CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services
A Culture of Caring

Q1 Provider Network Training
Tuesday, January 31, 2023

Information Packet

Table of Contents

For more information, see our webpage:
https://cchealth.org/healthplan/provider-network-training.php

CHAIR

	Dennis Hsieh, MD, JD, Chief Medical Officer

CO-CHAIR

	Elizabeth Hernandez, Quality Director

ATTENDANCE

	Aileen Olivar RN, Alicia Bartlett RN, Angela Rasmussen, Anna Chan RN, Asher Balagot RN, B. Yoshi Laing MD, Brenda Sutton, Bruce Carlton, Christina Urias, Christine Gordon RN, Dana Twigg, Danielle Anderson, Dr. Lucia Yang Edith Unibio Rojas RN, Gitanjali Thiruvadi LMFT, Hannash Nash RN, Harpreet Chatha RN, Irene Fischer RN, Jena Villena RN, Joseph Cardinalli PharmD, Josephine Nwosu RN, Juliana Mondragon, Kaitlin Thomas RN, Kaitlin Warren, Kalamaoka'aina Niheu MD, Krista Farey, Kristin Moeller MD, Laura Guevara, Laurie Trombla, Leizl Avecilla RN, Lisa Ostheimer RN, Louis Klein MD, Lourdes Jensen RN, Maria Guerrero, Martín Escandón, Michael Chavez, Michael Lange, Michael Sutton, Michele Zorovic, Michelle Martir-Cortes RN, Mona Azad, Monica Gabel, Monica L. Gutierrez RN, Nicki Keating, Nicolas Barcelo MD, Nicole Branning, Omoniyi Omotoso MD, Phyllis Carroll, Pyra Aarden, Rachael Bailey, Ravinder Kaur RN, Robert Torres RN, Sloane Blair, Sofia Rosales, Sree Kode, Stacey Gentry, Stephanie Schram, Stephanie Swenson, Suzanne Tsang, Tammy Pedersen, Thaddeus Rosales, Tom McBride MD, Vanessa Piña, Xiaohui Xiong, Yasmine Campos, Yelena Gusev

GUESTS

	Joanna Chin, MD, Medial Director, California Children's Services for Contra Costa County

Topic	Discussion/Decision/Action	Presenter
Call to Order	Meeting began at 7:30 AM and 12:00 PM and ended at 9:00 AM and 1:30 PM	Dennis Hsieh, MD, JD Chief Medical Officer

Regular Reports		
Overview of Agenda		Dennis Hsieh, MD, JD Chief Medical Officer

Equity	• Equity is a core element of the CalAIM initiative which governs how Medicaid is provided in the state of CA
	• New expectations and renewed effort to act on measures regarding the quality of service for members
	• CCHP is evaluating requirements and mechanisms to figure out steps in providing support for Providers and members
	  • Meaningful improvement by understanding the challenges members face and how CCHP can help
	  • NCQA and HEDIS measures as a starting point: rates on cancer screening, depression screening and follow up, hemoglobin a1c, etc. by race and ethnicity to ensure CCHP has equitable performance across all groups
	  • Strategizing how CCHP to act as a system to improve outcomes at the lowest rates
		Nicolás Barceló, MD, Medical Director, CCHP

Grievances	• Definition: *Any* written or oral expression of dissatisfaction from a member or a member's authorized representative
	• CCHP is mandated to investigate all grievances through a formal process
	• When CCHP reaches out for investigation, they ask Providers to participate as well as given the option to submit grievances on behalf of their members
	• What Providers Can Expect
	  • Providers will receive a letter from CCHP asking specific questions which helps address each issue in the original grievance
	  • CCHP is looking to understand the overall picture of the process and stays a neutral party	

Topic	Discussion/Decision/Action	Presenter

Behavioral Health Updates	• Formerly Behavioral Health Authorizations Unit, now titled the Behavioral Health Department
	• For utilization review of autism benefits, the first step is to submit a referral for Comprehensive Diagnostic Evaluation (CDE). After the ASD diagnosis, the member will be referred for ABA Therapy
	  • CDE is not the correct tool for diagnosing or managing symptoms of ADHD
	• Developing new programs
	  • Student Behavioral Health SBHIT Program: Working with educational agencies to promote mental health services for youth in schools
	  • Baby Watch Program: Partnership which incorporate the new Doula Benefit and the Comprehensive Perinatal Services Program
	  • Dyadic Care Benefit: Treat Parents and children together to promote optimal health and mental health	

HEDIS Highlights (MRR & BLS)	• In the past 10 years, 1,200 children and youth were identified with elevated blood lead, largely identified through routine screening. Less than half of CCHP children under the age of 2 have one blood lead screening, which is 10-15% lower than the national average • Lead risks can include: Water pipes, imported spice and foods, paint in older buildings, imported and older dishware and clay pots, etc. • Screening Protocol in CA: Children should be screened at 12 months and 24 months of age • CA Guidelines: Any time over 5, but 4.55 in Contra Costa County • After a BLS, Public Health receives a blood lead report for everyone that is <4.5 mcg/dL. Family will be contacted and follow a protocol	Beth Hernandez, Quality Director, CCHP

Care Coordination and Case Management for Patients
a) Enhanced Care Management (ECM)
b) Case Management (CM)
c) Community Health Workers (CHW)
	Whole spectrum of services for our members: Enhanced Care Management (ECM), Complex Care Management (CCM), Community Health Workers (CHW), and Basic Populations Health Management (BPHM). The state is enforcing all members to receive transitional care services.
	
	<u>ECM: 4 existing groups with 2 new groups joining, categorized by the most complex:</u>
	• Individuals experiencing homelessness
	• Individuals at risk for avoidable hospital or ED utilization
	• Individuals with serious mental health and/or SUD needs
	• Individuals transitioning from incarceration
	• **NEW:** Adults living in the community and at risk for LTC institutionalization
	  • Members requiring a higher level of care that is available in the community. Promoting CM to keep members out of SNF
	• **NEW:** Adults nursing facility residents transitioning to the community
	  • Currently in the process with our SNF. Members who are living in SNF who are being transitioned into a lesser level of care
	
	<u>Submitting A Referral</u>
	• RMC: Search 'Enhanced Care Management' on ccLink
	• CPN: Submit an ECM referral on the Provider Portal
	
	<u>Is My Patient Enrolled? What Services Are They Receiving?</u>
	• RMC: Member's Storyboard will display 'Enhanced Care Management' where one can hover and click on Program Details Report. Case Management notes will show in the member's Chart Review, as well as being listed on the member's Care Team
	
	Contact the Case Managers via inBasket (CCRMC) or email/phone (CPN) for any concerns or requests with your patients. Providers can refer CCHP Case Management through ccLink or Provider Portal. CM will reach out to close the
		6A & 6B
		Dennis Hsieh, MD, JD
		
		Chief Medical Officer, CCHP

Topic	Discussion/Decision/Action	Presenter
	loop at enrollment, with challenges, and upon closing of the case. Basic requests will coordinate with CHWs	
	Expanding to where people can be referred through CCHP. An electronic referral in process, currently manual • Complete form and send an encrypted email to Michael.Chavez@cchealth.org • Include any specific requests, directions, relevant information, and location preference with patient: telehealth, in-person, hybrid • No Wrong Door- any of the ECM, CHW, and CM, CCHP will do cross referral and provide the right support for the member	**6C** Michael Chavez, Senior Program Manager, CCHP

Medi-Cal Rx: Prior Auth Requirement	• Medi-Cal Rx is now the pharmacy benefits provider for CA. Go live was January 1, 2022. After the program went live Medi-Cal Rx scaled back Prior Authorization (PA) requirements beginning of February 2022
	• After the troubleshooting was cleared, they are now placing Prior Authorizations in place. The state will give a 30 day notice for PA reinstatement and a 90 day notice for retirement of Transition Policy
	• Started with adding their edits back into place for PA Requirements in July 2022. This has not affected anyone who has been on medication, but only when a Provider starts prescribing medication. Final wave of reinstating PAs will be on February 24, 2023
	• Transition Policy will be retired as of January 2023
	  • Starting in February 2023, Medi-Cal Rx will start accepting PA for members who need a PA if they have already been on the medication
	  • No sooner than July this will effect Pediatrics
	CCHP Pharmacy Department: (925) 957-7260 Option 1
		Dr. Joseph Cardinalli,
		Pharmacy Director, CCHP

General CCHP Updates a) SNF – LTC Carve In b) Dual Eligible Carve-In c) Continuity of Care d) Baby Watch (Coming Soon) e) Cognitive Assessments for 65 and Older (APL L22-05)	<u>SNF-LTC Carve In</u> • Fee for Service Medi-Cal in SNF to CCHP Medi-Cal <u>Dual-Eligible Carve-In</u> • All members with Medicare primary and Medial Fee for Service as secondary (Before 1/1/2023) • Their Medi-Cal will now be CCHP instead of Fee for Service • Medi-Cal remains and CCHP remains as the secondary payor. Not much for the Utilization Management (Except what Medicare doesn't cover) <u>Continuity of Care</u> • If Providers are CCHP contracted, Providers can submit the Authorization if needed and members can continue with their Doctors • If Providers and CCHP non-contracted, CCHP will honor that Provider relationship for a year, then redirect the member back in network (unless exceptions such as terminal illness). Non-Contracted Providers have the alternative option to contract with CCHP <u>Baby Watch</u> • A program to allow comprehensive prenatal services, provided by Healthy Start at CCRMC • If there are other doulas who aren't with CCRMC, CCHP can get them in-network to be a part of this program • Members can be referred through CCRMC's Healthy Start Program <u>Cognitive Assessments for 65 and Older (APL 22-025)</u> • CCHP will pay for an annual cognitive assessment (Alzheimer's and dementia) for Medi-Cal for members who are not eligible for Medicare • Provider Reimbursement: Providers must complete the following: 1) Complete a training specified and approved by the Department of Healthcare Services (DHCS); 2) When completing the assessment, use one or more validated tools covered by DHCS:	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP

