

## Additional Resources

### **Project Open Hand**

- Information (Page 3): <https://cchealth.org/healthplan/pdf/provider/Bulletin-2021-Fall.pdf>
- Referral Form: <https://cchealth.org/healthplan/pdf/provider/MTM-Referral-Packet.pdf>

### **Inspiring Communities**

- Information: <https://www.inspiringcommunities.org/>
- Inspiring Communities Contacts:
  - Minda Chai: [mchai@inspiringcommunities.org](mailto:mchai@inspiringcommunities.org)
  - Bianca LaChaux: [blachaux@inspiringcommunities.org](mailto:blachaux@inspiringcommunities.org)

### **Screening for ACEs in Children and Adults**

ACEs Aware website: [Home | ACEs Aware – Take action. Save lives.](#)

Becoming certified and able to bill for ACEs screening: [ACEs Aware |](#)

Billing and payment: [Billing & Payment | ACEs Aware – Take action. Save lives.](#)



# PROVIDER NETWORK TRAINING

JANUARY 25, 2022

# AGENDA

AGENDA ITEM	PRESENTER
<p><b>Welcome and Overview of Today's Agenda</b></p>	<p>Tammy Fisher Quality Director</p>
<p><b>Adverse Childhood Experiences and Toxic Stress</b> <i>Dr. Barbara Botelho will talk about the importance of screening and response to ACEs, sharing her clinic's experiences and workflows.</i></p>	<p>Barbara Botelho, MD La Clinica Pittsburg Medical</p>
<p><b>Breakouts – Select One Of Two:</b></p> <p><b>Breakout A: CalAIM</b> <i>Dr. Hsieh will provide an update on DHCS' CalAIM initiative, focusing on Community Supports and Enhanced Care Management (ECM): what it means for Members, Providers, and the Health Plan.</i></p> <p><b>Breakout B: Autism Screening &amp; Referrals</b> <i>Dr. Copeland will share screening &amp; red flags of autism, appropriate referrals to BHTU for autism, and when ABA intensive behavioral treatment may be medically necessary.</i></p>	<p>Dennis Hsieh, MD Chief Medical Officer, CCHP</p> <p>Linda Copeland, MD, BCBA Medical Director, CCHP Behavioral Health Unit Under Age 21</p>
<p><b>CCHP's Diabetes Program</b> <i>Ms. Jensen will provide an overview of CCHP's Diabetes Management Program, including its main components, how you can refer your patients and outcomes achieved to date.</i></p>	<p>Lourdes Jensen, Disease Management Program Nurse, CCHP</p>
<p><b>Pharmacy</b> <i>Dr. Cardinalli will share an update on Medical-Rx transition, how the process has been going since going live on January 1, 2022, and answer questions you have.</i></p>	<p>Dr. Joseph Cardinalli, Pharmacy Director, CCHP</p>
<p><b>Chief Medical Officer Updates</b> <i>Dr. Hsieh will share key updates on the Provider Portal and Utilization Management.</i></p>	<p>Dr. Dennis Hsieh, Chief Medical Officer, CCHP</p>
<p><b>California Children's Services (CCS)</b> <i>Mr. Fuentes will provide an overview of the California Children's Services, including eligibility criteria and information on how to refer patients who qualify.</i></p>	<p>Alejandro Fuentes, RN FSR Nurse</p>
<p><b>Wrap-up</b></p>	<p>Tammy Fisher Quality Director</p>

# Welcome to our Celebrate & Learn Webinar!

1

**ONLY if you are connecting to the audio by cellphone or landline** (e.g., not your computer), your audio connection and visual connection need to be joined for the breakouts. To join them:

- ✓ **First:** Find your participant ID; if you are using your phone for your audio, your **Zoom Meeting Participant ID** should be at the top of your Zoom window
- ✓ **Then:** Once you find your participant ID, press: #number# (e.g., #24321#)
- ✓ The following message should briefly pop-up: “You are now using your audio for your meeting”

2

**Please** rename yourself so we know what team you’re from. This will help facilitate discussion and follow-up. To rename yourself:

- ✓ **Find the participant list:** Go to the bottom of your Zoom window and click on **Participants**
- ✓ **Hover/click:** Once the participant list pops up, hover over your name on the participant list; you may be able to click **rename** or you may have to click the **more** button and then click **rename**
- ✓ **Enter your new name:** Enter your first name and your clinic’s name (e.g., Briana – CCI, or Shelly – ATSH coach)

## Webinar Reminders

1. Everyone is muted.

 \*6 to unmute

 \*6 to re-mute

2. Use the chat box for questions and to share what you're working on.

3. This webinar is being recorded in the main room. The slides and webinar recording will be posted to the ATSH program page.

# ACES SCREENING AND RESPONSE IN PRIMARY CARE

Barbara Botelho MD



# ACES AWARE IMPLEMENTATION GRANT



# SHOULD WE SCREEN FOR ACES?

**HAS TO BE IMPORTANT TO  
OUR HEALTH AND  
WELLBEING**

**WE HAVE TO BE ABLE TO  
RESPOND TO IT**

**DO WE HAVE THE ENERGY  
TO DO THIS RIGHT NOW?**



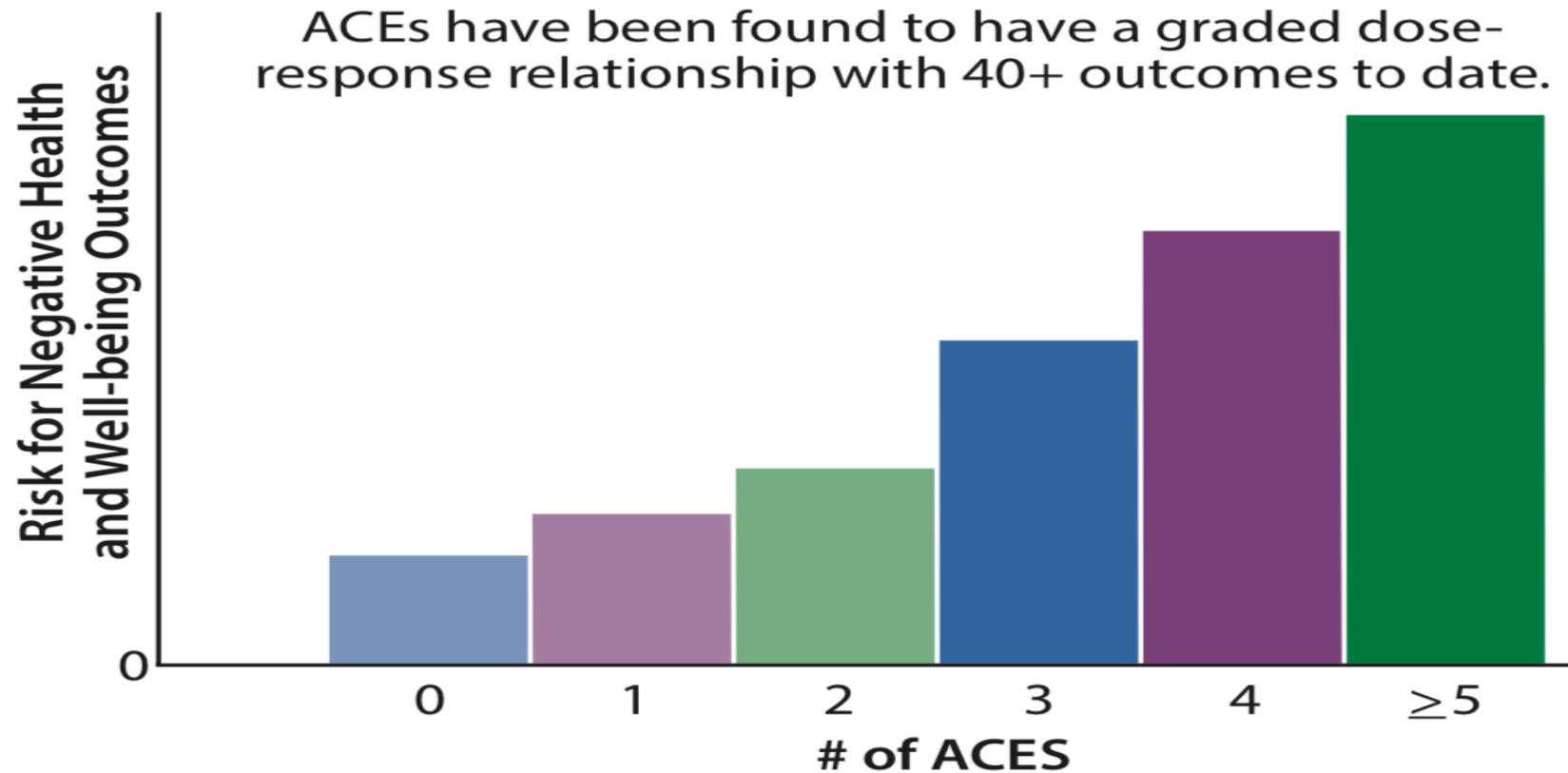
# ADVERSE CHILDHOOD EXPERIENCES ARE IMPORTANT

## **CDC / KAISER PERMANENTE STUDY**

- 1995–1997
- 17,000 ADULT KAISER MEMBERS SURVEYED
  - 10 CHILDHOOD TRAUMAS
  - CURRENT HEALTH
  - BEHAVIORS

## **CORRELATION BETWEEN ACES AND ADULT HEALTH**

# RELATIONSHIP BETWEEN ACES AND ADULT HEALTH



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

# ACES ASSOCIATED HEALTH CONDITIONS: ADULTS

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- CARDIOVASCULAR DISEASE
- LUNG DISEASE
- STROKE
- DIABETES
- OBESITY
- ALZHEIMER'S
- DEPRESSION /SUICIDE ATTEMPTS
- SUBSTANCE ABUSE
- AND MORE



# ACES ASSOCIATED HEALTH CONDITIONS: PEDIATRIC

- OBESITY
- ASTHMA
- ALLERGIES
- NEURODEVELOPMENTAL DELAYS
- ADHD
- ENURESIS
- ANXIETY/DEPRESSION
- FTT
- SLEEP ISSUES
- AND MORE



# ACES CAUSE AAHC VIA TOXIC STRESS

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## **TOXIC STRESS**

PROLONGED ACTIVATION OF  
THE STRESS RESPONSE  
SYSTEM.



