



CCHP Provider Training Q3 Contra Costa Health Plan – Webex Virtual Meeting

July 28, 2020

CHAIR

	David Gee, MD
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CO-CHAIR

	Elisa Hernandez, MPH, CHES
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ATTENDANCE

	Kristina Stortz, Jose Arias MD, Louis Enrique MD, Gretchen Graves MD, Maria McMillon PA, Stanley Ng MD, Robin Bevard RN, Sylvia Rodriguez, Stephanie Swensen NP, Usha Vallamdas MD, Chicka Akera MD, Lucia Yang MD, Kanwal Merchant MD, Deborah Miller MD, Irina Kolomey MD, Jose Enz MD, Sloane Blaire NP, Ryan Tracy MD, Kaitlin Warren NP, Danielle McBride, Morgan Gilland, Ming Chang MD
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GUESTS

	Kristin Burnett, Linda Copeland, MD, Sharricci Dancy, MSW
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Topic	Discussion/Decision Action	Presenter
Call to Order	Meeting called to order at 7:30am and 12:30pm	David Gee, MD, Interim Medical Director, CCHP
Review / Approval Previous Minutes	Minutes were approved with no revisions.	David Gee, MD, Interim Medical Director, CCHP

Regular Reports		
Reminders/Updates	<ul style="list-style-type: none"> • Initial Health Assessment (IHA) <ul style="list-style-type: none"> ○ Must be completed within 120 days of enrollment into the health plan or documented within the 12 months prior to Plan enrollment. ○ If member assigned to new PCP, IHA must be completed within 120 days of that assignment if no IHA documented within the past 12 months. ○ Member has the right to refuse to fill out SHA form. Provider must document on the SHA questionnaire and keep in member's medical record. ○ IHA includes H&P, IHEBA (SHA), USPSTF screenings, ensure up-to-date immunizations per ACIP. 	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP
	<ul style="list-style-type: none"> • USPSTF Update: <ul style="list-style-type: none"> ○ <u>Hepatitis C Screening Expansion of Ages to 18-79</u> The new USPSTF recommendation expands the ages for screening to all adults from 18 to 79 years. ○ <u>Extend Tobacco Counseling to Children and Adolescents and Addition of e-Cigarettes</u> New to the current recommendation is the inclusion of e-cigarettes as a tobacco product. The USPSTF is calling for more research to identify interventions (behavioral counseling or pharmacotherapy) to help children and adolescents who use tobacco to quit. ○ <u>Screening for Drug Use Disorders in Adults</u> 	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP



CCHP Provider Training Q3

Contra Costa Health Plan – Webex Virtual Meeting

July 28, 2020

Topic	Discussion/Decision Action	Presenter
	<p>The USPSTF continues to conclude that the evidence is insufficient to assess the balance of benefits and harms of screening for drug use in adolescents.</p>	
<p>Immunization Update from Public Health</p>	<ul style="list-style-type: none"> • See website for guidance of routine immunizations: https://www.cdc.gov/vaccines/pandemic-guidance/index.html • Follow guidance to prevent the spread of COVID-19 in health care settings • Immunization schedules for children still recommended and school age are required. • Annual Flu Vaccines continued recommendations • Will not have enough vaccine; recommend priority established groups • Website to immunization experts: http://www.immunize.org/askexperts/ • Contact Info: Kristin Burnett, MPH Immunization Program Manager kristin.burnett@cchealth.org 925.313.6734 	<p>Kristin Burnett, MPH Program Manager of Immunizations, Public Health</p>
<p>Overview of CCHP Autism Program</p>	<ul style="list-style-type: none"> • CM provides CCHP eligible members access to Behavioral Health Treatment (BHT) services under the age of 21 as required by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. • Referrals routed to CCHP BHT CM via ABCD Center • Refer by Using the ABCD Center referral form, Primary Care Providers (PCP), Therapists, or ABA providers can submit a referral on the patient's behalf via fax to 925-370-5277. • For more information or to request the referral form, contact the ABCD Center at 925-370-5635 or CCHP BHT CM LCSW at 925-313-6874 / HPAR at 925-313-6094. 	<p>Linda Copeland, MD, BCBA Board-Certified Behavior Analyst & Developmental Behavioral Pediatrician Behavioral Health</p> <p>Sharricci Dancy, MSW, LCSW, Case Manager, CCHP</p>
<p>CCHP Pharmacy Department Update</p>	<ul style="list-style-type: none"> • Medi-Cal prescription drug carve-out • Provider notification of TAR vs. PA • For Questions: CCHP Pharmacy Department (925) 957-7260 option 1 https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/MRX-FAQ-V3-6-30-20.pdf 	<p>Joe Cardinali, PharmD, Interim Pharmacy Director, CCHP</p>
<p>Medical Director Reports</p>	<ul style="list-style-type: none"> • Dennis Hsieh – New CCHP Medical Director • Closer review of referrals to tertiary care referral centers for services that can be done locally. • Review of requirements for referrals to tertiary care referral centers for services that can be done locally. • Review of required documentation in the progress notes that a procedure, referral, or surgery is needed and being requested, 	<p>David Gee, MD, Interim Medical Director, CCHP</p>



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Topic	Discussion/Decision Action	Presenter
	documentation of that standard criteria were met (failure of what conservative measures, specific test results, etc.) <ul style="list-style-type: none">• Discuss criteria we use to make UM decisions• Appeal process and peer to peer discussions	



CONTRA COSTA
HEALTH PLAN

A Division of Contra Costa Health Services

A Culture of Caring for 45 Years

CCHP Provider Network
Quarterly Training Q3

July 28, 2020

Agenda

Call to Order and Introductions: Dr. David Gee

Review and Approval of Previous Meeting Minutes: Elisa Hernandez, MPH, Manager Health Education

IHA, SHA, USPSTF: Elisa Hernandez, MPH, Manager Health Education

Immunization Update: Kristin Burnett: Program Manager Public Health Immunization

Overview of CCHP Autism Program: Dr. Linda Copeland, Medical Consultant for Behavioral Health, Developmental Pediatrician and Sharricci Dancy, LSCW – CCHP's Case Management Department

Pharmacy Department: Medi-Cal RX Update: Joe Cardinalli, PharmD.

Agenda

Medical Director Reports: Dr. David Gee

- New Medical Director
- Update on RMC referrals for patient care
- CCRMC Specialist Champions
- Review of referrals to tertiary care referral centers
- Emphasis on referrals to contracted facilities and providers
- Need for documentation in progress notes of procedure, referral, or surgery is needed
- CCHP criteria uses to make UM decisions
- Definition of “urgent” request
- Discussion of appeal process, and peer to peer

CCHP New Approach for Training Providers: TBD

Interim Medical Director’s Comments: Dr. David Gee

Staffing Changes: Dr. David Gee

Major regulatory changes impacting Provider Networks: TBD

Claims Question and Answer: Sylvia Rodriguez, CCHP Claims Staff

CONTRA COSTA HEALTH PLAN
 East County
 Quarterly Community Provider Network (CPN)
Meeting Minutes – January 28, 2020

Attending:
CCHP Staff: Jose Yasul, MD, Medical Director; Kristina Stortz, Clerical Support; Elisa Hernandez, MPH, CHES; Sylvia Rodriguez, Claims Supervisor

CPN Providers: C. Cave, NP; N. Dave; G. Del Rio, MD; J. Gallo, DO; B. Gharagozlou, MD; J. Leon, NP; A. Mahdavi, MD;
 M. Mamillon, PA; J. Sequeira, MD; C. Som, DO;

