



Policy: GG.1201
Title: **Health Education Programs**
Department: Equity and Community Health
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 11/13/2024

Effective Date: 03/01/1996

Revised Date: 10/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy establishes standards for health education programs available to Members.

II. POLICY

- A. CalOptima Health shall maintain a health education system that provides organized programs, services, and education to assist Members in improving their health and managing illness.
- B. CalOptima Health shall maintain appropriate health education standards, objectives, policies and procedures, and guidelines for its health education program.
- C. CalOptima Health shall implement initiatives and programs that are evidence based and aim to help Members set and achieve wellness goals. Such strategies must consider a Member's unique needs and be focused on addressing health disparities.
- D. CalOptima Health and its contracted Health Maintenance Organizations (HMOs) delegated for health education shall provide health education and resources to Members on topics that meet the needs of the diverse populations they serve, in a culturally and linguistically appropriate manner, in accordance with the Population Health Management (PHM) Strategy which is informed by the Population Needs Assessment (PNA) process, and CalOptima Health's Cultural and Linguistic Services Guidelines, as set forth in CalOptima Health Policies DD.2002: Cultural and Linguistic Services.
- E. CalOptima Health shall identify and implement comprehensive wellness initiatives and programs that address Member needs as identified in the PHM Strategy and meet NCQA requirements.
- F. CalOptima Health shall establish ongoing collaboration with community partners including Local Government Agencies (LGAs) to help bridge gaps in care and provide guidance on strategies to ensure that Members have access to comprehensive health and wellness programs including;
 - 1. Identification of specific, proactive wellness initiatives and programs that address Member needs as identified in the PNA;
 - 2. Initiatives, programs, and evidence-based approaches to improving access to preventative health visits such as the Initial Health Appointment (IHA) which includes age-appropriate screenings

such as developmental screenings and services for Members less than twenty-one (21) years of age.

3. A process for training contracted Providers, internal staff, and health networks on the provision of wellness and preventive services per DHCS contractual agreement.
 - a. CalOptima Health shall designate a qualified, full-time Health Educator to provide administrative oversight, direction, and management of the health education system.
 - b. CalOptima Health shall offer all health education programs at no charge to Members.
 - c. CalOptima Health shall monitor the availability of health education programs and services for Members, including the availability of programs administered by contracted Health Networks delegated for health education.
 - d. CalOptima Health shall ensure that its wellness and prevention programs are submitted to DHCS for review and approval in a form and method prescribed by DHCS.
- G. CalOptima Health shall contract with Network Providers that have expertise in delivery of health education programs and services to the Member population.

III. PROCEDURE

A. Health Education Programs

1. CalOptima Health shall implement and maintain health education programs, in accordance with the Department of Health Care Services (DHCS), Centers for Medicare & Medicaid Services (CMS), National Committee for Quality Assurance (NCQA), or any other managed care program requirements.
2. CalOptima Health shall incorporate input from community partners into the development and implementation of its health and wellness programs, including but not limited to schools, public health sectors, social service programs, and primary care settings. CalOptima Health will seek input on Member engagement strategies, health promotion priorities, and opportunities to expand access and increase penetration rates to health and wellness services.
3. A Practitioner shall provide or refer a Member to the appropriate health education program based on the Practitioner's assessment of a Member's health status, or health promotion needs.
4. A Practitioner shall provide health education as part of preventive and primary health care visits.
 - a. A Practitioner shall ensure that health risk behaviors, health practices, and health education needs related to health conditions are identified and that educational interventions, including counseling and referral for health education services, are conducted, and documented in the Member's Medical Record.
 - b. At subsequent visits, the Practitioner shall determine the progress toward mutually defined objectives, reinforce the health education message, and support and encourage progress.
5. A Practitioner shall assess and identify Member health education needs and conduct educational intervention, in accordance with CalOptima Health's regulatory requirements.

