



KERN HEALTH SYSTEMS

REGULAR MEETING OF THE QI/UM COMMITTEE

Thursday, November 12th , 2020

At

7:00 A.M.

At

2900 Buck Owens Boulevard

4th Floor Kern River Room

Bakersfield, CA 93308

(Virtual Meeting)

The public is invited

For more information, call (661) 664-5000

Agenda

Quality Improvement (QI) / Utilization Management (UM) Committee (VIRTUAL) MEETING

Kern Health Systems
4th Floor Kern River Room
2900 Buck Owens Boulevard
Bakersfield, California 93308

Virtual Meeting
Thursday, November 12th, 2020

7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd, Bakersfield, CA 93308 during regular business hours, 8:00 a.m.–5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

COMMITTEE MEMBERS: Jennifer Ansolabehere, PHN; Satya Arya, MD; Danielle C Colayco, PharmD; MS; Allen Kennedy; Philipp Melendez, MD; Chan Park, MD; Maridette Schloe; MS, LSSBB; Martha Tasinga; MD, CMO

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN HEALTH SYSTEMS STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO COMMITTEE MEMBER OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE COMMITTEE MEMBERS CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

Agenda

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Committee Members on any matter not on this agenda but under the jurisdiction of the Committee Members. Committee Members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Committee Members at a later meeting. Also, the Committee Members may take action to direct the staff to place a matter of business on a future agenda.
SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
 - 3) Announcements
 - 4) Closed Session
 - 5) CMO Report
- CA-6) QI/UM Committee Summary of Proceedings August 20th, 2020 – APPROVE
- 7) Physician's Advisory Committee (PAC) Summary of Proceedings 3rd Quarter 2020 – RECEIVE AND FILE
 - September 2020

Pharmacy Reports

- CA-8) Pharmacy TAR Log Statistics 3rd Quarter 2020 – RECEIVE AND FILE

Quality Improvement Department Summary Reports

- 9) Quality Improvement Department Summary Reports 3rd Quarter 2020 – APPROVE
 - DHCS Child and Adult Immunization QI Postcard
 - Potential Quality Issue (PQI) Notifications
 - Facility Site Reviews (FSRs)
 - a. Initial Full Site Reviews
 - b. Periodic Full Site Reviews
 - c. Focus Reviews
 1. Critical Elements Monitoring
 2. IHEBA Monitoring
 3. IHA Monitoring
 - Quality Improvement Projects
 - a. Performance Improvement Projects (PIPs)
 - b. Improvement Projects (IPs)
 - MCAS Accountability Set (MCAS) Updates

Kaiser Reports

- CA-10) Kaiser Reports (**PROPRIETARY AND CONFIDENTIAL**)
- KFHC APL Grievance Report-3rd Quarter 2020 –RECEIVE AND FILE
 - KFHC Volumes Report 3rd Quarter 2020 – RECEIVE AND FILE
 - Kaiser Reports will be available upon Request

Agenda

Quality Improvement- Utilization Management Committee Meeting
Kern Health Systems

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VSP Reports

11) VSP Reports

- VSP Utilization Summary- APPROVE
- VSP DER Effectiveness Report – APPROVE
- VSP- Claim Summary- APPROVE
- VSP Monthly Call Response Summary- APPROVE

Member Services

12) Grievance Operational Board Update - RECEIVE AND FILE

- 3rd Quarter 2020

13) Grievance Summary Reports – RECEIVE AND FILE

- 3rd Quarter 2020

Provider Relations

14) Re-credentialing Report 3rd Quarter 2020 – RECEIVE AND FILE

CA-15) Board Approved New Contracts Report – RECEIVE AND FILE

CA-16) Board Approved Providers Report – RECEIVE AND FILE

CA-17) Provider Relations Network Review Report 3rd Quarter 2020 – RECEIVE AND FILE

Disease Management

18) Disease Management 3rd Quarter 2020 Report – APPROVE

Policies and Procedures

CA-19 QI/UM Policies and Procedures- APPROVE

- 2.17-P Access- Treatment of a Minor
- 2.20-P Infection Control Program
- 2.21-P Management of Biohazardous Waste
- 2.26-I Hospital Re-Admissions- Identification of Potential Inappropriate Care Issues
- 3.09-P Second Opinions
- 3.18-P Confidential HIV Testing
- 3.24-I Pregnancy Maternity Care
- 3.27-P Radiology Services
- 3.28-P Animal Bite Reporting
- 3.29-P Attachment A
- 3.29-P Condition Disease Reporting
- 3.31-P Emergency Services
- 3.43-P Hospice Services
- 3.46-I Tuberculosis Treatment
- 3.46-P Tuberculosis Treatment
- 3.61 Comprehensive Case Management and Coordination of Care Clean
- 10.01-I Clinical and Public Advisory Committee

Health Education Report

CA-20) Health Education Activity Report 3rd Quarter 2020 – APPROVE

UM Department Reports

21) Combined UM Reporting 3rd Quarter 2020 – APPROVE

Agenda

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ADJOURN TO THURSDAY FEBRUARY 25TH , 2021 AT 7:00 A.M.

**AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)**

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Board of Directors may request assistance at the Kern Health Systems office, 9700 Stockdale Highway, Bakersfield, California or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

SUMMARY OF PROCEEDINGS

Quality Improvement (QI) / Utilization Management (UM) Committee (VIRTUAL) MEETING

Kern Health Systems
4th Floor Kern River Room
2900 Buck Owens Boulevard
Bakersfield, California 93308

Virtual Meeting

Thursday, August 20th, 2020
7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd, Bakersfield, CA 93308 during regular business hours, 8:00 a.m.–5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

Members Present: Jennifer Ansolabehere, PHN; Satya Arya, MD; Danielle C Colayco, PharmD; MS; Allen Kennedy; Philipp Melendez, MD; Chan Park, MD; Martha Tasinga, MD, CMO

Members Absent: Maridette Schloe; MS, LSSBB

Meeting was called to order at 7:02 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN HEALTH SYSTEMS STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO COMMITTEE MEMBER OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE COMMITTEE MEMBERS CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
 - **Dr. Satya Arya voiced concern surrounding his office's hardship in meeting the requirement for KHS contracted providers to submit only Electronic Claims for payment. Dr. Tasinga advised a Claims staff member will follow up with him for further discussion.**
- 3) Announcements – **None**
- 4) Closed Session **N/A**
- 5) CMO Report –
 - **COVID impact to KHS**
 - **Telehealth expansion**
 - **Authorization extensions for many services from January through December 2020**
 - **Provider Relief Program**
 - **Funding advances related to reduction in services during COVID**
 - **Application available on KHS website**

CA-6) QI/UM Committee Summary of Proceedings May 21st, 2020 – APPROVED
Arya-Park: All Ayes

- 7) Physician's Advisory Committee (PAC) Summary of Proceedings 2nd Quarter – RECEIVED AND FILED – **Arya-Park: All Ayes**

Summary of Proceedings

Quality Improvement- Utilization Management Committee Meeting
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- May 2020
- June 2020

Pharmacy Reports

CA-8) Pharmacy TAR Log Statistics 2nd Quarter 2020 – RECEIVED AND FILED
Arya-Park: All Ayes

Quality Improvement Department Summary Reports

9) Quality Improvement Department Summary Reports 2nd Quarter 2020-
APPROVED – **Arya-Kennedy: All Ayes**

- Potential Quality Issue (PQI) Notifications
- Facility Site Reviews (FSRs)
 - a. Initial Full Site Reviews
 - b. Periodic Full Site Reviews
 - c. Focus Reviews
 1. Critical Elements Monitoring
 2. IHEBA Monitoring
 3. IHA Monitoring
- Quality Improvement Projects
 - a. Performance Improvement Projects (PIPs)
 - b. Improvement Projects (IPs)
- MCAS Accountability Set (MCAS) Updates

Jane Daughenbaugh, Director of Quality Improvement, went over the following for the committee:

- **Potential Inappropriate Care Referrals: Reminded the Committee that effective last September, a change in grievances referred to QI occurred that increased the volume of referrals beginning in the 4th quarter of last year. It has dropped progressively in the 1st and 2nd quarters of this year and we believe that is due to the COVID-19 pandemic.**
- **Site and Medical Record Reviews: All aspects of Facility Site and Medical Record Reviews have been reduced to minimal activity. This is the result, again, of the COVID-19 pandemic. These reviews are dependent on our ability to physically go to the provider office or clinic and we are not able to do that for safety reasons. DHCS has allowed MCPs to stop these reviews until 6 months after the emergency response to the pandemic. KHS' QI Team is attempting to conduct a portion of the reviews that can be done remotely through document review. However, we are also being respectful of the resources and priorities of our providers during the pandemic. A few abbreviated reviews have been completed, but we have not been able to complete most reviews.**
 - **It was mentioned that we will be using the term "Interim" review for those reviews completed midway between initial and periodic reviews. Focus reviews will be used for those**

in which we are focusing on elements that were not compliant in the last full site or medical record review.

- **Quality Improvement Projects**
 - **Provided a brief review of the two PIPs that were initiated last year and approved by DHCS. Advised the Committee that DHCS stopped both PIPs in July of this year due to the pandemic and DHCS' need to complete a contract with their EQRO who administers the PIPs. We anticipate starting new PIP cycles later this year.**
 - **Provided an overview of the MCAS Member Incentive and Engagement Project. Advised the Committee that we leveraged this project to comply with a directive from DHCS for member outreach related to select EPSDT services. We will implement the first set of MCAS incentives in October.**
- **MCAS Measures – Reviewed the year to date compliance with the MY2020 MCAS Measures. Reviewed with the Committee the COVID-related challenges in reporting this year the MCAS results for 2019 which were related to medical record retrievals for hybrid reviews. Also advised them that DHCS is not holding MCPs accountable to the 50th percentile for hybrid measures for MY2019. We are awaiting further direction from DHCS for how MY 2020 will be handled. The impact for 2020 involves the reduction in members being able to get preventive health care services due to the pandemic.**
- **Provided a review of the changes to the 30 Day Re-admissions Policy and Procedure identifying shifting to quarterly sampling and review of these cases for potential inappropriate care as well as trending for these re-admissions.**

Kaiser Reports

CA-10) Kaiser Reports (PROPRIETARY AND CONFIDENTIAL)

- **KFHC APL Grievance Report-2nd Quarter 2020 –RECEIVED AND FILED**
- **KFHC Volumes Report 2nd Quarter 2020 – RECEIVED AND FILED**
- **Kaiser Reports will be available upon Request**

VSP Reports – Arya-Park: All Ayes

11) VSP Reports

- **Medical Data Collection Summary Report 2020– APPROVED**
- **VSP DER Effectiveness Report – APPROVED**
- **VSP Monthly Call Response Summary- APPROVED**

Member Services – Arya-Kennedy: All Ayes

12) Grievance Operational Board Update - RECEIVED AND FILED

- **2nd Quarter 2020**

Summary of Proceedings

Quality Improvement- Utilization Management Committee Meeting
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- 13) Grievance Summary Reports – RECEIVED AND FILED
- 2nd Quarter 2020

Provider Relations – Arya-Park: All Ayes

- 14) Re-credentialing Report 2nd Quarter 2020 – RECEIVED AND FILED
CA-15) Board Approved New Contracts – RECEIVED AND FILED
CA-16) Board Approved Providers Reports – RECEIVED AND FILED
CA-17) Provider Relations Network Review Report 2nd Quarter 2020– RECEIVED AND FILED

Disease Management - Arya-Park: All Ayes

- 18) Disease Management 2nd Quarter 2020 Report – APPROVED

DHCS COVID-19 Documents – No Motion Needed

- 19) DHCS Hypertension Recommendations for Covid-19 Postcard- RECEIVED AND FILED

Policies and Procedures – Kennedy-Park: All Ayes

- CA-20 QI/UM Policies and Procedures- APPROVED
- 2.26-I Hospital Readmissions- Identification of Potential Inappropriate Care Issues
 - 3.31-P Emergency Services Clean
 - 3.40-I Continuity of Care for New Members
 - 3.61-I Comprehensive Case Management and Coordination of Care

Health Education Reports – Kennedy-Park: All Ayes

- CA-21) Health Education Activity Report 2nd Quarter 2020 – APPROVED
CA-22) Population Needs Assessment 2nd Quarter 2020 –APPROVED

- **Isabel reviewed PNA goals, data sources, assessment findings and action plan with Committee. DHCS recognized KHS' PNA as a best practice and plans to share the report with other MCPs struggling to prepare their PNA. An update on the status of the action plan will be presented in 2021.**

UM Department Reports – Park-Kennedy: All Ayes

- 23) Combined UM Reporting 2nd Quarter 2020 – APPROVED
- **Shannon Miller, Director of UM, provided overview of VSP reports. Explained key changes in Policy 3.31 Emergency Services and 3.40 Continuity of Care to Committee. Provided Committee with update on COVID-19 impact that were not already covered during CMO update, including measures taken to extend authorizations as part of “Back to Care” initiative.**

**Meeting adjourned by Dr. Martha Tasinga, M.D., C.M.O. @ 8:44 A.M.
to Thursday, November 12, 2020 at 7:00 A.M.**

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**THE VIRTUAL PAC COMMITTEE
MEETING FOR 08/05/2020 IS
CANCELLED DUE TO NOT HAVING A
QUORUM.**

**THE PAC COMMITTEE WILL
RECONVENE ON WEDNESDAY,
09/02/2020 AT 7:00 AM.**

**DETAILED MEETING INFORMATION
TO FOLLOW.**

**THANK YOU,
AMY DANIEL
EXECUTIVE HEALTH SERVICES COORDINATOR**

(661) 664-5528

SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE (VIRTUAL) MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Wednesday, September 2, 2020

7:00 A.M.

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PLEASE REMEMBER TO TURN OFF ALL CELL PHONES, PAGERS OR ELECTRONIC DEVICES DURING MEETINGS.

COMMITTEE RECONVENED

Members Present: Hasmukh Amin, M.D., Ph.D; David Hair, M.D., Miguel Lascano, M.D., Ashok Parmar, M.D., Raju Patel, M.D., Martha Tasinga, M.D., C.M.O.

Members Absent: N/A

Meeting called to order at 7:02 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

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Public Comment

PRV000383 attended the virtual meeting to discuss the August 30, 2019 letter received from PAC requiring prior authorizations for procedures. Provider PRV000383 provided the following:

- **All requested procedures required Prior Authorization since August 2019;**
- **Meeting with Dr. Tasinga and Provider Network Management Representative Kristie Onaindia to discuss issues regarding incorrect billing which have been corrected ;**
- **70% of authorization requests required submitting medical records to get approval**
- **Provider PRV000383 stated he believes he has been well qualified as a Family Practitioner for over 30-years and carries malpractice insurance to provide coverage for procedures performed and requests to be removed from the prior authorization process.**

Provider PRV000383 was thanked for his attendance and comments. The committee will notify PRV000383 of their decision on request to remove prior authorization process.

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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ADJOURNED TO CLOSED SESSION @ 7:15 A.M.

CLOSED SESSION

- 3) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) –

CLOSED SESSION – MINUTE SUMMARY

PRV000383 – PAC discussed in detail Provider PRV000383's request to have the prior authorization process removed; however, there are certain procedures on the KHS Prior Authorization list that requires all KHS providers to follow and secondly, there are specific procedural codes that KHS requires to be performed by a designated specialist, which at this time there is a sufficient network of specialists that meet the required residency training. A motion was made, seconded and carried to send PRV000383 the PAC decision along with a copy of the position paper from the CAFM Consensus Statement for Procedural Training in Family Practice Medicine Residency. Amin/Parmar – All Ayes

PRV000286 – Dr. Tasinga provided an update related to the care and treatment provided by PRV000286 where maternal-fetal death occurred. Extensive discussion was made regarding high risk patients with pre-eclampsia conditions.

MONTHLY MONITORING REPORT – Dr. Tasinga provided an overview of several providers on the monthly monitoring report. This report is monitored for NPDB Continuous Query Reports of disciplinary actions reported by various licensing boards. Of note, a summary suspension by Bakersfield Memorial Hospital was received on PRV004676

PRV000403 Anomalous Practice Trends – Dr. Tasinga to provide summary of meeting with PRV000403 and will present at the next PAC meeting in October.

COMMITTEE RECONVENED TO OPEN SESSION @ 8:20 A.M.

- CA-4) Minutes for KHS Physician Advisory Committee meeting on June 3, 2020 – APPROVED

Amin-Lascano: All Ayes

- 5) Review VSP Reports – APPROVED

Parmar-Amin: All Ayes

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 8:31 A.M. TO WEDNESDAY, OCTOBER 7, 2020 @ 7:00 A.M.

**AMERICANS WITH DISABILITIES ACT
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IMPROVING CHILD IMMUNIZATIONS (PART 1)

Routine vaccination is an essential preventive care service for children, adolescents, and adults (including pregnant women) that should not be delayed because of the COVID-19 pandemic.

[Centers for Disease Control and Prevention \(CDC\)](#)



<https://unsplash.com>

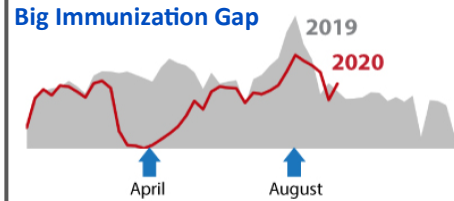
A REMINDER OF RESOURCES TO INCREASE ADULT IMMUNIZATION



Immunization rates in California have dropped precipitously during the COVID-19 pandemic, raising alarm bells for the health and safety of our children, patients and family.

[California Immunization Coalition](#)

MMR Doses Recorded in CAIR in 2020 vs. 2019, Children Age 4-6 Years



Health Plans and Providers: Engaging Parents



- ▶ Watch case [testimonials](#) by parents on how vaccination can impact lives (e.g., [Rory's story](#), [Hailey's story](#); [the story of three families](#), etc.); use information snippets as voice mail message script.
- ▶ Watch [featured videos](#) by CDC on effective strategies for recommending childhood immunizations to parents of young children. Use [resources](#) that can be shared with parents.
- ▶ Use [communication tips](#) in addressing vaccination questions from parents that come in printable handouts including [scripts](#) on structuring effective [communication strategies](#) around vaccines.

Providers: Mobilizing Vaccination Efforts



- ▶ Ensure health workers in other areas (e.g., prenatal, post-natal, primary care) check vaccination status at any clinical service and vaccinate or refer to immunization clinic.
- ▶ [Allow catch-up immunization visits](#) and implement the [WHO guidance](#) that outlines considerations for prioritizing strategies for restarting immunization and vaccine catch-up strategies.
- ▶ Use CAIR status reports at each essential childhood clinic visit. Use reminder/recall systems to bring back patients that may have deferred routine visits during COVID-19.

Health Plans and Providers: Messaging for Targeted Member Groups



- ▶ Use the San Diego [Pediatric Provider Toolkit](#) and the California [#DontWaitVaccinate Campaign \(Toolkit\)](#) for various [messaging approaches](#) to parents, adolescents, adults and pregnant women.
- ▶ Adapt [sample media/twitter posts](#) on [social media](#) platforms regarding the benefits of vaccination for children and adolescents.
- ▶ Mail the childhood immunization schedule to members who are in their third trimester of pregnancy.



IMPROVING ADULT IMMUNIZATIONS (PART 2)

Routine vaccination is an essential preventive care service for children, adolescents, and adults (including pregnant women) that should not be delayed because of the COVID-19 pandemic.

[Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov/)

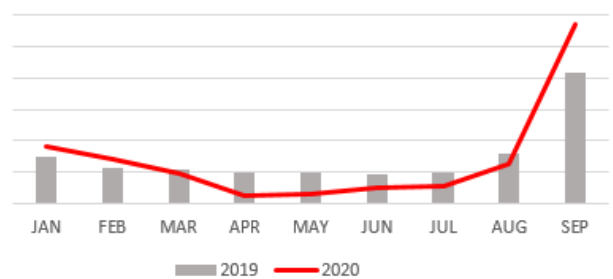
A REMINDER OF RESOURCES TO INCREASE ADULT IMMUNIZATION



A moderately severe influenza season in the presence of circulating SARS-CoV-2 would significantly amplify cases of acute respiratory illness. [Less than half](#) of US adults received influenza vaccine in 2018-2019.

Vaccine Doses, Patients 19 years and older, Submitted to the California Immunization Registry January-September 2019 & January-September 2020

3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
-



California Department of Public Health

Providers:
Addressing Flu Vaccine Hesitancy



- ▶ See [#HowIRecommend](#) videos for strategies to make effective recommendation and address immunization questions including flu vaccine hesitancy. [Infographics](#) in multiple languages.
- ▶ Refer to CDC [study](#), published August 25, 2020, linking sudden heart complications called “acute cardiac events”, common in adults hospitalized with flu ([infographic](#)).
- ▶ Watch case [testimonials](#) on the importance of immunizations (e.g., [Influenza](#), [pneumococcal](#), etc.).
- ▶ Be a role model and take the vaccine ([infographic](#)). Use top [flu strategies](#) gathered from providers.

Providers:
Mobilizing Vaccination Efforts



- ▶ Partner with [pharmacists](#) as essential access points for vaccination services in the community.
- ▶ Utilize mobile vaccination vans out in the community and/or pop-up tent clinics in parking lots.
- ▶ Use on-hold flu messages when the member calls the provider’s office.
- ▶ Use [standing order](#) templates to streamline practice workflows in clinics.

Health Plans and Providers:
Messaging for Targeted Member Groups



- ▶ Use targeted [communication campaigns](#) for different segments and hard to reach populations (e.g., [elderly](#), [pregnant women](#), [special health conditions](#), etc.).
- ▶ Essential key messages regarding the importance of [immunizations to pregnant women](#).
- ▶ Engage key community influencers regarding the benefits of vaccination. Adapt [sample media/twitter posts](#) on [social media](#) platforms.
- ▶ Pop-up announcements on [immunization campaigns](#) via the health plan website.



QUALITY IMPROVEMENT DEPARTMENT
QUARTERLY QI-UM COMMITTEE REPORT

Q3 2020

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q3 2020

The purpose of this report is to provide a summary of the quarterly activities and outcomes for the QI department. This provides a window into both compliance with regulatory requirements as well as identifying opportunities for improving the quality of care for our members. Areas covered in the report include:

- I. COVID-19 Updates
- II. Potential Inappropriate Care (PIC) Notifications
- III. Site Reviews
 - a. Initial Full Site Reviews
 - b. Periodic Full Site Reviews
 - c. Interim/ Focus Reviews
- IV. Quality Improvement Projects
 - a. Performance Improvement Projects (PIPs)
 - b. MCAS Member Incentive and Engagement Project
- V. MCAS Accountability Set (MCAS) Updates
- VI. Policy and Procedures and other program documents

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q3 2020

I. COVID-Update:

The pandemic has continued throughout the 3rd quarter of this year with State emergency responses still in place. We are still unable to conduct on-site Facility and Medical Record Reviews and we continue to perform aspects of these reviews virtually when possible. Plans are still awaiting direction from DHCS as to how we will address site and medical record reviews not performed during the pandemic. A group of QI Directors with several of the health plans has been providing DHCS with input and suggestions to consider as they determine a plan for this.

DHCS advised the health plans that they will not hold us accountable to the minimum performance levels for MY2019 MCAS measures (both hybrid and administrative) due to impacts from the pandemic. We are still awaiting input from DHCS on whether plans will be held accountable to the minimum performance levels for MY2020. Also, to increase KHS' compliance performance with MCAS measures next year, we are initiating a 2year SWOT (strengths, weaknesses, opportunities, threats) Action Plan. DHCS has offered to partner with us on this and we are also partnering with Health Net who has a similar aim.

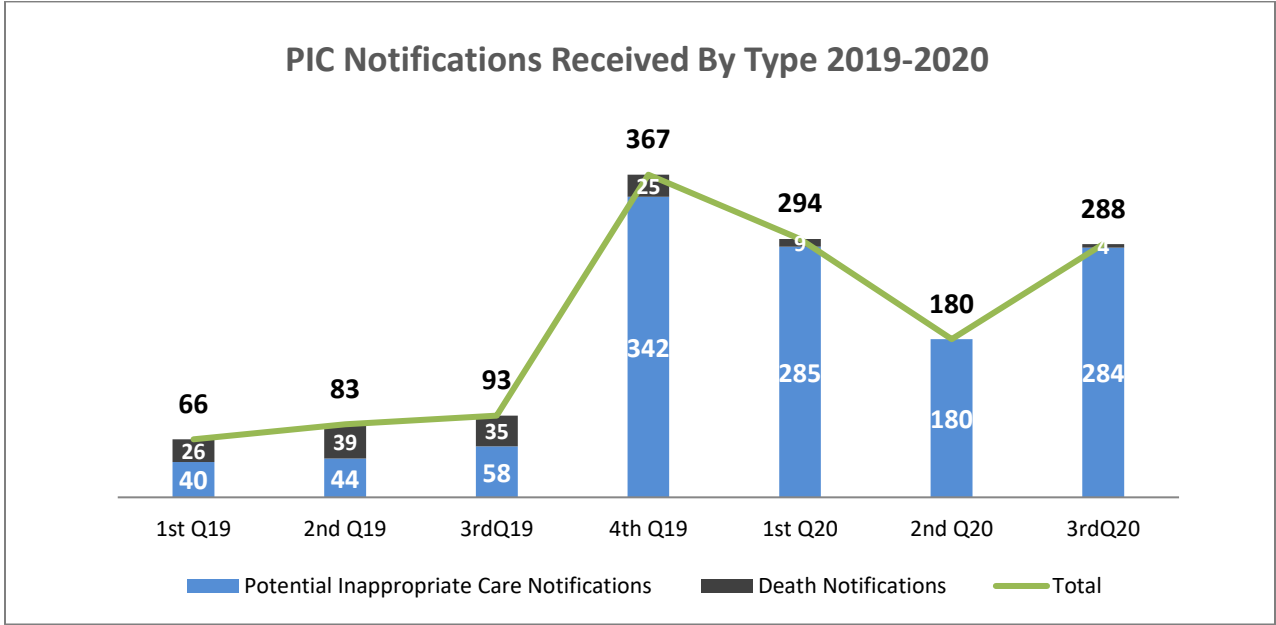
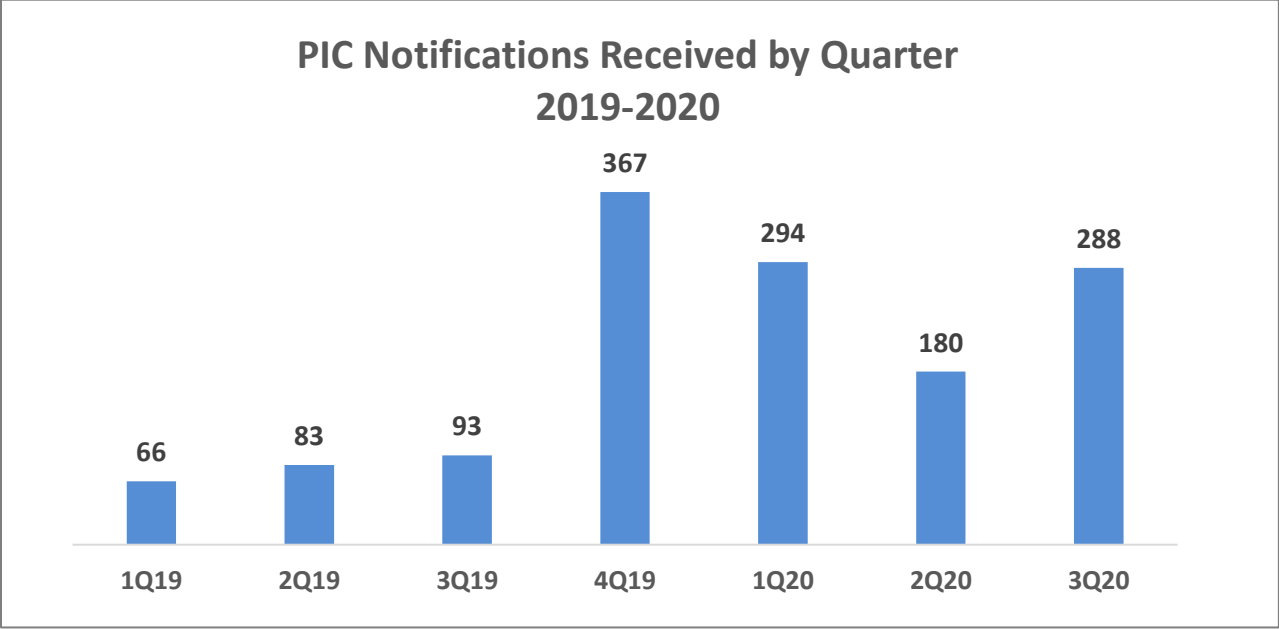
II. Potential Inappropriate Care (PIC) Notifications:

QI receives Notifications from various sources to review for potential inappropriate care issues. On receipt of a potential inappropriate care issue, a high-level review is completed by a QI RN to determine what level of Potential Quality Issue exists.

PICs are assigned a level based on the outcome of the review. The levels assigned are as follows:

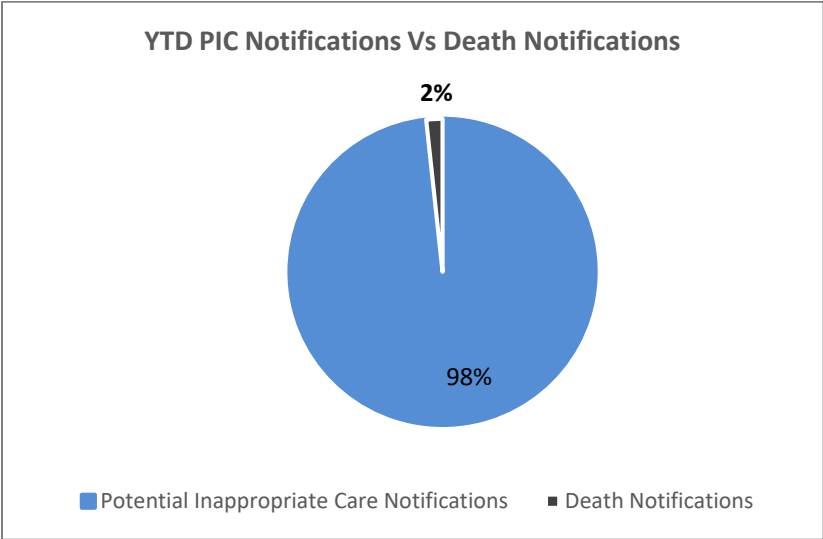
- Level 0 = No Quality of Care Concern
 - Follow-up = Track and Trend and/or Provider Education
- Level 1 = Potential for Harm
 - Follow-up = Track and trend the area of concern for the specific provider and the Medical Director or their designee may provide additional actions that are individualized to the specific case or provider.
- Level 2 = Actual Harm
 - Follow-up = Corrective Action Plan plus direction from Medical Director or their designee which is individualized to the specific case or provider
- Level 3 = Actual Morbidity or Mortality Failure
 - Follow-up = Corrective Action Plan plus direction from Medical Director or their designee which is individualized to the specific case or provider

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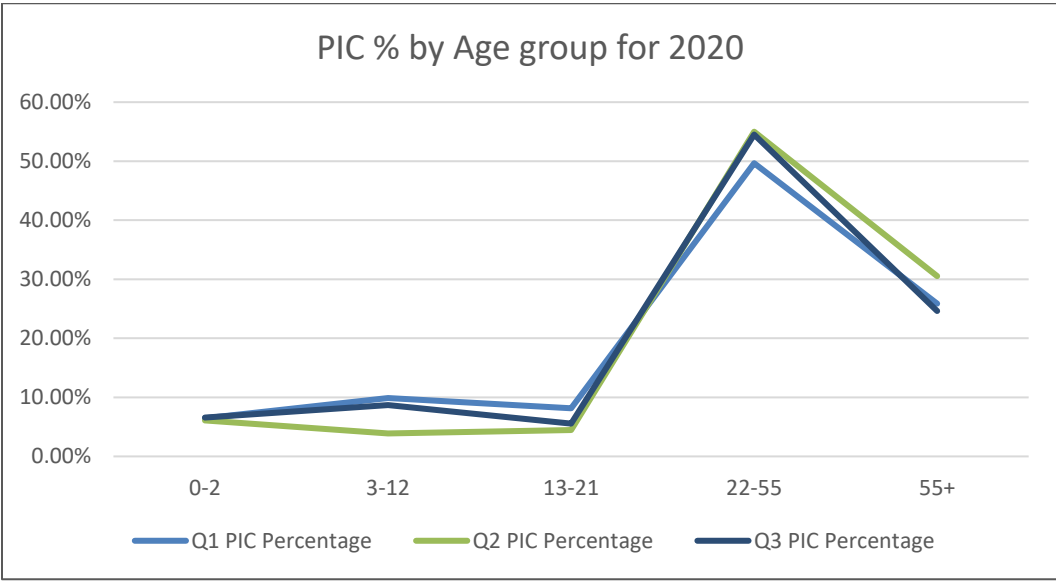


From the above charts, we received a total of 288 notifications for the 3rd Quarter of 2020. This is a 60% increase in the notifications compared to previous quarter. There was increase in August 2020 PIC notifications due to several additional referrals coming in from grievance team that had been backlogged.

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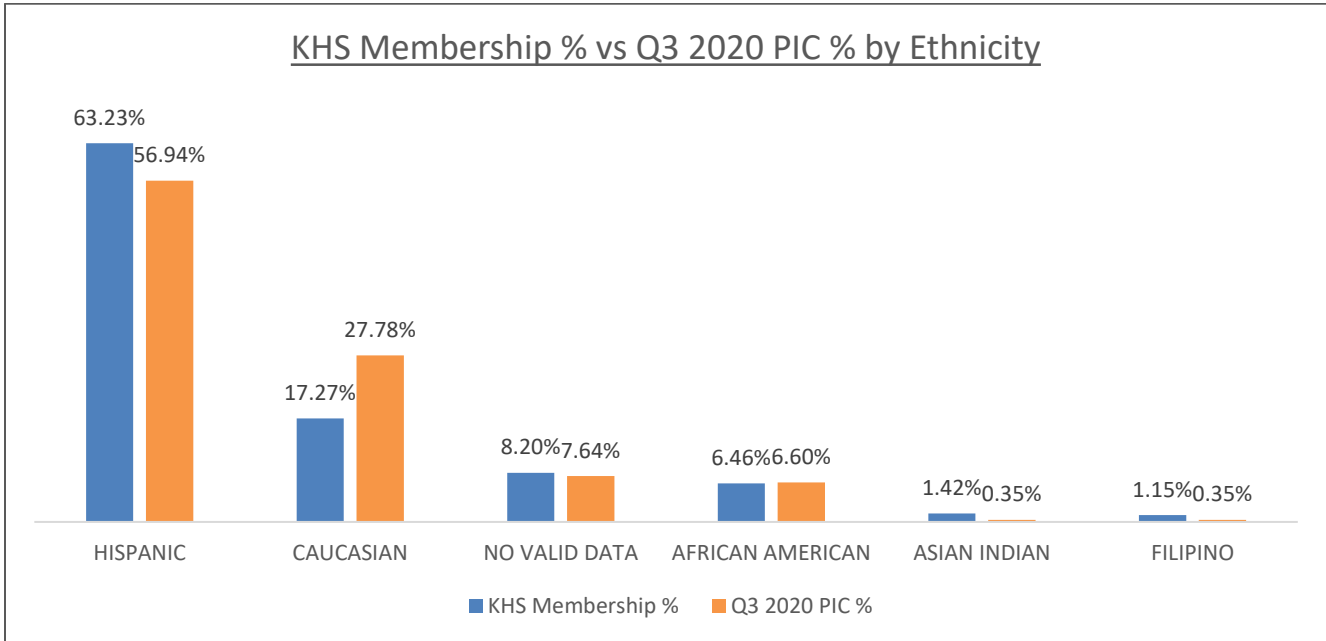


For Q3 2020, YTD PIC vs death notifications stay consistent compared to Q2 2020. There were no death notifications received in Q2 2020 but there are 4 death notifications identified in Q3 of 2020.



The chart above reflects the PIC percentage by age group for 2020. It is evident that the majority of the PICs received are within the age range of 22-55 years. The second highest number fall within the senior population.

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This chart is providing a comparison by ethnicity for the % of PIC referrals received compared to the ethnicity breakdown for our population as a whole. There is 10% more of Caucasian in PIC notifications received compared to whole Caucasian membership at KHS. We will monitor this over time to see if there are any trends.

III. Facility Site Reviews (FSR) and Medical Record Review (MRR) Description:

Certified Site Reviewers perform a Facility Site Review on all contracted primary care provider sites (including OB/GYNs and pediatricians) as well as providers who serve a high volume of SPD beneficiaries. Per PL 14-004, certified site reviewers complete FSRs and MRRs for providers credentialed per DHCS and MMCD contractual and policy requirements.

An Initial Full Site Review (IFSR) is completed as part of the credentialing process on new providers at sites that have not previously been reviewed before being added to the KHS provider network. An IFSR is also completed when an existing KHS provider moves to a new site location. Approximately 3 months after the completion of an IFSR, an Initial Medical Record Review (IMRR) is conducted on sites other than Urgent Care (UC) Facilities. A passing FSR score is considered “current” if it is dated within the last three (3) years.

Subsequent Periodic Full Site Reviews (PFSRs) are conducted as part of the re-credentialing process for providers three (3) years after completion of the IFSR and every three (3) years thereafter.

Critical Elements

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There are nine critical elements related to the potential for adverse effect on patient health or safety and include the following:

- Exit doors and aisles are unobstructed and egress (escape) accessible.
- Airway management equipment, appropriate to practice and populations served, are present on site.
- Only qualified/trained personnel retrieve, prepare or administer medications.
- Office practice procedures are utilized on-site that provide timely physician review and follow-up of referrals, consultation reports and diagnostic test results.
- Only lawfully authorized persons dispense drugs to patients.
- Personal protective equipment (PPE) is readily available for staff use.
- Needle stick safety precautions are practiced on-site.
- Blood, other potentially infectious materials (specimens) and regulated wastes (sharps/biohazardous non-sharps) are placed in appropriate leak-proof, labeled containers for collections, processing, storage, transport or shipping.
- Spore testing of autoclave/steam sterilizer is completed (at least monthly, with documented results).

Scoring and Corrective Action Plans

Provider sites that receive an FSR or MRR score with an Exempted Pass (90% or above, without deficiencies in critical elements) are not required to complete a corrective action plan (CAP). All sites that receive a Conditional Pass (80-89%, or 90% and above with deficiencies in critical elements) are required to complete a CAP addressing each of the noted deficiencies. The compliance level categories for both the FSR and MRR are as listed below:

Exempted Pass: 90% or above

Conditional Pass: 80-89%

Not Pass: below 80%

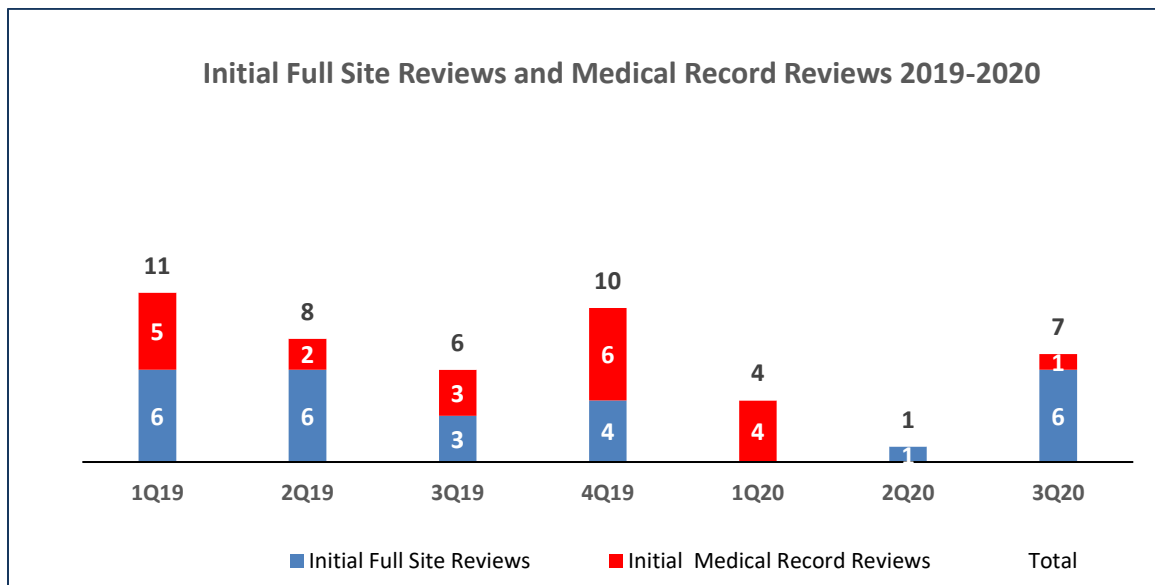
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Corrective Action Plans (CAPs)

A CAP is issued when an initial, periodic, or focus review has deficiencies identified. DHCS requires follow up at 10 days for failure of any critical element, follow up for other failed elements at 45 days, and if not corrected by the 45 day follow up, at 90 days after a CAP has been issued. The majority of CAPs issued are corrected and completed within the 45 Day follow up period. Providers are encouraged to speak with us if they have questions or encounter issues with CAP completion. QI nurses provide education and support during the CAP resolution process.

THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS) HAS DELAYED MANAGED CARE PLANS FROM CONDUCTING SITE REVIEWS UNTIL 6 MONTHS AFTER THE COVID-19 EMERGENCY RESPONSE SITUATION HAS ENDED. KHS IS ATTEMPTING TO DO ABBREVIATED REVIEWS DURING THE PANDEMIC AS PROVIDERS ARE ABLE TO DO SO. IN AUGUST, WE DID A TRIAL OF REVIEWS USING GOTO MEETING AND WE ARE CONTINUING TO LEVERAGE THAT TOOL WHEN POSSIBLE.

Initial Facility Site Review and Medical Record Review Results:

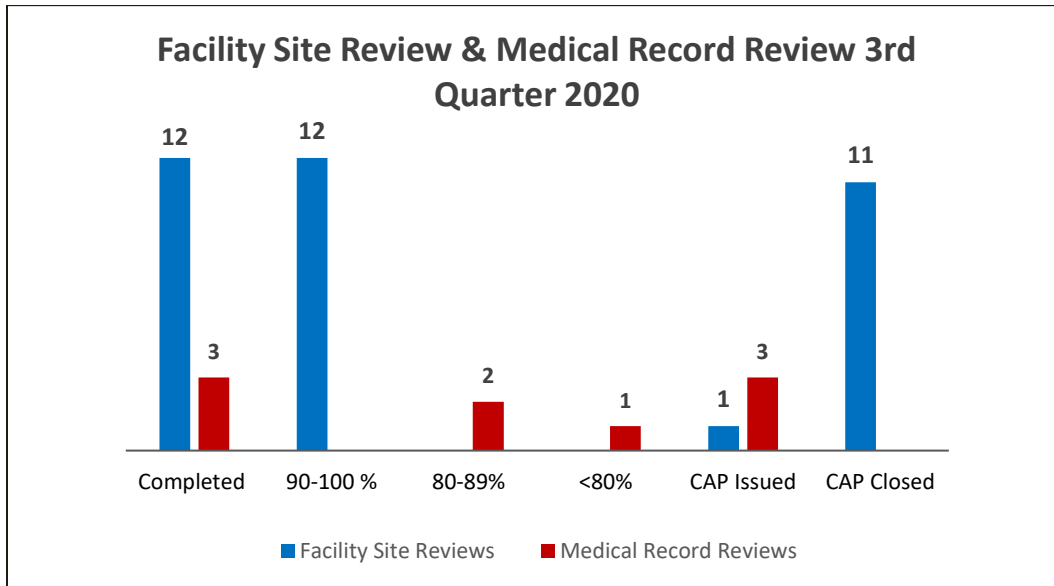


There were six provisional IFSRs and one IMRR was conducted in Q3 of 2020. This is an abbreviated review and is not a substitute for a full on-site review. Due to COVID-19 pandemic and for the safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we can return to doing full on-site reviews after the COVID-19 emergency response situation ends. Our ability to do this reduced form of

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review is dependent on the providers' ability to provide the necessary documentation. We are leveraging an audio-visual app to conduct portions of these reviews.

Facility Site Review and Medical Record Review Results (Initial & Periodic):



From the above chart:

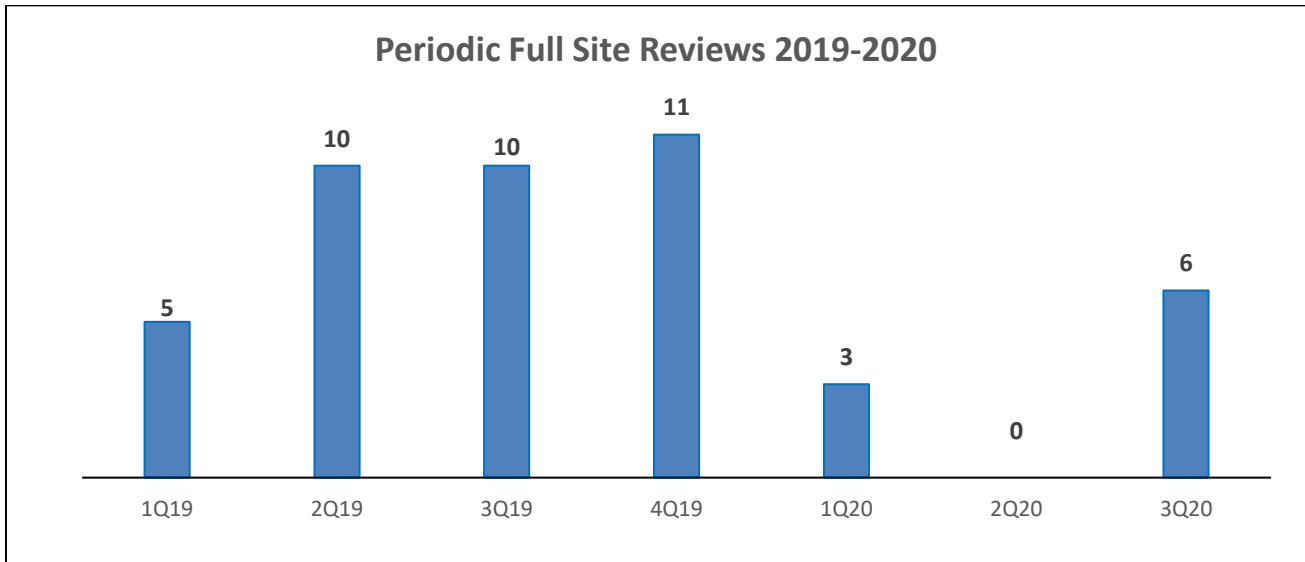
- A total of 12 provisional site reviews were completed in the 3rd Quarter of 2020. Out of the 12 site reviews 6 were initial and 6 were periodic site reviews.
- A total of 3 Medical Record Reviews were completed out of which 1 was initial medical record reviews and 2 were periodic medical record reviews.
- The total CAPS issued were 1 for Facility Site Review and 3 for Medical Record Review.
- There were 11 provisional site review CAPs closed.

This is an abbreviated review and is not a substitute for a full on-site review. Due to COVID-19 pandemic and for the safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we can return to doing full on-site reviews after the COVID-19 emergency response situation ends. Our ability to do this reduced form of review is dependent on the providers' ability to provide the necessary documentation. We are leveraging an audio-visual app to conduct portions of these reviews.

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Periodic Full Site Reviews

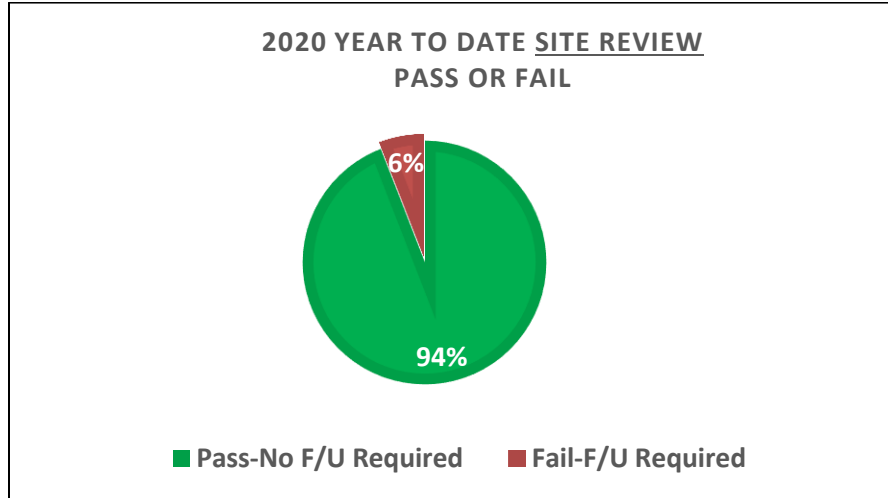
Periodic Full Site Reviews are required every 3 years. The due date for Periodic FSRs is based on the last Initial or Periodic FSR that was completed. The volume of Periodic Reviews is not controlled by KHS. It is based on the frequency dictated by DHCS.



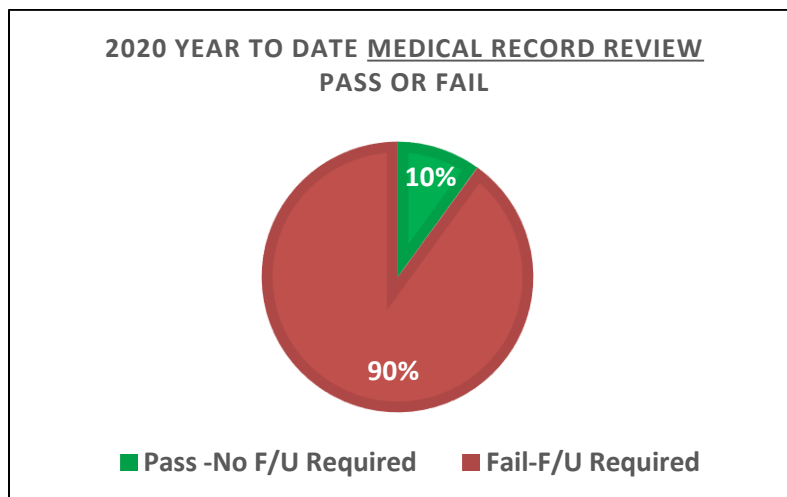
This above chart reflects the number of Periodic Full Site Reviews that were due and completed for each quarter. This is an abbreviated review and is not a substitute for a full on-site review. Due to COVID-19 pandemic and for the safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we are able to return to doing full on-site reviews after the COVID-19 emergency response situation ends. Our ability to do this reduced form of review is dependent on the providers' ability to provide the necessary documentation. We are leveraging an audio-visual app to conduct portions of these reviews.

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Year to Date (YTD) Initial and Periodic FSR Pass or Fail Rate:



In 2020 YTD 94 % of the Initial and Periodic site reviews performed passed and 6% required follow-up. Due to COVID-19 pandemic and for the safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we are able to return to doing full on-site reviews after the COVID-19 emergency response situation ends. This is an abbreviated review and is not a substitute for a full on-site review.



For 2020 YTD, there were 10 medical reviews conducted. Quality Improvement explores opportunities to improve areas on a broader basis for areas with consistent non-compliance. All the sites except one failed in the first audit and all the other had an additional follow-up scheduled. Typically, there are more follow-ups required for Medical Record Reviews. Since Q2 2020, due to COVID-19 pandemic and for the

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safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we are able to return to doing full on-site reviews after the COVID-19 emergency response situation ends. This is an abbreviated review and is not a substitute for a full on-site review.

For 3rd Quarter almost all were at 100% except for one site. The sites are all Provisionary reviews due to COVID-19. The one deficiency identified for Opportunities for improvement in facility site reviews is:

1. Spore testing results of autoclave/steam sterilizer with documented results

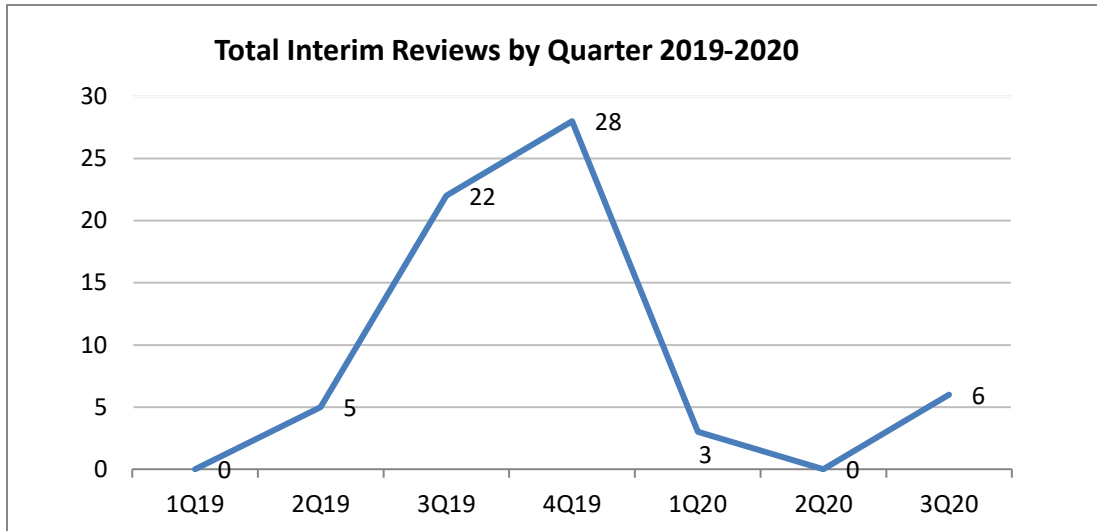
For 3rd Quarter top #3 deficiencies identified for Opportunities for improvement in medical record reviews are:

1. There is evidence of practitioner review of consult/referral report and diagnostic test
2. Cervical cancer screens
3. Childhood and Adult Immunizations given according to ACIP guidelines

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Interim/Focus Reviews:

Focus Reviews are conducted between Initial and first Periodic Full Site Reviews or between two Periodic Full Site Reviews. Typically, they occur about every 18 months. These reviews are intended to be a check-in to ensure the provider is compliant with the 9 critical elements and as a follow up for any areas found to be non-compliant in the previous Initial or Periodic Full Site Review.

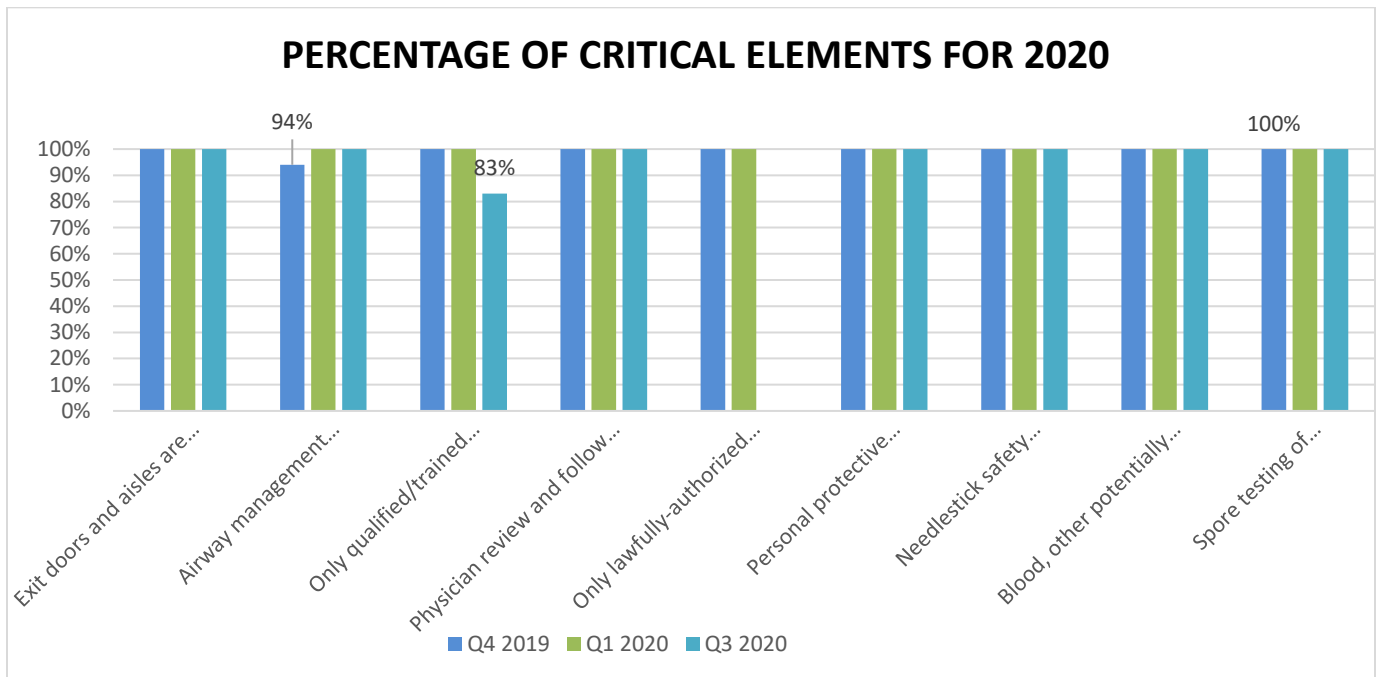


This above chart reflects the number of Interim Reviews that were due and completed for each quarter. This is an abbreviated review and is not a substitute for a full on-site review. Due to COVID-19 pandemic and for the safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we are able to return to doing full on-site reviews after the COVID-19 emergency response situation ends. Our ability to do this reduced form of review is dependent on the providers' ability to provide the necessary documentation. We are leveraging an audio-visual app to conduct portions of these reviews.

KHS is responsible for systematic monitoring of all PCP and OB/GYN sites between each regularly scheduled, full scope site review surveys. This monitoring includes the nine (9) critical elements. These nine critical survey elements are related to the potential for adverse effect on patient health or safety which have a scored "weight" of two points. All other survey elements are weighted at one point. All critical element deficiencies found during a full scope site review or monitoring visit must be corrected by the provider within 10 business days of the survey date. Sites found deficient in any critical element during a Focus Review are required to correct 100% of the survey deficiencies, regardless of survey score.

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Other performance assessments may include previous deficiencies, patient satisfaction, grievance, and utilization management data. The PCP and/or site contact are notified of all critical element deficiencies found during a survey or monitoring visit. The PCP and/or site contact are required to correct 100% of the survey deficiencies regardless of the survey score.



Note: There is no data for Q2 2020 since there were no focus reviews performed due to COVID-19 pandemic.

Analysis for Critical Elements:

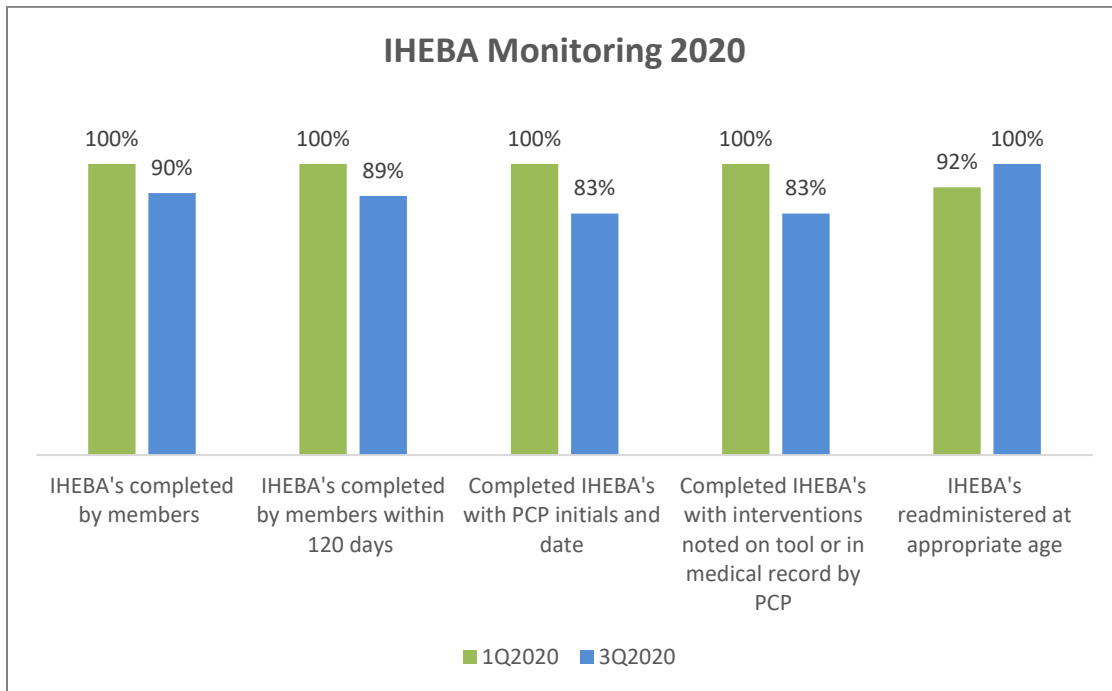
The above Critical elements are reported only for Focus reviews. Out of 6 focus reviews conducted one sites failed on the ‘Qualified/trained personnel retrieve, prepare or administer medications’ critical element leading to overall decrease in the score. All the remaining sites critical elements scored 100% for Q3 2020. Necessary Corrective Action Plans (CAPS) were issued and the deficiencies were corrected.

Due to COVID-19 pandemic and for the safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we are able to return to doing full on-site reviews after the COVID-19 emergency response situation ends. Our ability to do this reduced form of review is dependent on the providers’

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ability to provide the necessary documentation. We are leveraging an audio-visual app to conduct portions of these reviews.

Individual Health Education Behavioral Assessment (IHEBA) Description: The IHEBA, commonly referred to as the Staying Healthy Assessment, is performed during the Initial Health Assessment (IHA). Thereafter, the PCP must re-administer the IHEBA at the appropriate age intervals. The minimum performance level (MPL) is 80%.



Note: There is no data for Q2 2020 since there were no focus reviews performed due to COVID-19 pandemic.

IHEBA Results:

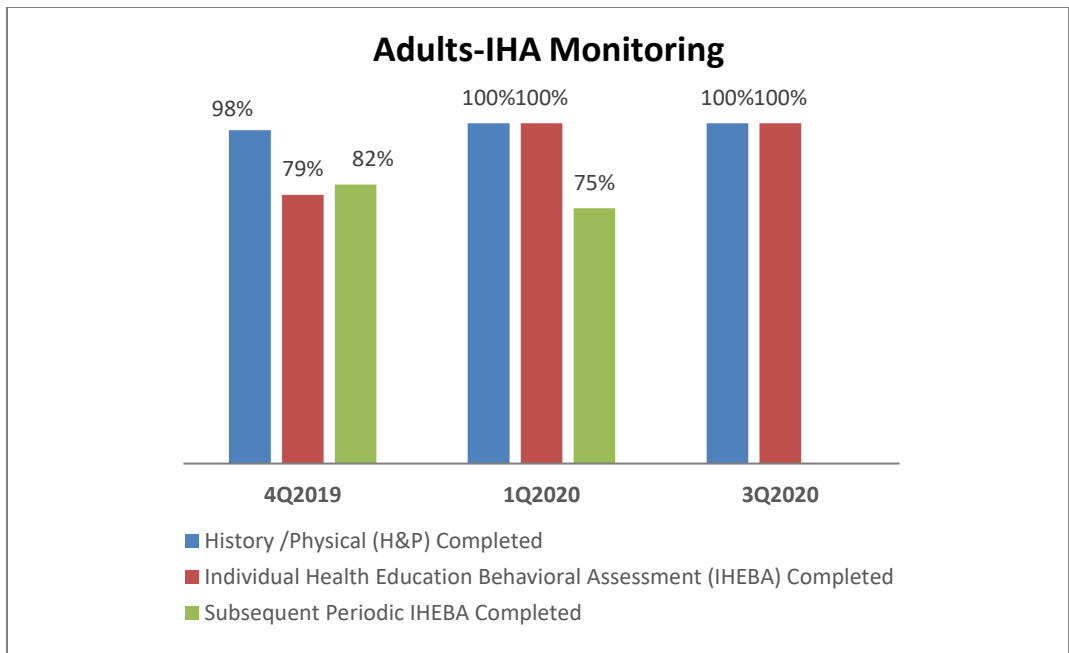
In the 3rd Quarter of 2020, 18 records were audited from 2 different providers. One of the providers scored below the MPL which is the source for the overall decrease for the Q3 IHEBAs. Necessary Corrective Action Plans (CAPS) were issued and the deficiencies were corrected.

Due to COVID-19 pandemic and for the safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we are able to return to doing full on-site reviews after the COVID-19 emergency response situation ends. Our ability to do this reduced form of review is dependent on the providers'

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ability to provide the necessary documentation. We are leveraging an audio-visual app to conduct portions of these reviews.

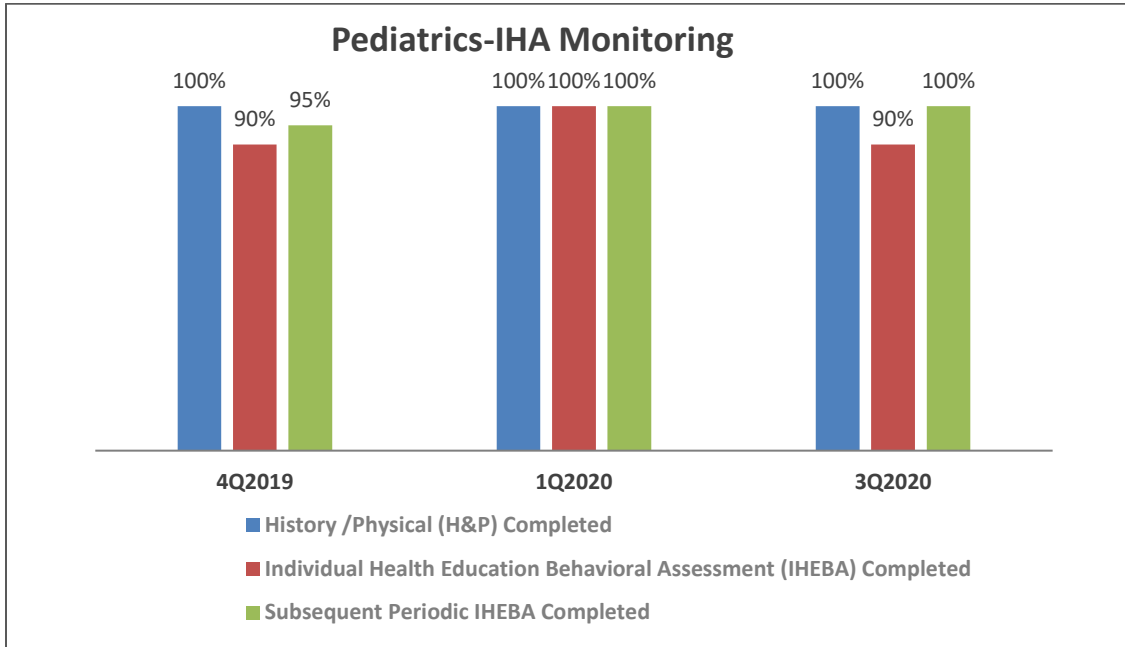
Initial Health Assessment (IHA) Description: An IHA must be provided to each member within 120 days of enrollment. As PCP's receive their assigned members, the practitioner's office contacts the member to schedule an IHA to be performed within the 120-day time limit. If the practitioner is unable to contact the member, he/she contacts the KHS Member Services Department for assistance. Contact attempts and results are documented by both the PCP and member services staff. The MPL is 80% for this measure, and IHAs are performed on both adult and child members.



ADULT IHA Results: For the 3rd Quarter of 2020, 2 providers had pediatric IHA records. Among these 2 providers, 9 Adult-IHA records were reviewed. All records surveyed scored 100% in two areas. Subsequent Periodic IHEBA section was not applicable for both the sites reviewed during the time of review.

Note: There were no focus reviews performed in 2nd Quarter of 2020 due to COVID-19 pandemic.

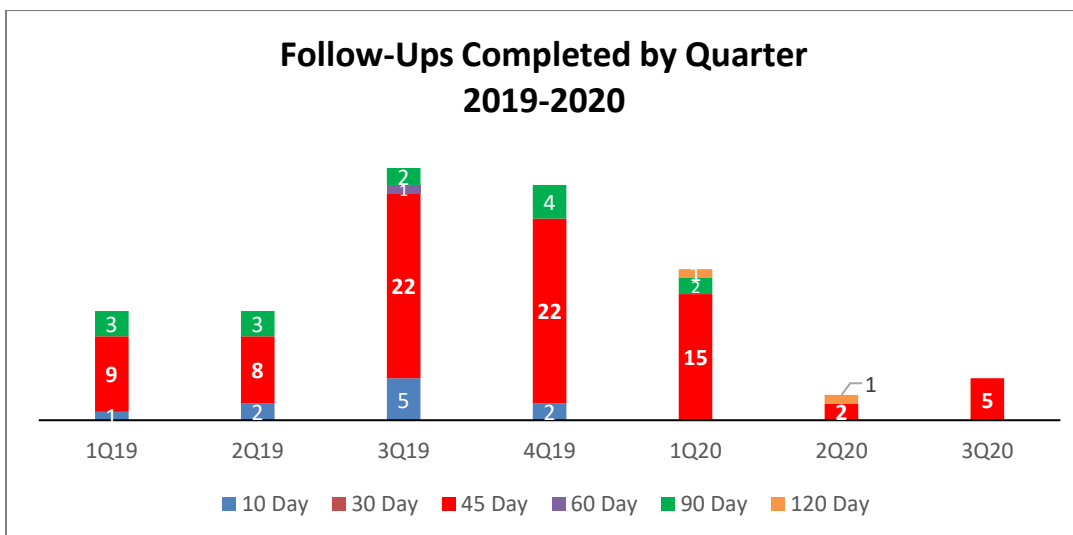
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PEDIATRIC IHA Results: For the 3rd Quarter of 2020, 2 providers had pediatric IHA records. Among these 2 providers, 10 Adult-IHA records were reviewed. All records surveyed scored 100% in two areas except IHEBA completed. Corrective Action Plans (CAPS) were issued and the deficiencies were corrected.

Note: There were no focus reviews performed in 2nd Quarter of 2020 due to COVID-19 pandemic.

Site Review Corrective Action Plans (CAPs):



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There were five 45-day follow ups completed in Q3 of 2020. Due to COVID-19 pandemic and for the safety of staff, providers and members, KHS staff are not physically going to provider offices. FSRs and MRRs are being done using an abbreviated model as an interim measure until we are able to return to doing full on-site reviews after the COVID-19 emergency response situation ends. Our ability to do this reduced form of review is dependent on the providers' ability to provide the necessary documentation. We are going to explore the possibility of using an audio-visual app to conduct portions of these reviews.

IV. Quality Improvement Projects

a. Performance Improvement Projects (PIPs)

NOTE THAT DUE TO THE CURRENT COVID-19 PANDEMIC, DHCS STOPPED ALL PIPs. THEY INTEND TO BEGIN A NEW CYCLE OF PIPs LATER THIS YEAR. PLANS MAY OPT TO SELECT THE SAME TOPIC OR MAY CHOSE NEW ONES. DHCS HAS ASKED PLANS TO SELELCT PROJECTS THAT CONSIDER THE IMPACTS OF COVID 19.

b. MCAS Member Incentive Project:

This is a project to establish a program using Member Rewards and Member Outreach to support members that are compliant with MCAS measures. Member Outreach includes the use of Interactive Voice Recognition (IVR) and Text Messaging. The first set of MCAS measures included in this project will be rolled out in November. Recent legislative clarification has identified that member consent is required for both text messaging and robo calls. Due to a low number of members who opted in for robo calls, we are supplementing outreach with postcard mailings for all non-complaint members.

The first campaign will be initiated at the beginning of November. Measures that will be included are: Well Care Visits for Ages 0 - 21 years, Pre-natal visit in the 1st trimester, Post-partum visit between 7 and 84 days after delivery, Initial health assessments.

V. Managed Care Accountability Set (MCAS) Updates (also referred to as HEDIS):

MCAS Measures have been significantly impacted by current COVID pandemic. Most of MCAS Measures are of preventive care services. Most of the members are avoiding going to Provider Offices due to the pandemic. Based on MY2019 results, DHCS offered to allow KHS to conduct a SWOT analysis to improve scores for multiple measures. KHS has accepted this offer which will allow for a more expansive evaluation and development of interventions that will improve MCAS measure compliance results. This will be a two-year project working closely with DHCS. Health Net is also conducting a SWOT analysis and they will likely be co-ordination between KHS and Health Net with DHCS. The QI MCAS team

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has submitted the initial analysis. The next phase is development of initial strategies that will be due in November.

Rates below are not considered typical to our plan because of the reduced services provided during the pandemic. We recently received updated MCAS measure benchmarks from NCQA. For most measures the 50th percentile benchmark increased. Two of the measures, AMR and HBA1C Poor Control decreased. The MPLs below are the most current ones.

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MY2020 MCAS Rate Tracking Report As of 09-30-2020 (HEDIS Dashboard)

Hybrid Measures Held to MPL

Measure		Current MY2020 Rate (as of September)	MY2020 MPL	MY2019 KHS Rate	Current Vs. MY2019 MPL	Current Vs. MY2019 KHS Rate
AWC	Adolescent Well-Care Visits	20.90	57.18	36.01	-36.28	N/A
ABA	Adult Body Mass Index Assessment	22.85	91.33	78.10	-68.48	N/A
CCS	Cervical Cancer Screening	46.84	61.31	56.20	-14.47	-9.36
CIS-10	Childhood Immunization Status – Combo 10	15.98	37.47	29.93	-21.49	-13.95
CDC-H9*	HbA1c Poor Control (>9.0%)	72.60	37.47	57.91	-35.13	-14.69
CBP	Controlling High Blood Pressure <140/90 mm Hg	3.60	61.8	38.93	-58.20	-35.33
IMA-2	(meningococcal, Tdap, HPV)	33.60	36.86	41.36	-3.26	-7.76
PPC-Pre	Prenatal & Postpartum Care – Timeliness of Prenatal Care	46.10	89.05	84.18	-42.95	-38.08
PPC-Post	Prenatal & Postpartum Care – Postpartum Care	61.98	76.4	81.02	-14.42	-19.04
WCC-BMI	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents: Body Mass Index Assessment for Children/Adolescents	22.37	80.5	66.42	-58.13	-44.05
WCC-N	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	10.20	71.55	N/A	-61.35	N/A
WCC-PA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	8.87	66.79	N/A	-57.92	N/A
W15	Well-Child Visits in the First 15 months of Life – Six or More Well Child Visits	4.25	67.88	32.60	-63.63	32.60
W34	Well-Child Visits in the 3rd 4th 5th & 6th Years of Life	39.24	74.7	65.21	-35.46	-25.97

* A lower rate indicates better performance

Administrative Measures Held to MPL

Measure		Rate (as of September 2020)	MY2020 MPL	MY2019 KHS Rate	Current Vs. MY2019 MPL	Current Vs. MY2019 KHS Rate
AMM - Acute	Antidepressant Medication Management – Acute Phase Treatment	50.22	53.57	50.24	-3.35	-0.02
AMM - Cont.	Antidepressant Medication Management – Continuation Phase Treatment	30.18	38.18	32.64	-8.00	-2.46
AMR	Asthma Medication Ratio	54.68	62.43	48.78	-7.75	5.90
BCS	Breast Cancer screening	48.94	58.82	57.29	-9.88	-8.35
CHL	Chlamydia Screening in Women Ages 16 – 24	50.57	58.44	55.29	-7.87	-4.72
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	39.77	82.09	N/A	-42.32	N/A
APM	Metabolic Monitoring for Children and Adolescents	14.29	35.43	N/A	-21.14	N/A

- Indicates did not meet MPL
- Need 5% or less to meet MPL
- Indicates we met or exceeded MPL
- Indicates we met the HPL.

