

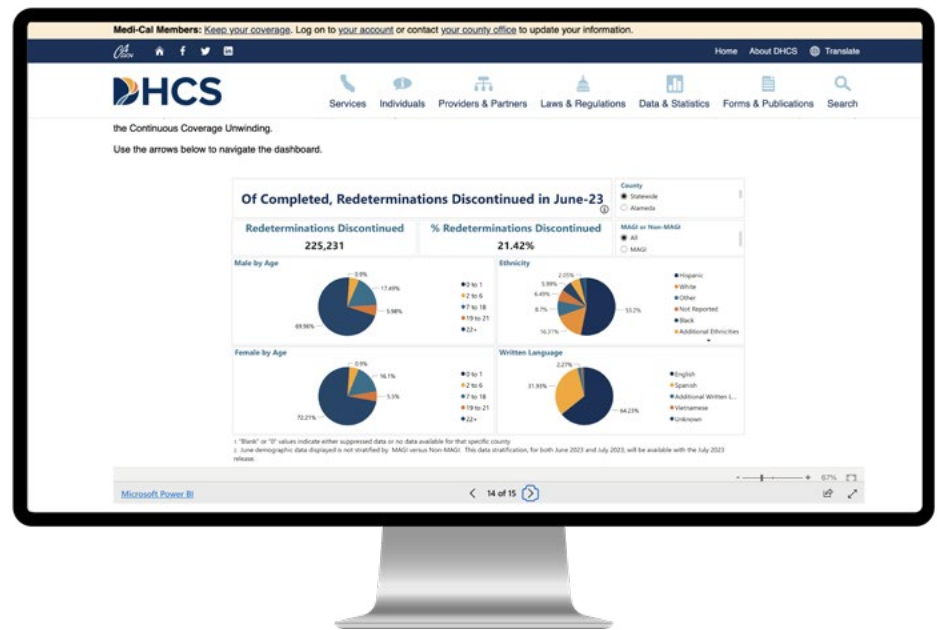
# Med-Cal Redetermination Update

The Department of Health Care Services has released a new, public Medi-Cal Continuous Coverage Unwinding Dashboard, containing by-county results.

Data displayed include new enrollments, ex parte renewals, monthly renewals processed as well as still in-process, and more.

DHCS plans to revise the data monthly. Overall, June renewal disenrollment rate averaged 21% across our counties, which mirrors the state's average. June and July members who were disenrolled due to not returning their packages still have 90 days (called the "cure" period) to submit it! If submitted within 90 days after disenrollment, DSS will process and retroactively re-enroll a beneficiary if determined eligible. This means a beneficiary doesn't need to start the application process from scratch.

**DHCS expects the retention rates to increase between 3-4% percent during the "cure" period, which was the historical rate prior to COVID.**



The dashboard allows a viewer to view specific data by county.

Disenrollments can occur for a variety of unpreventable reasons, including no longer qualifying, moving out of the area, deceased members, and others. However, the state has determined that June's disenrollments were overwhelmingly due to "procedural reasons," the majority of which are unreturned packages. CenCal Health is actively engaged with the Department of Social Services to identify members within their 10-day grace period and 90-day post-non-response disenrollment period for possible retroactive re-enrollments.

**You can also scan the QR code to view the state's dashboard by opening your mobile phone's camera & point it to this QR code then click the link.**



# PROVIDER BULLETIN

A QUARTERLY PUBLICATION FOR PROVIDERS

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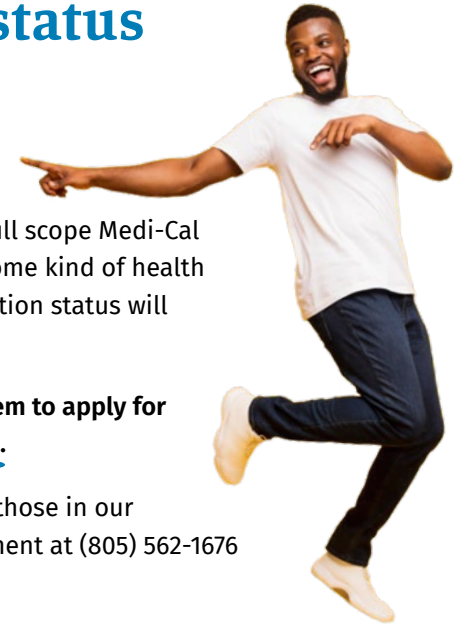
# All residents regardless of immigration status can apply now, ages 26-49 eligible Jan. 1!

California continues to lead the nation in expanding access to health coverage.

