



# ACEs Aware Initiative: Frequently Asked Questions

This document provides a list of Frequently Asked Questions (FAQs) about the ACEs Aware initiative for health care providers and other interested organizations.

These FAQs relate to Adverse Childhood Experiences (ACEs) and toxic stress, the ACEs Aware initiative background and activities, the importance of screening and responding to ACEs, how to determine a patient's ACE score, how providers can get trained to screen for ACEs, and the Medi-Cal certification and payment process.

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## ACEs Aware Initiative

### What is the ACEs Aware initiative?

The ACEs Aware initiative seeks to change and save lives by helping Medi-Cal providers understand the importance of screening for Adverse Childhood Experiences (ACEs) and training them to respond with trauma-informed care.

ACEs Aware offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs. Screening for ACEs, assessing for toxic stress, and responding with evidence-based interventions can significantly improve the health and well-being of individuals and families. The ACEs Aware initiative is part of a statewide effort, led by the Office of the California Surgeon General and Department of Health Care Services (DHCS), to cut ACEs and toxic stress in half in one generation.

This first-of-its-kind effort to enable early detection and mitigate against the health and societal impacts of ACEs and toxic stress is led by Dr. Nadine Burke Harris, California Surgeon General, and Dr. Karen Mark, Medical Director for DHCS. Follow ACEs Aware on social media: [Facebook](#), [Twitter](#), [LinkedIn](#), and [Instagram](#).

For more information about ACEs Aware, visit [www.ACEsAware.org](http://www.ACEsAware.org). You can also [sign up to receive updates](#).

### Why is the state addressing this issue?

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 evidence-based interventions and implementing trauma-informed care, we can significantly improve the health and well-being of individuals and families.



## How can providers participate in the ACEs Aware initiative?

Providers should follow these steps to be able to receive Medi-Cal payment for ACE screening:

**Step 1:** Get trained now. Providers can take a free two-hour, online training to learn about ACEs and toxic stress, ACE screening tools, evidence-based interventions, and trauma-informed care. The training provides Continuing Medical Education (CME) and Maintenance of Certification (MOC) credits.

**Step 2:** Screen for ACEs, assess risk for toxic stress, respond with evidence-based interventions, and implement trauma-informed care. Learn about screening for ACEs and clinical assessment and treatment planning.

**Step 3:** Receive Medi-Cal payment. Beginning July 1, 2020, Medi-Cal providers must have self-attested to completing certified ACE screening to continue receiving payment for ACE screenings. Get information on how to receive payment.

**Step 4:** Help advance the health care system by checking out our educational events.

For more information about ACEs Aware, visit [www.ACEsAware.org](http://www.ACEsAware.org). You can also sign up to receive updates. Follow ACEs Aware on social media: Facebook, Twitter, LinkedIn, and Instagram.

## What other information and training resources are available for providers?

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

- [A Provider Toolkit](#) that provides comprehensive information on the ACEs Aware initiative.



- [Clinical workflows and algorithms](#) for pediatrics and adults. [Webinars and other activities](#) also promote shared learning and promising practices for implementing ACE screening and clinical response.
- [ACEs Aware grantee information](#). Grantees extend the reach and impact of the initiative. The ACEs Aware grants provide funding to organizations to design and implement training, provider engagement, and education activities for providers and organizations that serve Medi-Cal beneficiaries.
- [Tools and resources](#) for providers.
  - 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 and will identify promising practices, tools, resources, and partnerships that will inform future phases of California's ACEs Aware initiative.

## What is the cost of ACEs in California?

Earlier this year, new research was released from the Pacific Institute for Research & Evaluation (PIRE) estimating that the health-related costs of ACEs and toxic stress in California total \$112.5 billion annually. This estimate includes direct ACEs-related health care expenditures totaling \$10.5 billion annually, with an additional \$102 billion in the cost of disease burden, including premature death and years of productive life lost to disability. The research considered just five ACE-Associated Health Conditions (asthma, arthritis, chronic obstructive pulmonary disease, depression, and cardiovascular disease) and three health risk factors (lifetime smoking, heavy drinking, and obesity). For more information, you can read [the news alert from the Office of the California Surgeon General](#) or the study [published in PLOS ONE "Adult Health Burden and Costs in California During 2013 Associated with Prior Adverse Childhood Experiences,"](#) conducted by the PIRE, with assistance from Center for Youth Wellness (CYW) and funded by JPB Foundation.



