Case Study Report

Lessons Learned from HealthySteps Technical Assistance in California

January 2026

Table of Contents

EXECUTIVE SUMMARY

This report synthesizes insights from multiple efforts to support the financial sustainability of HealthySteps sites in California, including federally qualified health centers (FQHCs), community clinics (non-FQHCs), private practices, and other settings. Led by the HealthySteps National Office and Health Management Associates (HMA), the technical assistance (TA) elevated challenges, strategies and best practices to achieve sustainability informed by learning collaboratives, individualized TA sessions, and financial modeling exercises. This report complements additional resources that the HS National Office and HMA developed which are available via the HealthySteps (HS) Sustainability website.

A key goal of the TA was supporting sites in understanding how the Medi-Cal dyadic services benefit, approved in 2023, provides a pathway for sustainability, in complement with other revenue strategies. This report highlights site-specific experience at Riverside University Health System (RUHS) and Rady Children's Health (RCH) supported by First 5 Riverside, as well as Orange County's experience across multiple sites under the leadership of First 5 Orange County (First 5 OC).

HealthySteps (HS) is an evidence-based, interdisciplinary pediatric primary care program designed to promote nurturing parenting and healthy development of babies and toddlers. For the past three years, the number of HS sites in California has significantly increased to over 50 in 2025 from fewer than 10 in 2022, driven in part by the availability of the Medi-Cal dyadic services benefit. The HS model relies on a care leader and coordinator, known as a HealthySteps Specialist (HS Specialist), who supports the primary care team with child development and behavioral health promotion and prevention.

The HS TA initiative in California highlighted critical factors for achieving long-term program viability and pathways for programs to achieve sustainability. The specific examples and learnings in this report demonstrate that a sustainable HS model is feasible, **but success depends on tailored billing practices to maximize reimbursement through the dyadic care benefits, strategic partnerships, and long-term financial planning**. Sites that successfully advanced sustainability focused on optimizing billing and claims processes, relying on Medi-Cal dyadic services and family therapy benefits, and aligning workflows with value-based payment incentives.

Financial modeling tools and multiyear forecasting proved essential in projecting revenue and resource needs, while strong organizational buy-in and integrated behavioral health strategies supported continuity. In addition, partnerships with managed care plans and clear contractual alignment emerged as key drivers for maintaining reimbursement streams. These lessons underscore that sustainability requires both technical precision,

such as coding accuracy specific to the rules and provisions associated with the clinical setting, and securing start-up funding and operational support.

The partnerships with managed care plans were identified as key to scaling the HS model across California and successfully reimbursing providers of the Medi-Cal dyadic services. Managed care plans were cited as critical to supporting provider credentialing, securing contract amendments, when necessary, and aiding providers in understanding the requirements associated with the new benefits. In addition, managed care plans like CalOptima and the Inland Empire Health Plan (IEHP) have provided critical funding, in partnerships with First 5 Orange County and Riverside, respectively, to support the start-up and scaling of HS sites, building on initial investments from the First 5s.

Table 1 on the following pages provides a high-level summary of the key learnings informed by the TA strategies and the input of select HS sites in California that received one or more TA activities.

Table 1. Key Findings in Case Studies of TA Strategies Applied at Select HS Sites

Challenges	Practices and Solutions	Results
Billing and Benefit Maximization		
• Navigating new Medi-Cal dyadic services codes • Claim denials and underbilling • Understanding payment rules and requirements specific to the clinical setting (i.e., FQHC vs. hospital or community clinic)	• Tailored resources such as billing matrix and decision tree including patient journey maps • Site-specific coaching on code usage (e.g., H1011, H2015, H2027, T1027) • Engagement with Medi-Cal managed care plans to resolve claim issues and optimize documentation templates as a prevention mechanism	• Increased billing accuracy and revenue • Greater confidence in program sustainability • Greater uptake in use of the Medi-Cal dyadic care benefits
Planning and Modeling		
• Transitioning from grant funding to long-term financial models • Justifying program costs to leadership • Navigating value-based payment structures	• Financial forecasting tools (e.g., tool developed by HMA/HS National Office) • Partnerships with managed care plans (e.g., IEHP, CalOptima) • Blended funding models combining billing, incentives, and grants	• Multiple sites transitioned to sustainable funding • Increased managed care plan engagement and investment • Increased leadership buy-in

