Helping FQHCs Fund Behavioral Health Services in SBHCs
The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health & academic success of children & youth by advancing health services in schools.

Learn more: schoolhealthcenters.org
CHILDREN’S MENTAL HEALTH CRISIS

- Increase in inpatient visits for suicide, suicidal ideation and self injury for children ages 1-17 years old, and 151% increase for children ages 18-21 years old.
- Increase in mental health hospital days for children between 2006 and 2014.
- Increase in the rate of self-reported mental health needs since 2005.
CHILDREN’S MH CRISIS
+ RACISM
+ COVID-19
School Districts Lack the Resources and Policies Necessary to Effectively Address Rising Rates of Youth Suicide and Self-Harm

The number of youth suicides and self-harm incidents in California have increased dramatically over the past 10 years.

- Increase in deaths by suicide: +15%
- Increase in incidents of self-harm: +50%
LEA Media-
Cal

Medi-Cal Managed Care for mild-to-
moderate MH needs

EPSDT

Private health coverage

Victims of Crime

Mental Health Services Act

Local Control Funding Formula

Federal Education $ (ESSA, Title I)
Minor Consent
Medi-Cal

Medi-Cal Managed Care for mild-to-moderate MH needs
Barriers to Funding School BH Services

- Provider licensure/ provider shortages
- Informed consent (minor, parent/guardian)
- Diagnosis + medical necessity
- Contracting/credentialing:
  - Managed care plan/IPA
  - Behavioral Health Plan (e.g., Beacon)
- Student and family ambivalence about MH (+ stigma)
- Coding and documentation
- Prevention/ Tier 1 services not billable
- True integration still evolving and hard to achieve in fee-for-service medical model
SANCTUARY FOR ALL
ALL STUDENTS ARE SAFE
AND WELCOME HERE
School Mental Health Integration

- School Wide Culture and Climate
- Coordination of Services Teams
- Integrated Behavioral Health
Effective January 1, 2020, Medi-Cal providers became eligible for a $29 payment for conducting ACE screenings for child and adult patients with full-scope Medi-Cal.

Qualifying ACE screenings are eligible for payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service or to a network provider of a Medi-Cal managed care plan.

PEARLS Screening Tool

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Cost-Based Reimbursement Clinic (CBRCs), and Indian Health Services (IHS) are also eligible for the $29 payment.
ACEs and TELEHEALTH

- Providers may screen a patient for ACEs via telehealth if the provider believes that the ACE screening can be administered in a clinically appropriate manner via telehealth.

- Under the existing ACE screening policy, providers must **document** all of the following:
  - the **tool** that was used
  - that the completed screen was **reviewed**
  - the **results** of the screen
  - the **interpretation** of results
  - what was **discussed** with the member and/or family, and any appropriate **actions taken**
TELEHEALTH BENEFITS

- **Decreases** no show rates
- Allows for **increases in flexibility** of providers in how to meet the needs of the students
- Can meet students where they are at
- Clients report preferring telehealth in some cases
Become a member, get exclusive benefits

Sign up today: bit.ly/CSHAmembership
STAY CONNECTED

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FQHC Behavioral Health Sustainability Workshop
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Associate Director of  
Health Center Operations  
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Agenda

• California’s Behavioral Health Care Continuum
• Policy Landscape
• Health Center and FQHC Primer
• Mild to Moderate Behavioral Health within Health Centers

Opening signage at the Russian River Health Center, 1974, West County Health Centers, Inc., Guerneville, CA
CPCA and Health Center Members

To lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.

Members are comprised of:

- Community Clinics
- Free Clinics
- Federally Qualified Health Centers
- FQHC Look-Alikes
- Indian Health Service Clinics
- Migrant Health Centers
- PP Affiliates of California
- Regional Associations of California
- Rural Health Clinics
Medi-Cal has a divided behavioral health care system

Behavioral Health System for Medi-Cal Patients

- Medi-Cal Managed Care Plans
  Physical health services and mild-to-moderate mental health services

- County Mental Health Plans
  Specialty mental health services for serious mental illness

- County Substance Use Disorder Services
  Services to treat substance use and addiction

Courtesy of California Health Care Foundation. Behavioral Health Integration in Medi-Cal (2/18/2020)
Role of FQHC’s in the Behavioral Health Care Continuum

- California has a tri-furcated behavioral health system that doesn’t support an integrated model (Financing/Administrative/Delivery)
- FQHCs have a unique role in the delivery system.
- Claims must meet DHCS billing requirements (no provider extenders, within the four walls, no same day)
Integration is Inevitable

**Screening**
- Created incentive payment programs for screenings in 2019 budget.
- Provide a supplemental payment of $29 to support trauma screenings for all children and adults with full-scope coverage in Medi-Cal.
- Provide supplemental payment of $59.90 to support developmental screenings for all children with full-scope Medi-Cal coverage.
- Further investment in provider training on person-centered, trauma-informed care in this year proposed budget.

