

Health Plan   
of San Joaquin

 Mountain Valley  
Health Plan



# Look and Learn Quarter 1

**March 26, 2025**

# Meeting Agenda

| Topic  | Facilitator   |
|--|---|
| <b>Introductions</b>   | Provider Services   |
| <b>Operations</b> <ul style="list-style-type: none"><li>- Provider Access and Availability Survey (PAAS)</li><li>- Provider Data Validation</li><li>- Mandatory Provider Training</li><li>- Medicare D-SNP</li></ul> | Edwin Ram<br>Christina Villar and<br>Evelyn Terra<br>Cynthia Pena |
| <b>Health Equity &amp; Quality Improvement</b> <ul style="list-style-type: none"><li>- Grievances/Appeals</li><li>- Cultural and Linguistics</li></ul>   | Dagmar Combs<br>Rebecca Contreras                                 |
| <b>Medical Management/ Clinical Operations</b> <ul style="list-style-type: none"><li>- Health Education</li><li>- Behavioral Health and Social Work</li></ul>  | Setar Testo<br>Catrina Rodriguez                                  |
| <b>Closing / Open Forum</b>  | ALL   |



# Timely Access

Edwin Ram, Provider Network Program Manager



# DHCS Timely Access Surveys

- » DHCS conducts audits of our providers to verify their compliance with the timely access appointment wait time requirements.
- » This is a reminder to inform your staff that DHCS will be conducting these calls on a quarterly basis.
- » The Timely Access Standards are below:

| Appointment Type   | Wait Time Standard      |                     |                                   |
|--|-------------------------|---------------------|-----------------------------------|
|  | Non-Urgent Appointments | Urgent Appointments | Non-Urgent Follow-up Appointments |
| Primary care appointment   | 10 business days        | 48 hours            | —                                 |
| Specialist appointment   | 15 business days        | 96 hours            | —                                 |
| Appointment with a mental health (MH) care provider (who is not a physician) | 10 business days        | 48 hours            | 10 business days                  |
| Appointment with ancillary providers   | 15 business days        | —                   | —                                 |

Note: For additional timely access standards, please review your Provider Manual found on our website at <https://www.hpsj.com/provider-manual/> (Section 7, pages 11-15)



# Provider Services Updates

Christina Villar, Provider Representative II  
and  
Evelyn Terra, Provider Representative II



# Provider Data Validation

## Provider's Demographic Data

Provider Directory regulatory standards are in place to ensure Medi-Cal health plans publish and maintain accurate directories. As part of the mandated regulations, **Health Plan must validate provider information at least every 6 months** and update the provider directory as often as necessary to ensure accurate information is available for our members. For a complete list of all the required data that needs validation, see slide *Provider Directory Maintenance*.

You can update your demographic information by:

- Emailing- [providernetworks.verification@hpsj.com](mailto:providernetworks.verification@hpsj.com)
- Fax -209-933-3700
- By selecting the Provider Verification link in DRE (Under Welcome Provider)
- Submitting the Health Plan Roster Template
- The **Health Plan Roster Template** is available on our website: <https://www.hpsj.com/forms-documents/>  
Attestation Form (1<sup>st</sup> Tab – required)  
Health Plan Roster Template (select the “Tab” that suits your provider type)

In order to assure Members of timely and accurate information on the Providers available in the Health Plan network, it is important that Providers comply with Health Plan's policies regarding Provider Directory maintenance. Health Plan has a regulatory responsibility to publish an accurate Directory of all Providers. This Provider Directory will be maintained and updated in accordance with State and federal law, including but not limited to CA Health and Safety Code 1367.27.

**Failure to update information may delay payment or reimbursement of claim(s).** Once the provider data is validated and corrected, Health Plan will restore and display your provider information in the directory.



# Provider Directory Maintenance

**Health Plan is required to have a current Provider Directory for the following changes:**

- Provider is no longer accepting new Members
- Provider was previously not accepting new Members but is now open to new Members
- Provider is no longer contracted with Health Plan (contract termination has occurred)
- Provider has moved to a different location
- Provider has added a location
- Provider has changed its office hours
- A change in languages spoken in the office
- As a result of an error identified through a member complaint
- Any other information affecting the accuracy of the Provider Directory



# Mandatory Annual Provider Training

In compliance with state and federal regulations, Health Plan has established and implemented mandatory training, including but not limited to Cultural Competency and Sensitivity Training. Health Plan network providers and their staff are required to complete the mandatory annual trainings and attest to having completed the trainings. Trainings and education are provided for all network providers and their staff. At least once a year, A Provider Alert is sent to all providers as a reminder to complete the required training.

The following trainings are available on Health Plan's website at <https://www.hpsj.com/provider-trainings/>:

The training includes:

1. Cultural Competency Training and Sensitivity Training.
2. Anti-Fraud, Waste and Abuse
3. The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
4. Early Periodic Screening and Diagnostic Treatments (EPSDT)- Medi-Cal for Kids & Teens Training
5. Emergency Preparedness Training
6. Diversity, Equity, Inclusion (DEI) Training – *Coming Soon*



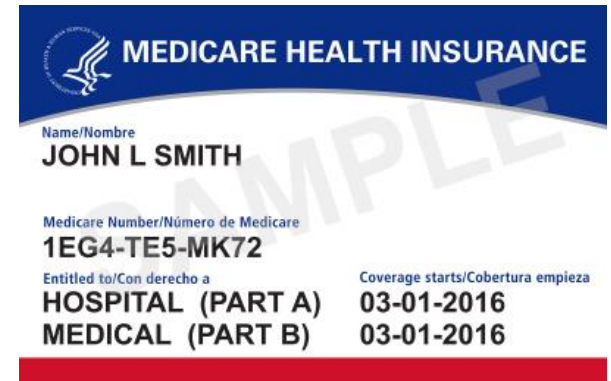
# Dual Special Needs Plan (D-SNP) Program Updates

Cynthia Peña, Director, Medicare D-SNP



# Medicare and Medi-Cal

- » Some people have both Medicare and Medi-Cal, known as dual eligibles (Medi-Medis).
- » Medicare covers doctor visits, hospital stays, labs, prescription drugs, and other benefits.
- » Medi-Cal covers Medicare Part B premiums, copays, adult day health care, skilled nursing facility care, dental, and In-Home Supportive Services (IHSS).



# Dual Eligible Beneficiary Population Description

- » Nationally, dual eligible beneficiaries are more likely than people with Medicare only to report being in poor health (13% vs. 4%).
  - Heart failure, hypertension, depression, and dementia diagnoses occur among duals at significantly higher rates than in Medicare-only population.
- » Dual Eligible beneficiaries in California have many chronic conditions, high utilization, and are a diverse group:
  - About 18% prevalence of dementia among dual eligibles
  - 25% of dual eligibles are under age 65
  - 33% of dual eligibles have limited English proficiency
  - Over 75% of In-Home Supportive Services (IHSS) recipients and 80% of long-term Medi-Cal Skilled Nursing Facility (SNF) residents are dually eligible.



# Delivery Systems for Dual Eligible Beneficiaries in California

- » In California, almost a quarter of Medicare beneficiaries also have Medi-Cal: **1.7 million Californians are dually eligible.**
- » About 45% of dual eligible beneficiaries are enrolled in some type of Medicare Advantage (MA) plan, including integrated plans
- » About 55% of dual eligible beneficiaries are in Original (Fee-For-Service) Medicare.
- » All dual eligible beneficiaries in California are enrolled in Medi-Cal managed care plans.



# Dual Eligible Beneficiaries in Service Area

- » As of April 2024, there were about 14,508 dual eligible beneficiaries in San Joaquin County.
  - 14,093 of these beneficiaries were in Medicare Advantage, including regular MA, Dual Eligible Special Needs Plans (D-SNPs), and the Program of All Inclusive Care for the Elderly (PACE)
- » As of April 2024, there were about 11,600 dual eligible beneficiaries in Stanislaus County.
  - 11,324 of these beneficiaries were in Medicare Advantage, including regular MA, Dual Eligible Special Needs Plans (D-SNPs), and the Program of All Inclusive Care for the Elderly (PACE)



# Dual Eligible Beneficiaries in Service Area

- » As of April 2024, there were about 1,822 dual eligible beneficiaries in El Dorado County.
  - 1,810 of these beneficiaries were in Medicare Advantage, including regular MA, Dual Eligible Special Needs Plans (D-SNPs).
- » As of April 2024, there were about 0 dual eligible beneficiaries in Alpine County.
  - 0 of these beneficiaries were in Medicare Advantage, including regular MA, Dual Eligible Special Needs Plans (D-SNPs), and the Program of All Inclusive Care for the Elderly (PACE)
- » For more information, see the [California Dual Eligible Beneficiary Enrollment in Medicare Advantage Programs \(as of April 2024\) Report](#) on the [DHCS website](#).



# Coordinated Care through Medi-Medi Plans

- » For many dual eligible beneficiaries, Medicare and Medi-Cal operate separately, with different delivery systems and funding streams, and minimal coordination.
- » This fragmented system can be confusing and hard to navigate. It may not provide person-centered services.
- » CalAIM Approach: Single health plan to coordinate care across Medicare and Medi-Cal, known as a **Medi-Medi Plan**.
- » Medi-Medi Plans are available in 12 counties now and will be available in 30 additional counties in 2026.



# Medi-Medi Plan Structure

- » **Medi-Medi Plans** are a type of Medicare Advantage plan in California that are only available to dual eligible beneficiaries.
- » Beneficiaries enrolled in a Medi-Medi Plan receive coordinated services. Technically, their Medicare benefits are through a Dual Eligible Special Needs Plan (D-SNP) and their Medi-Cal benefits are through a Medi-Cal Managed Care Plan (MCP).

**D-SNP + MCP**

**Medi-Medi Plan**



**D-SNP** provides care coordination and Medicare services, such as:

- Hospitals
- Providers
- Prescription drugs



**MCP** provides wrap-around services, such as:

- Medicare cost-sharing
- Long-Term Services and Supports (LTSS)
- Transportation



# Medi-Medi Plans in California

- » Medi-Medi Plans are described as a **single plan** in member-facing materials. Members receive one card, one welcome packet, and have one phone number to call for member services.
- » The program name “Medi-Medi Plans” is a generic term used by the state for this type of plan.
- » Each local Medi-Medi Plan may use their own marketing name in plan-specific member materials.
- » A list of Medi-Medi Plans by county, and fact sheets for members and providers, are on the [DHCS Medi-Medi Plan website](#).



# Care Coordination in Medi-Medi Plans

Medi-Medi Plans help beneficiaries with all their health care needs and coordinate benefits and care, including carved-out benefits, medical and home and community-based services, durable medical equipment, and prescriptions.



# Coordination with Related Medi-Cal Benefits

- » Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal benefits, including “carved-out” benefits such as:
  - In-Home Supportive Services (IHSS)
  - Specialty Mental Health and Substance Use Disorder Services provided by the county
  - Medi-Cal Dental
  
- » Joining a Medi-Medi Plan does **not** impact a member’s IHSS benefits.
  - Members can keep their IHSS providers and hours.
  - Members retain the right to hire, fire, and manage their IHSS providers.



# Care Coordination and Community Supports

- » Medi-Medi Plans provide a range of care management, for members in a variety of populations. Medi-Medi Plans provide intensive care coordination to specific populations, similar to CalAIM ECM.
  - For example, members with specific clinical conditions, members in Skilled Nursing Facilities, members experiencing homelessness, etc.
- » Dual eligible beneficiaries in Medi-Medi Plans can get CalAIM Community Supports.
  - Community Supports are provided by a member's Medi-Cal MCP.
  - The Medi-Medi Plan is responsible for coordinating Community Supports, as with other Medi-Cal benefits.



# Medi-Medi Plans Support Access to Providers



## Provider Network

- » Members have access to a provider network through their Medi-Medi Plan.
- » If a member's provider is not in network, a provider can join the Medi-Medi Plan's network or the Plan will help the member find a new doctor they like.
- » To join a Medi-Medi Plan network, a provider should contact the Plan's provider relations department directly.



## Continuity of Care

- » If a provider is not currently in network, there is a continuity of care period, where the member can continue to see their provider for up to 12 months (in most cases).
- » The member must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.



# Medicare Network Adequacy Requirements

- » Medicare Advantage (MA) plans, including Medi-Medi Plans, must maintain a network of appropriate providers that is sufficient to provide adequate access to covered services to meet the needs of the population served.
- » CMS reviews and monitors Medicare provider networks and Medicare network adequacy.
- » CMS network adequacy requirements are at the contract level, not the sub-network (e.g., delegation) level.
- » Medicare Advantage Network Guidance is available on the [CMS website](#).



# Crossover Billing in Medi-Medi Plans

## » Crossover Billing Process

- In a Medi-Medi Plan, a member's D-SNP and Medi-Cal plan are operated by the same organization.
- When a provider bills the D-SNP for primary Medicare payment, the same plan organization will process the secondary (Medi-Cal) claim.

## » Crossover Billing Resource

- If you have questions about how to bill for dual eligible members enrolled in Medi-Cal plan [Crossover Billing Toolkit](#).

## » Balance Billing

- Medicare providers cannot bill dual eligible beneficiaries for Medicare Part A and B cost sharing. This is known as balance billing, or “improper billing,” and is illegal under both federal and state law. Dual eligible beneficiaries may still have a small copay for prescription drugs. Additional information is available on the [DHCS website](#).



# Medi-Medi Plan Enrollment and Expansion

- » 2024 enrollment in Medi-Medi Plans is approximately 310,000, in 12 counties.
- » A list of Medi-Medi Plans by county is available on the [DHCS website](#).
- » In 2024 approximately 26% of all dual beneficiaries in these 12 counties are enrolled in a Medi-Medi Plan:
  - Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare.
- » In 2026, Medi-Medi Plans will be available in 30 additional counties:
  - Alameda, Alpine, Amador, Calaveras, Contra Costa, Del Norte, El Dorado, Humboldt, Imperial, Inyo, Kern, Lake, Marin, Mariposa, Mendocino, Merced, Mono, Monterey, Napa, San Benito, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tuolumne, and Ventura.





# Joining a Medi-Medi Plan



Beneficiaries can join a Medi-Medi Plan if they:

- ✓ Have both Medicare Part A and B and Medi-Cal
- ✓ Are 21 years or older
- ✓ Live in one of the counties that offers Medi-Medi Plans



Beneficiary enrollment in Medi-Medi Plans is **voluntary**.



To enroll, a beneficiary can contact their Medi-Cal plan or 1-800-MEDICARE.