Guest Ariana Martinez, MSW; Hannah Slade; Sharmjila Wright, MA

Discussion	Action	Accountable
Meeting called to order at 12:45 P.M.		Elisa Hernandez, MPH, CHES, CCHP
I.	Minutes were approved with no revisions.	Jose Yasul, MD Medical Director, CCHP
II.	<p>Reminders/Updates</p> <ul style="list-style-type: none"> • Initial Health Assessment (IHA) <ul style="list-style-type: none"> ○ Must be completed within 120 days of enrollment into the health plan or documented within the 12 months prior to Plan enrollment. ○ If member assigned to new PCP, IHA must be completed within 120 days of that assignment if no IHA documented within the past 12 months. ○ IHA includes H&P, IHEBA (SHA), USPSTF screenings, ensure up-to-date immunizations per ACIP. • USPSTF Update: <ul style="list-style-type: none"> ○ As of Dec. 2019: Abdominal Aortic Aneurysm (AAA) screening <ul style="list-style-type: none"> ▪ Screening men between the ages 65-75 who have ever smoked • Grievance Policy <ul style="list-style-type: none"> ○ Any expression of dissatisfaction from member should trigger the Provider to submit a complaint form should go directly to the Health Plan. ○ Member Grievance or Appeals Form included in the packet (English and Spanish) 	Elisa Hernandez, MPH, CHES, CCHP
III.	<p>Guest Speaker</p> <p>California Children’s Services (CCS)</p> <ul style="list-style-type: none"> • What is CCS? <ul style="list-style-type: none"> ○ A state program for children with certain disease or health problems established in 1927 by State Legislature ○ Children up to 21 years old can receive health care and other services needed <ul style="list-style-type: none"> ▪ After the age of 21 they can be referred to the Genetically Handicapped Persons Program (GHPP) 	Sharmila Write, MA, Medical Social Worker, CCS

	<ul style="list-style-type: none"> ○ CCS assist with connecting doctors and other trained health care professionals who know how to assist the children with their special healthcare needs. ○ CCS provides services to 200,000 children in California and 4,100 cases in Contra Costa County ● Benefits of CCS <ul style="list-style-type: none"> ○ Diagnosis of and/or treatment for CCS Medically Eligible conditions ○ Rehabilitation Services with Pediatric Physical/Occupational Therapist ○ Care Coordination ○ Nurse Case Management ● CCS Eligibility (Must meet 4) <ul style="list-style-type: none"> ○ Under 21 years of age ○ Medically eligible: determined by CCS Medical Consultant ○ Residential Eligibility: CA resident ○ Financial Eligibility: <ul style="list-style-type: none"> ▪ prepaid plans or no insurance adjusted gross income (AGI) must be less than \$40k or ▪ income greater than \$40k, out of pocket family medical expenses are over 20% of AGI ▪ Must meet financial screening requirements for children with share-of-cost or restricted Medi-Cal; Full scope Medi-Cal; and optional Targeted Low-Income Children Program coverage ○ Senate Bill 75 <ul style="list-style-type: none"> ▪ Full scope Medi-Cal for individuals under 19 years of age Who do not meet satisfactory immigration status, but meet all other eligibility requirements for the Medi-Cal program ● Referral to CCS From <ul style="list-style-type: none"> ○ Providers, parents, and schools ○ All referrals must document medical reports stating the medical diagnosis with supporting lab documents/image results, and a completed CCS application ● Medical Case Management Diagnostic Services <ul style="list-style-type: none"> ○ Tests, specialty evaluation, imaging for a condition likely to be CCS Medical Eligible ○ Rule out abnormal newborn screen tests ○ High risk infant follow-up <ul style="list-style-type: none"> ▪ Developmental tests; Neurology Test; Ophthalmology, Audiology; Hospital based program ● Medical Case Management Services <ul style="list-style-type: none"> ○ Treatment Services: Treatment request, Transplant request, authorize DME, medications, supplies, medical foods and enteral nutrition products <ul style="list-style-type: none"> ▪ Medically eligible conditions ○ Nurse Case Management: 9 Public Health Nurses, medical determination, annual case reviews, authorize requested medical services, care coordination and identification of needs and referral to appropriate resources ● Medical Therapy Program (MTP) <ul style="list-style-type: none"> ○ Physical Therapy and Occupational Services, school based MTP, Vendedored Therapy <ul style="list-style-type: none"> ▪ There is no financial eligibility requirements for children whose cases are open for MTP services only 		<p style="text-align: center;">Sharmila Write, MA, Medical Social Worker, CCS</p>
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	<p>Children and Family Services (CFS)</p> <ul style="list-style-type: none"> • What is child abuse? <ul style="list-style-type: none"> ○ Physical abuse, neglect (general/severe), sexual abuse (assault/exploitation), and emotional abuse • Mandated Reporting <ul style="list-style-type: none"> ○ Two Types: <ul style="list-style-type: none"> ▪ Mandated Reporting: required by law, liable if they fail to report, and immune from liability ▪ Discretionary Reporting: not required by law and not liable if they fail to report • When to report? <ul style="list-style-type: none"> ○ Immediately or as soon as practically possible, and within 36 hours ○ Submit form SS8572 or SCAR • Screening Social Workers <ul style="list-style-type: none"> ○ Screening social workers must assess if the situation meets the criteria for intervention, assess correction Contra Costa jurisdiction, is an in-person response needed, and what is the correct timeframe response. • Emergency Response Social Workers <ul style="list-style-type: none"> ○ Assess the immediate safety of the child, assess the needs of the family, diffuse conflict, discover family strengths, gather information and provide referrals. • Working with CFS <ul style="list-style-type: none"> ○ Courtesy call the Social Worker after a child has been seen regarding helpful and important medical concerns/updates. • Health Education Passport (HEP) <ul style="list-style-type: none"> ○ This is a record of all obtainable health and education information for children in foster care from birth to present ○ HEP information can be submitted to hep@ehsd.cccounty.us • Authorization for treatment and to release information <ul style="list-style-type: none"> ○ Signed at detention: <ul style="list-style-type: none"> ▪ Authorization of medical treatment and the authorization to release information disclosure of medical and mental health information to EHSD • Resources for Foster Youth and Families <ul style="list-style-type: none"> ○ Caregiver Liaison ○ Youth Partner ○ Respite ○ Kinship support ○ Mental Health Referrals ○ Substance Abuse Programs ○ Connoting Foster and Kinship Care Education classes/training ○ Caregiver support groups 		<p>Hannah Slade, Social Service Program Analyst, CFS</p>
<p>IV</p>	<p>Regular Reports - CCHP Updates</p> <ul style="list-style-type: none"> • Legislative/CCHP Update 		<p>Jose Yasul, MD</p>

	<ul style="list-style-type: none"> ○ (CAL-AIM), Medi-Cal Healthier California for All <ul style="list-style-type: none"> ▪ Identify and manage member risk and needs through Whole Person Care Approaches and addressing Social Determinants of Health ▪ Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility. ○ Suzanne Tsang <ul style="list-style-type: none"> ▪ New Director of Marketing, Member Outreach and Public Affairs ▪ Previous work experience: Alameda Alliance, Kaiser, Blue Shield of CA and San Mateo Medical Center. • CCHP Benefits Update <ul style="list-style-type: none"> ○ Restored Optional Benefits <ul style="list-style-type: none"> ▪ 2 visits per month ○ Opioid Pilot Program <ul style="list-style-type: none"> ▪ Should CCHP reduce to 90 MEU • Quality <ul style="list-style-type: none"> ○ Additional proposed measures <ul style="list-style-type: none"> ▪ Managed Care Accountability Sets (MCAS)/External Accountability Sets (EAS) ▪ Assess for the appropriate utilization of preventative services in accordance with contractual requirements • Pharmacy <ul style="list-style-type: none"> ○ Review of Care Matter Bulletin: Asthma and Osteoporosis • Other <ul style="list-style-type: none"> ○ Adverse Childhood Experiences (ACES)- <ul style="list-style-type: none"> ▪ Beginning 1/1/2020 DHCS will pay Medi-Cal providers \$29.00 per trauma screening for children and adults with Medi-Cal coverage. 		Medical Director, CCHP
v	<ul style="list-style-type: none"> • Q & A/Problems and Concerns <ul style="list-style-type: none"> ○ (Q) Why do medical records take a long time when aging out? (Dr. Del Rio) <ul style="list-style-type: none"> ▪ (A) CCS unable to get medical records ○ (Q) What is the process for transition to Adult MD? <ul style="list-style-type: none"> ▪ (A) Tell patients to contact HP/specialist before transitioning. ○ (Q) Member Services issue: Wait time is too long. Can you make a provider line to change doctors? <ul style="list-style-type: none"> ▪ (A) Dr. Yasul will speak to Member Service regarding wait times. 		Attending Providers
Adjournment: Meeting adjourned at 2:00 P.M.			
Next meeting April 28, 2020			

