

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management		SUBJECT (Document Title) Dyadic Services And Family Therapy Benefit - CA	
Effective Date 12/21/2023	Date of Last Review	Date of Last Revision	Dept. Approval Date 12/21/2023
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Effective January 1, 2023, Anthem Blue Cross ensures the provision of the Dyadic Services and Family Therapy Benefit in accord with the Department of Health Care Services (DHCS) All Plan Letter 22-029 (Revised 3.20.2023), and the Medi-Cal Provider Manual - Non-Specialty Mental Health Services (NSMHS). Dyadic Services include Dyadic behavioral health (DBH) well-child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational Services, and Dyadic Family Training and Counseling for Child Development. Anthem does not require prior authorization for these services and does not establish unreasonable or arbitrary barriers for accessing coverage.

Per APL 22-029 (Revised 3.20.2023), the Dyadic Services benefit is a family- and caregiver-focused model of care that addresses children’s developmental and behavioral health conditions as soon as they are identified, and fosters access to preventive care, rates of immunization completion, coordination of social-emotional health and safety, developmentally appropriate parenting, and maternal mental health. Research has shown that early childhood development and mental health are dependent on family well-being, caregiver mental health and bonding. Post-partum depression, food or housing insecurity, and other risk factors can greatly reduce a parent’s ability to bond to the child, and to provide a safe, secure, and nourishing home. By utilizing evidence-based health promotion and primary prevention supports (that can be brief in duration) caregivers can be screened for depression, treated for tobacco and substance use, or offered family therapy. Incorporating interventions for the caregiver during well-child visits and ensuring linkage with supports that are critical to ensuring child and family health can lower a child’s future risk factors.

DEFINITIONS:

Dyad and Dyadic Care: A dyad refers to a child and their parent(s) or caregiver(s). Dyadic care refers to serving both parent(s) or caregiver(s) and child 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 primary care settings

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whenever possible and can help identify behavioral health interventions and other behavioral health issues, provide referrals to services, and help guide the parent-child or caregiver-child relationship. Dyadic care fosters team-based approaches to meeting family needs, including addressing mental health and social support concerns, and it broadens and improves the delivery of pediatric preventive care.

Dyadic Behavioral Health (DBH) well-child visits: DBH well-child visits are provided for the child and caregiver(s) or parent(s) at, or at the time of, medical visits. Through the DBH well-child visits and other dyadic services listed below, a child and caregiver(s) or parent(s) can be screened for behavioral health problems, interpersonal safety, tobacco and substance misuse, and social drivers of health (SDOH), such as food insecurity and housing instability, as well as provided referrals for appropriate follow-up care.

Dyadic Comprehensive Community Supports Service: These services help the child (Member under age 21) and their parent(s) or caregiver(s) gain access to needed medical, social, educational, and other health-related services.

Dyadic Family Training and Counseling for Child Development: Includes brief training and counseling related to a child's behavioral issues, developmentally appropriate parenting strategies, parent/child interactions, and other related issues.

Dyadic Parent or Caregiver Services: Dyadic Services also include services delivered to a parent(s) or caregiver(s) during a child's visit that is attended by the child and parent(s) or caregiver(s). Dyadic parent or caregiver services are delivered during a child's visit that is attended by the child (Member under age 21) and parent or caregiver, including assessment, screening, counseling, and brief intervention services provided to the parent or caregiver for the benefit of the child as appropriate. Dyadic caregiver services may be provided by the medical well-child provider in addition to the provider types listed below.

Dyadic Psychoeducational Services: These services are planned, structured interventions that involve presenting or demonstrating information with the goal of preventing the development or worsening of behavioral health conditions and achieving optimal mental health and long-term resilience.

Dyadic Services Benefit: 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.

Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal members Under the Age of 21 (EPSDT): The EPSDT benefit as defined in APL 23-005 provides

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comprehensive and preventive health care services and is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. The EPSDT benefit requires coverage of family therapy services if needed to correct or ameliorate a child's mental health condition. Services that sustain, support, improve, or make a mental health condition more tolerable are considered to ameliorate the condition and are thus covered as EPSDT services.

