

DATE: October 1, 2026

ALL PLAN LETTER 26-019

SUPERSEDES ALL PLAN LETTER 22-029

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: DYADIC SERVICES

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with updated guidance on coverage requirements for the Dyadic Services benefit that became effective on March 15, 2023, and to clarify payment requirements for the benefit.

BACKGROUND:

Per California Welfare and Institutions Code (W&I) section 14132.755, the Dyadic Services benefit is a family- and caregiver-focused model of care intended to address developmental and Behavioral Health conditions of children (those under age 21) as soon as they are identified.¹ The benefit provides access to Preventive Care for children, rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and parent/caregiver mental health. The Dyadic Services benefit is designed to support implementation of comprehensive models of Dyadic Care, such as HealthySteps and Dulce, that work within the pediatric clinic setting to identify and address caregiver and family risk factors for the benefit of the child.

A dyad refers to a child and the child's parent(s) or caregiver(s). Dyadic care refers to serving both the child and the parent(s) or caregiver(s) together as a dyad and is a form of treatment that targets family well-being as a mechanism to support healthy child development and mental health. It is provided within pediatric or other Primary Care settings whenever possible and can help identify Behavioral Health issues and any needed Behavioral Health interventions, provide referrals to services, and help guide the parent-child or caregiver-child relationship. Dyadic care fosters team-based approaches

¹ State law is searchable at the following link: <http://leginfo.legislature.ca.gov/faces/home.xhtml>



to meet family needs, including addressing mental health and social support concerns, and it broadens and improves the delivery of pediatric Preventive Care.

Dyadic Services include dyadic Behavioral Health (DBH) visits, comprehensive community support services, psychoeducational services, family training and counseling for child development, and other services as outlined in more detail below in the “Covered Services” section.

Family therapy is a type of psychotherapy covered under Medi-Cal’s Non-Specialty Mental Health Services (NSMHS) benefit since 2020 and is composed of at least two family members. Family therapy sessions address family dynamics as they relate to mental status and behavior(s). It is focused on improving relationships and behaviors in the family and between family members, such as between a child and parent(s) or caregiver(s). Family therapy is not considered a Dyadic Service and is not covered in this APL.

POLICY:

Dyadic Services Provider Requirements and Qualifications

Except as noted below and as outlined in the Dyadic Services section of the Medi-Cal Provider Manual, Dyadic Services may be provided by physicians, Licensed Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Psychologists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, and Psychiatrists.² Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Associate Social Workers, and Psychology Assistants may render services under a licensed supervising clinician established by the professional board.

Appropriately trained nonclinical staff, including Community Health Workers (CHWs)³, are not precluded from screening Members for issues related to Social Drivers of Health

² The Dyadic Services section of the Medi-Cal Provider Manual is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/6713E472-B513-4499-AE4D-4B809C64AD93/dyadicser.pdf?access_token=6UyVRRfByXTZEWIh8j8QaYyIPyP5ULO.

³ CHW services are not subject to the Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) prospective payment system “wrap” payment. For more information, refer to Frequently Asked Questions (FAQs) for CHW Services-Clinics here: <https://www.dhcs.ca.gov/providers-partners/frequently-asked-questions-faqs-for-medi-cal-community-health-worker-chw-services-clinics/>.

(SDOH) or performing other non-clinical support tasks as a component of the DBH visit, as long as the screening is not separately billed. Under the supervision of a supervising Provider from one of the Provider types listed above, CHWs who meet the qualifications listed in the CHW Preventive Services section of the Medi-Cal Provider Manual can assist a dyad to gain access to needed services to support their health through the CHW benefit for health navigation services described in APL 24-006, Community Health Worker Services Benefit.^{4,5} However, MCPs must cover comprehensive support services provided by a licensed practitioner as defined in the Dyadic Services section of the Medi-Cal Provider Manual. MCPs are responsible for ensuring appropriate supervision of Dyadic Services Providers and educating their Network Providers on the Dyadic Services benefit.

Dyadic Services may be provided by the medical well-child Provider (e.g., physician within the scope of the physician's practice), in addition to the Provider types listed above.