CONTRA COSTA HEALTH PLAN
 West County
 Quarterly Community Provider Network (CPN)
Meeting Minutes – January 21, 2020

Attending:
CCHP Staff: Jose Yasul, MD, Medical Director; Elisa Hernandez, MPH, CHES; Norma Butler, Clerical Support;
CPN Providers: K. Ceci, MD; A. Girard, FNP; K. Merchant, MD; K. Roller, MD; N. Stern, MD; L. Trombla, PA; A. Wallach, MD;
Guests: O. Eaglin, PA; D. Manoj, MD

Discussion	Action	Accountable
I. Meeting called to order at 7:46 A.M.	Jose Yasul, MD Medical Director, CCHP	
II Minutes were approved with no revisions.	Jose Yasul, MD Medical Director, CCHP	
III. IHA, Grievances and USPSTF:	Elisa reminded providers that IHA is due 120 from assignment. Update to USPSFTF discussed. Reviewed grievance forms in provider packet and reminded providers that any expression of dissatisfaction should trigger the provider offering the CCHP grievance form so members know their rights.	
IV Guest Speakers <ul style="list-style-type: none"> • Hanna Slade, Social Services Program Analyst • Ariana Martinez, MSW • Sharmila Wright, MSW II 	Hannah Slade and Ariana Martinez did presentation on Children and Family Services (CFS); questions asked and answered. Sharmila Wright did presentation on California Children's Services (CCS); questions asked and answered.	
V. Regular Reports: <ol style="list-style-type: none"> 1. Legislative/CCHP Update: 2. Trauma Screenings and Trauma-Informed Care Training: 3. CCHP Benefits Update: 	Cal Aim has been renamed Medi-Cal Healthier California for All; Dr. Yasul discussed Pharmacy carve-outs. Dr. Yasul discussed adding the state adding several more screening measures for quality health care for kids.	

	<p>4. Quality</p> <p>5. Pharmacy</p>	<p>Dr. Yasul discussed the opioid pilot program and asked for barriers to utilization</p> <p>Dr. Yasul reviewed Trauma and ACES screening.</p> <p>Dr. Yasul discussed asthma and osteoporosis medications that were added.</p>	
VI.	Claims Q&A	Not present	
<p>Adjournment: Meeting adjourned at 9:00 A.M.</p>			
<p>Next meeting April 21, 2020</p>			

CONTRA COSTA HEALTH PLAN
 Central County
 Quarterly Community Provider Network (CPN)
Meeting Minutes – January 28, 2020

Attending:
CCHP Staff: Jose Yasul, MD, Medical Director; Elisa Hernandez, MPH, CHES; Norma Butler, Clerical Support;
CPN Providers: S. Blair, CPNP; S. Ming Chang, MD; G. Graves, MD; S. Ng, MD; H. Edward Risgalla, MD; S. Sachdeva, MD; S. Swenson, CPNP; R. Tracy, MD; K. Warren, CPNP; L. Yang, MD; M. Taraneh, MD;
Guests: Sharmila Wright, MA; Hannah Slade; Sylvia Rodriguez

Discussion	Action	Accountable
I. Meeting called to order at 7:45 A.M.	Jose Yasul, MD Medical Director, CCHP	
II Minutes were approved with no revisions.	Jose Yasul, MD Medical Director, CCHP	
III. IHA, SHA and USPSTF:	Elisa reviewed the IHA, SHA, USPSTF and Grievance Policy	
IV Guest Speakers <ul style="list-style-type: none"> • Hanna Slade, Social Services Program Analyst • Ariana Martinez, MSW • Sharmila Wright, MSW II 	Hannah gave a presentation on Children and Family Services (CFS); questions asked and answered. Sharmila Wright gave a presentation on California Children’s Services (CCS); questions asked and answered.	
V. Regular Reports: <ol style="list-style-type: none"> 1. Legislative/CCHP Update: 2. Trauma Screenings and Trauma-Informed Care Training: 3. CCHP Benefits Update: 4. Quality 5. Pharmacy 	Cal Aim has been renamed Medi-cal - Healthier California for All; Dr. Yasul discussed some changes going the legislative process. Dr. Yasul reviewed Trauma and ACES screening. Dr. Yasul discussed some of the restored benefits and the opioid pilot program. Dr. Yasul discussed adding the state adding several more screening measures for quality health care for kids. Dr. Yasul discussed asthma and other and osteoporosis medications that were added.	

VI.	Claims Q&A	None	
Adjournment: Meeting adjourned at 9:00 A.M.			
Next meeting April 28, 2020			

Initial Health Assessment (IHA)/Staying Healthy Assessment (SHA)

- The SHA is the Individual Health Education Behavioral Assessment (IHEBA) developed by the Department of Health Care Services (DHCS). The IHEBA is a required component of the Initial Comprehensive Health Assessment (IHA),
- Within the Medi-Cal population, a higher incidence of chronic and/or preventable illnesses, injuries, and disabilities exists (i.e., cancer, heart disease, stroke, chronic obstructive pulmonary disease, and diabetes.) In addition, there are also many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption which can increase the risk for these illnesses and conditions.
- An IHA consists of a history and physical examination and an IHEBA. An IHEBA enables a provider of primary care services to comprehensively assess the member's current acute, chronic, and preventive health needs as well as identify those members whose health needs require coordination

The goals of the SHA are to assist providers with:

- Identifying and tracking high-risk behaviors of MCP members
- Prioritizing each member's need for health education related to lifestyle, behavior, environment, and cultural and linguistic needs.
- Initiating discussion and counseling regarding high-risk behaviors.
- Providing tailored health education counseling, interventions, referral, and follow-up.
- Provide an opportunity for providers to review a member's SHA in combination their medical history, conditions, problems, medical/testing results, and member concerns.
- Take into consideration a member's social history which will include member's demographic data, personal circumstances, family composition, member resources, and social support.

Guidelines:

- New Members New members must complete the SHA within 120 days of the effective date of enrollment as part of the IHA.
- Current Members Current members who have not completed an updated SHA must complete it during the next preventive care office visit (e.g. well-baby, well-child, well-woman exam health and medical status, and not exclusively on the patient's age.

SHA Documentation by PCP:

- The PCP must sign, print his/her name, and date the "Clinic Use Only" section of a newly administered SHA to verify that it was reviewed and discussed with the member.
- The PCP must document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided
- The PCP must sign, print his/her name, and date the "SHA Annual Review" section of the questionnaire to document that an annual review was completed and discussed with the member

Can a member refuse to complete the SHA?

- A member has the right to refuse to fill out the SHA. When this occurs, the Provider must document on the SHA questionnaire.
- Enter the member's name (or person completing the form), date of birth, and date of refusal in the header section of the questionnaire.
- Check the box "SHA Declined by Patient."
- PCP should sign, print his or her name, and date the "Clinic Use Only" section of the SHA.
- Maintain the SHA refusal in the member's medical record

For additional information on our website

<https://cchealth.org/healthplan/providers/>

Current Updates from the U.S. Preventive Screening Task Force (USPSTF) on A and B Recommendations

Hepatitis C Screening Expansion of Ages to 18-79

This recommendation incorporates new evidence and replaces the 2013 USPSTF recommendation, which recommended screening for HCV infection in persons at high risk for infection and 1-time screening in adults born between 1945 and 1965 (B recommendation).²⁰ The new USPSTF recommendation expands the ages for screening to all adults from 18 to 79 years.