MY2019 MPL Currently we are in the process of identifying the new 50th percentiles for MY2020

N/A is for measures that were not reported for RY2020

All current rates displayed above are admin (Claims) rates as of July 2020. Medical record abstractions begin after December 2020.

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VI. **Policy Updates:** Policy 2.01-P General Exam Guidelines was approved on 08.24.2020.

KAISER REPORTS
(PROPRIETARY AND CONFIDENTIAL)
Available upon Request

Utilization Summary



September 2020
Contract Type: Risk

KERN HEALTH SYSTEMS
Client Since: 07/01/1996

Claim Trend

Period	Number Covered	Gross Premium	Claim \$	Average Claim Cost	# Claims Paid
2017	2,868,404	\$2,871,715	\$2,484,194	\$68.06	36,499
2018	2,934,260	\$2,945,313	\$2,647,034	\$63.58	41,630
2019	2,987,512	\$3,031,271	\$3,026,016	\$62.10	48,730
OCT	250,025	\$262,526	\$282,917	\$63.29	4,470
NOV	258,367	\$271,286	\$266,534	\$62.98	4,232
DEC	249,407	\$261,877	\$207,900	\$62.51	3,326
JAN	250,103	\$262,608	\$183,447	\$55.66	3,296
FEB	249,780	\$262,269	\$239,196	\$49.09	4,873
MAR	249,427	\$261,898	\$173,646	\$47.84	3,630
APR	250,147	\$262,654	\$55,806	\$46.27	1,206
MAY	254,262	\$266,975	\$38,015	\$47.94	793
JUN	252,742	\$265,379	\$75,977	\$52.87	1,437
JUL	260,715	\$273,751	\$102,587	\$51.09	2,008
AUG	266,422	\$279,743	\$128,001	\$49.38	2,592
SEP	268,974	\$282,423	\$124,262	\$48.94	2,539
LTM	3,060,371	\$3,213,390	\$1,878,287	\$54.60	34,402
CC	3,060,371	\$3,213,390	\$1,878,287	\$54.60	34,402
YTD	2,302,572	\$2,417,701	\$1,120,937	\$50.10	22,374

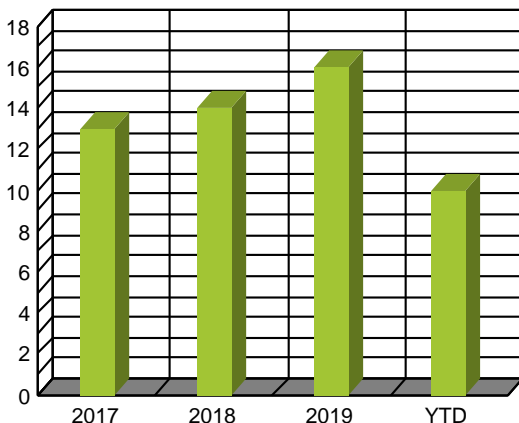
Year over Year

Average Claim Cost has decreased 12.5%

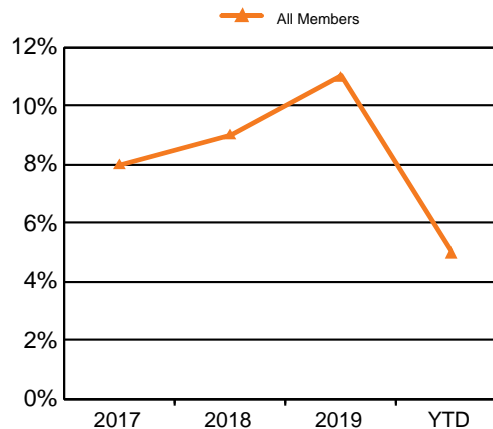
Number of Claims Paid has decreased 27.2%

Number Covered has increased 3.5%

Claim Frequency



Exam Utilization



The average Claim Frequency for VSP book-of-business is 36

The average Claim Frequency for your industry is 12

The average Exam Utilization for your industry is 21%



Diabetic Exam Reminder Effectiveness Report

Client: KERN HEALTH SYSTEMS - 12049397

Reminder Year:	Reminder Month:	Reminders Sent	Received Exam Within 0-90 Days	Received Exam Within 91-180 Days	Total Exams Within 180 Days
2019	October	525	50	29	79
	November	0	0	0	0
	December	1,916	140	20	160
2020	January	878	52	10	62
	February	503	18	18	36
	March	0	0	0	0
	April	6,190	57	57	114
	May	1,677	35	11	46
	June	1,367	46	1	47
	July	436	24	0	24
	August	554	8	0	8
	September	1,095	3	0	3
Totals		15,141	433	146	579

LTM Effectiveness* : 4 %

12-Month Effectiveness (Apr 2019 - Mar 2020) : 10 %

* This figure does not include an estimate of those patients who will return within 90 or 180 days. It solely calculates based upon the patients who have returned to date for letters sent within the last twelve months.



CLAIM SUMMARY

CLIENT NAME:
CLIENT:

KERN HEALTH SYSTEMS
12049397

PERIOD COVERED: OCTOBER 2019 THROUGH SEPTEMBER 2020

	NUMBER OF SERVICES	CLAIM AND COPAY ALLOWED AMOUNTS	COPAY	CLAIM AMOUNT	AVG AMOUNT PER SERVICE
EMPLOYEES					
EXAMS	20,239	\$858,362.59	\$.00	\$858,362.59	\$42.41
SINGLE VISION	15,634	\$389,193.92	\$.00	\$389,193.92	\$24.89
BIFOCAL	4,712	\$226,472.80	\$.00	\$226,472.80	\$48.06
TRIFOCAL	4	\$283.62	\$.00	\$283.62	\$70.91
CONTACT LENSES	1	\$101.93	\$.00	\$101.93	\$101.93
FRAMES	19,345	\$370,164.48	\$.00	\$370,164.48	\$19.13
DEPENDENTS					
EXAMS	0	0	0	0	0
SINGLE VISION	0	0	0	0	0
BIFOCAL	0	0	0	0	0
TRIFOCAL	0	0	0	0	0
CONTACT LENSES	0	0	0	0	0
FRAMES	0	0	0	0	0
EMPLOYEES AND DEPENDENTS					
EXAMS	20,239	\$858,362.59	\$.00	\$858,362.59	\$42.41
SINGLE VISION	15,634	\$389,193.92	\$.00	\$389,193.92	\$24.89
BIFOCAL	4,712	\$226,472.80	\$.00	\$226,472.80	\$48.06
TRIFOCAL	4	\$283.62	\$.00	\$283.62	\$70.91
CONTACT LENSES	1	\$101.93	\$.00	\$101.93	\$101.93
FRAMES	19,345	\$370,164.48	\$.00	\$370,164.48	\$19.13
MISC ADJUSTMENTS	32	\$156.90	\$.00	\$156.90 *	
TOTAL		\$1,844,736.24	\$.00	\$1,844,736.24 *	

* Amounts could vary from utilization due to previously processed adjustments.

BENEFITS INCLUDED: MEDICAID



Call Response Summary Report

AUGUST 2020

Kern Health Systems 12049397
On average, for 1,000 members, VSP receives 19 calls per month

Total Client Calls

645

<u>Category</u>	<u>Reasons For Calling</u>	<u>Client Counts</u>	<u>Client Percent</u>	<u>VSP Percent Book-of-Business</u>
Eligibility	IVR Available Services	135	28.85%	20.38%
	Check Eligibility	67	14.32%	.00%
	ID Number/ID Card Inquiry	9	1.92%	.00%
	Correcting	7	1.50%	.00%
	Coverage/Relation	6	1.28%	.00%
	Not Active	3	.64%	.00%
	Refer to Client	3	.64%	.00%
	Exam and/or Glasses	1	.21%	.02%
Category Subtotal - Eligibility		231	49.36%	20.40%
Doctor Referral	Email	62	13.25%	.00%
	IVR Doctor Referral	52	11.11%	1.27%
	Verbal or Mail	14	2.99%	.00%
	Doctor Access	10	2.14%	.00%
	Emailed List	1	.21%	.01%
	Provided Verbal List	1	.21%	.00%
	Category Subtotal - Doctor Referral		140	29.91%
Member Benefits	Available Services	32	6.84%	.00%
	Benefits Description	17	3.63%	.00%
	Medically Related	2	.43%	.00%
	Coverage Comparison	1	.21%	.00%
	Email/Mail Benefits	1	.21%	.00%
Category Subtotal - Member Benefits		53	11.32%	.00%
Claims	Claim Status	23	4.91%	2.42%
Category Subtotal - Claims		23	4.91%	2.42%
Authorizations	Authorizations	6	1.28%	1.64%
Category Subtotal - Authorizations		6	1.28%	1.64%
Member Website Assistance	Password Reset	2	.43%	.00%
	Find a Doctor	1	.21%	.00%
	Issues / Security	1	.21%	.00%
	Register	1	.21%	.00%
Category Subtotal - Member Website Assistance		5	1.06%	.00%



Call Response Summary Report

AUGUST 2020

Kern Health Systems 12049397
On average, for 1,000 members, VSP receives 19 calls per month

Total Client Calls

645

<u>Category</u>	<u>Reasons For Calling</u>	<u>Client Counts</u>	<u>Client Percent</u>	<u>VSP Percent Book-of-Business</u>
Language Lines / Miscellaneous	Spanish	4	.85%	.00%
Category Subtotal - Language Lines / Miscellaneous		4	.85%	.00%
Member Authorization	Early Services	1	.21%	.00%
	Self-Certified	1	.21%	.00%
Category Subtotal - Member Authorization		2	.42%	.00%
Open Access	IVR OON Info	2	.43%	1.29%
Category Subtotal - Open Access		2	.43%	1.29%
Complaint	Doctor	1	.21%	.00%
Category Subtotal - Complaint		1	.21%	.00%
TPA/Individual Plan	Premiums/Billing	1	.21%	.00%
Category Subtotal - TPA/Individual Plan		1	.21%	.00%
Complaints	None	0	.00%	.00%
Category Subtotal - Complaints		0	.00%	.00%

GRAND TOTAL 468

VSP CONFIDENTIAL
 The information contained in this report is confidential and is not intended for distribution outside the VSP client and/or broker partnership.

Report Generated: 10/05/2020 at 05.04.01
 Information Source: FOCUS/SCFR0006
 Page: 2



2020 3rd Quarter Operational Report

3rd Quarter 2020 Member Service Indicators

Activity	Goal	3 rd Quarter	Status	2 nd Quarter	1 st Quarter	4 th Quarter	3 rd Quarter
Incoming Calls				57,207	77,452	74,441	81,107
Abandonment Rate	<5%			1.0%	1.6%	3.2%	2.6%
Avg. Answer Speed	<2:00			:05	:19	:34	:28
Average Talk Time	<8:00			7:38	7:26	7:24	7:00
Top Reasons for Member Calls	Trend	<ol style="list-style-type: none"> 1. New Member 2. PCP Change 3. Demographic 4. Referrals 5. ID Card 		Same	Same	Same	Same
Outbound Calls	Trend			86,206	103,634	97,467	97,172
# of Walk Ins	Trend			0	545	436	381
Member Portal Accounts-Q/Total	4%			2500 26,758 (10.3%)	2778 24,257 (9.75%)	2864 21,480	3625 18,544



3rd Quarter 2020 Grievance Report

Category	Q3 2020	Status	Issue	Q2 2020	Q1 2020	Q4 2019	Q3 2019
Access to Care	49		Appointment Availability	33	53	56	34
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	1
Medical Necessity	288		Questioning denial of service	246	222	187	220
Other Issues	10		Miscellaneous	11	34	14	16
Potential Inappropriate Care	263		Questioning services provided. All cases forwarded to Quality Dept.	210	273	323	65
Quality of Service	8		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	8	2	0	0
Total Formal Grievances	618			508	584	580	337
Exempt**	1041		Exempt Grievances-	986	1620	1140	1545
Total Grievances (Formal & Exempt)	1659			1494	2204	1720	1882



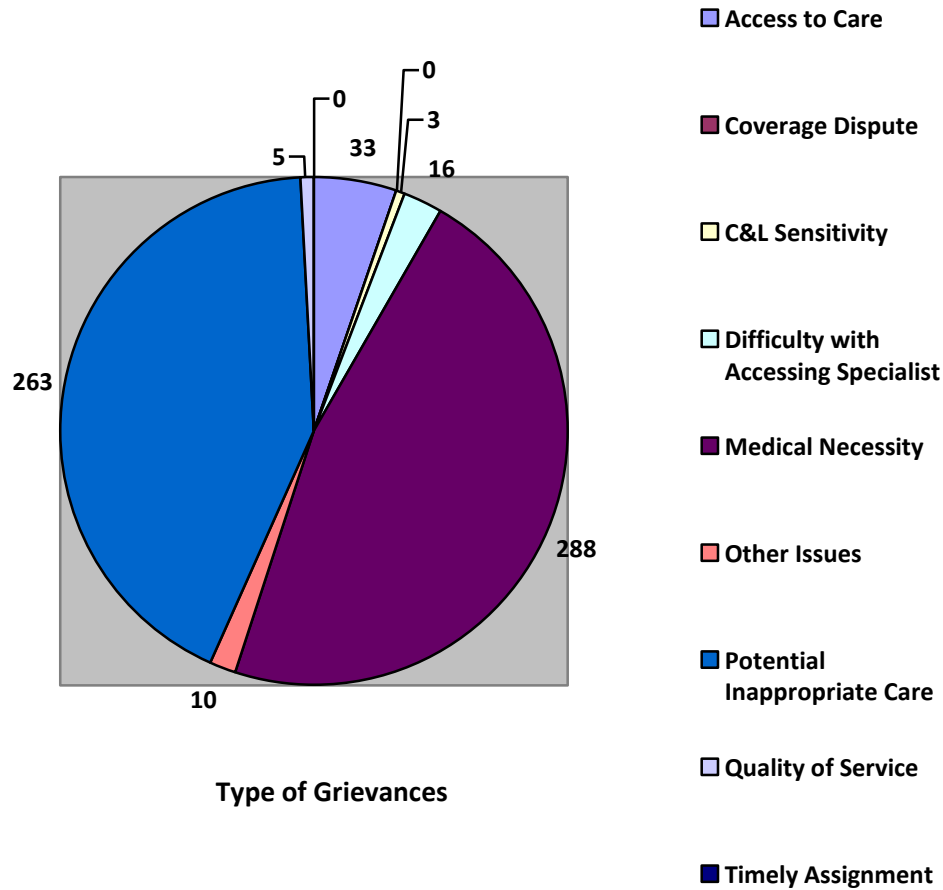
Additional Insights-Formal Grievance Detail

Issue	3 rd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overtured Ruled for Member	Still Under Review
Access to Care	33	4	0	19	10
Coverage Dispute	0	0	0	0	0
Specialist Access	16	7	0	6	3
Medical Necessity	288	152	0	83	53
Other Issues	10	5	0	4	1
Potential Inappropriate Care	263	135	103	25	0
Quality of Service	8	4	0	2	2
Total	618	307	103	139	69



3rd Quarter 2020 Grievance Summary

Issue	Number	In Favor of Health Plan	Under Review by Q.I	In favor of Enrollee	Still under review
Access to care	33	4	0	19	10
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	3	1	0	1	1
Difficulty with accessing specialists	16	7	0	6	3
Medical necessity	288	152	0	83	53
Other issues	10	5	0	4	1
Potential Inappropriate care	263	135	103	25	0
Quality of service	5	3	0	1	1
Timely assignment to provider	0	0	0	0	0



Grievances per 1,000 Members

During the third quarter of 2020, there were six hundred and eighteen formal grievances and appeals received. One hundred and thirty nine cases were closed in favor of the Enrollee; three hundred and seven cases were closed in favor of the Plan. Sixty nine cases are still open pending review. Four hundred and forty five cases closed within thirty days. One case was pended and closed after thirty days.

3rd Quarter 2020 Grievance Summary

Access to Care

There were thirty three grievances pertaining to access to care. Four cases closed in favor of the Plan. Nineteen cases closed in favor of the Enrollee. Ten cases are still open pending review. The following is a summary of these issues:

Sixteen members complained about the lack of available appointments with their Primary Care Provider (PCP). One case closed in favor of the Plan after the response indicated the office provided appropriate access to care based on Access to Care standards. Eight cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care based on Access to Care standards. Seven cases are still open pending review.

Eight members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. One case closed in favor of the Plan after the response indicated the member was seen within the appropriate wait time for an appointment or the member was there as a walk-in, which are not held to Access to Care standards. Five cases closed in favor of the Enrollee after the responses indicated the members were not seen within the appropriate wait time for an appointment. Two cases are still open pending review.

Seven members complained about the telephone access with their Primary Care Provider (PCP). Two cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access. Four cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access. One case is still open pending review.

One member complained about the physical access to a provider's office. This case closed in favor of the Enrollee after the provider failed to provide a response to the Plan.

One member's mother complained about a provider not submitting a referral authorization request in a timely manner. This case closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted timely.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

There were three grievances pertaining to Cultural and Linguistic Sensitivity. One case closed in favor of the Plan. One case closed in favor of the Enrollee. One case is still open pending review. The following is a summary of these issues:

Three members complained about the lack of interpreting service to assist during their appointments. One case closed in favor of the Plan after the response indicated the member was provided with the appropriate access to interpreting services. One case closed in favor of the Enrollee after the response indicated the member may not have

3rd Quarter 2020 Grievance Summary

been provided with the appropriate access to interpreting services. One case is still open pending review.

Difficulty with Accessing a Specialist

There were sixteen grievances pertaining to Difficulty Accessing a Specialist. Seven cases closed in favor of the Plan. Six cases closed in favor of the Enrollee. Three cases are still open pending review. The following is a summary of these issues:

Six members complained about the lack of available appointments with a specialist. Two cases closed in favor of the Plan after the responses indicated the members were provided the appropriate access to specialty care based on Access to Care Standards. Two cases closed in favor of the Enrollee after the responses indicated the members may not have been provided appropriate access to care based on the Access to Care Standards for specialty appointments. Two cases are still open pending review.

Six members complained about the wait time to be seen for a specialist appointment. Three cases closed in favor of the Plan after the responses indicated the offices provided appropriate wait time for an appointment based on Access to Care Standards. Three cases closed in favor of the Enrollee after the responses indicated the members may not have been seen within the appropriate wait time for an appointment based on the Access to Care Standards.

Four members complained about the telephone access with a specialist office. Two cases closed in favor of the Plan after the responses indicated the member was provided with the appropriate telephone access. One case closed in favor of the Plan after the response indicated the member may not have been provided with the appropriate telephone access. One case is still open pending review.

Medical Necessity

There were two hundred and eighty eight appeals pertaining to Medical Necessity. One hundred and fifty two cases were closed in favor of the Plan. Eighty three of the cases closed in favor of the Enrollee. Fifty three cases are still open pending review. The following is a summary of these issues:

Two hundred and forty seven members complained about the denial or modification of a referral authorization request. One hundred and twenty of the cases were closed in favor of the Plan as it was determined that there was no supporting documentation submitted with the referral authorization requests to support the criteria for medical necessity for the requested specialist or DME item; therefore, the denials were upheld. Three cases were closed in favor of the Plan and modified. Seventy eight cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned. Forty six cases are still open pending review.

Forty one members complained about the denial or modification of a TAR. Twenty nine of the cases were closed in favor of the Plan, as it was determined there was no supporting documentation submitted with the TAR to support the criteria for medical necessity of the requested medication; therefore, the denials were upheld. Five cases

3rd Quarter 2020 Grievance Summary

were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned. Seven cases are still open pending review.

Other Issues

There were ten grievances pertaining to Other Issues. Five cases were closed in favor of the Plan after the responses indicated appropriate service was provided. Four cases closed in favor of the Enrollee after the responses indicated appropriate service may not have received appropriate service may not have been provided. One case is still open pending review.

Potential Inappropriate Care

There were two hundred and sixty three grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their due process. Upon review, one hundred and thirty five cases were closed in favor of the Plan, as it was determined a quality of care issue could not be identified. Twenty five cases were closed in favor of the Enrollee as a potential quality of care issue was identified and appropriate tracking or action was initiated. One hundred and three cases are still pending further review with QI.

The following is a summary of these issues:

One hundred and fifty five members complained about the potential inappropriate care received from a Primary Care Provider (PCP). All records and/or responses were sent to QI for further review and investigation. Eighty four cases closed in favor of the Plan as no inappropriate care issue was identified. Nineteen cases closed in favor of the enrollee as a potential inappropriate care concern was identified and is still under further review with QI. Fifty two cases are still under further review with QI.

Seventy six members complained about the potential inappropriate care received from a specialty provider. All records and/or responses were sent to QI for further review and investigation. Thirty four cases closed in favor of the Plan as no potential inappropriate care issue was identified. Five cases closed in favor of the Enrollee as a potential inappropriate care concern was identified and is still under further review with QI. Thirty seven cases are still under further review with QI.

Twenty seven members complained about the potential inappropriate care received from providers staffed by an urgent care, hospital, or a non-hospital affiliated clinic. All records and/or responses were sent to QI for further review and investigation. Fifteen cases closed in favor of the Plan as no potential inappropriate care issue was identified. One cases closed in favor of the Enrollee as a potential inappropriate care issue was identified and is still under further review with QI. Eleven cases are still under further review with QI.

Five members complained about the potential inappropriate care received from a pharmacy. All records and/or responses were sent to QI for further review and investigation. Two cases closed in favor of the Plan as no potential inappropriate care issue was identified. Three cases are still under further review with QI.

3rd Quarter 2020 Grievance Summary

Quality of Service

There were five grievances involving Quality of Service issues. Three of the cases were closed in favor of the Plan. One of the cases closed in favor of the Enrollee. One case is still pending review. The following is a summary of these issues:

Four members complained about the service they received from their providers. Two cases closed in favor of the Plan after the responses determined the member received appropriate service. One case closed in favor of the Enrollee as the response indicated the member may not have received appropriate service. One case is still under review

One member complaint about the services they received from their provider and non-clinical staff. This case closed in favor of the Plan after the response determined the member received the appropriate service.

Timely Assignment to Provider

There were no grievances pertaining to Timely Assignment to Provider received this quarter.

Kaiser Permanente Grievances and Appeals

Grievance and appeal information for KHS members assigned to Kaiser, was not yet available at the time of reporting.

KERN HEALTH SYSTEMS
3rd Quarter 2020
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Report Date: July 2, 2020

Department: Provider Relations

Monitoring Period: July 1, 2020 through September 30, 2020

Population:

Providers	Credentialed	Recertified
MD's	41	34
DO's	5	3
AU's	0	0
DC's	3	4
AC's	0	0
PA's	8	8
NP's	12	13
CRNA's	0	1
DPM's	3	2
OD's	0	0
ND's	0	0
RD's	0	0
BCBA's	17	1
LM's	0	0
Mental Health	11	2
Ocularist	0	0
Ancillary	9	21
OT	0	0
TOTAL	109	89

Specialty	Providers Credentialed	Providers Recertified	Providers Sent to PAC	Providers Not Approved
Acupuncture	0	0	0	0
Allergy & Immunology	0	0	0	0
Anesthesiology / CRNA	0	1	1	0
Audiology	0	0	0	0
Autism / Behavioral Analyst	17	1	18	0
Cardiology	4	1	5	0
Chiropractor	3	4	7	0
Colon & Rectal Surgery	0	0	0	0
Critical Care	0	0	0	0
Dermatology	1	1	2	0
Emergency Medicine	0	1	1	0
Endocrinology	2	1	3	0
Family Practice	17	11	28	0
Gastroenterology	0	1	1	0
General Practice	3	0	3	0
General Surgery	2	0	2	0
Genetics	0	0	0	0

KERN HEALTH SYSTEMS
3rd Quarter 2020
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Gynecology	0	0	0	0
Gynecology/Oncology	0	0	0	0
Hematology/Oncology	0	2	2	0
Hospitalist	1	0	1	0
Infectious Disease	0	1	1	0
Internal Medicine	6	12	18	0
Mental Health	11	2	13	0
MidWife (Certified)	0	0	0	0
MidWife (Licensed)	0	0	0	0
Naturopathic Medicine	0	0	0	0
Neonatology	0	2	2	0
Nephrology	1	0	1	0
Neurological Surgery	2	0	2	0
Neurology	3	0	3	0
Obstetrics & Gynecology	3	7	10	0
Ocularist	0	0	0	0
Occupational Therapy	0	0	0	0
Ophthalmology	0	1	1	0
Optometry	0	0	0	0
Orthopedic Surgery / Hand Surg	1	0	1	0
Otolaryngology	0	0	0	0
Pain Management	1	0	1	0
Pathology	0	1	1	0
Pediatrics	6	4	10	0
Physical Medicine & Rehab	1	4	5	0
Plastic Sugery	0	2	2	0
Podiatry	3	2	5	0
Psychiatry	7	2	9	0
Pulmonary	0	2	2	0
Radiation Oncology	0	1	1	0
Radiology	5	3	8	0
Registered Dieticians	0	0	0	0
Rheumatology	1	0	1	0
Sleep Medicine	0	0	0	0
Thoracic Surgery	0	0	0	0
Urology	0	0	0	0
Vascular Medicine	0	0	0	0
Vascular Surgery	0	0	0	0
KHS Medical Directors	0	0	0	0
TOTAL	101	70	171	0

KERN HEALTH SYSTEMS
3rd Quarter 2020
CREDENTIALING / RE-CREDENTIALING SUMMARY REPORT

ANCILLARY	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Ambulance	0	0	0	0
Cardiac Sonography	0	0	0	0
Comm. Based Adult Services	0	0	0	0
Dialysis Center	2	1	3	0
DME	1	3	4	0
Hearing Aid Dispenser	0	0	0	0
Home Health	0	1	1	0
Home Infusion/Compounding	0	0	0	0
Hospice	1	0	1	0
Hospital	0	3	3	0
Laboratory	1	1	2	0
Lactation Consultant	0	0	0	0
MRI	0	0	0	0
Ocular Prosthetics	0	0	0	0
Pharmacy	1	5	6	0
Pharmacy/DME	0	0	0	0
Physical / Speech Therapy	1	0	1	0
Prosthetics & Orthotics	0	1	1	0
Radiology	0	0	0	0
Skilled Nursing	0	2	2	0
Sleep Lab	0	1	1	0
Surgery Center	0	1	1	0
Transportation	2	2	4	0
Urgent Care	0	0	0	0
TOTAL	9	21	30	0

Defer = 0

Denied = 0

KERN HEALTH SYSTEMS
3rd Quarter 2020
CREDENTIALING / RE-CREDENTIALING SUMMARY REPORT

KERN HEALTH SYSTEMS
3rd Quarter 2020
CREDENTIALING / RE-CREDENTIALING SUMMARY REPORT

Kern Health Systems
Board Approved Effective 09/01/20

Legal Name DBA	Specialty	Address	PRV #	Contract Effective Date
Advanced Cardiology Medical Associates, Inc	Cardiovascular Disease / Interv. Cardiology	Advanced Cardiology Medical Assoc. Group NPI: 1558578583 2601 16th Street Bakersfield CA 93301 Ph - 661-633-2541 Fx - 661-633-9042	PRV013692	9/1/2020
Adventist Health Physician Network	Multi-Specialty	Adventist Health Physicians Network Group NPI: 1497290233 TIN: 680357690 2701 Chester Ave #101 & 202 Bakersfield CA 93301 Ph - 661-637-8680 Fx - 661-637-8857	PRV053701 / PRV029329	9/1/2020
Autism Behavior Services, Inc.	ABA	Autism Behavior Services, Inc. Group NPI: 1528382181 TIN: 271769762 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062872	9/1/2020
Centric Health	PCP	Centric Health Group NPI: 1831248236 TIN: 953511288 4531 Buena Vista Rd #100 Bakersfield CA 93311 Ph - 661-565-8425 Fx - 661-328-8650	PRV000503	9/1/2020
Desert Sky Transit	Transportation	Desert Sky Transit Group NPI: 1164045340 TIN: 850748758 1601 East Palmdale Blvd Ste. B Palmdale CA 93550 Ph - 661-441-2227 Fx - 661-793-6988	PRV062871	9/1/2020
Divinity Hospice	Hospice	Divinity Hospice Group NPI: 1780134981 TIN: 813479909 3545 San Dimas Street Bakersfield CA 93301 Ph - 866-987-5373 Fx - 866-987-5374	PRV062873	9/1/2020
DV Therapy Inc.	Speech Therapy	DV Therapy Inc Group NPI: 1518363597 TIN: 465530796 1601 New Stine Road Ste. 100 Bakersfield CA 93309 Ph - 323-426-6402 Fx - 323-714-0112	PRV062569	9/1/2020
Greater Bakersfield Dialysis Center LLC dba: Central Bakersfield Dialysis	Dialysis Center	Greater Bakersfield Dialysis Center LLC Group NPI: 1700383601 TIN: 822912832 dba: Central Bakersfield Dialysis 5101 White Lane Ste A Bakersfield CA 93309 Ph - 661-398-2251 Fx - 661-398-2254	PRV058786	9/1/2020
Imad Abumeri, MD Inc. dba: Comprehensive Neurosurgery & Spine Institute	Neurological Surgery	Imad Abumeri, MD Inc. dba: Comprehensive Neurosurgery & Spine Institute Group NPI: 1326677857 TIN: 825112990 2701 Chester Avenue Ste 102 Bakersfield CA 93301 Ph - 661-637-8663 Fx - 661-637-8857	PRV061105	9/1/2020
James E Holland	Clinical Social Worker	James E. Holland Jr dba: James Earl Holland Jr LCSW Group NPI: 1558510743 TIN: 851544908 4646 Wilson Rd #101A Bakersfield CA 93309	PRV052510	9/1/2020
Kern County Regional Dialysis Center, LLC dba: North Bakersfield Dialysis	Dialysis Center	Kern County Regional Dialysis Center, LLC dba: North Bakersfield Dialysis Group NPI: 1881191781 TIN: 822901397 2661 Oswell Street Ste B Bakersfield CA 93306 Ph - 661-871-3461 Fx - 661-871-3464	PRV054661	9/1/2020
Lincare Inc.	DME	Lincare Inc. Group NPI: 1093752404 TIN: 592852900 4300 Stine Road Ste. 603 Bakersfield CA 93313 Ph - 661-833-3333 Fx - 661-833-3334	PRV004215	9/1/2020

Kern Health Systems
Board Approved Effective 09/01/20

Link Medical Transport, LLC	Transportation	Link Medical Transport, LLC Group NPI: 1033771845 TIN: 842034858 2540 F Street Suite A Bakersfield CA 93301 Ph - 661-282-7117 Fx - 661-885-8014	PRV061228	Retro- Eff 8/1/20
Marsinah Ramirez Buchan LMFT dba: Therapy Trec	Marriage & Family Therapy	Marsinah Ramirez Buchan LMFT dba: Therapy Trec Group NPI: Same as Prov TIN: 557496352 6200 Lake Ming Avenue Unit 4-Ste A Bakersfield CA 93306 PH - 562-366-6079 Fx - 562-286-8360	PRV051165	9/1/2020
Natera Inc	Laboratory	Natera, Inc. Group NPI: 1558672279 TIN: 010894487 201 Industrial Road Ste. 410 San Carlos CA 94070 Ph - 650-249-9090 Fx - 650-730-2274	PRV040273	9/1/2020
Pediatric For All Inc.	PCP	Pediatric For All Inc dba: Pediatric For All Group NPI: 1720553902 TIN: 843194225 2700 F Street Ste. 210 Bakersfield CA 93301	PRV054434	9/1/2020
STAT MD Urgent Care Inc	Walk-In PCP	Stat MD Urgent Care, Inc Group NPI: 1902364425 TIN: 833042715 5701 Young St Ste. C201 Bakersfield CA 93313 Ph - 661-464-5000 Fx - 661-885-7878	PRV058503	9/1/2020
Theodore Richard LCSW	Clinical Social Worker	Theodore Richard dba: Theodore Richard, III LCSW Group NPI: 1578909107 TIN: 572470511 930 Truxtun Ave Ste. 202 Bakersfield CA 93301 Ph - 661-237-3853 Fx - 661-243-0934	PRV034394	9/1/2020
Ultimate Family Orthopedics (UFO), Inc.	Orthopedic Surgery	Ultimate Family Orthopedics (UFO), Inc. Group NPI: 1558578583 TIN: 450562032 8307 Brimhall Road Ste. 1706 Bakersfield CA 93312 Ph -661-467-1477 Fx - 661-467-1480	PRV062922	9/1/2020
VIPMD Corp (Specialist)	Multi-Specialty	VIPMD Corp Group NPI: 1124521018 TIN: 824815186 2901 Sillect Ave Ste 201 Bakersfield CA 93308	PRV061654	9/1/2020
Wellbeing Rx Inc. dba: Rosecare Pharmacy	Pharmacy	Wellbeing Rx Inc. dba: Rosecare Pharmacy Group NPI: 1003475427 TIN: 831806634 1415 W. Rosamond Blvd Ste. 22 Rosamond CA 93560 Ph - 661-256-1118 Fx - 661-256-1119	PRV062889	9/1/2020
West Side Health Care District	Chiropractic	West Side Health Care District dba: West Side Family Health Care - RHC Group NPI: 1992142277 TIN: 956003484 100 E North Street Taft CA 93268 Ph - 661-765-1935 Fx - 661-765-1928	PRV000306	9/1/2020

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Legal Name/DBA	Specialty	Address	Vendor #	Contract Effective Date
Robert Christopher Johnson Clinical Behavior LLC	ABA Provider	1820 Weiman Ave Ridgecrest CA 93555 P - 424-248-8641 F - 424-389-7030	PRV063593	10/1/2020

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Legal Name/ DBA	Specialty	Vendor #	Address	ContractEffective Date
Acceleration Behavioral Therapies	ABA	PRV064254	1430 Truxtun Ave 5th Flr Bakersfield CA 93301 Phone (818) 356-8103 Fax (818) 356-8113 Group NPI: 1619451440 TIN: 831847055	11/1/2020
Adventist Health - Tehachapi Valley	Multi-Specialty	PRV038186	105 W. E Street Tehachapi 2041 Belshaw St. Mojave 9350 N. Loop Blvd Cal City Group NPI: 1275538530 TIN: 1275538530	11/1/2020
Ajitpal S. Tiwana, MD	PCP (FP/IM)	PRV029409	2700 F Street Ste. 100 Bakersfield CA 93301 Group NPI: 1497251912 TIN: 320703648	Retro-Eff10/1/2020
Amwest Ambulance	Transportation	PRV010942	12357 Saticoy Street North Hollywood CA 91605	11/1/2020
Antelope Valley Supportive Care & Hospice	Hospice & Palliative Care	PRV056456	1505 West Ave J Ste. 303 Lancaster CA 93534	11/1/2020
Evan Dimmitt dba: Evan Dimmitt MD	Physical Medicine & Rehab	PRV056476	5001 Commerce Drive Bakersfield CA 93309	11/1/2020
In Rhythm Non Emergency Medical Transportation Inc	Transportation	PRV064258	2117 D Street Bakersfield CA 93301	11/1/2020
Mayowa Olugbami dba: Pine Medical Transport	Transportation	PRV064261	602 H Street Ste. 120 Bakersfield CA 93304	11/1/2020
Parkside Congregate Living, Inc.	SNF/CLF	PRV055922	304 Haggin Street Bakersfield CA 93309	11/1/2020
Philip Rosenthal MD PC	Neurosurgery	PRV012611	2323 16th Street Ste. 407 Bakersfield CA 93301 Phone (661) 741-0924 Fax (661) 741-0930 Group NPI: 1619451440 TIN: 850610611	11/1/2020

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NAME	LEGAL NAME/ADDRESS	Provider #	Group #	SPECIALTY	CONTRACT STATUS	CMO COMMENTS
Abumeri, Imad MD	Imad Abumeri, MD Inc. dba: Comprehensive Neurosurgery & Spine Institute 2701 Chester Avenue Ste 102 Bakersfield CA 93301 Ph - 661-637-8663 Fx - 661-637-8857	PRV055634	PRV013692	Neurological Surgery	New Contract	YesEff 9/1/20
Buchan, Marsinah LMFT	Marsinah Ramirez Buchan LMFT dba: Therapy Trec 6200 Lake Ming Avenue Unit 4-Ste A Bakersfield CA 93306 PH - 562-366-6079 Fx - 562-286-8360	PRV051165	PRV051165	Marriage & Family Therapy	New Contract	YesEff 9/1/20
Desert Sky Transit	Desert Sky Transit 1601 East Palmdale Blvd Ste. B Palmdale CA 93550 Ph - 661-441-2227 Fx - 661-793-6988	PRV062871	PRV062871	Transportation	New Contract	YesEff 9/1/20
Divinity Hospice	Divinity Hospice 3545 San Dimas Street Bakersfield CA 93301 Ph - 866-987-5373 Fx - 866-987-5374	PRV062873	PRV062873	Hospice	New Contract	YesEff 9/1/20
DV Therapy Inc. (CUSTOM CONTRACT)	DV Therapy Inc 1601 New Stine Road Ste. 100 Bakersfield CA 93309 Ph - 323-426-6402 Fx - 323-714-0112	PRV062569	PRV062569	Speech Therapy	New Contract	YesEff 9/1/20
Greater Bakersfield Dialysis Center LLC	Greater Bakersfield Dialysis Center LLC dba: Central Bakersfield Dialysis 5101 White Lane Ste A Bakersfield CA 93309 Ph - 661-398-2251 Fx - 661-398-2254	PRV058786	PRV058786	Dialysis Center	New Contract	YesEff 9/1/20
Hashemi, Mohammed MD	Ultimate Family Orthopedics (UFO), Inc. 8307 Brimhall Road Ste. 1706 Bakersfield CA 93312 Ph -661-467-1477 Fx - 661-467-1480	PRV050569	PRV062922	Orthopedic Surgery	New Contract	YesEff 9/1/20
Khazai, Bahram MD	Advanced Cardiology Medical Assoc. 2601 16th Street Bakersfield CA 93301 Ph- 661-633-2541 Fx - 661-633-9042	PRV055634	PRV013692	Cardiovascular Disease / Interv. Cardiology	New Contract	YesEff 9/1/20
Kern County Regional Dialysis Center, LLC	Kern County Regional Dialysis Center, LLC dba: North Bakersfield Dialysis 2661 Oswell Street Ste B Bakersfield CA 93306 Ph - 661-871-3461 Fx - 661-871-3464	PRV054661	PRV054661	Dialysis Center	New Contract	YesEff 9/1/20
Lincare Inc.	Lincare Inc. 4300 Stine Road Ste. 603 Bakersfield CA 93313 Ph - 661-833-3333 Fx - 661-833-3334	PRV004215	PRV004215	DME	New Contract	YesEff 9/1/20
Link Medical Transport	Link Medical Transport, LLC 2540 F Street Suite A Bakersfield CA 93301 Ph - 661-282-7117 Fx - 661-885-8014	PRV061228	PRV061228	Transportation	New Contract	YesRetro- Eff 8/1/20
Natera, Inc.	Natera, Inc. 201 Industrial Road Ste. 410 San Carlos CA 94070 Ph - 650-249-9090 Fx - 650-730-2274	PRV040273	PRV040273	Laboratory	New Contract	YesEff 9/1/20

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Rosecare Pharmacy	Wellbeing Rx Inc. dba: Rosecare Pharmacy 1415 W. Rosamond Blvd Ste. 22 Rosamond CA 93560 Ph - 661-256-1118 Fx - 661-256-1119	PRV062889	PRV062889	Pharmacy	New Contract	YesEff 9/1/20
Sabol, Jason DC	West Side Health Care District dba: West Side Family Health Care - RHC 100 E North Street Taft CA 93268 Ph - 661-765-1935 Fx - 661-765-1928	PRV032831	PRV000306	Chiropractor	New Contract	YesEff 9/1/20
Walker, Eric DC	West Side Health Care District dba: West Side Family Health Care - RHC 100 E North Street Taft CA 93268 Ph - 661-765-1935 Fx - 661-765-1928	PRV059580	PRV000306	Chiropractor	New Contract	YesEff 9/1/20
Cochran, Colleen BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062923	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Di Gregorio, Allison BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062948	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Forsberg, Michael BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062924	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Giardini, Carolyn BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062939	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Jaramillo, Brianna BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062949	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Lawrence, Alison BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062938	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Marcella, Hillary BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062950	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Martin, Jose BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062937	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Mata, Allison BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062936	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Norris, Claire BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062951	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20

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Patterson, Rosa BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062935	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Phan, Cat Tuong BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062934	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Pitochelli, Ysabella BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062952	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Quevedo, Stacia BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062953	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Taguchi-Solorio, Natalie BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062888	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Yue, Kayli BCBA	Autism Behavior Services, Inc. 4900 California Ave Tower B 2nd Flr Bakersfield CA 93309 Ph - 855-581-0100 Fx - 855-329-3973	PRV062887	PRV062872	Qualified Autism Provider / Behavioral Analyst	New Contract	YesEff 9/1/20
Kanchananakhin, Phacharawut MD	Ridgecrest Regional Hospital 1081 N China Lake Blvd Ridgecrest CA 93555 Ph - 760-499-3855 Fx - 760-446-2014	PRV047874	PRV029495	Psychiatry	Existing	YesEff 9/1/20
Castro, Miguel PA-C	Omni Family Health 2505 Merced Street Fresno CA 93721 860 Sequoia Ave Lindsay CA 93247 355 N. Campus Dr Hanford CA 93230 Ph - 800-300-6664 Fx - 661-746-9197	PRV058549	PRV000019	General Practice	Existing	YesEff 9/1/20
McCarron, Audrey MD	Renaissance Imaging Medical Assoc., Inc. 44105 W 15th St Ste 100 Lancaster 38925 Trade Center Dr Ste E Palmdale Ph - 661-726-6050 Fx - 661-949-5759	PRV057660	PRV000324	Diagnostic Radiology	Existing	YesEff 9/1/20
Agarwal, Priyanka MD	Telehealthdocs Medical Corporation *All Locations 2215 Truxtun Avenue Ste. 100 Bakersfield CA 93301 Ph - 661-840-9270 Fx - 661-864-7848	PRV062941	ALL LOCATIONS	Endocrinology/Metabolism	Existing	YesEff 9/1/20
Anwar, Gul MD	Ridgecrest Regional Hospital dba: Southern Sierra Medical Clinic 105 E Sydnor Avenue Ste. 100 93555 Ph - 760-446-6404 / Fx - 760-446-6415 dba: Ridgecrest Regional Hospital RHC 1111 N China Lake Blvd Ste. 190 Ridgecrest CA 93555 Ph - 760-499-3855 / Fx - 760-446-2014	PRV008268	PRV029495	Family Practice	Existing	YesEff 9/1/20
Awad, Mira PA-C	Omni Family Health 2505 Merced Street Fresno CA 93721 860 Sequoia Ave Lindsay CA 93247 355 N. Campus Dr Hanford CA 93230 Ph - 800-300-6664 Fx - 661-746-9197	PRV041200	PRV000019	General Practice	Existing	YesEff 9/1/20

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Ayala, Raul MD	Reedly Community Hospital dba: Adventist Health Comm Care - Shafter 406 James Street Shafter CA 93263 Ph - 661-746-5788 Fx - 661-746-5273	PRV012511	PRV036581	Family Practice	Existing	YesEff 9/1/20
Bautista, Jose MD	Omni Family Health 2505 Merced Street Fresno CA 93721 Ph - 800-300-6664 Fx - 661-746-9197	PRV047289	PRV000019	Internal Medicine	Existing	YesEff 9/1/20
Bautista, Luis MD	Omni Family Health 2505 Merced Street Fresno CA 93721 Ph - 800-300-6664 Fx - 661-746-9197	PRV045139	PRV000019	General Practice	Existing	YesEff 9/1/20
D'Alessandro, Jeffrey DPM	Stockdale Podiatry Group, Inc. 110 New Stine Road Bakersfield CA 93309 Ph - 661-832-1667 Fx - 661-322-6249	PRV062581	PRV000332	Podiatry	Existing	YesEff 9/1/20
Desai, Chirag MD	Centric Health 2901 Sillect Ave Ste. 100 Bakersfield CA 93308 Ph - 661-323-8384 Fx - 661-323-8384	PRV062552	PRV000503	Cardiovascular Disease / Interv. Cardiology	Existing	YesEff 9/1/20
Elizondo, Ramona LMFT	Clinica Sierra Vista (CSV) 1015 Baker Street Ste. 4 Bakersfield CA 93305 Ph - 661-328-4283 Fx - 661-843-8619	PRV061406	PRV000002	Marriage & Family Therapy	Existing	YesEff 9/1/20
Ezim, Casmir DPM	Oak Hills Medical Corporation dba: Heart & Vascular & Leg Center 1408 Commercial Way Ste. A Bakersfield CA 93309 Ph - 661-324-4100 Fx - 661-324-4600	PRV062052	PRV000310	Podiatry	Existing	YesEff 9/1/20
Fine, Stephen LMFT	Ridgecrest Regional Hospital - RHC 1081 N China Lake Blvd Ridgecrest CA 93555 Ph - 760-446-3551 Fx - 760-499-3959	PRV062047	PRV000279	Marriage & Family Therapy	Existing	YesEff 9/1/20
Garcia, Robyn LMFT	Clinica Sierra Vista (CSV) 815 Dr. Martin Luther King Jr. Blvd Bakersfield CA 93307 Ph - 661-322-3905 Fx - 661-322-1370	PRV061012	PRV000002	Marriage & Family Therapy	Existing	YesEff 9/1/20
Graff, Lacy PA-C	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306 Ph - 661-326-2000 Fx - 661-633-2006	PRV062051	ALL LOCATIONS	General Surgery	Existing	YesEff 9/1/20
Hanson, Irene NP-C	Omni Family Health 925 G Street Reedley CA 93654 Ph - 800-300-6664 Fx - 661-746-9197	PRV042301	PRV000019	Pediatrics	Existing	YesEff 9/1/20
Hernandez, Alex MD	Omni Family Health 2505 Merced Street Fresno CA 93721 Ph - 800-300-6664 Fx - 661-746-9197	PRV052746	PRV000019	Family Practice	Existing	YesEff 9/1/20
Hoefler, Michael MD	Bright Heart Health Medical Group 2960 Camino Diablo Ste. 105 Walnut Creek CA 94597 Ph - 800-892-2695 Fx - 415-458-2691	PRV062947	PRV061628	Psychiatry	Existing	YesEff 9/1/20

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Huber, Kyle DPM	Oak Hills Medical Corporation dba: Heart & Vascular & Leg Center 1408 Commercial Way Ste. A Bakersfield CA 93309 Ph - 661-324-4100 Fx - 661-324-4600	PRV062817	PRV000310	Podiatry	Existing	YesEff 9/1/20
Johnstone, Margaret NP-C	Bright Heart Health Medical Group 2960 Camino Diablo Ste. 105 Walnut Creek CA 94597 Ph - 800-892-2695 Fx - 415-458-2691	PRV062946	PRV061628	Psychiatry	Existing	YesEff 9/1/20
Kabar, Michael MD	Telehealthdocs Medical Corporation *All Locations 2215 Truxtun Avenue Ste. 100 Bakersfield CA 93301 Ph -661-840-9270 Fx - 661-864-7848	PRV062940	ALL LOCATIONS	Psychiatry	Existing	YesEff 9/1/20
Kastner, Mary NP-C	Bright Heart Health Medical Group 2960 Camino Diablo Ste. 105 Walnut Creek CA 94597 Ph - 800-892-2695 Fx - 415-458-2691	PRV062945	PRV061628	Psychiatry	Existing	YesEff 9/1/20
Komen, Ngawina PA-C	Grossman Medical Group, Inc 420 34th Street Bakersfield CA 93301 Ph - 661-323-2876 fx - 818-444-0325	PRV062944	PRV000405	General Surgery	Existing	YesEff 9/1/20
Lam, Gordon DC	Ridgecrest Regional Hospital - RHC 1081 N. China Lake Blvd Ridgecrest CA 93555 Ph - 760-446-3551 Fx - 760-499-3959	PRV061629	PRV000279	Chiropractor	Existing	YesEff 9/1/20
Ilamas, Maria LMFT	Ridgecrest Regional Hospital - RHC 1081 N. China Lake Blvd Ridgecrest CA 93555 Ph - 760-446-3551 Fx - 760-499-3959	PRV052147	PRV029495	Marriage & Family Therapy	Existing	YesEff 9/1/20
Lockie, Amanda LCSW	Ridgecrest Regional Hospital - RHC 105 E. Sydnor Ave. Ste. 100 Ridgecrest CA 93555 Ph - 760-446-6404 Fx - 760-446-6415	PRV062231	PRV000279	Clinical Social Worker	Existing	YesEff 9/1/20
McCormack, Shelley MD	Kern County Hospital Authority 1700 Mt Vernon Avenue 93306 1111 Columbus Street 93305 9300 Stockdale Hwy Ste. 100 & 300 93311 Bakersfield CA 93306	PRV039769	KM LOCATIONS	OB/GYN	Existing	YesEff 9/1/20
McFarland, Kimberly MD	Kern Radiology Medical Group, Inc. 2301 Bahamas Drive 93309 3838 San Dimas Street Ste. A-120 93301 Bakersfield CA	PRV062886	ALL LOCATIONS	Diagnostic Radiology / Interventional Radiology	Existing	YesEff 9/1/20
Meneses-Samson, Dorothy MD	Omni Family Health 860 Sequoia Ave Lindsay CA 93247 1110 W. Visalia Road Exeter CA 93221 Ph - 800-300-6664 Fx - 661-746-9197	PRV035685	PRV000019	Pediatrics	Existing	YesEff 9/1/20
Mercado, Edgar PA	Omni Family Health 2505 Merced Street Fresno CA 93721 Ph - 800-300-6664 Fx - 661-746-9197	PRV060070	PRV000019	Family Practice	Existing	YesEff 9/1/20
Miranda, Erika LMFT	Clinica Sierra Vista (CSV) 301 Brundage Lane Bakersfield CA 93304 Ph - 661-323-6086 Fx - 661-324-6301	PRV061407	PRV000002	Marriage & Family Therapy	Existing	YesEff 9/1/20
Montarella, Amberlee NP-C	Reedley Community Hospital AH-Wasco 1040 7th Street AH-Taft 501 6th Street AH-Shafter 406 James Street	PRV032596	PRV036581, PRV036302, PRV032339	Family Practice	Existing	YesEff 9/1/20

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Morales, Samuel PA-C	Omni Family Health 2505 Merced Street Fresno CA 93721 Ph - 800-300-6664 Fx - 661-746-9197	PRV046196	PRV000019	Family Practice	Existing	YesEff 9/1/20
Onyejekwe, Chioma NP-C	Clinica Sierra Vista (CSV-Walk-In Clinic) 2400 Wible Road Ste. 14 Bakersfield CA 93304	PRV061157	PRV000002	Family Practice	Existing	YesEff 9/1/20
Park, Harold MD	Renaissance Imaging Medical Assoc., Inc. 44105 W 15th St Ste 100 Lancaster 38925 Trade Center Dr Ste E Palmdale	PRV062943	PRV000324	Diagnostic Radiology	Existing	YesEff 9/1/20
Pedouim, Farzin MD	Kern Valley Healthcare District 4300 Birch Street Ste. B Lake Isabella CA 93240	PRV062359	PRV062359	Neurology	Existing	YesEff 9/1/20
Peralta, Janessa MD	Ridgecrest Regional Hospital - RHC 1111 N. China Lake Blvd Ste. 190 Ridgecrest CA 93555 Ph - 760-499-3855 Fx - 760-446-2014	PRV061158	PRV029495	Pediatrics	Existing	YesEff 9/1/20
Prince, Jennifer DO	Ridgecrest Regional Hospital - RHC 1111 N. China Lake Blvd Ste. 190 Ridgecrest CA 93555 Ph - 760-499-3855 Fx - 760-446-2014	PRV061095	PRV000279	Pediatrics	Existing	YesEff 9/1/20
Prado-Yang, Tammy NP-C	Clinica Sierra Vista (CSV) 8787 Hall Road Lamont CA 93241	PRV061725	PRV000002	Family Practice	Existing	YesEff 9/1/20
Reynaga, Rocio NP	Omni Family Health 2505 Merced Street Fresno CA 93721	PRV050709	PRV000019	Family Practice	Existing	YesEff 9/1/20
Roberts, Micah DO	Dignity Health Medical Foundation 3838 San Dimas Street Ste. B-201 Bakersfield CA 93301 Ph-661-321-3161 Fx - 661-321-3166	PRV056296	PRV012886	Cardiovascular Disease / Cardiac Electrophysiology	Existing	YesEff 9/1/20
Rodriguez-Garcia, Jose MD	Clinica Sierra Vista (CSV) 425 Del Sol Parkway Delano CA 93215	PRV062050	PRV000019	Family Practice	Existing	YesEff 9/1/20
Rosa, Paola DO	Kern County Hospital Authority 1700 Mt Vernon Avenue 93306 1111 Columbus Street 93305 9300 Stockdale Hwy Ste. 100 & 300 93311	PRV061499	ALL LOCATIONS	OB/GYN	Existing	YesEff 9/1/20
Roshan, Daniel MD	Hullander and Mozingo, GP dba: Pacific Pain Physicians 5601 Auburn Street Ste. A Bakersfield CA 93306	PRV050653	PRV050652	Pain Medicine	Existing	YesEff 9/1/20
Saenz, Naomi MD	Renaissance Imaging Medical Assoc., Inc. 44105 W 15th St Ste 100 Lancaster 38925 Trade Center Dr Ste E Palmdale	PRV062942	PRV000324	Diagnostic Radiology	Existing	YesEff 9/1/20
Santoyo, Shelly PA	Omni Family Health 2505 Merced Street Fresno CA 93721	PRV058750	PRV000019	Family Practice	Existing	YesEff 9/1/20
Saxena, Nishkarsh MD	Hemant Dhingra, MD CEO The Nephrology Group *All Locations 3933 Coffee Road Ste. B Bakersfield CA 93308	PRV062933	PRV013885	Nephrology	Existing	YesEff 9/1/20
Shepherd, Linda PsyD	Telehealthdocs Medical Corporation *All Locations 2215 Truxtun Avenue Ste. 100 Bakersfield CA 93301	PRV055021	ALL LOCATIONS	Psychology	Existing	YesEff 9/1/20
Suman, Nisha MD	Omni Family Health 2505 Merced Street Fresno CA 93721	PRV047432	PRV000019	Pediatrics	Existing	YesEff 9/1/20
Thompson, Caleb MD	Dignity Health Medical Foundation 3838 San Dimas Street Ste. B-201 Bakersfield CA 93301	PRV038689	PRV012886	Cardiovascular Disease / Interventional Cardiology	Existing	YesEff 9/1/20
Tiwana, Jasleen MD	Ajitpal S. Tiwana, MD, Inc. 2100 F Street, Ste. 100 Bakersfield CA 93301	PRV062228	PRV005664	Internal Medicine	Existing	YesEff 9/1/20

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Trebizo, Marisa LMFT	Clinica Sierra Vista (CSV) 815 Dr. Martin Luther King Jr. Blvd Bakersfield CA 93307	PRV061013	PRV000002	Marriage & Family Therapy	Existing	YesEff 9/1/20
Volk, Deborah MD	Hospitalist Medicine Physicians of California, Inc. Db: Sound Physicians of California 2615 Chester Avenue Bakersfield CA 93301	PRV003973	PRV014433	IM/Hospitalist	Existing	YesEff 9/1/20
Woods, Carrie NP-C	Clinica Sierra Vista (CSV) 815 Dr. Martin Luther King Jr. Blvd Bakersfield CA 93307	PRV062048	PRV000002	Family Practice	Existing	YesEff 9/1/20

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NAME	LEGAL NAME/ADDRESS	Provider #	Group #	SPECIALTY	CONTRACT STATUS	CHIEF MEDICAL OFFICER COMMENTS
Johnson, Robert BCBA (NEW)	Robert Christopher Johnson dba: Clinical Behavior LLC 1820 Weiman Avenue Ridgecrest CA 93555 P - 424-248-8641 F - 424-389-7030	PRV063593	PRV063593	Qualified Autism Provider / Behavioral Analyst	New Contract	Yes Eff 10/1/20
Altemus, Deborah DO (LOCUM)	Telemedicine Group PC dba: TeleMed2U 3400 Douglas Blvd Roseville CA 95661	PRV062647	PRV061649	Dermatology	Existing	Yes Eff 10/1/20
Brown, Angela NP (LOCUM)	Omni Family Health 2505 Merced Street Fresno CA 93721	PRV060071	PRV000019	Family Practice	Existing	Yes Eff 10/1/20
Bongurala, Archana MD (LOCUM)	Omni Family Health 210 N Chester Ave Bakersfield CA 93308	PRV062787	PRV000019	Pediatrics	Existing	Yes Eff 10/1/20
Chavez, Rocky MD (NEW)	Accelerated Urgent Care *All Locations 9300 Stockdale Hwy Ste 100 Bakersfield CA 93311	PRV047710	ALL SITES	Family Practice	Existing	Yes Eff 10/1/20
Chen, Yufan MD (LOCUM)	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	PRV062651	ALL KM SITES	OB/GYN	Existing	Yes Eff 10/1/20
Clark, Charles MD (LOCUM)	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	PRV047076	ALL KM SITES	Internal Medicine	Existing	Yes Eff 10/1/20
De Leon, Mary Jeanne MD (LOCUM)	Telemedicine Group PC dba: TeleMed2U 3400 Douglas Blvd Roseville CA 95661	PRV062358	PRV061649	Endocrinology	Existing	Yes Eff 10/1/20
Ejioogu, Kenneth NP-C (NEW)	Lags Spine & Sportscare Medical Centers 3550 Q Street Ste. 201-202 Bakersfield CA 93301	PRV062959	PRV000403	Physical Medicine & Rehab	Existing	Yes Eff 10/1/20
Ghasemizadeh, Dara DO (NEW)	Kern Radiology Medical Group 2301 Bahamas Drive 3838 San Dimas Ste A-120 Bakersfield CA	PRV058094	ALL SITES	Diagnostic Radiology	Existing	Yes Eff 10/1/20
Hobbs, Rick LMFT (LOCUM)	Clinica Sierra Vista (CSV) 9001 South H Street Bakersfield CA 93307	PRV062788	PRV000002	Marriage & Family Therapy	Existing	Yes Eff 10/1/20
Kapoor, Neha NP-C (NEW)	Advanced Gastro Medical Associates 9802 Stockdale Hwy Ste. 102 Bakersfield CA 93311	PRV063602	PRV000330	Internal Medicine	Existing	Yes Eff 10/1/20
Macias, Lea MD (NEW)	Omni Family Health 311 W Noble Ave Visalia CA 93277	PRV062786	PRV000019	Family Practice	Existing	Yes Eff 10/1/20
Mejia, Dulce LCSW (NEW)	Bakersfield City School District 3806 Jewett Ave Bakersfield CA 93301	PRV063603	PRV000469	Clinical Social Worker	Existing	Yes Eff 10/1/20
Mishra, Shikha MD (LOCUM)	Kern County Hospital Authority 1111 Columbus Street Bakersfield CA 93305	PRV062649	ALL KM SITES	Internal Medicine	Existing	Yes Eff 10/1/20

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Mudryk, Rachael NP (NEW)	Bakersfield City School District 3806 Jewett Ave Bakersfield CA 93301	PRV036934	PRV000469	Family Practice	Existing	Yes Eff 10/1/20
Natali, Luis MD (NEW)	Centric Health 8307 Brimhall Rd Ste. 1702 Bakersfield CA 93311	PRV063199	PRV000503	Neurology / Clinical Neurophysiology	Existing	Yes Eff 10/1/20
Patel, Mukesh PA-C (NEW)	Neurological Associates of LA 8307 Brimhall Rd Ste. 1706 Bakersfield CA 93311	PRV000851	PRV013671	Neurosurgery	Existing	Yes Eff 10/1/20
Rivera, Mark MD (NEW)	Universal Urgent Care (Specialist) *All Locations Universal Healthcare Services Inc (PCP) *All Locations	PRV061301	ALL UC AND ALL PCP CLINICS	Family Practice	Existing	Yes Eff 10/1/20
Vasan, Sarayu MD (LOCUM)	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	PRV062049	ALL KM SITES	Psychiatry	Existing	Yes Eff 10/1/20
Woodburn, Miesty MD (LOCUM)	Telemedicine Group PC dba: TeleMed2U 3400 Douglas Blvd Roseville CA 95661	PRV063400	PRV061649	Neurology	Existing	Yes Eff 10/1/20
Yocum, David MD (LOCUM)	Telemedicine Group PC dba: TeleMed2U 3400 Douglas Blvd Roseville CA 95661	PRV062648	PRV061649	Rheumatology	Existing	Yes Eff 10/1/20
Zoglio, Michael MD (NEW)	Telehealthdocus Medical Group *All Locations 2215 Truxtun Ave Ste 100 Bakersfield CA 93301	PRV063604	ALL SITES	Psychiatry	Existing	Yes Eff 10/1/20

DBA / NAME	LEGAL NAME/ADDRESS	PROVIDER #	VENDOR #	SPECIALTY	CONTRACT STATUS	PAC APPROVED - EFFECTIVE DATE
Amwest Ambulance	Amwest, Inc. 12357 Saticoy Street North Hollywood CA 91605 Phone - 818-859-7999 Fax - 818-859-7322	PRV010942	PRV010942	Transportation	New Contract	YesEff 11/1/20
Antelope Valley Supportive Care & Hospice	Antelope Valley Supportive Care & Hospice 1505 West Avenue J Ste. 303 Lancaster CA 93534 Phone - 661-247-8345 Fax - 661-247-8345	PRV056456	PRV056456	Hospice & Palliative Care	New Contract	YesEff 11/1/20
Dimmitt, Evan MD	Evan Dimmitt dba: Evan Dimmitt MD 5001 Commerce Drive Bakersfield CA 93309 Phone - 661-323-5500 Fax - 661-633-5254	PRV056476	PRV063401	Physical Medicine and Rehabilitation	New Contract	YesEff 11/1/20
Havill, Diana MD	Adventist Health Community Center - Tehachapi 105 West E Street Tehachapi CA 2041 Belshaw Street Mojave CA 9350 N. Loop Blvd Cal City CA	PRV064255	ALL SITES	Psychiatry	New Contract	YesEff 11/1/20
In Rhythm Non Emergency Medical Transportation Inc	In Rhythm Non Emergency Medical Transportation Inc 2117 D Street Bakersfield CA 93301 Phone - 661-679-7605 Fax - 661-695-6819	PRV064258	PRV064258	Transportation	New Contract	Yes Eff 11/1/20
Parkside Congregate Living, Inc.	Parkside Congregate Living, Inc. 304 Haggin Street Bakersfield CA 93309 Phone - 661-374-4079 Fax - 661-748-1247	PRV055922	PRV055922	SNF/CLF	New Contract	Yes Eff 11/1/20
Pine Medical Transport	Mayowa Olugbami dba: Pine Medical Transport 602 H Street Ste. 120 Bakersfield CA 93304 Phone - 661-379-4451 Fax - 661-215-5311	PRV064261	PRV064261	Transportation	New Contract	Yes Eff 11/1/20
Stewart, Lorie PA-C	Sendas NW Urgent Care 945 Ming Avenue Bakersfield CA 93311	PRV030917	PRV005648	Family Practice	Existing	Yes Eff 11/1/20
Action Physical Therapy	Universal Healthcare Services, Inc. dba: Action Physical Therapy 4200 Buck Owens Blvd Bakersfield CA 93308 Phone -661-431-1705 Fax - 661-348-4784	PRV002404 THOMAS SAVERSE	PRV063605	Physical Therapy	Existing	Yes Retro-Eff 10/1/20
Adiii-Khams, Nazita MD	Accelerated Urgent Care *All Locations 9300 Stockdale Hwy Ste 100 Bakersfield CA 93311	PRV064256	ALL SITES	Family Practice	Existing	Yes Eff 11/1/20
Al Kawally, Mariam OD	Ace Eyecare, Inc 1721 Westwind Drive Ste. B Bakersfield CA 93301	PRV064257	PRV041736	Optometry	Existing	Yes Eff 11/1/20
Albert, Jacqueline OD	Ace Eyecare, Inc 1721 Westwind Drive Ste. B Bakersfield CA 93301	PRV064280	PRV041736	Optometry	Existing	Yes Eff 11/1/20
Bathini, Leon MD	Hospitalist Medicine Physicians of Calif Inc 2615 Chester Avenue Bakersfield CA 93301	PRV042590	PRV014433	Family Practice / Hospitalist	Existing	Yes Eff 11/1/20
Bisla, Tajinder MD	Bakersfield Pathology Medical Group 3000 Sillect Avenue Bakersfield CA 93308	PRV056639	PRV001423 PRV001424	Anatomic & Clinical Pathology	Existing	Yes Eff 11/1/20
Charles, Connie NP-C	Atul Aggarwal MD Cardiology Clinic 9330 Stockdale Highway Ste. 200 Bakersfield CA 93311	PRV063291	PRV000343	Cardiovascular Disease	Existing	Yes Eff 11/1/20
Chen, Timothy MD	Clinica Sierra Vista (CSV) 815 Dr. Martin Luther King Jr. Blvd Bakersfield CA 93307	PRV063401	PRV000002	Family Practice	Existing	Yes Eff 11/1/20
Chien, Henry MD	Omni Family Health 655 S Central Valley Highway Shafter CA 93263	PRV063196	PRV0000019	Internal Medicine	Existing	Yes Eff 11/1/20
Clay-Matemavi, Sharon NP-C	Ridgecrest Regional Hospital 1111 N China Lake Blvd Ste. 190 Ridgecrest CA 93555	PRV061858	PRV029495	Psychiatry	Existing	Yes Eff 11/1/20
Delano Health Center Pharmacy	Omni Family Health 912 Fremont Street Delano CA 93215 Phone - 661-237-6657 Fax - 661-459-1911	PRV064035	PRV064035	Pharmacy	Existing	Yes Retro-Eff 10/7/20
Gardella, Dean MD	Renaissance Imaging Medical Assoc., Inc. 44105 W 15th St Ste 100 Lancaster 38925 Trade Center Dr Ste E Palmdale	PRV005515	PRV000324	Diagnostic Radiology	Existing	Yes Eff 11/1/20
Grewal, Shaundee LMFT	Clinica Sierra Vista (CSV) 7800 Niles Street Bakersfield CA 93306	PRV063928	PRV000002	Marriage & Family Therapy	Existing	Yes Eff 11/1/20
Keene, Renee NP-C	Kern County Hospital Authority 3551 Q Street Ste. 102 Bakersfield CA 93306	PRV060255	ALL SITES	Internal Medicine	Existing	Yes Eff 11/1/20
Khodayari, Behnood MD	Rio Bravo Oncology Inc. 4500 Morning Drive Ste. 105 Bakersfield CA 93306	PRV064138	PRV035588	Radiation Oncology	Existing	Yes Eff 11/1/20
Kpaduwa, Chinwe MD	Kern County Hospital Authority 3551 Q Street Ste. 100 9300 Stockdale Highway Ste. 100 & 300 1700 Mt Vernon Avenue Bakersfield CA	PRV062650	ALL SITES	Plastic Surgery / Craniofacial Pediatric Plastic Surgery	Existing	Yes Eff 11/1/20
Luu, Anthony BCBA	California Psychcare, Inc. 624 Commerce Drive Unit E Palmdale CA 93551	PRV064259	PRV011225	Qualified Autism Provider / Behavioral Analyst	Existing	Yes Eff 11/1/20
Mann, Baldeep MD	Kern County Hospital Authority 1111 Columbus Street 1700 Mt Vernon Avenue Bakersfield CA	PRV062229	ALL SITES	Internal Medicine	Existing	Yes Eff 11/1/20

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Marriott, Melanie NP-C	Accelerated Urgent Care *All Locations 9300 Stockdale Hwy Ste 100 Bakersfield CA 93311	PRV064260	ALL SITES	Family Practice	Existing	Yes Eff 11/1/20
Nagelberg, Jodi MD	Telemedicine Group PC dba: TeleMed2U 3400 Douglas Blvd Roseville CA 95661	PRV063197	PRV061649	Endocrinology	Existing	Yes Eff 11/1/20
Ndame, Jean CRNA	Regional Anesthesia Associates, Inc. 1700 Mt Vernon Avenue Bakersfield CA 93306	PRV060082	PRV037540	Nurse Anesthetist	Existing	Yes Eff 11/1/20
Parish, Andrea BCBA	Behavioral Momentum Services, LLC 221 S Montclair Street Bakersfield CA 93309	PRV056681	PRV047917	Qualified Autism Provider / Behavioral Analyst	Existing	Yes Eff 11/1/20
Rivera Gonzalez, Ana LMFT	Clinica Sierra Vista (CSV) 815 Dr. Martin Luther King Jr. Blvd Bakersfield CA 93307	PRV063926	PRV000002	Marriage & Family Therapy	Existing	Yes Eff 11/1/20
Rocha, Rosana BCBA	California Psychcare, Inc. 624 Commerce Drive Unit E Palmdale CA 93551	PRV064262	PRV011225	Qualified Autism Provider / Behavioral Analyst	Existing	Yes Eff 11/1/20
Ross, Jamie BCBA	Center for Autism & Related Disorders, Inc. 6601 McDwitt Drive Bakersfield CA 93313	PRV064253	PRV032083	Qualified Autism Provider / Behavioral Analyst	Existing	Yes Eff 11/1/20
Sachdeva, Reetika MD	Hospitalist Medicine Physicians of Calif Inc 2615 Chester Avenue Bakersfield CA 93301	PRV063381	PRV014433	Internal Medicine / Hospitalist	Existing	Yes Eff 11/1/20
Sanchez, Julius NP-C	Clinica Sierra Vista (CSV) 1611 1st Street Bakersfield CA 93304	PRV043081	PRV000002	Family Practice	Existing	Yes Eff 11/1/20
Scharlach, Randall MD	Rio Bravo Oncology Inc. 4500 Morning Drive Ste. 105 Bakersfield CA 93306	PRV042377	PRV035588	Radiation Oncology	Existing	Yes Eff 11/1/20
Schuckman, Anne MD	Ridgecrest Regional Hospital 105 E Sydnor Avenue Ste. 100 1111 N China Lake Blvd Ste. 190 1081 N China Lake Blvd Ridgecrest CA 93555	PRV003344	PRV000279 PRV029495 PRV030085	Urology	Existing	Yes Eff 11/1/20
Selvester, Robert MD	Clinica Sierra Vista (CSV) 67 Evans Road Wofford Heights CA 93285	PRV0613195	PRV000002	Family Practice	Existing	Yes Eff 11/1/20
Shadian, Mohammad PA-C	Accelerated Urgent Care *All Locations 9300 Stockdale Hwy Ste 100 Bakersfield CA 93311	PRV064256	ALL SITES	Family Practice	Existing	Yes Eff 11/1/20
Shibuya, Barry MD	Telemedicine Group PC dba: TeleMed2U 3400 Douglas Blvd Roseville CA 95661	PRV063399	PRV061649	Rheumatology	Existing	Yes Eff 11/1/20
Soni, Jasdeep OD	Ace Eyecare, Inc 1721 Westwind Drive Ste. B Bakersfield CA 93301	PRV063987	PRV041736	Optometry	Existing	Yes Eff 11/1/20
Vejvoda, Sharon NP	Carlos A. Alvarez, MD Inc. 801 Santa Fe Way Shafter CA 8929 Panama Road Ste. A Lamont CA	PRV032443	PRV030784 PRV055424	Internal Medicine	Existing	Yes Eff 11/1/20
Yoshisaki, Carlo NP-C	Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 100 Bakersfield CA 93309	PRV064263	ALL SITES	Family Practice	Existing	Yes Eff 11/1/20



KERN HEALTH SYSTEMS

Provider Network Management Network Review Quarter 3, 2020

- **After-hours Calls**
- **Appointment Availability Survey**
- **Access Grievance Review (Q2, 2020)**
- **Geographic Accessibility & Annual DHCS Network Certification Update**
- **Network Adequacy & Provider Counts**



After-hours Calls

Quarter 3, 2020



AFTER-HOURS CALLS

Q3, 2020



Introduction

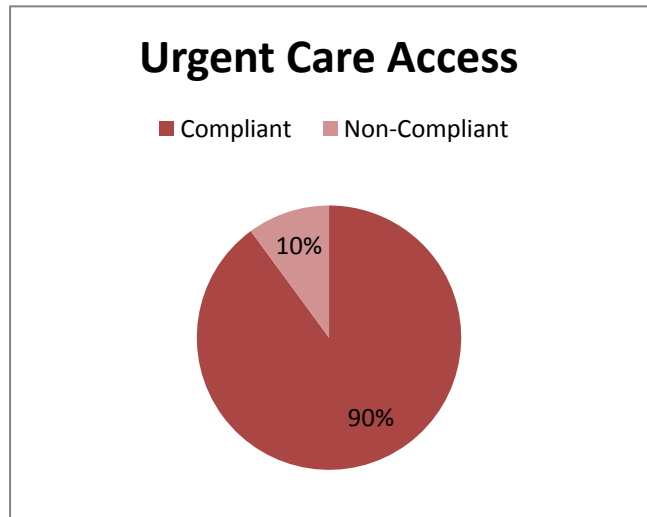
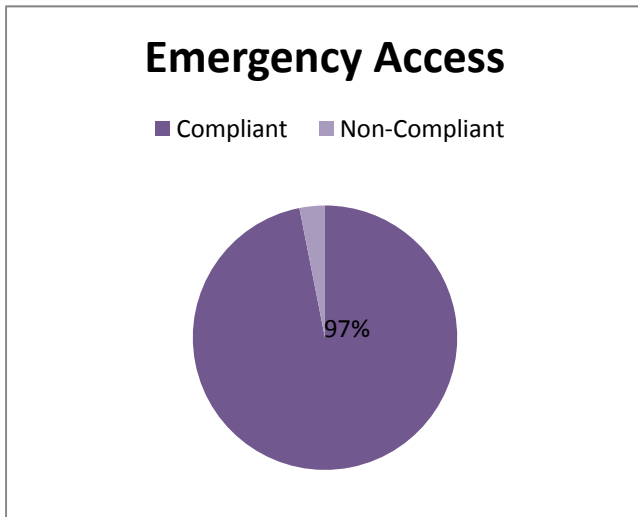
As required by the Department of Managed Health Care (DMHC) Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

- 1.) Provider’s answering machine or answering service must instruct the member to call 911 if the purpose of the call is a medical emergency.
- 2.) For urgent matters, Provider’s answering machine must provide an on-call number. If an answering service is used, the member must receive a call back from an on-call member of your office within 30 minutes of call.

