February 2023 for children from birth to age 12



Visit the **DHCS Medi-Cal for Kids & Teens Webpage** for full copies of the child and teen brochures.

Brochures are translated into DHCS' threshold languages.

# Medi-Cal for Kids & Teens: Your Medi-Cal Rights Guide

## Included in the Guide

- » Overview of coverage requirements and “medically necessary” services
- » Overview of the appeals, State Fair Hearing, and/or grievances processes for managed care and fee for service (FFS)
- » Information on what a family can do if Medi-Cal care is denied, delayed, reduced, or stopped, including who to contact, how to file an appeal, how to ask for a State Fair Hearing, and/or how to contact the ombudsman
- » Information on how to file a grievance across Medi-Cal managed care and FFS
- » Key contact information for Medi-Cal delivery systems to help members find the right delivery system to contact about a concern



Medi-Cal for  
Kids & Teens

## Your Medi-Cal Rights

### What services can children and youth get if they are in Medi-Cal?

Under California and federal law, all children and youth to age 21 enrolled in Medi-Cal have the right to regular **check-ups** and other **preventive** and **treatment** services needed to stay or get healthy.

This right is known in federal law as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement. It ensures that every child enrolled in Medi-Cal gets the care they need to grow up as healthy as possible. In California, EPSDT is called **Medi-Cal for Kids & Teens**.

The services are **free**, unless the child or youth was found to have a Share of Cost when they qualified for Medi-Cal.



### Please keep!

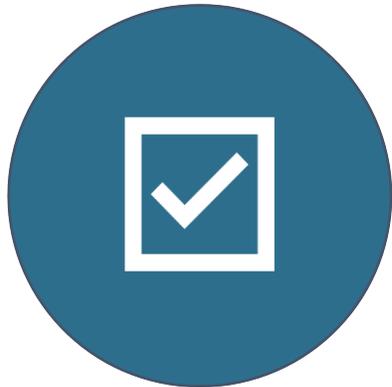
Important information to help children and youth to age 21 get all the care they need

Visit the **DHCS Medi-Cal for Kids & Teens Webpage** for full copies of the **Know Your Rights Guide**.

The letter is translated into DHCS' threshold languages .

# Goals of Medi-Cal for Kids & Teens Provider Training

The training aims to strengthen understanding and awareness of Medi-Cal for Kids & Teens among Medi-Cal managed care plan-enrolled providers and increase access to children's health services.



- » California's managed care plans must ensure that all Medi-Cal licensed providers receive proper education and training regarding Medi-Cal for Kids & Teens at least every two years.
- » More information on Medi-Cal for Kids & Teens for providers is available in the [Information for Medi-Cal Providers](#) resource document.

**Thank You**



# ACCELERATING THE EXPANSION OF QUALITY SCHOOL-BASED HEALTH:

*A Primer on Available State Resources for Local Education  
Agencies (LEAs) and Health Partners*

April 2023

## Overview

Over the last several years the State of California has made a series of substantial investments in the education and health sectors to build high-quality, reliable, and effective ways to deliver school-based health services to children. Meaningfully, many of these children are on school campuses in California with substantive opportunities to create service delivery that improves the existing network of support.

The available funds for integrating school-based health are accessible from two categories:

- » **Ongoing Funding:** These are resources that currently exist in either the health or education sectors that already support school-based health activities in California. Examples of this include the LEA Billing Option Program (LEA-BOP), Title I, and the SAMSHA grant.
- » **One-time Funding:** Created primarily to support LEAs and health partners, these dollars administered are short-term and targeted to build specific and sustainable elements of the integrated care ecosystem for children and families. Examples of this include the School-Based Health Incentive Program (SBHIP), Mental Health Student Services Act grants, and the School Health Demonstration Program.

## Access to Resources: More Than Direct Funding

The experience of most LEAs in California is that their resources come from direct allocations or grants from the state, i.e., California Department of Education. There are some resources that school districts access that is not provided in this way but accounts for a small portion of overall funding for the school district, e.g., <2% annually. As the state continues investing in the expansion of school-based health services across California several additional doors are opening to access resources for school health activities. We can classify these into four ways in which to access funding, including:

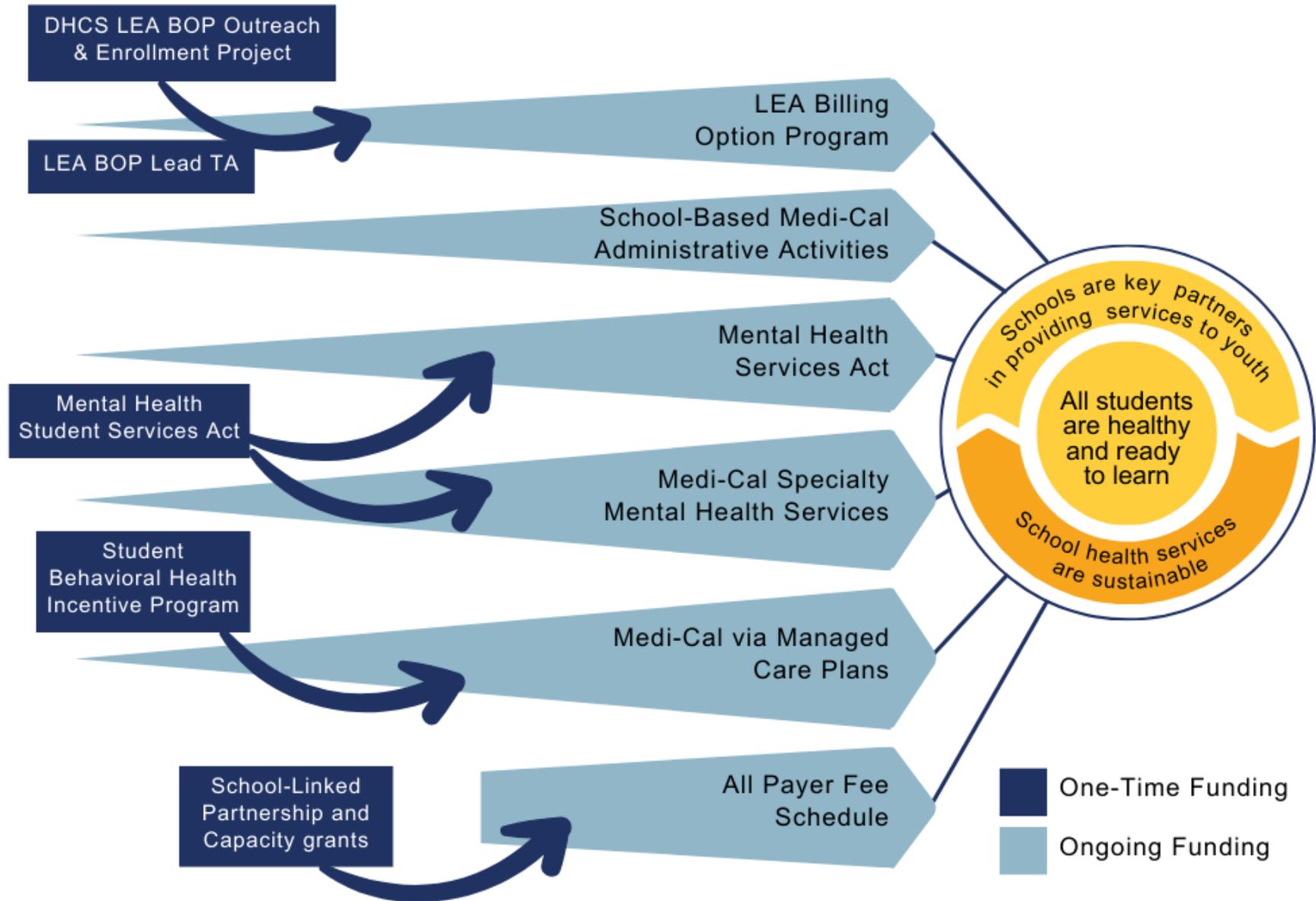
- » **Direct Grants:** This is funding that is sent directly to the LEA for their use. Some of the resources have expected expenditures or rules on how to use the funds. Examples of funding streams include Local Control Funding Formula (LCFF), community schools, and expanded learning opportunity grant (ELOP).
- » **Reimbursement:** This is funding that comes back to the LEA once an expenditure has been made that meets the requirements of the program. Examples of funding streams include the LEA Billing Option Program.
- » **In-Kind Supports:** This is funding that comes in the form of staff and services to school campuses through partnerships with various health partners including managed care plans, Medi-Cal-authorized community-based organizations, county behavioral health agencies, and similar entities.
- » **Program Improvement:** This is funding that is not sent directly to LEAs to fund service delivery or expansion but to organizations or agencies to provide technical assistance and training to improve the LEA's utilization of existing school-health resources.

## Distinguishing Between Funding Opportunities

With the influx of multiple one-time funding opportunities, LEAs may struggle to understand the differences between these funding sources, especially given the influx of new initiatives to support schools and students recovering from the pandemic. While there are many ways to differentiate the one-time funding available, we offer the following characteristics to distinguish between funding:

- » **Timing:** one-time funding all has time limits for accessing. While each investment may be for a certain amount of time, the windows of opportunity for LEAs may be even more limited. An example is investments that designate a specific planning stage or those with competitive grant cycles, as noted in Table 1.
- » **Access to funding:** various funding opportunities exist for the benefit of LEA's which is described in more detail above.
- » **Sustainability strategy:** based on required partners and the mechanisms for distributing one-time funding, many of these sources suggest an ongoing source of funding to sustain investments. Figure 1 illustrates how one-time funding can be leveraged to "boost" access to, or increase the utilization of, ongoing funding sources to sustain school-based health services. More information is provided about ongoing funding sources in Table 3, in particular those that may be leveraged to sustain activities and investments launched with one-time funding.
- » **Key investments:** one-time funding sources may also be used to invest in different services, programs, and strategies that support student physical, mental, and behavioral health. Table 2 provides a sampling of different investments that may be supported through one-time funding.