# DHCS Medi-Medi Plan Outreach Support

- » DHCS is supporting Medi-Cal plans in their outreach to inform providers and stakeholders about the launch of Medi-Medi Plans throughout California in 2026.
- » Providers should direct questions to their contracted Medi-Cal plan. Providers can also submit general questions to DHCS at [info@calduals.org](mailto:info@calduals.org).
  - To learn more about Medi-Medi Plans, providers can:
    - Visit the [DHCS Medi-Medi Plan Webpage](#)
    - View the [Medi-Medi Plans: Information for Providers Fact Sheet](#)
- » DHCS is encouraging Medi-Cal plans to partner with local Health Insurance Counseling and Advocacy Programs (HICAPs) and the Medicare Medi-Cal Ombudsman Program (MMOP) in their outreach efforts.



# Options for Dual Eligible Beneficiaries in 2026

- » A dual-eligible beneficiary could have the following choices in 2026 in our service area counties (San Joaquin, Stanislaus, El Dorado, Alpine).
- Original Medicare and a Medi-Cal plan
  - A Medi-Medi Plan
  - A Medicare Advantage plan and a Medi-Cal plan
  - Program of All-Inclusive Care for the Elderly (PACE) if available in the county
  - Note: Medi-Cal managed care is provided by the county [Health Plan Directory](#)
  - **Reminder:** 2025 Medicare Open Enrollment is October 15 – December 7, 2025.



# Talking to Dual Eligible Patients about Medi-Medi Plans

- » As trusted sources of information, patients may come to their providers with questions about Medi-Medi Plans.
- » When talking to patients, consider sharing the following messages:
  - A Medi-Medi Plan has care coordination, one health plan card, and one number to call for both Medicare and Medi-Cal benefits.
  - Medi-Medi Plans have care coordinators who can help a member find doctors and make appointments, understand prescription drugs, set up transportation to doctor's visits, get follow-up services after leaving a hospital or facility, and support connections with home and community-based services.
  - Enrollment in a Medi-Medi Plan is voluntary.



# Resources for Beneficiaries

- » Dual eligible beneficiaries can learn more about Medi-Medi Plans by viewing the [Medi-Medi Plan Fact Sheet](#) on the [DHCS Medi-Medi Plan Webpage](#).
  - The fact sheet is available in English, Spanish, Hmong, Vietnamese, Traditional Chinese/Cantonese, Russian, Khmer/Cambodian, Arabic, Farsi, American Sign Language, and Mexican Sign Language.
- » To change Medicare plans, a beneficiary can contact the health plan of their choice directly or call 1-800-Medicare.
- » For support, beneficiaries can contact:
  - HICAP for free counseling on health care options: 1-800-434-0222
  - MMOP for help resolving issues with providers or health plans: 1-855-501-3077



# Grievances, Appeals and Credentialing

Dagmar Combs, QI Supervisor  
Grievance Process



# Grievance Process

The Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) requires Health Plan (HPSJ/MVHP) to monitor and investigate all member complaints regarding their medical care or delivery of that care. Further, we are required to do so in a timely manner. Members have the right to file complaints with Health Plan, DHCS or DMHC for investigation and resolution.

The Quality Improvement(QI) Department is tasked with monitoring and investigating member complaints, also known as grievances, in a timely manner by both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC).

**A Grievance** is a written or oral expression of dissatisfaction regarding the Plan or Provider, about any matter other than an Adverse Benefit Determination.

- Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, and the beneficiary's right to dispute an extension of time proposed by the MCP to make an authorization decision.
- **A complaint** is the same as a Grievance. When the Health Plan is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.

**An inquiry** is a request for information that does not include an expression of dissatisfaction.

- Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other MCP processes.



# Grievance Process

**Resolution** means that the Grievance has reached a final conclusion with respect to the submitted complaint.

- Grievances must be resolved within 30 days unless marked as urgent/expedited, which require resolution within 72 hours of receipt of complaint.
- Member, Member Representative, Provider filing grievance on behalf of the member must be notified in writing of the resolution of the complaint.

## **Please note for member complaints forwarded by DMHC:**

- **Urgent/Expedited Grievances**– requires immediate response from the Plan and provider(s) involved (within 24 hours of DMHC notification). Must be resolved within 72 hours of the initial complaint.
- **Standard Grievances** – requires response from the Plan and provider(s) involved within 3 days of DMHC notification. Must be resolved within 30 days.



# Grievance Process

- 1)The QI Department will send formal grievance letters by fax, encrypted email, or by certified mail if no other option exists.
- 2)On rare occasions, a Health Plan's Provider Services Representative may deliver the grievance letter, as well, if other options fail.
- 3)The standard allowance for reply from providers is 5 business days of receipt.
- 4)Please ensure that your staff are aware to contact Health Plan's QI Department if more time is required to internally investigate and prepare a response.
- 5)Failure on the part of the provider to respond to the grievance may result in the case being closed in member's favor without further action. Also, a CAP (corrective action plan) can be issued based on the severity of the case, at the discretion of the Health Plan's Medical Director.



# Grievance Process

Health Plan has an obligation to members to ensure that highest level of quality care is rendered by participating providers. Health Plan monitors this activity and advises and works collaboratively with providers to identify areas of opportunity for efficient responses that will help enhance quality care for members.

Thank you very much for being our partner in our commitment to provide safe and quality care to our members. If you have any questions, please contact our Health Plan's QI Department at 209.942.6325; or email us at [Grievances@hpsj.com](mailto:Grievances@hpsj.com); Monday – Friday 8:00AM to 5:00PM.



# Cultural & Linguistics

Rebecca Contreras, C&L Specialist  
Language Access Education Materials



# Agenda Items



**Why Cultural & Linguistic Services Are So Important**



**Types of Cultural & Linguistic Services**



**Identifying and Making Requests for Different Services and Modalities**



**Working with Interpreters and Best Practices**



**Key Takeaways**



# Why Cultural & Linguistic Services Are So Important



Equality

vs



Equity



# Why Cultural & Linguistic Services Are So Important

Equitable  
Access

Ensuring  
Appropriate  
Care

Improving  
Relationships



# Types of C&L Services



**Interpreting** = **(Verbal/Sign)** Language to **(Verbal/Sign)** Language

## **Types of Interpreting (Modalities):**

1. Onsite (In Person)
2. Telephonic/Over the Phone Interpreting (OPI)
3. Video Remote Interpreting (VRI)



**Translation** = **Written** Language to **Written** Language (Documents)



## **Alternative Format Selection (AFS)** **for visual impairments:**

1. Large Font (most common)
2. Audio
3. Electronic
4. Braille



# Interpreting



# Why is *Professional* Interpreting So Important?



## Equitable Access

- Specialized training; certified in medical terms
- Unique set of skills
- Professional impartiality



## Avoid Lawsuits

- Bound by code of ethics
- Interprets everything without bias
- Privacy and confidentiality



## Improve Relationships

- Ensures appropriate communication between you and your patient
- Bilingual/bicultural awareness



Document participation or refusal of interpreting services as well as interpreter details.



# Top Languages by Membership and Interpreting Encounters – FY24

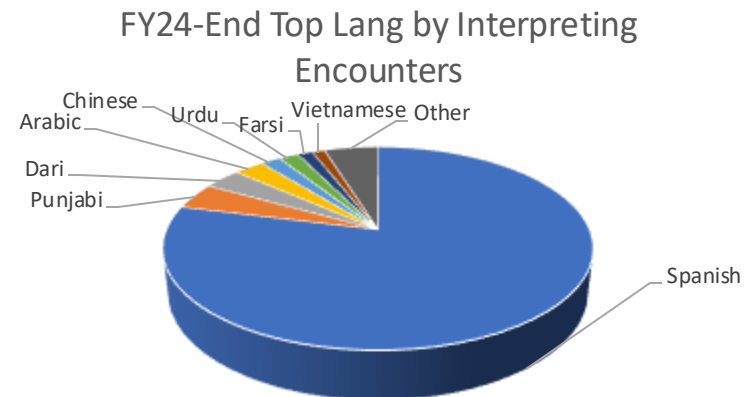
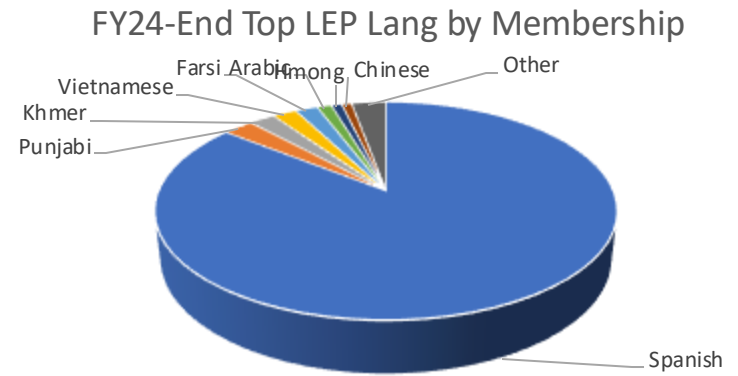
## Top Lang by Membership

## Top Lang by Interpreting Encounter

| Language   | Members |
|------------|---------|
| Spanish    | 122,403 |
| Punjabi    | 3,621   |
| Khmer      | 3,096   |
| Vietnamese | 2,865   |
| Farsi      | 2,677   |
| Arabic     | 1,720   |
| Hmong      | 1,244   |
| Chinese*   | 1,201   |
| Tagalog    | 1,072   |
| Lao        | 724     |
| Urdu       | 520     |
| Hindi      | 342     |
| Assyrian   | 245     |
| Russian    | 236     |

| Language   | Encounters |
|------------|------------|
| Spanish    | 62,979     |
| Punjabi    | 3,359      |
| Dari       | 2,688      |
| Arabic     | 2,152      |
| Chinese*   | 1,441      |
| Urdu       | 1,406      |
| Farsi      | 1,072      |
| Vietnamese | 907        |
| Pashto     | 846        |
| Khmer      | 818        |
| ASL        | 473        |
| Tagalog    | 359        |
| Hindi      | 257        |
| Russian    | 179        |

**Total Member Language: ~59**  
**Total Encounter Language: ~74**



\*Chinese (spoken) is a sum of Mandarin, Cantonese, and Taishanese. In written form, there is Traditional Chinese and Simplified Chinese.



# 3 Modalities of Interpreting:

## Choosing the Right One for Your Encounter (Appointment or Event)



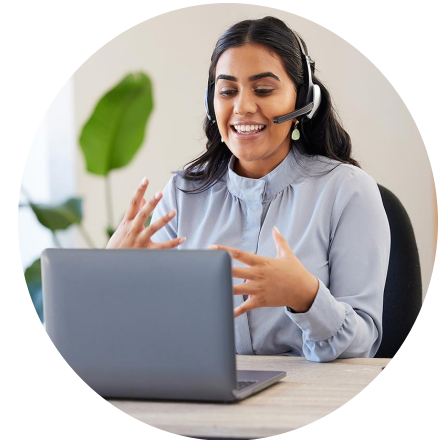
### In-Person/Onsite

Deaf/HH Patients or situations where it would be impractical to use a phone or VRI device (i.e., physical therapy).  
Longer encounters.



### Video Remote Interpreting (VRI)

15 to 45-min. encounters, a secondary option for Deaf/HH patients, or encounters where facial expression, body language, and visual cues are essential (i.e., behavioral health).



### Over the Phone (OPI)

Encounters that are quick follow-ups/check-ups (5-30 minutes) and when a spoken language is needed.



# In-Person/Onsite Interpreting



# Example: "I need an interpreter for my appointment."



[www.hpsj.com/customer-service](http://www.hpsj.com/customer-service)

Health Plan  
of San Joaquin



Mountain Valley  
Health Plan

Dwight K. Schrute

ID#: 200XXXXXX

Plan: MEDI-CAL

|           |         |
|-----------|---------|
| Office    | \$0     |
| ER/Urgent | \$0/\$0 |
| Hospital  | \$0     |
| Rx        | \$0/\$0 |

24/7 Nurse Line #: 1-800-655-8294

This card is for identification only and does not guarantee eligibility or payment for services. Providers: Verify member's PCP assignment and eligibility.

#### Members:

Some of your care may need approval. Please look in your Evidence of Coverage or call us. If you have a medical emergency, call 911 or go to the nearest hospital. You do not need to get an approval ahead of time for your emergency care and services are at no cost to you.

**Customer Service: 1-888-936-PLAN (7526), TTY 711**

Mental Health Services: 888-581-PLAN (7526)  
Routine Vision Care: 888-321-PLAN (7526)  
Medi-Cal RX Customer Service Center: 800-977-2273

Providers:  
Authorization, Benefits and Eligibility: (209) 942-6320

Mail Claims To:  
Health Plan of San Joaquin/Mountain Valley Health Plan  
Paper Processing Facility  
P.O. Box 211395  
Eagan, MN 55121-2195

[www.hpsj-mvhp.org](http://www.hpsj-mvhp.org)



# Information to Have Ready for Your Request

## Provider

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- Requestor Name/Title
- Reachable Number/Extension
- Provider Name

## Member

---

- Member Name
- ID Number
- DOB
- Telephone Number
- If Request is for a Minor, Name of Parent or Guardian
- Relationship to Recipient

## Encounter

---

- Encounter Date/Time
- Encounter Duration
- Language(s) Needed
- Interpreter Gender Preferred (if any)
- Clinic/Venue Name
- Location Address
- Suite Number/Floor
- Virtual or Onsite

## Arrival Details

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- Parking Situation
- Check-In Details
- Contact Person Name and Title
- Contact Person Reachable Phone Number



# Making a Request Online

Health Plan Home > Members > Customer Service > Interpreter

The screenshot displays the website's navigation and main content. The path to request an interpreter is highlighted with red boxes and numbered 1 through 3:

- 1**: The 'Members' menu item in the top navigation bar.
- 2**: The 'MEMBER TOOLS' section in the left sidebar.
- 3**: The 'INTERPRETER' button in the main content area.

The main content area features a 'Welcome, how can we help you today?' section with three options: 'INTERPRETER', 'PRINTED MATERIAL', and 'APPOINTMENTS'. The 'INTERPRETER' option includes the text: 'Request an interpreter for your next doctor's appointment.'

At the bottom of the page, there are three buttons: 'Find a Provider', 'New? Get Started', and 'Am I Eligible?'. A 'Quick Links' section lists various services, including 'Benefits and Services', 'Member Tools', 'Medi-Cal EOC', 'Continuity of Care', 'Medi-cal Redetermination', 'Customer Service', 'Provider Directory', 'Create an Account', and 'Third Party Health Applications'.

A banner at the bottom left features a customer service representative and the text: 'Customer Service Representatives are available to assist you Monday-Friday from 8:00 a.m. - 5:00 p.m.' with a 'Learn More' button.

