Department of Health Care Services

Children and Youth Behavioral Health Initiative

Statewide All-Payer School-Linked Fee Schedule Workgroup Session – December 5, 2022

Meeting Summary

As of 12/06/2022

The purpose of this document is to provide a summary of a Fee Schedule Workgroup session held on Monday, December 5, 2022, including a record of attendance, a brief overview of topics discussed, a synthesis of the discussion topics from the full-group and small-group discussions, and a record of written comments and questions made by participants during the meeting.

This document was created at the request of DHCS Office of Strategic Partnerships for the purpose of engaging external stakeholders. Sources of insight include working sessions with OSP and inputs from CalHHS and other department teams.

The approaches and considerations included in this document are preliminary and may be further developed based on additional inputs from OSP, broader DHCS, CalHHS and other departments.

The document provides a summary of the December 5, 2022, Statewide All-Payer School-Linked Fee Schedule[1] Workgroup session. The summary notes include: a record of attendance, a brief overview of topics discussed, and a synthesis of the themes from full-group and breakout discussions.

Fee schedule Workgroup members attending (47 total)

Vanessa Aranda, Mark Bontrager, Alex Briscoe, Michael Brodsky, Robert Byrd, Michelle Cabrera, Lisa Carlisle, Sheri Coburn, Melanee Cottrill, Frank Dussan, Kim Griffin Esperon, Jeff Farber, Trina Frazier, Jeremy Ford, Michelle Gibson, Gail Gronert, Le Ondra Clark Harvey, Susan Holt, Timothy E. Hougen, Alexis Martin, Mayu Iwatani, Christian Jacobs, Carmen Katsarov, Genie Kim, Linnea Koopmans, Gerold Loenicker, Matthew Madaus, Rhyan Miller, Anete Millers, Nivedita Misra, Nicola Parr, Alicia Pimentel, Charity Plaxton-Hennings, Chaun Powell, Maryjane Puffer, Belinda Rolicheck, Leslie Roth, Courtney Sage, Marni R Sandoval, Adrienne Shilton, Mike Stajura, Min Tan, Trúc Tang, James Trout, Cheryl Ward, Loretta Whitson, Beth Whitteker

Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) staff attending (18 total)

DHCS: Autumn Boylan, Jim Kooler, Tisha Montiero, Emmanuel Amanfor, Moneshia Campus, Stephen Liu, Krista Rocha, Susanna Medina, Hayden Schoch, Rafael Davtian, Jesse Delis, Desiree Denard, Matthew Landing, Gabrielle Lyttle, Sarah Borkowski, Amarbir Takhar

DMHC: Amanda Levy, Ryan Arnold

Public attending (105 total): Public joined the Fee Schedule Workgroup session

Meeting Agenda and Overview

This meeting was the second session of the Fee Schedule Workgroup (FSWG) established by DHCS and DMHC to gather input on design choices related to a statewide, all-payer school-linked fee schedule from a range of stakeholders including representatives from educational institutions (TK-12 and higher education), payers (Managed Care Plans (MCPs), County Behavioral Health organizations, commercial plans, etc.), behavioral health providers, and other organizations.

The meeting agenda included:

- Recap of the purpose and goals of the fee schedule, statutory context, and the role of the Workgroup in providing input

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[1] Welfare and Institutions Code (WIC) section 5961.4

- Discussion of considerations around select services which may be included in the scope of the fee schedule

- Discussion of the potential supporting mechanisms which may assist educational institutions in utilizing the fee schedule to submit claims for billing and receive reimbursement

The following sections outline themes and topics discussed by the Workgroup members in breakout groups during the session.

Scope of Services Breakout Discussion Themes and Takeaways

Workgroup members split into four breakout groups, with each group focused on a specific service which may or may not be included in the fee schedule. The group topics included family / dyadic services, case management, substance use disorder (SUD) services, and medication management. During the 15-minute breakouts, groups discussed potential considerations around the suitability of the services to provide to students in school settings, as well as other considerations which may impact provision and reimbursement for the service.

Participants expressed a wide range of opinions around suitability of services, with discussion around the potential benefits and challenges of providing these services in school settings. Overall themes across breakout group topics included (but may not be limited to):

- Clarity on provider enrollment requirements and processes (e.g., site certification)

- Emphasis on ensuring approved provider types, codes, etc. are appropriate to the service and consistent with guidelines outside of school settings

- Importance of protecting and student privacy and respecting patient and parental consent

- Potential issues around logistics of offering services in schools (e.g., physical space constraints, training for staff members)

Takeaways and emerging themes from the individual breakout groups can be found in the following sections.

