

# 2020 Launch: California ACEs Aware Initiative

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# Welcome

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# Agenda

- National Focus on ACEs & Toxic Stress
- California ACEs Aware Overview
- The Biology of Adversity and Clinical Response
- Medi-Cal Certification & Payment Process
- Tools & Resources
- Questions?

# Webinar Objectives

- Frame how ACEs Aware fits into national efforts
- Provide information on ACEs and the ACEs Aware initiative
- Explain the biology of adversity and share screening tools, clinical workflows, and algorithms to address ACEs and toxic stress
- Explain how Medi-Cal providers can receive payment for ACE screenings
- Familiarize providers with ACEs Aware activities, tools, and resources to support screening for and responding to ACEs

# Welcome



# National Focus on ACEs & Toxic Stress



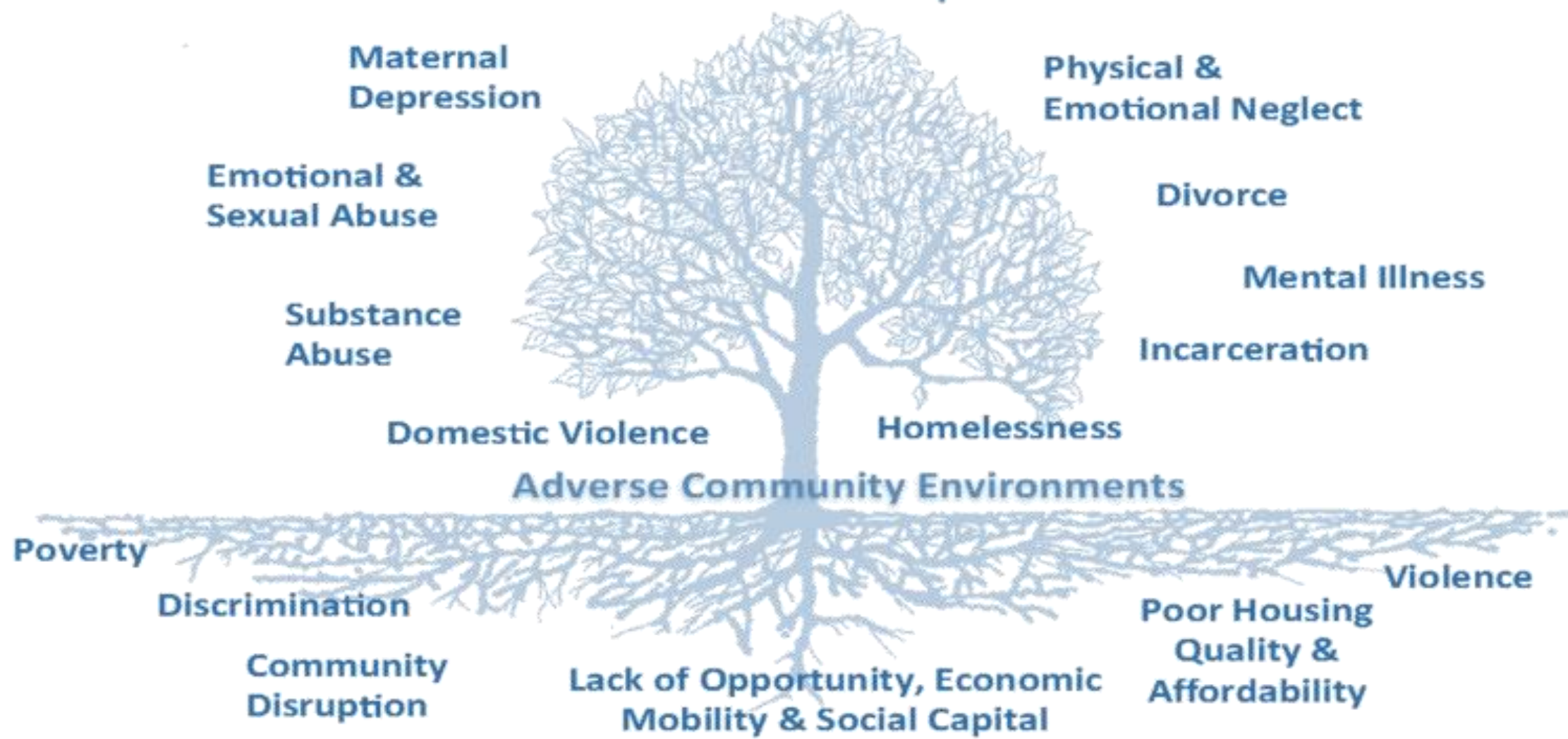
***Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.***

Institute of Medicine

*The Future of Public Health, 1988 & 1997*

## The Pair of ACEs

### Adverse Childhood Experiences





# ACES can have lasting effects on....



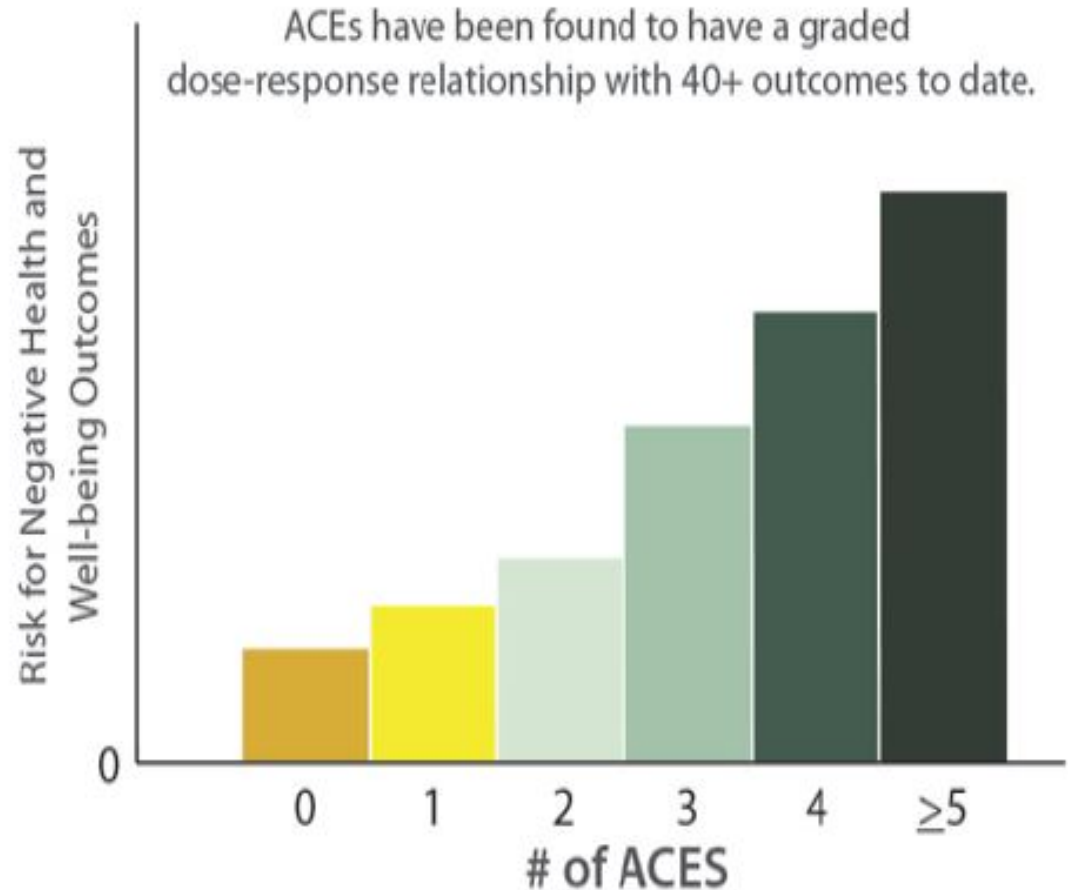
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

