



University of California
San Francisco



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Dyadic and Family-Centered Care in California:

Medicaid Reform to Integrate Sustainable, Family-Centered Preventative Behavioral Health into Pediatric Primary Care Settings

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Acknowledgements

Our Patients &
Families

ZSFG Children's Health
Center Patients,
Families & Providers

Center for Child &
Community Health
Ready! Resilient! and
Rising! Project

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National Office

Agenda

1. Development of New Preventative Benefits for Children's Mental Health
2. Review the new Medi-Cal dyadic services and family therapy benefits
3. Lessons Learned

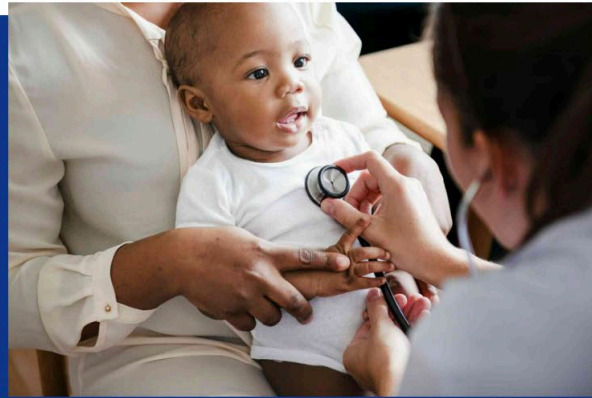


<https://dyadiccare.ucsf.edu>

Search Field Label

Because babies don't go to the doctor by themselves

With up to twelve routine visits in the first three years of life, pediatric primary care offers an unparalleled opportunity to promote child health by also supporting the health of caregivers through dyadic interventions. The UCSF Center for Advancing Dyadic Care in Pediatrics helps clinics take full and ongoing advantage of this opportunity.



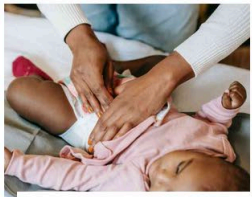
Vision:

To make family-centered, dyadic behavioral health promotion and prevention a routine and sustainable standard of pediatric health care in early childhood.

Mission:

To promote child and family well-being by working collaboratively with publicly insured pediatric primary care settings to develop sustainable early childhood integrated behavioral health services through technical assistance and training.

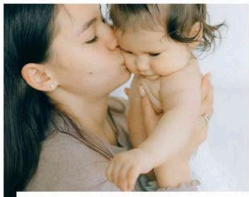
Why Dyadic Care and Why Now?



Babies don't go to the doctor by themselves. Family health is critical to child health and must be part of pediatric health care delivery.



The first three years of pediatric primary care uniquely offer 12 natural touchpoints to care for babies—and support families to do the same.



Dyadic care improves child health and the way we deliver healthcare. The impact of dyadic care is highest during a child's first three years of life.



Coverage Update: Medi-Cal now covers dyadic behavioral health promotion and prevention for children.

Statewide Technical Assistance Center

Advancing the Uptake of Dyadic Approaches to Care in Pediatrics

Do you know what Dyadic Care is?