Topic	Discussion/Decision/Action	Presenter
	○ General Practitioner assessment of Cognition (GPCOG) ○ Mini-Cog ○ 8 Item Information Interview to Differentiate Aging and Dementia Short Informant Questionnaire on Cognitive Decline in the Elderly	
Utilization Management (UM) Updates a) Provider Portal b) No Auth List c) No Auth Required Letter	• For any problem with orders, contact CCHP • No-Auth List only applies to in network Providers based on the member's insurance • Commercial A/A2/HSS/A2 only applies to CCRMC (Except DME and Optometry)	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP
Additional Supports for Patients: Community Supports	All Medi-Cal members can receive any of the 7 Community Supports programs: • Housing Navigation • Housing Tendency Support • Asthma Home Assessment, Education, and Remediation • Medically Tailored Meals and Medically Supported Foods ○ For individuals with poorly controlled diabetes with Hgb A1c > 8 ○ For individuals with congestive heart failure (CHF) with an ED visit/Hospitalization related to their CHF is the last 6 months ○ Available for an initial 12 weeks then a 6 month renewal if adherent to care • Medical Respite • Post Hospitalization Stabilization Housing • Housing Deposits	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP
Medi-Cal Redetermination	• Due to the COVID public emergency, members have been with Medi-Cal despite redetermination, however, this will change as of this year 4/1/2023 • Medi-Cal redeterminations will resume for beneficiaries with a June 2023 renewal date • Medi-Cal beneficiaries will receive renewal packets throughout the year • The first Medi-Cal discontinuances should not occur before 7/1/2023 • CCHP will reach out to members for outreach to ensure members are submitting their redetermination packets • What Can Providers Do? • Continue to remind members to keep their contact information up to date with the County Medi-Cal Office (Employment & Human Services Department [EHSD]) to receive important information about Medi-Cal coverage • Tell members to watch out for Medi-Cal and to complete and submit packages to renew their coverage • Members on SSI can report contact information changes to Social Security by telephone: 1-800-772-1213 (TTY 1-800-325-0778) • Materials available for Providers - Contact Suzanne.Tsang@cchealth.org	Suzanne Tsang, MPH Director of Member Services, Marketing, & Public Relations, CCHP
Preventative Guidelines	• Added Suicide risk screening as of October 2022 • Added Anxiety screening as of October 2022 • Syphilis Infection Screening as of September 2022 • Clinicals to prescribe a statis for primary prevention of cardiovascular disease in adults as of August 2022	Sofia Rosales, Senior Health Education Specialist, CCHP
MEECOC Training Resources	Medi-Cal Excellence in Early Childhood Outcomes Collaborative (MEECOC) is offering two online webinars for Providers: • The Critical Role of Dads: Exploring the Benefits of Father-Friendly Pediatric Care ○ 2/2/2023, 11:00 - 12:15 pm PT; Exploring the strategies for pediatric practices to incorporate father's experiences and voices into pediatric care transformation to improve child health care safety	

Topic	Discussion/Decision/Action	Presenter
	• Harnessing the Power of Term-Based Care to Improve Maternity Outcomes: Medicine and Midwifery as Partners in Care ○ 2/3/2023, 12:00 - 1:15 pm PT; Describing term-based care between midwives, nurses, and physicians and its potential for improving patient experience and birth outcomes. MEECOC Information: meecoc@childrennow.org www.childrennow.org/blog/meecoclc/ Further Health Education Information: Contact Sofia.Rosales@cchealth.org	

California Children's Services (CCS): Overview and Referrals	CCS is a California statewide program which provides case management and care for children - from youth to 21 years of age - with complex medical needs.
	<u>Eligibility:</u>
	• Medical: CCS eligible medical conditional condition
	  ○ Complex, chronic, specialty care
	  ○ Eligibility determined by MD review at the county level with input from the state medical advisors for certain items (transplant/out of state care)
	• Financial: Low income/ unable to pay
	  ○ Medi-Cal enrolled, typical income is > $40,000/year for family of four
	  ○ Eligibility cost estimate - coverage when medical care would exceed 20% of family income
	  ○ Institutional deeming
	  ○ Exceptions: No financial eligibility criterion for the medical therapy program or high-risk infant follow up
	• Residential: Live in Contra Costa County (CCC) (If member lives outside of CCC, they can apply to CCS in their county)
	  ○ Live in CCC; Program as administered in each county in CA and member can transfer if moving between counties
	<u>Not Eligible:</u>
	• Mental Health Disorders (Including Eating Disorders), Developmental Delay/Disability, Autism Spectrum Disorder
	• Acute/Simple medical conditions/injuries
	• Syndromes in and of themselves, unless members also have a CCS eligible medical condition
	• Conditions not laid out in CCS state regulations
	• These clients often qualify for Regional Center/Behavioral Health Program
	• Asthma is not generally CCS eligible
	
	<u>Program Services:</u>
	• CCS will reimburse for all medical care
	• Provide Nurse Case Management; each client is assigned to a Nurse Case Manager
	• Provide medical therapy program
	  ○ School-based therapy units and 4 CCC public schools
	  ○ Provides OT, PT, Rehab medicine visits, custom medical equipment, etc.
	  ○ No financial eligibility requirement
	• DME
	• Private Duty Nursing
	• Transition to Adult Care
	• CCS approval of hospitals and providers
	
	CCS and Medi-Cal Collaboration: Anything not CCS eligible is deferred to Medi-Cal.
	
	<u>CCS Approved Medical Care</u>
		Guest Speaker:
		Dr. Joanna Chin, MD
		Medical Director, CCS

Topic	Discussion/Decision/Action	Presenter

	• Special Care Centers (Multi-specialty clinics geared toward a condition/group of conditions)
	• Approved hospitals (including UCSF/CHO, Stanford, Kaiser, John Muir)
	• CCS paneled providers (Specialists and PCPs)
	
	How To Refer a Patient To CCS?
	• Anyone can refer
	• Primary Care: if you know what service the child needs, complete a Service Authorization Request (SAR) form
	• If unsure what the child needs, have the family apply to determine eligibility. Families may also self-refer.
	• Specialist Referrals, Family Referrals, MTU Only Referrals
	• When in doubt, send a referral!
	• Fax SARs and applications to:
	  ○ CCC CCS Contact Information:
	  ○ **Phone:** (925) 313-6400; **Fax:** (925) 372-5113
	Equity
	• Children with special healthcare needs in CA are more likely to come from non-white ethnic groups
	• 60% of CCS patients have one/more Adverse Childhood Experiences
	• Working on initiates to increase accessibility to the program by providing more languages to all of our materials
	
	Providing Care to CCS Clients
	• Providers must be paneled; apply here
	• Physicians are paneled as individuals. Mid-levels and allied health professionals may also become CCS paneled but only as a part of a multidisciplinary team at a CCS special care center
	• Inpatient care must be provided in CCS-approved facilities (State regulation) Exceptions are made for initial stabilizing care for trauma/critical illness
	
	Joanna.Chin@cchealth.org https://cchealth.org/fmch/ccs.php
	Elizabeth Nuti, MD (Medical Consultant) Elizabeth.Nuti@cchealth.org	

Survey Incentive Reminder (Closing)	• RMC and CPN Providers are eligible for a $100 honorarium • Steps: Attend the Provider Network Training, complete our survey • Training is recorded and will be shared (along with handouts) on the cchealth webpage Questions: Contact Vanessa.Pina@cchealth.org	Vanessa Piña, Advanced-Level Secretary, CCHP

Next Training Date Q2 2023: Tuesday, April 25, 2023

Q1 2023 Provider Network Training

Tuesday, January 31, 2023

Agenda

Agenda Item	Presenter
1. Meeting Minutes	**Dennis Hsieh, MD, JD** Chief Medical Officer, CCHP
2. Equity	**Nicolás Barceló, MD** Medical Director, CCHP
3. Grievances	
4. Behavioral Health Updates	
5. Blood Lead Screening	**Beth Hernandez,** Director of Quality, CCHP
6. Care Coordination and Case Management for Patients a) Enhanced Care Management b) Case Management c) Community Health Workers	6A & 6B **Dennis Hsieh, MD, JD** Chief Medical Officer, CCHP 6C **Michael Chavez** Senior Program Manager, CCHP
7. Medi-Cal Rx Prior Auth Requirement	**Joseph Cardinalli, PharmD** Clinical Pharmacist, CCHP
8. General CCHP Updates a) SNF – LTC Carve In b) Dual Eligible Carve-In c) Continuity of Care d) Baby Watch (Coming Soon) e) Cognitive Assessments for 65 and Older (APL 22-025)	**Dennis Hsieh, MD, JD** Chief Medical Officer, CCHP
9. Utilization Management (UM) Updates a) Provider Portal b) No Auth List c) No Auth Required Letter	
10. Additional Supports for Patients: Community Supports	**Dennis Hsieh, MD, JD** Chief Medical Officer, CCHP
11. Medi-Cal Redetermination	**Suzanne Tsang, MPH** Director of Member Services, Marketing, & Public Relations
12. Preventative Guidelines	**Sofia Rosales,** Senior Health Education Specialist, CCHP
13. MEECOC Training Resources	
14. California Children's Services: Overview and Referrals	Guest Speaker **Joanna Chin, MD** Medical Director, CCS
15. Survey Incentive Reminder (Closing)	**Vanessa Piña,** Advanced-Level Secretary, CCHP