## Adverse Childhood Experiences (ACEs) Preventing early trauma to improve adult health



Want to learn more?  
[www.cdc.gov/vitalsigns/aces](http://www.cdc.gov/vitalsigns/aces)

**1 in 6**

1 in 6 adults experienced four or more types of ACEs.

**5 of 10**

At least 5 of the top 10 leading causes of death are associated with ACEs.

**44%**

Preventing ACEs could reduce the number of adults with depression by as much as 44%.

### Overview:

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented.

### Preventing ACEs can help children and adults thrive and potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking, and heavy drinking.
- Improve education and job potential.
- Stop ACEs from being passed from one generation to the next.



### PROBLEM:

## Adverse Childhood Experiences impact lifelong health and opportunities.

### ACEs are common and the effects can add up over time.

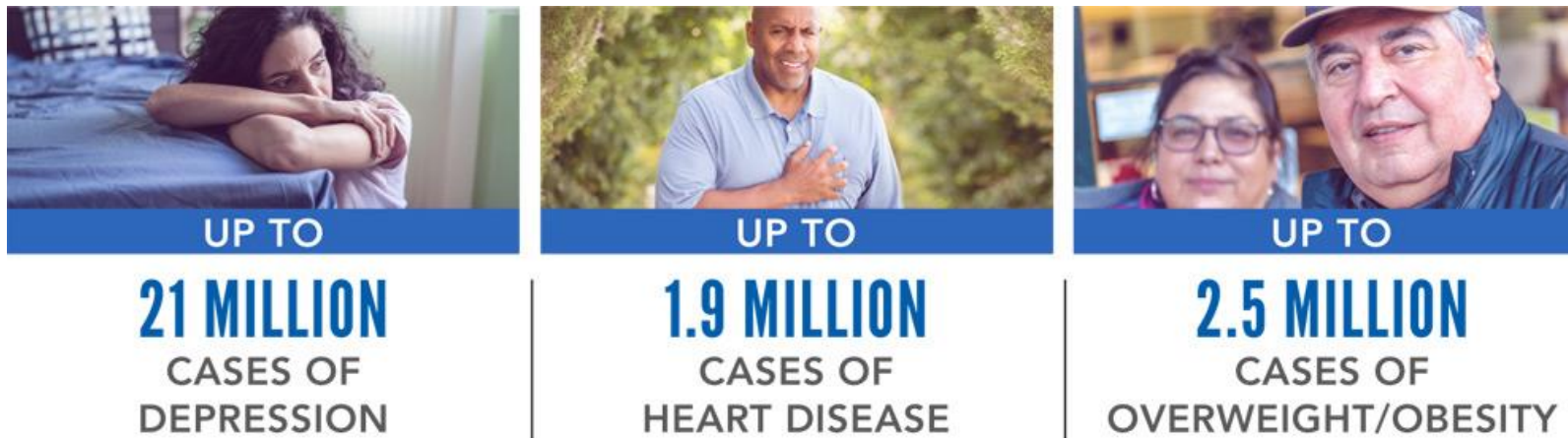
- 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.
- Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.
- Many people do not realize that exposure to ACEs is associated with increased risk for health problems across the lifespan.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

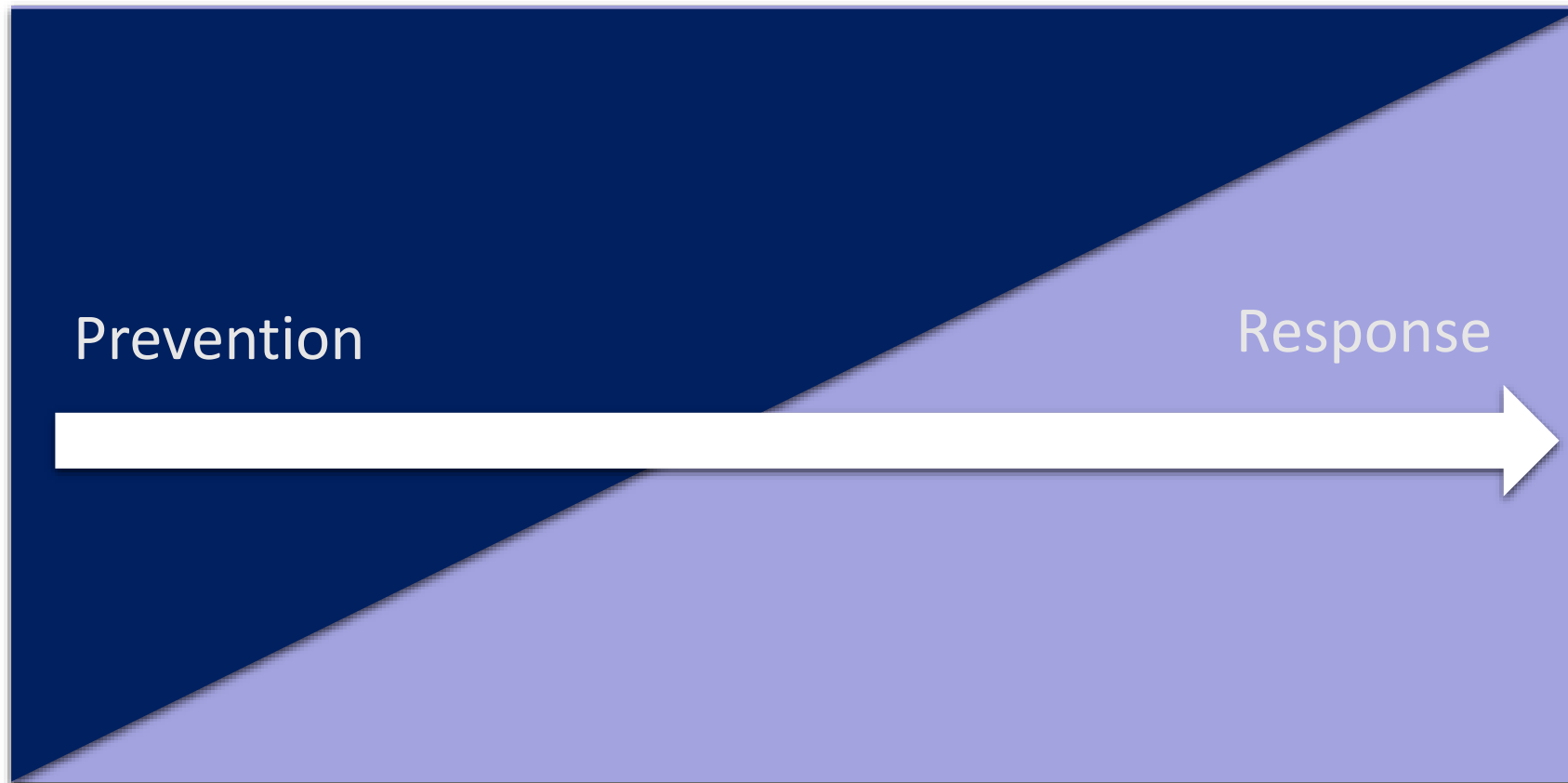
# *Vital Signs* report key takeaways:

- ACEs are common.
- The effects of ACEs add up over time and impact our health and life outcomes.
- Preventing ACEs could help prevent poor health and life outcomes.



- ***ACEs are preventable.***

# Role of Public Health in Violence Prevention



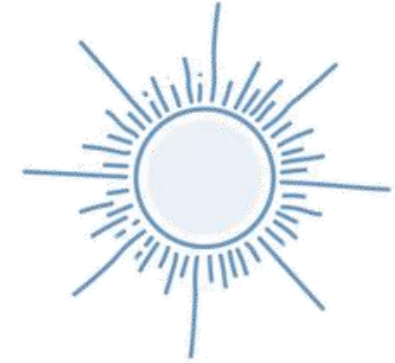
**ROLE OF CRIMINAL JUSTICE, CHILD WELFARE, SOCIAL SERVICES, HEALTHCARE**



Assuring



Safe, Stable,  
Nurturing Relationships  
and Environments



For All Children







# 6 Strategies to Prevent ACEs



Strengthen economic supports for families



Promote social norms that protect against violence and adversity



Ensure a strong start for children



Teach skills



Connect youth to caring adults and activities



Lessen harms and prevent future risk

# Prevention Happens in Partnership





# ACEs Aware Overview

# California's Approach

- Establish **primary prevention** by addressing systemic and structural factors and investing in raising public awareness about ACEs and trauma-informed responses.
- Systematically deploy broad scale screening to enable **early detection** and evidence-based intervention of ACEs/toxic stress.
- **Interrupt vertical transmission** of ACEs by advancing screening in children and adults – with special focus on the prenatal and early parenting years.
- Coordinate and strengthen the **network of referral and treatment** systems to make them more effective, accountable and easy to navigate for children, adults and providers.
- Advance the **science of toxic stress**, improve efficacy of interventions and identify potential therapeutic targets.

# 10 Categories of Adverse Childhood Experiences (ACEs)

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

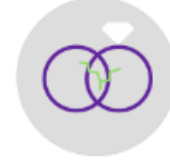
## HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated  
violently



