



ACES AWARE FREQUENTLY ASKED QUESTIONS

This document provides a list of Frequently Asked Questions (FAQs) that will inform a variety of provider outreach, engagement, and communications activities for the ACES Aware initiative.

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General Questions about Adverse Childhood Experiences (ACEs)

What are ACEs?

The term ACE comes from the landmark 1998 study by the [Centers for Disease Control and Prevention \(CDC\) and Kaiser Permanente \(KP\)](#). It describes 10 categories of adversities in three domains experienced by age 18 years: abuse, neglect, and/or household dysfunction.

Data demonstrate that individuals who experience Adverse Childhood Experiences are at greater risk for ACE-Associated Health Conditions, including heart disease, diabetes, and premature death. Identifying cases of trauma in children and adults, and providing treatment, can lower long-term health costs and support individual and family wellness and healing.

What is toxic stress?

Toxic stress represents long-term changes to the physiological stress response system resulting from severe, intense, or prolonged adversity, especially when experienced in childhood.

Advances in science over the past several decades have demonstrated that the toxic stress response can play an important role in the clinical progression from ACE exposure to negative short- and long-term health and social outcomes, and demonstrate a pattern of high rates of intergenerational transmission.

When does stress become toxic?

A child or adolescent who experiences ACEs without adequate buffering protections of trusted caregivers and safe, stable environments can develop a toxic stress response, which can impact their brain development, hormonal and immune systems, as well as genetic regulatory systems.

What is trauma-informed care (TIC)?

Trauma-informed care recognizes and responds to the signs and symptoms of trauma to better support the health needs of patients who have experienced ACEs and toxic stress. Research shows that early detection, early intervention and trauma-informed care can improve outcomes.



What is the connection between ACEs, toxic stress, and trauma-informed care?

By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care.

Who suffers most from toxic stress? What demographic typically has the highest ACE scores?

ACEs affect all of us – they cross ethnic, socio-economic, gender, and geographic lines.

What is the incidence of ACEs?

According to the most recent published Centers for Disease Control data reporting from the Behavioral Risk Factor Surveillance System (BRFSS, 2017) in 23 states:

- 62 percent of American adults have experienced at least one of the eight ACEs tracked by the BRFSS.
- 15 percent have experienced four or more.
- 63.5 percent of Californians have experienced at least one ACE.
- 17.6 percent of Californians have experienced four or more ACEs.

Why are children more vulnerable to the impacts of toxic stress?

Children are uniquely vulnerable to the effects of an overactive stress response because their brains and bodies are still developing. A child or adolescent who experiences ACEs without the buffering protections of trusted caregivers and safe, stable environments can develop a toxic stress response, which can impact their brain development, hormonal and immune systems, as well as genetic regulatory systems.



How does toxic stress impact overall health and behavioral outcomes of children?

ACEs are associated with significantly increased odds of developing negative health outcomes, including 9 of the 10 leading causes of death in the United States.

- In childhood, high doses of adversity are associated with increased risk of respiratory infections, asthma, atopic diseases, poor growth, obesity, learning and attention disorders, sleep disorders, teen pregnancy, teen paternity, STIs, mental health disorders, substance use and high risk behaviors (among other conditions). For example, a child with four or more ACEs is twice as likely to develop asthma as children with no ACE.
- Over the long-term, research shows that individuals who experienced Adverse Childhood Experiences are at greater risk of heart disease, diabetes, and premature death.
- Individuals with six or more ACEs have a life expectancy that is 19 years shorter than individuals with none.

Is this a new issue or is there research and data to substantiate claims about toxic stress?

In 1998, the [Centers for Disease Control and Prevention \(CDC\) and Kaiser Permanente \(KP\)](#) published the landmark ACE study and identified 10 risk factors that contributed to the leading causes of death. The study recognized that other social determinants of health such as discrimination, economic hardship, food and housing insecurity (among others) may also be risk factors for toxic stress.

However, until recently, ACEs and toxic stress represent a public health crisis that has been largely unrecognized by our health care system and our society.

Can ACE-Associated Health Conditions be successfully addressed?

Trauma-informed care is critical for reducing the impacts of ACEs and improving patient outcomes. Treatments for improving outcomes for individuals who have experienced ACEs may include evidence-based and promising practices targeted at regulating the stress response system such as:

- Balanced Nutrition
- Regular Exercise/Physical Activity
- Quality Sleep
- Supportive Relationships
- Mindfulness/Meditation Practices
- Psychotherapy and/or Psychiatric Care



ACEs Aware

What is ACEs Aware?

ACEs Aware is an initiative led by California Surgeon General Dr. Nadine Burke Harris and the Department of Health Care Services to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. Detecting ACEs early and connecting patients to interventions, resources, and other support can improve the health and well-being of individuals and families.