6. A Practitioner shall provide health education and anticipatory guidance at each health assessment visit for a Member who is under twenty-one (21) years of age and to their parents or guardians, in accordance with the American Academy of Pediatrics (AAP) Bright Futures Guidelines and Periodicity Schedule.
7. If a Practitioner identifies a health education need during an assessment, the Practitioner shall refer the Member or family to CalOptima Health, or to the appropriate health education program.
8. A Practitioner shall inform a pregnant Member about the availability of health education classes through the Perinatal Support Services (PSS) program.
9. Each Practitioner's office shall have access to print or audiovisual educational materials on relevant health topics, including, but not limited to prevention and health management.
10. CalOptima Health shall provide resource information, educational materials, and other program resources to assist a Practitioner in providing effective health education services to a Member.
11. A Health Educator shall be educated and trained in the development and presentation, or instruction of health education information. The Health Educator shall be capable of developing, presenting, and instructing Members on health education topics.
12. CalOptima Health shall ensure that health education presentations and materials are age-appropriate, no higher than a sixth (6th) grade reading level, and available in Threshold Languages, in a manner that is culturally and linguistically appropriate for the intended audience, in accordance with CalOptima Health Policy GG.1206: Readability and Suitability of Written Health Education Materials.
13. CalOptima Health shall ensure that health education materials for Members include a notice of non-discrimination, written in at least a twelve (12)-point font.
14. Health education may be presented in Group Settings or using Individual Contact. Group Settings shall be convenient for the type of presentation and target audience. Locations may include, but are not limited to, CalOptima Health offices, physician offices or clinics, senior centers, schools and community centers, places of worship, and public buildings that a Member may easily access.
15. CalOptima Health shall promote health education and shall encourage Member attendance and participation in health education programs by notifying Members of scheduled events through the PCP, CalOptima Health website, and communication via U.S. Mail and by other means, as appropriate.

B. Referral Process

1. CalOptima Health shall inform a Member that they may participate in a health education program without a referral from a Practitioner. CalOptima Health shall also inform a Member that they may enroll or obtain information on classes by contacting the Customer Service Department.
2. A Practitioner may refer a Member directly to CalOptima Health for health education services.
3. Upon receipt of a Member referral, a Health Educator shall:

- a. Contact the Member to provide the requested health education information or schedule the Member for appropriate educational meetings, timely, and no later than fourteen (14) calendar days after receipt of the referral;
 - b. Document the referral; and
 - c. Follow-up with a Member who does not keep an appointment.
4. All educational encounters shall be sent via secure methods to the referring Practitioner for inclusion in the Member's Medical Record.
5. Classes shall be scheduled at various times and locations to ensure that the services are convenient to Members.

C. Required Program Topics

1. CalOptima Health shall make health education programs available to Members on a regular basis.
2. Subject to the content and presentation standards set forth in this policy, CalOptima Health may coordinate health education programs with other organizations.
3. CalOptima Health shall offer health educational programs covering health categories and topics which shall include, but not be limited to:
 - a. Age-specific anticipatory guidance according to the American Academy of Pediatrics (AAP) and the United States Preventative Services Task Force;
 - b. Educational interventions designed to assist Members to effectively use the managed health care system, preventive and primary healthcare services, obstetrical care, and health education services; and appropriately use complementary and alternative care;
 - c. Educational interventions are designed to assist Members in modifying personal health behaviors, achieve and maintain healthy lifestyles, and promoting positive health outcomes. Services must include comprehensive wellness and prevention programs that, at a minimum, meet NCQA requirements, including offering evidence-based self-management tools that provide information on at least the following areas;
 - i. Smoking and Tobacco use cessation;
 - ii. Alcohol and drug use; avoiding at-risk drinking;
 - iii. Injury prevention;
 - iv. Prevention of sexually transmitted diseases, including HIV/AIDS;
 - v. Unintended pregnancies and information on birth control;
 - vi. Nutrition (healthy eating) and physical activity for weight management;
 - vii. Managing stress;
 - viii. Identifying depressive symptoms;

- ix. Parenting; and
 - x. Other health conditions, based on information analysis, Member feedback, or new health plan requirements.
- d. Disease management and health education interventions, which identify members for health educational program participation, seek to close care gaps with a focus on improving equity and reducing health disparities. These programs are designed to assist Members with following self-care regimens and treatment therapies for existing medical conditions such as pregnancy, depression, asthma, cardiovascular disease, diabetes, and hypertension.
4. Programs shall include a written outline that delineates the following:
- a. Goals of the educational session;
 - b. Measurable outcome objectives for the Member;
 - c. Outline of topics covered in presentation;
 - d. List of teaching methods used, including interactive approaches when possible; and
 - e. An evaluation tool.
5. Appropriate materials to enhance instruction may include, but are not limited to, the following:
- a. Printed posters, pamphlets, self-learning modules in Threshold Languages, or other languages, as appropriate for the population being served;
 - b. Videos or digital platforms;
 - c. Interactive telephonic programs;
 - d. Lectures; and
 - e. Pediatric-specific materials such as coloring books and puppets.