Divorce



Incarcerated Relative

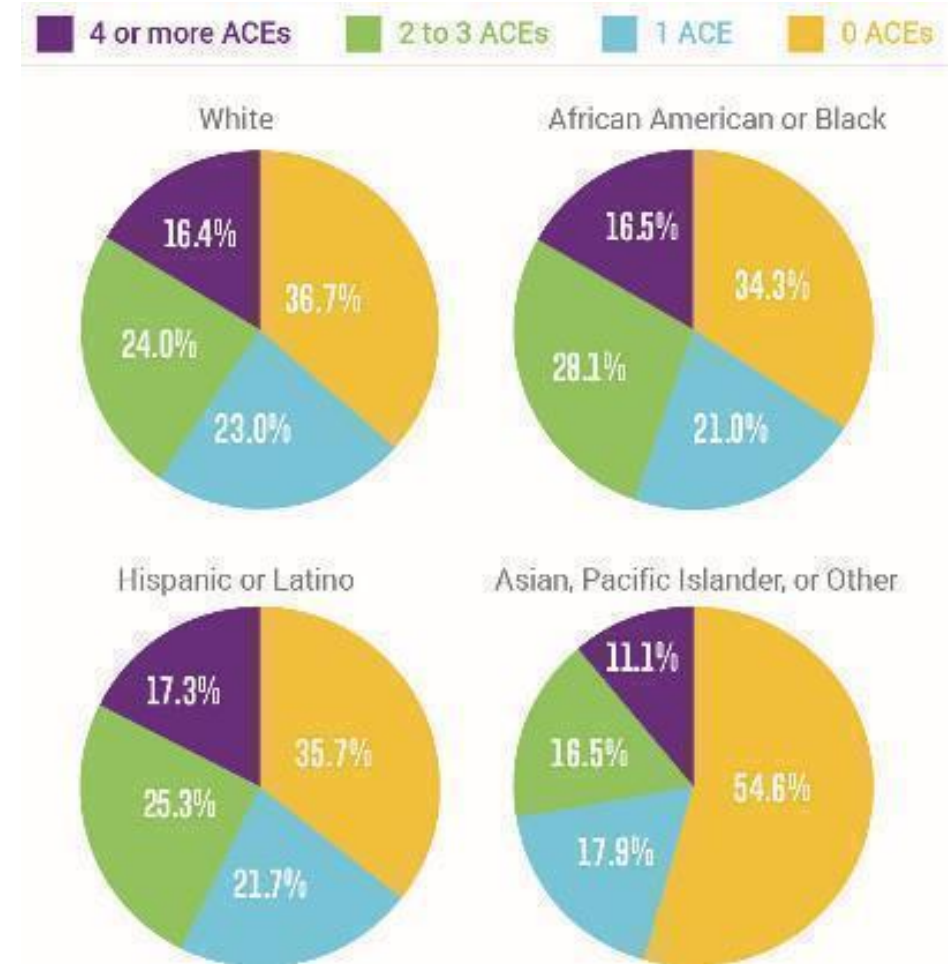
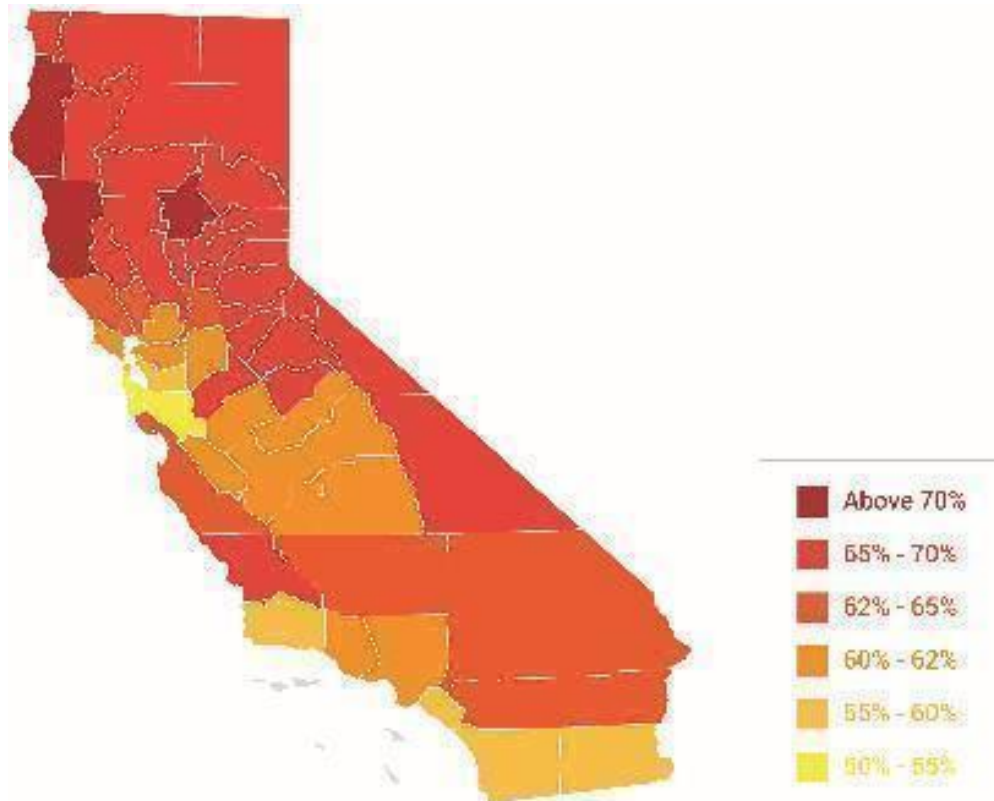


Substance Abuse

Copyright 2013. Robert Wood Johnson Foundation. Used with permission from the Robert Wood Johnson Foundation.

# 62.7% of Californians have $\geq 1$ ACEs

## 17.6% have $\geq 4$ ACEs



Source: A Hidden Crisis: Findings on Adverse Childhood Experiences in California, Center for Youth Wellness, 2014

<https://letsgethealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/>

# ACEs dramatically increase risk for 9 of the 10 leading causes of death in the U.S.

	Leading Causes of Death in US, 2017	Odds Ratio Associated with $\geq 4$ ACEs
1	Heart Disease	2.1
2	Cancer	2.3
3	Accidents	2.6
4	Chronic Lower Respiratory Disease	3.1
5	Stroke	2.0
6	Alzheimer's or Dementia	11.2
7	Diabetes	1.4
8	Influenza and Pneumonia	
9	Kidney Disease	1.7
10	Suicide Attempts	37.5

Source of causes of death: CDC, 2017

Sources for odds ratios: Hughes *et al.*, 2017 for 1, 2, 4, 7, 10; Petrucelli *et al.*, 2019 for 3 (injuries with fracture), 5; Center for Youth Wellness, 2014 for 6 (Alzheimer's disease or dementia); Center for Youth Wellness, 2014 and Merrick *et al.*, 2019 for 9

# Annual Cost of ACEs to CA

- Asthma
- Arthritis
- COPD
- Depression
- Cardiovascular disease
- Smoking
- Heavy Drinking
- Obesity

**\$112.5 B**

Data source: Miller TR, Waehrer GM, Oh DL, Purewal Boparai S, Ohlsson Walker S, Silverio Marques S, et al. (2020) Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. PLoS ONE 15(1): e0228019. <https://doi.org/10.1371/journal.pone.0228019>

# ACES ARE NOT DESTINY!

With EARLY detection and evidence-based intervention, we can transform health outcomes.

# The Biology of Adversity



# S T R E S S   R E S P O N S E

## POSITIVE

Physiological response to mild or moderate stressor

Brief activation of stress response elevates heart rate, blood pressure, and hormonal levels

Homeostasis recovers quickly through body's natural coping mechanisms

*Tough test at school, playoff game*

## TOLERABLE

Adaptive response to time-limited stressor

Time-limited activation of stress response results in short-term systemic changes

Homeostasis recovers through buffering effect of caring adult or other interventions

*Immigration, natural disaster*

## TOXIC

Maladaptive response to intense and sustained stressor

Prolonged activation of stress response in children disrupts brain architecture and increases risk of health disorders

