Center for Advancing
Dyadic Care in Pediatrics

UCSF

University of California
San Francisco

Healthy Development Services Dyadic Services Landscape Assessment: Opportunities, Gaps, & Recommendations

American Academy of Pediatrics,
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Center for Advancing Dyadic Care in Pediatrics
UCSF at ZSFG Division of Integrated Behavioral Health
and
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EXECUTIVE SUMMARY

Medi-Cal now covers dyadic behavioral health promotion and prevention for children. This includes screening, assessment, care coordination, brief interventions or comprehensive services for children without a mental health diagnosis and services for their caregivers irrespective of insurance status. The availability of the new dyadic benefit for Medi-Cal-enrolled children and caregivers presents an opportunity to fill existing gaps in prevention and early intervention services. Consequently, the UCSF Center for Advancing Dyadic Care in Pediatrics (CADP) partnered with Healthy Development Services (HDS) between June 2023-June 2025 to provide education on the new benefit and to assess regional readiness for implementation. Summary analyses by region are included in the report that follows. From these summaries, UCSF CADP extracted opportunities, gaps/challenges, recommendations, and next steps. Summaries of each domain are provided here with more details in the body of the report.

Opportunities

During the 2023 initial information gathering phase, the following key learnings for all regions were identified:

- *Eligible dyadic services by eligible providers were being provided.*
- *NSMHS contracts were in place for most.*
- *Billing acumen was present.*
- *Workforce development and/or targeted recruitment and licensing may be needed.*
- *Skepticism about cost/benefit of billing in a fee for service environment exists.*
- *HDS funding appeared to fill gaps where NSMHS may be able to support.*

For the landscape assessment phase, HDS leadership supported regional leads to complete the UCSF CADP landscape assessment template that was created for HDS partners. A summary analysis of available information from each regional lead is provided in the report below. UCSF CADP was able to identify cross-cutting factors from all regions that would support opportunities to bill Medi-Cal for eligible non-specialty mental health services (NSMHS) , allowing sites to draw down revenue to support with sustainability in the presence of declining HDS revenue streams. Cross-cutting opportunity factors are included here:

- *Approximately 60.7% of children served by HDS in 2023-24 reported having Medi-Cal insurance.*
  Presence of license eligible providers exists across regions.
- *Caregivers and aligned services represent eligible patients in addition to children.*
- *Multiple embedded billable services may exist in one patient encounter.*
- *Care coordination is a billable dyadic service.*
- *All HDS levels of service are potentially billable when provider eligibility is met.*

Gaps

HDS services and existing infrastructure provide an ideal framework for leveraging NSMHS benefits, including dyadic services. While opportunities exist across the regions that support sustaining HDS services in part with Medi-Cal billing, there are important gaps and challenges to consider. In the report, a table of challenges and potential solutions to mitigate risk is provided with a summary of those challenges listed here:

- ⟶ *Reimbursement rates in a fee for service environment are relatively low, at $20.11 per 15 minutes, for most singular dyadic services.*
- ⟶ *Billing overhead adds cost, which is especially higher during initial infrastructure development.*
- ⟶ *Availability of eligible providers may be a limitation.*
- ⟶ *Providers need additional education and training in utilizing the dyadic benefit.*
- ⟶ *Across the state and not unique to HDS, dyadic claims processing procedures are being built and refined, leaving room for error and delayed reimbursement during early implementation.*
- ⟶ *Patient no shows are not billable.*
- ⟶ *Frequency limits for certain dyadic services limit reimbursement opportunities.*
- ⟶ *Dyadic services are only billable through Medi-Cal, which for HDS comprises 60.7% of total patients*

Recommendations

The HDS system is extremely well-positioned to provide billable dyadic services to its patient population that is insured with Medi-Cal. A number of strengths and risk-mitigation opportunities exist that make Medi-Cal revenue a significant option for generating sustainable revenue streams. The recommendations provided below support a conservative approach to mitigate risks in order to successfully leverage the new dyadic benefit, and specific examples for each domain are provided in the body of the report.