**BUT—NOT EVERYONE WITH ACES DEVELOPS TOXIC STRESS**

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## **RESILIENCY**



RESILIENCY IS THE ABILITY  
TO EXPERIENCE TRAUMA  
WITHOUT DEVELOPING  
PATHOLOGIC LEVELS OF  
STRESS

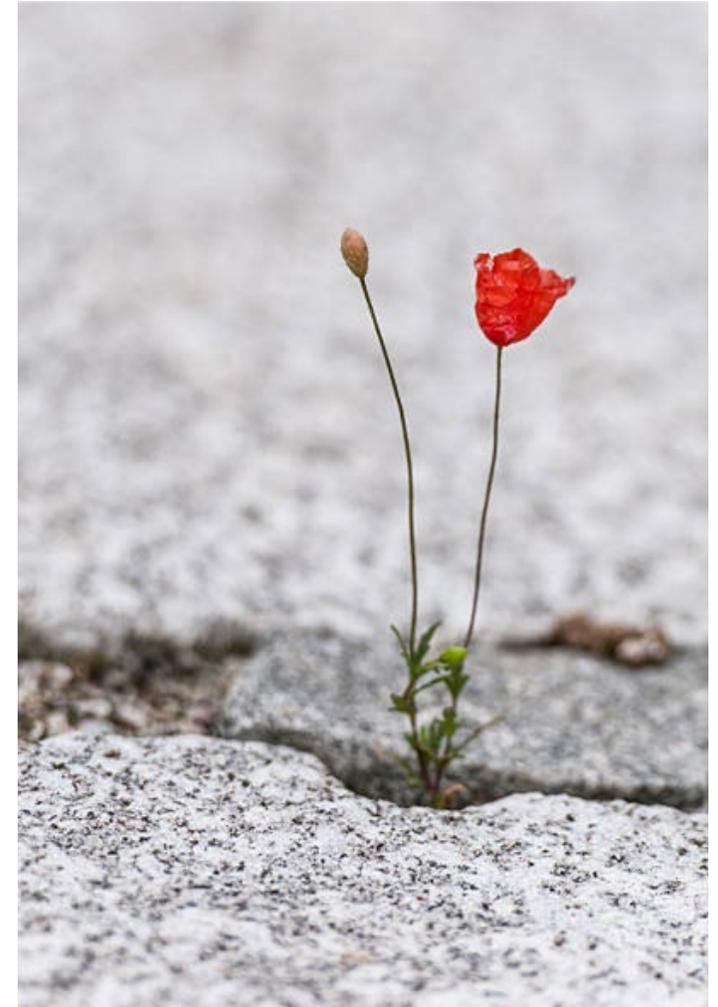
# RESILIENCY

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**PEOPLE WHO ARE RESILIENT HAVE  
LESS ACTIVATION OF THE STRESS  
RESPONSE SYSTEM**

**CAN PEOPLE BECOME MORE  
RESILIENT?**

**CAN WE HELP PEOPLE TO BECOME  
MORE RESILIENT?**



# STRESS MITIGATION STRATEGIES

DECREASE STRESS RESPONSE

CAN TREAT TOXIC STRESS

DECREASE THE CHANCE OF TOXIC  
STRESS DEVELOPING IN THE  
FUTURE



\*Graphic adapted from the "Roadmap to Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health"

# ACES SCREENING

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**WE HAVE ESTABLISHED IMPORTANCE OF ACES**

**ACES ASSOCIATED HEALTH CONDITIONS**

**WE HAVE ESTABLISHED A RESPONSE TO TOXIC STRESS**

**STRESS MITIGATION STRATEGIES**

**BUT—CAN WE DO IT REALISTICALLY IN AN OUTPATIENT CLINIC?**

# ACES SCREENING

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## CAVEATS:

- 10 CHILDHOOD TRAUMAS EVALUATED IN ORIGINAL CDC STUDY STILL DEFINE YOUR ACES SCORE
- OTHER TRAUMA ALMOST CERTAINLY ALSO CONTRIBUTE TO TOXIC STRESS
  - SYSTEMIC RACISM
  - POVERTY
  - CHRONIC ILLNESS
  - MANY OTHERS

## IMPORTANCE OF ASSESSING ONGOING NEEDS

# CURRENT NEEDS

CONTRA COSTA CRISIS CENTER HAS A ROBUST DATA BASE OF COMMUNITY RESOURCES THAT IS CONTINUOUSLY UPDATED

REFERRALS OPTIONS PROVIDED TO ALL FAMILIES AT ALL WCC

# 211

Help starts here  
*La ayuda empieza aquí*



**Call 211 for:**

- Emergency Food
- Rental assistance
- Health care
- Housing/shelter
- Senior services
- Utility assistance
- Job services
- Transportation
- Diapers
- Parenting Classes
- Playgroups
- Childcare
- Legal Assistance

And much more!

**Llame al 211 para:**

- Comida de emergencia
- Asistencia con el pago de vivienda
- Cuidado de Salud
- Vivienda/Albergue
- Servicios para ancianos
- Asistencia con las utilidades
- Servicios para trabajos
- Transportación
- Pañales
- Clases Educativas para Padres
- Actividades para Padres e Hijos
- Cuidado de Niños
- Asistencia Legal

*!Y mucho más!*

211 is fast, free, confidential, and available 24 hours a day in over 240 languages.

*El 211 es rápido, gratis, confidencial y disponible las 24 horas del día en más de 240 idiomas.*

211 in Contra Costa is a service of:  
*211 en Contra Costa es un servicio de:*



211CC.ORG

# Pediatric ACEs and Related Life Events Screener: PEARLS

## **CHILD:**

**1-11 YO**

**YEARLY STARTING AT 12 MO**

**PARENTAL FORM**

## **TEEN:**

**>12 YO**

**YEARLY**

**SELF REPORTING FORM**

**PARENTAL FORM**



# ACES SCREENING WORKFLOW

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- COA AND MA STAFF PASS OUT AND EXPLAIN PEARLS SCREENING AS PART OF THE PACKET OF FORMS FOR EACH WCC
- PROVIDER REVIEWS COMPLETED FORMS WITH FAMILY
- DISCUSSES POTENTIAL REFERRALS WITH FAMILY



# RESPONSE TO ACES SCREEN

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- DISCUSSION OF IMPACT OF CHILDHOOD TRAUMA
  - TOXIC STRESS
- DISCUSS IMPORTANCE OF STRESS REDUCTION FOR **EVERYONE**



# HOW DO YOU OFFER RESILIENCY SUPPORT?

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- ACES AWARE HANDOUTS ON EACH STRESS BUSTER
- REFERRAL TO COMMUNITY RESOURCES: ACTIVATE 211!



# CONTRA COSTA CRISIS CENTER: RESILIENCY SUPPORT REFERRAL

1. REFER PATIENT FOR SUPPORT FOR ANY OF THE 7  
STRESS BUSTERS

2. COMMUNITY RESOURCES ARE CODED TO COINCIDE WITH  
EACH STRESS BUSTERS

3. CARE COORDINATORS, WHO ARE ACES CERTIFIED,  
LINK FAMILIES TO DESIRED ACTIVITIES.

# OUR REFERRALS TO CCCC

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SMART PHRASE WITHIN EPIC .SA186CCCC

- AUTO-POPULATES WITH
  - DEMOGRAPHIC INFORMATION
  - ASQ
  - ACES SCORE
  - INTERNAL REFERRALS

CLICK ON DESIRED REFERRALS / FREE TEXT

# HOW DO YOU WANT TO REFER TO CCCC?

## 1. **TRADITIONAL APPROACH**

PROVIDE 211 CARD (QR CODE)

FILL OUT HELP ME GROW PAPER REFERRAL

## 2. **DEVELOP YOUR OWN ELECTRONIC REFERRALS**

TOM TAMURA: EXECUTIVE DIRECTOR

TomT@crisis-center.org

# IS THERE A WAY TO PREVENT ACES?

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## **ADDRESSING IMMEDIATE SAFETY ISSUES / NEEDS**

MATERIAL NEEDS

IPV

## **ADDRESSING INTERGENERATIONAL ACES**

SCREENING PARENTS FOR ACES

ADDRESSING THEIR TOXIC STRESS

OPTIMIZING PARENTAL RESILIENCE

# WELLNESS PACKET

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**INTRODUCTORY LETTER**

**RESILIENCY CHECKLIST**

**ACES SCREEN FOR PARENTS**

**REQUEST FOR REFERRALS**



# RESILIENCY CHECKLIST

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- **SEVEN STRESS BUSTERS LISTED**
- **EXAMPLES OF COMMUNITY OFFERINGS FOR EACH**
- **RESPONSE OPTIONS FOR EACH STRESS BUSTER**
  - DOING WELL WITH THIS
  - WOULD LIKE SUPPORT WITH THIS
  - NOT INTERESTED IN ADDRESSING THIS NOW