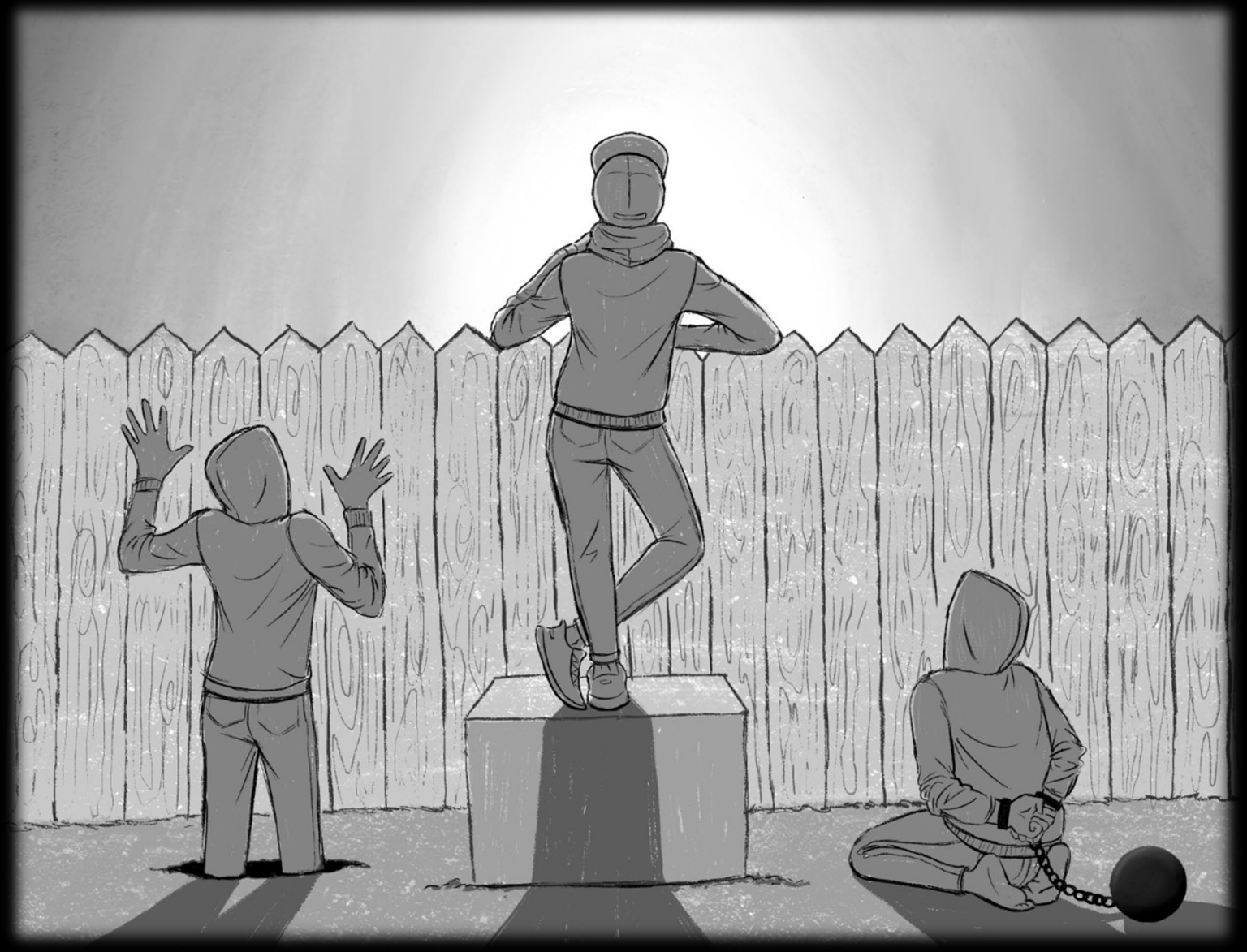
Equity

Nicolas Barcelo, MD

Medical Director, CCHP

Equity in Medi-Cal 2023

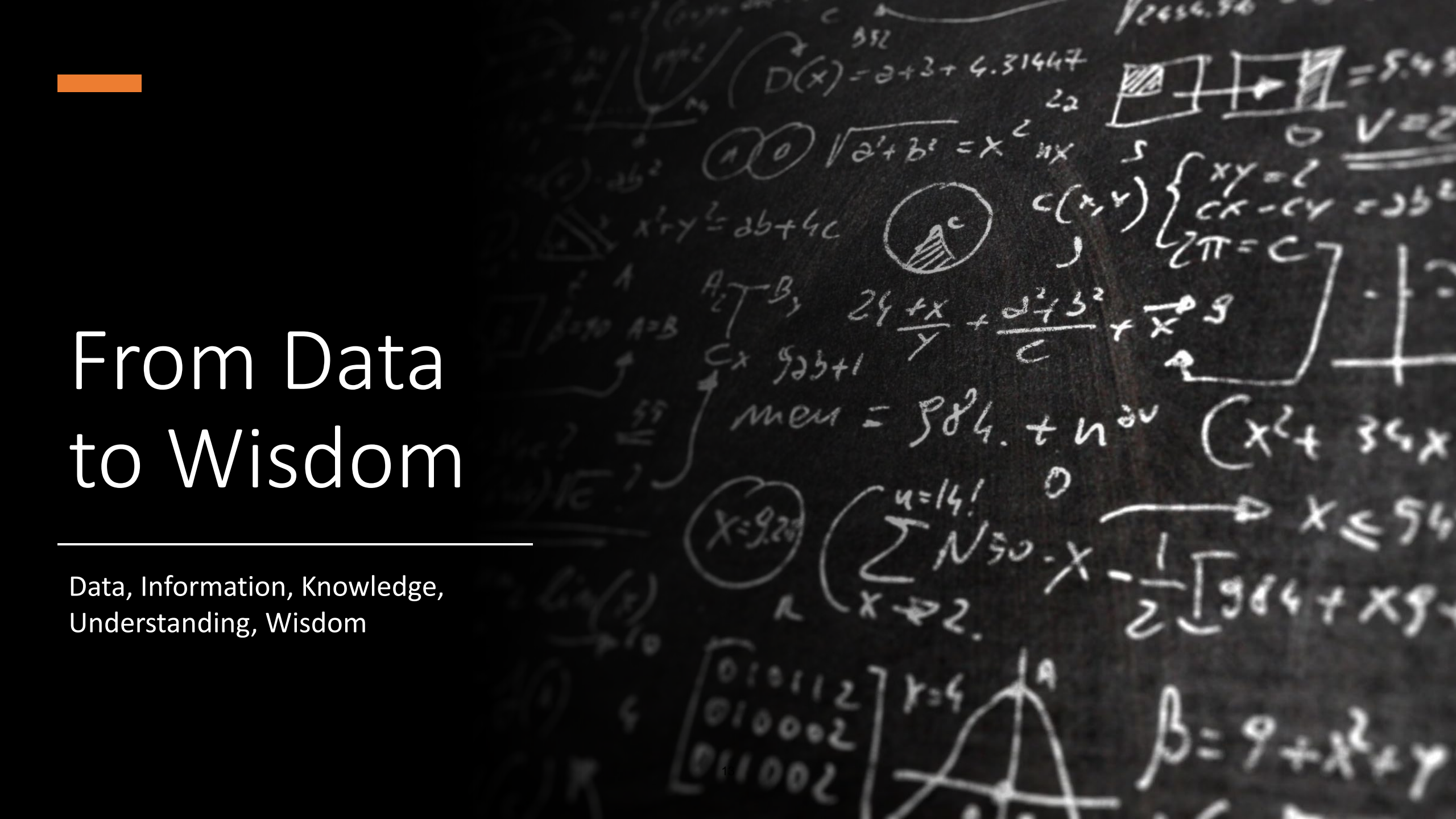
Notes from the Field



Barceló, N. E. & Shadravan, S. Race, Metaphor, and Myth in Academic Medicine. (2021)

From Data to Wisdom

Data, Information, Knowledge, Understanding, Wisdom

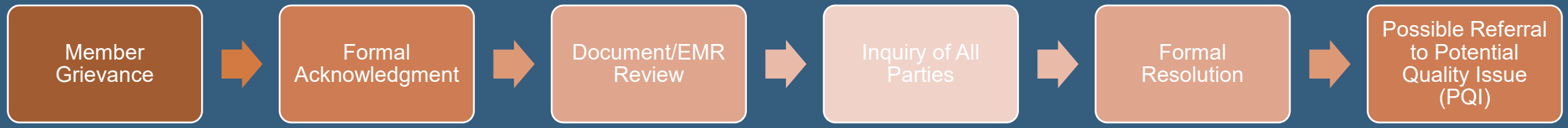


Grievances

Nicolas Barcelo, MD

Medical Director, CCHP

Grievances


Member Grievance
Formal Acknowledgment
Document/EMR Review
Inquiry of All Parties
Formal Resolution
Possible Referral to Potential Quality Issue (PQI)

Provider Support

https://cchealth.org/healthplan/grievance/

- Online
- Call Member Services at 877-661-6230
- Fax 925-313-6047
- In person at 595 Center Ave, Martinez
- Email member.services@cchealth.org

What Providers Can Expect

Behavioral Health Updates

Nicolas Barcelo, MD

Medical Director, CCHP

CCHP Behavioral Health Department

- Staffed by RN, LMFT, LCSW with MD supervision
- Provides UM for all things related to behavioral / mental health
- Medi-Cal Members get most services via Access Line: 888-678-7277
- Commercial Members get all services via CCHP BHD
- Important: All members can self-refer, or be referred by PCP, to therapy without CCHP authorization. Initial visit + 7 follow up visits do not require pre-authorization;
- after first 8 visits, therapist submits prior auth requests for continuing care

CCHP Behavioral Health Department

- Autism-related Services
- 1st Step: Submit referral for Comprehensive Diagnostic Evaluation (CDE)
- Include sufficient evidence to show medical necessity, including MCHAT or ASQ as appropriate for age.

- 2nd Step: After ASD diagnosis, refer for ABA therapy.
- Starts with Functional Behavioral Assessment (FBA) to determine therapy plan.
- ABA treatment is reviewed every 6 months for continuing authorization

- Note: if symptoms and signs are obvious, referral for ABA therapy can be made concurrent with CDE request

- CDE is not the correct tool for diagnosing or managing symptoms of ADHD

Elizabeth Hernandez

Quality Director, CCHP

Blood Lead in Contra Costa

In past 10 years, 1,200 Contra Costa children and youth were identified with elevated blood lead, largely identified through routine screening.

Less than half of CCHP children under the age of 2 have had one blood lead screening.

- Most common in paint in older buildings (pre-1978)
- Water pipes
- Children that live near airports bay be exposed due to lead in air and soil from aviation gas
- Traditional remedies and eye powder – Azacron and Greta; Surma and Kohl
- Imported spices and foods, including candies
- Imported and older dishware and clay pots
- For more information, see Sources of Lead | Lead | CDC

23

Recommendations - Providers Role

Blood lead level testing (finger stick or venous blood draw) on children:

- At 12 months and 24 months of age.
- If child between ages 12-24 months have no record of lead testing.
- If child between ages 24-72 months is missing a lead test at 24 months or after.
- Any child without previous screening at least once before the age of 6
- When requested by child's parent or guardian.
- When provider conducting Periodic Health Assessment for child 12-72 months is aware of increased risk of lead exposure/poisoning due to changes in child's circumstances.

Educate on the importance of screening

Follow-up on elevated levels

California Management Guidelines on Childhood Lead Poisoning for Health Care Providers

No level of lead in the body is known to be safe. In 2012, the Centers for Disease Control and Prevention (CDC) established a new "reference value" of 5 micrograms per deciliter (mcg/dL) for blood lead levels (BLLs), thereby lowering the level at which evaluation and intervention are recommended.[1] **Contact the California Department of Public Health, Childhood Lead Poisoning Prevention Branch (CLPPB), (510) 620-5600, www.cdph.ca.gov/programs/CLPPB, for additional information about childhood lead toxicity.**