- ⟶ *Identify targeted billing opportunities.*
- ⟶ *Develop Electronic Medical Record (EMR) and billing infrastructure.*
- ⟶ *Train the workforce.*
- ⟶ *Design implementation and operations.*
- ⟶ *Pilot the dyadic benefit.*

Conclusion and Next Steps

Since this landscape assessment was conducted, advancements in next steps have already begun. With the launch of the benefit in 2023 and the approval of the alternative payment methodology in March 2025 via State Plan Amendment (SPA) #23-0010, the field has been rapidly learning to implement and improve on administering the dyadic benefit. HDS providers are included in this group. With growing competency in benefit administration and utilization at both the provider and managed care level, HDS is well positioned to begin piloting dyadic services implementation. Sharing information about the opportunities, gaps, and recommendations with regional leads and key partners, such as managed care plans is a next step that will promote understanding of how the benefit can promote opportunities for sustaining HDS services for eligible Medi-Cal members.

BACKGROUND

Early childhood is a pivotal stage of development where health promotion and prevention efforts for both the young child and their caregivers yields the greatest impact, highest return on investment, and most effective safeguard against the adverse health consequences stemming from exposure to toxic stress. Dyadic care means taking the opportunity to support caregivers in their parenting efforts during frequent touch points with the health care system early in a child's life. The service can focus on the child, the caregiver, or the relationship between them. Medi-Cal now covers dyadic behavioral health promotion and prevention for children. This includes screening, assessment, care coordination, brief interventions or comprehensive services for children without a mental health diagnosis and services for their caregivers irrespective of insurance status.

The availability of the new dyadic benefit for Medi-Cal-enrolled children and caregivers presents an opportunity to fill existing gaps in prevention and early intervention services. Consequently, the UCSF Center for Advancing Dyadic Care in Pediatrics (CADP) partnered with Healthy Development Services (HDS) to assess regional readiness for implementation. Preliminary findings indicated that many providers are already delivering services that align with the dyadic benefit using billing-eligible staff. Hospital systems, in particular, have existing non-specialty mental health services (NSMHS; *Please see Appendix A for a complete list of terms and definitions)* contracts and infrastructure that position them well for billing, while several community-based contractors have relevant experience through other county mental health billing mechanisms. These insights affirmed the value of exploring this benefit further as a sustainable path forward for reaching Medi-Cal-enrolled families across regions within San Diego County.

The new dyadic service benefits do not require diagnoses to receive reimbursement and present an exciting opportunity to sustain and potentially expand behavioral health services for the region. They cover a range of non-specialty mental health services (NSMHS) aimed at promoting behavioral health promotion and early intervention in early childhood. NSMHS are different from the carved-out Specialty Mental Health Services and are administered by Managed Care Organizations or Fee for Service (FFS) Medi-Cal. NSMHS benefits are being explored by Healthy Development Services for their potential in supporting behavioral health services in the region. The information in this report was gathered with the purpose of exploring how to support maintaining and potentially expanding Healthy Development Services with Medi-Cal billing in the face of declining tobacco tax revenue.

Across all regions in 2023-24, **the number of children who received an HDS Family Intake who reported having Medi-Cal insurance in FY 23-24 was 4,087** children ages 0 - 5 years old. .This represents approximately 60.7% of children served by HDS.

Methodology

The UCSF Center for Advancing Dyadic Care in Pediatrics (CADP) partnered with Healthy Development Services (HDS) during the period of June 2023 through June 2025. The goal of this partnership was to support the sustainability of services to ensure they remain available within the community; support the development of partnerships between clinical services and managed care plans; develop revenue models to strengthen financial viability; and inform future recommendations regarding service delivery and provider profiles. The following activities were completed by the UCSF CADP as part of the scope of work of this partnership: (a) provided education and advised on new benefits; (b) developed a landscape assessment survey to inform recommendations for sustaining services using new benefits; (c) met with respective health centers and providers to explore options for billing; (d) conducted outreach, engagement, and connection with health plans to explore contracting and billing opportunities; (e) interpreted landscape assessment surveys, and (f) provided recommendations to inform sustainability planning.