A Paradigm Shift for Children's Behavioral Health

DRAMATIC UNDER-INVESTMENT IN CHILDREN

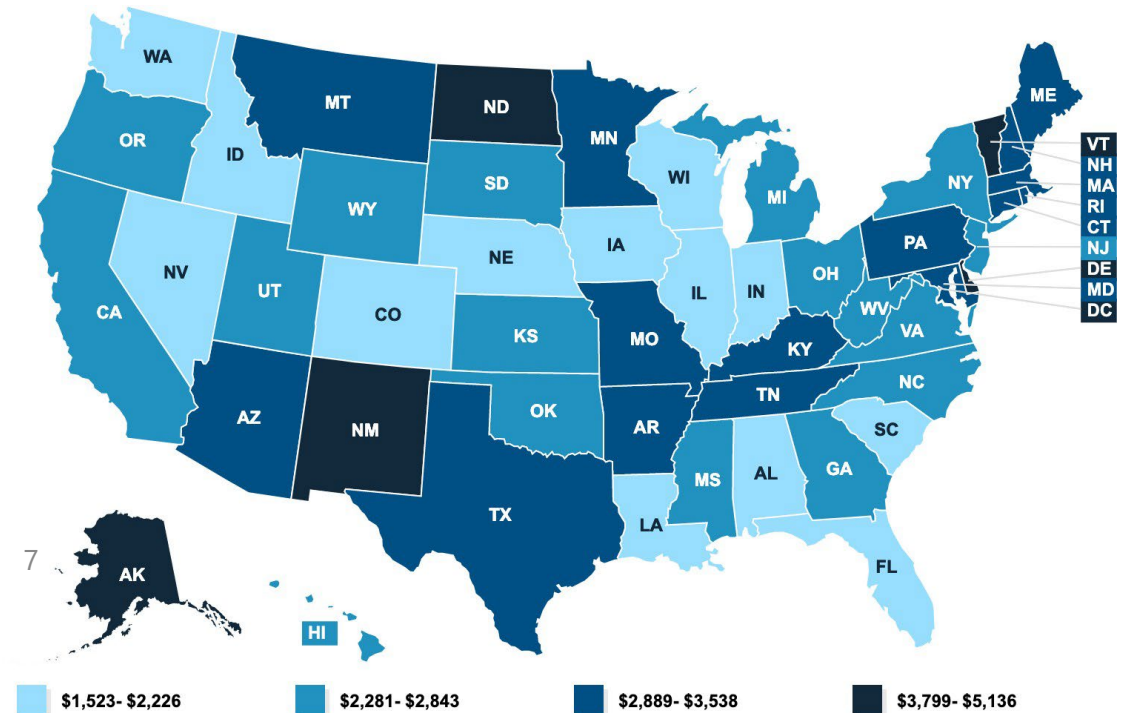
California is in the bottom 1/3 nationally for health spending at \$2,500 per child enrollee.

Children represent **42% of enrollees** but only **14% of all expenditures**.

California ranks **48th in the nation of** in access to care for children.

California operates the largest MediCaid Program in the nation—**April 2019 Audit exposed** significant underperformance under the EPSDT Mandate and Bright Futures Guidelines.

Medicaid Spending per Child
FY 2014



SNAPSHOT:

California Early Childhood Policy Landscape



California Reforms



The logo for "aces aware" with the tagline "SCREEN. TREAT. HEAL." and three colored dots (orange, yellow, teal). Below the logo are two buttons: "Get Trained Today" (orange) and "Add to Calendar" (yellow). At the bottom are the logos for "DHCS" and "ALL" (All of Us).