**Figure 1. Sustainability strategies for one-time funding**



**Table 1. One-time funding streams**

Funding Stream	Lead Agency	Amount of Funding	Timeline	Access to Funding	Sustainability strategy	Purpose	Links
DHCS LEA BOP Outreach and Enrollment Program	Department of Health Care Services, through contract with WestEd	\$2 million	April 2022: June 2024	Program improvement	LEA Billing Option Program	To design an outreach and engagement strategic plan and methodology that increases participation in LEA BOP.	<a href="#">Budget Change Proposal</a>
CDE LEA BOP Lead Technical Assistance	Department of Education, through contract with Santa Clara COE	\$250,000 annually for up to 5 years	2022-2023, possibly until 2027	Program improvement	LEA Billing Option Program	To provide TA on school-based Medi-Cal programs in coordination with CDE, DHCS, and the state system of support leads.	<a href="#">Funding Profile</a>
Mental Health Student Services Act (MHSSA)	Mental Health Service Oversight and Accountability Commission, through county mental health plans	\$200 million	Three grant cycles: 2022-2026  <i>Funding allocated to county mental health plans</i>	In-Kind Supports	Mental Health Services Act (MHSA)  Medi-Cal specialty mental health services	To fund an array of student mental health support services and to incentive partnerships between behavioral health agencies and LEAs to expand the accessibility of services.	<a href="#">MHSSA webpage</a>
Student Behavioral Health Incentive Program (SBHIP)	Department of Health Care Services, through Medi-Cal Managed Care Plans (MCPs)	\$389 million	2022-2024  <i>Planning and partnerships stage: March-December 2023</i>	In-Kind Supports	Medi-Cal non-specialty mental health services	To encourage partnerships between LEAs and MCPs to provide behavioral health services to students.	<a href="#">SBHIP webpage</a>
School-Linked Partnership and Capacity Grants	Department of Health Care Services	\$400 million (for K-12)	Beginning 2023	Direct grants/ In-Kind Supports	All Payer Fee Schedule	To support the provision of new behavioral health services to students.	<i>Webpage pending</i>

**Table 2. Key investments using one-time funding**

Funding Stream	Student mental and behavioral health	Student physical health	Start or expand school-based health/wellness centers	Build partnerships	Expand prevention programming/services	Increase billing capacity & infrastructure	Build other physical infrastructure (i.e. telehealth kiosks)	Increase workforce: hire staff, increase staff capacity via trainings
DHCS LEA BOP Outreach and Enrollment Program	✓	✓				✓		✓
CDE LEA BOP Lead Technical Assistance	✓	✓				✓		✓
Mental Health Student Services Act (MHSSA)	✓		✓	✓	✓			✓
Student Behavioral Health Incentive Program (SBHIP)	✓		✓	✓	✓	✓	✓	✓
School-Linked Partnership and Capacity Grants	✓			✓ <sub>1</sub>		✓ <sub>1</sub>		

*Note: this table is not meant to be an exhaustive list of possible investments. LEAs and their partners should read program guidelines and applications for funding carefully.*

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<sup>1</sup> Other possible investments pending release of RFP for school-based grants, expected Spring 2023

**Table 3. Ongoing Funding**

Funding	Lead Agency	Distribution of Funds: Who Can Access?	Amount of Funding	Purpose	More information
LEA Billing Option Program (LEA BOP)	Department of Health Care Services	LEAs	\$99.6 million annually	Reimbursement program to LEAs for delivering eligible health-related direct services to Medi-Cal enrolled students.	<a href="#">LEA BOP Website</a>
School-Based Medi-Cal Administrative Activities (SMAA)	Department of Health Care Services	LEAs	About \$130 million annually	Reimbursement to LEAs for Medi-Cal eligible administrative activities performed.	<a href="#">SMAA website</a>
Medi-Cal Specialty Mental Health Services (SMHS)	Department of Health Care Services	County Mental Health Plans	\$3.8 billion annually	To provide or arrange for the provision of SMHS to adult and children members in their counties who meet SMHS criteria.	<a href="#">Medi-Cal SMHS website</a>
Medi-Cal Non-Specialty Mental Health Services	Department of Health Care Services	Medi-Cal Managed Care Plans		To provide Medi-Cal enrollees with Medi-Cal eligible medically necessary health services and mild/moderate mental health services.	<a href="#">Managed Care Website</a>
Mental Health Services Act (MHSA)	Department of Health Care Services	Allocation to County Mental Health Plans	About \$500 million	To fund community services, prevention and intervention services, workforce development programs, and innovation projects.	<a href="#">MHSA Website</a>
All Payer Fee Schedule	Department of Health Care Services, in collaboration with the Department of Managed Health Care	N/A	TBD-launching in 2024	To develop and maintain a school-linked statewide fee schedule for outpatient mental health and substance use disorder services provided for students at or near school-sites.	<i>Webpage pending</i>

**Thank you!**