The information in this report is an interpretation of various inputs from a landscape assessment that was conducted over the course of the partnership. Information was gathered through an iterative process consisting of meetings with HDS and regional leads review of HDS service materials, and surveying regional service providers to collect information on costs, behavioral health service activities, provider type, infrastructure, and other considerations for NSMHS Medi-Cal billing. The most comprehensive information was provided for Motiva Associates, followed by Family Health Centers San Diego (FHCSD), and Rady Children's Hospital San Diego/Chadwick Center. There was limited information provided by Episcopal Community Services (ECS)- Para Las Familias and Palomar Health. Available information was reviewed to determine existing opportunities and alignment with NSMHS codes and needs and considerations for dyadic billing. Information was provided by regional leads that, in many cases, serve multiple regions. In most cases, information gathered was not separated by region, and as such, the information presented below is organized by regional lead and Motiva, one of the largest sub-contractors that covers most regions.

OPPORTUNITIES

Key Learnings from Initial Interviews

Initial interviews were conducted during 2023 with all four regional leads and separately with Motiva given their role in providing services across the majority of regions. Initial information was used to inform the second phase of this initiative, which included conducting and analyzing information from regional leads to inform recommendations for Medi-Cal billing. Summary of key learnings from the initial information gathering process are listed below.

- Eligible dyadic services by eligible providers were being provided
- NSMHS contracts were in place for most.
- Billing acumen was present.
- Workforce development and/or targeted recruitment and licensing may be needed.
- Skepticism about cost/benefit of billing in a fee for service environment exists.
- HDS funding appeared to fill gaps where NSMHS may be able to support.

Key Opportunities for Revenue Maximization

HDS leadership supported regional leads to complete the UCSF CADP landscape assessment template that was created for HDS partners. A summary analysis of available information from each regional lead is provided in the report below. The summary analysis for each regional lead varies in specificity in accordance with the depth of information provided by each regional lead in their survey. UCSF CADP was able to identify cross-cutting factors from all regions that would support opportunities to bill Medi-Cal for eligible NSMHS services, allowing sites to draw down revenue to support with sustainability in the presence of declining HDS revenue streams. Cross-cutting opportunity factors are included here:

- ***Presence of license eligible providers:*** Leverage master's level license-eligible provider staff as billable providers for Behavior L1-3 services.

- ***Caregivers represent eligible patients in addition to children:*** Register both pediatric and caregiver as patients when they are both eligible. Many services are being provided in support of caregiver mental health and should be leveraged as billable services when eligibility is met.

- ***Multiple embedded billable services in one patient encounter:*** Consider the multitude of billable services that may be provided in the context of a 30 or 60 minute visit. Document and bill for all services provided during visits, including to those that qualify as caregiver services under eligible caregivers. Leveraging all billable services during visits will maximize revenue potential for work that is already being done without adding visit time for patients.

