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**DATE:** December 21, 2022

ALL PLAN LETTER 22-029

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** DYADIC CARE SERVICES AND FAMILY THERAPY BENEFIT

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on coverage requirements for the provision of the new Dyadic Care Services and family therapy benefit effective January 1, 2023.

**BACKGROUND:**

Per California Welfare and Institutions Code section 14132.755, the Dyadic Care Services benefit is a family- and caregiver-focused model of care intended to address developmental and behavioral health conditions of children as soon as they are identified, and that fosters access to preventive care for children, rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and maternal mental health.<sup>1</sup> 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. Dyadic Care 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. DBH are provided for the child and caregiver(s) or parent(s) at medical visits, providing screening for behavioral health problems, interpersonal safety, tobacco and substance misuse and social drivers of health (SDOH), such as food insecurity and housing instability, and referrals for appropriate follow-up care. Dyadic Comprehensive Community Supports Services help the child (Member ages 20 or below) and their parent(s) or caregiver(s) gain access to needed medical, social, educational, and other health-related services. Dyadic Psychoeducational 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 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 Care Services also include services delivered to a parent(s) or

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

caregiver(s) during a child's visit that is attended by the child and parent(s) or caregiver(s).

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 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.

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<sup>2</sup>. 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).

## **POLICY:**

### **Dyadic Care Services Provider Requirements and Qualifications**

As outlined in the NSMHS: Psychiatric and Psychological Services section of the Provider Manual, Dyadic Care Services may be provided by Licensed Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Psychologists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, and 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 Provider Manual can assist a dyad to gain access to needed services to support their health, through the CHW benefit for health

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<sup>2</sup> More information on Family Therapy can be found in the NSMHS: Psychiatric and Psychological Services section of the Provider Manual at the following link: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/nonspecmental.pdf#page=19>

navigation services described in APL 22-016, or any superseding APL.<sup>3</sup> However, MCPs must reimburse Dyadic Comprehensive Community Supports Services as defined below when provided by a licensed Provider. MCPs are responsible for ensuring appropriate supervision of Dyadic Care Services Providers and educating their Network Providers on the Dyadic Care Services benefit.

### **Member Eligibility Criteria for Dyadic Care Services**

Children (Members ages 20 or below) 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 Medi-Cal's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards in Title 42 of the United States Code (USC), Section 1396d(r).<sup>4</sup> Under EPSDT standards, a diagnosis is not required to qualify for 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 Care 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.

### **Covered Services**

MCPs may offer the Dyadic Care 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. MCPs should refer to the Telehealth section in Part 2 of the Provider Manual for guidance regarding providing services via telehealth.<sup>5</sup>

Covered Dyadic Services are behavioral health services for children (Members ages 20 or below) and/or their parent(s) or caregiver(s), and include:

- DBH Well-Child Visits

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<sup>3</sup> The Medi-Cal Provider Manual containing the CHW policy is available at: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/chwprev.pdf>.

APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

See APL 22-016, Community Health Worker Services Benefit.

<sup>4</sup> USC is searchable at: <https://uscode.house.gov/>.

<sup>5</sup> The Medi-Cal Provider Manual, Medicine: Telehealth, is available at: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf>.

- The DBH well-child visit must be limited to those services not already covered in the medical well-child visit.<sup>6</sup>
- When possible and operationally feasible, the DBH well-child visit should occur on the same day as the medical well-child visit.<sup>7</sup> When this is not possible, MCPs must ensure the DBH well-child visit is scheduled as close as possible to the medical well-child visit, consistent with timely access requirements.
- MCPs may deliver DBH well-child 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 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

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<sup>6</sup> Information on covered services can be found in the EPSDT section of the Medi-Cal Provider Manual, available at: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/epsdtchdp.pdf>, in the AAP Bright Futures Guidelines and USPSTF Recommendations A&B.

