



ACEs Aware Update: Implementation of Medi-Cal ACEs Screening Services

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DHCS Behavioral Health
Stakeholder Advisory Committee

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AB 340

- Required DHCS to convene an advisory working group to update, amend, or develop, if appropriate, tools and protocols for screening children for trauma. Workgroup:
 - Made [recommendations](#) to DHCS & legislative budget subcommittees on January 22, 2019
 - Statutorily disbanded December 31, 2019
- Required DHCS to identify an existing advisory working group to periodically review and consider the trauma screening protocol
 - DHCS BH-SAC identified as existing workgroup to fulfill this role



Trauma-Informed Primary Care Implementation Advisory Committee (TIPC)

- Advise CA-OSG and DHCS on:
 - Promising models;
 - Best practices;
 - Evolving science; and
 - Clinical expertise for the implementation of trauma-informed care systems in California
- Prevention of and screening for ACEs in primary care and specialty care
- Integrated response, including mental and behavioral health services, care coordination, and advancement of diagnostic tools and services to address toxic stress
- Over [20 organizations participating](#)



California Leads with ACEs Aware

California is leading the nation to address the public health crisis brought on by ACEs:

- DHCS and the California Surgeon General are working together to implement ACEs Aware

ACEs Aware Key Elements

- \$29 payment to Medi-Cal network providers for screenings
- Certified training for providers
- Qualified screening tools
- Encourage trauma-informed care through clinical protocols
- Robust provider engagement and education effort



Key Requirements

Element	Description
Payment Effective Date	January 1, 2020
Attest to Completing Training By	July 1, 2020
Target Population	Children and adults (through age 64)
Provider Types	Almost all
Rate	\$29
Healthcare Common Procedure Coding System (HCPCS) Codes	<ul style="list-style-type: none">• G9919: ACE score of 4 or greater, high risk<ul style="list-style-type: none">• Screening performed – results positive and provision of recommendations provided• G9920: ACE score of 0 to 3, lower risk<ul style="list-style-type: none">• Screening performed – results negative



Provider Training

- Certified provider training is available on www.ACEsAware.org
- Free, 2-hour online course that offers CME and MOC credits
- Includes information on:
 - DHCS policies and requirements for providers
 - Science of trauma and toxic stress
 - How to screen for ACEs using PEARLS and ACEs tools
 - How to implement trauma-informed care
- ACEs Aware is currently reviewing Request for Proposal applications that were due February 10, 2020



Screening Tools

Providers must utilize the PEARLS tool or a qualifying ACEs questionnaire, as appropriate:

- For Children & Adolescents: PEARLS (Pediatric ACEs and Related Life-Events Screener)
 - 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 up to age 65: ACEs assessment tool
 - Must contain 10 original categories of ACEs



Screening Frequency

- Providers may screen as often as deemed appropriate and medically necessary
- Medi-Cal payment is available for ACEs screenings based on the following schedule:
 - **Children and adolescents under age 21:** Not more than once per year, per provider (per managed care plan).
 - **Adults age 21 up to 65:** Once in adult lifetime (up to age 65), per provider (per managed care plan).



Payment

- Conducting ACEs screenings is voluntary; providers who conduct qualified ACEs screenings will be paid
- Eligible provider types: Physicians, nurse practitioners, psychologists, LCSWs, MFTs, licensed professional clinical counselors, FQHCs, RHCs, IHS/MOA, others
- Commencing July 1, 2020, to receive the \$29 directed payment for ACEs screenings, any network provider that conducts the screening must be on DHCS' list of providers that have completed a state-certified trauma-informed care training and self-attested to completion
- Training requirement waived for dates of service prior to July 1, 2020



Engaging & Supporting Providers

- Monthly provider webinars to share lessons learned & best practices
- CalQIC (Quality Improvement Collaborative) through University of California, San Francisco
- Training, clinical protocols, and resources are available at www.ACEsAware.org



Questions?

Email info@ACEsAware.org



Background Slides



Background (1 of 3)

- Goal: Reduce **Adverse Childhood Experiences (ACEs)** and toxic stress by half in one generation
- FY 2019-20 Enacted Budget includes:
 - \$27.2 million ongoing federal funds and \$13.6 million ongoing Prop 56 funds for Medi-Cal provider supplemental payments for ACEs screenings
 - \$120 million one-time combined federal and Prop 56 funds over three years to train Medi-Cal providers on conducting ACEs screenings



Background (2 of 3)

- ACEs are stressful or traumatic events experienced before age 18. The 10 categories 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



Background (3 of 3)

- By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response.
- An overwhelming scientific consensus demonstrates that cumulative adversity, particularly during critical and sensitive developmental periods, is a root cause of some of the most harmful, persistent and expensive health challenges facing our nation.



Trauma-Informed Care

- 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
- Trauma-informed care:
 - Is patient-centered
 - Builds trust between providers and patients
 - Avoids re-traumatization



Policy Guidance

- DHCS released [All Plan Letter \(APL\) 19-018](#) at the end of 2019
 - Provides guidance to managed care plans (MCPs) on directed payments for ACEs screenings, including
 - Policy details
 - Data reporting
 - Payment and other financial provisions
- Additional policy guidance from DHCS can be found on [Medi-cal.ca.gov](https://www.medi-cal.ca.gov)



Documentation Requirements

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



Financial Provisions

- MCPs must ensure the payments required by this APL are made within 90 calendar days of receiving a clean claim or accepted encounter for a qualifying ACEs screening service
- Projected value of the directed payments will be accounted for in each MCP's actuarially certified, risk-based capitation rates



ACEs Aware Long-Term Goals

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