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**Proposition 56
Trauma Screenings
March 2019**

The Department of Health Care Services (DHCS) is releasing for public comment the below Trauma Screenings proposal. Comments and/or questions should be submitted to DHCS_PMMB@dhcs.ca.gov by **March 22, 2019**.

Background

Trauma informed care is a model of care intended to promote healing and reduce risk for re-traumatization. Early identification of trauma and providing the appropriate treatment are critical tools for reducing long-term health care costs for both children and adults. Individuals who experienced trauma in childhood are at significantly increased risk of heart diseases and diabetes compared to those who did not experience traumatic events. Research has shown that individuals who experienced several traumatic childhood events are likely to die 20 years sooner than those without these experiences. These physical health costs are in addition to the mental health and substance use disorders that often follow childhood trauma.

Proposal

- Effective Date: July 1, 2019
- Target Population: Children and adults up to age 65
- Provider Types: All
- CPT Code: 96160
- Rate: \$29

For Fiscal Year (FY) 19-20 the Governor's Budget proposes to use \$45 million (50% Proposition 56 Funds/50% Federal funds) to support the first step in trauma informed care which is trauma screenings for all children and adults 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. These payments will be in addition to the amounts paid for the office visit that accompanies the screening in fee-for-service scenarios or capitation paid by Medi-Cal managed care health plans (MCPs).

Target Population

- The target population includes children and adults up to 65. The total Medi-Cal enrollment is approximately 13.2 million, with children through age 19 representing approximately 40% (5.3 million) of the population. The population of adults under 65 comprises about 53% of the population (7 million).

Tool

- For children, the Bay Area Research Consortium (BARC) tool will be utilized. There are two versions of this tool based on age - one for children, ages 1 – 12, and one for teens, ages 13 – 19.
- For adults, the Adverse Childhood Experiences (ACEs) assessment or a similar tool can be utilized.

Frequency

- Providers will be able to bill for children to receive periodic rescreening as determined appropriate and medically necessary, not more often than once per year, per provider, and no less often than every 3 years;
- Adults will be screened once in their lifetime.

Monitoring & Oversight

Monitoring and oversight will be conducted by both MCPs and DHCS. MCPs will include oversight in their utilization management processes; and during Facility Site Reviews when MCP nurses go onsite to provider offices and review medical records to determine if appropriate services such as screenings have occurred. DHCS will utilize its Audits & Investigations Division to monitor over-utilization through desk and onsite provider reviews and review of MCP encounter data.