



# Agenda

## Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan – Community Plan

**When:** Time: 7:30 AM – 9:00 AM  
Date: October 15, 2013

**Where:** West County Health Center  
13601 San Pablo Ave, San Pablo, CA  
Room A-1194

The agenda for the meeting is as follows:

I.	CALL TO ORDER and INTRODUCTIONS	J. Tysell, MD
II.	REVIEW and APPROVAL of MINUTES from previous meeting	J. Tysell, MD
III.	REGULAR REPORTS	
	<ul style="list-style-type: none"> <li>• Medical Director's Report</li> <li>• HEDIS</li> </ul>	J. Tysell, MD
IV.	NEW BUSINESS	
	<ul style="list-style-type: none"> <li>• Pain Management Policy</li> <li>• Neurosurgical Referrals</li> <li>• Alternate Mental Health Benefit</li> </ul>	J. Tysell, MD
V.	OLD BUSINESS	
	<ul style="list-style-type: none"> <li>• Medicare Reimbursement for PCP's               <ul style="list-style-type: none"> <li>▪ Criteria</li> <li>▪ Attestation</li> </ul> </li> </ul>	M. Berkery, RN
	<ul style="list-style-type: none"> <li>• Immunization Update</li> </ul>	B. Jacobs, FNP
VI.	OTHER	
	<ul style="list-style-type: none"> <li>• Provider Concerns</li> </ul>	J. Tysell, MD
VII.	ADJOURNMENT	

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan, dated October 15, 2013 and attached herein.

**Our next scheduled meeting is:**

**Tuesday, January 21, 2014**  
**7:30 AM – 9:00 AM**

CPN Quarterly Meeting

CONFIDENTIAL – Protected by California Evidence Code 1157

**CONTRA COSTA HEALTH PLAN**  
**West County**  
**Quarterly Community Provider Network (CPN)**  
**Meeting Minutes – October 15, 2013**

**Attending:**

**CCHP Staff:** J. Tysell, MD, Chair; B. Jacobs, FNP; M. Berkery, RN; L.M. Perez, Secretary

**CPN Providers:** A. Blaufarb, NP; K. Ceci, MD; O. Eaglin, PA; K. Kaminski, PA; A. Lopresti, DO; P. Mack, MD; A. Wallach, MD

Discussion	Action	Accountable
Meeting called to order @ 7:45 a.m.		J. Tysell, MD
<b>I.</b> Agenda approved with no revisions.		J. Tysell, MD
<b>II.</b> <b>Review and Approval of Minutes from July 16, 2013:</b> Minutes were approved as presented.		J. Tysell, MD
<b>III.</b> <b>Regular Reports:</b> Medical Director's Report <ul style="list-style-type: none"> <li>• HEDIS <ul style="list-style-type: none"> <li>- Pending data completion</li> </ul> </li> </ul>		J. Tysell, MD
<b>IV.</b> <b>New Business:</b> <ul style="list-style-type: none"> <li>• Pain Management <ul style="list-style-type: none"> <li>- Protocol being developed</li> </ul> </li> <li>• Neurosurgical <ul style="list-style-type: none"> <li>- Referrals process in development</li> </ul> </li> <li>• Mental Health Screening <ul style="list-style-type: none"> <li>- Draft documents reviewed</li> <li>- Integral part of exam under ACA effective January 2014</li> </ul> </li> </ul>		J. Tysell, MD
<b>V.</b> <b>Old Business:</b> <ul style="list-style-type: none"> <li>• Increased PCP Reimbursement <ul style="list-style-type: none"> <li>- Retro to January 2013</li> <li>- PCP must sign online (Medi-Cal website) attestation to benefit</li> </ul> </li> <li>• Access to online Specialist Listing <ul style="list-style-type: none"> <li>- Reviewed and demonstrated</li> </ul> </li> <li>• Immunization <ul style="list-style-type: none"> <li>- Parental refusal for immunization will require MD visit effective January 2014 – CPT code pending</li> </ul> </li> </ul>		M. Berkery, RN  B. Jacobs, FNP
<b>VI.</b> <b>Other:</b> Provider concerns were discussed regarding pain management.		
<b>VII.</b> <ul style="list-style-type: none"> <li>• <b>Adjournment:</b></li> <li>• Meeting adjourned @ 9:00 a.m.</li> </ul>		

