Purpose

The Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program offers California's small and rural local educational agencies (LEAs) and public institutions of higher education (IHE), particularly the California Community Colleges (CCCs), a historic opportunity to expand student access to outpatient behavioral health services with sustainable funding structures, simplified pathways, and flexible implementation options. Yet for many small or rural districts—where staffing is limited and administrators often wear multiple hats—navigating billing systems, provider requirements, and operational workflows can feel overwhelming.

This **Small and Rural LEA/IHE Implementation Toolkit** is designed as a practical, field ready guide, it distills complex policy and billing requirements into clear steps a superintendent, principal, coordinator, or small team can implement without needing specialized expertise. The toolkit provides:

- A detailed Getting Started guide with step-by-step instructions and tips
- Decision tools to select the right implementation model for your LEA/IHE
- Considerations for working with third-party billing vendors and community-providers
- Strategies for setting up or participating in a billing consortium
- Post-implementation strategies to ensure success over the long-term
- Practical tips to manage cash flow, avoid common pitfalls, and build momentum

The goal is: **help small and rural LEAs start providing and billing for services quickly—without getting stuck in complexity.** Whether you are just getting started or refining your existing model, this toolkit offers accessible guidance, actionable tools, and proven strategies to ensure students receive timely, meaningful behavioral health support.

Disclaimer: This guidance is designed to be helpful and assist CYBHI Fee Schedule Program stakeholders, however it is not designed, nor does DHCS intend through its publication, to provide legal counsel. This is for informational purposes only and should not be construed as legal advice by DHCS. Readers are encouraged to consult an attorney prior to developing and implementing operational policies and procedures governing the CYBHI Fee Schedule program.

Contents

I. Level-Setting – CYBHI Fee Schedule Program

What is the CYBHI Fee Schedule Program?

The CYBHI Fee Schedule Program helps schools and other eligible providers receive reimbursement for certain behavioral health services provided to children and youth. By participating in the program, local educational agencies (LEAs), public institutions of higher education (IHEs), and designated community-based school-linked providers can bill for eligible outpatient behavioral health services delivered to students under age 26 in school and school-linked settings. The program is administered by the Department of Health Care Services (DHCS) in partnership with Carelon Behavioral Health (Carelon) as the program Third-Party Administrator (TPA).

What Does the CYBHI Fee Schedule Offer?

The goal of the program is to create a sustainable reimbursement infrastructure for schools and districts to deliver behavioral health services, addressing long-standing barriers to funding and access. The program and funding for behavioral health services are codified in state statute, meaning that Medi-Cal managed care plans (MCPs), commercial health care services plans, and disability insurers are legally obligated to reimburse LEAs/IHEs and their community partners for services provided to their members. However, while the program provides infrastructure for funding reimbursement for services provided to said members, the CYBHI Fee Schedule program is not designed to cover the LEA/IHE's full costs for delivering services. To cover the costs of providing services to students, LEAs/IHEs will likely need to blend and braid funding to supplement the CYBHI Fee Schedule program reimbursements. This could include a wide variety of strategies including using existing school or district funding (e.g., Local Control and Accountability Plan, Local Control Funding Formula) for school-based services, one-time grants, contracts with county behavioral health plans (BHPs), etc.

Families do not, and will never, pay out-of-pocket costs for CYBHI Fee Schedule covered services.

LEAs and IHEs have existing obligations under state and federal law to provide or arrange for the provision of services rendered pursuant to an Individualized Education Plan (IEP), an Individualized Family Services Plan (IFSP), or a 504 plan, including all services for which the LEA receives state or federal funding. The Individuals with Disabilities Education Act (IDEA) requires LEAs to provide Free Appropriate Public Education (FAPE) for students with disabilities and creates a legal obligation for LEAs/IHEs to ensure services included on a student's IEP or IFSP are provided to the student.[1] The CYBHI statutes specify that the CYBHI Fee Schedule program does not "relieve [an LEA or IHE] from requirements to accommodate or provide services to students with disabilities pursuant to any state and federal law."[2] See the CYBHI Fee Schedule Program Manual for additional information.

The CYBHI Fee Schedule program **DOES NOT**:

- Dictate what services LEAs/IHEs can or should provide to students based on their needs and in accordance with the Multi-Tiered System of Supports (MTSS).

[1] Individuals with Disabilities Education Act (IDEA) Part B. Assistance for All Children with Disabilities

[2] Welfare and Institutions Code § 5961.4(i)

- Tell LEAs/IHEs which students to serve or not serve.
    - The CYBHI Fee Schedule program reimbursements are only available to students enrolled in a Medi-Cal MCP, commercial health plan, or disability insurance plan[3]. Students enrolled in self-funded insurance plans or without health insurance are not eligible for reimbursement.
- Cover the full cost of LEAs/IHEs for providing behavioral health services to students.
- Provide reimbursement for services provided pursuant to an IEP or IFSP.

The CYBHI Fee Schedule program is a **reimbursement** program. It has specific rules about which services and students are eligible for reimbursement. Not all services provided by an LEA/IHE are reimbursable as part of this program. But many behavioral health services (e.g., some Tier 1 and most Tier 2 and 3) provided to most students (i.e., students enrolled in health coverage through a 'participating' MCP or insurer) are eligible for reimbursement when delivered by qualified providers.

Why Does this Matter for LEAs and IHEs?

The CYBHI Fee Schedule program has many benefits for LEAs and IHEs. This program can:

Provide a source of revenue (i.e., funding) for certain medically necessary services furnished to students, under the age of 26, who are enrolled in a health plan legally obligated to participate in the CYBHI Fee Schedule program.

Offer a framework for school-based behavioral health services.

Establish opportunities for LEAs/IHEs to partner with MCPs/insurers in your county, serving your community.

[3] Some MCPs/insurers have more than one line of insurance business. Not all of their enrolled members will be eligible for services as a part of this program.

Create opportunities for LEAs/IHEs and community-based affiliated providers to partner together to expand access to students across schoolsite settings in California.

In school year 2025/2026 (July 1-June 30), the CYBHI Fee Schedule program successes include but are not limited to:

- **46,129 students received 427,103 outpatient behavioral health services (units of service)**
- **202 LEA/IHEs and school-linked providers received $13.8 million in reimbursement for delivery of CYBHI Fee Schedule program services.**

DHCS posts lists of participating LEAs/IHEs and community-based affiliated providers.

Glossary of Key Terms

Term	Definition as Used in CYBHI Fee Schedule Program
Authorized Representative	Parent or legal guardian of a student under the age of 18 or authorized legal representative of an individual 18+.
Institution of Higher Education (IHE)	"Institution of higher education" means the California Community Colleges, the California State University, or the University of California. Welfare and Institutions Code § 5961.4(l)(2)
Local Educational Agency (LEA)	"Local educational agency" means a school district, county office of education (COE), charter school, the California Schools for the Deaf, and the California School for the Blind. Welfare and Institutions Code § 5961.4(l)(3)
Participating MCP or Insurer	A Medi-Cal managed care plan (MCP), the Medi-Cal Fee-For-Service (FFS) program, commercial health care service plans (i.e., commercial health plans) regulated by the Knox Keene Health Care Service Plan Act; and, disability insurers that cover hospital, medical or surgical benefits. See the CYBHI Fee Schedule Program Manual for additional information. Welfare and Institutions Code § 5961.4; California Health and Safety Code § 1374.722; California Insurance Code § 10144.53
Provider	The term "provider" is used interchangeably throughout this toolkit to mean: an LEA, COE, or IHE, a community-based affiliated provider, or an individual provider/practitioner that is employed by or contracted with an LEA, COE, IHE or community-based provider organization.
Schoolsite	"Schoolsite" has the meaning described in paragraph (6) of subdivision (b) of Section 1374.722 of the California Health and Safety Code and Section 10144.53(b)(6) of the Insurance Code.
Third-Party Administrator (TPA)	Refers to Carelon Behavioral Health (Carelon), the state-contracted TPA for the CYBHI Fee Schedule program.
Third-Party Billing Vendor	A contracted billing vendor that acts in an administrative capacity as a "submitter" of claims and/or data files (SPI, Student Batch registration) on behalf of an LEA/IHE. The billing vendor may also provide access to an electronic health record for LEAs/IHEs to document service encounters as part of the student's health record.

