

# Unlocking New Funding: Transforming Mental Health in California Schools



### → WHAT YOU SHOULD KNOW

# Assembly Bill 483 Simplifies Medi-Cal Billing for Schools

In November 2023, Assembly Bill 483 was enacted in California, making it easier for schools to participate in the Local Education Agency Billing Option Program (LEA BOP). The main objective of AB 483 was to improve the accessibility of federal Medicaid reimbursement funds for health and mental health services offered to Medi-Cal students within school settings.



# California Schools Have Been Reluctant to Use Medi-Cal Billing

Up to this point, many California school districts have found Medi-Cal billing to be administratively burdensome, with punitive auditing practices and extensive documentation demands. Meeting these requirements has been a struggle for districts, and some have even had to return substantial amounts of money if funds were disqualified during audits. The absence of clear and consistent Medi-Cal billing instructions from the state has caused numerous districts to opt out of the LEA billing program, leaving essential student funds unused.

1/2

Only around 1/2 of all California LEAs partcipate in LEA BOP

\$29

California spends around \$29 per Medi-Cal eligible child \$500

Montana spends around \$500 per Medicaid eligible child **75**%

From 2007-15, 75% of CA LEA provider claims required partial repayment

### → MEDI-CAL BILLING REFORMS BRING NEW OPPORTUNITY

# Expanded Access to Mental Health Funding for California Schools





# **Objective**

AB 483 will expand access to school-based mental health services by making it easier for schools to participate in LEA BOP. This will increase funding to support the mental health of students in California schools.



# **Key Features**

Auditing processes will be reformed, changing the way Medi-Cal claims from LEA BOP are handled. AB 483 aims to ensure that schools are reimbursed for all eligible services not precluded by federal law.



### **Audit Details**

All audits will be completed and LEAs notified within 12 months. Final settlements of audits and appeals will be completed within 3 years. LEAs will be provided with technical help and corrective action plans.

### → HOW MEDI-CAL WORKS WITH SCHOOLS

# Medi-Cal Financing and School-Based Mental Health Services

According to the National Center for Youth Law, it's estimated that approximately 70% of students receiving mental health services access them through their schools. This is why it's more important than ever for California schools to take advantage of the new opportunity afforded by AB 483 to access Medi-Cal funding for mental health services.

Educators and school personnel are uniquely positioned to observe the early signs of stress and mental health challenges among students. By promoting mental health and prompt intervention, schools can significantly contribute to the well-being and development of children and families.

# **School Districts Can Now Optimize Medi-Cal Reimbursements**

School districts across California are working hard to enhance their students' social, emotional, and mental well-being. This endeavor was partly helped by the 2021-22 California budget, which allocated over \$4 billion toward mental health care for children and youth. This included specific funding to broaden school-based services and foster collaborations between schools, counties, and managed care plans (MCPs).

Managed care plans expand schools' capacity to leverage Medi-Cal funding by directly compensating providers for mental health services given to Medi-Cal members. In order for covered Medi-Cal mental health services to be reimbursed by MCPs, providers need to have agreements with their local MCPs, and be part of their established network. So, what could this model look like in schools?

School-based health centers (SBHCs) are a primary example of this type
of care model, with over half in California operated by federally qualified
health centers (FQHCs). These FQHCs usually have contracts with local
Medi-Cal managed care plans, allowing them to bill for non-specialty
mental health services.

• Direct contracts between schools or mental health providers and Medi-Cal health plans are becoming more common, fostering closer ties with local Medi-Cal MCPs. This can lead to schools receiving direct payments for health services provided to Medi-Cal managed care enrollees. As health plans expand their behavioral health provider networks, there's a growing opportunity for school-based providers to become involved with, and benefit from, these networks.

School districts also have the option to utilize the **LEA-BOP cost reimbursement program**, allowing them to directly invoice the California Department of Health Care Services (DHCS) for the federal portion of expenses related to the mental health services they provide. To be eligible, the services must be rendered to a Medi-Cal enrolled student, deemed medically necessary, and administered by a provider who is enrolled in Medi-Cal. Billable services encompass a range of interventions, such as psychosocial evaluations, as well as individual and group psychology and counseling sessions. LEAs have the flexibility to offer these services directly by employing qualified providers, or by engaging with providers who have contractual agreements with the LEA.

LEAs also have the opportunity to claim reimbursement for the federal portion of administrative expenses via the **School-Based Medi-Cal Administrative Activities (SMAA) program**. This program offers a 50% reimbursement for a variety of activities, including student outreach, coordination of care and referrals, assistance with Medi-Cal application processes, arranging for non-emergency and non-medical transport, as well as program planning, policy formulation, and coordination of claims.

# Considerations for HIPAA, FERPA, and Consent

In the realm of school-based mental health, confidentiality, and information-sharing laws are crucial concerns, impacting early referral and identification, service continuity, and assessments. Interdisciplinary teams must navigate these issues by determining who needs access to information, what information to share, and under which legal frameworks. They must also establish necessary consent forms and policies. Consent is a multifaceted issue in school-based mental health, encompassing consent for treatment or services, information release, and insurance billing, each with distinct legal stipulations regarding format, who can consent, and required content. It is essential that any school program aiming to bill for Medi-Cal secure accurate consent and adhere to student data and medical privacy laws.

# Exym Streamlines District Billing, Student Data Privacy & Documentation

These Exym features help California school districts manage billing, tackle documentation, and ensure data privacy.



Integrated Medi-Cal, county-specific mental health, and private insurance billing



Custom case notes that fit your program needs, with due date reminders, and activity tracking



A security posture in alignment with HIPAA and FERPA, so documents and data are secure



Securely access data from any location, whether working at multiple school sites or from home



Collect E-signatures remotely from administrators, teachers, and guardians



Intern management tools like custom permissions and reminders that guide workflows



Outcomes tracking and reporting that allows you to seamlessly analyze data

# → EXYM IS TRUSTED IN CALIFORNIA

# California School Districts Choose Exym

Exym was built for the Golden State, and we have over 20 years of experience in California mental health billing and documentation. It's easy to see why Exym is the preferred solution for these California districts as they address the diverse mental health needs of their students. We are committed to partnering with districts and empowering school mental health professionals to provide the best student support. By streamlining documentation processes, safeguarding student data, and simplifying billing procedures, districts can focus on what matters most-their students.

# California Schools Choose Exym

































# → CLIENT TESTIMONIALS

# What Do California Districts Have to Say About Exym?



"Exym's customer service is out of this world. I love their friendly, helpful staff that you can reach out to quickly. The software is affordable for school districts and does the job of documenting mental health services. Knowing that there is someone to talk to who can help you use the system has made a huge difference for our program!"

Olivia Dahlin, MS, LMFT
Coordinator of Mental Health and Support
Santa Ana Unified School District



"Exym has increased our capacity, streamlined our process, and helped us create a new system that can be used for future years. Our Counseling Center interns and site associates have continued to speak about the ease of use, getting electronic signatures, and other features that have simplified their charting process."

Leah Hamamoto, LMFT Behavioral Program Manager Upland Unified School District



"The data provided through reports in Exym is helpful in supervision and managing fiscal responsibilities as a program. It has been an easy process to onboard our clinical staff on how to use Exym, as it is not a complicated system to use."

Laisa Jamison, LCSW Behavioral Health Clinical Supervisor Jurupa Unified School District