**Next meeting – January 21, 2014**

**CONTRA COSTA HEALTH PLAN**  
 West County  
 Quarterly Community Provider Network (CPN)  
**Meeting Minutes – July 16, 2013**

**Attending:**

**CCHP Staff:** J. Tysell, MD, Chair; P. Tanquary, CEO, MPH, Ph.D.; B. Jacobs, FNP; M. Berkery, RN; L.M. Perez, Secretary

**CPN Providers:** K. Ceci, MD; R. Harrison, RN, NP; A. Lopresti, DO; P. Mack, MD

Discussion	Action	Accountable
Meeting called to order @ 7:45 a.m.		J. Tysell, MD
<b>I.</b> Agenda approved with no revisions.		J. Tysell, MD
<b>II.</b> <b>Review and Approval of Minutes from April 16, 2013:</b> Minutes were approved as presented.		J. Tysell, MD
<b>III.</b> <b>Regular Reports:</b> Medical Director's Report <ul style="list-style-type: none"> <li>• Pain Management and Opioid Prescribing               <ul style="list-style-type: none"> <li>- New protocol being developed</li> <li>- Deals specifically with Pain Management groups</li> </ul> </li> <li>• Sleep Studies               <ul style="list-style-type: none"> <li>- CCRMC impacted</li> <li>- May refer to Parham Gharagozlou, MD, CPN provider has specialty training in Sleep Medicine</li> </ul> </li> <li>• HEDIS               <ul style="list-style-type: none"> <li>- Preliminary Report</li> <li>- Update to follow as data compiled</li> </ul> </li> <li>• Provider Bulletin Review               <ul style="list-style-type: none"> <li>- Highlighted coding and claims</li> <li>- MD please share Bulletin with staff as they may benefit from new information</li> </ul> </li> </ul>		J. Tysell, MD
<b>IV.</b> <b>DOCUMENT UPDATES:</b> <ul style="list-style-type: none"> <li>• Disease Management Referral               <ul style="list-style-type: none"> <li>- Reviewed new referral form – available on website</li> <li>- Use form for adult diabetes and obesity referral – to be followed up by Case Management</li> </ul> </li> <li>• POLST Document (Pink Form)               <ul style="list-style-type: none"> <li>- Form goes along with Advanced Directives, Physicians review with patients – Place on “Frig” – EMTcheck “Frig” for Pink Form, available on website</li> </ul> </li> <li>• Immunization Update               <ul style="list-style-type: none"> <li>- Update immunization for teens going into high school</li> <li>- Schools can refuse to admit students with delinquent immunizations</li> </ul> </li> </ul>		M. Berkery, RN  M. Berkery, RN  B. Jacobs, FNP
<b>V.</b> <b>NEW BUSINESS:</b> <ul style="list-style-type: none"> <li>• Presentation on Exchange “Covered California” for CCHP               <ul style="list-style-type: none"> <li>- CCHP is one of only 13 plans statewide and one of three in the Contra Costa County (CCC) area chosen to be offered through <i>Covered California</i>, the new state insurance marketplace created by the Affordable Care Act (ACA)</li> <li>- Reviewed the following information:                   <ul style="list-style-type: none"> <li>• Tax Credits and Tax Subsidies</li> <li>• Grid – Health Care Reform Impact on CCC</li> </ul> </li> </ul> </li> </ul>		P. Tanquary, CEO

	<ul style="list-style-type: none"> <li>• Grid – <i>Covered California</i> – Standard Benefit Plan</li> <li>- Further education and training will be provided to providers, member services, marketing and advice nurses as changes occur</li> </ul>		
<b>VI.</b>	<b>Provider Concerns:</b> No concerns were reported		
<b>VII.</b>	<ul style="list-style-type: none"> <li>• <b>Adjourn:</b></li> <li>• Meeting adjourned @ 9:00 a.m.</li> </ul>		

**Next meeting – October 15, 2013**

## CCHP Policy on Neurosurgical Referrals

Background/Purpose – CCHP is fortunate to have an excellent network of well qualified neurosurgeons that are willing to provide services to CCHP members. However, it is necessary for the plan to prior authorize referrals to neurosurgical specialty services in order to ensure that this valuable resource is appropriately utilized for all CCHP members.

