

SCALING DYADIC CARE MODELS

Financial Considerations for Implementing Early Childhood Integrated Care



An individual's early years shape the trajectory of their entire life. Those early years are profoundly impacted by their environmental context and especially the significant relationships in their lives like their primary caregivers. Pediatric well child visits present a key opportunity to support relationships between young children and their caregivers (the dyadic relationship) to optimize preventive care and early intervention. Dyadic care recognizes the interconnection between meeting caregivers' needs as a mechanism for helping them create safe, stable and nurturing relationships for their child. The Centers for Disease Control and Prevention (CDC) endorses caregiver support as a key intervention "to prevent early adversity, including child abuse and neglect, and to assure that all children reach their full potential."

Dyadic care introduces a behavioral health or developmental specialist into early pediatric well visits as a mechanism for delivering on the lofty aims of the American Academy of Pediatrics Bright Futures Guidelines.¹ Pediatricians are required to squeeze so much into a 15-minute visit. It is unrealistic to expect them also to address each family's socio-emotional needs and the supportive factors essential for wellbeing. Supporting the caregiver-child dyad requires support from a whole team and dyadic care interventions in primary care have decades of evidence supporting their effectiveness.

Recognizing that young children do not go to the doctor alone, California created a new Medi-Cal benefit to reimburse for dyadic intervention in 2023.² This groundbreaking benefit available to children and families who access health care through the Medi-Cal program—over half of all

"No one checks to make sure mom has everything she needs, even after surgery/delivery. Why is that not already a practice? Let's prioritize mom too because mom is the one who is taking care of the baby."

—Parent Member of the UCSF Family Accountability Board

What is dyadic behavioral health care and why is it important?

"Dyadic" approaches to health care acknowledge that child wellbeing is interconnected with the caregiver's wellbeing and their environment. Dyadic behavioral health care in pediatric primary care provides comprehensive preventive behavioral health support for children and includes screening and expanded support for caregivers, families, and other environmental factors that will inevitably impact child health.

In this integrated care model, pediatric behavioral health professionals work alongside the pediatricians and are available to address developmental and behavioral health concerns as soon as they are identified, bypassing obstacles families face when referred to offsite behavioral health services. Providers follow up with referred families to track progress on connection to referrals.

[Resource: DHCS Medi-Cal Provider Manual, Dyadic Services \(updated March 2025\)](#)

1 American Academy of Pediatrics. Bridge Futures. Guidelines for Health Supervision of Infants, Children and Adolescents, 4th Edition. 2017.

2 DHCS Medi-Cal State Plan Amendment 23-0010.

children statewide. Yet, early evidence suggests that uptake of the dyadic benefit has been low.

Dyadic behavioral health services can also be called preventative behavioral health services because the benefit is unique in not requiring psychiatric diagnoses to cover services. Their purpose is early identification and support to address issues that can impact a safe, stable, and nurturing bond between the child and caregiver. Implementing dyadic behavioral health care services has the potential to transform the experience of Medi-Cal-covered children and families, as well as pediatric providers.

“I’ve been a pediatrician at a high-volume Federally Qualified Health Center (FQHC) in California for over 20 years. The addition of an integrated dyadic behavioral health specialist has been one of the most substantial improvements in care delivery I have experienced. It is like a huge weight on the pediatric practitioner is distributed over a team of experts to support holistically the social, emotional, and developmental needs of our patients and their caregivers. While the overarching goal is improved outcomes for our patients, reducing provider burnout is a significant additional benefit.”

—Dr. Anda Kuo

Dyadic Care Implementation Tools

Health centers seek support with implementing dyadic services and the dyadic benefit around key technical elements, such as developing two-generational, preventive services and leveraging existing reimbursement opportunities. Tools designed to educate and navigate technical aspects of implementation are needed to scale dyadic care service delivery to millions of eligible Medi-Cal beneficiaries. The UCSF Center for Advancing Dyadic Care in Pediatrics (CADP) is a leader in supporting clinics adopting dyadic care, including exploring ways to streamline training and technical assistance. Supporting this work locally in the Bay Area and statewide is a priority for the Toxic Stress Network Improvement Collaborative (TONIC) and the Public Works Alliance.

One new tool is a Financial Forecasting Workbook to support the business planning for dyadic care implementation and operations. The intended audience for these tools are pediatric primary care leaders thinking about using the dyadic benefits to launch models of preventative integrated behavioral health services.

