

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

**LINES OF BUSINESS:**

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

**PROVIDER TYPES:**

- Medical Group/ IPA/MSO**
  - Primary Care**
  - IPA/MSO
  - Directs
- Specialists**
  - Directs
  - IPA
- Hospitals**
  - Ancillary**
  - CBAS
  - SNF/LTC
  - DME
  - Home Health
  - Other

## Directed Payments for Adverse Childhood Experiences Screening Services APL 23-017

This is an advisory notification to Molina Healthcare of California (MHC) network providers with guidance on directed payments for the provision of standardized Adverse Childhood Experiences (ACE) screening services for adults (through 64 years of age) and children.

This notification is based on an All-Plan Letter (APL) 23-017, which can be found in full on the Department of Health Care Services (DHCS) website at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2023/APL23-017.pdf>.

### **BACKGROUND**

An ACE screening evaluates children and adults for trauma that occurred during the first 18 years of life and helps primary care clinicians assess risk for toxic stress and guide effective responses. For Children and Adolescents: The Pediatric ACEs and Related Life-Events Screener (PEARLS) is used to screen children and adolescents ages 0-19 for ACEs. Three versions of the tool are available, based on age and reporter:

- PEARLS child tool, for ages 0-11, to be completed by a parent/caregiver
- PEARLS adolescent, for ages 12-19, to be completed by a parent/caregiver
- PEARLS for adolescent self-report tool, for ages 12-19, to be completed by the adolescent

The ACE questionnaire may also be used for adults (ages 18 years and older). Both the ACE questionnaire and the PEARLS tool are acceptable for use for Members aged 18 or 19 years. The ACE screening portion (Part 1) of the PEARLS tool is also valid for use to conduct ACE screenings among adults ages 20 years and older. If an alternative version of the ACE questionnaire for adults is used, it must contain questions on the 10 original categories of ACE to qualify. The tools are available in multiple languages and in de-identified and identified formats.

### **What you need to know:**

DHCS will provide and/or authorize ACE-oriented trauma-informed care training for Providers and their ancillary office staff. The "Becoming ACEs Aware in California" Core Training is a free, two-hour training for which clinicians and clinical team members will receive 2.0 Continuing Medical Education and/or 2.0 Maintenance of Certification credits upon completion. The training provides information about ACEs Aware, toxic stress, screening, risk assessment, and evidence-based care to effectively intervene on toxic stress. The training also includes information on the ACE screening workflows, risk assessment and treatment algorithms, and ACE-associated health conditions to help clinicians assess whether a patient is at low, intermediate, or high risk for having a toxic

stress physiology. More information about training is available at:  
<https://www.acesaware.org/learn-about-screening/training/>.

### **What you need to do:**

Medi-Cal Providers must self-attest to completing certified ACE training to receive directed payments for screening. DHCS established a website for Providers to self-attest to their one-time completion of a core ACEs Aware training and maintains a list of Providers who have self-attested to their completion. For dates of services beginning on or after July 1, 2020, Network Providers must attest to completing certified ACE training on the DHCS website to continue receiving directed payments. Providers are encouraged to join the ACEs Aware Clinician Directory, which is a subset of Providers who have attested to completing a certified Core ACEs Aware training. Clinicians who would like to opt-in to the ACEs Aware Clinician Directory or update their data may resubmit the ACEs Provider Training Attestation form at: <https://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx>.

### **POLICY**

For dates of service on or after January 1, 2020, MHC will pay a minimum fee schedule of \$29.00 for each qualifying ACE screening service provided by an eligible Network Provider. For calendar year 2020, the requirement is imposed in accordance with the existing Centers for Medicare & Medicaid Services (CMS) approved preprint, which is available on the DHCS Directed Payments Program website at: <https://www.dhcs.ca.gov/services/Pages/DirectedPymts.aspx>.

A qualifying ACE screening service is one provided by a Network Provider through the use of either the PEARLS tool or a qualifying ACE questionnaire to a Member enrolled in MHC who is not dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D). To qualify, the ACE questionnaire must include questions on the 10 original categories of ACE. Providers may utilize either an ACE questionnaire or the PEARLS tool for Members 18 or 19 years of age; the ACE screening portion of the PEARLS tool (Part 1) is also valid for use to conduct ACE screenings among adults ages 20 years and older. ACE screening services must be reported using Healthcare Common Procedure Coding System (HCPCS) codes G9919 or G9920. Providers must calculate the Member's ACE screening score for the billing codes using the questions on the 10 original categories of ACE.

Providers may screen Members using a qualifying ACE questionnaire or PEARLS tool as often as deemed appropriate and medically necessary. However, MHC is only required to make the \$29.00 required minimum payment to a particular Network Provider once per year per Member screened by that Provider, for a child Member assessed using the PEARLS tool, and once per lifetime per Member screened by that Provider, for an adult Member (through age 64) assessed using a qualifying ACE questionnaire. To be eligible for the directed payment, the Network Provider must meet the following criteria:

1. The Network Provider must use either the PEARLS tool or a qualifying ACE questionnaire, as appropriate;
2. The Network Provider must bill using the correct HCPCS codes based on the screening score from the PEARLS tool or ACE questionnaire used; and
3. The Network Provider that rendered the screening must be on DHCS' list of Providers that have completed a certified Core ACEs Aware training. The training requirement will be waived for dates of service prior to July 1, 2020. However, commencing July 1, 2020, Network Providers must have taken a certified training and self-attested to completing the training to receive the directed payment for ACE screenings.

If the billing Provider submitting the claim is an institution (i.e., a clinic), in order for the billing Provider to receive payment for the ACE screening the rendering Provider must have completed a certified Core ACEs Aware training. When clinics and other Provider groups submit a claim for a

qualified ACE screening, these institutional Providers are responsible for ensuring that the rendering Provider has completed and attested to completing a certified ACEs training. Inclusion of the rendering Provider's National Provider Identifier on a claim in which the billing Provider is an institution (i.e., clinic) allows MHC to verify that the rendering Provider has completed the ACEs training. For each ACEs screening, MHC requires Providers to document the following:

- The tool that was used
- That the completed screen was reviewed
- The results of the screen
- The interpretation of results
- What was discussed with the Member and/or family
- Any appropriate actions taken

This documentation must remain in the Member's medical record and be available upon request by the Member and/or Member's parent(s)/guardian(s) in compliance with all relevant state and federal privacy requirements.

If Network Providers do not adhere to these articulated policies and procedures, MHC will not be required to make payments for claims or submitted encounters submitted one year following the date of service. These timing requirements may be waived only through an agreement in writing between MHC and the Network Provider.

**What if you need assistance?**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	<a href="mailto:Deletha.Foster@molinahealthcare.com">Deletha.Foster@molinahealthcare.com</a>
Los Angeles	Clemente Arias	562-517-1014	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a>
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Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
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	Salvador Perez	562-549-3825	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a>

*If you are not contracted with Molina and wish to opt out of the Just the Fax, email: [mhcproviderjustthefax@molinahealthcare.com](mailto:mhcproviderjustthefax@molinahealthcare.com)  
Please include provider name, NPI, county, and fax number and you will be removed within 30 days.*