**Care Management/Coordination**
- Replace the current Health Homes Program and elements of the Whole Person Care pilots.
- Coordinate all primary, acute, BH, developmental, oral and LTC services.
- Include care coordination, health promotion, comprehensive transitional care, member and family supports and referral to community and social services.
- Target high utilizers, individuals at risk for homelessness, with complex health needs, or at risk for institutionalization.

**In-lieu-of Services**
- Focus on the intersection of medical and SDOH needs.
- Integrate ILOS services with other managed care services and ECM services.
- Include 13 services, examples are as follows:
  - Housing Transition/Navigation Services
  - Housing Deposits
  - Housing Tenancy and Sustaining Services
  - Short-Term Post-Hospitalization Housing
  - Medical Respite
  - Sobering Centers

**Medical**

**Social**

**Behavioral**

**BH Integration Value Based Payment**
- Improve outcomes for persons with co-morbid disorders by increasing rates of prevention, early detection/intervention, and treatment that is clinically efficient, racially/ethnically/linguistically informed, coordinated, and comprehensive.
- **Redesign Components:**
  - Behavioral Health Integration
  - Maternal MH and SUD
  - Medication Management for Beneficiaries with Co-occurring Chronic Med/BH Disorders
  - Diabetes Screening and Tx for People with SMI
  - Improving F/U after Hospitalization for SMI
  - Improving F/U after ED Visit
What is an FQHC?

• Origins in the movements for civil rights and social justice in the early 1960s.

• Organizers: Community Action Agencies – with a purpose of increasing the safety net for the poor.

• South Africa model of “community-oriented primary care”

• Vision: to empower communities to take charge and find solutions to their own health needs

• 1965: First “neighborhood health centers” established in Mississippi, Boston and Denver

Nurse measuring farmworker children, Courtesy of the National Center for Farmworker Health
Community Health Centers

• Federally Qualified Health Center (FQHC)
  – Meets section 330 program requirements: “an entity that serves a population that is a *medically underserved area*, or a *special medically underserved population* comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing by providing either *directly* through the staff and support resources of the center or *through contracts* or cooperative agreements required primary health services... and as may be appropriate for particular centers, additional health services... necessary for the adequate support of the primary health services; for all residents of the area served by the center.”

• FQHC Look-Alikes (meets section 330 program requires but does not receive funding under 330)

• Rural Health Centers (Authorized under Rural Health Clinic Services Act of 1977)

• Free Clinics (no FQHC/FQHC-LA or RHC designation; does not receive PPS)
Establishing a School-Based FQHC Site

- HRSA Scope Approval
- Licensing
- Medi-Cal Enrollment
- PPS Rate-Setting
- Medi-Cal Billing and Reimbursement
HRSA Scope of Project Approval

- HRSA must approve new locations into scope of project
- Scope approval grants eligibility for PPS, FTCA, 340B
- Request addition to scope 60+ days in advance

Resources:
- Scope of Project
- Add a New Service to Scope Checklist
Licensing the FQHC Location

- FQHCs can provide care to patients at school sites as a licensed or intermittent clinic, including mobile units.
- CDPH issues clinic licenses
- Intermittent locations are exempt from licensure at <40 hours/week

Resources:
- CDPH [Apply for Licensure](#)
- CPCA [Licensing webpage](#)
Medi-Cal Enrollment & PPS Rate-Setting

✓ CDPH collects Medi-Cal enrollment paperwork
✓ Medi-Cal enrolls new FQHC locations based on CDPH transmittals
✓ PPS rate-setting follows enrollment
✓ Intermittent/mobile units utilize a parent location’s PPS rate

Resources:
➢ CDPH Apply for Licensure (includes enrollment forms)
FQHC Medi-Cal Billing & Reimbursement

- **Billable Visits**
  - Face-to-face encounter
  - Behavioral health billable providers include licensed psychologists, LCSWs, and MFTs
  - Medically necessary services
  - No group visits

- **PPS Reimbursement**
  - FQHCs are reimbursed at their PPS rate

- **Same Day Limitations**
  - FQHCs cannot bill medical and behavioral health visits on the same day

- **Intermittent Clinic Billing**
  - Claims can be billed under the parent site’s NPI