On January 1, 2024, California becomes the first state to cover all low-income residents in full scope Medi-Cal regardless of immigration status. In California currently around 92% of all residents have some kind of health insurance or coverage. Closing this gap for adults aged 26 to 49 years regardless of immigration status will represent the final coverage expansion since implementation of the Affordable Care Act.

**If you have patients ages 26 – 49 without health coverage who many qualify, encourage them to apply for Medi-Cal. These individuals ages 26 – 49 can apply NOW anytime for a January 1 enrollment.**

CenCal Health will engage with our provider partners during the expansion of coverage for those in our community. Providers who have questions can reach out to the Provider Relations Department at (805) 562-1676 or email [psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org).



## DHCS annual medical audit coming in October



The Department of Health Care Services (DHCS) will be conducting their annual medical audit of CenCal Health from October 9 through October 20, 2023.

A component of this routine audit may include telephone interviews with a DHCS nurse evaluator for select contracted provider offices, as well as medical record reviews regarding coordination of care. DHCS's nurse evaluators will conduct these interviews and medical record reviews in accordance with HIPAA regulations.

If selected, a DHCS nurse evaluator will contact your office to schedule an interview. If you have any additional questions, or to receive more information, please contact a Provider Services Representative at (805) 562-1676 or [ProviderServices@cencalhealth.org](mailto:ProviderServices@cencalhealth.org).

### CaAIM CORNER

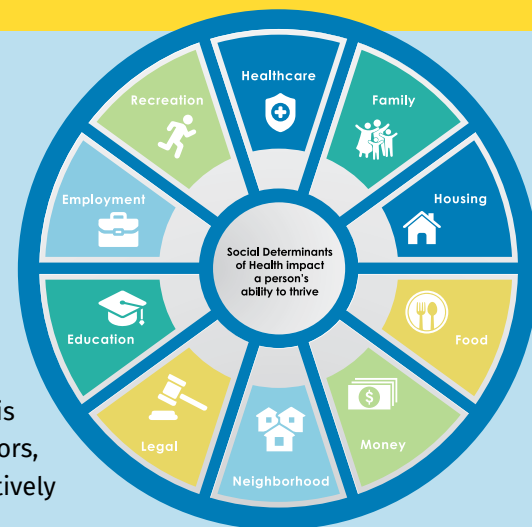
## Social Determinants of Health (SDOH) screenings encouraged

Social Determinants of Health (SDOH) are the conditions into which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

There are several health-related social factors that can be improved through the analysis of a member's characteristics, health, social, and risk needs. By screening for these factors, our providers are key to identify health disparities, and their root causes, that are negatively impacting our members' health.

Help us strive for Health Equity by reporting SDOH screening results. The Department of Health Care Services (DHCS) issued a list of comprehensive SDOH diagnosis codes that can be listed on a medical claim for each visit.

Data gathered will ensure CenCal Health appropriately assesses the needs of our community resulting in but not limited to the creation of resource materials, programs, and community collaborations. The comprehensive list can be found on the CenCal Health Website: [www.cencalhealth.org/providers/social-determinants-of-health/](http://www.cencalhealth.org/providers/social-determinants-of-health/). For more information on how the CDC is addressing SDOH, please visit the CDC website: [www.cdc.gov/about/sdoh/index.html](http://www.cdc.gov/about/sdoh/index.html).



# Report suspected health care fraud directly to CenCal Health

The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to health care fraud are in the tens of billions of dollars each year.

In an effort to improve our healthcare delivery system, CenCal Health would like our providers to help stop fraud, waste, and abuse by reporting your concerns anytime you suspect they may be occurring.

## Some examples of health care fraud are:

- Double billing: Submitting multiple claims for the same service.
- Phantom billing: Billing for a service, visit or supplies the patient never received.
- Unbundling: Submitting multiple bills for the same service.

The Compliance Department at CenCal Health investigates all allegations of suspected health care fraud.

## How can you help?

You can help reduce health care fraud by reporting all suspicions of fraud. If you believe someone is committing fraud against CenCal Health, please report the act to the CenCal Health Compliance Department. You can remain anonymous, and all reports are kept confidential.