An initial survey is conducted by Health Dialog and then forwarded to the Plan’s Provider Network Analysts who make additional calls based on the results received from the survey vendor. Results are to be reported to the KHS QI/UM Committees and to Executive Staff.

Results

129 provider offices were contacted during Q3 2020. Of those offices, 125 were compliant with the Emergency Access Standards and 118 were compliant with the Urgent Care Access Standards.



AFTER-HOURS CALLS

Q3, 2020



Trending / Follow –Up / Outreach

The Plan utilizes the after-hours survey calls to monitor compliance at a network-wide level. The Plan found minimal change in compliance with the emergency and urgent care after-hours access standard when compared to prior quarters, with all percentages remaining at or above 90%.

Compliance with after-hours standard	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Emergency Access	98%	98%	96%	96%	97%
Urgent Care Access	93%	95%	93%	92%	90%

The Plan will continue to review results of provider groups against prior quarters. The Plan is sending letters (template attached) to providers who were identified to be non-compliant during the Q3 after-hours survey; the Plan will also conduct phone outreach/training via the Plan’s Provider Network Management Department.



[DATE]

[OFFICE NAME]

Attn: Office Manager

[ADDRESS]

[CITY], [STATE] [ZIP]

As required by DMHC Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

- 1.) Provider's answering machine or answering service must instruct the member to call 911 if the purpose of the call is a medical emergency.
- 2.) For urgent matters, Provider's answering machine must provide an on-call number. If an answering service is used, the member must receive a call back within 30 minutes of call.

The purpose of this letter is to notify you of the identified non-compliance issues below.

During [QUARTER, YEAR], a call was placed to your office at [PHONE]. The results of that call found that your office was non-compliant with the [STANDARD] afterhours access standard as set forth in the KHS standards in policy 4.30-P *Accessibility Standards*.

For your convenience, I have attached a copy of our Policy related to access standards. Please review this policy with your staff to ensure compliance. Your office will remain on the list of providers to be surveyed for compliance with KHS access standards. In order to ensure member access, it is imperative these standards are regularly evaluated.

Please call me if you have any questions or concerns related to this policy. KHS will assist in any way possible to ensure compliance with these standards.

Sincerely,

Melissa Lopez
Provider Relations Manager
661-617-2642

if unavailable within the network, when medically necessary for the member's condition. This requirement does not prohibit a plan from accommodating an enrollee's preference to wait for a later appointment from a specific contracted provider.

3.8 Office Waiting Time - Maximum

Service	Required Care	
	Urgent	Routine
Primary Care Services (including OB/GYN)	1 hour	1 hour
Specialty Care Services	1 hour	1 hour
Diagnostic Testing	1 hour	1 hour
Mental Health Services	1 hour	1 hour
Ancillary Providers	1 hour	1 hour

Physicians are not held to the office waiting time standards for unscheduled non-emergent walk-in patients.

3.9 Facility Hours

- A. Emergency Care - 24 hours per day, 7 days per week
- B. After Hours Urgent and Emergency Care - Primary and specialty care providers must provide or arrange afterhours access for treatment of urgent and emergency conditions by telephone and/or personal contact.
- C. Each contracted provider shall offer their KHS Medi-Cal members hours of operation that are no less than the hours of operation offered by the contracted provider to other patients or comparable to Medi-Cal FFS, if the provider serves only Medi-Cal beneficiaries.

Office hours, including after-hours availability, should be posted on the outside entrance of the office with the office daytime and after hours phone numbers.

3.10 Telephone Accessibility

Providers and administrative personnel must maintain a reasonable level of telephone accessibility to KHS members. At minimum, the following response times are required:

<u>Nature of Telephone Call</u>	<u>Response Time</u>
Emergency medical or Kern County Mental Health Crisis Unit	Member should be instructed to call 9-1-1 or 661-868-8000
Urgent medical	30 Minutes
Non-urgent medical	By close of following business day
Non-Urgent Mental Health	By close of following business day

Provider offices must provide procedures to enable patient access to emergency services 24 hours per day, seven days per week. Patients must be able to call the office number for information regarding physician availability, on call provisions or emergency services. An answering machine or service must be made available after normal business hours with direction in non-emergency and emergency situations.

Contracted providers must answer or design phone systems that answer phone calls within six rings. Providers should address each telephone call regarding medical advice or issues promptly and efficiently and must ensure that non-medical personnel do not give medical advice. Only PAs, NPs, RNs and MDs may provide medical advice. A sample policy that providers may incorporate into their own body of policies is included as Attachment A.

KHS provides or arranges for the provision of 24/7 triage screening services by telephone. KHS ensures that telephone triage or screening are provided in a timely manner appropriate for the member's condition, and the triage or screening wait time does not exceed 30 minutes. KHS provides triage or screening services through medical advice lines pursuant to section 1348.8 of the Health & Safety Code. Refer to KHS Policy 3.15-I 24-hour Telephone Triage Service.

4.0 MONITORING

The Provider Relations Department shall use the following sources to study and assure compliance with access standards:

- A. Appointment Availability Survey Program
- B. Access grievances/1000 member months
- C. Member Services Call Center Data
- D. Member Satisfaction Survey
- E. Annual Provider Satisfaction Survey

4.1 Appointment Availability Survey Program

The Appointment Availability Survey Program assists with monitoring accessibility of care and quality of customer service. Calls are made to contracted primary care, mental health and specialist providers to assess their level of customer service and access compliance. The program also provides intervention and early feedback that identifies and facilitates resolution of access problems and prevents some member complaints.

The Plan will review and evaluate on a quarterly basis the accessibility, availability and continuity of care of PCP's, Specialists, and Mental Health Providers through the *member grievance process, After Hours Access Survey* and *quarterly DMHC reporting*.

4.1.1 Method and Frequency

Calls will be placed to contracted PCPs, mental health providers and specialists during regular business hours on an annual basis. Methodology for this survey will be based on the annually defined DMHC Survey Methodology. The Provider Appointment Availability Survey will be conducted annually.



KERN HEALTH SYSTEMS

Appointment Availability Survey

Quarter 3, 2020



Appointment Availability Survey

Q3, 2020



Introduction

As required by the Department of Health Care Services (DHCS) and Title 28 CCR Section 1300.67.2.2, Kern Health Systems (KHS) uses an appointment availability survey to assess compliance with access standards for Kern Family Health Care (KFHC) Members.

KHS policy and Department regulation require that members must be offered appointments within the following timeframes:

- 1) Non-urgent primary care appointments – **within ten (10) business days of request.**
- 2) Appointment with a specialist – **within fifteen (15) business days of request.**
- 3) First prenatal OB/GYN visit – **within the lesser of (10) business days or 2 weeks of request.**

When it is necessary for a provider or enrollee to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the enrollee's health care needs, and ensures continuity of care consistent with good professional practice and consistent with the objectives of this policy. The standard and monitoring process for the availability of a rescheduled appointment shall be equal to the availability of the initial appointment, such that the measure of compliance shall be shared.

The survey was conducted internally by KHS staff; compliance is determined using the methodology utilized by the DHCS during the 2017 Medical Audit in which they conducted a similar appointment availability survey. Results are to be reported to the KHS QI/UM Committee.

KHS also utilizes these quarterly calls to monitor contracted provider's **Phone Answering Timeliness**. KHS *Policy 4.30-P Accessibility Standards*, requires "contracted providers must answer or design phone systems that answer phone calls within six rings." In conducting the quarterly appointment availability survey, KHS staff count the rings prior to a provider answering to gauge compliance.

Appointment Availability Survey Results

A random sample of 15 primary care provider offices, 15 specialist offices, and 5 OBGYN offices were contacted during Q3 2020.

Of the primary care providers surveyed, the plan compiled the wait time (in days) to determine the Plan's average wait time for a primary care appointment; for Q3 2020, the Plan's average wait time for a primary care appointment was **9 days**, and was found to be in-compliance with the 10 business day standard. Of the specialist providers surveyed, the plan compiled the wait time (in days) to determine the Plan's average wait time for a specialist appointment; for Q3 2020, the Plan's average wait time for a specialist appointment was **8.5 days**, and was found to be in-compliance with the 15 business day standard. Of OB/GYN providers surveyed for a first pre-natal visit, the plan compiled the wait time (in days) to determine the Plan's average wait time for a first prenatal visit with an OB/GYN; for Q3 2020 the Plan's average wait time for a first prenatal visit with an OB/GYN was **8 days**, and was found to be in-compliance with the 10 day/2 week standard.

Appointment Availability Survey

Q3, 2020



The Plan utilizes the quarterly appointment availability survey to monitor compliance at a network-wide level. Upon review of the results of the Q3 2020 appointment availability survey, the Plan recognized an increase in the average wait-time for a specialist appointment, while still remaining in compliance with the standard. The increase that occurred during Q2 2020 amongst primary care appointments, continued into Q3 2020, while still remaining in compliance with the standard. The Plan believes these increases (when compared to prior quarters) is due to effects of COVID-19 pandemic.

Average wait time for appointment (in days)	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Primary Care	3.7	3.1	4.4	9.8	9
Specialist	5.7	5.3	3.1	5.4	8.5
OB/GYN	N/A	5.4	7	8.8	8

The Plan will continue to review results of individual providers/provider groups against prior quarters. The Plan is sending letters (template attached) to providers who were identified to be non-compliant during the Q3 appointment availability survey.

Phone Answering Timeliness Results

Utilizing the methodology outlined above, KHS conducts a phone answering timeliness survey in conjunction with the appointment availability survey. During Q3 2020 calls were answered within an average of **3.2 rings**.

	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Average rings before call was answered	2	1.4	1.8	3.8	3.2



KERN HEALTH SYSTEMS

[OFFICE NAME]
[ADDRESS]
[CITY], [STATE] [ZIP]

[DATE]

Attn: Office Manager
RE: Appointment Availability

To Whom It May Concern:

Kern Health Systems (KHS) uses an appointment availability survey program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. The Department of Health Care Services (DHCS), and KHS policy 4.30-P *Accessibility Standards* requires that patients be able to call an office for information regarding physician and appointment availability, on call provisions, or emergency services.

During Q3, KHS contacted your office and conducted an appointment availability survey in regards to scheduling a [PROVIDER TYPE] appointment. Based on the results of the survey we found your office was not complaint with KHS availability standards. With this letter, I have included a copy of KHS policy that outlines required appointment availability standards.

The purpose of this letter is to notify you of the identified non-compliance and to remind you of your contractual obligations related to access standards. Please call me if you have any questions or concerns related to this policy. KHS will assist in any way possible to ensure compliance with these standards.

Sincerely,

Melissa Lopez
Provider Relations Manager
Kern Health Systems
(661) 617-2642
melissa.lopez@khs-net.com



Additionally, KHS shall ensure its network of providers meets compliance with time and distance standards as required by the Department Health Care Services' (DHCS) annual network certification.

For geographic service areas (zip codes) found to not meet the above standards, KHS shall maintain alternative access standards, to be filed and approved with the DHCS and DMHC.

3.6 Appointment Waiting Time and Scheduling:

The “appointment waiting time” means the time from the initial request for health care services by a Member or the Member’s treating provider to the earliest date offered for the appointment for services inclusive of the time for obtaining authorization from the plan, and completing any other condition or requirement of the plan or its contracting providers. KHS shall ensure that Members are offered appointments for covered health care services within a time period appropriate for their condition. Members must be offered appointments within the following timeframes:

Type of Appointment	Time Standard
Urgent care appointment for services that do not require prior authorization ¹	Within 48 hours of a request
Urgent appointment for services that require prior authorization	Within 96 hours of a request
Non-urgent primary care appointment	Within 10 business days of a request
Non-urgent appointment with a specialist	Within 15 business days of a request
Non-urgent appointments with a physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointments with a non-physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of a request
Pediatric CHDP Physicals	Within 2 weeks upon request
First pre-natal OB/GYN visit	The lesser of 10 business days or within 2 weeks upon request

Exceptions to Appointment Waiting Time and Scheduling:



KERN HEALTH SYSTEMS

Access Grievance Review

Quarter 2, 2020



Access Grievance Review

Q2, 2020



Q2 2020 – Changes to Categorization

During 2020, the Plan made changes to the categories/subcategories (or “dispositions”) in which grievances are labeled. The prior access categories in which the Provider Network Management Department reviewed, “Access to Care” and “Difficulty Accessing a Specialist”, are no longer in use. Moving forward, the Plan will review and track access grievances utilizing these newly implemented categories.

KHS Policy and Procedure

The time standards for access to a primary care appointment, specialist appointment, and in-office wait time are outlined in KHS policy 4.30-P *Accessibility Standards*.

Grievance Totals

During Q1 2020 (under prior grievance categorizations) fifty-one (51) access-related grievances were received and reviewed by the KHS Grievance Committee. In thirty-three (33) of the cases, no issues were identified and were closed in favor of the plan. The remaining **eighteen (18) cases**, were closed in favor of the enrollee.

During Q2 2020 (under new grievance categorizations) thirty-two (32) access-related grievances were received and reviewed by the KHS Grievance Committee. In twenty-one (21) of the cases, no issues were identified and were closed in favor of the plan. The remaining **eleven (11) cases**, were closed in favor of the enrollee; the KHS Grievance Department sent letters to the providers involved in these cases, notifying them of the outcome.

The eleven (11) grievances that were closed in favor of the enrollee were forwarded to the Plan’s Provider Network Management Department and were reviewed by the Provider Network Analyst Team. The received access grievances were categorized by the KHS Grievance Department as follows:

Timely Access	6
Access – Wait Time	3
No Subcategorization Provided	2
Access – Specialist Appointment Availability	1
Provider Availability	4
Access – PCP Appointment Availability	2
Access – Specialist Appointment Availability	1
No Subcategorization Provided	1
Technology / Telephone	1
No Subcategorization Provided	1

Access Grievance Review

Q2, 2020



Tracking and Trending

The Plan utilizes the quarterly access grievance review to monitor Plan access at a network-wide level. Upon review of Q2 2020 access grievances against Q1 2020 grievances, the Plan identified a decrease in total grievances and grievances found in favor of the enrollee. The Plan recognizes this decrease may be the result of the reclassifications implemented by the KHS Grievances Department.

The Plan will continue to monitor total access grievances against the Plan, as well as potential trends, via the quarterly access grievance review.



KERN HEALTH SYSTEMS

Geographic Accessibility & Annual DHCS Network Certification Update

Quarter 3, 2020



Geographic Accessibility

Q3, 2020



Background

As required by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS), Kern Health Systems (KHS) is required to maintain time and distance standards for certain provider types.

Per Section 1300.51 (d)(H) of the California Code of Regulations, KHS shall ensure, “all enrollees have a residence or workplace within **thirty (30) minutes or fifteen (15) miles** of a contracting or plan-operated **primary care provider**” as well as “**within thirty (30) minutes or fifteen (15) miles** of a contracting or plan-operated **hospital**”. Further, per Section 1300.67.2.1(b), if “a plan’s standards of accessibility [...] are unreasonable restrictive [...] the plan may propose alternative access standards of accessibility for that portion of its service area.

Per Exhibit A, Attachment 6 of the KHS contract with the DHCS, KHS, “shall maintain a network of **Primary Care Physicians** which are located **within thirty (30) minutes or ten (10) miles** of a member’s residence unless [KHS] has a DHCS-approved alternative time and distance standard.

For all geographic areas in which the Plan does not currently meet the regulatory accessibility standard, The Plan monitors and maintains an alternative access standard that has been reviewed and approved by the DMHC or DHCS.

DHCS Annual Network Certification – 2020

DHCS Network Adequacy Standards	
Primary Care (Adult and Pediatric)	10 miles or 30 minutes
Specialty Care (Adult and Pediatric)	45 miles or 75 minutes
OB/GYN Primary Care	10 miles or 30 minutes
OB/GYN Specialty Care	45 miles or 75 minutes
Hospitals	15 miles or 30 minutes
Pharmacy	10 miles or 30 minutes
Mental Health	45 miles or 75 minutes

As a part of the Annual Network Certification requirement, outlined in APL 20-003, the Plan was required to submit geographic access analysis outlining compliance with the above-listed standards. For all zip codes in which the Plan was not compliant with the above standard, the Plan was able to submit alternative access standards to ensure compliance.

The Plan completed required reporting during Q1/Q2 2020. During Q3 2020 a portion of the originally submitted alternative access standard requests were sent back to the Plan to resubmit with additional justification. Review of the Plan’s compliance with DHCS Network Certification reporting requirements and requested alternative access standards is still ongoing with the DHCS. As part of it’s ongoing monitoring the Plan reviews additions/deletions in the provider network against the recently completed geographic accessibility analysis and as of the end of Q3 2020 has not identified any significant changes.



KERN HEALTH SYSTEMS

Network Adequacy & Provider Counts

Quarter 3, 2020



Network Adequacy & Provider Counts

Q3, 2020



Introduction

Per CCR § 1300.67.2, Kern Health Systems (KHS) shall maintain, “at least one full-time equivalent physician to each one thousand two hundred (1,200) enrollees and [...] approximately one full-time equivalent primary care physician for each two thousand (2,000) enrollees.”

During Q3/Q4 2018, KHS, in conjunction with guidance from the Department of Managed Health Care (DMHC), developed and adopted an updated methodology for determining full-time equivalency for contracted providers. KHS memorialized this methodology in Policy 4.30-P *Accessibility Standards*; this policy was submitted to the DMHC and received approval on 12/14/2018.

Per KHS policy, 4.30-P *Accessibility Standards*, §4.5 *Full-time equivalent (FTE) Provider to Member Ratios*, “Full-time equivalency shall be determined via an annual survey of KHS’ contracted providers to determine the percentage of time allocated to Plan’s beneficiaries. The results of the survey will be used to calculate an average FTE percentage which will be applied to the Plan’s network of providers when calculating the physician-to-enrollee compliance ratios. The methodology for the survey, results of the survey, and network capacity review of above ratios, will be reported annually to the KHS QI/UM Committee. Due to a maximum member assignment of 1,000 Mid-level providers serving in the Primary Care capacity will be counted as .5 of a PCP FTE, prior to percentage calculation.”

Survey Methodology and Results

In 2019, KHS contracted with SPH Analytics to conduct our annual Provider Satisfaction Survey; as a part of that survey, responding providers were asked, “*What portion of your managed care volume is represented by Kern Health Systems?*” Outreach for the survey was placed to every contracted provider within the Plan’s network. Responses received, and FTE calculations based on those responses, do not account for providers who refuse to participate in the survey. KHS used the responses collected from Primary Care Providers to calculate the FTE for Primary Care Providers, and used the responses collected from Primary Care Providers and Specialists to calculate the FTE for Physicians.

KHS utilized SPH Analytics, an NCQA certified survey vendor, to conduct the survey for 2019. SPH’s methodology involved two waves of mail and Internet, with a third wave of phone follow up to administer the survey; for 2019, the provider survey was conducted from March to May.

Based on the results of 2019 survey, KHS calculated a network-wide FTE percentage of **49.06% for Primary Care Providers** and **43.19% for Physicians**.

Network Adequacy & Provider Counts

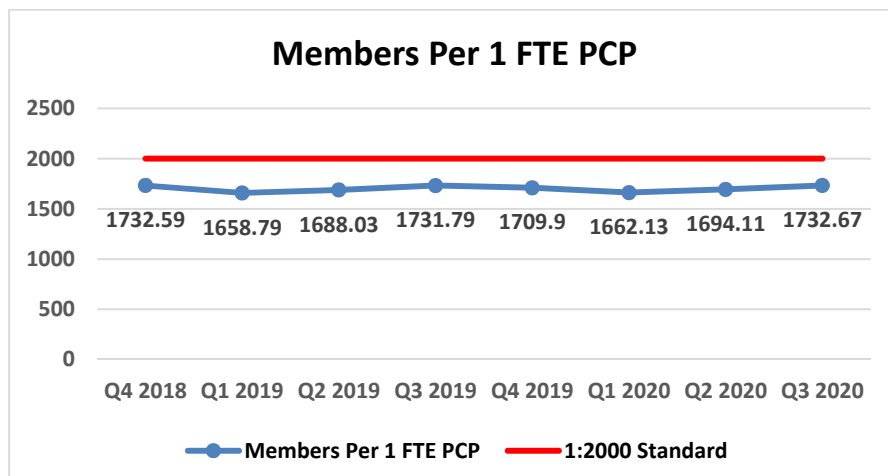
Q3, 2020



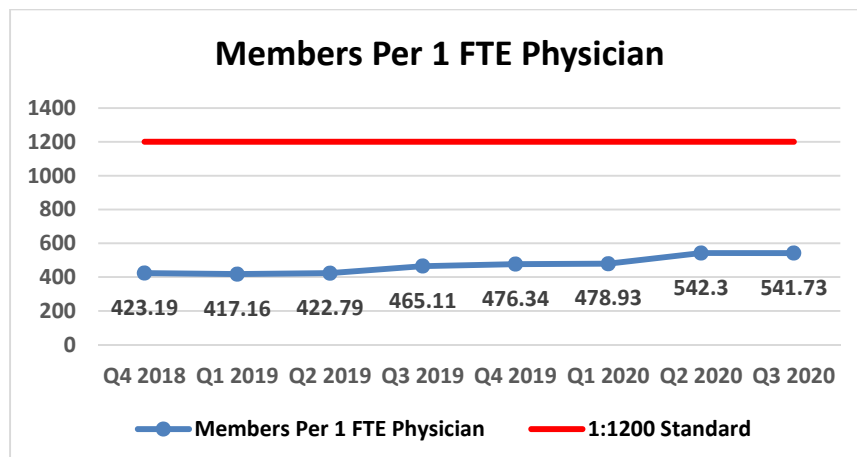
Full Time Equivalency Compliance Calculations

Of KHS' 279,429 membership at the close of Q3 2020, 10,384 were assigned and managed by Kaiser and did not access services through KHS' network of contracted providers; due to this, Kaiser managed membership is not considered when calculating FTE compliance.

As of the end of Q3 2020, the plan was contracted with 408 Primary Care Providers, a combination of 225 physicians and 183 mid-levels. Based on the FTE calculation process outlined above, with a 49.06% PCP FTE percentage, KHS maintains a total of **155.28 FTE PCPs**. With a membership enrollment of 269,045 utilizing KHS contracted PCPs, KHS currently maintains a ratio of **1 FTE PCP to every 1732.67 members**; KHS is compliant with state regulations and Plan policy.



As of the end of Q3 2020, the plan was contracted with 1150 Physicians. Based on the FTE calculation process outlined above, with a 43.19% Physician FTE percentage, KHS maintains a total of **496.64 FTE Physicians**. With a total membership enrollment of 269,045 utilizing KHS contracted Physicians, KHS currently maintains a ratio of **1 FTE Physician to every 541.73 members**; KHS is compliant with state regulations and Plan policy.



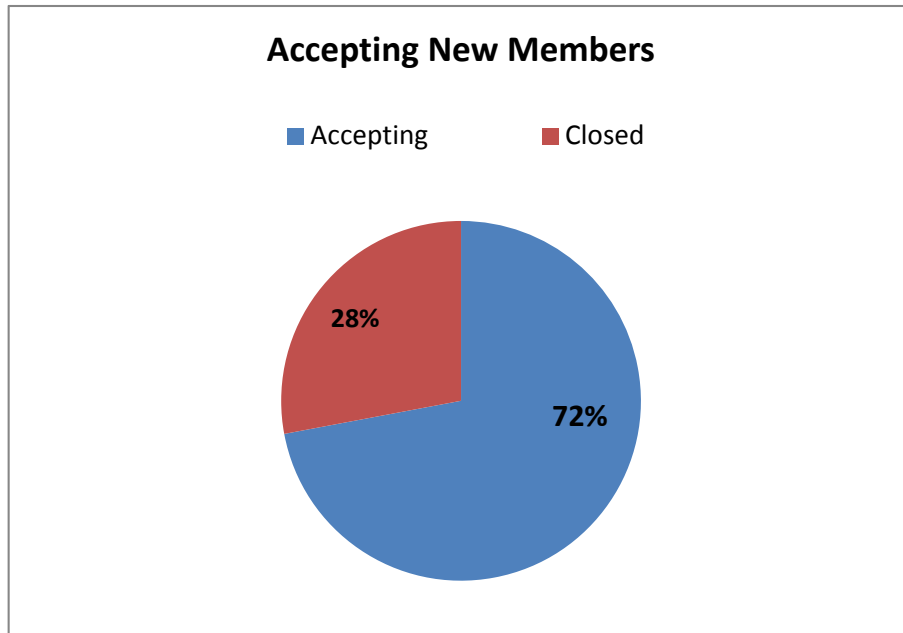
Network Adequacy & Provider Counts

Q3, 2020



Accepting New Members

In addition to the Full Time Equivalency Compliance review conducted above, the Plan monitors adequacy of its Primary Care Network by reviewing the count/percentage of Primary Care Providers (PCP) who are accepting new members. **The Plan calculated that 72% of the network of Primary Care Providers is currently accepting new members at a minimum of one location.** The Plan will continue to monitor this percentage quarterly to ensure it maintains an adequate network of Primary Care Providers.

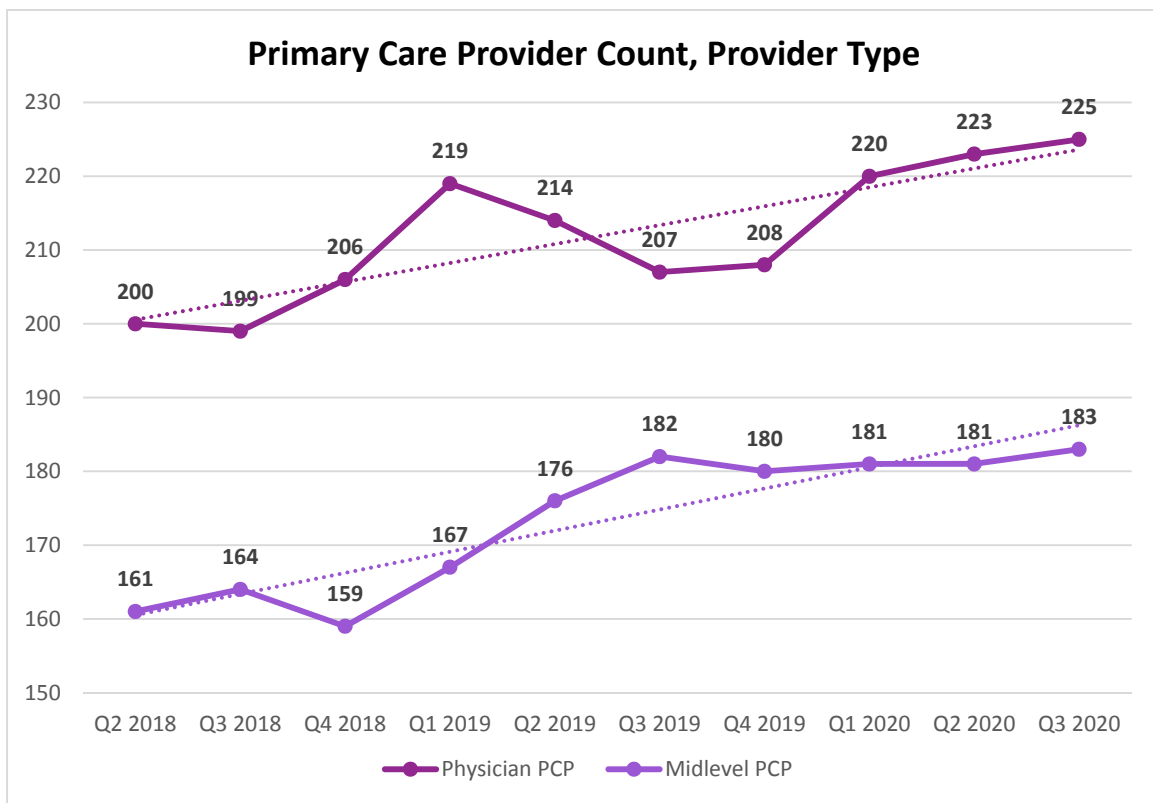
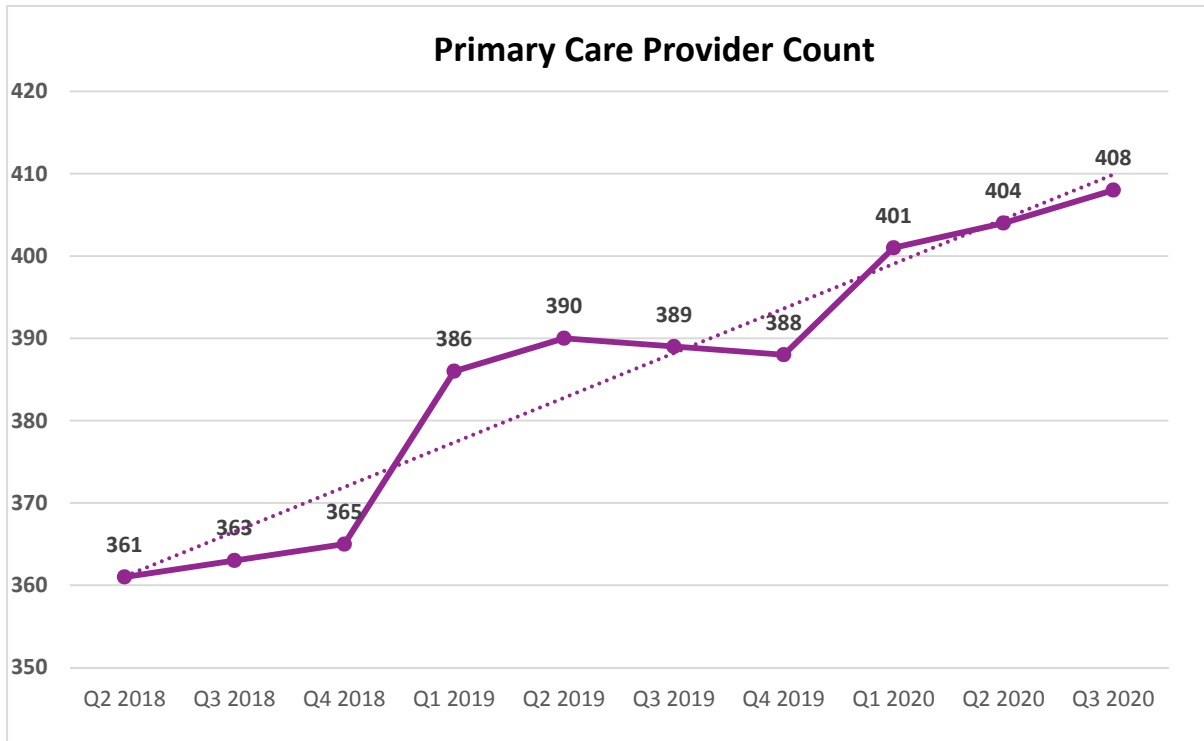


Network Adequacy & Provider Counts

Q3, 2020



Provider Counts – Primary Care Providers

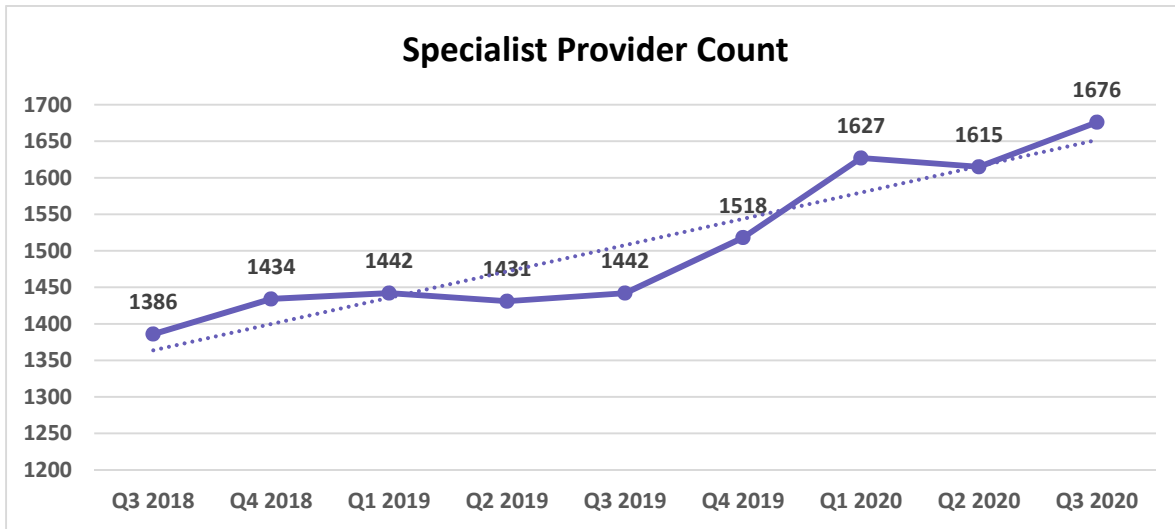


Network Adequacy & Provider Counts

Q3, 2020



Provider Counts – Specialist Providers



Selected Specialties, Provider Count										
	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Cardiology	40	41	39	39	39	39	40	40	38	42
Dermatology	29	31	31	31	31	31	35	33	36	35
Endocrinology	18	17	17	16	17	19	20	20	19	20
Gastroenterology	14	15	16	16	16	18	20	20	22	22
Hematology	17	17	18	18	18	18	18	17	18	18
Infectious Disease	11	12	11	10	10	12	10	9	10	10
Nephrology	20	22	23	23	24	22	22	22	21	22
Neurology	19	23	24	23	22	23	25	25	26	25
Oncology	20	20	20	21	22	23	23	22	24	24
Ophthalmology	25	25	28	29	29	30	32	33	32	30
Orthopedic Surgery	17	17	17	18	20	19	20	21	20	21
Pain Medicine	27	28	26	25	30	36	38	37	36	36
Physical Medicine & Rehab	20	21	21	21	23	23	27	27	24	24
Plastic Surgery	15	15	15	15	14	14	14	15	15	14
Podiatry	23	24	24	20	20	21	22	22	22	23
Psychiatry	40	46	45	46	46	48	54	54	53	54
Pulmonary Disease	23	22	22	22	21	21	21	20	20	20
Rheumatology	10	12	14	13	16	16	17	10	11	11
Urology	8	8	9	8	10	12	13	13	15	17

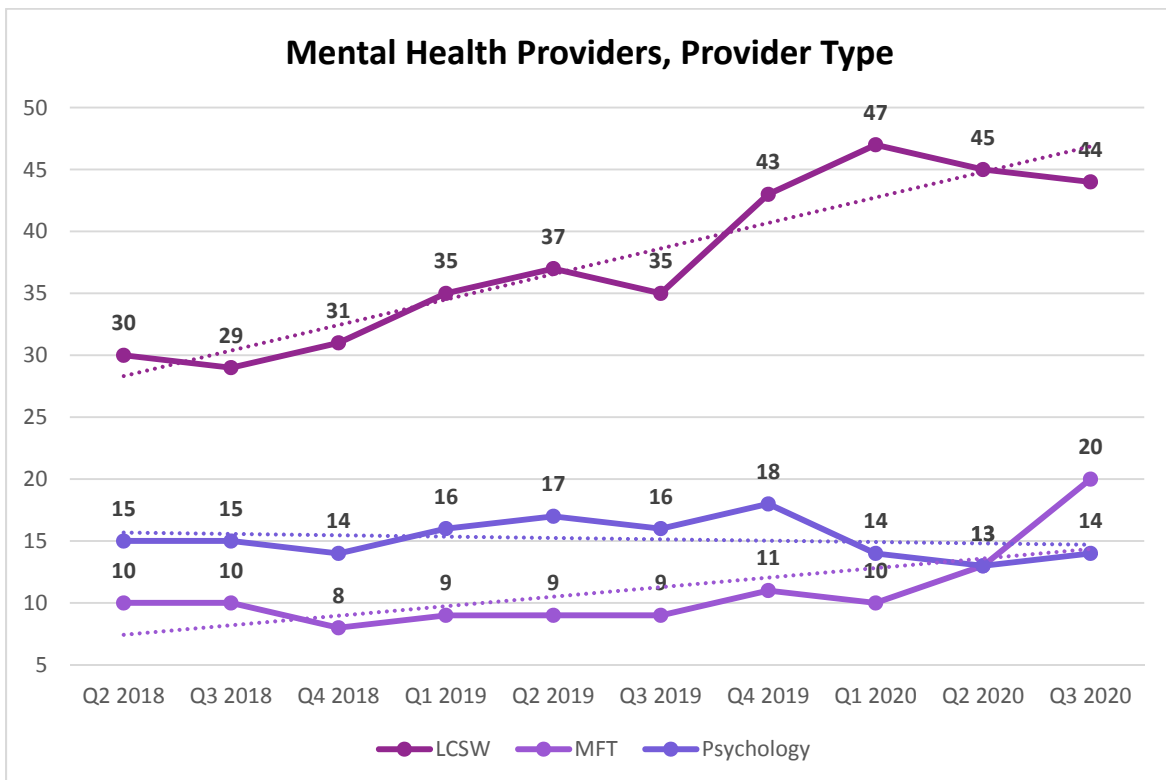
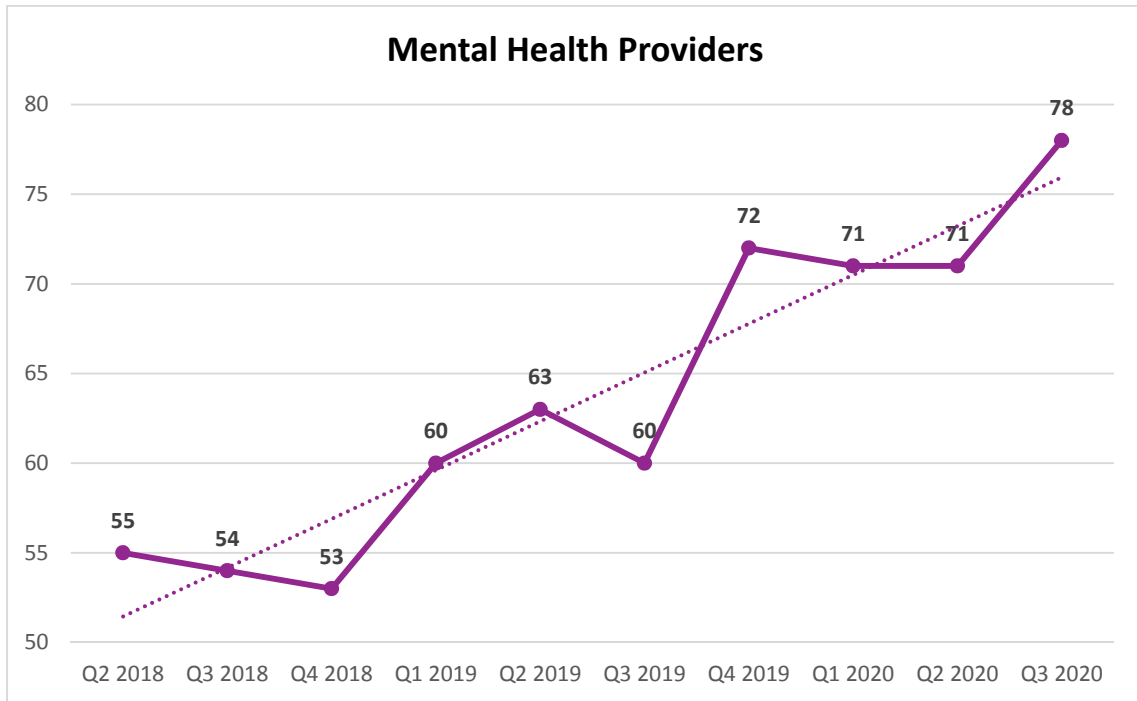
	> 5% Increase		> 5% Decrease
	≤ 5% Increase		≤ 5% Decrease

Network Adequacy & Provider Counts

Q3, 2020



Provider Counts – Mental Health (Psychology, LMFT, LCSW)



Network Adequacy & Provider Counts

Q3, 2020



Provider Counts – Facilities

	2017	2018	2019	Current
Hospital	18	18	18	18
Surgery Center	19	16	17	19
Urgent Care	13	17	17	17

Provider Counts – Other Provider Types

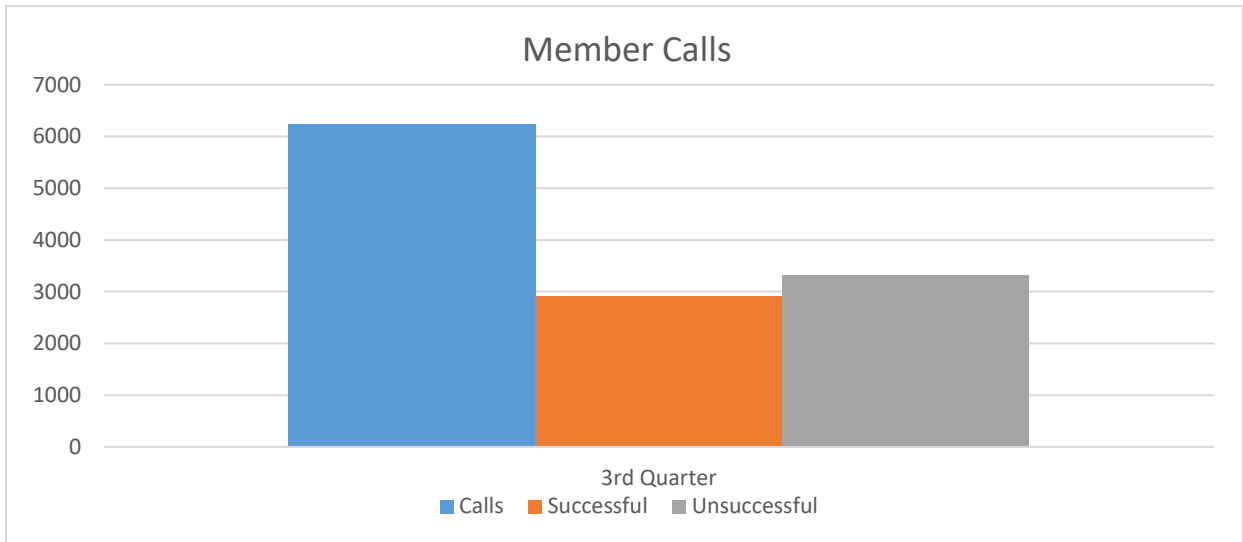
	2017	2018	2019	Current
Ambulance/Transport	15	15	13	15
Dialysis	13	14	16	18
Home Health	13	12	13	14
Hospice	6	7	11	12
Pharmacy	133	136	139	148
Physical Therapy	29	29	29	29

Disease Management Quarterly Report

3rd Quarter, 2020

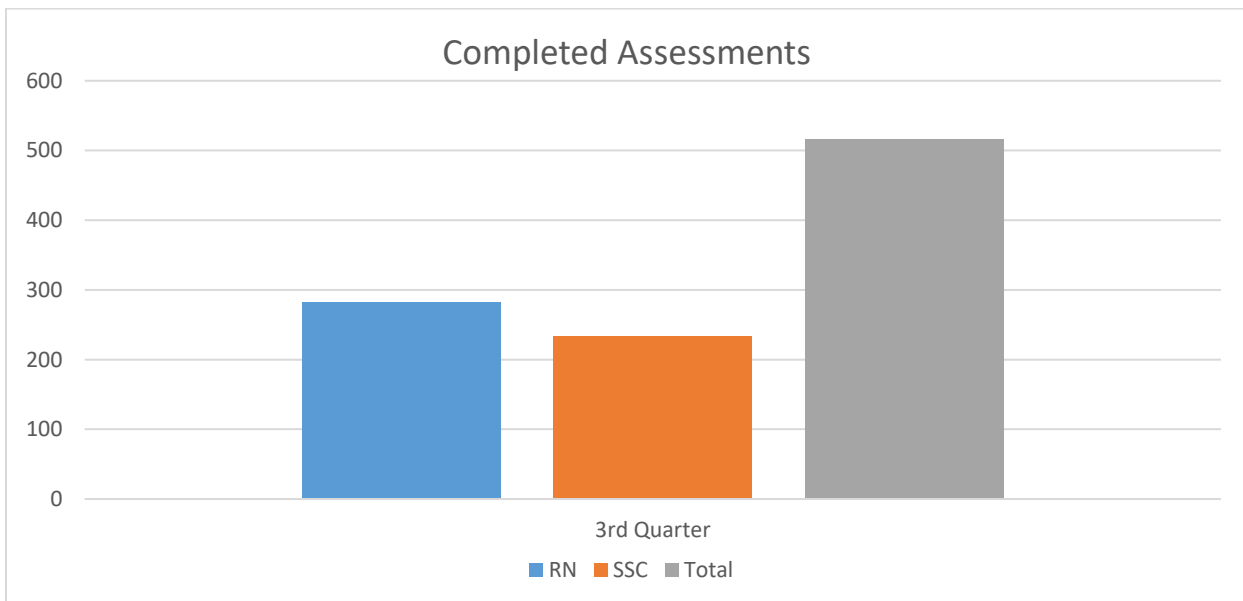
Telephone Calls: A total of 6,225 calls were made by the DM staff during the 3rd Quarter, 2020.

Member Calls Attempted	Successful Calls	Unsuccessful Calls	Total Member Calls	% Contacted
RN	1,388	1,648	3,076	46%
SSC	1,517	1,672	3,189	48%
Total	2,905	3,320	6,225	47%



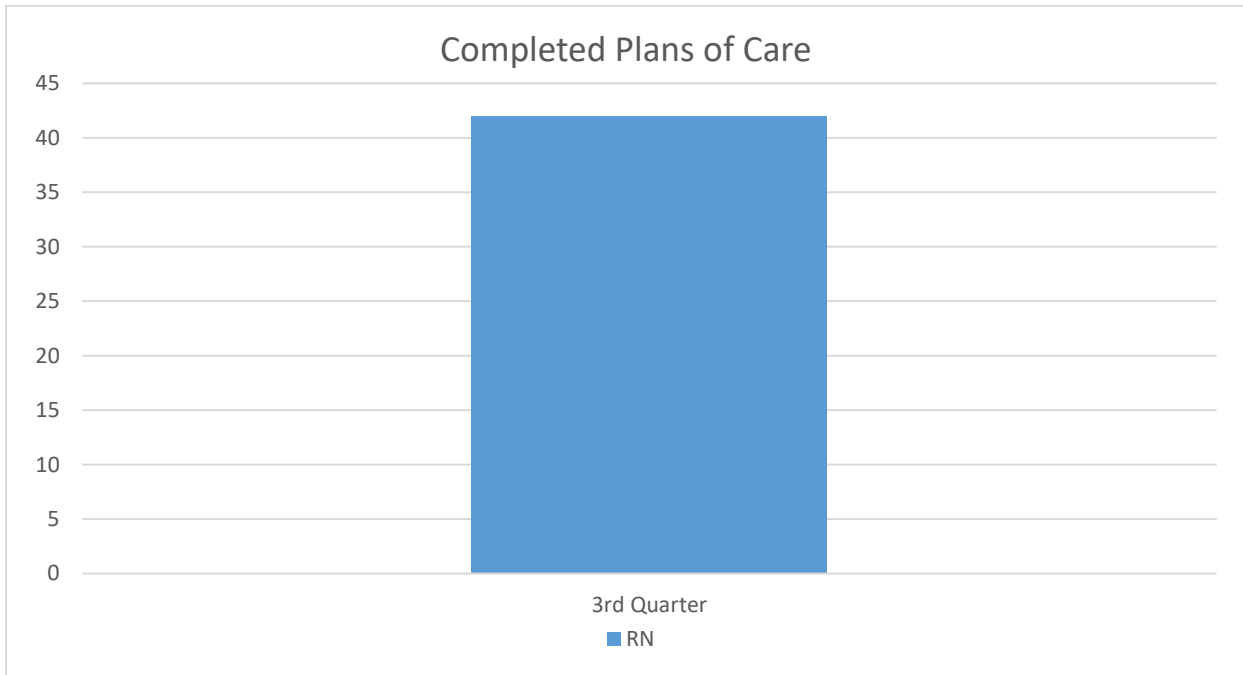
New Assessments Completed.

RN	SSC	Total
282	233	515



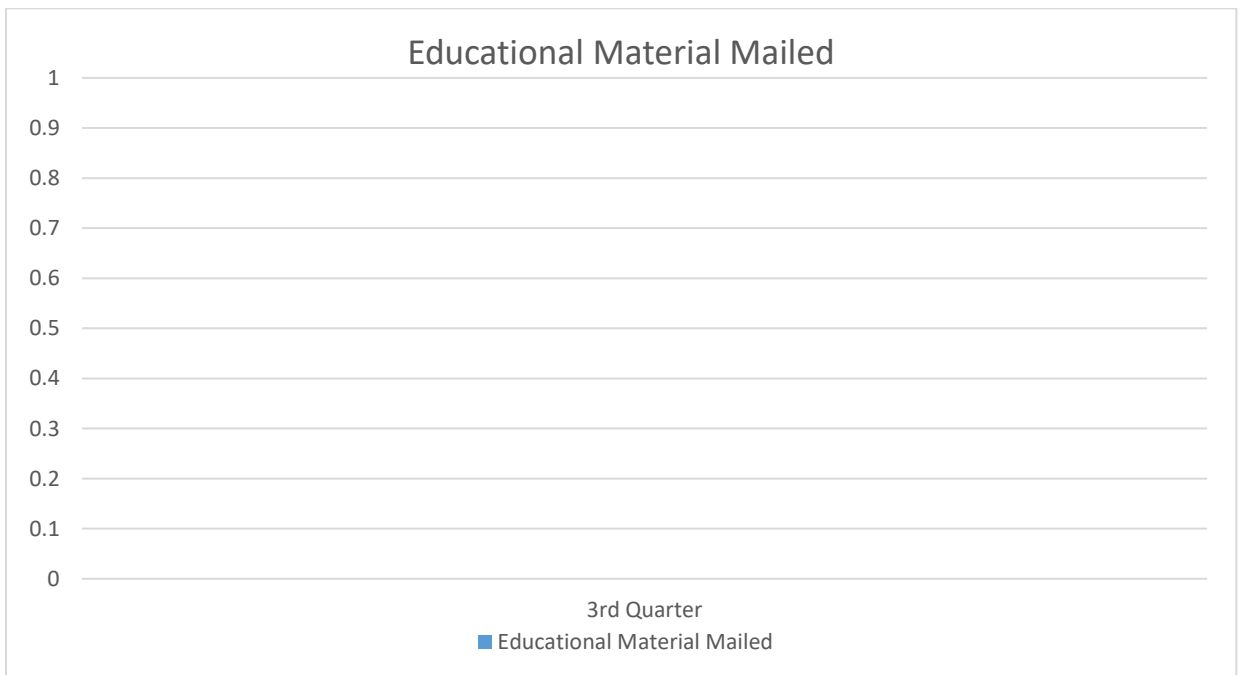
Plans of Care Completed & Closed.

RN
42



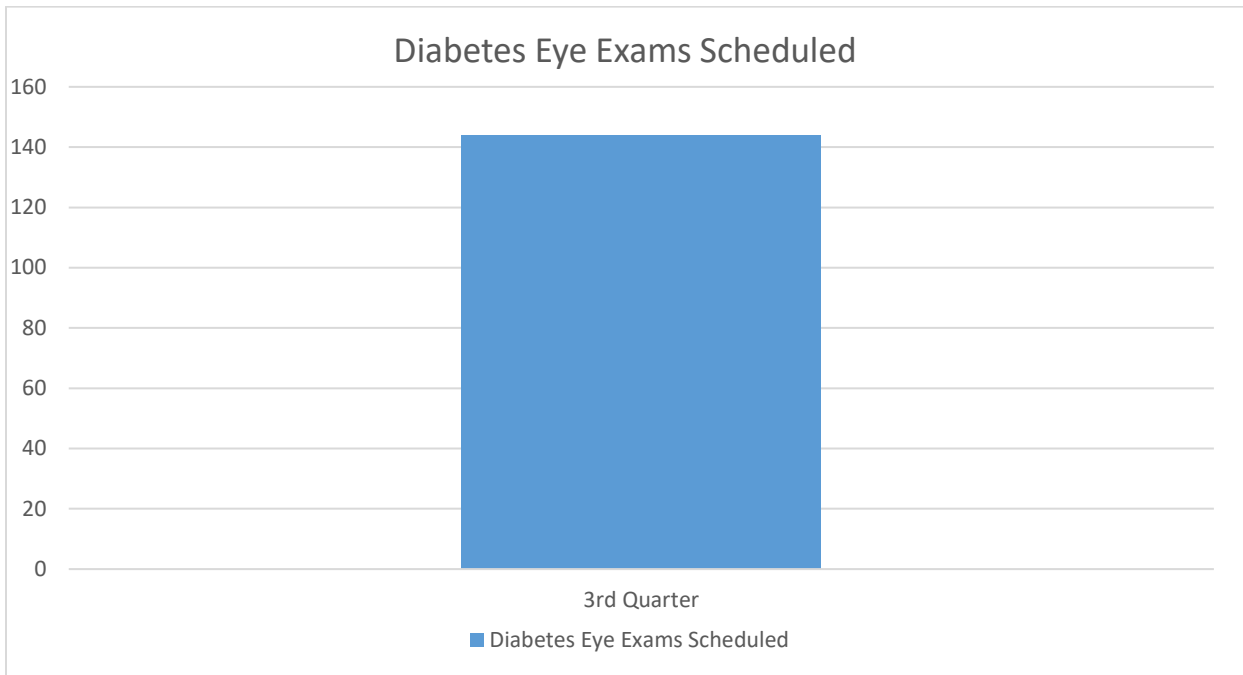
Educational Material Mailed. No educational material being mailed at this time

0



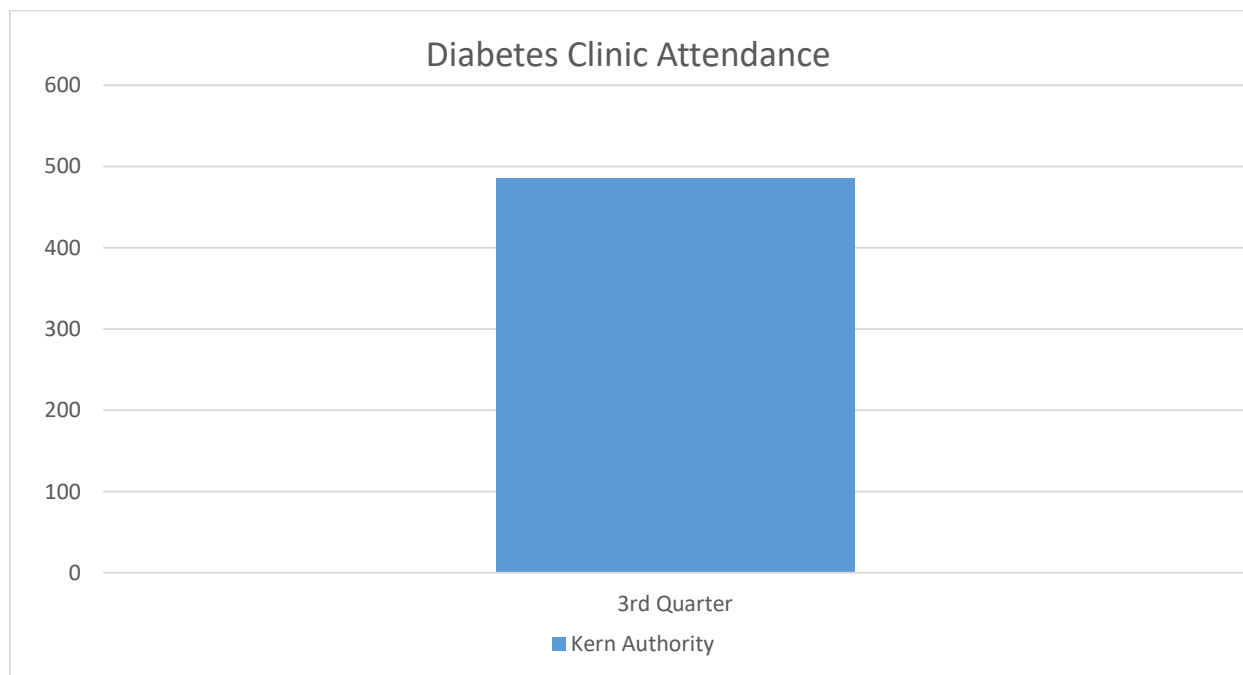
Diabetes Eye Exams Scheduled.

144



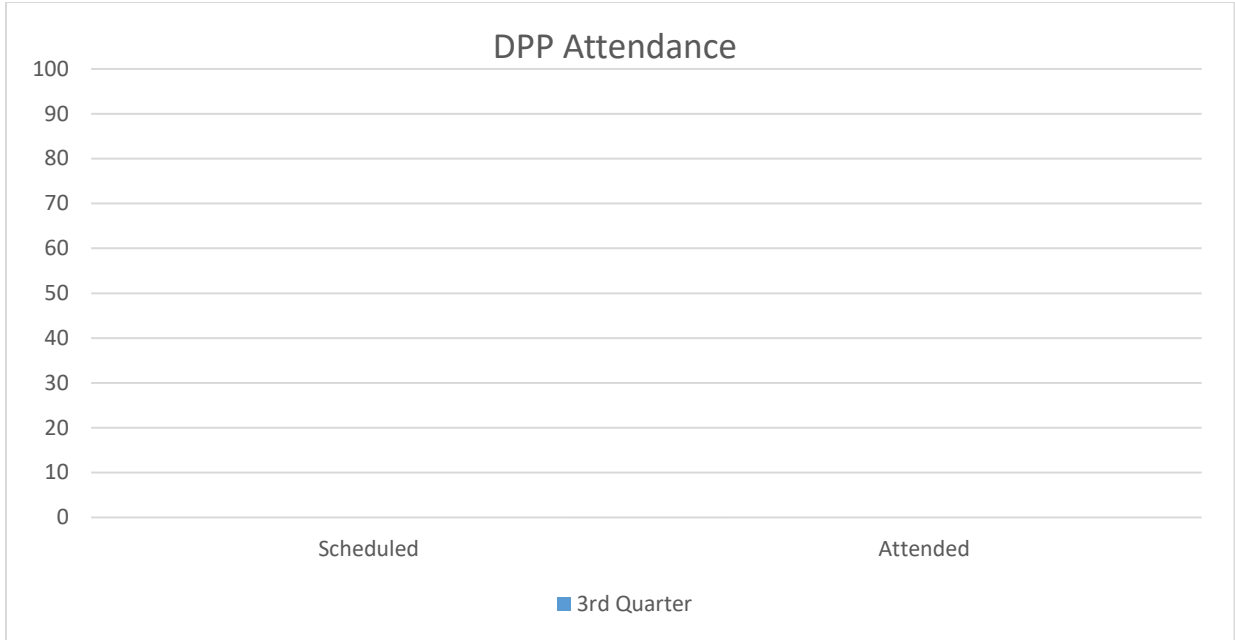
Diabetes Clinic Attendance.

Kern Authority
485



Diabetes Prevention Program: The first DPP program was completed at the end of February, 2020. Of the 48 members who attended the first session on March, 4th, 2019, 22 members completed the 26 sessions. The 2nd cohort has been delayed as a result of COVID19.

Sessions Scheduled to Attend (Jan & Feb)	Actual Sessions Attended (Jan & Feb)
0	0





KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 2.17-P Access – Treatment of a Minor has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	9/16/20	<i>Doug Hayward</i>
Dr. Tasinga	9/15/2020	<i>M Tasinga</i>
Deb Murr	8/27/2020	<i>Debrah (Murr R)</i>
Jane Daughenbaugh	8/27/20	<i>Jane Daughenbaugh</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Access – Treatment of a Minor				POLICY #: 2.17-P	
DEPARTMENT: Quality Improvement					
Effective Date: 08/1997	Review/Revised Date: 9/16/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Direct of Quality Improvement

PURPOSE:

The purpose of this policy to provide guidance to both Kern Health Systems (KHS) staff and KHS providers regarding consent for treatment of minors required by law.

POLICY:

Under normal circumstances, treatment of a minor requires the consent of the parent/guardian. Special circumstances outlined below allow minors to be treated without the consent of the parent/guardian:

- The minor becomes ill or injured while attending school and the parent/guardian cannot be reached
- The minor gives consent for those services that qualify as minor consent services
- A qualified relative caregiver gives consent

The details of these exceptions are outlined in this policy.

PROCEDURES:

1.0 TREATMENT DURING SCHOOL HOURS

If a parent or guardian cannot be reached, a physician and the hospital may provide reasonable treatment without the consent of the child's parent(s) or legal guardian for any child enrolled in any school in any district when the child is ill or injured during regular school hours.

2.0 MINOR CONSENT SERVICES

By statutory definition, a person under the age of 18 is incompetent to consent to medical treatment except as otherwise allowed by law. Please read this policy in full to define those exceptions. Minors may access treatment for sensitive services such as sexual assault, drug or alcohol abuse for children 12 years of age or older, pregnancy, family planning, venereal disease for children 12 years of age or older, sexually transmitted diseases designated by the Medical Director for children 12 years of age or older, and mental health care for children 12 years of age or older who are mature enough to participate intelligently and which is needed to prevent the children from seriously harming themselves or others or because the children are the alleged victims of incest or child abuse.¹²

If patient is...	Parental consent required?	Are parents responsible for care?	Is minor consent sufficient?	May MD inform parents of treatment without minor consent?
Under 18, unmarried, no special circumstances	Yes	Yes	No	Yes
Under 18, married or previously married ⁱ	No	No	Yes	No
Under 18, no special circumstances, emergency and parents not available ⁱⁱ	No	Yes	Yes (if capable)	Yes
Emancipated minor (declaration by court, identification card from DMV) ⁱⁱⁱ	No	No	Yes	No
Self-sufficient minor (over 15, not living at home, manages own financial affairs) ^{iv}	No	No	Yes	Yes
Not married, pregnant, under 18, care related to prevention or treatment of pregnancy ^v	No	Yes*	Yes	Probably not ⁺
Not married, pregnant, under 18, care not related to prevention or treatment of pregnancy and no other special circumstances	Yes	Yes	No	Yes
Under 18, on active duty	No	No	Yes	No

If patient is...	Parental consent required?	Are parents responsible for care?	Is minor consent sufficient?	May MD inform parents of treatment without minor consent?
with Armed Forces ^{vi}				
Under 18, over 12, care for contagious reportable disease or condition ^{vii}	No	No	Yes	Probably not ⁺
Under 18, over 12, care for rape ^{viii}	No	Yes*	Yes	Probably ⁺
Under 18, care for sexual assault ^{ix}	No	Yes*	Yes	Yes, usually ⁺
Under 18, over 12, care for alcohol or drug abuse ^x	No	Only if participating in counseling	Yes	Yes, usually ⁺
Under 18, over 12, care for mental health, outpatient only ^{xi}	No	Only if parents are participating in the counseling	Yes, if capable	Yes, usually ⁺

Members are made aware of minor consent services through the *Member Handbook*.

KHS personnel will not discuss with a minor's parents, the access of sensitive services by the minor as defined above without consent of the minor.

3.0 QUALIFIED RELATIVE CAREGIVER^{xiii}

An adult relative with whom a minor is living, who is not the parent, legal guardian, or conservator of the minor, may provide consent for medical care for the minor by signing a *Caregiver's Authorization Affidavit*. (See Attachment A). All of the following must apply in order for the consent to be valid:

- A. The minor must be living with the adult relative
- B. The adult must be a "qualified relative", which is defined in the law as a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix, "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- C. The adult must advise the parents of the proposed medical treatment and have received no objection thereto; or the adult must be unable to contact the parents
- D. The adult must complete an affidavit in which he or she attests that the elements outlined above are true and correct.

Once the affidavit is completed in its entirety, KHS practitioners/providers or their personnel must, if possible, make one further attempt to reach the minor's parents prior to care being delivered to the minor.

A copy of the signed affidavit must be placed in the minor's permanent medical record. The affidavit is valid for only one year from the date of the signature. This affidavit does NOT mean that the minor is automatically a dependent for health care coverage purposes.

Adult caregivers should be encouraged to seek legal guardianship of the minor by KHS practitioners/providers and KHS personnel.

4.0 MONITORING

The effectiveness of this policy is monitored through the Facility Site Review process. See *KHS Policy and Procedure #2.22 – Facility Site Review* for details.

ATTACHMENTS:

- ❖ Attachment A – *Caregiver’s Authorization Affidavit*

REFERENCE:

Family Code, Section 7002

Business and Professional Code, Section 2397

Family Code, Sections 7002, 7050, 7140

Family Code, Section 6922

Family Code, Section 6924

Family Code, Section 6925 - 6929

CCR Title 22, Section 50063.5

Family Code Sections 6550-6552 (SB 592)

California Hospital Association, Consent Requirements for Medical Treatment of Minors pdf

California Courts Self-Help Center – Caregiver’s Authorization Affidavit

Revision 2020-08: Reviewed by Director of Quality Improvement. Added policy purpose and references used in the creation of this policy. Updated Attachment A to be consistent with the California Court’s form, Caregiver’s Authorization Affidavit.

Revision 2017-01: Reviewed by QI Supervisor. Revisions made to signatory list

ⁱ **Revision 2013-07:** Policy reviewed by Director of Quality Improvement. No revisions required. Update with management titles and new format. **Revision 2009-04:** Reviewed by Director of Quality Improvement, Health Education & Disease Management. Updated titles. no additional revision needed. Not reviewed by the AIS Compliance Department. **Revision**

2002-02: Annual review. Revised per DHS Comment 09/19/01. Policy #2.18 – Consent for Treatment of Minor by a Relative Other Than a Parent was absorbed into #2.17.

ⁱ Family Code, Section 7002

ⁱⁱ Business and Professional Code, Section 2397

ⁱⁱⁱ Family Code, Sections 7002, 7050, 7140

^{iv} Family Code, Section 6922

^v Family Code, Section 6925

* It should be recognized that although the minor’s parents or guardian are legally responsible for payment even though the law allows the minor to give consent, as a practical matter, other considerations, such as confidentiality of medical information, may prevent the hospital from seeking payment from the minor’s parent or guardian.

⁺ Law unclear. Depends on circumstances. Careful analysis recommended.

^{vi} Family Code, Section 7002

^{vii} Family Code, Section 6926

⁺ Law unclear. Depends on circumstances. Careful analysis recommended.

^{viii} Family Code, Section 6927

* It should be recognized that although the minor’s parents or guardian are legally responsible for payment even though the law allows the minor to give consent, as a practical matter, other considerations, such as confidentiality of medical information, may prevent the hospital from seeking payment from the minor’s parent or guardian.

⁺ Law unclear. Depends on circumstances. Careful analysis recommended.

^{ix} Family Code, Section 6928

* It should be recognized that although the minor's parents or guardian are legally responsible for payment even though the law allows the minor to give consent, as a practical matter, other considerations, such as confidentiality of medical information, may prevent the hospital from seeking payment from the minor's parent or guardian.

+ Law unclear. Depends on circumstances. Careful analysis recommended.

x Family Code, Section 6929

+ Law unclear. Depends on circumstances. Careful analysis recommended.

xi Family Code, Section 6924

¹² CCR Title 22, Section 50063.5

xiii Family Code Sections 6550-6552 (SB 592). Legal Memorandum from California Association of Hospitals and Health Systems dated October 31, 1994; File Code CAHHS 94-10-61.

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1 - 4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. **Print clearly.**

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birthdate: _____
3. My name: (adult giving authorization): _____
4. My home address (street, apartment number, city, state, zip code):

5. I am a grandparent, aunt, uncle or other qualified relative of the minor
6. Check one or both (for example, if one parent was advised and the other cannot be located):
 I have advised the parent(s) or other person(s) having legal custody of the minor of my intention to authorize medical care and have received no objection.
 I am unable to contact the parent(s) or other person(s) having legal custody of the minor at the time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California drivers license identification card number: _____

Warning: *Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Signature: _____

NOTICES:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information:

TO CAREGIVERS:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 2.20-P Infection Control Program has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	9/16/20	<i>Doug Hayward</i>
Dr. Tasinga	9/15/2020	<i>M Tasinga</i>
Deb Murr	9/14/2020	<i>Deborah (Murr) R</i>
Jane Daughenbaugh	9/8/2020	<i>Jane Daughenbaugh</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Infection Control Program				POLICY #: 2.20-P	
DEPARTMENT: Quality Improvement					
Effective Date: 08/2001	Review/Revised Date: 9/16/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Quality Improvement

POLICY:
 All Kern Health Systems (KHS) contracted providers will actively participate in an effective infection control program for the surveillance, prevention, and control of infections and improving patient care through prompt reporting to the appropriate county agencies, education, and monitoring procedures. It is the policy of KHS’ contracted facilities to maintain an infection control program that meets the minimum guidelines listed by California Code of Regulations Title 22 and Title 8: Cal/OSHA, 29 California Federal Register 1910.1030 OSHA Inst.

- Providers must do the following:
- A. Review patient infections that present the potential for prevention or intervention to reduce the risk of future occurrence
 - B. Design, implement, and monitor an exposure control plan and ensure that a copy is accessible to contracted provider employees

DEFINITIONS:

Blood and Other Potentially Infectious Materials (OPIM)	OPIM are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV – containing blood, cells, tissues, organs, cultures, medium or solutions.
Bloodborne Pathogens	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HVC) and human immunodeficiency virus (HIV).
Contamination	The presence or reasonably anticipated presence of blood or OPIM on any item or surface.
Decontamination	The use of appropriate physical or chemical means to remove, inactivate or destroy bloodborne pathogens so that a surface or item is no longer capable of transmitting infectious particles and is rendered safe for handling, use or disposal.
Infection	The spread of disease producing organisms/pathogens; the presence of pathogens in the body.
Universal Precautions	System of infectious disease control which assumes every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids be protected as though such body fluids were HBV or HIV infected.

PROCEDURES:

All contracted providers/facilities will have an appropriate Infection Control Program in place that deals with standard precautions, reportable communicable diseases, sterilization/disinfection of equipment, hazardous spills and the like.

Providers will review and identify active cases and persons exposed to disease through lab and x-ray reports suggesting an active infectious disease. When identified, the disease will be reported to Kern County Public Health Services Department (KCPHSD). Member will be notified and all people in contact with member will be notified to see a physician. An initial facility site review and subsequent reviews every three (3) years determine provider/facility compliance regarding an effective Infection Control Program.

1.0 EXPOSURE CONTROL PROGRAM

In order to eliminate the hazards of occupational exposure, KHS contracted providers must implement an exposure control plan for the work site with details on employee protection measures which describes: how the work site will use a combination of engineering and work practice controls, ensure the use of personal protective clothing and equipment, provide

training, medical surveillance, hepatitis B vaccinations, and sign and labels, among other provisions. Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices and plastic capillary tubes.

At a minimum, the exposure control plan must include the following:

- A. A description of how it was determined that an exposure occurred. This must be based on the definition of occupational exposure **without regard to personal protective clothing and equipment**.
- B. The procedures for evaluation of the circumstances surrounding an exposure incident.
- C. The method for implementing sections of the OSHA standards that cover the methods of compliance, hepatitis B vaccination and post-exposure follow-up, communication of hazards to employees, and record keeping. The schedule of how and when the provisions of the standard will be implemented may be as simple as a calendar with brief notations describing the methods of implementation, and an annotated copy of the standard.
- D. The plan must be reviewed and updated at least annually or whenever new tasks and procedures affect occupational exposure. It must be made accessible to employees in accordance with *Title 29 Code of Federal Regulations*, Part 1910.20 (e).

Information and training must be provided at no cost to the employee during working hours at the time of initial assignment and at least once a year thereafter. Additional training is needed when existing tasks are modified or new tasks are added that result in an employee's occupational exposure to bloodborne pathogens.

2.0 PREVENTIVE MEASURES

2.1 Infection Control Program

Providers will review and identify active cases and persons exposed to disease (i.e. Sexually Transmitted Disease [STD], Tuberculosis [TB] etc.) through lab and x-ray reports suggesting an active infectious disease. When identified, the disease will be reported to Kern County Public Health Services Department (KCPHSD). The member will be notified and all people in contact with member will be notified to see a physician

KHS will perform an initial facility site review and subsequent review every three (3) years to determine provider/facility compliance regarding an effective Infection Control Program. Public Health Memorandum of Understandings (MOUs) and provider policy and procedures for treatment and reporting are processes for potential prevention and/or intervention to reduce risk of future occurrence.

2.2 Health Screening

Contracted provider personnel are required to pass an initial health screening to detect communicable disease states, such as TB, in order to maximize patient and staff safety.

2.3 Hepatitis B Vaccination

Contracted providers must make the hepatitis B vaccine and vaccination series available to all employees who have occupational exposure as well as provide a post-

exposure evaluation and follow up to all employees who experience an exposure incident. The vaccine and vaccinations, as well as all medical evaluations and follow up, must be made available at no cost to the employee, provided at a reasonable time and place, and performed by or under the supervision of a licensed physician or another licensed health care professional whose scope of practice allows him or her to independently perform such activity. Vaccinations also must be administered according to current recommendations of the U.S. Public Health Service. Employees who decline the vaccination must sign a declination form. (See Attachment A). The employee may request and obtain the vaccination at a later date and at no cost, if he/she continues to be exposed.

2.4 Standard Universal Precautions

All materials, instruments, environmental surfaces, etc., that could possibly be contaminated with blood or body fluids should be considered infectious. The proper use of infection control techniques and clean/sterile supplies and equipment should be employed to prevent cross contamination of infection.

Universal precautions are intended to prevent health care workers from parenteral, mucous fluids of all patients must be considered potentially infectious for blood borne pathogens. Universal precautions apply to the following:

- A. Blood or other body fluids containing visible blood
- B. Semen and vaginal secretions
- C. Unfixed tissues or organs
- D. Cerebrospinal fluid (CSF)
- E. Synovial fluid
- F. Pleural fluid
- G. Peritoneal fluid
- H. Pericardial fluid
- I. Amniotic fluid
- J. Saliva in dental procedures
- K. All body fluids in situations where it is difficult or impossible to differentiate between body fluids.