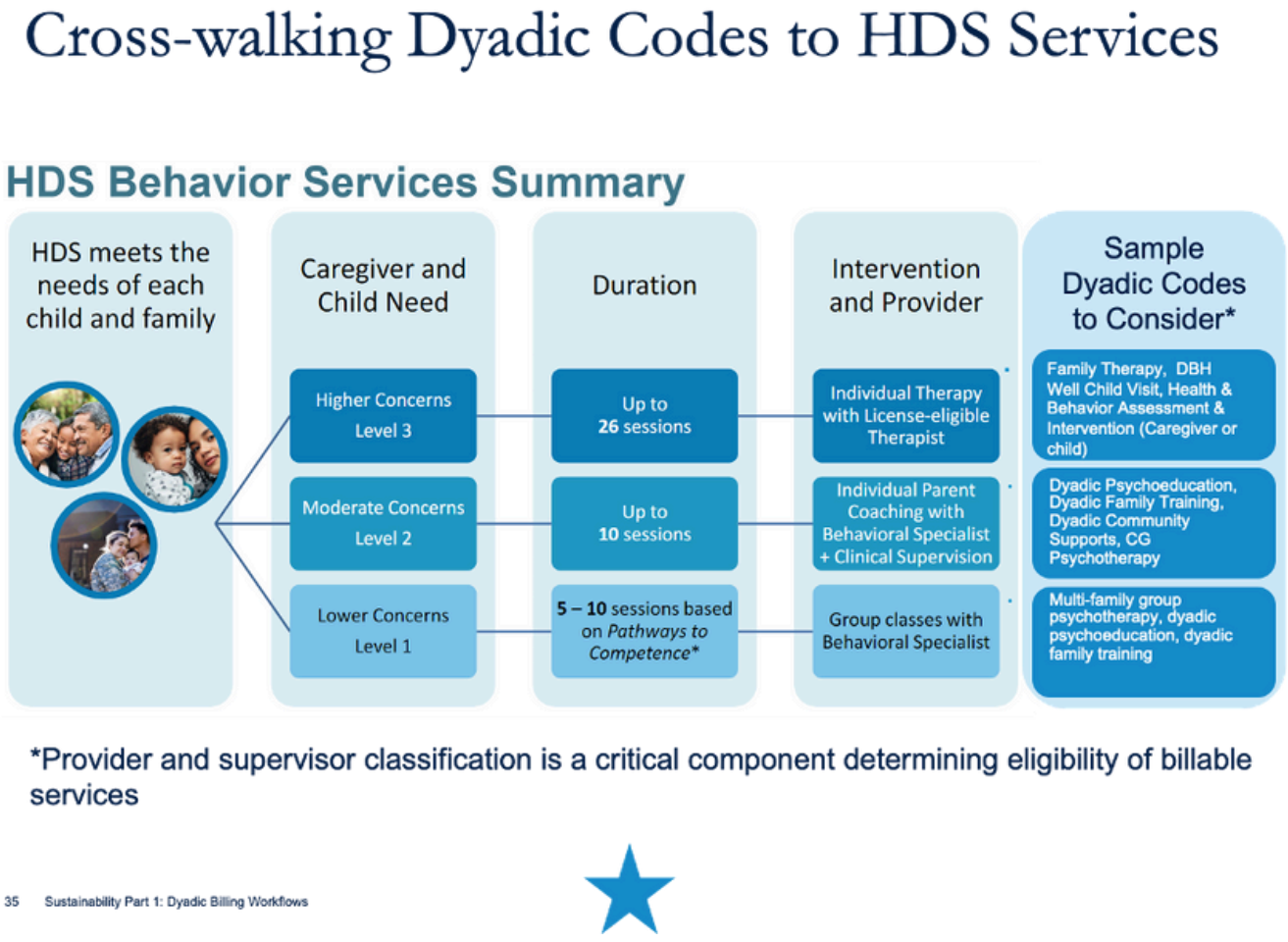
- ***Care coordination is a billable service:*** Referral pathways present opportunities to draw down reimbursement that may not be occurring at the current state. Referrals generated from primary care, managed care, self-referral, or other pathway by an eligible pediatric and/or caregiver patient with Medi-Cal may be considered eligible dyadic comprehensive community support services (see H2015-U1), which are billed at $20.11 per 15 minute unit when the service is conducted by an eligible NSMHS provider type.

HDS Levels of Service Crosswalk to Dyadic & Other NSMH Services

While not all HDS service providers are eligible to bill as NSMHS providers, including dyadic services, most of the services could meet criteria as a dyadic billable service if the provider types were aligned. Dyadic services are part of the Non-Specialty Mental Health Services (NSMHS) benefit. The key to accessing the benefit is to: 1) provide an eligible service to an eligible member, and 2) the eligible service must be provided by an eligible provider. Because dyadic services can be brief in duration and most do not require a mental health diagnosis, the vast majority of HDS services may be eligible dyadic services. This makes the question of provider eligibility at each region the key to accessing the benefit.

The HDS model describes Behavior Level 3 services as generally provided by licensed or license-eligible clinicians. However, in practice, it appears that some Behavior Level 1 and 2 services are also provided by licensed or license-eligible staff. Dyadic services correspond with Behavioral level 1-3 services, and therefore whenever a licensed or license eligible clinician is providing Behavior level 1-3 services, these services are likely billable under the Non-Specialty Mental Health services that include dyadic services. For example:

Below is a crosswalk of Behavior level 1-3 services that may be eligible for dyadic billing if provided by an eligible provider.



