

# Department of Health Care Services Children and Youth Behavioral Health Initiative

## Statewide All-Payer School-Linked Fee Schedule

### Workgroup Session - October 24, 2022

#### Meeting Summary

The document provides a summary of the October 24, 2022, Statewide All-Payer School-Linked Fee Schedule<sup>1</sup> Workgroup session. The summary notes include: a record of attendance, a brief overview of topics discussed, and a synthesis of the discussion topics from the full-group and small-group discussions.

**Fee Schedule Workgroup members and stand-ins attending (59 total):** Vanessa Aranda, David Bond, Mark Bontrager, Alex Briscoe, Michael Brodsky, Robert Byrd, Michelle Cabrera, Lisa Carlisle, Sheri Coburn, Melanee Cottrill, Peter Currie, John Drebing, Frank Dussan, Lisa Eisenberg, Jeff Farber, Jeremy Ford, Trina Frazier, Troy Foster, Mike Giambona, Michelle Gibson, Kim Griffin Esperon, Gail Gronert, Susan Holt, Timothy Hougen, Christian Jacobs, Gabriela Jimenez, Carmen Katsarov, Veronica Kelley, Linnea Koopmans, Genie Kim, Mayu Iwatani, Gerold Loenicker, Matthew Madaus, Alexis Martin, Rhyann Miller, Anete Millers, Nivedita Misra, Ali Murphy, Carolyn O'Keefe, Tom Orrock, Nicola Parr, Charity Plaxton-Hennings, Alicia Pimentel, Chaun Powell, Maryjane Puffer, Belinda Rolich, Leslie Roth, Courtney Sage, Marni Sandoval, Caroline Savello, Adrienne Shilton, Mike Stajura, Min Tan, Truc Tang, James Trout, Cheryl Ward, Loretta Whitson, Elizabeth Whitteker

**DHCS and Department of Managed Health Care (DMHC) staff attending (9 staff):**  
DHCS: Autumn Boylan, Jim Kooler, Tisha Montiero, Emmanuel Amanfor, Moneshia Campus, Stephen Liu, Krista Rocha, Desiree' Denard

DMHC: Amanda Levy

**Public attending (72 total):** Public joined the Fee Schedule Workgroup session.

#### **Meeting Agenda and Overview**

The purpose of the meeting was to kick-off the Fee Schedule Workgroup (FSWG) sessions through introductions of members and discussion of the broader goals of the Workgroup. The FSWG agenda covered the legislative background, vision for a statewide all-payer school-linked fee schedule, and the role of the workgroup members. In addition, participants brainstormed policy and operational considerations for the fee schedule design and implementation.

The following sections lay out themes and topics captured from the shared discussions.

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<sup>1</sup> [Welfare and Institutions Code \(WIC\) section 5961.4](#)

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### Group Discussion Themes and Takeaways

The FSWG members used a Jamboard<sup>2</sup> to brainstorm potential opportunities for a school-linked fee schedule to improve behavioral health services and related systems and processes for children and youth in California. Some themes from the meeting include, but are not limited to a focus on:

- **Expanding access to and quality of behavioral health services for students in school settings** (e.g., increased access to preventative health and pre-intervention; expanded ability to coordinate care across providers)
- **Increasing sustainability of funding for behavioral health services in schools** (including, e.g., non-clinical services such as peer support groups)
- **Simplifying administration and billing processes for schools that currently provide behavioral health services** (e.g., through reducing fragmentation and braided funding)
- **Increasing funding available for behavioral health services which schools currently provide**
- **Encouraging and strengthening lasting partnerships between schools and behavioral health providers**

### Breakout Discussion Themes and Takeaways

Breakout discussion groups were established based on five operational processes of the school-linked fee schedule:

- Provider Enrollment
- Service Delivery
- Billing
- Reimbursement
- Oversight

In the breakout group activity, participants used Jamboards to brainstorm policy and operational considerations for DHCS and DMHC as well as to list outstanding questions around each topic. Select themes from the discussions are listed below for each breakout group.

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<sup>2</sup> Jamboard is a digital whiteboard that lets you collaborate in real time using either the Jamboard device (a 55-inch digital whiteboard that works with G Suite services), web browser or mobile app.

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### 2.1 Provider Enrollment

Examples of feedback received in breakout sessions include:

- **Considerations around potential credentialing processes for practitioners hired or contracted by local educational agencies (LEAs) / institutions of higher education (IHEs)** (e.g., maintaining network oversight over potential enrollment for PPS-credentialed providers)
- **Ensuring the enrollment process is accessible and inclusive for schools** (e.g., through bulk enrollment)
- **Potential to support LEAs through the enrollment process** (e.g., technical support, increased communication on timelines)
- **Considering ways to ensure that contracted providers across the system have the capabilities to meet students' behavioral health needs** (e.g., triaging student needs to prioritize care; incentivizing peers and community members to participate; coordinating care across multiple providers)
- **Questions around enrollment requirements for network providers** (e.g., data-sharing capabilities, Medi-Cal certification requirements, etc.)

### 2.2 Service Delivery

Examples of feedback received in breakout sessions include:

- **Identification of a range of services which may be included in the scope of the fee schedule**, including but not limited to:
  - Behavioral health screenings and assessments
  - Skill-building and emotional awareness
  - Crisis services
  - Individual and group therapy
  - Family services (e.g., parent support groups, family therapy, bonding activities, etc.)
  - Substance Use Disorder (SUD) prevention and intervention
  - Peer support services
  - Outreach and educational campaigns and engagement
  - Care coordination
- **Considerations around potential billing mechanism for some services** (e.g., case management, care coordination, family / dyadic services)
- **Emphasis on ensuring that schools have sufficient access to behavioral health providers** (e.g., utilizing peers, paraprofessionals, CHWs)
- **Considerations around data sharing consent and regulations** (e.g., HIPAA, FERPA) which may create limitations on providing and arranging for some services (e.g., screenings, care coordination)

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### 2.3 Billing

Examples of feedback received in breakout sessions include:

- **Simplifying the credentialing and enrollment process so that providers can enroll through LEAs**
- **Prioritizing avoidance of duplicate billing** (e.g., through being deliberate in choosing which party is going to be responsible for billing)
- **Provide clarification pertaining to the intended fee schedule billing and existing billing options** (e.g., LEA BOP) and **leverage existing billing infrastructure** (i.e., third-party relationships)
- **Emphasis that determining coverage can become a pain point, which may be mitigated through new systems to find and store student data**

### 2.4 Reimbursement

Examples of feedback received in breakout sessions include:

- Coding considerations, including whether codes for existing services (e.g., County mental health / SUD) may carry over to the fee schedule and whether new codes may be needed for any services
- Network considerations, including potential challenges for community-based organizations transitioning to the fee schedule, considerations around duplicative networks, and questions around network requirements for services outside a member's coverage
- Questions around the logistics of managed care plan (MCP) participation in the network (e.g., funding sources for MCPs; mechanisms for contracting with schools as providers; tracking of services provided to undocumented students)

### 2.5 Oversight

Examples of feedback received in breakout sessions include:

- **Potential need for guidance and support in implementing and coordinating quality control systems across multiple organizations and agencies**
- **Emphasis on systematizing and standardizing quality control processes and measurements** (e.g., by leveraging existing standardized quality checks from organizations such as MCPs)
- **Ensuring that quality control mechanisms do not create unnecessary burden for enrollees and/or providers**

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- **Considerations around potential processes to determine the appropriate level of service and ensure continuity of care for students (e.g., when**