Why is the Office of the California Surgeon General (CA-OSG)/Department of Health Care Services (DHCS) addressing this issue?

Adverse Childhood Experiences (ACEs) and toxic stress represent a public health crisis that has been, until recently, largely unrecognized by our health care system and our society. By screening for ACEs and responding with trauma-informed and resiliency-promoting care we can significantly improve physical and mental health across our society.

What, specifically, is the CA-OSG doing to address health impacts and issues associated with toxic stress?

As part of the California For All initiative, the Department of Health Care Services (DHCS) and the Office of the California Surgeon General (CA-OSG) are leading the ACEs Aware initiative, which is empowering providers to better understand the health risks their patients may face – and tailor treatment plans accordingly.

Dr. Burke Harris, under the leadership of Gov. Gavin Newsom, and in partnership with HHS Secretary Dr. Mark Ghaly, Dr. Karen Mark, medical director at DHCS, and statewide health and community leaders, will advance systemic reforms that recognize and respond to the effects of ACEs on lifelong health. The goal is to reduce ACEs and toxic stress by half in one generation.



What is the CA-OSG/DHCS doing to educate providers, stakeholders and the public about its efforts related to toxic stress?

California is launching a movement to ensure everyone is ACEs Aware.

California is creating trainings and engagement opportunities to educate Medi-Cal providers about the importance of incorporating ACE screenings into their clinical practice, as well as how to conduct screenings, use clinical protocols to determine treatment plans, and provide trauma-informed care. This includes identifying tools to screen pediatric and adult patients for ten categories of ACEs, including abuse, neglect, and household dysfunction.

Throughout 2020, ACEs Aware will host a series of webinars and events to promote shared learning and quality improvement among Medi-Cal providers adopting ACE screenings and providing trauma-informed care.

Also launching in 2020 in partnership with UCSF is a California ACEs Learning and Quality Improvement Collaborative (CALQIC). CALQIC will run an 18-month statewide learning collaborative of pediatric and adult clinics in five regions and will identify promising practices, tools, resources, and partnerships that will inform future phases of California's ACEs Aware initiative.

Information for all providers interested in ACEs and trauma-informed care, as well as patients who have questions, is on the website.

How does ACE screening improve health outcomes?

By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care. Identifying cases of trauma in children and adults, and providing treatment, can lower long-term health costs and support individual and family wellness and healing.

How much is being invested in the ACEs Aware initiative?

In the 2019-2020 budget, Gov. Newsom set aside \$40.8 million for ACE screenings among children and adults enrolled in Medi-Cal, California's Medicaid program.



Will ACE screening create health care savings over the long-term?

Scientific consensus demonstrates that cumulative adversity, particularly during critical and sensitive developmental periods, is a root cause to some of the most harmful, persistent and expensive health challenges facing our nation. ¹¹ Identifying cases of trauma in children and adults and providing treatment can lower long-term health costs and support individual and family wellness and healing.

How will providers be made aware of ACE screening?

California is launching a movement to ensure everyone is ACEs Aware. Providers can visit www.ACEsAware.org to find resources about how to take what they learn from patient ACE screenings and apply it to developing treatment plans, targeting clinical interventions, and making referrals to specialists and community resources. In addition to this toolkit, information and training is available online and through in-person convenings taking place in 2020.

Where can I get additional information about the ACEs Aware effort?

Information for all providers interested in ACEs and trauma-informed care, as well as patients who have questions, is on the website. www.ACEsAware.org.



Provider and Medical Staff-Focused Questions

Why should I screen for ACEs?

The ACEs Aware initiative will empower providers in caring for their patients. By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care.

- Screening for ACEs helps providers be more effective and efficient in their clinical decision-making and referrals.
- Screening for ACEs is a critical step to transform care to be more trauma-informed, addressing potential root causes of health issues. Trauma-informed care is critical for reducing the impacts of ACEs and improving patient outcomes.

Why would I screen my older patients for adverse *childhood* experiences?

ACEs affect everyone throughout their lifetime. By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, and can respond with trauma-informed care that will improve the health and well-being of individuals and families. ACE screening also reduces the risk of intergenerational transmission of the harmful, persistent and expensive health challenges created by toxic stress.

How often can patients be screened for ACEs?

Individuals under age 21 may receive periodic trauma rescreening as determined appropriate and medically necessary, but screenings will be paid for by DHCS not more than once per year, per provider, per managed care plan.

Adults age 21 and older may be screened once in their adult lifetime up to age 65, per provider, per managed care plan. (Screenings completed while member is under age 21 do not count toward the one screening allowed in their adult lifetime.)



What is involved in conducting an ACE (ACE or PEARLS) screening?

At the beginning of an appointment, providers give a general description of the screening form and ask adolescent and adult patients to complete it (caregivers complete it for children). Having patients fill out the form themselves enables them to disclose exposure to ACEs without having to explain them to the provider.