## Adverse Childhood Experience Basics

### What are ACEs?

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

- Data show that:
  - 62 percent of Californians have experienced at least one ACE.
  - 16 percent of Californians have experienced four or more ACEs (California Behavioral Risk Factor Surveillance Program, 2011 – 2017).

A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during critical and sensitive periods of development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing the state of California and the nation. Screening children and adults for ACEs, assessing risk for toxic stress, and responding with evidence-based interventions and trauma-informed care can significantly improve the health and well-being of individuals and families.

### What is a toxic stress response?

Repeated or prolonged activation of a child's stress response, without the buffering of trusted, nurturing caregivers and safe, stable environments, leads to long-term changes in the structure and functioning of the developing brain, metabolic, immune, and neuroendocrine responses, and even the way DNA is read and transcribed. Development of the toxic stress response is influenced by a combination of cumulative adversity, buffering or protective factors, and



predisposing vulnerability. For more information on the toxic stress response, see the [Science of ACEs and Toxic Stress Fact Sheet](#).

## What are ACE-Associated Health Conditions?

ACEs are strongly associated, in a dose-response fashion, with some of the most common and serious health conditions facing our society, including at least nine of the 10 leading causes of death in the United States.

- People with four or more ACEs are:
  - 37.5 times as likely to attempt suicide.
  - 11.2 times as likely to have Alzheimer's or dementia.
  - 3.1 times as likely to have chronic lower respiratory disease.
  - 2 – 2.3 times as likely to have a stroke, cancer, or heart disease.
  - 1.4 times as likely to have diabetes.

See the [ACE-Associated Health Conditions as part of the ACE Screening Workflows, Risk Assessment and Treatment Algorithms, ACE-Associated Health Conditions](#).

## How can toxic stress impact child and adolescent health?

Children are uniquely vulnerable to the effects of an overactive stress response due to ACEs because their brains and bodies are still developing. The effects of toxic stress are detectable as early as infancy and, without buffering supports, may lead to ACE-Associated Health Conditions. In babies, high doses of adversity are associated with failure to thrive, growth delay, sleep disruption, and developmental delay. School-aged children may have increased risk of viral infections, pneumonia, asthma, and other atopic diseases, as well as difficulties with learning and behavior.



Among adolescents with high ACEs, somatic complaints are common, including headache and abdominal pain, increased engagement in high-risk behaviors, teen pregnancy, teen paternity, sexually transmitted infections (STIs), mental health disorders, and substance use. For more information about the impact of toxic stress on health, see the [Science of ACEs and Toxic Stress Fact Sheet](#).

## How can toxic stress impact adult health?

ACEs are strongly associated, in a dose-response fashion, with some of the most common and serious health conditions, including at least nine of the 10 leading causes of death in the U.S. These ACE-Associated Health Conditions include cardiovascular disease, diabetes, chronic obstructive pulmonary disease, Alzheimer's or dementia, and depression. The life expectancy of individuals with six or more ACEs is 19 years shorter than that of individuals with none. For more information on the impact of toxic stress on health, see the [Science of ACEs and Toxic Stress Fact Sheet](#).

## What populations typically have the highest ACE scores?

ACEs affect all communities. The original ACE study was conducted among a population that was mostly White, middle class, employed, college educated, and privately insured. Subsequent studies have found higher prevalence rates of ACEs in people who are low-income, of color, justice-involved, and/or part of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community.

## ACE Screening

### Why should I screen for ACEs?

The ACEs Aware initiative empowers providers to care for their patients. Screening for ACEs and toxic stress and providing targeted, evidence-based interventions and trauma-informed care for toxic stress can:



- Improve efficacy and efficiency of health care.
- Better support individual and family health and well-being.
- Reduce long-term health costs.