## How to report suspected fraud

Reporting is simple! To contact the CenCal Health Compliance Department:

- **Call:** (866) 775-3944  
*You may remain anonymous*
- **Write:** CenCal Health  
Attn: Fraud Investigations-Compliance  
4050 Calle Real, Santa Barbara, CA 93110
- **Email:** Fill out a Fraud, Waste, and Abuse Form at [www.cencalhealth.org/providers/suspect-fraud/](http://www.cencalhealth.org/providers/suspect-fraud/) and email it to [FWATeam@cencalhealth.org](mailto:FWATeam@cencalhealth.org)

For more resources, please visit [www.nhcaa.org/tools-insights/about-health-care-fraud/the-challenge-of-health-care-fraud/](http://www.nhcaa.org/tools-insights/about-health-care-fraud/the-challenge-of-health-care-fraud/) or visit CenCal Health's 'Do You Suspect Fraud?' Section of our website at [www.cencalhealth.org/providers/suspect-fraud/](http://www.cencalhealth.org/providers/suspect-fraud/).

# Continued: Med-Cal Redetermination Update

CenCal Health is distributing several retention tools for providers to use to help get the word out on renewals:

1. New hand-outs for provider offices point Medi-Cal members to our retention sites, [www.keepcencal.org](http://www.keepcencal.org) and [www.mantengacencal.org](http://www.mantengacencal.org). These sites list all local DSS office phone numbers and addresses, instructions for completing and returning renewal packets, and where to find help locally. Whether you hand these to Medi-Cal patients on the way in or on the way out, these are an easy way to get renewal information into members' hands.

2. A bilingual FAQ sheet that helps provider offices assist their patients in the renewal process is available online at [www.cencalhealth.org/providers/redeterminationFAQ](http://www.cencalhealth.org/providers/redeterminationFAQ).

For more information or printed handouts, providers may contact the Provider Relations Department at [providerservices@cencalhealth.org](mailto:providerservices@cencalhealth.org).

View the state's dashboard at [www.dhcs.ca.gov/dataandstats/Pages/Continuous-Coverage-Eligibility-Unwinding-Dashboard.aspx](http://www.dhcs.ca.gov/dataandstats/Pages/Continuous-Coverage-Eligibility-Unwinding-Dashboard.aspx).

# MY2023 MCAS quality measures available

The Managed Care Accountability Set (MCAS) for measurement year (MY) 2023 has been updated and released by the Department of Health Care Services (DHCS).

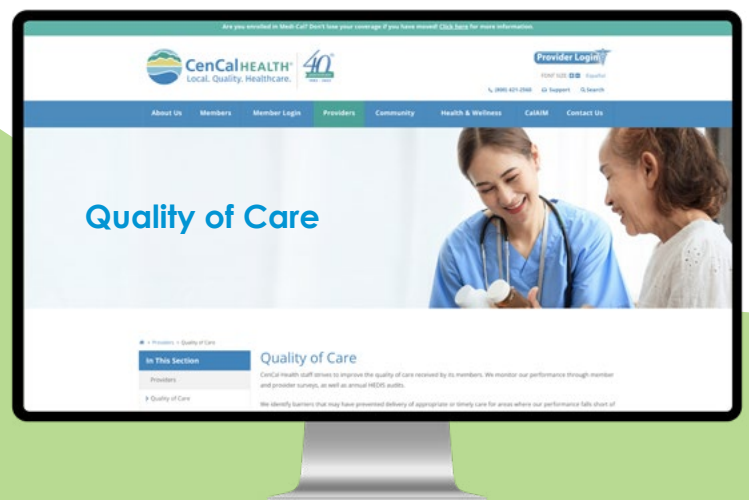
The MCAS includes a selection of quality measures from the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), The Joint Commission (TJC), and the Dental Quality Alliance (DQA). Medi-Cal managed care plans are required to report on 42 measures, while 18 measures will be held to minimum performance levels (MPL). This reporting period includes five new measures that will be held to the MPL, identified with an asterisk (\*). Additionally, quality measures identified with two asterisks (\*\*) will be stratified by race/ethnicity.

#	MY2023 MCAS QUALITY MEASURE	HELD TO MPL
1	Asthma Medication Ratio** (AMR)	Yes*
2	Breast Cancer Screening** (BCS-E)	Yes
3	Cervical Cancer Screening (CCS)	Yes
4	Child and Adolescent Well-Care Visits** (WCV)	Yes
5	Childhood Immunizations – Combination 10** (CIS-10)	Yes
6	Chlamydia Screening in Women (CHL)	Yes
7	Controlling High Blood Pressure** (CBP)	Yes
8	Developmental Screening in the First Three Years of Life (DEV)	Yes*
9	Follow-Up After ED Visit for Mental Illness – 30 days** (FUM)	Yes
10	Follow-Up After ED Visit for Substance Abuse – 30 days** (FUA)	Yes
11	Hemoglobin A1c Poor Control (>9%) for Patients with Diabetes** (HBD)	Yes
12	Immunizations for Adolescents – Combination 2** (IMA)	Yes
13	Lead Screening in Children – Testing (LSC)	Yes
14	Timeliness of Postpartum Care** (PPC-Pst)	Yes
15	Timeliness of Prenatal Care** (PPC-Pre)	Yes
16	Topical Fluoride for Children (TFL-CH)	Yes*
17	Well-Child Visits in the First 15 Months of Life – 6 or more visits (W30-6+)	Yes
18	Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – 2 or more visits (W30-2+)	Yes

**For a complete list of the measures:**

Please refer to the Quality of Care section of our website [www.cencalhealth.org/providers/quality-of-care](http://www.cencalhealth.org/providers/quality-of-care).