The treatment of HCV continues to evolve, resulting in greater benefits and fewer harms than when the USPSTF last considered the evidence. Direct-acting antiviral regimens are of shorter duration, with higher rates of sustained virologic response (SVR) and fewer serious harms than previous treatment regimens. Since 2013, the prevalence of HCV infection has increased in younger persons aged 20 to 39 years. There are limited epidemiologic data available on HCV incidence in adolescents younger than 18 years. The HCV infection prevalence rates in older adults born between 1945 and 1965 remain relatively high, and prevalence in the elderly will increase as this population ages. Clinical trials of DAA treatment included adults in their early 80s, which increases the evidence for the benefits of screening in older adults. In addition, many older adults could experience the benefits of screening. As a result, the USPSTF concluded that broadening the age for HCV screening beyond its previous recommendation will identify infected patients at earlier stages of disease who could greatly benefit from effective treatment before developing complications.

Extend Tobacco Counseling to Children and Adolescents and Addition of e-Cigarettes

This recommendation replaces the 2013 USPSTF recommendation on primary care interventions to prevent tobacco use in children and adolescents.⁴² It is consistent with the 2013 recommendation, which similarly issued a B recommendation for primary care clinicians to provide interventions to prevent initiation of tobacco use among children and adolescents. New to the current recommendation is the inclusion of e-cigarettes as a tobacco product. Also new to the current recommendation is the I statement on insufficient evidence on interventions for cessation of tobacco use among this population. The USPSTF is calling for more research to identify interventions (behavioral counseling or pharmacotherapy) to help children and adolescents who use tobacco to quit.

Screening for Drug Use Disorders in Adults

This recommendation statement replaces the 2008 USPSTF recommendation, which concluded that the evidence at that time was insufficient to assess the balance of benefits and harms of screening for illicit drug use in adolescents and adults, including those who were pregnant or postpartum.³⁶ This updated statement incorporates new evidence since 2008 about the accuracy of screening tools and the benefits and harms of treatment of unhealthy drug use or drug use disorders. This new evidence supports the current recommendation that primary care clinicians offer screening to adults 18 years or older, including those who are pregnant or postpartum, when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. The USPSTF continues to conclude that the evidence is insufficient to assess the balance of benefits and harms of screening for drug use in adolescents.

For additional information please use link below:

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>



Immunizations During the COVID-19 Pandemic

Kristin Burnett, MPH

Immunization Program Manager, Public Health
Co-Chair, CCHS Immunization Task Force

Public Health Immunization Program

- Part of Contra Costa Health Services, Public Health Division, Communicable Disease Programs
- Offices: 597 Center Ave. Suite 200A, Martinez CA 94553
- Front Desk: **(925) 313-6767**

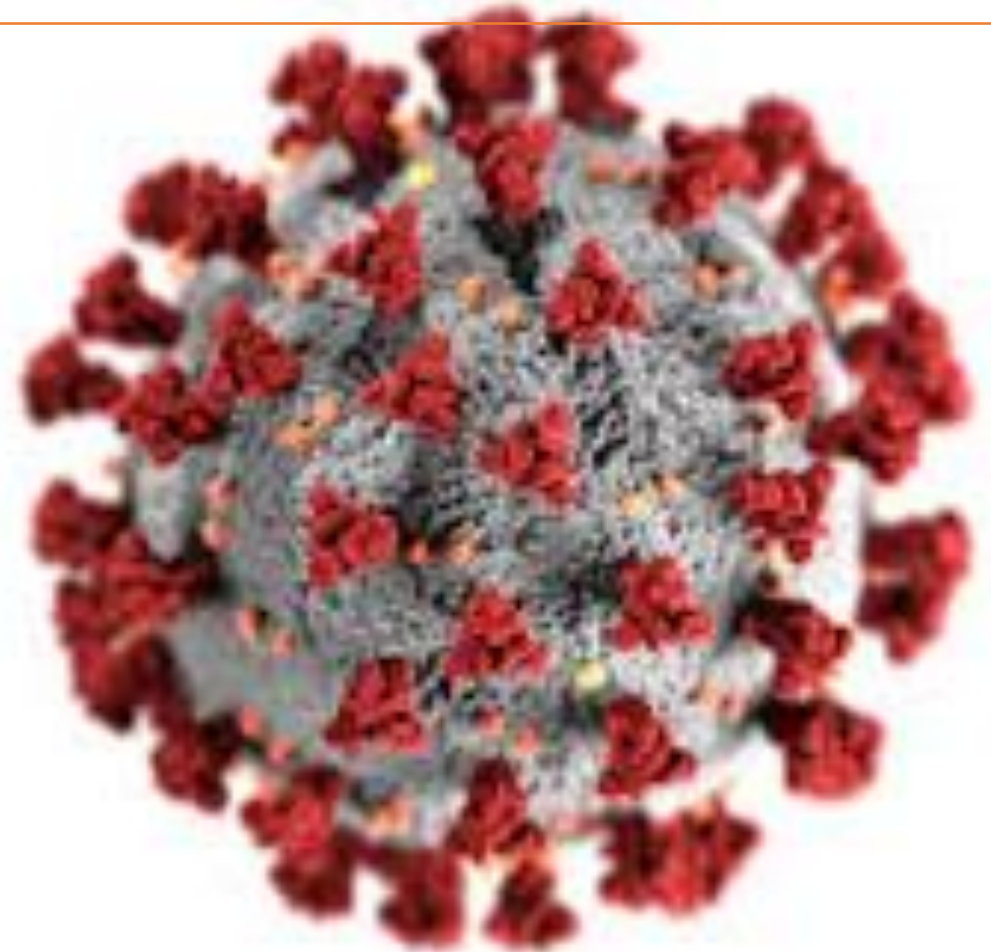


Goals of Public Health IZ Program

- Assess and improve vaccination coverage for Contra Costa County residents
- Detect, report & control vaccine-preventable diseases in Contra Costa County
- Be the resource for the public *and* providers on all things IZ



Immunizations and COVID-19



Effect of COVID-19 on Routine Vaccinations

- Efforts to reduce transmission of COVID-19, such as stay-at-home and shelter-in-place orders, have led to **decreased** use of routine preventive medical services, including immunization services
- Ensuring that routine vaccination is maintained or reinitiated during the COVID-19 pandemic is essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks
- Routine vaccination prevents illnesses that lead to unnecessary medical visits, hospitalizations and further strain the healthcare system

Vaccine Recommendations During COVID-19 Pandemic

- Routine vaccination is an essential preventive care service that should **not** be delayed because of the COVID-19 pandemic
- Important to assess the vaccination status of all patients at each visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up

Considerations

- ***Children and adolescents:*** Healthcare providers should identify children who have missed well-child visits and/or recommended vaccinations and contact parents to schedule in-person appointments, starting with newborns, infants and children up to 24 months, young children, and extending through adolescence.
- ***Pregnant women:*** If administration of the recommended maternal vaccines (Tdap and influenza) has been delayed because of reduced or deferred in-person prenatal care visits, pregnant women should be scheduled for follow-up and receive vaccination during the next in-person appointment.
- ***Adults:*** Healthcare providers, whether they administer vaccines or not, should take steps to ensure that their patients continue to receive vaccines according to the Standards for Adult Immunization Practice. Older adults and adults with underlying medical conditions are particularly at increased risk for preventable disease and complications if vaccination is deferred.

Delivering Vaccines Safely During COVID-19 Pandemic

- Follow guidance to prevent the spread of COVID-19 in health care settings
- Delay vaccination for persons with suspected or confirmed COVID-19
- Communicate with patients/families about how they can be safely vaccinated during the pandemic.