<sup>7</sup> Clinical appointments that include the delivery of Dyadic Care Services must still meet the time-elapsd standards as set forth in Section 1367.03 of the Health and Safety Code as well as Rule 1300.67.2.2 of the California Code of Regulations (CCR). CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>.

- 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 caregiver(s) prioritize needs.
- Dyadic Comprehensive Community Supports Services, separate and distinct from California Advancing and Innovating Medi-Cal's (CalAIM) Community Supports, help the child (Member ages 20 or below) 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:<sup>8</sup>
  - 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) for psychoeducational services provided to the child age 20 or below 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 for family training and counseling provided to both the child age 20 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

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<sup>8</sup> Information on Community Supports can be found on DHCS' website at the following link: <https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

services delivered to a parent or caregiver during a child's visit that is attended by the child and parent or caregiver, including the following assessment, screening, counseling, and brief intervention services provided to the parent or caregiver for the benefit of the child (Member ages 20 or below) as appropriate:

- Brief Emotional/Behavioral Assessment
- ACEs Screening
- Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment
- Depression Screening
- Health Behavior Assessments and Interventions
- Psychiatric Diagnostic Evaluation
- Tobacco Cessation Counseling

### **Family Therapy as a Behavioral Health Benefit**

Family therapy is type of psychotherapy covered under Medi-Cal's NSMHS benefit<sup>9</sup>, including for Members ages 20 or below who are at risk for behavioral health concerns and for whom clinical literature would support that the risk is significant such that family therapy is indicated, but may not have a mental health diagnosis. 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).

Both children and adult Members can receive family therapy mental health services that are medically necessary. MCPs and are required to provide 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 ages 20 or below with a diagnosis of a mental health disorder;
- Members ages 20 or below with persistent mental health symptoms in the absence of a mental health disorder;
- Members ages 20 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,

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<sup>9</sup> More information Medi-Cal managed care health plan responsibilities for NSMHS can be found in APL 22-006, available at the following link:  
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-006.pdf>

- 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; or
- Members ages 20 or below 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 ages 20 or below, the EPSDT benefit requires that MCPs provide family therapy services if needed to correct or ameliorate a child's mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the condition and are thus covered as EPSDT services.

The Department of Health Care Services (DHCS) permits Members ages 20 or below to receive up to five family therapy sessions before a mental health diagnosis is required. MCPs must provide family therapy 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.

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.<sup>10</sup>

### **Provider Enrollment**

Network Providers, including those that will operate as Providers of Dyadic Care 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.

### **Billing, Claims, and Payments**

Dyadic Care Services Providers must be reimbursed in accordance with their Network Provider contract. MCPs must not require prior authorization for Dyadic Care Services. MCPs must not establish unreasonable or arbitrary barriers for accessing coverage. Encounters for Dyadic Care Services must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual.<sup>11</sup>

The Tribal health programs are eligible to receive their All-Inclusive Rate from the plans if Dyadic Care services are provided by a billable provider per APLs 17-002 and 21-008, or any superseding APLs.

### **DHCS Monitoring**

DHCS will monitor MCPs' initial implementation of Dyadic Care requirements through existing data reporting mechanisms such as encounter data, grievances and appeals, and the 274 Network Provider File. MCPs must ensure that Dyadic Care Services Providers have National Provider Identifiers (NPIs) and that these NPIs are entered in the 274 Network Provider File.

If any of the requirements contained in this APL necessitate a change in an MCPs' contractually required policies and procedures (P&Ps), MCPs must submit their updated P&Ps to their Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL.

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<sup>10</sup> This part of the Provider Manual is located at: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/nonspecmental.pdf#page=19>.

<sup>11</sup> The Medi-Cal Provider Manual, Non-Specialty Mental Health Services: Reimbursement Rates and Billing Codes: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/nonspecmentalcd.pdf>.



MCPs are responsible for ensuring that their 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.<sup>12</sup> These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

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

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief  
Managed Care Quality and Monitoring Division

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<sup>12</sup> For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.