# WELLNESS BAGS: TOGETHER WE ARE RESILIENT



INCLUDES ITEMS  
THAT PROMOTE THE  
STRESS BUSTERS

# REFERRING PARENTS FOR RESILIENCY SUPPORT

- 45% OF PARENTS THAT COMPLETE THE RESILIENCY CHECKLIST REQUEST REFERRALS
- PROVIDERS USE THE SAME CCCC SMART PHRASE
- UTILIZE THE PARENTAL ACES AND RESILIENCY SUPPORT NEEDS TEMPLATE WITHIN THE SMART PHRASE

# AND MORE TO COME!

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- EXPLORING WAYS TO PROMOTE POSITIVE CHILDHOOD EXPERIENCES
- INCREASED FOCUS ON THE PHYSICAL MANIFESTATIONS OF TOXIC STRESS
  - OBESITY CLINIC RUN THROUGH THE LENS OF STRESS MITIGATION
  - RESILIENCY CLINIC

# YOU CAN BE PART OF ALL OF THIS!

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- SCREENING FOR ACES CAN BE DONE EFFICIENTLY
- THERE ARE MANY RESOURCES IN COCO TO SUPPORT PATIENTS WITH ACES AND TOXIC STRESS
- THE CONTRA COSTA CRISIS CENTER HAS TAKEN A LEADERSHIP ROLE IN ADDRESSING ACES AND SUPPORTING RESILIENCE IN THE COMMUNITY

THANK YOU!!

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# BREAKOUTS

- Select One Of Two
- Rename your Zoom account with the # of the breakout room you want to partake
  - *Example: 1. Your Name*

## Breakout A: CalAIM (#1)

*Dr. Hsieh will provide an update on DHCS' CalAIM initiative, focusing on Community Supports and Enhanced Care Management (ECM): What it means for Members, Providers, and the Health Plan.*

## Breakout B: Autism Screening & Referrals (#2)

*Dr. Copeland will share screening & red flags of autism, appropriate referrals to BHTU for autism, and when ABA intensive behavioral treatment may be medically necessary.*



# CALAIM INTRODUCTION

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Dennis Hsieh, MD, JD

January 25, 2022

# Enhanced Care Management: 3 Groups

1. Experiencing Homelessness & Comorbidity
  2. High Utilizers
  3. SMI/SUD
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# ECM – Experiencing Homelessness

1. Homelessness is defined as:
    1. An individual or family who lacks adequate nighttime residence
    2. An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation
    3. An individual or family living in a shelter
    4. An individual exiting an institution to homelessness
    5. An individual or family who will imminently lose housing in next 30 days
    6. Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes
    7. Victims fleeing domestic violence
  2. AND have at least one complex physical, behavioral, or developmental health need with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services
-

# ECM – High Utilizers

1. 5 or more emergency room visits in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence; AND/OR
  2. 3 or more unplanned hospital and/or short-term skilled nursing facility stays in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence
-

# ECM – SMI/SUD

1. Meet the eligibility criteria for participation in or obtaining services through:
    1. The County Specialty Mental Health (SMH) System AND/OR
    2. The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program
  2. AND are actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, history of ACEs, former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors)
  3. AND meet one or more of the following criteria:
    1. High risk for institutionalization, overdose and/or suicide;
    2. Use crisis services, emergency rooms, urgent care, or inpatient stays as the sole source of care;
    3. Two or more ED visits or two or more hospitalizations due to SMI or SUD in the past 12 months;
    4. Pregnant and post-partum women (12 months from delivery)
-

# How to Submit?

- Submit referral use Provider Portal (CPN) or ccLink (CCRMC)

The screenshot shows the 'New Referral' form in the Provider Portal (CPN). The patient is Tapminnie McValidate, a 40-year-old female born 1/9/1980. The form is divided into 'General Information' and 'Diagnoses/Services' tabs. The 'General Information' tab is active, showing fields for Priority (Routine [1]), Type (Consultation [3]), Reason (Portal Request - Outpatient [507]), Class (Outpatient Referral), Referral By (Provider, Location/POS), and Referral To (Provider, Location/POS, Provider specialty, Vendor). A red arrow points from the Priority field to the Type field. Red circles labeled A, B, C, and D highlight the Reason, Referral By, Referral To, and the Next button respectively.

The screenshot shows the 'CALAIM ENHANCED CARE MANAGEMENT' form. It includes fields for Class (External Re...), Priority (Routine, Urgent, Routine, Elective), Priority explanation if urgent (N/A if routine), Who is the preferred provider? (CCHS Public Health, CCHS Behavioral Health, Other), Which ECM Population of Focus does the member fit under? (Individuals and Families Experiencing Homelessness, Adult High Utilizers, Adult with Serious Mental Illness/Substance Use Disorder), Referral reasons (ECM - Homeless, ECM - SMI/SUD, ECM - High Utilizer, WPC Transition), Referral Type (ECM), To prov spec (Social Work), Comments, Status (Normal, Standing, Future), Expected Date, and Expires (1/3/2023). The form includes 'Accept' and 'Cancel' buttons at the top and bottom.

- Criteria are on webpage: <https://cchealth.org/healthplan/provider-calaim.php>

# Community Supports



Housing Navigation



Housing Tendency Support



Asthma Home Assessment, Education & Remediation



Medically Tailored Meals/Medically Supportive Foods



Medical Respite



Post Hospital Stabilization Housing

# Housing Navigation

- Experiencing homelessness and needs help with finding housing



# Housing Tenancy Support

- At risk of losing housing/formerly experiencing homelessness and needs help with maintaining housing



# Asthma Home Assessment, Education, & Remediation

- Anyone with poorly controlled asthma who would benefit from this



# Medically Tailored Meals/Medically Supportive Foods

- Must show application to Project Open Hand and Declination (until June 30th 2022)
- Hgb Alc > 8 (12 weeks and then longer if indicated)
- Be willing to work with a dietician and participate in Health Education





# MEDICAL RESPITE

Hospitalized/in ED at Sutter Delta and appropriate for respite

# POST HOSPITAL STABILIZATION HOUSING

Hospitalized/in ED at Sutter Delta and  
appropriate for shelter + supports





# Questions? / Discussion

Thank You!

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CONTRA COSTA  
HEALTH PLAN

A Division of Contra Costa Health Services

*A Culture of Caring for 45 Years*

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## **AUTISM: SCREENING, REFERRALS & TREATMENT**

- Linda Copeland MD, BCBA
- Developmental-Behavioral Pediatrician; Insurance Authorization Reviewer
- Behavioral Health Treatment Unit- CCHP Authorization Unit for Autism & ABA Benefits

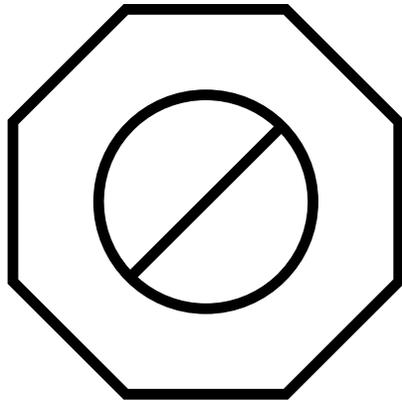
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# CCHP BEHAVIORAL HEALTH TREATMENT UNIT IS AN **INSURANCE AUTHORIZATION/UM** UNIT

- Not to be confused with the ABCD Clinic that takes referrals from RMC providers only. ABCD Clinic does clinical evaluations & medication management for ADHD.
  - **BHTU does not!**
  - The BHTU is not a patient-facing unit. It does no direct clinical patient care or medication management.
  - Do not send ADHD referrals that need medication management to the BHTU. These will be denied.
  - The BHTU has Robin Bevard RN as the Auth/UM Nurse for traditional mental health service referrals, especially for adults.
  - Otherwise, the BHTU is an insurance Authorization Unit primarily for Under Age 21 for the Autism diagnosis & ABA treatment benefits
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# BHTU DOES NOT HANDLE REFERRALS FOR PEDIATRIC DEVELOPMENT



- **Common mistake**: Clinic staff are attaching CCHP BHTU referral forms to pediatric referrals meant for Regional Center of the East Bay (RCEB) Early Start or for general developmental evaluations (Neuro).
  - Example: BHTU has received many **wrong** referrals of infants 10-13 months of age with mild-to-moderate developmental delays. Chart notes state these referrals are intended for Pediatric Development & Behavior.
  - **No** BHTU form should be attached to such referrals. They likely should go to **a Pediatric Referral Authorization RN**.
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## BHTU HAS WORKED THROUGH BACKLOG ON CDE REFERRALS FOR AUTISM DX EVALS

- No more backlog! New CDE referrals for R/O Autism will be acted upon within 5 business days.
- CCHP is working hard to expand network of outside diagnostic providers for CDE referrals for Autism.
  - Current state-wide shortage of qualified providers to diagnose Autism.
  - We added Stanford Developmental Behavioral Pediatric Department to our network of credentialed providers to do Autism diagnostic CDEs. Ask families if they are willing to travel to Stanford if necessary. Indicate that in referral
  - We have MOU with Serene Health to co-locate a Serene clinic in Contra Costa County. They are actively hiring diagnostic providers to do Autism evaluations.
  - All current Autism diagnostic providers with CCHP are scheduling months out (sometimes up to a year out). Even Stanford is 3-4 months out.
  - Expanding our network will improve scheduling diagnostic appointments in a timely manner.