GAPS

HDS services and existing infrastructure provide an ideal framework for leveraging the NSMHS benefits, including dyadic services. While opportunities exist across the regions that support sustaining HDS services in part with Medi-Cal billing, there are important gaps and challenges to consider. The regional leads are aware of these gaps and are asking the right questions. The following is a list of important considerations raised by regional leads for HDS that pose some risk to sustainability through the Medi-Cal dyadic services benefit.

Potential Gap or Challenge	Possible Solution	Regional Leads Impacted
Fee for Service (FFS) rates for dyadic services are relatively low compared to other NSMH services that require diagnoses for reimbursement.	• Bill multiple services in one encounter when multiple services are provided, including for referral coordination across providers • Bill for both caregiver and child-level services when both patients are eligible	Motiva (not regional lead, but cross-region provider) Rady Children's Hospital ECS Para Las Familias Palomar Health
Federally Qualified Health Centers (FQHC) may bill dyadic services for Prospective Payment System (PPS) reimbursement when FQHC encounter criteria is met; however, same day services provided within a 24-hour period/patient will only yield FFS rates.	• Aim to provide HDS dyadic services on different days from other medical visits within the FQHC setting. • Face-to-face dyadic services are eligible for PPS reimbursement.	FHCSD
Overhead for billing is expensive, especially in the beginning when infrastructure needs to be established.	• Leverage templates from existing NSMHS infrastructure where programs have already been built (e.g. HealthySteps). • Ensure clinics are billing all applicable Medicaid services to supplement costs for dyadic services (e.g. reimbursing for Community Support Services, Enhanced Care Management, etc.). • Startup grant funds may support initial, one-time infrastructure development with a high return on investment.	All
Lack of available eligible providers.	• Partner with third party providers, such as Chadwick Center and Motiva to build out billing providers for specific levels of service. • Leverage associates-level behavioral health providers under clinical supervision to render dyadic services, per SB966. • Partner with training programs where licensed supervisors can support trainees to perform billable services.	All

Providers need additional education and training in utilizing the dyadic benefit.	• Provide dyadic billing training to clinicians. • Make templated and e-learning resources available to clinical workforce to promote dyadic services utilization.	All
Claims processing challenges exist when programs are getting started. Sites and Managed Care Plans (MCP) are starting to set up claiming processes for this new dyadic benefit, so the flow of reimbursement can be delayed while processes are being refined.	• Identify MCP and site-level billing champions to work on developing claims processes. Pilot a small number of claims to ensure the system is working as it should before opening up to all providers and all claims. • Refer here for resources related to infrastructure development around the benefit.	All
Patient no shows are not billable.	• Consider building in billable clinical provider outreach and care coordination needs for when No Shows occur to ensure an alternative plan is in place to capture revenue when scheduled patients are not seen.	All
Frequency limits for certain dyadic services limit reimbursement potential.	• Coordinate with MCPs to identify a system for being advised of frequency limits for patients. This applies most specifically to H1011 and screening codes.	All
Dyadic services are only available through Medi-Cal. HDS services comprise 60.7% of patients with Medi-Cal. The actual revenue that corresponds with the number of patients with Medi-Cal that can receive dyadic services through HDS is unknown but is a relatively lower proportion of patients compared to the total served.	• Map out how many eligible patients with Medi-Cal are served by region to understand what revenue could be anticipated over time across each regional entity.	All

RECOMMENDATIONS

The HDS system is well-positioned to provide billable dyadic services to its patient population that is insured with Medi-Cal. A number of strengths exist that make Medi-Cal revenue a significant option for generating sustainable revenue streams. The majority of challenges or gaps that are present are due to the early stages of implementation and infrastructure needs of dyadic services and may be addressed at the state and managed care level. Many of the remaining challenges may be addressed through provider and clinic training. The recommendations provided below support a conservative approach to mitigate risks in order to successfully leverage the new dyadic benefit.

