



March 1, 2024

UPDATES INCLUDE:

- **Carelon Provider Trainings** - Harm Reduction and Substance Use Disorders & Maternal Mental Health
- **Facility Site Review (FSR) Provider Pearls** - Medical Record Review and Pediatric Blood Lead Screening and Testing & Medi-Cal for Kids and Teens for Medi-Cal Members Under the Age of 21

Carelon Provider Trainings in March

Harm Reduction and Substance Use Disorders Training

Harm reduction is an evidence-based approach that is a key pillar to the U.S. Department of Health and Human Services' Overdose Prevention Strategy. This practical and transformative approach incorporates community-driven public health strategies which include prevention, risk reduction, and health promotion. It is critical to engage with people who use drugs and equip them with life-saving tools and information to create positive change in their lives. In this training, Dr. Thomas Hayden, Carelon Behavioral Health Medical Director, will introduce and describe the principles of harm reduction, review the concept of screening, assessment, brief interventions, and referral to treatment (SABIRT), discuss a range of harm reduction services/programs, and offer information on engagement strategies for people experiencing substance use.

Learning Objectives:

- Gain knowledge of the concept and principles of harm reduction in SUD population
- Identify approaches to integrate a harm reduction philosophy into clinical care.
- Demonstrate familiarity with a range of harm reduction interventions (e.g., syringe access programs, distribution of naloxone, medication-assisted treatment, supervised

[Subscribe](#)[Past Issues](#)[Translate ▼](#)Topic: Harm Reduction and Substance Use Disorders (SUD)Meeting Link: [Click here to join the meeting](#)Date and Time: Wednesday March 20, 2024, 12-1pm PSTPresenter: Dr. Thomas Hayden, Caredon Behavioral Health Medical Director

Maternal Mental Health Training

Maternal Mental Health (MMH), also known as perinatal mental health, refers to a mother's overall emotional, social, and mental well-being, both during and after pregnancy. MMH disorders are often unrecognized and therefore untreated. In this one hour training, Dr. Jessica Langenhan, Medical Director at Caredon Behavior Health, will share information regarding the prevalence, risk factors, and impact of MMH disorders. Specific MMH disorders, including depression, psychosis, PTSD, OCD, will be discussed. Dr. Langenhan will provide information on screening tools, diagnosis, treatment interventions, and other resources that are recommended for providers to utilize to support this population. Caredon Director of Behavioral Health Services, Mandy Kullar, will share information about linking members to Caredon providers and MMH Services.

Topic: **Maternal Mental Health**Date and Time: Friday March 15, 2024 11:00-12:00PMRegistration link: [Maternal Mental Health registration - Webex](#)

Presenters: Dr. Jessica Langenhan, MD, MBA, CHCQM, *Caredon Behavioral Health Medical Director*, Mandy Kullar, LMFT, *Caredon Director of Behavioral Health Services*, Kristin Gratz, LPCC, *Caredon Provider Quality Manager*

Facility Site Review Provider Pearls



Medical Record Review and Pediatric Blood Lead Screening & Testing

Lead poisoning is one of the most common and preventable environmental diseases in California children. In 2021, the Centers for Disease Control and Prevention (CDC), lowered the blood lead reference value (BLRV) to 3.5 micrograms per deciliter (mcg/dL) to identify children with blood lead levels (BLLs) that are higher than most children's levels. The BLRV is the level at which health care providers are recommended to provide retesting and follow-up.

Medical Record Reviews (MRRs) occur every three years per DHCS requirements. Evaluating documentation of blood lead screening and testing at these reviews is one monitoring activity by SFHP to evaluate provider compliance for providers who care for pediatric members. Members' parents/guardians

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include information about common sources of lead exposure for children.

The evaluator reviewing medical records will look for components of compliance to earn you full credit for the blood lead screening criteria. These are:

- A. Medi-Cal providers are required to inform parents or guardians the following information:
 1. The risks and effects of childhood lead exposure
 2. The requirement that children in Medi-Cal should be blood lead tested
 3. The requirement that children not in Medi-Cal who are at high risk of lead exposure should also be blood lead tested
- B. Blood lead screening and testing documentation, which includes the following:
 1. Age-appropriate blood lead anticipatory guidance
 2. Screening for risk factors
 3. Blood lead screening tests, as indicated
 - a. At 12 months and at 24 months of age (but up to 72 months of age, if not done earlier)
 - b. When the provider becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
 - c. When the provider becomes aware that a child member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
 - d. At any time, a change in circumstances has, in the professional judgement of the provider, put the child member at risk
 - e. If requested by the parent or guardian
 - f. When *Post-Arrival Lead Screening of Refugees* CDC guidelines recommend
 4. Test types
 - a. Screening BLLs may be either capillary (CBLL) or venous (VBLL)
 - b. Filter paper blood lead tests are not accepted by the State of California
- C. If screening and/or testing is not performed, documentation of the following:
 1. The reason, if a provider opines the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning
 2. A signed statement of voluntary refusal by parent or guardian when he/she withheld consent for screening or testing
 - a. If the provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent, refuses or declines to sign it, or is unable to sign it (e.g., when services are provided via telehealth modality), it is acceptable for the provider to document the refusal
- D. Evidence of appropriate interventions and follow-up if any abnormal pediatric examination findings or tests results found related to blood lead screening and testing.

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Risk Assessment & Screening

Ask: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently renovated?"