TO YOUR DOCTOR

Childhood Immunizations and COVID-19



Effect of COVID on Childhood IZ Rates – Dramatic Declines

0-2 yrs, All Doses Submitted to CAIR2 By Month				
County	Month	Year		Dose Ratio (2020/2019)
		2019	2020	
Alameda	JAN	36,295	35,457	0.98
	FEB	30,184	28,533	0.95
	MAR	34,757	18,405	0.53
	APR	31,762	18,171	0.57
Butte	JAN	4,104	3,638	0.89
	FEB	3,287	2,997	0.91
	MAR	3,690	2,020	0.55
	APR	4,117	1,751	0.43
Colusa	JAN	432	288	0.67
	FEB	279	253	0.91
	MAR	371	171	0.46
	APR	297	181	0.61
Contra Costa	JAN	21,898	22,128	1.01
	FEB	19,116	17,965	0.94
	MAR	21,264	11,724	0.55
	APR	20,027	11,042	0.55
TOTALS (all CA)	JAN	633,016	608,646	0.96
	FEB	536,293	497,908	0.93
	MAR	583,748	335,371	0.57
	APR	560,217	310,254	0.55

0 to 18 yr olds, All Doses Submitted to CAIR2 By Month				
County	Month	Year		Dose Ratio (2020/2019)
		2019	2020	
Alameda	JAN	56,507	57,445	1.02
	FEB	46,140	46,037	1.00
	MAR	51,612	26,768	0.52
	APR	46,992	19,105	0.41
Butte	JAN	5,459	5,468	1.00
	FEB	4,350	4,373	1.01
	MAR	4,784	2,837	0.59
	APR	5,332	1,972	0.37
Colusa	JAN	570	417	0.73
	FEB	393	423	1.08
	MAR	459	251	0.55
	APR	396	207	0.52
Contra Costa	JAN	34,981	37,962	1.09
	FEB	30,047	30,247	1.01
	MAR	32,122	17,741	0.55
	APR	29,991	11,905	0.40
TOTALS (all CA)	JAN	998,324	1,020,079	1.02
	FEB	840,595	828,882	0.99
	MAR	889,145	511,253	0.57
	APR	841,299	355,482	0.42

Immunization Schedules

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES
2020

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	DT	No trade name
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombinax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV	Multiple
Influenza vaccine (live, attenuated)	LAIV	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R® II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM	Menactra® Menveo®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prenvar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax® 23
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadacel®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.


How to use the child/adolescent immunization schedule

- 1** Determine recommended vaccine by age (Table 1)
- 2** Determine recommended interval for catch-up vaccination (Table 2)
- 3** Assess need for additional recommended vaccines by medical condition and other indications (Table 3)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), and American College of Nurse-Midwives (www.midwife.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

 Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS310020-A

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2020

How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (Table 1)
- 2** Assess need for additional recommended vaccinations by medical condition and other indications (Table 2)
- 3** Review vaccine types, frequencies, and intervals and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), and American College of Nurse-Midwives (www.midwife.org).

Vaccines in the Adult Immunization Schedule*

Vaccines	Abbreviations	Trade names
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Recombinax HB® Heplisav-B®
Human papillomavirus vaccine	HPV vaccine	Gardasil 9®
Influenza vaccine (inactivated)	IIV	Many brands
Influenza vaccine (live, attenuated)	LAIV	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R® II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY	Menactra® Menveo®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prenvar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax® 23
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Varicella vaccine	VAR	Varivax®
Zoster vaccine, recombinant	RZV	Shingrix
Zoster vaccine live	ZVL	Zostavax®

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Report


- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Injury claims

All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide (PPSV23) and zoster (RZV, ZVL) vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation.

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.

 Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

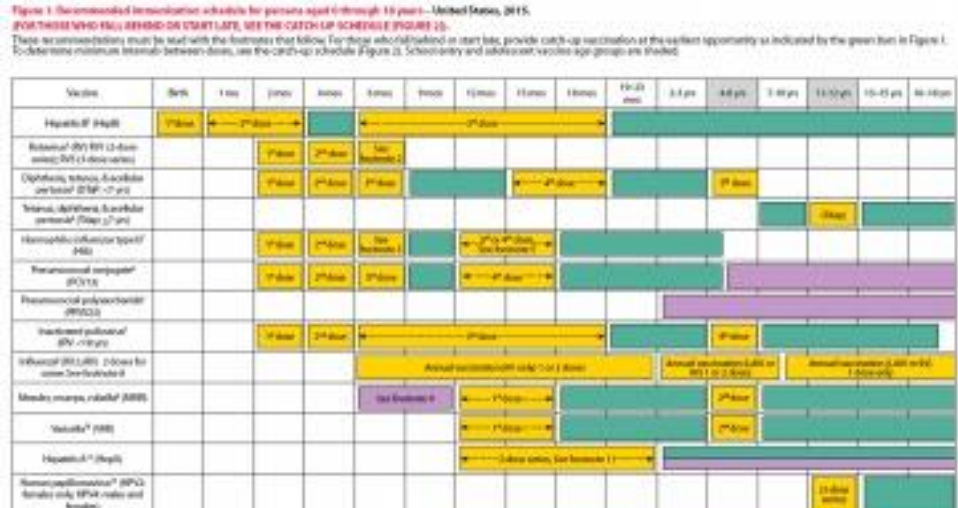
- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2020: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html



U.S. Department of Health and Human Services
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CS310021-A

Recommended Vaccines vs. School-Required Vaccines



No Shots? No Records? No School.



Children will not be enrolled unless an immunization record is presented and immunizations are up-to-date.*

**If your child is unimmunized due to medical reasons, please notify us.*

Go to ShotsForSchool.org to access information about immunization requirements, an interactive school look-up tool, implementation materials

Shots Required for Preschool in CA



Shotsforschool.org

AGE WHEN ADMITTED	TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION			
2 through 3 Months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 Months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 Months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 Months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after 1st birthday:			1 Hib* 1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after 1st birthday:			1 Hib* 1 MMR

Shots Required for Grades K-12 in CA



Shotsforschool.org

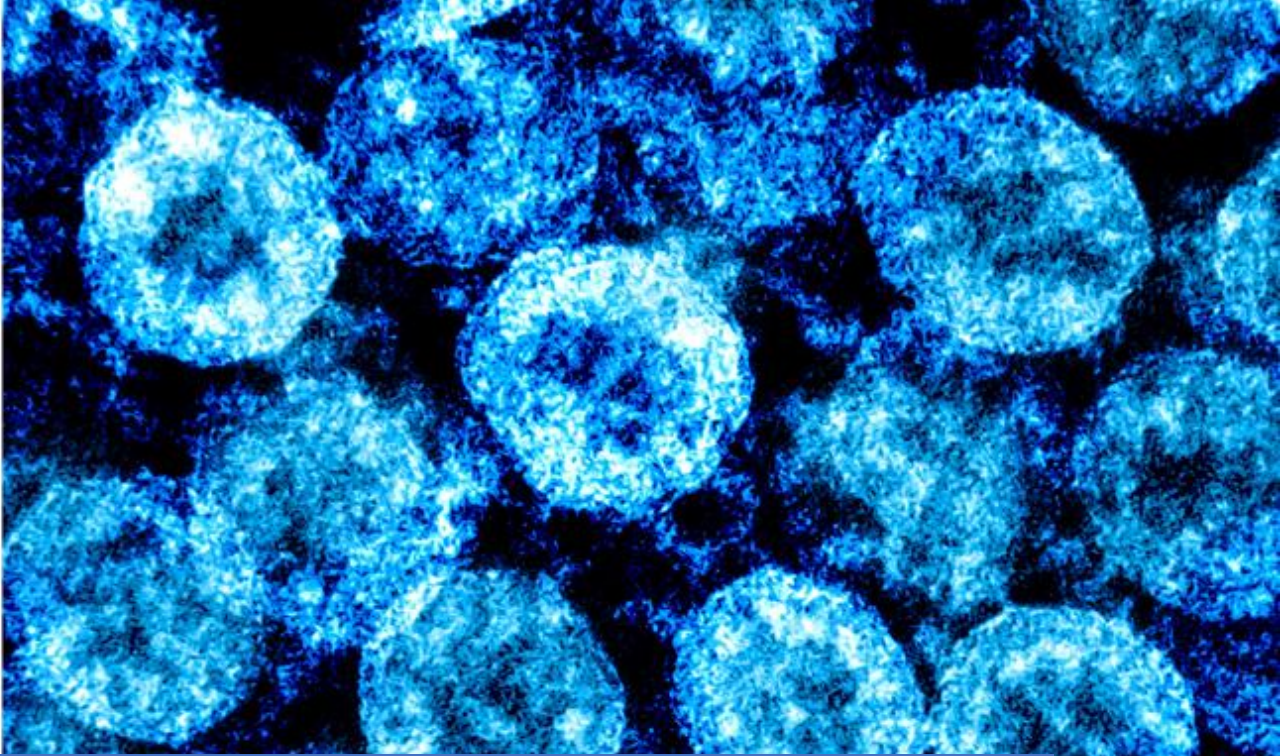
TABLE B: CALIFORNIA IMMUNIZATION REQUIREMENTS FOR GRADES K-12

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio ⁴	5 DTaP ⁵	3 Hep B ⁶	2 MMR ⁷	2 Varicella
(7th-12th) ⁸	1 Tdap				
7 th Grade Advancement ^{9,10}	2 Varicella ¹⁰	1 Tdap ⁸			