II. Getting Started – Preparing to Implement

This section provides guidance about key action steps County Offices of Education (COEs)/LEAs and IHEs should consider when preparing to implement the CYBHI Fee Schedule program.

Key Steps Prior to Applying to a Cohort

Step One: Assess your service-delivery infrastructure and identify gaps.

It is important for the COE/LEA and IHEs to have an understanding and inventory of your existing delivery system infrastructure that will support local implementation of the CYBHI Fee Schedule program. Address the following:

- ✓ Determine what CYBHI Fee Schedule services are currently being provided by your COE, LEA or IHE – create a crosswalk to map existing services to the CYBHI Fee Schedule program. Existing resources describing services include:
  - CYBHI Fee Schedule Scope of Services, Codes and Reimbursement Rates
    - COEs and LEAs may want to consider cross walking CYBHI Fee Schedule services with existing services related to Multi-Tiered System of Support (MTSS) Interventions.
  - Certified Wellness Coach (CWC) Services Provider Manual
  - Community Health Worker (CHW) Services Provider Manual
- ✓ Is the COE/LEA/IHE participating in the Local Educational Agency Billing Option Program (LEA BOP) or School-based Medi-Cal Administrative Activities (SMAA) programs?
  - If yes, think through the following questions:
    - Do you use a billing vendor for LEA BOP or SMAA?
    - Will the same vendor support CYBHI Fee Schedule program implementation?
      - If yes, what contract revisions might be necessary to support the CYBHI Fee Schedule program implementation?
      - How will you hold your vendors accountable for performance under the CYBHI Fee Schedule program?
    - Will the same providers deliver services under all three programs?
  - If no, consider whether you will, in the future, implement either program as complements to the CYBHI Fee Schedule program.
  - More information on participating in both LEA BOP and the CYBHI Fee
  - Schedule program can be found in Onboarding Module 2.
- ✓ Create a team – including the departmental and leadership staff necessary – to lead staff across the system championing efforts, developing district specific plans, and shepherding important decisions forward to maintain momentum.

- Consider whether job statements need to be revised and/or negotiations with the local labor unions are appropriate to negotiate new roles for providers.
- Identify staff or contract resources to fulfil the requirements for claims including the National Provider Identifier (NPI) of an Ordering, Referring and Prescribing (ORP) practitioner.
- Consider all funding sources for behavioral health services and think about how you will blend and braid funding to cover the costs of delivering services to students.
- Identify methods for collecting student health insurance information.

Step Two: Identify your implementation model

The CYBHI Fee Schedule program design is intentionally flexible to allow COEs/LEAs and IHEs to have some local control over the implementation model. LEAs and IHEs may enroll in the CYBHI Fee Schedule program individually, or as part of a consortium. A consortium model may be beneficial for LEAs and IHEs that can share or already have shared administration services for claims submission and reimbursements or do not have the administrative capacity to administer the program independently. LEAs or IHEs that share a common designated community-based school-linked provider and practitioner base may also benefit from participating in a consortium.
There are three primary pathways for participation:

1) **Independent LEA/IHE** – meaning an LEA that is not collaborating with the COE or another LEA to perform administrative functions (e.g., data file exchange, billing) for the program; or an IHE that is not collaborating with the district or Chancellor's Office to perform administrative functions for the program.
2) **Lead LEA/IHE of a Billing Consortium** – meaning an LEA/IHE that will perform administrative functions on behalf of member LEAs/IHEs, and that may also be billing for services provided directly by the Lead LEA/IHE.
3) **Participating Member LEA/IHE of a Billing Consortium** – meaning an LEA/IHE that will not perform administrative functions nor directly submit claims for reimbursement.

In a consortium, one Lead LEA or one Lead IHE serves as an intermediary between the participating Consortium members (participating member LEAs) and Carelon. The specific consortium model may vary depending on which program requirements (e.g., data sharing, submitting claims, receiving reimbursement) are delegated to a Lead LEA or IHE by its participating members. For example, the Lead LEA or IHE may be responsible for collecting and submitting required pre-requisite documentation and claims, as well as receiving and distributing payments on behalf of consortium members.

Considerations for Establishing a Billing Consortium - Lead LEAs/IHEs

As the lead for a billing consortium, the Lead LEA/IHE will need to establish clear roles and responsibilities between the Lead LEA/IHE and each participating member LEA/IHE.

DHCS recommends that the Lead LEA/IHE enter into a Memorandum of Understanding (MOU), or some other type of similar formalized agreement, to document the responsibilities for each party. For example, the Lead LEA/IHE will need to know which party will be responsible for each component of the initiative and how claims and dollars will flow through the Lead LEA/IHE and participating member LEAs/IHEs. Review DHCS' existing guidance detailing the participation model options for the CYBHI Fee Schedule program. This guidance includes specific considerations and program requirements applicable to the Lead LEA/IHE and the participating member LEA/IHE, depending on the specific roles and responsibilities of each entity.

Requirements for Participating Member LEAs/IHEs of a Billing Consortium

If an LEA/IHE joins a billing consortium led by another LEA/IHE, it will be considered a participating member LEA/IHE. Participating member LEAs/IHEs may opt to participate in a billing consortium if the LEA/IHE does not have the administrative capacity to administer the program as an independent LEA/IHE. As a participating member of a larger billing consortium, the LEA/IHE can leverage the resources of a Lead LEA/IHE with more administrative capacity to submit required paperwork, monitor provider compliance with requirements, maintain an electronic health record (or contract with a vendor for electronic health record (EHR) functionality), submit claims (either directly or via a third-party billing vendor), conduct financial transactions, etc. Additional information on billing consortium models can be found in the CYBHI Fee Schedule Program Participation Models Guidance.

A few important things to know:

- Only the Lead LEA/IHE is required to be Medi-Cal enrolled in a consortium if the participating members will not submit claims to or receive reimbursement directly from Carelon. Therefore, the consortium model provides a path for LEAs or IHEs that are not currently Medi-Cal enrolled to participate in the CYBHI Fee Schedule program. However, all participating LEAs/IHEs, ***regardless of model***, must obtain a Type II NPI and all providers working for participating member LEAs/IHEs must obtain a Type I NPI. These NPIs must be on the claim form when claims are submitted by the Lead LEA/IHE.
- Participating member LEAs/IHEs must complete a modified CYBHI Fee Schedule program Provider Participation Agreement and comply with all program requirements.
- Participating member LEAs/IHEs will need to supply information to the Lead LEA/IHE[4], format to be determined by Lead LEA/IHE, about the following:
    - Providers that are employed and/or contracted with the LEA/IHE to provide direct services to students.

[4] Data sharing should be covered by a Data Use Agreement ensuring confidentiality and compliance with FERPA and/or HIPAA.

    - Student health insurance information and/or student records for data-matching.
    - Documentation of services furnished to students, including information necessary to be submitted on a claim form.
- Participating member LEAs/IHEs must obtain and document appropriate consents for sharing student records where required under the Family Educational Rights and Privacy Act (FERPA).

Third-party Billing Vendors

Another important consideration in terms of the implementation model is whether the LEA/IHE will use a third-party billing vendor to submit claims data files. For the purposes of the CYBHI Fee Schedule program a third-party billing vendor could be any of the following:

- A contracted vendor offering EHR access and that will submit claims data files on behalf of the LEA/IHE.
- A COE or another Lead LEA/IHE that has an EHR that includes a billing module and will submit claims on behalf of the LEA/IHE.
- A community-based provider with billing experience that already has the administrative capacity to submit claims on behalf of the LEA/IHE.

There are alternatives to using a third-party billing vendor, depending on the size of the LEA/IHE population, the expected volume of service encounters/claims, and training needs of the administrative team and providers responsible for the program. As such, it is not strictly necessary to contract with a third-party billing vendor to submit claims for reimbursement. For example, LEAs/IHEs may not need to contract with a third-party billing vendor if one or more of the following are true:

- The LEA/IHE has its own EHR with billing capability; **or**,
- The LEA/IHE can manage single-entry claims (i.e., data entry for each service provided to a student) in Carelon's Availity claims portal and does not plan to submit more than one claim at a time; **or**,
- The LEA/IHE chooses to keep paper records and submit paper claims; **and**,
- The LEA/IHE has the administrative capacity to complete and submit the provider roster to Carelon; **and**,
- The LEA/IHE has a system for storing student health insurance information and documenting consents for data-sharing.