General infection control practices including the use of gloves for digital examination of mucous membranes and endotracheal suctioning, and handwashing after exposure to saliva should further minimize any minute risk.

3.0 METHODS OF CONTROL

3.1 Needlestick Safety

Contaminated sharps are discarded immediately. Sharp containers are located close to the immediate area where sharps are used and are inaccessible to unauthorized persons. Sharps are not bent, removed from a syringe, or recapped except by using a one-handed technique. Needleless systems, needle devices, and non-needle sharps are used unless exemptions have been approved by Cal/OSHA (8CCR, Section 5193). Security of portable containers in patient care areas is maintained at all times. Any device capable of cutting or piercing (e.g. syringes, hypodermic needles, needleless devices, blades, broken glass, slides, vials) are placed in a closable, puncture-resistant,

labeled, leak-proof container. If these requirements are met, containers made of various materials (e.g. cardboard, plastic) are acceptable. Containers are not filled above the manufacturer's designated fill line, or more than $\frac{3}{4}$ full. Supply of containers on hand is adequate to ensure routine change-out when filled.

3.2 Sharps Injury Documentation

Site has a method in place to document sharps injuries. Date, time, description of exposure incident, share type/brand, follow up care is documented within 14 days of injury accident.

3.3 Hand Washing Technique

Hand washing is one of the oldest, simplest, and most consistent methods to prevent the spread of infections by decreasing contamination of the hands. Hands should be washed in all of the following circumstances:

- A. Upon arrival to the office (to remove microorganisms brought in from off the premises)
- B. Before, between, and after all physical contacts with patients
- C. Before and after performing any personal bodily function
- D. After handling used dressings, sputum containers, secretions, drainage from a patient, and other contaminated items
- E. On leaving the exam room of a patient on isolation precautions and after handling items from such a room
- F. When hands are obviously soiled
- G. On completion of duty before going home (to avoid transmission of microorganisms to the home)

The following steps should be followed to wash hands:

- A. Remove all jewelry
- B. Turn on the water and adjust temperature
- C. Wet hands and forearms with water
- D. Lather with anti-microbial soap
- E. Cleanse fingernails
- F. Rinse thoroughly
- G. Dry hands and forearms well
- H. Turn off water using a clean paper towel
- I. Leave sink area neat and clean

Hand washing facilities are available in the exam room and/or utility room and include an adequate supply of running water, soap, and single use towels or hot air drying machines. Sinks with standard faucet, foot-operated pedals, 4-6 inch wing-type handles, automatic shut-off systems, or other types of water flow control mechanism are acceptable. Staff is able to demonstrate infection control "barrier" methods used on site to prevent contamination of faucet handle, door handles and other surfaces until hand washing can be performed. On occasions when running water is not readily available, an antiseptic hand cleanser, alcohol-based hand rub, or antiseptic towelette is acceptable until running water is available (29CFR 1919.1030).

Hand washing prevents infection transmission by removing dirt, organic material, and

microorganisms from hands. Hand washing with plain (non-antimicrobial) soap in any form (e.g., bar, leaflet, liquid, powder, granular) is acceptable for general patient care. Antimicrobial agents or alcohol-based antiseptic hand rubs are used for hand washing when indicated to remove debris and destroy transient microorganisms (e.g., before performing invasive procedures, after contact with potentially infectious materials). Plain and antiseptic hand wash products are properly maintained and/or dispensed to prevent contamination.

3.4 Isolation Procedures

Each clinic or office must outline a plan of action to care for a potentially infectious patient by promptly isolating the patient from the reception area and other patients. This can be accomplished, upon identification of a potentially infectious patient, through the use of an alternative entrance or through assignment of the last appointment slot to this patient and request that the patient wait outside until the reception area is clear of other patients. All offices must have a rash sign posted outside their office entrance.

4.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is available for staff use on site, and includes water repellent gloves, clothing barrier (e.g., gown, sheets), face/eye protection (e.g. goggles, face shield), and respiratory infection protection (e.g. mask). Availability of other necessary PPE is specific to the practice and type of procedures performed on a site. PPE is specialized clothing and/or equipment for protection against bloodborne pathogen hazards, and does not include general work clothes (e.g. uniforms, cloth lab coats) that permit liquid to soak through. General work clothes are appropriate only if blood/OPIM does not penetrate through employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under NORMAL conditions of use.

Contaminated laundry (soiled with blood/OPIM or having contained contaminated sharps) is laundered at a commercial laundromat, by a contracted laundry service, or a washer and dryer on site. Manufacturer's guidelines are followed to decontaminate and launder reusable protective clothing. Laundry requirements are "not applicable" if only disposable PPE is used on site.

Gloves are required when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing phlebotomy or IV venipuncture therapy; and when handling or touching contaminated items or surfaces. To prevent transmission, gloves should also be worn during direct contact with any patient with a skin rash or lesion. Hands are to be washed immediately after removal of gloves or other PPE.

5.0 HOUSE KEEPING

The provider must develop and implement a cleaning schedule that includes appropriate methods of decontamination and tasks or procedures to be performed. This written schedule must be based on the type of surfaces to be cleaned, the type of contamination present, the tasks or procedures to be performed, and the location within the facility.

5.1.1 Routine Decontamination

Work site is maintained in a clean and sanitary condition. Contaminated work are decontaminated with an appropriate disinfectant (29 CFR 1910.1030) immediately when surfaces become overtly contaminated, there is a spill or blood or OPIM, procedures are completed, and at the end of the work shift if the surface may have become contaminated since the last cleaning. Written “housekeeping” schedules have been established and are followed for regular routine daily cleaning. Staff is able to identify frequency for routine cleaning of surfaces and equipment, the disinfectant used, and responsible persons.

5.2 Spill Procedure

All spills are immediately contained and cleaned up by appropriate staff. Staff is able to identify procedures for prompt decontamination of blood/body fluid spills, the disinfectant used, and the responsible persons.

5.3 Disinfectant Products

Products used for decontamination have a current EPA-approved status. Effectiveness in killing HIV/HBV/TB is stated on the manufacturer’s product label.

5.4 10% Bleach Solution

10% Bleach Solution is changed/reconstituted *every* 24 hours (due to the instability of bleach after being mixed with water). Surface is cleaned prior to disinfecting (due to presence of organic matter such as dirt, blood, or excrement which inactivates active ingredient, sodium hypochlorite). Surface is air dried or allowed appropriate time (states on label) before drying. Manufacturer’s directions, *specific* to every bleach product, are followed carefully.

5.5 Sterilization Methods

5.5.1 Cleaning prior to sterilization

Prior to undergoing the sterilization process, soiled instruments/equipment are thoroughly cleaned, rinsed, dried, and inspected for the presence of dried blood or other debris. Personnel are able to demonstrate or verbally explain procedure(s) used for cleaning prior to sterilization and to locate written directions on site.

5.5.2 Cold/Chemical Sterilization

Product manufacturer’s directions are strictly followed for instrument pre-soaking treatment, solution preparation, solution exposure procedures, safety precautions (e.g. room temperature, area ventilation), and post-sterilization processes. Sterilization exposure times and solution expiration date/time is communicated to staff. Written procedures for cold sterilization are available on site to staff.

Cold sterilization solutions are effective against HIV and Hepatitis B viruses. Instruments are thoroughly cleaned with an appropriate detergent solution and thoroughly rinsed with water prior to immersing in the selected cold sterilizing solution. Instruments are cold sterilized according to the product’s manufacturer’s guidelines regarding the length of soaking time, mixture ratio of the product to water, etc. Cold sterilization solution potency is checked according to the manufacturer’s recommendations to ensure proper sterilization.

5.5.3 Autoclave/Steam Sterilization

Autoclave manufacturer's directions are strictly followed for instruments pre-cleaning, machine loading, operation safety precautions, minimum time-temperature criteria, and post sterilization processes. Written operating procedures for autoclave are available on site to staff. If instruments/equipment are transported off-site for sterilization, equipment-handling and transport procedures are available on site to staff.

5.5.4 Autoclave Maintenance

Autoclave is maintained and serviced according to manufacturer's guidelines including routine cleaning and calibration. If the manufacturer's guidelines are not present on site, the autoclave is serviced annually by a qualified technician. A dated sticker on the autoclave or a service receipt is acceptable documentation of appropriate maintenance. An Autoclave Log is maintained, documenting every cycle that is processed, listing the date, time of operation, temperature attained, steam pressure, length of cycle, and processor's initials.

5.5.5 Spore Testing

Autoclave spore testing is performed *at least monthly*, unless otherwise stated in manufacturer's guidelines. Written procedures for performing routine spore testing and for handling positive spore tests results are available on site to staff. If spore tests are positive, the autoclave is removed from service immediately until inspection is completed and a negative retest occurs. Procedures include report problem, *repair* autoclave, *retrieve* all instruments sterilized since last negative spore test, *retest* autoclave and *re-sterilize* retrieved instruments (*Report/Repair/Retrieve/Retest/ Re-sterilize*). Testing results are returned from the contracted lab within a *two-week* period.

5.5.6 Documentation

Documentation of the following activities is maintained on site:

- A. Autoclave maintenance: mechanical problems, inspection dates, results/outcome of routine servicing, calibration, repairs, etc.
- B. Sterilization loads: date, time and duration of run cycle, temperature, steam pressure, operator of each run
- C. Biological spore testing: date, results, type of spore test used, person performing/documenting test results

5.5.7 Sterile Packages

Storage areas for sterilized packages are clean, dry and separated from non-sterile items by a functional barrier (e.g., shelf, cabinet door, drawer). Sterilized package *outside* labels *must* include *the processing date, the processor's initials*, and general contents (e.g., suture set). Each item in a sterile package need not be listed on the label if a master list of package contents is available elsewhere on site. Maintenance of sterility is event related, not time related. Sterilized items are considered sterile until damaged and should be removed from sterile package storage area. Site has a process for routine evaluation of sterilized packages.

Packs must list the processing date and the processor's initials on the outside wrapper.

Packs are covered and stored in clean, dust-free areas, away from moisture and heavy traffic areas.

5.5.8 Instrument Cleaning

Instruments must be cleaned initially utilizing an appropriate detergent preparation. After thorough cleaning, the instruments are rinsed, dried, lubricated (if indicated), and wrapped appropriately. Cloth or “paper cloth” disposable wrappers and/or cellophane/paper “peel-strip” pouches are used for wrapping instrument trays and/or single instruments.

5.5.9 Critical Instrument

A critical instrument, one that has penetrated soft tissue or bone or has come in contact with mucous membranes, must be sterilized in a heat sterilizer or heat pressure sterilizer.

5.5.10 Shelf Life

Each facility stipulates the “shelf-life” for all processed packs and instruments. Some facilities utilize “event related sterility” which means that the article is sterile until opened or the pack is damaged. Others may choose to specify the exact time in months that a stored article is considered sterile. It is a general rule that cellophane/paper pouches that are not heat sealed are considered sterile for six (6) months from the processing.

6.0 LABELING

Fluorescent orange or orange-red warning labels must be attached to containers of regulated waste, to refrigerators and freezers containing blood or OPIM, and to other containers used to store, transport, or ship blood or OPIM. These labels are not required when all the following conditions apply:

- A. Red bags or red containers are used
- B. Containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use
- C. Individual containers of blood or OPIM are placed in a labeled container during storage, transport, shipment or disposal

7.0 BIOHAZARDOUS WASTE DISPOSAL

See KHS Policy and Procedure #2.21 - Management of Biohazardous Waste.

8.0 MANDATED COMMUNICABLE DISEASE REPORTING

Providers must comply with all areas of *KHS Policy and Procedure #3.29 – Condition/ Disease Reporting.*

9.0 EDUCATION, INTERVENTION, AND PREVENTION PROGRAM

Contracted providers should implement an education, intervention, and prevention program appropriate to the patient population served and the associated risk of potential future infectious disease processes. Training occurs prior to initial exposure to potential infections. Review and re-training sessions must occur at least annually.

Personnel must know where to locate information/resources on site and how to use the

information. Evidence of training may include informal in-services, new staff orientation, external training courses, educational curriculum and participation lists, etc. Evidence of training must be verifiable.

Training documentation must contain the employee's name, job title, training date(s), type of training, contents of training session, and names/qualifications of trainers. Records must be kept for three (3) years.

10.0 OSHA STANDARDS

Provider offices should offer provisions for employees who have an exposure incident as described by the OSHA Standard for Bloodborne Pathogens. Exposure incidents include needlesticks and any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials. Reporting an exposure incident enables the employer to evaluate the circumstances surrounding the exposure incident to prevent reoccurrence. All exposure incidents must be documented, reported, and investigated with a medical evaluation and appropriate follow-up.

ATTACHMENTS:

- ❖ Attachment A – *Hepatitis B Vaccination Declination Form*

REFERENCE:

California Code of Regulations Title 22

Title 8: Cal/OSHA, 29 California Federal Register 1910.1030 OSHA Inst.

DHCS PL 14-004

DHS Comment Letter 09/19/01 (Procedure (3)). DHS Contract §6.5.12.3

Revision 2020-08: Policy reviewed by Director of Quality Improvement. Validated and updated regulatory references. **2016-01:** Policy reviewed by QI Supervisor. Signatory list updated. Policy revised per current site review standards and Policy Letter (PL) 14-004. **Revision 2013-08:** Policy reviewed by Director of Quality Improvement, Health Education and Disease Management. No revision need, titles updated. ¹ **Revision 2010-05:** Minor revisions provided by the Director of Quality Improvement, Health Education and Disease Management. **Revision 2005-09:** Routine review. **Revision 2004-08:** Routine review. Revised per DHS Contract 03-76165. There is no longer any mention of an Infection Control Program in the new contract. **Revision 2003-06:** Per DHS comment letter 3/4/2003. **Revision 2002-11:** To incorporate suggestions made by DHS auditors (Medical Review YE 08/31/00).



Attachment A

HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____

(Printed) Name: _____

Date Signed: _____

Hepatitis B Declination Form, Policy 2.20
2020-09

☎ 661-664-5000
📠 661-664-5151

kernhealthsystems.com 🌐
2900 Buck Owens Boulevard, Bakersfield, CA 93308-6316 ✉



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 2.21-P Management of Biohazards Waste has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	9/16/20	<i>[Signature]</i>
Dr. Tasinga	9/15/2020	<i>[Signature]</i> M Tasinga
Deb Murr	9/14/2020	Debrah (Murr R)
Jane D	9-8-2020	Jane Daughenbaugh

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Management of Biohazards Waste				POLICY #: 2.21-P	
DEPARTMENT: Quality Improvement					
Effective Date: 2010/10	Review/Revised Date: 9/16/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Quality Improvement

POLICY:

Biohazardous waste is defined in Section 25117.5 and 117635 of the California Health and Safety Code. Kern Health Systems (KHS) contract providers will identify these materials and implement a biohazardous waste management program at their facilities that will meet the KHS standards and the Department of Health Care Services (DHCS) facility site review requirements.

DEFINITIONS:

<p>Biohazardous waste: Laboratory waste; pathologic specimens including human tissues, blood elements, excreta, equipment, disposable materials, and secretions which are suspected of contamination with infectious agents; and any other waste or material which has been contaminated, or may reasonably be expected to be contaminated with infectious agents contagious to humans.</p> <p>Infectious agent: A type of micro-organism, parasitic intestinal worm, or virus which causes, or significantly contributes to the cause of, increased morbidity or mortality of human beings.</p>
--

Sharp: Any device having acute edges. Corners, edges, or protuberances capable of cutting or piercing.

PROCEDURES:

1.0 HANDLING WASTE

1.1 Recommended Methods for the Handling and Processing of Biohazardous Waste

Biohazardous waste generated from medical offices should be separated at point of origin, placed in approved disposable red plastic bags, stored separately from other waste, and handled using Universal Precautions. Red bags must be readily available. KHS suggests the placement of a few red bags in each exam room or labeled biohazardous waste containers.

The maximum storage time is seven days and only in an area secure from unauthorized personnel, in containers which are rigid, leak proof, possess tight fitting covers, and are labeled “Biohazardous” with the international biohazard symbol. The storage area must be labeled “Biohazardous”.

1.2 Needle/Syringe Assemblies and Sharps

Needles and other sharps must be placed in a leak proof container which is rigid, puncture resistant, and tightly lidded. After the container is filled, it should be sealed (taped) and disposed of with other biohazardous waste, as above.

1.3 Anatomical Remains

Recognizable human (including fetal) anatomical remains must be incinerated or interred.¹

2.0 STORAGE AND CONTAINMENT

Biohazardous waste should be stored in an approved container.²

2.1 General Storage

Biohazardous waste should be segregated from other waste at the point of origin. Biohazardous waste must be contained in red bags. Sharps containers or red bags containing biohazardous waste must be placed in rigid disposable or reusable containers for storage, handling, or transport.

2.2 Maximum Storage Time

The maximum storage time is seven days or less above a temperature of 0 degrees centigrade (32 degrees Fahrenheit) or ninety days or less below 0 degrees centigrade. For providers who generate less than 20 pounds of biohazardous waste per month, maximum storage time is 30 days or less above a temperature of 0 degrees centigrade.³

2.3 Storage Enclosures

Storage enclosures should be secured to deny access to unauthorized persons. Warning signs with the following inscription legible from at least 25 feet should be posted:

CAUTION – BIOHAZARDOUS WASTE STORAGE AREA
UNAUTHORIZED PERSONS KEEP OUT

CUIDADO – ZONA DE PELIGRO BIOLÓGICO
PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS

2.4 Storage Containers

2.4.1 Red Bag Storage

Bags must be red and labeled “Biohazard” with the international biohazard symbol. Red bags must pass the 165 gram dropped dart impact resistance test and be certified by the manufacturer.

2.4.2 Sharps

Containers must be leak proof, rigid, puncture resistant and tightly lidded or taped closed, labeled “Biohazard” with the international biohazard symbol. Needles and syringes must be processed to preclude reuse by placing immediately in sharps container and not recapping or manipulating needles in any way.

2.4.3.1 Containers

Containers must be leak proof, in good repair with tight-fitting covers. Containers may be any color. Container (lid and sides) must be labeled “Biohazardous” with the international biohazard symbol. Reusable containers must be washed and decontaminated each time they are emptied unless they have been completely protected from contamination. For further instructions on approved decontamination methods, see California Health and Safety Code §118295.

3.0 DISPOSAL

It is the policy of KHS to require all contract provider sites that generate biomedical waste to maintain a contract with a registered Biohazardous Waste Hauler. Facilities that generate less than 20 pounds of medical waste per week may apply for a Limited Quantity Hauler Exemption⁴.

Kern County waste haulers include the following:

Stericycle Waste Systems

4135 W Swift Ave.
Fresno, CA 93722
(331) 300-3238

Clean Harbors

Call to establish an account and request
medical waste pickup.
(877-333-4244)

3.1 Methods of Disposal

3.1.1 On-Site

Biohazardous waste may be disposed of on-site by using the following methods:

A. Incineration at a permitted medical waste treatment facility in a

controlled-air multichamber incinerator or other method of incineration approved by DHCS which provided complete combustion of the waste into carbonized or mineralized ash.⁵

- B. Autoclave with operating procedure approved by the Health Officer
- C. Other sterilization technique approved by the State Department of Health Care Services
- D. Discharge into approved sewer system (liquids and semi-liquids only)

Recognizable human anatomical remains must be incinerated or interred.

3.1.2 Off-Site

Biohazardous waste must be transported by a registered hazardous waste hauler. Biohazardous waste can be delivered for disposal or unloaded only at an appropriate hazardous waste facility.

4.0 FACILITY SITE REVIEW

Every contract primary care provider receives from KHS regular and random monitoring of site biohazardous waste management standards.

5.0 BIOHAZARDOUS MANAGEMENT DEFICIENCIES

Providers are required to correct identified deficiencies or receive disciplinary action as defined by *KHS Policy and Procedure #2.04 - Provider Disciplinary Action*.

6.0 PROVIDER EDUCATION

KHS Provider Relations staff train contract PCPs on the appropriate management of biohazardous waste during Provider Orientations. Participation in Provider Orientations is documented.

7.0 EDUCATION, INTERVENTION, AND PREVENTION PROGRAM

Contracted providers will implement an education, intervention, and prevention program for handling and labeling of biohazardous waste by their staff/personnel. Training occurs prior to initial exposure to potentially infections and/or biohazardous materials. Personnel must know where to locate information/resources on site and how to use the information. Evidence of training may include in-services, new staff orientation, external training courses, educational curriculum and participation lists, etc. Training must be documented and the documentation must contain the employee's name, job titles, training date(s), type of training, contents of training session, and names/qualifications of trainers. Records must be kept for three (3) years. Evidence of training must be verifiable. Review and re-training sessions occur at least annually.

REFERENCE:

DHCS PL 14-004

California Health and Safety Code, Sections 25117.5 and 117635

California Health and Safety Code §118275 – 118320

California Health and Safety Code §118280(b)

California Health and Safety Code §118030

California Health and Safety Code §§11825 – 118245

California Health and Safety Code §118295

Revision 2020-08: Policy reviewed by Director of Quality Improvement. Updated Kern County Waste Hauler vendors and reference regulatory citations. **Revision 2017-03:** Policy reviewed by Quality Improvement Supervisor. No revisions necessary at this time. Review requested by Compliance Department. **Revision 2013-08:** Policy reviewed by Director of Quality Improvement, Health Education and Disease Management. No revision need, titles updated. **Revision 2010-05:** Reviewed by KHS Director of Quality Improvement, Health Education and Disease Management. **Revision 2005-08:** Revised to describe the process for educating Providers and staff about biohazardous waste management. **Revision 2002-08:** Revised per DHS Comment 09/19/01.

¹ Section 7054.4 of the California Health and Safety Code

² California Health and Safety Code §118275 - 118320

³ California Health and Safety Code §118280(b).

⁴ California Health and Safety Code, Division 104, Part 14, Section 118030

⁵ California Health and Safety Code §§11825 - 118245



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 2.26-I Hospital Re-admissions – Identification of Potential Inappropriate Care Issues has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>Doug Hayward</i>
Dr. Tasinga	10/14/2020	<i>M Tasinga</i>
Deb Murr	10/1/2020	<i>Debra Murr</i>
Jane Daughenbaugh	6/22/2020	<i>Jane Daughenbaugh</i>

(CEO decision(s))

Board approval required: Yes ___ No QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Hospital Re-admissions – Identification of Potential Inappropriate Care Issues				POLICY #: 2.26-I	
DEPARTMENT: Quality Improvement					
Effective Date: 10/1999	Review/Revised Date: 10/19/2020	DMHC		PAC	X
		DHCS		QI/UM COMMITTEE	X
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer
 Date _____

 Chief Medical Officer
 Date _____

 Chief Health Services Officer
 Date _____

 Director of Quality Improvement
 Date _____

POLICY:

Kern Health Systems (KHS) will evaluate hospital re-admissions that occur within 30 days of the first hospital discharge to identify any trends in quality of care issues.

Not all re-admissions within thirty (30) days are due to Quality of Care Issues. The following mechanisms will be used to ensure appropriate evaluation occurs to identify quality of care concerns and opportunities for improvement in care provided:

1. A sampling of 50 re-admissions per quarter will be selected for review and case selection will represent a comprehensive view of the entire pool of 30 day re-admissions (e.g. male versus female, hospital, geographic area, age, diagnosis, etc.).
2. The Business Intelligence team produces a monthly report of all 30-day Re-admissions that is used for case review selection. Case selection may be focused depending on identified trending patterns. .
3. If at any time there are 100 or more 30 day readmission reviews awaiting review for potential inappropriate care identification, the QI team will narrow the pool to 50 re-admissions for each quarter based on the method described in section 1 above.

4. Cases selected for review are evaluated for a potential quality of care concern by a QI RN.
5. After the RN completes their review, any review outcome greater than a level 0 is sent to a medical director for final determination of whether a potential inappropriate care (PIC) concern exists and identification of follow up actions needed.
6. An aggregate report of 30 day re-admissions to evaluate trending will be presented to the QI-UM Committee for review and recommended actions.
7. Re-admissions excluded from review for a potential quality of care concern include:
 - a. Re-admissions that are only an observation stay and do not involve actual hospital admission.
 - b. Scheduled re-admission as part of a planned course of treatment.
 - c. Transfers to another hospital with no break between discharge and admission between hospitals.

PROCEDURES:

1.0 INITIAL EVALUATION OF RE-ADMISSIONS

Hospital re-admissions occurring within 30 days from the date of discharge for a previous hospital stay are evaluated to identify any PIC issue. Cases selected for review are entered into the Health Services medical management system's QR module and a QI RN initiates the process for evaluating if a potential quality of care concern is present. If additional medical records are needed, the RN advises the QI Senior Support Clerk who submits the request to the facility. The RN completes the process for potential quality of care concerns. (See Policy and Procedure 5.01-I, KHS Member Grievance and Appeal System, and APL 17-006, Grievance and Appeal Requirements).

If a PIC issue is identified, the episode is referred to the Medical Director for final determination if a quality of care (QOC) is present and the level of QOC.

A report of all 30 day re-admissions is run from KHS' Business Intelligence team. On a quarterly basis, the QI-UM Committee reviews re-admissions in aggregate to identify any trending patterns. Categories reviewed include but are not limited to the following categories:

- Male
- Female
- Ages 0 – 12
- Ages 13 – 17
- Ages 18 – 64
- Ages 65 and over
- Hospital
- Diagnosis
- Geographic area
- Provider

A QI RN screens all cases referred as a 30 day re-admission to ensure that each is appropriate for review within the readmission process and with consideration of exclusions listed in the Policy section above, item 7.

Cases that do not pass the screening process may be reviewed for other quality of care related concerns (example: death).

2.0 REVIEW OF MEDICAL RECORDS

After the initial screening is completed, the QI RN will notify the SCC if additional medical records are needed. The SCC faxes the request for records to the provider designated by the reviewing QI nurse. Once the records are received, the SSC uploads the documents into the medical management system and notifies the reviewing QI RN.

A QI Nurse reviews the documents and summarizes the member's care and any potential quality of care concerns that occurred related to the re-admission. The summary uses the SBAR format of situation, background, assessment and recommendation for a synopsis of the clinical facts supporting their quality of care concern. The summary is documented in the episode within the medical management system. The nurse assigns the episode to a Medical Director to make a final determination whether a QOC issue exists and any follow up action needed. The Medical Director reviews the records for internal or external quality of care issues and opportunities for improvement. The QI nurse works with the Medical Director for any follow up actions requested. Follow up action may include both internal and external opportunities for improvement. Internal issues will be discussed with the relevant department(s) and a mitigation plan developed as appropriate. The QI nurse and Medical Director will coordinate for external quality of care issues to identify who will communicate with the external provider and the necessary follow up actions.

Where indicated a referral to KHS's other medical management programs such as UM, CM and DM will be made to manage complex or challenging member issues.

The Medical Director may draft a letter requesting further information and/or clarification regarding the issue in question. If a QOC issue is identified, the Medical Director or designee will inform the involved facility's QI Department or the responsible provider of the findings. Not all identified QOC issues will require a corrective action plan but all will be tracked for re-credentialing purposes.

3.0 CLOSING CASE

Based on the outcome of the review, the case may be closed with a Severity Level of

- Level 0 = No Quality of Care Concern
 - Follow-up = Track and Trend and/or Provider Education
- Level 1 = Potential for Harm
 - Follow-up = Track and trend the particular area of concern for the specific provider and the Medical Director may provide additional actions that are individualized to the specific case or provider
- Level 2 = Actual Harm
 - Follow-up = Corrective Action Plan plus direction from Medical Director which is individualized to the specific case or provider
- Level 3 = Actual Morbidity or Mortality Failure
 - Follow-up = Corrective Action Plan plus direction from Medical Director which is individualized to the specific case or provider

Copies of all written correspondence and pertinent documents are retained within the Health Services medical management system.

4.0 TRACKING AND TRENDING

Tracking and trending is performed to identify opportunities for improvement that may not be

initially evident by chart review. This is done to identify any persistent patterns of concerns and opportunities for improvement.

The Medical Director requesting tracking and trending identifies and documents the specific areas for focus and the period of time to conduct tracking and trending. All cases selected for tracking and trending are logged and maintained by the QI SCC. All notifications that are identified as a QOC for tracking and trending are monitored, at a minimum, on a monthly basis. A report is run during the month following the report month for all active track and trend cases. New PQI activity is summarized by the QI RN and presented to the Medical Director for review and direction. . After reviewing the active track and trending cases, the Medical Director makes a decision to:

- Stop tracking and trending and close the case due to no quality of care issue identified or the identified QOC has been resolved
- Continue tracking and trending

Any trends identified will be discussed with the Medical Director to evaluate if the QOC leveling and follow up action need to be adjusted. Physician-specific trends will be reported to Provider Network Management for inclusion in the recertification process.

ATTACHMENTS:

- Attachment A – Readmission Review Worksheet
- Attachment B – Chart Review Process Flowchart

REFERENCE:

Policy 5.01 KHS Member Grievance and Appeal System

APL 17-006, Grievance and Appeal Requirements and Revised Notice Templates and “Your Rights” Attachments

Title 22, CCR, Section 53858(e)(2)

Revision 2020-06: Minor adjustments and clarifications to update job titles, department name, system name reference, etc. Added use of SBAR summary note format. Updated medical director outcomes for tracking and trending review. Review and revisions made by Director of QI. **Revision 2019-08:** Policy updated to define PQI levels, follow up actions, and process for tracking and trending by Director of QI.

Revision 2015-05: PAC approved 6/3/2015. Policy updated to include new processes such as the Transition of Care Program and Outpatient Care Management. Attachment A revised. Attachment B added.

Revision 2013-08: Policy reviewed by Director of Quality Improvement, Health Education and Disease Management. No revision need, titles updated. **Revision 2009-04:** Routine review provided by QI Department. **Revision 2005-03:** Revised to comply with DHS 2005 Contract. Effective Date 01/01/01: Changes requested by QI.

**KERN HEALTH SYSTEMS
QUALITY IMPROVEMENT DEPARTMENT**

**READMISSION REVIEW WORKSHEET
READMISSION FOR SAME OR RELATED CONDITIONS WITHIN 30 DAYS OF DISCHARGE**

Today's Date: _____
.....

Member Name: _____ KHS ID: _____

DOB: _____ Age: _____ Date of Review: _____

Admission #1 (Prior Admit): Auth ID: _____

Admission Date: _____ Discharge Date: _____

Facility: _____ Physician: _____

Admitting Dx: _____ Discharge Dx: _____

Admission #2 (Current Admit) Auth ID: _____

Admission Date: _____ Discharge Date: _____

Facility: _____ Physician: _____

Admitting Dx: _____ Discharge Dx: _____

Exclusion Instructions: Review the patient's records and answer each question with a check mark in the appropriate **YES/NO** column. A **YES** in any column indicates that this case does not meet the criteria for readmission review and should be excluded from this sample.

Exclusion Questionnaire	YES	NO
1)		
2)1) Was the patient placed under observation status versus actual admission for either stay?		
3)2) Was the second admission scheduled?		
4)3) Was the patient transferred from another facility as part of the original admission?		
a) Was this patient discharged directly to this facility at first discharge?		
b) Did the patient remain institutionalized the entire period between admissions?		
5)		

If excluded, include additional medical/social history as needed then sign and date below.

Signature: _____ Date: _____

Exclusion from the readmission review does not exclude this member or this hospitalization from other reviews. If a quality of care issue is suspected, please complete the green Notification Form and submit it to Quality Improvement along with a copy of this form and related records.

**KERN HEALTH SYSTEMS
QUALITY IMPROVEMENT DEPARTMENT**

**READMISSION REVIEW WORKSHEET
READMISSION FOR SAME OR RELATED CONDITIONS WITHIN 30 DAYS OF DISCHARGE**

Potential Quality of Care Issue

No Quality of Care Issue

Unknown



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.09-P Second Opinions has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>[Signature]</i>
Dr. Tasinga	10/14/2020	<i>[Signature]</i> M Tasinga
Alan Avery	10/6/2020	Approved without revisions-Alan Avery
Deb Murr	9/16/2020	<i>[Signature]</i> Debrah (Murr) R
Shannon Miller	9/15/2020	Approved without revisions. -Shannon Miller

(CEO decision(s))

Board approval required: Yes ___ No QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
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 Provider distribution date: Immediately _____ Quarterly _____

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 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Second Opinions				POLICY #: 3.09-P	
DEPARTMENT: Utilization Management					
Effective Date: 09/2009	Review/Revised Date: 10/19/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Operating Officer

Date _____

 Chief Health Services Officer

Date _____

 Director of Utilization Management

Date _____

POLICYⁱ:

Medicine is far from an exact science, and it is an area of knowledge that is rapidly changing. In recognition of this, Kern Health Systems (KHS) understands that at times, a patient may disagree with the diagnostic and treatment plan offered by a primary care provider or specialist. At times, a second medical opinion is needed to resolve controversy or help a patient make a choice between available treatment options.

Second medical opinions are customarily performed by a physician not affiliated with the physician rendering an initial opinion so that the second opinion is provided without bias. Exceptions to this guideline can be made. Members have a right to a second opinion in most circumstances. A request for a second opinion may come from a physician or directly from the member.

KHS will provide second medical opinions in accordance with state and federal regulations and the guidelines outlined in this policy

PROCEDURES:

1.0 REQUEST

Requests for a second opinion may originate from the member or a health care professional. Authorizations for second opinions will be granted through the referral process.

Referral requests for second opinions should document the initial opinion and the person requesting the second opinion (usually the member, the PCP, or the initial specialist). Justification for a second opinion may include, but is not limited to:

- A. The member questions the reasonableness or necessity of recommended surgical procedures or medical treatment plan.
- B. The member questions a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.
- C. The clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition, and the member requests an additional diagnosis.
- D. The treatment plan in progress is not improving the medical condition of the member within an appropriate period of time given the diagnosis and plan of care, and the member requests a second opinion regarding the diagnosis or continuance of the treatment.
- E. The member has attempted to follow the plan of care or consulted with the initial provider concerning serious concerns about the diagnosis or plan of care.
- F. The recommendations of the first consultation have been clearly documented.
- G. The reason the member desires a second opinion must be clearly documented.
- H. The provider of the second opinion must understand what is being requested. The provider of the second opinion is ethically prohibited from providing anything other than a recommendation.
- I. If the circumstances find the first opinion and the second opinion are not in agreement, the Chief Medical Officer will review the recommendations and decide on the course of action. This may involve a third opinion.

1.1 Chief Medical Officer Review

All requests for second opinions are reviewed by the KHS Chief Medical Officer or their designee and granted at his/her discretion. Such review is intended to make sure that a request for a second opinion is not capricious and has a potential to benefit the patient. The ultimate criteria used in reviewing requests for second medical/surgical opinions is whether the second opinion could potentially lead to improved health or wellbeing of the patient or assist the patient's physicians in providing the most effective medical care. The Chief Medical Officer or their designee also considers the following broad criteria in the review process:

- A. Is the area of medicine controversial such that additional perspective would clarify alternatives?
- B. Are multiple diagnostic or treatment plans the current standard of practice in the community?
- C. Is there a possible non-standard treatment or an experimental treatment that has shown a high probability of being effective for the diagnosed disease and for the specific patient?
- D. Is there reasonable doubt that the diagnosis from the initial opinion is incorrect or should be modified?

- E. Would a second opinion assist the patient in making a choice when multiple diagnostic or treatment options are presented?

The Chief Medical Officer or their designee may seek the advice of other experts when needed to clarify the issues involved.

1.1.1 Timeliness of Decision

Authorization/denial and second opinion evaluation is accomplished in a timely manner. Authorization/denial of the request is accomplished within 72 hours from the plan's receipt of request, whenever possible, in the setting where enrollee's condition poses an imminent and serious threat to his/her health, including potential loss of life, limb, or other major bodily function or lack of timeliness would be detrimental to enrollee's ability to regain maximum function.

The timeline for responding to second opinion requests is made available to the public upon request. Any amendment to the timelines will be filed with the Department of Managed Health Care within 30 days of the amendment.ⁱⁱ

2.0 PERFORMANCE OF APPROVED SECOND OPINIONS

Second medical opinions are provided by a KHS contracted PCP, specialist, or other licensed health care provider acting within the scope of practice and who possesses clinical background including training and expertise, related to the particular illness or condition associated with the request for a second opinion. Subsequently, second opinion determinations are not delegated to any provider for final decision.

Enrollees may seek a second opinion from any provider that meets these requirements after authorization by KHS. Exceptions to this guideline are made only if there are no contracted providers capable of providing a valid second opinion. In this case, KHS authorizes a non-contracted physician/specialist agreed upon by the requesting party to provide the second opinion. Fees for opinions from non-contracted providers are negotiated by Provider Relations staff within the required time constraints. The non-contracted physician/specialist is informed that the fees agreed upon shall constitute full compensation for covered services rendered to the member. The physician/specialist also agrees not to bill or assess any surcharge to KHS members except for applicable copayments as indicated on the approved referral form. The copayment amount for second opinions is the same amount applicable to contracted providers.

The physician provides KHS with a consultation report, including any recommended procedures or tests that the second opinion physician believes appropriate. When the appointment for a second opinion is made, the physician is made aware of the requirement to provide the member and original provider with a report.

3.0 RESULTS AND FURTHER CARE

If the second opinion confirms the initial opinion, it is expected that the patient will receive further care from the initial physician unless there is a compelling reason to change physicians.

If the second opinion differs from the initial opinion, the patient must choose which physician will continue to provide the needed medical services. The member's primary care physician

and/or the Chief Medical Officer or their designee assists the member in these matters as needed.

4.0 CHIEF MEDICAL OFFICER INITIATED SECOND OPINION

At times the KHS Chief Medical Officer or their designee may initiate a second medical opinion. This may occur when the Chief Medical Officer or designee has a significant concern about a proposed diagnostic or treatment plan and is unable to come to a resolution by discussing the case with the requesting physician.

5.0 ADDITIONAL OPINIONS

Requests for additional medical opinions are reviewed on a case-by-case basis. Approvals/denials of such requests are processed in the same manner as all other requests for services as outlined in *KHS Policy and Procedure #3.22 – Referral Process*.

6.0 DELEGATION OF SECOND OPINION DETERMINATIONS

KHS is responsible for ensuring that all delegates comply with all applicable state and federal law and regulations, contract requirements, and other DHCS guidance including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

ⁱ **Revision 2020.06:** Routine review of Policy by Chief Health Services Officer. No material changes. **Revision 2015-01:** Policy updated into new format. Titles updated. No material changes. **Revision 2009-09:** Routine review by Utilization Management Department. **Revision 2002-06:** Revised per DHS Comment (04/05/02). **Revision 2002-02:** Information was previously included in Policy #3.22 - Referral Process. Created stand-alone policy for simplification purposes.

ⁱⁱ Health and Safety Code, Section 1383.15 (c)



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.18-P Confidential HIV Testing has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>[Signature]</i>
Dr. Tasinga	10/14/2020	<i>[Signature]</i> M Tasinga
Alan Avery	9/18/2020	Alan Avery
Emily Duran	9/15/2020	Emily Duran
Robin Dow-Morales	09/15/2020	<i>Robin Dow-Morales</i>
Nate Scott	9/13/2020	Nate Scott
Louis Iturriria	9/11/2020	Louis Iturriria
Isabel Silva	9/2/20	<i>Isabel Silva</i>
Deb Murr	8/24/2020	<i>Deborah C Murr RD</i>

(CEO decision(s))

Board approval required: Yes ___ No QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

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 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS				
POLICY AND PROCEDURES				
SUBJECT: Confidential HIV Testing			POLICY #: 3.18-P	
DEPARTMENT: Utilization Management				
Effective Date: 08-1997	Review/Revised Date: 10/19/2020	DMHC		PAC
		DHCS		QI/UM COMMITTEE
		BOD		FINANCE COMMITTEE

Douglas A. Hayward Chief Executive Officer	Date _____
Chief Medical Officer	Date _____
Chief Operating Officer	Date _____
Chief Network Administration Officer	Date _____
Chief Health Services Officer	Date _____
Director of Claims	Date _____
Director of Member Services	Date _____
Director of Marketing	Date _____
Director of Health Education & Cultural and Linguistics	Date _____

POLICY:

Kern Health Systems (KHS) is responsible to ensure that HIV testing, counseling, and case management services are available to members through in-Plan and out-of-Plan Providers. KHS members may access confidential HIV counseling and testing services through their PCPs, the Kern County Public Health Services Department (KCPHSD) HIV testing and counseling service, or any qualified HIV Counseling and Testing Provider in Kern County without prior authorization. KHS reimburses out-of-Plan Providers at the Medi-Cal fee-for-service rate on the condition that the claim for reimbursement is accompanied by encounter data, confidential test results, and a release or a refusal to release information signed by the member. All providers will refer HIV infected members to a local HIV Case Management Program i.e. the local KCPHSD Health Education & Linkage Program (HELP) or Clinica Sierra Vista (CSV) Ryan White/Kern Lifeline Program. Providers will report all AIDS cases to the KCPHSD using a *Confidential Morbidity Report (CMR)* (See Attachment A). Children at risk will be referred to the local California Children’s Services (CCS) HIV Program for testing and follow-up.

PROCEDURES:

1.0 PROGRAM GOALS

The goal of the KHS HIV testing and counseling program is to promote and provide easy access for the membership to quality, confidential HIV services.

2.0 HIV TESTING

2.1 Definition of HIV Testing

HIV testing is defined as any clinical or laboratory test that measures the presence or effect of Human Immunodeficiency Virus in a patient. This may include, but is not limited to, HIV antigen or antibody tests, measurement of suppressor and helper T-cells, or other immune markers that have been found to specifically reflect the presence of HIV in a patient.

2.2 Who Should be Tested - Risk Factors

HIV testing should be performed on any adult who reports possible exposure to high risk factors such as:

- A. History of sexually transmitted disease
- B. Multiple sexual partners
- C. History of drug abuse
- D. Receipt of blood transfusions or blood products from 1977-1985
- E. Receipt of blood transfusions or blood products after 1985 and exhibition of symptoms

HIV testing should be performed on all children at risk including:

- A. Infants and children of HIV seropositive mothers
- B. Infants and children of mothers at high risk for HIV infection. Unknown HIV serologic status including:
 - (i) Infants born with a positive drug screen
 - (ii) Infants born to mothers who admit to present or past use of illicit drugs
 - (iii) Infants born with symptoms of drug withdrawal
 - (iv) Infants born to mothers who have known arrests for drug related offenses or prostitution

- (v) Infants born to mothers with any male partners known to be at high risk for HIV
- (vi) Any abandoned newborn infant
- C. Sexually abused children and adolescents
- D. Children receiving blood transfusions, blood products between 1977-1985, or symptomatic children receiving blood transfusions since 1985
- E. Adolescents who engage in high-risk behavior including unprotected sexual activity, illicit drug use, or who have had sexually transmitted diseases
- F. Children deemed at high risk by a KHS provider

Any child under age 21 that is confirmed to be HIV positive must be referred to the local CCS program.

2.3 Counseling Requirement

Providers conducting HIV testing must provide pre and post-test counseling to KHS members. Counselors should be qualified and specially trained in the procedures of confidential pre and post-test counseling.

2.4 Consent

An informed, written consent is required from all KHS members prior to testing. This should be obtained during the pre-test counseling session.

2.5 Disclosure of Test Results

Confidential Disclosure of results will occur with members at post-test counseling session in compliance with Health and Safety Code Section §121022.

3.0 ACCESS TO SERVICES

KHS members are informed of their right to access confidential HIV counseling and testing services from their Primary Care Providers (PCPs), the KCPHSD, local Family Planning Providers (via the Member Handbook), New Member orientations, and member newsletters. Providers must be qualified to deliver services and make all reasonable efforts, consistent with current laws and regulations, to report confidential test results to KHS. KHS Member Services directs members to the nearest qualified HIV Services Providers upon member inquiry regarding alternatives to obtaining services from their PCP. Members may access directly the State Department of Health Care Services (DHCS) Office of Family Planning Services at 1-800-942-1054 for a referral to community resources or for consultation.

4.0 PROVIDER DEFINITION

4.1 PCP

PCPs may provide HIV testing and counseling services. PCPs should identify members at high risk for HIV infection and provide testing or refer the member to an appropriate qualified testing and counseling center. Children identified at risk should be referred for testing and follow-up to the local CCS, HIV Program. The PCP should notify KHS of the CCS referral.

4.2 KCPHSD

KCPHSD sites may provide HIV services to KHS members.

4.3 Family Planning Clinics

Qualified Family Planning Clinics or Providers may deliver confidential HIV services to KHS members.

4.4 Educational Sites

Family Planning Clinics at Bakersfield Community College or Cal State University, Bakersfield may deliver confidential HIV services to KHS members.

5.0 REFERRAL PROCESS

No prior-authorization is required from KHS to provide confidential HIV testing and counseling services to KHS members. Specialty medical consultation is available by submitting a referral to KHS. See *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* for details. KHS is contracted with all the community specialists necessary for HIV and case management.

6.0 TRACKING AND REPORTING

All Providers and laboratories must report HIV and AIDS cases to the KCPHSD’s health officer. Cases of HIV and AIDS infection must be reported by member’s name¹. All reports containing personal information shall be sent to the local health officer or his/her designee, by courier service, U.S. Postal Service Express or registered mail or other traceable mail or person-to-person. Reports are not to be e-mailed, sent by fax, or sent by non-traceable mail to the local health officer². Voluntary partner notification will be carried out by the KCPHSD at the request of PCPs.

7.0 HIV CASE MANAGEMENT SERVICES

Following positive testing and counseling, all Providers should recommend and initiate a referral to a HIV Case Management Program such as the KCPHSD HELP or the CSV Ryan White/Kern Lifeline Program at the 34th Street Community Health Center. All services are confidential for the member and there are no charges. Members may continue to see their PCP’s for routine care but should be strongly counseled to participate in one of the following Programs for Case Management services.

KCPHSD HELP
1800 Mt. Vernon Avenue
661-321-3000

CSV Ryan White/Kern Lifeline Program
2000 Physicians Plaza Blvd., 2nd Floor
661-324-3262

8.0 COORDINATION OF CARE

8.1 PCP

PCPs should develop a treatment plan, which is consistent with community medical standards of care for HIV-infected persons in accordance with CDC standards (available from KCPHSD HIV Program). PCPs should make any necessary specialty referrals that result from positive HIV test results by following the KHS referral process. See *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* for details. PCPs should continue to provide services to KHS members who test positive within the scope of their practice. PCPs should report all AIDS cases to the KCPHSD using the *CMR form* and refer HIV-infected members to the local HIV Case Management Programs for HIV Case Management. (See Attachment A).

8.2 KCPHSD and FAMILY PLANNING CLINICS

The KCPHSD and qualified Family Planning Clinics or testing Centers should refer KHS members back to their PCPs for any necessary routine medical follow-up care required as a result of HIV services provided as well as refer HIV infected members to the local KCPHSD for HIV case management. Necessary medical records should be provided to KHS and KCPHSD in order to conduct appropriate case management. Clinics should report all AIDS cases to the KCPHSD using *CMR forms*.

9.0 PROVIDER TRAINING AND EDUCATION

KHS Providers are kept informed of KHS Policy and Procedure changes regarding confidential HIV testing and counseling through KHS Provider Newsletters from the KHS Chief Medical Officer or designee. The KCPHSD sends updates on treatment and changes in Federal or State laws to all Kern County Health Care Providers. The County Office of Aids is available to community HIV service Providers and should be contacted at 661-321-3000 to obtain information, literature for distribution, or education on the following:

- A. Women and HIV
- B. Transmission, risk assessment, and risk reduction techniques
- C. HIV testing and counseling procedures
- D. Universal Precautions
- E. Requests for testing of suspected patients with HIV
- F. Referrals to public health, case management, and follow-up of HIV patients
- G. Updates on HIV

10.0 CONFIDENTIALITY

Providers are responsible for protecting the confidentiality of the clinical information regarding HIV services and tests results. The Providers should maintain a separate section of their clinical records, such as an envelope, which is clearly marked confidential and must have internal Policy and Procedures to access this information. All Providers are required to comply with applicable State and Federal regulations concerning confidentiality of HIV clinical information. KHS monitors compliance through on-site medical record audits of participating Providers.

10.1 Release of Test Results

In order to comply with California laws on Confidentiality of Medical information, Providers must obtain a written authorization to disclose HIV test results prior to submitting those results to KHS.

11.0 REIMBURSEMENT

Reimbursement from KHS is made in accordance with DHCS mandated Medi-Cal fee-for service rates. Claims should be submitted to KHS according to *KHS Policy and Procedure # 6.01-P: Claims Submission and Reimbursement*. Encounter data and properly released information or patient's refusal to release information documentation must accompany claim in order to receive payment.

12.0 LINK TO KHS'S INTERNAL ORGANIZATION

KHS Member Services Staff inform KHS members of their right to access out-of-Plan Providers for HIV testing and counseling services while promoting access to KHS PCPs for these same services. Provider Network Management and the KHS Chief Medical Officer or designee educate KHS PCPs on current Policy and Procedure as well as changes in Federal or State laws.

Utilization Management coordinates necessary referrals to KHS contracted specialists for services necessary for treatment out of the scope of services of KHS PCPs. Member Health Education refers members identified as high risk to appropriate health education services within the community.

13.0 DELEGATION OVERSIGHT

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs, and Policy Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

ATTACHMENTS:

- **Attachment A:** Confidential Morbidity Report (CMR)

Revision 2020-06: Routine review conducted. Updated CMR dated 3/2020 by Director of Health Education and Cultural and Linguistics. Delegated oversight language added by Chief Health Services Officer. **Revision 2014-07:** Policy reviewed/revised to bring up to date. **Revision 2010-06:** UM Supervisor updated referral contact information. Additional revision or deletions provided by QI Director. Notice of Emergency Rulemaking by DHS-Reporting HIV Infection by Name (12/28/06). Health and Safety Code, Section 120980; KHS and KCHD MOU.

¹ Emergency Rulemaking Title 17, California Code of Regulations. H&S Code 121022 effective April 17, 2006.

² DHS Emergency Rulemaking R-06-014E, December 28, 2006.



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.24-I Pregnancy and Maternity Care has been revised and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	9/16/20	<i>Doug Hayward</i>
Dr. Tasinga	9/15/2020	<i>M Tasinga</i>
Alan Avery	9/11/2020	Approved via email Alan Avery
Emily Duran	9/11/2020	Approved via email Emily Duran
Jane Daughenbaugh	8/19/20	<i>Jane Daughenbaugh</i>
Isabel Silva	8/17/20	<i>Isabel Silva</i>
Nate Scott	7/14/2020	Approved by Nate Scott
Deb Murr	7/13/2020	<i>Deborah C Murr MD</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___

Date approved by the KHS BOD: _____ Date of approved by QI: _____

PAC approval: Yes ___ No ___ Date of approval by PAC: _____

Approval for internal implementation: Yes ___ No ___

Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____

DHCS submission: _____

DMHC submission: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Pregnancy and Maternity Care				POLICY #: 3.24-I	
DEPARTMENT: Utilization Management Department					
Effective Date: 08/2005	Review/Revised Date: 9/16/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer
 Date _____

 Chief Medical Officer
 Date _____

 Chief Operating Officer
 Date _____

 Chief Network Administration Officer
 Date _____

 Director of Quality Improvement
 Date _____

 Director of Health Education & Cultural and Linguistics
 Date _____

 Director of Member Services
 Date _____

 Chief Health Services Officer
 Date _____

POLICY:
 Kern Health Systems (KHS) will encourage pregnancy and maternity care for all KHS Plan members. Pregnancy/maternity care will be provided in accordance with *KHS Policy and Procedure #3.24 –P: Pregnancy and Maternity Care* and the guidelines outlined in this internal policy and procedure.

Pregnancy and maternity care will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- CCR 22 §§ 51348; 51348.1; 51179; and 51179¹ (CPSP Guidelines)
- DHCS Contract Sections Attachment A-5 (2)(F); Attachment A-9; and Attachment A-10 6
- MMCD Policy Letter 12-003: Obstetrical Care-Perinatal Service
- Newborns' and Mothers' Health Act of 1997 (NMHA)
- APL-002 Maternal Mental Health for AB 2193

PROCEDURES:

1.0 PROVISION OF SERVICES

Pregnancy and maternity care is provided in accordance with *KHS Policy and Procedure #3.24-P: Pregnancy and Maternity Care*. Pregnancy and maternity care will be performed by qualified network providers (referred to as "pregnancy practitioners" in the remainder of this document). If the KHS network does not include a Certified Nurse Midwife (CNM), Medical members may receive maternity care from non-contracted CNMs.²

The Member Services Department, Health Education Department and the Utilization Management Department assist in linking members with qualified participating pregnancy care providers.

1.1.1 High Risk Pregnancies

The Utilization Management Department (UM) coordinates care for high risk pregnancies. Pregnant members may be referred to the UM Clinical Intake Coordinator from pregnancy practitioners, information from the KHS Claims Department, and/or member self-referral. Upon receipt of a referral the UM Clinical Intake Coordinator reviews the information provided to determine routine or high risk status as defined by the American College of Obstetrics and Gynecology (ACOG) and the National American College of Obstetrics and Gynecology (NACOG).

1.1.2 Non-High Risk Cases

Cases which are determined to be non-high risk using the above cited criteria are forwarded to KHS Health Education for initiation of phone contact. The purpose of the contact is to provide guidelines for services available to the member and to assist with possible health education referrals. Contacts made by Health Education include an initial contact during pregnancy and a contact after delivery.

1.1.3 High Risk Cases

Cases which are determined to be high risk using the cited criteria are reviewed by the UM Clinical Intake Coordinator for referral management and coordination of care. Members are contacted according to the categories listed below.

Category	Examples of Conditions	Contact Frequency
Pregnant Members with Medically Unstable High Risk Conditions	<ul style="list-style-type: none"> • Uncontrolled new onset of gestational diabetes • Pregnancy induced hypertension • Hard to control asthma during pregnancy 	Once every two weeks
Pregnant Members with Medically Stable High Risk Conditions	<ul style="list-style-type: none"> • Controlled preterm labor • Controlled gestational diabetes • Controlled asthma 	Once a month

The Health Education department contacts members through in the Health Education Perinatal Management and Engagement Program (PMEP) to assess the outcome of the pregnancy and to discuss any problems encountered. The member is encouraged to follow through with the postpartum care and the initiation of well-baby care.

During each contact, the Health Education staff provides education, assistance with needed services, answers to any questions, nutritional needs, and encouragement for continuous communication with the pregnancy practitioner.

1.2 Maternal Mental Health

KHS will ensure that the maternal mental health program is designed to promote quality and cost-effective outcomes and is consistent with sound clinical principles and processes.

Maternal mental health disorders include depression, the range of anxiety disorders (including general anxiety disorder, Obsessive Compulsive Disorder (OCD) with reoccurring unwanted thoughts and birth related Post Traumatic Stress Disorder (PTSD).

Maternal depression screenings are conducted by the Provider (OB/GYN, Nurse Midwives, and PCP) who is providing care to the mother during pregnancy and the early postpartum period. Screening tools, such as the PHQ-9 or Edinburgh Postnatal Depression Scale, are recognized by the American College of Obstetrics and Gynecology and the US Preventative Task Force as clinically sound assessment tools. Those members identified as positive on the screening will be referred to KHS for Case Management services and Mental Health evaluation and treatment. The KHS Health Education Department uses the PHQ-2 to screen members during PMEP outreach calls. Members who score higher than zero are referred to the KHS Case Management Department for follow up.

1.3 Comprehensive Perinatal Services Program

The Comprehensive Perinatal Services Program (CPSP) provides a wide range of culturally competent services to Medi-Cal pregnant women, from conception through 60 days postpartum. In addition to standard obstetric services, women receive enhanced services in the areas of nutrition, psychosocial and health education. CPSP's goal is to decrease the incidence of low birth weight in infants and improve the outcome for every pregnancy through enhanced perinatal care, thus giving every baby a healthy start. CPSP-enhanced services are offered in designated physician offices, hospitals, community clinics, hospital outpatient clinics and

alternative birth centers.

Services include:

- Orientation to services
- Initial Assessments
- Individualized Care Plan
- Trimester Reassessment
- Postpartum Reassessment

Additional information can be found on the CPSP website at <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx>

1.4 Transportation Assistance

Member Services assists members with transportation to and from their prenatal appointments if the need for such assistance is identified.

2.0 PROVIDER EDUCATION AND SUPPORT

KHS contract pregnancy practitioners/providers receive training and education on pregnancy/maternity services through Provider Orientations, Health Bulletins from the county Maternal, Child and Adolescent Health (MCAH) Program or the KHS Health Educator and the *KHS Provider Administrative Manual*. Updates or changes in program requirements are communicated to practitioners/providers through the *Provider Bulletin* and/or updated KHS policies and procedures. Practitioners/providers may also request technical support training from the KHS Health Education Department.

3.0 MEMBER EDUCATION

KHS informs every pregnant member of the identified contract facilities for delivery through the *KHS Provider Directory* provided to the member at the time of enrollment and any updates as needed. Members may obtain information regarding participating pregnancy practitioners from their PCP, Member Services Staff, Health Education Department or the *KHS Provider Directory*.

Members are educated on the benefits of pregnancy/maternity care, and how to access through the *Member Newsletter*, *PMEP Outreach calls* and health education mailings.

KHS notifies members of the availability of pregnancy/maternity care and methods of accessing those services through the *Member Handbook*, *Member Newsletter*, and the UM Department.

4.0 MONITORING

The Quality Improvement Department (QI) conducts site reviews prior to entry into KHS' provider network and every 3 years thereafter as part of the credentialing and re-credentialing process. This review includes evaluation of compliance with DHCS and KHS standards for obstetric medical records. Practitioners identified as non-compliant are notified by the KHS Medical Director and are required to submit a Corrective Action Plan (CAP) to be approved by the Medical Director. Provider Network Management communicates compliance activities and common areas of deficiency to practitioners via the *Provider Bulletin*.

Pregnancy practitioners are required to inform members under their care of the available comprehensive services. Compliance is evaluated during the medical record review portion of provider site reviews. Deficiencies are communicated to individual practitioners when necessary.

5.0 DELEGATION OVERSIGHT

KHS is responsible for ensuring that all delegates comply with all applicable state and federal law and regulations, contract requirements, and other DHCS guidance including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

ATTACHMENTS

- Attachment A: CPSP Combined Initial and Trimester Assessment and Care Plan
- Attachment B: CPSP Postpartum Assessment and Care Plan
- Attachment C: PHQ-9 Mental Health Questionnaire
- Attachment D: Edinburgh Postnatal Depression Scale (EPDS)

REFERENCE:

Revision 2020-07: Routine review by Director of Quality Improvement. **Revision 2019-05:** Updated for APL 19-002 DMHC Maternal Depression Screening by the Senior Director of Health Services. **Revision 2014-03:** Policy reviewed by Health Education and Disease Management Manager. To comply with the 2013 Medical Audit, "Newsletter" was replaced with "Bulletin" as the type of communication available to providers. **Revision 2013-07:** Routine review by Director of Health Services. **Revision 2008-11:** Routine review by Health Educator. Not reviewed by AIS Department. **Revision 2005-08:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-04:** Created per DHS request to combine various pregnancy and maternity care policies. This new policy 3.24 replaces the following policies: 2.07 - Multi Disciplinary Management of Pregnancy and Postpartum Conditions; 2.08 - Delivery of Multi-Disciplinary Services; 2.13 - Obstetric Medical Record; 3.24 - Antepartum and Postpartum Care and Genetic Screening; 3.36 - Postpartum Home Health Visits Newborns' and Mothers' Health Act of 1997; 3.55 - Perinatal Improvement Program; 4.07 - Perinatal Provider Credentialing Standards; 4.24 - Antenatal Care; and 6.23 - Obstetric Billing Guidelines. **Formerly:** 30.24. Renumbered to fit new numbering scheme during version 2005-08.

CCR Title 22 §51348; 51348.1; 51179; 51179.6

² DHS Contract Section A-9 7

CPSP Integrated Initial and & Trimester Assessments and Individualized Care Plan

Client Orientation:

Client orientation per protocol States understands **Welcome to Pregnancy Care** States understands CPSP is voluntary and agrees to participate Reviewed STT HE, **Pregnant? Steps for a Healthy Baby** Vitamins per protocol

Minutes: _____ Signature: _____

Date of Orientation: _____

Document additional Orientation in Progress Note

Client Identifier

Pregnancy Information

Grav: _____ Para: _____ TAB: _____ SAB: _____

DOB: _____ Age: _____

OB problem list reviewed, if available, before conducting assessments.

EDD: _____ Weeks Gestation _____

1st TM 2nd TM 3rd TM

Assessment: Complete all items regardless of which trimester client begins care

Psychosocial:

Psychosocial Needs/Risks/Concerns <i>(ask questions in</i>	Psychosocial Individualized Care Plan Developed with Client	Com-
<p>1. Is this a planned pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, describe: <input type="checkbox"/> 1</p> <p>2. Is this a wanted pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, describe:</p> <p>3. Are you considering abortion/adoption? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe:</p>	<p><input type="checkbox"/> Client states she understands STT PSY, <input checked="" type="checkbox"/> Uncertain about Pregnancy, <input type="checkbox"/> Choices</p> <p><input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Informed of CA Safe Surrender Law <input type="checkbox"/> Consult with OB provider <input type="checkbox"/> Referred to/for:</p>	
<p>4. How does the FOB/Partner feel about the pregnancy? <input type="checkbox"/> Happy <input type="checkbox"/> Involved <input type="checkbox"/> Upset <input type="checkbox"/> FOB/Partner not sure <input checked="" type="checkbox"/> Uninvolved <input type="checkbox"/> FOB/Partner doesn't know <input checked="" type="checkbox"/> Client doesn't know how partner feels <input type="checkbox"/> Client wishes more support, identified sources: <input type="checkbox"/> 1</p>	<p><input type="checkbox"/> Referred to/for: <input type="checkbox"/> Client goal/plan:</p>	
<p>5. What are your goals for this pregnancy?: <input type="checkbox"/> healthy baby <input checked="" type="checkbox"/> other: <input type="checkbox"/> 1</p>	<p><input type="checkbox"/> Referred to/for: <input type="checkbox"/> Client goal/plan:</p>	
<p>6. Have you had issues with previous pregnancies? <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, describe: <input type="checkbox"/> Would you like information on how to reduce risk in this pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1</p>	<p><input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Consult with OB provider</p>	
<p>7. Have you had a previous pregnancy loss/infant death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, describe: <input type="checkbox"/> 1</p>	<p><input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Client states aware of support resources <input type="checkbox"/> Referred to/for:</p>	
<p>8. Members of household (not including client) Number of adults: _____ Relationship to client: Number of children: _____ Relationship to client:</p> <p>9. Do all of your children live with you? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, describe: <input type="checkbox"/> 1</p>	<p><input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for</p>	
<p>10. Are you currently receiving services from a local agency such <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, describe: <input type="checkbox"/> 1</p>	<p><input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Obtained client's written permission to share information with: Agency: _____ Contact person: _____ Phone: _____ Fax: _____</p>	

Psychosocial Needs/Risks/Concerns <i>(ask questions in Initial, 2nd or 3rd trimester as indicated)</i>	Psychosocial Individualized Care Plan Developed with	Com-ment
<input type="checkbox"/> No <input type="checkbox"/> Yes, describe: 2	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Obtained client's written permission to share information with: Agency: _____ Contact person: _____ Phone: _____ Fax: _____	
<input type="checkbox"/> No <input type="checkbox"/> Yes, describe: 3	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Obtained client's written permission to share information with: Agency: _____ Contact person: _____ Phone: _____ Fax: _____	
11. Have you ever seen a counselor for personal or family issues or support? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: 1 Do you need counseling now? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:	
12. Have you ever been emotionally, physically, or sexually abused by a partner or someone close to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: 1 13. Within the last year, have you ever been hit, slapped, kicked, pushed, shoved, forced to have sex, forced to get pregnant or otherwise physically hurt by your partner or ex-partner? <input type="checkbox"/> No <input type="checkbox"/> Yes, by whom? Do you have injuries now? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: Do you feel in danger now? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client Goal/plan: <input type="checkbox"/> States understands STT PSY Cycle of Violence <input type="checkbox"/> Made safety goal/plan <input type="checkbox"/> Client states understands legal options <input type="checkbox"/> Agrees to follow STT PSY: Safety When Preparing to Leave <input type="checkbox"/> Referred to/for: <input type="checkbox"/> If minor, completed mandated report, date: _____ <input type="checkbox"/> If current injuries/adult, reported to OB provider <input type="checkbox"/> Reported to law enforcement, date: _____ <input type="checkbox"/> In contact with law enforcement/agency already:	
14. Are you afraid of your partner or ex-partner? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: 1 2 <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: 3 <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: states understands: <input type="checkbox"/> STT PSY Cycle of Violence <input type="checkbox"/> What to do in an emergency <input type="checkbox"/> Legal options. <input type="checkbox"/> Agrees to follow STT PSY: Safety When Preparing to Leave <input type="checkbox"/> Made safety plan <input type="checkbox"/> Referred to/for: Update: Update:	
15. Are you having any other personal or family challenges? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: 1 2 <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: 3 <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client states aware of support resources: <input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for: <input type="checkbox"/> Update: <input type="checkbox"/> Update:	
16. Who do you turn to for emotional support? <input type="checkbox"/> FOB/partner <input type="checkbox"/> family member: <input type="checkbox"/> friend: <input type="checkbox"/> other: <input type="checkbox"/> No one, describe: 2 <input type="checkbox"/> No one, describe: 3 <input type="checkbox"/> No one, describe:	<input type="checkbox"/> Client identified possible sources of support <input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for: <input type="checkbox"/> Update: <input type="checkbox"/> Update:	

Psychosocial Needs/Risks/Concerns <i>(ask questions in Initial, 2nd or 3rd trimester as indicated)</i>	Psychosocial Individualized Care Plan Developed with Client	Comment
<p>17. Do you often feel down, sad or hopeless? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: Do you often feel irritable, restless or anxious? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: Have you lost interest or pleasure in doing things that you used to enjoy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: 2 Ask the above questions, describe response: 3 Ask the above questions, describe response:</p>	<p><input type="checkbox"/> Screen for signs of emotional concerns at future appointments <input type="checkbox"/> Referred to <input type="checkbox"/> provider or <input type="checkbox"/> psychosocial consultant for assessment and intervention <input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to: Update: Update:</p>	
<p>18. Did your parents use alcohol or drugs? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: <input checked="" type="checkbox"/></p> <p>19. Does your partner use alcohol or drugs? <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe:</p>	<p><input type="checkbox"/> Client states understands risks <input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:</p>	
<p>20. Before you knew you were pregnant, how much beer/wine/liquor did you drink? <input type="checkbox"/> None <input checked="" type="checkbox"/> was drinking _____ a day/wk./month amount type of alcohol Are you drinking now? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: _____ a day/wk./month amount type of alcohol Do you drink a lot at one time? (4 or more drinks in about 2 hours) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes : _____ a day/wk./month times</p>	<p><input type="checkbox"/> Client states understand risks <input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Follow STT PSY, Baby Can't Say No <input type="checkbox"/> Follow STT PSY, Drugs and Alcohol, when you want to STOP using <input type="checkbox"/> Client states decided not to drink alcohol <input type="checkbox"/> Agreed to cut down to how much: _____ Client stated confidence in quitting/cutting down: (circle): 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> Support person: <input type="checkbox"/> Consult with OB provider <input type="checkbox"/> Referred to/for:</p>	
<p>2 Are you drinking now? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: _____ a day/wk./month amount type of alcohol Do you drink a lot at one time? (4 or more drinks in about 2 hours) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes : _____ a day/wk./month times</p>	<p>Update:</p>	
<p>3 Are you drinking now? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: _____ a day/wk./month amount type of alcohol Do you drink a lot at one time? (4 or more drinks in about 2 hours) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes : _____ a day/wk./month times</p>	<p>Update:</p>	
<p>21. Before you knew you were pregnant, how much tobacco did you smoke (including e-cigarettes)? <input type="checkbox"/> None <input checked="" type="checkbox"/> was smoking (amount, type, how often) _____ _____ Are you smoking now? <input type="checkbox"/> No <input type="checkbox"/> Stopped smoking and is not smoking now <input type="checkbox"/> Cut down to _____</p>	<p><input type="checkbox"/> Client states understands risks <input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Will cut down to how much _____ <input type="checkbox"/> Will quit when _____ <input type="checkbox"/> Client's confidence in quitting (circle): 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> Identified support person:</p>	

Psychosocial Needs/Risks/Concerns (ask questions in Initial, 2 nd or 3 rd trimester as indicated)	Psychosocial Individualized Care Plan Developed with Client	Comment
<input type="checkbox"/> Smoking about the same amount	<input type="checkbox"/> States understands STT HE: You can Quit Smoking <input type="checkbox"/> Referred to CA Smokers' Helpline 1-800-NoButts <input type="checkbox"/> Consult with OB provider <input type="checkbox"/> Referred to/for:	
2 <input type="checkbox"/> Are you smoking now? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Stopped smoking and is not smoking now <input type="checkbox"/> Cut down to _____ <input type="checkbox"/> Smoking about the same amount	Update:	
3 <input type="checkbox"/> Are you smoking now? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Stopped smoking and is not smoking now <input type="checkbox"/> Cut down to _____ <input type="checkbox"/> Smoking about the same amount	Update:	
22. Do people smoke around you? <input type="checkbox"/> No 1 <input type="checkbox"/> Yes, about _____ hours per day Number 2 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, about _____ hours per day Number 3 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, about _____ hours per day Number	Client goal/plan: <input type="checkbox"/> States will avoid smoke <input type="checkbox"/> States will talk to others about keeping home and car smoke-free <input type="checkbox"/> Discussed STT HE section, <i>Second Hand Smoke</i> <input checked="" type="checkbox"/> You can Quit Using Drugs or Alcohol <input type="checkbox"/> Update: <input type="checkbox"/> Update:	
23. Before you knew you were pregnant, how much did you usually use marijuana or other drugs? <input type="checkbox"/> None 1 <input type="checkbox"/> Was using: _____ a day/wk./month Are you using drugs now? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, now using: _____ a day/wk./month amount drug	<input type="checkbox"/> Client verbalizes understanding of risks. Client goal/plan: <input type="checkbox"/> Client understands STT HE: You can Quit Using Drugs or Alcohol <input type="checkbox"/> Has decided to: <input type="checkbox"/> cut down to how much _____ <input type="checkbox"/> not to use any drugs <input type="checkbox"/> Client's confidence in quitting (circle): 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> Support person: <input type="checkbox"/> Consult with OB provider <input type="checkbox"/> Referred to/for: <input type="checkbox"/> Obtained client's written permission to exchange information with: Agency: _____ Contact person: _____ Phone: _____ Fax: _____	
2 <input type="checkbox"/> Are you using drugs now? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, using: _____ a day/wk./month amount drug	Update:	
Are you using drugs now? <input type="checkbox"/> No <input type="checkbox"/> Yes, now using: _____ a day/wk./month amount drug 3	Update:	
24. What is your source of financial support? 1 <input type="checkbox"/> Self, type of work: <input type="checkbox"/> FOB/partner, type of work: <input type="checkbox"/> Family member/ friend: <input type="checkbox"/> CalWORKS <input type="checkbox"/> SSI <input type="checkbox"/> other:	<input type="checkbox"/> Client Goal/plan: <input type="checkbox"/> Referred to/for:	

Psychosocial Needs/Risks/Concerns <i>(ask questions in Initial, 2nd or 3rd trimester as indicated)</i>	Psychosocial Individualized Care Plan Developed with Client	Comment
<input type="checkbox"/> Concerns, describe: 2 <input type="checkbox"/> Concerns, describe: 3 <input type="checkbox"/> Concerns, describe:	Update: Update:	
25. Where do you live? 1 <input type="checkbox"/> Apartment/house <input type="checkbox"/> other: _____ <input type="checkbox"/> Concerns, describe: 2 <input type="checkbox"/> Concerns/changes, describe: 3 <input type="checkbox"/> Concerns/changes, describe:	<input type="checkbox"/> Client Goal/plan: <input type="checkbox"/> Referred to/for: Update: Update:	
26. Any other questions or concerns? 1 <input type="checkbox"/> None <input type="checkbox"/> Yes, describe: 2 <input type="checkbox"/> None _____ describe: 3 <input type="checkbox"/> None _____, describe:	<input type="checkbox"/> Client Goal/plan: <input type="checkbox"/> Referred to/for: Update: Update:	
27. Discussed results of assessment with client and client identified the following strengths: 1 2 3		

Psychosocial

1 Minutes spent _____	Completed by: _____	Signature _____	Title _____	Date _____
Signature of medical provider <i>if assessor is CPHW</i> : _____				
		Signature _____	Title _____	Date _____
2 Minutes spent _____	Completed by: _____	Signature _____	Title _____	Date _____
3 Minutes spent _____	Completed by: _____	Signature _____	Title _____	Date _____