- **Medi-Cal managed care billing**
  - Wrap-around payment
  - Out-of-network billing
<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Procedure Code &amp; Modifier</th>
<th>Description</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0521</td>
<td>T1015 SE</td>
<td>Medical, per visit</td>
<td>Medi-Cal FFS patient</td>
</tr>
<tr>
<td>0521</td>
<td>T1015 SE</td>
<td>Managed care differential</td>
<td>RHC and FQHC services covered by and rendered to recipients enrolled in Medi-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>rate</td>
<td>Cal managed care plans or Denti-Cal managed care plan</td>
</tr>
<tr>
<td>0900</td>
<td>T1015 AJ</td>
<td>Licensed Clinical Social</td>
<td>Services not covered by recipient’s managed care plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worker</td>
<td></td>
</tr>
<tr>
<td>0900</td>
<td>T1015 AH</td>
<td>Psychologist</td>
<td>Services not covered by recipient’s managed care plan</td>
</tr>
<tr>
<td>0900</td>
<td>T1015 AG</td>
<td>Psychiatrist</td>
<td>Services not covered by recipient’s managed care plan</td>
</tr>
</tbody>
</table>
## Medi-Cal Billing Examples

### Billing Example 1: Patient Enrolled in Medi-Cal FFS

<table>
<thead>
<tr>
<th>42 Rev.CD</th>
<th>43 Description</th>
<th>44 HCPCS/RATE/HIPPS Code</th>
<th>45 Serv.Date</th>
<th>46 Serv. Units</th>
<th>47 Total Charges</th>
<th>48 Non-covered charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>0521</td>
<td>Medical Visit</td>
<td>T1015</td>
<td>XXXXX</td>
<td>01</td>
<td>10000</td>
<td>&lt;- payable line</td>
</tr>
<tr>
<td>0521</td>
<td>99213</td>
<td>XXXXX</td>
<td>01</td>
<td>000</td>
<td>&lt;- informational</td>
<td></td>
</tr>
</tbody>
</table>

### Billing Example 2: Patient Enrolled in Medi-Cal Managed Care

<table>
<thead>
<tr>
<th>42 Rev.CD</th>
<th>43 Description</th>
<th>44 HCPCS/RATE/HIPPS Code</th>
<th>45 Serv.Date</th>
<th>46 Serv. Units</th>
<th>47 Total Charges</th>
<th>48 Non-covered charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>0521</td>
<td>Managed Care Differential Rate</td>
<td>T1015 SE</td>
<td>XXXXX</td>
<td>01</td>
<td>10000</td>
<td>&lt;- payable line</td>
</tr>
<tr>
<td>0521</td>
<td>99213</td>
<td>XXXXX</td>
<td>01</td>
<td>000</td>
<td>&lt;- informational</td>
<td></td>
</tr>
</tbody>
</table>

Disclaimer: billing examples are for demonstration purposes only.
FQHC/RHC Billing and Reimbursement Resources


Medi-Cal
Behavioral/Mental Health

Insurances: Straight Medi-Cal, Medi-Cal w/ Alameda Alliance (AAH) & Anthem Blue Cross, Kaiser, Minor Consent Medi-Cal (MC)
Presenters:

Katie Lampi, MS-HCA, Program Manager 1, Native American Health Center
Jessica Dyer, LCSW, Behavioral Health Project Director, CSHA
A student has been referred to or requests behavioral health services, once in the clinic they fill out registration forms and the Program Coordinator (PC) does an insurance assessment.

Common Student Insurances

- Medi-Cal Managed Care
  - Full Scope
  - Alameda Alliance (AAH) – Beacon
  - Anthem Blue Cross
  - Kaiser
- Kaiser (Private)
- No insurance
- Minor Consent Medi-Cal (Mental Health)

*Private insurance organizations may differ per region or state
Mental Health Services Enrollment Scenarios by Insurance

A student has been referred to or requests behavioral health services, once in the clinic they fill out registration forms and the Program Coordinator (PC) does an insurance assessment.
Medi-Cal full scope, Alameda Alliance (AAH) & Anthem Blue Cross

- The student has Medi-Cal Alameda Alliance (AAH) or Anthem Blue Cross with PCP other than Kaiser
- The student has Medi-Cal full scope
- Check on parental consent and obtain parental consent
- The PC makes them an intake appointment with BH clinician (60 min)

*Medi-Cal full scope requires Well Child Check (WCC) be conducted first with medical staff before BH services may be rendered.
Kaiser (Private or through Medi-Cal Managed Care)