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# BY LAW, MEDICAL NECESSITY FOR AN AUTISM EVALUATION MUST BE SHOWN

- If no clear medical necessity shown, CCHP can be charged with waste by Medicare for these very expensive evaluations
  - Diagnostic evaluations for Autism are in short supply, are precious & need to be reserved for those children who have at least semi-urgent need for this, with clear medical necessity.
  - For children under age 4, there IS urgency for Autism diagnosis when red flags of Autism are documented (Very young kids must be able to walk for Autism tests to be valid).
    - **Red flags** primarily relate to MARKED deficits in social interaction & social communication.
    - Don't refer a kid with isolated language delay: the most common developmental delay; Still far more common than autism & most such kids don't need an autism CDE, even if they have problem behaviors.
    - Isolated speech-language delays: Under age 3: refer to RCEB. Over age 3, refer to School District
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## HOW TO SHOW MEDICAL NECESSITY FOR AN AUTISM DIAGNOSTIC (CDE) REFERRAL

- Age 3 & Under: Ideal is to submit **BOTH ASQ & MCHAT-R screen results**, with additional narrative red flag history as needed. ASQ = Ages & Stages Questionnaire. MCHAT = autism screening.
  - Insurance reviewer (Dr. Copeland) will check medical record for evidence of medical necessity.
  - Failed MCHAT-R = clear medical necessity; **50% risk of Autism** (ASD) diagnosis, even for mild-moderate autism risk range. If only failed MCHAT-R is submitted, can still authorize.
  - MCHAT-R: validated up to 30 months of age but still clinically useful up to 42-48 months of age.
  - Failed ASQ alone: More difficult to decide medical necessity. Children can fail Communication & Personal-Social areas with just isolated speech-language delay. Narrative on **Red Flags** of autism is essential in chart/referral if only ASQ has been done.
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# RED FLAGS OF AUTISM: MAINLY DSM 5-CATEGORY A CRITERIA

An individual must meet criteria A, B, C and D for a Dx of ASD. Please note parent comments on the form. Only read the numbered questions, not the domain descriptions for A and B.

**A. Persistent deficits in *social communication and social interaction* across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:**

1. Does your child show deficits in social-emotional reciprocity? Signs of this can range from showing abnormalities in how they approach peers and can include not doing so at all or doing so in an odd or indiscriminate way; and failing to show normal back and forth conversation through reduced sharing of interests, emotions, and affect.  
YES  NO
2. Does your child show deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated- verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.  
YES  NO
3. Does your child show problems in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people.  
YES  NO

**TOTAL "YES"**

(Must = 3 for ASD)

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# WHAT “MARKED” DEFICITS & URGENCY MEANS

- Many kids can have mild &/or intermittent deficits in social interaction & social communication. They don't usually need an evaluation for autism. Don't confuse problem behavior with social deficit.
  - Kids with language delay, developmental delay &/or ADHD symptoms typically do struggle socially, but at least part of the time they are motivated for & initiate social interaction, with some success.
  - Most school-age kids do not have an urgent need for an Autism evaluation. Follow over time!
  - Unless the PCP has strong clinical concerns for Category A symptoms of autism, consider refraining from suggestion of Autism diagnostic work-up. See if parents bring up Autism concerns on their own. School districts do IEP evaluations of students who may meet educational criteria for Autism.
  - PCP can do Clinic Follow-Up appointments over time to see how great the concern for Autism really is for older children. Don't just do annual Well Child Visit, make an Autism Referral because it may be in the differential diagnosis & say “Return in 1 year”
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# WHEN REFERRAL & CHART INFO ARE NOT ENOUGH TO GAGE MEDICAL NECESSITY

- Example: A referral first listed multiple sensory issues, picky eating & added Hx of developmental delay & rocking. No other helpful information in chart. PCP thought this was sufficient to justify Autism Evaluation.
  - NOT!!! Sensory issues occur in Autism but also in lots of other kids. Developmental delay is non-specific. There are far more delayed kids than kids with autism. Referral was deferred to get more info (not received), then denied.
  - PCP disputed denial, adding child is *chronically SOCIALLY ISOLATED*. With that added info, Referral was Authorized.
  - If primary concern is one or more marked sensory issues, OT referral better meets child's needs.
  - Isolated motor stereotypies: Common! Need Pediatric Neurology, NOT Autism Dx Referral.
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## IS THE NEED REALLY FOR “TRADITIONAL” MENTAL HEALTH SERVICES?



- Example: New 7 year-old boy with problem behavior, high energy, average language.
  - PCP might not have seen Chart Emergency Room Record from 2 months prior. Boy got respiratory distress from putting plastic bag over his head. When asked why, he said “I don’t want to make my mother mad at me anymore.”
  - NO referral to Mental Health (Behavioral Health or BHS) Services was made!
  - PCP simply sent referral to Rule/out Autism/ADHD. Scheduling a diagnostic visit for Autism takes months. NOT AN APPROPRIATE REFERRAL!
  - Most young children with Autism would not have concept of being “mad” & lack awareness of when they make others mad. This boy clearly needed URGENT mental health services! 7 year-olds can be suicidal.
  - Older kids who used to participate & now are withdrawn: Depression? Substance abuse? PTSD??? They need mental health evaluation before considering an Autism evaluation. Get history!!!! Were they ever in the “Social Ball Game”?
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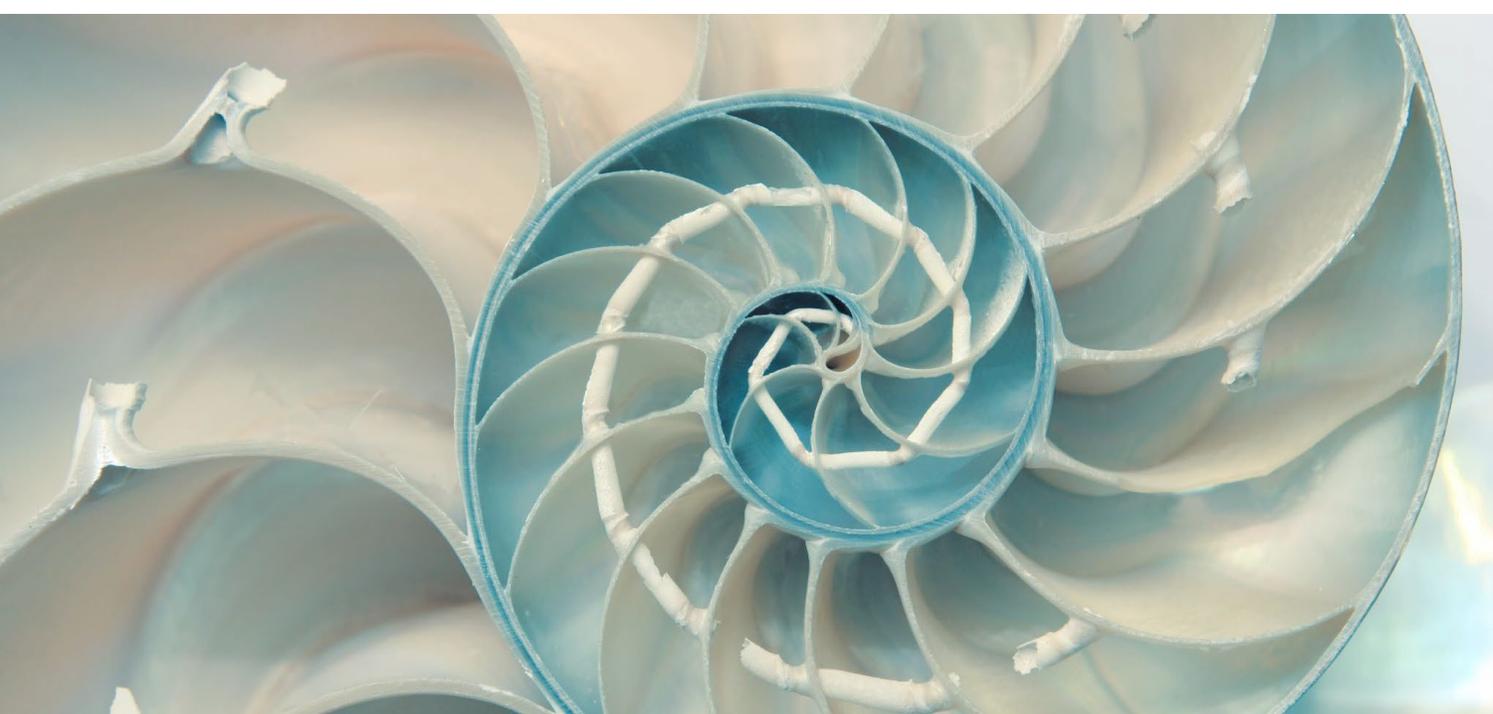
# MENTAL HEALTH ACCESS & LINGUISTIC SERVICES