Once there, click on the Performance Measures drop down. The list can also be obtained by emailing [qmgrp@cencalhealth.org](mailto:qmgrp@cencalhealth.org).



# Medi-Cal babies must be lead tested at 12 and 24 months

Lead is a naturally occurring metal that can cause negative health effects as defined by the Center for Disease Control (CDC). Ingesting contaminated food or water, eating paint chips and or by breathing in dust containing lead are ways people are exposed to lead.

In the absence of timely testing, and treatment, children remain vulnerable to cognitive deficiencies associated with lead exposure. **Patients on any government assistance program (this includes Medi-Cal/CenCal Health eligibility) are at-risk and should be tested for lead exposure at 12 and 24 months of age.** No level of lead exposure is safe.

CenCal Health rated below the Department of Health Care Services required Minimum Performance Level (MPL) of 63.99% in both Santa Barbara (62.29%) and San Luis Obispo counties (50.36%) and we are now leading an organization-wide effort to increase pediatric lead testing.



## Childhood lead poisoning is 100% preventable and here is how you can help:

- Ensure a blood lead level test is completed at 12 and 24 months of age.
  - + To make it easier to identify members that are due for lead testing, CenCal Health has developed a “members due for lead testing” report which is available in the Quality Care Incentive Program (QCIP) section of the provider portal.
- Talk to parents about potential lead exposures at every well child visit from 6 months to 6 years of age.
  - + If a child has never had a blood lead test before the age of 6 or has likely been exposed to lead, a test is required.

## Additional Best Practice Tips:

- **Include an alert** in your EMR system or the patient’s chart to test at 12 & 24 months
- Keep a chart alert for all patients **under age 6 who’ve never been tested**
- **Offer point-of-care lead testing** in your office to ensure timely testing
- **Use CPT code 83655** when billing for lead testing



For more information on Blood Lead Testing and where you can find provider- and member-facing educational materials:

Visit [www.cencalhealth.org/providers/care-guidelines/epsdt-services/lead-testing/](http://www.cencalhealth.org/providers/care-guidelines/epsdt-services/lead-testing/)

Learn more during our September 20th PCP Pediatric Lead Testing Provider Training!

RSVP at [www.cencalhealth.org/providers/provider-training-resources/](http://www.cencalhealth.org/providers/provider-training-resources/)

# Improve Quality scores through patient education

CenCal Health is leading an organization-wide effort to improve quality scores for Cervical Cancer Screening and Controlling High Blood Pressure, two important aspects of care for CenCal Health members.

**We need your help to improve our rates! Steps you can take today:**

- Identify all patients due/overdue for Cervical Cancer Screening.
- Identify all hypertensive patients overdue for a blood pressure checkup.
- Call and schedule their next appointment today!

## Cervical Cancer Screening

Ensuring all patients with a cervix that are ages 21-65 get screened for cervical cancer every 3 to 5 years (as recommended by the U.S. Preventive Services Task Force) is vital for detecting and treating cervical cancer early. Cervical cancer often has no symptoms and can be life threatening if left untreated.



**CenCal Health’s goal is to reach the HEDIS 90<sup>th</sup> percentile of 66.88%. Recent quality of care results indicate screening rates are 66.08% in Santa Barbara (SB) County and 57.95% in San Luis Obispo (SLO) County.**

## Patient Education Resources

To assist with patient recall, you can find a list of patients assigned to you that are due for screening in the QCIP dashboard in the Provider Portal.

Patient education materials can be requested from the Health Education team at [healthed@cencalhealth.org](mailto:healthed@cencalhealth.org), or you can refer patients to our online health education library at [www.cencalhealth.org/health-and-wellness](http://www.cencalhealth.org/health-and-wellness).