- Program Coordinator assesses level of difficulty getting to Kaiser for treatment
  - **Low difficulty level** - Program Coordinator offers resources to connect student with Kaiser Mental Health
  - **High Difficulty level** - Program Coordinator makes 30 minute appointment with BH clinician to assess for Minor Consent Mental Health eligibility
  - Eligible - use Minor Consent Mental Health payer
  - Ineligible - enact protocol for temporary services (go over more later)
No Insurance

- Student **does not** have insurance. PC schedules a 30 minute appointment with BH clinician to assess Minor Consent Mental Health eligibility
  - **Eligible** - PC enrolls student in Minor Consent Medi-Cal
  - **Ineligible** - PC enrolls patient in Medi-Cal temporary insurance (Gateway) and schedules a Well Child Check with medical provider as WCC is necessary to enroll in temporary Medi-Cal and obtain Parental Consent

*Protocol for no insurance is initiated if student does not qualify for temporary insurance*
Once a student has been assessed by BH clinician to meet eligibility criteria: Minor Consent application must be filled out (if not already) Mental health box checked on MC 4026 forms
Clinician Letter Sample

BH Clinician fills in template letter to demonstrate eligibility. Letter must accompany application and/or all monthly MC 4026 forms.

If MC application has been turned in and BH services needed at a later time check box #5 on MC 4026 forms, attach letter to each and inform liaison at pick-up.

MC 4026 Form

- Once a student has been assessed by BH clinician to meet eligibility criteria:
  - Minor Consent application must be filled out (if not already)
  - Mental health box checked on MC 4026 forms
Clinician Letter Sample

September 11, 2020

(Your county) Social Services
(Address of county office)

Re: Minor Consent Medi-Cal Outpatient Mental Health Services
Student: __________ DOB: ________
Case no. __________

To Whom It May Concern,

I, (Clinician Name and title), am treating (student) _________________________ for behavioral and mental health services at (Name of Clinic).

I request that Outpatient Mental Health services be included with the Minor Consent Medi-Cal application signed by the student. The student began treatment on ________ and will continue treatment for one year from the date services began.

If you have any questions or need any further information do not hesitate to call me at the contact information listed below.

Best regards,

________________________________________

By: (Clinician name and title)
ADDRESS AND CONTACT INFO
OF CLINIC WITH PHONE AND FAX

☐ BH Clinician fills in template letter to demonstrate eligibility

☐ Letter must accompany application and/or all monthly MC 4026 forms

☐ If MC application has been turned in and BH services needed at a later time check box #5 on MC 4026 forms, attach letter to each and inform liaison at pick-up
Minor Consent Mental Health Activation

Liaison will add mental health services to county case

Alert your billing department of the change in status when activated

Change payer code in EPIC or EHR (if applicable)

*Payer code change is imperative for billing of services

Sample Minor Consent ID card
Indicates activation

**Sample Minor Consent ID Card**

Paper ID Cards for Immediate Need and Minor Consent Program Recipients

Some recipients are issued temporary paper Medi-Cal ID cards. The 14-character BIC ID number is needed to access the Medi-Cal Eligibility Verification System.

---

**STATE OF CALIFORNIA**

**TEMPORARY BENEFITS IDENTIFICATION CARD**

---

---

**FOR IDENTIFICATION PURPOSES ONLY**

---

**PROVIDER: PLEASE VERIFY ELIGIBILITY**

---

ID NO. BICINUMBERXXX
FIRSTNAME I LASTNAME APL
M#/DD/YYYY

ISSUE DATE: M#/DD/YYYY
GOOD THRU: M#/DD/YYYY

---

SIGNATURE ____________________________

---

*Proof of activation may differ by region and state
*Update tracking sheet to reflect activation
Minor Consent Mental Health Activation

- Liaison will add mental health services to county case
- Alert your billing department of the change in status when activated
  - Change payer code in EPIC or EHR (if applicable)

*Payer code change is imperative for billing of services*
Minor Consent Medi-Cal: Outpatient Mental Health Checklist

- Behavioral Health clinician must assess eligibility
- Application
- MC 4026 forms - make monthly copies for school or calendar year
- Letter filled out and signed by clinician - attach to application and MC 4026 forms
- Alert county liaison
- Alert billing department
- Change EHR payer code (if applicable)
- Track all Minor Consent applications
Things to Remember

- Minor Consent MediCal Mental Health may be used once assessed by the behavioral health clinician and determined to meet eligibility requirements.
- Minors under age 12 may not use Minor Consent MediCal Mental Health.
- Continuance of coverage is a monthly commitment via PC submitting application and/or MC 4026 forms monthly.
- Track all Minor Consent applicants in a database, ex. Excel spreadsheet.
- Create a protocol for short-term care for students that do not qualify for Minor Consent Mental Health and have no qualifying health coverage.

