PRACTITIONER *Update*

Quality.Improvement@Healthnet.com CALIFORNIA EDITION **September 2018**

Dear MHN Practitioner,

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

We hope you find the information about our Language Assistance Programs and Interpreter Services useful. Mental Illness Awareness Week is coming up in mid-October. Please review the enclosed article for details on how you and your colleagues can participate.

Thank you for taking the time to read this newsletter.

Regards,
The MHN QI Department

Have you heard?

Medi-Cal members under the age of 21 years old do not require an Autism Spectrum Diagnosis to receive Applied Behavioral Analysis (ABA). This expansion of the EPSDT benefit began July 1, 2018. **Medi-Cal members do require a documented referral for Applied Behavioral Analysis by an M.D. or licensed psychologist within 12 months prior to the service request.**

Members can contact the MHN service team at 888-935-5966 to learn about their ABA benefit, the ABA referral process and to request a list of ABA providers contracted with MHN.

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TO REACH MHN CUSTOMER SERVICE:

CALL THE 800# ON THE BACK OF THE MEMBER'S ID CARD

PROFESSIONAL RELATIONS:

PROFESSIONAL.RELATIONS@HEALTHNET.COM

CALIFORNIA REGULATIONS NOTIFICATION:
Language Assistance Programs & Interpreter Services

The Health Care Language Assistance Act, effective since 2009, requires all California managed care health plans to provide language assistance and culturally sensitive services to members who are limited-English proficient (LEP).

To comply with this mandate, 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:

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 all California 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 to obtain complaint/grievance forms, also available in Spanish or Chinese (links to printable format also provided).

Independent Medical Review Application – Locate the DMHC's Independent Medical Review (IMR) application and provide it to members upon request. This application is available in English, Chinese and Spanish on the DMHC Web site at www.hmohelp.ca.gov/dmhc_consumer/pc/pc_imrapp.aspx.

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. 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.

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@healthnet.com.

CALIFORNIA REGULATIONS NOTIFICATION: Timely Access to Care

Health plans are required by California 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 psychiatrist	15 business days
Non-Urgent (routine) Mental Health Appointment (non-physician*)	10 business days

* Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers

If your patient is unable to obtain a timely referral, you may contact the patient's health plan by using the toll free number located on the back of the member's ID card or by contacting the California Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219 for assistance.

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.

Each year, California health plans are required to conduct a survey to monitor compliance with timely access regulations. ***As a participating MHN provider, if and when a survey is sent to you, your response is required within 5 business days.***

For more information about DMHC Timely Access Regulations, please click here.

CONTINUING EDUCATION OPPORTUNITY!

SAVE THE DATE: *Wednesday, November 14th*

As part of Health Net of California, Inc., Health Net of Arizona, Inc., Health Net Health Plan of Oregon, Inc., Health Net Community Solutions, Inc., and Health Net Life Insurance Company, Inc.'s (Health Net's) commitment to supporting our physicians and their staff in delivering quality care to our members, we are joining with Cenpatico's Envolve PeopleCare to present the Behavioral Health webinar ***"Cultural Competency" on Wednesday, November 14, 2018 from Noon to 1:00 p.m., Pacific Time.***

This course explains the importance of cultural competency among behavioral health providers to improve patient treatment. Training includes components of culture, communication variations, cultural impact on services and treatment and potential barriers.

- ☑ Discuss levels of cultural competency and cultural considerations
- ☑ Identify four communication variations within/across cultures
- ☑ List two ways that providing culturally competent health care improves the patient's Treatment

To register (all attendees must register), click here.

After registering you will receive a confirmation email containing information about joining the training.

Have suggestions for future continuing education topics? *Please let us know here!*

PLANNING AHEAD:

MENTAL ILLNESS AWARENESS WEEK

October 7 - 13, 2018

Each year, millions of Americans face the reality of living with a mental health condition. However, mental illness affects *everyone* directly or indirectly through family, friends or coworkers. Despite mental illnesses' reach and prevalence, stigma and misunderstanding are also, unfortunately, widespread.