[www.hpsj.com/customer-service](http://www.hpsj.com/customer-service)



4



# Request an Interpreter

**Get help in your language!** An interpreter is a person who tells you what is being said by your doctor, but in your language. This person then tells the doctor what you said in your language. We can provide you with an interpreter (translation assistance) who can speak your language or knows sign language. This help is free for you, 24-hours a day, seven days a week.

Are you an HPSJ member?    Yes    No



5

1

## Member Information

First and Last Name\*

Enter Event Title

Phone Number\*

Enter Name of Organization

Email



Address\*

City\*

Zip Code\*

6

2

## Appointment Information

Name of Doctor or Practice\*

Name **and** Direct Number of **Reachable Staff**

Address\*

City\*

Zip Code\*

**Please Note:** The request for an interpreter should be made 5 days before your appointment date. Farsi and sign language interpretation requests should be made 10 business days before the appointment date.

Language Needed\*

Select An Option

Other Language

Do you have a preference in gender for the interpreter you will be provided?

Gender Preference

Select An Option

### Appointment information

Date of your Appointment



\* Time of your Appointment

00



00



AM

\* How long will you need an interpreter for?

Select An Option



Alternatively, call Customer Service at 1-888-936-7526. Hold times may vary depending on call volume.

Submit Form Now



# Interpreter Request Process Overview (Onsite)

## Request is Received by CS (5-10+ Business Days)

- **Request is received by Customer Service 5-10+** business days prior to the encounter date. All relevant encounter and member details should be provided for processing
- **For American Sign Language:** 10+ business days is recommended

## Request is Sent to Vendor

- Customer Service Department sends these details to our Vendor, who will schedule the interpreter

## Interpreter(s) Are Confirmed

- Customer Service and Vendor call provider to confirm encounter details. If there are any changes, please confirm during this time.



# Best Practices for Making Requests



## 5-10 Business Days

- The more time given, the more likely an onsite interpreter will be available.
- Remember, in-demand languages like ASL are most readily fulfilled with 10+ business days of lead time.



## Confirm ALL Request Details

- The more accurate request details are provided, the smoother the process.
- Location details, parking information, check-in directions, and reachable contacts are key to provide.



## Follow-Up 2-3 Days Before

- If you don't have an interpreter confirmation for your request, follow up with Customer Service 2-3 days prior.



# OPI/Telephonic Interpreting



# Using Over-the Phone Interpreting Services (OPI)

## To utilize OPI Services, contact:

- Your Provider Services Representative (PSR)
- OR, if you're not sure who your PSR is, email Provider Services or C&L Services to get your specific calling instructions for ongoing use:**
- **Provider Services** at [ProviderServices@hpsj.com](mailto:ProviderServices@hpsj.com), or
  - **C&L Services** at [CLServices@hpsj.com](mailto:CLServices@hpsj.com)

## Required information when making OPI calls:

- Organization
- Department
- Caller Name
- Member ID Number



# Video Remote Interpreting (VRI)



# Using Video Remote Interpreting Services (VRI)



40+ languages on demand



HIPAA secure



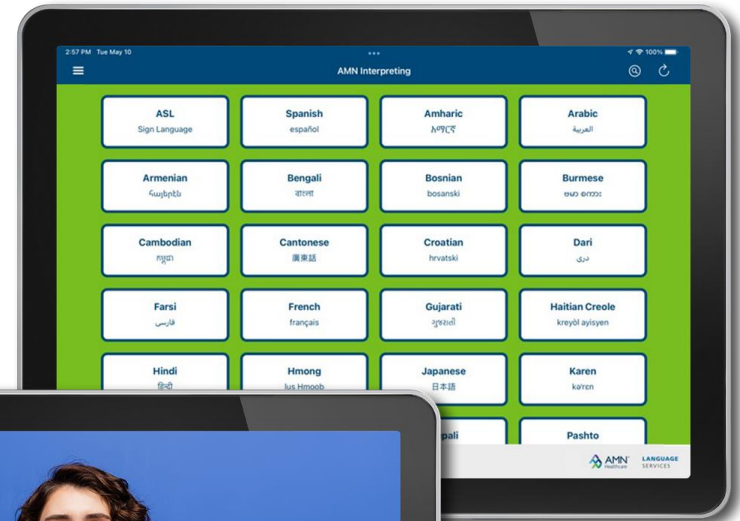
No additional cost for Health Plan members



Qualified professional interpreters

For step-by-step instructions:

<https://vimeo.com/518203154>



# Remember ...



## What to Document for All Modalities:

- Interpreter ID/Name/Agency
- Any quality issues
- Refusal of services



## For Video Remote Interpreting (VRI):

- Provide the same call intake info as for OPI:
  - Organization, Department, Caller Name, and Member ID Number
- Proper spacing is essential, especially for ASL
- Both the interpreter and the member using the service should be visible from the waist up
- Fill out the survey after VRI (quality purposes)



# Working with Interpreters



# Best Practices for Working with Interpreters



## Give the Interpreter Time

- Allow time for the interpreter to interpret/expand on terms/concepts that do not translate directly into the other language.
- **Set time and goal expectations in the beginning of the appointment.**

## Ask for Clarification

- Ask **the member** questions as needed.
- Providers should seek clarification from the member as if they were an English-speaking member.
- Interpreters can assist.

## Speak Directly to the Member

- Speak directly to the member as if the interpreter was not there.
- Avoid speaking loudly to be understood.



# Translation, Alternative Format Selection, & Health Literacy



# Accessible Translation and Alternative Format Services (AFS)



Health Plan offers **translation services**; **alternative formats (AFS)** such as Braille, electronic copies, large print, and audio; and uses tools like the **Health Literacy Advisor (HLA)** to help members best understand the materials they receive regarding their health and care.

Requests for AFS and translation are fulfilled within 21 days.



# Accessing Translation and AFS

Members, providers, and healthcare staff all benefit from and need linguistic and cultural services to ensure proper care and comprehension.

If a member says they struggle to understand their materials, please advise them to call our Customer Service Department at **1-888-936-7526 TTY 711**.

The number can be found on the back of their member ID.

Health Plan  
of San Joaquin

Mountain Valley  
Health Plan

ID#:  
Plan: **MEDI-CAL**

Office \$0  
ER/Urgent \$0/\$0  
Hospital \$0  
Rx \$0/\$0

24/7 Nurse Line #: 1-800-655-8294

This card is for identification only and does not guarantee eligibility or payment for services. Providers: Verify member's PCP assignment and eligibility.

#### Members:

Some of your care may need approval. Please look in your Evidence of Coverage or call us. **If you have a medical emergency, call 911 or go to the nearest hospital.** You do not need to get an approval ahead of time for your emergency care and services are at no cost to you.

**Customer Service: 1-888-936-PLAN (7526), TTY 711**

Mental Health Services: 888-581-PLAN (7526)

Routine Vision Care: 888-321-PLAN (7526)

Medi-Cal RX Customer Service Center: 800-977-2273

#### Providers:

Authorization, Benefits and Eligibility: (209) 942-6320

#### Mail Claims To:

Health Plan of San Joaquin/Mountain Valley Health Plan

Paper Processing Facility

P.O. Box 211395

Eagan, MN 55121-2195

[www.hpsj-mvhp.org](http://www.hpsj-mvhp.org)



# Key Takeaways



# Key Takeaways: Interpreting

## Professional Interpreting is Essential

Being bilingual does not make a person qualified to be an interpreter. Offering professional interpreting services protects both you and the member and ensures clear communication, which improves health outcomes. Family and friends, especially minor children, should not be relied on to interpret between you and the member.

## Speak Directly to the Member

Address the patient directly as if they did not have an interpreter. Avoid phrasing questions/statements like “Can you ask them \_\_\_\_\_?” Only address the interpreter directly when you have a question specifically for the interpreter. **Remember, the interpreter is legally bound to interpret everything being said.** Avoid raising your voice to be understood.

## Allow Time for Processing & Questions

Remember to allow time for the interpreter to meaningfully interpret everything you and the member say and leave time for the interpreter and member to ask clarifying questions.

## Onsite Resources Are Limited

For the best fulfillment results, make requests 5 to 10+ business days in advance. **ASL requests should be made with 10+ business days of lead time.** The more time given, the more likely an onsite interpreter will be available.



# Key Takeaways: Translation, AFS, and HLA

## Equal Does Not Mean Equitable

Translation, Alternative Format Services (AFS), and Health Literacy Advisor (HLA) are services and tools we use to ensure members not only have access to the same information, but that they can better understand it with fewer obstacles.

## If a Member Needs These Services

If a member requests these services, redirect the member to our Customer Service Department at **1-888-936-7526 (TTY 711)**.

This phone number can also be found on the back of the member's Health Plan ID card.

## Who Needs These Services?

The need for these kinds of services apply to all demographics and backgrounds. Language and/or educational barriers, cognitive, mental, and/or physical disabilities impact all races, ethnicities, ages, and social classes. Members and healthcare staff alike need these services to better communicate and understand one another.

## Turnaround Time

The process updating written language and AFS preferences, and to provide these materials, can take additional time.

Advise the member to allow 21 days to fulfill a request for translated or AFS versions of Health Plan material. Members may follow up with Customer Service if they have a question on the status of their request.





**Any Questions?**



Health Plan   
of San Joaquin

 Mountain Valley  
Health Plan

**Questions, Comments, or  
Concerns?**

**Need Interpreting,  
Translation, or AFS Services?**



**Cultural & Linguistic Services**

[CLServices@hpsj.com](mailto:CLServices@hpsj.com)



**Provider Services**

[ProviderServices@hpsj.com](mailto:ProviderServices@hpsj.com)

**Thank You!**

# Health Education

Setar Testo, Manager

My Rewards: Member Incentive Program



myRewards 



We **Reward** Our  
Members for Taking  
Steps to **be Healthier**



# 2025 Member Incentives

| Childhood/Kids                               | Maternal Health                        | Cancer Prevention                     | Adults                          |
|--|--|---------------------------------------|---------------------------------|
| Childhood Immunizations (CIS-10)             | Prenatal Immunization                  | Colorectal Cancer Screening           | Adult Access to Ambulatory Care |
| Well Child (0- 15 months)                    | <b>Prenatal Appointment</b>            | Mammogram (Breast Cancer Screening)   | A1c (HBD)                       |
| Well Child 15-30 months                      | <b>Postpartum Visit</b>                | Pap Smear (Cervical Cancer Screening) | Flu Shot                        |
| Exam for Children and Adolescents 3-21 years | <b>Postpartum Depression Screening</b> |                                       |                                 |
| Lead Screening                               |  |                                       |                                 |
| Flu Shot                                     |  |                                       |                                 |
| Immunizations for Adolescents                |  |                                       |                                 |




**\$50 for Green/Bold Items**




# MyRewards Materials


**Get rewarded for being healthy!**



Health Plan  
of San Joaquin




Mountain Valley  
Health Plan



myRewards  
www.hpsj.com/myrewards

**Good news!** If you are a Health Plan of San Joaquin/Mountain Valley Health Plan ("Health Plan") member, you can get rewarded for taking steps to be healthier. We offer preventive care at no cost to you.

**What is myRewards?** This is a program for Health Plan members that stay up to date with routine health exams and check-ups. There have been no changes to your benefits. myRewards are eligible for services provided between 1/1/25 through 12/31/25.



Scan to  
learn more

- 1 How do I qualify?**

**You may qualify for a reward if:**

  - You are a Health Plan member.
  - It is time for a qualifying exam (see #2).
  - You have completed a qualifying exam on time as required.
- 2 What exams could I qualify for?**
  - Well Visits and Preventive Health Series  
0-15 Months / 15-30 Months  
3-20 Years / 20+ Years
  - Lead Screening
  - Immunizations for Children and Teens
  - Flu Shot
  - Diabetes A1C (Blood Sugar Exam)
  - Colorectal Screening
  - Prenatal Visits and Immunizations
  - Postpartum Visits and Depression Screening
  - Cervical Cancer Screening
- 3 How do I get my rewards?**

Once an exam, screening, or immunization  
[www.hpsj.com/myrewards](http://www.hpsj.com/myrewards).
- 4 Fill out the online form**

Fill out the form with your member information  
**Make sure you fill out all the questions and**

**Call your doctor to see if you need any of these exams:**

-  **Well Child:** 0-15 months, 15-30 months, 3-21 years
-  **Immunizations for Kids & Teens**
-  **Preventative Health for Adults**
-  **Diabetes A1C (Blood Sugar) Exam**
-  **Breast Cancer Screening**

-  **Flu Shot**
-  **Prenatal Immunizations**
-  **Prenatal Visits**
-  **Postpartum Visit & Depression Screening**

■ \$25 reward    ■ \$50 reward



**You may qualify for a reward! Visit [www.hpsj.com/myrewards](http://www.hpsj.com/myrewards).** myRewards are eligible for services provided between 1/1/25 through 12/31/25. Reward price may vary.



Health Plan  
of San Joaquin



Mountain Valley  
Health Plan



**Well Visits: Get rewarded for being healthy!**

**Ages 0-15 Months**  
Your baby must have six well child exams by the time they are 15 months old. Take your child in for a well child visit anytime this year and you can submit this rewards request.

**Ages 15-30 Months**  
Your toddler is growing up! Your child needs to see the doctor twice. You can submit a rewards request on the second visit.

**Ages 3-20 Years**  
Well child visits aren't just for babies. All young people should receive a well visit every year to keep them healthy. You can get a reward if your child between the ages of 3-20 has a well visit at least once this year.

**Lead Screening**  
Children under age 2 should have two lead screenings by their second birthday — one at 12 months and another by 24 months. Children 24 months to 72 months should receive at least one test before age 6 if no tests were performed by their second birthday.

**Immunizations for Kids & Teens**  
Kids turning 13 should have the following vaccines before their 13th birthday: one dose of meningococcal vaccine, one Tdap vaccine, and the complete human papillomavirus (HPV) vaccine series (2 doses). Children turning 2 should have the following vaccine series:

- DTap (diphtheria, tetanus, acellular pertussis)
- IPV (Polio)
- Measles, mumps, and rubella
- Hib (Haemophilus influenzae type B)
- HepB (Hepatitis B)
- Chicken Pox
- PCV (Pneumococcal conjugate)
- HepA (Hepatitis A)
- Rotavirus
- Flu

**Flu Shot**  
Anyone 6 months or older. Make an appointment with your doctor or visit a local pharmacy or clinic to get your annual flu shot.

**Prenatal Immunizations**  
Pregnant women should receive influenza and Tdap vaccinations during their pregnancy to protect mom and baby.

**Ages 20+ Years**  
Adults ages 20 and over should see their primary care physician (PCP) once a year for a preventative health visit. This visit may cover the ABC's of health:

- A1C Check
- Blood Pressure Check
- Cholesterol or Cancer Screenings

**Prenatal Visits**  
Visit your doctor within the first three months (12 weeks) of becoming pregnant or within 42 days of becoming an HPSJ/MVHP member.