- PCP can assist family in contacting Mental Health Access for any symptoms that seem to primarily need traditional Mental Health at 1-888-678-7277 and/or refer to Behavioral Health Services (BHS- NOT BHTU) within Contra Costa County/or make Psychiatry Referral.
  - Do not send kids needing basic W/U or Med Management of ADHD to BHTU. Mental Health Access has an intake algorithm to assess symptoms of ADHD. If there is just one symptom (e.g. hyperactivity), PCP should try to manage it. Refer to Access if more than 1 symptom.
  - CCHP Linguistic Services operate 24/7. Non-English speaking families should access Linguistic Services before calling to leave a message with outside Diagnostic Providers: 925-313-6063.
-

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# APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES WILL LIKELY BENEFIT ALL KIDS WITH AUTISM, AT ANY AGE

- If strong suspicion of autism & child has functional deficits, PCP can ask if family is interested in ABA services. Check boxes for BOTH Autism Eval and ABA treatment on BHTU Referral form.
  - ABA services can be started (if medically necessary & clearly clinically indicated) even before a diagnosis of Autism is confirmed, or for conditions other than autism. Make sure mental health needs are addressed first. Consider Referral for ABA when there is:
    - marked aggression in context of developmental delay
    - Self-Injurious Behavior in context of delay (bites self; head-banging, etc. NOT CUTTING in a child who does not have developmental delay: Latter needs Mental Health Services)
    - Dangerous behavior like running away (eloping); running into streets; dangerous climbing; Other
-



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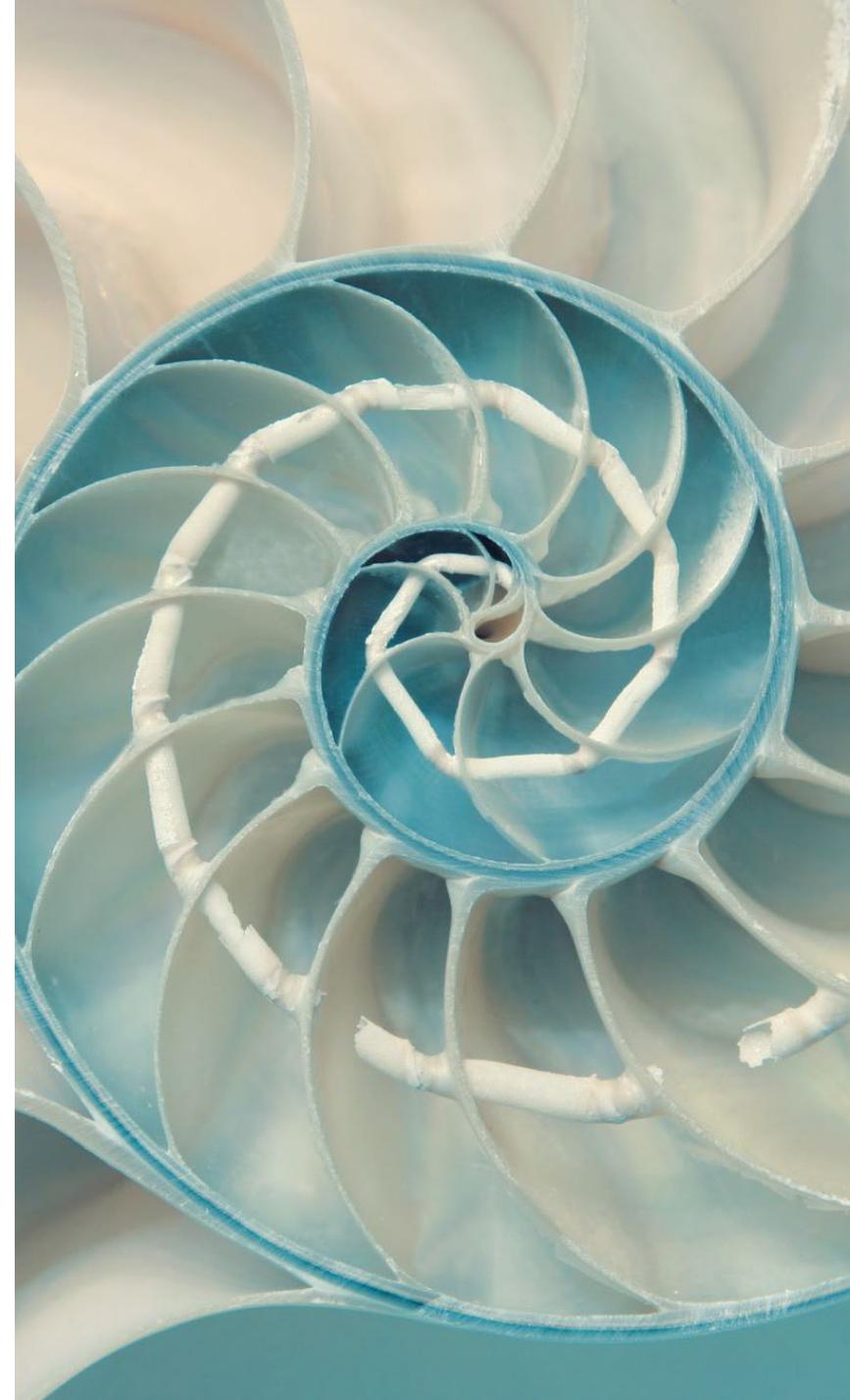
**QUESTIONS OR  
COMMENTS?**

*A Culture of  
Caring*



# HOW CAN WE BEST EMPOWER YOU AS A PCP?

- What do you need from the BHT unit to better care for your pediatric patients with developmental BHT Autism DX & TX needs?
  - What developmental & BH conditions do you feel you can manage in clinic without necessarily referring? How can we help you in that primary care?
  - We offer training. What clinical topics do you most want additional training on?
- 





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# SOME SUGGESTED TOPICS FOR TRAINING

- Primary care management of children & adolescents with Autism Spectrum Disorder (ASD)
- Applied Behavior Analysis (ABA treatment) for ASD & its expanded scope beyond treating patients with autism
- ADHD diagnosis and treatment
- Mild-Moderate Anxiety & Depression in children & adolescents; Trauma-Informed Care & ACEs; SSRIs & other Meds
- Optimizing progress for children with school struggles, learning disabilities
- Networking with school districts for 504 Plans & IEPs
- Developmental screening & referral processes for community resources; Networking with Regional Center of the East Bay (RCEB); High-risk Infant Follow-up care
- Motivational Interviewing; Collaborating with Mental Health specialists
- Sleep disorders in children (Dr. Copeland's expertise is mostly for children < age 10)
- Quick parenting tips for managing children's challenging behavior
- Other

What do you want?

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# CCHP Diabetes Management Program

Lourdes Jensen, RN, CDCES,  
Disease Management Program Nurse

# Our History and Purpose

- ▶ CCHP Diabetes Management Program was created in 2012
- ▶ To offer Diabetes Education and Care to our referred Medi-Cal members

Type 1 or 2 diabetes diagnosis ages  
18 and up

We offer this to our patients and  
their families



Who do we serve?



# Current Target Population for Outreach

Medi-Cal enrolled

Hgb A1c >9

Diagnosis of obesity

Reside or receive care in East or West county



# Upon Referral

- ▶ A welcome letter and diabetes basic booklet is mailed to the member
  - ▶ Information regarding an upcoming phone call is included, as well as contact information for the member or family to be able to reach out for themselves via call, text or email.
- 

# Communication with Patients

1

Call

2

Text

3

Email

Visits are initially telephonic and are more or less frequent, as there is need. Texting and emailing are also made available to members.