☐ No suspected lead exposure
☐ Anticipatory Guidance given _____ (MM/DD/YYYY)

Direct lead test: If the answer to the question is "yes" or "don't know"

☐ Venous blood lead level
☐ Capillary blood lead level

☐ No suspected lead exposure
☐ Anticipatory Guidance given _____ (MM/DD/YYYY)

Direct lead test: If the answer to the question is "yes" or "don't know"

☐ Venous blood lead level
☐ Capillary blood lead level

Placed in: ☐ Venous ☐ Capillary blood lead level on _____ (MM/DD/YYYY)

Test was administered by: _____
 (Signature of Health Care Professional)

Parent/Guardian Refusal of Blood Lead Testing

I certify that I have been made aware of the serious and long-term health effects of lead poisoning on children under the age of six years. I am asked to sign after being blood tested in order to document if my time is best protected, and hereby refuse blood lead testing. I am aware that a copy of this refusal will be documented in my child's medical record.

Reason for Refusal: _____

Signature: _____ Date: _____
 (parent or guardian) (relative to child) (MM/DD/YYYY)

To support your compliance with DHCS All Plan Letters 22-017 and 20-016 (Revised), you might find this SFHP Blood Lead Risk Assessment & Screening tool helpful. You can use this [link](#) to access the clinic tool or you may find it on the sfhp.org FSR website. It can be customized to your preferences, if you wish, to incorporate into your workflow. The sample questionnaire includes the following:

< >Risk assessment screening (documentation of no suspected lead exposure/low Anticipatory Guidance verificationDocumentation of initial test (venous vs capillary; date; provider sign off)Written refusal signed by parent/guardian2023 Blood Lead Testing and Anticipatory Guidance.pdf (ca.gov)

California Lead Poisoning Prevention Branch (CLPPB): [Blood Lead Testing fact sheet](#)

[California Management Guidelines](#)

[CDC Capillary Lead Testing Video](#)

[CDC guidance on capillary blood lead testing](#)

CDC: [Screening for Lead during the Domestic Medical Examination for Newly Arrived Refugees](#)

[Patient Lead Education Materials](#)

[Potential Sources of Lead](#)

[Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers](#)

The CDC instruction poster: [Steps for Collecting Finger Stick Capillary Blood Using a Microtainer®](#)



Medical Record Review (MRR)

Medi-Cal for Kids & Teens for Medi-Cal Members Under the Age of 21

California refers to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit as Medi-Cal for Kids & Teens. These services provide full-scope early and periodic screening, diagnostic, and treatment services to Medi-Cal beneficiaries under the age of 21. These services are covered without cost. This benefit ensures that enrolled members receive any medically necessary treatment or procedure regardless of whether or not Medi-Cal covers it. Medically necessity is defined by the Department of Health Care Services (DHCS) as if the procedure or treatment will correct or ameliorate health defects,

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Pediatric Primary Care Providers (PCPs) and Family Medicine practitioners comply with preventive services in accordance with current American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and US Preventive Task Force (USPSTF) recommendations. Medi-Cal managed care health plans (MCPs) are required to ensure that Medi-Cal for Kids & Teens' members have timely access to all medically necessary services no later than 60 calendar days following a preventative screening or other visit that identifies a need for follow-up.

A key component to these services also requires that Medi-Cal providers inform these members, or their parents/guardians, either in person, by phone, or written materials the following information:

1. Why preventive services and screenings are important
2. What services are offered under Medi-Cal for Kids & Teens
3. Where and how to get services
4. Services are free
5. Free transportation and help scheduling are available

Medical Record Reviews (MRRs) are conducted to review medical records for format, legal protocols, and documented evidence of the provision of preventive care and coordination and continuity of care services. The MRR is one monitoring activity by SFHP to evaluate provider compliance with the Medi-Cal for Kids & Teens requirements. A MRR occurs every three years from a sample of medical records that are reviewed by nurse evaluators. The evaluator looks for documented evidence of appropriate interventions if any physical or mental illnesses or conditions are identified from pediatric examination.

The Facility Site Review (FSR) team has included information in the FSR section of the sfhp.org website that may help you prepare for the Medi-Cal for Kids & Teens requirements that will be evaluated during a medical record review.

Provider Resources:

- [DHCS Patient Materials to Inform Beneficiaries of Medi-Cal for Kids & Teens](#)
- [SFHP Website – Medical Record Review Resources](#)
- [AAP – Getting Started: Implementing a Screening Process »](#)
- [AAP – Behavioral and Emotional Screening Implementation »](#)
- [Medi-Cal for Kids & Teens](#)

Links:

[DHCS APL 23-005: Requirements For Coverage Of Early And Periodic Screening, Diagnostic, And Treatment Services For MediCal Members Under The Age Of 21](#)

[DHCS APL 23-010: Responsibilities For Behavioral Health Treatment Coverage For Members Under The Age Of 21](#)

[DHCS Medi-Cal for Kids & Teens Provider Training December 2023](#)

[AAP Bright Futures](#)

[Recommendations for Preventive Pediatric Health Care](#)

“**Provider Pearls**” are monthly articles written with the intent to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes.

For any questions about the Facility Site Review or Medical Record Review processes or tools, please

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Please do not hesitate to contact Provider Relations at

1(415) 547-7818 ext. **7084** or Provider.Relations@sfhp.org

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