This Financial Forecasting Workbook is designed as a Microsoft Excel based modeling tool to estimate revenue and expenses for integrated dyadic behavioral health service delivery. The Centers for Medicare and Medicaid Services (CMS) approved California’s State Plan Amendment (SPA) for an alternative payment method for dyadic care services at FQHCs and RHCs. This SPA authorizes payment for dyadic services delivered on the

same day as a well child medical visit at the applicable fee-for-service (FFS) rate. In other words, the FQHCs and RHCs can bill one visit at their prospective payment system (PPS) rate and one visit at the FFS rate. They cannot bill two visits at the PPS rate for the same patient on the same day.

SCENARIO: FQHC/RHC WORKBOOK

Applies only to FQHC/RHC settings. In this scenario, dyadic care services are eligible for PPS reimbursement only if it occurs on a day when the child does not also have a medical visit (i.e. subject to same-day visit exclusion). Dyadic services that occur on same day as a medical visit are eligible for fee-for-service (FFS) and not subject to financial reconciliation back during annual financial reconciliations. In other words, the clinics can bill one visit at their prospective payment system (PPS) rate and any additional dyadic services at the FFS rate.

SCENARIO 2: NON-HEALTH CENTER PROVIDERS

This scenario is for practice types that do not have PPS reimbursement and are paid on a fee-for-service basis. It uses the Statewide non-specialty mental health Medi-Cal fee schedule as the source of reimbursement amounts.

Users should adjust the core assumptions to fit their circumstances. For example, users can see the financial impact of changing the number of well child visits that have an accompanying dyadic care visit. They also can change the expected billing productivity for the dyadic care clinician. Be prepared to involve several members of your team to gather the information and test out the model assumptions. The Workbook can be a communication tool to share and deliberate with your CEO and CFO about the care model, billing codes, expected service volumes and projected revenue/costs. Here are some sample ways to use the financial model:

- » Calculate break-even points. Users can adjust numbers in the model to estimate the financial break-even point of dyadic services. For example, providing and billing for briefer same day visits allows providers to see more patients while also drawing down more revenue. For FQHCs, leveraging PPS revenue opportunities, such as caregiver dyadic services during well child visits, requires fewer billable visits per clinician to break even.
- » The financial forecasting tool allows practices to set their own targets for the portion of patients that receive behavioral health well child visits and higher complexity services. Users can see the impacts of these numbers in real time on staffing costs and projected revenue.
- » Support requests for additional funding. Users can use this model to support requests for additional grants or funding for program start-up costs or estimate ongoing operational costs that you can't be covered by fee-for-service billing.

Program Start-up Costs

The Financial Forecasting Workbook does not include program start-up costs, but this should not be overlooked. Getting started requires commitment from key discipline leaders of a practice because implementing preventative integrated behavioral health services requires transformation of how the practice operates that impacts all disciplines from insurance registration and schedulers, medical providers, nurses, medical assistants, behavioral health, and peer specialists. Examples of this transformation include:

Moving away from the mindset that a diagnosis is a prerequisite to providing preventive care	→	<i>Practically this means creating triage algorithms to manage both acute problems while saving capacity for health promotion/prevention</i>
Shifting from a single patient-focused mindset to a family-focused mindset	→	<i>Practically this could mean registering caregivers as patients, documenting about caregiver health information in pediatric charts, and developing expertise in adult systems of care for caregiver referrals</i>
Changing from behavioral health referrals that occur sequentially to integrating behavioral health into daily activities	→	<i>Practically this means managing exam room sharing and patient cycles, using communication tools in the moment to alert care team members of patient needs in the moment</i>
Adopting a culture shift that includes interdisciplinary collaboration and problem solving among disciplines that historically worked independently in silos	→	<i>Practically this means creating communication processes where collaboration is fostered and effective both "on the fly" and as part of dedicated meeting times</i>

Starting dyadic care services will be most successful when an initial investment of staff time is made to focus on creating a solid foundation for program operations, training, hiring new staff and supporting their salaries until they have full caseloads. Investing up front supports functional planning for the required changes to operational processes, such as scheduling, patient check-in, patient flow, and room availability.

We recommend that sites identify a program development champion capable of dedicating a portion of their time to the implementation during the first year. These champions are likely existing employees that are able and eager to focus on significant start-up efforts and who are motivated to support children through whole family wellness approaches. Accounting for that time in your program development budget will ensure protected time for the needed transformation efforts, which will promote efficiency and cost-effective processes in the long run.

