



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Dyadic Services				POLICY #: 21.04-P	
DEPARTMENT: Behavioral Health					
Effective Date: 03/20/2023	Review/Revised Date: 9/27/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____

Emily Duran
Chief Executive Officer

_____ Date _____

Chief Medical Officer

_____ Date _____

Chief Compliance and Fraud Prevention Officer

_____ Date _____

Director of Behavioral Health

_____ Date _____

Senior Director of Provider Network

_____ Date _____

Director of Claims

POLICY STATEMENT

Kern Health Systems (KHS) shall cover outpatient Dyadic Services for Members aged 21 years and younger and their caregivers in an outpatient, pediatric setting with integrated behavioral health and address caregiver and family risk services for the benefit of the child. Dyadic Services are medically necessary and do not require prior authorization. They include Dyadic Behavioral Health well-child visits, Dyadic Comprehensive Community Supports Services, Dyadic

Psychoeducational Services, and Dyadic Family Training and Counseling for child development. Examples include, but are not limited to: ACEs screening, brief emotional or behavioral assessment, case management, and depression screening.

The dyadic care policy and procedures will conform to requirements outlined in the following statutory, regulatory, and contractual sources:

- A. 2024 DHCS Contract, Exhibit A, Attachment III, 22-20201, page 381 of 611
- B. DHCS All Plan Letter 22-029 (March 20, 2023): Dyadic Services and Family Therapy Benefit
- C. CA Welfare and Institutions Code section 14132.775

PURPOSE

To define the process and provide guidance on coverage requirements for the provision of Dyadic Services and family therapy benefit to ensure compliance with DHCS regulation. Dyadic 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 is designed to support the implementation of comprehensive models of dyadic care that works within the pediatric clinic setting to identify and address caregiver and family risk factors for the benefit of the child.

DEFINITIONS OF COVERED SERVICES

Dyadic Services Benefit	“Dyadic care is a form of treatment that serves parents or caregivers and children together, targeting family well-being as a mechanism to support healthy child development and mental health. 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.” ⁱ
Dyadic Behavioral Health well-child visits	Services 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	Services help the child and their parent(s) or caregiver(s) gain access to needed medical, social, educational, and other health-related services
Dyadic Psychoeducational Services	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	Services include brief training and counseling related to a child's behavioral issues, developmentally appropriate parenting strategies, parent/child interactions, and other related issues.

PROCEDURES

1.0 Family Therapy as a Behavioral Health Benefit

Family therapy is type of psychotherapy covered under Medi-Cal's Non-specialty Mental Health Service (NSMHS) benefit, including for Members ages 21 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).

1.1 Assessment, Screening, and Brief Interventions include

- A. Brief Emotional/Behavioral Assessment
- B. ACEs Screening
- C. Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment
- D. Depression Screening
- E. Health Behavior Assessments and Interventions
- F. Psychiatric Diagnostic Evaluation
- G. Tobacco Cessation Counseling
- H. Behavioral health referrals and care coordination
- I. Social determinants of health referrals and care coordination
- J. Outreach and follow up on crisis contacts.

1.2 Accessing Dyadic Services

Services are accessed through a primary care pediatric office that has integrated behavioral health. KHS will not require prior authorization for Dyadic Services and shall not establish unreasonable or arbitrary barriers for access coverage.

2.0 PROVIDER ENROLLMENT

The KHS Network Providers will be required to enroll as Medi-Cal Providers if there is a state-level enrollment pathway for them to do so. Supervising Providers, with a state-level Medi-Cal enrollment pathway, must follow the standard process for enrolling through the DHCS' Provider Enrollment Division. Refer to KHS Policy 4.01P Credentialing.

For the Supervising Providers that do not have a corresponding state-level enrollment pathway, they will not be required to enroll in the Medi-Cal program. Supervising Providers, without a state level Medi-Cal enrollment pathway, must complete the appropriate provider application, Supervising Attestation and Acknowledgement form for submission to KHS Credentialing for review and approval. KHS will verify the supervising provider meets the qualification as a licensed provider, or other acceptable supervising provider designated within a hospital, outpatient clinic, local health jurisdiction (LHJ) or a community-based organization (CBO), employing or otherwise overseeing the CHW, with which Kern Health Systems (KHS) contracts.

2.1 Dyadic Care Provider Requirements and Qualification

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 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. See KHS Policy and Procedure 4.01-P Credentialing

Dyadic caregiver services may be provided by the medical well-child Provider, in addition to the Provider types listed above.