Family & dyadic services

Examples of feedback received in the breakout discussion include:

- Questions around the physical space, specialized infrastructure, and capacity/ training needed to provide these services (dyadic services in particular) in school settings

- Emphasis on the value and criticality of these services for student developmental and behavioral health, especially for rural families, and others who may be less likely to access these services outside of school settings

- Need to address potential emotional disruption to students of offering these services in schools, privacy issues for patients, and low parental engagement

- Considerations around appropriateness based on severity of the case (e.g., treating mild-moderate conditions in school settings while addressing more serious concerns in alternate specialized settings)

- Considerations around differentiations by age group (emphasis that the service is valuable for young children, with questions around how treatment may function for older students)

Case management services:

Examples of feedback received in the breakout discussion include:

- Emphasis that schools may be uniquely well-positioned to offer case management services given that they are often hubs for different types of services across communities, especially for high-risk students

- Considerations around potential disruptions in existing school processes (e.g., creating duplication with other funding sources)

- Need to address potential duplication of services which schools are already responsible to provide for select subpopulations (e.g., students with Individual Education Plans (IEPs), children in foster care, youth eligible for Enhanced Care Management (ECM))

- Questions around which provider types would be eligible for reimbursement for case management services under the fee schedule (e.g., supervision of Pupil Personnel Services (PPS) credentialled providers)

- Questions around managing the exchange of patient data needed for case management and privacy / consent concerns (including for parents)

SUD services:

Examples of feedback received in the breakout discussion include:

- Potential challenges based on policies of individual schools/ districts that may disallow SUD services (e.g., SUD counselors, Medication-Assisted Treatment (MAT), etc.)

- Ensuring student disclosure, engagement, and privacy given potentially punitive school policies

- Questions around site certification processes

- Creating sustainable contractual pathways for schools to work with external behavioral health providers

Medication management services

Examples of feedback received in the breakout discussion include:

- Questions around consent to receive medication (e.g., injectables)

- Physical location, including potential need for dedicated space on campuses for medication-related services, and the potential for telehealth

- Ensuring coordination of care from a safety perspective (e.g., continuity of medical supervision, avoiding duplicate prescription, sufficient time given for medication to work)

- Addressing stigma around mental health services in schools generally (e.g., due to lack of privacy in school settings), and medication-based treatment in particular, and the need for effective education and communications for parents/ caregivers

- Logistical challenges around transportation and storage of medication at school sites

Support Mechanisms for Schools Breakout Discussion

In the second set of breakout group discussions, Workgroup members went to four breakout groups which were each asked to brainstorm potential support mechanisms that may help schools in utilizing a school-linked fee schedule for billing and reimbursement for behavioral health services. In particular, groups were prompted to identify potential supports in terms of infrastructure (e.g., support to develop physical or technological tools), capacity (e.g., training for administrative staff on billing to a fee schedule), or partnerships (e.g., access to third-party organizations that assist with billing administration.

Themes from those discussions are laid out in aggregate across breakout groups below (given that all breakout groups received the same discussion topics). Along with identification of specific support mechanisms for schools, Workgroup participants also discussed outstanding open questions around the fee schedule implementation which may impact support needs, as well as potential challenges for a fee schedule to overcome. Emerging themes from these 25-minute breakout discussions are below.

Support mechanisms identified for schools to utilize an all-payer school-linked fee schedule:

- Access to Electronic Health Records (EHRs) and data infrastructure to store and exchange patient information

- Flexible staffing models and/or third-party support models to account for new activities required of schools as well as their varied needs and preferences

- Training tailored to schools' current capability levels (e.g., both basic guidance and advanced training depending on the needs of school staff)

- Support to create and develop partnerships to increase workforce capacity in schools (e.g., with Community-Based Organizations (CBOs) that provide behavioral health services, with local training programs)

- Funding to build physical spaces for behavioral health services on campuses

Discussion topics with open questions around the design and implementation of a fee schedule:

- Guidance on provider enrollment requirements and processes (e.g., credentialing requirements)

- Definitions of parameters for services in the fee schedule (e.g., approved provider types, codes)

- Policy support and guidance on sharing sensitive patient information, especially between schools and their contracted behavioral health providers

- Clarity on the responsible entity for billing (e.g., determining responsibility when both schools and their contracted providers eligibility to bill for services)

- Ability to apply for grant funding (and know highest needs and what to prioritize investing in) in advance of finalized policy/guidance or lessons learned from "early adopters"

Potential challenges identified in fee schedule implementation:

- Protecting student privacy and respecting patient consent

- Logistical challenges of offering services in schools (e.g., physical space constraints)

- Uncertainties about ensuring alignment with other funding sources (e.g., Student Behavioral Health Incentive Program (SBHIP), Behavioral Health Continuum Infrastructure Program (BHCIP), Individuals with Disabilities Education Act (IDEA) funding, other Federal sources) through which similar infrastructure is being planned and built, or through which similar services are currently offered

- Need to address potential conflicts between school-linked provider network and other provider networks (e.g., creating duplication of payer responsibility)