Challenges	Practices and Solutions	Results
Contractual Issues		
• Incomplete scope of services for billing • Credentialing and National Provider Identifier (NPI) set up for HS Specialists • Plan-specific contract barriers	• Contract amendments and clarifications • Provider credentialing support • Updated policy guidance from California Department of Health Care Services (DHCS)	• Resolved billing and compliance issues • Strengthened relationships with managed care plans
Operational Workflows		
• Integrating (HS Specialist) into pediatric visits • Ensuring consistent family engagement • Avoiding duplication of services • Patient workflows cognizant of same-day physical/mental health restrictions for FQHCs	• Patient journey mapping and workflow templates • Electronic health record integration for HS Specialist documentation • Scheduling and appointment follow-up procedures to accommodate visit restrictions and maximize staffing capacity	• Improved well-child visit compliance • Enhanced provider and patient satisfaction • Decreased staff time lost to administrative burden
Screening and Referral Pathways		
• Inconsistent use of screening data • Limited referral follow-up • Underuse of psychotherapy services	• Risk stratification rubrics (HS Tiers 1–3), stratifying families to ensure those with the greatest needs received prioritized HS Tier 3 interventions • Referral protocols and community resource mapping • Scenario-based training for family therapy billing	• Increased service delivery and follow-up • Increased referral rates • Increased patient engagement and satisfaction

INTRODUCTION

HealthySteps (HS), a ZERO TO THREE (ZTT) program, is an evidence-based, interdisciplinary pediatric primary care program designed to promote nurturing parenting and healthy development of babies and toddlers. Over the past three years, the number of HS sites throughout California has significantly increased to over 50 in 2025 from fewer than 10 in 2022, driven in part by the availability of the recently adopted Medi-Cal dyadic care benefit.

Medi-Cal's dyadic services and family therapy benefits took effect in January 2023. Dyadic care combines behavioral health treatment with pediatric care, critically important for infants and children up to five years old, to simultaneously support children and their caregivers. Dyadic care uses an integrated approach that enables early screening and treatment of behavioral health conditions, often overlooked in routine care, and addresses trauma before it escalates. Services covered by the benefit include behavioral health well-child visits, navigation and follow-up for referrals, psychoeducation, family training and counseling, and specified mental and behavioral health screenings for caregivers.[1] The dyadic services benefit is designed to support implementation of comprehensive models of dyadic care, such as HS, that work within the pediatric clinic setting to identify and address caregiver and family risk factors for the benefit of the child.

Since 2022, Health Management Associates (HMA) has worked with the HealthySteps National Office to support the sustainability of the growing number of HS sites in the following ways:

- Guidance on billing and coding to practices
- Deepened understanding the new Medi-Cal dyadic services and developed the operational workflows needed to support them
- Engaged providers and administrative teams to develop billing practices
- Provided financial modeling and sustainability planning
- Documented lessons learned and experiences across sites.

Technical Assistance Approach

In collaboration with the HS National Office, HMA implemented a multipronged technical assistance (TA) strategy that included:

- **A Virtual Learning Collaborative:** Participants included representatives of HS sites. The learning sessions generally took place every other month and provided group-

[1] Children and Youth Behavioral Health Initiative. Enhanced Medi-Cal Benefits – Dyadic Services. 2026. Available at: https://cybhi.chhs.ca.gov/workstream/enhanced-medi-cal-benefits-dyadic-services/.

based guidance on billing optimization, dyadic services benefit implementation, and revenue forecasting to new and existing HS sites. Participants received updated guidance related to the dyadic services benefit, shared common challenges, identified opportunities and elevated best practices to maximize revenue generation.

The learning sessions began in 2023 with sites in Riverside County and later expanded to include Orange County. In 2024, participation expanded to sites in Los Angeles County and then grew to include Marin and Watsonville Counties. Participation expanded in response to the growth in sites statewide and interest in understanding the new dyadic services benefit. On average, about six virtual learning sessions took place annually to present updates, share lessons learned, and introduce TA tools.