# The DM program offers diabetes education focused on the AADE7 Self-Care Behaviors

Healthy Eating

Being Active

Monitoring

Taking Medication

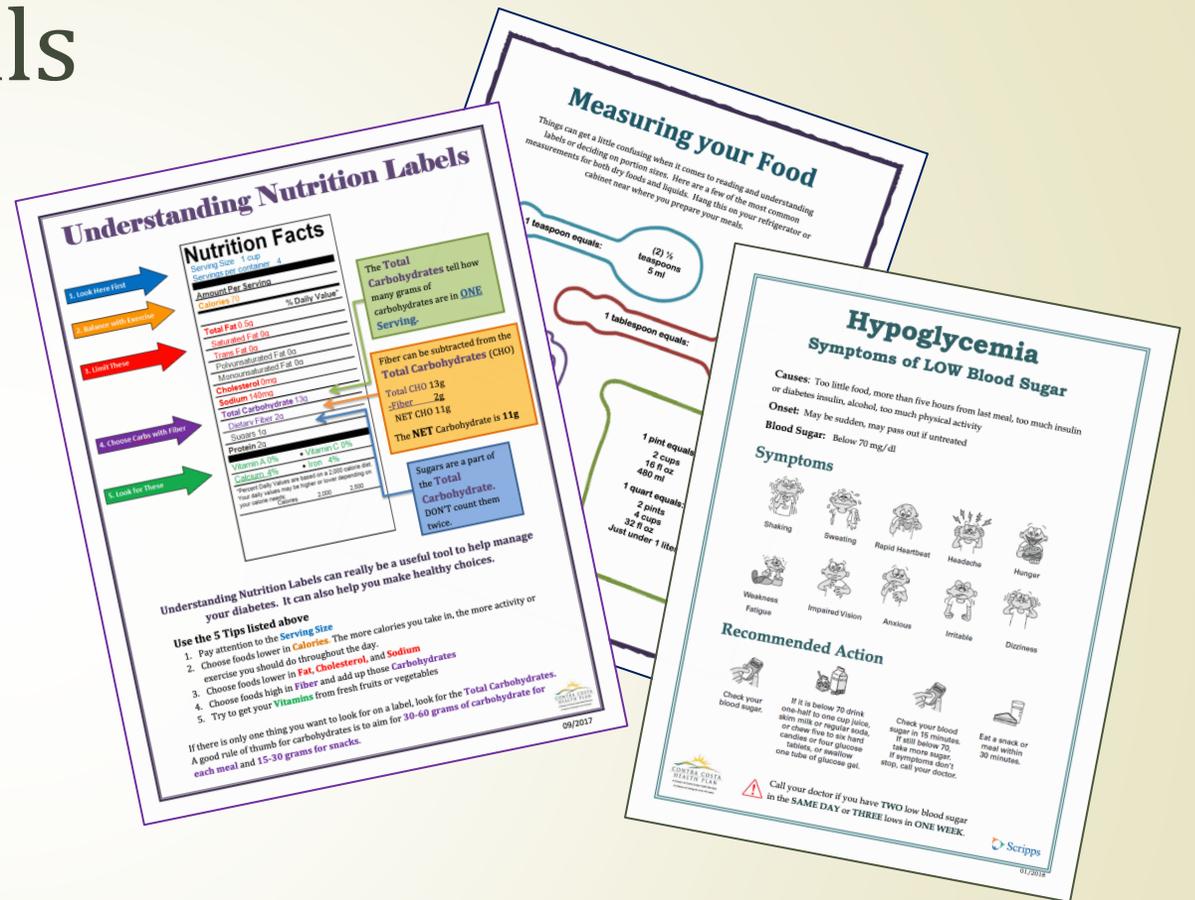
Problem Solving

Healthy Coping

Reducing Risk

# Educational Materials

- We provide educational handouts, as needed, in both SPANISH and ENGLISH.
- They can also be found on the CCHP website



<https://cchealth.org/healthplan/health-ed-diabetes.php>

As needed or as available, members are referred external resources:

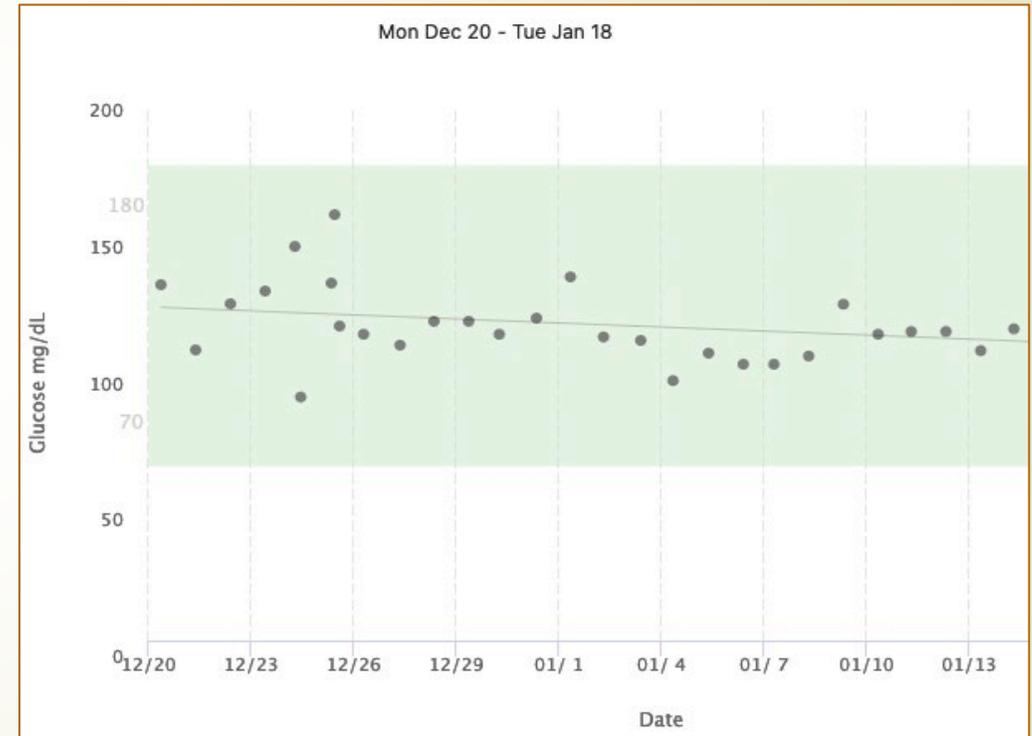
- ▶ Care or Case Management
- ▶ Diabetes groups (internal and external)
- ▶ Websites for whom such a resource is appropriate.

# How We Communicate Progress

- ▶ A progress note can be found in Epic/ccLink
- ▶ CPN providers would be sent an encrypted email
- ▶ A note may be sent directly to the provider to;
  - ▶ Relay the member's current situation
  - ▶ Clarify orders
  - ▶ Suggest change to DM orders
  - ▶ Suggest medication management

# Gojji Glucometer Pilot

- Gojji is a cellular enabled glucometer which provides “real time” access to the member’s blood glucose numbers.
- The Gojji portal allows for more focused education and coaching.
- Used exclusively for our focus population





# Our Current Enrollment

- ▶ We currently have 57 members enrolled in the DM program
- ▶ 38 are currently using Gojji

# How are we doing?

- ▶ Through the DM care and education, we've been able to make significant changes in some of our member's lives
  - ▶ Improved understanding of the disease
  - ▶ Medication adherence
  - ▶ Testing
  - ▶ Willingness to increase physical activity
- ▶ On average, A1c values improved from a baseline of 9.6 to 7.9



# Our Success Stories



JB: 66yo male, basal and bolus insulins + a combo PO med

- ▶ Referred Jan 2021
- ▶ Preparing for surgery
- ▶ Hgb A1c of 14.0 > 12.7
- ▶ Fixed dose insulin regimen
- ▶ Agreed to start testing
- ▶ Adjustments to insulin regimen
- ▶ Taught carb counting, understanding the action and purpose of insulin
- ▶ By mid April Hgb A1c 7.8



# Our Success Stories



- ▶ MS: 68yo female, basal/bolus + PO meds
  - ▶ Referred in Feb 2020
  - ▶ A1c 12.3
  - ▶ Began Gojji April 2021
    - ▶ July 9.3
    - ▶ Oct 7.8
    - ▶ Jan 6.9

# What The Members Have to Say

- ▶ “The communication between Lourdes and I has been most helpful. I’m not just a number to her. I feel heard”
- ▶ “...the quick and constant response to any and all call questions and call backs....she shows compassion and so much knowledge...is extremely helpful and appreciated”
- ▶ Learned: “how to read labels” and “what diabetes does to my body”
- ▶ “I can't think of anything that would make it better”
- ▶ “I love it just the way it is”



# How Can You Refer?

- ▶ For RMC Providers:

- ▶ Epic/ccLink - Please enter a referral

- \*\*CCHP Diabetes Management (EXT REF)\*\*

- ▶ For CPN Providers:

- ▶ Please send an *encrypted* email including pertinent information to

- [Disease.Management@cchealth.org](mailto:Disease.Management@cchealth.org)

# Questions



What are your thoughts on our program?  
Do you have suggestions?



How should we communicate with our CPN providers?



What information is helpful to you?  
What do you want to know more about?

## Retail Prescription Drug Carve Out Background

1. Per Governor Newsom's Executive Order N-01-19
  - standardize the Medi-Cal pharmacy benefit statewide
  - improve access to pharmacy services
  - apply statewide utilization management protocols
  - achieve cost savings for drug purchases made by the state
2. Go live was January 1<sup>st</sup>, 2022

# CCHP Pharmacy Department

Joe Cardinalli, PharmD

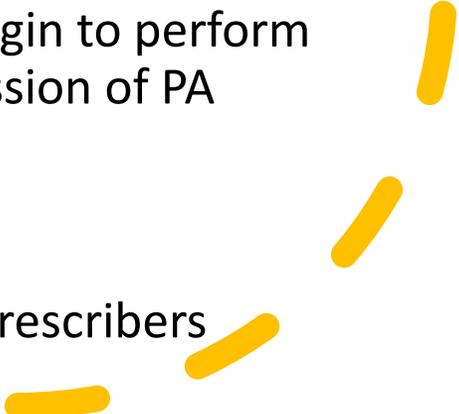
## What Has Changed?