How long does a typical ACE screening take?

The screenings take approximately 2 – 5 minutes for patients and caregivers to complete.

When can providers begin getting paid for conducting ACE screening?

Effective January 1, 2020, the state is providing payment for eligible Medi-Cal providers who screen Medi-Cal patients for ACEs. Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services (IHS) - Memorandum of Agreement clinics will also be able to receive these payments.

What screening tools are required to receive Medi-Cal payment?

The following screening tools must be used to obtain Medi-Cal payment:

- For Children & Adolescents – Pediatric ACE Screening and Related Life-Event Screener (PEARLS), designed and licensed by the Center for Youth Wellness.
There are three versions of the tool based on age, reporter, and format:
 - PEARLS for children ages 0-11, to be completed by a caregiver
 - PEARLS for teenagers 12-19, to be completed by a caregiver
 - PEARLS for teenagers 12-19, self-reported
- For Adults – ACE Assessment Tool

If an alternative version of the ACE questionnaire is used for adults, it must contain questions on the 10 original categories of ACEs to qualify for Medi-Cal payment.

These tools are available in two formats:

- De-identified: Respondents count the number of experiences from a list without specifying which adverse experience happened.
- Identified: Respondents specified which experience(s) happened to their child or themselves.



Medi-Cal already requires so many different screening tools – this is just more bureaucratic red tape. How am I supposed to find time for this in my 15-minute patient encounters?

The screenings only take approximately 2 – 5 minutes for patients and caregivers to complete and will help providers to identify people who are at risk for toxic stress and long-term negative health outcomes.



About the Scoring

How are ACE scores calculated?

The ACE score refers to the total reported exposure to the 10 ACE categories indicated in the adult ACE assessment tool or the top box of the pediatric PEARLS tool. ACE scores range from 0 to 10. Providers add up the number of ACEs reported on the screening tool, which range from 0 to 10. The higher a person’s ACE score, the more likely they have experienced toxic stress during the first 18 years of life and may experience negative health outcomes.

Note: The ACE score refers to the total number of ACE categories experienced, not the severity or frequency of any one category. The higher a patient’s ACE score, the greater the risk for ACE-Associated Health Conditions. If the ACE score is different on the adolescent self-report than the caregiver report, the higher of the two ACE scores should be used.

I’m afraid screening my patients will uncover a lot of negative experiences, and my team isn’t trained or prepared to handle that. Why should we take this on?

Our online training addresses these concerns and provides guidance on dealing with the anxiety of patients and caregivers.

How is this screening coded?

The following Healthcare Common Procedure System (HCPCS) codes should be used to bill Medi-Cal based on the results of the ACE screening:

HCPCS Code	Definition	Notes
G9919	Screening performed and positive and provision of recommendations	Patient screening is determined to be “high risk,” a score of 4 or greater
G9920	Screening performed and negative	Patient screening is determined to be “lower risk,” a score between 0-3



There aren't enough community/behavioral health/other resources in my community for my patients. Why screen for ACEs if we can't do anything about it?

Screening for ACEs and integrating knowledge about trauma into policies, procedures, and practices is critical to addressing patient health needs. ACEs Aware is working to identify and share key resources to support providers and communities working to reduce the impact and prevalence of ACEs and toxic stress. If you have a resource to add, email info@ACEsAware.org.

Is California the only state screening for ACEs?

Other communities screen for ACEs, but until recently, ACEs and toxic stress represent a public health crisis that has been largely unrecognized by our health care system and our society. California is leading the way in launching a statewide initiative to train and pay Medi-Cal providers for ACE screenings to significantly improve health and well-being across our communities.

What is the next step if a patient has an ACE score above 4?

Visit <https://training.acesaware.org/> for clinical protocols for connecting patients to interventions, resources, and other support to improve their health and well-being. ACEs Aware is working to identify and share key resources to support providers and communities working to reduce the impact and prevalence of ACEs and toxic stress. If you have a resource to add, email info@ACEsAware.org.



Training Questions

How can providers get trained?

Providers can take a free two-hour training, available at <https://training.acesaware.org/>, to learn about ACEs, screening tools, and trauma-informed care. The online curriculum is easy to access for a wide range of health care professionals and will provide continuing medical education (CME) and maintenance of certification (MOC) credits.

How long will the training take?

The free online training takes approximately two hours.

When does training begin?

The certified ACEs Aware training is now available at www.ACEsAware.org. Additional in-person trainings will be offered throughout 2020. All details will be posted on the website.

What information and training resources are available for providers?