- **Individualized Technical Assistance:** More intensive TA was provided to interested sites. Sessions were tailored to site-specific needs, including coaching on workflow design, consent procedures, and opportunities to maximize Prospective Payment System (PPS) reimbursements for FQHC sites. HMA also coached practices to effectively engage with managed care plans to improve contractual alignment and reimbursement processes.

- **Tool and Model Development:** To support financial planning, modeling tools and billing guides were developed for both federally qualified health center (FQHC) and non-FQHC settings, enabling practices to project revenue and resource requirements.

Complementing the TA, HMA conducted interviews and collected data from select HS sites to develop case studies that capture sustainability lessons and inform best practices across the California HS network.

Topics covered in the interviews included:

- **Technology:** How does technology support required documentation for seamless claims processing? Are you experiencing any technological barriers to submitting claims?
- **Contracting:** Does your organization have required contracting in place to leverage the available reimbursement pathways while implementing the core components of the HS model?

- **Billing and Claims Optimization:** Is your organization using all available benefits and codes to maximize claiming?
- **Data Stratification and Referral Pathways:** Is your organization maximizing opportunities to refer patients to available services?
- **Workflow Optimization:** What does your patient journey look like and is it sustainable?

Technical Assistance Tools

HMA developed a revenue forecasting tool for HS sites in California to enhance financial planning, predict future revenue, and optimize strategies to sustain HS implementation. The tool incorporates the published Medi-Cal fee schedule rates,[2] including dyadic services billing codes and PPS optimization opportunities for both FQHCs and non-FQHCs. It enables sites to project multiyear revenue streams, estimate staffing costs, and evaluate the financial impact of delivering tiered HS services.

By modeling expected reimbursement for dyadic services, such as dyadic behavioral health visits, family training and counseling for child development, and psychoeducational services, the tool helps clinics understand how they can offset program costs and maximize eligible reimbursable services. The instrument was employed in TA sessions and learning collaboratives to guide decision-making, support grant applications, and inform contracting discussions with managed care plans.

The tool has dynamic fields that allow sites to test utilization and revenue scenarios, including:

- Rates of patient engagement in services
- Distribution of patients by the HS "risk" tier
- Estimations of patient engagement in the various dyadic services
- Staffing levels and associated costs
- Administrative overhead
- Other assumptions related to claim denials and other operating costs

The forecasting tool enabled sites to model scenarios and reimbursement strategies based on the size of the patient population, risk portfolio and the HS staffing model.

[2] The model includes rates in the published Medi-Cal rate schedule, recognizing that some providers may have higher negotiated rates with managed care plans.

CASE STUDIES

All participants in the learning community helped bring to light challenges and successes; however, the experience of 22 health systems and one countywide initiative, in particular, are elevated to inform pathways for sustainability. Each case study provides a different perspective on how HS sites have developed successful pathways toward sustainability, including FQHC and non-FQHC settings:

- **Case Study 1:** Riverside University Health System and First 5 Riverside
- **Case Study 2:** Rady Children's Health and First 5 Riverside
- **Case Study 3:** Orange County FQHCs, non-FQHCs, and First 5 OC

HealthySteps Learning Community

Learning community sessions, beginning in 2023 with sites in Riverside and subsequently expanded, became an important platform for sharing progress and addressing questions, particularly during the initial rollout and updates to the Medi-Cal dyadic services benefit.
On average, six virtual learnings sessions took place annually in 2023–2025 with diverse participation from HS Specialists, clinical leaders, and fiscal/administrative staff. These sessions also served as portal to identify sites with needs for more intensive, individualized support.