D. Monitoring and Reporting Requirements

1. On a quarterly basis, the health education program shall monitor and report to the Population Health Management Committee (PHMC) the availability of health education programs and services for Members, in accordance with the Population Health Management (PHM) Strategy and Workplan. The report shall include:
- a. Aggregated trends of received referrals
 - b. Types of received referrals
 - c. Referrals by condition or topic
 - d. Barriers
 - e. Opportunities for improving health education services

2. On a semi-annual basis, contracted HMOs delegated for health education services shall submit, on January 31 and July 31, reports informing CalOptima Health of program and service availability for Members. Reports shall include aggregate information on services accessed by Members, including self-learning modules and/or materials. The health education program will evaluate and monitor the reports for services delivered in a culturally and linguistically appropriate manner, as well as in accordance with the standards set forth by regulatory guidance.
3. Contracted HMOs delegated for health education services identified with elements out of compliance with DHCS standards for delivering health education programs and/or frequency of reporting requirements shall be subject to a Focused Review or require a Corrective Action Plan (CAP) if the issue remains unresolved, in accordance with CalOptima Health Policies HH.2005: Corrective Action Plan, and HH.2002: Sanctions.

III. ATTACHMENT(S)

Not Applicable

IV. REFERENCE(S)

- A. CalOptima Health Contract for Health Care Services
- B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- C. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health PACE Program Agreement
- E. CalOptima Health Policy AA.1219b: Provider Advisory Committee
- F. CalOptima Health Policy DD.2002: Cultural and Linguistic Services
- G. CalOptima Health Policy EE.1103: Provider Education and Training
- H. CalOptima Health Policy GG.1206: Readability and Suitability of Written Health Education Materials
- I. CalOptima Health Policy HH.2002: Sanctions
- J. CalOptima Health Policy HH.2005: Corrective Action Plan
- K. Health Education Program Content Requirements
- L. Department of Health Care Services (DHCS) Policy Letter (PL) 02-004: Health Education
- M. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-004: Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (Supersedes APL 17-011 and Policy Letters 99-003 and 99-004) (Revised 05/24/2023)
- N. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-024: Population Health Management Policy Guide (Supersedes APLs 17-012 and 17-013)
- O. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
- P. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-021: Population Needs Assessment and Population Health Management Strategy (Supersedes APL 19-011)
- Q. Department of Health Care Services (DHCS) CalAIM Population Health Management (PHM) Policy Guide, May 2024
- R. American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Use
- S. Title 42, Code of Federal Regulations, § 438.236

V. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
04/29/2010	Department of Health Care Services (DHCS)	Approved as Submitted

Date	Regulatory Agency	Response
11/25/2013	Department of Health Care Services (DHCS)	Approved as Submitted
06/11/2015	Department of Health Care Services (DHCS)	Approved as Submitted
12/11/2019	Department of Health Care Services (DHCS)	Approved as Submitted
04/23/2020	Department of Health Care Services (DHCS)	Approved as Submitted
12/13/2021	Department of Health Care Services (DHCS)	Approved as Submitted
06/02/2023	Department of Health Care Services (DHCS)	Approved as Submitted
07/21/2023	Department of Health Care Services (DHCS)	Approved as Submitted
11/02/2023	Department of Health Care Services (DHCS)	File and Use
10/31/2024	Department of Health Care Services (DHCS)	File and Use

VI. BOARD ACTION(S)

None to Date

VII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	03/01/1996	GG.1201	Health Education Programs	Medi-Cal
Revised	04/01/1998	GG.1201	Health Education Programs	Medi-Cal
Revised	05/01/1999	GG.1201	Health Education Programs	Medi-Cal
Revised	08/01/2002	GG.1201	Health Education Programs	Medi-Cal
Revised	01/01/2007	GG.1201	Health Education Programs	Medi-Cal
Revised	05/01/2007	GG.1201	Health Education Programs	Medi-Cal
Revised	01/01/2010	GG.1201	Health Education Programs	Medi-Cal
Revised	11/01/2015	GG.1201	Health Education Programs	Medi-Cal OneCare OneCare Connect PACE
Revised	11/01/2016	GG.1201	Health Education Programs	Medi-Cal OneCare OneCare Connect PACE
Revised	08/01/2017	GG.1201	Health Education Programs	Medi-Cal OneCare OneCare Connect PACE
Revised	09/01/2018	GG.1201	Health Education Programs	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2018	GG.1201	Health Education Programs	Medi-Cal OneCare OneCare Connect PACE
Revised	09/01/2019	GG.1201	Health Education Programs	Medi-Cal OneCare OneCare Connect PACE