That is why each year, during the first week of October, the National Alliance on Mental Illness (NAMI) and participants across the country raise awareness of mental illness. Each year, we educate the public, fight stigma and provide support. And each year, our movement grows stronger.

NAMI will be promoting *"Cure Stigma"* as the theme during its 2018 Mental Illness Awareness Week from October 7–13.

One in 5 Americans is affected by a mental health condition. Stigma is toxic to their mental health because it creates an environment of shame, fear and silence that prevents many people from seeking the help and treatment they need. The perception of mental illness won't change unless we act to change it.

The 2018 campaign platform:

There's a virus spreading across America. It harms the 1 in 5 Americans affected by mental health conditions. It shames them into silence. It prevents them from seeking help. And in some cases, it takes lives. What virus are we talking about? It's stigma - stigma against people with mental health conditions. But there's good news! Stigma is 100% curable. Compassion, empathy and understanding are the antidote. Your voice can spread the cure!

For more information about how you can participate in this year's campaign, please visit the NAMI Mental Illness Awareness Week website here.

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. 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 makes the final decision to approve and adopt the guideline.

We currently have the following Clinical Practice Guidelines:

- Attention-Deficit Hyperactivity Disorder in Children (pdf)*
- Substance Use Disorder Clinical Practice Guideline (pdf)*

We currently have the following Clinical Position Papers:

- Ketamine Use for Treatment Resistant Depression or Post Traumatic Stress Disorder (pdf)*
- Medication Assisted Treatment Guidelines for Substance Use Disorders (pdf)*
- Dialectical Behavior Therapy (DBT) (pdf)*

These documents are available online via the links above. It is important to remember that the guidelines are suggestions for treatment, and elements of the guidelines may not be applicable in all cases. You must use your clinical judgment in making final decisions about application of the guidelines. 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 here:
Providers.MHN.com > 'Working with MHN' (at the top of the page) > Resources > Clinical Practice Guidelines.

TREATMENT OF EATING DISORDERS

A person has an eating disorder when their beliefs about food, weight and body image lead to unhealthy patterns of eating and/or exercising. There are three main types of eating disorders: **Anorexia Nervosa** (self-induced starvation and excessive weight loss), **Bulimia Nervosa** (bingeing i.e. excessive or compulsive consumption of food, and purging) and **Binge Eating Disorder** (recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked by feelings of lack of control). Eating disorders often begin in adolescence and early adulthood and are more common in females but can also affect young males.

Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder
♦ Thin or underweight ♦ Constant thoughts about weight or body image ♦ Constant thoughts about food ♦ Food refusal ♦ Fear of gaining weight ♦ No menstrual cycle (females) ♦ Abnormal blood levels ♦ Too much exercising	♦ Too much dieting ♦ Going to the restroom right after eating ♦ Too much exercise ♦ Too much laxative use ♦ Dehydration ♦ No menstrual cycle (females) ♦ Sores on hands, knuckles, mouth, and throat ♦ Poor body image	♦ Uncontrolled binge eating without emesis or laxative abuse ♦ Often, but not always, associated with obesity o *'Night eating syndrome'* includes: (also listed as a diagnosis for further study) - morning anorexia - increased appetite in the evening - insomnia - can have complete/partial amnesia of eating during the night

Physiological and other Physical Symptoms of Eating Disorders:

- Stress fractures/osteopenia
- Cardiac arrhythmia/mitral valve prolapse
- Elevated liver function, values
- Lanugo/hair thinning/alopecia
- Ammenhorea (at least 3 months/delayed menarche)
- Self-injury
- Pale appearance/yellowish skin-tone
- Thin, dull, and dry hair, skin, and nails
- Fatigue/fainting
- Cold intolerance/hypothermia
- Swollen parotid glands in cheeks and neck
- Discoloration and/or staining of the teeth
- Broken blood vessels in eyes and/or face
- Diarrhea or constipation

Treatment plans should be tailored to a member's needs and may include one or more of the following:
(Hospitalization may be needed to treat problems caused by malnutrition or to ensure sufficient nutritional intake for members who are very underweight)