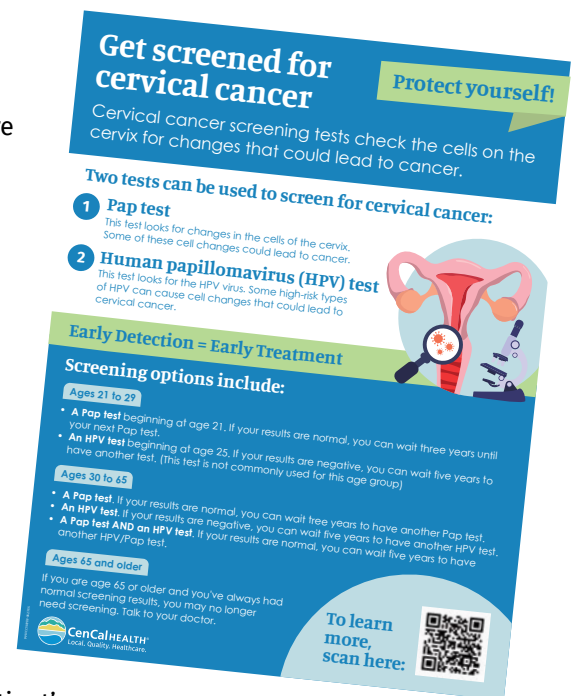
## Member Incentive

CenCal Health is also offering a \$25 member incentive for eligible patients who complete their cervical cancer screening before 12/31/23. For inquiries. Please email the Health Education team.

## Sensitivity

As a provider, it is important to show care and support for patient’s feelings and concerns about cervical cancer screenings, particularly as this can be a sensitive or worrisome screening for many patients. Take into consideration a patient’s:

- History of medical trauma/distrust of medical system
- Physical and psychological pain and discomfort associated with screenings
- Experiences that can trigger traumas (e.g., childhood shame or abuse)



**For more information on cultural competency in healthcare, visit CenCal Health’s provider training library at [www.cencalhealth.org/providers/provider-training-resources/provider-training-library/](http://www.cencalhealth.org/providers/provider-training-resources/provider-training-library/)**

## Controlling High Blood Pressure (CBP)

It is important to ensure all hypertensive adult members visit your office at least once annually to obtain and record a blood pressure measurement. Routine monitoring of blood pressure allows for better patient care and aids in patient self-management.



**CenCal Health's goal is to reach the HEDIS 90<sup>th</sup> percentile of 69.19%. Recent quality of care results indicate adequate control of hypertension rates in adults ages 18–85 years are 59.35% in Santa Barbara County and 59.02% in San Luis Obispo County.**

### CBP Patient Education Resources

CenCal Health can support your patients with health education materials on hypertension tracking and self-management. Please contact the Health Education team at [healthed@cencalhealth.org](mailto:healthed@cencalhealth.org). For more information on available resources.

CenCal Health is also implementing an outreach campaign to hypertensive members due for a blood pressure (BP) check. A mailer has been sent to all hypertensive members who have not visited their PCP in the past year. This mailer also includes an at home tracking log for patients to track their BP.

### BP Monitor & Cuff Benefit

CenCal Health patients with hypertension are eligible to receive a free BP monitor every five years, and a free BP cuff every year.

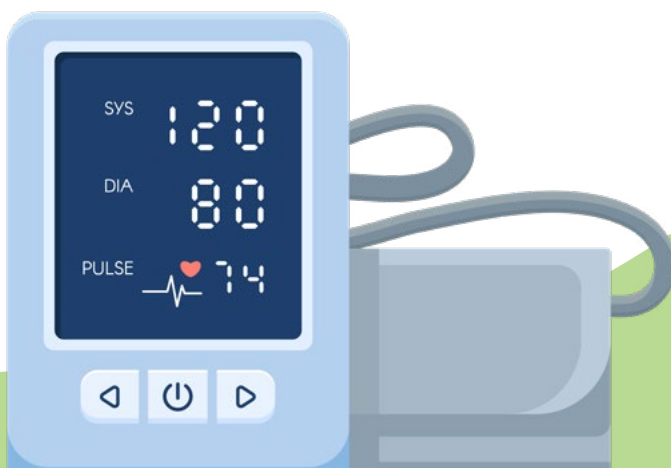
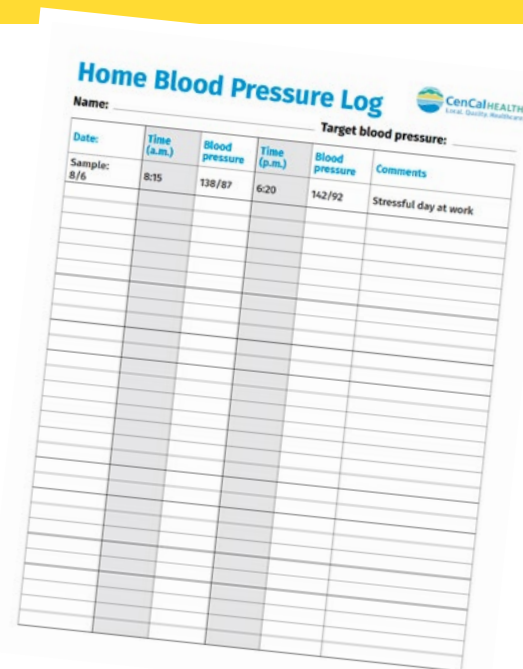
#### As their PCP, it's easy to help. Here's how:

1. Write a prescription for a BP monitor/cuff at the patient's visit.
2. Tell the patient to take the prescription to their local pharmacy to get the monitor/cuff.
3. Let the patient know that the pharmacist can also answer their questions about how to use the monitor.

Take the opportunity to educate your patients on how often they need to check their blood pressure and why it is important to do so regularly.

For reference, a list of blood pressure monitors approved by Medi-Cal Rx can be found online at the Medi-Cal Rx website [medi-calrx.dhcs.ca.gov](http://medi-calrx.dhcs.ca.gov).

For specific questions about this benefit, please email [populationhealth@cencalhealth.org](mailto:populationhealth@cencalhealth.org).



## Reminder: Initial Health Assessments required during initial PCP visit

An initial health assessment (IHA) is a comprehensive assessment of a patient's health status, which is completed during their initial visit(s) with their Primary Care Provider (PCP).

During an IHA, PCPs have the opportunity to assess the patient's acute, chronic, and preventative health needs.

PCPs are **required** to perform an Initial Health Assessment (IHA) for each newly assigned member within **120 days** of assignment. CenCal Health encourages PCPs to reach out to their newly-assigned members to schedule a perform an IHA in order to ensure the member's health care risks and needs are assessed and met timely.

Each IHA should include the following:

- A comprehensive physical and mental developmental health history
- A physical exam
- Oral health assessment and dental screening and referral for children
- Assessment of outstanding preventive screenings or services
- Identification of high-risk behaviors
- Health education and anticipatory guidance appropriate for the patient's age
- Diagnosis and plan for treatment of any disease

**A Staying Healthy Assessment (SHA) questionnaire is no longer required.**

CenCal Health's Quality Measurement team performs an annual medical record review audit to monitor the completion and documentation of required components addressed during an IHA. The most recent audit has been completed, and CenCal Health's Population Health team will share and discuss findings with audited PCPs later this month via IHA Provider Performance Reports.

To identify your patients due for an IHA, go to CenCal Health's secure provider portal. The list of your patients due for an IHA is located within the Coordination of Care section in the "Assignment" tab.

For more information about IHA requirements or about CenCal Health's monitoring process, please contact the Population Health Team at [populationhealth@cencalhealth.org](mailto:populationhealth@cencalhealth.org).

## Non-Emergency Medical Transportation Physician Certification Form

**CenCal Health offers Non-Emergency Medical Transportation (NEMT) benefits to members.**

NEMT are medically appropriate transport services provided when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services. NEMT services are authorized for members who cannot reasonably ambulate or unable to stand or walk without assistance, including those using a walker or crutches.

NEMT requires a prior authorization and a completed **Physician Certification Form (PCF)**. **It is very important that providers submit a completed PCF Form to ensure timely authorization and scheduling of NEMT transports.**

**Providers are required to complete all fields including:**

- NEMT Modality Type (Wheelchair, Gurney, Ground Ambulance, Air Transport)
- BLS or ALS for Ambulance
- Duration, Start Date, End Date
- ICD 10 Diagnosis and Medical Justification
- Provider Signature

The form may be signed by a physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentists, podiatrists, mental health, or substance use disorder provider responsible for providing care to the member and responsible for determining the medical necessity of the transportation consistent with the scope of their practice.

**Physician Certification Form (PCF) are located online** under the Medical Transportation Service section of our website at [www.cencalhealth.org/providers/authorizations/](http://www.cencalhealth.org/providers/authorizations/) or for questions on NEMT services, please call the Medical Management department (805) 562-1675.

### Important Reminder:

Forms that are not submitted, not completed, or completed incorrectly may cause a delay or barrier to the member's access to transportation.



# Preventive Health Guidelines are now in your Provider Portal

The 2023 Preventive Health Guidelines are now available to view in the Provider Portal! If you prefer a hardcopy be mailed to you instead, please email [healthed@cencalhealth.org](mailto:healthed@cencalhealth.org) or call (800) 421-2560 ext. 3126.