Health Education

Health Education Learning Needs/Risks/Concerns (ask questions in Initial, 2nd or 3rd trimester as indicated in each cell)	Health Education Individualized Care Plan Developed with Client	Comment
1. How do you like to learn?: <input type="checkbox"/> Text message reminders <input type="checkbox"/> Reading/handouts <input type="checkbox"/> Classes/groups <input type="checkbox"/> Individual teaching <input type="checkbox"/> Videos <input type="checkbox"/> Other: How well do you write/read? <input type="checkbox"/> good/fair <input type="checkbox"/> poor/non-reader 2. Do you have someone you can talk to about what we discussed today? <input type="checkbox"/> Yes, identify _____ <input type="checkbox"/> No	<input type="checkbox"/> Will use following learning methods: <input type="checkbox"/> Client wishes adapted education methods, such as using pictures or low literacy materials <input type="checkbox"/> Will sign up for Text4Baby <input type="checkbox"/> Client stated she will involve a support person by sharing educational materials after her appointments Name/relationship:	
3. What language do you prefer to speak? _____ What language do you prefer to read? _____ <input type="checkbox"/> In what language would you like materials? _____	<input type="checkbox"/> Provide materials in _____ language.	
4. What was the last grade you completed? _____ <input type="checkbox"/> Less than high school/GED	<input type="checkbox"/> Referred to:	
5. How long have you lived in this area? <input type="checkbox"/> More than a year <input type="checkbox"/> Less than one year Do you plan to stay in this area for the rest of your pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No, comments: <input type="checkbox"/> Do you know how to get other health care services? <input type="checkbox"/> Yes <input type="checkbox"/> No, comments:	<input type="checkbox"/> Client verbalizes understanding of available health care services <input type="checkbox"/> Provide a copy of her medical records if she needs to leave the area. <input type="checkbox"/> Referred to:	
6. Do you have any physical difficulties that affect learning? (Such as vision, hearing, learning disabilities)? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client wishes adapted health education methods <input type="checkbox"/> Consult with OB provider <input type="checkbox"/> Referred to/for:	
7. Who gives you advice about your pregnancy? <input type="checkbox"/> No one <input type="checkbox"/> mother <input type="checkbox"/> mother-in-law <input type="checkbox"/> grandmother <input type="checkbox"/> partner <input type="checkbox"/> sister <input type="checkbox"/> friend: <input type="checkbox"/> other: What are the most important things they have told you?	<input type="checkbox"/> Referred to support group: _____ <input type="checkbox"/> Client stated she will consult with OB provider regarding the following possibly harmful advice:	
8. Are you exposed to any of the following at work or home? <input type="checkbox"/> chemicals, fumes, pesticides, lead <input type="checkbox"/> cats <input type="checkbox"/> rodents <input type="checkbox"/> douching <input type="checkbox"/> hot baths <input type="checkbox"/> x-rays <input type="checkbox"/> other: <input type="checkbox"/> No, none of the above	Client goal/plan: <input type="checkbox"/> Follow STT HE Pregnant? Steps for a Healthy Baby <input type="checkbox"/> Keep Safe at Work <input type="checkbox"/> Consult with OB provider re: <input type="checkbox"/> Client has MotherToBaby California information (866) 626-6847 www.mothersbabyca.org <input type="checkbox"/> Mailed or faxed MotherToBaby client referral form	
9. We ask all clients this question: do you have any of these risk factors for diseases like chlamydia, gonorrhea, herpes, or HIV? <input type="checkbox"/> More than one sexual partner? <input type="checkbox"/> Ever had sex while using alcohol or drugs? <input type="checkbox"/> Have you or any partners ever had an STD? <input type="checkbox"/> Has your partner had sex with anybody else? <input type="checkbox"/> Have you or any partners exchanged sex for drugs, money, or shelter? <input type="checkbox"/> Have you or any partners ever injected drugs not prescribed by a d	<input type="checkbox"/> Client agrees to follow STT HE <input type="checkbox"/> What you Should Know about STDs <input type="checkbox"/> What you should Know about HIV <input type="checkbox"/> You Can Protect Yourself and Your Baby from HIV <input type="checkbox"/> Referred to:	
10. Which of the following topics would you like to learn about? <input type="checkbox"/> Body changes during pregnancy, <input type="checkbox"/> Baby's growth, <input type="checkbox"/> Immunizations for pregnant women (flu, Tdap) <input type="checkbox"/> other topics, describe: _____ <input type="checkbox"/> None, follow up at next visit	<input type="checkbox"/> Reviewed the following items with client: <input type="checkbox"/> Client will discuss the following with OB provider: <input type="checkbox"/> Reviewed the following items with client:	

Health Education Learning Needs/Risks/Concerns (ask questions in Initial, 2nd or 3rd trimester as indicated in each cell)	Health Education Individualized Care Plan Developed with Client	Comment
<p>2 <input type="checkbox"/> No, follow up at next visit <input type="checkbox"/> Yes, describe topics:</p> <p>3 <input type="checkbox"/> No, follow up at next visit <input type="checkbox"/> Yes, describe topics:</p>	<p><input type="checkbox"/> Client will discuss the following with OB provider:</p> <p><input type="checkbox"/> Reviewed the following items with client:</p> <p><input type="checkbox"/> Consult with OB provider re:</p>	
<p>11. Have you had a dental check-up in the past 12 months? <input type="checkbox"/> Date: _____ <input type="checkbox"/> No:</p> <p>Do you have any painful or loose teeth, bleeding gums or bad taste or smell in mouth? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:</p> <p>2 Do you have any painful or loose teeth, bleeding gums or bad taste or smell in mouth? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: :</p> <p><i>If referred: Have you seen a dentist? Date: _____</i></p> <p>3 Do you have any painful or loose teeth, bleeding gums or bad taste or smell in mouth? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:</p> <p><i>If referred: Have you seen a dentist? Date: _____</i></p>	<p>Client Goal/plan: Follow STT HE <input type="checkbox"/> Prevent Gum Problems</p> <p><input type="checkbox"/> See a Dentist <input type="checkbox"/> Keep Teeth Healthy</p> <p><input type="checkbox"/> Consult with OB provider</p> <p><input type="checkbox"/> Completed Prenatal Dental Referral, date: _____</p> <p><input type="checkbox"/> Referred to/for:</p> <p><input type="checkbox"/> Update:</p> <p><input type="checkbox"/> Update:</p>	
<p>12. How will you come for appointments? <input type="checkbox"/> bus <input type="checkbox"/> car <input type="checkbox"/> walk <input type="checkbox"/> other: <input type="checkbox"/> Any transportation issues? Describe:</p> <p>2 <input type="checkbox"/> Any transportation issues? Describe:</p> <p>3 <input type="checkbox"/> Any transportation issues? Describe:</p>	<p><input type="checkbox"/> Client goal/plan:</p> <p><input type="checkbox"/> Client goal/plan:</p> <p><input type="checkbox"/> Client goal/plan:</p>	
<p>13. Do you know how to use a seat belt when pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2 Do you always use a seat belt? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 Do you always use a seat belt? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client understands safe seat belt use per STT HE Pregnant? Steps for a Healthy Baby</p> <p><input type="checkbox"/> Client understands safe seat belt use per STT HE Pregnant? Steps for a Healthy Baby</p> <p><input type="checkbox"/> Client understands safe seat belt use per STT HE Pregnant? Steps for a Healthy Baby</p>	
<p>14. Can you describe what you think might be pregnancy danger signs, symptoms of preterm labor, labor induction, and when to call the doctor for prenatal concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No, list gaps:</p> <p>2 Discussed above items: <input type="checkbox"/> Yes <input type="checkbox"/> No, list gaps:</p> <p>3 Discussed above items <input type="checkbox"/> Yes <input type="checkbox"/> No, list gaps:</p>	<p>Client goal/plan: Follow: STT HE <input type="checkbox"/> Danger Signs in Welcome to Pregnancy Care</p> <p><input type="checkbox"/> If Labor Starts Too Early</p> <p><input type="checkbox"/> What You Need to Know About Labor Induction</p> <p><input type="checkbox"/> Consult with OB provider</p> <p>Client goal/plan: Follow: STT HE <input type="checkbox"/> Danger Signs in Welcome to Pregnancy Care <input type="checkbox"/> If Labor Starts Too Early</p> <p><input type="checkbox"/> What You Need to Know About Labor Induction</p> <p><input type="checkbox"/> Consult with OB provider</p> <p>Client goal/plan: <input type="checkbox"/> Client is more than 28 weeks and will follow <input type="checkbox"/> STT HE Kick Counts <input type="checkbox"/> Danger Signs in Welcome to Pregnancy Care <input type="checkbox"/> If Labor Starts Too Early</p> <p><input type="checkbox"/> What You Need to Know About Labor Induction</p> <p><input type="checkbox"/> Consult with OB provider</p>	
<p>15. What are your plans for labor and delivery? <input type="checkbox"/> labor support person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> signs of labor, when to call <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> goal/plans for transportation to hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> childcare goal/plans for other kids <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Referred to hospital tour: Name of hospital: _____</p> <p><input type="checkbox"/> Referred to childbirth preparation class _____</p> <p><input type="checkbox"/> Understands options for labor and delivery</p> <p><input type="checkbox"/> Reviewed/completed STT NUT My Birth Plan</p> <p><input type="checkbox"/> Client understands signs of labor, when to call</p> <p><input type="checkbox"/> Client has support person:</p>	

Health Education Learning Needs/Risks/Concerns (ask questions in Initial, 2nd or 3rd trimester as indicated in each cell)	Health Education Individualized Care Plan Developed with Client	Comment
<p>16. Do you have any questions about how to take care of yourself after delivery? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:</p> <p><input type="checkbox"/> Discussed importance of postpartum care, procedure for making appointments.</p>	<p><input type="checkbox"/> Client has made arrangements for transportation to hospital <input type="checkbox"/> Client has made arrangements for childcare for other kids <input type="checkbox"/> Client has no support person—notified</p> <p><input type="checkbox"/> Client understands importance of postpartum care and has agreed to make appointment</p>	
<p>17. Do you know about infant: <input type="checkbox"/> care, <input type="checkbox"/> safety, <input type="checkbox"/> illness, <input checked="" type="checkbox"/> safe sleep, <input type="checkbox"/> immunizations?</p> <p>18. Do you have the following items? <input type="checkbox"/> baby supplies/clothing/safe sleeping <input type="checkbox"/> child passenger safety seat <input type="checkbox"/> Child care, if returning to work or school <input type="checkbox"/> Needs:</p>	<p>Client Goal/plan: Follow: STT HE <input checked="" type="checkbox"/> Keep Your New Baby Safe and Healthy <input checked="" type="checkbox"/> When Newborn is Ill <input checked="" type="checkbox"/> Baby Needs Immunization <input type="checkbox"/> If multiples, Getting Ready for Multiples, Baby Products, Discounts, and Coupons <input type="checkbox"/> Client has car seat/understands car seat requirements <input type="checkbox"/> Client understands crib safety (crib slats no more than 2 3/8 inches apart and other tips) <input type="checkbox"/> Advised to call:</p> <p><input type="checkbox"/> Referred to/for:</p>	
<p>19. Have you chosen a doctor for the baby? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Name of provider _____</p>	<p><input type="checkbox"/> Referred to pediatric provider: _____ <input type="checkbox"/> Referred to CHDP provider: _____</p>	
<p>20. Do you plan to have more children? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____</p> <p><input checked="" type="checkbox"/> How far apart? _____</p> <p>What birth control method(s) are you interested in?</p> <p>Do you have any concerns about your ability to use birth control? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: <input type="checkbox"/> Remembering to use birth control <input type="checkbox"/> Concerned about failure <input type="checkbox"/> Partner interferes with birth control</p>	<p><input type="checkbox"/> Has family planning provider <input type="checkbox"/> Discussed birth control methods, including long acting contraceptives (LARCs) <input type="checkbox"/> Preferred contraceptive method: _____ <input type="checkbox"/> Referred to family goal/planning provider <input type="checkbox"/> Client will consult with obstetric provider if planning to get pregnant again before this baby is 18 months old. <input type="checkbox"/> Client will consult with OB provider if client's partner does not support her use of birth control. <input type="checkbox"/> Client understands there are methods partner does not have to know about.</p>	
<p>21. Do you have a doctor you can go to for regular medical checkups? _____ <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Client will call: Name: _____ <input type="checkbox"/> Referred to/for:</p>	
<p>22. Do you have health insurance for care after your pregnancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Referred to eligibility worker, Covered CA or safety net</p>	
<p>23. Has your doctor told you that you have any health problems that need follow up after your pregnancy? (<i>diabetes, high blood pressure, obesity, depression etc.</i>) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe:</p>	<p>Client goal/plan: <input type="checkbox"/> Make appointment with primary care provider <input type="checkbox"/> Referred to/for:</p>	
<p>24. Do you have any other questions or concerns? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, describe:</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, describe:</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, describe:</p>	<p>Client goal/plan:</p> <p>Client goal/plan:</p> <p>Client goal/plan:</p>	
<p>25. Reviewed health education assessment with client and client identified the following strengths: <input checked="" type="checkbox"/></p>		

Health Education Learning Needs/Risks/Concerns (ask questions in Initial, 2nd or 3rd trimester as indicated in each cell)	Health Education Individualized Care Plan Developed with Client	Comment
<p>△₂</p> <p>△₃</p>		

Health Education:

□₁ Minutes spent _____ Completed by: _____
 Signature _____ Title _____ Date _____

Signature of medical provider *if assessor is CPHW*: _____
 Signature _____ Title _____ Date _____

△₂ Minutes spent _____ Completed by: _____
 Signature _____ Title _____ Date _____

△₃ Minutes spent _____ Completed by _____
 Signature _____ Title _____ Date _____

Nutrition

Nutrition Assessment (ask questions in Initial, 2nd or 3rd trimester as indicated)	Nutrition Individualized Care Goal/plan Developed with Client	Comment
Anthropometric: Height, Weight, & Body Mass Index (BMI)		
<p>1. Pre-pregnancy weight: _____ lbs. Height _____ BMI _____</p> <p><input type="checkbox"/> BMI category/Weight Gain Grid used: <input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese</p> <p><input type="checkbox"/> Currently pregnant with multiples? <input type="checkbox"/> Twins <input type="checkbox"/> Triplets or more (consult w/ provider for wt. gain goal)</p> <p>During previous pregnancy how much weight did you gain? _____ lbs. <input type="checkbox"/> N/A</p>	<p><i>Client states understanding of:</i></p> <p><input type="checkbox"/> Pre-pregnancy weight category (BMI) <input type="checkbox"/> Recommended weight gain range for pre pregnancy weight category is between _____ lbs. and _____ lbs. <input type="checkbox"/> Plotting and discussing weight gain at every visit</p> <p><input type="checkbox"/> Client's weight gain goal for this pregnancy: _____</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____</p>	
<p>2. Current weight gain: _____ lbs</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> Excessive <input type="checkbox"/> Inadequate</p> <p>How do you feel about the weight you have gained so far with this pregnancy?</p> <p>What questions do you have about your weight gain during pregnancy?</p> <p><input type="checkbox"/> Current weight gain: <input type="checkbox"/> Appropriate <input type="checkbox"/> Excessive <input type="checkbox"/> Inadequate</p> <p>How do you feel about the weight you have gained so far with this pregnancy?</p> <p><input type="checkbox"/> Current weight gain: <input type="checkbox"/> Appropriate <input type="checkbox"/> Excessive <input type="checkbox"/> Inadequate</p> <p>How do you feel about the weight you have gained so far with this pregnancy?</p>	<p><input type="checkbox"/> Discussed plotting and reviewing weight gain at every visit Client agrees to follow STT NUT handout(s) (indicate date): <input type="checkbox"/> Tips To Gain Weight _____ <input type="checkbox"/> Tips to Slow Weight Gain _____</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to/date: _____ <input type="checkbox"/> Client will:</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to/date: _____ <input type="checkbox"/> Client will:</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to/date: _____ <input type="checkbox"/> Client will:</p>	
Biochemical: Lab Values		
<p>3. Consult with provider regarding whether there are abnormal lab values and treatment prescribed.</p> <p><input type="checkbox"/> HGB _____ HCT _____ Fasting Blood Glucose _____ Date of consultation with provider _____ Abnormal lab values: <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____</p> <p><input type="checkbox"/> Consult with provider regarding whether there are abnormal lab values and treatment prescribed. Fasting Blood Glucose _____ Date of consultation with provider: _____ Abnormal lab values: <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____</p> <p><input type="checkbox"/> Consult with provider regarding whether there are abnormal lab values and treatment prescribed. Fasting Blood Glucose _____ Date of consultation with provider: _____ Abnormal lab values: <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____</p>	<p>If approved by provider, review with client: Client agrees to follow STT N handout(s) (indicate date):</p> <p><input type="checkbox"/> Get the Iron You Need _____ <input type="checkbox"/> If You Need Iron Pills _____ <input type="checkbox"/> Iron Tips _____ <input type="checkbox"/> Iron Tips: Take Two _____ <input type="checkbox"/> My Action Plan for Iron _____ <input type="checkbox"/> Get the Folic Acid You Need _____ <input type="checkbox"/> Folic Acid: Every Woman, Every Day _____ <input type="checkbox"/> Vitamin B12 is Important _____ <input type="checkbox"/> Anemia, iron prescribed <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Client will:</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Client will: <input type="checkbox"/> See Question 6 for gestational diabetes interventions.</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Client will:</p>	

Nutrition Assessment (ask questions in Initial, 2nd or 3rd trimester as indicated)	Nutrition Individualized Care Goal/plan Developed with Client	Comment
Clinical		
4. <input type="checkbox"/> 1 Blood Pressure _____ / _____ <input type="checkbox"/> 2 Blood Pressure _____ / _____ <input type="checkbox"/> 3 Blood Pressure _____ / _____	<input type="checkbox"/> Provider notified if BP > 120/80 <input type="checkbox"/> Provider notified if BP > 120/80 <input type="checkbox"/> Provider notified if BP > 120/80	
5. Do you have any of the following possibly nutrition- related discomforts? <input type="checkbox"/> 1 <input type="checkbox"/> nausea <input type="checkbox"/> vomiting <input type="checkbox"/> leg cramps <input type="checkbox"/> gas <input type="checkbox"/> heartburn <input type="checkbox"/> constipation <input type="checkbox"/> hemorrhoids <input type="checkbox"/> swelling of feet or hands <input type="checkbox"/> dizziness <input type="checkbox"/> diarrhea <input type="checkbox"/> other: _____ Do any of these discomforts keep you from eating as you normally would? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____ <input type="checkbox"/> 2 Are there any changes to nutrition- related discomforts? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____ <input type="checkbox"/> 3 Are there any changes to nutrition- related discomforts? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____	<input type="checkbox"/> Discussed symptoms with provider Date _____ <input type="checkbox"/> Client agrees to follow STT N handout(s) (indicate date): <input type="checkbox"/> Nausea: Tips that Help _____ <input type="checkbox"/> Nausea: What To Do When You Vomit _____ <input type="checkbox"/> Nausea: Choose these Foods _____ <input type="checkbox"/> Heartburn: What You Can Do _____ <input type="checkbox"/> Heartburn: Should You Use _____ <input type="checkbox"/> Constipation: What You Can Do _____ <input type="checkbox"/> Constipation: Products You Can Use and Cannot Use _____ <input type="checkbox"/> Do You Have Trouble with Milk Foods? _____ <input type="checkbox"/> Client reviewed WIC handout: Feeling Comfortable While Pregnant www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Discussed symptoms with provider <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will: <input type="checkbox"/> Discussed symptoms with provider <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will:	

Nutrition Assessment (ask questions in Initial, 2nd or 3rd trimester as indicated)	Nutrition Individualized Care Goal/plan Developed with Client	Comment
<p>6. Do you have any of these nutrition-related health issues?</p> <p>1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Under 19 years of age <input type="checkbox"/> This pregnancy began less than 24 months since a prior birth <input type="checkbox"/> Currently breastfeeding another child <input type="checkbox"/> Gastric Surgery <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational <input type="checkbox"/> Ever had a baby who weighed less than 5 1/2 pounds <input type="checkbox"/> Ever had a baby who weighed more than 9 pounds <input type="checkbox"/> Ever been told any of your unborn babies were not growing well <input type="checkbox"/> Ever had an eating disorder, such as anorexia, bulimia, disordered eating <input type="checkbox"/> Other current or previous nutrition related health issues. Explain: _____ <p>2 Are there any new nutrition-related health issues? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p> <p>3 Are there any new nutrition-related health issues? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Discussed risks with provider Date: _____ <input type="checkbox"/> Client agrees to follow STT N handout(s) (indicate date): _____ <input type="checkbox"/> MyPlate for Gestational Diabetes _____ <input type="checkbox"/> If You Have Diabetes While You Are Pregnant: Questions You May Have _____ <input type="checkbox"/> If You Have Diabetes While You Are Pregnant: Relax and Lower Your Stress _____ <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Discussed risks with provider <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Discussed risks with provider <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will: _____ 	

Dietary

<p>7. Are you currently taking any of the following?</p> <p>1</p> <table border="0"> <thead> <tr> <th></th> <th>Which one?</th> <th>How much /often?</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Iron</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Folic Acid</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Prenatal vitamins/minerals</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Other vitamins or mineral</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Home remedies or herbs/teas</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Liquid or powdered supplements</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Laxatives</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Prescription medicines</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Antacids</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Over-the-counter medicines</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>2 Are there any changes to supplements/medications noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p> <p>3 Are there any changes to supplements/medications noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p>		Which one?	How much /often?	<input type="checkbox"/> Iron	_____	_____	<input type="checkbox"/> Folic Acid	_____	_____	<input type="checkbox"/> Prenatal vitamins/minerals	_____	_____	<input type="checkbox"/> Other vitamins or mineral	_____	_____	<input type="checkbox"/> Home remedies or herbs/teas	_____	_____	<input type="checkbox"/> Liquid or powdered supplements	_____	_____	<input type="checkbox"/> Laxatives	_____	_____	<input type="checkbox"/> Prescription medicines	_____	_____	<input type="checkbox"/> Antacids	_____	_____	<input type="checkbox"/> Over-the-counter medicines	_____	_____	<ul style="list-style-type: none"> <input type="checkbox"/> Discussed findings with provider, date: _____ <p>Client agrees to follow STT N handout(s) (indicate date):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take Prenatal Vitamins and Minerals _____ <input type="checkbox"/> Get the Folic Acid You Need _____ <input type="checkbox"/> Get The Iron You Need _____ <input type="checkbox"/> If You Need Iron Pills _____ <input type="checkbox"/> Iron Tips _____ <input type="checkbox"/> Iron Tips: Take Two _____ <input type="checkbox"/> My Action Plan for Iron _____ <input type="checkbox"/> Get the Folic Acid You Need _____ <input type="checkbox"/> Vitamin B12 is Important _____ <input type="checkbox"/> Foods Rich in Calcium _____ <input type="checkbox"/> You May Need Extra Calcium _____ <input type="checkbox"/> Constipation: What You Can Do _____ <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will take prenatal vitamins <input type="checkbox"/> Client will: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Discussed all new findings with provider Date: _____ <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will take prenatal vitamins <input type="checkbox"/> Client will: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Update: _____ 	
	Which one?	How much /often?																																	
<input type="checkbox"/> Iron	_____	_____																																	
<input type="checkbox"/> Folic Acid	_____	_____																																	
<input type="checkbox"/> Prenatal vitamins/minerals	_____	_____																																	
<input type="checkbox"/> Other vitamins or mineral	_____	_____																																	
<input type="checkbox"/> Home remedies or herbs/teas	_____	_____																																	
<input type="checkbox"/> Liquid or powdered supplements	_____	_____																																	
<input type="checkbox"/> Laxatives	_____	_____																																	
<input type="checkbox"/> Prescription medicines	_____	_____																																	
<input type="checkbox"/> Antacids	_____	_____																																	
<input type="checkbox"/> Over-the-counter medicines	_____	_____																																	

Nutrition Assessment (ask questions in Initial, 2nd or 3rd trimester as indicated)	Nutrition Individualized Care Goal/plan Developed with Client	Comment
<p>8. Have you had any changes in your appetite or eating habits since becoming pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain:</p> <p><input type="checkbox"/> 2 Have you had any changes in your appetite or eating habits? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain:</p> <p><input type="checkbox"/> 3 Have you had any changes in your appetite or eating habits? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain:</p>	<p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will:</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will:</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will:</p>	
<p>9. Do you limit or avoid any food or food groups (such as meat or dairy)? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: Why do you avoid these foods? <input type="checkbox"/> Do not like <input type="checkbox"/> Allergy <input type="checkbox"/> Physician advice <input type="checkbox"/> Intolerance <input type="checkbox"/> Personal Choice <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> 2 Are there any changes to food groups avoided? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain:</p> <p><input type="checkbox"/> 3 Are there any changes to food groups avoided? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain:</p>	<p>Client agrees to follow STT N handout(s) (indicate date): <input type="checkbox"/> Do You Have Trouble with Milk Foods _____ <input type="checkbox"/> Foods Rich in Calcium _____ <input type="checkbox"/> You May Need Extra Calcium _____ <input type="checkbox"/> Vitamin B12 is Important _____ <input type="checkbox"/> Get the Folic Acid You Need _____ <input type="checkbox"/> Get The Iron You Need _____ <input type="checkbox"/> If You Need Iron Pills _____ <input type="checkbox"/> Iron Tips _____ <input type="checkbox"/> Iron Tips: Take Two _____ <input type="checkbox"/> My Action Plan for Iron _____ <input type="checkbox"/> When You Are a Vegetarian: What Do You Need To Know _____ <input type="checkbox"/> Choose Healthy Foods _____ <input type="checkbox"/> MyPlate for Moms/My Nutrition Plan for Moms _____ <input type="checkbox"/> MyPlate for Gestational Diabetes _____ <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will:</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will:</p> <p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will:</p>	
<p>10. Have you fasted during this pregnancy or do you plan to fast? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain how long and how often:</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain how long and how often:</p> <p><input type="checkbox"/> 3 <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain how long and how often:</p>	<p><input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will:</p> <p>Update:</p> <p>Update:</p>	
<p>11. Do you ever eat any of the following: <input type="checkbox"/> Raw or undercooked eggs, meat, shellfish, fish, including sushi <input type="checkbox"/> Alfalfa/mung bean sprouts <input type="checkbox"/> Deli meat or hot dogs without heating or steaming <input type="checkbox"/> Unpasteurized milk, cheese or juice, including soft cheeses such as feta, blue cheese, queso de crema, asadero, queso fresco, panela, or homemade <input type="checkbox"/> Shark, swordfish, king mackerel, or tilefish <input type="checkbox"/> Albacore tuna >6 ounces/week <input type="checkbox"/> Fish more than 2x/week <input type="checkbox"/> Locally caught fish more than 1x/week</p> <p><input type="checkbox"/> 2 Are there any changes to food choices noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain:</p> <p><input type="checkbox"/> 3 Are there any changes to food choices noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain:</p>	<p>Client agrees to follow STT N handout(s) (indicate date): <input type="checkbox"/> Don't Get Sick From the Foods you Eat _____ <input type="checkbox"/> Lower Your Chances of Eating Food with Unsafe Chemicals in Them _____ <input type="checkbox"/> Checklist for Food Safety _____ <input type="checkbox"/> Tips for Cooking and Storing Food _____ <input type="checkbox"/> Tips for Keeping Foods Safe _____ <input type="checkbox"/> Eat Fish Safely _____ <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to/date: _____ <input type="checkbox"/> Client will:</p> <p>Update:</p> <p>Update:</p>	

Nutrition Assessment (ask questions in Initial, 2nd or 3rd trimester as indicated)	Nutrition Individualized Care Goal/plan Developed with Client	Comment
<p>12. Do you eat or have you craved any of the following? <input type="checkbox"/> Clay or dirt <input type="checkbox"/> Laundry starch <input type="checkbox"/> Cornstarch <input type="checkbox"/> Ice or freezer frost <input type="checkbox"/> Plaster or paint chips <input type="checkbox"/> Other non-food item: _____</p> <p><input type="checkbox"/> Are there any changes to non-food cravings noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p> <p><input type="checkbox"/> Are there any changes to non-food cravings noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p>	<p><input type="checkbox"/> Client will: <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to/date: _____</p> <p>Update: _____</p> <p>Update: _____</p>	
<p>13. Do you have the following? <input type="checkbox"/> Oven <input type="checkbox"/> Electricity <input type="checkbox"/> Microwave <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Clean running water <input type="checkbox"/> Missing any of the above</p> <p><input type="checkbox"/> Are there any changes to the responses noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p> <p><input type="checkbox"/> Are there any changes to the responses noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p>	<p>Client agrees to follow STT N handout(s) (indicate date): <input type="checkbox"/> Tips for Cooking and Storing Food _____ <input type="checkbox"/> When You Cannot Refrigerate, Choose These Foods _____ <input type="checkbox"/> Tips for Keeping Food Safe _____ <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will: _____</p> <p>Update: _____</p> <p>Update: _____</p>	
<p>14. Within the past 12 months, were you worried that your food would run out before you or your family had money to buy more? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____ Within the past 12 months, were there times when the food that you or your family bought just did not last and you did not have money to get more? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p> <p>Do you use any of the following food resources? • WIC: <input type="checkbox"/> No <input type="checkbox"/> Yes WIC Site: _____ • CalFresh (food stamps)? <input type="checkbox"/> No <input type="checkbox"/> Yes • Any free food, such as from food banks, pantries or soup kitchen? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Are there any changes to the food security responses noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p> <p><input type="checkbox"/> Are there any changes to the food security responses noted above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p>	<p>Client agrees to follow STT N handout(s) (indicate date): <input type="checkbox"/> Tips For Healthy Food Shopping _____ <input type="checkbox"/> You can Buy Healthy Food on a Budget _____ <input type="checkbox"/> You Can Stretch Your Dollars: Choose These Easy Meals and Snacks _____</p> <p><input type="checkbox"/> Referred client to WIC <input type="checkbox"/> Referred client to CalFresh (Food Stamps) <input type="checkbox"/> Referred client to local emergency food resources <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will: _____</p> <p>Update: _____</p> <p>Update: _____</p>	
<p>15. What kinds of physical activity do you do? _____ How often? _____ How long? _____</p> <p>On an average day, are you physically active at least 30 minutes each day? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>On average day, do you spend over 2 hours watching a screen (TV, computer)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Has a doctor told you to limit your activity? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Are there any changes in your activity described above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p> <p><input type="checkbox"/> Are there any changes in your activity described above? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p>	<p><input type="checkbox"/> Review activity level with provider. <input type="checkbox"/> Client agrees to follow STT HE handout(s) (indicate date): <input type="checkbox"/> Stay Active When Pregnant _____ <input type="checkbox"/> Keep Safe When You Exercise _____ <input type="checkbox"/> Exercises to Do When You are Pregnant _____ <input type="checkbox"/> Client identified ways to be more active each day <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will: _____</p> <p>Update: _____</p> <p>Update: _____</p>	

Nutrition Assessment (ask questions in Initial, 2nd or 3rd trimester as indicated)	Nutrition Individualized Care Goal/plan Developed with Client	Comment
<p>16. Complete one of these Nutrition Assessments:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 24-hour Perinatal Dietary Recall <input type="checkbox"/> Perinatal Food Group Recall <input type="checkbox"/> Approved Food Frequency Questionnaire <p>2 Complete Nutrition Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> 24-hour Perinatal Dietary Recall or <input type="checkbox"/> Perinatal Food Group Recall <input type="checkbox"/> Approved Food Frequency <p>3 Complete Nutrition Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> 24-hour Perinatal Dietary Recall or <input type="checkbox"/> Perinatal Food Group Recall <input type="checkbox"/> Approved Food Frequency 	<p>Client agrees to follow STT N handout(s) (indicate date):</p> <ul style="list-style-type: none"> <input type="checkbox"/> MyPlate for Moms _____ <input type="checkbox"/> MyPlate for Gestational Diabetes _____ <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession and date): _____ <input type="checkbox"/> Client will: _____ <p>Update:</p> <p>Update:</p>	
<p>17. What have you heard about breastfeeding?</p> <p>1 _____ _____</p> <p>What do you think about breastfeeding your new baby?</p> <p><input type="checkbox"/> Not interested <input type="checkbox"/> Thinking about it <input type="checkbox"/> Wants to</p> <p><input type="checkbox"/> Definitely will <input type="checkbox"/> Other: _____</p> <p>Do you know of the risks of not breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes.</p> <p>Is there anything that would prevent you from breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain: _____</p> <p>Have you ever breastfed or pumped breast milk for your baby?</p> <p><input type="checkbox"/> No: Why not? _____</p> <p><input type="checkbox"/> Yes. How long? _____</p> <p>What was your previous breastfeeding goal? _____</p> <p>What is your current breastfeeding plan? _____</p> <p>_____</p> <p>If you are going to breastfeed, who can you go to for breastfeeding help? _____</p> <p>2 What do you think about breastfeeding your new baby?</p> <p><input type="checkbox"/> Not interested <input type="checkbox"/> Thinking about it <input type="checkbox"/> Wants to</p> <p><input type="checkbox"/> Definitely will <input type="checkbox"/> Other: _____</p> <p>What are your new questions about feeding your baby? _____</p> <p>_____</p> <p>3 How do you plan to feed your baby in the first month of life? Mark all that apply:</p> <p><input type="checkbox"/> Human (breast) milk <input type="checkbox"/> Formula</p> <p><input type="checkbox"/> Other: _____</p> <p>What are your new questions about feeding your baby?</p>	<p>Client agrees to follow STT N handout(s) (indicate date):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nutrition and Breastfeeding – Common Questions and Answers _____ <input type="checkbox"/> How Does Formula Compare to Breastmilk _____ <input type="checkbox"/> A Guide to Breastfeeding _____ <input type="checkbox"/> My Action Plan for Breastfeeding _____ <input type="checkbox"/> My Birth Plan _____ <input type="checkbox"/> Breastfeeding Checklist for My Baby and Me _____ <input type="checkbox"/> My Breastfeeding Resources _____ <input type="checkbox"/> Breastfeeding and Returning to Work or School _____ <input type="checkbox"/> Client received local breastfeeding resources <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to lactation consultant: _____ <input type="checkbox"/> Client will: _____ <p>Update:</p> <p>Update:</p>	

Nutrition Assessment (ask questions in Initial, 2nd or 3rd trimester as indicated)	Nutrition Individualized Care Goal/plan Developed with Client	Comment
18. Do you have any other nutrition questions or concerns? <input type="checkbox"/> 1 <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: <input type="checkbox"/> 2 <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: <input type="checkbox"/> 3 <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	Intervention: Client goal/plan: Intervention: Client goal/plan: Intervention: Client goal/plan	
20. Discussed the nutrition assessment with client and client identified the following strengths: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

Nutrition:

<input type="checkbox"/> 1	Minutes spent _____ Completed by: _____	Signature _____	Title _____	Date _____
Signature of medical provider <i>if assessor is CPHW</i> : _____				
		Signature	Title	Date
<input type="checkbox"/> 2	Minutes spent _____ Completed by: _____	Signature _____	Title _____	Date _____
<input type="checkbox"/> 3	Minutes spent _____ Completed by _____	Signature _____	Title _____	Date _____

CPSP Postpartum Assessment and Individualized Care Plan

Refer to previous assessments, note any changes and update the patient's individualized care plan

Patient Identifier _____

Baby

1. Baby's DOB: _____ Birth site: _____

2. Name: _____ Male Female

3. Weight at birth: _____ Lbs./oz. or _____ grams

4. Length at birth: _____ Inches or _____ cm

5. Weeks gestation _____ 6. Type of delivery: _____

7. If multiple births, give information on other babies:

Psychosocial

Psychosocial Risks/Concerns	Psychosocial Individualized Care Plan Developed with Client	Comment
1. Did you have any issues with delivery? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:	
2. Does the baby have any medical issues? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred for genetic screening before next pregnancy <input type="checkbox"/> Referred to/for:	
3. What are you enjoying most about your new baby? Describe: What is most challenging? Describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Client discussed how to soothe the baby <input type="checkbox"/> Referred to/for:	
4. Are family members adjusting to the baby? <input type="checkbox"/> Yes <input type="checkbox"/> No, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:	
5. Are you getting the support you need from your family/partner? <input type="checkbox"/> Yes <input type="checkbox"/> No, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Client identified sources of support: <input type="checkbox"/> Referred to/for:	
6. Have you had any emotional concerns that need follow up? <input type="checkbox"/> No <input type="checkbox"/> Yes Over the past two weeks, have you felt down, depressed or hopeless? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: Have you had little interest or pleasure in doing things? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: For the past month, more days than not, have you felt anxious, nervous, worried, irritable, or overwhelmed? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: If you added up all of the time you have slept, how many hours would you say you have been able to sleep per day in the past two days? <input type="checkbox"/> less than 4 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> More than 8 hours/day	<input type="checkbox"/> Client reviewed STT PSY handout: How Bad are your Blues? <input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to OB provider <input type="checkbox"/> Referred to Postpartum Support International 1-800-944-4PPD or postpartum.net, other: <input type="checkbox"/> Scheduled a return visit <input type="checkbox"/> Refer to provider if sleeping less than 4 hours/day for past two days.	
7. Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe If not breastfeeding or pregnant: >3 drinks/day, 7/week in past three months is risk.	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Will not use any alcohol if planning to become pregnant <input type="checkbox"/> If breastfeeding, wait 3 hours after alcohol before breastfeeding or expressing milk for baby's use. <input type="checkbox"/> Referred to/for	
8. Do you use drugs other than prescribed? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Client understands to delay another pregnancy until drug free <input type="checkbox"/> Referred to/for:	

Psychosocial Risks/Concerns	Psychosocial Individualized Care Plan Developed with Client	Comment
9. Do you smoke or do people smoke around you or the baby(including e-cigarettes)? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe	<input type="checkbox"/> Client goal/plan: Client understands <input type="checkbox"/> not to smoke around baby <input type="checkbox"/> Quit for her health. <input type="checkbox"/> Referred to/for: 1-800-no-BUTTS, other _____	
10. Within the past year, has your partner hit, slapped, kicked, choked, and forced you to have sex, or otherwise physically or emotionally hurt you? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: Client understands: <input type="checkbox"/> STT PSY: Safety when Preparing to leave <input type="checkbox"/> Cycle of Violence <input type="checkbox"/> National DV hotline 1-800-799-SAFE <input type="checkbox"/> Referred to OB provider <input type="checkbox"/> Mandated reporting completed, date: _____ for: _____ <input type="checkbox"/> Local resources:	
11. What are your plans for the future: <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:	
12. Do you need help finding childcare? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:	
13. Do you need essential baby supplies (diapers, clothing, and other supplies)? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:	
14. Do you have any other social, emotional or financial concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:	
15. Reviewed the assessment with Client and identified the following strengths:		

Completed by: _____ Psychosocial minutes spent: _

Signature

Title

Date

Signature of MD if completed by CPHW _____

Health Education

Health Education Risks/Concerns	Health Education Individualized Care Plan Developed with Client	Comment
1. Do you have any questions about body changes, postpartum discomforts or self-care after pregnancy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: Are you receiving Text4Baby? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No,	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to OB provider <input type="checkbox"/> Client will sign up for Text4Baby	
2. How many children are you planning to have? _____ How far apart? _____ Are you using birth control? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, type _____ If No, why not? _____ What method(s) of birth control are you interested in? Do you have any concerns about your ability to use birth control? <input type="checkbox"/> Forgetting to use birth control <input type="checkbox"/> Birth control could fail <input type="checkbox"/> Partner does not support her use of birth control <input type="checkbox"/> Other: _____	Client goal/plan: <input type="checkbox"/> Discussed birth control methods, including LARCs <input type="checkbox"/> Method selected: _____ <input type="checkbox"/> Has family planning appointment <input type="checkbox"/> Referred to family planning provider <input type="checkbox"/> Understands emergency birth control Client will consult with OB provider: <input type="checkbox"/> If planning to get pregnant again less than 18 months after the birth of this child. <input type="checkbox"/> If patient's partner does not support her use of birth control, knows that there are methods partner does not have to know about. <input type="checkbox"/> Client knows to wait at least 18 months, take folic acid, control chronic conditions, avoid chemical exposure before conceiving again, obtain preconception counseling before next pregnancy	
3. Are you exposed to chemicals or toxins at home or elsewhere? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe	<input type="checkbox"/> Client understands risks, will avoid exposure	
4. Do you have health insurance for your own health care in the future? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to clinic eligibility worker	
5. Do you have a doctor for regular medical checkups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, describe: Primary care provider name: _____	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to/for:	
6. Has a doctor told you that you have any health issues that need follow up? (diabetes, hypertension, obesity, depression, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to primary care provider Name _____ _____	
7. Did you see a dentist during pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, describe:	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to dental provider:	
8. Do you have any sore/bleeding gums, sensitive/loose teeth, bad taste or smell in mouth? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe:	<input type="checkbox"/> Client goal/plan: Follow STT HE <input type="checkbox"/> Prevent Gum Problems <input type="checkbox"/> See a Dentist <input type="checkbox"/> Keep Teeth Healthy <input type="checkbox"/> Referred to dental provider:	
9. Do you have a doctor and appointment for the baby? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of provider: _____ Appt. date: _____	<input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to CHDP/pediatric provider:	

Health Education Risks/Concerns	Health Education Individualized Care Plan Developed with Client	Comment
10. Do you have any questions about <input type="checkbox"/> newborn care, <input type="checkbox"/> car seat <input type="checkbox"/> immunizations, <input type="checkbox"/> health <input type="checkbox"/> Where does baby sleep? _____ <input type="checkbox"/> What position does baby sleep in? _____ Safety: <input type="checkbox"/> Chemicals/cleaning supplies <input type="checkbox"/> Electric outlets <input type="checkbox"/> Hot water temp <input type="checkbox"/> Exposed water (toilets, pools) <input type="checkbox"/> Other describe: _____	<input type="checkbox"/> Client goal/plan: Discussed <input type="checkbox"/> Bathing <input type="checkbox"/> Diapering <input type="checkbox"/> Safe sleep <input type="checkbox"/> Other: Follow STT HE <input type="checkbox"/> Keep Your New Baby Safe and Healthy <input type="checkbox"/> Baby Needs to be Immunized <input type="checkbox"/> When Newborn is Ill <input type="checkbox"/> Has infant car seat <input type="checkbox"/> Referred to/for <input type="checkbox"/> Client goal/plan:	
11. Do you have a dentist for the baby? <input type="checkbox"/> Yes, <input type="checkbox"/> No Name of provider: _____	<input type="checkbox"/> Client goal/plan: Take baby to see dentist at first year/first tooth <input type="checkbox"/> STT: Protect Your Baby From Tooth Decay <input type="checkbox"/> Referred to dental provider	
12. Other question or need? <input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Client goal/plan:	
13. Reviewed assessment with client and client identified the following strengths:		

Completed by: _____ Health Ed. minutes spent: _____
 Signature Title Date

Signature of MD if completed by CPHW _____

Nutrition

Nutrition Risks/Dietary Issues	Nutrition Individualized Care Plan Developed with Client	Comment																																	
Anthropometric: Height, Weight, & Body Mass Index (BMI)																																			
1. Total weight gain: _____ lbs. Height: _____ Weight at this visit: _____ lbs. BMI: _____ Desired weight: _____ Client's Weight Goal: _____ Client's Target BMI: _____ <input type="checkbox"/> Normal weight <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Obese	Client acknowledges: <input type="checkbox"/> Healthy weight range (18-24.9 BMI) <input type="checkbox"/> Client's weight goal : _____ <input type="checkbox"/> Aim for lower caloric intake STT My Plate for Moms/My Nutrition Plan for Moms or WIC Be a Healthy Mom handout <input type="checkbox"/> Aim to be physically active each day <input type="checkbox"/> Referral to RD (date): _____ <input type="checkbox"/> Referral to (profession, reason and date): _____																																		
Biochemical: Lab Values																																			
2. HGB _____ HCT _____ Glucose _____ Date: _____ Any abnormal lab values? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____	<input type="checkbox"/> Discussed issues with provider. Client reviewed STT N handout(s): <input type="checkbox"/> Get The Iron You Need <input type="checkbox"/> If You Need Iron Pills <input type="checkbox"/> Iron Tips <input type="checkbox"/> Iron Tips: Take Two <input type="checkbox"/> My Action Plan for Iron <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession, reason and date): _____ _____ <input type="checkbox"/> Client will:																																		
Clinical																																			
3. Are there any nutrition-related health issues? <input type="checkbox"/> Under 19 years of age <input type="checkbox"/> Currently breastfeeding another child <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational <input type="checkbox"/> Ever had an eating disorder, such as anorexia, bulimia, disordered eating <input type="checkbox"/> Other current or previous nutrition related health issues: _____	<input type="checkbox"/> Discuss issues with provider <input type="checkbox"/> Client goal/plan: <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referral to (profession, reason and date): _____ _____																																		
Dietary																																			
4. Which of the following are you taking? <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Which one?</th> <th style="text-align: center;">How much /often?</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Iron</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Folic Acid</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Prenatal vitamins/minerals</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other vitamins or mineral</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Home remedies or herbs/teas</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Liquid or powdered supplements</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Laxatives</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Prescription medicines</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Antacids</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Over-the-counter medicines</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Which one?	How much /often?	<input type="checkbox"/> Iron	_____	_____	<input type="checkbox"/> Folic Acid	_____	_____	<input type="checkbox"/> Prenatal vitamins/minerals	_____	_____	<input type="checkbox"/> Other vitamins or mineral	_____	_____	<input type="checkbox"/> Home remedies or herbs/teas	_____	_____	<input type="checkbox"/> Liquid or powdered supplements	_____	_____	<input type="checkbox"/> Laxatives	_____	_____	<input type="checkbox"/> Prescription medicines	_____	_____	<input type="checkbox"/> Antacids	_____	_____	<input type="checkbox"/> Over-the-counter medicines	_____	_____	<input type="checkbox"/> Discussed issues with provider. Client reviewed STT N handout(s): <input type="checkbox"/> Take Prenatal Vitamins and Minerals <input type="checkbox"/> Get the Folic Acid You Need <input type="checkbox"/> Folic Acid: Every Woman, Every Day _____ <input type="checkbox"/> Get The Iron You Need <input type="checkbox"/> If You Need Iron Pills <input type="checkbox"/> Iron Tips _____ <input type="checkbox"/> Iron Tips: Take Two _____ <input type="checkbox"/> My Action Plan for Iron <input type="checkbox"/> Vitamin B12 is Important <input type="checkbox"/> Foods Rich in Calcium <input type="checkbox"/> You May Need Extra Calcium <input type="checkbox"/> Constipation: What You Can Do <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referral to (profession, reason and date): _____ <input type="checkbox"/> Will continue prenatal vitamins until gone <input type="checkbox"/> Client acknowledges that after prenatal vitamins are gone, take vitamins with 400 micrograms folic acid <input type="checkbox"/> Client will:	
	Which one?	How much /often?																																	
<input type="checkbox"/> Iron	_____	_____																																	
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Nutrition Risks/Dietary Issues	Nutrition Individualized Care Plan Developed with Client	Comment
<p>5. Are you on a special diet, including reducing or eating extra calories? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: _____</p> <p>Do you limit or avoid any food or food groups (such as meat or dairy)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: _____</p> <p>Why do you avoid these foods?</p> <p><input type="checkbox"/> Do not like <input type="checkbox"/> Personal Choice</p> <p><input type="checkbox"/> Intolerance <input type="checkbox"/> Physician advice</p> <p><input type="checkbox"/> Allergy <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Discussed issues with provider.</p> <p>Client reviewed STT N handout(s):</p> <p><input checked="" type="checkbox"/> When You Are a Vegetarian: What Do You Need To Know</p> <p><input type="checkbox"/> Choose Healthy Foods</p> <p><input type="checkbox"/> Foods Rich in Calcium</p> <p><input type="checkbox"/> Do You Have Trouble with Milk Foods?</p> <p><input type="checkbox"/> You May Need Extra Calcium</p> <p><input type="checkbox"/> Vitamin B12 is Important</p> <p><input type="checkbox"/> Constipation: What You Can Do</p> <p><input type="checkbox"/> Get the Iron You Need</p> <p><input type="checkbox"/> Get the Folic Acid You Need</p> <p><input type="checkbox"/> Referred to: _____</p> <p><input type="checkbox"/> Referred to RD (date): _____</p> <p><input type="checkbox"/> Referral to (profession, reason and date): _____</p> <p><input type="checkbox"/> Client will: _____</p>	
<p>6. How is infant feeding going overall?</p> <p>_____</p> <p>How many times in 24 hours, day and night do you feed your baby:</p> <p>____ Breastmilk ____ Formula ____ Water ____ Juice</p> <p>____ Baby Foods ____ Table foods ____ Other,</p> <p>Describe: _____</p> <p>Does your baby ever go more than three hours between feedings? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> Number wet diapers/day _____</p> <p><input type="checkbox"/> Number dirty diapers/day _____</p> <p>Using pacifier? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does baby take a supplement with vitamin D?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (see guidance in care plan)</p> <p>Are you planning to return to work or school?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, explain: _____</p> <p>If breastfeeding, are you having any of these concerns?</p> <p><input type="checkbox"/> Cracked, sore nipples</p> <p><input type="checkbox"/> Not enough milk</p> <p><input type="checkbox"/> Baby doesn't take breast easily</p> <p>What breastfeeding questions can we answer today?</p>	<p>Client goal/plan: follow STT N handouts:</p> <p><input checked="" type="checkbox"/> A Guide to Breastfeeding</p> <p><input type="checkbox"/> <i>Tips for Addressing Breastfeeding Concerns</i></p> <p><input type="checkbox"/> <i>What to Expect while Breastfeeding: Birth to Six Weeks</i></p> <p><input type="checkbox"/> Breastfeeding Checklist for My Baby and Me</p> <p><input type="checkbox"/> Breastfeeding and Returning to Work or School</p> <p><input type="checkbox"/> Nutrition and Breastfeeding: Common Questions and Answers</p> <p><input type="checkbox"/> My Breastfeeding Resources</p> <p><input type="checkbox"/> Plans to exclusively breastfeed for 6 months and after 6 months, plans to continue breastfeeding with the addition of solid foods</p> <p><input type="checkbox"/> Use local breastfeeding resources: _____</p> <p><input type="checkbox"/> Referred to provider for Vitamin D supplement if exclusively breastfeeding or consuming less than 1 quart (32 oz.) of infant formula per day.</p> <p><input type="checkbox"/> Referred to (profession, reason and date): _____</p> <p><input type="checkbox"/> Client will: _____</p>	
<p>7. Have you fasted while breastfeeding or do you plan to fast while breastfeeding? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: _____</p> <p>_____</p> <p><input type="checkbox"/> How often:</p> <p><input type="checkbox"/> How long:</p>	<p><input type="checkbox"/> Client goal/plan: follow</p> <p><input checked="" type="checkbox"/> Making Plenty of Milk and <input type="checkbox"/> How to Know your Baby is Getting Plenty of Milk in <i>What to Expect in the First Week of Breastfeeding</i></p> <p><input type="checkbox"/> You Can Pump and Store</p> <p><input type="checkbox"/> Use local breastfeeding resources:</p> <p><input type="checkbox"/> Referred to RD (date): _____</p> <p><input type="checkbox"/> Referral to (profession, reason and date): _____</p> <p>_____</p> <p><input type="checkbox"/> Client will: _____</p>	
<p>8. Do you have the following?</p> <p><input type="checkbox"/> Oven <input type="checkbox"/> Electricity <input type="checkbox"/> Microwave</p> <p><input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Clean running water</p> <p><input checked="" type="checkbox"/> Missing any of the above</p>	<p>Client reviewed STT N handout(s):</p> <p><input checked="" type="checkbox"/> Tips for Cooking and Storing Food</p> <p><input checked="" type="checkbox"/> When You Cannot Refrigerate, Choose These Foods</p> <p><input checked="" type="checkbox"/> Tips for Keeping Food Safe</p> <p><input type="checkbox"/> Referred to RD (date): _____</p> <p><input type="checkbox"/> Referred to (profession, reason and date): _____</p> <p>_____</p> <p><input type="checkbox"/> Client will: _____</p>	

Nutrition Risks/Dietary Issues	Nutrition Individualized Care Plan Developed with Client	Comment
<p>9. Within the past 12 months, were you worried whether your food would run out before you or your family had money to buy more? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Explain:</p> <p>Within the past 12 months, were there times when the food that you or your family bought just did not last and you did not have money to get more? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Explain:</p> <p>Do you use any of the following food resources?</p> <ul style="list-style-type: none"> • WIC: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes WIC Site: _____ • CalFresh (food stamps)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Have you used any other food resources, such as food banks, pantries or soup kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>Client reviewed STT N handout(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> You Can Eat Healthy and Save Money: Tips For Food Shopping <input type="checkbox"/> You Can Stretch Your Dollars: Choose These Easy Meals and Snacks <input type="checkbox"/> You Can Buy Low-Cost Healthy Foods <input type="checkbox"/> Referred client to WIC <input type="checkbox"/> Referred client to CalFresh (Food Stamps) <input type="checkbox"/> Referred client to local emergency food resources <input type="checkbox"/> Referred to RD (date): _____ <input type="checkbox"/> Referred to (profession, reason and date): _____ <input type="checkbox"/> Client will: 	
<p>10. What kinds of physical activity do you do? _____ How often? _____ How long? _____</p> <p>On an average day, are you physically active at least 30 minutes each day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>On an average day, do you spend over 2 hours watching TV or other screen? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, explain:</p> <p>Has a doctor told you to limit your activity? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, Explain:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Client identified ways to be more active each day <input type="checkbox"/> Referred to (profession, reason and date): _____ <input type="checkbox"/> Client will 	
<p>11. Complete Nutrition Assessment using one of these forms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 24-hour Perinatal Dietary Recall or <input type="checkbox"/> Perinatal Food Group Recall or <input type="checkbox"/> Approved Food Frequency Form 	<ul style="list-style-type: none"> <input type="checkbox"/> Client identifies strengths and weaknesses demonstrated by nutrition assessment: <hr/> <p>Client agrees to follow STT N handout(s) (indicate date):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Choose Healthy Foods To Eat <input type="checkbox"/> Vegetarian Eating <input type="checkbox"/> Get The Iron You Need <input type="checkbox"/> If You Need Iron Pills <input type="checkbox"/> Iron Tips <input type="checkbox"/> Iron Tips: Take Two <input type="checkbox"/> My Action Plan for Iron <input type="checkbox"/> Get The Folic Acid You Need <input type="checkbox"/> Get The Vitamin B₁₂ You Need <input type="checkbox"/> Food Rich in Calcium <input type="checkbox"/> If you Had Diabetes While You Were Pregnant <input type="checkbox"/> Now That Your Baby Is Here <input type="checkbox"/> My Nutrition Plan for Moms 	
<p>12. Other risk or dietary issue?</p>	<p><input type="checkbox"/> Client goal/plan:</p>	
<p>13. Reviewed assessment with client and client identified the following strengths:</p>		

Completed by: _____ Nutrition minutes spent: _____
Signature Title Date

Signature of MD if completed by CPHW _____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

<p>10. If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
--	--

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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CUESTIONARIO SOBRE LA SALUD DEL PACIENTE - 9 72883 (US Spanish version of the PHQ)												
Durante las <u>últimas 2 semanas</u>, ¿qué tan seguido ha tenido molestias por cualquiera de las siguientes dificultades?	No del todo	Varios días	Más de la mitad de los días	Casi todos los días								
1. Poco interés o placer en hacer cosas	0	1	2	3								
2. Sintiéndose decaído(a), deprimido(a), o sin esperanzas	0	1	2	3								
3. Dificultad en caer o permanecer dormido(a), o dormir demasiado	0	1	2	3								
4. Sintiéndose cansado o teniendo poca energía	0	1	2	3								
5. Pobre de apetito o comer en exceso	0	1	2	3								
6. Sintiéndose mal con usted mismo(a) – o que usted es un fracaso o que ha quedado mal con usted mismo(a) o con su familia	0	1	2	3								
7. Dificultad en concentrarse en cosas, tales como leer el periódico o ver televisión	0	1	2	3								
8. ¿Moviéndose o hablando tan lento, que otras personas podrían notarlo? O lo contrario – muy inquieto(a) o agitado(a) que usted ha estado moviéndose mucho más de lo normal	0	1	2	3								
9. Pensamientos de que usted estaría mejor muerto(a) o de alguna manera lastimándose a usted mismo(a)	0	1	2	3								
SCORING FOR USE BY STUDY PERSONNEL ONLY _____ + _____ + _____ + _____ =Total Score: _____												
<p>Si usted marcó <u>cualquiera</u> de los problemas, ¿qué tan <u>difícil</u> han afectado estos problemas en hacer su trabajo, encargarse de tareas del hogar, o llevarse bien con otras personas?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Para nada difícil</td> <td>Un poco difícil</td> <td>Muy difícil</td> <td>Extremadamente difícil</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					Para nada difícil	Un poco difícil	Muy difícil	Extremadamente difícil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Para nada difícil	Un poco difícil	Muy difícil	Extremadamente difícil									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Copyright © 2005 Pfizer Inc. Todos los derechos reservados. Reproducido con permiso. EPI0905.PHQ9P												
Confirmo que la información en este formulario es correcta.		Iniciales del paciente:		Fecha:								

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me |
| <input type="checkbox"/> As much as I always could | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual |
| <input type="checkbox"/> Definitely not so much now | <input type="checkbox"/> No, most of the time I have copied quite well |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things | *7. I have been so unhappy that I have had difficulty sleeping |
| <input type="checkbox"/> As much as I ever did | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Rather less than I used to | <input type="checkbox"/> Yes, sometimes |
| <input type="checkbox"/> Definitely less than I used to | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> Hardly at all | <input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong | *8. I have felt sad or miserable |
| <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Not very often | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> No, never | <input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason | *9. I have been so unhappy that I have been crying |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Only occasionally |
| <input type="checkbox"/> Yes, very often | <input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason | *10. The thought of harming myself has occurred to me |
| <input type="checkbox"/> Yes, quite a lot | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> No, not much | <input type="checkbox"/> Hardly ever |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Never |

Administered/Reviewed by _____

Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

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Address: _____

Your Date of Birth: _____

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As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me |
| <input type="checkbox"/> As much as I always could | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
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| 2. I have looked forward with enjoyment to things | *7. I have been so unhappy that I have had difficulty sleeping |
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| <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Not very often | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> No, never | <input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason | *9. I have been so unhappy that I have been crying |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Only occasionally |
| <input type="checkbox"/> Yes, very often | <input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason | *10. The thought of harming myself has occurred to me |
| <input type="checkbox"/> Yes, quite a lot | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> No, not much | <input type="checkbox"/> Hardly ever |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Never |

Administered/Reviewed by _____

Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.27-P Radiology Services has been revised and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	8/31/20	<i>Doug Hayward</i>
Dr. Tasinga	8/26/2020	<i>M Tasinga</i>
Alan Avery	8/24/2020	Approved via Email-Alan Avery
Deb Murr	8/24/2020	<i>Deborah (Murr) RA</i>
Robin Dow-Morales	08/14/2020	<i>Robin Dow-Morales</i>
Shannon Miller	7/20/2020	<i>Shannon Miller, MD</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
Date approved by the KHS BOD: _____ Date of approved by QI: _____
PAC approval: Yes ___ No ___ Date of approval by PAC: _____
Approval for internal implementation: Yes ___ No ___
Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
DHCS submission: _____
DMHC submission: _____
Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Radiology Services				POLICY #: 3.27-P	
DEPARTMENT: Utilization Management					
Effective Date: 10/2004	Review/Revised Date: 08/31/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Operating Officer

Date _____

 Chief Health Services Officer

Date _____

 Director of Claims

Date _____

 Director of Utilization Management

Date _____

POLICY:

Contracted providers are required to obtain prior authorization, unless special circumstances require use of a non-contracted provider, pre-arranged by KHS or determined by KHS to be emergent or urgent in nature. In order to provide continuity of care, KHS will under certain conditions authorize care by a non-contracted provider. See *KHS Policy and Procedures #3.39 –Continuity of Care by Terminated Providers* and *#3.40 – Continuity of Care for New Members* for details.

The referral and authorization process will conform to the requirements outlined in the following statutory, regulatory, and contractual sources:

- Code of Federal Regulations Title 42 §§431.211; 431.213; and 431.214
- California Health and Safety Code §§1363.5; 1367.01; 1371.4; 1374.16
- California Code of Regulations Title 28 §1300.70(b) and (c)
- California Code of Regulations Title 22 §§51014.1; 51014.2; and 53894
- California Code of Regulations Title 22§ 51303 Investigational Services
- California Code of Regulations Title 22 §51311

PROCEDURES:

1.0 ACCESS

Emergency radiology procedures do not require prior authorization and may be received from any qualified provider. See *KHS Policy and Procedure #3.31 – Emergency Services* for additional information regarding emergency radiology procedures.

The following radiology procedures do not require prior authorization, but must be directed to contracted practitioners/providers:

- A. Procedures included in *KHS Policy and Procedure #3.25 – Automatic Authorizations*
- B. Plain X-rays ordered by a KHS contracted Provider
- C. Mammograms for women age 40 or older in accordance with utilization management guidelines as outlined in *KHS Policy and Procedure 3.05 – Preventive Medical Care*
- D. Services provided during an authorized inpatient stay

All other radiology procedures require prior authorization, and must be directed to contracted practitioners/providers.

2.0 COVERED SERVICES

Covered radiology services include examinations, tests, and therapeutic services ordered by a licensed practitioner/provider within his scope of practice as defined by California law, for the purpose of providing information for diagnosis, prevention, or treatment of any disease, injury or impairment, or the assessment of the health of, human beings, or used as an aid in the prevention, prognosis, monitoring, or treatment of a physiological or pathological condition or illness.ⁱ

3.0 REIMBURSEMENT

Claims must be submitted and are processed in accordance with *KHS Policy and Procedure #6.01 – Claims Submission/Reimbursement*. See *KHS Policy and Procedure #3.31 – Emergency Services* for details regarding reimbursement of emergency radiology services.

Radiology services which are included in an authorized per diem or case rate payment are not separately reimbursed to any practitioner/provider, including sub-contracted practitioner/providers. By Report Procedures are forwarded to the Director of Claims for pricing.

KHS only reimburses practitioners for the professional component of CPT codes when the reading is performed by a KHS contracted radiologist or by a KHS contracted specialist who has received training to do so. A written report must be generated in order to receive reimbursement. If deemed necessary, the Chief Medical Officer or his/her designee will consult with the Physician Advisory Committee to determine adequacy of training.

4.0 DELEGATED OVERSIGHT

KHS is responsible for ensuring that all delegates comply with all applicable state and federal law and regulations, contract requirements, and other DHCS guidance including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

Revision 2020-07: Routine review by Chief Health Services Officer. **Revision 2014-11:** Review required per Policy 14.05-I. 2004-03: ⁱ CCR Title 22 §51311



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.28-P Animal Bite Reporting has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	9/16/20	<i>[Handwritten Signature]</i>
Dr. Tasinga	9/15/2020	<i>[Handwritten Signature]</i> M Tasinga
Deb Murr	8/24/2020	<i>[Handwritten Signature]</i> Deborah C Murr RN
Shannon Miller	8/17/2020	Shannon Miller, RN

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Animal Bite Reporting				POLICY #: 3.28-P	
DEPARTMENT: Utilization Management					
Effective Date: 07/2000	Review/Revised Date: 9/16/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Utilization Management

POLICY:

All animal bites must be reported to Kern County Animal Services as soon as possible. Kern Health Systems (KHS) professional licensed personnel will report knowledge of such to the Kern County Animal Services.

Kern County Animal Services investigates animal bite reports only for residents who live in the unincorporated areas of Kern County (including the unincorporated municipalities of Frazier Park, Lamont, Mojave, Oildale, and Rosamond) or in the contracted city of Tehachapi. Residents of other incorporated cities will have to go through their city agency for this service.

PROCEDURES:

1.0 REPORTING TO KERN COUNTY ANIMAL SERVICES

Kern County Animal Services
3951 Fruitvale Avenue
Bakersfield, CA 93308
Phone: (661) 868-7100 Fax: (661) 868-7101
8 AM-5 PM
Email: animalservices@kerncounty.com

After Hours Emergency Phone (661) 861-3110
<https://www.kerncountyanimalservices.org/who-we-are/contact-us/>

Kern County Animal Services is especially concerned with mammal bites. “Mammals” include, but are not limited to: dogs, cats, raccoons, bats, horses, cows, opossums, skunks, and foxes.

If the bite is to the member’s face, head, or neck, contact Animal Services by telephone immediately to report the incident and mail a completed “Animal Bite Report” as soon as possible. (See Attachment A).

If the animal bite is not on face, head, or neck BUT the biting animal is running loose and could not be located later, telephone Kern County Animal Services immediately for pickup. All other animal bites to be reported as soon as possible by completing and mailing the “Animal Bite Report” to the Kern County Animal Services.

Animal Services investigates bite reports during the hours of 8:00 AM to 5:00 PM Monday - Friday. (excluding County holidays). The animal will either be quarantined by the owner or impounded at the shelter for a ten-day period to observe for rabies.

In most cases, the person’s identity and contact information (as the person reporting the issue) can be kept confidential at the department level. The exception is if the matter is subject to a records request.

2.0 INTERNAL DOCUMENTATION

A copy of all reporting documents is kept in the KHS document repository.

3.0 DELEGATION OVERSIGHT

KHS is responsible for ensuring that all delegates comply with all applicable state and federal law and regulations, contract requirements, and other DHCS guidance including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

ATTACHMENT:

- ❖ Attachment A – Animal Bite Report form 7/2020

REFERENCE:

Revision 2020-07: Routine review by Chief Health Services Officer. **Revision 2014-10:** Routine review required per Policy 14.05-I. Revisions and updates provided by Compliance Coordinator.

ANIMAL BITE REPORT
(To Be Completed & Mailed By Treating Physician)

(Victim) Last	Age	Sex
First		
Family Head	Ph.	
Street Address	Date Bitten	
	Date Reported	
Part of Body Bitten		
Extent of Injury		
Physician Giving Treatment	Agency	Ph.
Name of Person Reporting	Agency	Ph.
Treatment: 20% Green Soap T.A.T. Toxoid Vaccine Antiserum Other		
Owner of Animal	Ph.	
Street Address		
Description of Animal	Yr. Vaccinated	
Vet. Name & Phone	Unknown <input type="checkbox"/>	
Location of Animal		
Remarks &/or Directions		

TO THE PHYSICIAN

In case of an animal bite, please notify the Kern County Department of Public Health at (661) 868-0420 and mail completed card to Environmental Health Services Dept.: Kern County Animal Control Services P.O. 70100; Bakersfield, Calif. 93387 as soon as possible to facilitate finding the animal. In case of a face bite, notify Kern County Animal Control Services by telephone at (661) 868-4680. After business hours please call (661) 868-4000.

DO NOT GIVE THIS FORM TO VICTIM - PLEASE RETURN IMMEDIATELY

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except HIV/AIDS, Tuberculosis, and conditions reportable to DMV.

DISEASE BEING REPORTED

Patient Name - Last Name		First Name		MI	Ethnicity (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown		
Home Address: Number, Street				Apt./Unit No.			
City		State	ZIP Code		Race (check all that apply) <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (check all that apply) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hmong <input type="checkbox"/> Thai <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (specify): <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Pacific Islander (check all that apply) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other (specify): <input type="checkbox"/> White <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown		
Home Telephone Number		Cell Telephone Number		Work Telephone Number			
Email Address			Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____				
Birth Date (mm/dd/yyyy)		Age <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: <input type="checkbox"/> M to F Transgender <input type="checkbox"/> F to M Transgender			
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Est. Delivery Date (mm/dd/yyyy)		Country of Birth			
Occupation or Job Title				Occupational or Exposure Setting (check all that apply): <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Health Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School <input type="checkbox"/> Other (specify): _____			
Date of Onset (mm/dd/yyyy)		Date of First Specimen Collection (mm/dd/yyyy)		Date of Diagnosis (mm/dd/yyyy)		Date of Death (mm/dd/yyyy)	
Reporting Health Care Provider			Reporting Health Care Facility			REPORT TO:	
Address: Number, Street				Suite/Unit No.			
City		State	ZIP Code				
Telephone Number			Fax Number				
Submitted by			Date Submitted (mm/dd/yyyy)				
Laboratory Name				City		State	ZIP Code

(Obtain additional forms from your local health department.)

SEXUALLY TRANSMITTED DISEASES (STDs)

Gender of Sex Partners (check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> M to F Transgender <input type="checkbox"/> Female <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		STD TREATMENT <input type="checkbox"/> Treated in office <input type="checkbox"/> Given prescription Drug(s), Dosage, Route _____ _____		Treatment Began (mm/dd/yyyy) _____		Untreated <input type="checkbox"/> Will treat <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Patient refused treatment <input type="checkbox"/> Referred to: _____	
---	--	---	--	---------------------------------------	--	---	--

If reporting Syphilis, Stage: <input type="checkbox"/> Primary (lesion present) <input type="checkbox"/> Secondary <input type="checkbox"/> Early, non-primary, non-secondary <input type="checkbox"/> Unknown Duration or Late <input type="checkbox"/> Congenital		Syphilis Test Results <input type="checkbox"/> RPR <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Titer _____ <input type="checkbox"/> VDRL <input type="checkbox"/> Pos <input type="checkbox"/> Neg _____ <input type="checkbox"/> FTA-ABS <input type="checkbox"/> Pos <input type="checkbox"/> Neg _____ <input type="checkbox"/> TP-PA <input type="checkbox"/> Pos <input type="checkbox"/> Neg _____ <input type="checkbox"/> EIA/CLIA <input type="checkbox"/> Pos <input type="checkbox"/> Neg _____ <input type="checkbox"/> CSF-VDRL <input type="checkbox"/> Pos <input type="checkbox"/> Neg _____ <input type="checkbox"/> Other: _____		If reporting Gonorrhea: Specimen Source(s) (check all that apply) <input type="checkbox"/> Cervical <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Other: _____		Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Partner(s) Treated? <input type="checkbox"/> Yes, treated in this clinic <input type="checkbox"/> Yes, Meds/Prescription given to patient for their partner(s) <input type="checkbox"/> Yes, other: _____ <input type="checkbox"/> No, instructed patient to refer partner(s) for treatment <input type="checkbox"/> No, referred partner(s) to: _____ <input type="checkbox"/> Unknown	
--	--	--	--	---	--	--	--	---	--

VIRAL HEPATITIS

Diagnosis (check all that apply) <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B (acute) <input type="checkbox"/> Hepatitis B (chronic) <input type="checkbox"/> Hepatitis B (perinatal) <input type="checkbox"/> Hepatitis C (acute) <input type="checkbox"/> Hepatitis C (chronic) <input type="checkbox"/> Hepatitis C (perinatal) <input type="checkbox"/> Hepatitis D (acute) <input type="checkbox"/> Hepatitis D (chronic) <input type="checkbox"/> Hepatitis E		Is patient symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Suspected Exposure Type(s) <input type="checkbox"/> Blood transfusion, dental or medical procedure <input type="checkbox"/> IV drug use <input type="checkbox"/> Other needle exposure <input type="checkbox"/> Sexual contact <input type="checkbox"/> Household contact <input type="checkbox"/> Perinatal <input type="checkbox"/> Child care <input type="checkbox"/> Other: _____		ALT (SGPT) Result: _____ Upper Limit: _____ AST (SGOT) Result: _____ Upper Limit: _____ Bilirubin result: _____		<table border="1"> <tr> <td></td> <td>Pos</td> <td>Neg</td> <td></td> <td>Pos</td> <td>Neg</td> </tr> <tr> <td>Hep A</td> <td>anti-HAV IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hep C</td> <td>anti-HCV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hep B</td> <td>HBsAg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>RIBA</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>anti-HBc total</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>HCV RNA (e.g., PCR)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>anti-HBc IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hep D</td> <td>anti-HDV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>anti-HBs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hep E</td> <td>anti-HEV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>HBeAg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>anti-HBe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>HBV DNA: _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Pos	Neg		Pos	Neg	Hep A	anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>	Hep C	anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>	Hep B	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>		RIBA	<input type="checkbox"/>	<input type="checkbox"/>		anti-HBc total	<input type="checkbox"/>	<input type="checkbox"/>		HCV RNA (e.g., PCR)	<input type="checkbox"/>	<input type="checkbox"/>		anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	Hep D	anti-HDV	<input type="checkbox"/>	<input type="checkbox"/>		anti-HBs	<input type="checkbox"/>	<input type="checkbox"/>	Hep E	anti-HEV	<input type="checkbox"/>	<input type="checkbox"/>		HBeAg	<input type="checkbox"/>	<input type="checkbox"/>						anti-HBe	<input type="checkbox"/>	<input type="checkbox"/>						HBV DNA: _____						
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	HBV DNA: _____																																																																												

Remarks:

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(15)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

- ⓪ ! = Report immediately by telephone (designated by a ♦ in regulations).
- † = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a • in regulations).
- ⓪ = Report by telephone within one working day of identification (designated by a + in regulations).
- FAX ⓪ ☒ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
- WEEK = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ⓪ ☒
Anthrax, human or animal	⓪ !	Lyme Disease	WEEK
Babesiosis	FAX ⓪ ☒	Malaria	FAX ⓪ ☒
Botulism (Infant, Foodborne, wound, Other)	⓪ !	Measles (Rubeola)	⓪ !
Brucellosis, animal (except infections due to <i>Brucella canis</i>)	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ⓪ ☒
Brucellosis, human	⓪ !	Meningococcal Infections	⓪ !
Campylobacteriosis	FAX ⓪ ☒	Middle East Respiratory Syndrome (MERS)	⓪ !
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)	FAX ⓪ ☒	Novel Coronavirus Infection	⓪ !
Chikungunya Virus Infection	FAX ⓪ ☒	Novel Virus Infection with Pandemic Potential	⓪ !
Cholera	⓪ !	Paralytic Shellfish Poisoning	⓪ !
Ciguatera Fish Poisoning	⓪ !	Paratyphoid Fever	FAX ⓪ ☒
Coccidioidomycosis	WEEK	Pertussis (Whooping Cough)	FAX ⓪ ☒
Coronavirus Disease 2019 (COVID-19)	⓪ !	Plague, human or animal	⓪ !

Disease Name	Urgency	Disease Name	Urgency
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	WEEK	Poliovirus Infection	⊗ !
Cryptosporidiosis	FAX ⊗ ☒	Psittacosis	FAX ⊗ ☒
Cyclosporiasis	WEEK	Q Fever	FAX ⊗ ☒
Cysticercosis or taeniasis	WEEK	Rabies, human or animal	⊗ !
Dengue Virus Infection	FAX ⊗ ☒	Relapsing Fever	FAX ⊗ ☒
Diphtheria	⊗ !	Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age	WEEK
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	⊗ !	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses	WEEK
Ehrlichiosis	WEEK	Rocky Mountain Spotted Fever	WEEK
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ⊗ ☒	Rubella (German Measles)	WEEK
<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	⊗ !	Rubella Syndrome, Congenital	WEEK
Flavivirus infection of undetermined species	⊗ !	Salmonellosis (Other than Typhoid Fever)	FAX ⊗ ☒
Foodborne Disease	† FAX ⊗ ☒	Scombroid Fish Poisoning	⊗ !
Giardiasis	WEEK	Shiga toxin (detected in feces)	⊗ !
Gonococcal Infections	WEEK	Shigellosis	FAX ⊗ ☒
<i>Haemophilus influenzae</i> , invasive disease, all serotypes (report an incident less than 5 years of age)	FAX ⊗ ☒	Smallpox(Variola)	⊗ !
Hantavirus Infections	FAX ⊗ ☒	Syphilis (all stages, including congenital)	FAX ⊗ ☒
Hemolytic Uremic Syndrome	⊗ !	Tetanus	WEEK
Hepatitis A, acute infection	FAX ⊗ ☒	Trichinosis	FAX ⊗ ☒
Hepatitis B (specify acute, chronic, or perinatal)	WEEK	Tuberculosis	FAX ⊗ ☒
Hepatitis C (specify acute, chronic, or perinatal)	WEEK	Tularemia, animal	WEEK
Hepatitis D (Delta) (specify acute case or chronic)	WEEK	Tularemia, human	⊗ !
Hepatitis E, acute infection	WEEK	Typhoid Fever, Cases and Carriers	FAX ⊗ ☒
Human Immunodeficiency Virus (HIV), acute infection	⊗	<i>Vibrio</i> Infections	FAX ⊗ ☒
Human Immunodeficiency Virus (HIV) infection, any stage	WEEK	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)	⊗ !
Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)	WEEK	West Nile Virus (WNV) Infection	FAX ⊗ ☒

Disease Name	Urgency	Disease Name	Urgency
Influenza-associate deaths in laboratory-confirmed cases less than 18 years of age	WEEK	Yellow Fever	FAX ☎ ✉
Influenza due to novel strains (human)	☎ !	Yersiniosis	FAX ☎ ✉
Legionellosis	WEEK	Zika Virus Infection	FAX ☎ ✉
Leprosy (Hansen Disease)	WEEK	OCCURRENCE of ANY UNUSUAL DISEASE	☎ !
Leptospirosis	WEEK	OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.	☎ !