Case Study 1: Riverside University Health System and First 5 Riverside

Riverside University Health System (RUHS) and its four FQHCs were some of the first HS sites in California to employ the new dyadic services billing codes. RUHS's experience demonstrates the potential for FQHCs to receive reimbursement through strategic workflow redesign and billing coordination. First 5 Riverside County (F5RC) partnered with the HS National Office to implement HS in Riverside County in 2018. RUHS's network includes four HS sites:

- Jurupa Valley Community Health Center
- Main Campus Pediatric Clinic
- Perris Community Health Center
- Riverside Neighborhood Health Center

RUHS's HS implementation is led by a program manager, a licensed clinical social worker (LCSW), who provides administrative leadership, clinical supervision, and coordination with external partners. The manager ensures Healthy Steps Specialists (HS Specialists) have the resources and training necessary and supervises associate-level clinicians through weekly sessions to ensure timely and consistent billing compliance. Monthly team meetings support case consultation and model fidelity. RUHS also employs community health workers (CHWs) to assist families with non-clinical needs like completing applications for

the Women, Infants, and Children (WIC) program or insurance navigation, allowing HS Specialists to focus on behavioral health services. CHWs are engaged through internal referrals and provide follow-up with families outside of visits. Administrative support staff, including a part-time office assistant, track data and compile reports for funders and model reporting. Standardized electronic health record (EHR) documentation streamlines billing and reporting, enabling HS Specialists to prioritize patient care and optimize staff time for direct patient services.

With HMA's support, RUHS integrated HS Specialists into almost every well-child visit, developed a standardized patient journey map, and implemented dual billing strategies that allowed both pediatric and caregiver services to be reimbursed. The patient journey map outlines a potential pathway for families to access services and how those services would be reimbursed through the specific eligible dyadic services benefit. RUHS also leveraged financial forecasting tools to present a compelling return on investment to leadership, resulting in internal budget commitments to sustain implementation of the HS program beyond initial grant funding. RUHS's journey highlights the value of early adoption, proactive payer engagement, and data-driven planning in building a sustainable model for integrated pediatric and family care.

Moving forward, the RUHS team is exploring a redesign of scheduling workflows to allow for concurrent or sequential engagement, enabling HS Specialists to provide dyadic behavioral health services alongside routine pediatric care. RUHS is also working to integrate screening tools and data stratification-backed referral protocols into its EHR system, allowing for real-time identification of families in need and streamlined documentation. This operational integration supports RUHS's ability to bill for both pediatric and caregiver services under Medi-Cal's new dyadic billing codes, thereby making the program financially viable and clinically impactful.

Lessons Learned

HMA provided several TA sessions to the RUHS team. These individualized sessions led to the identification of multiple practices to advance sustainability and maximize reimbursements through dyadic services, including:

- **Workflow Integration:** RUHS fully embedded HS Specialists into pediatric visits. By standardizing the visit workflow and including a HS Specialist in almost every well-child check, HS Specialist involvement in these visits has substantially increased. Tight integration improved care coordination and ensured families consistently received behavioral/developmental support during visits.

- **Billing Execution:** RUHS was a pioneer in billing Medi-Cal's new dyadic service codes, successfully claiming reimbursement for H1011, H2015, H2027, and T1027 on HS visits, with a reimbursement focus for both the child's medical encounter and subsequent caregiver supports. The dual billing strategy of optimizing live engagement of the dyad and addressing additional identified needs, though still in progress, will result in one claim for the child and one for the caregiver, where Medi-Cal-eligible. Implementation of this dual billing strategy is ongoing and could significantly increase revenue potential per visit while improving access to maximize service opportunity per live engagement with the caregiver-child dyad.

- **Staffing & Licensure:** Recruiting licensed behavioral health clinicians was difficult initially, so RUHS hired associate-level, pre-licensed HS Specialists with required supervision. The licensed HS program manager (LCSW) provided weekly clinical supervision and co-signature for unlicensed staff to meet Medi-Cal requirements. Although this approach allowed RUHS to staff the program, it required extra coordination to maintain billing compliance until staff became fully licensed and limited the offering's potential for family psychotherapy visits.

- **Credentialing & Contracting:** RUHS had to update administrative groundwork to support HS services. Staff worked with managed care plans to credential HS Specialists (LCSWs/licensed marriage and family therapists [LMFTs]) in the network and to amend contracts or secure approvals for the new dyadic codes. Because it is an FQHC, RUHS also verified that offering caregiver services fit within their defined scope. These steps were time-consuming but necessary to ensure billing and reimbursement.