Family Therapy as a Behavioral Health Benefit: Family therapy is a type of psychotherapy covered under Medi-Cal's NSMHS benefit, including for members under age 21. Family therapy is composed of at least two family members receiving therapy together provided by a mental health provider to improve parent/child or caregiver/child relationships and encourage bonding, resolving conflicts, and creating a positive home environment. All family members do not need to be present for each service. For example, parents or caregivers can qualify for family therapy without their infant present, if necessary. The primary purpose of family therapy is to address family dynamics as they relate to the member's mental status and behavior(s).

Licensed Mental Health Professional: This professional provides clinically indicated services, including evaluation and treatment of mental health conditions under appropriate licensure.

Medically Necessary Services: Services are considered medically necessary when:
For members under 21 years of age: EPSDT services that sustain, support, improve, or make more tolerable a behavioral health condition and are considered to ameliorate the condition.
For members 21 years of age or older: service is medically necessary when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

Member Eligibility Criteria for Dyadic Services: Children (Members under age 21) and their parent(s)/caregiver(s) are eligible for DBH well-child visits when delivered according to the Bright Futures/American Academy of Pediatrics periodicity schedule for behavioral/social/emotional screening assessment, and when medically necessary, in accordance with EPSDT standards in Title 42 of the United States Code (USC), Section 1396d(r). Under these standards, a diagnosis is not required to qualify for DBH services. DBH well-child visits are intended to be universal per the Bright Futures periodicity schedule for behavioral/social/emotional screening assessment. The DBH well-child visits do not need a particular recommendation or referral and must be offered as an appropriate service option even if the member does not request them. The family is eligible to receive Dyadic Services so long as the child is enrolled in Medi-Cal. The parent(s) or caregiver(s) does not need to be enrolled in Medi-Cal or have other coverage so long as the care is for the direct benefit of the child.

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PROCEDURE:

Provider-Related Procedures

Anthem ensures that Dyadic Services Providers have National Provider Identifiers (NPIs), that these NPIs are entered in the 274 Network Provider File, that Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters and will communicate these requirements to all Subcontractors and Network Providers. Anthem ensures appropriate supervision of Dyadic Services Providers and educates Network Providers on the Dyadic Services benefit.

Education and training to Network Providers on the Dyadic Services benefit is provided through the following:

- Provider training modules
- Provider Newsletters/Bulletins
- Provider Manual
- Provider Website

Member Engagement

Members and their parent(s) or caregiver(s) are educated on the Dyadic Services benefit through:

- Member Portal/Website
- Member Handbook
- Informational handouts in primary care settings

Monitoring

Utilization monitoring of Dyadic Services is done through analysis of claims and encounters data. Anthem submits quarterly member utilization and provider network reports via the DHCS Trio Benefit Monitoring Template as required by DHCS.

There is also monitoring and tracking of provider training completion through data from vendor(s) hosting provider training modules on Dyadic Services.

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Covered Services

Anthem covers 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 member's home, school-based sites, or community settings. There are no service location limitations, as referenced in the Telehealth section in Part 2 of the provider Manual which provides guidance regarding providing services via telehealth. Covered Dyadic Services are behavioral health services for children (Members under age 21) and/or their parent(s) or caregiver(s), and include:

Dyadic behavioral health (DBH) well-child visits:

- The DBH well-child visit must be limited to those services not already covered in the medical well-child visit
- When possible and operationally feasible, the DBH well-child visit should occur on the same day as the medical well-child visit. When not possible, Anthem ensures the DBH well-child visit is scheduled as close as possible to the medical well-child visit, consistent with timely access requirements
- DBH well-child visits may be delivered 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 child and parent(s) or caregiver(s), including 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 child and parent(s) or caregiver(s) and interaction between child and parent(s) or caregiver(s)
 - Mental status assessment of parent(s) or caregiver(s)
 - Screening for family needs, which may include tobacco use, substance use, utility needs, transportation needs, and interpersonal safety, including guns in the home
 - Screening for SDOH 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, which may include:
 - Educating parent(s) or caregiver(s) on how their life experiences (e.g., Adverse Childhood Experiences (ACEs)) impact their child's development and their parenting
 - 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