Billing for services:

- Multiple services in one encounter may be billed when provided.
- Enroll eligible caregivers as patients when applicable.
- For FQHCs, provide dyadic services outside of same day visits when clinically appropriate in order to qualify for PPS payment.
- Bill all applicable Medi-Cal services, such as the CHW benefit, ECM, and community supports to supplement dyadic services.

Infrastructure development:

- Leverage existing EMR infrastructure from within health systems.
- Offer start up grant funds to support initial EMR and billing infrastructure development.

Workforce:

- Concentrate Medi-Cal billable services to select entities to minimize overhead.
- Partner with training programs to cultivate a provider pipeline that is billable with supervision.
- Leverage SB966 for associates-level, pre-licensed providers to render dyadic services.
- Provide dyadic billing training to clinicians. (*see Appendix D for additional resources)*
- Make templated and e-learning resources available to clinical workforce to promote dyadic services utilization.

Implementation & Operations:

- Identify regional and MCP champions to pilot claims processing and resolve initial issues.
- Establish billable clinical care coordination outreach work queues for eligible providers to be implemented when they encounter patient no shows.
- Coordinate with MCPs and referring providers to track dyadic services for patients to avoid exceeding frequency limits.

Pilot the Dyadic Benefit

Providers experience success with implementing the dyadic benefit when services are initiated through incremental pilot programs. Identifying the HDS regions with the highest volume of patients/families with Medi-Cal insurance is a good place to begin. A pilot program that is implemented incrementally may consist of the following steps:

1. **Establish the infrastructure for non-specialty mental health billing.**
    - Set up or ensure you have a National Provider Identifier (NPI). You can apply for an NPI through CMS's NPPES website, here.
    - Apply to become a Medi-Cal Provider through DHCS. You can apply through DHCS's PAVE (Provider Application and Validation for Enrollment) portal. You will need your NPI, licensure, certification, and more.
    - Once your Medi-Cal provider application and supporting documentation are reviewed and accepted, DHCS will send a Provider Agreement.
    - After signing and enrolling as a Medi-Cal Provider through DHCS, you can reach out to Managed Care Plans in your county/counties to begin the contracting process for serving clinics as a Non-Specialty Mental Health Medicaid provider.
    - For more information on enrolling and credentialing, visit DHCS's website or reach out to your local Managed Care Plan for more information on contracting.
2. **Establish the infrastructure for dyadic billing.**
    - Connect with health plans to ensure dyadic codes are listed in the NSMHS contract.
    - Develop documentation templates for dyadic billing within the electronic medical record. Templates include:
        - Dyadic Behavioral Health Well Child Visit
        - Dyadic Comprehensive Community Support Services
        - Dyadic Family Training and Counseling for Child Development
        - Dyadic Psychoeducational Services
    - Ensure that dyadic codes and fee schedule are loaded into the EMR.
    - Set up supervision infrastructure to ensure that license-eligible providers and trainees are working under supervision for billable encounters.
3. **Train workforce to use dyadic billing codes via the provider policy manual**
    - Training resources describing codes and use of codes may be found here:
        - Explanation of codes
        - Use of caregiver billing and new modifiers
        - The What and Why of Dyadic Care
        - Financing and Sustainability of Dyadic Care
        - Preventative Care for Whole Family Wellness
        - CPCA and DHCS-- Unlocking Dyadic Services: Billing and Reimbursement Insights for California FQHCs
            - *Recorded billing vignettes created by CPCA/UCSF will be available soon and can be accessed at the link above once published.*

4. **Develop a quality monitoring workgroup and plan to troubleshoot implementation issues.**
    - Common issues to monitor include (a) inaccurate coding by providers, including missing modifiers and not billing multiple services when provided, (b) denied claims due to inaccurate claims flow procedures and systems misalignment between clinical providers and MCPs.
    - Establish timebound targets for billable services and reimbursement, including identifying alternative billing activities for patient no shows.
5. **Seek alignment with system of care to maximize reimbursement.**
    - Identify opportunities to strengthen care team for patients by supporting integration of community health workers, enhanced care management, specialty mental health services, and community supports.
    - Generate an understanding of the business case of the continuum of care patients are receiving by tracking and integrating utilization of all relevant benefits, such as those described above.