### Policy –

I Based on discussion held between CCHP contracted neurosurgeons and representatives of the health plan the criteria for initial consultation by neurosurgery includes:

- A complete, recent history and physical examination with focus on neurological and behavioral issues performed by the member's primary care provider including what conservative therapies have been tried and their results and previous specialty evaluations and results.
- Evidence of recent imaging as appropriate which should accompany the referral request when submitted to the plan and the neurosurgical consultant.
- If the member has been initially evaluated by an allied health practitioner, there must be documentation that a physician has consulted on the member and agrees with the referral.
- Documentation that the referral is likely to require neurosurgical treatment. Examples would be evidence of neurological findings supported by abnormalities on imaging studies for patients being considered for laminectomy or evidence of 6 months or more of conservative therapy for patients being considered for lumbar fusion.
- II. For members with spine problems assigned to the RMC network, members should be considered for referral to the RMC spine clinic for evaluation of back problems prior to neurosurgical evaluation as long as there is not an urgent need for evaluation and there is a moderate to low likelihood of surgical intervention. The RMC spine clinic specialist is happy to discuss cases being considered for neurosurgical referral with the PCP. Urgent or emergent neurosurgical referrals can be submitted directly to CCHP. .

Documentation of the items above should be forwarded to the health plan with the prior authorization request and to the consultant specialist.

Coordinating Chronic Pain Management Care- Over the past several years, there has been some ongoing challenges with respect to lines of responsibility regarding pain management for CCHP members. In an effort to clarify roles and responsibilities, CCHP has recently adopted UM15.048, entitled Coordinating Chronic Pain Management Care. The purpose of this guideline is to improve coordination of care for CCHP members with chronic pain by clarifying the roles and responsibilities of primary care practitioners (PCPs) and specialists who care for members with chronic pain. The guideline is designed to assist primary care practitioners make appropriate use of pain management specialists and to facilitate coordination between providers.

Highlights of this policy/guideline include:

- The PCP is responsible for coordinating all services required by the member.
- The PCP should be responsible for providing the following basic pain management services including assessing the nature of the chronic pain syndrome, performing a thorough physical exam, distinguishing between physiologic dependence or tolerance and addiction, performing basic pain management services as defined by the American Pain Society guidelines such as documenting risk factors for opiate misuse, addiction, or adverse effects, establishing a Controlled Medicines Agreement and monitoring the safety and compliance based on urine drug screens. Services considered appropriate for PCP management include medication management and referral for physical treatments such as physical therapy, acupuncture or chiropractic.
- Based on Apollo Pain Management guidelines referral to specialty pain management will be considered when there is persistent pain >3 months that is “unresponsive to active management by the primary physician or in-plan specialists evidenced by adjustment/escalation in medication management and failure of other appropriate conservative modalities” is required for coverage of pain management services.
- Additional indications for referral to pain management include:
  - Complex pain syndrome where the diagnosis is unclear OR the condition is unresponsive to active management by the primary physician or in-plan specialists evidenced by adjustment/escalation in medication management and failure of other appropriate conservative modalities
  - Complex pain syndrome compromised by severe functional impairment.
  - Complex pain syndrome complicated by a mental health condition or substance abuse problem unresponsive to usual therapy and referral to an appropriate Behavioral Health Specialist.
  - To perform and/or supervise procedures done by pain management specialists such as epidural injections for conditions likely to respond to the procedure.
  - Evaluation of evaluate axial pain without evidence of radiculopathy prior to a surgical evaluation.
- Indications for ongoing pain management services include:
  - The member is receiving interventional pain management services such as epidural injections or complex pain medication titration or conversion to formulary opioids not usually performed by a PCP.
  - The member is in active treatment or where the patient’s condition is unstable or medication regimen is being titrated by the specialist.
  - The goal(s) of the PMS/PMC services have been clearly defined AND the member is making progress toward the goals but has not yet achieved the goals.
  - The member is actively participating and adherent to the pain management program.
  - The member does not have a condition that would exclude participation in PMS/PMC program such as a severe psychiatric disorder or a chemical dependency disorder.

Contra Costa County Regional Medical Center's CAAD Clinic (Clinic for ASD & ADHD Diagnostics) is available for CCRMC and CPN provider referrals. The CAAD Clinic, however, along with providers throughout the county, are currently overwhelmed with referrals. In order to ensure only the most appropriate referrals, the following are some guidelines:

**Referrals appropriate for CAAD include the following (please note insurance info too):**

**R/O ADHD (4-14 years)** CAAD sees CCHP Commercial and Medi-Cal patients. Child should not have additional concerns of depression, anxiety, Oppositional Disorder or other MH co-morbidities. (There is a 4-6 month wait to evaluation.)