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- Making essential referrals and connections to community resources through care coordination and helping caregiver(s) prioritize needs

Dyadic Comprehensive Community Supports Services: Dyadic Comprehensive Community Supports Services, separate and distinct from California Advancing and Innovating Medi-Cal's (CalAIM) Community Supports, help the child (Member under age 21) and their parent(s) or caregiver(s) gain access to needed medical, social, educational, and other health-related services, and may include any of the following:

- Assistance in maintaining, monitoring, and modifying 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 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

Dyadic Psychoeducational Services: Dyadic Psychoeducational Services are provided to the child under aged 21 and/or parent(s) or caregiver(s). These services must be planned, structured interventions that involve presenting or demonstrating information with the goal of preventing the development or worsening of behavioral health conditions and achieving optimal mental health and long-term resilience.

Dyadic Family Training and Counseling for Child Development: Dyadic Family Training and Counseling for Child Development are for family training and counseling provided to both the child under age 21 or below and parent(s) or caregiver(s). These services include brief training and counseling related to a child's behavioral issues, developmentally appropriate parenting strategies, parent/child interactions, and other related issues.

Dyadic Parent or Caregiver Services: Dyadic parent or caregiver services are services delivered during a child's visit that is attended by the child (Member under age 21) and parent or caregiver, including assessment, screening, counseling, and brief intervention services provided to the parent or caregiver for the benefit of the child as appropriate. Assessments may include Adverse Childhood Experiences (ACEs) Screening; Brief Emotional/ Behavioral Assessment; Alcohol and Drug Screening (SABIRT), Brief Interventions, and Referral to

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Treatment; Depression Screening; Health Behavior Assessments and Interventions; Psychiatric Diagnostic Evaluation; and Tobacco Cessation Counseling.

Family Therapy: The primary purpose of family therapy is to address family dynamics as they relate to the member's mental status and behavior(s). Both children and adult members can receive family therapy mental health services that are medically necessary. Anthem provides family therapy to the following Medi-Cal members to improve parent/child or caregiver/child relationships and bonding, resolve conflicts, and create a positive home environment:

- Members under age 21 with a diagnosis of a mental health disorder
- Members under age 21 or below with persistent mental health symptoms in the absence of a mental health disorder
- Members under age 21 or below with a history of at least one of the following risk factors:
 - Neonatal or pediatric intensive care unit hospitalization
 - Separation from a parent or caregiver (for example, due to incarceration, immigration, or military deployment of a parent or caregiver)
 - Foster home placement
 - Food insecurity, housing instability
 - Maltreatment
 - Severe and persistent bullying
 - Experience of discrimination, including but not limited to discrimination on the basis of race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disability or
- Members under age 21 who have a parent(s) or caregiver(s) with one or more of the following risk factors:
 - A serious illness or disability
 - A history of incarceration
 - Depression or other mood disorder
 - Post-Traumatic Stress Disorder or other anxiety disorder
 - Psychotic disorder under treatment
 - Substance use disorder
 - Job loss
 - A history of intimate partner violence or interpersonal violence
 - Is a teen parent

Consistent with APL 19-010, or any superseding APL, for members under age 21, the EPSDT benefit requires that family therapy services be provided if needed to correct or ameliorate a child's mental health condition. Services that sustain, support, improve, or make a mental health condition more tolerable are considered to ameliorate the condition and are thus covered as EPSDT services.

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The DHCS permits members under age 21 to receive up to five family therapy sessions before a mental health diagnosis is required. Anthem covers family therapy without regard to the five-visit limitation for members under age 21 with risk factors for mental health disorders or parents/caregivers with related risk factors, including separation from a parent/caregiver due to incarceration, immigration, or death; foster care placement; food insecurity; housing instability; exposure to domestic violence or trauma; maltreatment; severe/persistent bullying; and discrimination.

Any diagnostic criteria used should be age-appropriate. For example, for young children, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5) should be utilized to help practitioners more accurately identify diagnosis in young children who do not have language skills or exhibit the same symptoms as older children and adults.

