

State of California—Health and Human Services Agency
Department of Health Care Services and Office of the Surgeon General



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ALL PLAN LETTER 20-008

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: MITIGATING HEALTH IMPACTS OF SECONDARY STRESS DUE TO THE COVID-19 EMERGENCY

PURPOSE:

The purpose of this All Plan Letter (APL) is to offer recommendations to Medi-Cal managed care health plans (MCPs) on mitigating negative health outcomes to members due to the Novel Coronavirus Disease (COVID-19) emergency.

BACKGROUND:

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, employment, 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.¹

¹ More information on toxic stress response is located at the Adverse Childhood Experiences (ACEs) website: <https://www.acesaware.org/treat/the-science-of-aces-toxic-stress/>.

Specifically, the negative health outcomes can include:²

- 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.
- 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).

MCPs and their 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 ensuring providers supplement their usual care with measures aimed at regulating the stress response system.

DHCS also reminds MCPs of the ACEs-oriented, trauma-informed care training for providers, as well as the ACEs screening services, billing codes, and minimum provider fee schedule described in APL 19-018, Proposition 56 Directed Payments for Adverse Childhood Experiences Screening Services.³

POLICY:

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

- MCPs and their providers should support continuity and integration of medical and behavioral health services via telehealth and related adaptations in delivery during the crisis. MCPs and their providers have a crucial responsibility to ensure strong care coordination and service linkage among primary care, behavioral health, and other

² Please see Attachment A for source references regarding negative health outcomes.

³ APLs can be found at the following link:

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

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.⁴

- MCPs should educate their providers on disaster-responsive, trauma-informed care.⁵ This education or training should include the crucial roles of:⁶
 - 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.
 - Supporting provider resilience.

- MCPs should ensure their providers 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, such as:^{7 8}
 - Supportive relationships.
 - Age-appropriate, healthy nutrition.
 - Sufficient, high-quality sleep.
 - Mindfulness and meditation.
 - Adequate physical activity.
 - Mental health care.

Additional resources on how to mitigate the stress-related health outcomes anticipated with the COVID-19 emergency can be found on www.ACEsAware.org. ACEs resources and

⁴ DHCS COVID-19 guidance on Telehealth can be found at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91Response.aspx>. Also see the Supplement to APL 19-009, Emergency Telehealth Guidance – COVID-19 Pandemic, which can be found at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

⁵ The Principles of Trauma Informed Care can be found at: <https://www.acesaware.org/treat/principles-of-trauma-informed-care/>.

⁶ See the Substance Abuse and Mental Health Services Administration Concept of Trauma and Guidance for a Trauma-Informed Approach at: <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>.

⁷ See the Pediatric ACEs Screening Clinical Workflow at: <https://www.acesaware.org/wp-content/uploads/2019/12/ACE-Clinical-Workflows-Algorithms-and-ACE-Associated-Health-Conditions.pdf>.

⁸ See Burke Harris N. The Deepest Well: Healing the Long-Term Effects of Childhood Adversity. Houghton Mifflin Harcourt, 2018.

information for Medi-Cal can be found on the DHCS webpage at:
<https://www.dhcs.ca.gov/provgovpart/Pages/TraumaCare.aspx>.

For general information on COVID-19, please visit the California COVID-19 Response webpage at <https://covid19.ca.gov/> and the California Department of Public Health's COVID-19 webpage at www.cdph.ca.gov/covid19. For Medi-Cal information, please reference the DHCS COVID-19 Response webpage at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>.

These resources will continue to be updated.

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 Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

Attachment

The Office of the Surgeon General provided sources of reference for negative outcomes as a result of secondary health effects. For the purposes of this All Plan Letter, sources are being included here:

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