If participating in a billing consortia model, it would typically be the Lead LEA/IHE that holds the contract with the third-party billing vendor.
If you choose to contract with a third-party billing vendor, consider the following:

- Potential contract scope (to be negotiated):
    - Manage provider data for the Provider Roster (SPI) submission to Carelon.

        - Coordinate with community providers contracted by LEA/IHE to provide direct services to students in the school/district/county.
    - Manage and securely store student health insurance data.
    - Integrate with Student Information System.
    - Provide access to an EHR for documenting services.
    - Submit clean claims to Carelon for payment.
    - Reconcile claims records, including payments, denials, and recoupments.
    - Make necessary claims corrections and resubmit for payment, as applicable.
    - Require the third-party billing vendor to conduct risk audits (i.e., to identify claims patterns that could trigger an audit; quality audits of progress notes).
    - Training and technical assistance on managed care billing practices.
- Negotiate contract terms including formalizing Key Performance Indicators or Service Level Agreements (i.e., performance standards to which the LEA/IHE will hold the vendor accountable, including contract penalties or withholdings for not meeting expectations for performance). Examples may include but are not limited to establishing performance benchmarks/thresholds such as:
    - Monthly/Quarterly/Annual error rate on SPI provider roster submissions to Carelon.
    - Timeliness of SPI provider roster submissions to Carelon.
    - Monthly/Quarterly/Annual error rate on student batch registration submissions to Carelon.
    - Timeliness of student batch registration submissions to Carelon.
    - Percent of claims paid (i.e., not denied) the first time the claim is submitted to Carelon for payment and/or percent of claims presented and not rejected due to errors.
    - Timely submission of clean claims to Carelon for payment by the LEA/IHE of all necessary information to the third-party billing vendor.
    - Percent of claims submitted to Carelon for payment not resulting in recoupment for a reason other than member eligibility.
    - Reduction in administrative fees owed under the contract if any of the following occur:
        - DHCS/Carelon audits result in recoupments for claims not identified by vendor as audit risk.
- Talk to other LEAs/IHEs that are using certain vendors to understand vendor performance and negotiated rates, including rates for ancillary services (e.g., ORP).
    - Note: LEAs/IHEs are still required to communicate with DHCS and Carelon to complete certain onboarding tasks and account setup, even if hiring a vendor.

- CYBHI Capacity Grant dollars can be used to fund the set-up fees and contracts with third-party billing vendors; however, LEAs/IHEs will need long-term solutions to sustain contracts once the Capacity Grant dollars, which are one-time dollars, have been fully expended.
    - Another option is to pool resources across LEAs or counties to have a single contract that will support multiple districts/campuses. This is a common feature of the Consortia Billing Model.
- SchoolBuys is a program of the Foundation for California Community Colleges (CCC). Through Foundation CCC's authority, delegated by the California Community Colleges Chancellor's Office, SchoolBuys aggregates the buying power of California's education agencies to develop contracts that can be utilized by other public agencies (e.g., LEAs, IHEs).
    - Educational institutions may use Foundation CCC agreements without having to conduct their own bidding process as allowable based on respective piggybacking guidelines and citations (e.g. CA Public Contract Code 20118).
    - SchoolBuys has limited contracts with vendors currently supporting LEAs/IHEs with the CYBHI Fee Schedule program.

The Case for Partnering with Community-Based Providers

The CYBHI Fee Schedule program envisions an ecosystem of care where schools, families, healthcare providers, community-based organizations, health plans work together to support the well-being of children, youth, and families. Research[5] consistently shows that students are more likely to access behavioral health services when those services are available through their school community. Building on this opportunity, the CYBHI Fee Schedule program strengthens partnerships that expand access to school-based behavioral health services while helping connect students and families to a broader continuum of community-based care.

Schools play a unique and trusted role within this ecosystem. As places where children and youth learn, grow, and build relationships every day, schools are well positioned to promote wellness, identify emerging needs, provide appropriate school-based services, and help families navigate available supports. Educators, school counselors, nurses, psychologists, social workers, and other school staff are often among the first to recognize when a student or family may benefit from additional resources. Working alongside community partners through coordinated referral pathways and shared care planning, schools help ensure that students and families can access the right services at the right time, whether those services are provided on campus or through trusted community organizations.

[5] Refer to The Landscape of School-Based Mental Health Services

This partnership-centered approach recognizes that supporting the behavioral health and well-being of children and youth is a shared responsibility. Rather than asking schools to meet every need independently, the CYBHI Fee Schedule program encourages collaboration across education, healthcare, behavioral health, and community organizations to create a more connected, responsive, and sustainable system of care. By strengthening these partnerships, schools become an essential hub within a broader network of support that promotes student success, family well-being, and healthier communities.

This is part of the transformation launched through the CYBHI, Community Schools, and California Advancing and Innovating Medi-Cal (CalAIM) – three complementary initiatives that reimagined the behavioral health delivery systems supporting children, youth, families in California and ultimately laid the groundwork for the Behavioral Health Transformation (Proposition 1).

DHCS' Guidance for Participation of Community Providers details the different pathways for community-based providers to participate in the CYBHI Fee Schedule program. Below are specific action steps that LEAs/IHEs can take to establish partnerships with community providers and expand the number of providers available to support students with their behavioral health needs. It is important to note that it is **not necessary** for LEAs/IHEs to directly contract with community providers to enable their participation in the CYBHI Fee Schedule program; however, it is an option.

How to Work with Contracted Providers

If you do contract with a community provider(s), these providers are considered "embedded" with the LEA/IHE. If the LEA/IHE is paying the provider to deliver direct services to students through a services contract (or some other arrangement), then the LEA/IHE can submit claims, using the LEA/IHE's Type II NPI number as the billing provider, to obtain reimbursement for services delivered by contracted community providers.

Even though the LEA/IHE will bill for these services, it is still necessary for the LEA/IHE to report the arrangement to Carelon and for the community provider to submit a provider roster listing the individual providers in the organization for the purposes of credentialing.

Follow the steps below to enable reimbursements for services delivered by contracted embedded community providers:

1. Enter into a direct services agreement/contract.
2. Execute a tri-party DUA with Carelon to enable data-sharing by the provider with Carelon.

3. The LEA/IHE submits its provider roster (SPI roster) to Carelon and include the contracted community provider as a “group provider” on the SPI template. Everywhere it says “group provider” you include the information for your contracted provider(s). You will need to include all of the mandatory data points on the SPI template (complete all mandatory Green fields and, as applicable, optional Yellow fields for group providers). Below is a screenshot of the SPI template instructions with descriptions as to how to complete the provider roster for group providers.

Field Name	Field Description
LocationID	LocationID has been added to identify the different provider type. This is a critical field, and it should be populated with 1 of the following value on the Provider Tab: "E" - This is used for employed providers **"CP" - This is used for a Contracted Providers** "ANCP" - This is used for an Affiliated, Non-Contracted, Providers
ProviderTypeID	Provider type represented by this record: I-individual practitioner; **G-group entity – group provider entity containing credentialed practitioners under this tax ID;** P-paraprofessional providers practicing under another provider.
ProviderEffDt	Provider's effective date
ProviderExpDt	Provider's expiration date; if not terminated send 12/31/9999
MailAddr1	Provider's mailing address line 1. Should not contain any punctuation. Ex: 1234 Main Street
MailCity	Provider's mailing city. Should contain no punctuation.
MailState	Provider's mailing state. 2-character postal abbreviation for the state
MailZip	Provider's mailing zip. Format 99999 and should include leading zeroes
MailPhone	Phone number associated with provider's mailing address, including area code. Format is 9999999999; no dashes or parenthesis.
ProviderEmail	Provider's email address
ProviderTaxID	Federal tax ID number assigned by the IRS. This can be a social security number or federal tax identification number. This is the tax ID associated with the practice address on this record. Format is ######### and must include leading zeroes; no dashes. All nine digits must be populated
TaxIDType	Identifies TIN as employer identification number (E) or social security number (S)
GroupName	**Name of provider's group or facility**. Should contain no punctuation except dash, ampersand or apostrophe.