## 2023 Population Needs Assessment results available

NEMT are medically appropriate transport services provided when the member's medical and physical condition is such that CenCal Health recognizes the importance of offering services that address health equity within the health education, Cultural & Linguistic (C&L), and quality improvement (QI) needs of our members. The annual Population Needs Assessment (PNA) aims to identify gaps in care, health disparities, and service areas with room for improvement. The Plan incorporates PNA findings into its Population Health Management activities and implements targeted strategies to address member needs and improve health outcomes.

### Key findings include the following:

#### Health Status and Disease Prevalence

- Over 75% of adult members reported their overall health in 2022 as good, very good, or great.
- About 94% of parents/guardians reported their children's overall health was good or very good in 2022.
- Four chronic conditions' prevalence were assessed, including asthma, chronic obstructive pulmonary disease, diabetes, and hypertension. The rate of hypertension has decreased 5.81% since 2020. The rate of asthma, chronic obstructive pulmonary disease, and diabetes has remained stable since 2020.

#### Access to Care

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) data indicates that most adult and pediatric members can access primary and urgent care timely when necessary.
- The network required PCP-to-member ratio of 1:2000 and the required physician-to member ratio of 1:1200 were both met for 100% of members in 2022.
- The Plan will focus on increasing utilization of both the Adult and Pediatric Health Survey Tools to comprehensively assess members' health and social needs.

#### Health Disparities: Identified Gaps & Action Plan

Health education and QI activities will focus on closing the following identified gaps regarding race, language spoken, sex, and/or region:

- |  |  |
|--|--|
| • Chlamydia Screening                  | • Controlling High Blood Pressure        |
| • Asthma Medication Ratio              | • Immunization for Adolescents           |
| • Breast and Cervical Cancer Screening | • Timely Postpartum Care                 |
| • Developmental Screening              | • Child and Adolescent Well-Care Visits. |

CenCal Health's Action Plan will address gaps in services and education. In alignment with CenCal Health Quality Improvement and Health Equity Transformation Program, topics included in the Action Plan are the following priorities, which fell below the Department of Health Care Services quality benchmarks and those that may have decreased significantly:

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| • Pediatric Preventive Services   | • Emergency Department Follow up |
| • Controlling High Blood Pressure | • Cervical Cancer Screening      |

Download the CenCal Health Population Needs Assessment online at [www.cencalhealth.org/explore-cencal-health/population-needs-assessment/](http://www.cencalhealth.org/explore-cencal-health/population-needs-assessment/) or for more information about Population Needs Assessment results, and Action Plan strategies, please contact (805) 562-1662 or [healthed@cencalhealth.org](mailto:healthed@cencalhealth.org).

# Community Supports programs are growing!

**CenCal Health is excited to announce the Community Supports Programs we will be launching on January 1, 2024! CenCal Health will offer four (4) new Community Supports in January.**

The programs that will take effect on January 1, 2024, are:

- Short-term Post Hospitalization Housing
- Day Habilitation
- Respite Services
- Personal Care and Homemaker Services

To learn more about each program, read the program descriptions below:

## Short-Term Post Hospitalization

Short-Term Post-Hospitalization Housing provides Members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services.

This setting must provide individuals with ongoing supports necessary for recuperation and recovery such as gaining (or regaining) the ability to perform activities of daily living, receiving necessary medical/psychiatric/substance use disorder care, case management, and beginning to access other housing supports such as Housing Transition Navigation.

## Day Habilitation

This program assists Member's in finding help with their own personal needs, socialization, and adaptive skills necessary to reside successfully in their environment. Some services include training on how to use public transportation, conflict resolution skills, cooking, cleaning, shopping, etc.

## Respite Services

Respite Services are provided to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only.

## Personal Care and Home Maker Services

Personal Care Services and Homemaker Services are for members who need assistance with Activities of Daily Living (ADLs) such as bathing, dressing, toileting, ambulation, or feeding. Personal Care Services. They can also include assistance with Instrumental Activities of Daily Living (IADLs) such as meal preparation, grocery shopping, and money management. These services provide support to individuals who may not otherwise be able to remain in their homes.

These include services provided through the In-Home Support Services (In-Home Supportive Services) program, including house cleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming, and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired.

To learn more about these services please visit [www.cencalhealth.org/providers/calaim/](http://www.cencalhealth.org/providers/calaim/) or to be a contracted Community Supports provider, please [www.cencalhealth.org/providers/join-our-network/credentialing-applications-and-forms/](http://www.cencalhealth.org/providers/join-our-network/credentialing-applications-and-forms/) or contact Provider Relations Department at [provideronboarding@cencalhealth.org](mailto:provideronboarding@cencalhealth.org).