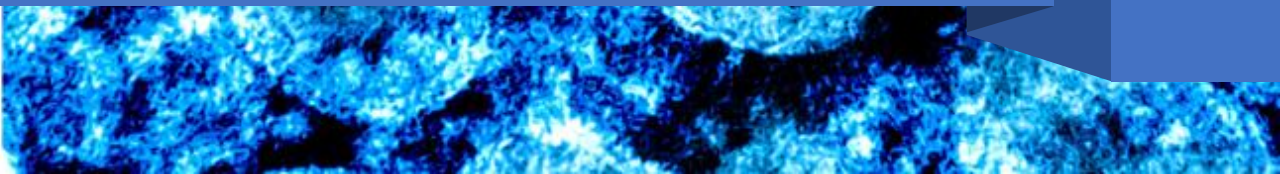
Timing of Vaccines

- ACIP recommended schedule (or catch-up schedule) should be followed whenever possible
- Multiple vaccines can safely be administered simultaneously – *there is no maximum per visit*
- Vaccines given too early in life or too soon after a previous dose may be less effective
 - ACIP considers a vaccination valid if the vaccine was given within 4 days of the minimal interval
- If subsequent doses in a series are given after the recommended interval, it counts – *no need to restart the series*





Flu and COVID-19



Flu Vaccination and COVID

- During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the healthcare system, and other critical infrastructure
- Healthcare providers should use every opportunity during flu season to administer influenza vaccines to all eligible persons, including:
 - *Essential workers*
 - *Persons at increased risk for severe illness from COVID-19*
 - *Persons at high risk for influenza complications*

Flu Vaccination Recommendations

- Flu vaccine is recommended for everyone 6 months old and up
- Adults over 65 can receive high dose or standard dose flu vaccine (if high dose is unavailable)
- Children 6 months through 8 years of age **who did not receive at least 2 doses** of influenza vaccine before July 1, 2020 should receive 2 doses separated by at least 4 weeks
 - ***In other words:*** If it is their first or second time ever receiving a flu vaccine dose, they need 2 shots one month apart to be fully vaccinated



Figure 1. Flu Vaccination Coverage of Children 6 months—17 years, United States, 2010–2019

