



Medi-Cal Trauma & Developmental Screenings

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Department of Health Care Services



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Trauma Screenings



Background

- Reduce **Adverse Childhood Experiences (ACEs)** and toxic stress by half in one generation.
- **ACEs** are stressful or traumatic events experienced during the first 18 years of life. The 10 categories of childhood trauma include:
 - **Abuse:** physical, emotional, and sexual abuse
 - **Neglect:** physical and emotional neglect
 - **Household dysfunction:** parental incarceration, mental illness, substance dependence, parental separation or divorce, and intimate partner violence



Funding and Payment

- For state fiscal year 2019-20, the Enacted Budget includes **\$40.8 million** (Proposition 56 and federal funds) to support trauma screenings on an ongoing basis
- These screenings will be billed and paid in both the Medi-Cal managed care and fee-for-service (FFS) delivery systems
- In Medi-Cal FFS, payments will be made by DHCS directly to the provider submitting the claim with the appropriate Healthcare Common Procedure Coding System (HCPCS) code



Funding and Payment

- In Medi-Cal managed care, directed payments will be made by Medi-Cal managed care health plans, or a plan's delegates or subcontractors
 - In Medi-Cal managed care, a provider must be a network provider to be eligible for the directed payment
- ACEs screenings performed in federally qualified health centers, rural health clinics, and Indian Health Services – Memorandum of Understanding clinics will also be paid up to the FFS maximum reimbursement rate of \$29.00 or the managed care minimum reimbursement rate of \$29.00, as applicable

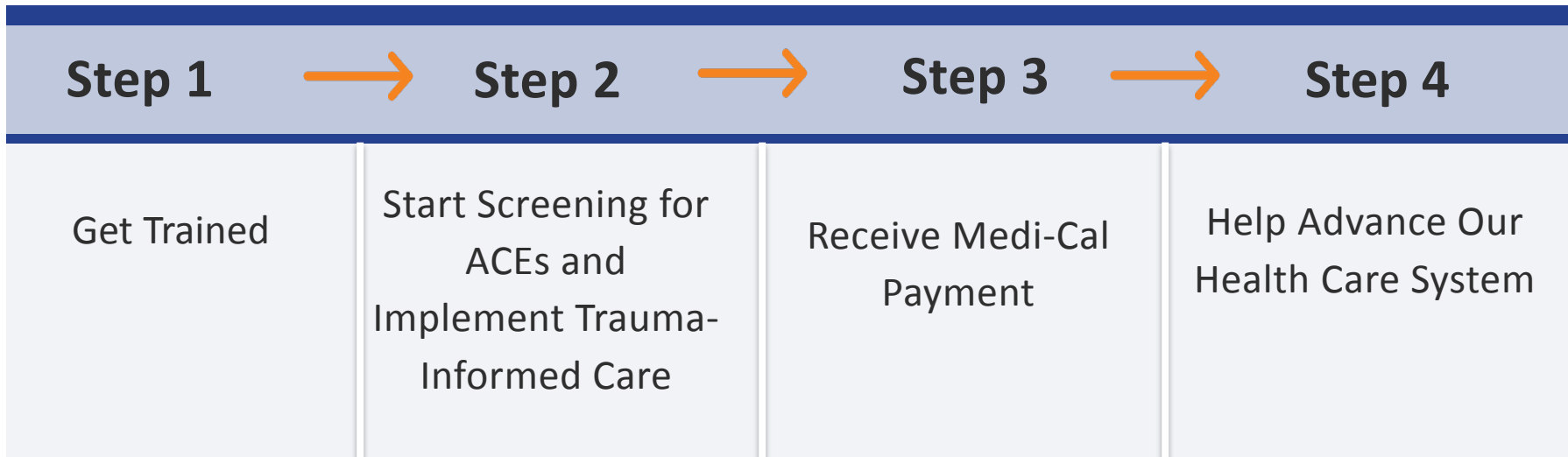


DHCS Operational Implementation

Element	Description
Payment Effective Date	January 1, 2020
Attest to Completing Training By	July 1, 2020
Target Population	Children and adults up to 65
Provider Types	Almost all
Rate	\$29
HCPCS Codes	<ul style="list-style-type: none">• G9919: ACEs score of 4 or greater, high risk<ul style="list-style-type: none">• Screening performed – result indicates patient at high risk for toxic stress; education and interventions (as necessary) provided• G9920: ACEs score of 0 to 3, lower risk<ul style="list-style-type: none">• Screening performed – result indicates patient at lower risk for toxic stress; education and interventions (as necessary) provided



How Medi-Cal Providers Can Participate





Step 1: Provider Training to Conduct ACEs Screenings

- DHCS, in collaboration with the OSG, is offering provider training on trauma and trauma-informed care on www.ACEsAware.org
- The training is a two-hour online course and offers continuing medical education (CME) and maintenance of certification (MOC) credit
- The training includes information on:
 - DHCS' policies and requirements for providers
 - How to screen for ACEs using PEARLS (Pediatric ACEs and Related Life-Events Screener) and ACEs tools
 - Science of trauma
 - How to implement trauma-informed care



Step 2: Screen for ACEs with Screening Tools

- **For Children & Adolescents: PEARLS**
 - PEARLS for children ages 0-11, to be completed by a caregiver
 - PEARLS for teenagers 12-19, to be completed by a caregiver
 - PEARLS for teenagers 12-19, self-reported
- **For Adults: ACEs assessment tool**
 - Must contain ten original categories of ACEs



Frequency

- **Members under age 21** may receive periodic rescreening as determined appropriate and medically necessary, not more than once per year, per provider, or per provider per managed care plan (for beneficiaries enrolled in MCPs)
- **Members age 21 and over** may be screened once in their adult lifetime up to age 65, per provider, or per provider per managed care plan (for beneficiaries enrolled in MCPs)



Documentation Requirements

- Providers must document the following:
 - Completed screen was reviewed;
 - Appropriate tool was used;
 - Documentation of results;
 - Interpretation of results;
 - Discussion with the beneficiary and/or family and;
 - Any appropriate actions taken.
- This documentation should remain in the beneficiary's medical record and be available upon request.