Prolonged allostasis establishes a chronic stress response

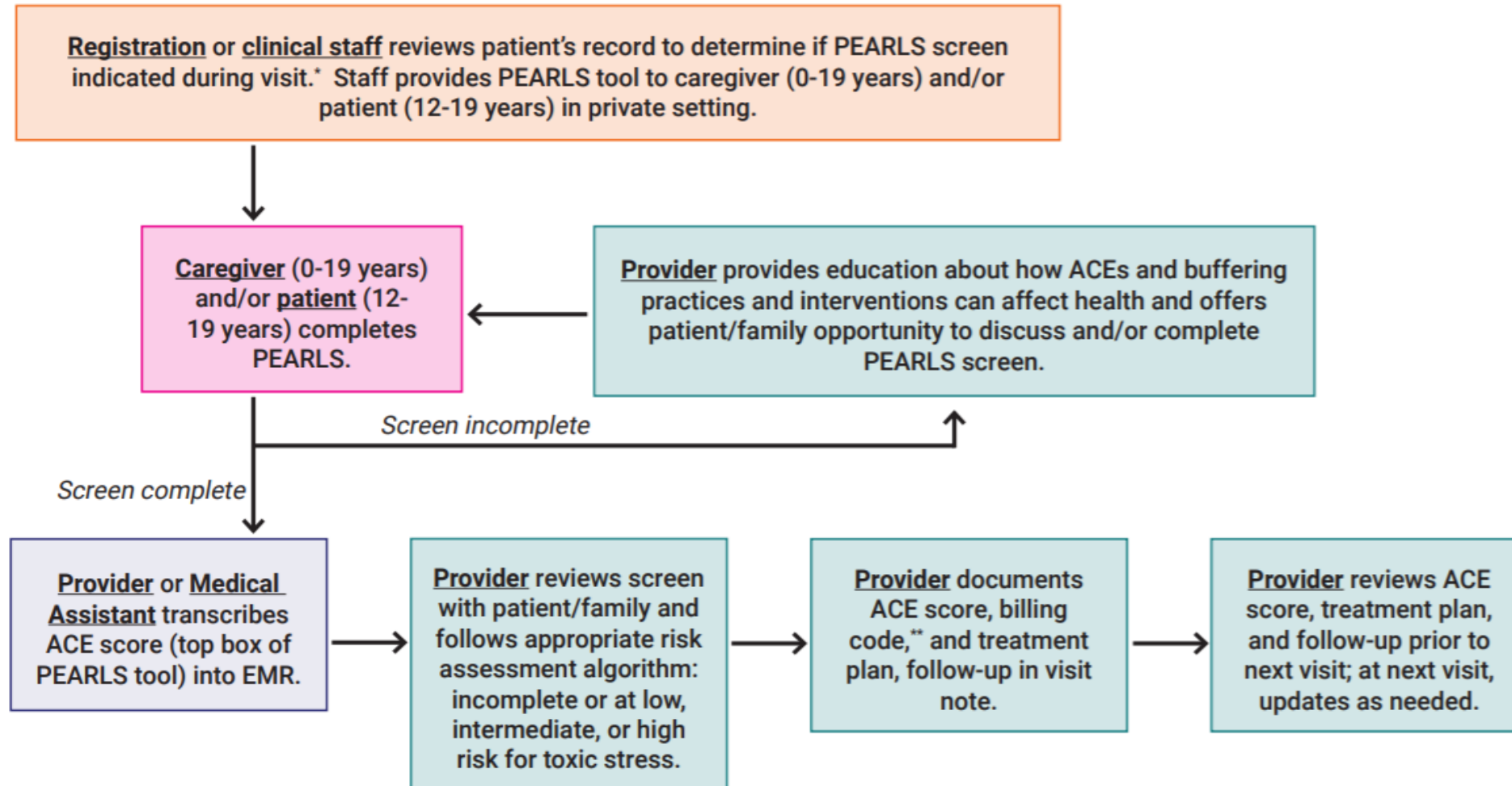
*Abuse, neglect, household dysfunction*

**Fig. 2.** Spectrum of the stress response: positive, tolerable, and toxic.

# The ACEs Aware Initiative

- ACEs Aware is an initiative led by CA-OSG and DHCS to address the largely unrecognized public health crisis of toxic stress stemming from Adverse Childhood Experiences.
- ACEs Aware offers 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.

# Pediatric ACE Screening Clinical Workflow



\*PEARLS to be completed once per year, and no less often than every 3 years

\*\*Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

**G9919:** ACE score  $\geq 4$ , high risk for toxic stress

**G9920:** ACE score of 0 – 3, lower risk for toxic stress. For purposes of coding, scores of 1-3 with ACE-associated health conditions should be coded as G9920, even though patient falls into the high-risk category of the clinical algorithm.

# Pediatric Screening Tool - PEARLS

**Pediatric ACEs and Related Life Events Screener (PEARLS)**  
CHILD - To be completed by: **Caregiver**



At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

**PART 1:**

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?  
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?  
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
OR has your child ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?  
OR has any adult in the household ever hit your child so hard that your child had marks or was injured?  
OR has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?  
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?  
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

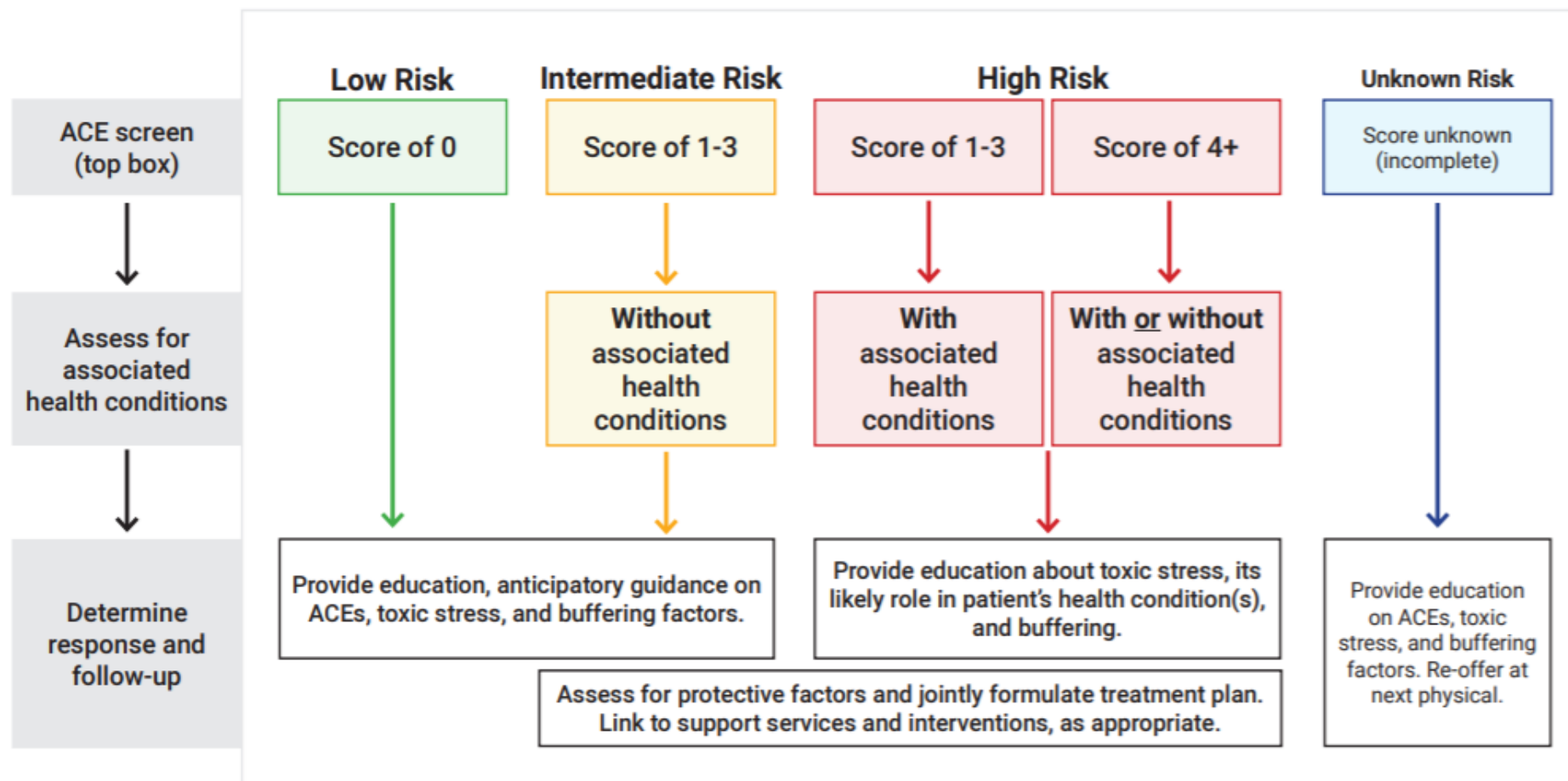
**Add up the "yes" answers for this first section:**