- **Billing Process Compliance:** Early in implementation, RUHS discovered gaps in its billing processes. For example, the health system initially missed billing for certain services like developmental screenings and sometimes overlooked the opportunity to bill a second PPS encounter for the caregiver, where appropriate, resulting in missed revenue. Once apparent (through TA data reviews), RUHS adjusted its workflows to capture all billable elements of an HS visit, including logging screenings with proper codes and billing the caregiver encounter whenever applicable. This fix improved revenue capture and compliance with Medi-Cal billing rules.

- **Data Tracking:** Implementing HS required new data monitoring efforts. RUHS set up systems to track HS utilization and outcomes (e.g., number of dyadic visits, screenings completed, referrals made, etc.) for both internal quality improvement and reporting to funders and the HS National Office. Initially, data reporting was a challenge, as RUHS had to develop custom reports and even submit data manually on a quarterly basis during the pilot. Over time RUHS streamlined this process, but it highlighted limited internal IT/reporting capacity as a challenge. Dedicating an administrative staff member to supervise data coordination and ensure technical system capabilities to structure reports helped alleviate the burden.

- **Managed Care Coordination:** Navigating the requirements of multiple managed care plans proved challenging. RUHS had to manage different billing procedures for different plans (e.g., one plan required UB-04 facility claims, the other CMS-1500 professional claims for the HS Specialist services). RUHS worked with managed care plans on denials, such as use of the T1027 code. Persistent communication and troubleshooting with each plan fostered alignment on billing and reporting. RUHS's proactive approach is making headway toward success. Maintaining smooth collaboration with managed care plans remains an ongoing effort, as policies and personnel can change.

Sustainability Outlook

RUHS's sustainability outlook for HS is strong. **The program is on track to transition from a grant-funded pilot to a financially viable model by leveraging Medi-Cal billing for dyadic services, securing internal budget commitments, and partnering with managed care plans like IEHP and Molina.** RUHS is on a promising path toward implementing dual billing strategies for children and caregivers, increased well-child visit compliance, and demonstrated return on investment through financial forecasting tools. These efforts have positioned HS as a core aspect of pediatric care delivery, with ongoing support from both internal leadership and external funders. RUHS continues to refine workflows and data tracking to maintain compliance and optimize reimbursement, ensuring long-term sustainability.

Case Study 2: Rady Children's Health (Riverside County) and First 5 Riverside

Rady Children's Health (RCH) currently operates three HS sites in Riverside County that provide care to many families with Medi-Cal and TriCare coverage.[3] The program began as a pilot in 2018 with initial funding from First 5 Riverside to support program implementation in Murrieta and Temecula; additional funding supported expansion to Hemet. Expansion is under way in Menifee and Wildomar through a partnership with IEHP. IEHP made a one-time $1.2 million investment in First 5 Riverside to support the scaling of HS.[4] The funding included a structured academy to complement the HS training, TA, and start-up funding.

A key feature of the RCH implementation is the engagement of all pediatric patients and integration into standard pediatric workflows. Using their EHRs, such as Epic screening tools, families are flagged when concerns are identified or preventive support is appropriate. Depending on need, a HS Specialist may join all well-child visits for a child, particularly for Medi-Cal-enrolled children or those at higher risk (e.g., premature birth). The program is supported by a lead coordinator, billing team, and research analyst who report to funders, along with the following personnel:

- Five developmental specialists who serve as the HS Specialists (CHWs billed using codes for their services)
- Six LCSWs
- One full-time equivalent billing specialist to manage EHR registrations and program claims.

Lessons Learned

RCH's leadership identified the following key lessons learned, building on the insights from RUHS:

- **Dyadic Care Codes and Other Medi-Cal Benefits:** RCH maximizes the reimbursable services under dyadic services billing codes and CHW billing codes achieving reimbursements averaging 80–85 percent of provider (i.e., social worker) costs. Denials are carefully tracked and managed with dedicated staffing.

RCH representatives rate HS sustainability as likely over the next 2–3 years, citing hospital-level investment and philanthropic support as key factors. Continued reimbursement for dyadic care is essential.

[3] In addition to the three sites in Riverside County, RCH operations two sites in San Diego in Vista and Oceanside.
[4] Based on the success in Riverside County, IEHP has committed equal funding to support the scaling of HS in San Bernardino, in partnership with First 5 San Bernardino.