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see [Title 17, CCR, §2641.30-2643.20](#) and the [California Department of Public Health’s HIV Surveillance and Case Reporting Resource page](#) (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_resources.aspx)

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)**

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)***

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrca.org



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.29-P Conditions Disease Reporting has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	8/31/20	<i>Doug Hayward</i>
Dr. Tasinga	8/26/2020	<i>M Tasinga</i>
Alan Avery		
Deb Murr	7/23/2020	<i>Deborah (Murr) RW</i>
Shannon Miller	7/20/2020	<i>Shannon Miller, RN</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Condition/Disease Reporting				POLICY #: 3.29-P	
DEPARTMENT: Utilization Management					
Effective Date: 1997-08	Review/Revised Date: 08/31/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Operating Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Health Services

POLICY:

It shall be the duty of every Kern Health Systems (KHS) provider knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the reportable diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides. KHS professional licensed staff will report identified communicable diseases or inform the PCP of the requirement following County guidelines.

PROCEDURES:

1.0 COMMUNICABLE DISEASE REPORTING GUIDELINES¹

After diagnosing a member as having a reportable disease or condition, the provider or designee should follow the instructions given on the *Confidential Morbidity Report (CMR)* for specific reporting guidelines. (See Attachment A). Reports must be made within the specified timeframe for the diseases/conditions listed in the table below. In addition to the listed conditions/diseases, the occurrence of any unusual disease or outbreaks of any disease must be reported immediately.

Disease/Condition	Reporting Timeframe
Anaplasmosis/Ehrlichiosis	7 days
Anthrax, human or animal	Immediately
Babesiosis	1 day
Botulism (Infant, Foodborne, Wound, Other)	Immediately
Brucellosis, animal	7 days
Brucellosis, human	Immediately
Campylobacteriosis	1 day
Chancroid	7 days
Chikungunya Virus Infection	1 day
Cholera	Immediately
Ciguatera Fish Poisoning	Immediately
Coccidioidomycosis	7 days
Coronavirus Disease 2019 (COVID-19)	Immediately
Creutzfeldt-Jakob Disease and other Transmissible Spongiform Encephalopathies	7 days
Cryptosporidiosis	1 day
Cyclosporiasis	7 days
Cysticercosis or taeniasis	7 days
Dengue	1 day
Diphtheria	Immediately
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Immediately
Ehrlichiosis	7 days
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	1 day
Escherichia coli: shiga toxin producing (STEC) including E. Coli O157	Immediately
Flavivirus infection of undetermined species	Immediately
Foodborne Disease	1 day. When two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.
Giardiasis	1 days ³
Gonococcal Infections	7 days. See <i>KHS Policy and Procedure #3.17 - STD Treatment</i> .
Haemophilus influenzae, Invasive Disease (cases <15 years of age)	1 day

Disease/Condition	Reporting Timeframe
Hantavirus Infections	Immediately
Hemolytic Uremic Syndrome	Immediately
Hepatitis A	1 day ²
Hepatitis B (specify acute case or chronic)	7 days
Hepatitis C (specify acute case or chronic)	7 days
Hepatitis D (specify acute case or chronic)	7 days
Hepatitis, E (acute)	7 days
Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)	7 days. (See <i>KHS Policy and Procedure #3.18 - Confidential HIV Testing</i>)
Influenza (deaths <18years of age)	7 days
Influenza, novel strains (human)	Immediately
Legionellosis	7 days
Leprosy (Hansen Disease)	7 days
Leptospirosis	7 days
Listeriosis	1 day
Lyme Disease	7 days
Malaria	1 day
Measles (Rubeola)	Immediately <small>Error! Bookmark not defined.</small>
Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	1 day
Meningococcal Infections	Immediately
Middle East Respiratory Syndrome (MERS)	Immediately
Mumps	7 days
Novel Coronavirus Infection	Immediately
Novel Virus Infection with Pandemic Potential	Immediately
Paralytic Shellfish Poisoning	Immediately
Paratyphoid Fever	1 day
Pertussis (Whooping Cough)	Immediately <small>Error! Bookmark not defined.</small> 1 day ²
Plague, Human or Animal	Immediately
Poliovirus Infection	Immediately
Psittacosis	1 day
Q Fever	1 day
Rabies, Human or Animal	Immediately
Relapsing Fever	1 day
Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less <5 years of age	7 days
Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus	7 days
Rocky Mountain Spotted Fever	7 days
Rubella (German Measles)	7 days
Rubella Syndrome, Congenital	7 days
Salmonellosis (Other than Typhoid Fever)	1 day
Scombroid Fish Poisoning	Immediately
Shiga toxin (defecated in feces)	Immediately
Shigellosis	1 day

Disease/Condition	Reporting Timeframe
Smallpox (Variola)	Immediately
Syphilis	1 day. See <i>KHS Policy and Procedure #3.17 - STD Treatment</i>
Tetanus	7 days
Trichinosis	1 day
Tuberculosis	1 day ²
Tularemia, animal	7 days
Tularemia, human	Immediately
Typhoid Fever, Cases and Carriers	1 day
Varicella (hospitalization and deaths only)	1 day
Vibrio Infections	1 day
Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)	Immediately
West Nile Virus Infection	1 day
Yellow Fever	1 day
Yersiniosis	1 day
Zika Virus Infection	1 day
Occurrence of any unusual disease	Immediately
Outbreaks of any disease (including disease not listed in §2500)	Immediately

1.1 Conditions to be Reported Immediately

Reports for conditions/diseases to be reported immediately should be made by calling the Other Communicable Disease desk at **(661)321-3000 or after hours call (661) 324-6551 and ask for the Health Officer on call.** For outbreaks of any disease the report should specify institutional and/or open community.

1.2 Conditions to be Reported Within One Working Day

Reports for conditions/diseases to be reported within one day should be made by mailing/faxing a report or by telephoning within one working day of identification of the case or suspected case.

1.3 Conditions to be Reported Within Seven (7) Calendar Days

Reports for conditions/diseases to be reported with seven days should be made by mailing/faxing a report or by telephoning within seven calendar days of the identification of the case or suspected case.

2.0 NON-COMMUNICABLE DISEASE/CONDITION REPORTING GUIDELINES

The following diseases/conditions should be reported within seven (7) calendar days from the time of identification:

- A. Alzheimer's Disease and Related Conditions
- B. Disorders Characterized by Lapses of Consciousness
- C. Pesticide-related illness or injury (known or suspected)
- D. Cancer, including benign and borderline brain tumors (except basal squamous skin cancer unless occurring on genitalia and carcinoma in-situ and CIN III of cervix)

3.0 FOLLOW-UP PROCEDURES

The provider must notify the staff who were in contact with these patients/members and recommend follow-up procedures.

4.0 INTERNAL DOCUMENTATION

Copies of all reporting documents related to KHS staff reports are kept on file in the KHS Utilization Management Department.

ATTACHMENTS:

- Attachment A: *Confidential Morbidity Reports (CMR)*

REFERENCE:

¹ **Revision 2020-07:** Routine review by Chief Health Services Officer and Director of Health Education & Cultural and Linguistics. **Revision 2015-09:** Policy updated by Health Education and Disease Management Manager. New Morbidity Reports added. **Revision 2005-02:** Routine review. **Revision 2002-01:** Revisions made to comply with Emergency Regulations R-58-00E (Disease Reporting to Assess Potential Bioterrorism Events). Name change from Communicable Disease Reporting. Combined all conditions/diseases listed into one table. Changes were not marked if the information was simply moved into the table. **Revision 2000-06:** Routine revision.

² CCR Title 17 §2500(j)

³ Accelerated reporting timeframe requested by the Kern County Health Department.



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.31-P Emergency Services has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>Doug Hayward</i>
Dr. Tasinga	10/14/2020	<i>M Tasinga</i>
Alan Avery	9/18/2020	Alan Avery
Deb Murr	9/15/2020	<i>Deborah (Murr) RN</i>
Robin Dow-Morales	09/15/2020	<i>Robin Dow-Morales</i>
Shannon Miller	8/7/2020	<i>Shannon Miller, RN</i>

(CEO decision(s))

Board approval required: Yes ___ No QI/UM Committee approval: Yes ___ No ___

Date approved by the KHS BOD: _____ Date of approved by QI: _____

PAC approval: Yes ___ No ___ Date of approval by PAC: _____

Approval for internal implementation: Yes ___ No ___

Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____

DHCS submission: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Emergency Services			POLICY #: 3.31-P		
DEPARTMENT: Utilization Management					
Effective Date: 04/2005	Review/Revised Date: 10/19/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Operating Officer

Date _____

 Chief Health Services Officer

Date _____

 Director of Claims

Date _____

 Director of Utilization Management

Date _____

POLICY¹:

Emergency services may be provided by any qualified emergency provider.

Emergency services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- ❖ California Health and Safety Code § 1262.8; 1317; 1317.1; and 1371.4
- ❖ California Code of Regulations Title 28 §1300.67(g)
- ❖ California Code of Regulations Title 22 §§53216; and 53855
- ❖ 2004 DHCS Contract Exhibit A-Attachment 5(2) and (3); Exhibit A – Attachment 6 (5) and (9);

Exhibit A – Attachment 9 (6); and Exhibit E - Attachment 1, (31);

❖ DHCS Letter: Payment for Emergency Services to Non-Contracted Providers (October 1, 2001)

DEFINITIONS:

Emergency Medical Condition²	A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: A. Placing the member’s health (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, B. Serious impairment to bodily functions C. Serious dysfunction of any bodily organ or part; or D. With respect to a pregnant woman who is having contractions, inadequate time to affect a safe transfer to another hospital before delivery, or that transfer may impose a threat to the health and safety of the woman or the unborn child.
Emergency Services and Care^{3 4}	Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency medical condition within the capability of the facility. This includes an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, within the capability of the facility.
Stabilized⁵	A patient is “stabilized” or “stabilization” has occurred when, in the opinion of the treating provider, the patient’s medical condition is such that, within reasonable medical probability, no material deterioration of the patient’s condition is likely to result from, or occur during, a transfer of the patient.

PROCEDURES:

1.0 ACCESS

Emergency services and care are available and accessible to members on a 24-hour a day, seven days a week basis within the KHS service area.⁶ KHS members have access to all emergency service facilities in Kern County. All emergency services facilities in Kern County provide care on a 24-hour-a-day, 7-day-a-week basis with one or more Physicians and one Nurse on duty in the facility at all times.⁷

KHS does not require prior authorization for emergency services and care.⁸ Members may receive emergency services and care from any qualified provider.

Members needing advice or triage to an emergent care center may contact the KHS 24-Hour Telephone Triage Service at 1-800-391-2000.

The KHS Chief Medical Officer or a designee who is licensed as a “physician or surgeon”⁹, is available 24 hours per day, seven days per week to coordinate the transfer of care of a member whose emergency condition is stabilized, to authorize medically necessary post-stabilization services, and for general communication with emergency room personnel.¹⁰

1.1 Out-of-Area Services¹¹

For the Medi-Cal Product, emergency services are covered if they are provided within the United States. In addition, emergency care services requiring hospitalization are covered if they are provided in Canada or Mexico. Emergency services provided in any other country are not covered.

2.0 COVERED SERVICES

Members presenting to an emergency department for treatment should be provided with a medical screening examination (MSE) to determine whether or not an emergency condition exists. An MSE may include ancillary services routinely available to the emergency department that are necessary to determine whether an emergency condition actually exists.

If, after completion of the MSE, an emergency medical condition is found to exist, the emergency department shall treat and stabilize the member up to and including admission to the hospital.

If, after the MSE, an emergency medical condition has been determined not to exist or the emergency condition has been stabilized, prior authorization for further services may be obtained as outlined in *KHS Policy and Procedure #3.22-P Referral and Authorization Process*, decisions on such verbal authorization requests will be rendered within 30 minutes, or the request will be deemed approved.¹² KHS does not require transfer to a contracted acute care hospital. The facility shall submit notification of admission either through the KHS provider portal or by faxing the facesheet and clinical documentation to (661) 664-5190. When submitted as outlined in *KHS Policy and Procedure #3.22-P Referral and Authorization Process*, decisions on such verbal authorization requests will be rendered within 30 minutes, or the request will be deemed approved. If there is a disagreement between KHS and the Provider regarding the need for necessary medical care following stabilization of the member, KHS shall assume responsibility for the care of the patient either by having medical personnel contracting with KHS personally take over the care of the patient within a reasonable amount of time after the disagreement, or by having another general acute care hospital under contract with KHS agree to accept the transfer of the patient¹³.

2.1 Emergency Psychiatric Conditions

Emergency services and care for psychiatric conditions are covered by KHS, including initial history and physical within 24 hours after admission to a psychiatric facility. All other psychiatric services with the exception of initial consults occurring

while admitted for other medical condition or other outpatient mild to moderate mental health services are carved out of the Medi-Cal Product.

KHS covers all professional services, except the professional services of a mental health specialist, when required for the emergency services and care of a member whose condition meets specialty mental health medical necessity criteria.

KHS covers the facility charges resulting from the emergency services and care of a Plan member whose condition meets MHP medical necessity criteria when such services and care do not result in the admission of the member for psychiatric inpatient hospital services or when such services result in an admission of the member for psychiatric inpatient hospital services at a different facility.

Members in need of urgent and emergency psychiatric care that are identified by KHS, including person-to-person telephone transfers, will to be referred to the county crisis program during their call center hours. A toll free telephone crisis hotline will be maintained for telephonic support as well as guidance for receiving additional treatment. Members needing immediate crisis intervention may self-refer to the Crisis Stabilization Unit where on-site Mental Health staff is available 24 hours a day.

2.2 Emergency Transportation

Coverage includes appropriate ambulance services as described in *KHS Policy and Procedure 3.50-P Ambulance Transportation Services*.¹⁴

2.3 Emergency Pharmaceuticals

Under emergent circumstances, Provider shall administer and/or dispense a sufficient quantity of medication to the member to last until the member can reasonably be expected to have a prescription filled.

3.0 DOCUMENTATION

Although emergency services do not require prior authorization, practitioners/providers must submit a *Referral/Prior Authorization Form* or the hospital facesheet with any additional clinical documentation to KHS as soon as reasonably possible after care has been provided for tracking purposes. (Form included as an attachment to *KHS Policy and Procedure #3.22-P Referral Process*.) This requirement does not apply to Emergency Room Physicians but only to other types of Providers who perform emergency services.

All calls received for post-stabilization care authorization will be documented in the member's record in the KHS medical management system. After hours calls may be initially documented to the *UM Oncall After-Hours Call Log* and then be entered into the member's record in the medical management system the following business day.

Documentation must include at a minimum the following information: the date and time of the request, the name of the health care provider making the request, member name, member identification number, and the name of the KHS representative responding to the request.¹⁵

4.0 COORDINATION OF CARE, MONITORING, AND REPORTING

KHS must provide notification at least annually to all non-participating hospitals within the state of California on KHS contact information for post-stabilization notification.¹⁶

KHS monitors primary care practitioners for adequate follow-up care for those members who have been screened in the Emergency Room and require non-emergency care through the QI site review process and reporting.¹⁷

KHS uses *Referral/Prior Authorization Forms* and other documentation received from practitioners/providers to conduct coordination of care, tracking, and case management activities. Providers may contact KHS UM Nurse to discuss a member's care and any coordination of care needs during a hospitalization by calling (661) 664-5083.

5.0 REIMBURSEMENT

Claims must be submitted and are processed in accordance with *KHS Policy and Procedure #6.01-P Claims Submission/Reimbursement*. Provider disputes regarding claims payment must be submitted and are processed in accordance with *KHS Policy and Procedure # 6.04-P Practitioner/Provider Disputes Regarding Claims Payment*.

KHS reimburses all medically necessary emergency claims according to the eligibility of the member at the time of service and the level of care received by the member. At a minimum, reimbursement for a MSE is made to all emergency room practitioners/providers, (professional and facility component and hospital based urgent care facilities).

Contracted providers are reimbursed based on negotiated rate. Non-Contracted providers are reimbursed at Billed charges or Medi-Cal FFS rates, whichever is less. All services are subject to Medi-Cal Correct Coding Editing and Guidelines.

For emergency inpatient services, in the absence of a negotiated rate, claims are reimbursed in accordance with the following guidelines: Applicable Diagnostic Related Group (APR-DRG) reimbursement rates for out-of-network emergency, and post-stabilization acute inpatient services provided to MCP beneficiaries by general acute care hospitals.

6.0 PROVIDER REQUIREMENTS

All non-contract and out-of-area Emergency Departments must follow applicable laws and regulations when KHS members present for care.

7.0 DELEGATED OVERSIGHT

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including applicable APLs, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

¹ **Revision 2020-07:** Policy updated by Director of Utilization Management based on feedback from the DMHC final report of Routine Survey conducted 8/2019. **Revision 2020-02:** Revised by Director of UM per DMHC comments dated 1/14/2020. Added Section 7.0 for language regarding delegated oversight. **Revision 2014-08:** Revised by Director of Health Services to

comply with All Plan Letter 13-004. Revised per DMHC comments dated 9/7/06. Added contract language for dispensing medication in emergency cases. Revised per DMHC Comments dated 09/06/06. **2005-10:** Revised per DHS Workplan Comments 6d (9/1/05) and 6h (9/1/05). Revised to reflect the deletion of external policy 3.15 – Urgent Care/Emergent Care 24 Hour Telephone Triage. **Revision 2005-08:** Revised per DHS Comments (7/12/05). **Revision 2005-04:** Policy reviewed against DHS Contract 03-76165. No revision needed per Lacey Campbell. **Revision 2004-05:** Created as part of routine revision of emergency services policies. Contains elements of the following policies that will be deleted upon the release of 3.23:#3.12 – *Prior Authorization for Urgent Care and Non-Emergent ER Services (2000-05)*; #6.24 – *Emergency/Urgent Care Reimbursement Guidelines (2002-02)*. **Formerly #3.23.**

² HSC §1317.1(b) and (c) and 2004 DHS Contract Exhibit E – Attachment 1(31). Combines the least restrictive elements of both definitions. Title 22 §51056 also has a similar definition.

³ HSC §1317.1(a). Definition from DHS Contract Exhibit E-Attachment 1(32) is not included because it is less restrictive.

⁴ “For the purposes of Section 1371.4 emergency services and care as defined in this paragraph shall not apply to services provided under managed care contracts with the Medi-Cal program to the extent that those services are excluded from coverage under the contract.” HSC §1317.1(a)(2)

⁵ HSC §1317.1(j)

⁶ CCR Title 28 §1300.67(g)(1); DHS Contract A-6 (5) and A-9 (6)

⁷ DHS Contract A-6 (5)

⁸ CCR Title 22 §53855(a); DHS Contract Exhibit A-Attachment 5(2)(F) and (3)(A); DHS Contract A-9 (6)(A)

⁹ “physician and surgeon” added per DMHC comment 9/6/06.

¹⁰ DHS Contract A-6 (9) and A-9 (6)(C)

¹¹ CCR Title 22§51006

¹² HSC 1371.4(c); CCR Title 22 §53855(a)

¹³ DMHC comment letter dated 9/6/2006

¹⁴ CCR Title 28 §1300.67(g)(1)

¹⁵ HSC § 1262.8; CCR Title 28 § 1300.71.4(d)

¹⁶ HSC § 1268.2(j).

¹⁷ DHS Contract A-9 (6)(B)



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.43-P Hospice Services *has been revised due to 2019 DMHC Medical Audit deficiency #6. Please expedite.*

Reviewer	Date	Comment/Signature
Doug Hayward	8/31/20	<i>Doug Hayward</i>
Dr. Tasinga	8/26/2020	<i>M Tasinga</i>
Alan Avery	8/24/2020	Approved via email-Alan Avery
Deb Murr	8/24/20	<i>Debra Murr</i>
Robin Dow-Morales	08/14/2020	<i>Robin Dow-Morales</i>
Shannon Miller	7/27/2020	<i>Shannon Miller</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
Date approved by the KHS BOD: _____ Date of approved by QI: _____
PAC approval: Yes ___ No ___ Date of approval by PAC: _____
Approval for internal implementation: Yes ___ No ___
Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
DHCS submission: _____
DMHC submission: _____
Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Hospice Services				POLICY #: 3.43-P	
DEPARTMENT: Utilization Management					
Effective Date: 12/2005	Review/Revised Date: 08/31/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Operating Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Claims

_____ Date _____
 Director of Utilization Management

POLICY:

Kern Health Systems (KHS) shall cover and facilitate the provision of hospice care services. KHS shall fully inform members and their families of the availability of hospice care as a covered service and the methods by which they may elect to receive these services.¹

Hospice services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- ❖ California Health and Safety Code² §§1368.2; and 1746³
- ❖ California Code of Regulations Title 28 § CCR 28 §1300.68.2
- ❖ California Code of Regulations Title 22 §§51180; 51180.1; and 51349

- ❖ DHCS Contract Exhibit A-Attachment 5 (3)(I); Attachment 10 (7)(B) and Attachment 11 (17)(A)
- ❖ DHCS MMCD All Plan Letter 05003: Hospice Services and Medi-Cal Managed Care (March 25, 2005)
- ❖ California Code of Regulations Title 22 CCR, Section 51349,
- ❖ DHCS MMCD All Plan Letter 13-014: Hospice Services and Medi-Cal Manager Care (October 28, 2013)

Unless otherwise authorized by KHS, hospice services may only be provided by contracted hospice providers.

Members who elect hospice care are not entitled to any other benefits under the plan for the terminal illness while the hospice election is in effect.⁴ The hospice election may be revoked at any time.

The amount, duration, and scope of hospice services will be no less than the amount, duration, or scope of services that would be provided under the Medi-Cal fee-for-service program.⁵ Hospice care shall at a minimum be equivalent to hospice care provided by the federal Medicare program pursuant to Title XVIII of the Social Security Act.⁶

DEFINITIONS:

Palliative Care⁷	Interventions that focus primarily on reduction or abatement of pain and other disease-related symptoms, rather than interventions aimed at investigation and/or intervention for the purpose of cure or prolongation of life.
Period of Crisis⁸	A period in which the member requires continuous care to achieve palliation or management of acute medical symptoms.
Terminal Illness⁹	A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be provided for the duration of the terminal illness, which may exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a new enrollee.”

PROCEDURES:

1.0 ACCESS

Hospice care is covered for a terminal illness if the services meet all of the following conditions:

- Ordered by the member’s PCP or another authorized provider
- Performed by a contracted hospice provider or another authorized provider
- Approved, in the case of general inpatient care, by KHS

The only requirement for initiation of outpatient hospice services is physician certification¹⁰ that a member has a terminal illness and member election of such services.¹¹ Only general inpatient care is subject to prior authorization if all other requirements regarding prior authorization and associated clinical guidelines have been met.¹²

During regular business hours, providers may request verbal authorization for general inpatient hospice care by calling KHS Utilization Management staff at (661) 664-5083. During weekends, providers may request verbal authorization for hospice care by calling the Weekend On Call Nurse at 661-331-7656. KHS responds to requests for authorization for hospice services within 24 hours.¹³

Covered services are available on a 24 hour basis to the extent necessary to meet the needs of members for care that is reasonable and necessary for the palliation and management of the terminal illness and related conditions.¹⁴ Hospice services may be initiated or continued in a home or clinical setting.¹⁵

1.1 Election of Hospice

The member or member's representative must file an election statement with the hospice providing the care. The member's election shall include all of the following elements on an appropriate hospice election form¹⁶:

- A. The identification of the hospice
- B. The patient's or representative's acknowledgement that:
 - 1. He or she has full understanding that the hospice care given as it related to the individual's terminal illness will be palliative rather than curative in nature.
 - 2. Certain specified Medi-Cal benefits are waived by the election.
- C. The effective date of the election
- D. The signature of the individual or representative

An individual may elect to receive hospice care during one or more of the following periods: (1) an initial 90-day period; (2) a subsequent 90-day period; or (3) an unlimited number of subsequent 60-day periods.¹⁷

1.2 Special Considerations in Hospice Election

In the event that a member wishes to elect a hospice that is not contracted with KHS, considerations for the case of each member individually for such a choice is made. KHS has the option of immediately initiating a contract (one-time or ongoing) with the hospice provider or referring the patient to another provider for hospice care. On occasion, members receiving hospice at the time they become KHS members may not be able to change their hospice provider, if requested, due to limitations on the number of times there may be a change in the designation of a hospice provider during an election period. In addition, KHS may determine that such a change would be disruptive to the member's care or would not for some other reason be in the patient's best interest. In such instances, KHS should consider a one-time or ongoing contract with the established hospice provider until the new benefit period, or until the end of hospice services.

Hospice care services may be initiated or continued in a home or clinical setting. KHS remains responsible for the provision of, and payment for, all Medi-Cal covered services not related to the terminal illness, including those of the member's primary care physician.

Members who move their legal residence out of the service area must disenroll from the MCP.

1.3 Change of Hospice Provider

A member or representative may change the designation of a hospice provider once each election period.¹⁸

On occasion, members receiving hospice care at the time of enrollment with KHS may not be able to change their hospice provider, due to limitations during an election period. In such instances, KHS will consider a one time or ongoing contract with the established hospice provider until the member can be transitioned to a contracting hospice provider during a new election period.¹⁹

²⁰Members who move their legal residence out of the service area must disenroll from the associated Medi-Cal Managed Care Plan. Consequently, upon enrollment in a new plan, a “change in designated hospice” must be initiated. This may be done only once per election period.

1.4 Revocation of Hospice²¹

A member’s voluntary election may be revoked or modified at any time during an election period. To revoke the election of hospice care, the member or representative must file a signed statement with KHS and the hospice revoking the individual election for the remainder of the election period. The effective date may not be retroactive. Revocation shall constitute a waiver of the right to hospice care during the remainder of the election period.

At any time after revocation, a member may execute a new election, thus restarting the 90/90/unlimited 60-day certification periods of care. An individual or representative may change the designation of a hospice provider once each benefit period.

If a member revokes the hospice benefit, or is discharged by the hospice for cause and later elects hospice and is readmitted to the same or different hospice provider, then the 90/90/unlimited 60-day election periods are initiated as if hospice is starting anew. A member’s change from one designated hospice to another is not considered a revocation of the hospice election.

2.0 COVERED SERVICES

Members who elect hospice care are not entitled to any other benefits under the plan for the terminal illness while the hospice election is in effect.²² The hospice election may be revoked at any time.

Upon member election of hospice services, KHS will facilitate the provision of and provide appropriate payment for covered hospice services provided by a hospice provider or by others under arrangements made by a hospice provider. Covered services include, but are not necessarily limited to, the following²³:

- A. Nursing services when provided by or under the supervision of a registered nurse.
- B. Physical, occupational, or speech-therapy for purposes of symptom control, or to

- enable the member to maintain activities of daily living and basic functional skills.
- C. Medical social services provided by a social worker with at least a Bachelor's degree in Social Work, from a school approved or accredited by the council on Social Work Education, under the direction of a physician.
 - D. Certified home health aide and homemaker services under the supervision of a qualified registered nurse.²⁴ Services may include personal care services and such household services as may be necessary to maintain a safe and sanitary environment in the areas of the home used by the patient.
 - E. Medical supplies and appliances.
 - F. Drugs and biologicals when used primarily for the relief of pain and symptom control related to the member's terminal illness.
 - G. Physician services which include:
 1. General supervisory services of the hospice medical director.
 2. Participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the physician member of the hospice interdisciplinary team.

Physician services not described above shall be billed to the MCP separately and include services of the member's attending physician or consulting physician(s) if he or she is not an employee of the hospice or providing services under arrangements with the hospice. Physician visits by a hospice-employed physician, medical director, or consultant are billable separately to the MCP.
 - H. Counseling services related to the adjustment of the member's approaching death; counseling, including bereavement, grief, dietary and spiritual counseling.
 - I. Continuous home nursing, home health aide, and/or homemaker services for as much as 24 hours a day during a period of crisis, and only as necessary to maintain the terminally ill member at home.²⁵ A crisis as the period in which a member requires continuous care for as much as 24-hours to achieve palliation or management of acute medical symptoms.
 - J. Continuous home care for a minimum of 8 hours of care (aggregate) during a 24 hour day, which begins and ends at midnight.²⁶
 - K. Respite care provided on an intermittent, non-routine and occasional basis for up to five consecutive days at a time in a hospital, skilled nursing or hospice facility.
 - L. Short term inpatient care for pain control or chronic symptom management which cannot be managed in the home setting.
 - M. Any other palliative item or service for which payment may otherwise be made under the Medi-Cal program and that is included in the hospice plan of care.
 - N. Interdisciplinary team care with development and maintenance of an appropriate plan of care.²⁷
 - O. Volunteer services.²⁸

2.1 Bereavement Services

Bereavement services include an assessment of the needs of the bereaved family and the development of a care plan that meets these needs both prior to and following the death of the member. These services are available to the surviving family members for one year after the death of the member.²⁹

2.2 Home Health Aide Services

Home health aide services include personal care and the performance of related tasks in the home in accordance with the plan of care in order to increase the level of comfort and to maintain personal hygiene and a safe healthy environment. These services are performed by a certified home health aide.³⁰

2.3 Social Services and Counseling Services

Social service/counseling services are those counseling and spiritual services that assist the member and his/her family to minimize stresses and problems that arise from social, economic, psychological, or spiritual needs by utilizing appropriate community resources, and maximize positive aspects and opportunities for growth.³¹

2.4 Respite Care

Respite care is short-term inpatient care provided to a member only when necessary to relieve those caring for the member. Respite care is covered on an occasional basis for no more than 5 consecutive days at a time.³²

3.0 SERVICES NOT COVERED BY HOSPICE PROVIDER

- Private pay room and board or residential care.
- Acute in-patient hospitalization unrelated to the terminal illness.
- Level A or Level B NF for unrelated issues.
- Physician and/or consulting physician services not related to the terminal illness or physician services where the physician is not an employee of hospice or providing services under an arrangement with the hospice.
- Other necessary services for conditions unrelated to the terminal illness.

4.0 PLAN OF CARE³³

A plan of care must be established by the hospice for each member before services are provided. Services must be consistent with the plan of care. The plan of care must conform to the standards specified in 42 Code of Federal Regulations, Part 418, Subpart C.

5.0 COORDINATION OF CARE

KHS provides coordination of care and joint case management with hospice care providers.³⁴

Once a member has elected hospice, KHS contracted providers and case management staff work closely with hospice providers to facilitate the transfer of member services from those directed towards cure and/or prolongation of life to those directed towards palliation.³⁵ KHS arranges for continuity of medical care, including maintaining established patient-provider relationships, to the greatest extent possible.³⁶

Ongoing care coordination is provided and services necessary to diagnose, treat, and follow-up on conditions not related to the terminal illness are provided or initiated as necessary.³⁷ KHS is responsible for the provision of and payment for all medically necessary services not related to the terminal illness, including those of the member's primary care physician.³⁸

5.1 Provision of Hospice Services by Hospice Interdisciplinary Group

Due to the highly specialized services provided by hospices, federal law mandates

that the hospice designate an interdisciplinary group(s) to plan, provide, and/or supervise the care and services offered by the hospice provider. A written plan of care must be established by the attending physician, the medical director or physician designee, and the interdisciplinary group prior to providing care. The plan of care is then reviewed and updated at intervals specified in the plan of care by the attending physician, the medical director or physician designee and interdisciplinary group of the hospice (Title 42, CFR, Section 418.56.)

KHS shall assure coordination of care between the member's health plan and hospice care providers and allow for the hospice interdisciplinary team to professionally manage the care of the patient as outlined in the law.

End of life care for children with a life threatening condition may be substantially different than it is for adults. Hospice care options for children do not fit the traditional adult hospice model. Children can, and often do, live longer with a life threatening condition because of aggressive treatment and their natural resilience.

Children and families may benefit from receiving palliative care services earlier in the course of a child's illness. In addition to hospice care services, a waiver program is available to children and families who may benefit from receiving palliative care services earlier in the course of a child's illness.

For additional information on this subject, please see CCS Numbered Letter (NL): 12-1119 regarding palliative/hospice options for CCS eligible children. This NL can be found on CCS's website at:

<https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-12-1119.pdf>

Policy guidelines and procedural direction on authorization of medically necessary services related to the child's CCS life-limiting condition for children who have elected hospice care can be found at: __

<http://www.dhcs.ca.gov/services/ccs/Documents/ccsnl061011.pdf>

5.2 Hospice Services for Children Served by California Children Services (CCS) for the Terminal Condition³⁹

CCS does not offer the range of services provided through hospice for the terminally ill child. Members and their families are clearly advised of the differences between CCS and hospice services and of the potential change in caregivers, should hospice care be elected. KHS will work with CCS to facilitate continuity of medical care, including established patient provider relationships, to the greatest extent possible. Hospice care, if elected for children with terminal diseases, requires close consultation and coordination with CCS and/or other caregivers. Hospice services for CCS recipients are the responsibility of KHS and all hospice policies are applicable.

5.3 Concurrent Hospice Palliative and Curative Care for Children

Under Section 2302 of the Patient Protection and Affordable Care Act, effective March 23, 2010, Medicaid children who have elected to receive hospice services may continue receiving coverage of any payment for other services to treat their terminal illness. Additional information on concurrent care for children can be found at:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL>

- Medi-Cal’s Pediatric Palliative Care Benefit (the Benefit) is designed to assess and demonstrate the advantage of providing community-based palliative care concurrent with life-prolonging therapies. CCS NL 12-1119 defines the principles of palliative care, identifies palliative care services currently available under the state plan, and provides guidelines for timely authorization and payment for these services. This NL can be found at:
<https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-12-1119.pdf>

Information on KHS palliative care benefits is referenced in *Policy and Procedure 3.77- Palliative Care*.

6.0 TRANSFER OF MEMBERS

Hospice providers shall provide transferring members with a transfer summary including essential information relative to the member’s diagnosis; pain treatment and management, medications, treatments, dietary requirement, rehabilitation potential, known allergies, and treatment plan, which shall be signed by the physician (H&S Code, Section 1262.5). Consequently, upon enrollment in a new health plan, a “change in designated hospice” must be initiated (Title 42 CFR, Section 418.30). This may be done only once per election period.

7.0 REIMBURSEMENT

Of the four levels of hospice care as described in Title 22, CCR, Section 51349 only general inpatient care is subject to prior authorization. Documents to be submitted for authorization include:

- Certification of physician orders for general inpatient care.
- Justification for this level of care.

KHS may not require prior authorization for routine home care, continuous home care and respite care or hospice physician services. Hospices shall notify the KHS of general inpatient care placement that occurs after normal business hours on the next business day. KHS may require documentation following the provision of general inpatient and continuous care for reasons of justification. If the documentation does not support these levels of care, or if the documentation included is inadequate, reimbursement may be reduced to the rate for routine home care. An appeal may be submitted for reconsideration of payment by including additional documentation of the medical necessity for the increased level of care.

Visits made to a member by the hospice Medical Director, hospice physician, or consultant should be billed separately.⁴⁰

7.1 Hospice Services Provided in a Long Term Care Facility⁴¹

Hospice services are covered services and are not categorized as Long Term Care (LTC) services regardless of the member’s expected or actual length of stay in a nursing facility while also receiving hospice care.

KHS shall not require authorization for room and board as described in Title 42, CFR, 418.112 and Section 1902(a)(13)(B) of the SSA.

Section 1905(o)(1)(A) of the SSA allows for the provision of hospice care while an individual is a resident of a skilled nursing facility (SNF) or intermediate care facility. Payment from KHS will be provided to the hospice for hospice care (at the appropriate level of care).

In accordance with the Medicare Benefit Policy Manual Chapter 9 - Coverage of Hospice Services Under Hospital Insurance (Rev. 156, 06-01-12) 20.3 - Election by Skilled Nursing Facility and Nursing Facilities Residents and Dually Eligible Beneficiaries (Rev. 1, 10-01-03) HO-204.2, payment for room and board shall be made directly to the hospice. The hospice shall then reimburse the NF for the room and board at the rate negotiated between the hospice and SNF. Payment for the room and board component must be equal to at least 95 percent of the reimbursement the NF/SNF would have been reimbursed by KHS. Payments by a hospice provider to a nursing home for room and board shall not exceed what would have been received directly from Medi-Cal or the MCP if the patient had not been enrolled in a hospice.

LTC residents who elect the Medi-Cal hospice benefit are not disenrolled from KHS. Hospices will bill the MCPs using the following revenue codes:

- Revenue code 658-Facility Code Type 25.
- Revenue code 658-Facility Code Type 26.

7.2 Medicare⁴²

For beneficiaries with both Medicare and Medi-Cal coverage (dual-eligibles), the hospice bills Medicare for the hospice services. The room and board charge is billed to Medi-Cal only. Following payment from Medicare, the hospice then bills the MCP for the co-payment amount; however, the total reimbursed amount cannot exceed the Medicare rate (Title 22, CCR, Section 51544). For Medicare beneficiaries entitled to only Medicare Part B, benefits will be billed directly to the MCP. No Medicare denial will be required.

KHS cannot require authorization for the hospice to bill KHS for the room and board covered by Medi-Cal while the patient is receiving hospice services under Medicare.

The hospice shall notify KHS when a member elects the Medicare hospice benefit.

KHS will then pay the room and board payment to the hospice provider according to the rate outlined above, and the hospice shall be responsible for paying the nursing home. Eligibility for the Medi-Cal nursing home room and board payment continues to be determined by the nursing home and KHS.

For beneficiaries enrolled in the Coordinated Care Initiate Demonstration Project

(www.calduals.org), referred to as Cal Medi-Connect, DHCS will implement specific billing, claims, and payment procedures if hospice becomes part of Cal MediConnect. Currently, the benefit is covered by Medicare.

7.3 Hospice Rates

The Medicaid hospice rates for hospices' four levels of care are calculated based on the annual hospice rates established under Medicare. These rates are authorized by Section 1814(i)(1)(C)(ii) of the SSA, which also provides for an annual increase in payment rates for hospice care services. KHS must update their rates annually to coincide with changes to the Medicare rates.

KHS may pay more, but not less than, the Medicare rate for hospice services (Section 1902(a)(13)(B) of the SSA). The Medicaid hospice payment rates for each federal fiscal year are printed in the Federal Register.

Inpatient rates (general or respite) shall be paid for the date of admission and all subsequent inpatient days except the day on which a patient is discharged. For the day of discharge, the appropriate home care rate shall be paid unless the patient dies as an inpatient. If the patient dies while an inpatient, the inpatient rate (general or respite) shall be paid for the discharge day.

7.4 Physician Services

Hospice providers must use current Medi-Cal billing code when billing for physician services for pain and symptom management related to a patient's terminal condition and provided by a physician employed by, or under arrangements made by, the hospice. KHS is required to reimburse one visit-per-day, per-patient.

Consulting/special physician services code may be billed only for physician services to manage symptoms that cannot be remedied by the patient's attending physician because of one of the following:

- Immediate need.
- The attending physician does not have the required special skills.

8.0 UTILIZATION REVIEW

KHS may not restrict access to hospice care services any more than the MCAL Fee-For – Service (FFS) program may restrict the same services (Title 42 CFR, §438.210(a)). The FFS program does not require prior authorization of hospice services except for inpatient admissions; therefore, KHS shall adjust their utilization review standards, if necessary, to meet those of the FFS program. Authorizations are entered for tracking purposes only to assist validation of the appropriate documentation requirements are met, i.e. initial physician certification and member election forms. Additional certifications for illness periods (90-day period, subsequent 90-day period, or unlimited 60-day period) will be required for tracking purposes and coordination of services.

Per Chapter 9 of the Medicare Claims Processing Manual, Medicare Hospice Benefit Section 40.1.5 - Short-Term Inpatient Care, general inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management that cannot feasibly be provided in other settings. Skilled nursing care may be needed by a patient whose home support has broken down if this breakdown makes it no longer feasible to furnish needed care

in the home setting. General inpatient care under the hospice benefit is not equivalent to a hospital level of care under the Medicare hospital benefit.

8.1 Denials to Terminally Ill Members

KHS is required to provide members and providers with notification of denial for a prior authorization request for services within 5 business days or less referenced in *Policy and Procedure 3.22 Referral and Authorization Process* for additional information. The notification to the member will provide all of the following information:

- a. Statement clearly explaining the specific medical and scientific reasons for denying coverage.
- b. Description of any alternative treatments, services, or supplies covered by the plan, if any.
- c. Information regarding member's rights including appeal and grievance options and forms.
- d. KHS will provide members option for conference when requested as part of the grievance process.

9.0 PROVIDER REQUIREMENTS⁴³

KHS only contracts with entities licensed pursuant to the California Hospice Licensure Act of 1990⁴⁴ or licensed home health agencies with federal Medicare certification⁴⁵ for the provision of hospice services. Contracted hospice providers may arrange to provide hospice services with appropriately licensed individuals or entities.

A hospice physician or nurse practitioner (NP) is required to have a face-to-face encounter with every hospice patient to determine the continued eligibility of that patient. The face-to-face encounter requirement is satisfied when the following criteria are met:

1. Timeframe of the encounter:

The encounter must occur no more than 30 calendar days prior to the start of the third benefit period, and no more than 30 calendar days prior to every subsequent benefit period thereafter (refer to item four below for an exception to this timeframe).

2. Attestation requirements

A hospice physician or NP who performs the encounter must attest in writing that he or she had a face-to-face encounter with the patient, including the date of the encounter. The attestation, its accompanying signature and the date signed must be on a separate and distinct section of, or an addendum to, the recertification form, and must be clearly titled. Where an NP performed the encounter, the attestation must state that the clinical findings of that visit were provided to the certifying physician for use in determining whether the patient continues to have a life expectancy of six months or less, should the illness run its normal course.

3. Practitioners who can perform the encounter

A hospice physician or a hospice NP can perform the encounter. A hospice physician is a physician who is employed by the hospice or working under contract with the hospice. A hospice NP must be employed by the hospice. A hospice employee is one who receives a W-2 from the hospice or who volunteers for the hospice.

4. Timeframe exceptional circumstances for new hospice admissions in the third or later benefit period

In cases where a hospice newly admits a patient in the third or later benefit period, exceptional circumstances may prevent a face-to-face encounter prior to the start of the benefit period.

For example, if the patient is an emergency weekend admission, it may be impossible for a hospice physician or NP to see the patient until the following Monday. Or, if CMS data systems are unavailable, the hospice may be unaware that the patient is in the third benefit period. In such documented cases, a face-to-face encounter that occurs within two days after admission will be considered timely. Additionally, for such documented exceptional cases, if the patient dies within two days of admission without a face-to-face encounter, a face-to-face encounter can be deemed as complete.

The hospice must retain the certification statements, and have them available for audit purposes.

10.0 DELEGATED OVERSIGHT

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including applicable APLs, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

Revision 07/2020: Definition of Terminal Illness revised to comply with 2019 DMHC Medical Audit deficiency #6. **Revision 02-2020:** Updated Utilization Review per DMHC comments 1/14/2020. Revisions to section 5.1 and 5.2 with updates to CCS NL reference. Section 10.0 added language for Delegated Oversight. **Revision 03-2015:** New requirements effective February 1, 2015 for face-to-face encounters for every hospice patient. Language added in Section 9.0 Provider Requirements. **Revision 2014-12:** Revisions to Section 5.2 to facilitate continuity of care with CCS. Utilization Review added new language for tracking purposes and certification for illness periods. **Revision 2014-06:** Major revisions throughout policy to comply with All Plan Letter (APL) 13-014. Review and revision provided by Director of Health Services. Board of Directors approved at 7/17/2014 meeting.

¹ DHS Contract Exhibit A - Attachment 10 (7)(B)

² Includes HSC sections as added/amended by AB892 (1999)

³ Definitions

⁴ CCR Title 22 §51349(f)

⁵ MMCD All Plan Letter 05003 III B (page 4) references 42 CFR Section 438.210(a)(2)

⁶ HSC 1368.2(b)

⁷ HSC 1339.31(b)

⁸ CCR28 §1300.68.2(d)(1)

⁹ HSC 1368.2 definition used; similar definition found in title 28 Section 1300.68.2 (a)(11). Definition found in CCR Title 22 Section 58810.2 is less strict (6 months).

¹⁰ Certification as outlined in Title 42, CFR 418 Subpart B

¹¹ MMCD All Plan Letter 05003 I (page 2)

¹² Title 22 Section 51349 (b); MMCD All Plan Letter 05003 I (page 2)

¹³ 2004 DHS Contract Exhibit A-Attachment 5(3)(I); MMCD All Plan Letter 05003 I (page 2)

¹⁴ CCR 28 §1300.68.2(c)

¹⁵ MMCD All Plan Letter 05003 III D (page 5)

¹⁶ CCR Title 22 Section 51349 (d); MMCD All Plan Letter 05003 III A (page 3)

-
- ¹⁷ MMCD All Plan Letter 05003 III A (page 3). The MMCD letter contradicts Title 22 Section 51349 (e). Per D. Chin (9/26/05) KHS was instructed to follow to MMCD letter.
- ¹⁸ MMCD All Plan Letter 05003 III C (page 4)
- ¹⁹ MMCD All Plan Letter 05003 III D (page 5)
- ²⁰ MMCD All Plan Letter 05003 III D (page 5) references 42 CFR Section 418.30
- ²¹ CCR Title 22 Section 51349 (e); MMCD All Plan Letter 05003 III C (page 4)
- ²² CCR Title 22 §51349(f)
- ²³ CCR Title 28 Section 1300.68.2 (b); CCR Title 22 Section 51349 (h); MMCD All Plan Letter 05003 III B (page 3)
- ²⁴ Addition of “certified” and “under the supervision of...” per Title 28 Section 1300.68.2 (b)(2)(B)
- ²⁵ 42 CFR Section 418.204 CCR28; §1300.68.2(d)(1)
- ²⁶ Per MMCD All Plan Letter 05003: Section 230.3 of the Medicare Hospice Manual and CMS Transmittal A-03-016
- ²⁷ CCR Title 28 Section 1300.68.2 (b)(2)(A)
- ²⁸ CCR Title 28 Section 1300.68.2 (b)(2)(F)
- ²⁹ Definition included in Member Handbook by DMHC request 04/15/02. CCR28 §1300.68.2(a)(1)
- ³⁰ Definition included in Member Handbook by DMHC request 04/15/02. CCR28 §1300.68.2(a)(4)
- ³¹ Definition added to Member Handbook by DMHC request 04/15/02. CCR28 §1300.68.2(a)(10)
- ³² CCR Title 28 §1300.68.2(d)(2)
- ³³ CCR Title 22 Section 51349 (g)
- ³⁴ MMCD All Plan Letter 05003 IV C (page 6)
- ³⁵ MMCD All Plan Letter 05003 IV (page 5)
- ³⁶ DHS Contract Exhibit A - Attachment 10 (7)(B)
- ³⁷ MMCD All Plan Letter 05003 IV (page 5) references 42 CFR Section 438.208
- ³⁸ MMCD All Plan Letter 05003 III D (page 5)
- ³⁹ MMCD All Plan Letter 05003 IV B (page 5)
- ⁴⁰ MMCD All Plan Letter 05003 III B (page 3)
- ⁴¹ DHS Contract Exhibit A – Attachment 11 (17)(A); DHS Contract Exhibit A - Attachment 10 (7)(B); MMCD All Plan Letter 05003 V A (page 6)
- ⁴² MMCD All Plan Letter 05003 V B (page 6) references Title 22 Section 51544
- ⁴³ CCR Title 28 Section 1300.68.2 (b)(1)
- ⁴⁴ HSC Section 1745, et seq
- ⁴⁵ HSC Sections 1726 and 1747.1



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.18-P Confidential HIV Testing has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>[Signature]</i>
Dr. Tasinga	10/14/2020	<i>[Signature]</i> M Tasinga
Alan Avery	9/18/2020	Alan Avery
Emily Duran	9/15/2020	Emily Duran
Robin Dow-Morales	09/15/2020	<i>Robin Dow-Morales</i>
Nate Scott	9/13/2020	Nate Scott
Louis Iturriria	9/11/2020	Louis Iturriria
Isabel Silva	9/2/20	<i>Isabel Silva</i>
Deb Murr	8/24/2020	<i>Deborah C Murr RD</i>

(CEO decision(s))

Board approval required: Yes ___ No QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Tuberculosis Treatment			POLICY #: 3.46-I		
DEPARTMENT: Utilization Management					
Effective Date: 2002-10	Review/Revised Date: 10/19/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Case Management

_____ Date _____
 Director of Utilization Management

POLICY:

Tuberculosis (TB) treatment will be provided in accordance with *KHS Policy and Procedure #3.46-P: Tuberculosis Treatment* and the guidelines outlined in this internal policy and procedure.

TB treatment will be provided in accordance with following accepted guidelines:

- KCDPH TB Control Program
- American Thoracic Society and Centers for Disease Control guidelines
- American Academy of Pediatrics

TB treatment will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- DHS Contract Exhibit A – Attachment 10 (7)(E) and Attachment 11 (15)
- MMCD Policy Letter 97-05

PROCEDURES:

1.0 PROVISION OF SERVICES

TB treatment is provided in accordance with *KHS Policy and Procedure #3.46-P: Tuberculosis Treatment*. A *Memorandum of Understanding* has been established with the

Kern County Department of Public Health (KCDPH)¹. Annual meetings or sooner as needed are conducted to discuss any issues regarding the coordination of care between KCDPH and KHS. KCDPH and KHS collaborate to resolve any issues that may occur during the services provided to KHS members.

2.0 PROVIDER EDUCATION AND SUPPORT

The KHS Provider Relations Department coordinates with the KCDPH to include educational information for contract Providers in the Provider Bulletin. Plan Providers are encouraged to consult, free of charge, with the KCDPH TB Program for direction in developing a comprehensive care plan for members diagnosed or exposed to TB.

The KCDPH, Disease Prevention Division issues monthly new-releases concerning TB and treatment recommendations.

3.0 MEMBER EDUCATION

Educational efforts directed at patients with TB are coordinated with the Health Department DOT Program and the KHS Liaison.

4.0 MONITORING

KHS Case Management assists the practitioners and the TB control division in the monitoring of members with TB. KHS Case Management will assist by reinforcing members' adherence to treatment and follow-up.

5.0 REPORTING

KHS Case Managers contact KCDPH once notified of a patient with TB to ensure proper notification. KHS Case Managers will assist KCDPH to educate practitioners in the reporting of confirmed and suspected TB cases.

KHS Provider Relations and the Medical Director will assist KCDPH to provide feedback and updates to KHS providers on TB care and prevention. KCDPH is required, through the Comprehensive Memorandum of Understanding, to share information and statistics regarding KHS members with TB when required by KHS.

REFERENCE:

¹ **Revision 2020-09:** No revision to policy, titles updated. **Revision 2015-09:** Minor revisions. Reviewed and approved by Health Education Manager. **Revision 2005-10:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-10:** Revised per DHS comment 7/26/02. **Revision 2002-04:** Internal policy created by removing sections from policy #3.46. Version never implemented.

² DHS Contract A-11 (15)(B)



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.46-P Tuberculosis Treatment has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>Doug Hayward</i>
Dr. Tasinga	10/14/2020	<i>M Tasinga</i>
Alan Avery	9/17/2020	Approved-Alan Avery
Deb Murr	9/16/2020	<i>Debra Murr RD</i>
Shannon Miller	9/15/2020	Approved without revision- Shannon Miller

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___

Date approved by the KHS BOD: _____ Date of approved by QI: _____

PAC approval: Yes ___ No ___ Date of approval by PAC: _____

Approval for internal implementation: Yes ___ No ___

Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____

DHCS submission: _____

DMHC submission: _____

Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Tuberculosis Treatment				POLICY #: 3.46-P	
DEPARTMENT: Utilization Management					
Effective Date: 1997-08	Review/Revised Date: 10/19/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Operating Officer

Date _____

 Chief Health Services Officer

Date _____

 Director of Utilization Management

Date _____

POLICY:

Tuberculosis remains a significant public health problem and, despite advances in treatment, can still cause significant morbidity and death. There has been as well a documented trend of increase in the number of cases and the resistance of isolated organism. For these reasons, it is important to identify infected patients and involve them in appropriate treatment programs. Traditionally, the process of screening and identification of infected patients has been performed at all levels of care including private physicians, clinic providers, hospitals, the health department, primary care practitioners (PCPs), and specialty practitioners/providers. The majority of infected patients have been treated and followed by the Kern County Public Health Services Department (KCPHSD) because of its experience, expertise, and resources.

All KHS plan members will receive an initial screening for Tuberculosis (TB) from their PCP as part of the initial health assessment. Those with active TB will be treated and followed closely for compliance and resolution of the disease through the Direct Observed Therapy (DOT) Service.

TB care and treatment will be provided in accordance with following accepted guidelines¹:

- KCPHSDD TB Control Program
- American Thoracic Society and Centers for Disease Control guidelines
- American Academy of Pediatrics

TB treatment will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- DHS Contract Exhibit A – Attachment 10 (7)(E) and Attachment 11 (15)
- MMCD Policy Letter 97-05

PROCEDURES:

1.0 ACCESS

Members ages 0 to 21 years must be assessed for risk factors for developing TB and provided skin testing in accordance with current American Academy of Pediatrics requirements.² All children are screened for risk of exposure to TB at each health assessment visit. The Mantoux skin test is administered during health assessment visits at age 4-5 years and age 11-16 years. The Mantoux skin test is administered to *all* asymptomatic persons at increased risk of developing TB irrespective of age or periodicity if they have not had a test in the previous year. The Mantoux skin test is not administered if the child has had a previously documented positive Mantoux skin test. For all positive skin tests, there must be documentation of follow-up care (e.g. further medical evaluation, chest x-ray, diagnostic laboratory studies and/or referral).³

Members over age 21 (adults) must be assessed for risk factors during the 120 day Initial Health Assessment. Adults are screened for TB risk factors upon enrollment. The Mantoux skin test is administered to *all* asymptomatic persons at increased risk of developing TB irrespective of age or periodicity if they have not had a test in the previous year. The Mantoux is not administered if the individual has had a previously documented positive Mantoux skin test. When a positive skin test is noted, there must be documentation of follow-up care (e.g. further medical evaluation, chest x-ray, diagnostic laboratory studies and/or referral to specialist).⁴

Targeted populations as defined by KCPHSD are substance abusers, homeless, migrant workers, health care workers, school personnel, correctional facility employees, and inmates.

2.0 COVERED SERVICES

KHS covers TB screening, diagnosis, treatment and follow-up care.⁵ DOT is offered by local health departments (LHDs) and is not covered under this Contract.⁶ KHS continues to provide all medically necessary covered services to the members participating in the DOT program.⁷

If a patient is identified as being infected, the patient should be treated by the PCP as per KCPHSD treatment guidelines. The PCP should develop a comprehensive care plan for the member following recommended guidelines by the American Thoracic Society and the Centers for Disease Control and refer the member to the local DOT Program if appropriate. The PCP must assess the risk of noncompliance with drug therapy for each member who requires

placement on anti-tuberculosis drug therapy.⁸ The PCP must assess for appropriateness of DOT at initiation of treatment and throughout the course of treatment for potential non-compliance.⁹ Non-compliance is defined by the KCPHSD as “any patient who misses doses of TB medication or an appointment”.

For specialty services required for the member diagnosed with TB, the PCP should initiate the referral process as outlined in *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*.

2.1 DOT Program

The following groups of members with active TB should be referred for DOT to the KCPHSD TB Control Officer by the assessing PCP (per KCPHSD guidelines)¹⁰:

- A. Patients that have demonstrated multiple drug resistance (defined as resistant to Isoniazid and Rifampin)
- B. Patients whose treatment has failed or who have relapsed after completing a prior regimen
- C. Children and adolescents
- D. Individuals who have demonstrated non-compliance (those who fail to keep office appointments).

The following groups of members with active TB should be assessed for potential noncompliance and for consideration for DOT. If in the opinion of the assessing provider the member is at risk for noncompliance, the member should be referred to the DOT program.¹¹

- A. Substance abusers
- B. Persons with mental illness
- C. The elderly
- D. Persons with unmet housing needs
- E. Persons with language and/or cultural barriers

The KCPHSD would like to have all members diagnosed with TB referred to DOT. Referrals should be directed to the KCPHSD TB Control Officer, telephone number (661) 321-3000. KHS Case Managers will assist with the transfer of medical records and coordinate care with the KCDPH TB Control Officer as requested.

The following are the KCDPH DOT criteria:

- A. Class III
 - (i) with a positive sputum smear
 - (ii) with drug resistant TB disease
 - (iii) history of previous TB treatment with relapse or incomplete treatment
 - (iv) history of poor sputum conversion
 - (v) to infirm to manage self-care
 - (vi) current history of substance abuse
 - (vii) psychiatric or memory problems
 - (viii) residency in a homeless shelter or other temporary shelter
 - (ix) young children and teens
 - (x) poor compliance during initial unsupervised therapy

B. Class II

- (i) exposure to drug resistant TB in the same household with a TB Class III on DOT

2.2 Mandatory Hospitalization

Members required by the KCPHSD Public Health Officer to be hospitalized for non-compliance or isolation are admitted to Kern Medical (KM) by the DOT Program. KHS is financially responsible for reimbursement to KM for those mandated hospital days.

3.0 DOCUMENTATION

Services should be documented in the same manner as other services. Other than the reports outlined in the Coordination of Care section of this policy, no special documentation or forms are required.

4.0 COORDINATION OF CARE, MONITORING, AND REPORTING

Treatment is provided in accordance with the MOU between KHS and KCPHSD¹². KHS provides joint case management and coordination of care with the KCPHSD TB Control Officer.¹³

Providers must report all active cases of TB as outlined in *KHS Policy and Procedure #3.29-P: Condition/Disease Reporting*.

4.1 Hospital Admissions

When a member is receiving treatment for active TB, or when a member is suspected of having TB and is admitted for work-up and/or treatment, the admitting physician must notify KHS and KCPHSD. Both KHS and KCPHSD must be notified by the attending physician when such a patient is discharged or transferred to another hospital. Practitioner/providers must obtain KCPHSD approval prior to hospital transfer or discharge of any patient with known or suspected TB¹⁴

4.2 Communication and Coordination Between DOT and the PCP

The PCP must contact the KCPHSD DOT on all identified TB cases and share pertinent case management information on the member with DOT Program personnel. DOT Program Case Managers follow the referred member and provide the linkage between the KCPHSD TB Program and the PCP. PCP and Specialty Physicians involved in the treatment of members are required to update KCPHSD on a regular basis with regard to the progress of each patient. The DOT Program personnel provide a link between PCPs and the TB program for identified recommendations and consultation at no charge to the PCP regarding the member's care plan or intervention.

Providers involved in the treatment of members with active TB must work with KCPHSD in their efforts to identify contacts of an index case. Any KHS members identified as a contact must receive an appropriate evaluation by that member's assigned PCP.

4.3 Communication and Coordination Between KHS and the Treating Practitioner/Provider

For patients identified as being infected with TB by a specialist physician or hospital staff, the Provider should notify the member's PCP. ~~The Provider should also notify the KHS UM Case Manager to assist with the coordination of care.~~

~~KHS contract providers should notify the KHS UM Department if a patient fails to keep an appointment for treatment or is non-compliant with the treatment regimen.~~

5.0 REIMBURSEMENT

Claims for services covered by KHS should be submitted in accordance with *KHS Policy and Procedure #6.01-P: Claims Submission and Reimbursement*.

5.1 Medi-Cal Product

KHS reimburses KCDPH for lab tests performed at the current Medi-Cal fee-for-service rate when claims are submitted in accordance with KHS guidelines. DOT services are carved out of the KHS contract with the DHS. KCPHSD must seek reimbursement for these services from DHS or EDS.

6.0 PROVIDER RESOURCES

The KCPHSD TB Program communicates, educates, and makes appropriate recommendations to KHS PCPs on issues identified by DOT Case Managers.

Providers are encouraged to contact the KCPHSD TB Program for additional resources or further education.

REFERENCE:

Revision 2020-07: Routine update by Chief Health Services Officer. **Revision 2015-09:** Review requested by Compliance Department. **Revision 2005-03:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-11:** Revised per DHS comment 07/26/02. **Revision 2002-05:** Revised per DHS Comment 09/19/01. Not distributed. **Revision 2001-03:** Per UM Request, *Policy #2.12 – Tuberculosis – Treatment for Protocols for Primary Care Providers* was deleted. The appropriate information was added to this policy.

¹ DHS Contract A-10 (7)(E)

² MMCD Policy Letter 97-05, page 2

³ Medical Record Review Guidelines, California Department of Health Services, Medi-Cal Managed Care Division

⁴ Medical Record Review Guidelines, California Department of Health Services, Medi-Cal Managed Care Division

⁵ DHS Contract A-10 (7)(E)

⁶ DHS Contract A-11 (15)(A)

⁷ DHS Contract A-11 (15)(A)

⁸ DHS Contract A-11 (15)(A)

⁹ Exact wording requested by DHS (Comment 09/19/01).

¹⁰ DHS Contract A-11 (15)(A)

¹¹ DHS Contract A-11 (15)(A)

¹² DHS Contract A-11 (15)(B)

¹³ DHS Contract A-11 (15)(A)

¹⁴ HSC Section 21361.



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.61-I Comprehensive Case Management and Coordination of Care has been updated and is provided here for your review and approval.

Policy approved by DHCS 9/11/2020.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>Doug Hayward</i>
Dr. Tasinga	10/14/2020	<i>M Tasinga</i>
Alan Avery	10/6/2020	Electronically signed-Alan Avery
Deb Murr	10/1/2020	<i>Deborah C Murr RD</i>
Michael Pitts	9/21/2020	<i>Michael Pitts</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
Date approved by the KHS BOD: _____ Date of approved by QI: _____
PAC approval: Yes ___ No ___ Date of approval by PAC: _____
Approval for internal implementation: Yes ___ No ___
Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
DHCS submission: _____
DMHC submission: _____
Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Comprehensive Case Management and Coordination of Care				POLICY #: 3.61-I	
DEPARTMENT: Utilization Management					
Effective Date: 01-2006	Review/Revised Date: 10/19/2020	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Operating Officer

Date _____

 Chief Health Services Officer

Date _____

 Director of Case Management & Disease Management

Date _____

POLICY:

Kern Health Systems (KHS) provides basic comprehensive medical case management to Medi-Cal members (“members”). KHS maintains procedures for monitoring the coordination of care provided to members, including medically necessary services delivered within and outside the KHS provider network.

Comprehensive case management and coordination of care will be provided in accordance with the contractual requirements outlined in KHS’ Medi-Cal contract with the DHCS.

DEFINITIONS:

Comprehensive Medical Case Management Services	Services provided by a Primary Care Physician to promote the coordination of medically necessary health care services, the provision of preventive services in accordance with established standards and periodicity schedules, and the continuity of care for members. It includes health risk assessment, treatment planning, coordination, referral, follow-up, and monitoring of appropriate services and resources required to meet an individual's health care needs.
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PROCEDURES:

1.0 GENERAL CASE MANAGEMENT AND COORDINATION OF CARE

KHS members receive comprehensive case management and coordination of care services from their assigned Primary Care Physician (PCP), which includes procedures used to monitor the provision of Basic Case Management.

Basic Case Management means a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs. Services are provided by the Primary Care Physician (PCP) or by a PCP-supervised Physician Assistant (PA), Nurse practitioner (NP), or Certified Nurse Midwife, as the Medical Home. Coordination of carved out and linked services are considered basic case management services.

An Initial Health Assessment (IHA) consists of a history and physical examination and an Individual Health Education Behavioral Assessment (IHEBA) that enables a provider of primary care services to comprehensively assess the Member’s current acute, chronic and preventive health needs and identify those Members whose health needs require coordination with appropriate community resources and other agencies for services not covered under this contract.

The PCP is responsible for assuring that arrangements are made for follow-up services that reflect the findings or risk factors discovered during the IHA and IHEBA.

Members’ completed IHA and IHEBA tool are to be contained in the Members’ medical record and available during subsequent preventive health visits.

KHS PCP’s will make reasonable attempts to contact a Member and schedule an IHA. All attempts shall be documented. Documented attempts that demonstrate the PCP’s unsuccessful efforts to contact a Member and schedule an IHA shall be considered compliant with the requirement.

Members will be informed during the New Member entry process to complete the IHA and the Staying Healthy Assessment (SHA) within the designated timeframes with their assigned PCP.

KHS will monitor the IHA/SHA completion through monthly report reconciliation with claims data and if not completed, outreach will be performed to promote gap closure.

Basic Case Management Services are provided by the Primary Care Provider, in collaboration with KHS, and shall include:

- Initial Health Assessment (IHA)) performed within 120 calendar days of enrollment to identify the need for preventive health visits for all Members under 21 years of age at times specified by the most recent AAP periodicity schedule (Bright Futures guidelines) and anticipatory guidance as outlined in the AAP Bright Futures periodicity schedule. KHS providers will provide, as part of the periodic preventive visit, all age specific assessments and services required by the CHDP program and the age-specific health education behavioral assessment IHEBA as necessary. Where the AAP periodicity exam schedule is more frequent than the CHDP periodicity examination schedule, KHS providers will ensure that the AAP scheduled assessment includes all assessment components required by the CHDP for the lower age nearest to the current age of the child.
- Individual Health Education Behavioral Assessment (IHEBA) performed within 120 calendar days for all members; and that all existing Members who have not completed an IHEBA, must complete it during the next non-acute, preventative care office visit according to the DHCS standardized “Staying Healthy” assessment tools, or alternative approved tools that comply with DHCS approval criteria for the individual health education behavioral assessment IHEBA. The IHEBA tool must be;
 - a) administered and reviewed by the primary care Provider during an office visit,
 - b) reviewed at least annually by the primary care provider Primary Care Provider with Members who present for a scheduled visit, and
 - c) Re-administered by the primary care provider Primary Care Provider at the appropriate age-intervals.
- Identification of appropriate providers and facilities (such as medical, rehabilitation, and support services) to meet Member care needs
- Direct communication between the provider and Member/family
- Member and family education, including healthy lifestyle changes when warranted; and;
- Coordination of carved out and linked services, and referral to appropriate community resources and other agencies.

IHAs for Adults (Age 21 and older)

- KHS covers and ensures that an IHA for adult Members is performed by the PCP within 120 calendar days of enrollment. The performance of the initial complete history and physical exam for adults includes, but is not limited to:
 - blood pressure,
 - height and weight,
 - total serum cholesterol measurement for men ages 35 and over and women ages 45 and over,
 - clinical breast examination for women over 40,
 - mammogram for women age 50 and over,

- Pap smear (or arrangements made for performance) on all women determined to be sexually active,
- Chlamydia screen for all sexually active females aged 21 and older who are determined to be at high-risk for chlamydia infection using the most current CDC guidelines. These guidelines include the screening of all sexually active females aged 21 through 25 years of age,
- screening for TB risk factors including a Mantoux skin test on all persons determined to be at high risk, and,
- IHEBA.

Immunizations

KHS PCP's are responsible for assuring that all adults are fully immunized. KHS will cover and ensure the member's PCP adheres to the timely provision of vaccines in accordance with the most current California Adult Immunization recommendations.

In addition, PCP will provide age and risk appropriate immunizations in accordance with the findings of the IHA, other preventive screenings and/or the presence of risk factors identified in the health education behavioral assessment.

KHS PCP's will document attempts to provide immunizations. If the Member refuses the immunization, proof of voluntary refusal of the immunization in the form of a signed statement by the Member or guardian of the Member shall be documented in the Member's Medical Record. If the responsible party refuses to sign this statement, the refusal shall be noted in the Member's Medical Record. Documented attempts that demonstrate unsuccessful efforts to provide the immunization shall be considered compliant in meeting this requirement.

Member-specific immunization information will be periodically reported to an immunization registry established in the KHS Service Area as part of the Statewide Immunization Information System. Reports shall be made following the Member's initial health assessment IHA and all other health care visits which result in an immunization being provided. Reporting shall be in accordance with all applicable State and Federal laws.

Dental Services

Dental services are not covered under KHS DHCS contract. KHS covers and ensures KHS providers conduct dental screenings/oral health assessments for all Members as a part of the initial health assessment IHA.

For Members under 21 years of age, PCP's responsible for ensuring that a dental screening/oral health assessment is performed as part of every periodic assessment, with annual dental referrals made commencing at age three (3) or earlier if conditions warrant with the eruption of the child's first tooth or at 12 months of age, whichever occurs first.

Members will be referred to appropriate Medi-Cal dental providers for further evaluation and treatment as deemed necessary. KHS PCP's provide Medically Necessary Federally Required Adult

Dental Services (FRADs) and fluoride varnish, dental services that may be performed by a medical professional. Dental services that are exclusively provided by dental providers are not covered benefits under KHS.

Women, Infant, and Children Program

WIC services are not covered under KHS contract with the DHCS. However, KHS has procedures to identify and refer eligible Members for WIC services. As part of the referral process, KHS providers will furnish the WIC program with a current hemoglobin or hematocrit laboratory value and document the laboratory values and the referral in the Member's medical record.

As part of its initial health assessment IHA of Members, or, as part of the initial evaluation of newly pregnant women, the member's PCP will refer and document the referral of pregnant, breastfeeding, or postpartum women or a parent/guardian of a child under the age of five (5) to the WIC program as mandated by 42 CFR 431.635(c). KHS will execute a MOU with the WIC program as stipulated by the DHCS for services provided to Members through the WIC program.

KHS will administer and perform ongoing monitoring of the provision of Complex Case Management to Members to include procedures to identify members who may benefit from complex case management services.

Complex Case Management Services are provided by the primary care provider, in collaboration with KHS, and shall include, at a minimum:

- Basic Case Management Services
- Management of acute or chronic illness, including emotional and social support issues by a multidisciplinary case management team to include the following mental health services performed within the scope of practice for licensed mental health care providers:
 - Individual/group mental health evaluation and treatment (psychotherapy);
 - Psychological testing when clinically indicated to evaluate a mental health condition;
 - Outpatient services for the purpose of monitoring drug therapy;
 - Psychiatric consultation for medication management.
 - Outpatient laboratory, supplies and supplements; and
 - Screening and Brief Intervention (SBI) for substance use conditions.
- Intense coordination of resources to accomplish the goal that the member regains optimal health or improved functionality
- With Member and PCP input, development of care plans specific to individual needs, and updating of these plans at least annually
- Coordination of services for members who have a behavioral health diagnosis or developmental disability in addition to one or more chronic medical diagnoses or a social circumstance of concern e.g. homelessness.
- If a Member becomes eligible for Specialty Mental Health Services during the course of receiving medically necessary Outpatient Mental Health Services, KHS shall continue the provision of non-duplicative, Medically Necessary Outpatient Mental

Health Services.

- Any time that a Member requires a Medically Necessary Outpatient Mental Health Service that is not available within the provider network, KHS shall ensure access to out-of-network and Telehealth mental health providers as necessary to meet access requirements.
- KHS shall ensure the provision of SBI services by a Member's PCP to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

KHS shall develop an algorithm methodology for risk stratification to identify Members who may benefit from Complex Case Management services, using utilization and claims data, Member Evaluation Tool (MET), clinical data, Health Information Form (HIF), a Predictive Modeling tool and any other available data, as well as member and physician self reported information.

KHS will electronically access member-specific health information, including the member's historical Medi-Cal FFS utilization data provided by DHCS at the time of enrollment. This data may include, but is not limited to:

- Outpatient services,
- Inpatient services,
- Emergency department services,
- Pharmacy, and
- Ancillary services data for the most recent 12 months.

Complex case management services for SPDs must include the concepts of Person-Centered Planning.

Complex Case Management Enrollment Criteria may include but are not limited to:

- Are residing in an acute hospital setting
- Have been hospitalized within the last 90 days, or have had 3 or more hospitalizations within the past year
- Have had 3 or more ER visits in the past year in combination with other evidence of high utilization of services (e.g. multiple prescriptions consistent with the diagnoses of chronic diseases)
- Have ESRD, AIDS, and/or a recent organ transplant
- Have cancer, currently being treated
- Have been prescribed 15 or more prescriptions in the past 90 days
- Major trauma within the previous 3 months
- Four or more chronic conditions
- Readmission within 30 days with the same /similar diagnosis/condition
- Have been on oxygen within the past 90 days,
- Are Pregnant
- Have been prescribed antipsychotic medication with the past 90 days
- Have a self-report of a deteriorating condition
- Chronic conditions including Asthma, COPD, Diabetes, CHF, CAD, and Cirrhosis/Chronic Liver Disease

- SPD members identified as “high risk” through initial risk stratification, HRA, or one of the data or referral sources listed above
- Coordination of services for members who have a behavioral health diagnosis or developmental disability in addition to one or more chronic medical diagnosis or a social circumstance of concern e.g. homelessness.

Criteria for transition out of Complex Case Management may include but are not limited to:

- Loss of eligibility for the program (member no longer enrolled through client).
- Achievement of documented targeted outcomes.
- Chief Medical Officer or designee Decision
- Member opts out of case management program.
- The member is unable to be located.
- Determination by the case manager that he/she is no longer able to provide appropriate case management services (i.e. due to member non-compliance, non-adherence to the plan of care). This last reason for case closure involves discussion and decision making with the Chief Medical Officer or designee.

Person-Centered Planning for SPD Beneficiaries¹

- Upon the enrollment of a SPD beneficiary, KHS shall provide the provision of, Person-Centered Planning and treatment approaches that are collaborative and responsive to the SPD beneficiary’s continuing health care needs.
- Person-Centered Planning shall include identifying each SPD beneficiary’s preferences and choices regarding treatments and services, and abilities.
- KHS shall allow the participation of the SPD beneficiary, and any family, friends, and professionals of their choosing, to participate fully in any discussion or decisions regarding treatments and services.
- KHS shall monitor that SPD beneficiaries receive all necessary information regarding treatment and services so that they may make an informed choice.

For the purpose of this policy, Person-centered Planning means a highly individualized and ongoing process to develop individualized care plans that focus on a person’s abilities and preferences. Person-centered Planning is an integral part of Basic and Complex Case Management and discharge planning. KHS will arrange the following Person-Centered Planning for services to SPD’s upon enrollment.

