

## **Proposition 56 Directed Payments for Adverse Childhood Experiences Screening Services (ACEs)**

Organizations across Orange County are actively responding to the local homeless crisis, and CalOptima is participating by making improvements to the health care delivery system for individuals experiencing homelessness and strengthening services through our Homeless Health Initiatives (HHI).

On December 30, 2019, the Department of Health Care Services (DHCS) distributed **All Plan Letter (APL) 19-018: Proposition 56 Directed Payments for Adverse Childhood Experiences (ACE) Screening Services**.

AB 340 requires DHCS, in consultation with the California Department of Social Services (CDSS) and others, to convene an advisory workgroup to update, amend or develop, if appropriate, tools and protocols for screening children for trauma as defined with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

DHCS requires managed care plans (MCPs), like CalOptima, to either directly or through their delegated entities and subcontractors, to comply with a minimum fee schedule of \$29 for each qualifying ACE screening service by a network provider with **dates of services on or after January 1, 2020**.

A qualifying ACE 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 with CalOptima who is not dually eligible for Medi-Cal and Medicare Part B. To qualify, the ACE questionnaire must include questions on the 10 original categories of ACEs linked in APL 19-018. Providers may utilize either an ACE questionnaire or the PEARLS tool for members 18 or 19 years of age; the ACEs screening portion of the PEARLS tool (Part 1) is also valid to conduct ACEs screenings among adults ages 20 years and older. To be eligible for the directed payment, the network provider must meet the following criteria:

- The network provider must utilize either the PEARLS tool or a qualifying ACEs questionnaire, as appropriate.
- The network provider must bill using one of the HCPCS codes listed in the APL based on the screening score from the PEARLS tool or ACEs questionnaire used.
- The network provider who rendered the screening must be on DHCS' list of providers who have completed the state-sponsored trauma-informed care training.

DHCS will provide and/or authorize ACEs-oriented trauma-informed care training for providers and their ancillary office staff. The training will be available in person, including regional convenings and online. The training will include general training about trauma-informed care, as well as specific training on the use of the ACEs questionnaire and PEARLS tool. It will also include training on ACEs Screening Clinical Algorithms to help providers assess patient risk of toxic stress physiology and how to incorporate ACEs screening results into clinical care and follow-up plans.

The training requirement will be waived for dates of service prior to July 1, 2020. However, **Beginning July 1, 2020, network providers must self-attest to completing certified ACEs training on the DHCS website to continue receiving directed payments**. DHCS will establish a website for providers to self-attest to their one-time completion of the state-sponsored trauma-informed care training. While CalOptima will have access, DHCS will maintain the list of providers who have self-attested to their completion of the training.

Providers must document all of the following and retain the information in the member's medical record, making it available upon request:

- Tool that was used
- Completed screen was reviewed
- Results of the screen and the interpretation of results
- What was discussed with the member and/or family
- Appropriate actions taken

## Provider Claims Appeals Process

Medi-Cal, OneCare (HMO SNP) and OneCare Connect maintains a provider complaint process to review and resolve provider disputes for claims payments.

There are two levels in the provider complaint process:

1. **Level 1** complaints involve disputers related to decisions or actions taken by a CalOptima health network, or third party administrator (TPA) disputes of utilization management decisions, or claims payments decisions by CalOptima. Depending upon the situation, Level 1 complaints are filed with either the CalOptima health network, a third party administrator (TPA) or with CalOptima directly.
2. **Level 2** complaints are disputes of CalOptima health network or a third party administrator (TPA) Level 1 decisions or disputes of Level 1 decisions issued by the Utilization Management or Claims departments.

## Filing a Provider Complaint

1. **Level 1** — To file a Level 1 complaint, please complete a Provider Dispute Resolution Request form. To obtain a copy of the Provider Dispute Resolution Request form, visit the Providers section of the CalOptima website. Please see Section R3 of the Provider Manual at [www.caloptima.org](http://www.caloptima.org) for tips on how to complete the form.

**If the complaint involves a payment or decision rendered by a CalOptima health network,** submit the Provider Dispute Resolution Request form to the CalOptima health network. For health network contact information, see Section B1 of the Provider Manual at [www.caloptima.org](http://www.caloptima.org).

If the complaint involves a **payment or decision rendered by CalOptima directly,** submit the Provider Dispute Resolution Request form to the CalOptima Claims department. For more information on filing addresses, see Section R4 of the Provider Manual at [www.caloptima.org](http://www.caloptima.org).

2. **Level 2** — If you are not satisfied with the outcome of the Level 1 complaint, you can file a Level 2 complaint with CalOptima's Grievance and Appeals department. To file a Level 2 complaint, you must submit a request for review in writing within 180 calendar days of receiving a complaint resolution letter. For more information on filing addresses, see Section R4 of the Provider Manual at [www.caloptima.org](http://www.caloptima.org).

For additional information, please review **APL 19-018** in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-018.pdf>