- **Managed Care Plans:** Though contracting processes for adding codes to managed care agreements can be challenging and complex, RCH has collaborated with managed care plans to add required codes to provide a basis for long-term billing and reimbursement.

- **Technology Investments:** With funding from First 5 Riverside, RCH implemented customization to Epic that has enabled automated claiming and enhanced functionality to support documentation and reporting. These enhancements (known as **HealthySteps Epic® Implementation Turbocharger**) align with the HS model, including embedded screening tools to create pathways and stratification for high-risk families.[5]

- **Workflow Optimization: The** RCH strategy maximizes the HS model integration into all well-child visits. The universal access approach has supported sustainability by maximizing the program's penetration. Some smaller clinics are still challenged with low volumes, which negatively affects sustainability. Across all practices, every child younger than four years old is considered part of HS, making the model central to pediatric care delivery.

Case Study 3: First 5 OC and Orange County FQHCs Partnership

First 5 Orange County's (OC's) experience demonstrates how the new Medi-Cal dyadic services benefit has positively affected HS's financial viability. Beginning in 2021, First 5 OC invested in scaling HS through one-time funding, with the expectation of achieving sustainability through improved rates of engagement in care and quality payments. As noted previously, the dyadic services benefit provides dedicated billing codes with reimbursement for HS and HS-aligned services, directly offsetting program costs. Maximizing dyadic services has accelerated the path to sustainability for sites. In practice, through dyadic services, Orange County HS sites have started recouping costs within the first year of implementation, rather than waiting multiple years to secure sustainability

[5] The HealthySteps Turbocharger is an EPIC-integrated solution designed to streamline onboarding and fidelity tracking for HealthySteps sites. By embedding universal screening tools, documentation workflows, and billing capabilities directly into EHR, Turbocharger reduces manual processes and accelerates implementation timelines from months to weeks.

through other operational revenue, such as improved engagement in care, reduced no show rates and related efficiencies.

Policy changes implemented with the new benefit and clarified in the California Department of Health Care Services March 2025 updates[6] removed billing barriers that previously slowed revenue generation. Historically, FQHCs, which include many HS sites, were unable to bill for two visits on the same day (e.g., a medical well-child check and a behavioral health visit) under Medi-Cal's PPS. The new dyadic services benefit created an exception, allowing same-day billing for a well-child visit and a dyadic behavioral health visit at the published fee for service rates. HS services can be delivered during pediatric primary care appointments without sacrificing payment for either encounter. By recouping reimbursement for HS activities from day one, the dyadic services benefit compresses the timeline to cover operating costs. In summary, early and ongoing Medi-Cal payments accelerate financial sustainability for HS sites, freeing them from prolonged grant dependence and securing stable funding streams much sooner than was historically possible.

Recognizing the value of the HS and the pathway for sustainability, in March 2024, the CalOptima Board approved $1.88 million in funding to expand up to 10 new HS sites in Orange County, building on five existing sites funded by First 5 OC. CalOptima's funding came from plan reserves and is designed as one-time training and start-up support to position clinics for long-term sustainability. As **Table 2** shows, sites were able to reach sustainability on a more accelerated path once the dyadic care benefits were available.

[6] California Department of Health Care Services. Dyadic Services Manual. Updated March 2025. Available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/6713E472-B513-4499-AE4D-4B809C64AD93/dyadicser.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

Table 2. Time to Achieve Sustainability at Orange County Sites

Site	Clinic Type	Launch Year	Dyadic Care Benefit Available at Launch?	Current Sustainability Status	Timeline to Sustainability
Share OurSelves Costa Mesa	**FQHC**	Jun-21	✗ No (pre-2023)	☑ Full sustainability Achieved	~3 years
Friends of Families La Habra[7]	**FQHC**	Aug-21	✗ No (pre-2023)	☑ Partial sustainability*	~3 years
Families Together Tustin	**FQHC**	Jun-21	✗ No (pre-2023)	☑ Full sustainability Achieved	~3 years
University California Irvine Santa Ana	**FQHC**	Aug-22	✗ No (pre-2023)	☑ Sustainability Achieved	~3 years
Families Together Garden Grove	**FQHC**	Oct-24	☑ Yes	☑ Full sustainability projected	~1-2 years
University California Irvine Anaheim	**FQHC**	Aug-22	☑ Yes	☑ Sustainability Achieved	~3 years

* Note: Friends of Families, La Habra is no longer a HealthySteps provider, but continues to provide dyadic care services.