Action	Date	Policy	Policy Title	Program(s)
Revised	02/01/2020	GG.1201	Health Education Programs	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2021	GG.1201	Health Education Programs	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1201	Health Education Programs	Medi-Cal OneCare PACE
Revised	04/01/2023	GG.1201	Health Education Programs	Medi-Cal OneCare PACE
Revised	07/01/2023	GG.1201	Health Education Programs	Medi-Cal OneCare PACE
Revised	10/01/2023	GG.1201	Health Education Programs	Medi-Cal OneCare PACE
Revised	10/01/2024	GG.1201	Health Education Programs	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	A multiyear initiative of the Agency for Healthcare Research and Quality to support and promote the assessment of consumers' experiences with health care by developing standardized patient questionnaires that can be used to compare results across sponsors and over time and generate tools and resources that sponsors can use to produce understandable and usable comparative information for both consumers and health care providers.
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers of Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators.
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
Downstream Entity	<p><u>Medi-Cal</u>: Any party that enters into a written arrangement acceptable to DHCS and/or CMS, with persons or entities involved with a CalOptima Health Program benefit, below the level of the arrangement between CalOptima Health and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.</p> <p><u>OneCare</u>: Any party that enters into an acceptable written arrangement below the level of the arrangement between a Medicare Advantage (MA) organization (and contract applicant) and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of health and/or administrative services.</p>
Focused Review	An audit that specifically targets areas of potential deficiency.
Group Setting	A class or other group presentation that is designed specifically for Health Education purposes.
Health Educator	A person qualified by education, training, or experience to develop, coordinate, or present instruction to Members.
Health Maintenance Organization (HMO)	A health care service plan, as defined in the Knox-Keene Health Care Service Plan Act of 1975, as amended, commencing with Section 1340 of the California Health and Safety Code.
Individual Contact	One-on-one interactive learning for a specific educational purpose utilizing materials or presentations.
Member	A beneficiary enrolled in a CalOptima Health program.
Member Advisory Committee	A committee comprised of community advocates and members, each of whom represents a constituency served by CalOptima Health, which was established by CalOptima Health to advise its Board of Directors on issues impacting Members.

Term	Definition
Network Provider	A Provider that subcontracts with CalOptima Health for the delivery of Medi-Cal Covered Services.
Population Health Management Committee (PHMC)	An advising committee that: <ol style="list-style-type: none"> 1. Provides overall direction for continuous process improvement and oversight of the Population Health Management (PHM) Program; 2. Ensures PHM activities are consistent with CalOptima Health's strategic goals and priorities; and 3. Monitors compliance with regulatory requirements.
Population Health Management Strategy (PHM Strategy)	The PHM Strategy is a comprehensive, accountable plan of action for addressing Member needs and preferences across the continuum of care.
Population Needs Assessment (PNA)	Identifies member health status and behaviors, member health education and C&L needs, health disparities, and gaps in services related to these issues.
Practitioner	A licensed independent Practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a Specialty Care Provider or clinic.
Provider Advisory Committee (PAC)	A committee comprised of Providers, representing a cross-section of the broad Provider community that serves Members, established by CalOptima Health to advise its Board of Directors on issues impacting the CalOptima Health Provider community.
Qualified Health Educator	A qualified health educator is defined as a health educator with one (1) of the following qualifications: <ol style="list-style-type: none"> 1. Master of Public Health (MPH) degree with a specialization in health education or health promotion, from a program of study accredited by the Council on Education for Public Health, sanctioned by the American Public Health Association; or 2. MCHES (Master Certified Health Education Specialist) awarded by the National Commission for Health Education Credentialing, Inc.

Term	Definition
Social Drivers of Health	The environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality-of-life outcomes and risk.
Subcontractors	An individual or entity who has a Subcontract with CalOptima Health that relates directly or indirectly to the performance of CalOptima Health's obligations under contract with DHCS.
Threshold Languages	<p><u>Medi-Cal</u>: Those languages identified based upon State requirements and/or findings of the Population Needs Assessment (PNA).</p> <p><u>OneCare</u>: A threshold language is defined by CMS as the native language of a group who comprises five percent (5%) or more of the people served by the CMS Program.</p>