TABLE 1: EXAMPLE PROGRAM DEVELOPMENT ACTIVITIES

PROGRAM DEVELOPMENT ACTIVITIES	EXAMPLE IMPLEMENTATION LEAD	START-UP DURATION
Clinical Activities Develop a clinical direct service mode, and create clinical documentation note templates.	Clinical Director/ BH Manager	1-6 months
Operations Activities Patient flow procedures, for example: Setting up one Medical visit (Well Child Visit) and one Behavioral Health visit (Dyadic BH visit); creating documentation and billing infrastructure; developing workflows and quality improvement processes; creating data and claims monitoring processes and procedures for room allocation; and billing staff.	BH Manager/ Administrative Manager	6-12 months
Administrative Infrastructure Needs Modifying the EMR, ordering any new equipment, and developing any reporting requirements.	Practice Manager/ Clinic Director/ Informatics Lead	6-12 months

Onboarding Dyadic Care Behavioral Health Clinicians

Medi-Cal requires that a primary care provider, licensed clinician or licensed eligible (receiving supervised hours toward licensure) clinician be the billing provider for dyadic behavioral health. Due to the relative newness of integrated dyadic care services, clinicians with expertise in this model may be difficult to find and recruit. The amount of time it takes to break even on the clinician's salary depends on several factors, such as Medi-Cal enrollment, managed care plan credentialing, panel size, and portion of well child visits included in the dyadic behavioral health service model.

A realistic approach for a newly developing dyadic care program would be to budget about 6-12 months of salary before a clinician is fully onboarded, trained,



and has sufficient patients to generate billing volume necessary to cover their salary. For programs that are fully developed, the lead time to clinicians becoming fully productive would be much less and would depend primarily on the timeline required to be authorized to be in the clinic seeing patients.

Ongoing Administrative Expense

Operating dyadic care services will require extra administrative work, such as registering patients with two appointments, checking in patients and managing the schedules. From a budgeting perspective, sites can itemize the required staff and calculate a ratio per clinician or visit volume. Or they can account for this administrative cost by allocating a percentage of administrative and indirect cost on top of the direct clinician time.



Leveraging Community Health Workers

FQHCs and RHCs are not eligible for separate reimbursement for community health workers (CHW), but other provider types can get reimbursement for CHW services. Those sites may want to consider pairing a dyadic clinician with a CHW to support the caregiver education and resource linkage. FQHCs and RHCs are eligible to be enhanced care management (ECM) service providers and may want to consider pairing ECM with dyadic care. Doulas and Wellness coaches are also new provider types that might complement dyadic care service operations.

Conclusion

Financial sustainability of dyadic behavioral services is front and center in the decision-making process to launch them. Our goal in creating this summary financial workbook to align with dyadic clinical practices is to give dyadic care champions a starting place on their implementation journey.

Sample Dyadic Scenarios Not Integrated Within Primary Care

While our financial workbook is designed around integrated service delivery inside primary care settings, dyadic care services can be reimbursed outside the pediatrician's office for youth up to age 21. Care delivery models are still emerging because the benefit is so new. Below are some ideas of creative and compliant ways to use the dyadic care codes to promote child wellbeing.

SAMPLE SCENARIO	DYADIC SERVICE EXAMPLE
Behavioral health providers working with children involved with child welfare whose caregivers are not on Medi-Cal.	These providers could work with the caregiver and the caregiver-child relationship and bill under the child's aid code. Providers could bill the dyadic codes for care coordination related to talking with social workers and supporting family needs.
Providers who want to be reimbursed for their work with children involving light care coordination and/or collateral communication.	Providers can bill care coordination codes.
Providers who want to do family training and education as part of a child's treatment plan regardless of whether the caregiver has Medi-Cal.	Providers could bill for 25 minutes of family-based work that follows a separately billable therapy session, for example.
Providers working in child development early intervention settings who want to support children who do not have a mental health diagnosis.	Providers could bill in increments to provide education, family training and care coordination to caregivers and families to promote development and wellbeing.

What's a Z Code?