HS sites launched prior to 2023, before the dyadic services benefit was available, typically needed approximately three years to achieve partial sustainability. These early sites relied on First 5 OC grant funding and had access to a limited set of billing codes, which slowed their ability to recover costs and stabilize operations. In contrast, sites launched in 2023 or later, after the dyadic services benefit was implemented, consistently projected or achieved sustainability within approximately two years.

SUSTAINABILITY LESSONS LEARNED

The HS TA initiative in California highlighted critical factors for achieving long-term program viability. HS sites successfully advancing sustainability focus on optimizing billing and claim processes, leveraging Medi-Cal dyadic services and family therapy benefits, and aligning workflows with value-based payment incentives. Financial modeling tools and multiyear forecasting proved essential for projecting revenue and resource needs, while strong

[7] First 5 OC continues to provide TA to Friends of Families to support full sustainability.

organizational buy-in and integrated behavioral health strategies supported continuity. In addition, partnerships with managed care plans and clear contractual alignment emerged as key drivers for maintaining reimbursement streams. These lessons underscore that sustainability requires both technical precision, such as coding accuracy and PPS optimization, and strategic relationship building, to secure funding and operational support.

Multiyear financial modeling and PPS optimization are critical for long-term viability, especially in settings with limited grant support. For non-FQHC providers, same-day billing presents a key opportunity: Dyadic behavioral health services (e.g., H1011, H2015, H2027, T1027) can be billed alongside pediatric well-child and other visits, allowing both child and caregiver services delivered during the same patient visit to be reimbursed as separate sequential billable encounters.

Successful implementation requires clear guidance and consistent training for providers to navigate code selection, documentation standards, and payer-specific requirements. Clinics that invest in billing infrastructure and provider education are better positioned to maximize revenue and sustain HS beyond initial funding. **Table 3** summarizes the challenges and proposed solutions based on the experience of providers.

Table 3. Challenges and Solutions to Successful Billing for Dyadic Services

Challenges	Practices and Solutions	Results
Billing and Benefit Maximization		
• Navigating new Medi-Cal dyadic services codes • Claim denials and underbilling • Understanding payment rules and requirements specific to the clinical setting (i.e., FQHC vs. hospital or community clinic)	• Tailored resources such as billing matrix and decision tree including patient journey maps • Site-specific coaching on code usage (e.g., H1011, H2015, H2027, T1027) • Engagement with Medi-Cal plans to resolve claim issues and optimize documentation templates as a prevention mechanism	• Increased billing accuracy and revenue • Greater confidence in program sustainability • Greater uptake in use of the Medi-Cal dyadic care benefits

Challenges	Practices and Solutions	Results
Planning and Modeling		
• Transitioning from grant funding to long-term financial models • Justifying program costs to leadership • Navigating value-based payment structures	• Financial forecasting tools (e.g., tool developed by HMA/HS National Office) • Partnerships with managed care plans (e.g., IEHP, CalOptima) • Blended funding models combining billing, incentives, and grants	• Multiple sites transitioned to sustainable funding • Increased managed care plan engagement and investment • Increased leadership buy-in
Contractual Issues		
• Incomplete scope of services for billing • Credentialing and National Provider Identifier (NPI) set up for HS Specialists • Plan-specific contract barriers	• Contract amendments and clarifications • Provider credentialing support • Updated policy guidance from California Department of Health Care Services (DHCS)	• Resolved billing and compliance issues • Strengthened relationships with managed care plans
Operational Workflows		
• Integrating (HS Specialist) into pediatric visits • Ensuring consistent family engagement • Avoiding duplication of services • Patient workflows cognizant of same-day physical/mental health restrictions for FQHCs	• Patient journey mapping and workflow templates • Electronic health record integration for HS Specialist documentation • Scheduling and appointment follow-up procedures to accommodate visit restrictions and maximize staffing capacity	• Improved well-child visit compliance • Enhanced provider and patient satisfaction • Decreased staff time lost to administrative burden

