

Dyadic Services and Family Therapy Benefit Frequently Asked Questions (FAQs)

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Dyadic Services and Family Therapy Benefit FAQs

What are the dyadic services and family therapy benefit?

Dyadic services Dyadic Services provide a family and caregiver-focused model of care intended to address developmental and behavioral health conditions of children as soon as they are identified. This benefit and model promote access to preventive care for children, immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and maternal mental health.

The dyadic services benefit is designed to support implementation of comprehensive models of dyadic services that work within the pediatric clinic setting to identify and address caregiver and family risk factors for the benefit of the child.

Dyadic services include dyadic behavioral health (DBH) well-child visits, dyadic comprehensive community support services, dyadic psychoeducational services, and dyadic family training and counseling for child development. The DBH well-child visit is provided for both child and parent(s)/caregiver(s) together, preferably within the pediatric primary care setting on the same day as the medical well-child visit. Dyadic services screen for behavioral health problems, interpersonal safety, tobacco and substance misuse and social drivers of health (SDOH), such as food insecurity and housing instability, and include referrals for appropriate follow-up care.

Provider sites, facilities or clinics that offer integrated physical health and behavioral health services, such as Community Health Centers and Federally Qualified Health Centers (FQHCs), can conduct the medical well-child visit, the DBH well-child visit and some or all ongoing dyadic services. Providers who do not offer integrated behavioral health services are able to initiate dyadic services by conducting the medical well-child visit and making referrals to Managed Health Network (MHN), Health Net* on behalf of CalViva Health's behavioral health administrator for the DBH well-child visit and ongoing dyadic services.

Family therapy Family therapy is covered under Medi-Cal's non-specialty mental health services benefit, for members under age 21 who are at risk for behavioral health concerns, and for whom 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. All family members do not need to be present for each service. For example, parents or caregivers can qualify for family therapy without their child present, if necessary.

Who is eligible?

- Children/youth (members under age 21) and their parent(s)/caregiver(s).
- The child/youth MUST be 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.
- Prior authorization is not required for dyadic services.

What Is covered under dyadic services?

Covered dyadic services are behavioral health services for children (member under age 21) and/or their parent(s) or caregiver(s) and includes: Dyadic Behavioral Health Well-Child Visits (DBH), Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational Services, and Dyadic Family Training and Counseling for Child Development.

Service Type	Descriptions
Dyadic behavioral health well-child visits (DBH)	<p>The DBH visit must be limited to those services not already covered in the medical well-child visit. When possible and operationally feasible, the DBH visit should occur on the same day as the medical well-child visit. When this is not possible, the DBH visit should be scheduled as close as possible to the medical well-child visit, consistent with timely access requirements.</p> <p>The Plan may deliver DBH visits as part of a DBH program, or in a clinical setting without a certified DBH program as long as all of the following components are included:</p> <ul style="list-style-type: none">• Behavioral health history for child and parent(s) or caregiver(s).• 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, including 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:<ul style="list-style-type: none">➤ 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 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	<p>Separate and distinct from <i>California Advancing and Innovating Medi-Cal's (CalAIM) Community Supports</i>, help the child (member under age 21) and their parent(s) or caregiver(s) gain access to needed medical, social, educational, and other health-related services.</p>

	<ul style="list-style-type: none"> • 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 to offer 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 for missed appointments. • Other activities as needed to address the dyad's identified treatment and/or support needs.
Dyadic psychoeducational services	Psychoeducational services provided to the child (member under age 21) 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	Family training and counseling provided to both the child (member under age 21) 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 are 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:

- 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

Note: Dyadic caregiver services may be provided by the medical well-child provider, in addition to the provider types listed below.

What is family therapy as a behavioral health benefit?

Family therapy is a type of psychotherapy for member under age 21 who are at risk for behavioral health concerns and for whom the risk is significant such that family therapy is indicated but may not have a mental health diagnosis.

Family therapy comprises 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 child 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 member can receive family therapy mental health services that are medically necessary to improve parentage/child or caregiver/child relationships and bonding, resolve conflicts, and create a positive home environment.

Reimbursable family therapy models under this benefit include, but are not limited to, Child-Parent Psychotherapy, Triple P Positive Parenting Program, and Parent Child Interaction Therapy.

What is the difference between the standard family therapy benefits versus family therapy under the dyadic services benefit?

They are essentially the same benefit and offering. The difference is the following:

Family therapy: Member under age 21 can only receive up to five family therapy sessions before a mental health diagnosis is required.

Dyadic services: Family therapy must be provided by the Health Plan without regard to the five-session limitation for member under age 21.

Who can provide dyadic services?

Provider type:

- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Clinical Counselors
- Licensed Psychologists
- Psychiatric Nurse Practitioners
- Psychiatric Physician Assistants
- Psychiatrist

Supervising provider:

(The following providers may render services under a supervising (licensed) clinician.)