- KHS shall provide, or arrange the provision of, Person-Centered Planning and treatment approaches that are collaborative and responsive to the SPD member’s continuing health care needs through careful review of the individualized care plans and Health Risk Assessment (HRA). KHS will foster community resources and facilitate routine and specialty appointments, transportation or other ancillary services necessary to provide health care needs that are identified. Referrals coordination between KHS Care and Case Management will be maintained to allow for prompt and medically necessary services to be received.
- Person-Centered Planning shall include identifying each SPD member’s preferences and choices regarding treatments and services, and abilities. Members can request Continuity of Care with either a PCP or specialist. KHS will coordinate the member’s requests with the provider to promote ongoing receipt of necessary services without interruption for up to one year. At that time, transition of care will be reviewed to promote continuity of services with contracted providers within KHS network.

- KHS shall allow or arrange the participation of the SPD member, and any family, friends, and professionals of their choosing, to participate fully in any discussion or decisions regarding treatments and services. Care management of the entire family unit, not solely the individual, will be conducted at the request of the member. Members will be encouraged to discuss treatment options with their providers and become an active participant in their healthcare. KHS Member Services Representative may be contacted to inquire as to their membership status as well as any pending services that were previously requested. KHS shall arrange that SPD members receive all necessary information regarding treatment and services so that they may make an informed choice. Information is made available detailing specific services, contracted providers as well as covered benefits in various formats, i.e. newsletters, members mailings or bulletins, provider directory and member handbooks to promote the health care of each individual member. Members are informed of approved services via Approval Letter or Notice of Action (NOA) Letters detailing any modifications or denials for services with alternative treatment options.

Discharge Planning and Care Coordination²

KHS shall monitor the provision of discharge planning when a SPD Member is admitted to a hospital or institution and continuation into the post discharge period. Discharge planning shall review the documentation submitted to determine if the necessary care, services, and supports in the community are available for the SPD Member once they are discharged from a hospital or institution, including scheduling an outpatient appointment and/or conducting follow-up with the patient and/or caregiver. Minimum criteria for a discharge planning checklist must include:

- A. Documentation of pre-admission status, including living arrangements, physical and mental function, social support, durable medical equipment (DME), and other services received.
- B. Documentation of pre-discharge factors, including an understanding of the medical condition by SPD Member or a SPD Member representative as applicable, physical and mental function, financial resources, and social supports.
- C. Services needed after discharge, type of placement preferred by the SPD Member/ Member representative and hospital/institution, type of placement agreed to by the SPD Member/Member representative, specific agency/home recommended by the hospital, specific agency/home agreed to by the SPD Member/Member representative, and pre-discharge counseling recommended.
- D. Summary of the nature and outcome of SPD Member/Member representative involvement in the discharge planning process, anticipated problems in implementing post-discharge plans, and further action contemplated by the hospital/institution.

It is the PCP's responsibility to track referrals and follow-up care. To assist in this effort, KHS provides the PCP with a quarterly list of open authorizations. The PCP should investigate all open authorizations and follow up with the member, as necessary. PCP follow-up and documentation is monitored by the Quality Improvement Department through facility site review.

Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age of 21

KHS will provide case management services as necessary to ensure the provision of medically necessary services for Medi-Cal eligible members under the age of 21 with approved PDN services. KHS will provide case management services as outlined throughout this policy, including the arrangement of PDN services, regardless of financially responsible for the PDN service.

"Case Management Services" means those services furnished to assist individuals eligible under the Medi-Cal State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, education, and other services in accordance with 42 Code of Federal Regulations (CFR) sections 441.18 and 440.169. The assistance that case managers provide in supporting eligible individuals is set forth in 42 CFR 14 section 440.169(d) and (e), and 22 California Code of Regulations (CCR) section 51184(d), (g) (5) and (h). SA Pg. 3, para. 1.

Case Management Services will be set forth in the Kern Health Systems' Medi-Cal contract to all plan enrolled Medi-Cal beneficiaries who are EPSDT eligible and for whom Medi-Cal Private Duty Nursing services have been approved, including: upon a plan member's request, Case Management Services to arrange for all approved Private Duty Nursing services utilized by the plan member, even when the Kern Health System is not financially responsible for paying for the approved Private Duty Nursing services. SA Pg. 6, para. 21.a.i. Medi-Cal Private Duty Nursing services include Private Duty Nursing services approved by the California Children's Services Program (CCS).

Kern Health Systems shall use one or more Home Health Agencies, Individual Nurse Providers, or any combination thereof, in providing Case Management Services as set forth in the Medi-Cal contract to plan enrolled EPSDT eligible Medi-Cal beneficiaries approved to receive Private Duty Nursing services, including, upon that member's request, Case Management Services to arrange for all approved Private Duty Nursing services desired by the member, even when Kern Health System is not financially responsible for paying for the approved Private Duty Nursing services. SA Pg. 6, para. 21.a.ii.

Kern Health System's obligations to plan enrolled EPSDT eligible Medi-Cal beneficiaries approved to receive Private Duty Nursing services who request Case Management Services for their approved Private Duty Nursing services include, but are not limited to:

- A. providing the member information about the number of Private Duty Nursing hours that they are approved to receive.
- B. contacting enrolled Home Health Agencies and enrolled Individual Nurse Providers to seek approved Private Duty Nursing services on the member's behalf;
- C. identifying and assisting potentially eligible Home Health Agencies and Individual Nurse Providers with navigating the process of enrolling to be a Medi-Cal provider;
- D. working with Home Health Agencies and enrolled Individual Nurse Providers to jointly provide Private Duty Nursing services to the member as needed.

SA Pgs. 6-7, para. 21.a.iii.

When Kern Health System has approved a plan enrolled EPSDT eligible Medi-Cal beneficiary to receive Private Duty Nursing services, Kern Health System has primary responsibility to provide Case Management for approved Private Duty Nursing services. SA Pg. 11, para. 24.a.

When CCS has approved a CCS participant who is an EPSDT eligible Medi-Cal beneficiary to receive Private Duty Nursing services for treatment of a CCS condition, the CCS Program has primary responsibility to provide Case Management for approved Private Duty Nursing services. SA Pg. 11, para. 24.b.

Regardless of which Medi-Cal program entity has primary responsibility for providing Case Management for the approved Private Duty Nursing services, an EPSDT eligible Medi-Cal beneficiary approved to receive Medi-Cal Private Duty Nursing services, and/or their personal representative, may contact any Medi-Cal program entity that the beneficiary is enrolled in (which may be a Managed Care Plan, CCS, or the Home and Community Based Alternatives Waiver Agency) to request Case management for Private Duty Nursing services. The contacted Medi-Cal program entity must then provide Case Management Services as described above to the beneficiary and work collaboratively with the Medi-Cal program entity primarily responsible for Case Management. SA Pg. 12, para. 25.

Definitions:

"EPSDT services" means Early and Periodic Screening, Diagnostic and Treatment services, a benefit of the State's Medi-Cal program that provides comprehensive, preventative, diagnostic, and treatment services to eligible children under the age of 21, as specified in section 1905(r) of the Social Security Act. (42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), 1396d(r).)

"Private Duty Nursing" means nursing services provided in a Medi-Cal beneficiary's home by a registered nurse or a licensed practical nurse, under the direction of a beneficiary's physician, to a Medi-Cal beneficiary who requires more individual and continuous care than is available from a visiting nurse. (42 CFR. § 440.80.)

"Home Health Agency" as defined in Health and Safety Code section 1727(a) and used herein, means a public or private organization licensed by the State which provides skilled nursing services as defined in Health and Safety Code section 1727(b), to persons in their place of residence.

"Individual Nurse Provider" or "INP" means a Medi-Cal enrolled Licensed Vocational Nurse or Registered Nurse who independently provides Private Duty Nursing services in the home to Medi-Cal beneficiaries.

If PDN services are approved by KHS for an eligible member under the age of 21, KHS is primarily responsible for providing case management to arrange for all approved PDN service hours. If another entity, such as CCS, has authorized PDN services and is primarily responsible for providing case management for those PDN services, KHS will still provide case management as necessary, including, at the member's request, arranging for all approved PDN services. KHS will use one or more Medi-Cal enrolled HHA's or individual nurse providers, or any combination thereof to meet the member's approved PDN service needs.

PDN Case Management Responsibilities

When an eligible member under the age of 21 is approved for PDN services and requests that KHS provide case management services for those PDN services, KHS must, but is not limited to:

- Providing the member with information about the number of PDN hours the member is to receive;
- Contacting enrolled HHA's and enrolled individual nurse providers to seek approved PDN services on behalf of the member;
- Identifying potentially eligible HHA's and individual nurse providers and assisting them with navigating the process of enrolling to become a Medic-Cal provider; and
- Working with enrolled HHA's and enrolled HHA's and enrolled individual nurse providers to jointly provide PDN services to the member.

Members may choose not to use all approved PDN service hours, and KHS will respect the member's choice and document instances when a member chooses not to use approved PDN services. When arranging for the member to receive authorized PDN services, KHS will document all efforts to locate and collaborate with providers of PDN services and with other entities, such as CCS.

Notice to Members

KHS will issue a notice to every member under the age of 21 for whom it has currently authorized PDN services. The notice will:

- Explain that KHS has primary responsibility for case management of PDN services.
- Give a description of the case management services available to the member in connection with PDN services, as set forth above.
- Explain how to access those services.
- Include a statement that the member may:
 - Utilize KHS existing grievance and appeal procedures to address difficulties in receiving PDN services or their dissatisfaction with their case management services;
 - File a Medi-Cal fair hearing as provided by law; or
 - Email DHCS directly at EPSDT@dhcs.ca.gov
- Include a statement that if the member has questions about their legal rights regarding PDN services, they may contact Disability Rights California at (888) 852-9241.

Monitoring & Oversight

KHS will be responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance. These requirements will be communicated by KHS to all subcontractors and network providers.

2.0 CASE MANAGEMENT AND COORDINATION OF CARE FOR SPECIFIC SERVICES

Case management and coordination of care for specific services are provided as outlined below:

- A. Targeted Case Management Services: See *KHS Policy and Procedure #3.13-P: EPSDT Supplemental Services and Targeted Case Management (TCM)*
- B. Disease Management Program Services: See *KHS Policy and Procedure #2.35-P: Disease Management*
- C. Out-of-Plan Services: See *KHS Policy and Procedure #3.55-I Coordination of Care for Out-of-Network, Seldom Used, and/or Unusual Specialty Services*
- D. Specialty Mental Health Services: See *KHS Policy and Procedure #3.14-P Mental Health Services*
- E. Alcohol and Substance Abuse Treatment Services: See *KHS Policy and Procedure #3.10-P Alcohol and Drug Treatment Services*
- F. Services for Children with Special Health Care Needs: See *KHS Policy and Procedure #3.56-P Services for Children with Special Health Care Needs*
- G. California Children's Services: See *KHS Policy and Procedure #3.16-P California Children's Services.*
- H. Services for Persons with Developmental Disabilities: See *KHS Policy and Procedure #3.03-P Kern Regional Center Services (Developmental Disabilities and Early Intervention)*
- I. Local Education Agency Services: See *KHS Policy and Procedure #3.57-P Local Education Agency Services*
- J. School Linked CHDP Services: No local school districts or school sites in Kern County provide CHDP services. For speech services that are not medically necessary and are not covered by Medi-Cal, KHS provides parents of member children with the phone number of *Search and Serve*, a community referral resource for these non-covered services.
- K. Foster Care: Foster care and Adoption Assistance Program (AAP) children receive prompt medical care, and KHS promptly authorizes medically necessary services to such children's providers in the county of placement. KHS billing processes are sensitive to the need to make timely payments to providers who treat children placed out-of-county who are KHS members.
- L. HIV/AIDS Home and Community Based Services Waiver Program: See *KHS Policy and Procedure #3.11-I Home and Community Based Services (HCBS) Waiver Programs*
- M. Dental Services: See *KHS Policy and Procedure #3.06-P Dental Services*
- N. Direct Observed Therapy (DOT) for Treatment of Tuberculosis (TB): See *KHS Policy and Procedure #3.46-P Tuberculosis Treatment*
- O. Women, Infants, and Children (WIC) Supplemental Nutrition Program: See *KHS Policy and Procedure #3.08-P WIC*
- P. Major Organ Transplants: See *KHS Policy and Procedure #3.02-P Major Organ Transplant*
- Q. Waiver Programs: See *KHS Policy and Procedure #3.11-I Home and Community Based Services (HCBS) Waiver Programs*
- R. Vision Care: See *KHS Policy and Procedure #3.07-P Vision Care*
- S. Nursing Facility and Long Term Care: See *KHS Policy and Procedure #3.42-P Nursing Facility and Long Term Care*

T. Hospice: See *KHS Policy and Procedure #3.43-P Hospice*

REFERENCE:

Revision 2020-06: Policy approved by DHCS 9/11/2020. **Revision: 04/2020:** Revised to comply with DHCS Audit CAP by Chief Health Services Officer. **Revision 2017-10:** Major revision to policy by Administrative Director of Health Services. **Revision 2016-08:** Minor revisions by Case Management and Health Services. **Revision 2016-05:** Retrospective audit performed on Policy Letter (PL) 14-005. Specified diagnosis codes excluded to comply with (PL) 14-005. **Revision 2014-08:** Policy still pending approval by DMHC as part of the Material Modification. Policy revised by Director of Health Services to comply with Mental Health Carve-In (2013-12). **Revision 2012-04:** Policy revised to comply with SPD Deliverable 11.C. Policy approved by the Department of Health Care Services (DHCS) March 19, 2012.

¹ 2010 DHS Contract Exhibit A, Attachment 11 (1D)

² 2010 DHS Contract Exhibit A, Attachment 11(2D)



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 10.01-I Clinical and Public Advisory Committee Appointment has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	9/14/20	<i>Doug Hayward</i>
Dr. Tasinga	9/15/2020	<i>M Tasinga</i>
Alan Avery	9/8/2020	Approved via email by Alan Avery
Emily Duran	9/2/2020	Approved via email by Emily Duran
Deb Murr	8/24/2020	<i>Deborah (Murr) R</i>
Nate Scott	8/19/2020	Approved via email Nate Scott
Louie Iturriria	8/18/2020	Approved via email Louis Iturriria – following new PP/CAC committee appointments at 8/13/20 KHS Board meeting – attachment revised
Bruce Wearda	7/20/2020	Approved via email Bruce Wearda
Jane Daughenbaugh	6/9/2020	<i>Jane Daughenbaugh</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Clinical and Public Advisory Committee Appointment				POLICY #: 10.01-I	
DEPARTMENT: Quality Improvement					
Effective Date: 08/29/1997	Review/Revised Date: 9/16/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD	X	FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Operating Officer

Date _____

 Chief Network Administration Officer

Date _____

 Chief Health Services Officer

Date _____

 Director of Member Services

Date _____

 Director of Marketing

Date _____

 Director of Pharmacy

Date _____

 Director of Quality Improvement

Date _____

POLICY:

Kern Health Systems (KHS) has established procedures to permit subscribers and enrollees to participate in establishing the public policy of the plan. For purposes of this document, public policy means acts performed by KHS or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the plan's facilities to provide health care services to them, their families, and the public. KHS will ensure the provision of Public policy appointments to the committee will be made in accordance with statutory, regulatory, and contractual requirements:

- Knox Keene Health Care Service Plan Act of 1975
- Health Maintenance Act of 1973
- California Code of Regulations Title 28 1300.69, Division 1, Chapter 2, Article 8

In order to transact the business of KHS, the Board of Directors recognizes the need to delegate certain authority to specified advisory committees. These committees will serve in the role of reviewing pertinent information and advising the Board with regard to action. This policy will establish the method by which members of the advisory committees of the Board will be appointed Including Fraud, Waste and Abuse and Compliance Committee.

PURPOSE:

To establish the criteria and method by which members of the Physician Advisory (PAC), Quality Improvement/Utilization Management (QI/UM), Pharmacy and Therapeutics (P&T), and other advisory committees are appointed.

PROCEDURE:

1.0 COMMITTEES

KHS has established the following advisory committees:

- A. Quality Improvement/Utilization Management (QI/UM) Committee Membership (see Attachment A)
- B. Physician Advisory Committee (PAC) Membership (see Attachment B)
- C. Pharmacy and Therapeutics (P&T) Committee Membership (see Attachment C)
- D. Public Policy/Community Advisory Committee (see Attachment D)

KHS established additional committees to address other operation areas described in *KHS Policy and Procedure 14.04-Fraud, Waste, and Abuse Committee and Policy and Procedure 14.55- Delegated Oversight Committee.*

2.0 COMMITTEE MEMBERS

At the direction of the Board, a list of candidates for membership for each position on the designated committees is developed by KHS staff. This list is presented to the Board for review and selection. Committee members are appointed by the Board of Directors.

2.1 Practitioner Recruitment

Each candidate should be a credentialed contracted practitioner who has indicated an interest in serving on the committee. The list of candidates should be designed to represent the various organizational and geographic constituencies participating in the network.

Special consideration is given to traditional and safety net practitioners with the intention of providing them as much representation on the committee as possible. Practitioners with past experience, demonstrated expertise, or expressed interest in the subject matter of the committee are given particular consideration.

2.2 Non-Practitioner Recruitment

Non-practitioner committee members may include members (current and past), advocacy group representatives, or any other interested individual. Candidates may apply for committee membership by submitting a resume and/or letter to the Chief Medical Officer. In the application correspondence, the candidate should identify the Committee on which they wish to be a member and how they will positively contribute to the committee composition.

3.0 MEMBERSHIP TERM

Committee membership is for two years and reviewed by the Board on a biennial basis at either the January or February Board meeting.

4.0 ATTENDANCE

Committee members must attend a minimum number of committee meetings determined by each committee. Failure to comply with committee meeting attendance may result in Board evaluation of committee appointment including, but not limited to, termination of appointment.

5.0 ADDITIONAL COMMITTEES

Fraud Waste and Abuse

Kern Health Systems (KHS) is committed to preventing and detecting any fraud, waste, or abuse related to the State Medi-Cal health care programs. To this end, KHS maintains a compliance program and strives to educate its work-force on fraud and abuse laws, including the importance of ongoing monitoring of claims and authorizations. KHS maintains a Clinical Oversight Committee for Fraud, Waste, and Abuse to ensure inappropriate claims and /or services are detected early, investigated properly, and reported as required to the DHCS or other regulatory bodies. The committee meets at a minimum of bi-monthly or more often as warranted.

This committee consists of internal KHS clinical staff, including but not limited to:

- Chief Medical Officer, or designee,
- Medical Director(s),
- Senior Director of Health Services,
- Director of Quality Improvement,
- Director of Case and Disease Management, ‘
- Director of Utilization Management,
- Administrative Director of Health Homes,
- Director of Health Education, Cultural and Linguistics, and
- Compliance representative

Compliance Committee

KHS maintains a Corporate Compliance program as a formal system to help the organization maintain compliance in all areas of operation. The committee focuses on upholding policies and procedures that prevent the organization and employees from non-adherence to governing laws and regulations. The Compliance Committee meets at a minimum of quarterly or more often as warranted.

This committee consists of internal KHS clinical staff, including but not limited to:

- Chief Operating Officer,
- Chief Medical Officer,
- Chief Information Officer,
- Director of Compliance,
- Senior Director of Health Services,
- Director of Pharmacy,
- Director of Provider Relations,
- Director of Claims,
- Director of Human Resources,
- Director of Member Services, and
- Controller

ATTACHMENTS:

- ❖ Attachment A – Quality Improvement/Utilization management Committee Membership
- ❖ Attachment B – Physicians Advisory Committee Membership
- ❖ Attachment C – Pharmacy & Therapeutics Committee Membership
- ❖ Attachment D – Public Policy/Community Advisory Committee

Revision 2020-08: PP/CAC Committee appointments approved at 8/13/2020 KHS Board meeting. Added language of Knox-Keene regulations regarding participation by subscribers and enrollees to align with section 1369 of the Knox-Keene Act., Director of Quality Improvement. **Revision 2014-12:** Minor changes provided by Director of Pharmacy. Policy will be presented to KHS Board of Directors. **Revision 2011-08:** Attachment B limited Ex Officio Non-Voting members to Medical Director or Doctor of Osteopathy. **Revisions 2009-02:** Revised by Quality Improvement Manager. **Revision 2005-04:** Change requested by Director of Pharmacy to have P and T Committee Membership changed to voting members. **Revision 2002-08:** Revised per DHS Comment 09/19/01. **Formerly:** 2.05 - Committee Appointment. Changed to Administration Section of policies (10.XX).

**QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT
(QI/UM)
COMMITTEE MEMBERSHIP**

Voting Membership

- 1 KHS Chief Medical Officer (Chairperson)
- 2 Participating Primary Care Physicians
- 2 Participating Specialty Physicians
- 1 Participating Home Health Representative
- 1 Kern County Public Health Officer
- 1 Participating Mid-Level Practitioner
- 2 Other Participating Ancillary Representatives
- 1 Participating Hospital Representative (as selected by KHS)
- QI Manager and staff (Committee staff support)

Meeting Schedule

The QI/UM Committee meets at least quarterly, but as frequently as necessary to demonstrate follow-up on all findings and required actions.

Reporting Relationship

QI/UM Committee reports to the Board of Directors at least quarterly.

PHYSICIANS ADVISORY COMMITTEE (PAC) MEMBERSHIP

Voting Members

- 1 KHS Chief Medical Officer (Chairperson)
- 2 General/Family Practitioner
- 1 General Internist
- 1 Pediatrician
- 1 Obstetrics/Gynecologist
- 1 Noninvasive Specialist
- 1 Invasive Specialist
- 1 Practitioner at Large

Ex Officio Non-Voting Members:

- 1 KHS Board Member (Limited to Medical Doctor (MD) or Doctor of Osteopathy (DO))

PHARMACY & THERAPEUTICS COMMITTEE
MEMBERSHIP

Voting Membership

- 1 KHS Chief Medical Officer (Chairperson)
- 1 KHS Corporate Pharmacist (Alternate Chairperson)
- 1 KHS Board Member
- 1 Retail/Independent Pharmacist
- 1 Retail Chain Pharmacist
- 1 Geriatric Practice Pharmacist
- 1 General Practice Medical Doctor
- 1 Pediatrician
- 1 Internist
- 1 Obstetrics and Gynecology
- 1 Provider at Large

Meeting Schedule

The P&T Committee meets quarterly – Quorum: 4 voting members

Reporting Relationship

Reports to the QI/UM Committee quarterly

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

The Public Policy/Community Advisory Committee (PP/CAC) shall provide public input in the development of policies for KHS. The Public Policy/Community Advisory Committee shall meet quarterly.

Voting Members:

- 7 Subscribers/enrollees
- 1 Member of the KHS Board of Directors
- 1 Participating Health Care Practitioner
- 1 Kern County Health Officer or Representative
- 1 Director, Kern County Department of Human Services or Representative
- 2 Community Representatives

Ex-officio Non-Voting member:

KHS Director of Marketing (Chairperson)

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

Report Date: October 16, 2020

OVERVIEW

Kern Health Systems' Health Education department provides comprehensive, culturally and linguistically competent services to plan members with the intent of promoting healthy behaviors, improving health outcomes, reducing risk for disease and empowering plan members to be active participants in their health care.

The following pages reflect statistical measurements for the Health Education department detailing the ongoing activity for the 3rd quarter 2020.

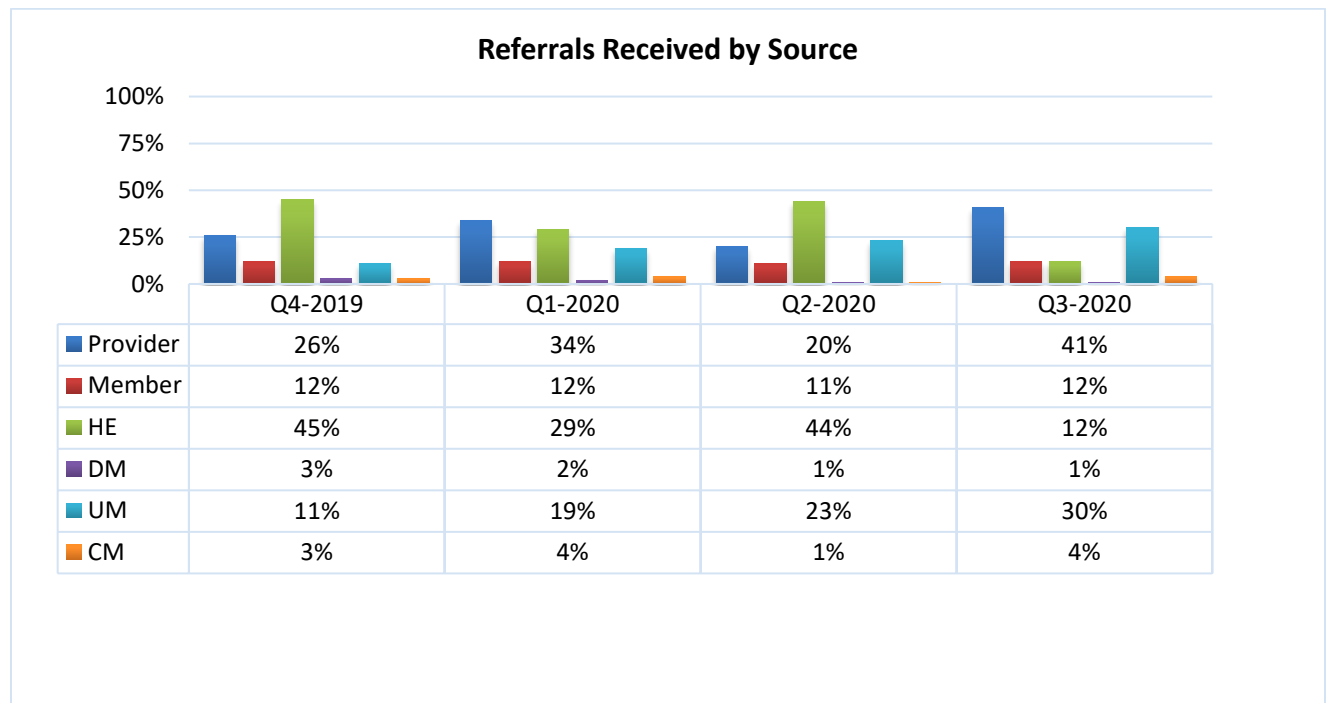
- MCAS Member Rewards Project
- Virtual Health Education Classes
- Asthma Mitigation Project
- Cultural and Linguistics Trainings

Respectfully submitted,
Isabel Silva, MPH, CHES
Director of Health Education, Cultural and Linguistic Services

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

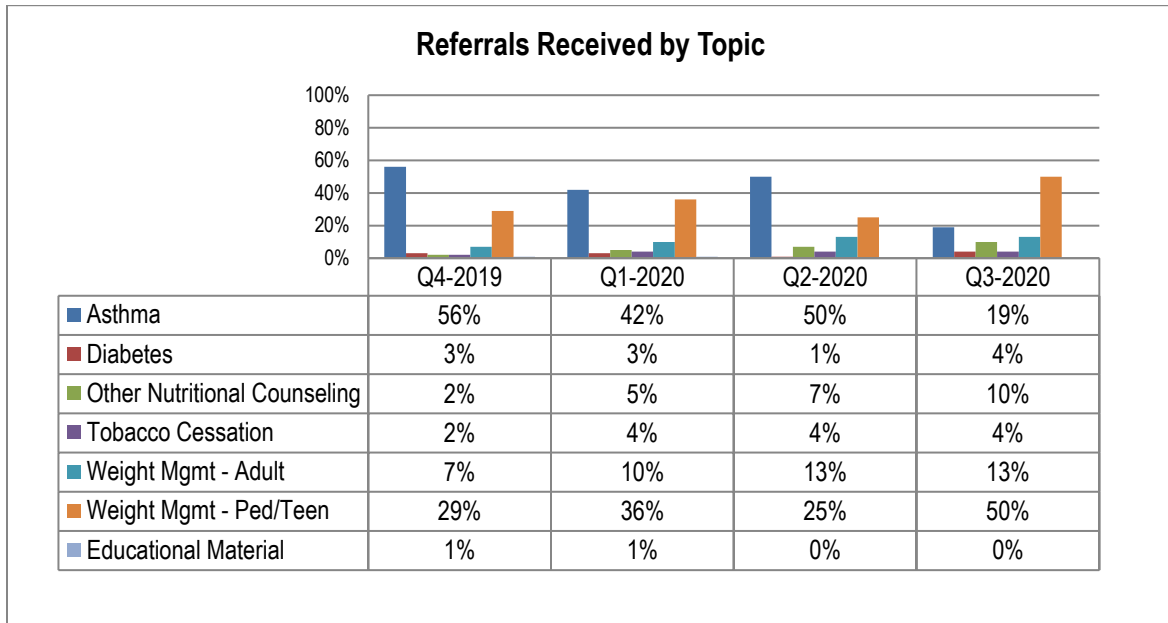
REFERRALS FOR HEALTH EDUCATION SERVICES

The Health Education Department (HE) receives referrals from various sources. Internal referrals are received from the Kern Health Systems (KHS) Utilization Management (UM), Disease Management (DM), Case Management (CM), Member Services (MS), and Member Portal. Externally, KHS providers submit referrals for health education services according to the member’s diagnosis and members can also self-refer for health education services through the Member Portal or by calling Member Services.

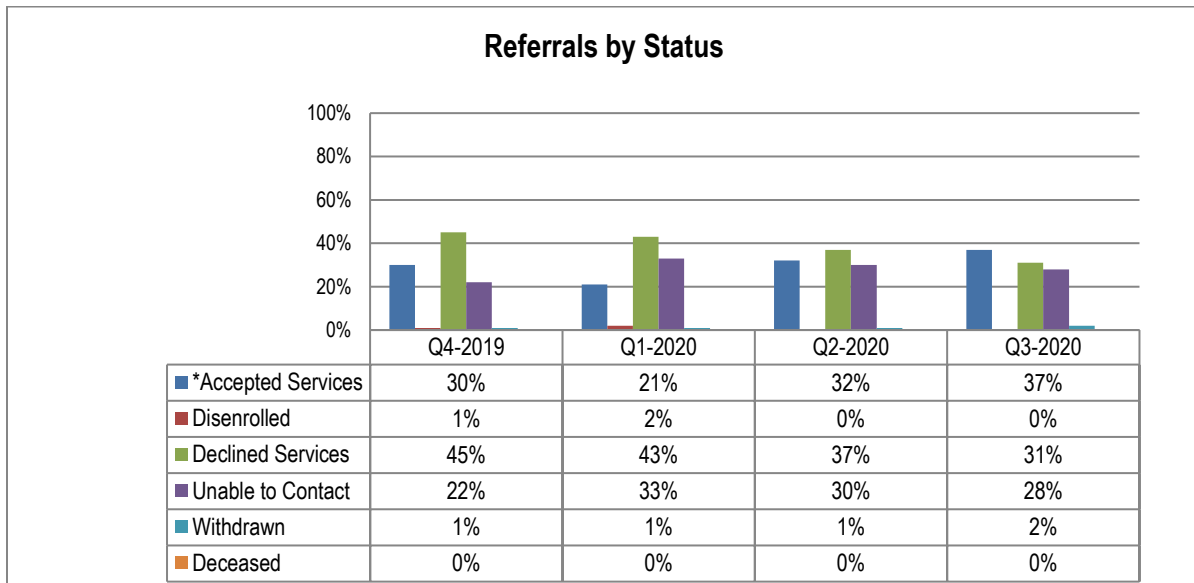


During this quarter, 710 referrals were received which is a 2% increase in comparison to the previous quarter.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020



The HE department receives referrals for various health conditions. This quarter, referrals for Ped/Teen weight management education increased from 25% to 50% due to an increase in provider referrals.



The rate of members who accepted to receive health education services increased from 32% in the 2nd quarter to 37% in the 3rd quarter of 2020.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

HEALTH EDUCATION SERVICE PROVIDERS

The HE department offers various types of services through KHS or through community partnerships. These services are currently being provided in a virtual setting or have been placed on hold due to COVID-19.

Kern Family Health Care (KFHC):

- Healthy Eating and Active Lifestyle Workshop
 - Intro to Gardening
 - Rethink Your Drink
 - Funxercise
 - Healthy Cooking
- Breathe Well Asthma Workshop

Bakersfield Memorial Hospital (BMH):

- Diabetes Management Classes (English and Spanish)
- Heart Healthy Classes
- Individual Nutrition Counseling
- Small Steps to a Healthy Weight Classes (English and Spanish)

Clinica Sierra Vista (CSV) WIC:

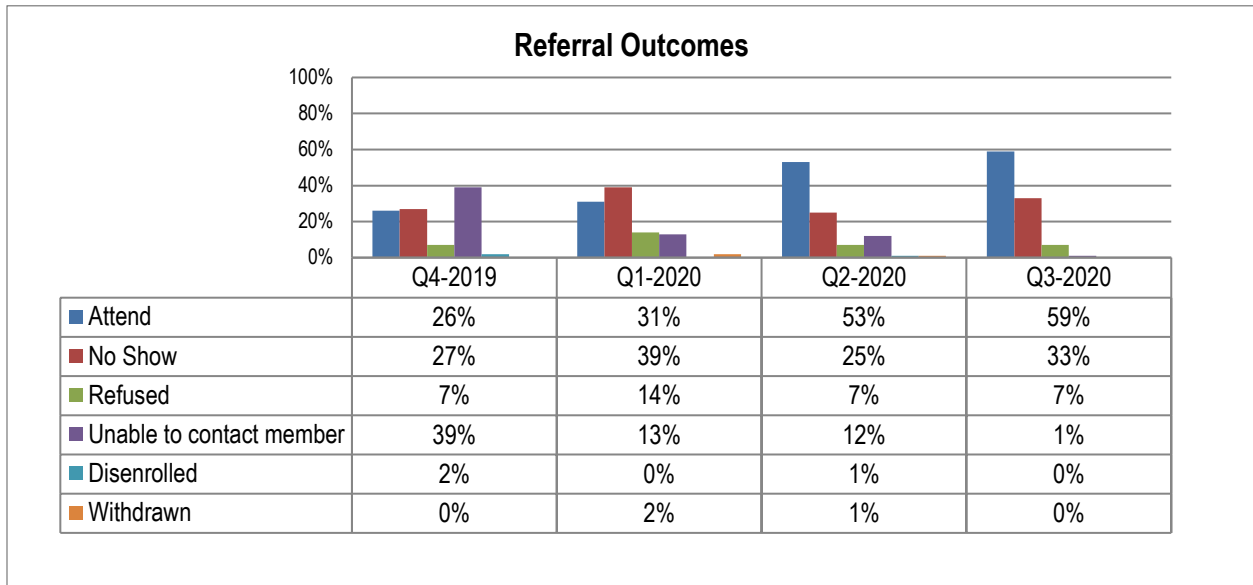
- Diabetes Management Classes
- Heart Healthy Classes

California Smokers' Helpline (CSH):

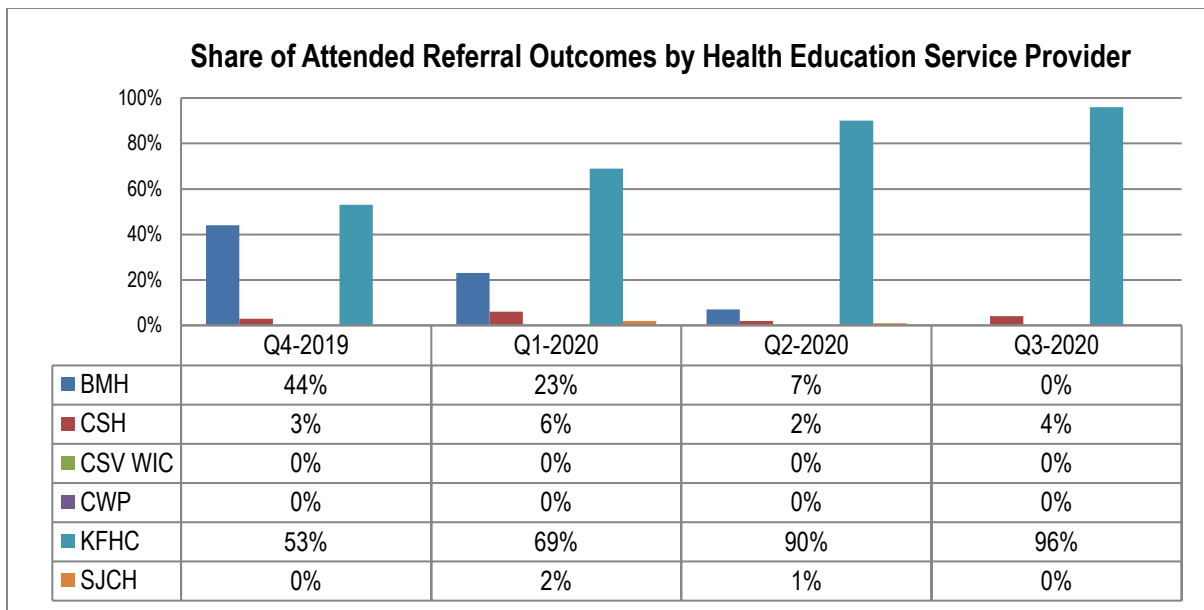
- Telephone Smoking Cessation Counseling

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
 Third Quarter 2020

REFERRAL OUTCOMES



During this quarter, the rate of members who received health education services out of all members who accepted services increased from 53% to 59%.

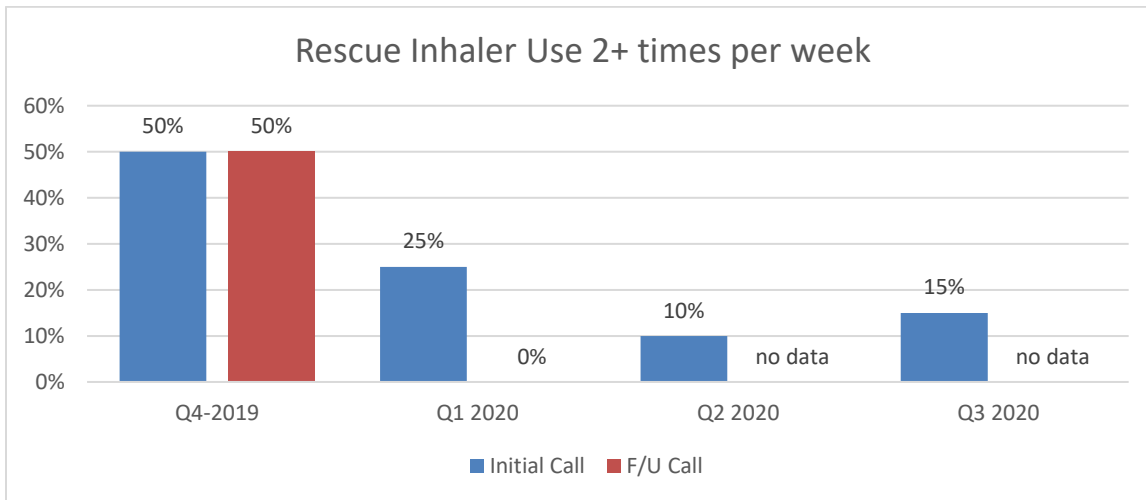
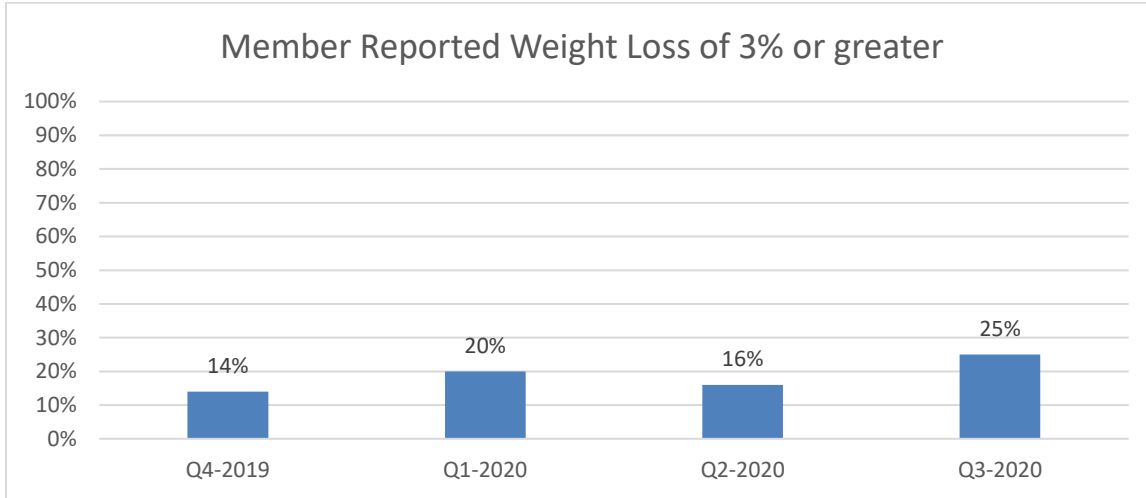


Services through KFHC demonstrates to be the largest share of referral outcomes. This quarter KFHC showed an increase from 90% in the 2nd quarter to 96% in the 3rd quarter of 2020.

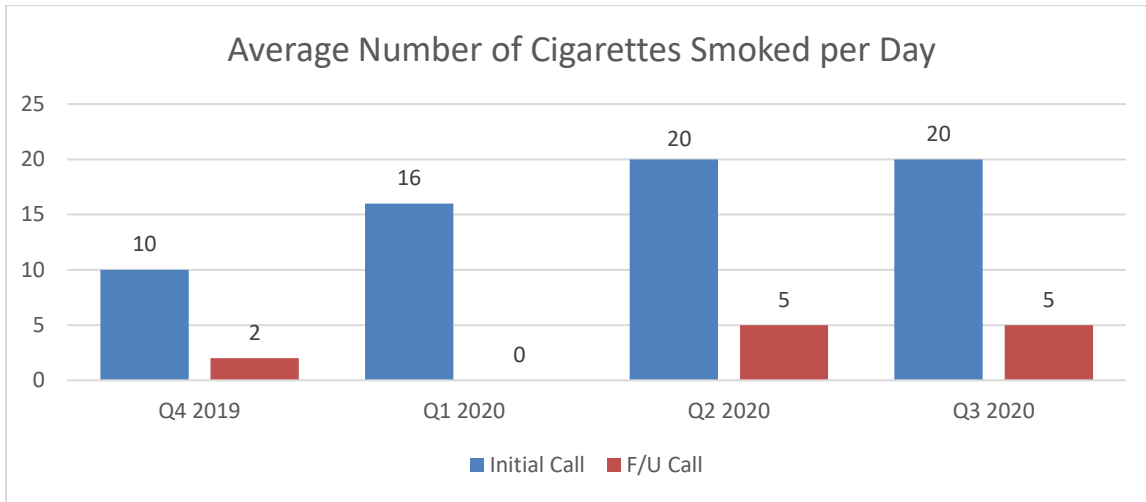
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

Effectiveness of Health Education Services

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call was conducted on members who received services during the prior quarter. Of the 15 members who participated in the 3 month follow up call, 14 received weight management education and 1 received smoking cessation education. There were 0 members who received asthma management education. All findings are based on self-reported data from the member.

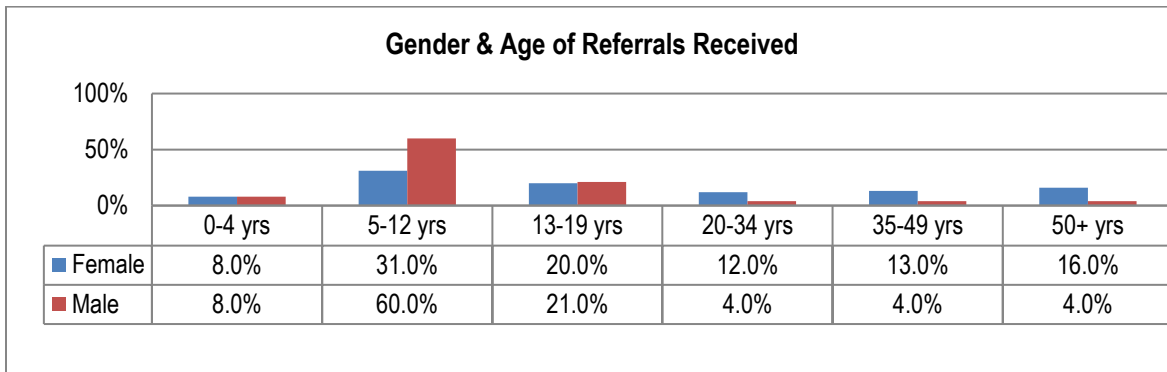


KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020



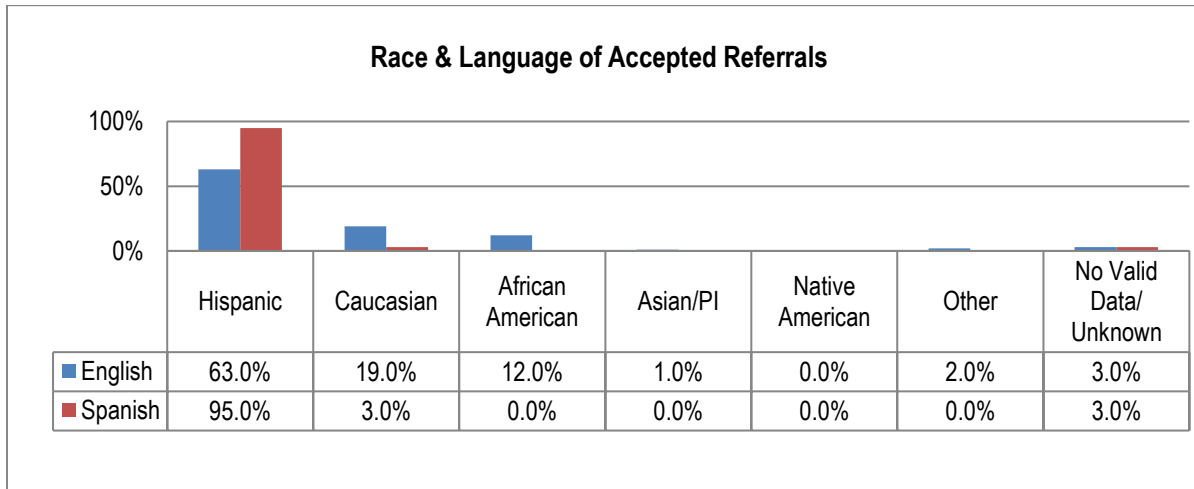
Demographics of Members

KHS’ provides services to a culturally and linguistically diverse member population. KHS’ language threshold is English and Spanish, and all services and materials are available in these languages.



Out of the members who were referred for health education services, the largest gender-age groups were male ages 5-12 years and female ages 5-12 years.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
 Third Quarter 2020



A breakdown of member classifications by race and language preferences revealed that the majority of members who accepted services are Hispanic and the majority preferred to speak Spanish.

Referrals Accepted by Top Bakersfield Zip Codes			
Q4-2019	Q1-2020	Q2-2020	Q3-2020
93307	93307	93307	93307
93306	93306	93306	93306
93304	93304	93304	93305
93305	93309	93308	93313
93308	93305	93309	93309

KHS serves members in the Kern County area. During this quarter, 87% of the members who accepted services reside in Bakersfield and the highest concentration of members were in the 93307 area.

Referrals Accepted by Top Outlying Areas			
Q4-2019	Q1-2020	Q2-2020	Q3-2020
Arvin	Delano	Delano	Delano
Delano	McFarland	Lamont	Wasco
Shafter	Tehachapi	Arvin	Arvin
Lamont	Lamont	Shafter	Shafter
Wasco	Arvin	Tehachapi	Lamont

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

Additionally, 13% of the members who accepted services reside in the outlying areas of Kern County and the highest concentration of members reside in Delano.

Health Education Mailings

In addition to referrals, the HE department mails out a variety of educational material in an effort to assist members with gaining knowledge on their specific diagnosis or health concern. During this quarter, the HE department was not able to provide material by mail due to COVID-19. Members were directed to access digital information available on the Kern Family Health Care website.

Educational Mailings				
	Q4-2019	Q1-2020	Q2-2020	Q3-2020
Anemia	0	0	0	0
Asthma	459	305	0	0
High Cholesterol	4	6	0	0
Diabetes	30	20	0	0
Gestational Diabetes	1	2	0	0
High Blood Pressure	4	13	0	0
COPD	1	2	0	0
Postpartum Care	263	564	0	0
Prenatal Care	23	120	0	0
Smoking Cessation	15	12	0	0
Weight Management	223	357	0	0
WIC	41	245	0	0
Total	1,064	1,646	0	0

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

INTERPRETER REQUESTS

Face-to-Face Interpreter Requests

During this quarter, there were 132 requests for face-to-face interpreting services received, which was a decrease in comparison to the previous quarter. KHS employs qualified staff interpreters in Spanish and contracts with the interpreting vendor, CommGap. During this quarter, the majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q4-2019	Q1-2020	Q2-2020	Q3-2020
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Mandarin	Mandarin	Arabic	Cantonese
Arabic	Arabic	Cantonese	Vietnamese
Cantonese	Cantonese	Vietnamese	Arabic
Vietnamese	Persian		

Telephonic Interpreter Requests

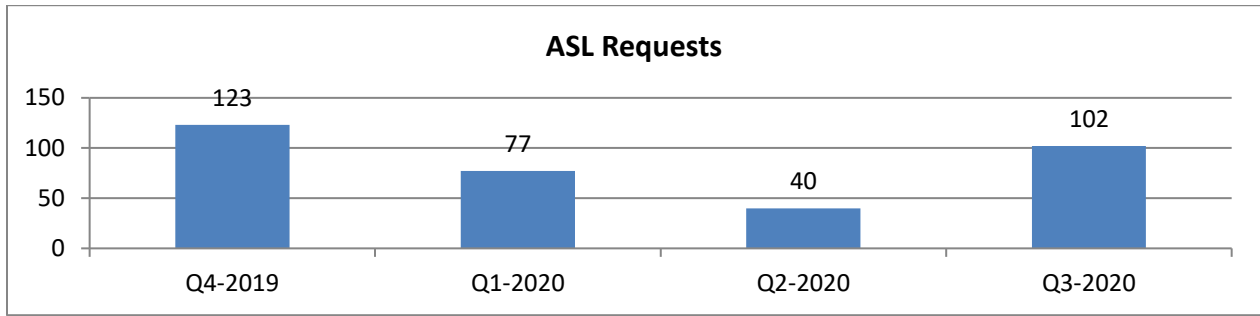
During this quarter, there were 750 requests for telephonic interpreting services through KHS' interpreting vendor, Language Line Solutions, which was an increase in comparison to the previous quarter. During this quarter, the majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q4-2019	Q1-2020	Q2-2020	Q3-2020
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic
Tagalog	Mandarin	Tagalog	Vietnamese
Vietnamese	Tagalog	Vietnamese	Cantonese

American Sign Language (ASL) Requests

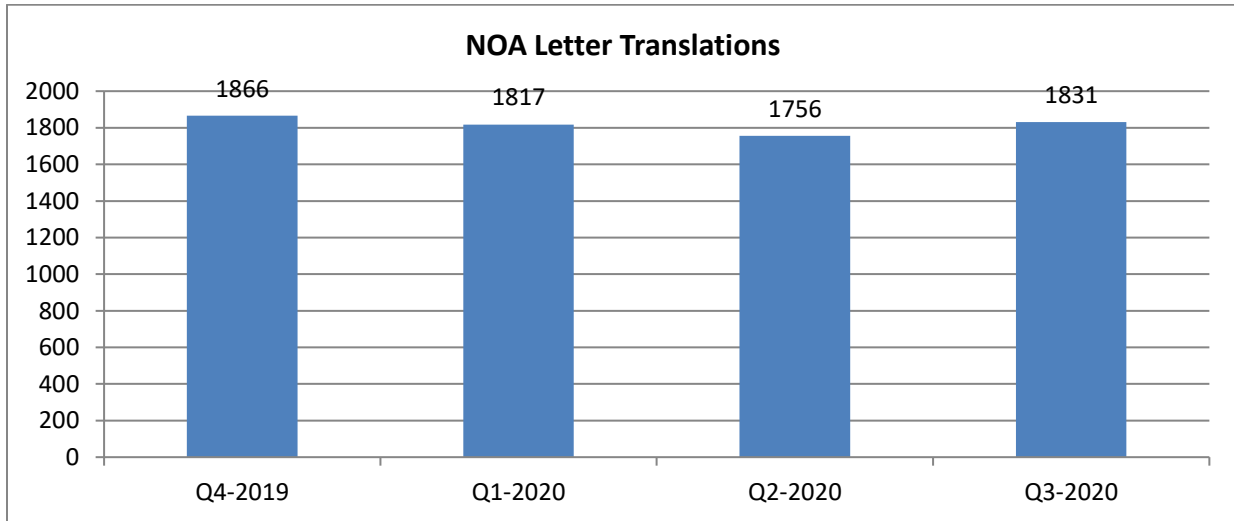
During this quarter, there were a total of 102 requests received for an American Sign Language interpreter, which was an increase in comparison to the previous quarter.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020



DOCUMENT TRANSLATIONS

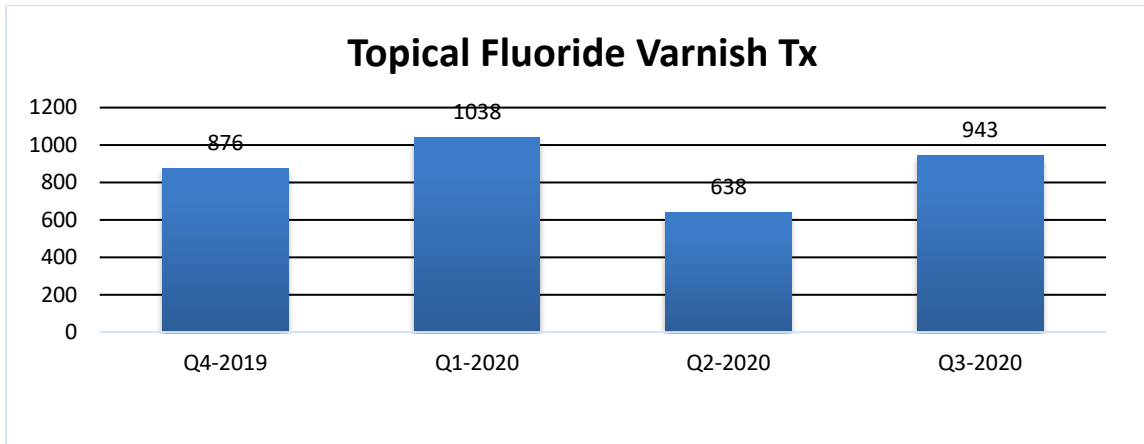
The Health Education department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 1,831 Notice of Action letters were translated in-house into Spanish for the UM and Pharmacy departments.



TOPICAL FLUORIDE VARNISH TREATMENTS

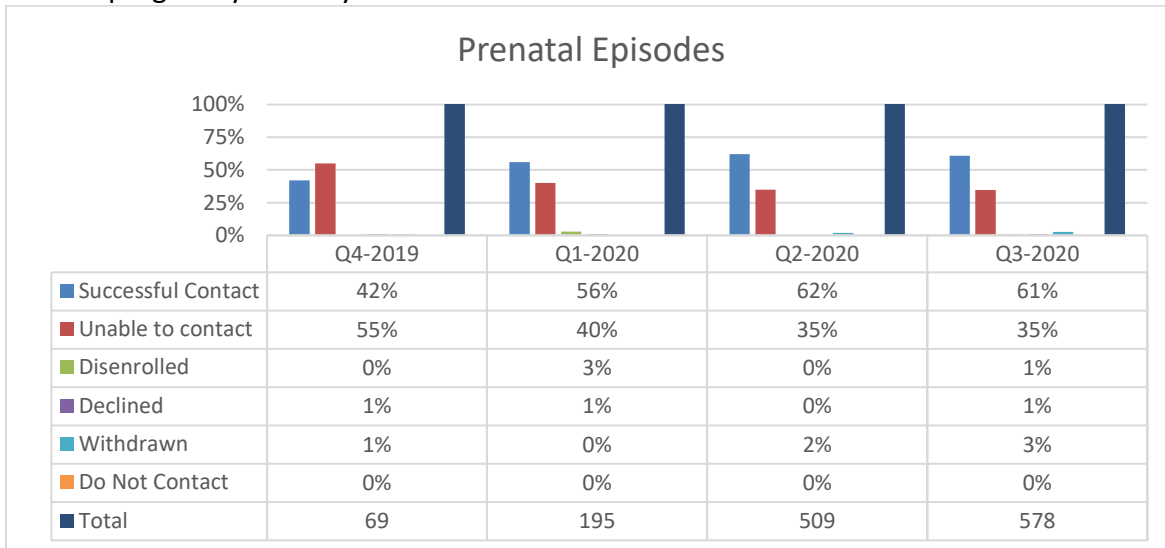
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
 Third Quarter 2020



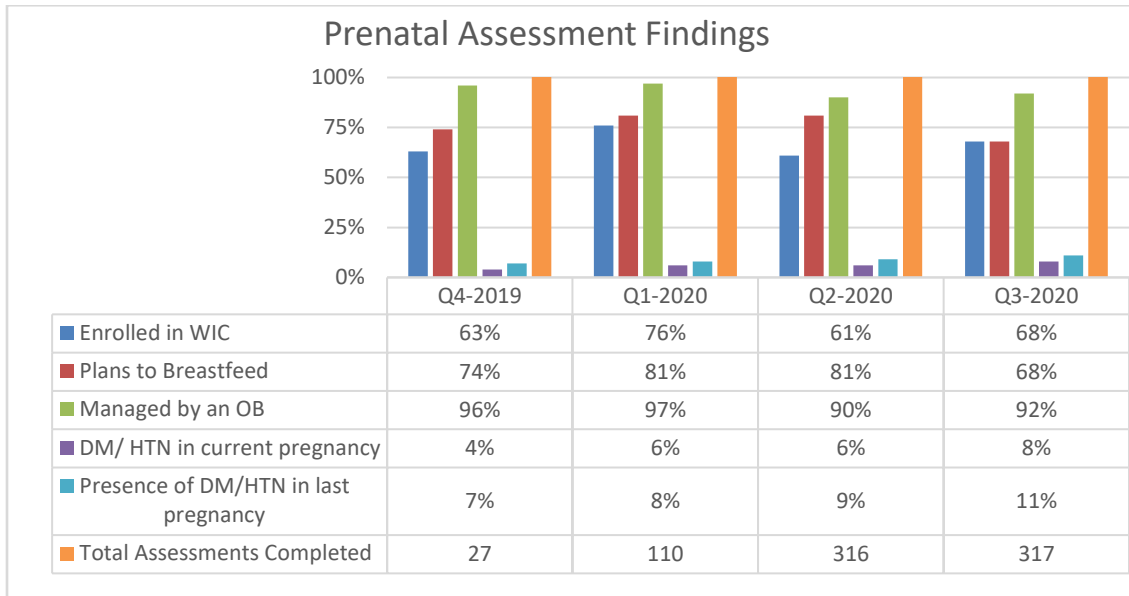
PERINATAL OUTREACH AND EDUCATION

The HE department performs outreach education calls to all members identified as being pregnant in the 1st trimester, a pregnant teen (under age 18), or postpartum due to a C-section or teen pregnancy delivery.

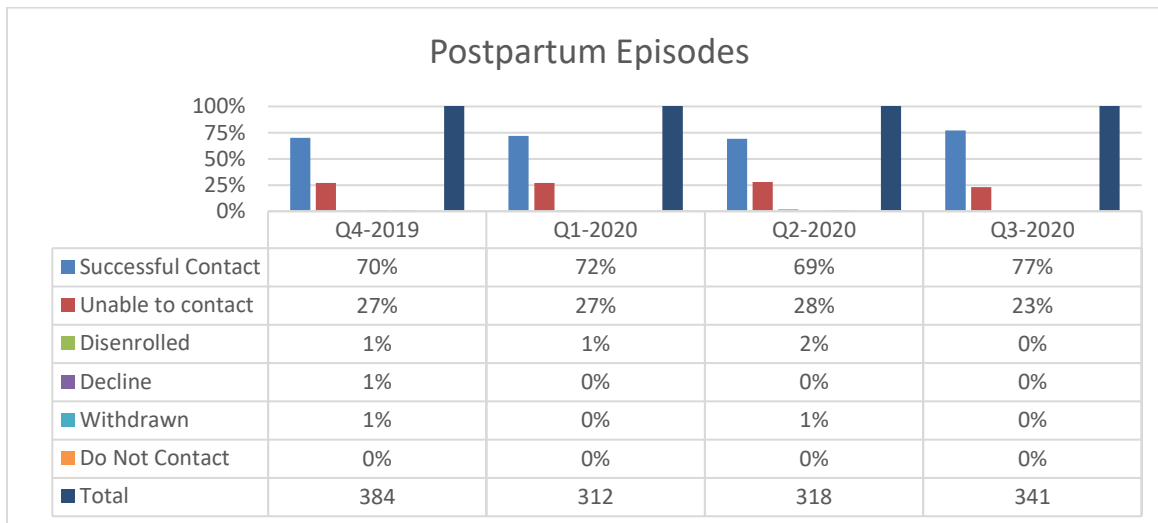


During the 3rd quarter of 2020, 578 episodes for pregnant members were completed and the rate of successful contacts decreased from 62% to 61%.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

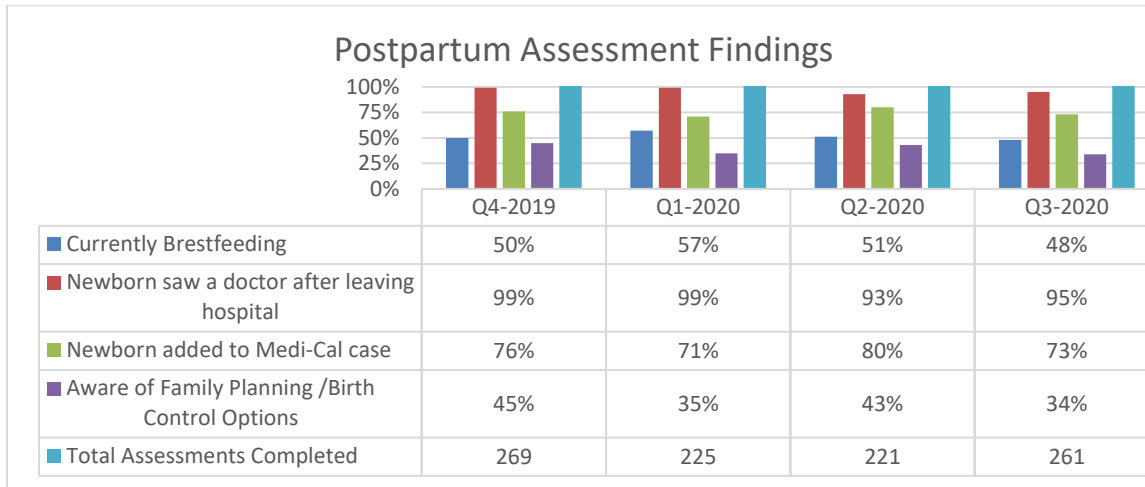


The total prenatal assessments completed remained consistent from 2nd quarter to the 3rd quarter. Although there was a slight increase in the percentage of members reporting that they were enrolled in WIC, the percentage of members who planned to breastfeed decreased from 81% in the 2nd quarter to 68% in the 3rd quarter.



During the 3rd quarter 2020, 341 postpartum episodes were closed and the rate of successfully contacts increased from 69% to 77%.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020



Postpartum assessments completed increased from 221 assessments in the 2nd quarter of 2020 to 261 assessment completed in the 3rd quarter of 2020. The percentage of members who reported adding their newborn to their Medi-Cal case decreased by 13 percentage points. The percentage of members who reported that they were aware of their family planning options decreased by about 9 percentage points.

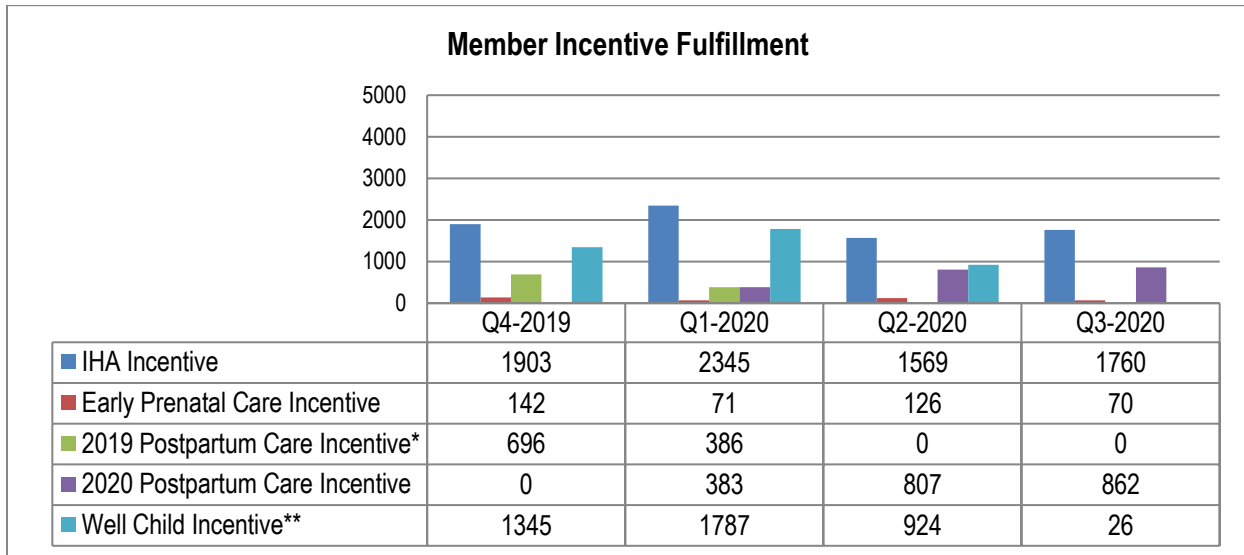
MEMBER WELLNESS BASED INCENTIVES AND CHRONIC CONDITION TOOLS

During the 3rd quarter of 2020, KHS continued to offer wellness based incentives for members. In January 2020, the postpartum care incentive was modified to align with the new MCAS measure where the time frame to complete this visit is now 1-12 weeks following delivery. Additionally, the well child 12-23 months incentive program was discontinued in April and will be replaced with another incentive program that better aligns with the new MCAS measures.

- **Initial Health Assessment (IHA)** – newly enrolled members who complete the IHA visit within 120 days of enrollment are mailed a \$10 gift card.
- **Early Prenatal Care** – pregnant members who complete prenatal care during the 1st trimester will receive a \$30 gift card.
- **2019 Postpartum Care** – members who delivered in 2019 and complete the postpartum visit within 21-56 days following delivery will receive a \$30 gift card.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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- **2020 Postpartum Care** – members who delivered in 2020 and complete the postpartum visit within 1-12 weeks following delivery will receive a \$30 gift card.



*Discontinued as of 1/1/2019. Incentives fulfilled due to claims lag.

**Discontinued as of 4/1/2020. Incentives fulfilled due to claims lag.

Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

Health Services Overview

The 2020 membership enrollment reached 275,000 in Q3 2020. Additional benefit coverage and broadening interdisciplinary collaboration to support the membership growth will continue through 2020.

- Pharmacy Carve Out State Managed Benefit 1/1/2021
 - Discharge Coordination
 - Medication transition to Outpatient
- Blood Lead Screening
 - APL 20-016
 - Provider documentation
- Prior Authorization
 - Process Improvement
 - Point of Service
- Back to Care Initiative
 - Telemedicine
 - Home bound programs
 - Social Determinants of Health
 - Preventative Services
 - Provider and Member Incentives

The following pages reflect statistical measurements for Utilization Management, Case Management and Disease Management detailing the ongoing compliance activity for the 2nd Quarter 2020.

Respectfully submitted,



Deborah Murr RN, BS-HCM
Chief Health Services Officer
Kern Health System

Utilization Management Reporting

Timeliness of Decision Trending

Summary:

Quarterly audits are conducted to ensure compliance with DMHC requirements, KHS Contractual Agreement with the Department of Health Services, and KHS Policy and Procedures. Referrals are submitted and have specific turn-around-times set for each type of referral.

Providers may indicate 'Urgent' on the referrals indicating a decision needs to be made within 3 business days. Routine/non-emergent referrals must be processed within 5 business days. Once an urgent referral has been reviewed it may be downgraded for medical necessity at which time the provider will be notified via letter that the referral has been re-classified as a routine and nurse will clearly document on the referral "re-classified as routine". Random referrals are reviewed every quarter to observe timeliness. 10% of referrals received are reviewed monthly.

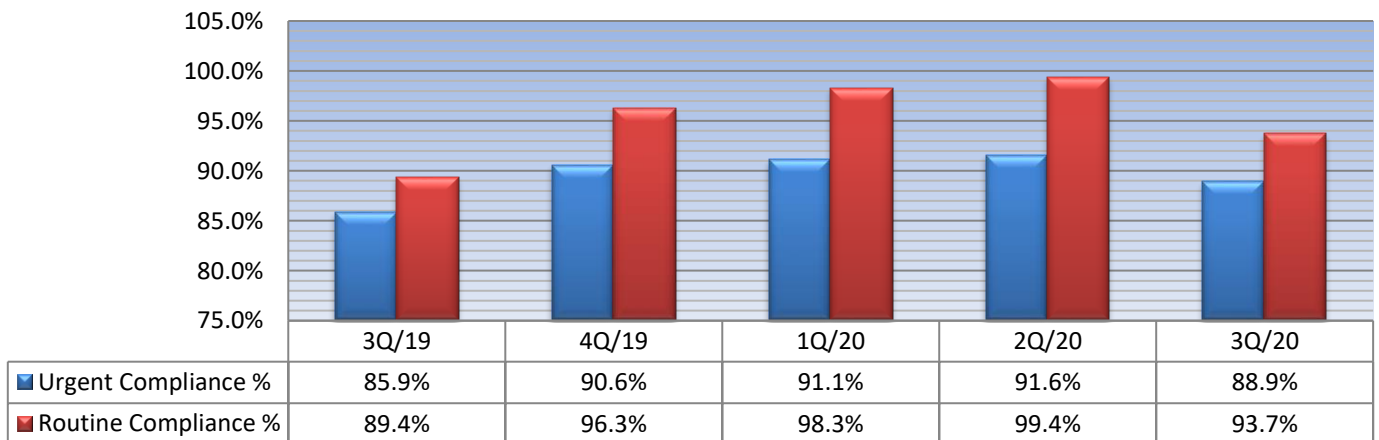
For those referrals that are found to be out of compliance with turn-around-timelines, the case manager and support staff are notified, and importance of timeframes discussed to help ensure future compliance.

Urgent: Response back to Provider in 3 business days

Routine: Response back to Provider in 5 business day

There were 48,016 referrals processed in the 3rd quarter 2020 of which 4,344 referrals were reviewed for timeliness of decision. In comparison to the 2nd quarter's processing time, routine referrals decreased from the 2nd quarter which was 99.4% and urgent referrals decreased from the 2nd quarter which was 96.1% to 88.9%.