Field Name	Field Description
GroupNPI	**Group/Facility NPI**. Do not place an individual NPI number in this field UNLESS ProviderTypeID='P"/paraprofessional. 10 digit number and must include leading zeroes.
BillName	Billing vendor's name. Should contain no punctuation except a dash for hyphenated names or an ampersand or apostrophe. If no billing name is provided then practice vendor name or provider name will be used in that order.
BillAddr1	Provider's billing address line 1. Should not contain any punctuation. Ex: 1234 Main Street
BillCity	Provider's billing city. Should contain no punctuation.
BillState	Provider's billing state. 2 character postal abbreviation for the state
BillZip	Provider's billing zip. Format 99999 and should include leading zeroes
BillPhone	Phone number associated with provider's billing address, including area code. Format is 9999999999; no dashes or parenthesis.
PrimaryLocFlg	Indicates if address is the primary service location for provider. Provider can have only 1 primary service location
ServAddrExpDt	Service address expiration date; if not terminated send 12/31/9999
ServName	Service address location name only. Should contain no punctuation except a dash for hyphenated name or an ampersand or apostrophe. If no service name is provided then billing vendor name or provider name will be used in that order.
ServAddr1	Provider's service address line 1. Should not contain any punctuation. Ex: 1234 Main Street
ServCity	Provider's service city. Should contain no punctuation.
ServState	Provider's service state. 2 character postal abbreviation for the state
ServZip	Provider's service zip. Format 99999 and should include leading zeroes
ServPhone	Phone number associated with provider's service address, including area code. Format is 9999999999; no dashes or parenthesis.
LowAge	Minimum age a provider is willing to see. Numbers 0-9 only
HighAge	Maximum age a provider is willing to see. Numbers 0-9 only

Adding the contracted community provider to the LEA/IHE's provider roster (i.e., SPI roster) will identify the contracted community provider organization to Carelon and prompt Carelon that it will receive a provider roster (i.e., SPI roster) for the community provider with the list of individual providers that are employed by that organization. It is **NOT necessary** for the LEA/IHE to collect the information about the individual providers and fill out the template on behalf of the contracted organization. Instead, each contracted community provider should complete a separate SPI roster that can be

submitted to Carelon by the LEA/IHE upon receipt from the contracted community provider.

LEAs/IHEs **can and should** ask their contracted community providers to support the LEA/IHE in completing all the required reporting templates, forms, and agreements, as applicable. This will reduce the administrative burden on the LEA/IHE while allowing the LEA/IHE to ensure access to reimbursable services to students as part of the program.

How to Work with Affiliated Providers

As stated above, it is not necessary for LEAs/IHEs to have an agreement in place with community providers for your community provider partners to participate in the CYBHI Fee Schedule program. Instead, the program allows community providers to participate if the LEA/IHE "arranges for the provision of services" to a student at the provider site.[6] This means that the LEA/IHE can designate an "affiliated provider" as a school-linked partner without having to execute a contract and pay the provider to deliver care. There are two types of affiliated providers in the CYBHI Fee Schedule program: statewide affiliated providers and local affiliated providers.

A **statewide affiliated provider** is a provider that is designated by multiple LEAs/IHEs to deliver services to students across counties (2 or more counties) or in a single county with ten or more LEA/IHE partners. There are several examples of statewide affiliated providers that work with a large number of LEAs and/or IHEs in the state (e.g., Wellness Together, Hazel Health, Pacific Clinics). These providers often have a robust telehealth offering and/or multiple clinic sites where they deliver services to children, youth and families. This could also include a network of providers, like school-based health centers, that are connected and operating as a one billing entity.

A **local affiliated provider** is a provider that is designated as an affiliated provider by one or more LEAs/IHEs but may not meet the criteria to be considered a "statewide" affiliated provider. These providers might operate either on or off-campus or both. For example, a local affiliated provider could be a community-based organization (CBO) in the community where the school/district is located, a federally qualified health center (FQHC) with a single clinic location, a youth drop-in center, an expanded learning

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[6] Schoolsite is defined as a facility or location used for public kindergarten, elementary, secondary, or postsecondary purposes; a facility or location not owned or operated by a public school, or public school district, if the school or 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.

opportunities program (before and after-school program), a Boys and Girls Club, a county behavioral health agency, or another type of community provider that is working with LEAs/IHEs to support students and families.

For **local affiliated providers**, the LEA/IHE would need to both 1) list the provider on its provider roster (SPI template) as a "Group Provider" and 2) notify DHCS that the LEA/IHE is utilizing a local affiliated provider. However, there is one minor change in the direction pertaining to local affiliated providers. Under "LocationID" on the SPI template, select ANCP instead of CP. See below.

Field Name	Field Description
LocationID	LocationID has been added to identify the different provider type. This is a critical field, and it should be populated with 1 of the following value on the Provider Tab: "E" - This is used for employed providers "CP" - This is used for a Contracted Providers **"ANCP" - This is used for an Affiliated, Non-Contracted, Providers**

Once identified by the LEA/IHE on the provider roster, local affiliated providers will have to complete all the onboarding pre-requisites, just as the LEA/IHE has to do, before they can submit claims for reimbursement. This includes completing the Provider Participation Agreement with DHCS, Data-Use Agreement with Carelon, the provider roster (SPI template), and student batch registration.

The local affiliated provider will bill directly (i.e., submit claims for reimbursement) for the services it provides to students. All the billing and claims reimbursement will be between the local affiliated provider and Carelon and is separate and distinct from the LEA/IHE billing after the LEA/IHE identifies the local affiliated provider on its roster. NOTE: The LEA/IHE may opt, for any reason, to "undesignated" an affiliated community-provider by notifying both DHCS and Carelon.

For **statewide affiliated providers**, the process is slightly different. To be considered eligible as a statewide affiliated provider, the community provider must complete an eligibility screening and submit to DHCS, a "designation letter" from each LEA/IHE they intend to partner with (on LEA/IHE letterhead, with an appropriate authorizing signature) indicating the LEA/IHE approves the statewide affiliated provider status. The statewide affiliated provider must obtain such letters from **each LEA/IHE** to demonstrate the meet the criteria as a statewide affiliated provider. The statewide affiliated providers are only allowed to submit claims for reimbursement from LEAs/IHEs that have designated the provider as an approvable statewide affiliated provider. DHCS' Guidance for the Participation of Community Providers includes additional details about

affiliated providers, including a template for the Affiliated Provider Designation and Acknowledgement letter that must be signed by the LEA/IHE (see Appendix B for the template).

Lastly, it is important to note that LEAs/IHEs and statewide affiliated providers can move at a different pace from each other. If the LEA/IHE is planning to participate but is not planning to move quickly through the onboarding process, it is possible for the LEA/IHE to **JUST** designate a statewide affiliated provider without completing all the other onboarding steps. If you'd like to explore this option and have questions about how it works, contact your DHCS Regional Lead at DHCS.SBS@dhcs.ca.gov.

Choose Your Implementation Model (Decision Tool)

Selecting the right implementation model is one of the most important early decisions an LEA or IHE will make. The CYBHI Fee Schedule program is intentionally flexible so that small and rural communities can choose an approach that fits their staffing capacity, provider network, and administrative readiness. Most LEAs/IHEs will fall into one of three models: Fully Outsourced, Hybrid, or Internal Capacity / Consortium-Led.

Use the guide below as a practical tool when determining which model is the best fit for your district or campus. LEAs/IHEs are not limited to a particular model. The options below are ***offered for consideration only***. DHCS and Carelon will support various implementation models.

If your LEA/IHE has fewer than 1,000 students

Model: Fully Outsourced (Billing + Providers)

This model works best for districts that have:

- Limited administrative capacity
- Few or no existing behavioral health providers
- No existing in-house billing infrastructure
- The need for immediate service delivery without building internal systems first

Under this model, a partner (e.g., community-based organization, FQHC, or another Consortium Lead LEA/IHE) provides both direct services and billing operations, allowing small LEAs/IHEs to begin offering services and submitting claims quickly.

Why this works: Small LEAs may not have the staffing flexibility to manage provider onboarding, NPIs, documentation oversight, data-sharing requirements, and claims submission on their own. Fully outsourced models reduce administrative lift and ensure compliance from day one.

