



June 22, 2023

Autumn Boylan, Deputy Director
Office of Strategic Partnerships, Department of Health Care Services
1501 Capitol Ave
Sacramento, CA 95814

Amanda Levy, Deputy Director
Health Policy and Stakeholder Relations, Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

Dear Deputy Director Boylan and Levy:

The California Alliance of Child and Family Services, which represents over 160 community-based organizations (CBOs) serving children, youth and families through behavioral health, education, foster care, prevention and juvenile justice programs, is currently participating in the Children and Youth Behavioral Health Initiative school-linked fee schedule workgroup along with several of our member agencies. Many of our members provide behavioral health services on school campuses and see firsthand the importance of providing services on school campuses where students already spend most of their time. The Alliance is a committed partner in increasing access to behavioral health services and is eager to work with the Departments on this effort. We respectfully submit the following recommendations and questions for your consideration.

Fee Schedule Services

Case management services for students enrolled in Medi-Cal should be included in the fee schedule. We strongly recommend that the fee schedule include case management services for students enrolled in Medi-Cal, rather than only for students with coverage through commercial insurance plans. Case management services are critical to ensure that, whenever a school staff person observes signs that a student's family may be facing economic or other types of distress, the family can be promptly connected with all relevant community supports. With the increased screenings made possible through the CYBHI fee schedule, many more children will be identified who need community-based supports to address Social Determinants of Health. These screenings will provide little benefit if students and their families are not promptly connected with those supports. Similarly, students are entitled to receive non-specialty mental health services, even if they do not have a mental health diagnosis¹, if they face any of a wide range of risk factors, including food insecurity or housing instability, or if their parent/guardian recently lost their job. It makes little sense to offer these youth therapy at school but to require families to find and work with a non-school-based case manager to get help applying for housing support, nutrition assistance, or employment support.

- Remaining Question:
 - Some school districts do not allow substance use disorder counselors on school campuses. Will this impact the scope of services included in the fee schedule?

¹ [Medi-Cal Provider Manual, Non-Specialty Mental Health Services: Psychiatric and Psychological Services](#), pp 24-25. See also APL 22-006, pp 4.

Provider Network and Payment Process

To ensure there are enough behavioral health providers in the provider network to serve a school population, we recommend using DHCS’s Network Adequacy Standards as a guide to develop required ratios of providers to students. This may be helpful to support local educational agencies (LEAs) that have inadequate provider networks in identifying additional partners that meet the requirements to serve as part of the provider network.

Providers should get paid for the services they provide while the Third Party Administrator (TPA) processes the claim. We are concerned that there could be lengthy wait times for providers to be reimbursed for services in situations where there are potentially multiple payers for one student’s services. For providers to continue serving students and maintain their staffing levels, we propose that providers get reimbursed within a set time frame, regardless of a dispute about the payer.

Fee schedule rates should reflect the amount paid to providers. The Alliance is deeply concerned about the potential for significant variation across the state with regards to the fee schedule rates that providers receive if LEAs can choose how much of the rate(s) to pass through to the providers. A separate fund should cover the LEA administrative costs or alternatively 15% should be added on top of the rates that providers are paid to cover the LEA’s expenses. We are concerned that LEAs can otherwise deplete the funding to pay for IEP-driven services such as out of state residential treatment or other education costs. LEAs should be required to meet a Medical Loss Ratio of 85%.

- Remaining Questions:
 - What provider credentials are required by DMHC/DHCS to participate in the fee schedule?
 - Are eligible providers added to the provider network as individual practitioners or provider agencies (such as a community-based organization)? Will individual providers need to be credentialed by the LEAs? If so, we recommend that, if an individual provider already is credentialed by a Medi-Cal Managed Care Plan (MCP) or Mental Health Plan, then the LEA should be required to accept that credential.
 - Is the medical necessity standard for all fee schedule services the same as the EPSDT medical necessity standard regardless of whether the youth has Medi-Cal or commercial insurance coverage?
 - Who determines if services are medically necessary? Is this a function of the TPA?
 - What will the claims process look like for students who receive services through their Individualized Education Program?
 - How will DHCS/DMHC ensure that CYBHI fee schedule funds are not inappropriately diverted to pay for special education services?
 - How will billing processes ensure that services are confidential when a minor is consenting?

The Alliance is dedicated to expanding access to behavioral health services for students and families, and we fully support the intention behind the school-linked fee schedule. With this feedback, we seek to ensure that there is coordination across systems.



We appreciate the opportunity to provide feedback and would welcome further conversation about these issues. Please reach out to 916-639-4688 or pclark@cacfs.org if you have any questions.

Respectfully,

A handwritten signature in black ink that reads "Paige Clark". The signature is written in a cursive, flowing style.

Paige Clark
Policy Advocate

CC: Melissa Stafford Jones, California Health and Human Services Agency