1. New medication formulary (CDL) and non-formulary medication criteria is now hosted by DHCS not CCHP
2. Non-formulary medication authorization requests (PAs) will now be sent to Medi-Cal Rx (Magellan) instead of CCHP
3. Complaints/grievances and appeals will all go through Medi-Cal Rx
  - a. Member appeal option is a state fair hearing
  - b. Provider appeal option via mail, fax or provider portal (15 to 60 day turnaround)- must indicate "Appeal"
  - c. PA Appeal Submissions may be sent within 180 days from the initial denial

# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## How to Submit PAs to Medi-Cal Rx

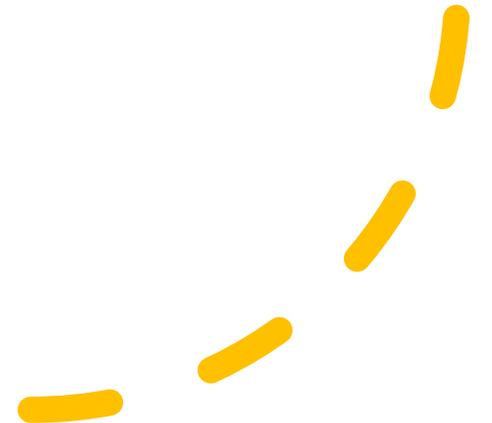
1. Mail
  2. Fax
    - a. 1-800-869-4325
  3. Pharmacy
    - a. NCPDP P4
  4. Provider Portal
    - a. Registered providers will be able to login to perform multiple functions related to the submission of PA requests
  5. Cover My Meds
    - a. PA submission channel available for prescribers
- 

# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## Transition Period

1. 180 day transition period for medications members are currently taking
2. Grandfathering of existing PAs for up to 1 year
  - a. Possible multi-year extension of existing PAs (up to 5 years) for chronic conditions



# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## What Stays With CCHP vs. What Goes to Medi-Cal Rx

1. Medi-Cal Rx=retail pharmacy benefit for Medi-Cal members (including call center)
2. For Medi-Cal members, CCHP retains physician administered drugs, DME (when billed as a medical claim) and medications used in LTC
3. CCHP retains 100% of commercial member pharmacy benefit

# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## Current Medi-Cal Rx Issues

1. Extended on-hold time for Medi-Cal Rx callers
  2. Delayed responses to PAs by Medi-Cal Rx
  3. 180 day transition experiencing snags
  4. New ID numbers for members as well as confusion for commercial members
  5. Prescriptions for newborns
  6. Out of state prescriptions
- 

CCHP  
Pharmacy  
Department

Joe Cardinalli, PharmD

Providers- What Medi-Cal Rx  
Issues Are You Having  
Currently?



CCHP  
Pharmacy  
Department

Joe Cardinalli, PharmD

Medi-Cal Prescription Drug Carve Out  
(Medi-Cal Rx)

Questions?

CCHP Pharmacy Department

(925) 957-7260 option 1

Medi-Cal Rx Customer Service (800) 977-2273

<https://medi-calrx.dhcs.ca.gov/home/>

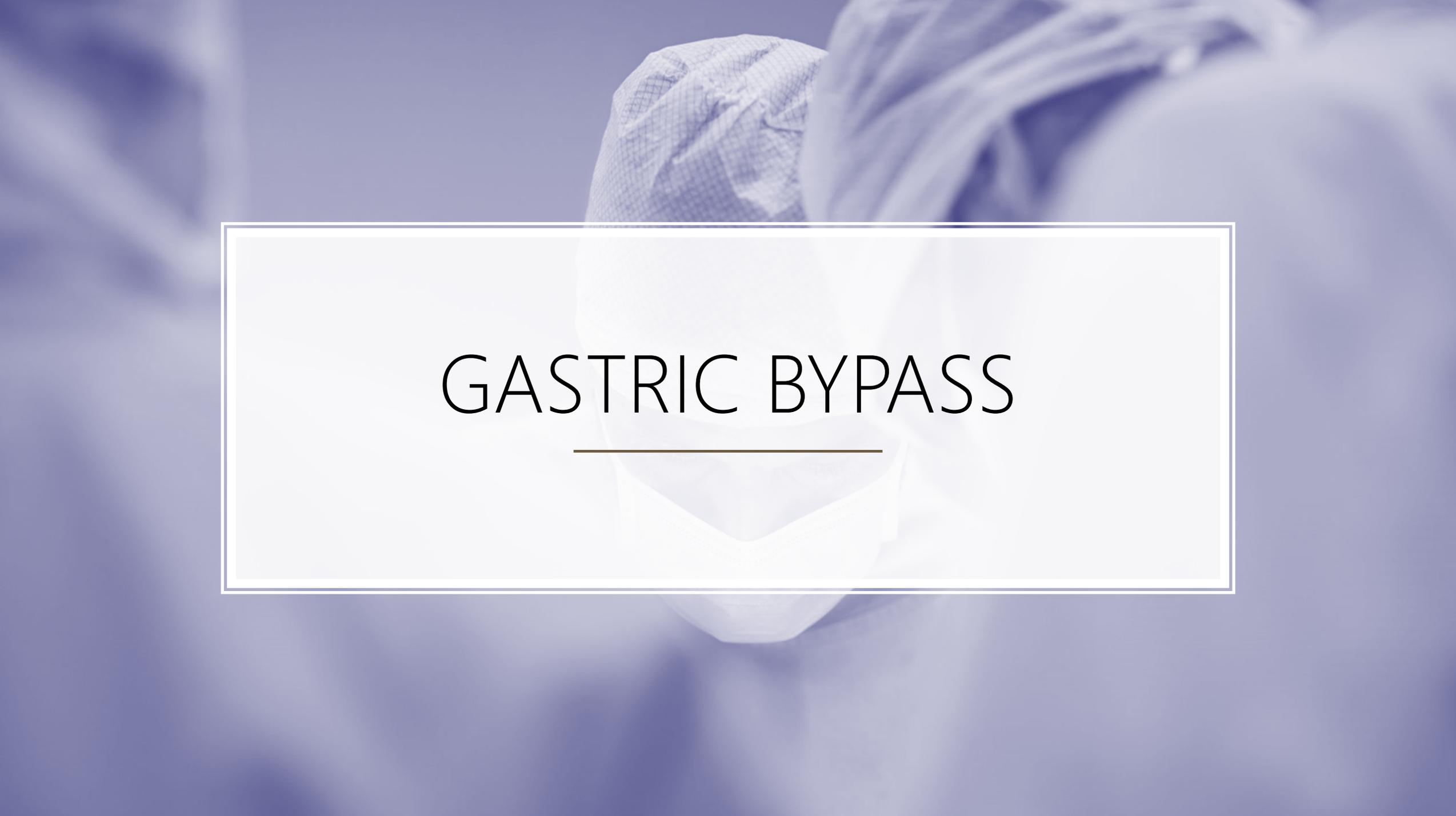


# CHIEF MEDICAL OFFICER UPDATES

DENNIS HSIEH, MD, JD  
CONTRA COSTA HEALTH PLAN



CALAIM



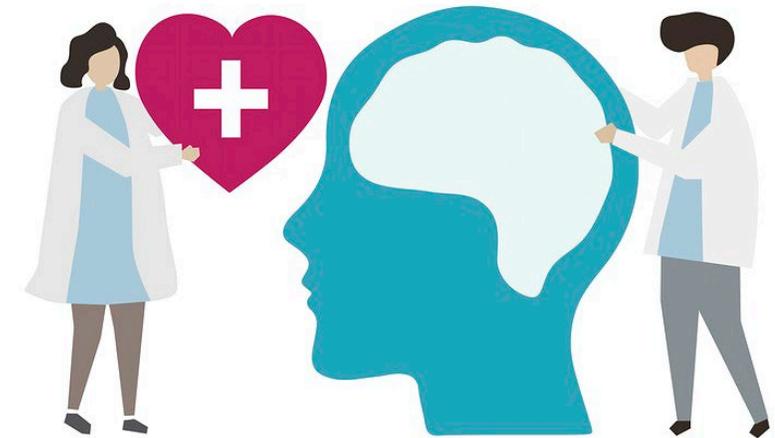
# GASTRIC BYPASS

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# MENTAL HEALTH EVALUATION?

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- Originally no as per EPIC Care
- As of last week: EPIC Care reversed course and said yes – by any licensed mental health professional/social worker
- What is needed? Letter clearing them for surgery is sufficient. CCHP Form is also acceptable – will ask patient/provider to provide directly to surgeon (not to CCHP)



# THUS, HOW SHOULD THIS BE ORDERED & PROCESSED?

- Gastric bypass ext ref 325 – no form needed
- Ext ref 325 is renamed Bariatric Surgery External Referral 325
- Old Bariatric Surgery External is deactivated (ext ref 241)

External Referral, Routine, Bariatrics, Consultation P

GASTRIC BYPASS SURGERY EXT REF325 P Accept Cancel Remove

Priority: Routine Urgent Routine Elective

Class: External Re

Provider Specialty: Bariatric Ev

Department:

Referral Reason: Consultatio

Process Inst: Morbid obesity can be a health danger because of the associated prevalence of cardiovascular risk factor such as hypertension, hypertriglyceridemia, hyperinsulinemia, diabetes mellitus and low levels of high-density lipoprotein (HDL) cholesterol. Conservative and dietary treatments include low (800-1200) calorie and very low (400-800) calorie diets, behavioral modification, exercise and pharmacologic agents. When these less drastic [Process Instructions](#) or are not appropriate, providers may request, (upon meeting the criteria listed below) a consultation for obesity surgery.