CONCLUSION AND NEXT STEPS

Since this landscape assessment was conducted, advancements in next steps have already begun. With the launch of the benefit in 2023 and the approval of the alternative payment methodology in March 2025 via State Plan Amendment (SPA) #23-0010 , the field has been rapidly learning to implement and improve on administering the dyadic benefit. HDS providers are included in this group. For example, in just a one-year period, providers, such as Motiva, have established plans to pilot dyadic billing in partnership with champions from Community Health Group. Rady Children's Hospital has submitted a proposal to modify EMR infrastructure to leverage dyadic billing for HDS services and is awaiting prioritization. FHCSD is using dyadic billing for another program, providing an opportunity to translate this infrastructure for HDS services. With growing competency in benefit administration and utilization at both the provider and managed care level, HDS is well positioned to begin piloting dyadic services implementation. Sharing information about the opportunities, gaps, and recommendations with regional leads and key partners, such as managed care plans is a next step that will promote understanding of how the benefit can promote opportunities for sustaining HDS services for eligible Medi-Cal members.

APPENDIX

Appendix A

Terms and Definitions

Appendix D

Dyadic Care Resources

Appendix A: Terms and Definitions

Non-specialty Mental Health Services (NSMHS): NSMHS are a variety of services to address mild to moderate mental, emotional or behavioral health concerns. For pediatric populations, this also includes risk factors which may impact developmental, mental, emotional, or behavioral health of the child, such as exposure to trauma or caregiver depression, and cover dyadic services (interventions provided to the caregiver in benefit to the child). Services may include screening, behavioral health assessments, anticipatory guidance, care coordination, or brief therapeutic interventions. For full policy guidance please refer to the Non-Specialty Mental Health Services: Psychiatric and Psychological Services Provider manual

Specialty Mental Health Services (SMHS): SMHS are a variety of services to address significant impairment or distress of a person (defined as distress, disability, or dysfunction in social, occupational, or other important activities) or a reasonable probability of significant deterioration in an important area of life functioning due to a diagnosed mental health disorder or a suspected mental health disorder that has not yet been diagnosed. Services may include diagnosis and treatment, mental health services, targeted case management, rehabilitative mental health services, and/or psychiatric or psychological services.

Links and Resources

- To learn more about the Center for Advancing Dyadic Care in Pediatrics visit our website
- To learn more about the new Dyadic Service Benefit visit the First 5 Center for Children's Policy or Health Net Dyadic Services and Family Therapy Benefit Frequently Asked Questions
- To learn more about Dyadic Service Eligible Services and Billing Providers visit the DHCS Dyadic Services and Family Therapy Benefit All Plan Letter (APL) 22-029
- Non-Specialty Mental Health Services: Psychiatric and Psychological Services Provider Manual

Appendix D: Dyadic Care Resources

Informational Resource	Important Considerations
The What and Why of Dyadic Care (CPCA Slides and Webinar Video)	N/A
UCAAN Billing Code Examples	The provider manual has been updated since this was produced. Therefore, some modifiers that must be used now were not included at the time of the presentation Review modifier guidance for each of the CPT codes in new provider manual
Financing and Sustainability of Dyadic Care (CPCA Slides and Webinar Video)	
Dyadic Care in Pediatrics: Preventive Care for Whole Family Wellness (UCAAN webinar slides)	
Use of caregiver billing and new modifiers	N/A
DHCS Targeted Provider Rate Increase	N/A
Optimizing Dyadic Care for Financial Sustainability	N/A
CPCA and DHCS-- Unlocking Dyadic Services: Billing and Reimbursement Insights for California FQHCs	Created by CPCA and DHCS; Please visit the CPCA On-Demand Training page for more information, including a Free Dyadic Care Services LMS Course
NSMH manual/new dyadic care manual Updated March 2025	Updated March 2025