If your LEA/IHE has 1,000–5,000 students

Model: Hybrid

This model is ideal for districts that want to build some internal capacity but still need external support. Under a hybrid structure, the LEA/IHE:

- Employs or contracts a small team of service providers (e.g., school counselors, CWCs)
- Partners with a billing vendor, COE hub, or community provider for claims submission
- Shares some administrative responsibilities with external partners
- Uses external support for supervision, credentialing, or specialized services

Why this works: Hybrid models allow LEAs/IHEs to maintain a strong connection to student services while avoiding the burden of managing the full billing and compliance ecosystem alone.

If your LEA/IHE has more than 5,000 students or is COE-led

Model: Build Internal Capacity + Regional Support

These districts and COEs usually have greater administrative infrastructure and the ability to:

- Hire and supervise internal providers
- Maintain an electronic health record or contract with a third-party billing vendor
- Manage SPI rosters, provider enrollment, and NPIs
- Submit claims directly through Availity
- Provide regional/consortium leadership and shared services

Why this works: Larger LEAs and COEs are well-positioned to develop durable, internal systems for billing, compliance, and provider management—often while supporting smaller LEAs through a consortium model.

Best Practices

If you don't have a billing team already, consider starting with external support, build muscle over time, and transition to a more internal or hybrid model when you have the staffing, systems, and workflows to sustain it.

How to Use This Decision Tool

When choosing your implementation model, consider:

- Current provider workforce (in-house vs. contracted)
- Availability of licensed supervisors
- Access to EHR/billing platforms
- Whether you can meet ongoing documentation and compliance requirements internally
- Capacity to manage contracts, DUAs, and Provider Participation Agreements
- Opportunities to join or lead a consortium
- Time sensitivity (e.g., need to begin delivering services quickly)

Step Three: Get Ready

Regardless of the chosen implementation model, each LEA/IHE will need to review the program requirements, participate in trainings, and take specific action steps to enable the LEA/IHE to obtain reimbursement under the CYBHI Fee Schedule program. Below are practical steps that will help LEAs/IHEs get started with the CYBHI Fee Schedule program:

- ✓ Review the CYBHI Fee Schedule Program Manual
- ✓ Watch the Onboarding Module Videos to learn more about what is expected of CYBHI providers (i.e., LEAs/IHEs)
    - Module 1 – Introduction
    - Module 2 – Scope of services
    - Module 3 – Provider and practitioner network
    - Module 4 – Student batch registration and health insurance collection
    - Module 5 – Claim submission and payment remittance
- ✓ Review the HIPAA/FERPA Toolkit and watch the webinar series
- ✓ Talk to your COE about the program and steps they've taken to get ready
    - Note: There are a lot of resources also available through the Capacity Grant program. COEs and LEAs have access to resources shared through the Sacramento County Office of Education and Santa Clara County Office of Education, including:
        - Recordings of Communities of Practice
        - LEA Fee Schedule Crosswalk Toolkit
        - Resources from trainings on a variety of topics
        - Memos and Case Studies
            - From Assessment to Claim: Certified Wellness Coaches and Pupil Personnel Counselor in Anaheim Elementary School District
            - Supporting Buy-In and Addressing Stigma: A Case Study from the County Office of Education
            - Strategies for Collecting Student Health Insurance Information: Case Studies from Mariposa, Ventura and Siskiyou
            - Rooted in Wellness – The Ventura County Office of Education Story
        - And so much more!
- ✓ Talk to LEAs in other small/rural counties about how they've been successful implementing the program.
- ✓ Learn about Carelon Behavioral Health (Carelon) and their role as the single, statewide third-party administrator for the CYBHI Fee Schedule program.
    - Learn what services they offer:
        - Review the Ongoing Support and Best Practices Presentation Guide
    - Review Carelon's CYBHI Fee Schedule Program Provider Onboarding Guide

- Jot down questions you have for Carelon about the program, procedures, forms, tools.
- Schedule a 1:1 visit with a Carelon Rural/Small County Program Representative (PR) Subject Matter Expert – contact Carelon at CYBHITPA@carelon.com to request technical assistance.
- Access Carelon's Provider Training Materials, Videos and Resources webpage
- Watch this video for the Availity portal

✓ Hot Tip: Talk to your local Medi-Cal managed care plan (MCP) about the program – develop a relationship if you don't already have one through the Student Behavioral Health Incentive Program (SBHIP) or otherwise. Here is how you can find out which Medi-Cal MCPs are responsible for coverage in your county.

In addition, all LEAs/IHEs must complete the following steps to prepare for participation in the CYBHI Fee Schedule program:

✓ If you don't already have one, obtain a **Type II** National Provider Identifier (NPI) from the National Plan and Provider Enumeration System.
- As stated above, each participating LEA/IHE, ***regardless of model***, must obtain a Type II NPI. These NPIs must be on the claim; even when claims are submitted by an Independent LEA/IHE or the Lead LEA/IHE for a billing consortium. This is how DHCS and Carelon will know that the services billed via the program are for services provided to students enrolled in the district or school.

✓ Ensure your individual providers have a Type I NPI, as it is required for **all** CYBHI providers.
- All direct service providers working for or contracting with participating member LEAs/IHEs must obtain a Type I NPI.
- The NPI of the "rendering" direct service provider must be on the claim.

✓ If there is a Medi-Cal Provider Enrollment pathway, each individual provider (e.g., LCSW, LMFT, LPCC, Clinical Psychologist) must also enroll in the Medi-Cal program.
- The LEA/IHE will be enrolled by DHCS upon approval of the LEA/IHE's Provider Participation Agreement and completion of all required provider enrollment actions. See CYBHI PPL 26-002 for details.
- Each individual provider that furnishes direct services to students must also individually enroll in the Medi-Cal program if there is a Medi-Cal Provider Enrollment pathway. Only certain licensed providers are required to enroll in Medi-Cal and these providers may opt to enroll as Ordering, Referring and Prescribing (ORP) providers rather than completing the full Medi-Cal Fee-for-Service enrollment process.

✓ Review required documents with your legal counsel:
- Provider Participation Agreement – Lead/Independent or Member LEA/IHE
- Data-Use Agreement (DUA) with Carelon – Instructions, Two-Party DUA, Tri-Party DUA

Note: These are standard agreements and cannot be modified for individual LEAs/IHEs. Neither the PPA nor the DUA constitute a contract between the LEA/IHE and DHCS or Carelon, respectively. The PPA is an agreement made by CYBHI providers to adhere to Medi-Cal requirements and the CYBHI Fee Schedule program. The DUA is an agreement between the LEA/IHE and Carelon that governs the sharing of Protected Health Information (PHI) and Personally Identifiable Information (PII) necessary to enable payment for services rendered. Carelon is not a contractor of the LEA/IHE. Instead, Carelon is a contractor of the state and must adhere to the terms of its contract with DHCS, which includes specific requirements around data privacy and security in compliance with state and federal laws.

- ✓ Review Carelon's contract with DHCS to understand the scope of requirements and oversight already performed by the State of California.
- ✓ Identify and document roles and responsibilities within the organization that will take lead for implementing each component of the program, including but not limited to the following:
    - Medi-Cal Enrollment (COE/LEA)
    - Legal Documentation
        - DHCS Provider Participation Agreement (PPA)
        - DHCS Data Use Agreement (DUA)
        - Carelon Data Use Agreement (DUA)
    - Electronic Health Record
    - Provider Management
        - Provider (SPI) Roster Submission and Management
        - Medi-Cal Enrollment for Licensed Providers
        - License or Credential Verification
        - Ordering, Referring and Prescribing (ORP) Providers
        - Consortium Management, if applicable
    - Partnerships with Community-based Organizations
    - Direct Service Provision
    - Student Health Insurance Data Collection
    - Financial Management
        - LEABOP Cost Reporting (i.e., for applicable CYBHI Fee Schedule reimbursement amounts)
        - Revenue Modeling
    - Program Oversight and Compliance Audit Control
        - Service Documentation Compliance

Collecting Student Health Insurance Information – Best Practices

One of the most complex components of the CYBHI Fee Schedule program, and a challenge for LEAs/IHEs to implement, is the requirement for LEAs/IHEs to collect

student health insurance information from families. DHCS understands and acknowledges that it is a challenge and can even be a barrier for some LEAs/IHEs.