Screening for ACEs is a critical step toward transforming care to be more trauma-informed, addressing the potential root causes of health issues. Trauma-informed care is critical for reducing the impacts of ACEs and improving patient outcomes.

## What is involved in conducting an ACE screening?

At the beginning of an appointment, the age-appropriate screening tool should be given directly to adult patients, caregivers for children and adolescents, and adolescent patients for completion in a private setting when possible. The Clinical Advisory Subcommittee and the Office of the California Surgeon General have developed the [ACE Screening Clinical Workflows](#) for incorporating ACE screening and response into clinical care, adapted for pediatric and adult practices. There is more information about [Clinical Assessment and Treatment Planning](#) following ACE screenings on the [ACEs Aware website](#) and as part of the [Becoming ACEs Aware in California Training](#).

## How long does a typical ACE screening take?

Primary care implementation studies have found that ACE screening usually adds less than five minutes to a medical visit, is acceptable to both patients and providers, and is associated with improved patient satisfaction and health care utilization.



## What screening tools must be used to receive Medi-Cal payment?

The following screening tools must be used to obtain Medi-Cal payment. The tools are available in de-identified and identified formats. These tools can be found in English, Spanish, and 15 other languages at [www.ACEsAware.org/screening-tools](http://www.ACEsAware.org/screening-tools):

- For Children & Adolescents – The Pediatric ACEs and Related Life-Events Screener (PEARLS) was developed by the Bay Area Research Consortium on Toxic Stress and Health (BARC), a partnership between the Center for Youth Wellness, the University of California San Francisco (UCSF), and UCSF Benioff Children's Hospital Oakland.
- For Adults – The ACE Questionnaire for Adults was adapted from the work of the CDC and Kaiser Permanente. A version of the tool has been compiled by the Office of the California Surgeon General and DHCS in consultation with the ACEs Aware Clinical Advisory Subcommittee.
- 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.

## Clinical Response to ACEs and Toxic Stress

### How do providers assess a patient's risk for toxic stress?

Early identification and intervention are key to ameliorating the impacts of toxic stress and reducing the risk of ACE-Associated Health Conditions. Rigorous investigation is currently underway to aid in establishing clinical diagnostic criteria and standardized biomarkers for defining and predicting about toxic stress risk.



Currently, the strongest indicator of a toxic stress physiology is cumulative adversity (ACE score) paired with clinical symptomatology (ACE-Associated Health Conditions). The [ACEs and Toxic Stress Risk Assessment Algorithms for children and adults](#) assess whether a patient is at low, intermediate, or high risk for having a toxic stress physiology. The algorithm's toxic stress risk assessment is based on a combination of the ACE score and the presence or absence of ACE-Associated Health Conditions. The patient's risk of a toxic stress response helps providers determine the appropriate evidence-based interventions and patient education.

## How is a patient's ACE score calculated?

The ACE score refers to the total reported exposure to the 10 ACE categories indicated in Part 1 of the PEARLS and in the ACE Questionnaire for Adults. ACE scores range from 0 to 10. 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.

Each patient's individual health outcomes will be based on a combination of cumulative adversity (including ACEs and other stressors), protective factors, and differential biological susceptibility. Therefore, ACE screening should be used in a probabilistic, not a deterministic, manner to alert providers to patients who are at a greater health risk based on population-level data.

## What is trauma-informed care?

Trauma-informed care recognizes and responds to the signs and potential consequences of trauma to better support the health needs of patients who have experienced ACEs and toxic stress. Trauma-informed care is a framework that involves:



- **Understanding** the prevalence of trauma and adversity and their impacts on health and behavior.
- **Recognizing** the effects of trauma and adversity on health and behavior.
- **Training** leadership, providers, and staff on responding to patients with best practices for trauma-informed care.
- **Integrating** knowledge about trauma and adversity into policies, procedures, practices and treatment planning.
- **Resisting** re-traumatization by approaching patients who have experienced ACEs or other adversities with non-judgmental support.

