

DHCS Required Training for Medi-Cal Providers



State of California - Health and Human Services Agency

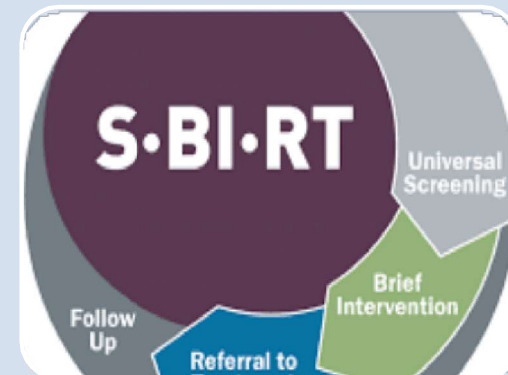
Staying Healthy Assessment 5 - 8 Years

Child's Name (last & first) _____ Date of Birth _____ Female Male Today's Date _____

Person Completing Form: Parent Relative Friend Guardian Other (Specify) _____

Please answer all the questions on this form as best you can. Circle "skip" if you do not see an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

1	Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No
2	Does your child eat fruits and vegetables at least two times per day?	Yes	No



Initial Health Assessment (IHA)

The IHA includes physical, mental, chronic conditions, history, and preventive measures.

New Medi-Cal patients must have IHA within 120 days of enrollment.

Staying Healthy Assessment (SHA)

- Assesses health habits, such as nutrition, physical activity, safety, mental health, sexual health, and substance use
- Age specific, Medi-Cal patients
- Must be done annually
- Patient has right to refuse assessment or skip questions
- PHQ2, depression screening is part of SHA questionnaire

SBIRT

- The AUDIT-C tool is a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol use disorders.
- If used, billing codes include:
 - **G0442** - Alcohol and/or drug screening
 - **G0443** - Alcohol and/or drug service, brief intervention, referral to treatment



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National Helpline

Treatment referral and information, 24/7.

1-800-662-HELP (4357)

CALIFORNIA SMOKERS' HELPLINE
1-800-NO-BUTTS



Drug and Alcohol Treatment

Medi-Cal coverage includes:

- Outpatient and Inpatient treatment
- Medications to alleviate symptoms of withdrawal
- Individual and group counseling
- Crisis intervention
- Residential treatment services

Physicians are required to complete an eight-hour training in order to qualify for a waiver to prescribe and dispense medications that treat opioid addiction.

For more information visit : WWW.SAMHSA.GOV

Tobacco Cessation

Five quitting aids are on the Medi-Cal Contract Drug List:

- NicoDerm CQ Patches
- Nicorette gum and lozenges
- Zyban
- Chantix

Visit www.nobutts.org or call the California Smokers helpline at (800)NO-BUTTS for English and (800)45-NO-FUME (for Spanish)

California Children Services

A referral to CCS can be initiated by any physician or qualified health care professional if the patient:

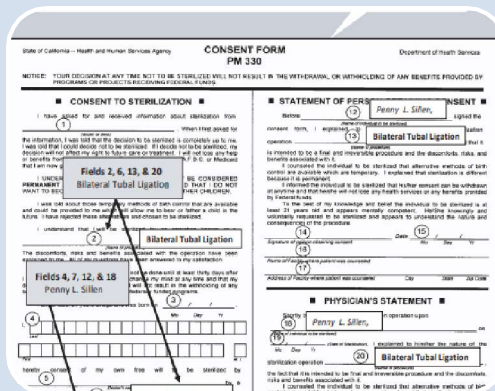
- Has, or is suspected of having, a CCS-eligible medical condition (e.g. cancer, hemophilia, heart disease, cystic fibrosis, etc.)
- Is younger than 21 years of age.

CCS will connect your patients with doctors and trained health care people who know how to care for your child with special health care needs



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Comprehensive Perinatal Services Program

CPSP is a voluntary program that seeks to improve the health of low-income pregnant women and to give their babies a healthy start in life by providing enhanced OB services.

- Providers must register with the CPSP program to provide these services and be eligible for reimbursement.

Services include:

- Nutritional Education
- Health Education
- Psychosocial Counseling & Education

Sterilization Consent Form PM 330

Medi-Cal covers sterilization if the following conditions are met:

- Patient is 21 years old or older (Federal and Medi-Cal regulations)
- Patient is not declared mentally incompetent.
- Patient understands the content and nature of the informed consent process.
- Providers must allow at least 30 but not more than 180 days pass between the date of the written and signed informed consent and the date of the sterilization procedure.
- The only sterilization consent form accepted by Medi-Cal is the **Form (PM 330)** & available in multiple languages.
- Language interpreter services must be provided, if needed.

CHDP

CHDP is a preventive program that delivers periodic health assessments and services to low income children and youth in California.

CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.