A key innovation with dyadic behavioral health services is that the child and caregiver do not have to have a psychiatric diagnosis, but rather have access to a full range of ICD-10 codes that have not historically been billable for behavioral health services. These are preventative services and environmental/contextual factors. Submitting a billing claim, however, does require a practitioner to list an ICD-10 compliant diagnosis code. To address this issue, DHCS designated a set of "Z codes" to be allowable in the diagnosis field. Practitioners should include the following in their billing systems*:

- » Z13.39 use for Dyadic Behavioral Health Well Child Visit (H1011)
- » Z13.39, use for Dyadic Caregiver Diagnostic, Screening or Assessment (96127, 90791, 90792)
- » Z71.89, use for Dyadic Caregiver Alcohol, Drug, Tobacco Intervention (H0050)
- » Z71.89, use for 21+ Subclinical Symptoms for Psychotherapy Services
- » Z71.89, use for Dyadic Caregiver Physical Health Concern for H&B Assess/Interview (96165-96171)

Additional Z codes are used to capture problems related Social Determinants of Health (SDOH), such as education and literacy, to housing issues, material hardships, and psycho-social issues. See the Medi-Cal provider manual to learn more.

**Note: These codes are subject to change and practitioners should always verify the correct ICD-10 code to use. Refer to the [Dyadic Services Guidance Manual](#).*

Dyadic Behavioral Health Model Distilled

Dyadic care in pediatric clinics is often practiced in a population-based approach, meaning that all children receive universal screenings and a subset of children will be recommended for dyadic care with specialized dyadic providers. Dyadic care may be offered to all children in pediatric clinics and all families may benefit. The 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.

Examples of dyadic services include:

- » **Behavioral health well child care:** Providing whole family comprehensive screening, surveillance, intervention, guidance, and referrals via ongoing well child visits alongside the periodicity for pediatric well care.
- » **Family/Parenting support interventions and resources:** Provide families with brief parenting support or other interventions during pediatric routine care visits. Collaborate with families to determine appropriate and feasible connections to community resources, support services, or specialized interventions that can help address specific needs, such as access to early intervention programs, parenting classes, or counseling services.
- » **Care coordination:** Coordinating care with other healthcare professionals, specialists, or agencies involved in supporting the child and family's overall wellbeing.

Dyadic behavioral health services are designed to promote healthy development and behavior in young children. The [DHCS Dyadic Resources web page](#) provides the following information:

- » A summary of the program and policy
- » Detailed guide to Medi-Cal billing
- » More background and implementation guides

EXAMPLE HIGH-LEVEL SUMMARY OF DYADIC CARE SERVICES WITHIN AN INTEGRATED PEDIATRIC PRIMARY CARE SETTING

Service Component	Description	Avg Time Per Visit	Schedule	Common Billing Codes (all dyadic services must be billed with UI modifier indicating they are dyadic services)
Universal Screenings	AAP Bright Futures guidelines recommends all children receive regular screenings for developmental and behavioral concerns. Developmental screenings and ACEs screenings are reimbursed by Medi-Cal. Additional screenings for caregivers are also recommended including: screenings for maternal depression, substance misuse and social determinants of health (e.g. housing and food insecurity, transportation needs, Interpersonal partner violence).	Included as part of the basic well child visit	Follow the schedule of routine well-childcare, as recommended by Bright Futures .	In FQHC settings, these screenings can be billed and reimbursed in addition to the PPS rate. 96110 Developmental Screening G9919 Positive ACE Screening G9920 Negative ACE Screening
Team-Based Well Child Visits	While Dyadic Services can be delivered in any non-specialty mental health setting, the care model was designed to be delivered as part of routine well child visits as recommended to be delivered during routine well child visits as recommended by the American Academy of Pediatrics Bright Futures schedule . These visits should occur 12 times in a child's first three years and annually after age three. Dyadic Behavioral Health Well Child visits integrate a behavioral health provider alongside the medical provider during the well child visit. Different sites may manage this "conjoint" visit differently. The MH provider may see the child-caregiver dyad immediately before, at the same time as, or immediately after the pediatric medical provider sees them. The dyadic behavioral specialist is the glue that enables the evidenced-based focus on relational health. Providing families access to a MH provider at the time of a medical well child visit normalizes behavioral health care and gives families real-time access to a care team member who has time to review and discuss in-depth results of universal screenings and conduct additional observational assessments and interventions as needed. Caregivers may receive counseling, educational guidance, and help linking to additional supports.	20 minutes in person + follow-up referral coordination	100% of patients are eligible for a dyadic well child visit that corresponds with the periodicity of pediatric well child visits. As staffing allows, follow the schedule of routine well-child visits. If there are staffing constraints, sites may consider stratifying patients with social determinants of health concerns who are at higher risk for toxic stress and prioritizing them.	[H1011-U1] Dyadic BH well child visit (most common code); this can be billed twice annually, and more frequently in accordance with EPSDT if medically necessary. Please consult the provider manual for guidance related to billing more than two H1011-U1 services per year. Other codes listed in the categories below may also be eligible for use in this category.