  Please continue to the other side for the rest of questionnaire →

## PART 2:

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?  
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination?  
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Has your child ever had problems with housing?  
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?

**Add up the "yes" answers for the second section:**



This algorithm pertains to the ACE score (top box of PEARLS), whose associations with health conditions are most precisely known. Social determinants of health (bottom box) may also increase risk for a toxic stress response and should be addressed with appropriate services, but should NOT be added to the ACE score for this algorithm. Partial completion may indicate discomfort or lack of understanding. If partial response indicates patient is at intermediate or high risk, follow the guidelines for that category.

If the ACE score is 0, the patient is at "low risk" for toxic stress. The provider should offer education on the impact of ACEs and other adversities on health and development as well as on buffering factors and interventions. If the ACE score is 1-3 without ACE-associated health conditions, the patient is at "intermediate risk" for toxic stress. If the ACE score is 1-3 and the patient has at least one ACE-associated condition, or if the ACE score is 4 or higher, the patient is at "high risk" for toxic stress. In both cases, the provider should offer education on how ACEs may lead to toxic stress and associated health conditions, as well as practices and interventions demonstrated to buffer the toxic stress response, such as sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. The provider should also assess for protective factors, jointly



## ACE-Associated Health Conditions: Pediatrics

Symptom or Health Condition	For ≥ X ACEs (compared to 0)	Odds Ratio
Asthma <sup>26, 33</sup>	4	1.7 - 2.8
Allergies <sup>33</sup>	4	2.5
Dermatitis and eczema <sup>30</sup>	3*	2.0
Urticaria <sup>39</sup>	3*	2.2
Increased incidence of chronic disease, impaired management <sup>25</sup>	3	2.3
Any unexplained somatic symptoms <sup>25</sup> (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches <sup>13</sup>	4	3.0
Enuresis; encopresis <sup>5</sup>	–	–
Overweight and obesity <sup>3</sup>	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism <sup>1, 2, #1</sup>	–	–
Poor dental health <sup>16, 22</sup>	4	2.8
Increased infections <sup>39</sup> (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche <sup>40</sup> (≥ 14 years)	2*	2.3
Sleep disturbances <sup>5, 31</sup>	5**	PR 3.1
Developmental delay <sup>30</sup>	3	1.9
Learning and/or behavior problems <sup>3</sup>	4	32.6
Repeating a grade <sup>15</sup>	4	2.8
Not completing homework <sup>15</sup>	4	4.0
High school absenteeism <sup>33</sup>	4	7.2
Graduating from high school <sup>29</sup>	4	0.4
Aggression; physical fighting <sup>29</sup>	For each additional ACE	1.9
Depression <sup>29</sup>	4	3.9
ADHD <sup>42</sup>	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder <sup>30</sup>	3	4.5
Suicidal ideation <sup>28</sup>	For each additional ACE	1.9
Suicide attempts <sup>28</sup>	For each additional ACE	1.9 - 2.1
Self-harm <sup>28</sup>		1.8
First use of alcohol at < 14 years <sup>7</sup>	4	6.2
First use of illicit drugs at < 14 years <sup>10</sup>	5	9.1
Early sexual debut <sup>21</sup> (<15-17 y)	4	3.7
Teenage pregnancy <sup>23</sup>	4	4.2

\*Odds ratio represents at least one ACE, but also includes other adversities

\*\*Prevalence ratio represents at least one ACE, but also includes other adversities

# Benefits of Screening

By screening for ACEs, providers can:

1. Better determine the likelihood a patient is at increased health risk due to a toxic stress response.
2. Better identify ACE-Associated Health Conditions that may benefit from a trauma-informed intervention.
3. Identify which patients may be at risk of vertical transmission of ACEs and toxic stress and target prevention efforts.
4. Empower patients to achieve better health by addressing potential toxic stress physiology.

# Treatment Planning

**Clinical response to identification of ACEs** and increased risk of toxic stress should include:

1. Applying principles of **trauma-informed care**, including establishing trust, safety and collaborative decision-making
2. Identification and treatment of **ACE-Associated Health Conditions** by supplementing usual care with **patient education** on toxic stress and strategies to regulate the stress response, including:
  - a. Supportive relationships, including with caregivers (for children), other family members, and peers
  - b. High-quality, sufficient sleep
  - c. Balanced nutrition
  - d. Regular physical activity
  - e. Mindfulness and meditation
  - f. Mental health care, including psychotherapy or psychiatric care, when indicated
3. Validation of existing **strengths and protective factors**
4. **Referral to patient resources** including educational materials, community resources, social work, care coordination or patient navigation, community health workers, as well as the six pillars listed above
5. **Follow-up** as necessary, using the presenting ACE-Associated Health Condition(s) as indicators of treatment progress



# Pediatric Self-Care Tool

## ACEs Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child's physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children's brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child's health. *[Check the goals that you are picking for yourself and your family!]*