Reimbursable family therapy models under the policy include, but are not limited to, Child-Parent Psychotherapy, Triple P Positive Parenting Program, and Parent Child Interaction Therapy. For a detailed discussion of the family therapy benefit, refer to the Non-Specialty Mental Health Services: Psychiatric and Psychological Services of the provider manual.

Dyadic Services Provider Requirements and Qualification: Except as noted and as outlined in the NSMHS: Psychiatric and Psychological Services section of the Provider Manual, Dyadic Services may be provided by:

- Licensed Clinical Social Workers
- Licensed Professional Clinical Counselors
- Licensed Marriage and Family Therapist
- Licensed Psychologists
- Psychiatric Physician Assistants
- Psychiatric Nurse Practitioners
- Psychiatrists

Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Associate Clinical Social Workers, and Psychology Assistants may render services under a supervising clinician. Appropriately trained nonclinical staff, including Community Health Workers (CHW), are not precluded from screening members for issues related to SDOH or performing other nonclinical 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 Community Health Worker (CHW) Preventive Services section of the Medi-Cal Provider Manual can assist a dyad to gain access to needed

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services to support their health, through the CHW benefit for health navigation services described in APL 22-016, or any superseding APL. However, Anthem reimburses Dyadic Comprehensive Community Supports Services as defined below when provided by a licensed Provider. Anthem ensures appropriate supervision of Dyadic Services Providers and educating Network Providers on the Dyadic Services benefit. Dyadic caregiver services may be provided by the medical well-child provider in addition to the provider types listed above.

Network Providers, including those that will operate as providers of Dyadic Services, are required to enroll as Medi-Cal providers, consistent with APL 22-013, or any superseding APL, if there is a state-level enrollment pathway for them to do so. Anthem will ensure that Dyadic Services Providers have National Provider Identifiers (NPIs), that these NPIs are entered in the 274 Network Provider File, that Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters and will communicate these requirements to all Subcontractors and Network Providers. Anthem is responsible for ensuring appropriate supervision of Dyadic Services Providers and educating Network Providers on the Dyadic Services benefit.

Billing, Claims and Payments

Anthem reimburses Dyadic Services Providers in accordance with their Network Provider contract . Anthem does not require prior authorization for Dyadic Services and does not establish unreasonable or arbitrary barriers for accessing coverage. Encounters for Dyadic Services must be submitted with allowable codes as outlined in the Medi-Cal Provider Manual - NSMHS, as summarized below.

Anthem allows multiple Dyadic Services on the same day and reimburses in accordance with their Network Provider contract (may be reimbursed at the Fee-For-Service (FFS) rate). The DBH well-child visit is 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 provided in a medical well-child visit or a DBH well-child visit. Dyadic caregiver service codes (screening, assessment, and brief intervention services provided to the parent or caregiver for the benefit of the child) may be billed by either the medical well-child provider or the DBH well-child visit provider, but not by both providers, when the dyad is seen on the same day by both providers.

Tribal health programs (THPs), Rural Health Clinics (RHCs), and Federal Qualified Health Centers (FQHCs) are eligible to receive their All-Inclusive Rate from Anthem if Dyadic services are provided by a billable provider per APLs 17-002 and 21-008, or any superseding APLs. Dyadic Services may be reimbursed at the FFS rate established for services, if the service provided does not meet the definition of a THP, RHC, or FQHC visit, or exceeds frequency

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limitations. THP, RHC, and FQHC providers can bill FFS for the four Dyadic Services codes (H1011, H2015, H2027, and T1027) delivered in a clinical setting by provider types named in the Non-Specialty Mental Health Services: Psychiatric and Psychological Services section of the Medi-Cal Provider Manual.

There are no restrictions as to where Dyadic Services can be performed. THP, RHC, and FQHC providers should refer to the Telehealth section in Part 2 of the Provider Manual for guidance regarding providing services via Telehealth. THP, RHC, and FQHC Providers cannot double bill for Dyadic Services that are duplicative of other services provided through Medi-Cal. All Dyadic Services must be billed under the Medi-Cal ID of the member under age 21 or below.

