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Proposition 56 Trauma Screenings October 2019

The California Department of Health Care Services (DHCS) is working with the California Office of the Surgeon General to reduce Adverse Childhood Experiences (ACEs) and toxic stress by half in one generation. ACEs are stressful or traumatic events experienced in childhood that were identified in the landmark Adverse Childhood Experiences Study and relate to 10 categories of abuse, neglect, and/or household dysfunction. An overwhelming scientific consensus demonstrates that cumulative adversity, particularly during critical and sensitive developmental periods, is a root cause to some of the most harmful, persistent and expensive health challenges facing our nation. Research shows that individuals who experienced adverse childhood experiences are at greater risk of heart disease, diabetes, and premature death. Identifying cases of trauma in children and adults and providing treatment can lower long-term health costs and support individual and family wellness and healing. By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care.

Policy

- Effective Date: January 1, 2020
- Target Population: Children and adults up to age 65 (excludes those dually eligible for Medicare and Medi-Cal)
- Provider Types: All
- Healthcare Common Procedure Coding System (HCPCS) Codes: G9919 (positive screen with patient score of 4 or greater); G9920 (negative screen with patient score of 0 to 3)¹
- Rate: \$29

For Fiscal Year (FY) 19-20 the Governor's Budget included \$45 Million (50% Proposition 56 Funds/50% Federal Funds) to support trauma screenings on an ongoing basis for all children and adults up to age 65 with full-scope coverage in Medi-Cal. These screenings will be billed and reimbursed in both the managed care and fee-for-service delivery systems. In fee-for-service Medi-Cal these payments will be paid by FFS directly to the provider submitting the claim with the appropriate HCPCS code. In Medi-Cal managed care the payment will be a directed payment from the Medi-Cal managed care health plan (MCP) and will be in addition to whatever the provider is paid by the MCP for the accompanying office visit. Trauma screening

¹ Please note this is a change from the previous trauma policy publications that recommended CPT code 96160.

performed in Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services – Memorandum of Understanding clinics will also be reimbursed at the FFS rate of \$29.00.

Tools

- For children and adolescents, the Pediatric ACEs and Related Life-events Screener (PEARLS) tool must be utilized. There are six versions of this tool based on age, reporter, and format.

Age and Reporter:

- Child: Parent or caregiver reports on a child's (ages 0-11) experience
- Teen: Parent or caregiver reports on a teen's (ages 12-19) experience
- Teen: Teen (ages 12-19) self-reports on his or her own experiences

Formats:

- De-identified: Respondents count the number of experiences from a list of what could have happened to their child or themselves, and write down the total number that happened (they do not specify which adverse experience happened).
- Identified: Respondents specify which experience(s) happened to their child or themselves (if using the self-report version) by choosing "yes" or "no" for each question.

- For adults, the Adverse Childhood Experiences (ACEs) assessment must be utilized.

Note: PEARLS can be used through age 19 and ACES can be used beginning at age 18. For 18 and 19 year olds, either tool may be utilized.

Frequency

- Members under 21 may receive periodic rescreening as determined appropriate and medically necessary, not more often than once per year, per provider, per MCP.
- Members 21 and over may be screened once in their adult lifetime up to age 65², per provider, per MCP.

Training

Effective July 1, 2020, providers will be required to complete and attest to trauma screening training to be eligible for reimbursement for trauma screenings. DHCS will issue additional information on these trainings in the future.

² Screenings completed while member is under age 21 do not count toward the one screening allowed in their adult lifetime.

Monitoring & Oversight

Monitoring and oversight will be conducted by both MCPs and DHCS. MCPs will include oversight in their utilization management processes. DHCS will utilize its Audits & Investigations Division to monitor over-utilization through desk and onsite provider reviews and review of MCP encounter data.