**Postpartum Visit & Depression Screening**  
Women who gave birth should have at least one postpartum visit on or between 7 and 84 days after delivery. All postpartum women should receive a depression screening after delivery and follow-up care if needed.

**Diabetes A1C Exam**  
Adults ages 18-75 with diabetes (type 1 or type 2): Call or go to your doctor to get an A1C blood test screening lab slip. Next, go to a lab in the HPSJ/MVHP network to get the Diabetes A1C test.

**Breast/Chest Cancer Screening**  
Anyone ages 50-74. Call or go to your doctor to ask for a mammogram every two years. Get your mammogram done to prevent or catch breast/chest cancer early.

**Cervical Cancer Screening**  
Women ages 21-64 need a cervical cancer screening every three years OR women ages 30-64 need a cervical cancer screening with HPV testing every 5 years.

**Colorectal Cancer Screening**  
Adults ages 45-75 should get screened for colorectal cancer with any of the following tests:

- Annual fecal occult blood test
- Flexible sigmoidoscopy every five years
- Colonoscopy every 10 years
- Computed tomography colonography every five years
- Stool DNA test every three years

■ \$25 reward    ■ \$50 reward



Learn more at [www.hpsj.com/myrewards](http://www.hpsj.com/myrewards).  
If you need assistance, call 1-888-934-PLAN (7526) TTY 711.  
Monday through Friday, 8 AM - 5 PM.





## HOW TO SIGN UP FOR AN HPSJ ACCOUNT CÓMO REGÍSTRASE PARA UNA CUENTA DE HPSJ



Visit  
[www.hpsj.com/portal](http://www.hpsj.com/portal)

Visite la pagina:  
[www.hpsj.com/portal](http://www.hpsj.com/portal)



Click **“Create Account”**  
under the login box

Haga clic en **“Create Account”** (Crear una cuenta) debajo de la casilla para iniciar sesión.



Fill out your information  
and click **“Create”** at the  
bottom of the form

Complete su información  
y haga clic en **“Create”**  
(Crear) en la parte inferior  
del formulario

Make sure you have your HPSJ Member ID Card when signing up.  
Cuando se registre, asegúrese de tener a mano su tarjeta de  
identificación de miembro de HPSJ.

# Tip Sheet

On-the-go access to your Health Plan of San Joaquin member data. Get a new ID card, change your doctor or update your profile. Need a specialist? HPSJ members can access their health information from their device, at all times. **You can access your account using your computer or the mobile App.**

Ready to create an account?

Visit [www.HPSJ.com/portal](http://www.HPSJ.com/portal)



Let's make an account!

Have this before you start:

- 1 HPSJ Member ID (9-digit starting 200)
- 2 Birth Date
- 3 Zip Code
- 4 First Name / Last Name
- 5 Mobile Number
- 6 Email for an account
- 7 Username
- 8 Password\*

**\*Your password must be at least 8 characters.**

You must have at least three of the following:

- A capital letter
- A lower case letter
- A symbol (example: #, \$, @)
- A number

If the box turns red, you need to correct the information before an account can be created. Read the notes under the red box to find out what information must be corrected.



## Need help?

Go to [www.hpsj.com/create-an-account](http://www.hpsj.com/create-an-account) to watch the help video, or call Customer Service at 1.888.936.7526 TTY/TDD 711.



## Welcome [Redacted]

To update your profile, change your Primary Care Provider, order an ID card or perform other transactions, please use the navigation menu under **My Tools**.

### Your Messages



[Benefits-](#) [Redacted]



[Authorizations-Approved Requests](#)

All Messages

### Quick Links



My Profile



My Health Record



Provider Search



HealthCheck



My ID Card



Ask a Nurse



Change My PCP



myHPSJ Mobile App



Contact HPSJ



myRewards



# MyRewards Form

Same form as before

Complete this form to claim your reward (gift card).

## Personal Information

|               |   |
|---------------|---|
| First Name    | <input type="text" value="JAMES"/>      |
| Last Name     | <input type="text" value="SMITH"/>      |
| Member ID     | <input type="text" value="A123456789"/> |
| Date of Birth | <input type="text" value="01/15/1988"/> |

## Service Location Visit

|               |   |
|---------------|---|
| Visit Type    | <input type="text" value="(select one)"/> |
| Date of Visit | <input type="text"/>                      |
| Location Name | <input type="text"/>                      |
| City          | <input type="text"/>                      |

## Reward

|               |  |
|---------------|--|
| Gift Card     | <input type="text" value="(select one)"/>  |
| Delivery Mode | <input type="radio"/> Text Message (eGift card link, this option takes 1–2 business days)<br><input type="radio"/> Email (eGift card link, this option takes 1–2 business days)<br><input type="radio"/> Mail (this option may take 2–3 weeks) |

## Delivery Information

|               |  |
|---------------|--|
| Address 1     | <input type="text" value="1234567890123456789"/> |
| Address 2     | <input type="text"/>                             |
| City          | <input type="text" value="STOCKTON"/>            |
| State         | <input type="text" value="California"/>          |
| Zip Code      | <input type="text" value="95207-1234"/>          |
| Phone Number  | <input type="text" value="2094612311"/>          |
| Email Address | <input type="text" value="mchaffee@hpsj.com"/>   |

# Fluoride Varnish Training

Is your team up to date?



# Fluoride Varnish Training



## ***Did you know...***

In California, Medi-Cal Managed Care Plan Primary Care Providers (PCPs) and staff applying topical fluoride varnish must receive training every four years, as mandated by the California Department of Health Care Services (DHCS), and submit an attestation upon completion.



# Let us help you!

HPSJ/MVHP offers a turnkey fluoride varnish training program. We bring to you:

- ✓ Registered Dental Hygienist in Alternative Practice (RDHAP) to complete training.
- ✓ 150 Fluoride Varnish Applications
- ✓ 150 dental health hygiene kits
- ✓ Resources for implementation

All attendees receive a certificate at the end of training.

Our health education team coordinates and brings all items to your office. We can also host at our offices if you don't have space.

Do you have new staff? Does your team need a refresh training? Email us to schedule your training today!

[healtheducation@hpsj.com](mailto:healtheducation@hpsj.com)



# Behavior Health/Mental Health

**Catrina Rodriguez, Director, Behavioral Health and Social Work**

**Kate Maietta, Behavioral Health Case Manager – Licensed Clinician**

**Vanessa Aranda, Behavioral Health Program Manager**

**Non-Specialty MH Services/Behavioral Health Overview and Maternal Mental Health**





# Behavioral Health (BH) Services Overview

# Agenda

1

Behavioral Health Services Overview: Medi-Cal BH Covered Services, No Wrong Door for MH Policy, Member Access/Self-Referral Options, Provider Referral Options, and System of Care

2

Delivering Services: Medical Care Setting, BH Setting, and School

3

Quality Measures

4

Key Contacts

5

Questions

6

Resources



# Non-Specialty Mental Health Services (NSMHS)

- Health Plan/Managed Care Plan (MCP) manages Medi-Cal Behavioral Health Services/Non-Specialty Mental Health Services (NSMHS) coverage for all members
  - Services are available in San Joaquin, Stanislaus, El Dorado and Alpine counties
  - **Services do not require prior authorization\***

## MCP NSMHS Include:

Outpatient treatment for mild to moderate mental health conditions, for all ages:

- Individual, family and group mental health
- Psychological testing to evaluate a mental health condition
- Lab work, drugs and supplies
- Drug therapy monitoring

Behavioral Health treatment for members under 21 years of age:

- Applied behavior analysis
- Diagnostic evaluation
- Psychological assessment



# Specialty Mental Health Services (SMHS)

- County Behavioral Health/Mental Health Plan (MHP) manages Medi-Cal Behavioral Health Services/Specialty Mental Health Services (SMHS) coverage for all members

## MHP SMHS Include:

Specialty mental health services for serious mental health conditions:

- Counseling
- Psychiatric medication management
- Crisis intervention
- Crisis mobile response
- Inpatient psychiatric hospitalization
- Referrals

Substance use disorder services:

- Screening, brief intervention and referral to treatment can be accessed through Health Plan's network
- Treatment of services can be coordinated and referred through the county access line



# No Wrong Door for Mental Health Services Policy

- The Department of Health Care Services (DHCS) issued All Plan Letter 22-005 (APL-22-005) “No Wrong Door for Mental Health Services Policy” on March 30, 2022, primary goals:
  - **Members receive timely services regardless of where they seek care**
  - For members not already in Behavioral Health care, DHCS established Medi-Cal standardized assessment to determine the severity of symptoms and appropriate Medi-Cal delivery system (MCP/NSMHS or MHP/SMHS)
  - Members maintain treatment relationships with trusted providers
  - Services do not require prior authorization\*
- Please see the direct link to this APL for complete guidance at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCD/APLsandPolicyLetters/APL2022/APL22-005.pdf>

\*Note: For In-Network Providers



# Minor Consent Policy

- The Department of Health Care Services (DHCS) issued All Plan Letter 24-019 (APL-24-019) “Minor Consent to Outpatient Mental Health treatment or Counseling Policy” on December 31, 2024, primary goals are:
  - **Members who are minors 12 years old or older may consent to non-specialty outpatient Medi-Cal mental health treatment or counseling without consent from a parent or legal guardian, if in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the outpatient services**
  - MCPs, Network Providers, Subcontractors, or Downstream Subcontractors are prohibited from disclosing any information relating to Minor Consent Services without the express consent of the minor
- Please see the direct link to this APL for complete guidance at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMC DAPLsandPolicyLetters/APL%202024/APL24-019.pdf>



# Member Access/Self-Referral Options

If Medi-Cal members prefer to self-refer, please encourage them to:

**Call Behavioral Health Customer Service Line at 1-888-581-PLAN (7526)**

(Located on the back of the member ID card)

Call Customer Service at **Toll Free 1-888-936-7526 (PLAN)** or **Hearing Impaired TTY 711**

Visit online find-a-provider tool or online provider directory, and choosing from our in-network providers directly at: <https://www.hpsj.com/find-a-provider/>

Call County Behavioral Health Services

- San Joaquin - ACCESS Line: **1-888-468 9370** - [www.sjcbhs.org](http://www.sjcbhs.org)
- Stanislaus - ACCESS line: **1-888-376-6246** - [www.stancounty.com/bhrs](http://www.stancounty.com/bhrs)
- El Dorado - ACCESS line: **1-800-929-1955**
- Alpine - ACCESS line: **1-800-318-8212**



# Provider Referral Options

## Health Plan appreciates Providers' partnership in linking members to Behavioral Health Services

- Providers can refer members for Behavioral Health Services by submitting referrals via fax, email, phone at **1-888-581-PLAN (7526)**, or Provider Portal (DRE)
- By completing the Behavioral Health Services Referral Form, Providers are referring members to a Health Plan BH Care Coordinator to get help with accessing care: <https://www.hpsj.com/wp-content/uploads/2024/10/HPSJ-MVHP-BHS-Referral-Form.pdf>

- On the Referral Form, please **select** the referral type:

### Outpatient Behavioral Health Services


- **Therapy (MH and/or SUD) or Medication Management (Psychiatry) services**
- Health Plan can coordinate member care with county mental health

### Behavioral Health Treatment (BHT)/Applied Behavioral Analysis

- Specialty services for **youth under 21 years old** with a Licensed Psychologist or Physician order **requesting ABA services**


### Psychological or Neuropsychological Testing

- **Psychological/ neuropsychological testing** (i.e., Testing for ADHD, Learning Disabilities, etc.)
- Health Plan can coordinate member care with county mental health



Health Plan  
of San Joaquin

**Health Plan of San Joaquin/Mountain Valley Health Plan  
Behavioral Health Services Referral Form**



Mountain Valley  
Health Plan

Referral Date: \_\_\_\_\_ Member Name: \_\_\_\_\_ Medi-Cal CIN ID#: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (home); \_\_\_\_\_ (parent/guardian's cell); \_\_\_\_\_ (member's cell)  
 Member address: \_\_\_\_\_  
 Does the minor 12 and older have capacity to give consent to services?  Yes  No If no, please explain \_\_\_\_\_  
 Best day/time to reach the member: \_\_\_\_\_ Best day/time to reach the parent/guardian: \_\_\_\_\_  
 PCP Clinic/Agency: \_\_\_\_\_ Name of PCP: \_\_\_\_\_ PCP Phone #: \_\_\_\_\_

**To receive a confirmation of this referral's outcome, please check the box below noting preferred method and contact details:**

Email address: \_\_\_\_\_  Fax Number: \_\_\_\_\_

Please check to confirm member eligibility was verified

---

**Name of Requestor** \_\_\_\_\_  
**Requestor (one request per referral form)**

PCP  BH Provider  Regional Center  Other \_\_\_\_\_

**Referral for Outpatient Behavioral Health Services:** Refer members for therapy or medication management via Health Plan's network of providers when their needs are outside the PCP scope of practice. Health Plan can coordinate member care with county mental health. Fax: 1-209-762-4761 OR secure email: BHCM@hpsj.com

**Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA) Services:** Specialty services for youth under 21 years old with a Licensed Psychologist or Physician order requesting ABA services. Fax: 1-209-762-4760 OR secure email: BHTReferral@hpsj.com

**Referral for Psychological or Neuropsychological testing:** Refer members to psychological/neuropsychological testing via Health Plan's network of providers when their needs are outside the PCP scope of practice. Health Plan can coordinate member care with county mental health. Fax: 1-209-762-4760 OR secure email: BHTReferral@hpsj.com

---

**Request Reason** (check all that apply):

Symptoms:

|   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Depression   | <input type="checkbox"/> Perinatal depression/anxiety | <input type="checkbox"/> PTSD/Trauma  |
| <input type="checkbox"/> Poor self-care due to mental health                    | <input type="checkbox"/> Violence/Aggressive behavior | <input type="checkbox"/> Abuse/CPS    |
| <input type="checkbox"/> Psychosis (auditory/visual hallucinations, delusional) | <input type="checkbox"/> Psychological testing        | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Adverse Childhood experiences (ACEs)                   | <input type="checkbox"/> Neuropsychological testing   | <input type="checkbox"/> Anxiety      |

Substance use type: \_\_\_\_\_  
 Other BH symptoms: \_\_\_\_\_

Impairments:

Difficult/Unable to complete ADLs  Difficulties maintaining relationships  Legal/CPS  
 Difficult/Unable to go to work/school  Other: \_\_\_\_\_  
 Medications (list below or send medication list with this form): \_\_\_\_\_