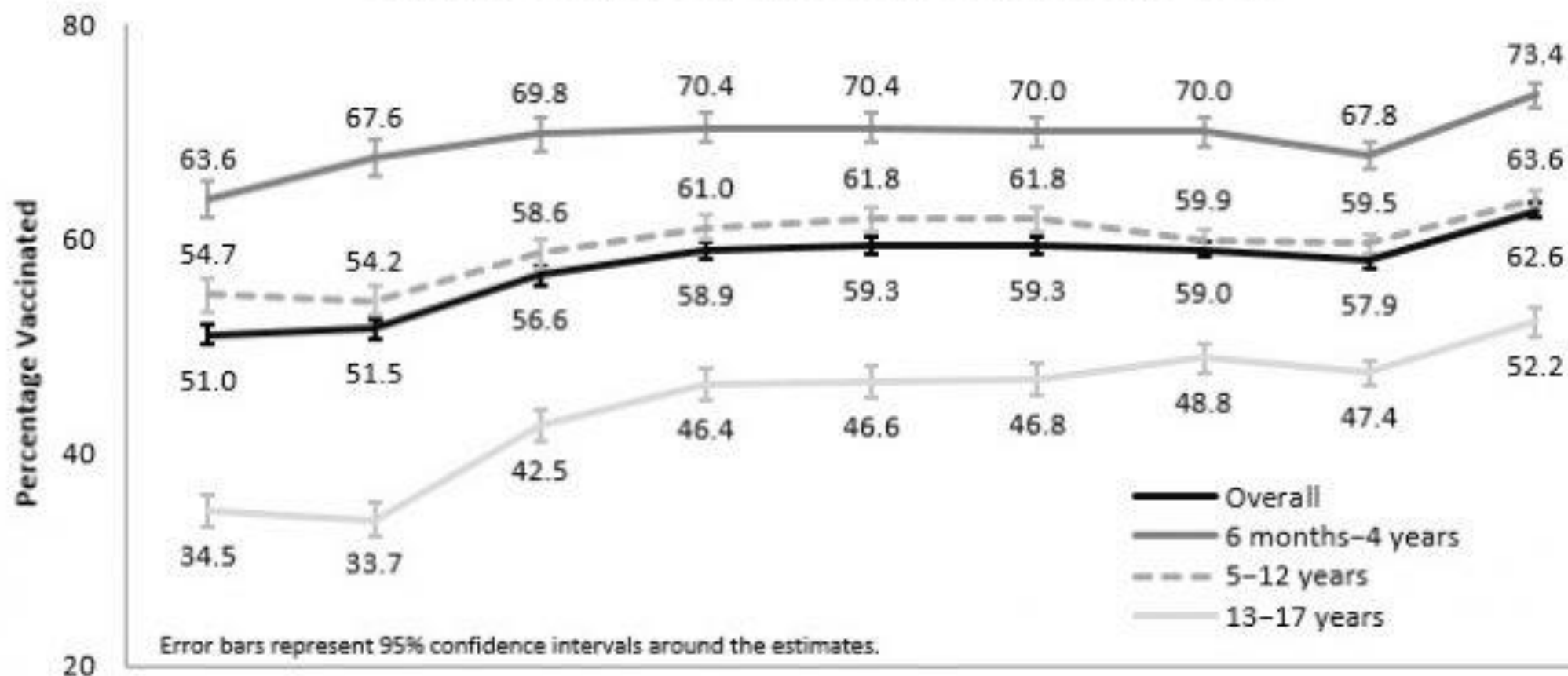
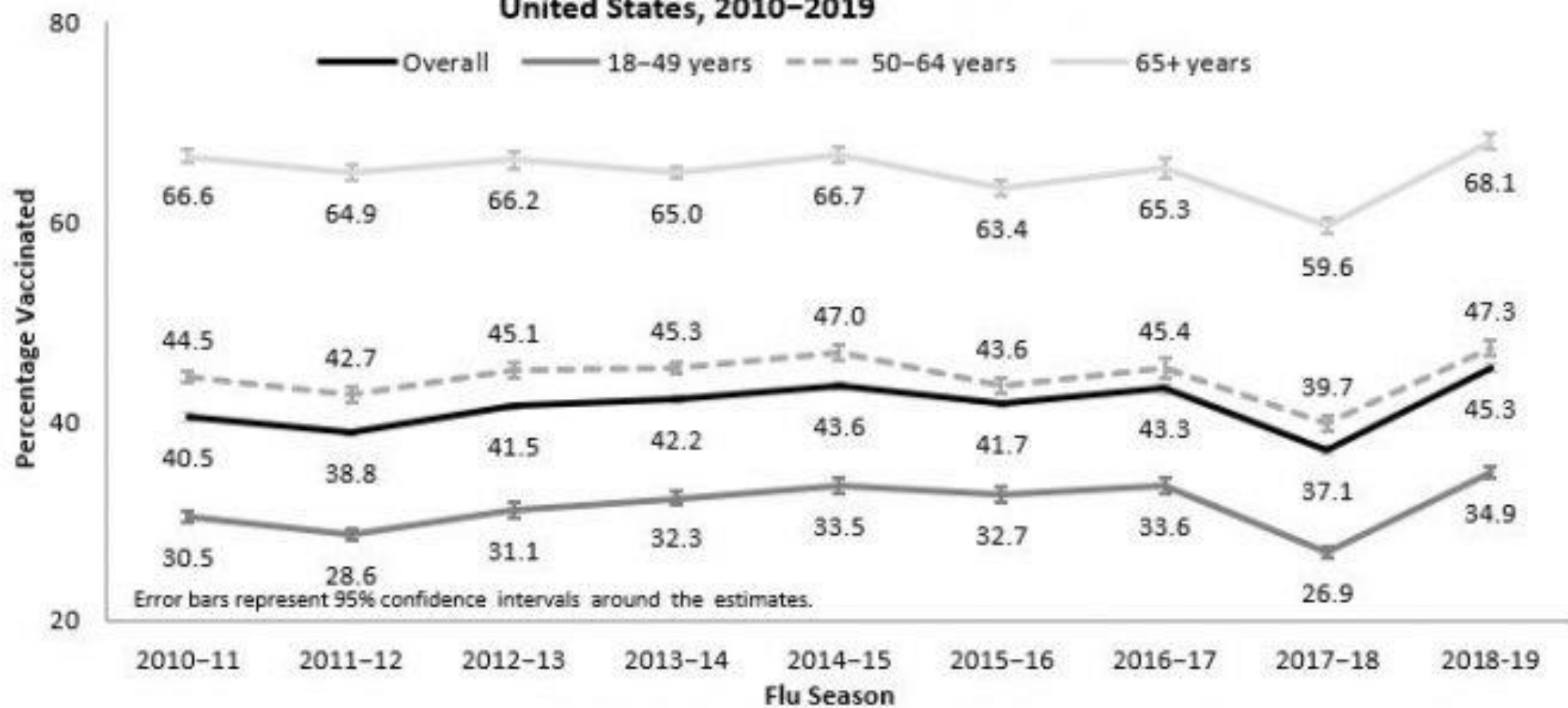
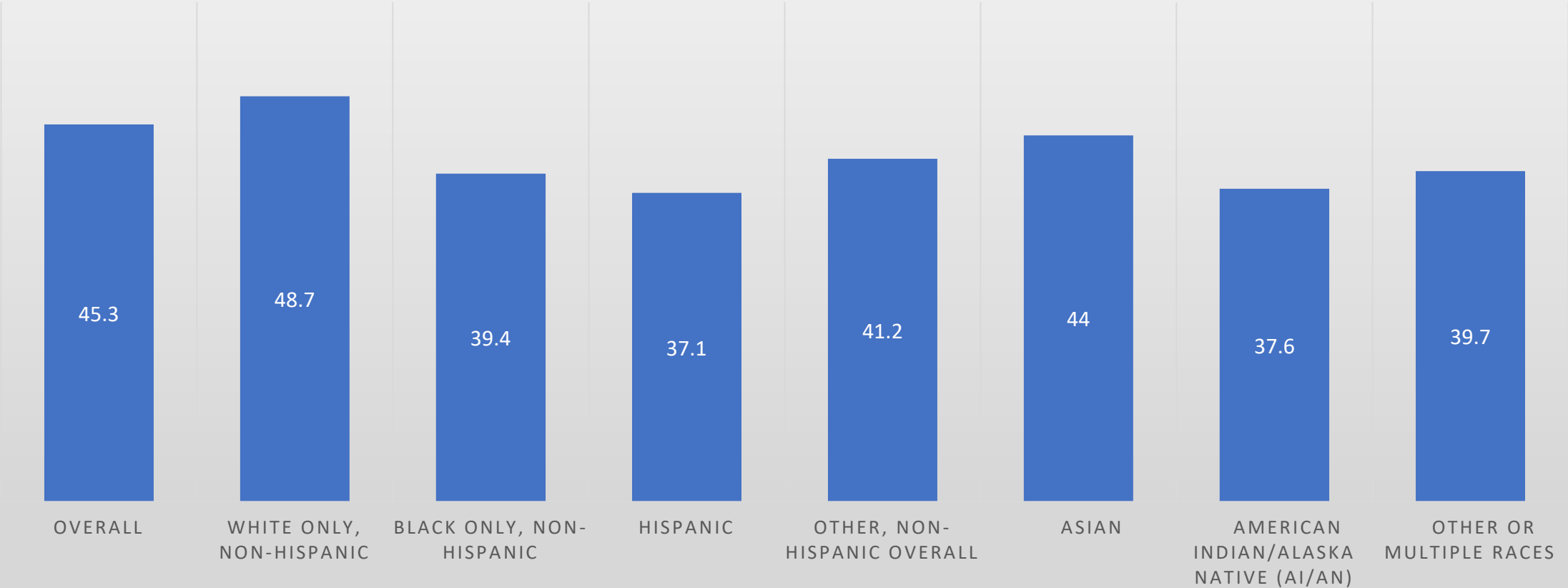


Figure 3. Flu Vaccination Coverage of Adults 18 years and older, United States, 2010–2019



FLU VACCINATION COVERAGE AMONG ADULTS ≥ 18 YEARS, BY RACE/ETHNICITY, UNITED STATES, 2018–19 SEASON



Source: <https://www.cdc.gov/flu/fluview/coverage-1819estimates.htm>

COVID Vaccine

- Over 100 COVID Vaccines are in development, 23 are in human trials
- Earliest availability: 2021
- Will not have enough vaccine for everyone initially
 - Priority groups will be established
 - Unclear if children will be a priority group
- Likely there will be several rounds of COVID vaccination before herd immunity is reached

Immunization Resources for Clinic Staff

CDC “Ask the Experts”

<http://www.immunize.org/askexperts/>

- Select the vaccine you have a question about and look through the answers from CDC
- Very helpful for the more complex patients and non-routine situations not addressed by the ACIP schedule

The screenshot shows the CDC 'Ask the Experts' website. At the top, there are browser tabs for Outlook, ISITE, and the current page. Below the browser tabs is a navigation bar with links for 'ABOUT IAC', 'CONTACT', 'A-Z INDEX', 'DONATE', 'SHOP', and 'SUBSCRIBE'. There are also buttons for 'For Healthcare Professionals', 'For the Public', and 'For Coalitions'. A search bar is present with a 'Sign up for email newsletter' button and a 'Google Custom Search' input. Below the navigation bar is a main menu with links for 'Handouts & Staff Materials', 'Clinic Tools', 'Vaccine Information Statements', 'Vaccines', and 'Talking about Vaccines'. The main content area is titled 'Ask the Experts' and features a blue banner that reads 'New and updated Ask the Experts Q&As 5 times/year by subscribing to IAC Express' and 'Experts from CDC Answer Questions About Vaccines'. Below this is a grid of vaccine categories with arrows pointing to the right, including: Administering Vaccines, Billing and Reimbursement, Combination Vaccines, Diphtheria, Documenting Vaccination, Hib, Hepatitis A, Hepatitis B, HPV, Influenza, MMR, Meningococcal ACWY, Meningococcal B, Pertussis, Pneumococcal, Polio, Precautions/Contraindic, Rabies, Rotavirus, Scheduling Vaccines, Storage and Handling, Tetanus, Travel Vaccines, Vac Recommendations, Vaccine Safety, Varicella (chickenpox), and Zoster (shingles). To the right of the grid is a 'SUBSCRIBE TODAY' box with the text 'IAC Express provides new and updated immunization information every week'. Below that is another box with the text 'New and updated Ask the Experts questions answered by CDC experts are emailed to IAC Express subscribers 5 times per year. Join more than 50,000 subscribers to IAC Express. It's free.' and a list of dates: 'IAC Express February 4, 2019', 'IAC Express October 9, 2018', 'IAC Express August 3, 2018', and 'IAC Express May 22, 2018'. At the bottom of the main content area is a 'Meet the Experts' section with the text 'FROM THE Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases'. It features six portraits of experts: Mark S. Freedman (Veterinary Medical Officer, DVM, MPH, DACVPM), Andrew T. Kroger (Medical Officer, MD, MPH), Tina S. Otjio (Nurse Educator, MSN, MHA, RN), and three other unnamed experts. To the right of the 'Meet the Experts' section is a 'ASK THE EXPERTS Submit a Question' box with the text 'You can email your question about vaccines or immunization to IAC. As we receive hundreds of emails each month, we cannot guarantee that we will print your specific question in the Ask the Experts feature. However, you will get an answer. You can also email CDC's immunization experts directly at nipinfo@cdc.gov. There is no charge for this service.' and a 'Submit a Question' button. At the bottom right, there is a link for 'Related Content on Immunize.org' and 'IAC Express'.