There are a number of training resources available for providers including:

- All Medi-Cal providers will receive a **Provider Toolkit** that includes important information that allows Medi-Cal providers to fully understand the ACEs Aware initiative.
- Medi-Cal providers will find a **free, online training** and clinical protocols for screening children and adults for ACEs, detecting ACEs early, and connecting patients to interventions, resources, and other support to improve their health and well-being at <https://training.acesaware.org/>.
- Throughout 2020, ACEs Aware will host a **series of webinars and additional in-person trainings**. All details will be posted on the website.
- The CA-OSG and DHCS are working with the University of California, San Francisco, to develop a **California ACE Learning and Quality Improvement Collaborative (CALQIC)** that will implement a data-driven, iterative evaluation and quality improvement process, drawing on inputs from diverse hospitals and clinics across California regions. The CALQIC Collaborative will provide technical assistance in identifying, improving upon, and implementing evidence-based best practices, and will disseminate these best practices to health systems across the state.



Certification and Payment Questions

Will providers be paid for conducting ACE screenings?

Effective January 1, 2020, DHCS will pay eligible providers for conducting trauma screenings for children and adults in Medicaid.

Can all providers in California receive payment? Or only providers that provide care to patients with Medi-Cal coverage?

Proposition 56 only pays California’s Medi-Cal providers for screening for ACEs, but routine screening for ACEs and assessment of toxic stress should become a standard practice for health care providers in all health care settings.

Provider trainings developed by the State of California are free and available to all providers who are interested in learning about ACEs, screening tools, and trauma-informed care.

How much will providers be paid for the ACE screening?

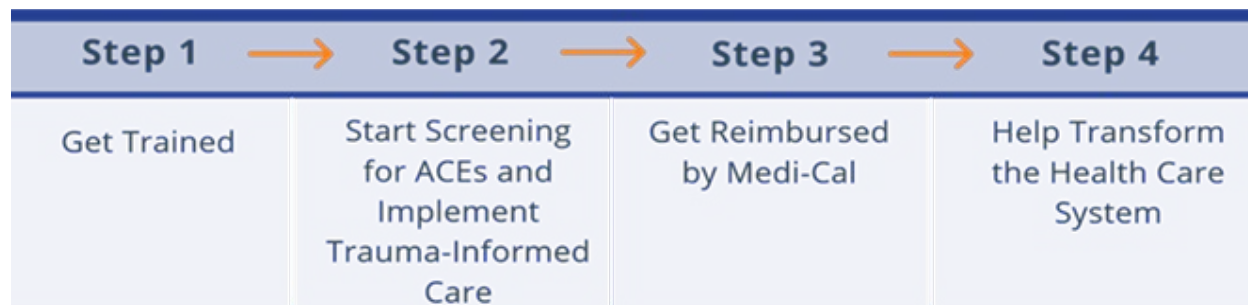
Providers will be able to receive a \$29 Medi-Cal payment for conducting ACE screenings.

Where does the money for ACE screening come from?

The \$29 payment for ACE screenings is funded by Proposition 56 and is only available to Medi-Cal providers.

How do providers get paid for ACE screening?

Providers should follow the following steps to be able to receive Medi-Cal payment for trauma screenings:





How do I receive reimbursement for providing an ACE screening?

To bill Medi-Cal, providers should use the Healthcare Common Procedure System (HCPCS) billing codes based on the results of the screening – code G9919 is used for high-risk screens that have a score of 4 or greater and G9920 is used for lower-risk screens that have a score of 0 to 3. To find more information and resources on how to bill Medi-Cal for ACE screenings, visit Certification & Payment.

Is there a deadline for completing the ACE training?

Providers currently are able to take an online training for CME and MOC credit.

Beginning July 1, 2020, Medi-Cal providers must attest to completing certified ACE training on the DHCS website to continue receiving payments. Medi-Cal payment is available between January 1, 2020 and June 30, 2020 without attesting to completing certified ACE training.

How much does the training cost?

There is no cost for the ACES Aware training.

What resources are available for patients with high ACE score?

ACES Aware is working to identify and share key resources to support providers and communities working to reduce the impact and prevalence of ACEs and toxic stress. If you have a resource to add, email info@ACEsAware.org.

How will DHCS know if providers have been trained?

Providers can go online to self-attest that they have taken the California-certified training and qualify for Medi-Cal payment for screening their Medi-Cal patients at [DHCS](https://www.dhcs.ca.gov).

Beginning July 1, 2020, Medi-Cal providers must attest to completing certified ACE training on the DHCS website to continue receiving payments.

Who is Dr. Burke Harris?

Dr. Nadine Burke Harris, a national leader in pediatric medicine and a national voice elevating the issues around ACEs and toxic stress, is California's first-ever Surgeon General.

As part of Governor Gavin Newsom's "California for All" agenda, Dr. Burke Harris and the State of California have set a bold goal to reduce ACEs and toxic stress by half in one generation by advancing systemic reforms that recognize and respond to the effects of ACEs on lifelong health.