### ☐ **Healthy relationships.** We've set a goal of...

- ☐ Using respectful communication even when we are upset or angry
- ☐ Spending more high-quality time together as a family, such as:
  - ☐ Having regular family meals together
  - ☐ Having regular "no electronics" time for us to talk and/or play together
  - ☐ Talking, reading, and/or singing together every day
- ☐ Making time to see friends to create a healthy support system for myself and our family
- ☐ Connecting regularly with members of our community to build social connections
- ☐ Asking for help if a relationship or environment feels physically or emotionally unsafe
  - ☐ The National Domestic Violence hotline is **800-799-SAFE (7233)**
  - ☐ The National Sexual Assault hotline is **800-656-HOPE (4673)**
  - ☐ To reach a crisis text line, **text HOME to 741-741**
- ☐ Create your own goal: \_\_\_\_\_

### ☐ **Exercise.** We've set a goal of...

- ☐ Limiting screen time to less than one hour per day
- ☐ Walking at least 20 minutes every day
- ☐ Finding a type of exercise that we enjoy and doing it together as a family
- ☐ Getting my child involved in a sport, dance class, or other form of regular exercise
- ☐ Create your own goal: \_\_\_\_\_

### ☐ **Nutrition.** We've set a goal of...

- ☐ Eating a healthy breakfast daily (with protein, whole grains, and/or fruit)
- ☐ Drinking water instead of juice or soda
- ☐ Eating at least 5 vegetables and/or fruits every day
- ☐ Choosing whole wheat bread and brown rice instead of white bread or rice
- ☐ Create your own goal: \_\_\_\_\_

### ☐ **Sleep.** We've set a goal of...

- ☐ Turning off screens 30 minutes before bedtime
- ☐ Helping my child go to bed at the same time every night
- ☐ Making a routine of reading a book to my child before bed (or, if older, letting my child read to me)
- ☐ Creating a calm place for sleep
- ☐ Using mindfulness or other stress reduction tools if worry is keeping my child up at night
- ☐ Create your own goal: \_\_\_\_\_

### ☐ **Mindfulness.** We've set a goal of...

- ☐ Taking moments throughout the day to notice how we're feeling, both physically and emotionally
- ☐ Finding at least one thing to be thankful for each day
- ☐ Practicing mindful breathing or other calming technique(s) during stressful situation
- ☐ Creating a regular routine of prayer, meditation, and/or yoga
- ☐ Downloading a mindfulness app and doing a mindfulness activity every day
- ☐ Create your own goal: \_\_\_\_\_

### ☐ **Mental health.** We've set a goal of...

- ☐ Having a conversation as a family about emotional and mental health
- ☐ Learning more about mental health treatment options (e.g., counseling, therapy, psychiatric services)
- ☐ Identifying a local mental health professional

- ☐ Scheduling an appointment with a mental health professional or keeping regular appointments
- ☐ If I am feeling like I or my child is in crisis, I will get help
  - ☐ The National Suicide Prevention Lifeline is **800-273-TALK (8255)**
  - ☐ To reach a crisis text line, **text HOME to 741-741**
- ☐ Create your own goal: \_\_\_\_\_

Remember, the most important ingredient for healthy kids is a healthy caregiver. Here are some other goals that you can set for yourself to help your whole family be healthier.

### ☐ **Self-Care.** I've set a goal of...

- ☐ Making a plan for what to do when I'm feeling stressed out, angry, or overwhelmed
- ☐ Planning with my partner, friends, or family to get the support I need
- ☐ Seeking help if I am not emotionally or physically safe
- ☐ Making regular appointments with my medical provider(s), including for preventive care
- ☐ Getting my ACE score and talking to my medical provider about how to improve my health
- ☐ Identifying my strengths and learning more about building resilience
- ☐ Create your own goal: \_\_\_\_\_

For more information, please visit:

From **First 5 California**: <http://www.first5california.com/>

From the **American Academy of Pediatrics**: <https://www.healthychildren.org/>

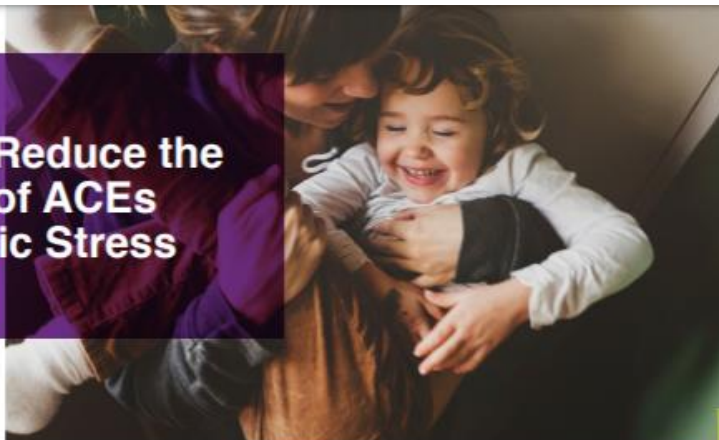
From **ACEs Aware**: <https://www.acesaware.org/heal/resources/>

### **Mental Health:**

- **The National Alliance on Mental Illness (NAMI)**: <https://www.nami.org/help>
  - 1-800-950-NAMI (6264); **Crisis Text Line – Text NAMI to 741-741**

# Patient Educational Materials

## How to Reduce the Effects of ACEs and Toxic Stress



Adverse Childhood Experiences (ACEs) may increase a child's risk of health problems, but parents' consistent care and support help to protect children's health. Relationships with loving and supportive adults can reduce children's stress levels. Even simple activities like playing with bubbles, bear hugs, lullabies, listening to music together, and coloring can make a difference.

**What's the best way to respond to a child's ACEs? If possible, prevention of ACEs is best. In addition, you can:**

- Tune in and learn your child's signals. Help your child calm down when you sense that she is stressed or scared. Soothe your child, and teach ways to calm down when feeling upset.
- Talk and play with your child. Babies like to be rocked, cuddled, and massaged. Toddlers thrive on hugs, shared stories and songs, and daily routines. These actions can help children feel seen, heard, and understood.
- Focus on managing your own stress. This can help you better adjust the way these feelings impact how you respond to your child. Having a calm parent will help protect your child during periods of stress.
- Take your child to regular medical visits. Your medical provider can help you understand when your child's health may be at risk.