# Members transitioning from incarceration soon to be eligible for Enhanced Care Management

Effective 1/1/2024 the ECM benefit will expand to both Adults and Children/Youth transitioning into the Community from Incarceration (Population of Focus number four).

These members have disproportionately high medical and behavioral health care needs that require ongoing treatment and medication maintenance when they are reentering the community. They often experience a lack of continuous medical and behavioral health care which can lead to a deterioration of their medical and behavioral health conditions.

Enhanced Care Management services for this population of focus will ensure the member is assigned a Lead Care Manager upon release. The Lead Care Manager will ensure the Member receives timely access and follow-up to medical, mental health, substance use, and community support services.

**Post-release Care management through ECM can include both care managers and community health workers, who provide the following activities:**

- Conducting outreach and engaging individuals.
- Updating the individual's needs assessment and care plan with newly identified needs.
- Coordinating the services necessary to implement the care plan.
- Providing health promotion services to encourage and support individuals to engage in healthy behaviors.
- Supporting individuals and their support networks during discharge from the hospital or institutional settings.
- Ensuring individuals and their support networks are knowledgeable about the individual's conditions.
- Coordinating referrals and transportation to community and social services

**Adults /Children and Youth are eligible for ECM under this Population of Focus if they are:**

- Transitioning or transitioned from a correctional facility within the past 12 months.

**Adult Members (21+) must also have one of the following conditions to be eligible.**

- Mental illness
- Substance Use Disorder (SUD)
- Chronic Condition/Significant Clinical Condition
- Intellectually/Developmentally Disabled
- Traumatic Brain Injury (TBI)
- HIV/AIDS
- Pregnancy or Postpartum

If you have experience serving the justice involved population and are interested in becoming an Enhanced Care Management provider, please go to

[www.cencalhealth.org/providers/join-our-network/credentialing-applications-and-forms/](http://www.cencalhealth.org/providers/join-our-network/credentialing-applications-and-forms/) or contact

Provider Relations Department at

[provideronboarding@cencalhealth.org](mailto:provideronboarding@cencalhealth.org).

# ABA Recommendation doesn't require Autism Spectrum Diagnosis

**Members do not require an Autism Spectrum Diagnosis (ASD) to start ABA Services or psychological testing.**

Qualified providers (physicians, psychologists, and surgeons) who believe that a member would benefit from ABA services can complete an ABA Recommendation and submit it to the Behavioral Health Department by following the directions on the form.

ABA providers can also watch CenCal Health's monthly technical training quick reference videos online at [www.cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/](http://www.cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/) under the 'Behavioral Health Treatment (ABA) Provider' tab! For further questions, please contact the Behavioral Health Call Center Provider Line (805) 562-1600.

## CenCal Health Holiday Closures

- Thursday, November 23 – 24, 2023  
(Thanksgiving Day observed)

Provider Services (805) 562-1676  
 Claims Services (805) 562-1083  
 Pharmacy Services (805) 562-1080  
 Health Services (805) 562-1082  
 Member Services (877) 814-1861  
 Behavioral Health (805) 562-1600



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## Benefits now include Dyadic Services

**Effective March 20, 2023 Medi-Cal has expanded the Mental Health Benefit to include Dyadic Services and Family Therapy.**

The Dyadic Services Benefit is designed to support the implementation of comprehensive models of dyadic care, such as HealthSteps and Dulce, that work within the pediatric clinic setting to identify and address caregiver and family risk factors for the benefit of the child. It is a family and caregiver focused model of care intended to address developmental and behavioral health conditions of children as soon as they are identified, and fosters access to preventive care for children, improved rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and maternal mental health.

Dyadic Services include Dyadic behavioral health (DBH) well child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational services, and Dyadic Family Training and Counseling for Child Development. Eligible providers include licensed mental health specialists, physicians, associate mental health specialists and community health workers.

For more information on how to incorporate dyadic services into your practice, please reach out to Provider Relations at [providerservices@cencalhealth.org](mailto:providerservices@cencalhealth.org) or call us at (805) 562-1676. Psychological testing doesn't require referral.

CenCal Health would like to remind our providers that Psychological Testing evaluations do not require a referral. If a provider recommends a psychological evaluation for a member, they may assist the member by connecting them to a contracted psychologist for an evaluation. A list of contracted psychologists can be found in our Provider Directory at [providir.cencalhealth.org/](http://providir.cencalhealth.org/).