The following key principles of trauma-informed care should serve as a guide for all providers and staff:

- Establish the physical and emotional safety of patients and staff.
- Build trust between providers and patients.
- Recognize the signs and symptoms of trauma exposure on physical and mental health.
- Promote patient-centered, evidence-based care.
- Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment.
- Provide care that is sensitive to the patient's racial, ethnic, and cultural background and gender identity.



For more information on trauma-informed care, including examples for implementing the principles, see the [Trauma-Informed Care Overview Fact Sheet](#).

## What is the clinical response to ACEs and toxic stress?

Based on a patient's toxic stress risk assessment, ACE-Associated Health Conditions, and buffering factors, providers offer evidence-based interventions and develop a treatment plan with the patient. The clinical response to the identification of ACEs and increased risk of toxic stress should include the following, and the pediatric and adult algorithms identify specific clinical interventions based on toxic stress level and ACE-Associated Health Conditions.

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:
  - Supportive relationships, including with caregivers (for children), other family members, and peers.
  - High-quality, sufficient sleep.
  - Balanced nutrition.
  - Regular physical activity.
  - Mindfulness and meditation.
  - Mental health care, including psychotherapy or psychiatric care, and substance use disorder treatment, when indicated.
3. Validation of **existing strengths and protective factors**.



4. Referral to **needed patient resources or interventions**, such as education materials, 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.

## How can providers help prevent adverse patient emotional responses during ACE screening?

It is important for providers to offer ACE screening and response in a trauma-informed manner that avoids re-traumatizing patients. One way to do this is by using a de-identified screening tool in which the patient or caregiver counts the number of ACEs categories they or their child have experienced, and indicates the total score, without identifying which ACE(s) they or their child experienced. Without eliciting specific details of a trauma history, providers should offer a supportive, compassionate response, and offer referrals to overcome the impacts of trauma, and an opportunity to follow up.

## Certification and Payment

### Are Medi-Cal providers paid for conducting ACE screenings?

Effective January 1, 2020, qualified Medi-Cal providers are eligible for a payment for screening patients who have full-scope Medi-Cal using a qualified screening tool. The list of providers who qualify for Medi-Cal payment for ACE screenings is available on the [ACEs Aware website](#). After taking the training, eligible Medi-Cal providers must self-attest to completing the certified ACE training to receive payment for ACE screenings conducted after July 1, 2020. Providers can take the training and self-attest even after July 1, but Medi-Cal will



not pay eligible providers for qualified ACE screenings after July 1 if they have not taken the training and self-attested. Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services (IHS) - Memorandum of Agreement clinics also can receive these payments.

### Can only Medi-Cal providers in California receive payment for ACE screenings?

The \$29 payment for ACE screenings is funded by Proposition 56 and is only available to qualified Medi-Cal providers. All providers can still get trained and use the ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions on the ACEs Aware [Clinical Assessment & Treatment Planning web page](#).

### How often can patients be screened for ACEs?

Re-screening for children and adolescents under age 21 is permitted as determined appropriate and medically necessary, not more than once per year, per provider (per managed care plan). Screening for adults age 21 through 64 is permitted once per adult lifetime (through age 64), per provider, (per managed care plan). Screenings completed while the person is under age 21 do not count toward the one screening allowed in their adult lifetime.

### What are the Medi-Cal billing and coding requirements?

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

HCPCS Code	Definition	Notes
<b>G9919</b>	Screening performed: Result indicates patient is at high risk for	Providers must bill this HCPCS when the



	toxic stress; education and evidence-based interventions (as necessary) provided.	patient's ACE score is 4 or greater (high risk).
<b>G9920</b>	Screening performed: Result indicates patient is at lower risk for toxic stress; education and evidence-based interventions (as necessary) provided.	Providers must bill this HCPCS when the patient's ACE score is between 0-3 (lower risk).

Providers must document all of the following:

- The screening tool that was used.
- The completed screen was reviewed.
- The results of the screen.
- The interpretation of results.
- What was discussed with the patient and/or family.

This documentation must remain in the patient's medical record and be available to auditors upon request.