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Lead Poisoning Case Management

If patient tests positive for lead poisoning, he/she is eligible for case management.

Case management includes home visits and follow-up by both a public health nurse and an environmental professional.

Services may include public health nursing and environmental home inspections for cases, as resources allow.

Contact the Childhood Lead Poisoning Prevention Program in your local area to access services

Community Based Resources

- Regional Centers
- Adult Day Health Care Centers
- AIDS and AIDS Related Conditions Waiver Program
- Direct Observation Therapy for Treatment of Tuberculosis (DOT)
- Local Education Agency (LEA) Assessment Services
- WIC (Women, Infants, and Children)

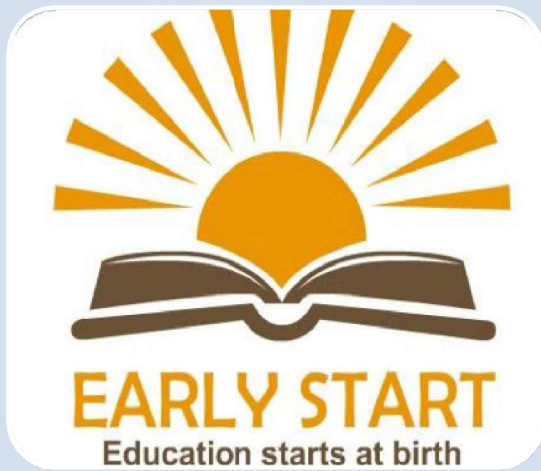
Additional Medi-Cal Benefits

- Denti-Cal (Dental Services)
- AB 2394, Non-emergency Transportation Services
- SB 1004, Palliative Care
- Mental Health Services



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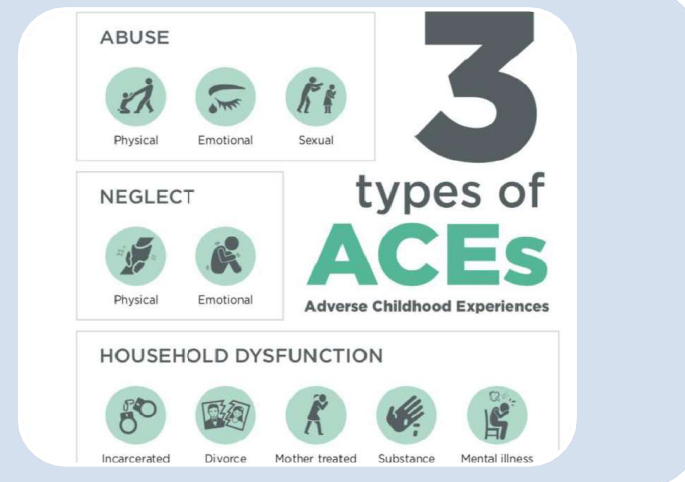


Early Start Program

This program is for families with infants/children who meet one of the criteria listed below:

- Developmental delay of at least 33% in one or more of these areas: cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing
- Established risk condition with a high probability of resulting in delayed development
- High risk of having a substantial developmental disability due to a combination of biomedical risk factors diagnosed by qualified personnel

Find out more at:
<http://www.dhcss.ca.gov/EarlyStart/WhatsES.cfm>



Adverse Childhood Experiences (ACEs)

Effective for dates of service on or after January 1, 2020, screening for Adverse Childhood Experiences (ACEs) is a Medi-Cal covered benefit.

ACEs screenings are for both children and adults up to 65 years of age.

Screenings can be billed two HCPCS codes:

G9919 – High-risk, patient score of 4 or greater

G9920 – Lower-risk, patient score of 0 – 3

In order to be eligible for the trauma payment after July 1, 2020, providers must complete the DHCS training for ACEs screening and trauma-informed care.

For more information on DHCS' provider training and other resources, visit: <http://www.ACEsAware.org>



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Seniors & Persons with Disabilities Provider Training



Definition

The Americans with Disabilities Act (ADA) defines **disability** as:

- Physical or mental impairment that substantially limits one or more major life activities;
- Record of a physical or mental impairment that substantially limited a major life activity; or
- Being regarded as having such an impairment.

Disabilities can be visible or hidden

- **Visible** – Wheelchair bound, developmental disability, cerebral palsy, Down’s syndrome, brain or spinal cord injuries.
- **Hidden** – chronic conditions, diabetes, asthma, arthritis, learning impairment, visual or hearing impairment

Practice Accessibility Suggestions

Physical Accessibility

- Wheelchair ramps/elevator access
- Reception counter at wheelchair level
- Wheelchair accessible restrooms

Effective Communication

- Modified reading material for the visually impaired
- Visual aids for the hearing impaired

Exam and Diagnostic Equipment

- Lowering exam tables
- Wheelchair accessible weight scales

Modification of Policies

- Allowing longer appointment times
- Training staff

Resources

There may be resources available to you to help offset the cost of modifications to make your practice more accessible.

