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## Medi-Cal Fee-For-Service (FFS) Mitigating Health Impacts of Secondary Stress due to the 2019-Novel Coronavirus (COVID-19) Emergency

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The Department of Health Care Services (DHCS) is actively monitoring the evolving COVID-19 situation, and is taking proactive steps to lessen the immediate impacts of COVID-19 on its health care systems and communities. DHCS also recognizes the importance of providing critical information to all Californians to help address and wherever possible, mitigate the secondary health effects of this pandemic. While Californians have come together to practice 'physical distancing' to slow the spread of COVID-19, public anxiety regarding COVID-19, compounded by the economic distress due to lost wages, unemployment, and financial assets; mass school closures; and necessary physical distancing measures can result in an increase in stress-related morbidity and mortality. Widespread communicable disease outbreaks, such as COVID-19, natural disasters, economic downturns, and other crises result in well documented, short- and long-term physical and mental health impacts, including increased cardiovascular, metabolic, immunologic, and neuropsychiatric risk. These impacts result from:

- Disruption of access to care, including preventive care and medications;
- Disruption of access to resources needed for health maintenance such as nutritious foods and safe places to exercise; and
- Overactivity of the biological stress response, resulting in neurologic, endocrine, and immunologic dysregulation, also known as the [toxic stress response](#).

Specifically, the negative health outcomes can include:<sup>1</sup>

- Increased rates of heart attack and stroke.
- Increased blood pressure.
- Exacerbations of chronic obstructive pulmonary disease and asthma.
- Increased hemoglobin A1c levels among diabetic patients.

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<sup>1</sup> Please see the list of resources/reference materials at the end of this notice on information regarding negative health outcomes.

- Immune dysregulation – with increased risk for infection, autoimmune disorders, and poorer oral health.
- Poorer perinatal and birth outcomes, including preterm birth and low birth weight.
- Increased intimate partner violence.
- New or recurring mental and behavioral health conditions, including: depression, anxiety, suicidality, post-traumatic stress disorder, obsessive-compulsive disorder, and substance use disorder (inclusive of alcohol and drugs).

### **How Can Medi-Cal Providers Help?**

Medi-Cal providers play an essential role in helping to address and, where possible mitigate, some of the negative health outcomes identified above with appropriate adaptations to provide disaster-responsive, trauma-informed care, and supplement care with measures aimed at regulating the stress response system.

To mitigate secondary negative health outcomes, it is crucial that Medi-Cal providers stay informed as to the most current guidance and best practices relative to COVID-19, as well as do the following, whenever possible:

- Support continuity and integration of medical and behavioral health services via telehealth and related adaptations in service delivery during the crisis. (Please see DHCS COVID-19 specific guidance on [Telehealth and Virtual/Telephonic Communications](#).) Providers have a crucial responsibility to ensure strong care coordination and service linkage among primary care, behavioral health, and other specialty care, among other areas of health care services. During a public health crisis such as COVID-19, this role is more important than ever.
- Increase knowledge and awareness of disaster-responsive approaches, such as [trauma-informed care](#). This [education and training](#) should include such crucial roles as:
  - Ensuring physical and emotional safety of patients.
  - Building trust between providers and patients.
  - Recognizing and responding to the signs and symptoms of stress on physical and mental health.
  - Promoting patient-centered, evidence-based care.
  - Ensuring provider and patient collaboration in treatment planning.
  - Sensitivity to the racial, ethnic, cultural, and gender identity of patients and any disabilities they may have.
  - Supporting provider resilience.
- Learn the signs of and [assess for stress-related morbidity](#), and create responsive treatment plans, including supplementing usual care with measures that help regulate the stress response system (see #29 on List of Resources/References at the end of this notice), such as:
  - Supportive relationships.
  - Age-appropriate, healthy nutrition.
  - Sufficient, high-quality sleep.
  - Mindfulness and meditation.
  - Adequate physical activity.
  - Mental health care.

### **Adverse Childhood Experiences (ACEs) Screening**

DHCS, in partnership with the Office of the California Surgeon General (OSG), is providing Medi-Cal providers with training, clinical protocols, and payment to screen patients for ACEs that lead to toxic stress and ACEs-Associated Health Conditions. Individuals with a history of ACEs are at increased risk of negative health outcomes with subsequent major stressors, such as that currently being experienced as a result of the COVID-19 pandemic. By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment, including the use of trauma-informed, evidence-based care for toxic stress. Detecting ACEs and toxic stress early and connecting patients to interventions, resources, and other supports can improve the health and well-being of individuals and families and across the state's communities. All providers are encouraged to receive training to screen patients for ACEs, and by July 1, 2020, all providers who bill Medi-Cal for providing ACEs screening, must self-attest to completing the training to continue receiving Medi-Cal payment for conducting ACE screenings.

Training to screen for ACEs and toxic stress is available at the [ACEs Aware website](#). The two-hour online curriculum is easy to access for a wide range of health care professionals and provides Continuing Medical Education (CME) and Maintenance of Certification (MOC) credits. DHCS will reimburse Medi-Cal FFS providers up to \$29 per trauma screening for children and adults with Medi-Cal coverage. To bill Medi-Cal, FFS providers should use the Healthcare Common Procedure Coding System (HCPCS) codes based on the results of the screening – HCPCS code G9919 is used for high-risk screens that have a score of 4 or greater and HCPCS code G9920 is used for lower-risk screens that have a score of 0 to 3. More information and resources on how to bill Medi-Cal for ACE screenings can be found on the [ACEs website](#) and updates to the Medi-Cal provider manual will soon be released on the [Medi-Cal website](#).

Additional resources on how to mitigate the stress-related health outcomes anticipated with COVID-19 can be found on [www.ACEsAware.org](http://www.ACEsAware.org). ACEs resources and information for Medi-Cal's Trauma Screenings and Trauma-Informed Care Provider Trainings can be found on the [DHCS webpage](#).

For COVID-19 specific information, please visit DHCS's [COVID-19 Response webpage](#), which serves as a central repository for all COVID-19 related information, including but not limited to additional guidance for providers and partners relative to providing services amidst the COVID-19 situation.

For additional COVID-19 information and resources, providers are encouraged to review the following resources:

- [List of California Department of Public Health \(CDPH\) COVID-19 Guidance Documents](#)
- [Centers for Disease Control and Prevention \(CDC\) COVID-19 response](#)
  - [en Español](#)
  - [中文](#)
- [Follow CDPH Twitter for the latest COVID-19 information](#)

### List of Resources/References:

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