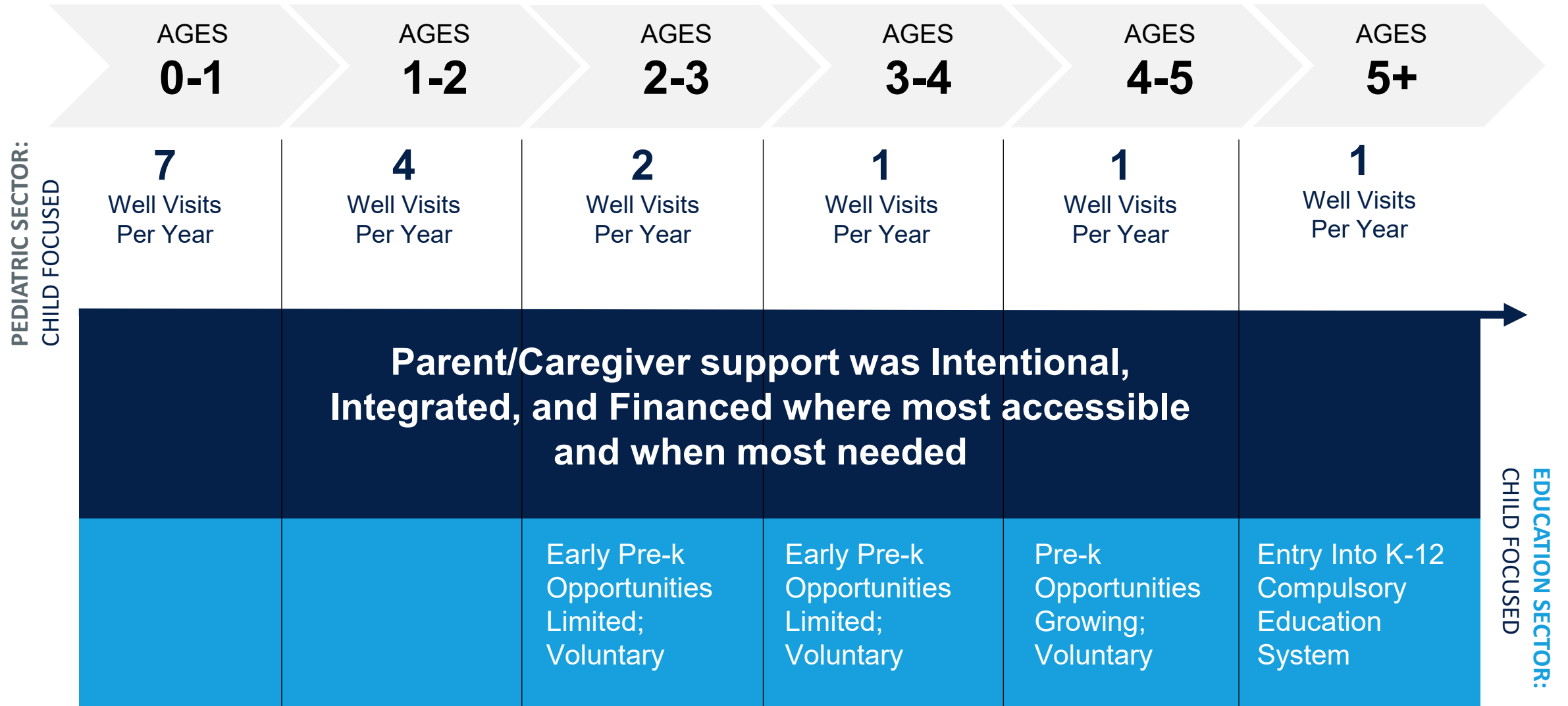


EARLY INTERVENTION SYSTEMS: CURRENT STATE



Does your clinic/agency provide Dyadic Care?

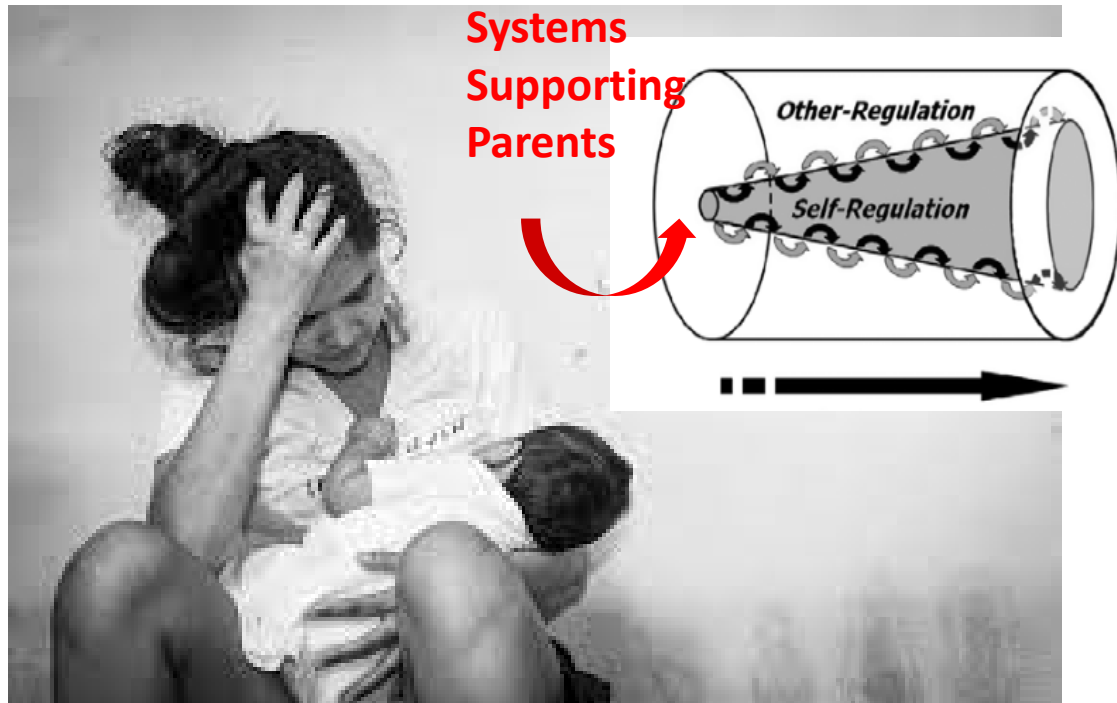
EARLY INTERVENTION SYSTEMS: **WHAT IF...**



Do you do postpartum caregiver screening?