**R/O Autistic Spectrum Disorder (2-16 years)** CAAD sees CCHP Commercial for ASD only evaluations. If child has concern of ADHD & ASD, with Medi-Cal, CAAD *may* see as RCEB doesn't address ADHD evaluations. (There is a 4-6 month wait to evaluation.)

**ADHD Medication Management Consultation (4-16 years)** If referring for ADHD Med Management, please provide *diagnosis and history*. If no diagnosis, only mark referral as R/O ADHD. (We currently have a 2-4 month waitlist for medication consult.)

**The following are types of inappropriate CAAD referrals:**

- ADHD with concerns of ODD and/or Conduct Disorder and/or, "Destructive behaviors"
- Aggression or Mood Disturbance
- Anxiety or Depression
- "Behavior problems/issues"
- Children outside of our identified specified age range (i.e. 2 y/o for ADHD eval or med management or 17 y/o for ND evaluation.)
- "Dyslexia"
- "Eval and tx" (no clinic information provided to know reason for referral)
- Insurance we don't take (CPN's send Anthem Blue Cross, United Health, etc.)
- "Learning/School problems"
- Medication consultation for STABLE patients doing well on prescribed medication
- Psychotherapy
- "Refer to Regional Center" (providers don't differentiate if Regional Center of the East Bay or Contra Costa Regional Medical Center as term "Regional Center" is used interchangeably)
- Speech/Language delays (no clinical support to be concerning of ASD)

**For these problems:**

- Learning difficulties/School Problems: REFER TO SCHOOL FOR EVALUATION
- Speech/Language Delay: REFER TO REGIONAL CENTER OF THE EAST BAY IF < 3 Y/O OR REFER TO SCHOOL DISTRICT IF > 3 Y/O
- Aggression or Mood Disturbance, Behavior Problems, Need for Psychotherapy: PROVIDER TO CALL Mental Health Access Line 888-678-7277
- Regional Center of the East Bay Intakes for <3 years: 510.618.6195 and fax: 510.618.7769. Advise parent to call.
- Mental Health Access Line (for Medi-Cal and uninsured) 888-678-7277. Advise the parent to call.
- CCHP Commercial: 925-957-7239. Advise parent to call.

PATRICIA TANQUARY, MPH, PhD  
Chief Executive Officer

JAMES TYSELL, MD  
Medical Director



ADMINISTRATION

595 Center Avenue, Suite 100  
Martinez, California 94553  
Main Number: 925-313-6000  
Member Call Center: 877-661-6230  
Provider Call Center: 877-800-7423

Se Habla Español

October 1, 2013

To Our Contracted Providers:

**Update: Affordable Care Act Rate Increase to Medicare Equivalent for Specified Primary Care Services**

As we announced previously, the Patient Protection and Affordable Care Act (PPACA), as amended by H.R. 4872-24 Health Care and Education Reconciliation Act of 2010, Section 1202, requires payments to be increased to the Medicare equivalent for certain primary care services.

**The state has now informed us that they will release the additional funding to Health Plans in October 2013.** When state (DHCS) funding is received by CCHP, we will adjust all qualified claims for the difference between your CCHP contract and Medicare rate.

**Meanwhile, according to the final PPACA rule, physicians must meet the following criteria to be eligible for increased payments:**

- A physician as defined in 42 Code of Federal Regulations (CFR) 440.50, with a specialty designation of family medicine, general internal medicine, pediatric medicine or a subspecialty within one of the listed specialties

AND

**Meet at least one of the following qualifications:**

- Board certified in a specialty of subspecialty listed above. The recognized boards are the American Board of Medical Specialties, the American Osteopathic Association and the American Board of Physician Specialties.

OR

- At least 60 percent of the services billed to Medi-Cal for the most recently completed calendar year fall within the Evaluation and Management (E&M) or vaccine administration codes covered by the regulation.

Services provided at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not eligible and will continue to receive their prospective payment system (PPS) rate.

**Physicians must attest online to be eligible for the increased payments.** The ACA Increased Medicaid Payment for Primary Care Physicians page on the Medi-Cal website now includes a downloadable copy of self-attestation instructions and a self-attestation form. CCHP will honor the state attestation form and will not develop or require a unique duplicate attestation.