**Motivation for Services** (check all that apply)

Member (or guardian) has been informed for referral to Health Plan's Behavioral Health Services  
 Member wants services for self (or dependent)  
 Member is unsure or ambivalent about services for self (or dependent)  
 If applicable, Patient has completed a PHQ-2/PHQ-9, Score \_\_\_\_\_

*For members 12 and older, in certain situations under privacy law AB1184 a written ROI may be required to share sensitive information with anyone including parents and guardians. If possible, please send this referral form along with a completed release of information for anyone who may be involved in the member's care.*

DUALBHP/CPH/PLP/9302024/E



# What to Expect After Submitting a BHS Referral

HPSJ BHS team confirms receipt of referral to the Referent by email or phone

HPSJ BHS team contacts Member and/or Parent/Caregiver regarding the referral and to confirm consent to referral service(s) (\*Minors can consent at Age 12 and older)

- With consent, HPSJ BHS Team offers to schedule first appointment with a BH Provider
- HPSJ BHS team supports with communication between Member and/or Parent/Caregiver, and BH Provider during the referral process to ensure follow-through and linkage (if needed)

HPSJ BHS team sends a referral update to the Referent by email or phone

- Status: Consent Received, Did Not Consent, Unable to Reach, etc.
- Confirmation of Scheduled First Appointment: BH Provider Name and Contact Information, and Date and Time of Scheduled Appointment

After the first appointment is successfully completed, HPSJ BHS team informs Member and/or Parent/Caregiver, and BH Provider that they will need to work together to schedule future appointment(s)

For questions, Referents, Members, and/or Parents/Caregivers can call the Behavioral Health Customer Service Line at **1-888-581-PLAN (7526)**

# Social Services and Support

**Health Plan's Social Services (SS) team is available to help with the following:**

- 1) Removing social determinants that prevent members from receiving the care they need by helping with:
  - Food
  - Clothing
  - Utilities assistance
  - Financial assistance
  - Caregiver assistance
  - Housing
  - Transportation (Non-Emergency Medical Transportation (NEMT)/Wheelchair Van and Gurney)
  
- 2) Conducting psychosocial assessments on referrals, connecting members to resources and services based on the patient's care plan

**Members can self-refer by calling the Behavioral Health Customer Service line at 1-888-581-7526 (PLAN), and/or Customer Service at Toll Free 1-888-936-7526 (PLAN) or Hearing Impaired TTY 711**

**To Make a Referral:**

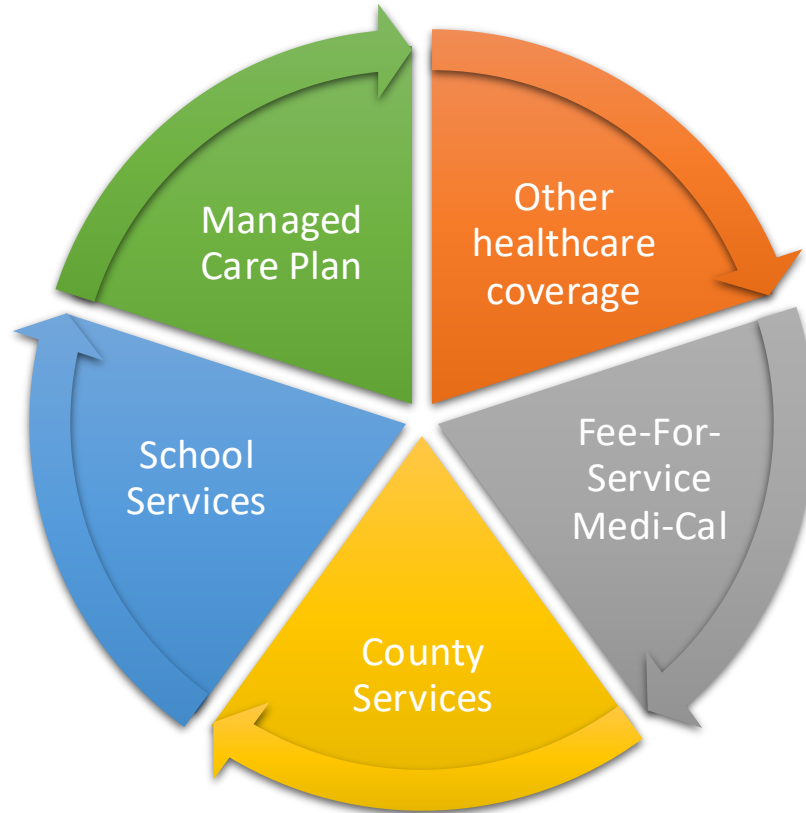
- Complete the Case Management Referral Form at [HPSJ-MVHP-CM-DM-Referral-Form-06032024E.pdf](https://www.hpsj.com/wp-content/uploads/2024/07/HPSJ-MVHP-CM-DM-Referral-Form-06032024E.pdf)<https://www.hpsj.com/wp-content/uploads/2024/07/HPSJ-MVHP-CM-DM-Referral-Form-06032024E.pdf>
- Send the Referral Form to Health Plan Social Services Team via email at [SocialServices@hpsj.com](mailto:SocialServices@hpsj.com) or fax to 1-209-762-4720

For questions, Referents, Members, and/or Parents/Caregivers can **call the Behavioral Health Customer Service line at 1-888-581-7526 (PLAN), and/or Customer Service at Toll Free 1-888-936-7526 (PLAN) or Hearing Impaired TTY 711**



# Behavioral Health Services – System of Care

Members can receive Behavioral Health Services from a variety of Systems of Care where **continuity** and **coordination** of care are key to ensuring **high quality care**





# BH in Medical Care Setting

# Delivering Behavioral Health in a Medical Setting

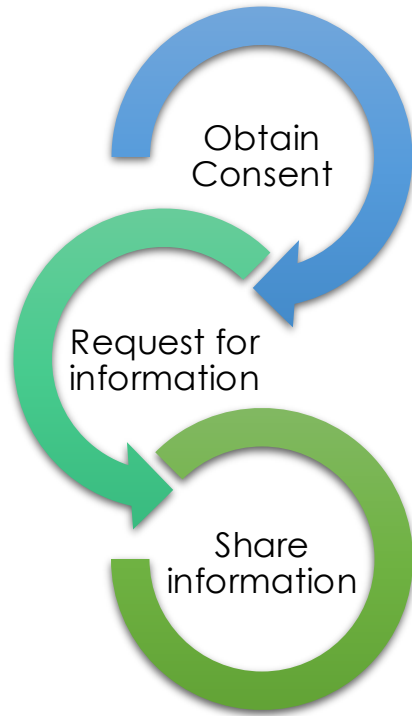
| Scope   | Services  | Follow-up Action  |
|---|---|---|
| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for members under 21                               | includes but is not limited to: <ul style="list-style-type: none"> <li>• Developmental Screening</li> <li>• Adverse Childhood Experiences Screening(ACEs)<sup>1</sup></li> <li>• Autism Spectrum Disorder</li> <li>• Anxiety Disorder</li> <li>• ADD/ADHD</li> <li>• Dyadic Services<sup>2</sup></li> </ul>   | Refer for OT/PT/ST and Behavioral Health Treatment (BHT) also known as Applied Behavioral Analysis (ABA)<br>Mental Health<br>Psychological / Neuropsychological Testing<br>Regional Center, as needed |
| Depression Screening  | Depression Screening with a PHQ2 or PHQ9  | If positive, follow-up with a referral to mental health services  |
| Alcohol/Substance Use Disorder Screening, Brief Intervention, and Referral to Treatment (SABIRT) <sup>2</sup> | Screening<br>Brief Intervention<br>Referral to Treatment  | If positive, follow-up with a referral to substance use disorder services   |
| Annual Cognitive Health Assessment, for members over 65 years of age  | Conduct annual cognitive health assessment <sup>1,2</sup>   | If positive, follow-up with additional assessment or mental health and specialist referrals   |
| Medication Management   | Antidepressant Medication management<br>ADHD/ADD Medication Management  | Continued maintenance<br>If necessary, refer for additional mental health support/services  |
| Maternal Mental Health  | Prenatal/Postnatal Depression Screenings <sup>2</sup> <ul style="list-style-type: none"> <li>• At least once during each pregnancy</li> <li>• At least once within the first 6 weeks following the birth of the child</li> <li>• Additional postpartum screenings, if determined to be medically necessary and clinically appropriate in the judgment of the treating provider</li> </ul> | If screening is positive, refer member for mental health services   |

<sup>1</sup>DHCS approved training required prior to administering tool(s)

<sup>2</sup>Refer to Medi-Cal Provider Manual for billing requirements



# Continuity and Coordination of Medical and Behavioral Health Care



Percentage of PCPs attesting that they have exchanged information about the care of a mutual member has consistently been under 30%.

Our goal is to improve that!





# BH in BH Setting

# Delivering Behavioral Health in a BH Setting

## In-person or via Telehealth

(includes Dyadic Behavioral Health Services)

## Managed Care Plan Covered services:

- Individual, family and group therapy
- Psychological/Neuropsychological testing to evaluate a mental health condition
- Lab work, drugs and supplies
- Drug therapy monitoring

## County Covered services:

- Counseling
- Psychiatric Medication Management
- Crisis Intervention
- Crisis mobile response (where available)
- Inpatient Psychiatric Hospitalization
- Substance Use Disorder treatment





# BH in School Setting

# Behavioral Health in School Setting

## Mental Health Counseling

- Children and Youth Behavioral Health Initiative (CYBHI) – School Linked Services
  - <https://www.dhcs.ca.gov/cybhi>
- County Services delivered within the School setting

## Behavioral Health Treatment

- Behavioral Interventionist (BI) to support social skills development within a school setting
- Individualized Education Plan can include BI Support

## CalHOPE – Children and Youth Behavioral Health Initiative

- Web and app-based platforms to offer all California families with kids, teens, and young adults ages 0-25 free one-on-one support with live wellness coach, a library of multimedia resources, wellness exercises, and peer communities moderated by trained behavioral health professionals
  - <https://www.dhcs.ca.gov/cybhi.pdf> [ca.gov](https://www.dhcs.ca.gov)





## Quality Measures

# Behavioral Health Quality Measures

| Measure   | Description  |
|---|--|
| <b>Exchange of Information (PCP/BH)</b>                               | PCP/BH Coordination of Care involves exchange of information to ensure each practitioner is able to collaborate on the treatment plan  |
| <b>ADHD – Attention-Deficit/Hyperactivity Disorder</b>                | <i>Initiation Phase:</i> Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication (ADDE-Int)<br><i>Continuation and Maintenance Phase:</i> Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase (ADD-E-C&M) |
| <b>AMM – Antidepressant Measure</b>                                   | Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks) (AMM– Acute)<br>Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months) (AMM-Cont)   |
| <b>APP</b>  | Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)   |
| <b>Depression Screening*</b>  | Depression Remission or Response for Adolescents and Adults (DRR-E)<br>Depression Screening and Follow-up for Adolescents and Adults (DSF-E)*  |
| <b>Follow-up after Emergency Department*</b>                          | FUA – Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 and 30 days<br>FUM – Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 and 30 days   |
| <b>Follow-up after Hospitalization</b>                                | FUH – Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days   |
| <b>Follow-up after High Intensity Care for Substance Use Disorder</b> | FUI – Assesses the percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder within 7 and 30 days   |
| <b>IET</b>  | Initiation and Engagement of Substance Use Disorder Treatment (IET) – Engagement of SUD Treatment – Total Rate   |
| <b>PND-E / PDS-E</b>  | Prenatal Depression Screening and Follow-up (PND-E)<br>Postpartum Depression Screening and Follow-up (PDS-E)   |
| <b>POD</b>  | Pharmacotherapy for Opioid use Disorder* (POD)   |
| <b>SSD</b>  | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: Assesses adults 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year  |

# Key Takeaways and Next Steps

- Reach out to us if you have questions
- Conduct necessary screenings
- Make referrals when needed
- Exchange information with other service providers
- Keep medical records
- Consider partnering with us on future BH initiatives



# Important Contact Numbers

## 988 Suicide and Crisis Lifeline

| Service Area | Health Plan Contacts  | County Access Line  | Regional Center                                   |
|--------------|---|---|---|
| Alpine       | Phone:<br>BH Customer Service (MH, SUD,<br>Med Management, BHT/ABA,<br>and Social Services):<br>1-888-581-7526 (PLAN) | 1-800-318-8212  | Alta California Regional Center<br>1-916-978-6400 |
| El Dorado    |   | 1-800-929-1955  |   |
| San Joaquin  |   | 1-888-468-9370  | Valley Mountain Regional Center<br>209-473-0951   |
| Stanislaus   |   | Email <i>*For Provider Use Only*</i> :<br>BH: <a href="mailto:BHCM@hpsj.com">BHCM@hpsj.com</a><br>BHT: <a href="mailto:BHTReferral@hpsj.com">BHTReferral@hpsj.com</a><br>SS: <a href="mailto:SocialServices@hpsj.com">SocialServices@hpsj.com</a><br><br>Customer Service Phone<br>Number at Toll Free 1-888-936-<br>7526 (PLAN) or Hearing<br>Impaired TTY 711 | 1-888-376-6246                                    |

PCP, Specialty Referral, Interpreter or Transportation Request: 1-888-896-PLAN (7526)





Health Plan   
of San Joaquin



Mountain Valley  
Mountain Valley  
Health Plan

**Questions?**

**Thank you!**



# Resources

# Screening Resources

| Topic   | Resource   |
|---|--|
| Child Development                             | <a href="#">CDC – Child Development Developmental Milestone Screening Specific Conditions</a> (birth defects, disabilities, mental, emotional, and development disorders, and blood disorders that affect children)<br><a href="#">Free materials</a><br><a href="#">Positive Parenting Tips</a>   |
| Adverse Childhood Experience Screening (ACEs) | <a href="#">CDC ACEs Resources</a><br><a href="#">Youth and Adult Screening Tools</a>  |
| Depression                                    | <a href="#">PHQ-9</a><br><a href="#">PHQ-2</a>   |
| Alcohol & Substance Use Disorder              | <p>Screening, not limited to:</p> <ul style="list-style-type: none"> <li>• Cut Down, Annoyed, Guilty, Eye-Opener Adapted to Include Drugs (<a href="#">CAGE-AID</a>)</li> <li>• Tobacco, Alcohol, Prescription medication, and other Substances (<a href="#">TAPS</a>)</li> <li>• National Institute on Drug Abuse (<a href="#">NIDA</a>) Quick Screen for adults</li> <li>• Alcohol Use Disorders Identification Test (<a href="#">AUDIT-C</a>)</li> <li>• Parents, Partner, Past and Present (<a href="#">4Ps</a>) for pregnant women and adolescents</li> <li>• Michigan Alcoholism Screening Test Geriatric (<a href="#">MAST-G</a>) alcohol screening for geriatric population</li> </ul> <p>If positive, validation tools, not limited to:</p> <ul style="list-style-type: none"> <li>• NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (<a href="#">NM-ASSIST</a>)</li> <li>• Drug Abuse Screening Test (<a href="#">DAST-20</a>)</li> <li>• Alcohol Use Disorders Identification Test (<a href="#">AUDIT</a>)</li> </ul> |



