

Dear MHN Practitioner,

The MHN Quality Improvement (QI) Department is pleased to present the next issue of the MHN Practitioner Update Newsletter.

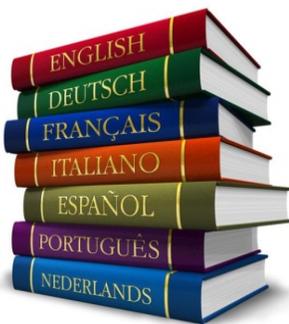
Thank you for taking the time to read this newsletter and review important information about current best practices and guidelines.

This newsletter and other articles of interest have also been posted in the MHN Provider Newsroom at: [www.Providers.MHN.com](http://www.Providers.MHN.com) > "Newsroom" (at the bottom of the page).

Regards,  
The MHN QI Department

## Language Assistance Programs & Interpreter Services

Managed care health plans are required to provide language assistance and culturally sensitive services to members who are limited-English proficient (LEP).



To comply with this, MHN created the Language Assistance Program (LAP) to ensure that LEP members are able to obtain language assistance while accessing mental health care services. MHN provides members with language assistance through face-to-face, telephonic and written interpretation services as well as through our diverse network of practitioners. Interpretation services are arranged by MHN prior to referral to a practitioner to support MHN members' linguistic and cultural needs. MHN maintains ongoing administrative and financial responsibility for implementing and operating the language assistance program for members and does not delegate its obligations under language assistance regulations to its participating providers.

Should you discover that a member needs interpretation services after beginning treatment, please contact MHN immediately so that we can assist in obtaining the necessary resources. To access these services for Managed Care members, please call the toll free number located on the back of the enrollee's identification card. If this number is unavailable, or to access services for EAP members, please call the MHN Translation Services Line at (888) 426-0023.

**The Language Assistance Programs and Interpreter Services regulations, for all lines of business, are as follows:**

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TO REACH MHN CUSTOMER SERVICE:

CALL THE TOLL FREE NUMBER ON THE BACK OF THE MEMBER'S ID CARD

PROFESSIONAL RELATIONS:

[PROFESSIONAL.RELATIONS@MHN.COM](mailto:PROFESSIONAL.RELATIONS@MHN.COM)

## **LANGUAGE ASSISTANCE PROGRAM (LAP) OVERVIEW**

MHN's Language Assistance Program includes the following:

- Interpreter services for LEP MHN members are available 24 hours a day, seven days a week at all points of contact, by contacting MHN Translation Services at (888) 426-0023. This assistance includes face-to-face, telephonic and written translation services.
- MHN offers a notice of translation services (available in Spanish and Chinese) for vital documents to members. This notice is also available to contracted providers for distribution to enrollees upon request.

## **PROVIDER LAP COMPLIANCE REQUIREMENTS**

All MHN providers are required to support the LAP by complying with the following:

**Interpreter Services** – Use qualified interpreters for LEP members. Interpreter services are provided by MHN at no cost to the provider or the member. You may contact the MHN Translation Services Line or MHN Customer Service to arrange translation services.

**Member Complaint/Grievance Forms** – Members wishing to file a grievance or complaint should call the number listed on the back of their identification card, or access [www.mhn.com](http://www.mhn.com) to obtain complaint/grievance forms, also available in Spanish or Chinese (links to printable format also provided).

**Documentation of language preference** – Document the member's language preference and the refusal or use of interpreter services in the member's medical record. MHN strongly discourages the use of family, friends or minors as interpreters. If, after being informed of the availability of interpreter services, the member prefers to use family, friends or minors as interpreters, the provider must document this in the member's medical record.

**Telephonic referral if face-to-face assistance goes beyond 15 minute wait time** – If a scheduled face-to-face interpreter fails to attend appointment within fifteen minutes of the start of the appointment, providers are encouraged to offer the patient the choice of using a telephonic interpreter. Providers can call MHN Customer Service and a customer service agent will conference in the telephone interpreter to expedite services. To access these services for Managed Care members, please call the toll free number located on the back of the enrollee's identification card. For EAP members, please call the MHN Translation Services Line at (888) 426-0023.

**Notify MHN of Language capability changes** - Practitioners are contractually obligated to notify MHN of any change to their practice, including changes in language abilities, 30 days prior to the effective date of such a change, by attesting to these changes via the Provider Portal at [www.mhn.com](http://www.mhn.com). MHN does not track bilingual changes among office staff, however practitioners must notify us when there has been an addition/departure of a bilingual clinician from a group practice.

## **CULTURAL COMPETENCY TRAINING**

MHN recommends that all providers participate in a cultural competency training course as part of their continuing education. The United States Department of Health and Human Services' Office of Minority Health (OMH) offers a computer-based training (CBT) program on cultural competency for health care providers. This program was developed to furnish providers with competencies enabling them to better treat California's increasingly diverse population. For more information, refer to the OMH Think Cultural Health Web site at [www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov).