UM - Timeliness of Decision

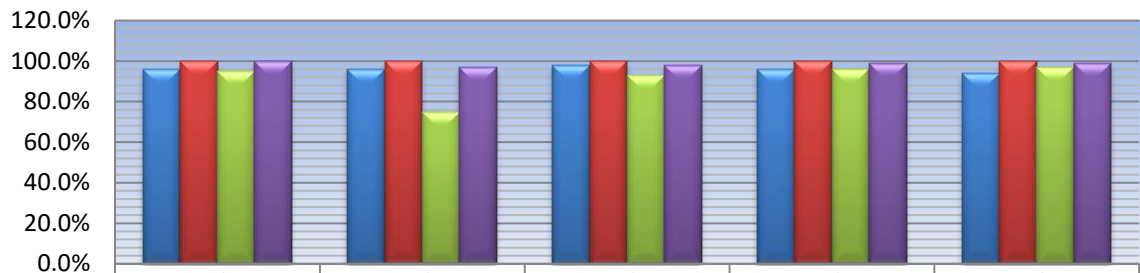


Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

Audit Criteria:

- Member Notification: Letter of referral decision sent to member within 24 hours
- Provider Notification: Referral is faxed back to the provider with 24 hours of decision
- Criteria Included: Criteria provided to provider on denial reason
- MD Signature: MD Signature included all referrals/NOA letters upon denial

UM - Referral Notification Compliance

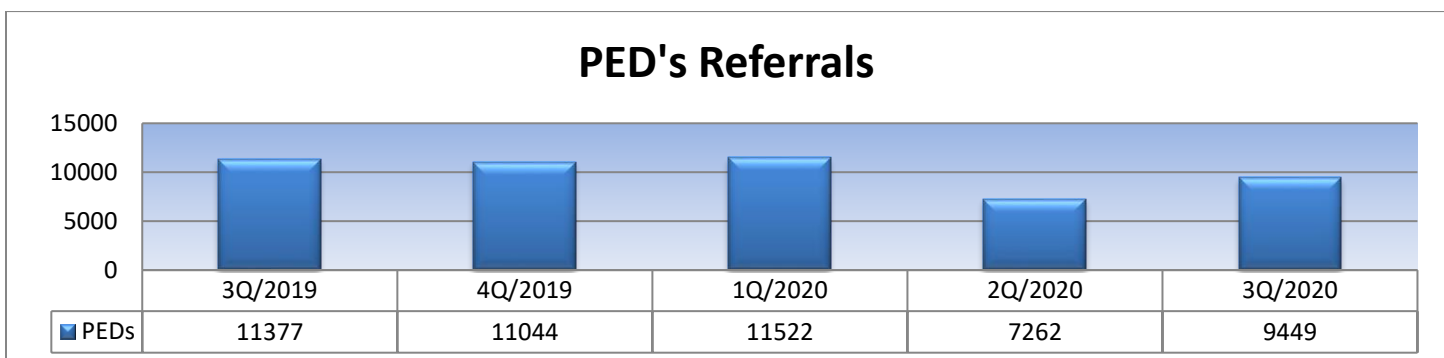
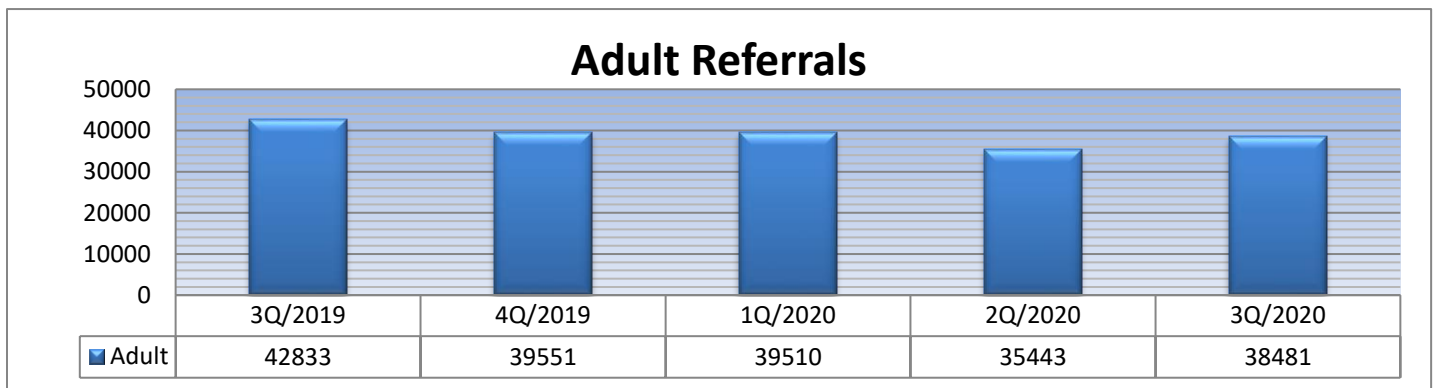
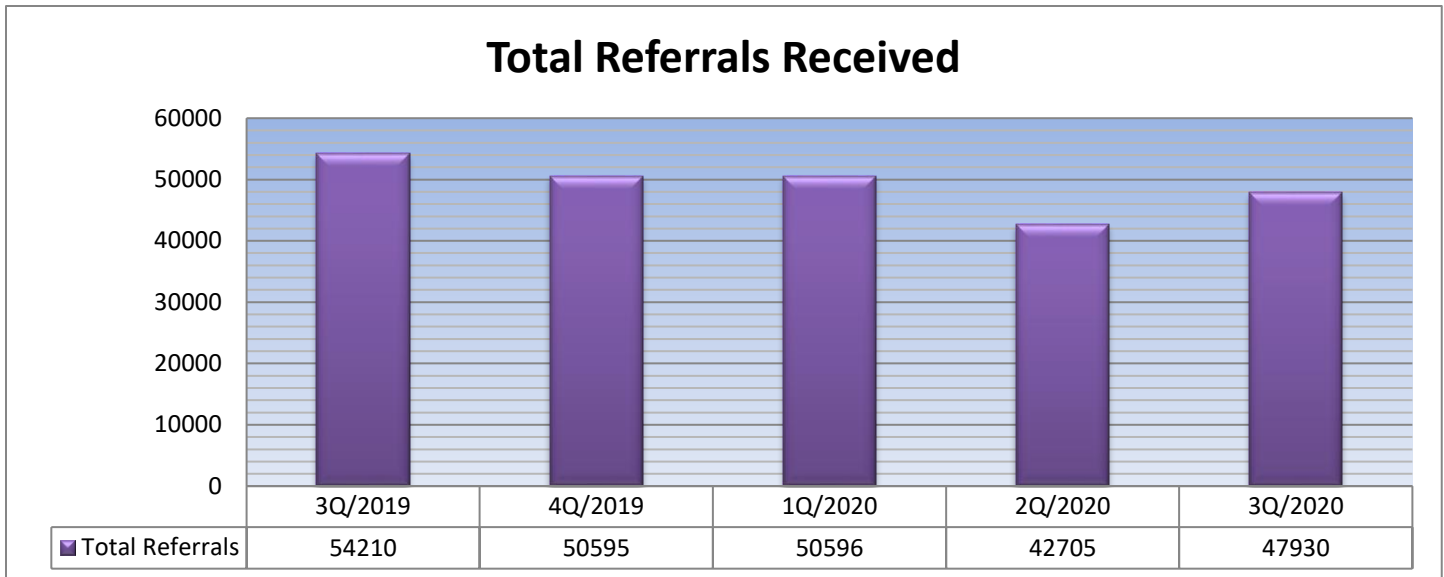


	3Q/19	4Q/19	1Q/20	2Q/20	3Q/20
Member Notification	96.0%	96.0%	98.0%	96.0%	94.0%
Provider Notification	100.0%	100.0%	100.0%	100.0%	100.0%
Criteria Included	95.0%	75.0%	93.0%	96.0%	97.0%
MD Signature Included	100.0%	97.0%	98.0%	99.0%	99.0%

Summary: Overall compliance rate from the 3rd Qtr. of 2020 is 98% which stayed the same from the 2nd Qtr. which was 98%.

Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020
thru August 30, 2020

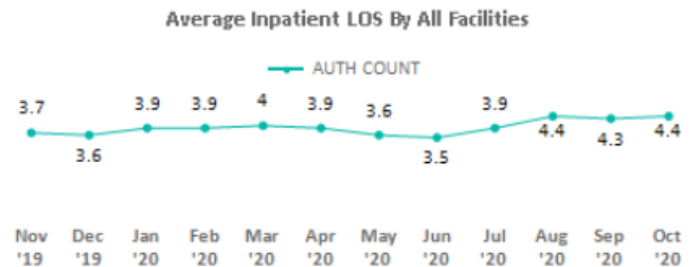
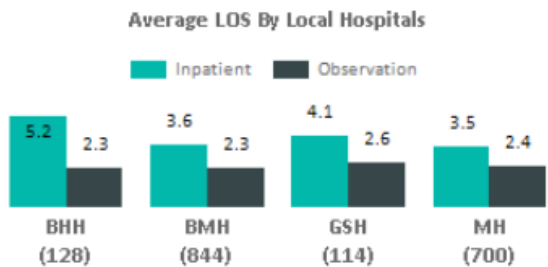
Outpatient Referral Statistics



Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

3rd Quarter Inpatient and LOS Report

Adult Admission(Inpatient/Observation)



Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
ADVENTIST HEALTH BAKERSFIELD S	584	2455	4.20
ADVENTIST HEALTH COMMUNITY CAR	10	25	2.50
ADVENTIST HEALTH MEDICAL CENTE	18	54	3.00
ANTELOPE VALLEY HOSPITAL	2	15	7.50
BAKERSFIELD HEART HOSPITAL	128	602	4.70
BAKERSFIELD MEMORIAL HOSPITAL	844	2755	3.26
BELLAGIO IN THE DESERT	1	12	12.00
DELANO POSTACUTE CARE	1	16	16.00
DELANO REGIONAL MEDICAL CENTER	87	326	3.75
DIGNITY HEALTH	1	2	2.00
ENCOMPASS HEALTH REHABILITATIO	8	91	11.38
GGNSC SHAFTER LP	1	4	4.00
GOOD SAMARITAN HOSPITAL	114	450	3.95
HOFFMANN HOSPICE OF THE VALLEY	7	18	2.57
KECK HOSPITAL OF USC	58	257	4.43
KERN COUNTY MEDICAL AUTHORITY	658	2161	3.28
KERN VALLEY HEALTHCARE DISTRIC	6	20	3.33
MERCY HOSPITAL	700	2180	3.11
OROVILLE HOSPITAL	1	2	2.00
RIDGECREST REGIONAL HOSPITAL	5	28	5.60
SANTA MONICA UCLA MC AND ORTHO	2	5	2.50
SORRENTO IN THE DESERT	1	12	12.00
UCLA MEDICAL CENTER	13	84	6.46

Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

UNITED CARE FACILITIES	7	50	7.14
USC NORRIS CANCERHOSPITAL	1	2	2.00
USC VERDUGO HILLS HOSPITAL	1	2	2.00
VALLEY CHILDRENS HOSPITAL	1	3	3.00
VALLEY CHILDREN'S HOSPITAL	2	24	12.00
VENTURA COUNTY MEDICAL CENTER	1	1	1.00
VFP HOMES	3	42	14.00

Total	3266	11698	3.58
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Non Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
ADVENTIST MEDICAL CENTER	3	9	3.00
ALAMEDA HEALTH SYSTEM	1	5	5.00
ANTELOPE VALLEY HOSPITAL	50	336	6.72
ARROWHEAD REGIONAL MED	1	9	9.00
ARROYO GRANDE COMMUNITY HOSPIT	1	6	6.00
BANNER BAYWOOD	1	5	5.00
BANNER UNIVERSITY MEDICAL CENT	1	5	5.00
BARSTOW COMM HOSPITAL	1	2	2.00
CALIFORNIA HOSPITAL MEDICAL CE	4	29	7.25
CENTINELA HOSPITAL MEDICAL GRO	1	2	2.00
CF WATSONVILLE WEST, LLC	1	54	54.00
CITY OF HOPE NATIONAL MED	1	4	4.00
CITY OF HOPE NATIONAL MEDICAL	1	20	20.00
COMMUNITY MEMORIAL HOSPITAL OF	3	9	3.00
DESERT REGIONAL MEDICAL CENTER	2	3	1.50
DESERT SPRINGS HOSPITAL	1	1	1.00
DESERT VALLEY HOSPITAL INC	1	17	17.00
DETAR HEALTHCARE SYSTEM	1	3	3.00
DOCTORS MEDICAL CENTER OF MODE	1	1	1.00
EISENHOWER MEDICAL CENTER	1	1	1.00
EL CENTRO REGIONAL	2	5	2.50
EVERGREEN AT ARVIN HEALTHCARE	1	48	48.00
FLAGSTAFF MEDICAL CENTER	1	4	4.00
FRENCH HOSPITAL MEDICAL CENTER	1	1	1.00
FRESNO COMMUNITY HOSPITAL AND	8	36	4.50
GLENDALE ADVENTIST	4	35	8.75
GOOD SAMARITAN HOSPITAL, L.P.	1	1	1.00
HARBOR - UCLA MEDICAL CENTER	1	2	2.00

Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

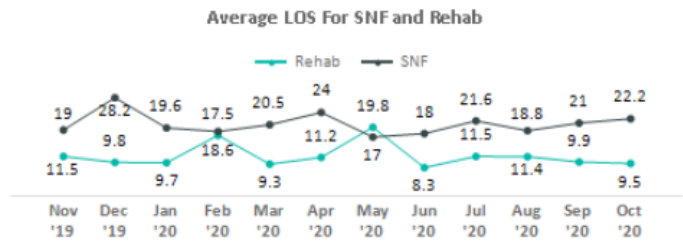
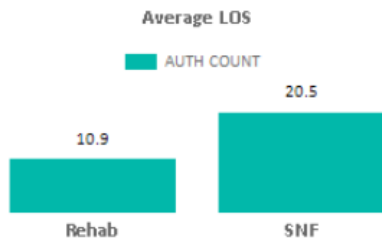
HENRY MAYO NEWHALL	17	54	3.18
HOLLYWOOD PRESBYTERIAN MEDICAL	2	6	3.00
KAISER FOUNDATION HOS PLS	1	1	1.00
KAISER FOUNDATION HOSPITAL OAK	1	5	5.00
KAWEAH DELTA MEDICAL CENTER	4	10	2.50
KENNESTONE HOSPITAL, INC	1	2	2.00
LAC USC MEDICAL CENTER	3	37	12.33
LANCASTER HOSPITAL CORPORATION	10	92	9.20
LONG BEACH MEMORIAL MEDICAL C	1	2	2.00
LONG BEACH MEMORIAL MEDICAL CE	2	5	2.50
LOS ANGELES COMMUNITY HOSPITAL	2	7	3.50
LOS ROBLES HOSPITAL AND MC	4	49	12.25
MARIAN REGIONAL MEDICAL CENTER	1	1	1.00
MARIN GENERAL HOSPITAL	1	1	1.00
MARINA DEL REY HOSP	1	2	2.00
MEMORIAL HOSPITAL OF GARDENA	3	12	4.00
MEMORIAL MEDICAL CENTER	1	10	10.00
MERCY MEDICAL CENTER	1	2	2.00
MERCY REDDING	1	2	2.00
MOUNTAIN VIEW HOSPITAL	1	1	1.00
NEW HAVEN CONGREGATE LIVING IN	1	46	46.00
NORTHRIDGE HOSPITAL MEDICAL CE	1	15	15.00
ONE AND ONLY CONGREGATE LIVING	2	39	19.50
ORANGE COUNTY	1	4	4.00
PACIFICA HOSPITAL OF THE VALLE	3	120	40.00
PARKSIDE CONGREGATE LIVING, IN	4	54	13.50
POMONA VALLEY HOSPITAL	1	2	2.00
PRIME HEALTHCARE SERVICES	1	3	3.00
PROVIDENCE HEALTH	1	1	1.00
PROVIDENCE HOLY CROSS MEDICAL	2	9	4.50
PROVIDENCE MEDFORD MED CN	1	7	7.00
PROVIDENCE SAINT JOSEPH	1	1	1.00
PROVIDENCE ST. PATRICK HOSPITA	1	2	2.00
PROVIDENCE TARZANA	1	3	3.00
QUEEN OF THE VALLEY MEDICAL CE	1	5	5.00
REGIONAL MEDICAL CENTER	2	6	3.00
RIVERSIDE COMMUNITY HOSPITAL	3	32	10.67
RIVERSIDE COUNTY REGIONAL	2	12	6.00
SANTA PAULA HOSPITAL	1	1	1.00
SCRIPPS MERCY	1	2	2.00
SETON MEDICAL CENTER WILLIAMSO	2	7	3.50

Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

SHARP-CHULA VISTA	1	8	8.00
SIERRA VIEW DISTRICT	1	16	16.00
SIERRA VIEW MEDICAL CENTER	2	6	3.00
SIERRA VISTA REGIONAL MEDICAL	2	7	3.50
SOUTHERN CALIFORNIA HOSPITAL	2	15	7.50
ST JOHNS REGIONAL MEDICAL CENT	1	12	12.00
ST JUDE HOSPITAL INC.	1	2	2.00
ST MARKS HOSPITAL	1	10	10.00
ST MARYS MEDICAL CENTER	1	2	2.00
ST. BERNARDINE MEDICAL CENTER	1	2	2.00
STANFORD MEDICAL CENTER	1	6	6.00
SUNRISE HOSPITAL AND MEDICAL	1	1	1.00
SUTTER DAVIS	1	6	6.00
SUTTER SANTA ROSA MEDICAL CENT	1	3	3.00
UCSD MEDICAL CENTER	2	3	1.50
UCSF MEDICAL CENTER	3	17	5.67
UK HEALTHCARE	1	22	22.00
UNIVERSITY MEDICAL CENTER	1	1	1.00
UTAH VALLEY REG MED	1	2	2.00
VALLEY HOSPITAL MEDICAL CENTER	3	31	10.33
WEST HILLS HOSPITAL	4	58	14.50
WHITE MEMORIAL MEDICAL CENTER	5	34	6.80
YUMA REGIONAL MEDICAL CENTER	1	15	15.00
Total	230	1620	7.04

Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

Adult Admissions (SNF/Rehab)



Participating Providers

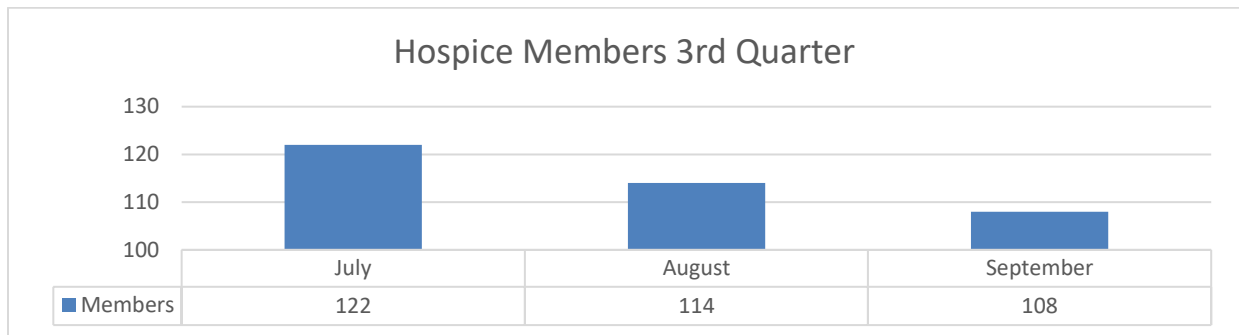
Provider Name	Admit Count	LOS	Avg LOS
BAKERSFIELD HEART HOSPITAL	1	4	4.00
BAKERSFIELD MEMORIAL HOSPITAL	1	1	1.00
BELLAGIO IN THE DESERT	2	84	42.00
CAPRI IN THE DESERT	1	50	50.00
DELANO POSTACUTE CARE	5	183	36.60
ENCOMPASS HEALTH REHABILITATIO	23	268	11.65
GGNSC SHAFER LP	4	131	32.75
GOOD SAMARITAN HOSPITAL	12	231	19.25
HOFFMANN HOSPICE OF THE VALLEY	14	93	6.64
KERN COUNTY MEDICAL AUTHORITY	1	2	2.00
MERCY HOSPITAL	1	2	2.00
OPTIMAL HOSPICE	3	281	93.67
PROCARE HOSPICE - LANCASTER	1	131	131.00
ROSE DESERT CONGREGATE	1	14	14.00
SORRENTO IN THE DESERT	13	304	23.38
THE REHABILITATION CENTER	3	91	30.33
UNITED CARE FACILITIES	65	826	12.71
VFP HOMES	12	245	20.42
Total	163	2941	18.04

Non Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
ALL CARE LIVING HOME	1	38	38.00
BAKERSFIELD CONGREGATE LIVING	9	178	19.78
COUNTY VILLA EAST	1	17	17.00
DELANO REGIONAL MEDICAL CENTER	1	46	46.00
EVERGREEN AT ARVIN HEALTHCARE	1	53	53.00
LINK TO CARE CONGREGATE HOME	4	99	24.75
MSB, INC.	1	42	42.00
ONE AND ONLY CONGREGATE LIVING	2	64	32.00
PACIFICA HOSPITAL OF THE VALLE	1	3	3.00
PARKSIDE CONGREGATE LIVING, IN	3	86	28.67
PORTER RANCH CONGREGATE LIVING	1	24	24.00
ROYAL HAVEN LLC	2	33	16.50
WHITE OAK CONGREGATE LIVING	1	40	40.00
Total	28	723	25.82

Disclaimer: SNF/LTC should not be calculated in the acute hospital LOS and PAR/NPAR not accurately reflected--report under revision.

Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020



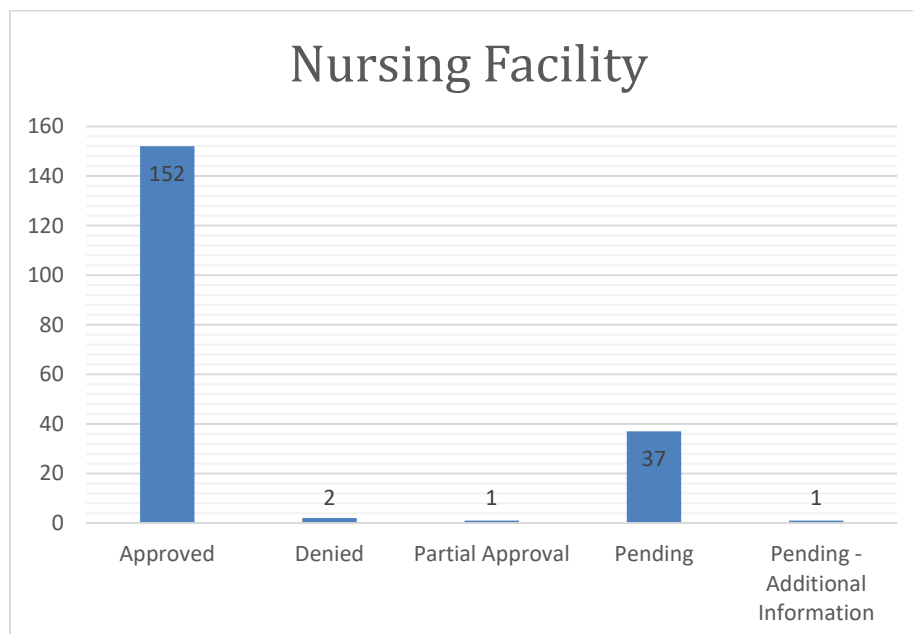
Nursing Facility Services Report

Purpose:

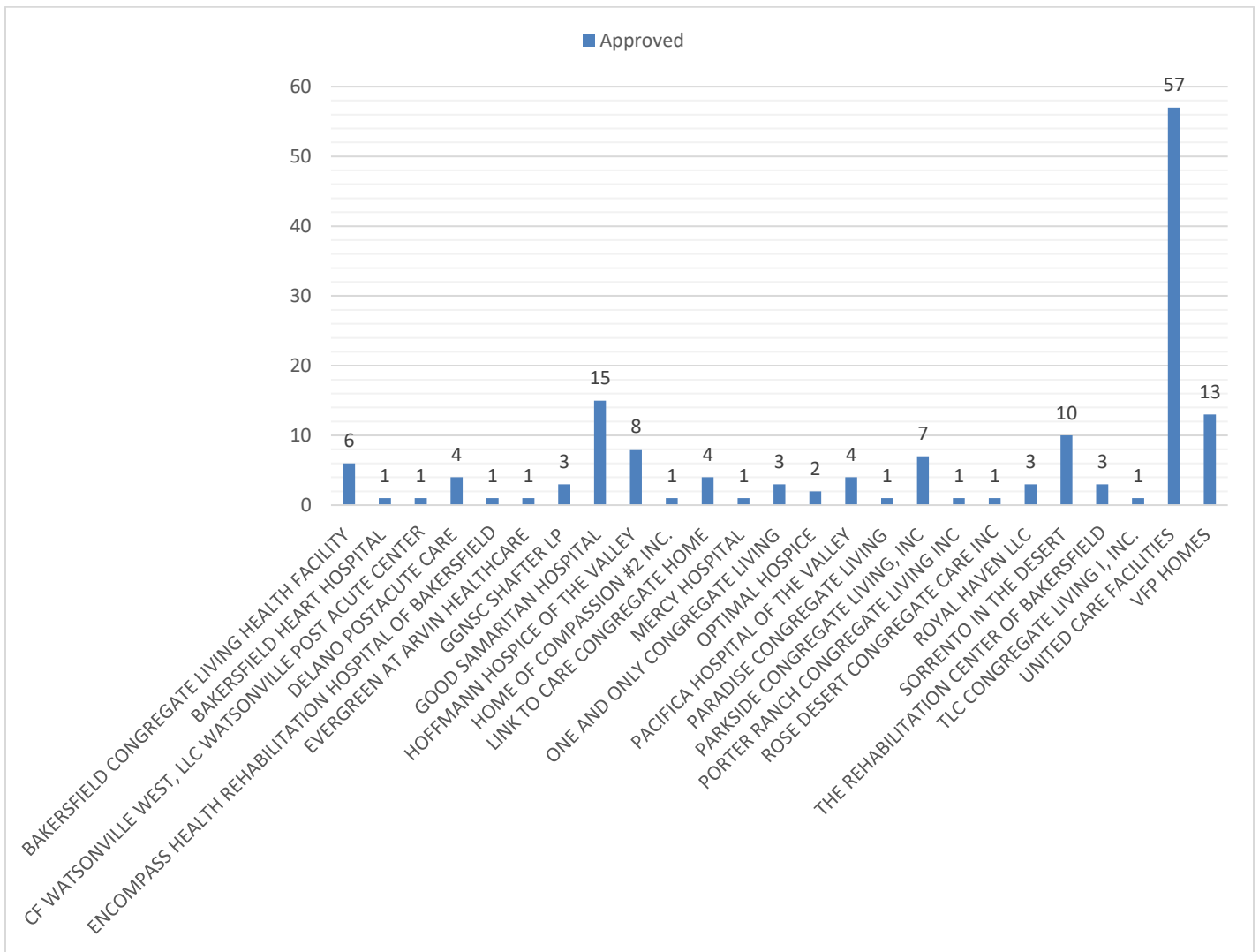
Kern Health Systems covers medically necessary Nursing Facility Services for eligible members. KHS members requiring Nursing Facility Services are identified and placed in health care facilities, which provide the level of care most appropriate to the member’s medical needs. For members requiring long-term care, KHS coordinates the members care and initiates disenrollment per DHCS criteria. Monthly and quarterly reporting is completed as per Policy 3.42, Sec. 5, for nursing facility services and to identify any current trends.

Summary:

Summary: During the 3rd quarter 2020, there were 196 referrals for Nursing Facility Services. The average length of stay was 27.9 days for these members. During the 2nd quarter there was only 2 denials of the 171 referrals.



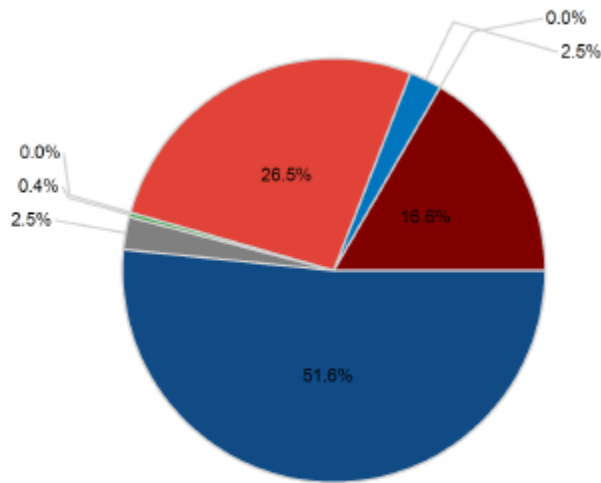
Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020



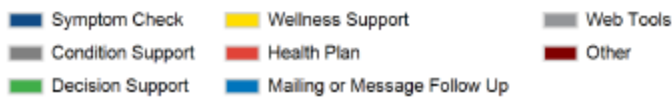
Health Dialog Report

July:

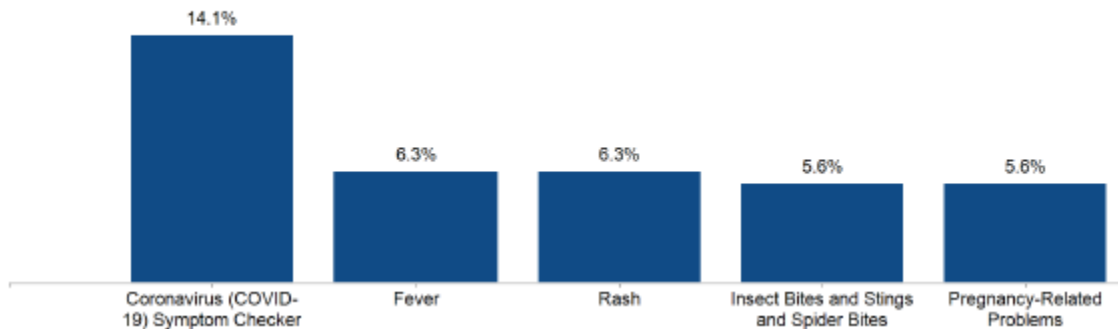
Member Inbound Call Reasons (Jul-2020)



REASON	NUMBER
Symptom Check	148
Condition Support	7
Decision Support	1
Wellness Support	0
Health Plan	75
Mailing or Message Follow Up	7
Web Tools	0
Other	47



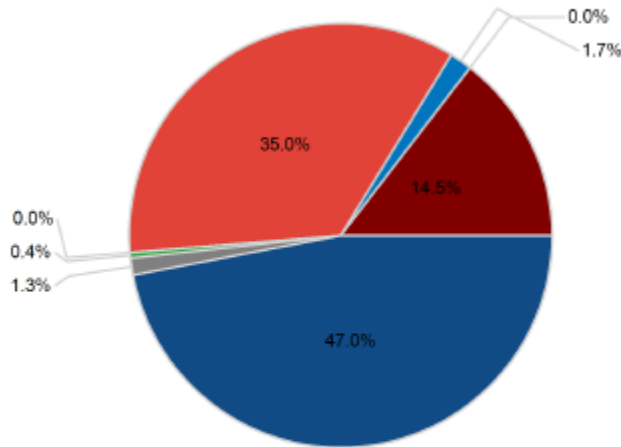
Most Frequent Symptoms - Inbound Symptom Check Calls (Jul-2020)



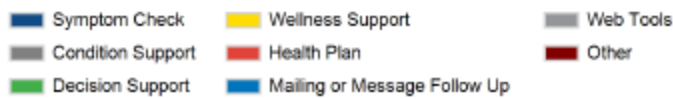
Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

August:

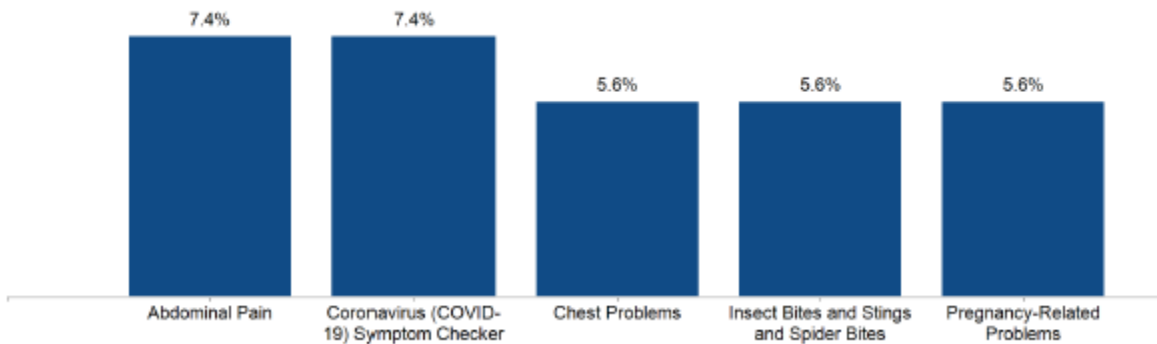
Member Inbound Call Reasons (Aug-2020)



REASON	NUMBER
Symptom Check	110
Condition Support	3
Decision Support	1
Wellness Support	0
Health Plan	82
Mailing or Message Follow Up	4
Web Tools	0
Other	34



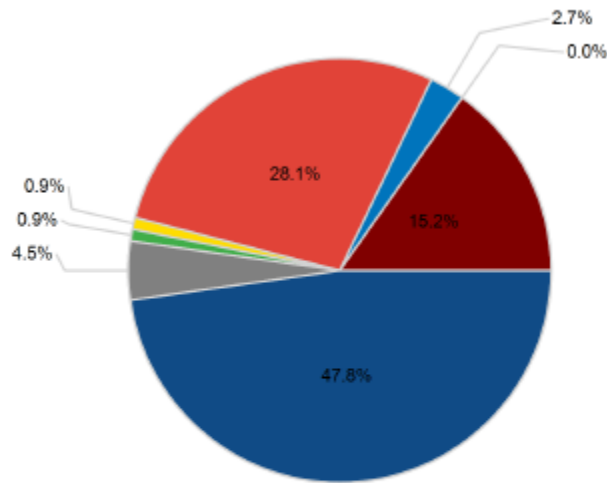
Most Frequent Symptoms - Inbound Symptom Check Calls (Aug-2020)



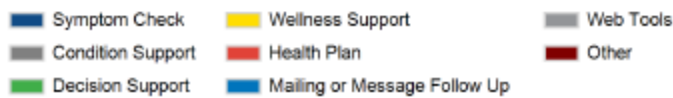
Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020 thru August 30, 2020

September:

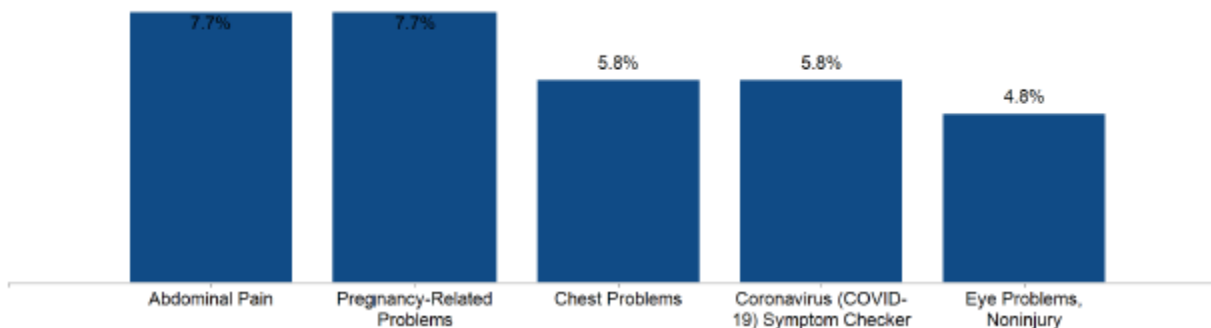
Member Inbound Call Reasons (Sep-2020)



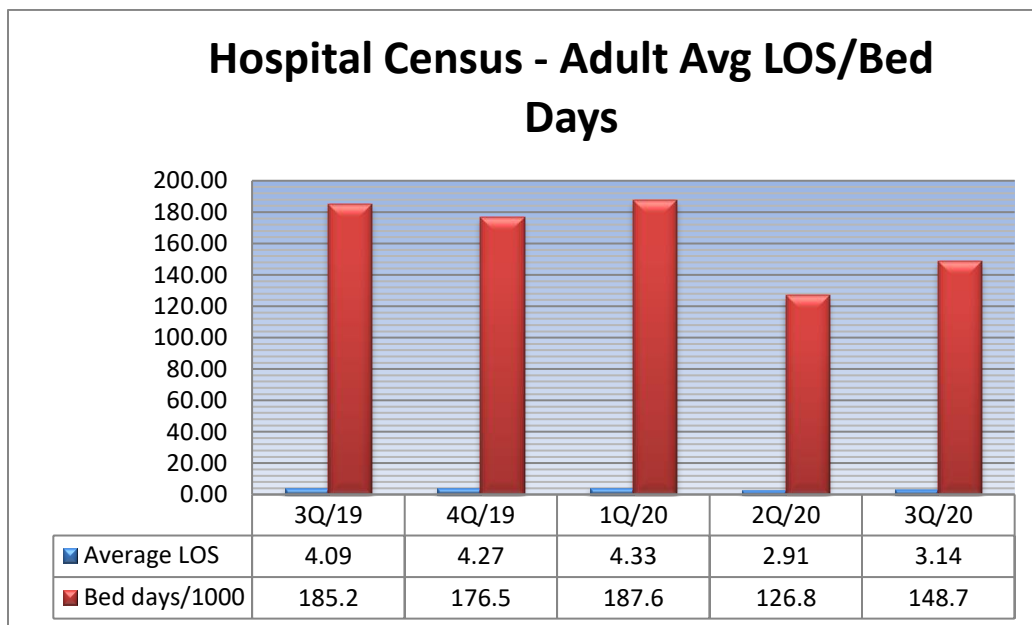
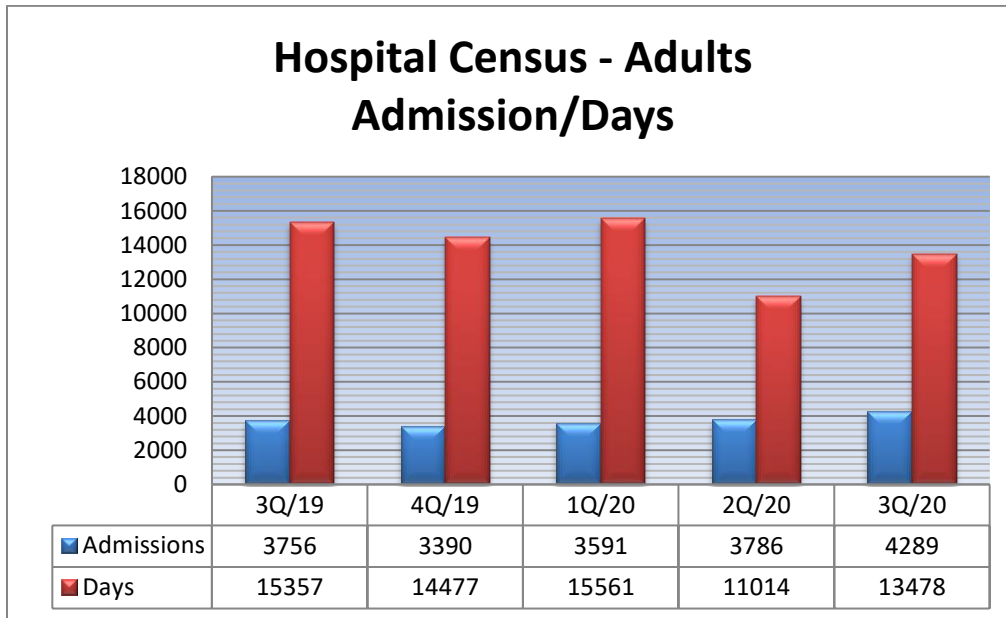
REASON	NUMBER
Symptom Check	107
Condition Support	10
Decision Support	2
Wellness Support	2
Health Plan	63
Mailing or Message Follow Up	6
Web Tools	0
Other	34



Most Frequent Symptoms - Inbound Symptom Check Calls (Sep-2020)

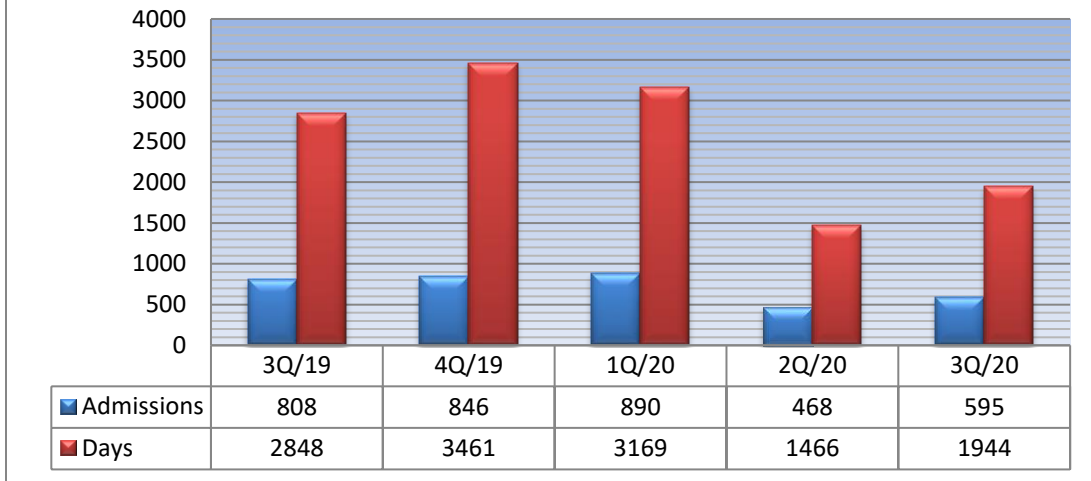


Inpatient 3rd Quarter Trending

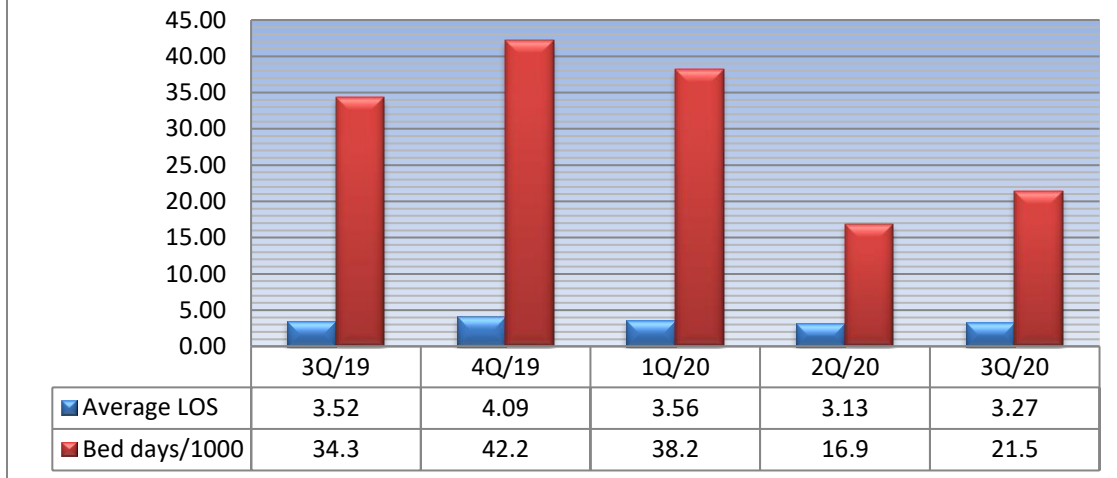


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Daily Census - PEDS-Admission/Days

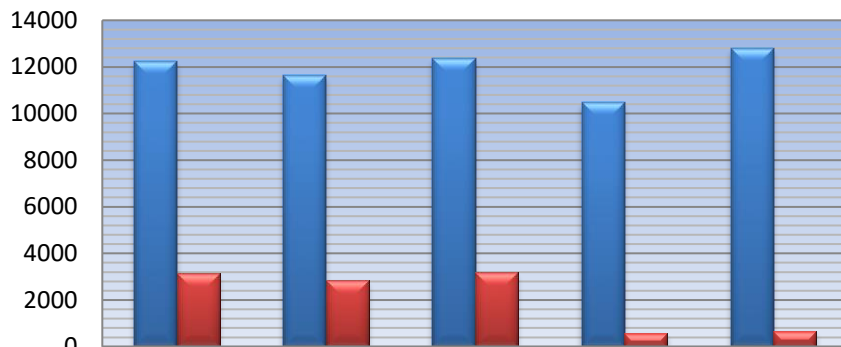


Daily Census - PEDS-Avg LOS/Bed Days



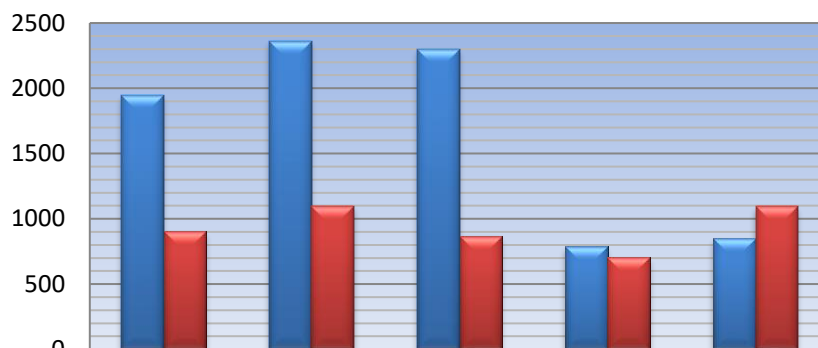
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Approved/Denied - Adults



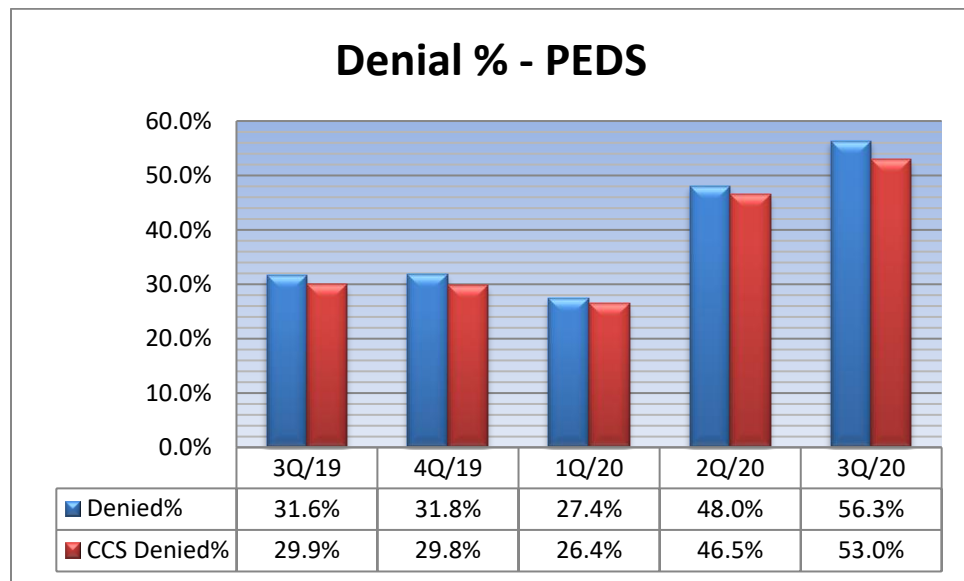
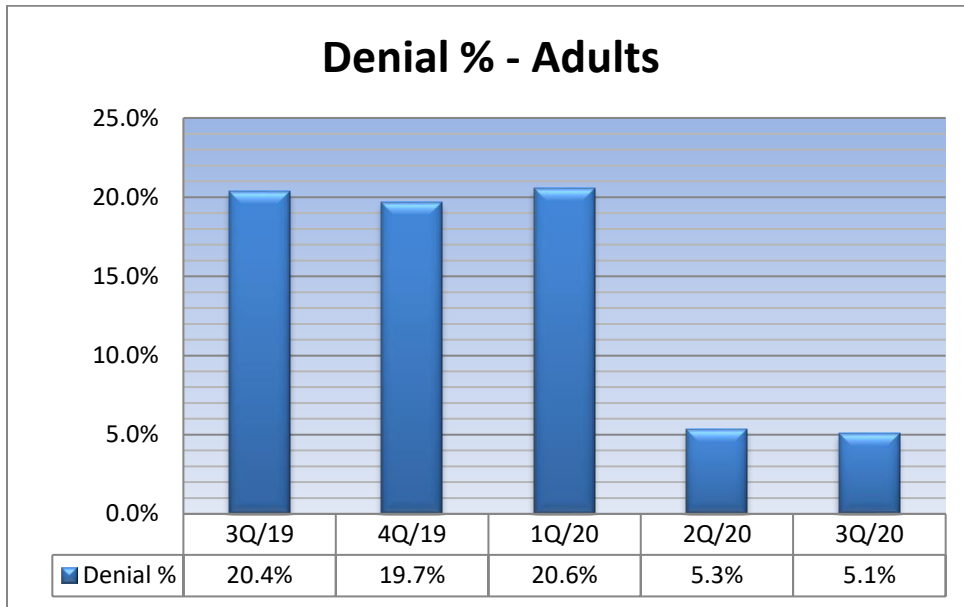
Approvals	12229	11630	12362	10478	12796
Denied	3128	2847	3199	589	682

Approved/Denied - PEDS



Approvals	1947	2361	2301	785	849
Denied	901	1100	868	704	1095

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Continuity of Care

Total Referral – 6

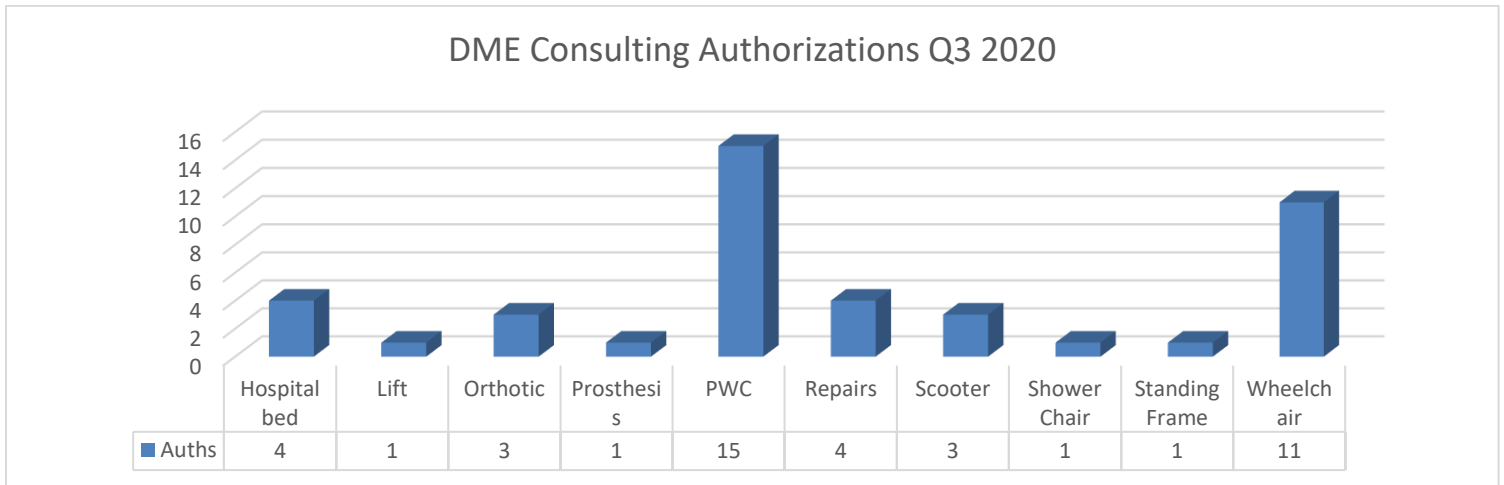
Total Approval – 6

Total Denial - 0

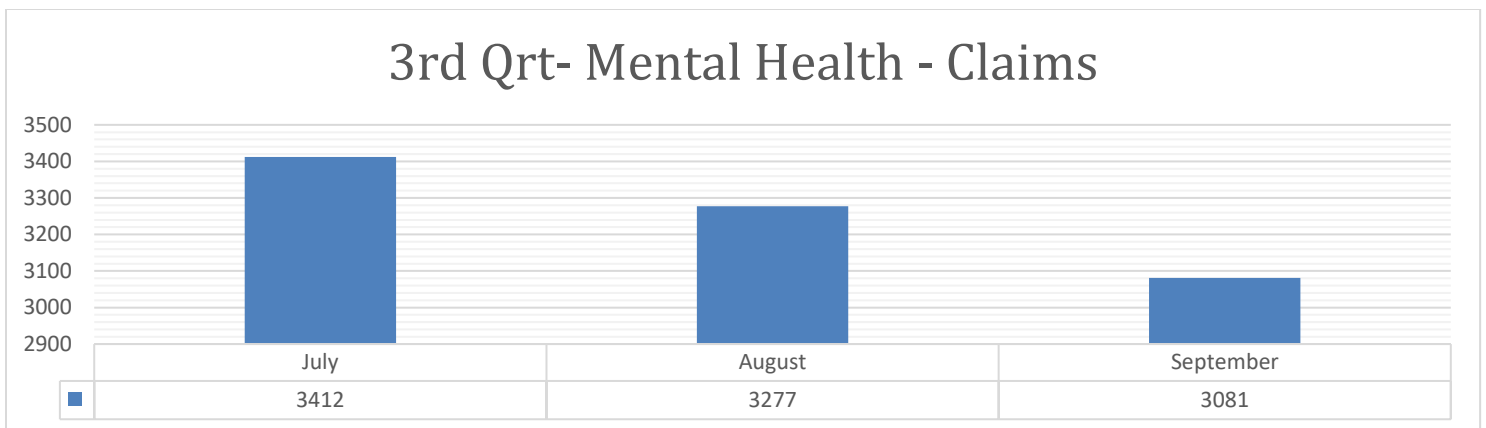
Total SPD COC -2

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DME Consulting



Mental Health



**Health Services Quarterly Committee Reporting- Reporting Period July 1, 2020
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ABA Services

UNIQUE CASES		Mild	Moderate	Severe	Pending Dx	Total
MEMBER COUNT		76	107	23	65	271
Severity %		28.04%	39.48%	8.49%	24%	100%
SEVERITY	Jul	Aug	Sep	Total		
MILD	37	19	25	81		
MODERATE	29	29	48	106		
SEVERE	8	6	10	24		
Approved FBA	74	52	65	191		
Approved Treatment	64	52	71	187		
PENDING DX	34	17	15	66		
	Jul	Aug	Sep	Total		
AGE 7 OR LESS	75	42	61	178		
AGE 8 OR GREATER	33	29	37	99		
TOTAL	108	71	98	277		
% < 7	69.44%	59.15%	62.24%	64.26%		
% > 8	30.56%	40.85%	37.76%	35.74%		

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Diabetic Exam Reminder Effectiveness Report

Client: - 12049397

Reminder Year:	Reminder Month:	Reminders Sent	Received Exam Within 0-90 Days	Received Exam Within 91-180 Days	Total Exams Within 180 Days
2019	October	525	50	29	79
	November	0	0	0	0
	December	1,916	140	20	160
2020	January	878	52	10	62
	February	503	18	18	36
	March	0	0	0	0
	April	6,190	57	57	114
	May	1,677	35	11	46
	June	1,367	46	1	47
	July	436	24	0	24
	August	554	8	0	8
	September	1,095	3	0	3
Totals		15,141	433	146	579

LTM Effectiveness*: 4 %

12-Month Effectiveness (Apr 2019 - Mar 2020): 10 %



Medical Data Collection Summary Report

Period Covered: October, 2019 through September, 2020
Prepared for: KERN HEALTH SYSTEMS - (12049397)

Reported Cases

	Members	
Received Eye Exam:	20,303	
Diabetes?:	1,115	5.5%
Diabetic Retinopathy:	178	.9%
Glaucoma:	287	1.4%
Hypertension:	900	4.4%
High Cholesterol:	354	1.7%
Macular Degeneration:	43	.2%

Estimated Number of Cases

Total Members:	268,974	
Diabetes?:	6,457	2.4%
Diabetic Retinopathy:	575	.2%
Glaucoma:	1,083	.4%
Hypertension:	27,960	10.4%
High Cholesterol:	40,882	15.2%
Macular Degeneration:	361	.1%

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WILL LIGHTBOURNE
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: September 29, 2020

ALL PLAN LETTER 20-016
SUPERSEDES ALL PLAN LETTER 18-017

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: BLOOD LEAD SCREENING OF YOUNG CHILDREN

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide requirements for blood lead screening tests and associated monitoring and reporting for Medi-Cal managed care health plans (MCPs). This APL supersedes APL 18-017.

BACKGROUND:

According to the Centers for Disease Control and Prevention (CDC), protecting children from lead exposure is important to lifelong good health. Studies have shown that even low levels of lead in the blood can affect IQ, the ability to pay attention, and academic achievement.¹ Lead exposure can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. The most important step that can be taken is to prevent lead exposure before it occurs.

While lead paint has historically been the greatest source of lead exposure, children can be exposed to lead from additional sources such as lead smelters, leaded pipes, solder, plumbing fixtures, and consumer products. Lead can also be present in air, food, water, dust, and soil.

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.^{2, 3} Accordingly, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin in

¹ CDC's Childhood Lead Poisoning Prevention information can be found at:

<https://www.cdc.gov/nceh/lead/about/program.htm>

² 42 U.S. Code section 1396d(r) can be found at: <http://uscode.house.gov/browse.xhtml>

³ For more information regarding EPSDT, see APL 19-010 titled, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21, which can be accessed at the following link:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf>

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November 2016 that provides an overview of blood lead screening requirements for children enrolled in Medicaid.⁴

In addition, MCPs are contractually required to cover and ensure that network providers provide blood lead screening tests in accordance with the California Code of Regulations (CCR).⁵ The CCR imposes specific responsibilities on doctors, nurse practitioners, and physician's assistants conducting periodic health assessments (PHAs) on children between the ages of six months and six years. The California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance for all California providers pursuant to the CCR.⁶ The CLPPB sets forth required blood lead standards of care, including Blood Lead and Anticipatory Guidance developed by the Department of Health Care Services (DHCS) related to children enrolled in Medi-Cal.⁷

POLICY:

Blood Lead Anticipatory Guidance and Screening Requirements

MCPs must ensure that their network providers (i.e. physicians, nurse practitioners, and physician's assistants) who perform PHAs on child members between the ages of six months to six years (i.e. 72 months) comply with current federal and state laws, and industry guidelines for health care providers issued by CLPPB, including any future updates or amendments to these laws and guidelines.

MCPs must ensure that their network providers:

- 1) Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to

⁴ The 2016 CMS informational bulletin can be found at:

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib113016.pdf>

⁵ Title 17, Division 1, Chapter 9, Articles 1 and 2, section 37100 of the CCR can be found at:

[https://govt.westlaw.com/calregs/index?_lrTS=20170821184818998&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/index?_lrTS=20170821184818998&transitionType=Default&contextData=(sc.Default))

⁶ CLPPB guidance for health care providers can be accessed at the following link:

<https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/CLPPB/Pages/prov.aspx>

⁷ The DHCS, Child Health and Disability Prevention Program Health Assessment Guidelines, including Recommendations for Medical Management can be accessed at the following link:

<http://www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter6.pdf>

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crawl until 72 months of age.⁸ This anticipatory guidance must be provided to the parent or guardian at each PHA, starting at 6 months of age and continuing until 72 months of age.

- 2) Order or perform blood lead screening tests on all child members in accordance with the following:
 - a) At 12 months and at 24 months of age.
 - b) When the network provider performing a PHA 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 network provider performing a PHA 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 network provider, put the child member at risk.
 - e) If requested by the parent or guardian.
- 3) Follow the CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines.

Network providers are not required to perform a blood lead screening test if either of the following applies:

- a) In the professional judgment of the network provider, the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning.
- b) If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

The MCP must ensure that the network provider documents the reason(s) for not performing the blood lead screening test in the child member's medical record.⁹ In cases where consent has been withheld, the MCP must ensure that the network provider documents this in the child member's medical record by obtaining a signed statement of voluntary refusal. If the network provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent declines to sign or is unable to sign (e.g., when services are provided via telehealth modality), the

⁸ CLPPB anticipatory guidance includes information about other common sources of lead exposure for children. For the English version see: [https://www.cdph.ca.gov/Programs/CCDC/DEOD/CLPPB/CDPH%20Document%20Library/CLPPB-antquid\(E\)_ADA.pdf](https://www.cdph.ca.gov/Programs/CCDC/DEOD/CLPPB/CDPH%20Document%20Library/CLPPB-antquid(E)_ADA.pdf). For the Spanish version see: [https://www.cdph.ca.gov/Programs/CCDC/DEOD/CLPPB/CDPH%20Document%20Library/CLPPB-antquid\(S\).pdf](https://www.cdph.ca.gov/Programs/CCDC/DEOD/CLPPB/CDPH%20Document%20Library/CLPPB-antquid(S).pdf).

⁹ Title 17 CCR section 37100

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network provider must document the reason for the not obtaining a signed statement in the child's medical record. DHCS will consider these documented efforts that are noted in the child's medical record as evidence of MCP compliance with blood lead screening test requirements.

Current CLPPB-issued guidelines include minimum standards of care a network provider must follow when conducting blood lead screening tests, interpreting blood lead levels, and determining appropriate follow-up.¹⁰ MCPs must ensure their network providers follow these CLPPB-issued guidelines. According to current CLPPB guidelines, blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up blood lead level testing must be performed using blood samples taken through the venous blood sampling method. While the minimum requirements for appropriate follow-up activities, including referral, case management and reporting, are set forth in the CLPPB guidelines, a provider may determine additional services that fall within the EPSDT benefit are medically necessary. MCPs must ensure that members under the age of 21 receive all medically necessary care as required under EPSDT.

In addition to ensuring network providers meet requirements for testing, follow-up care, and documentation, as described above, starting no later than January 1, 2021, MCPs are required to identify, on at least a quarterly basis (i.e. January – March, April – June, July – September, October – December), all child members between the ages of six months to six years (i.e. 72 months) who have no record of receiving a blood lead screening test required by Title 17 CCR section 37100. MCPs must identify the age at which the required blood lead screenings were missed, including children without any record of a completed blood lead screening at each age. MCPs must notify the network provider who is responsible for the care of an identified child member of the regulatory requirements to test that child and provide the required written or oral anticipatory guidance to the parent/guardian of that child member. MCPs must also maintain records, for a period of no less than 10 years, of all child members identified quarterly as having no record of receiving a required blood lead screening test and provide those records to DHCS, at least annually as well as upon request, for auditing and compliance purposes.¹¹

¹⁰ See the California Management Guidelines on Childhood Lead Poisoning for Health Care Providers publication, available at <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx>.

¹¹ Title 42, Code of Federal Regulations (CFR), sections 438.3(u) and 438.604(b). 42 CFR, Part 438 is available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=0f2c3aa106d1878a7ec64feb9113640c&mc=true&node=pt42.4.438&rqn=div5#_top

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Reporting Requirements

According to the November 2016 CMS informational bulletin, there is concern that not all blood lead screening tests are coded correctly to be included in Medicaid screening data. MCPs must educate network providers, including laboratories, about appropriate Common Procedure Terminology coding to ensure accurate reporting of all blood lead screening tests.

In order to comply with Health Insurance Portability and Accountability Act requirements, MCPs must utilize the CMS-1500/UB-04 claim forms, or their electronic equivalents (837-P/837-I), to report confidential screening/billing to DHCS.

DHCS currently utilizes encounter data submitted through national standard file formats (837-P/837-I) for tracking the administration of blood lead screening. MCPs are required to submit complete, accurate, reasonable, and timely encounter data consistent with the MCP contract and APLs 14-019 and 17-005.¹² Additionally, MCPs must ensure that blood lead screening encounters are identified using the appropriate indicators, as outlined in the most recent DHCS Companion Guide for X12 Standard File Format, which can be obtained by emailing the Encounter Data mailbox at:

MMCDEncounterData@dhcs.ca.gov.

California law requires laboratories performing blood lead analysis on blood specimens drawn in California to electronically report all results to CLPPB.^{13, 14} This reporting must include specified patient demographic information, the ordering physician, and analysis data on each test performed. MCPs must ensure that network providers are reporting blood lead screening test results to CLPPB, as required.

Policies and Procedures

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's policies and procedures, the MCP must submit its updated policies and procedures to its Managed Care Operations Division (MCP) contract manager within 90 days of the release of this APL. If an MCP determines that no changes to its policies and procedures are necessary, the MCP must submit an email confirmation to its MCP contract manager within 90 days of the release of this APL, stating that the MCP's policies and procedures have been reviewed and no

¹² APLs are available at: <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

¹³ Information on how to report blood lead screening test results to CLPPB can be found at: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx

¹⁴ Health care providers using a point-of-care device are considered laboratories and must report. Health and Safety Code section 124130 can be found at: http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=124130

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changes are necessary. The email confirmation must include the title of this APL as well as the APL release date in the subject line.

MCPs are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all subcontractors and network providers.

If you have any questions regarding this APL, please contact your MCO Contract Manager.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

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KERN HEALTH SYSTEMS CASE MANAGEMENT DEPARTMENT MONTHLY REPORT

Reporting Period: July 1st, 2020- September 30th, 2020

During the months of July thru September, a total of 1,712 members were managed by the Case Management Department.

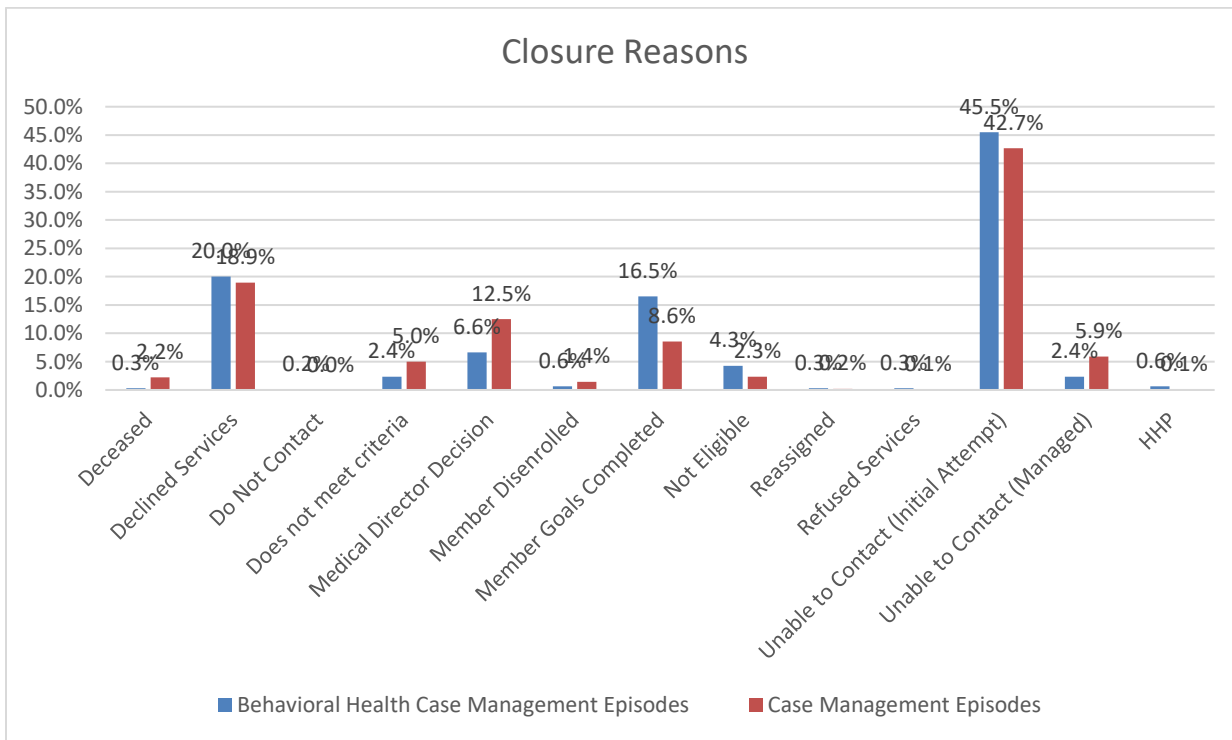
Episode Type	Closed Episodes	Open Episodes	Referral Episodes	Total
Case Management	910	172	4	1,086
Behavioral Health Case Management	507	116	3	626

Episode Source other than ACG Modeler	Behavioral Health Management Episodes	Percentage	Case Management Episodes	Percentage
All Internally Generated Complex Case Management	7	1.8%	67	22.9%
All Internally Generated Disease Management	0	0.0%	2	0.7%
All Internally Generated Grievance	2	0.5%	7	2.4%
All Internally Generated Hospital Discharge	1	0.3%	16	5.5%
All Internally Generated Medical Director	1	0.3%	18	6.1%
All Internally Generated Member Request	9	2.3%	8	2.7%
All Internally Generated UM Generated	19	4.9%	6	2.0%
BH Homeless	1	0.3%	0	0.0%
BH Mental Health	20	5.2%	0	0.0%
CM DM HE Facility Based Social Worker	4	1.0%	1	0.3%
CM DM HE Health Education	1	0.3%	1	0.3%
CM DM HE Member Services	11	2.9%	8	2.7%
CM DM HE Provider	4	1.0%	3	1.0%
CM DM High ER Utilizer	33	8.6%	0	0.0%
Critical High Risk SPD	3	0.8%	2	0.7%
DM HE Social Worker Case Management	2	0.5%	9	3.1%

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HE Postpartum Claim	15	3.9%	0	0.0%
HE Prenatal Claim	10	2.6%	0	0.0%
High Risk SPD	241	62.8%	145	49.5%

A total of 1,617 Episodes were closed during the months of July thru September 2020. With 635 BH-CM Episode Type closed and 982 CM Episode Type closed.



Members Closed and Referred to HHP	Behavioral Health Case Management Episodes	Case Management Episodes
HHP	9	12
Closed Episodes with Admits within 30 days after Closure		Total
Behavioral Health Case Management		29
Case Management		75
Percentage of closed cases Readmitted		5%

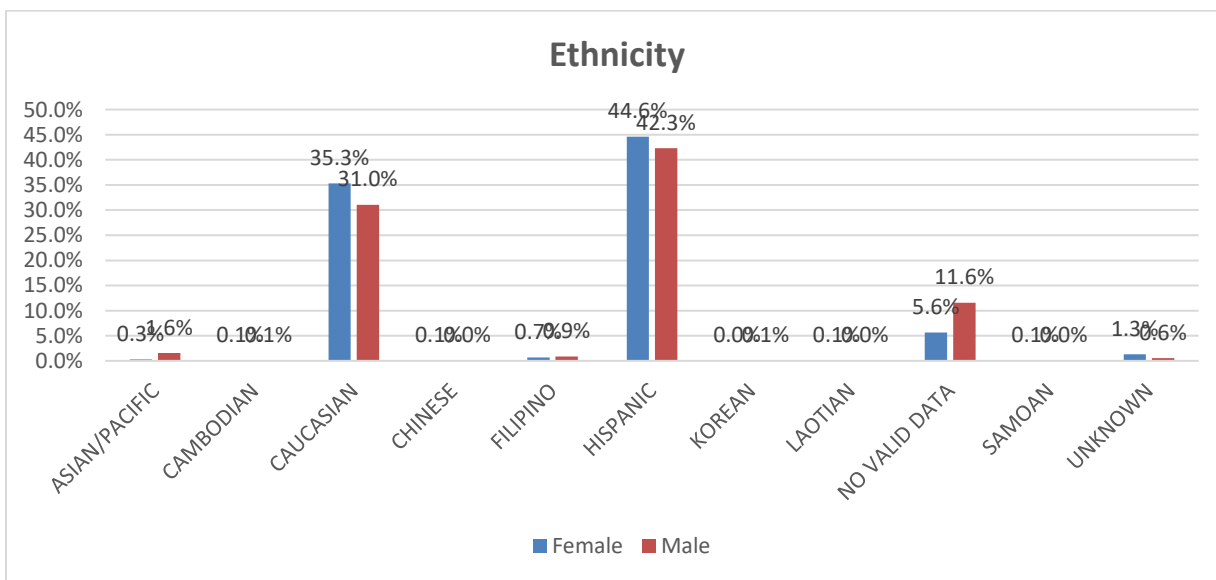
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Assessments/Plan of Care	Behavioral Health Case Management Episodes	Case Management Episodes	Total
Assessments	145	188	333
Plan of Care	137	190	327

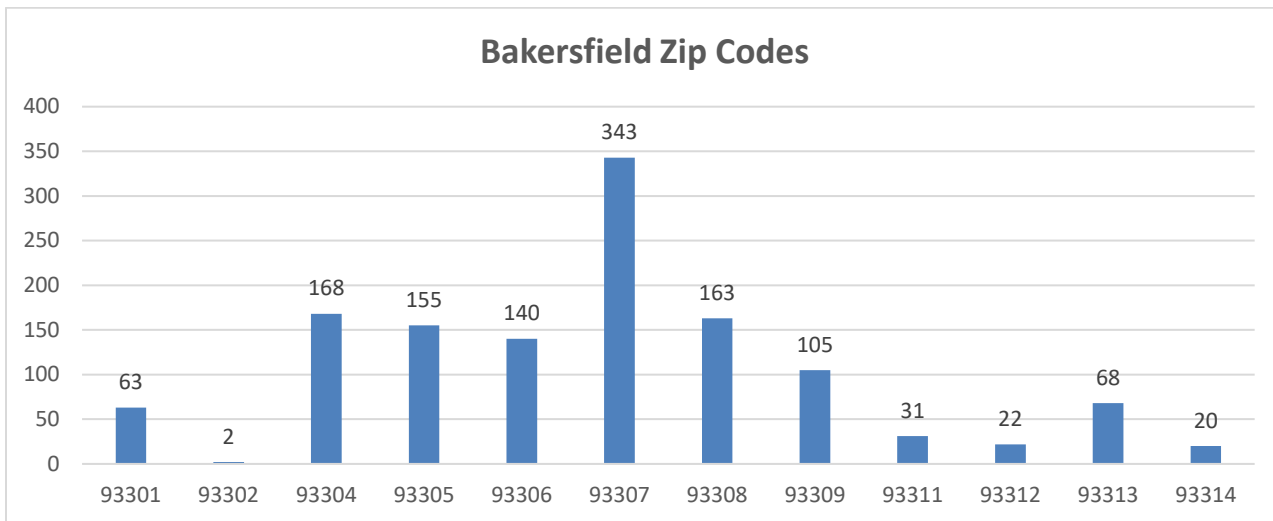
During the months of July thru September, 95% of the members managed were 65 years of age or younger.

Age	<18	18-40	41-65	>65	Total
Case Management	30	226	752	78	1,086
Behavioral Case Management	55	204	353	14	626

Of the 1,712 members managed during the months of July thru September, the majority of members were female at 59%. The majority of members' ethnicity was Hispanic at 44%.



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Outlying Areas

City	Total
ARVIN	37
BEAR VLY SPGS	1
BODFISH	8
BORON	3
BUTTONWILLOW	2
CALIENTE	1
CALIF CITY	24
CALIFORNIA CITY	1
DELANO	70
EDISON	1
FELLOWS	1
FRAZIER PARK	6
HEMET	1
INYOKERN	2
KERNVILLE	1
LAKE ISABELLA	19
LAMONT	36
LANCASTER	3
LOST HILLS	1
MARICOPA	4
MC FARLAND	25
MOJAVE	16
N/A	15

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NORTH EDWARDS	2
ONYX	3
ROGERS	1
ROSAMOND	3
SHAFTER	35
TAFT	31
TEHACHAPI	35
WASCO	36
WELDON	5
WOFFORD HEIGHTS	3

Notes Completed

Note Source	Behavioral Case Management Episodes	Case Management Episodes
Activity Note	1325	1384
Add Episode Note	119	54
Care Plan Problem Note	230	508
Change Status Note	2142	2617
Edit Episode Note	24	156
Episode Note	117	336
Goals	171	428
Interventions	390	438

Letters

Letter Template	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Letter English	39	64
Appointment Letter Spanish	3	19

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Consent Form English	7	15
Consent Form Spanish	6	8
Discharge English	45	83
Discharge Spanish	8	36
Educational Material	11	0
Unable to Contact	489	758
Welcome Letter Bilingual	136	233

Activities Completed

Activities Completed	Total
CMA's	2,266
Nurses	541
Social Workers	765

Activity Type

Activity Type	Behavioral Health Case Management Episodes	Case Management Episodes
Clinical Engagement	0	13
Education	0	46
Fax	171	206
Letter Contact	221	325
Member Services	45	51
New HHP Referral	0	2
Phone Call	815	1218

Activity Name

Activity Name	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Reminder Calls	40	72
Basic Needs	1	0
Close Episode for CEG	0	1

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Close Episode for UTC	25	19
Community Resources	2	4
Contact Member	298	246
Contact Pharmacy	3	12
Contact Provider	153	297
COVID-19 Education	0	74
Create Work Item	47	54
HHP	4	1
HRA	0	1
ICT	45	70
Incoming Call	0	4
Inpatient Discharge Follow Up	44	100
Language Line	99	201
Mail Appointment Letter	46	47
Mail Authorization	0	1
Mail Consent Letter	13	19
Mail Discharge Letter	53	116
Mail Educational Material	2	0
Mail Provider Directory	1	2
Mail Unable to contact letter	53	115
Mail Urgent Care Pamphlet	7	0
Mail Welcome Letter	3	1
Medication Review	2	0
Palliative Care	2	0
Plan of care	137	166
Provided Information	0	2
Request Medical Records	82	118
Return Mail	3	1
Schedule Physician Appointment	59	72
Transportation	6	14
Verbal consent to be received	22	31

Seniors and Persons with Disabilities (SPDs):

SPD Members are identified for Complex Case Management through use of the John Hopkins Predictive Modeler, through Health Risk Assessments and other sources including member requests and outside and internal requests.

The SPD population represents a total of 54 percent (917) of the Complex Group during the months of July thru September 2020.

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The John Hopkins Predictive Modeler identified SPD's represent 49% percent of the SPD's identified in the Complex Group during the months of July thru September 2020. HRA identified SPD members represent 40% and other sources of SPD members represent 11%.