Service Component	Description	Avg Time Per Visit	Schedule	Common Billing Codes <i>(all dyadic services must be billed with U1 modifier indicating they are dyadic services)</i>
Brief consultations with pediatric patient and/or patient's family	In a population-based model of dyadic care, it is common that a subset of all children ages 0–3 in a pediatric care practice demonstrate factors that can particularly benefit from more targeted services. Frequently, these services will occur following the medical well-child visit. A portion of children and caregivers receiving dyadic services will benefit from more individualized support for complex health or developmental issues. These targeted services may be offered within follow-up consultation sessions designed to address significant challenges that may impact a child's well-being and require a multidisciplinary approach to care. More complex families may be referred for diagnostic evaluations and outside services. Providers often will deliver multiple services at one visit and bill multiple units of different codes. For example, one 25-minute visit may include both H2015 and H2027.	</= 30 minutes	Services could include any of the following: Child developmental and behavioral consults, care coordination, assistance with systems navigation, providing positive parenting guidance	[96167-U1, Health & Behavioral Intervention, Family (with patient), initial 30 mins 96168-U1, Health & Behavioral Intervention, Family (with patient), each additional 15 mins 96156, Health & Behavioral Assessment or Reassessment H2015, Dyadic Comprehensive Community Support Services H2027, Dyadic Pschoeducation T1027, Dyadic Family Training and Counseling for Child Development
Higher complexity visits with pediatric patient and/or patient's family	Some pediatric patients and their families may demonstrate similar types of needs as described in the previous category but require more time or a different service type due to higher complexity.	>30 minutes	Same as above	90832, Psychotherapy, 30 mins 90834, Psychotherapy, 45 mins 90837, Psychotherapy, 60 mins 90791, Psychiatric Diagnostic Evaluation without Medical/E&M 90846, Family or Interparental/ Couple Psychotherapy, w/o pediatric pt 90847, Family or Interparental/ Couple Psychotherapy, with pediatric pt

ABOUT THE AUTHORS

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PARTNERS IN THIS WORK

UCSF Center for Advancing Dyadic Care in Pediatrics (CADP)

Housed at UCSF, the Center's vision is to make family-centered, dyadic behavioral health promotion and prevention a routine and sustainable standard of pediatric health care in early childhood. CADP grounds its work in a thriving dyadic care practice within the Children's Health Center where the UCSF CADP staff also practice and lead clinical services as part of this civil service pediatric clinic in the San Francisco Health Network. The UCSF CADP is an official Technical Assistance Vendor for Dyadic Care for the California Department of Health Care Services.

Zuckerberg San Francisco General Hospital Children's Health Center

Numerous models of dyadic care have been implemented in California over time, but historically they relied on grant funding and struggled to scale. An early implementer of dyadic care in pediatric primary care was the Children's Health Center (CHC) at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG)—a large pediatric Medi-Cal provider in San Francisco County and the largest pediatric health clinic in the San Francisco Health Network, part of the San Francisco Department of Public Health. CHC has been a trailblazer of dyadic care models and was instrumental in the Medi-Cal benefit creation.

TONIC

The Toxic Stress Network Improvement Collaborative (TONIC) has been working since 2019 with the goal of grounding care coordination systems in San Francisco for children 0-5 in lived expertise and aligning sectors around the following goals: promote health, including early relational health, and resilience; identify, prevent, and mitigate risk factors for toxic stress; and treat toxic stress and its negative associated health consequences. TONIC was a funder and collaborator of this work.

California Children's Trust

The California Children's Trust (CCT) is a statewide initiative to reimagine our state's approach to children's social, emotional, and developmental health. We work to transform the administration, delivery, and financing of child-serving systems to ensure that they are equity driven and accountable for improved outcomes.

Public Works Alliance

The Public Works Alliance (PWA) changes the economic future of marginalized communities by building equitable public systems that take action with people and for people. PWA opens new career pathways for youth, increases healthcare access for families, and leverages the power of Medicaid to sustain positive community impact. For more information, visit publicworksalliance.org.