- Associate Clinical Social Workers
- Associate Marriage and Family Therapists
- Associate Professional Clinical Counselors
- Psychology Assistant

Community Health Workers (CHWs):

(Under the oversight of a supervising provider from one of the provider types listed above)

- Community Health Workers can screen member 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.
- Community Health Workers who meet the qualifications listed in the [CHW Preventive Services](#) section of the California Department of Health Care Services (DHCS) Medi-Cal Provider Manual can assist a dyad to gain access to needed services to support their health, through the Community Health Worker benefit for health navigation service.

Note: 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.

How are dyadic services administered?

Integrated Provider Sites

Provider sites with integrated physical health and behavioral health models of care, such as Community Health Centers, FQHCs, and some Primary Care Sites, can initiate services by administering both the medical well-child visit and the Dyadic behavioral health well-child visit (DBH), preferably during the same visit and/or on the same day.

These provider sites will be able to administer all or most of the required on-going dyadic services as well. If needed, referrals should be made to the Plan/MHN for coordination and linkage to any on-going dyadic services not provided within the provider site.

Non-Integrated Provider Sites

Primary Care Providers or sites that don't offer behavioral health services can initiate dyadic services by conducting the medical well-child visit and referring the member to the Plan/MHN for coordination and linkage to dyadic services providers for the DBH and on-going dyadic services if/as needed.

How do I submit claims?

Use the following information to submit claims and check claim status.

Claim type	Submission
Medical well-child visit encounters/claims	<p>These type of claims should be submitted to Health Net on behalf of CalViva Health. Providers can access Health Net claims procedures for claims submission information at www.healthnet.com/content/healthnet/en_us/providers/claims/claims-procedures.html</p> <p>Medi-Cal claims: Confirm claims receipt(s) by calling CalViva Health at 888-893-1569.</p>
Dyadic behavioral health (DBH) well-child visit, Family Therapy, and other dyadic services encounters/claims	<p>These types of claims should be submitted to Managed Health Network (MHN).</p> <p>Claims status: 844-966-0298 (option 1) MHN electronic payer ID: 22771</p> <p>Mailing address: MHN Claims PO Box 14621 Lexington, KY 40512-4612</p>

What are the appropriate dyadic services billing codes?

- All dyadic services must be billed under the Medi-Cal ID of the member under age 21.
- 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 been 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 dyadic is seen on the same day by both providers.
- Tribal health programs (THPs), Rural Health Clinics (RHCs), and Federal Qualified Health Centers (FQHCs) are eligible to receive their All-Inclusive Rate from the Plan if dyadic services are provided by a billable provider per All Plan Letters (APLs) [17-002](#) and [21-008](#), or any superseding APLs.
- Dyadic services may be reimbursed at the FFS rate established for services, if the service provided does not meet the definition of a THP, RHC, or FQHC visit, or exceeds frequency limitations. THP, RHC, and FQHC Providers can bill FFS for the four dyadic services codes (H1011, H2015, H2027, and T1027) delivered in a clinical setting by provider types named in the [Non-Specialty Mental Health Services: Psychiatric and Psychological Services](#) section of the Medi-Cal Provider Manual.

Dyadic services must be billed using the appropriate modifier and billing codes as follow:

Dyadic Services	Description/Billing Codes
Services for member under age 21 (billed to the child’s Medi-Cal ID with the modifier U1)	CPT Copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Services for parent/caregiver (services provided to the parent or caregiver for the benefit of the child and must be billed using the child's Medi-Cal ID with the modifier U1)	CPT Codes	Description
	G9919, G9920	ACE screening
	G0442, H0049, H0050	Alcohol and drug screening, assessment, brief interventions and referral to treatment (SABIRT)
	96127	Brief emotional/behavioral assessment
	G8431, G8510	Depression screening
	96156, 96167, 96168, 96170, 96171	Health behavior assessments and interventions
	90791, 90792	Psychiatric diagnostic evaluation
	99406, 99407	Tobacco cessation counseling

Where can dyadic services be offered or administered?

There are no service location limitations. Dyadic services can be offered/administered through telehealth or in-person with locations in any setting including, but not limited to:

- Community settings
- Doctor's offices or clinics
- Inpatient or outpatient settings in hospitals
- Member's home
- Pediatric primary care settings
- School-based sites

THP, RHC, and FQHC Providers should refer to the [Telehealth](#) section in Part 2 of the DHCS Medi-Cal 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.

Who do I contact if I'm interested in providing dyadic services?

- Facilities/Clinics can submit contracting requests via email to MHN.FacilityApplications@healthnet.com.
- Individual providers can submit contracting requests via email to MHN.ProviderServices@healthnet.com.

Additional information and benefit details.

- All plan letter (APL) [22-029](#), *Dyadic Services and Family Therapy Benefit*, <https://bit.ly/46fjEOL>
- *Non-Specialty Mental Health Services: Psychiatric and Psychological Services*, <https://bit.ly/3JnsS1H>
- Health Net Medi-Cal Operations Manual/Provider Manual, <https://bit.ly/3PkDYIt>
- Health Net Provider Updates: 23-240, [New Dyadic Services and Family Therapy Benefits](#) posted on 03/27/23.
- For more information about these benefits, please contact CalViva Health at 888-893-1569.