*Tracking Minor Consent applications identifies active and pending applications.
*Identifies need for new application.
*Insurance ineligibility protocol may consist of 1 or more non-reimbursable BH appointments dependent on financial capability of school-based health center.
Clinician Assessment

To use any insurance coverage, the clinician must document in the clients chart: (among other things that are determined by clinic policies and procedures, EHR)

- DSM 5 Diagnosis and the related billable ICD-10 codes
- Demonstration of Medical Necessity
- How Dx Impacts Clients Daily Functioning (Diagnostic Formulation)
Medi-Cal Necessity Criteria

Symptoms consistent with a DSM diagnosis, and treatment focus is to stabilize these symptoms;

Moderate to severe symptomatic distress or impairment in functioning due to psychiatric symptoms in at least one area of functioning (i.e., self-care, occupational, school, or social function).

Has the capacity to make significant progress towards treatment goals and/or requires treatment to maintain current level of functioning;

The member does not require a more intensive level of structure beyond the scope of non-programmatic outpatient services.
Medi-Cal Necessity Criteria

- **Symptoms** consistent with a DSM diagnosis, and treatment focus is to stabilize these symptoms;
- Moderate to severe symptomatic distress or impairment in functioning due to psychiatric symptoms in at least one area of functioning (i.e., self-care, occupational, school, or social function).
- Has the capacity to make significant progress towards treatment goals and/or requires treatment to maintain current level of functioning;
- The member **does not require** a more intensive level of structure beyond the scope of non-programmatic outpatient services.
How Dx Impacts Functioning

(Diagnostic Formulation)

Client has ______ (client's strengths, available resources and supports).

Due to ______ (Specify Dx) client experiences ________ (specify symptoms) which lead to ________ (specify problems in functioning which result from the symptoms).

As a result ________ (client's life goals for which achievement is hampered by the symptoms or impairments).

---

**Medi-Cal Necessity Exclusionary Criteria**

- The primary problem is social, occupational, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.

- Treatment plan is designed to address goals other than the treatment of active symptoms of DSM or corresponding ICD diagnosis (e.g. self-actualization).
How Dx Impacts Functioning (Diagnostic Formulation)

Client has _____ (client’s strengths, available resources and supports). Due to _____ (Specify Dx) client experiences _______ (specify symptoms) which lead to _______ (specify problems in functioning which result from the symptoms).

As a result ________ (client’s life goals for which achievement is hampered by the symptoms or impairments).
Example of Diagnostic Formulation
Can a Minor Consent to Their Own Mental Health Treatment?

Family Code 6924 and Health & Safety Code 124260 allows minors ages 12 and over to consent to their own mental health care if they are mature enough to participate intelligently in their own care.

Family Code 6924 says a minor who meets all of the following requirements to consent for mental health outpatient care:

- Age 12 or older,
- The minor is mature enough to participate intelligently in the treatment in the opinion of the attending professional person, and
- The minor would be in danger of serious physical or mental harm to him/herself or others without treatment, or the minor is the alleged victim of incest or child abuse.

Treatment Plan

- Goals are formulated with client involvement
- Objectives are related to the Goals
- Objectives are clearly related to the functional impairments described in the Diagnostic Formulation
- Objectives are
  - Observable and/or measurable
  - Related to a time frame
  - Related to a sense of progression

*Parental involvement is best practice, unless using Minor Consent and parent involvement would be detrimental
Can a Minor Consent to Their Own Mental Health Treatment?

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  - The minor would be in danger of serious physical or mental harm to him/herself or others without treatment, or the minor is the alleged victim of incest or child abuse.
What If A Student Does Not Qualify for Any Insurances We Accept?

Student receives 4 sessions of counseling and is then connected with other source of support (peer support groups, mentor, etc) The cost for these sessions is paid for by the clinic's budget and there is not a funding stream that allows for more sessions

Minor Consent Medi-Cal

Minor Consent Medi-Cal Funding adheres to the more restrictive law for minors to consent to their own treatment.

Clinician must determine for eligibility that the child

1) is at risk of causing serious physical or mental harm to oneself or another without treatment
2) has been an alleged victim of child abuse or incest

This must be documented in the client's chart and the clinician must sign a letter that indicates the client meets this criteria. The letter is submitted with the application.
What If A Student Does Not Qualify for Any Insurances We Accept?

- Student receives 4 sessions of counseling and is then connected with other source of support (peer support groups, mentor, etc)

- The cost for these sessions is paid for by the clinic’s budget and there is not a funding stream that allows for more sessions