# Applicable Screening Instruments

| Instruments for Adolescents (≤17 years old)                           | LOIN-C  | Positive Finding          |
|---|---------|---------------------------|
| Patient Health Questionnaire (PHQ-9) <sup>®</sup>                     | 44261-6 | Total score ≥10           |
| Patient Health Questionnaire Modified for Teens (PHQ-9M) <sup>®</sup> | 89204-2 | Total score ≥10           |
| Patient Health Questionnaire-2 (PHQ-2) <sup>®1</sup>                  | 55758-7 | Total score ≥3            |
| Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®1,2</sup>        | 89208-3 | Total score ≥8            |
| Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)    | 89205-9 | Total score ≥17           |
| Edinburgh Postnatal Depression Scale (EPDS)                           | 99046-5 | Total score ≥10           |
| PROMIS Depression   | 71965-8 | Total score (T Score) ≥60 |
| Instruments for Adults (18+ years old)                                | LOIN-C  | Positive Finding          |
| Patient Health Questionnaire (PHQ-9) <sup>®</sup>                     | 44261-6 | Total score ≥10           |
| Patient Health Questionnaire-2 (PHQ-2) <sup>®1</sup>                  | 55758-7 | Total score ≥3            |
| Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®1,2</sup>        | 89208-3 | Total score ≥8            |
| Beck Depression Inventory (BDI-II)                                    | 89209-1 | Total score ≥20           |
| Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)    | 89205-9 | Total score ≥17           |
| Duke Anxiety-Depression Scale (DUKEAD) <sup>®2</sup>                  | 90853-3 | Total score ≥30           |
| Geriatric Depression Scale Short Form (GDS)1                          | 48545-8 | Total score ≥5            |
| Geriatric Depression Scale Long Form (GDS)                            | 48544-1 | Total score ≥10           |
| Edinburgh Postnatal Depression Scale (EPDS)                           | 99046-5 | Total score ≥10           |
| My Mood Monitor (M-3) <sup>®</sup>                                    | 71777-7 | Total score ≥5            |
| PROMIS Depression   | 71965-8 | Total score (T Score) ≥60 |
| Clinically Useful Depression Outcome Scale (CUDOS)                    | 90221-3 | Total score ≥31           |

<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; may be cost or licensing requirement associated with use.



# Provider Alerts

All provider alerts can be located here: <https://www.hpsj.com/alerts/>

| Topic  | Link  |
|--|---|
| FUA/FUM  | <a href="https://www.hpsj.com/reminder-for-follow-up-after-emergency-department-visit-for-mental-illness-fum-and-follow-up-after-emergency-fua-department-visit-for-substance-use/">https://www.hpsj.com/reminder-for-follow-up-after-emergency-department-visit-for-mental-illness-fum-and-follow-up-after-emergency-fua-department-visit-for-substance-use/</a>   |
| FUH/FUI  | <a href="https://www.hpsj.com/follow-up-after-hospitalization-for-mental-illness-fuh-follow-up-after-high-intensity-care-for-substance-use-disorder-fui/">https://www.hpsj.com/follow-up-after-hospitalization-for-mental-illness-fuh-follow-up-after-high-intensity-care-for-substance-use-disorder-fui/</a>   |
| Prenatal and postpartum care including PND-E and PDS-E   | <a href="https://www.hpsj.com/update-prenatal-and-postpartum-care-ppc-prenatal-immunization-status-prs-e-prenatal-depression-screening-and-follow-up-pnd-e-postpartum-depression-screening-and-follow-up-pds-e/">https://www.hpsj.com/update-prenatal-and-postpartum-care-ppc-prenatal-immunization-status-prs-e-prenatal-depression-screening-and-follow-up-pnd-e-postpartum-depression-screening-and-follow-up-pds-e/</a> |
| Non-Specialty Mental Health Outreach and Education Plan  | <a href="https://www.hpsj.com/non-specialty-mental-health-outreach-and-education-plan/">https://www.hpsj.com/non-specialty-mental-health-outreach-and-education-plan/</a>   |
| DHCS, UCSF Launch Cal-MAP to Enhance Youth Mental Health (Free MH and SUD consultations, training, and resources for PCPs) | <a href="https://www.hpsj.com/dhcs-ucsf-launch-cal-map-to-enhance-youth-mental-health/">https://www.hpsj.com/dhcs-ucsf-launch-cal-map-to-enhance-youth-mental-health/</a>   |
| How to refer for Behavioral Health Services and Case Management  | <a href="https://www.hpsj.com/how-to-refer-for-behavioral-health-services-and-case-management/">https://www.hpsj.com/how-to-refer-for-behavioral-health-services-and-case-management/</a>   |



# Medi-Cal Provider Manual

<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual>



# Optional Professional Development Opportunities

| Topic  | Links  | Description  |
|--|--|--|
| <p>UCSF Child and Adolescent Mental Health Access Portal (Cal-MAP)</p> <p>Training Type: Free Consultations, Training, and Resources</p>   | <p>CalMAP DHCS Press Release: <a href="https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/2024/24-45-Cal-MAP-12-27-24.aspx">https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/2024/24-45-Cal-MAP-12-27-24.aspx</a></p> <p>CalMAP Website: <a href="https://calmap.org/s/?language=en_US">https://calmap.org/s/?language=en_US</a></p> | <p>On 12/27/2024, DHCS, in collaboration with the University of California San Francisco, launched the Child and Adolescent Mental Health Access Portal (Cal-MAP), a key component of the Children and Youth Behavioral Health Initiative (CYBHI), which is reimagining the systems that support behavioral health for all California children, youth, and their families. Cal-MAP supports California's primary care providers (PCP) by offering free consultations, training, and resources to help them care for youth ages 0-25 with mental health and substance use issues. PCPs may contact the Cal-MAP team via phone at 800-253-2103 or email at <a href="mailto:info@cal-map.org">info@cal-map.org</a> for any questions about registration or services provided.</p> |
| <p>University of Minnesota: Center for Practice Transformation – Person-Center Language Clinical Tip Sheet</p> <p>Training Type: 2-Page PDF</p>  | <p><a href="https://practicetransformation.umn.edu/practice-tools/person-centered-language/">https://practicetransformation.umn.edu/practice-tools/person-centered-language/</a></p>   | <p>Person-centered language is language that puts people first. People are so much more than their substance use disorder, mental illness, or disability. Using person-centered language is about respecting the dignity, worth, unique qualities and strengths of every individual. A person's identity and self-image are closely linked to the words used to describe them. Utilizing person-centered language emphasizes the person first rather than the illness. A person-centered approach shifts the sole focus toward their unique recovery and individual strengths. It puts the focus on getting to know the person, not just the illness.</p>  |
| <p>El Dorado Coalition for Overdose Prevention and Education (COPE) Community Awareness Substance-Use Education (C.A.S.E.)</p> <p>Training Type: Virtual Series on mental health (MH), substance use disorder (SUD), harm reduction, and MH/SUD stigma</p> | <p><a href="https://www.eldoradocope.org/community-education">https://www.eldoradocope.org/community-education</a></p>   | <p>The El Dorado Coalition for Overdose Prevention &amp; Education (EDCOPE) is excited to announce the relaunch of our Community Awareness Substance-Use Education (C.A.S.E.) series beginning January 2025! EDCOPE will be hosting six free virtual educational sessions that aim to break down the barriers of stigma and address the complexities of substance use. Each 30-minute session will feature a guest speaker and include time for group Q&amp;A and discussion. These sessions will take place bi-monthly, providing valuable insights and resources for our community. EDCOPE looks forward to connecting with our partners and the community to encourage meaningful conversations around substance use and mental health education.</p>                       |

# Optional Professional Development Opportunities

| Topic  | Links   | Description  |
|--|---|--|
| DHCS referenced Tribal trainings on Cultural Humility and Trauma-Informed Care/Historical Trauma per APL 24-012:   |   |  |
| Office of the Tribal Advisor: Cultural Humility - Basics for Working with California Native Americans<br><br>Training Type: Deck   | <a href="https://tribalaffairs.ca.gov/wp-content/uploads/sites/10/2020/11/OTA_Cultural-Humility-1.pdf">https://tribalaffairs.ca.gov/wp-content/uploads/sites/10/2020/11/OTA_Cultural-Humility-1.pdf</a> | The goal of this presentation is to give State professionals working with California Native Americans a better understanding of the issues and backgrounds of Native American populations in California in support of the ongoing process of cultural awareness and understanding. |
| Indian Health Services (IHS) Mandatory Annual Training: Overview of Trauma-Informed Care and Historical Trauma Guidance<br><br>Training Type: Two-Hour IHS On-Demand Webinar | <a href="https://www.ihs.gov/mentalhealth/ticmandatorytraining/">https://www.ihs.gov/mentalhealth/ticmandatorytraining/</a>   | IHS has partnered with the University of New Mexico and Maria Yellow Horse Brave Heart to create several trainings on historical trauma and trauma informed care. The on-demand, self-paced trainings are free and open to the public and include continuing education credits.    |





# Regional Centers

# Regional Centers

## What are Regional Centers?

Regional centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. They have offices throughout California to provide a local resource to help find and access the many services available to individuals and their families.

- Created by the Lanterman Act passed in 1969
- People with disabilities and their families have a right to live like people who don't have disabilities.

## Services covered by the Regional Centers

- Differs for the following age groups: 0<3 and 3+
- Diagnostic Eligibility has to occur prior to age 18
- List shared on next slide

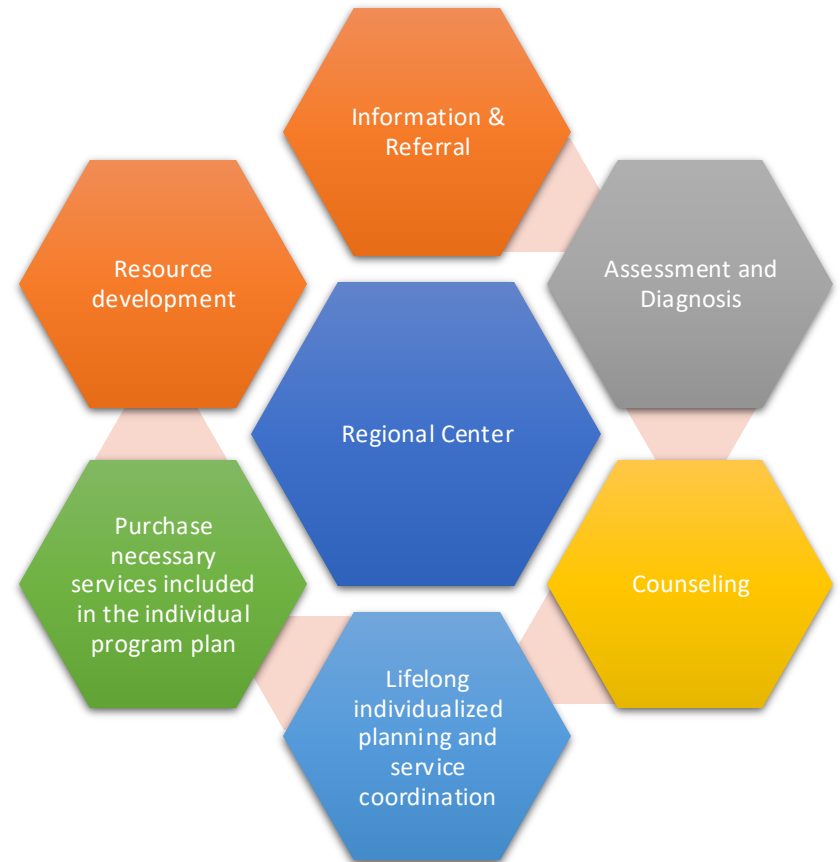


# Regional Center - Services

Regional centers provide diagnosis and assessment of eligibility and help plan, access, coordinate and monitor the services and supports that are needed because of a developmental disability. There is no charge for the diagnosis and eligibility assessment. Once eligibility is determined, a case manager or service coordinator is assigned to help develop a plan for services, tell you where services are available, and help you get the services. Most services and supports are free regardless of age or income.

There is a requirement for parents to share the cost of 24-hour out-of-home placements for children under age 18. This share depends on the parents' ability to pay.

For further information, see [Parental Fee Program](#). There may also be a co-payment requirement for other selected services. For further information, see [Family Cost Participation Program](#).