Dyadic Parent or Caregiver Services: In accord with the Medi-Cal Provider Manual - NSMHS, dyadic caregiver services are reimbursed in outpatient medical settings, which include specific assessment, screening, counseling, and brief intervention services provided to the caregiver for the benefit of the child recipient (Member under age 21) when billed to the child's Medi-Cal ID with the U1 modifier— refer to the Medi-Cal Provider Manual for detailed coding and reimbursement guidance. Such services require HIPAA-compliant documentation in the child's medical record. The frequency limit per caregiver for Dyadic Caregiver Services billed using the child's Medi-Cal ID is the same as the Medi-Cal frequency limit specified in the Medi-Cal Provider Manual.

The following screening services may be billed by either the medical well-child provider or the DBH well-child visit provider, but not by both providers, when the dyad is seen on the same day by both providers. Medi-Cal reimburses for:

- ACEs screening – use codes G9919, G9920 for the child and/or caregiver
- Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) - use codes G0442, H0049 and H0050 for recipients ages 11-20 years and their caregivers
- Brief Emotional/Behavioral Assessment - use code 96127 for recipients ages 0 to 20 years and their caregivers
- Depression Screening - use codes G8431 and G8510 for recipients ages 12-20 years and their caregivers
- Health behavior assessments and interventions - use codes 96156, 96167, 96168, 96170, and 96171 for recipients ages 0 to 20 years and their caregivers
- Psychiatric diagnostic evaluations – use codes 90791 and 90792 for recipients ages 0 to 20 years and their caregivers
- Tobacco cessation counseling – use codes 99406 and 99407 for recipients ages 0 to 20 years and their caregivers

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Providers may bill Medi-Cal for health behavior assessments and interventions for a caregiver’s physical problem using the child’s Medi-Cal ID only when the caregiver’s physical problem directly impacts the child’s health. Additional policy applicable to dyadic services and dyadic caregiver services is specified in the Medi-Cal Provider Manual.

Dyadic Behavioral Health (DBH) Well-Child Visits: In accord with the Medi-Cal Provider Manual - NSMHS, DBH well-child visits are reimbursed using HCPCS code H1011, for recipients ages 0 to 20 years. These visits are reimbursable when delivered according to the Bright Futures/AAP Periodicity Schedule for psychosocial/ behavioral assessment and when medically necessary. DBH well-child visits may be reimbursed as part of the HealthySteps program or a different DBH program or in a clinical setting without a certified DBH program as long as the following components are included:

- Behavioral health history for child and caregiver(s) including caregiver(s) interview addressing child’s temperament, relationship with others, interests, abilities, and caregiver concerns
- Developmental history of the child
- Observation of behavior of child and caregiver(s) and interaction between child and caregiver(s)
- Mental status assessment of caregiver(s)
- Screening for family needs which may include tobacco use, substance use, utility needs, transportation needs, and interpersonal safety, including guns in the home
- Screening for social determinants of health 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, which may include educating caregiver(s) on how their life experiences (for example, ACEs) impact their child’s development and their parenting, and Information and resources to support the child through different stages of development as indicated
- Making essential referrals and connections to community resources

Dyadic Comprehensive Community Support Services: In accord with the Medi-Cal Provider Manual - NSMHS, Dyadic Comprehensive Community Support Services are reimbursed using code H2015, for recipients ages 0 to 20 years, to help the child and their caregiver gain access to needed medical, social, educational, and other health-related services, for the initial and periodic family encounter, assessment, and service plan development for the benefit of the child, per 15 minutes. A dyad’s service plan consists of specific medical, social, educational, and other health-related needs identified during medical visits, dyadic behavioral health visits, or other communications with the child and/or caregiver. The details regarding identified needs may be documented in the child’s medical record (for example, in progress notes, telephone encounters and/or other sections of the child’s medical record). Dyadic Comprehensive Community Support Services may include any of the following:

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- Assistance in maintaining, monitoring, and modifying 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 covered services to meet basic needs
- Communication and coordination of care with the person’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

Dyadic Psychoeducational Services: In accord with the Medi-Cal Provider Manual - NSMHS, Medi-Cal Dyadic Psychoeducational Services are reimbursed using code H2027, for recipients ages 0 to 20 years, for psychoeducational services provided to the child and/or caregiver(s), for the initial and periodic psychoeducational services, per 15 minutes.