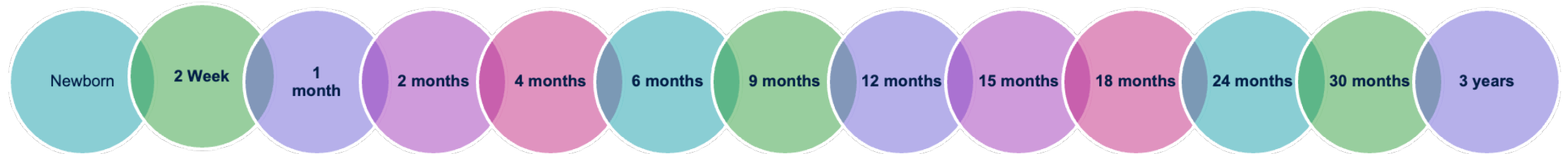
IECMH and Dyadic Care

Caregiver Wellness & Pediatric Care



Babies don't go to the doctor by themselves.

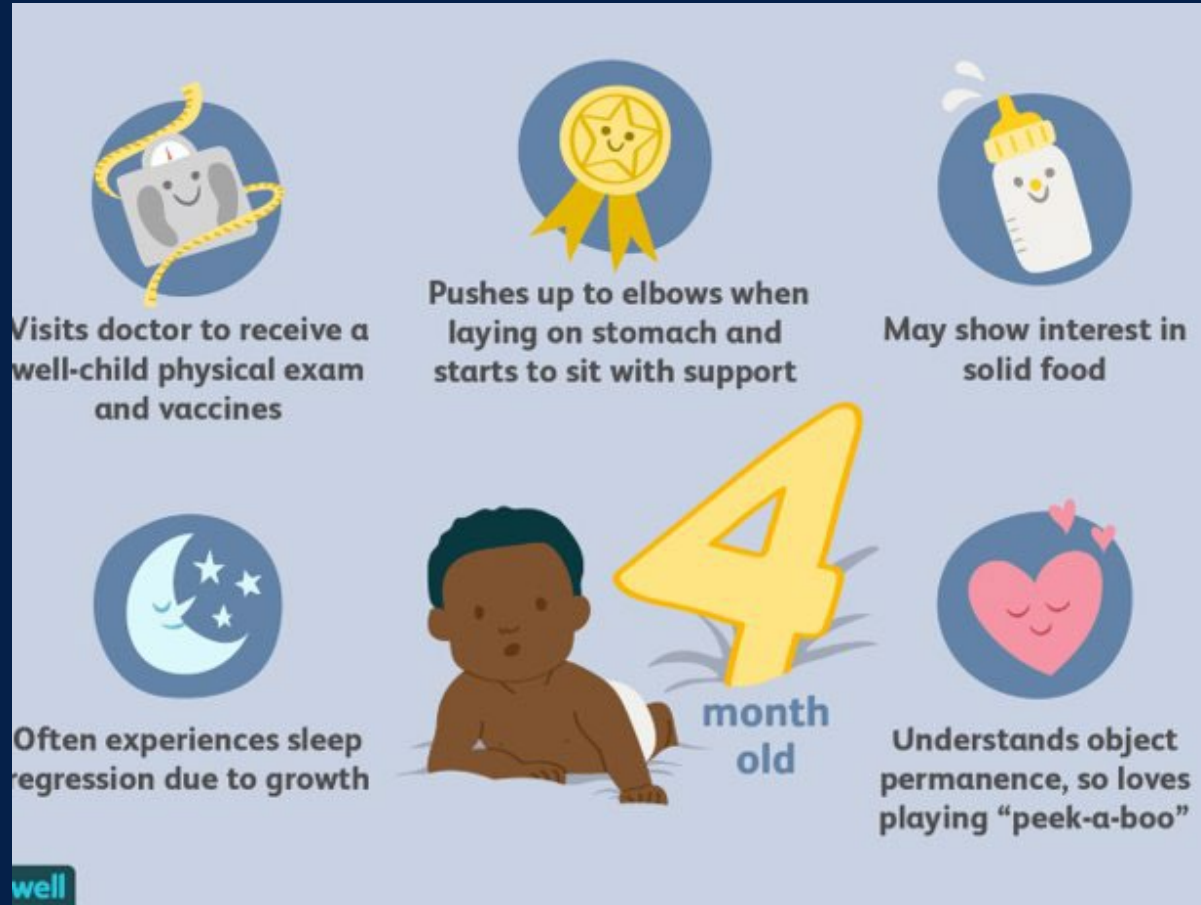
Their caregivers' mental health is inextricably tied to their mental health... and ultimately the development of their children.



Dyadic Perspectives on Well Child Visits

“Shots can be tough for parents. What is your ‘go to’ for soothing your baby when they are in pain?”