**GROWING
SO FAST!**

It's time for
a checkup.



CALIFORNIA
IMMUNIZATION
COALITION

Our heroes are here for you.



It's Safe to Come In!



¡ES HORA!
No espere, ¡vacúnese!

#dontwaitvaccinate Campaign
www.immunizeca.org/dontwaitvaccinate



KEEP
CALM
AND
VACCINATE

Questions?

Kristin Burnett, MPH
Immunization Program Manager
kristin.burnett@cchealth.org
925.313.6734

Contra Costa Health Plan Behavioral Health Treatment Case Management Program Overview

By:

Sharricci Dancy, MSW, LCSW

&

Dr. Linda Copeland, MD BCBA

Board-Certified Behavior Analyst & Developmental Behavioral Pediatrician

BHT CM's Goal:

To provide access to medically necessary Behavioral Health Treatment (BHT) services to eligible CCHP members under the age of 21 as required by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate.

Can a child without a dx of ASD meet medical necessity criteria for BHT?

A physician, or a licensed psychologist will make the determination of medical necessity based on whether BHT services will correct or ameliorate any physical and/or behavioral conditions the child may have even without a diagnosis of autism spectrum disorder (ASD).

What is BHT?

Behavioral Health Treatment (BHT) refers to a range of services designed to provide behavior modification / mental health treatment that is prescribed by a physician or a licensed psychologist, and is carried out by a -

- Licensed Therapist (i.e., ABA therapist, OT, ST, LCSW / LMFT)
- Licensed Psychologist
- Psychiatrist
- Neurologist
- Primary Care Provider (PCP)

What are BHT Services?

BHT services include applied behavioral analysis (ABA) and/or a variety of other behavior modification interventions that have been identified as evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction, and promote, to the maximum extent practicable, the functioning of a child or adolescent, including children & adolescents with or without a diagnosis of autism spectrum disorder (ASD), but may present with signs of a neurodevelopmental disorder.

What is a neurodevelopmental disorder?

A neurodevelopmental disorder is a disability associated primarily with the functioning of the neurological system and brain. Such disorders may include:

- ▶ Attention Deficit Hyperactivity Disorder (ADHD)
- ▶ Anxiety Disorder
- ▶ Autism Spectrum Disorder (ASD)
- ▶ Oppositional Defiant Disorder (ODD)
- ▶ Speech and Language Disorder
- ▶ Depression
- ▶ Bipolar Disorder
- ▶ Learning Disorder
- ▶ Conduct Disorder

Referral Reason:

Overall, the referral has concerns about a child's mental, emotional, social and/or academic development, more specifically -

- ▶ Delayed Development.
- ▶ Autism Spectrum Disorder.
- ▶ Attention Deficit Hyperactivity Disorder (ADHD).
- ▶ Social Communication Impairments.
- ▶ Treatment for patients with behavioral concerns seeking applied behavioral analysis (ABA).
- ▶ Medication management of mental health symptoms / side effects.

Referral Source:

Referrals are routed to CCHP BHT CM via the ABCD Center based on concerns from -

- ▶ Parents / Caregivers
- ▶ Medical & Mental Health Providers
- ▶ Educators

Services Provided

- ▶ Services are individually based on the reason for referral.
- ▶ Standard services provided by BHT CM include:
 - Telephone Intake by a licensed clinical social worker (LCSW).
 - Parent / Caregiver and Teacher Questionnaire.
 - Industry standard Self-Paced Assessment Tools for parents / caregivers / teachers to complete on behalf of the child.
 - An appt w/ a highly-skilled pediatrician that specializes in neuro-developmental disorders in children & adolescents.
 - Case reviewed by a developmental behavioral pediatrician who is also a Board-Certified Behavior Analyst (BCBA).

Services Provided cont'd

- Psycho-education about child / adolescent development and mental health disorders, and available community resources provided by the LCSW.
- Referral for a Comprehensive Diagnostic Evaluation (CDE) provided by a CCHP contracted provider or RCEB, if indicated.
- Referral to an Applied Behavioral Analysis (ABA) provider offered by a contracted CCHP provider, if indicated and requested by family.
- Connection to mental health services, as needed.

In General, the BHT CM Referral Workflow:

- ▶ Once the referral is received by BHT CM, the HPAR will call the referring provider to acknowledge receipt of referral, then HPAR will contact the parent / caregiver to schedule the telephone intake with the LCSW. The LCSW contacts the parent / caregiver to complete the intake and gather concerns about the child's behavior and past evaluations.
- ▶ Based on the intake summary by the LCSW, the HPAR mails out a packet of screening tools and consent forms to be completed by the parent / caregiver / teacher.
- ▶ When these screening tools are returned, they are scored by the LCSW, and the HPAR request records from outside organizations: School, RCEB, Lynn Center, therapist, etc.
- ▶ When the screening tools and records of past evaluations are received, documents are scanned into the patient's chart, and then an appointment is made / case summary is sent to the pediatrician by the LCSW, and the pediatrician either meets w/ the patient, writes the referral / provides consultation on the case.
- ▶ HPAR notifies parent / caregiver of the referral status and LCSW provides supportive services, as needed.

How to Refer:

Using the ABCD Center referral form, Primary Care Providers (PCP), Therapists, or ABA providers can submit a referral on the patient's behalf via fax to 925-370-5277.

For more information or to request the referral form, contact the ABCD Center at 925-370-5635 or

CCHP BHT CM LCSW at 925-313-6874 / HPAR at 925-313-6094.

Medi-Cal Behavioral Health Treatment FAQ:
https://www.dhcs.ca.gov/services/medi-cal/Documents/BHT_FAQ_12-18-18.pdf

Thank you!



CONTRA COSTA
HEALTH PLAN

A Division of Contra Costa Health Services

CCHP
Pharmacy
Department

Joe Cardinalli, PharmD

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

Retail Prescription Drug Carve Out Background



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Department

Joe Cardinalli, PharmD

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

What will change for providers?



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

TAR vs. PA



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Joe Cardinalli, PharmD

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

What stays with CCHP vs. What goes to Medi-Cal Rx



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Joe Cardinalli, PharmD

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

Questions?

CCHP Pharmacy Department

(925) 957-7260 option 1

<https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/MRX-FAQ-V3-6-30-20.pdf>

Interim Medical Director - Dr. David Gee

- Give background on new Medical Director
- Update of referrals of RMC patients back to CCRMC for their care
- Specialist champions at CCRMC will review and triage internal referrals
- Closer review of referrals to tertiary care referral centers for services that can be done locally.
- Emphasis on referring only to contracted facilities and providers
- Need for documentation in the progress notes that a procedure, referral, or surgery is needed and being requested, documentation of that standard criteria were met (failure of what conservative measures, specific test results, etc.)
- Discuss criteria we use to make UM decisions.
- Definition of "urgent" request
- Brief discussion of appeal process, and peer to peer