Dyadic Family Training and Counseling for Child Development: In accord with the Medi-Cal Provider Manual - NSMHS, Dyadic Family Training and Counseling for Child Development are reimbursed using code T1027, for recipients ages 0 to 20 years, for the initial and periodic family training and counseling for child development, per 15 minutes, provided to the child/caregiver(s) and allows for brief training and counseling related to a child’s behavioral issues, developmentally appropriate parenting strategies, parent/child interactions, and related issues.

Family Therapy: In accord with the Medi-Cal Provider Manual - NSMHS, members ages 20 or below may receive up to five family therapy sessions before a mental health diagnosis is required, however family therapy will be provided without regard to the five-visit limitation for members ages 20 or below with risk factors for mental health disorders or parents/caregivers with related risk factors, including separation from a parent/caregiver due to incarceration, immigration, or death; foster care placement; food insecurity; housing instability; exposure to domestic violence or trauma; maltreatment; severe/persistent bullying; and discrimination.

Behavioral health clinicians may use qualifying physical health diagnoses (e.g., fussy baby or colic) as their primary diagnosis for a behavioral health service by billing a “Health and Behavior” assessment or intervention code. Diagnostic criteria used should be age-appropriate. For example, for young children, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5) should be utilized to

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help practitioners more accurately identify diagnosis in young children who do not have language skills or exhibit the same symptoms as older children and adults.

Family therapy is provided to the identified Medi-Cal members, parent(s) or caregiver(s) to improve parent/child or caregiver/child relationships and bonding, resolve conflicts, and create a positive home environment. Members aged 20 or below with:

- A diagnosis of a mental health disorder
- Persistent mental health symptoms in the absence of a mental health disorder
- A history of at least one of the following risk factors:
 - Neonatal or pediatric intensive care unit hospitalization
 - Separation from a parent or caregiver (for example, due to incarceration, immigration, or military deployment)
 - Death of a parent or caregiver
 - Foster home placement
 - Food insecurity, housing instability
 - Maltreatment
 - Severe and persistent bullying
 - Experience of discrimination, including but not limited to discrimination on the basis of race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disability
- A parent(s) or caregiver(s) with one or more of the following risk factors:
 - A serious illness or disability
 - A history of incarceration
 - Depression or other mood disorder
 - Post-Traumatic Stress Disorder or other anxiety disorder
 - Psychotic disorder under treatment
 - Substance use disorder
 - Job loss
 - A history of intimate partner violence or interpersonal violence
 - Is a teen parent

Reimbursable family therapy models include, but are not limited to, Child-Parent Psychotherapy, Triple P Positive Parenting Program, and Parent Child Interaction Therapy. For a detailed discussion of the family therapy benefit and diagnostic criteria, refer to the Medi-Cal Provider Manual - Non-Specialty Mental Health Services and Psychiatric and Psychological

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Services for detailed coding and reimbursement guidance. Examples of evidence-based family therapy are:

- Child-Parent Psychotherapy (ages 0 thru 5)
- Parent Child Interactive Therapy (ages 2 thru 12)
- Cognitive-Behavioral Couple Therapy (adults)

Family therapy must be composed of at least two family members. Code 90847 should be used when the Medi-Cal recipient who meets criteria for family therapy is present for the entire session or at least a portion of the session, 90846 should be used when the Medi-Cal recipient is not present during the session. Bill for family therapy using the Medi-Cal ID of only one family member per therapy session for codes 90846 and 90847. Bill for multiple-family group therapy (90849) using the Medi-Cal ID of only one family member per family. Family therapy rendered to an infant who has not yet been assigned a Medi-Cal ID number may be billed with the birthing parent's ID for the month of birth and the following month only.

Reimbursement of family therapy is limited to a maximum of 50 minutes when the patient is not present (90846) or a maximum of 110 minutes when the patient is present (90847). When billing family therapy (90846, 90847, 90849, 99354 and 99356), providers should use the appropriate code.