“How is your family sleeping these days? Sometimes when parents aren’t sleeping, this affects their mood. How have you been feeling?”



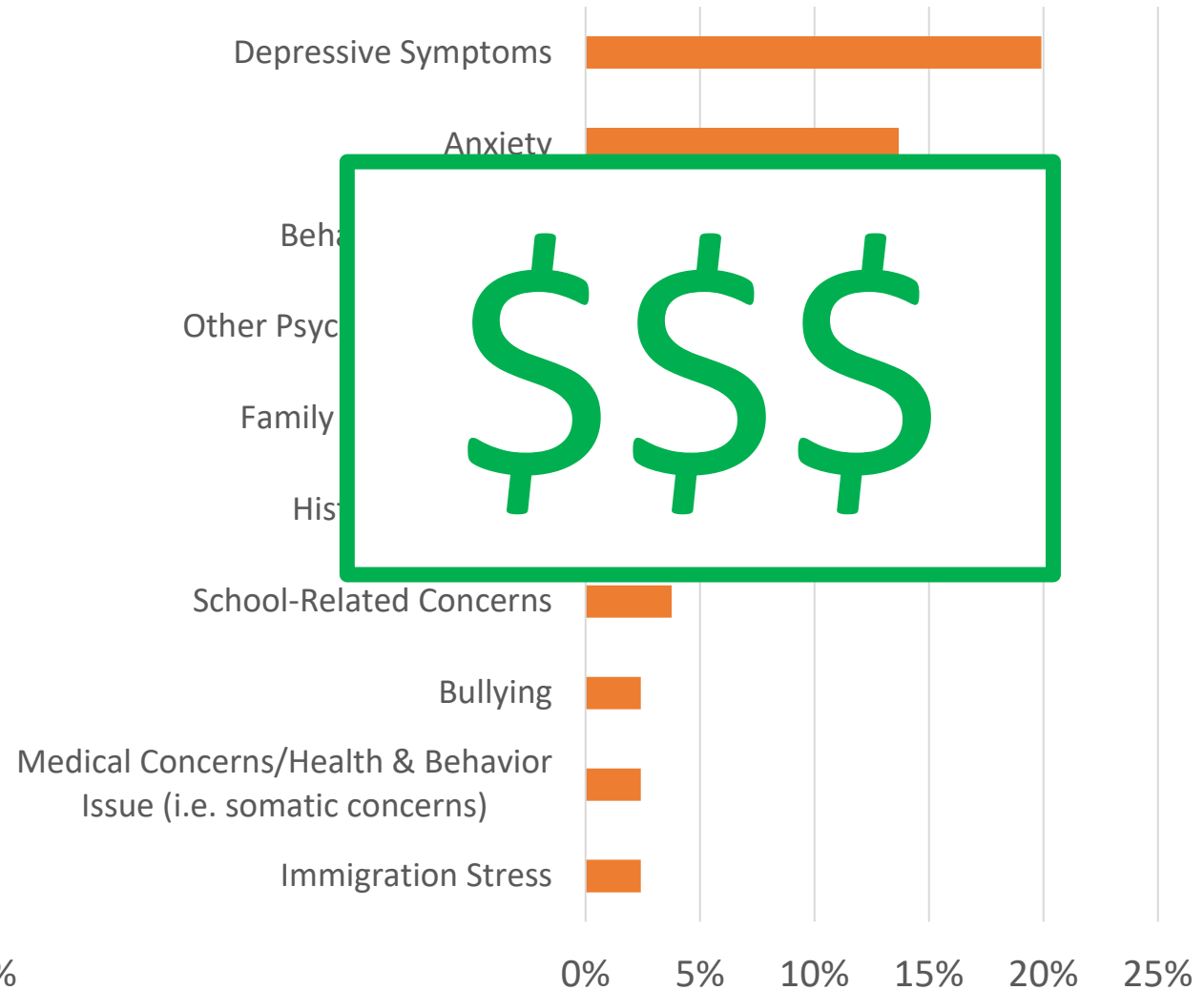
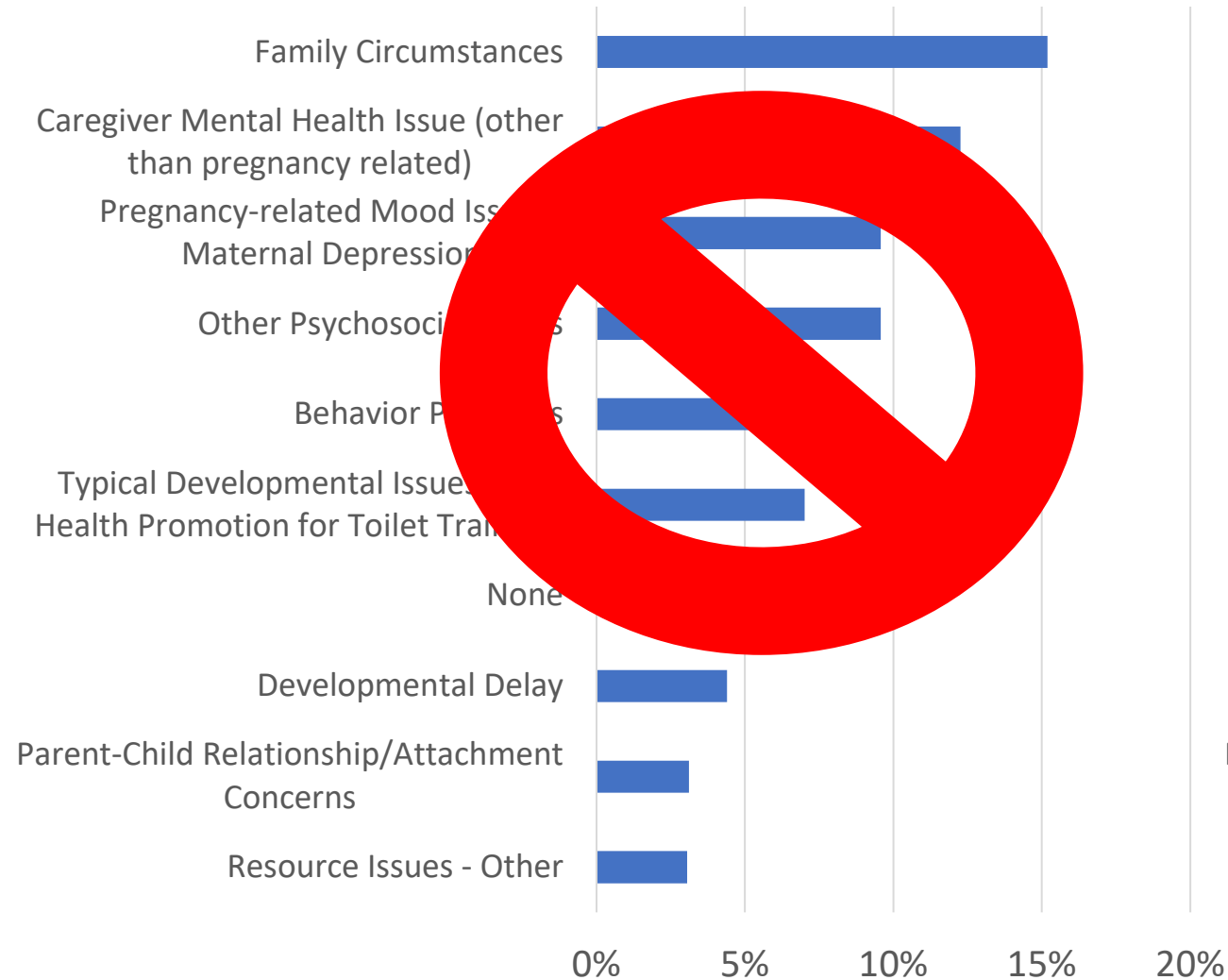
“Discussions about solid food can be emotional for breastfeeding parents because it is a sign that your baby is growing up and relying a little bit less on you. How are you managing this transition?”