BLL[2]	EVALUATION AND TESTING	MANAGEMENT
< 5 mcg/dL Initial BLL and routine retest may be capillary (CBLL) or venous (VBLL) [3,4] **Retest for identified risk must be venous[3]**	**General** ▪ Perform routine history and assessment of physical and mental development. ▪ Assess nutrition and risk for iron deficiency. ▪ Consider lead exposure risks. **Blood Lead Levels** ▪ California regulations require testing at ages 1 and 2 years (up to 6 years if not tested at 2 years) if child is in a publicly funded program for low-income children, spends time at a pre-1978 place with deteriorated paint or recently renovated, or has other lead exposure risks.[5] ▪ If screened early (before 12 months), retest in 3-6 months as risk increases with increased mobility. ▪ Test anyone birth to 21 years when indicated by changed circumstances, identification of new risks, or at the request of a parent or guardian. ▪ Follow up with VBLL in 6-12 months if indicated. ▪ See federal guides for Head Start[6] or refugees.[7]	▪ Comply with California regulations mandating a standard of care under which the health care provider, at each periodic health care visit from age 6 months to 72 months must give oral or written anticipatory guidance to a parent or guardian, including at a minimum that children can be harmed by lead, are particularly at risk for lead poisoning from the time they crawl until 72 months old, and can be harmed by deteriorating or disturbed paint and lead-contaminated dust.[5] ▪ Discuss hand to mouth activity, hand washing, and sources of lead: e.g. lead-contaminated paint, dust, and soil (particularly near busy roads), plumbing, a household member's lead-related work, bullets, fishing sinkers; and also some: remedies, cosmetics, food, spices, tableware, cookware, batteries, jewelry, toys, and other consumer products. ▪ Discuss BLLs with family. Counsel on any risk factors identified. ▪ Encourage good nutrition, especially iron, vitamin C, and calcium. Consider referral to Supplemental Nutrition Program for Women, Infants, and Children (WIC). ▪ Encourage participation in early enrichment activities. ▪ **Chelation is not recommended in this BLL range.**
5-9 mcg/dL Initial BLL may be capillary or venous **Every retest must be venous[3]**	**General – Evaluate as above AND** ▪ Take an environmental history to identify potential sources of exposure and provide preliminary advice on reducing/eliminating them. ▪ Test for iron sufficiency (CBC, Ferritin, and CRP). ▪ Perform structured developmental screening evaluations at periodic health visits as lead effects may manifest over years. ▪ Evaluate risk to other children and pregnant and lactating women in the home. **Blood Lead Levels** ▪ Retest in 1-3 months to be sure BLL is not rising. ▪ Then retest in 3 months and thereafter based on VBLL trend. ▪ If retest is in another range, retest per that range.	**Manage as above AND** ▪ Counsel on nutrition, iron, vitamin C, and calcium. Encourage taking high-iron and high-vitamin C foods together. Refer to WIC. ▪ Treat iron insufficiency per AAP guidelines. Consider starting a multivitamin with iron. ▪ Add notation of elevated BLL to child's medical record for future neurodevelopmental monitoring. ▪ Refer to an early enrichment program, e.g. Early Start or Head Start. ▪ Consider medical referral and testing for other children and pregnant and lactating women in the home. ▪ Coordinate with local Childhood Lead Poisoning Prevention Program (CLPPP) or state CLPPB for outreach, education, and other services. See www.cdph.ca.gov/programs/CLPPB for state and local contact information. ▪ **Chelation is not recommended in this BLL range.**
10-14 mcg/dL Initial BLL may be capillary or venous **Every retest must be venous[3]**	**General – Evaluate as above** **Blood Lead Levels** ▪ Retest in 1-3 months to be sure BLL is not rising. ▪ To determine eligibility for full public health case management, retest after interval of 30 days (eligible if persistent in or above this range). ▪ If BLLs are stable or decreasing, monitor initially with VBLLs every 3 months and thereafter based on VBLL trend. If retest is in another range, retest per that range.	**Manage as above AND** ▪ If BLL is persistent in or above this range (30 days or more), contact the local CLPPP (or, if no local program, the state CLPPB) for full case management services, without charge or means test, for children aged birth to 21 years (nurse case management, environmental investigation, and recommendations for remediation of lead sources). ▪ The state CLPPB is available for further consultation: (510) 620-5600. See footnote for other lead-knowledgeable agencies.[8] ▪ **Chelation is not recommended in this BLL range.**

Source: Management Guidelines on Childhood Lead Poisoning Prevention (ca.gov)

What Happens After A High Screening

Public Health receives blood lead report on a bi-weekly basis for everyone that is <4.5 mcg/dL

Providers can report elevated screenings to Contra Costa Public Health for immediate attention

- Public Health Lead Program: 925-608-5318

Public Health Department Follow-up Protocols

- BLL 4.5 -9.4: Family receives educational material and monitoring; CHW phone visit, with optional in person visit
- BLL 9.5-14.4: Same as above and repeat venous testing
- BLL 14.5+: Public Health Nursing case management services and environmental investigation

Information for Contra Costa Healthcare Providers :: Public Health :: Contra Costa Health Services (cchealth.org)

Blood Lead Resources & Further Reading

Medi-Cal Rx

Joseph Cardinalli, PharmD

Clinical Pharmacist, CCHP

CCHP Pharmacy Department

Joe Cardinalli, PharmD

- standardize the Medi-Cal pharmacy benefit statewide
- improve access to pharmacy services
- apply statewide utilization management protocols
- achieve cost savings for drug purchases made by the state

Approach to Reinstatement

- Phased, iterative approach, informed by:
  - Data
  - Lessons Learned
  - Stakeholder feedback
  - Learnings from each prior phase
- Align with objectives to reduce disruption and ensure safe and timely delivery of pharmacy benefits
- Commitment to 30-day advance notice for PA reinstatement and 90-day notice for retirement of Transition Policy

Phase 1

- Implementation of safety claims edits – July 22
- Reinstated PA requirements for new start prescriptions in 11 standard therapeutic drug classes - September 16
- Excluded new start prescriptions for beneficiaries 21 years of age and younger

Phase II: Reinstate PAs for Remaining STCs

30 Day Advance Notice

30 Day Advance Notice

Phase II

Wave 1: January 20, 2023
39 STCs
New Starts only

Wave 2: February 24, 2023
Remaining STCs

Beneficiaries 22 and older

Phase III: Retire Transition Policy

90 Day Advance Notice for Phase III

Phase II | Phase III

Transition Lifts: March 24, 2023 – June 23, 2023

Beneficiaries 22 and older

Transition Lift: Removal of the Transition Policy for identified STCs.

How to Prepare for Retirement of the Transition Policy

January 12, 2023

What Pharmacy Providers and Prescribers Need to Know

On December 20, 2022, Medi-Cal Rx announced the *90-Day Countdown – Phase III: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older*. In anticipation of the retirement of the Transition Policy, pharmacy providers and prescribers are encouraged to plan ahead!

Consider transitioning beneficiaries 22 years of age and older to covered alternatives that may not require a prior authorization (PA); if a covered alternative is not appropriate, submit a PA to Medi-Cal Rx beginning February 24, 2023.

- **Early submission of PA requests for beneficiaries 21 years of age and younger will not be accepted at this time.**
- **Early submission of PAs for enteral nutrition products will not be accepted at this time.**

Phase IV: Reinstate PAs for ≤21 Population; Enteral Nutrition Products (all ages)

90 Day Advance Notice for Phase IV

Phase II → Phase III → Phase IV

No sooner than July

Beneficiaries 22 and older

Resources and Support

Medi-Cal Rx will provide resources to support pharmacies and prescribers

- Reinstatement-focused tab on Medi-Cal Rx website with links to:
  - Alerts and Weekly Newsletters
  - Frequently Asked Questions (FAQs)
  - Monthly Updated Medi-Cal Approved NDC List
- Weekly Office hours

- Medi-Cal Rx Customer Service Center at 1-800-977-2273, 24 hours/7 days, 365 days per year.

- Providers can also seek assistance via the Education and Outreach team at MediCalRxEducationOutreach@magellanhealth.com

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Questions?

CCHP Pharmacy Department
(925) 957-7260 option 1

Case Coordination and Case Management for Patients

Dennis Hsieh, MD, JD

Chief Medical Officer, CCHP

CALAIM CARE MANAGEMENT CONTINUUM

Enhanced Care Management (ECM) is for the highest-need Members and provides intensive coordination of health and health-related services.

Complex Care Management (CCM) is for Members at higher- and medium-rising risk and provides complex care coordination, interventions for temporary needs, and disease-specific management interventions.

Community Health Workers (CHW) is for Members who require basic care coordination, advocacy, and/or health education.

Basic Population Health Management (BPHM). BPHM is the array of programs and services for all MCP Members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

Transitional Care Services are also available for all MCP Members transferring from one setting or level of care to another

ENHANCED CARE MANAGEMENT: ELIGIBILITY GROUPS

1. Individuals Experiencing Homelessness
2. Individuals at Risk for Avoidable Hospital or ED Utilization
3. Individuals with Serious Mental Health and/or SUD Needs
4. Individuals Transitioning from Incarceration
5. NEW: Adults Living in the Community and At Risk for LTC institutionalization
6. NEW: Adult nursing Facility residents Transitioning to the Community

ECM – EXPERIENCING HOMELESSNESS - ELIGIBILITY

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

ECM – HIGH UTILIZERS - ELIGIBILITY

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

ECM – SMI/SUD - ELIGIBILITY

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

INDIVIDUALS TRANSITIONING FROM INCARCERATION

1. Are transitioning from a correctional setting (e.g., prison, jail, or youth correctional facility) or transitioned from a correctional setting within the past 12 months; and
2. Have at least one of the following conditions (see forthcoming ECM Policy Guide for definitions):
    1. Mental Illness;
    2. SUD;
    3. Chronic Condition/Significant Clinical Condition
    4. I/DD;
    5. Traumatic Brain Injury;
    6. HIV/AIDS;
    7. Pregnant or Postpartum.

ADULTS LIVING IN THE COMMUNITY AND AT RISK FOR LTC INSTITUTIONALIZATION

1. Are living in the community who meet the SNF Level of Care (LOC) criteria; or who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury; **and**
2. Are actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring; **and**
3. Are able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns.

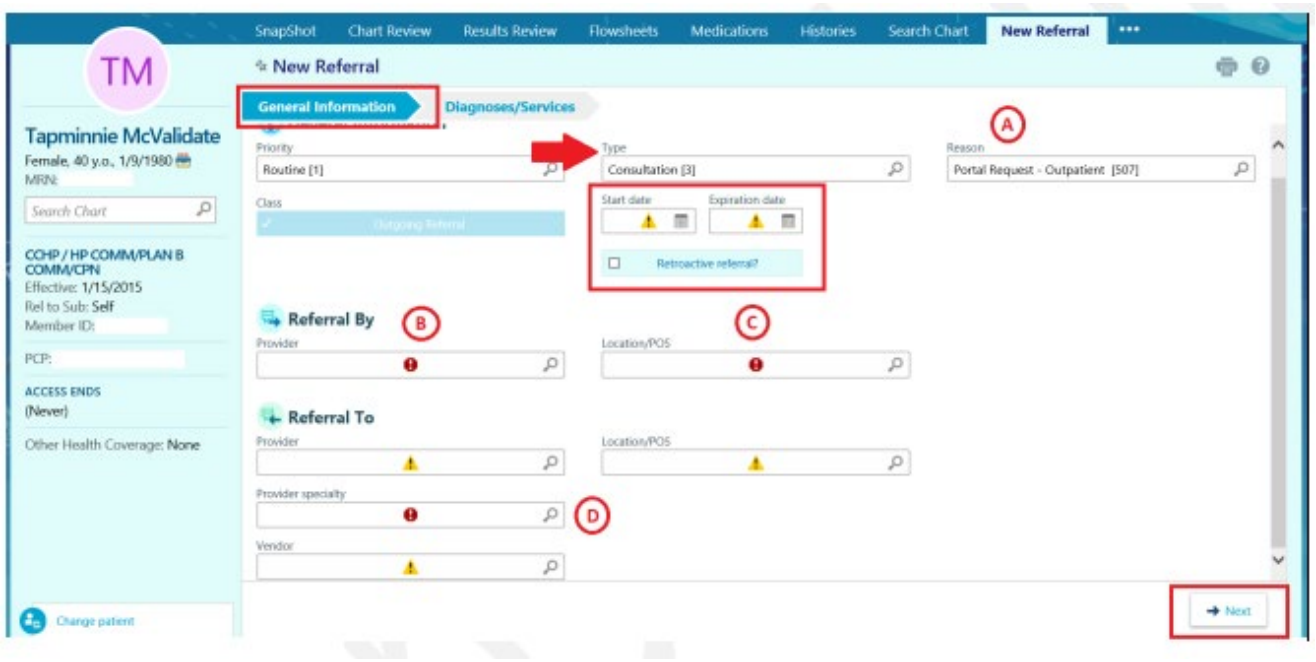
ADULT NURSING FACILITY RESIDENTS TRANSITIONING TO THE COMMUNITY

Adult nursing facility residents who:

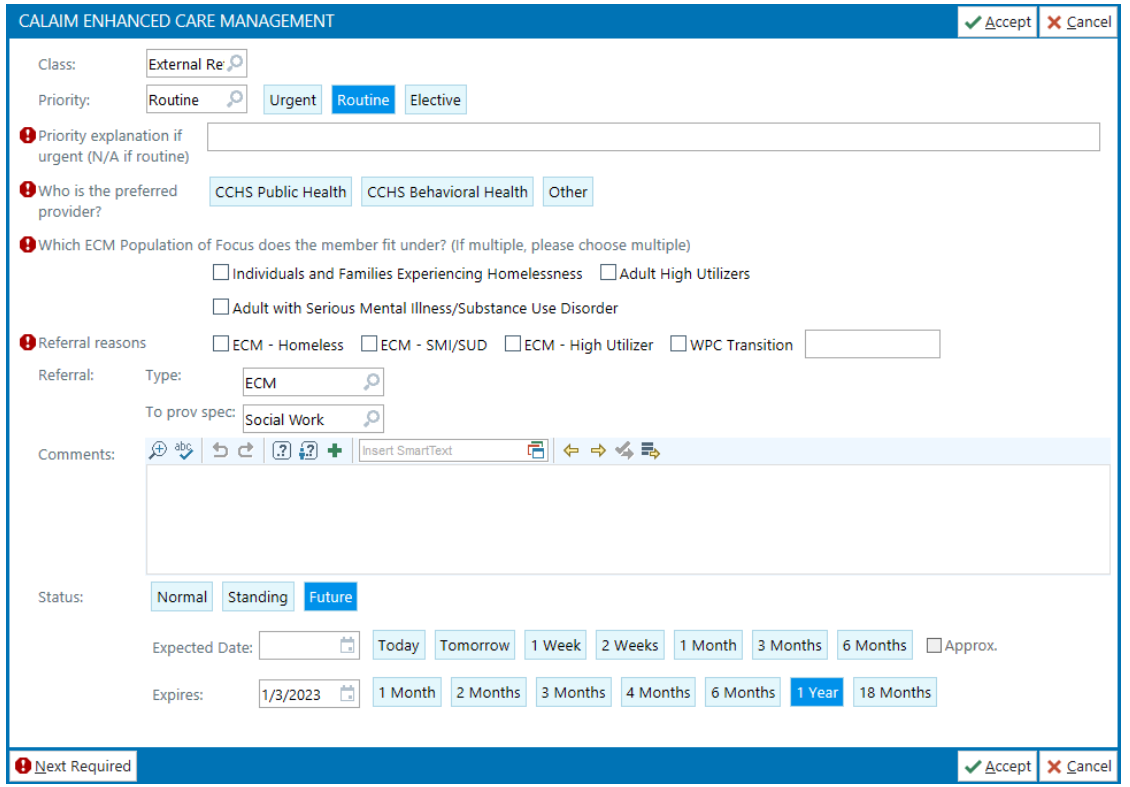
1. Are interested in moving out of the institution; **and**
2. Are likely candidates to do so successfully; **and**
3. Are able to reside continuously in the community.

HOW TO SUBMIT?

- Submit referral use Provider Portal (CPN)



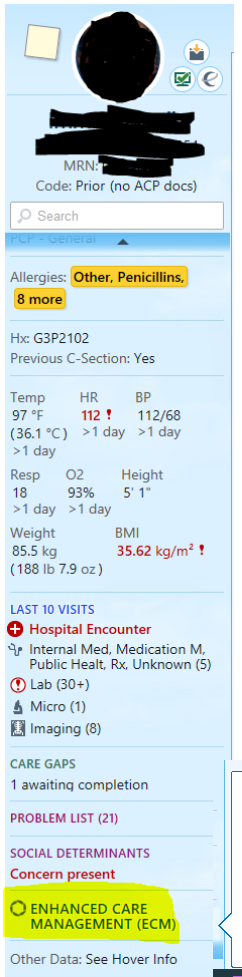
ccLink (CCRMC)



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

HOW DO I KNOW IF MY PATIENT IS ENROLLED & WHAT SERVICES THEY ARE GETTING

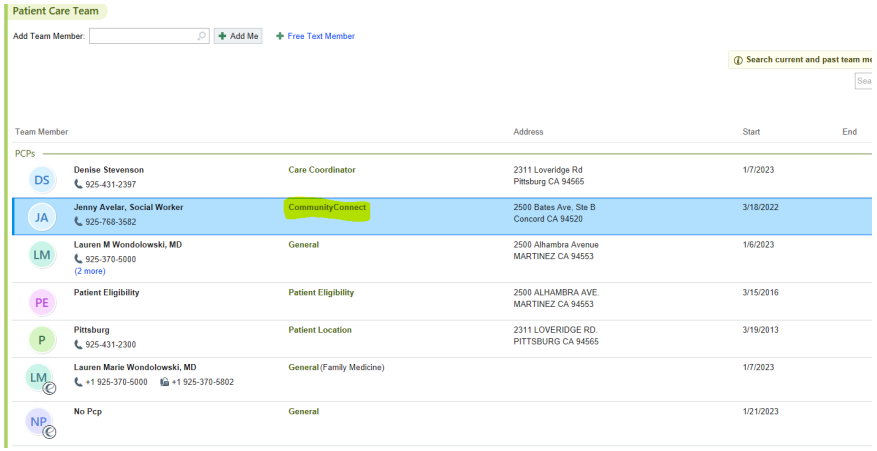
RMC Providers



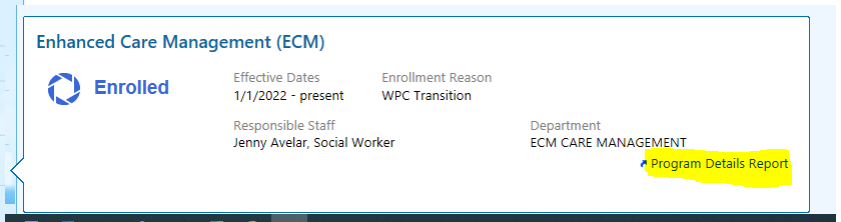
2. Chart Review

	01/18/2023	Office Visit	Fam Med - Wondolowsk...		Type 2 diabetes mellitus without complication, unspecified whether lo
	01/18/2023	Clinical Support	Physical Therapy - Hasa...		Unspecified fracture of lower end of left femur, subsequent encounter
	01/11/2023	Face-to-Face	Public Healt - Gomez G...		Encounter for coordination of complex care (Primary Dx)
	01/10/2023	Patient Outreach	Public Healt - Gomez G...		Encounter for coordination of complex care (Primary Dx)
	01/09/2023	Clinical Support	Physical Therapy - Hald...		Unspecified fracture of lower end of left femur, subsequent encounter
	01/09/2023	Face-to-Face	Public Healt - Gomez G...		Encounter for coordination of complex care (Primary Dx)
	01/06/2023	Face-to-Face	Public Healt - Gomez G...		Encounter for coordination of complex care (Primary Dx)
	01/04/2023	Patient Outreach	Public Healt - Gomez G...		Encounter for coordination of complex care (Primary Dx)
	01/04/2023	Clinical Support	Physical Therapy - Hasa...		Unspecified fracture of lower end of left femur, subsequent encounter
	01/03/2023	Behavioral Health	Behavioral H - Hansen, B		MDD (major depressive disorder), recurrent episode, moderate (Prima
	12/30/2022	Clinical Support	Physical Therapy - Hasa...		Unspecified fracture of lower end of left femur, subsequent encounter
	12/28/2022	Face-to-Face	Public Healt - Gomez G...		Encounter for coordination of complex care (Primary Dx)

3. Care Team



1. Storyboard – hover and click on Program details report



VIA PATIENT PORTAL OR CAREEVERYWHERE

- CareEverywhere
  - Chart review and request outside records
  - Care team
- Portal
  - Case management care plan is available alongside clinical notes

ECM CARE MANAGERS

Please contact ECM care manager via inBasket (CCRMC) or email/phone (CPN) with any concerns or requests with your patients

CASE MANAGEMENT

- CCHP Case Management: Refer through ccLink or Provider Portal
- Case managers will reach out to close the loop at enrollment, with challenges, and upon closing of case
- For basic requests will coordinate with community health workers (CHW)

COMMUNITY HEALTH WORKERS

MICHAEL CHAVEZ

SENIOR PROGRAM MANAGER

CHW – Program Overview

- CHW services require a written recommendation or referral
- CHW services must be medically necessary
- CHW services are preventative and first
- Frequency is four units (2 hours) per day per beneficiary, any provider. Additional units per day may be provided with an approved Treatment Authorization Request for medical necessity
- A written plan of care is required for more than 12 units of service per member and may not exceed a period of a year.
- Journey Health can help with requesting authorization for additional care needs.

CHW – Referral Process:

- CHW electronic referral process is under construction – available soon through Epic and the Provider Portal.
- For now, it is manual – you can save the form that is emailed to you from this training.
- Send and encrypted email with the completed form to michael.chavez@cchealth.org
- Also include any specific requests, directions, relevant information, and whether you prefer the CHW to work with your patient via: telehealth, in-person or hybrid support for your patient.

Dennis Hsieh, MD, JD

Chief Medical Officer

Community Supports


Housing Navigation


Housing Tendency Support


Asthma Home Assessment, Education & Remediation


Medically Tailored Meals/Medically Supportive Foods


Medical Respite


Post Hospital Stabilization Housing


Housing deposits

Housing Navigation

Housing Tenancy Support

Asthma Home Assessment, Education, & Remediation

Medically Tailored Meals/Medically Supportive Foods

[CalAIM Programs :: Health Plan :: Contra Costa Health Services (cchealth.org)]