It is helpful to understand why this is a requirement. As of August 2026, there are forty-three (43) distinct health plans and insurers that are obligated under state law to reimburse LEAs/IHEs and school-linked affiliated providers for the provision of services to students. Of these, twenty-four (24) health plans are Medi-Cal MCPs, plus the Medi-Cal FFS delivery system for Medi-Cal members that are not enrolled in a Medi-Cal MCP. **Outside of Medi-Cal, DHCS does not have a database that tells us which students are enrolled in which health plans.** This information must come from the LEA, IHE, or affiliated provider.

For the Medi-Cal program, DHCS will support LEAs/IHEs with matching student information system (SIS) data with the Medi-Cal Eligibility Data System (MEDS), including identifying dates of eligibility and MCP plan assignments. For more information about this process, please contact DHCS at DHCS.SBS@dhcs.ca.gov. LEAs, IHEs and affiliated providers will need to collect and transmit student health insurance information for eligible members (students) to Carelon using the student batch registration file and must establish policies and procedures for collecting, storing and transmitting student health insurance information to Carelon. The policies and procedures may include systems and strategies to proactively collect student health insurance information from eligible members and/or their authorized representatives, as applicable; and/or to collect student health insurance information at the point of service. LEAs and IHEs are NOT required to collect student health insurance information for all students enrolled in the district or campus; it is only for students for whom the LEA or IHE is seeking reimbursement for services as part of the CYBHI Fee Schedule program. The required information can be collected, and updated as necessary, from the student and/or their parent or legal guardian at the time of service or before claims for reimbursement are transmitted to Carelon. In addition, DHCS and Carelon are committed to ensuring that only the minimum necessary data are required to be reported.

Carelon Supports for LEAs/IHEs Regarding Student Health Insurance Verification

Carelon is actively working with the MCPs/insurers to establish data-exchange protocols,[7] which will ultimately reduce the burden on LEAs/IHEs and provide tools to

[7] DHCS anticipates this infrastructure will be fully implemented for all health plans/insurers by December 31, 2028. For more information about the process, see the CYBHI Fee Schedule Program Manual For MCPs/Insurers

verify student health insurance information to collect this information; however, some data reporting by LEAs/IHEs will still be necessary.

Carelon launched the Eligibility and Benefits Inquiry function in the Availity portal, which is a feature that enables LEAs/IHEs to look-up students to verify insurance information and eligibility data that Carelon receives from MCPs/insurers that have already established data-exchange protocols. Check here to determine if a specific health plan/insurer's data is available for look-up in Availity.

Resources Available to Support Conversations with Parents/Families

In collaboration with COEs and LEAs, DHCS has developed several helpful resources for LEAs/IHEs to use when discussing the need to collect student health insurance information with parents and families as part of the CYBHI Fee Schedule program. In addition, other LEAs/IHEs have developed a plethora of tools, videos and resources that could be useful as models for small/rural LEAs/IHEs. See some helpful examples below:

Flyers and Brochures

- CYBHI Fee Schedule Program Parent and Caregiver Flyer (Long) – English
- CYBHI Fee Schedule Program Parent and Caregiver Brochure (Long) – English
- CYBHI Fee Schedule Program Parent and Caregiver Flyer (Condensed) – English
- CYBHI Fee Schedule Program Parent and Caregiver Brochure (Condensed) – English
- CYBHI Fee Schedule Program Parent and Caregiver Flyer (Long) – Spanish
- CYBHI Fee Schedule Program Parent and Caregiver Brochure (Long) – Spanish

Please contact DHCS.SBS@dhcs.ca.gov to request copies of these Flyers and/or Brochures in any of the following languages: Arabic, Armenian, Farsi, Hmong, Khmer, Korean, Punjabi, Russian, Simplified Chinese, Tagalog, Traditional Chinese, and Vietnamese.

Back-to-School Night and Parent/Teacher Conference Scripts

- CYBHI Fee Schedule Sample Parent/Teacher Conference Script PDF
- CYBHI Fee Schedule Sample Back-to-School Night Script PDF

Videos/Social Media Posts

- CYBHI Fee Schedule – Easy as ABC: Access, Benefits, Confidential – English
- CYBHI Fee Schedule – Easy as ABC: Access, Benefits, Confidential – Spanish
- CYBHI Fee Schedule – Group Chats and Free Mental Health Care at School – English

Partner Resources

- CYBHI Fee Schedule Testimonial – Tim Reid, Nevada Joint Union High School District
- CYBHI Fee Schedule Testimonial – Nevada Joint Union High School District
- CYBHI Fee Schedule – Sacramento County Office of Education – Brent Malicote (part 1)
- CYBHI Fee Schedule – Sacramento County Office of Education – Brent Malicote (part 2)
- CYBHI – Sacramento County Office of Education – Mai Xi Lee (part 1)
- CYBHI – Sacramento County Office of Education – Mai Xi Lee (part 2)

Check for other partner resources on the DHCS website and the Capacity Grant website.

Step Four: Apply for a Cohort

New implementation cohorts are launched every six months, with start dates in **July** and **January**. LEAs/IHEs can join any cohort that aligns with their readiness, ensuring predictable onboarding windows and consistent support cycles throughout the year. The application process includes a readiness assessment survey. LEAs/IHEs must also submit a list of participating schoolsites. So, if you are leading a billing consortium, that information is also needed from each participating member LEA/IHE.
For a list of existing cohort participants, check the cohort lists on the DHCS website.

Prior to Launch (Go-Live)

Upon acceptance by DHCS into a cohort, there is a lot an LEA/IHE can do to get ready. If you haven't already completed the steps outlined in section A above, please use that section as a checklist to guide your next steps. This section details specific tasks each Lead, Independent and Participating Member LEA/IHE will need to complete before they can go-live with the CYBHI Fee Schedule program.

Each LEA/IHE's first date of service (i.e., the first date eligible for claims submission) will be on or after the cohort launch date (i.e., January 1st or July 1st) depending on the timing of submission of the LEA/IHE's signed Provider Participation Agreement. In addition, if all other program pre-requisites are completed before the go-live date, the LEA/IHE can begin submitting claims on the cohort launch date (i.e., January 1st or July 1st). Each section below outlines specific tasks that must be completed prior to launch.

Independent LEAs/IHEs

As a condition of participation, LEAs and IHEs, as well as certain designated providers, must complete the following billing pre-requisites:

1. Complete a DHCS Provider Participation Agreement (PPA) and enroll in the Medi-Cal program. The Medi-Cal enrollment will be processed by DHCS with the submission of the PPA.
2. Complete a signed Data-Use Agreement (DUA) with Carelon. Note: Carelon will end DUAs to DHCS-approved providers upon notification of approval from DHCS.
3. Attend Carelon onboarding trainings and meet with your assigned Carelon Provider Relations Team assigned representative to establish communication and support preferences.
4. Establish a secure file transfer protocol (sFTP) connection (e.g., ProviderConnect[8] account) with Carelon.
5. Create an Availity[9] account for claims submission to Carelon.
6. Submit a Standard Provider Import (SPI) Roster to Carelon.
7. Collect and submit student health insurance information to Carelon using the student batch registration file.

Although it is not a prerequisite, DHCS recommends that LEAs/IHEs also execute a DUA with DHCS to enable Medi-Cal eligibility matching with student records.

Lead LEAs/IHEs

To build a consortium within the CYBHI Fee Schedule program, Lead LEAs/IHEs and participating members must complete the following minimum steps (note that there may be additional requirements depending on the division of responsibilities between Lead and participating member LEAs/IHEs):

- Identify a consortium Lead and participating members.
- Lead obtains a Type II National Provider Identifier (NPI).
- Lead submits a signed PPA to DHCS.
- Lead signs two-party Data Usage Agreement (DUA) with Carelon.
- Lead sets up Secure File Transfer Protocol (SFTP) connection (e.g., ProviderConnect) with Carelon.
- Lead sets up Availity account.
- Lead collects attestation letters from participating member LEAs/IHEs and submits them to DHCS.
- Participating member(s) sign modified PPA or full PPA, depending on delegation model.