Do you provide parent /caregiver support?

Misaligned Science and Payment Systems

≤5 years (n = 1,639; 51%)

≥6 years (n = 1,572; 49%)



Do you bill for Dyadic Care visits?

STRATEGY 1:

**Billing
Pilot
with
Health
Plans**

Babies Don't Go to the Doctor By Themselves:

Innovating a Dyadic Behavioral Health Payment Model to Serve the Youngest Primary Care Patients and Their Families

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Proposal Summary

The essential and family context is the most

- A statewide demonstration project to align reimbursement with clinical best practices in early childhood mental health
- Essential support for proven dyadic models
- Improving health outcomes for young children and their caregivers
- Pioneering clinical best practices to inform state-level guidance
- Demonstrating partnership with safety-net clinical leadership

REDEFINING MEDICAL NECESSITY: NEW MEDI-CAL BENEFITS PAY FOR PREVENTION

\$800M
Over 5 Years



A FAMILY WELLNESS CHECK: CALIFORNIA INVESTS IN TREATING PARENTS AND CHILDREN TOGETHER

ANALYSIS | BY [KAISER HEALTH NEWS](#) | JULY 08, 2021



California is poised to become the first state to pay for "dyadic care," treating parents and children simultaneously.

**C3 AI transforms
Healthcare.**

[Learn how](#)

KEY TAKEAWAYS

**THE REMOVAL OF DIAGNOSIS AS A PRE-REQUISITE FOR CARE IN COUNTY
MENTAL HEALTH PLANS AND MEDI-CAL MANAGED CARE**



The Dyadic and Family Therapy Benefits

LEVERAGE THE NEW FAMILY THERAPY BENEFIT



- California Medicaid published a new pediatric benefit that opens Z codes and redefines Medical Necessity criteria.
- There is no cap on the number of family therapy visits billed with ICD-10 code Z65.9 in place of a mental health diagnosis ICD-10 code
- For children with persistent symptoms but *without* a mental health diagnosis
- Benefit still only accessible by credentialed providers (license eligible)

The child under 21 yo has history of at least one of the risk factors below:

Separation due to incarceration or immigration.

Death of a parent/guardian

Foster home placement

Food insecurity, housing instability

Exposure to DV or other traumatic events

Maltreatment

Severe and persistent bullying

Experience of discrimination

The child under 21 yo has a caregiver with one of risk factors below:

A serious illness or disability

A history of incarceration

Depression or other mood disorder

PTSD or other anxiety disorder

Psychotic disorder under treatment

Substance use disorder

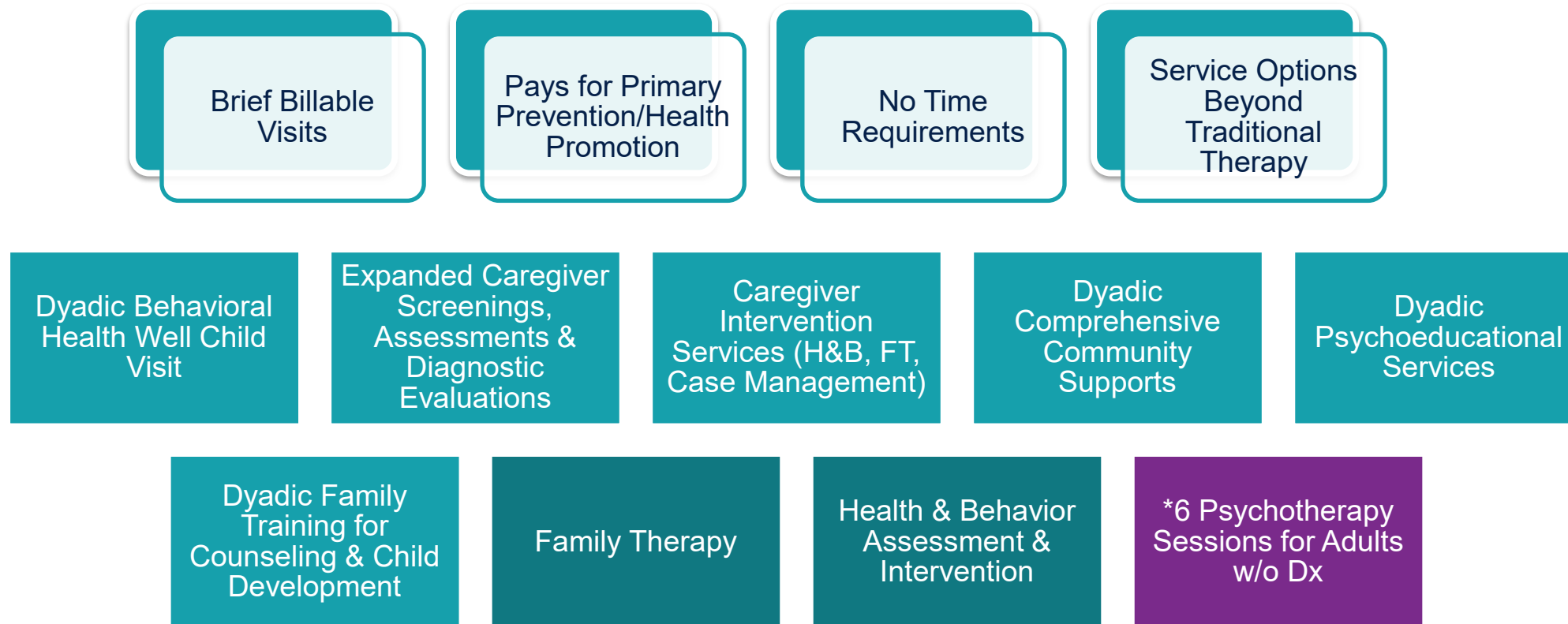
A history of IPV or interpersonal violence

Is a teen parent

Dyadic Benefit Expands on Family Therapy Benefit

Both benefits redefine medical necessity by using Z-codes as primary diagnoses to pay for services that target the child's environmental context

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/nonspecmental.pdf>



Who Can Bill for Dyadic Services?