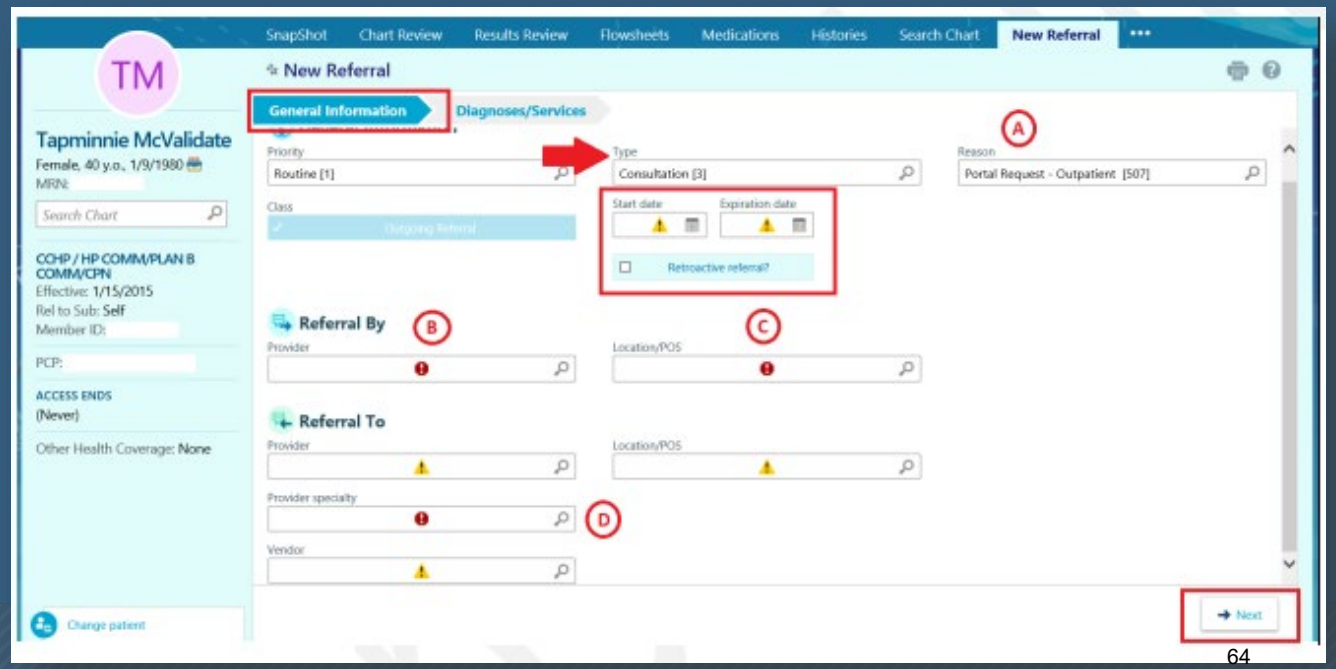
Medical Respite

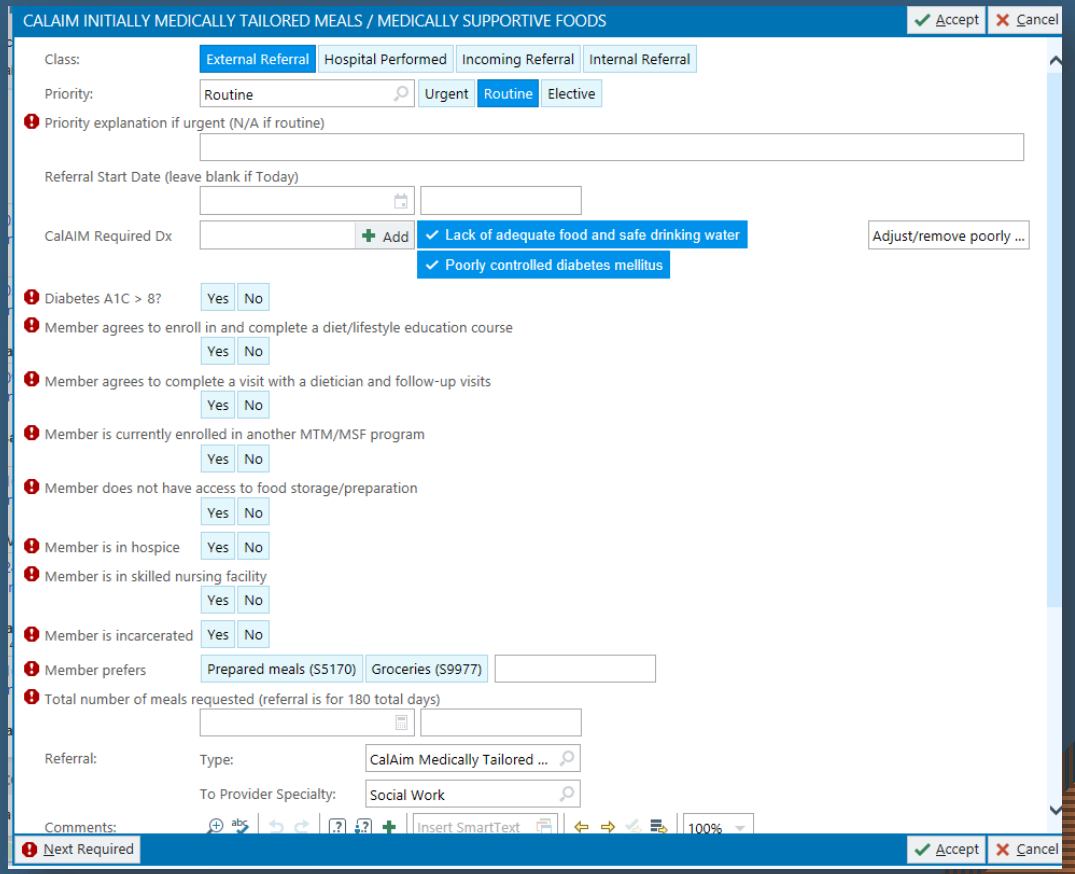
Post Hospital Stabilization Housing

Housing Deposits

63

How to Submit?





Dennis Hsieh, MD, JD

Chief Medical Officer

SNF-LTC Carve In

What Does This Mean?

Dual Eligible Carve In

What Does This Mean?

- Keep providers that Medicare pays for (do not have to be CCHP contracted)
- Things Medicare does not pay for has to be CCHP contracted

Continuity of Care

Fee for Service Medi-Cal -> CCHP Medi-Cal

- Can keep for 1 year if provider will take CCHP
- After 1 year will be redirected back to CCHP provider
- Exceptions to 1 year for things such as terminal illness

Baby Watch

What is Baby Watch?

73

Cognitive Assessments for 65 and Older (APL 22-025)

- Consistent with standards for detecting cognitive impairment under the Medicare Annual Wellness Visit and American Academy of Neurology

What do Providers have to do to get reimbursed?

- General Practitioner assessment of Cognition (GPCOG)
- Mini-Cog
- 8 Item Information Interview to Differentiate Aging and Dementia
- Short Informant Questionnaire on Cognitive Decline in the Elderly

UM Updates

Medi-Cal-CCMRC	Primary Care	CCRMC only, specialty care	CPN or CCRMC
Medi-Cal CPN	Primary Care	CPN only, specialty care	CPN or CCRMC
Commercial A/A2/IHSS-A2	Primary Care	CCRMC Only, specialty care	CCRMC only (exceptions for optometry and DME – CPN ok)
Commercial B CCRMC	Primary Care	CCRMC only, specialty care	CPN or CCRMC
Commercial B CPN	Primary Care	CPN only, specialty care	CPN or CCRMC
REMINDER does NOT apply to Tertiary (UCSF in SF, Stanford in PA, Lucille Packard in PA) and does NOT apply to noncontracted			

- No Auth required letter:
  - For Medi-Cal and Commercial B – most specialties first 7 visits in 1 year do not require auth
  - New letter indicating no auth required (equivalent to CPN referral form) is being issued instead of auth letter

Suzanne Tsang, MPH

Director of Member Services, Marketing, & Public Relations

Medi-Cal Redetermination

- The Federal Consolidated Appropriations Act of 2023 enacted on 12/29/2022, *delinks* the continuous coverage requirement from the Public Health Emergency (PHE).

Medi-Cal Redetermination Campaign

Example Communication Materials

Contact suzanne.tsang@cchealth.org for any of these materials

- Contact your Medi-Cal county eligibility worker today.
- Go online to ehsd.org/help or call 1-866-663-3225.

Preventative Guidelines

Sofia Rosales,

Senior Health Education Specialist

Preventative Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Depression and Suicide Risk in Children and Adolescents: Screening: adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.	B	October 2022 *
Anxiety in Children and Adolescents: Screening: children and adolescents aged 8 to 18 years	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	B	October 2022
Syphilis Infection in Nonpregnant Adolescents and Adults: Screening: asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	A	September 2022 *
Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication: adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (cvd) risk of 10% or greater	The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10- year risk of a cardiovascular event of 10% or greater.	B	August 2022 *
Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.	B	December 2021 *
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: pregnant persons at high risk for preeclampsia	The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. See the Practice Considerations section for information on high risk and aspirin dose.	B	September 2021 *
Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons	The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B	September 2021 *
Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons	The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B	September 2021 *
Prediabetes and Type 2 Diabetes: Screening: asymptomatic adults aged 35 to 70 years who have overweight or obesity	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	B	August 2021 *

Preventative Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Gestational Diabetes: Screening: asymptomatic pregnant persons at 24 weeks of gestation or after	The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.	B	August 2021 *
Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions: pregnant persons	The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	B	May 2021
Colorectal Cancer: Screening: adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A	May 2021 *
Colorectal Cancer: Screening: adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B	May 2021 *
Hypertension in Adults: Screening: adults 18 years or older without known hypertension	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A	April 2021 *
Lung Cancer: Screening: adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack- year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B	March 2021 *
Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: pregnant persons	The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.	A	January 2021 *
Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.	A	January 2021 *

Preventative Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Hepatitis B Virus Infection in Adolescents and Adults: Screening: adolescents and adults at increased risk for infection	The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection. See the Practice Considerations section for a description of adolescents and adults at increased risk for infection.	B	December 2020 *
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions: adults with cardiovascular disease risk factors	The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.	B	November 2020 *
Sexually Transmitted Infections: Behavioral Counseling: sexually active adolescents and adults at increased risk	The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). See the Practice Considerations section for more information on populations at increased risk for acquiring STIs.	B	August 2020 *
Unhealthy Drug Use: Screening: adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	B	June 2020
Tobacco Use in Children and Adolescents: Primary Care Interventions: school-aged children and adolescents who have not started to use tobacco	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.	B	April 2020 *
Hepatitis C Virus Infection in Adolescents and Adults: Screening: adults aged 18 to 79 years	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	B	March 2020 *
Abdominal Aortic Aneurysm: Screening: men aged 65 to 75 years who have ever smoked	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	B	December 2019 *
Asymptomatic Bacteriuria in Adults: Screening: pregnant persons	The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.	B	September 2019 *

Preventative Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Breast Cancer: Medication Use to Reduce Risk: women at increased risk for breast cancer aged 35 years or older	The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.	B	September 2019 *
BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing: women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with brca1/2 gene mutation	The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	B	August 2019 *
Hepatitis B Virus Infection in Pregnant Women: Screening: pregnant women	The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit	A	July 2019 *
Human Immunodeficiency Virus (HIV) Infection: Screening: pregnant persons	The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.	A	June 2019 *
Human Immunodeficiency Virus (HIV) Infection: Screening: adolescents and adults aged 15 to 65 years	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. See the Clinical Considerations section for more information about assessment of risk, screening intervals, and rescreening in pregnancy.	A	June 2019 *
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis: persons at high risk of hiv acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.	A	June 2019
Perinatal Depression: Preventive Interventions: pregnant and postpartum persons	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.	B	February 2019
Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	A	January 2019 *

Preventative Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions: adults 18 years or older, including pregnant women	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	B	November 2018 *
Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening: women of reproductive age	The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services. See the Clinical Considerations section for more information on effective ongoing support services for IPV and for information on IPV in men.	B	October 2018 *
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions: adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	B	September 2018 *
Syphilis Infection in Pregnant Women: Screening: pregnant women	The USPSTF recommends early screening for syphilis infection in all pregnant women.	A	September 2018 *
Cervical Cancer: Screening: women aged 21 to 65 years	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.	A	August 2018 *
Osteoporosis to Prevent Fractures: Screening: postmenopausal women younger than 65 years at increased risk of osteoporosis	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. See the Clinical Considerations section for information on risk assessment.	B	June 2018 *
Osteoporosis to Prevent Fractures: Screening: women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.	B	June 2018 *
Falls Prevention in Community-Dwelling Older Adults: Interventions: adults 65 years or older	The USPSTF recommends exercise interventions to prevent falls in community- dwelling adults 65 years or older who are at increased risk for falls.	B	April 2018 *

