



February 5, 2025

Dear Colleague:

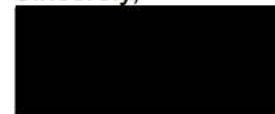
The New York State Department of Health endorses screening for Adverse Childhood Experiences (ACEs) in clinical settings. ACEs screening with evidence-based tools helps clinical teams move toward prevention and identifies individuals at high risk who may benefit from additional assessment and interventions. ACEs include emotional, physical, and sexual abuse; emotional and physical neglect; and household challenges such as exposure to domestic violence, a family member with household substance abuse, a family member with mental illness, an incarcerated household member, or parental separation or divorce before 18 years of age. ACEs are associated with a greater prevalence of poor health outcomes and high-risk behaviors in adulthood. ACEs scores do not predict individual outcomes, but screening provides the opportunity to intervene earlier and foster resiliency. ACEs screening also offers the opportunity to ask about positive protective factors that can mitigate the adverse effect of ACEs such as responsive relationships with caring, supportive adults in a child's life.

Understanding the lives of patients and their families helps all patients achieve a state of optimal physical, mental, and social well-being. This fundamental concept builds strong relationships. Trauma-informed and resilience-oriented care relies on having a picture of a patient and family's life situation, past and present, to achieve effective health care services. This can improve patient engagement and treatment outcomes, as well as patient, provider, and staff experience. This approach acknowledges the effects of trauma on individuals and families, and fosters safety, trustworthiness, support, collaboration, empowerment, and cultural sensitivity.

Annual ACEs screening conducted in primary care settings for Medicaid members up to 21 years of age, and once in a lifetime for members 21 up to 65 years of age is covered at a reimbursement rate of \$29. Use codes G9919 or G9920 for a positive or negative screen, respectively, along with modifiers U1, U9. Health care practices and clinical teams should adopt the tool that meets the needs of their population and clinical workflow. Screening tools and help with practice implementation can be found at [Screening for ACEs and Trauma](#) from the Center for Health Care Strategies, Inc. and the [ACEs Aware Provider Toolkit](#). Additional information and guidance can be found on our website [Adverse Childhood Experiences](#). Information on billing and reimbursement requirements are here: [Medicaid Update 2024 ACEs](#).

We appreciate all that you do to support your patients and their families including connections to the resources they need to promote well-being. Together, we can prevent childhood adversity by working to create neighborhoods, communities, and a world in which every child can thrive.

Sincerely,



James V. McDonald, M.D., M.P.H.
Commissioner of Health