See Page 4 of NSMHS Provider Manual: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/nonspecmental.pdf>

NSMHS Billable Providers

- LCSW
- LMFT
- LPCC
- Licensed Psychologists
- Psychiatric Pas
- Psychiatric NPs
- Psychiatrists
- Under Supervising Clinician as Billing Provider:
 - AMFT
 - APCC
 - ACSW
 - Psychological Associates

Provider Eligibility

NSMHS may be provided by Licensed Clinical Social Workers (LCSWs), Licensed Professional Clinical Counselors (LPCCs), Licensed Marriage and Family Therapists (LMFTs), licensed psychologists, Psychiatric Physician Assistants (PAs), Psychiatric Nurse Practitioners (NPs), and psychiatrists as consistent with the practitioner's training and licensing requirements.

Associate marriage and family therapists, associate professional clinical counselors, associate clinical social workers and psychology assistants may render psychotherapy services under a supervising clinician. The claim must list the associate or assistant's name in the *Additional Claim Information* field (Box 19) or in an attachment, along with the supervising clinician's National Provider Identifier (NPI) number as the "billing provider."

Services rendered by learning disability specialists are not Medi-Cal benefits. Psychological services are not covered under the County Medical Services Program (CMSP).

For information regarding which services are billable by each type of mental health practitioner, refer to the NSMHS Provider Table at the end of this section. This table does not apply to SMHS.

*Refer to manual for additional detail about provider specific service limitations. FFS rates may differ by provider type.



Lessons Learned from Implementation & Wrap Up

HealthySteps Aligns with California Quality Priorities

HealthySteps Outcomes:

- Well-child visits and immunizations:
 - ✓ Greater rates of attendance at recommended well-child visits
 - ✓ More likely to receive timely vaccinations and more likely to be up to date on vaccinations by age 2
- Screening and Connection to services
 - ✓ Early identification of child and family needs
 - ✓ Improved connection to services
- Maternal Depression
 - ✓ Improved maternal depression screening and follow-up
 - ✓ Mothers more likely to share symptoms
 - ✓ Providers more likely to discuss postpartum depression
 - ✓ Fewer reported symptoms
- Social Emotional Development
 - ✓ Higher referral rates for social-emotional concerns
 - ✓ Better understanding of infant development
 - ✓ Improved social-emotional development



BOLD GOALS: 50x2025



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



Improve follow up for mental health and substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures

https://www.healthysteps.org/wp-content/uploads/2021/06/HealthySteps_Evidence_Summary_2022_FINAL.pdf

General Implementation Considerations

How to Begin Implementing Dyadic Services

- **Identify a feasible starting point**
 - E.g., Caregiver mental health screening and follow up
 - E.g., Provide health promotion at first developmental screening (i.e. coincide with 9 months ASQ-3)
 - E.g., Integrate an LCSW to ACEs screening workflow
- **Consider provider capacity**
 - What is your priority population for dyadic services?
 - HealthySteps recommends 1.0 FTE/2,000 children 0-3
- **Consider Provider's scheduling workflow**
- **Identify how patient's will be followed during well child visit**
 - E.g., Use Care Team function for daily list reporting or Patient Registry
- **Establish Dyadic Billing & Charting Infrastructure**
 - Load codes for claiming, design templates, create preference list
 - Ensure codes are in contracts with health plans & ready for claiming
- **Credential Providers with Payers**

Dyadic Care Key Learnings So Far

- BH & PC Providers want to practice this way
- Dyadic care is different than traditional integrated models of the past
 - Providers are fully integrated and do not rely on traditional diagnosis driven models of care and support
- Dyadic care takes 12-18 months to be self sustaining
- SB 966 is critical to easing the workforce shortage which continues to be the primary barrier
- Practices need support making the business case to administrators
- Prior authorization is not a barrier
- Key to use a model to guide implementation (HS/PCIT/DULCE)
- Payors and practices are learning together
- High Potential for Scale with Beneficiaries In Setting



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