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[8] ProviderConnect is a secure file transfer portal (SFTP)

[9] Availity is the claims submission interface used by Carelon. See Carelon's webpage for additional information about Availity: https://cybhi.carelonbehavioralhealth.com/providers/provider-training-materials-and-resources/provider-claims-and-availity/

Operationally, Lead LEAs/IHEs and participating members will collaborate to design the consortium model and determine roles and responsibilities for CYBHI Fee Schedule program. Lead LEAs/IHEs will inform DHCS and Carelon about the selected delegation model for the Consortium. Establish clear workflows for each program component in advance and make sure that all parties understand the responsibilities of the Lead LEA/IHE and the Participating Member LEA/IHE, including:

- Data-related program requirements (e.g., SPI and student batch registration file submissions)
- Claims-related program requirements (e.g., claims submissions)
- Reimbursement-related program requirements (e.g., reimbursement management)

Carefully review the CYBHI Fee Schedule program Participation Models guidance document, including the tables on pages 4 and 5 for additional information.

Participating Member LEAs/IHEs

Participating Member LEAs/IHEs still have an important role to play in the CYBHI Fee Schedule program. Although the consortia billing model aims to reduce the administrative burden for small/rural LEAs/IHEs that participate as part of a larger consortium, it is important for participating member LEAs/IHEs to know and understand the program requirements, monitor service delivery, and implement internal compliance controls to ensure that the claims submitted for reimbursement are in alignment with the program requirements.

In addition, participating member LEAs/IHEs are responsible for some program participation requirements, including:

- Signing a Provider Participation Agreement (PPA) with Medi-Cal enrollment if the participating member will submit claims or receive reimbursement directly from Carelon; **OR**,
- Signing a ***modified*** PPA without Medi-Cal enrollment if the Lead LEA/IHE will submit claims and receive reimbursement directly from Carelon on the Member LEA/IHE's behalf.

The PPA is a commitment by the LEA/IHE to follow the state and federal Medi-Cal rules, as well as the specific requirements of the CYBHI Fee Schedule program.

III. Onboarding Overview

DHCS Technical Assistance and Regional Liaisons

DHCS and Carelon host recurring **CYBHI Fee Schedule Office Hours** to support LEAs/IHEs, and affiliated community providers as they navigate onboarding,

implementation, claiming, compliance, and technical workflows. These sessions serve as an open forum, allowing participants across cohorts to receive real-time guidance, ask questions, troubleshoot challenges, and stay updated on program requirements.
Office Hours typically include:

1. Program Updates and Reminders

- Ongoing updates on **claims submission**, **reimbursement trends**, and **program guidance**.
- Clarifications on topics such as modifiers (e.g., U4), scope of services, telehealth billing rules, ORP requirements, and service eligibility.

2. Technical Assistance (TA)

DHCS and Carelon offer detailed guidance on:

- Claims formatting and submission through Availity
- Screening, Provider roster management, and practitioner eligibility
- Documentation standards, privacy/consent requirements (HIPAA/FERPA)
- Troubleshooting claim denials and resolving common errors

4. Q&A and Troubleshooting

- Live questions are addressed during each session, often with follow-up via email when needed.
- DHCS collects questions weekly through Microsoft Forms and answers them during the next Office Hours.

5. Cross-Cohort Integration

- Cohorts progressively merge into **All-Cohort Office Hours**, providing a shared learning environment that maintains continuity across onboarding windows.

Office Hours occur regularly (often twice monthly) for all cohorts. DHCS encourages participants to:

- Submit questions in advance
- Join sessions for updates on new policies, requirements, and timelines
- Keep contact information updated to continue receiving invitations

Carelon Network & Provider Relations (PR) Representatives

Both remote and in-person, upon request, Carelon provides individualized 1:1 support to LEAs/IHEs to assist with:

- DUA questions and updates
- Claims submission, denials, and corrections
- Technical support for SPI roster and student batch registration files
- Availity

- TA for Carelon data exchange secure account setup
- Support and best practice preparation for registering for and using Availity, Zelis, and any additional Carelon-required provider portals
- 1:1 walk-throughs, demos, for provider training for onboarding and post-onboarding support
- Provider maintenance and network check in meetings to share updates and progress

LEAs/IHEs can access DHCS and Carelon for 1:1 support by making a request directly:

- DHCS Fee Schedule Team: **DHCS.SBS@dhcs.ca.gov**
- Carelon TPA Provider Relations: **CYBHITPA@carelon.com**

IV. Launch and Beyond

Upon approval by DHCS for the LEA/IHE to go-live with submitting claims for the CYBHI Fee Schedule program, there are still a lot of learning opportunities for LEAs/IHEs. DHCS suggests that LEAs/IHEs start small, test internal processes and tweak as you go.

Start with one provider, one student, one claim. You don't have to figure everything out all at once. Start small by testing one change at a time. Then study that change, learn from it and adapt for the next one. Over time, you will build the muscle necessary to bring the program to scale.

"Behavior precedes belief — most people must engage in a behavior before they accept that it is beneficial… implementation precedes buy-in; it does not follow it." – Douglas B. Reeves

Phased Implementation Approach

Many LEAs/IHEs that have been successful with implementing the CYBHI Fee Schedule program started small. They implemented billing for specific providers or specific services to start and then expanded billing practices to additional providers and services. This program was designed to be accessible for a wide range of LEAs and IHEs to participate in. So long as providers have an internet connection and a laptop, and can use the basics in Microsoft Excel, they can complete the general requirements for onboarding and complete data exchange and claims procedures.

- ✓ **Hot tip**: There is potential to increase the pace at which you are providing access to billable services to students by partnering with community providers! If done

early in the process, your partners may benefit from participation and then help you get to scale!

There is no single "right" way to implement the program. If you stick with it, ultimately you will achieve success…and increase funding for school-based behavioral health services provided to students in the LEA/IHE.

Train Providers

It is important to engage with front-line providers, provide training, and make sure that the providers understand the "why" and how it helps the LEA/IHE and ultimately your students. Many providers may feel reluctant to take on "one more new thing" so it is important to provide adequate time to orient providers to the program requirements and provide additional training.
Many COEs have developed robust training programs that can be modified for small/rural LEAs/IHEs. In addition, as stated above, DHCS and Carelon provide extensive onboarding resources and training materials. For example, DHCS has created provider-specific illustrative billing guides for the following:

- Pupil Personnel Services (PPS) Credentialed School Counselors;
- PPS Credentialed School Nurses;
- PPS Credentialed School Social Workers;
- PPS Credentialed School Psychologists; and,
- Certified Wellness Coaches.

These illustrative billing guides provide general examples showing how familiar provider encounters might correspond to CYBHI Fee Schedule billable activities and service codes. The guides are NOT exhaustive but give a range of examples that should help explain what activities are billable and which are not.

Create Billing Workflows

It is important for LEAs/IHEs and their third-party billing vendors, as applicable, to develop step-by-step billing workflows. There should be specific procedures and internal controls for each step. See example below.

Deliver a service: This one sounds obvious on its face; however, providers may have challenges translating everyday activities within scope into billable services. Clear training materials and service crosswalks can ensure that the provider can identify the appropriate service code that matches the activity/service that was provided to the student.

Complete a service note: Make sure you have clear instructions and training materials for providers to understand the documentation requirements for the CYBHI Fee Schedule program. It is also important to make sure that there is an identified responsible person, or a team, assigned to regularly audit service notes and other documentation to ensure providers are documenting appropriately. Don't wait until you are notified of a potential audit to ensure that you have all of your documentation in order.

Enter into billing system (or send to vendor).

Submit a claim via Carelon (Availity): There is a lot of information available from both DHCS and Carelon about the claims submission process. Review the materials linked below and establish a workflow to make sure that you are following claims submission requirements. If you need specific help, please contact Carelon to schedule a 1:1 call with your assigned PR representative by emailing CYBHITPA@carelon.com.

- DHCS CYBHI Fee Schedule Program Manual – See the claiming and billing guidance starting on page 39, including documentation requirements on starting on page 45.
- Provider Claims, Payments and Availity Resources

These resources give step-by-step instructions about the claims submission and payment processes.

Track status: Track the status of claims payments in Zelis and track Evidence of Payment notifications from Carelon to identify paid claims and denied claims, as well as recoupments, if applicable. Providers will receive notification if a claim is rejected in Availity, and they should correct and submit the claim to ensure it is received by Carelon.

Fix denials quickly: If a claim gets denied due to a correctable error, you can fix it and resubmit it for payment. Don't wait. Review the reasons for denial and make corrections promptly.