## **ADDITIONAL INFORMATION**

If you have additional questions regarding translation services available to our members, contact the MHN Service Team indicated on the back of the member ID card.

If you have any other questions about your network participation, please submit a Contact Us form through MHN's Provider Portal or email us at [professional.relations@mhn.com](mailto:professional.relations@mhn.com).

## Timely Access to Care

Health plans are required by regulators to provide timely access to care. This means that there are limits on how long your patients should have to wait to get behavioral health care appointments and telephone advice.

### Appointment Wait Times:

Appointment Type:	Timeframe:
Urgent Care (prior authorization not required)	48 hours
Non-Urgent (routine) Doctor Appointment with a <b>psychiatrist</b>	15 business days
Non-Urgent (routine) <b>Mental Health</b> Appointment ( <b>non-physician</b> <sup>^</sup> )	10 business days

<sup>^</sup> Examples of non-physician mental health providers include counseling professionals, substance abuse professionals, and qualified autism service providers

*Patients may call MHN 24-hours-a-day, 7 days a week to talk to a qualified behavioral health professional, who will complete an assessment to determine the level of urgency of their health problem.*

## Clinical Practice Guidelines and Position Papers



MHN began the process of developing Clinical Practice Guidelines in 1997. MHN considers a number of resources in this process, including our own research on the effectiveness of elements of the guidelines, reviewing the literature about treatment of disorders and reviewing guidelines from professional organizations. We recognize that there is often conflicting information and as such we strive to prioritize well done research supported evidence based guidelines.

The guideline is drafted and then reviewed by the MHN Quality Improvement-Utilization Management Committee (QI-UMC). The QI-UMC then submits the guideline to the Health Net Medical Affairs Committee (MAC) with a recommendation that it approve the guideline. Health Net then makes the final decision to approve and adopt the guideline.

We currently have the following **Clinical Practice Guidelines**:

- [Autism Diagnosis and Treatment \(pdf\)\\*](#)
- [Attention-Deficit Hyperactivity Disorder in Children \(pdf\)\\*](#)
- [Substance Use Disorder Clinical Practice Guideline \(pdf\)\\*](#)

We currently have the following **Clinical Position Papers**:

- [Transcranial Magnetic Stimulation \(TMS\) \(pdf\)\\*](#)

It is important to remember that the guidelines are suggestions for treatment, and elements of the guidelines may not be applicable in all cases.

In response to accrediting requirements, MHN evaluates compliance with our Practice Guidelines in the following ways:

**For Substance Use Disorder we monitor:**

- whether the patient was referred to a self-help/peer support group
- the HEDIS AOD Initiation Measure
- the HEDIS AOD Engagement Measure

Information gleaned from the evaluation of compliance with the Clinical Practice Guidelines will be used both to improve practitioner performance and also in MHN's process to update and improve our Clinical Practice Guidelines.

Current information on MHN's Clinical Practice Guidelines and Clinical Position Papers can be found on the MHN Provider web site:

*Providers.MHN.com > 'Working with MHN' (at the top of the page) > Resources > Clinical Practice Guidelines.*

## September is National Recovery Month!

Every September, the Substance Abuse and Mental Health Administration (SAMHSA) sponsors Recovery Month to increase awareness and understanding of mental and substance use disorders and celebrate the people who recover. The theme for Recovery Month 2017 is *Join the Voices for Recovery: Strengthen Families and Communities.*



Recovery Month promotes the societal benefits of prevention, treatment, and recovery for mental and substance use disorders, celebrates people in recovery, lauds the contributions of treatment and service providers, and promotes the message that recovery in all its forms is possible. Recovery Month spreads the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective and people can and do recover.

MHN currently reports on *Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET-AOD)*; members who are newly diagnosed with a substance used disorder (SUD) diagnosis and who attend treatment during the following time frames:

- **Initiation of AOD Treatment:** The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis
- **Engagement of AOD Treatment:** The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit



### How can you help?

- ✓ Educate members and their families about the importance of timely follow-up care.
- ✓ Assess for and determine potential barriers to follow-up care.
- ✓ Provide members and their families with educational materials on substance abuse and addiction.

If you need assistance, please call the number listed on the back of the member's ID card. For additional information and resources on how you or your practice can get involved in National Recovery Month activities, please visit <https://recoverymonth.gov/>.

More information can be found by clicking below to view MHNs  
["Alcohol or Other Drug" Provider Toolkit!](#)

## Medication Side Effects

Please help us ensure that our members are informed about possible side-effects of the medications they are prescribed. And, if you are a non-prescribing provider, please remind your patients to report and discuss any medication issues with their prescriber.

### *Something to think about...*

*How can clinicians, pharmacists and patients in your setting better collaborate and encourage open conversations about the medications they're prescribed?*

For more information about potential adverse effects for any medication, please visit:  
<https://medlineplus.gov/druginformation.html>.



**The next Practitioner Update is scheduled for February 2018.**

*Thank you for your time and attention!*

The MHN Quality Improvement Department