

# HealthySteps Model for New Dyadic Care Medi-Cal Benefits in California



California's Medi-Cal system, which provides health coverage via Medicaid for almost half of all the State's children, continues to struggle to provide preventative care for its youngest beneficiaries; failing to provide early detection, treatment, and/or prevention of health problems that could have long-term health impacts. Despite Medi-Cal's adoption of the American Academy of Pediatrics(AAP)/Bright Futures' recommended [schedule of care](#), a September 2022 [state audit](#) found that from fiscal years 2014 to 2021, **less than half of children in Medi-Cal have received the required number of preventative services**;<sup>1</sup> a deficiency further exacerbated by the COVID-19 pandemic. Well-child visits provide an important platform for prevention and early intervention services addressing both individual and family needs. California's new set of dyadic benefits supports relationship-based caregiver and family surveillance and family-based interventions that bolster child development (i.e., "dyadic health care services") within the context of routine well-child care in pediatric settings, meeting families where they receive regular care and services.<sup>2</sup>

## California's New Medi-Cal Dyadic Care & Family Therapy Benefits

Recognizing the critical importance of identifying and addressing developmental and behavioral issues as soon as they are identified, and consistent with the federal EPSDT<sup>3</sup> requirements, California approved new **dyadic services (effective January 2023)** and **expanded family therapy benefits (effective July 2020)**. The new dyadic benefits provide reimbursement for screening both the child and caregiver(s) for behavioral health problems and social drivers as well as making referrals for appropriate follow-up care. The set of dyadic benefits 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** when delivered by a licensed, eligible Medi-Cal recognized provider. Eligible providers of the DBH well-child visit include Licensed Clinical Social Workers (LCSWs), Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, DBH Licensed Psychologists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, and Psychiatrists. Associates or Assistants working under a supervising clinician are also eligible providers.

These updated Medi-Cal provisions also address recognized barriers<sup>4</sup> to families accessing care through expanded **family therapy services which support members under age 21 to receive up to five family therapy sessions** before a mental health diagnosis is required. Family therapy is a psychotherapy service provided by managed care plans under Medi-Cal's Non-Specialty Mental Health Services. More importantly, **children and youth (under age 21) can receive family therapy without the five-visit limitation if they (or their parents/caregivers) demonstrate certain 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. Collectively, the new Medi-Cal dyadic benefits and expanded family therapy benefit create sustainable pathways to engage all Medi-Cal families with young children to provide critical and necessary supports, especially during the first three years of critical brain development.

Recognizing the national evidence supporting investment in the early years and HealthySteps' track record of successful program implementation, **the California Department of Healthcare Services (DHCS) specifically identified HealthySteps as a comprehensive model to implement the new dyadic care benefits**. HealthySteps' proven model was recognized to increase 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"* ([APL 22-029](#)).

HealthySteps provides an evidence-based model with demonstrated impact on:

- ✓ **Increased rates of engagement in care** – Children were more likely to attend all of the first 10 recommended well-child visits and were twice as likely to attend specific visits and for visits to be on time.
- ✓ **Improved quality of care and caregiver support** – Mothers were significantly more likely to discuss their depressive symptoms, had significantly higher rates of maternal depression referrals, and were 4x more likely to receive information on community resources.

## How HealthySteps Works

HealthySteps is a comprehensive quality improvement model aimed at practice transformation. The HealthySteps model requires universal access to screening, assessment, and referrals for all families with children birth through age three, with tiered levels of intervention based on families' assessed risk factors and needs. Model outcomes are realized through the work of child development experts, known as [HealthySteps Specialists](#), who work as integrated members of the pediatric primary care team. Because of its tiered interventions and universal design, HealthySteps provides a comprehensive approach to identifying and referring children and families to additional supports for which they may be eligible, including the new enhanced care management and community supports benefits under CalAIM.<sup>5</sup>

The HealthySteps Specialist, recommended to be a licensed clinician to satisfy the new Medi-Cal dyadic benefit requirements, builds strong relationships with families and providers to provide screenings, supports families with coaching, and helps connect families with appropriate community resources. Supported through a national network and extensive training, the HealthySteps Specialist develops competencies and skills in multiple domains such as child development and well-being, caregiver and family well-being, health care policies and patient expectations, and community and early childhood systems of care (see [HealthySteps Specialist Competencies](#)).

## Sustainable Model for Implementing the New Benefits

HealthySteps provides an evidence-based model to implement the new dyadic benefits and sustain those services in the community, private practices, federally qualified health centers (FQHCs) and other clinical settings. As managed care plans and clinics implement and work to increase uptake of the new dyadic benefits, HealthySteps provides the operational model, training and infrastructure to make the benefits a reality. The universal screening approach helps identify families that would benefit from additional supports through the family therapy benefit as well.

**FQHCs—** FQHCs operate in a unique model with standardized inclusive rates known as the prospective payment system (PPS) rates that reflect the comprehensive care provided. While FQHCs normally cannot bill for both medical and mental or behavioral health services on the same day, **the new DHCS guidelines create an exemption for the new dyadic services; allowing billing for well-child visits and billing for a dyadic service in the same day** (see [APL 22-029](#)). The new DHCS guidance allows FQHCs to be reimbursed for the DBH well-child visit (or another one of the dyadic benefits) in parallel with the well-child visit, consistent with the AAP periodicity schedule). FQHCs can conduct the medical well-child visit, the DBH well-child visit, and some or all of the ongoing dyadic services on the same day.

**Private Practices & Clinics—** Private practices and community clinics that provide pediatric care can be reimbursed for the suite of dyadic services as highlighted previously. Even though the child's primary health home may not be the parent or caregiver's same primary care provider, the new dyadic benefits give providers the ability to bill for dyadic services, treating eligible parent/caregiver needs using the child's Medi-Cal number. **A pediatrician or primary care provider can bill for guidance and consultative services known as Dyadic Parent or Caregiver Services, such as alcohol and drug screening, health behavior assessments, and brief emotional/behavioral assessments.** Clinics can also leverage the new Community Health Worker benefit to provide additional parent education, care coordination, and referrals to community resources.

*For more information on how HealthySteps can help practices in your community, please contact Christina Nigrelli, Senior Director, [cnigrelli@zerotothree.org](mailto:cnigrelli@zerotothree.org) or [www.healthysteps.org](http://www.healthysteps.org).*

---

<sup>5</sup>Follow-up: Children in Medi-Cal, The Department of Health Care Services is Still Not Doing Enough to Ensure That Children in Medi-Cal Receive Preventive Health Services, September 13, 2022, State Audit 2022-502, Acting California State Auditor. <https://www.auditor.ca.gov/reports/2022-502/index.html#chapter1>.

<sup>2</sup>[Babies Don't Go to the Doctor by Themselves](#), Kate Margolis, Alex Briscoe, Jennifer Tracey.

<sup>3</sup>[EPSDT](#) – Early and Periodic Screening, Diagnostic and Treatment Medicaid benefit provides comprehensive and preventive health services for children under age 21.

<sup>4</sup>Improving Behavioral Health Care for Children in California: A Call to Action which highlights the lack of children's engagement in care and cites CA's ranking as 39th for children ability to obtain treatment. <https://www.ccha.org/sites/default/files/document/documents/ccha-behavioral-health-white-paper.pdf?1575927706=>.

<sup>5</sup>Enhanced care management and community supports are Medi-Cal managed care benefits for highest risk enrollees. Children involved in the child welfare system, receiving specialty mental health services, and/or eligible for CCS are eligible populations. See the [ECM Policy Guide](#).