Monitor claims patterns: DHCS and Carelon will monitor LEA/IHE claims submissions to ensure that claims are appropriately submitted and to identify risks related to fraud, waste and abuse. While fraud is an intentional act, waste and abuse can happen for a variety of reasons. Mistakes can and do happen, for example, submitting duplicate claims, billing too many units of service, putting the wrong provider's NPI on the claim.

Make sure you have internal controls to identify these types of mistakes and take proactive steps to reverse claiming errors. Contact Carelon at CYBHITPA@carelon.com if you identify patterns that you'd like to flag for discussion for appropriateness. If DHCS or Carelon identify risks through our own audits, we will notify the LEA/IHE and establish next steps, which could include a corrective action plan or recoupments if it is determined that the claims are invalid.

Most Common Reasons for Denials

Claims get denied. It happens. For example, as part of the CYBHI Fee Schedule program, claims may be denied by health plans if the student is not actually enrolled in the health plan. This can happen if the student's family changed insurance plans and they didn't update their information, the student is enrolled in the health plan but they weren't on the date the service was furnished, they got the insurance group number wrong when providing it to the LEA/IHE, or for a number of other reasons. There are also some students that are enrolled in a type of insurance coverage that is not a part of the CYBHI Fee Schedule program, such as a self-funded insurance product or a federally regulated plan type (e.g., ERISA, TriCare). These kinds of denials are unavoidable.
There may also be denials if there are duplicate submissions of claims, the code is not valid (e.g., the code can only be billed with another code), or the date of service more than 365 days prior to the claim submission date.
However, by far, the most common reasons for denials of claims in the CYBHI Fee Schedule program are due to human error and these claims, in large part, can be corrected and resubmitted for payment.

Below is a description of the most common reasons for claims denials (as of June 30, 2026):

Most Common Reasons for Claims Denials and Corrections	
Denial Reason	**Correction**
The claim was missing or includes an invalid NPI number for the rendering provider.	Verify the rendering provider's Type I NPI number in the National Plan and Provider Enumeration System (NPPES), then update and resubmit the claim.
The LEA/IHE didn't include the school site or other service location on the SPI file but did include it on the claim.	Add the school site or service location to the LEA/IHE's SPI roster and submit the updated SPI. Once the provider receives and reviews their SPI response files to confirm the updated information was successfully loaded, the claim can be resubmitted for payment.

Most Common Reasons for Claims Denials and Corrections	
Denial Reason	**Correction**
The Ordering, Referring, and Prescribing (ORP) provider's NPI number is missing from the claim for a practitioner type that requires an ORP (ex: Certified Wellness Coaches and PPS Credentialed Practitioners).	Add the ORP provider's name and NPI number in the appropriate fields on the claim and resubmit as a corrected claim for payment.
The claim is a duplicate (e.g., previously submitted and paid).	Not applicable. These claims cannot be paid.
The date of service is more than 365 days prior to the submission of the claim for payment.	Not applicable. DHCS cannot pay claims with dates of service that are more than 365 days prior to submission date.
The appropriate modifier (e.g., U4 modifier is required for all CYBHI Fee Schedule claims) is missing from the claim.	Add the modifier to the claim in the correct position and resubmit for payment.
The student was not covered by the health plan/insurer on the date of service. This can happen for one or more reasons, including but not limited to: • student/family provided invalid or incorrect health plan information; • student/family changed their health plan coverage; • student/family is enrolled in commercial health plan/insurer in a Health Savings Account (HSA)-qualified High-Deductible Health Plan (HDHP) and have not met their mandatory deductible and the service is not considered by the health plan/insurer to be a preventative service. In these cases, which are less common, the student/family is not considered eligible for the service and, therefore, the claim cannot be paid. Note: Please carefully review	Verify the student's health insurance information. Consider submitting a DUA with DHCS to obtain Medi-Cal matching data to assist with matching students enrolled in the Medi-Cal program.

Most Common Reasons for Claims Denials and Corrections	
Denial Reason	**Correction**
• the information in the CYBHI Fee Schedule Program Manual (see page 9); or, student is enrolled in a self-funded commercial health plan/insurer, which is not included in the CYBHI Fee Schedule program. Note: Please carefully review the information in the CYBHI Fee Schedule Program Manual (see page 9).	

Hot Tip: Fix denials within 1–2 weeks—don't let them pile up!

Monitor Claims Patterns

It is important to track the overall progress of implementing the CYBHI Fee Schedule program. For example, if you are not scaling as quickly as you expected or receiving as much reimbursement as you thought you might, there are several metrics that will help you understand claims patterns and what you can do to increase revenues. Answering a few key questions below can help you establish the right framework for measuring success. For example:

- **Service volume:** What was the volume of services provided in the prior school year(s)? Do you have a reason to believe the volume of services will be the same, higher, or lower? Do you have the same number of providers and/or direct service contracts?
- **Types of services provided vs. types of services billed:** What types of services are the LEA/IHE's providers delivering across the MTSS Tiers? Are you billing for all of the services that can be reimbursed as part of the CYBHI Fee Schedule program? Are there services that you could bill and are being provided in the district/school but for which you haven't submitted claims? If not, why?
- **Tracking school site data:** Are you submitting claims for all of the school sites? Or, if you are leading a billing consortium, for all of the LEAs/IHEs participating in the billing consortium?
- **Tracking rendering providers on claims:** Are you submitting claims for all of the providers that the LEA/IHE listed on its SPI roster? Are there providers on the roster, and therefore in Carelon's system, that don't have any associated claims?
- **Tracking students on claims:** Are you submitting claims for all of the students that the LEA/IHE listed on its student batch registration?

In addition, LEAs/IHEs should implement internal controls and processes to identify risks and flag inconsistencies in claims patterns. Alternately, as stated above, LEAs/IHEs could require its contracted third-party billing vendor(s) to conduct risk audits (i.e., to identify claims patterns that could trigger an audit; quality audits of progress notes).
Finally, it is also a good idea to do audits of documentation and records to make sure providers are appropriately documenting the services. If you find discrepancies, conduct trainings and implement your own corrective actions. That will go a long way if DHCS and/or Carelon identify issues that need to be corrected down the road.

Financial Tips

One of the most important steps to implementing the CYBHI Fee Schedule program is having a realistic expectation of reimbursements. As previously stated, the CYBHI Fee Schedule program is not a cost-based reimbursement program. It is **NOT** designed to cover the LEA/IHE's costs of delivering services. That means that you will likely not generate enough revenue to pay the full salaries of your providers or fully fund contracts with community-based providers. It is critical that LEAs/IHEs understand that and have a plan for braided and blended funding.

The CYBHI Fee Schedule program provides fee-for-service reimbursement. The value of the claim is published and transparent. It is recommended for LEAs/IHEs to do financial modeling to get a reasonable estimate of potential reimbursements, which are impacted by a variety of factors including but not limited to total service volume, number of students enrolled in the district/school, number of providers delivering direct services to students, etc.
DHCS previously shared 'week in the life' models for PPS Credentialed School Psychologists and Counselors. These models were based on sample schedules and real examples from School Psychologists and Counselors. For example (illustrative only), a full-time School Psychologist, who provides a mix of reimbursable and non-reimbursable services, the LEA/IHE might expect to get ***up to*** $50,000 in annual reimbursement.

However, that model is not necessarily based on a small/rural school district where there are unique considerations, such as travel between distant school sites and the district office or COE; a smaller overall student population and a necessarily lower volume of services delivered; limited provider staff and resources, including administrative capacity to submit claims; lack of infrastructure (e.g., Wi-Fi access) to provide telehealth services; etc. All of these are important local considerations that will impact the overall revenue outlook from CYBHI Fee Schedule program reimbursements.

The CYBHI Fee Schedule program offers **new revenue**. It will supplement existing funds for school-based behavioral health services. It will likely not replace other existing sources of funding these services.

V. Implementation Mindset (This Is the Difference)

Keys to success:

- Start small
- Build momentum
- Use partners
- Fix problems quickly
- Don't aim for perfection on day one
- Learn as you go
- Manage expectations

The LEAs/IHEs that succeed are the ones that start billing early and learn by doing!

This will be hard in the beginning. But it will get easier over time, as you learn and adapt. This is BRAND NEW for you and for all of us. Give yourself grace and don't forget to breathe!