If you have questions, please contact CCHP Provider Relations at (925) 313-9500.

Sincerely,

*Terri Lieder*

Terri Lieder, MPA, CPCS CPMSM  
Director of Provider Relations and Credentialing







# Shots For School

Thank You for all your efforts in preventing whooping cough in our schools!

## Childcare and School Immunization Reporting

### Login and Guidance/Instructions

[Child Care/Preschool](#) | [Kindergarten](#) | [7th Grade](#)

## Ongoing Tdap Requirement for 7th Graders:

[7th graders](#) need a [whooping cough \(pertussis\)](#) shot before starting the school year.

[State Schools Chief Tom Torlakson Urges Parents to Vaccinate](#)  
[Letter from CDE and CDPH.](#)

## Frequently Asked Tdap Requirement Questions for:

[Parents](#) | [Schools and Providers](#) | [Finding Vaccine](#)

## Featured Question:

### Do ALL 7th grade students need to meet the pertussis immunization requirement?

Yes. All students going into 7th grade must have proof of having had the Tdap booster shot unless they have a documented exemption. This includes current students, new students and transfer students in both public and private schools. Many students have already received the vaccine and simply need to supply proof to the school, so check with your doctor or provider.

2010-2013 © [California Department of Public Health](#). For more information, questions or comments, email [info@shotsforschool.org](mailto:info@shotsforschool.org).



[View PSA](#) | [Spanish](#)  
[Preteen PSA](#)

# Pediatric/Adult Influenza Vaccine

# 2013-2014

For influenza vaccines licensed only for adults, see page 2.

Age	Manufacturer	Brand Name	Presentation	
6-35 months old	sanofi pasteur, Inc.	Fluzone® 	0.25 mL single-dose syringe	 <p>Trivalent</p> <p>Influenza Virus Vaccine Fluzone® No Preservative: P, H1, N1G, D, E4 File # 141-010-01-01</p> <p>Image of Fluzone® Quadrivalent not available</p>
	sanofi pasteur, Inc.	Fluzone® Quadrivalent	0.25 mL single-dose syringe	
Healthy Persons 2-49 years old	MedImmune Vaccines, Inc.	FluMist® 	0.2 mL single-dose nasal sprayer	
36 months & Older	GlaxoSmithKline Biologicals	Fluarix®	0.5 mL single-dose syringe	 <p>Trivalent</p> <p>Quadrivalent</p>
	GlaxoSmithKline Biologicals	Fluarix® Quadrivalent 	0.5 mL single-dose syringe	
	sanofi pasteur, Inc.	Fluzone®	0.5 mL single-dose vial	 <p>Influenza Virus Vaccine Fluzone® No Preservative: For 18 months of age and older</p> <p>Image of Fluzone® Quadrivalent vial not available</p>
	sanofi pasteur, Inc.	Fluzone® Quadrivalent	0.5 mL single-dose vial	
	sanofi pasteur, Inc.	Fluzone®	0.5 mL single-dose syringe	 <p>Image of Fluzone® Quadrivalent syringe not available</p>
	sanofi pasteur, Inc.	Fluzone® Quadrivalent	0.5 mL single-dose syringe	
sanofi pasteur, Inc.	Fluzone® 	5.0 mL <sup>1</sup> multi-dose vial		
4 years & Older	Novartis Vaccines and Diagnostics Ltd.	Fluvirin®	5.0 mL <sup>1</sup> multi-dose vial	
	Novartis Vaccines and Diagnostics Ltd.	Fluvirin®	0.5 mL single-dose syringe	
5 years & Older (ACIP recommends use for children 9 years and older)	CSL Limited	Afluria®	0.5 mL single-dose syringe	
	CSL Limited	Afluria®	5.0 mL <sup>1</sup> multi-dose vial	

All influenza vaccines are stored in the refrigerator. Questions: Toll-free: 877-2Get-VFC (877-243-8832)

1. Contains preservative and cannot be give to children younger than 3 years of age and pregnant women per California law (Health and Safety Code 124172.)



These vaccines are available through the Vaccines for Children Program in 2013-2014 and can only be used for VFC eligible children through 18 years of age.