Challenges	Practices and Solutions	Results
Screening and Referral Pathways		
• Inconsistent use of screening data • Limited referral follow-up • Underuse of psychotherapy services	• Risk stratification rubrics (HS Tiers 1–3), stratifying families to ensure those with the greatest needs received prioritized HS Tier 3 interventions • Referral protocols and community resource mapping • Scenario-based training for family therapy billing	• Increased service delivery and follow-up • Increased referral rates • Increased patient engagement and satisfaction

RECOMMENDATIONS

The lessons learned and experiences at HS sites have identified several best practices that strengthen implementation and financial sustainability. Recommended action steps build on these tested strategies and include:

- **Continue learning collaboratives** with focused sessions on sustainability and operational practices. These collaboratives foster shared problem-solving, encourage peer learning, and show how to embrace a continuous improvement and long-term planning approach to enhance program resilience and impact. The learning collaboratives provided a vehicle for continuous feedback loops through surveys and other collaborative discussions. Furthermore, collaborative discussions foster a culture of improvement, allowing programs to adapt quickly to emerging needs and challenges.

- **Expand individualized TA** for sites struggling with billing compliance. Tailored support will help these sites navigate complex reimbursement processes, improve revenue capture, and ensure financial viability. TA sessions enhanced provider engagement and retention of key concepts, leading to more effective practice change. Maintaining continuous feedback loops through surveys and collaborative discussions fosters a culture of improvement, allowing programs to adapt quickly to emerging needs and challenges.

- **Foster partnerships with managed care plans** as these agreements have proven pivotal in accelerating HS sites toward sustainability. CalOptima and IEHP have made foundational investments in expansion of sites and TA in modifying contracts, as needed, and have supported sites in moving toward sustainability.

- **Engage providers and administrative leaders as a team**, as provider engagement is a critical driver of HS success. Peer-to-peer learning fosters a collaborative culture in which clinicians exchange practical strategies, accelerating the adoption of evidence-based practices across sites. In addition, virtual and in-person coaching strengthens provider relationships and reinforces implementation fidelity, ensuring that program standards are consistently met. Bringing providers and fiscal/administrative teams together has helped craft and implement practices for sustainability.

- **Develop and provide practical toolkits** for billing compliance and planning to reinforce implementation beyond TA sessions. The forecasting tools, for example, help align staffing levels with projected revenue, ensuring financial stability and adequate workforce capacity. The journey maps provide a resource to assist sites in understanding how dyadic care services provide a pathway for engaging families in additional needed support and building a sustainable program. The patient journey tool and similar mapping tools provide clarity and reduce the burden on staff to dissect protocol and billing requirements.

- **Continue tracking and sharing metrics** on billing accuracy, revenue capture, and outcomes across collaboratives to promote transparency and peer learning.

Finally, while HS has developed successful pathways to achieve sustainability, continued focus should remain on improving the complexity of billing and policy solutions that will reduce provider barriers to engaging families in care. Moving forward, more simplified billing requirements, including providing incentive payments and addressing barriers to same-day services, should be considered to reduce barriers to accessing care.

CONCLUSION

The HS TA initiative in California underscores that successful implementation and long-term sustainability are achievable for integrated, family-based models such as HS. Through a combination of operational readiness, financial strategy, and organizational commitment, sites made steady and measured progress and, with the new dyadic services benefits,

achieved sustainability. Crucially, successful sites secured organization-wide buy-in, engaging not only executive leadership, but also clinical champions who could advocate for the model and drive fidelity at the site level.

For other sites considering HS implementation, these lessons point to the importance of early infrastructure planning, diversified funding, strong leadership engagement, and a commitment to continuous learning and adaptation. With these elements in place, HS can be a powerful lever for advancing equitable, family-centered pediatric care.

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With offices in more than 30 locations across the country and over 700 multidisciplinary consultants coast to coast, HMA's expertise, services, and team are always within client reach.

HealthManagement.com