Member Eligibility Criteria for Dyadic Services

A child (herein, child or children refers to Members under age 21) and their parent(s) or caregiver(s) are eligible to receive Dyadic Services so long as the child is enrolled in Medi-Cal.

Dyadic Services are a Medi-Cal benefit available to eligible Medi-Cal members including Medi-Cal members under 21 years of age and their parents(s) or caregiver(s) in both the Fee-For-Service (FFS) and managed care delivery systems consistent with W&I section 14132.755.

Dyadic Services visits do not need a formal recommendation or referral from one Provider to another. However, a recommendation or referral must be offered as an appropriate service option even if the child or the child's parent(s) or caregiver(s) do not request them. The recommendation or referral must also be documented in the Member's Medical Record. These visits are intended to include universal behavioral/social/emotional screening or assessments. These screenings or assessments

⁴ The CHW Preventive Services section of the Medi-Cal Provider Manual is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWlh8j8QaYyIPyP5ULO.

⁵ APLs are searchable at: <https://www.dhcs.ca.gov/forms-laws-publications/managed-care-all-plan-letters-1998-to-current/>.

are to be delivered according to the Bright Futures/American Academy of Pediatrics (AAP) periodicity schedule, and when Medically Necessary, in accordance with Medi-Cal's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards in Title 42 of the United States Code (USC) section 1396d(r).^{6,7} Under the federal EPSDT benefit, also known as Medi-Cal for Kids & Teens (MCKT), services for Medi-Cal members under age 21 identified in the plan may be provided to correct or ameliorate a condition, which includes preventing a future condition or conditions from worsening (commonly referred to as "maintenance"). Dyadic Services refer to a specific set of services for members ages 0 to under age 21 and their parent(s)/caregiver(s) together as a "dyad", which are much narrower than those services available to Medi-Cal members under 21 years of age pursuant to the broader EPSDT/MCKT benefit. Under EPSDT, a child does not need a diagnosis to qualify for services and is eligible for EPSDT services when the services are determined to be Medically Necessary to correct or ameliorate defects and physical and mental illnesses or conditions.

Covered Services

MCPs may offer the Dyadic Services benefit through Telehealth or in-person with locations in any setting including, but not limited to: pediatric Primary Care settings, doctor's offices or clinics, inpatient or outpatient settings in hospitals, the child's home, school-based sites, or community settings, except where otherwise noted in the Dyadic Services section of the Medi-Cal Provider Manual. MCPs should refer to the Telehealth section in Part 2 of the Medi-Cal Provider Manual for guidance regarding providing services via Telehealth.⁸

Covered Dyadic Services are Behavioral Health Services for children and/or their parent(s) or caregiver(s), and include:

- DBH Visits

⁶ The USC is searchable at: <https://uscode.house.gov/>.

⁷ See APL 23-005, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21.

⁸ The Telehealth Modalities section of the Medi-Cal Provider Manual is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D6C07496-0133-43AA-A10B-617149F1F450/telemod.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

- The DBH visit must be limited to those services not already covered in the medical well-child visit.⁹
- When possible and operationally feasible, the DBH visit should occur on the same day as the medical well-child visit.¹⁰ When this is not operationally feasible, MCPs must ensure the DBH visit is scheduled as close as possible to the medical well-child visit, consistent with timely access requirements.
- MCPs may deliver DBH visits as part of the HealthySteps program, a different DBH program, or in a clinical setting without a certified DBH program as long as all of the following components are included:
 - Behavioral Health history for the child and the child's parent(s) or caregiver(s), including a parent(s) or caregiver(s) interview addressing child's temperament, relationship with others, interests, abilities, and parent or caregiver concerns.
 - Developmental history of the child.
 - Observation of behavior of the child and the child's parent(s) or caregiver(s) and interaction between the child and the child's parent(s) or caregiver(s).
 - Mental status assessment of the parent(s) or caregiver(s).
 - Screening for SDOH needs such as poverty, food insecurity, housing instability, access to safe drinking water, and community level violence.
 - Age-appropriate anticipatory guidance focused on Behavioral Health promotion/risk factor reduction that may include:
 - Educating the parent(s) or caregiver(s) on how their life experiences (e.g., Adverse Childhood Experiences (ACEs))