Life Threatening comorbidities include documented sleep apnea, cardiomyopathy of obesity, and Pickwickian syndrome. Other obesity-related comorbidities include symptomatic degenerative joint disease demonstrated on x-ray with orthopedic recommendation for weight loss, symptomatic ventral hernia, difficult to control diabetes or hypertension, some cases of lower back pain, severe lower extremity edema with ulceration, stress incontinence, amenorrhea, etc.

\*After meeting the below criteria, Contra Costa Health Plan (CCHP) will authorize a Mental Health evaluation to rule out any mental disease or disorder and to determine the patient's ability to comply with post-op dietary and/or physical limitations and restrictions. Based on the findings of the Mental Health evaluation, CCHP will determine if an initial GBS consult is appropriate. OMFS services are no longer available at CCRMC.

BMI >= 40

BMI > 35 and comorbidities:

Conservative Therapies:

Exercise counseling completed (if 'No', DO NOT submit the form.)

Does patient have severe psychological impairment?

Demonstrated lack of adherence and motivation.

# THUS, HOW SHOULD THIS BE ORDERED & PROCESSED? (CONTINUED)

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- c) Order Mental Health Evaluation prior to gastric bypass (ext ref 630) with gastric bypass (ext ref 325).
- d) We will approve or deny the two together – it is an order set
- e) If anything is missing:
  - 1) need to request more info and then approve or deny
  - 2) as had been said – cannot close referrals
  - 3) expectation of response to providers – if any challenges, please let me know

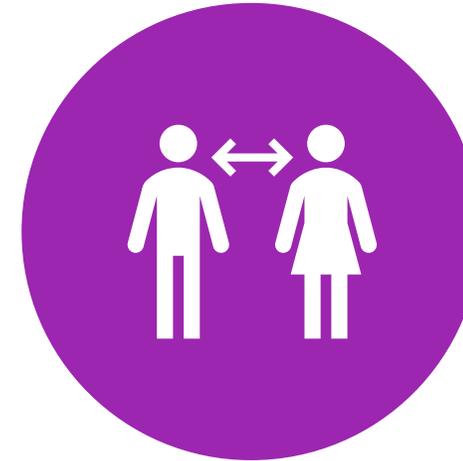
# BARIATRIC SURGERY – RESPONSE FROM CCHP

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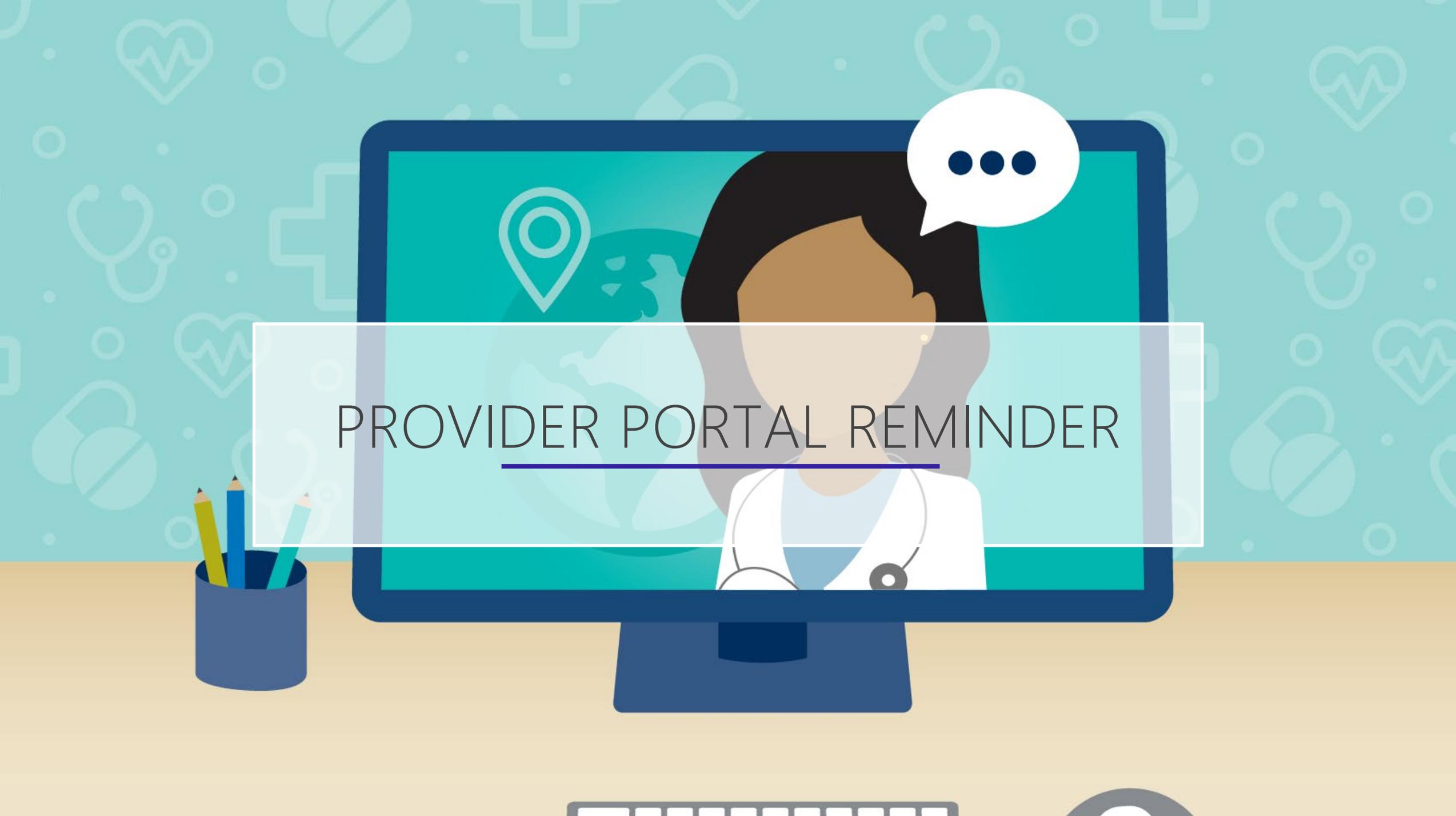


Email

[AUTH-UMSUPPORT@CCHEALTH.ORG](mailto:AUTH-UMSUPPORT@CCHEALTH.ORG)



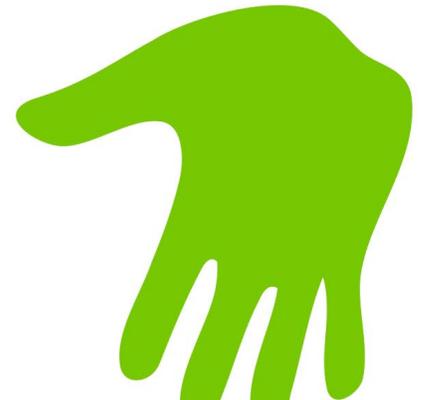
If no response, escalate to John Carpetta with a cc to Josephine Nwosu (inbasket or email)

The image features a central computer monitor on a desk. The monitor displays a stylized illustration of a doctor with dark hair, wearing a white lab coat and a stethoscope. The background of the screen shows a globe and a location pin icon. Above the doctor's head is a white speech bubble containing three blue dots. The background of the entire scene is a light teal color with various medical icons like hearts, stethoscopes, and pills. In the foreground, to the left of the monitor, is a blue pencil holder with three colored pencils (yellow, blue, and teal). At the bottom, the top edge of a keyboard and a mouse are partially visible.

# PROVIDER PORTAL REMINDER



CDE/ABA



# BEHAVIORAL HEALTH

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QUESTIONS?

# California Children's Services (CCS)

- California Children's Services (CCS) offers medical coverage and case management services to children for catastrophic or chronic illness on a financial sliding scale.
- When a CCHP Medi-Cal child has a CCS condition, the medical services related to the CCS condition are covered by CCS.
- CCHP will cover eligible medical services until CCS eligibility is determined and will cover services that are not related to the CCS condition.
- Submitting a Prior Authorization Form through the Web Portal assures the request will be evaluated by the Utilization Review Team and referred to CCS for ongoing medical supervision if the condition is eligible.
- The physician's office can also send a direct referral by fax to CCS. In either instance, copies of medical documentation must accompany the referral. Forms can be found at the DHCS website <https://www.dhcs.ca.gov/formsandpubs/forms/Pages/CCSForms.aspx>
- A listing of CCS eligible providers can be found on the CCS website here: <https://www.dhcs.ca.gov/services/ccs/Pages/CCSProviders.aspx>
- CCS reimburses only CCS-paneled providers and CCS-approved hospitals within Plan's network; and only from the date of referral.
- The PCP is responsible for performing an appropriate baseline health assessment and diagnostic evaluation for children who are identified with conditions that may be CCS eligible.
- Early identification of possible CCS eligible conditions is an important step to timely specialty care with a CCS provider. Once CCS determines that a child has a CCS medically eligible condition, the provider can fax prior authorization requests related to the CCS, to the local CCS Office.

**California Children's Services (CCS)**

**Phone: 925-313-6400**

**Fax: 925-372-5113**

# WRAP-UP

- 2022 Provider Network Training Dates:
  - Tuesday, April 26, 2022
  - Tuesday, July 26, 2022
  - Tuesday, October 26, 2022
- Survey
- Incentive

*Thank You!*