Follow-up Services

Providers arrange a Dyadic appointment within the appropriate timelines and assist members with accessing transportation services through ModivCare (formerly known as LogistiCare), if needed. The provider is responsible for ensuring that arrangements are made for follow-up services that reflect the findings, special needs or risk factors discovered during the visit. This includes referrals for any Dyadic Services, preventive care screenings, navigating and coordination of health, dental, social services and benefit programs and levels of care coordination and others that may have been identified. Anthem practitioners may refer members with chronic and/or complex medical needs to Anthem's Case Management services. The Case Manager will develop an individualized plan of care, in cooperation with the member/parent/guardian, PCP, licensed Clinical Social Workers, specialists and ancillary care providers, to ensure the delivery of coordinated treatment services to members with chronic and complex medical and behavioral health needs and to maximize benefits and control costs.

Medical Record Documentation Requirements

Medical record documentation follows standards in the Anthem Medi-Cal Provider Manual, including annotation of culturally and linguistically appropriate primary and preventive care;

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history and physical assessment and diagnosis, diagnostic services, and plan for further evaluation and treatment of any identified diseases or conditions including referrals for any abnormal findings. Documentation includes preventive services provided in conformance with schedules and guidelines; health education and anticipatory guidance. Include results of standardized assessment tools and identification of issues and risks and appropriate referrals for required services, including Dyadic and behavioral health services. Components of any visit must be documented in the medical record and comply with the standards as described in policy CA_QMXX_045 Medical Record Documentation and Confidentiality Standards. Documentation of Dyadic services in the medical record may be assessed by the DHCS Certified Site Reviewer (CSR) or DHCS Certified Master Trainer (CMT) Nurse during the full scope and focused site and medical record review survey (FSR/MRR) and Focused MRR review for providers.

DHCS Monitoring

DHCS will monitor initial implementation of Dyadic requirements through existing data reporting mechanisms such as encounter data, grievances, and appeals, and the 274 Network Provider File. Anthem will ensure that Dyadic Services Providers have National Provider Identifiers (NPIs), that these NPIs are entered in the 274 Network Provider File, that Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters and will communicate these requirements to all Subcontractors and Network Providers. Anthem will ensure appropriate supervision of Dyadic Services Providers and educate the Network Providers on the Dyadic Services benefit.

PCP Notification/Education/Outreach

New provider orientation and training
Provider Newsletters/Bulletins
Provider Manual
Anthem Blue Cross Provider Website/Availity Portal

Member/Parent Education/Outreach

New Member Packet given to each member at time of enrollment
Member Newsletters
Member Portal/Website

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REFERENCES:

- American Academy of Pediatrics (AAP) “Recommendations for Preventive Health Care”
- Anthem Provider Manual https://providers.anthem.com/docs/gpp/california-provider/CA_CAID_ProviderManual.pdf
- APL 22-006 Medi-Cal Managed Care Health Plan Responsibilities For Non-Specialty Mental Health Services
- APL 22-016, Community Health Worker Services Benefit
- CA_BHXX_001 Licensed Mental Health Professionals Responsibilities & SMHS/NSMHS Responsibilities - CA
- CA_PNXX_033 Access to Care Standards
- CA_QMXX_045 Medical Record Documentation and Confidentiality Standards
- California Welfare and Institutions Code section 14132.755
- DHCS All Plan Letter 22-029 Dyadic Services and Family Therapy Benefit
- DHCS All Plan Letter 23-005 Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
- DHCS Contract, Exhibit A
- The Medi-Cal Provider Manual, Non-Specialty Mental Health Services

RESPONSIBLE DEPARTMENTS:

Primary Department:

Quality Management

Secondary Department(s):

Behavioral Health

County Account Management

Health Education

Cultural and Linguistic

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
12/21/2023	<ul style="list-style-type: none">• New policy

Compliance is everyone’s responsibility, including the reporting of known or suspected compliance issues. You can report issues to the Staff VP of Clinical Compliance or

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confidentially/anonymously to the Ethics and Compliance Helpline at 877-725-2702. In addition, retaliation against anyone who reports a compliance issue in good faith is strictly prohibited. If you see retaliation or believe it has occurred, you must report it to the Ethics and Compliance Helpline at 877-725-2702.