⁹ Information on covered services can be found in the EPSDT section of the Medi-Cal Provider Manual, available at: https://mcweb.apps.prddcammis.medi-cal.ca.gov/assets/032769EA-D044-4B1D-A973-C617165FE3BE/epsdt.pdf?access_token=6UyVRRfByXTZEWlh8j8QaYyIPyP5ULO, in the Bright Futures/AAP Guidelines, and United States Preventive Services Task Force Recommendations A and B.

¹⁰ Clinical appointments that include the delivery of Dyadic Services must still meet the time-elapsed standards as set forth in section 1367.03 of the Health and Safety Code as well as section 1300.67.2.2 of Title 28 of the California Code of Regulations (CCR). The CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>.

- impact their child's development and their parenting or caregiving.
- Educating parent(s) or caregiver(s) on how their child's life experiences (e.g., ACEs) impact their child's development.
- Information and resources to support the child through different stages of development as indicated.
- Making essential referrals and connections to community resources through Care Coordination and helping the parents(s) or caregiver(s) prioritize needs.
- Comprehensive community support services, separate and distinct from California Advancing and Innovating Medi-Cal's Community Supports, to help the child and the child's parent(s) or caregiver(s) gain access to needed medical, social, educational, and other health-related services, and may include any of the following:¹¹
 - Assistance in maintaining, monitoring, and modifying MCP Covered Services, as outlined in the dyad's service plan, to address an identified clinical need.
 - Brief telephone or face-to-face interactions with a person, family, or other involved member of the clinical team, for the purpose of offering assistance in accessing an identified clinical service.
 - Assistance in finding and connecting to necessary resources other than MCP Covered Services to meet basic needs.
 - Communication and coordination of care with the child's family, medical and dental health care Providers, community resources, and other involved supports including educational, social, judicial, community, and other state agencies.
 - Outreach and follow-up of crisis contacts and missed appointments.
 - Other activities as needed to address the dyad's identified treatment and/or support needs.
- Psychoeducational services are psychoeducational services provided to the child and parent(s) or caregiver(s). These services must be planned, structured interventions that involve presenting or demonstrating information with the goal

¹¹ Information on Community Supports can be found on DHCS' website at the following link: <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx>.

of preventing the development or worsening of Behavioral Health conditions and achieving optimal mental health and long-term resilience.

- Family training and counseling for child development are family training and counseling services provided to both the child and the child's parent(s) or caregiver(s). These services include brief training and counseling related to a child's behavioral issues, developmentally appropriate parenting or caregiving strategies, parent/child or caregiver/child interactions, and other related issues.
 - Additional Dyadic Services include the following:
 - Brief Emotional/Behavioral Assessment
 - ACEs Screening
 - Screening, Assessment, Brief Interventions, and Referral to Treatment
 - Depression Screening
 - Health Behavior Assessments and Interventions
 - Psychiatric Diagnostic Evaluation
 - Tobacco Cessation Counseling

For more information, please refer to the Dyadic Services section of the Medi-Cal Provider Manual.

Provider Enrollment

Network Providers, including those who will operate as Providers of Dyadic Services, are required to enroll as Medi-Cal Providers, consistent with APL 22-013, Provider Credentialing/Re-Credentialing and Screening/Enrollment, if there is a state-level enrollment pathway for them to do so.

Billing, Claims, and Payments

Dyadic Services must be covered and Providers must be paid in accordance with their Network Provider Agreement. While MCPs must ensure Utilization Management protocols to ensure Members who qualify for the service receive the service, MCPs cannot require Prior Authorization for Dyadic Services. MCPs should however conduct retrospective reviews to ensure program integrity. MCPs must not establish unreasonable or arbitrary barriers for accessing coverage. Encounters for Dyadic Services must be submitted with allowable current procedural terminology codes as outlined in

the Medi-Cal FFS Rates schedule and in accordance with MCP Contract requirements pertaining to Encounter data reporting requirements.¹²

Multiple Dyadic Services are allowed on the same day and may be paid in accordance with the at the Network Provider Agreement payment structure and rates.¹³ The DBH visit must be limited to those services that are not already covered in the medical well-child visit, and any other service codes cannot be duplicative of services that have already been provided in a medical well-child visit or a DBH visit.