Preventative Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Skin Cancer Prevention: Behavioral Counseling: young adults, adolescents, children, and parents of young children	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	B	March 2018 *
Vision in Children Ages 6 Months to 5 Years: Screening: children aged 3 to 5 years	The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	B	September 2017 *
Obesity in Children and Adolescents: Screening: children and adolescents 6 years and older	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	B	June 2017 *
Preeclampsia: Screening: pregnant woman	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	B	April 2017 *
Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication: women who are planning or capable of pregnancy	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A	January 2017 *
Breastfeeding: Primary Care Interventions: pregnant women, new mothers, and their children	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	B	October 2016 *
Osteoporosis to Prevent Fractures: Screening: women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.	B	June 2018 *
Falls Prevention in Community-Dwelling Older Adults: Interventions: adults 65 years or older	The USPSTF recommends exercise interventions to prevent falls in community- dwelling adults 65 years or older who are at increased risk for falls.	B	April 2018 *
Skin Cancer Prevention: Behavioral Counseling: young adults, adolescents, children, and parents of young children	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	B	March 2018 *
Vision in Children Ages 6 Months to 5 Years: Screening: children aged 3 to 5 years	The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	B	September 2017 *

Preventative Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Obesity in Children and Adolescents: Screening: children and adolescents 6 years and older	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	B	June 2017 *
Preeclampsia: Screening: pregnant woman	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	B	April 2017 *
Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication: women who are planning or capable of pregnancy	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A	January 2017 *
Breastfeeding: Primary Care Interventions: pregnant women, new mothers, and their children	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	B	October 2016 *
Latent Tuberculosis Infection: Screening: asymptomatic adults at increased risk for infection	The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.	B	September 2016 *
Screening for Depression in Adults: general adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B	January 2016 *
Breast Cancer: Screening: women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. †	B	January 2016 *
Rh(D) Incompatibility: Screening: unsensitized rh(d)-negative pregnant women	The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.	B	February 2004 *

MEECOC Training Resources

Sofia Rosales,

Senior Health Education Specialist

Upcoming Events: 2023 MEECOC Learning Community

https://www.chcs.org/resource/dads-matter-too-exploring-the-benefits-of-father-friendly-pediatric-care/ [chcs.org]

https://stanford.zoom.us/webinar/register/WN_ZBR3oat_TvW55T7B0Jt-ew [stanford.zoom.us]

Joanna Chin, MD

Medical Director, CCS

Introduction to California Children's Services

Services for Children with

Complex Medical Needs

Objectives

What is CCS? Participants will understand the scope of the CCS program and its activities

Who gets CCS? Participants will have working knowledge of CCS eligible conditions

How to get CCS? Participants will know how to refer a patient to CCS

What is California Children's Services?

California statewide government program

Care for complex medical needs

Medical care, equipment, and rehabilitation

Children and youth up to 21 years old

Low income, unable to pay for complex care

CCS History

- Statewide program since 1927, one of the oldest public health programs in the US
- Founded to address the impact of polio on families, often causing bankruptcy
- Today, the program serves 180,000 children throughout the state of California

Program eligibility

- Medical: CCS eligible medical condition
- Financial: Low income, or unable to pay (medical costs exceed 20% of income)
- Residential: Live in Contra Costa County

Medical Eligibility

- Complex, chronic, specialty care
- Eligibility determined by MD review at county level, with input from the state for certain items (transplant, out of state care)
- Uses state regulations in CA Code of Regulations Title 22 that lays out the complete list of covered conditions
- The CCS medical consultant reviews the application, plus medical records from primary MD and specialists

Examples of CCS eligible conditions

Infections– congenital infections, HIV, osteomyelitis	Cancer	Endocrine – diabetes, thyroid disease, precocious puberty	Inborn errors of metabolism, mitochondrial disorders
Blood disorders – sickle cell, hemophilia	Neurologic – cerebral palsy, severe epilepsy, Erb's palsy	Some disorders of vision and hearing (incl. hearing aids)	Cardiac disease and anomalies

More examples of CCS eligible conditions

Respiratory – cystic fibrosis, bronchopulmonary dysplasia

Digestive – Crohn's/ulcerative colitis, liver failure

Genitourinary – chronic kidney disease, obstructive uropathies, vesicoureteral reflux (grade 2 or higher)

Musculoskeletal – muscular dystrophy, juvenile idiopathic arthritis, severe scoliosis

Congenital anomalies – cleft lip and palate, spina bifida, clubfoot

Trauma – burns, poisoning, fractures requiring surgery, life threatening injuries

Medical therapy unit – for cerebral palsy and select other conditions

Financial Eligibility

- Medi-Cal enrolled (program coordinates with Medi-Cal)
- Typical income less than $40,000/year for family of four
- Eligibility by cost estimate – coverage when medical care would exceed 20% of family income
- Institutional deeming – a child can qualify for Medi-Cal without low income if the child:
  - has serious developmental and medical needs
  - Is under 18 and living at home
  - Is a client of the Regional Center
  - And is determined by a doctor
- Exceptions: there is no financial eligibility criterion for the medical therapy program or high risk infant follow-up.

Residential Eligibility

Resident of the county

Program administered in each county in CA

Transfer between counties

Who is NOT eligible for CCS?

- Mental health disorders (including eating disorders)
- Developmental delay or disability
- Autistic spectrum disorder
- Acute or simple medical conditions or injuries (appendicitis, uncomplicated lacerations)
- Syndromes in and of themselves (such as Down's), unless patients also have a CCS eligible medical condition (such as congenital heart disease)
- Conditions not laid out in the CCS state regulations
- These clients often qualify for Regional Center or behavioral health programs

- **Asthma is not generally CCS eligible.**

Program Services

- Arrange and pay for medical care, including hospital care, specialists, medications, procedures, surgeries, transplants, and other complex and state of the art care
- Nurse case management
- Medical therapy program (if eligible)
- Durable medical equipment
- Private duty nursing
- Transition to adult care
- CCS approval of hospitals and providers

CCS and Medi-Cal work together

- Patients are likely to have both CCS eligible conditions (such as ulcerative colitis) and non-CCS eligible conditions (such as asthma with an acute exacerbation). Care for anything that is not CCS eligible goes to Medi-Cal.

CCS approved medical care

Special care centers (multi-specialty clinics geared toward a condition or group of conditions)

- Examples: craniofacial, cystic fibrosis, heart transplant, High Risk Infant Follow-up, sickle cell

Approved hospitals (including UCSF/CHO, Stanford, Kaiser, John Muir)

- Each hospital is CCS approved for particular service types -- some are NICU only, some for inpatient care plus specialists, limited list for complex care such as cardiac surgery or transplants

CCS paneled providers (specialists and PCPs)

- Includes pediatricians, peds specialists
- Family Medicine providers who regularly care for complex pediatric patients can apply

Medical Therapy Program

- School based therapy units at 4 Contra Costa public schools
- Physical therapy
- Occupational therapy
- Custom medical equipment (wheelchairs, braces, orthotics)
- Rehabilitation medicine visits (Medical Therapy Conference)
- Eligibility is determined separately from general CCS eligibility
- Typical diagnoses: cerebral palsy, muscular dystrophy, spina bifida, amputations, spinal cord injury
- There is **not** a financial eligibility requirement

How to refer a patient to CCS?

- **Anyone** can refer a child to CCS!
  - Primary care: if you know what specific services the child needs, fill out a Service Authorization Request (SAR).
  - If you're not sure what exactly the child needs but you suspect they qualify, have the family apply to determine eligibility. Application forms are available in English and Spanish. Families may also self-refer.
  - Fax SARs and applications to our number below.
- Specialist referrals
- Family referrals
- MTU only referrals
- Contra Costa County CCS contact info:
  - **Phone**: (925) 313-6400
  - **Fax**: (925) 372-5113

Equity and CCS

- Children with special health care needs in California are more likely to come from non-white ethnic groups
- 60% of CCS patients have one or more Adverse Childhood Experiences
- Our program brings expensive, state of the art medical care to low-income children and children whose care might bankrupt their families
- CCS is working on initiatives to increase awareness of race and gender issues, ACEs, and expanding access to our materials (more languages, braille, etc)

Providing care to CCS clients

- In order to provide care for a child's CCS eligible condition, providers must be paneled, meaning that you are registered with CCS and meet their requirements.
  - Apply to become a CCS paneled provider here.
  - Physicians are paneled as individuals. Midlevels and allied health professionals may also become CCS paneled, but ONLY as part of a multidisciplinary team at a CCS special care center.
  - It is not *essential* to be paneled to be a PMD for CCS clients, but it's very useful for signing off on DME, home health, etc.
- The purpose of paneling is to ensure high quality care of children with complex health care needs.
- Inpatient care must be provided in CCS-approved facilities. CCRMC is not CCS approved, but CHO, UCSF, Stanford, John Muir, etc are. Exceptions are made for initial stabilizing care for trauma or critical illness.

Recap and Takeaways

What is CCS?

- Care authorization and case management for low-income California children with complex medical needs

Who gets CCS?

- Complex medical needs, low income
- Not developmental needs only (may qualify for Regional Center)

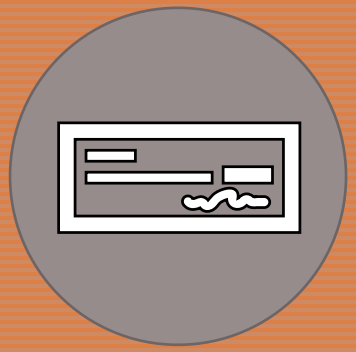
How to get CCS?

- PCP or specialist can refer using Service Authorization Request (SAR)
- Family can self-refer

Contact us!

- Website for providers and families
- Phone: (925) 313-6400
- Fax: (925) 372-5113
- Joanna Chin, MD (Medical Director): joanna.chin@cchealth.org
- Elizabeth Nuti, MD (Medical Consultant): elizabeth.nuti@cchealth.org

Questions?



Provider Incentive

- Providers and CCHP Employees are eligible to receive a $100 honorarium for attending this training. To apply, you just need to complete our survey!
- Will arrive in a separate check from your regular pay checks
  - Do **not** add this training into your usual timesheet
- Please allow time for the incentive check to be delivered to you

Thank You for Joining!

CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services
A Culture of Caring

Questions? Email:
Vanessa.Pina@cchealth.org
Dennis.Hsieh@cchealth.org

2023 Provider Network Training Dates:

Q2: Tuesday, April 25, 2023

Q3: Tuesday, July 25, 2023

Q4: Tuesday, October 31, 2023

Community Health Worker | Member Referral Form

Email completed form to michael.chavez@cchealth.org

Community Health Worker (CHW) services may address issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental health conditions and substance use disorders; need for preventive services, perinatal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic violence; and violence prevention.