2.2 Supervising Provider Requirements

Supervising Providers must be a licensed provider. Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Associate Clinical Social Workers, and Psychology Assistants may render services under a supervising clinician. Supervising Providers must maintain evidence of Associates minimum qualifications through one of the following pathways:

The Supervising Provider must maintain evidence of the annual the training requirements. Supervising Providers may provide and/or require additional training, as identified by the Supervising Provider. KHS will monitor to ensure Supervising Providers or their Subcontractors contracting with or employing associates are providing adequate supervision and training. Providers will be required to demonstrate verification of supervision and training upon request of KHS.

The Supervising Providers must provide adhere to the supervising requirement set forth by the Board of Behavioral Sciences.

2.3 MEMBER ELIGIBILITY

Children (Members ages 21 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).⁴

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 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.

Family Therapy as a behavioral health benefit/covered service for members ages 21 or below are eligible to receive up to five family therapy sessions before a mental health diagnosis is required. Both children and adult Members can receive family therapy mental health services that are medically necessary. KHS is 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:

- A. Members aged 21 or below with a diagnosis of a mental health disorder.
- B. Members aged 21 or below with persistent mental health symptoms in the absence of a mental health disorder.
- C. Members ages 21 or below with a history of at least one of the following risk factors will not have a five-visit limitation:
 1. Neonatal or pediatric intensive care unit hospitalization
 2. Separation from a parent or caregiver (for example, due to incarceration, immigration, or military deployment)

3. Death of a parent or caregiver
 4. Foster home placement
 5. Food insecurity, housing instability
 6. Maltreatment
 7. Severe and persistent bullying
 8. 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
- D. Members ages 21 or below who have a parent(s) or caregiver(s) with one or more of the following risk factors:
1. A serious illness or disability
 2. A history of incarceration
 3. Depression or other mood disorder
 4. Post-Traumatic Stress Disorder or other anxiety disorder
 5. Psychotic disorder under treatment
 6. Substance use disorder.
 7. Job loss
 8. A history of intimate partner violence or interpersonal violence
 9. Is a teen parent.

KHS will provide family therapy without regard to the five-visit limitation for Members ages under 21 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.

3.0 PROVIDER ENROLLMENT

KHS 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.

KHS will ensure that Dyadic Service Providers have National Provider Identifiers (NPIs) and that these NPIs are entered in the 274 Network Provider File.

Please refer to the Policy 4.01-P Credentialing for further guidance.

4.0 BILLING, CLAIMS, AND PAYMENTS

Dyadic Services Providers will be reimbursed in accordance with their Network Provider contract. Claims for Dyadic Services rendered by associates must be submitted by the under the licensed supervising provider. Encounters for Dyadic Service must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual.

Family Therapy as a behavioral health benefit/covered service for members ages 21 or below are eligible to receive up to five family therapy sessions before a mental health diagnosis is required. Members ages 21 or below with a history of at least one of the following risk factors will not have a five-visit limitation:

1. separation from a parent/caregiver due to incarceration, immigration, or death;
2. foster care placement;
3. food insecurity;
4. housing instability;
5. exposure to domestic violence or trauma;
6. maltreatment;
7. severe/persistent bullying;
8. and discrimination.

KHS will not require prior authorization for Dyadic Services. KHS will not establish unreasonable or arbitrary barriers for accessing coverage.

Multiple Dyadic Services are allowed on the same day and may be reimbursed at the Fee-For-Service (FFS) rate. The DBH well-child 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 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.

All Dyadic Services must be billed under the Medi-Cal ID of the member ages 21 or below.

There are no restrictions as to where Dyadic Services can be performed.

4.1 All-Inclusive Rate

Tribal health programs (THPs), Rural Health Clinics (RHCs), and Federal Qualified Health Centers (FQHCs) are eligible to receive their All-Inclusive Rate from the plans if Dyadic Care services are provided by a billable provider per APL 17-002 and APL 21-008, or any superseding the service provided does not meet the definition of a THP, RHS, or FQHC visit, or exceeds frequency limitations. THP, RHC, and FQHC providers can bill FFS for the four Dyadic Services (H1011, h2015, H2027, and T1027) delivered in a clinical setting by provider type name in the Non-Specialty Mental Health Services: Psychiatric and Psychological Services section of the Medi-Cal Provider Manual.

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.

REFERENCE:

Revision 2023-07: Section 2.3 and 4.0 were revised to align with DHCS AIR #1 received on 7/20/2023. Final approval received on 8/2/2023. **Revision 2023-06:** Policy created for DHCS APL 22-029, Dyadic Services and Family Therapy Benefit.

KHS P&P 4.01-P Credentialing Program

¹ See: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-029.pdf>