Dyadic Service codes (screening, assessment, and brief intervention services provided to the parent(s) or caregiver(s) for the benefit of the child) may be claimed or billed by either the medical well-child Provider or the DBH visit Provider, but not by both Providers, when the dyad is seen on the same day by both Providers.

MCPs should require providers to submit claims or bills for Dyadic Services, in accordance with their Network Agreement which should align with the following:

- When the child and parent(s) or caregiver(s) receiving Dyadic Services is enrolled in Medi-Cal, then the Dyadic Services must be billed under their Medi-Cal ID.
- If the parent(s) or caregiver(s) are not enrolled in Medi-Cal, then the Dyadic Services must be billed under the child's Medi-Cal ID, and the child must be present with the parent(s) or caregiver(s). Note: There are limited, clinically appropriate circumstances when a child may not be physically present during a dyadic care service even though the child is the primary patient and the service directly benefits the child. In all cases, the absence of the child must be clinically justified, documented, and directly linked to promoting the child's health. In these cases, billing the dyadic collateral services to the child's Medi-Cal ID is permitted.

¹² Current Medi-Cal FFS reimbursement rates for Dyadic Service billing codes are available at: <https://mcweb.apps.prdocammiis.medi-cal.ca.gov/rates>.

¹³ FQHC and RHC Providers should consult the Dyadic Services and Billing Example Provider Manuals for comprehensive guidance on dyadic services that are provided on the same date of service and reimbursement requirements.

Dyadic Services must be claimed for, billed for, or otherwise accounted for in the encounter data submission in accordance with all requirements and appropriate billing codes identified in the Dyadic Services section of the Medi-Cal Provider Manual.¹⁴

Expanded Standards for MCPs Regarding Dyadic Services for Federally Qualified Health Centers and Rural Health Clinics

MCPs must allow FQHC and RHC Providers to bill for Dyadic Services in accordance with the FQHC's or RHC's invoicing and claiming rules under the MCP Contract.¹⁵ Pursuant to W&I section 14087.325(d), MCPs are required to pay contracted FQHCs and RHCs in a manner that is no less than the level and amount of payment that the MCP would make for the same scope of services if the services were furnished by another Provider type that is not an FQHC or RHC. MCPs must also comply with the requirements of Exhibit A, Attachment III, Subsection 3.3.7 (Federally Qualified Health Center, Rural Health Center, and Indian Health Care Provider) of the MCP Contract specific to non-contracting FQHCs and RHCs.

Expanded Standards for MCPs Regarding Dyadic Services and Payments to Tribal Health Programs

Tribal Health Programs, which include Indian Health Services Memorandum of Agreement (IHS/MOA) clinics and Tribal FQHCs, can bill MCPs for Dyadic Services in accordance with the policy outlined below.¹⁶

Tribal FQHC Payment Policy

Tribal FQHCs are paid at the Alternate Payment Methodology, which is set at the All-Inclusive Rate (AIR), for up to three (3) visits per Member, per day, in any combination of medical, mental health, ambulatory, and dental visits, when provided by a billable health professional. Services in the same category are allowed but each visit must be for distinct and different reasons.

¹⁴ The Dyadic Services Billing Examples for FQHC and RHC Providers section of the Provider Manual is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/70D81382-1E44-4A9D-81EF-2C998360DCF5/dyadicex.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

¹⁵ The boilerplate MCP Contract is available at: <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

¹⁶ See Exhibit A, Attachment III, Subsection 5.3.7.K.5 (Services for All Members) of the MCP Contract. See also APL 24-002 for more information.