# Adult Influenza Vaccine

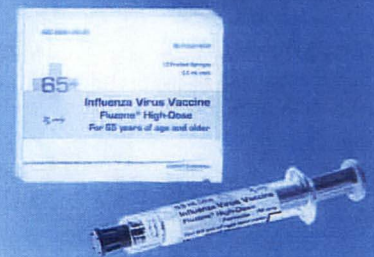
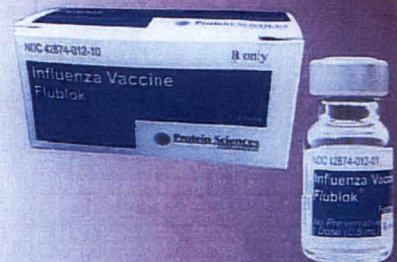
2013-2014

For influenza vaccines licensed for both adults and children, see page 1.

Age	Brand Name	Presentation	
<b>18 years &amp; Older</b>	ID Biomedical (GlaxoSmithKline)	<b>FluLaval®</b>	5.0 mL <sup>1</sup> multi-dose vial
	Novartis Vaccines & Diagnostics Ltd.	<b>Fluceivax®</b>	0.5 mL pre-filled syringe
<b>18-64 years</b>	sanofi pasteur, Inc.	<b>Fluzone® Intradermal</b>	0.1 mL pre-filled syringe
<b>18-49 years</b>	Protein Sciences	<b>FluBlok®</b>	0.5 mL single-dose vial
<b>65 years &amp; Older</b>	sanofi pasteur, Inc.	<b>Fluzone® High-Dose</b>	0.5 mL pre-filled syringe



Image of Fluceivax® not available



All influenza vaccines are stored in the refrigerator. Questions: Toll-free: 877-2Get-VFC (877-243-8832)

1. Contains preservative and cannot be give to children younger than 3 years of age and **pregnant women** per California law (Health and Safety Code 124172.)

# Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

One drink equals:



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year

0                      1                      2                      3                      4

Have you ever been in treatment for an alcohol problem?     Never     Currently     In the past

I    II    III    IV  
 M: 0-4   5-14   15-19   20+  
 W: 0-3   4-12   13-19   20+

(For the clinician or behavioralist)

### Scoring and interpreting the AUDIT:

1. Each response has a score ranging from 0 to 4. All response scores are added for a total score.
2. The total score correlates with a zone of use, which can be circled on the bottom left corner.

Score*	Zone	Action
0-3: Women 0-4: Men	I – Low Risk	Brief education
4-12: Women 5-14: Men	II – Risky	Brief intervention
13-19: Women 15-19: Men	III – Harmful	Brief intervention/Brief treatment
20+: Men 20+: Women	IV – Dependent	Referral to specialized treatment

**Brief education:** An opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use.

**Brief intervention:** Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention.

The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).

Patients with numerous or serious negative consequences from their drinking, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up. The recommended behavior change in this case is to either cut back to low-risk drinking levels or abstain from use.

**Referral to specialized treatment:** A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to alcohol and drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

\* Johnson J, Lee A, Vinson D, Seale P. "Use of AUDIT-Based Measures to Identify Unhealthy Alcohol Use and Alcohol Dependence in Primary Care: A Validation Study." *Alcohol Clin Exp Res*, Vol 37, No S1, 2013: pp E253–E259

## Annual questionnaire

Once a year, all our patients are asked to complete this form because these factors can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### Alcohol:

One drink =



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

None

1 or more

<b>MEN:</b> How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
<b>WOMEN:</b> How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

**Drugs:** Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

None

1 or more

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------

### Mood:

No

Yes

During the past two weeks, have you been bothered by little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>

*(For the medical professional)*

**Interpreting the Annual questionnaire:**

**Alcohol:** Patients who answer "1 or more" should receive a full alcohol screen (AUDIT).\*

**Drugs:** Patients who answer "1 or more" should receive a full drug screen (DAST).\*

**Mood:** Patients who answer "Yes" to either question should receive a full screen for depression (PHQ-9).

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

\* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. "Primary Care Validation of a Single-Question Alcohol Screening Test." *J Gen Intern Med* 24(7):783-8. 2009

\* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. "A Single-Question Screening Test for Drug Use in Primary Care." *Arch Intern Med* 170 (13): 1155-1160. 2010



# Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____
Date of birth: _____

Which of the following drugs have you used in the past year?