1. Individual, group, and/or family psychotherapy
2. Medical care and monitoring
3. Nutritional counseling
4. Medications
5. Support groups

Evidenced Based Treatment for Eating Disorders may include:

Cognitive Processing Therapy for Trauma (CPT) helps clients with trauma-related symptoms by processing and restructuring the core beliefs instilled by the trauma. The theory behind CPT conceptualizes PTSD as a disorder of "non-recovery" in which erroneous beliefs about the causes and consequences of traumatic events produce strong negative emotions and prevent accurate processing of the trauma memory and natural emotions emanating from the event. CPT incorporates trauma-specific cognitive techniques to help individuals with PTSD more accurately appraise these "stuck points" and progress toward recovery.

Acceptance and Commitment Therapy (ACT) for anxiety and depression is an intervention that uses acceptance and mindfulness strategies, together with commitment and behavior change strategies, to increase psychological flexibility. By learning to be more fully present in the moment and changing or persisting in behavior in the service of chosen values, clients learn to live a more balanced life.

Internal Family Systems (IFS) approach is based on the premise that people can learn to relate to their inner emotions or "parts" from a loving, compassionate place. Internal Family Systems approach provides a language for clients to use to focus inside and listen to their feelings and emotions without being overwhelmed.

Expressive Therapies utilize art, dance/movement, music, drama, role-play, etc. to assist clients in tapping into the body, feelings, emotions and thought process to reclaim the innate capacity as human beings for creative expression of the human experience.

Cognitive Therapy (CT) is a treatment intervention that has been found to be effective for depression, anxiety, bulimia, and binge eating disorder. In Cognitive Therapy the therapist and client work collaboratively to identify and restructure automatic thoughts that fuel negative emotion and problem behaviors.

Maudsley Family-Based Treatment focuses on weight restoration in an intensive outpatient treatment setting, with the parents playing a crucial role. This approach consists of 3 phases: nutritional rehabilitation/normalization of eating, family relationships and normal adolescent development issues.

Dialectical Behavior Therapy (DBT) is a therapy that has been found to be effective for bulimia, borderline personality disorder, drug and alcohol abuse, and suicidality. DBT incorporates four domains: mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation. In DBT, the therapist is neutral, validating, and accepting, which provides the space in which a client is able to effect change.

For additional information on the assessment, diagnosis and treatment of Eating Disorders, please review the following articles: *An Update on Evidence-Based Psychosocial Treatments for Eating Disorders in Children and Adolescents* and an *Update on Medical Management of Eating Disorders in Adolescents*.

REFERRING TO DIFFERENT TYPES OF BEHAVIORAL HEALTH PROVIDERS

Members trust their PCPs and therefore rely on them to provide appropriate behavioral health treatment referrals. Many PCPs refer their patients only to MD level practitioners, like psychiatrists, for behavioral health treatment. But there are other types of behavioral health practitioners (BHPs) that can provide the necessary treatment beyond psychiatrists, whose primary focus may be medication management or who may not have time to provide traditional 'talk' therapies or counseling. These other BHPs may also have more appointment availability to see our members in a timely fashion.

Other types of behavioral health providers:

- ★ **Social Workers, Counselors & Marriage and Family Therapists** for individual, family, or group psychotherapy, advocacy or case management
- ★ **Psychologists** for mental health evaluations/psychological evaluations, and psychological testing. Some may also provide individual, family or group psychotherapy

Keep in mind:

- ☑ Members may need to be educated about the differences between seeking help from a BHP versus another medical professional *(for example, many BHPs are unable to answer their phone right away to schedule an appointment. Members will more than likely have to leave a message and wait for a call back when reaching out to a BHP. They may need assistance or encouragement from you to keep trying)*
- ☑ Remember, if members are still having trouble making an appointment, offer to make the call with them or have them call the phone number on the back of their card for additional assistance.

For more information on the various types of behavioral health providers, please visit this National Alliance on Mental Illness (NAMI) Resource page.

The next Practitioner Update is scheduled for February 2019

Thank you for your time and attention!

The MHN Quality Improvement Department