### Other ways to help your child's body deal with stress:

- Stick to daily routines. They help children know what's happening next, which can reduce stress.
- Have your child exercise regularly. Make sure your child is getting at least an hour per day of active play.
- Help your child eat well. Good nutrition builds brain health and protects the body. Serve fruits and veggies at meals and avoid junk food.
- Turn to supportive relationships in your family and community.
- Ensure your child gets adequate sleep. Sleep gives the body time to grow and recharge and children who get adequate sleep manage stress more easily.
- Seek mental health care if needed.
- Practice being in the moment; try breathing and meditation. It can help the body manage stress.
- Talk to your health care provider about whether your child's ACEs might be affecting his health and what you can do about it.

## ACEs don't just affect children,

they affect families. Some of the most important things you can do to stop the effects of ACEs include learning to manage your own stress so you can be a healthy, stable, and caring presence for your child. This includes making lifestyle choices such as eating healthy food, getting regular exercise, making a good night's sleep a top priority, and practicing mindfulness. Getting mental health support can also be helpful if you experienced ACEs and trauma in your own childhood or are currently experiencing stressful or traumatic situations in your life. The good news is that science shows how bodies and brains grow and change *every minute of the day!* This means that by starting *today*, putting some of these lifestyle choices into action and getting the right help when you need it, can help build a healthier future for you and your family.

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# Provider Training

GET TRAINED

- **Get trained!**
- Certified provider training is available on [www.ACEsAware.org](http://www.ACEsAware.org)
- Free, 2-hour online course that offers CME and MOC credits
- Includes information on:
  - DHCS policies and requirements for providers
  - Science of trauma and toxic stress
  - How to screen for ACEs using PEARLS and ACEs tools
  - How to implement trauma-informed care
- Additional trainings will be available throughout the year



# Medi-Cal Certification & Payment Process

# Key Requirements

Element	Description
Payment Effective Date	January 1, 2020
Attest to Completing Training By	July 1, 2020
Target Population	Children and adults (through age 64)
Provider Setting / Provider Type	Clinical settings in which billing occurs through Medi-Cal FFS or from a network provider to a managed care plan
Qualified Screening Tools	<u>Children/Adolescents</u> : PEARLS <u>Adults</u> : ACE Assessment Tool (10 original ACE categories)
Payment Rate	\$29
Healthcare Common Procedure Coding System (HCPCS) Codes	<ul style="list-style-type: none"> <li>G9919: ACE score of 4 or greater, high risk <ul style="list-style-type: none"> <li>➤ Screening performed – results positive and provision of recommendations provided</li> </ul> </li> <li>G9920: ACE score of 0 to 3, lower risk <ul style="list-style-type: none"> <li>➤ Screening performed – results negative</li> </ul> </li> </ul>



## Frequently Asked Questions

This page provides answers to operational questions regarding ACEs screenings paid for by Medi-Cal. If you have any questions, please contact [info@ACEsAware.org](mailto:info@ACEsAware.org).

Visit [ACEs Aware Frequently Asked Questions](#)

ACEs Aware

Policy Guidance

Advisory Committee

Materials for Partners

Frequently Asked Questions

### Screening

- |   |   |
|---|---|
| Is it mandatory for Medi-Cal providers to conduct screenings for ACEs?                    | + |
| Is it mandatory for Medi-Cal beneficiaries to complete an ACEs screening?                 | + |
| Is it mandatory for Medi-Cal providers to take a training to be paid for ACEs screenings? | + |

# Screening Tools

Providers must utilize the PEARLS tool or a qualifying ACE questionnaire, as appropriate:

- For Children & Adolescents: Pediatric ACEs and Related Life-Events Screener (PEARLS) tool, co-designed by the Center for Youth Wellness, the University of California, San Francisco (UCSF), and UCSF Benioff Children's Hospital
  - PEARLS for children ages 0-11, to be completed by a caregiver
  - PEARLS for adolescents 12-19, to be completed by a caregiver
  - PEARLS for adolescents 12-19, self-reported
- For Adults up to age 65: ACE Assessment Tool adapted from the landmark Kaiser Permanente/Centers for Disease Control and Prevention ACE study
  - Must contain 10 original categories of ACEs

# Screening Frequency

- Providers may screen as often as deemed appropriate and medically necessary
- Medi-Cal payment is available for ACE screenings based on the following schedule:
  - **Children and adolescents under age 21:** Not more than once per year, per provider (per managed care plan).
  - **Adults age 21 up to 65:** Once in adult lifetime (up to age 65), per provider (per managed care plan).



# Certification & Payment

- Conducting ACE screenings is voluntary; Medi-Cal providers who conduct qualified ACE screenings will be paid
- Commencing July 1, 2020, to receive payment, qualified providers that conduct the screening must be on DHCS' list of providers that have completed a state-certified training and [self-attested to completion](#)

## Guidance

[All Plan Letter \(APL\) 19-018](#)

[Frequently Asked Questions](#)

[Additional Policy Guidance](#)

# Tools & Resources

# Engaging & Supporting Providers

- **Monthly educational webinars** with practical information to help providers integrate screening and response into their clinic and workflows.
- A **Request for Proposals** was issued to fund organizations to help extend the reach and impact of ACEs Aware – applications are currently being reviewed for:
  - Provider Training
  - Provider Engagement
  - Communications
  - Convenings
- The **California ACEs Learning and Quality Improvement Collaborative (CALQIC)** will run an 18-month statewide learning collaborative of pediatric and adult clinics in five regions to identify promising practices, tools, resources, and partnerships to inform future phases of the ACEs Aware initiative.

# Provider Toolkit – Coming Soon!



## Provider Toolkit

Screening and Responding to  
the Impact of ACEs & Toxic Stress

# Have Lunch with Us: Upcoming Webinars

Register for Webinars at:  
<https://www.acesaware.org/heal/learning-engagement-opportunities/>

- **Trauma and Resilience-Informed Health Care: Overview & Resources**
  - March 25<sup>th</sup>: 12 – 1 p.m. PT
- **Building Resilience in the Workforce**
  - April 29<sup>th</sup>: 12 – 1 p.m. PT
- **Screening for ACEs & Toxic Stress, Clinical Algorithm – Pediatrics**
  - May 27<sup>th</sup>: 12 – 1 p.m. PT
- **Screening for ACEs & Toxic Stress, Clinical Algorithm – Adults in Primary Care**
  - June 24<sup>th</sup>: 12 – 1 p.m. PT

# Questions?

**Information, materials, and training opportunities  
are available at [www.ACEsAware.org](http://www.ACEsAware.org)**

**Contact  
[info@ACEsAware.org](mailto:info@ACEsAware.org)**