- |   |   |
|---|---|
| <input type="checkbox"/> methamphetamines (speed, crystal)        | <input type="checkbox"/> cocaine  |
| <input type="checkbox"/> cannabis (marijuana, pot)                | <input type="checkbox"/> narcotics (heroin, oxycodone, methadone, etc.) |
| <input type="checkbox"/> inhalants (paint thinner, aerosol, glue) | <input type="checkbox"/> hallucinogens (LSD, mushrooms)                 |
| <input type="checkbox"/> tranquilizers (valium)                   | <input type="checkbox"/> other _____                                    |

How often have you used these drugs?  Monthly or less  Weekly  Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0                      1

Have you ever injected drugs?  Never  Yes, in the past 90 days  Yes, more than 90 days ago

Have you ever been in treatment for substance abuse?  Never  Currently  In the past

I	II	III	IV
0	1	3	6

(For the clinician or behavioralist)

**Scoring and interpreting the DAST:**

1. "Yes" responses are one point, "No" responses are zero points. All responses are added for a total score and correlated with a zone of use, which can be circled on the bottom right corner.

Score	Zone of use	Action
0	I – Healthy	None
1 - 2, plus: <ul style="list-style-type: none"><li>• No daily use of any substance</li><li>• No weekly use of opioids, cocaine, or methamphetamine.</li><li>• No injection drug use in the past three months.</li><li>• Not currently in Drug Abuse Treatment.</li></ul>	II - Risky	<ul style="list-style-type: none"><li>• Offer advice on benefits and importance of remaining drug abstinent.</li><li>• Monitor and reassess at next visit.</li><li>• Consider providing educational materials.</li></ul>
1 - 2 (without meeting criteria above)		Brief intervention
3 - 5	III - Harmful	Brief intervention/Brief treatment
6+	IV - Dependent	Referral to specialized treatment

**Brief intervention:** Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from illicit drug use.

Patients with numerous or serious negative consequences from their substance use, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up.

**Referral to specialized treatment:** A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns     +  +

(Healthcare professional: For interpretation of TOTAL, TOTAL:  please refer to accompanying scoring card).

10. If you checked off <i>any</i> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

## PHQ-9 Patient Depression Questionnaire

### For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

### Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

### Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

**Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

### To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

### Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;  
More than half the days = 2; Nearly every day = 3

### Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PHQ9 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD ® is a trademark of Pfizer Inc.

A2662B 10-04-2005

**-WORKING DRAFT-  
MENTAL HEALTH SERVICES DESCRIPTION  
9-23-2013 Changes**

DIMENSION	MCP <sup>1</sup>	MHP <sup>2</sup> OUTPATIENT	MHP INPATIENT
<p align="center"><b>Mild to Moderate Impairment in Functioning</b></p>	<p>A patient obtains eligibility for services if the patient is diagnosed with a mental health condition as defined by current DSM<sup>3</sup> resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning:</p> <ul style="list-style-type: none"> <li>• For adults the entry way to mental health services is determined through the primary care networks screening and referral process. Primary Care treatment providers identify the need for a mental health screening and refer to a specialist within their network. Upon screening, the specialist may determine the level of need exceeds the available mental</li> </ul>	<p><b>Significant Impairment in Functioning</b></p> <p>A patient is eligible for services if he/she meets all of the following medical necessity criteria:</p> <ol style="list-style-type: none"> <li>1. Has an included mental health diagnosis;<sup>4</sup></li> <li>2. Has a significant impairment in an important area of life function, or a reasonable probability of significant deterioration in an important area of life function, or a reasonable probability of not progressing developmentally as individually appropriate;<sup>5</sup></li> </ol>	<p><b>Emergency and Inpatient</b></p> <p>A patient is eligible for services if he or she meets the following medical necessity criteria:</p> <ol style="list-style-type: none"> <li>1. An included diagnosis</li> <li>2. Cannot be safely treated at a lower level of care</li> <li>3. Requires inpatient hospital services<sup>6</sup> due to one of the following which is the result of an included mental disorder:               <ol style="list-style-type: none"> <li>a. Symptoms or behaviors which represent a current danger to self or others, or significant property destruction</li> <li>b. Symptoms or behaviors which</li> </ol> </li> </ol>