- For more information, please visit
- <http://www.treasurer.ca.gov/cpcf/a/calcap/ada/summary.asp> or
- <https://www.ada.gov/>



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Cultural Awareness, Sensitivity, & Competency Provider Training



Why

It's the law!

Provides guidance to ensure "equality of opportunity" meaningful access for all patients (current and future) regardless of race, language, ethnicity, gender orientation and/or disabilities.

Cultural competence can offer a variety of benefits to health care providers and organizations, including:

- Improved patient care and satisfaction
- Decreased malpractice risk
- Enhanced operational efficiency
- Increased compliance with State and Federal regulations
- Reduction in health disparities

Practice Requirements

- Oral **interpretation services** (including American Sign Language) must be available in the member's language at no cost to the member.
- A **notification of the availability of oral interpretation services** should be posted or distributed to patients.
- If patients with limited English proficiency request an interpreter in their language, **oral interpretation may be delivered over the phone, in person or via video remote interpretation.**
- If a **hearing impaired patient** requests **sign language** interpretation, this should be delivered in person or via video remote interpretation.

Tools

- **Document primary language** and need for language and/or interpreter services in the medical record.
- **Document the member's refusal** to accept services of a qualified interpreter.
- **Display of foreign languages** spoken in provider offices
- **Know what tools are available** to facilitate clear health communication with patients and improve health outcomes.

Transgender Patient Tips

- Treat transgender people as **you would want to be treated.**
- Always **refer to transgender people by the name** and pronoun that corresponds to their gender identity.
- If you are unsure about the person's gender identity, ask:
"How would you like to be addressed?" or "What name would you like to be called?"
- **Focus on care** rather than indulging in questions out of curiosity.
- The presence of a transgender person in your treatment room is **not an appropriate "training opportunity"** for other health care providers.
- It is **inappropriate to ask transgender patients about their genital status** if it is unrelated to their care.
- **Never disclose a person's transgender status** to anyone who does not explicitly need information for care.



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Medicare Advantage Special Needs Plans (SNP) & Model of Care (MOC)



Special Needs Plans (SNP)

A type of Medicare Advantage Coordinated Care Plan focused on certain vulnerable groups of Medicare beneficiaries including:

- Institutionalized (**I-SNP**)
- Dual-eligible (**D-SNP**)
- Beneficiaries with severe or disabling chronic conditions (**C-SNP**)

SNPs are designed to improve care for Medicare beneficiaries with special needs through improved coordination and continuity of care.

Goal of SNPs

- Improve access to care
- Improve Care Coordination
- Improve Patient Health Outcomes

SNP Model of Care (MOC)

CMS requires Special Needs Plans to submit:

- Description of the SNP Population (I-SNP, D-SNP, or C-SNP indicating chronic condition focus)
- Care Coordination workflows which includes:
 - ✓ Evidence based Case Management for each member
 - ✓ Individualized Care Plan (ICP)
 - ✓ Completion of Health Risk Assessment
 - ✓ Care Transition Protocols
- SNP Provider Network
- MOC Quality Measurement and Performance Improvement program description and metrics



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Medicare Advantage Special Needs Plans (SNP) & Model of Care (MOC)



Interdisciplinary Care Team (ICT) & Individualized Care Plan (ICP)

Interdisciplinary Care Team (ICT)

The ICT includes the patient's care manager, caregiver (if applicable), primary care physician, and any other health care professional providing care to the member. Examples of health care professionals are the member's pharmacist, specialist providers, nurses, etc.



The ICP **must** address all risks identified in the HRA and/or other sources



The ICP goals for each risk **must** be specific and measurable and include the date to be achieved



The ICP **must** include actions to achieve goals

Individualized Care Plan (ICP)

Developed by the Interdisciplinary Care Team based upon the HRA and comprehensive assessment of the patient with input from the member/caregiver, provider(s), and a care manager.



The ICP **must** document the care plan implementation



If the ICP falls outside of the standard Clinical Practice Guideline, this **must** be communicated by the physician to the case manager



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Summary

- If a member is referred to any of the programs or services discussed today, please document it in the member's chart/medical record.
- Please include all codes on your encounter to make sure you are compliant with all required exams and immunizations.
- Please document the member's chart/medical record with any special needs the patient might have such as the need for language services or mobility access issues.
- Please be sensitive to the patient's cultural differences and beliefs.
- If you are unsure how a patient prefers to be addressed, please ask.
- All of the training materials, supplemental materials, and guidelines on these subjects and many more can be found in the Provider Operations Manual and the Medi-Cal Provider Operations Manual on the Hill Physicians Provider Portal.
- If you have any questions or concerns about any of the programs or services talked about in this presentation, please reach out to your Regional Services representative or email government.programs@hpmg.com



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