# Valley Mountain Regional Center



## Office Locations

San Joaquin Main Office:  
702 N. Aurora St. P.O. Box 692290  
Stockton, CA 95269-2290  
Phone: (209) 473-0951

Stanislaus County Office:  
1820 Blue Gum Avenue  
Modesto, CA 95358  
Phone: (209) 529-2626

Amador, Calaveras, Tuolumne Counties:  
704 Mountain Ranch Road, Suite 203  
San Andreas, CA 95249  
Phone: (209) 754-1871

<https://www.vmrc.net/>

# Alta California Regional Center



## Office Locations

Main Location:  
2241 Harvard Street, Suite 100  
Sacramento CA 95815  
Phone: (916) 978-6400

Placerville – serving El Dorado  
County:  
573 Main Street  
Placerville, CA 95667  
(530) 626-1353 voice  
(530) 626-0162 fax

South Lake Tahoe – serving Alpine  
and Eastern El Dorado Counties:  
2489 Lake Tahoe Boulevard, Suite 1  
South Lake Tahoe, CA 96150  
(530) 314-5970 Voice  
(530) 314-5971 Fax

<https://www.altaregional.org/>



# Community Resources

# 24-Hour Pharmacies

| Service Area              | Pharmacy  | Additional information  |
|---------------------------|---|---|
| Stockton                  | <b>WALGREENS #2680</b><br>15 W HARDING WAY<br>STOCKTON, CA 95204-5716<br>(209) 941-9632                                 | <b>NPI</b><br>1952316234<br>Electronic Prescribing Enabled<br>Retail<br>Compounding |
| Stanislaus                | <b>CVS PHARMACY #09248</b><br>1700 MCHENRY AVE<br>MODESTO, CA 95350<br>(209) 529-4810                                   | <b>NPI</b><br>1053354845<br>Electronic Prescribing Enabled<br>Retail<br>Compounding |
| BH<br>Pharmacy<br>Locator | <a href="https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy/">https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy/</a> |   |



# Consider Your Sensitive Patients

Laboratories  
for Special  
Needs

**Valley Children's Hospital/Quest Laboratory**  
**3525 Pelandale Avenue**  
**Modesto, CA 95356**  
**(209) 545 1415**

**\*Appointments are Available\***

**Hours of Operation: Monday-Friday 730AM – 430PM**

**Convenient Location, Phlebotomists are trained specifically for children**

**Quest Diagnostics- Madera**  
**363 East Almond Avenue, Suite 107**  
**Madera, CA 93636**  
**(559) 662 8993**

**\*Appointments are Available\***

**Hours of Operation, Monday-Friday 730AM – 430PM**





# Maternal Mental Health (MMH) Program Overview

# Agenda

1

Maternal Mental Health (MMH) Program Overview:  
MMH Program Policy

2

Delivering Services: Screening and  
Applicable Screening Instruments

3

BH Quality Measures

4

Referral to Outpatient BH Services and  
Additional Supportive Services

5

Questions

6

Resources



# Maternal Mental Health Program Policy

- The Department of Managed Health Care (DMHC) issued All Plan Letter 24-023 (APL 24-023 (OPL) - Newly Enacted Statutes Impacting Health Plans (2024 Legislative Session))" on December 20, 2024, primary goals are:
  - Applies to all Managed Care Plans (MCPs) that cover mental health services
  - Applies to Medi-Cal plans to the extent that the Department of Health Care Services (DHCS) obtains any necessary federal approvals
  - Requires by January 1, 2025, a plan's existing maternal mental health program to consist of:
    - At least **one maternal mental health screening to be conducted during pregnancy,**
    - At least **one additional screening to be conducted during the first six weeks of the postpartum period,** and
    - **Additional postpartum screenings, if determined to be medically necessary and clinically appropriate** in the judgment of the treating provider
- Please see the direct link to this APL for complete guidance at [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-023\(OPL\)-NewlyEnactedStatutesImpactingHealthPlans\(2024LegislativeSession\).pdf?ver=4OTRHq9T3Vx6CdZ X2evbcg%3d%3d](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-023(OPL)-NewlyEnactedStatutesImpactingHealthPlans(2024LegislativeSession).pdf?ver=4OTRHq9T3Vx6CdZ X2evbcg%3d%3d)





# Screening

# Delivering Behavioral Health (BH) in a Medical Setting

| Scope                  | Services  | Follow-up Action  |
|------------------------|---|---|
| Maternal Mental Health | <p>Prenatal/Postnatal Depression Screenings<sup>2</sup></p> <ul style="list-style-type: none"><li>• At least once during each pregnancy</li><li>• At least once within the first 6 weeks following the birth of the child</li><li>• Additional postpartum screenings, if determined to be medically necessary and clinically appropriate in the judgment of the treating provider</li></ul> | If screening is positive, refer member for mental health services |

<sup>1</sup>DHCS approved training required prior to administering tool(s)

<sup>2</sup>Refer to Medi-Cal Provider Manual for billing requirements



# Applicable Screening Instruments

| Instruments for Adolescents (≤17 years old)                           | LOIN-C  | Positive Finding          |
|---|---------|---------------------------|
| Patient Health Questionnaire (PHQ-9) <sup>®</sup>                     | 44261-6 | Total score ≥10           |
| Patient Health Questionnaire Modified for Teens (PHQ-9M) <sup>®</sup> | 89204-2 | Total score ≥10           |
| Patient Health Questionnaire-2 (PHQ-2) <sup>®1</sup>                  | 55758-7 | Total score ≥3            |
| Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®1,2</sup>        | 89208-3 | Total score ≥8            |
| Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)    | 89205-9 | Total score ≥17           |
| Edinburgh Postnatal Depression Scale (EPDS)                           | 99046-5 | Total score ≥10           |
| PROMIS Depression   | 71965-8 | Total score (T Score) ≥60 |
| Instruments for Adults (18+ years old)                                | LOIN-C  | Positive Finding          |
| Patient Health Questionnaire (PHQ-9) <sup>®</sup>                     | 44261-6 | Total score ≥10           |
| Patient Health Questionnaire-2 (PHQ-2) <sup>®1</sup>                  | 55758-7 | Total score ≥3            |
| Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®1,2</sup>        | 89208-3 | Total score ≥8            |
| Beck Depression Inventory (BDI-II)                                    | 89209-1 | Total score ≥20           |
| Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)    | 89205-9 | Total score ≥17           |
| Duke Anxiety-Depression Scale (DUKEAD) <sup>®2</sup>                  | 90853-3 | Total score ≥30           |
| Geriatric Depression Scale Short Form (GDS) <sup>1</sup>              | 48545-8 | Total score ≥5            |
| Geriatric Depression Scale Long Form (GDS)                            | 48544-1 | Total score ≥10           |
| Edinburgh Postnatal Depression Scale (EPDS)                           | 99046-5 | Total score ≥10           |
| My Mood Monitor (M-3) <sup>®</sup>                                    | 71777-7 | Total score ≥5            |
| PROMIS Depression   | 71965-8 | Total score (T Score) ≥60 |
| Clinically Useful Depression Outcome Scale (CUDOS)                    | 90221-3 | Total score ≥31           |

<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; may be cost or licensing requirement associated with use.





# BH Quality Measures

# PND-E – Prenatal Depression Screening and Follow-Up



- Pregnant people should be screened at least once during their pregnancy for depression using a standardized instrument and, if screened positive, must receive appropriate follow-up care within 30 days of screening

# PDS-E – Postpartum Depression Screening and Follow-Up



- Patients who had deliveries should be screened for depression during their postpartum period at least once using a standardized instrument and, if screened positive, must receive appropriate follow-up care within 30 days of screening

# Capturing Screenings

- NCQA HEDIS specifications **only** allow capture of screenings and results from Logical Observation Identifiers Names and Codes (LOIN-C's).
- LOIN-Cs are typically used for result reporting and are usually captured through lab claims.
- These codes cannot be submitted on a standard CMS 1500 claim form.
- The only way to capture these is:
  1. Including the data in standard supplemental data feeds – Lab file
  2. Participating in an HIE such as Manifest



# Referral for Follow-Up Care after a Positive Screen (PDNE/PDSE)

- To support a warm hand off for BH linkage to Mental Health (MH), Substance Use Disorder (SUD), and/or Medication Management services, please:
  - Summarize member's endorsed MMH symptoms and/or concerns in their own words
  - Discuss reason for the Outpatient BH Services referral
  - Share benefits of BH services for member and their baby, and as it relates to their goals and motivation
- If members prefer to self-refer, in addition, to receiving a referral, please encourage them to call the Behavioral Health Customer Service Line at **1-888-581-PLAN (7526)** (Located on the back of the member ID card)





# Referral to Outpatient BH Services and Supportive Services

# Provider Referral Options

- **Health Plan appreciates Providers' partnership in linking members to Behavioral Health Services**
  - Providers can refer members for Behavioral Health Services by submitting referrals via fax, email, phone at **1-888-581-PLAN (7526)**, or Provider Portal (DRE)
  - By completing the Behavioral Health Services Referral Form, Providers are referring members to a Health Plan BH Care Coordinator to get help with accessing care: <https://www.hpsj.com/wp-content/uploads/2024/10/HPSJ-MVHP-BHS-Referral-Form.pdf>
  - On the Referral Form, please **select** the referral type:

**Outpatient Behavioral Health Services**

**Therapy (MH and/or SUD) or Medication Management (Psychiatry) services**  
 Health Plan can coordinate member care with county mental health

✓ \*Under Referral Request – Symptoms, please **check Perinatal Depression/Anxiety**, and/or **other BH Symptoms to note additional diagnostic info**

✓ This will alert our BHS team to locate a BH Provider, who specializes in MMH and schedule the earliest available appointment

Health Plan of San Joaquin | Health Plan of San Joaquin/Mountain Valley Health Plan Behavioral Health Services Referral Form | Mountain Valley Health Plan

Referral Date: \_\_\_\_\_ Member Name: \_\_\_\_\_ Medi-Cal CIN ID#: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (home); \_\_\_\_\_ (parent/guardian's cell); \_\_\_\_\_ (member's cell)  
 Member address: \_\_\_\_\_

Does the minor 12 and older have capacity to give consent to services?  Yes  No If no, please explain \_\_\_\_\_  
 Best day/time to reach the member: \_\_\_\_\_ Best day/time to reach the parent/guardian: \_\_\_\_\_  
 PCP Clinic/Agency: \_\_\_\_\_ Name of PCP: \_\_\_\_\_ PCP Phone #: \_\_\_\_\_

**To receive a confirmation of this referral's outcome, please check the box below noting preferred method and contact details:**  
 Email address: \_\_\_\_\_  Fax Number: \_\_\_\_\_

Please check to confirm member eligibility was verified

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**Name of Requestor**  
**Requestor (one request per referral form)**  
 PCP  BH Provider  Regional Center  Other \_\_\_\_\_

**Referral for Outpatient Behavioral Health Services:** Refer members for therapy or medication management via Health Plan's network of providers when their needs are outside the PCP scope of practice. Health Plan can coordinate member care with county mental health. Fax: 1-209-762-4761 OR secure email: [BHCM@hpsj.com](mailto:BHCM@hpsj.com)

**Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA) Services:** Specialty services for youth under 21 years old with a Licensed Psychologist or Physician order requesting ABA services. Fax: 1-209-762-4760 OR secure email: [BHTReferral@hpsj.com](mailto:BHTReferral@hpsj.com)

**Referral for Psychological or Neuropsychological testing:** Refer members to psychological/neuropsychological testing via Health Plan's network of providers when their needs are outside the PCP scope of practice. Health Plan can coordinate member care with county mental health. Fax: 1-209-762-4760 OR secure email: [BHTReferral@hpsj.com](mailto:BHTReferral@hpsj.com)

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**Request Reason** (check all that apply):  
**Symptoms:**  
 Depression  Perinatal depression/anxiety  PTSD/Trauma  
 Poor self-care due to mental health  Violence/Aggressive behavior  Abuse/CPS  
 Psychosis (auditory/visual hallucinations, delusional)  Psychological testing  Chronic Pain  
 Adverse Childhood experiences (ACEs)  Neuropsychological testing  Anxiety  
 Substance use type: \_\_\_\_\_  
 Other BH symptoms: \_\_\_\_\_

**Impairments:**  
 Difficult/Unable to complete ADLs  Difficulties maintaining relationships  Legal/CPS  
 Difficult/Unable to go to work/school  Other: \_\_\_\_\_  
 Medications (list below or send medication list with this form): \_\_\_\_\_

**Motivation for Services** (check all that apply)  
 Member (or guardian) has been informed for referral to Health Plan's Behavioral Health Services  
 Member wants services for self (or dependent)  
 Member is unsure or ambivalent about services for self (or dependent)  
 If applicable, Patient has completed a PHQ-2/PHQ-9, Score \_\_\_\_\_

*For members 12 and older, in certain situations under privacy law AB1184 a written ROI may be required to share sensitive information with anyone including parents and guardians. If possible, please send this referral form along with a completed release of information for anyone who may be involved in the member's care.*

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# Dyadic Behavioral Health

Under Medi-Cal, Health Plan covers medically necessary dyadic behavioral health (DBH) services

- Including promotion, prevention, brief interventions or comprehensive services for **children without a mental health diagnosis**, and **services for their caregivers irrespective of insurance status**
  - Pediatric primary care offers an unparalleled opportunity to promote child health by also supporting the health of caregivers through dyadic interventions
  - Research shows that comprehensive models of dyadic care in the pediatric clinic setting help identify and address caregiver and family risk factors for the benefit of the child:
    - Increasing parent/caregiver screening for maternal depression,
    - Reducing parent/caregiver symptoms, and
    - Improving BH linkage to services

- UCSF's Center for Advancing Dyadic Care in Pediatrics (CADP) is leading the way to scale Dyadic Care across CA by partnering with DHCS, MCPs, and Providers
- Please see the helpful links below:
  - This handout is useful for understanding the rationale for dyadic care models in primary care settings.  
<https://d167yq9oi3b9wm.cloudfront.net/appQKNiKPGw8Ha5f/attnF31hHH1bBPZWE.pdf?cache=1741027320>
  - In this 9-minute video, learn more about the dyadic intervention in pediatric primary care.  
<https://training.acesaware.org/aa/detail?id=2212>



# Social Services and Support

Health Plan's Social Services (SS) team is available to help with the following:

- 1) Removing social determinants that prevent members from receiving the care they need by helping with:
  - Food
  - Clothing
  - Utilities assistance
  - Financial assistance
  - Caregiver assistance
  - Housing
  - Transportation (Non-Emergency Medical Transportation (NEMT)/Wheelchair Van and Gurney)
  
- 2) Conducting psychosocial assessments on referrals, connecting members to resources and services based on the patient's care plan

Members can self-refer by calling the **Behavioral Health Customer Service line at 1-888-581-7526 (PLAN)**, and/or Customer Service at Toll Free 1-888-936-7526 (PLAN) or Hearing Impaired TTY 711

## To Make a Referral:

- Complete the Case Management Referral Form at [HPSJ-MVHP-CM-DM-Referral-Form-06032024E.pdf](https://www.hpsj.com/wp-content/uploads/2024/07/HPSJ-MVHP-CM-DM-Referral-Form-06032024E.pdf)<https://www.hpsj.com/wp-content/uploads/2024/07/HPSJ-MVHP-CM-DM-Referral-Form-06032024E.pdf>
- Send the Referral Form to Health Plan Social Services Team via email at [SocialServices@hpsj.com](mailto:SocialServices@hpsj.com) or fax to 1-209-762-4720

For questions, Referrals, Members, and/or Parents/Caregivers can **call the Behavioral Health Customer Service line at 1-888-581-7526 (PLAN)**, and/or Customer Service at Toll Free 1-888-936-7526 (PLAN) or Hearing Impaired TTY 711



# Important Contact Numbers

## 988 Suicide and Crisis Lifeline

| Service Area | Health Plan Contacts   | County Access Line | Regional Center                                    |
|--------------|--|--------------------|--|
| Alpine       | Phone:<br>BH Customer Service (MH, SUD,<br>Med Management, BHT/ABA,<br>and Social Services):<br>1-888-581-7526 (PLAN)<br><br>Email <i>*For Provider Use Only*</i> :<br>BH: <a href="mailto:BHCM@hpsj.com">BHCM@hpsj.com</a><br>BHT: <a href="mailto:BHTReferral@hpsj.com">BHTReferral@hpsj.com</a><br>SS: <a href="mailto:SocialServices@hpsj.com">SocialServices@hpsj.com</a><br><br>Customer Service Phone<br>Number at Toll Free 1-888-936-<br>7526 (PLAN) or Hearing<br>Impaired TTY 711 | 1-800-318-8212     | Alta California Regional Center<br>1-916-978-6400  |
| El Dorado    |  | 1-800-929-1955     |  |
| San Joaquin  |  | 1-888-468-9370     | Valley Mountain Regional<br>Center<br>209-473-0951 |
| Stanislaus   |  | 1-888-376-6246     | Valley Mountain Regional<br>Center<br>209-529-2626 |

**PCP, Specialty Referral, Interpreter or Transportation Request: 1-888-896-PLAN (7526)**



# Me + My Baby Prenatal Program

**Health Plan offers a free Maternal Mental Health (MMH) Program called Me + My Baby Prenatal Program**



- Members can sign-up to work with friendly, trained health care staff, who provide education, referrals, and support during pregnancy
- The program aims to meet the member and their baby's physical, behavioral health, and other needs such as links to transit, food, local public health nurse home visiting programs, and more
- Benefits of the program include:
  - Increasing awareness of perinatal and maternal mental health topics
  - Promoting perinatal health and wellness by alleviating stress
  - Connecting families to helpful programs, services, and community resources
- Members can sign up for the program through this link: <https://www.hpsj.com/prenatal/>



# Doula Services

**Doula services are provided for prenatal, perinatal, and postpartum Members. Doula services can be provided virtually or in person with locations in any setting.**

- An initial recommendation for doula services includes the following authorizations:
  - One initial prenatal visit
    - Up to eight additional visits can be provided in any combination of prenatal and postpartum visits
    - Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage
    - Up to two extended three-hour postpartum visits after the end of a pregnancy
- Providers can recommend doula services for members by completing the Medi-Cal Doula Services Recommendation form at this link: <https://www.dhcs.ca.gov/provgovpart/Documents/DoulaREC.pdf>



# Enhanced Care Management – Birth Equity

**BIRTH EQUITY: Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes**

Please confirm the Member meets **all** of the following criteria:

Member is pregnant or postpartum (through 12 months period)

**AND**

Member is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality. As of 2024, Black, American Indian or Alaska Native, and Pacific Islander Members are included in this definition (referring individuals should prioritize Member self-identification).