**ELIGIBILITY**

<sup>1</sup> Medi-Cal Managed Care Plan  
<sup>2</sup> County Mental Health Plan Medi-Cal Specialty Mental Health Services  
<sup>3</sup> Do we need to consider the DSM-IV, will need to operationalize DSM-IV DSM 5 changes throughout  
<sup>4</sup> See table with source documents for definitions and occurrences of medical necessity  
<sup>5</sup> Child has to have a covered diagnosis CCR 1830.205  
<sup>6</sup> MHP is responsible for providing crisis intervention services, crisis stabilization services, crisis residential services or targeted case management

**-WORKING DRAFT -  
MENTAL HEALTH SERVICES DESCRIPTION  
9-23-2013 Changes**

DIMENSION	MCP <sup>1</sup>	MHP <sup>2</sup> OUTPATIENT	MHP INPATIENT
<p align="center"><b>ELIGIBILITY</b> (Cont'd)</p>	<p>health services and refers to the MHP for a Specialty Mental Health Services assessment.</p> <p><b>• Children under 21 diagnosed with a mental health condition as defined by the current DSM, other than primary SUD or development disorder that results in behavior inappropriate to the child's age according to expected norms will be referred to Specialty Mental Health.</b></p> <p><i>Note: Conditions that the current DSM identifies as relational problems i.e. couples counseling or family counseling for relational problems are not covered.</i></p>	<p>3. The focus of the proposed treatment is to address the impairment(s) described in #2;</p> <p>4. The expectation that the proposed treatment will significantly diminish the impairment, prevent significant deterioration in an important area of life function, or allow the child to progress developmentally as individually appropriate; and</p> <p>5. The condition would not be responsive to physical health care based treatment.</p>	<p>prevent the beneficiary from providing for, or utilizing, food, clothing or shelter</p> <p>c. Symptoms or behaviors which present a severe risk to the beneficiary's physical health</p> <p>d. Symptoms or behaviors which represent a recent, significant deterioration in ability to function</p> <p>e. Psychiatric evaluation or treatment which can only be performed in an acute psychiatric inpatient setting or through urgent or emergency intervention provided in the community or clinic</p> <p>f. Serious adverse reactions to medications, procedures or therapies requiring continued hospitalization.<sup>7</sup></p>
	<p>Mental health services when provided by licensed mental health care professionals acting within the scope of their license:</p>	<p>Medi-Cal Specialty Mental Health Services:</p> <ul style="list-style-type: none"> <li>• Mental Health Services               <ul style="list-style-type: none"> <li>○ Assessment</li> <li>○ Plan development</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Acute psychiatric inpatient hospital services</li> <li>• Psychiatric Health Facility Services</li> <li>• Psychiatric Inpatient Hospital Professional Services if the</li> </ul>

<sup>7</sup> Targeted case management services would be limited to discharge planning and coordination, linkage and brokerage to facilitate post stabilization follow-up

**-WORKING DRAFT-  
MENTAL HEALTH SERVICES DESCRIPTION  
9-23-2013 Changes**

<b>DIMENSION</b>	<b>MCP<sup>1</sup></b>	<b>MHP<sup>2</sup> OUTPATIENT</b>	<b>MHP INPATIENT</b>
<p align="center"><b>SERVICES</b></p>	<ul style="list-style-type: none"> <li>• Individual and group mental health evaluation and treatment (psychotherapy)</li> <li>• Psychological testing when clinically indicated to evaluate a mental health condition</li> <li>• Outpatient services for the purposes of monitoring drug therapy</li> <li>• Outpatient laboratory, drugs, supplies and supplements</li> <li>• Psychiatric consultation</li> </ul>	<ul style="list-style-type: none"> <li>○ Therapy</li> <li>○ Rehabilitation</li> <li>○ Collateral</li> <li>• Medication Support Services</li> <li>• Day Treatment Intensive</li> <li>• Day Rehabilitation</li> <li>• Crisis Intervention</li> <li>• Crisis Stabilization</li> <li>• Crisis Residential</li> <li>• Adult Crisis Residential</li> <li>• Targeted Case Management</li> </ul>	<ul style="list-style-type: none"> <li>• beneficiary is in fee-for-service hospital</li> <li>• Crisis intervention, crisis stabilization and crisis residential services would be available to address emergency conditions and post stabilization care needs</li> <li>• Targeted case management would be available for the purposes of discharge planning and follow up service coordination, as well as, for coordination of post stabilization care referrals and follow-up</li> </ul>
<p align="center"><b>REFERRAL &amp; FOLLOW-UP</b></p>			