Referral source information	
Referral by (select one):	☐ Health Plan ☐ Hospital ☐ PCP ☐ Clinic ☐ ECM provider ☐ ER ☐Other
Referring individual name:	
Referring individual role:	
Date of referral:	
Referral completed by (if not referring individual):	Name: Role:
Referring organization name:	
Referrer phone number:	
Referrer email address:	
Member aware of referral:	☐Yes or ☐ No
Refer to Organization Name:	Journey Health
Refer to Phone Number:	800-674-7967
Refer to Email Address:	CHW@journeyhealth.io
Preferred CHW/Community Support Start Date:	

Member information			
Member name:			
Member Medi-Cal Managed Care (Medi-Cal) client ID # (CIN):		Member DOB:	
Member address:			
Member primary phone number:		Best time to contact:	
Caregiver name:		Caregivers Alternate phone number (if available):	
Care Manager name (if available):		Care Manager contact information Phone/fax/email:	

Clear Form

Community Health Worker (CHW) Services

CHW services are preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health.

CHW services are considered medically necessary for beneficiaries with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or benefit from preventive services.

Does this member have (check one or more of the following):

- ☐ Diagnosis of one or more chronic health (including behavioral health) conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed
- ☐ Presence of medical indicators of rising risk of chronic disease (e.g., elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition)
- ☐ Positive Adverse Childhood Events (ACEs) screening
- ☐ Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
- ☐ Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity
- ☐ One or more visits to a hospital emergency department within the previous six months
- ☐ One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization
- ☐ One or more stays at a detox facility within the previous year
- ☐ Two or more missed medical appointments within the previous six months
- ☐ Beneficiary expressed need for support in health system navigation or resource coordination services
- ☐ Need for recommended preventive services

Type of services needed:

☐ Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information or instruction on health topics.

☐ Health navigation to provide information, training, referrals, or support to assist beneficiaries to: Access health care, understand the health care system, or engage in their own care.

☐ Screening and assessment that does not require a license and that assists a beneficiary to connect to appropriate services to improve their health.

☐ Individual support or advocacy that assists a beneficiary in preventing the onset or exacerbation of a health condition or preventing injury or violence.

Community Health Worker (CHW) Violence Preventive Services

CHW violence preventive services are evidence-based, trauma-informed, and culturally responsive preventive services provided by an individual qualified through any of the pathways listed below, for the purpose of reducing the incidence of violent injury or reinjury, trauma, and related harms and promoting trauma recovery, stabilization, and improved health outcomes.

Does this member have (check one or more of the following):

☐ The beneficiary has been violently injured as a result of community violence

☐ A licensed health care provider has determined that the beneficiary is at significant risk of experiencing violent injury as a result of community violence

☐ The beneficiary has experienced chronic exposure to community violence

Type of services needed:

☐ Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information or instruction on health topics.

☐ Health navigation to provide information, training, referrals, or support to assist beneficiaries to: Access health care, understand the health care system, or engage in their own care.

☐ Screening and assessment that does not require a license and that assists a beneficiary to connect to appropriate services to improve their health.

☐ Individual support or advocacy that assists a beneficiary in preventing the onset or exacerbation of a health condition or preventing injury or violence.

JOURNEY HEALTH

Non-Covered Services

- Clinical case management/care management that requires a license
- Childcare
- Chore services, including shopping and cooking meals
- Companion services
- Employment services
- Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a plan of care
- Delivery of medication, medical equipment, or medical supply
- Personal Care services/homemaker services
- Respite care
- Services that duplicate another covered Medi-Cal service already being provided to a beneficiary
- Transporting beneficiaries
- Services provided to individuals not enrolled in Medi-Cal, except as noted above
- Services that require a license

Although CHWs may provide CHW services to beneficiaries with mental health and/or substance use disorders, CHW services do not include Peer Support Services as covered under the Drug Medi-Cal, Drug Medi-Cal Organized Delivery System, and Specialty Mental Health Services programs. CHW services are distinct and separate from Peer Support Services.

US Preventive Services Task Force A & B Recommendations

This guideline targets asymptomatic patients seeking health care who would benefit from preventive services. This resource is intended to assist in the prioritization of screening maneuvers, tests and counseling opportunities. It is not intended to diagnose or treat any condition. Nothing in these guidelines is meant to preclude more extensive screening for people with higher-than-average risks. These guidelines are not a substitute for clinical judgment.

Topic	Description	Grade	Release Date of Current Recommendation
Depression and Suicide Risk in Children and Adolescents: Screening: adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.	B	October 2022 *
Anxiety in Children and Adolescents: Screening: children and adolescents aged 8 to 18 years	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	B	October 2022
Syphilis Infection in Nonpregnant Adolescents and Adults: Screening: asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	A	September 2022 *
Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication: adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (cvd) risk of 10% or greater	The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.	B	August 2022 *
Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is de i cient in fluoride.	B	December 2021 *

Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	B	December 2021 *
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: pregnant persons at high risk for preeclampsia	The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. See the Practice Considerations section for information on high risk and aspirin dose.	B	September 2021 *

Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons	The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B	September 2021 *
Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons	The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B	September 2021 *
Prediabetes and Type 2 Diabetes: Screening: asymptomatic adults aged 35 to 70 years who have overweight or obesity	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	B	August 2021 *
Gestational Diabetes: Screening: asymptomatic pregnant persons at 24 weeks of gestation or after	The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.	B	August 2021 *
Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions: pregnant persons	The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	B	May 2021
Colorectal Cancer: Screening: adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A	May 2021 *
Colorectal Cancer: Screening: adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B	May 2021 *
Hypertension in Adults: Screening: adults 18 years or older without known hypertension	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A	April 2021 *

Lung Cancer: Screening: adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B	March 2021 *

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: pregnant persons	The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.	A	January 2021 *
Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.	A	January 2021 *
Hepatitis B Virus Infection in Adolescents and Adults: Screening: adolescents and adults at increased risk for infection	The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection. See the Practice Considerations section for a description of adolescents and adults at increased risk for infection.	B	December 2020 *
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions: adults with cardiovascular disease risk factors	The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.	B	November 2020 *
Sexually Transmitted Infections: Behavioral Counseling: sexually active adolescents and adults at increased risk	The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). See the Practice Considerations section for more information on populations at increased risk for acquiring STIs.	B	August 2020 *
Unhealthy Drug Use: Screening: adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	B	June 2020
Tobacco Use in Children and Adolescents: Primary Care Interventions: school-aged children and adolescents who have not started to use tobacco	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.	B	April 2020 *

Hepatitis C Virus Infection in Adolescents and Adults: Screening: adults aged 18 to 79 years	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	B	March 2020 *

Abdominal Aortic Aneurysm: Screening: men aged 65 to 75 years who have ever smoked	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	B	December 2019 *
Asymptomatic Bacteriuria in Adults: Screening: pregnant persons	The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.	B	September 2019 *
Breast Cancer: Medication Use to Reduce Risk: women at increased risk for breast cancer aged 35 years or older	The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.	B	September 2019 *
BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing: women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with brca1/2 gene mutation	The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	B	August 2019 *
Hepatitis B Virus Infection in Pregnant Women: Screening: pregnant women	The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit	A	July 2019 *
Human Immunodeficiency Virus (HIV) Infection: Screening: pregnant persons	The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.	A	June 2019 *
Human Immunodeficiency Virus (HIV) Infection: Screening: adolescents and adults aged 15 to 65 years	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. See the Clinical Considerations section for more information about assessment of risk, screening intervals, and rescreening in pregnancy.	A	June 2019 *
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis: persons at high risk of hiv acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.	A	June 2019

Perinatal Depression: Preventive Interventions: pregnant and postpartum persons	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.	B	February 2019

Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	A	January 2019 *
Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions: adults 18 years or older, including pregnant women	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	B	November 2018 *
Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening: women of reproductive age	The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services. See the Clinical Considerations section for more information on effective ongoing support services for IPV and for information on IPV in men.	B	October 2018 *
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions: adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	B	September 2018 *
Syphilis Infection in Pregnant Women: Screening: pregnant women	The USPSTF recommends early screening for syphilis infection in all pregnant women.	A	September 2018 *
Cervical Cancer: Screening: women aged 21 to 65 years	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.	A	August 2018 *
Osteoporosis to Prevent Fractures: Screening: postmenopausal women younger than 65 years at increased risk of osteoporosis	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. See the Clinical Considerations section for information on risk assessment.	B	June 2018 *

Osteoporosis to Prevent Fractures: Screening: women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.	B	June 2018 *

Falls Prevention in Community-Dwelling Older Adults: Interventions: adults 65 years or older	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	B	April 2018 *
Skin Cancer Prevention: Behavioral Counseling: young adults, adolescents, children, and parents of young children	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	B	March 2018 *
Vision in Children Ages 6 Months to 5 Years: Screening: children aged 3 to 5 years	The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	B	September 2017 *
Obesity in Children and Adolescents: Screening: children and adolescents 6 years and older	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	B	June 2017 *
Preeclampsia: Screening: pregnant woman	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	B	April 2017 *
Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication: women who are planning or capable of pregnancy	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A	January 2017 *
Breastfeeding: Primary Care Interventions: pregnant women, new mothers, and their children	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	B	October 2016 *
Latent Tuberculosis Infection: Screening: asymptomatic adults at increased risk for infection	The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.	B	September 2016 *
Screening for Depression in Adults: general adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B	January 2016 *
Breast Cancer: Screening: women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. †	B	January 2016 *

Rh(D) Incompatibility: Screening: unsensitized rh(d)-negative pregnant women	The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.	B	February 2004 *
Rh(D) Incompatibility: Screening: pregnant women, during the first pregnancy-related care visit	The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	A	February 2004 *

†The Department of Health and Human Services, under the standards set out in revised Section 2713(a)(5) of the Public Health Service Act and Section 223 of the 2021 Consolidated Appropriations Act, utilizes the 2002 recommendation on breast cancer screening of the U.S. Preventive Services Task Force. To see the USPSTF 2016 recommendation on breast cancer screening, go to http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening1.

*Previous recommendation was an “A” or “B.”

The U.S. Preventive Services Task Force Grade Definitions (USPSTF)

The USPSTF updated its definition of and suggestions for practice for the grade C recommendation. This new definition applies to USPSTF recommendations voted on after July 2012. Describing the strength of a recommendation is an important part of communicating its importance to clinicians and other users. Although most of the grade definitions have evolved since the USPSTF first began, none has changed more noticeably than the definition of a C recommendation, which has undergone three major revisions since 1998. Despite these revisions, the essence of the C recommendation has remained consistent: at the population level, the balance of benefits and harms is very close, and the magnitude of net benefit is small. Given this small net benefit, the USPSTF has either not made a recommendation "for or against routinely" providing the service (1998), recommended "against routinely" providing the service (2007), or recommended "selectively" providing the service (2012). Grade C recommendations are particularly sensitive to patient values and circumstances. Determining whether or not the service should be offered or provided to an individual patient will typically require an informed conversation between the clinician and patient.

What the Grades Mean and Suggestions for Practice

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.