Clinical Algorithm

- ACE Screening Clinical Algorithm helps a provider assess whether a patient is at **low, intermediate, or high risk** of a toxic stress physiology
- Available at www.ACEsAware.org
- Includes **education to help patients recognize and respond** to the role that past or present stressors may be playing in the patient's current health conditions



Clinical Response to Screening Results

Clinical response to identification of ACEs and increased risk of toxic stress should include:

1. Applying principles of trauma-informed care
2. Identification and treatment of ACE-associated health conditions
3. Patient education about toxic stress and buffering interventions, including supportive relationships, mental health treatment, exercise, sleep hygiene, healthy nutrition, and mindfulness and medication practices
4. Validation of existing strengths and protective factors
5. Referral to patient resources
6. Follow-up as necessary



Step 3: Receive Medi-Cal Payment

- All Medi-Cal providers qualified to provide and bill for HCPCS codes G9919 and G9920 can submit for payment
 - Includes physicians, nurse practitioners, psychologists, LCSWs, MFTs, licensed professional clinical counselors, and others
- Beginning July 1, 2020, Medi-Cal providers must attest to completing certified ACEs training to continue to receive the \$29 directed payments



Step 4: Help Advance Our Health Care System

- Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of patients who have experienced ACEs and toxic stress.
- Factors of Trauma-Informed Care include:
 - Patient-centered
 - Build trust between providers and patients
 - Avoid re-traumatization



Monitoring & Oversight

- Monitoring and oversight will be conducted by both DHCS and managed care plans
- Plans will include oversight in their utilization management processes.
- DHCS' Audits & Investigations Division will monitor over-utilization through desk and onsite provider reviews and a review of managed care plan encounter data.



California Leads with

aces aware

SCREEN. TREAT. HEAL.



- Long-term goals include:
 - **Screen:** for ACEs
 - **Treat:** ACE-Associated Health Conditions
 - **Heal:** Reduce adverse health outcomes
 - **Prevent:** Reduce ACEs in subsequent generations



ACEs Aware

- Provider education and engagement plan – opportunities for providers and plans to get involved
- Encouraging trauma-informed care and incorporating ACEs scores into clinical management
- Information, materials, and training opportunities will be posted on www.ACEsAware.org
- Email info@ACEsAware.org for more information



Developmental Screenings



Background

- Developmental screening is the use of a standardized set of questions to see if a child's motor, language, cognitive, social, and emotional development are on track for the child's age.
- **All children enrolled in Medicaid** are entitled to receive developmental screenings under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.
 - Developmental screenings are a benefit of the Medi-Cal program per the Medi-Cal Provider Manual.
 - Medi-Cal managed care health plans are required to provide children with preventive services in accordance with AAP Bright Futures, which includes the provision of developmental screening.



Funding and Payment

- For fiscal year 2019-20 the Governor's Budget includes **\$60 million** (50% Proposition 56 funds/50% federal funds) to support developmental screenings on an ongoing basis for all children with full-scope Medi-Cal coverage
- These screenings will be billed and paid in both the Medi-Cal managed care and FFS delivery systems
 - In Medi-Cal FFS, payments will be made by DHCS directly to the provider submitting the claim with the appropriate Current Procedural Terminology (CPT) code
 - In Medi-Cal managed care, directed payments will be made by Medi-Cal managed care health plans, or a plan's delegates or subcontractors, that will be in addition to whatever the provider would otherwise have been paid
- Developmental screenings performed in federally qualified health centers, rural health clinics, and Indian Health Services – Memorandum of Understanding clinics will also be paid up to the FFS maximum reimbursement rate of \$59.90 or the managed care directed payment rate of \$59.90, as applicable.



DHCS Operational Implementation

Element	Description
Payment Effective Date	January 1, 2020
Target Population	Children up to age 30 months (excludes those dually eligible for Medicare and Medi-Cal)
Provider Types	All
Rate	\$59.90
CPT Code	96110 without modifier “KX”
Screening Tools	Must be a standardized screening tool that meets the criteria set forth by the American Academy of Pediatrics



Appropriate Screening Tools

Standardized screening tools must meet the criteria set forth by the American Academy of Pediatrics. Tools that meet the criteria include:

- Ages and Stages Questionnaire (ASQ) - 4 months to age 5
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
- Brigance Screens-II - Birth to 90 months
- Child Development Inventory (CDI) - 18 months to age 6
- Infant Development Inventory - Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)



Frequency

- Developmental screenings are recommended at three specific times in early childhood
 - 9 months;
 - 18 months;
 - 30 months); and
 - when medically necessary as determined by developmental surveillance.
- Screenings can occur at least two times per year, as well as when medically necessary.
- Screenings can occur between ages 0 to 5 years without a Treatment Authorization Request (TAR), and with a TAR override if a screen needs to occur for a child ages 6 to 20 years.



Monitoring & Oversight

- Monitoring and oversight will be conducted by both DHCS and managed care plans
- Plans will include oversight in their utilization management processes as appropriate; and during facility site reviews when plan nurses go onsite to provider offices and review medical records to determine if appropriate services, such as developmental screenings, have occurred.
- DHCS' Audits & Investigations Division will monitor overutilization through desk and onsite provider reviews and a review of plan encounter data.



Questions?