Medi-Cal Eligible Members (Child and Parent(s) or Caregiver(s))

- There is no change to the current Tribal FQHC payment policy which allows for up to three visits, per Member, per day at the AIR.
However, if a Dyadic Service (or multiple Dyadic Services) is/are provided during any one of the three allowable visits with a billable health professional on the same day, then the billable visit must be paid the AIR rate and the Tribal FQHC must also be paid the FFS reimbursement rate for the specific Dyadic Service(s).
- If the Tribal FQHC has met its three visit-per-day limitation, then Dyadic Service(s) provided on that same day must be reimbursed only at the FFS reimbursement rate.

Non-Medi-Cal Eligible Parent(s) or Caregiver(s)

- Dyadic Service(s) provided to the child's non-Medi-Cal eligible parent(s) or caregiver(s) during a billable visit must be reimbursed at the FFS reimbursement rate because the Dyadic Services being provided are for the direct benefit of the Medi-Cal eligible child who is present during the visit.

Note: If the Member receives multiple visits in a day, Providers should ensure that the same Dyadic Service is not duplicated as it will not be reimbursable.

IHS/MOA Payment Policy

Under existing policy, IHS/MOAs are paid at the AIR for up to three (3) visits per Member, per day, one in each service category of medical, mental health, and ambulatory/dental, for services provided by a billable health professional.

Medi-Cal Eligible Members (Child and Parent or Caregiver)

- There is no change to the current IHS/MOA payment policy, which allows for up to three visits per Member per day at the AIR.
However, if a Dyadic Service (or multiple Dyadic Services) is/are provided during any one of the three allowable visits with a billable health professional on the same day, then the billable visit must be paid at the AIR and the IHS/MOA Provider must also receive the FFS reimbursement rate for the specific Dyadic Service(s).

- If the IHS/MOA Provider has met its three visit-per-day limitation, then Dyadic Service(s) provided on that same day must be reimbursed only at the FFS reimbursement rate.

Non-Medi-Cal Eligible Parent(s) or Caregiver(s)

- Dyadic Service(s) provided to the child's non-Medi-Cal eligible parent(s) or caregiver(s) during a billable visit must be reimbursed at the FFS reimbursement rate, because the Dyadic Services being provided are for the direct benefit of the Medi-Cal eligible child who is present during the visit.

Note: If the Member receives multiple visits in a day, Providers should ensure that the same Dyadic Service is not duplicated as it will not be reimbursable.

Department of Health Care Services Monitoring

The Department of Health Care Services (DHCS) will monitor MCPs' implementations of Dyadic Services requirements through existing data reporting mechanisms such as Encounter Data, Grievances and Appeals, and the 274 Network Provider file. MCPs must ensure that Dyadic Services Providers have National Provider Identifiers (NPIs) and that these NPIs are entered in the 274 Network Provider file.

MCP Responsibilities for Policies and Procedures, Subcontractors, and Enforcement Actions

The requirements in this APL necessitate a change in MCP's contractually required P&Ps. MCPs must submit their updated P&Ps to their Managed Care Operations Division (MCPD)-MCP Submission Portal¹⁷ within 90 calendar days of the release of this APL confirming that the required P&P revisions have been completed. DHCS approval after submission is not required.

MCPs are responsible for ensuring that their Subcontractors, Downstream Subcontractors, and Network Providers comply with all applicable state and federal laws and regulations, MCP Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all

¹⁷ The MCPD-MCP Submission Portal is located at: <https://cadhcs.sharepoint.com/sites/MCPD-MCPSubmissionPortal/SitePages/Home.aspx>.

Subcontractors, Downstream Subcontractors, and Network Providers. DHCS may impose enforcement actions, including corrective action plans, as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Subcontractor, Downstream Subcontractor, and/or Network Provider Agreements, including Division of Financial Responsibility provisions as appropriate, to ensure compliance with this APL. For additional information regarding enforcement actions, see APL 25-007. Any failure to meet the requirements of this APL may result in enforcement actions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original signed by Dennis Hsieh

Dennis Hsieh, M.D., J.D.

Division Chief, Managed Care Quality and Monitoring Division