## Enhanced Care Management

Health Plan of San Joaquin  Mountain Valley Health Plan 

*If you are covered by Medi-Cal, you have a benefit that is helpful for people who could use extra support.*

**Enhanced Care Management (ECM)** is for members with complex medical and social needs. Some people also call this Medi-Cal benefit ECM. ECM helps members find and coordinate care based on their needs.



### ECM services include:

Outreach and Engagement

Comprehensive Assessment and Care Management Plan

Enhanced Coordination of Care

Health Promotion

Comprehensive Traditional Care

Member and Family Supports

Coordination of and Referral to Community and Social Support Services

### ECM may provide support for you, your family, and caretakers at no cost.

If you qualify for ECM, you will have your own care team with a Lead Care Manager. This person will work with you and your doctors, specialists, and others. They make sure everyone works together to get you the care you need!

### Who can receive ECM?

- Members do not have shelter or housing
- People experiencing mental health or substance use disorder (drug or alcohol abuse)
- Individuals who will be released or were recently released from prison, jail, or a correctional facility
- Members who need long term care or are in a nursing home and want to transition back to their community
- Children and Youth enrolled in California Children's Services (CCS)
- Children and Youth involved in child welfare (foster care)
- People of color who are pregnant or have had a baby in the last 12 months

## Ask About ECM

If you think ECM services can help you, talk to your doctor and ask them to refer you for enhanced care management. If you have questions, you can also call Health Plan's Customer Service Team at **1-888-936-PLAN (7526) TTY 711.**



[www.hpsj-mvhp.org](http://www.hpsj-mvhp.org)

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# Community Support Services

## You have access to Community Support Services (CSS)

Each  
person has  
different needs

Community Support  
Services may be just  
what you need to  
have a better  
quality of life.

Take time to look at the list of different types of services. Your doctor and Health Plan will work together to help you access the services that can improve your health and well-being.

### What kind of services are covered?\*



You can ask for community support services. To learn more and see what kind of services you qualify for, talk to your doctor. You can also call Health Plan at:  
**1-888-936-7526 TTY 711**

Read more about this service on our website:  
[www.hpsj-mvhp.org](http://www.hpsj-mvhp.org)

#### Asthma Help

Physical changes to the home to help members reduce asthma episodes.

#### Community Transition Services

Services to help members live in the community as an alternative to staying in a nursing facility.

#### Day Habilitation Programs

Programs to assist members with self-help and social skills.

#### Housing and Shelter

This is help for members who do not have a house or shelter to live in. There are different kinds of help you can get based on your needs.

#### Meals

This service helps members meet their nutrition goals when it is most important to their health. There are different kinds of help you can get based on your needs.

#### Nursing Facility Transition

Services to help members avoid nursing facility stays when possible.

#### Personal Care Services

Help with daily activities like taking a bath, dressing, or eating.

#### Respite Services

Short-term services to give relief to caregivers.

#### Short Term Housing/Repite Care

This service is for members who need a place to get well after a hospital stay and do not have a home or shelter that meets their needs. There are different kinds of help you can get based on your needs.

#### Sobering Center

A short term place to sober from alcohol and substance use disorder for members.

**CSS is a covered Medi-Cal service provided at no cost to you.**

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**Questions**

Health Plan   
of San Joaquin

 Mountain Valley  
Health Plan

**Thank you!**



## Resources

# Provider Alerts

All provider alerts can be located here: <https://www.hpsj.com/alerts/>

| Topic   | Link  |
|---|---|
| Prenatal and postpartum care including PND-E and PDS-E  | <a href="https://www.hpsj.com/update-prenatal-and-postpartum-care-ppc-prenatal-immunization-status-prs-e-prenatal-depression-screening-and-follow-up-pnd-e-postpartum-depression-screening-and-follow-up-pds-e/">https://www.hpsj.com/update-prenatal-and-postpartum-care-ppc-prenatal-immunization-status-prs-e-prenatal-depression-screening-and-follow-up-pnd-e-postpartum-depression-screening-and-follow-up-pds-e/</a> |
| How to refer for Behavioral Health Services and Case Management                               | <a href="https://www.hpsj.com/how-to-refer-for-behavioral-health-services-and-case-management/">https://www.hpsj.com/how-to-refer-for-behavioral-health-services-and-case-management/</a>   |
| Dyadic Services and Family Therapy Benefit  | <a href="https://www.hpsj.com/dyadic-services-and-family-therapy-benefit/">https://www.hpsj.com/dyadic-services-and-family-therapy-benefit/</a>   |
| Enhanced Care Management (ECM) Birth Equity Population of Focus (POF) – Live as of 01/01/2024 | <a href="https://www.hpsj.com/enhanced-care-management-ecm-birth-equity-population-of-focus-pof-live-as-of-01-01-2024/">https://www.hpsj.com/enhanced-care-management-ecm-birth-equity-population-of-focus-pof-live-as-of-01-01-2024/</a>   |
| Doula Services  | <a href="https://www.hpsj.com/doula-services/">https://www.hpsj.com/doula-services/</a>   |



# Medi-Cal Provider Manual



- <https://mcweb.apps.prd.cammis.medical.ca.gov/publications/manual>

# Optional Professional Development Opportunities

| Topic   | Links  | Description   |
|---|--|---|
| <p>Perinatal Mental Health 101 Free Webinar</p> <p>Training Type: 90-minute Webinar</p> | <p><a href="https://www.postpartum.net/raining/mmh-online-webinar/">https://www.postpartum.net/raining/mmh-online-webinar/</a></p> | <p>The Postpartum Support International and The Policy Center for Maternal Mental Health are offering free 90-minute Perinatal Mental Health 101 webinars.</p> <ul style="list-style-type: none"> <li>• Learn about the various Maternal Mental Health Disorders, the differences between them, risk factors, and treatment options</li> <li>• The course is designed for providers, administrators, and public health employees, though all are welcome</li> <li>• CEUs/CMEs are not available for this event</li> <li>• All webinars are scheduled on Thursdays from 10:30am-12pm Pacific Time through Zoom</li> <li>• RSVP for one of the sessions</li> </ul> <p><b>Available Dates/Times:</b></p> <ul style="list-style-type: none"> <li>• Th, 4/10/2025 from 10:30am-12pm PST (Presented in Spanish) - Register at: <a href="https://secure.everyaction.com/P64sToszQk6VscLNWq3G0Q2">https://secure.everyaction.com/P64sToszQk6VscLNWq3G0Q2</a></li> <li>• Th, 6/12/2025 from 10:30am-12pm PST – Register at: <a href="https://secure.everyaction.com/8xu6FbeEgUWvoieOvHlxDA2">https://secure.everyaction.com/8xu6FbeEgUWvoieOvHlxDA2</a></li> <li>• Th, 9/4/2025 from 10:30am-12pm PST – Register at: at <a href="https://secure.everyaction.com/sZFtgJJF60-C1Nkd_CwRPw2">https://secure.everyaction.com/sZFtgJJF60-C1Nkd_CwRPw2</a></li> <li>• Th, 12/11/2025 from 10:30am-12pm PST – Register at: at <a href="https://secure.everyaction.com/yEyeXxglukm5KDaJy-kWwA2">https://secure.everyaction.com/yEyeXxglukm5KDaJy-kWwA2</a></li> </ul> |

For more info on Postpartum Support International, please visit: <https://www.postpartum.net/about-psi/>

For more info on Policy Center MMH, please visit: <https://policycentermmh.org/events/>



# Optional Professional Development Opportunities

| Topic   | Links  | Description  |
|---|--|--|
| <p>Perinatal Substance Use 101 Free Webinar</p> <p>Training Type: 90-minute Webinar</p> | <p><a href="https://policycentermmh.org/perinatal-substance-use-disorders-101/">https://policycentermmh.org/perinatal-substance-use-disorders-101/</a></p> | <p>The Policy Center, Postpartum Support International and Colorado Department of Public Health are offering free 90-minute Perinatal Substance Use Disorder 101 webinars.</p> <ul style="list-style-type: none"> <li>• Learn how to recognize and effectively respond to substance use concerns during pregnancy, early parenthood, and with the birthing parent/child dyad</li> <li>• Considerations related to treatment and supporting the parent-child relationship will be discussed</li> <li>• The training is designed for providers, administrators, and public health employees, though all are welcome</li> <li>• All webinars are scheduled on Wednesday mornings from 10:30 am – 12:00 pm Pacific Time through Zoom</li> <li>• CEUs/CMEs are not available for this event</li> <li>• RSVP for one of the sessions</li> </ul> <p><b>Available Dates/Times:</b></p> <ul style="list-style-type: none"> <li>• Wed, 4/30/25 – Register at: <a href="https://secure.everyaction.com/86X7A6Bx5EGSttdi6gu3xQ2">https://secure.everyaction.com/86X7A6Bx5EGSttdi6gu3xQ2</a></li> <li>• Wed, 7/23/25 – Register at: <a href="https://secure.everyaction.com/IFkpdPTiq0Ok1BDkm9GVIQ2">https://secure.everyaction.com/IFkpdPTiq0Ok1BDkm9GVIQ2</a></li> <li>• Wed, 10/1/25 – Register at: <a href="https://secure.everyaction.com/XdpW0nJn6UKLFMdOPq26Hw2">https://secure.everyaction.com/XdpW0nJn6UKLFMdOPq26Hw2</a></li> </ul> |

For more info on Postpartum Support International, please visit: <https://www.postpartum.net/about-psi/>

For more info on Policy Center MMH, please visit: <https://policycentermmh.org/events/>



# Women, Infants & Children Program (WIC)

## What is WIC and its services?

The California WIC program helps families across the state by providing nutrition education, breastfeeding support, healthy foods and referrals to health care and other community services

- WIC serves infants and children up to age 5 and people who are pregnant or have given birth or experienced pregnancy loss
- Partners, grandparents, foster parents of young children and working families are welcome at WIC, too!

Members can receive additional support with nursing by calling their local WIC office to set-up a visit

- Please visit <https://www.hpsj.com/breastfeeding/> for a list of WIC offices contact info and locations

If members experience any problems calling WIC reach out to Health Plan, we can get members linked with support in their area

- Members can call the Customer Service Phone Number at **Toll Free 1-888-936-7526 (PLAN)** or **Hearing Impaired TTY 711**, or sign up for our Prenatal Program, **Me + My Baby** through the link: <https://www.hpsj.com/prenatal/>
- Learn more about WIC in the video on our website: <https://www.hpsj.com/breastfeeding/>

For more info, please visit  
<https://www.cdph.ca.gov/programs/cfh/DWICSN/pages/program-landing1.aspx>



# First 5



## What is First 5?

- First 5 California convenes, partners in, and helps lead the movement to create and implement a comprehensive, integrated, and coordinated system for California's children prenatal through age 5 and their families. It promotes, supports, and optimizes early childhood development.

## First 5 Services:

- Offers support to parents/caregivers of children ages 0-5
- Provides resource navigation, early childhood development programs, playgroups, parent/caregiver education and support services, special needs support, in-home services, and screenings (Adverse Childhood Experiences (ACES), Ages and Stages (Children's Development – ASQ), etc.) - *Availability of services vary by location*
- Through First5's partnerships with community stakeholders, members can receive a variety of children and family support services with multiple locations in the community:
  - Family Resource Centers (FRCs) located in San Joaquin and Stanislaus Counties
  - Community Hubs located in El Dorado County Libraries



# More Info on First 5 and Drop In Sites

| Region             | Website   | Family Resource Center/Community Hub Locations  |
|--------------------|---|---|
| First 5 California | <a href="https://www.first5california.com/en-us/">https://www.first5california.com/en-us/</a> |   |
| San Joaquin County | <a href="https://www.sjckids.org/">https://www.sjckids.org/</a>                               | <a href="https://frcsj.org/about/">https://frcsj.org/about/</a>                             |
| Stanislaus County  | <a href="https://www.first5stan.org/">https://www.first5stan.org/</a>                         | <a href="https://www.first5stan.org/frc.shtm">https://www.first5stan.org/frc.shtm</a>       |
| Alpine County      | <a href="https://first5alpine.org/">https://first5alpine.org/</a>                             |   |
| El Dorado County   | <a href="https://www.first5eldorado.com/">https://www.first5eldorado.com/</a>                 | <a href="https://www.eldoradocommunityhubs.com/">https://www.eldoradocommunityhubs.com/</a> |



# Open Discussion / Questions



**Next Look and Learn:  
6/19 from 12-1:30 pm**

**Health Plan**   
of San Joaquin



**Mountain Valley**  
Health Plan

**Thank You!**