



Third Quarter 2024

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# Carelon Behavioral Health Provider Newsletter



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# AVAILITY ESSENTIALS – YOUR SECURE SELF-SERVICE PORTAL

Availity Essentials (Availity) is a secure, one-stop, self-service, multi-payer portal that supports the day-to-day needs of your patients and office. Registered Availity users can quickly check patient eligibility and benefits, submit authorizations, view previously submitted authorization requests, search and review claim details, access payer spaces and more online, without having to call Carelon Behavioral Health. **There is no cost for you to register and begin accessing the many resources available to you on Availity.**

Throughout this past year, we've introduced new functionality on Availity including:

- » **Single sign-on** through Availity allowing you to access Carelon portals
- » **Authorization management dashboard** to search and requests authorizations
- » **Claims dashboard** to search and review claim details

Keep a lookout for new features available to you in the near future, making it easier to work with us!

## **New to Availity?**

Providers who are not yet registered with Availity, can learn more, and sign up today, at **no charge** by visiting **Availity.com**.

You can also visit the Register and Get Started with Availity Essentials page at [www.availity.com/documents/learning/LP\\_AP\\_GetStarted/index.html#/](http://www.availity.com/documents/learning/LP_AP_GetStarted/index.html#/) to learn more. Here you can register for live webinars to guide you through registering an account and organization with Availity, access pre-recorded webinars, and download Availity registration guides. If you need further assistance, contact Availity Client Services at 1-800-282-4548. Assistance is available Monday through Friday 8 AM – 8 PM ET.





# ONLINE APPOINTMENT REQUESTS: OPT-IN AND LET PATIENTS BOOK WITH EASE!



We're making it easier for patients to request appointments with you via our enhanced provider directory!

Over the next few months, we are gradually rolling out new functionality making it easier for members to access the care they need. Through our new member platform, patients will be able to request appointments with you with just a click of a button. If you opt-in, you will receive notifications about requests via email. You can then manage requests through the Availity Essentials portal, where you can review key patient information, and accept, decline, or reschedule the appointment.

This self-service feature empowers patients to access care anytime, anywhere, from their computer or smartphone.. In turn, you will be able to filter referrals more easily by accessing key patient information such as preferred language, reason for appointment, and age. Through offering patients more options when it comes to booking their own care, we are reducing the back-and-forth calls to and from your office and improving the patient and provider experience.

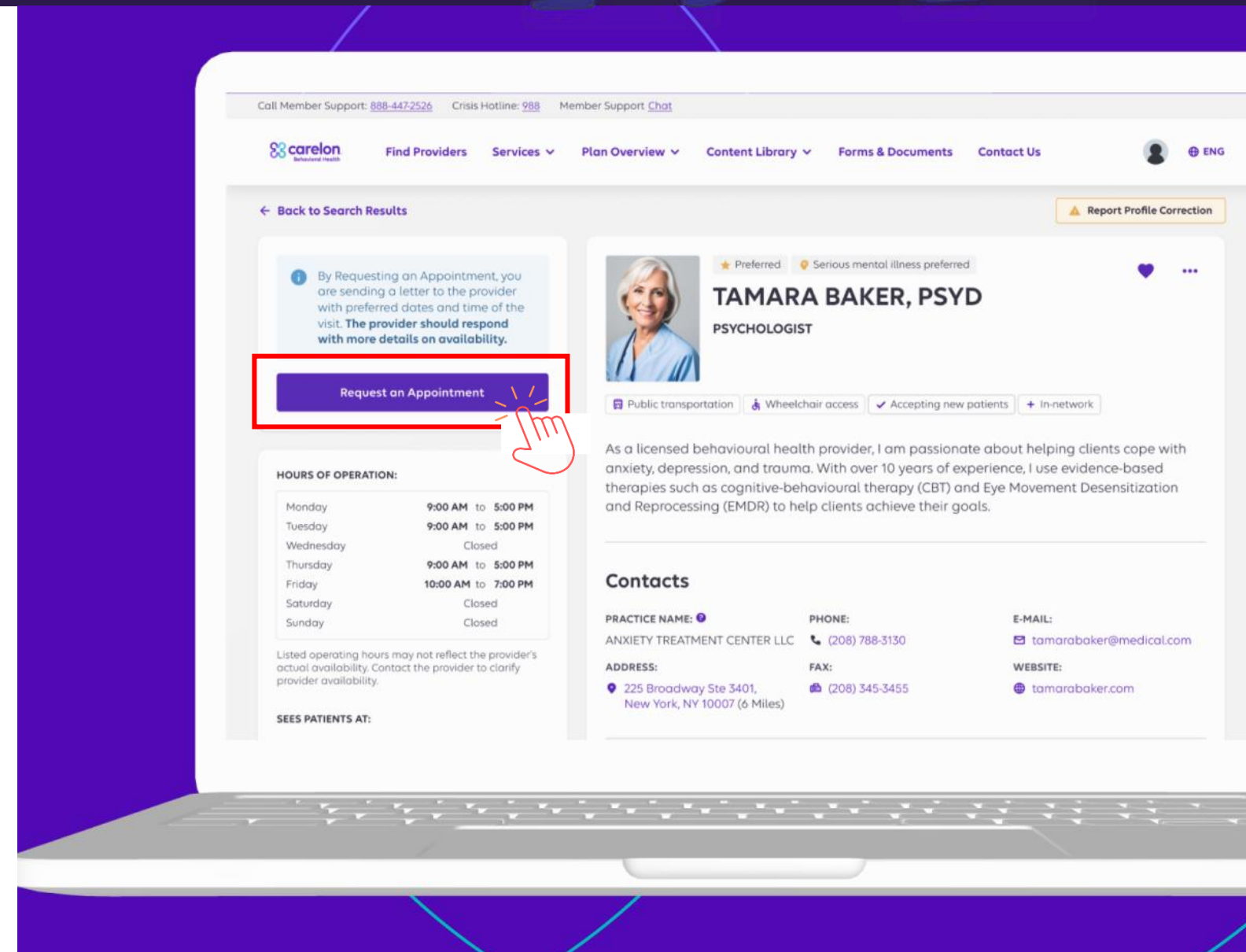
## Providers must opt-in to participate

If you would like to allow patients to request appointments with you via our provider directory, you must opt-in to participate in this new feature. **We will introduce this feature gradually, starting with select clients and eventually expanding it to our entire network.** Keep an eye on your email for opt-in details and seize the opportunity to offer seamless appointment scheduling for your patients!

## Interested in learning more?

We want to ensure that you have all the information you need to take full advantage of this new feature. Register for one of our upcoming trainings to learn more.

[Click here to register](#)



Providers must login to Availity to manage appointment requests.  
Don't have an Availity account? [Click here to register.](#)



# KEEP YOUR CARELON DIRECTORY DATA ACCURATE

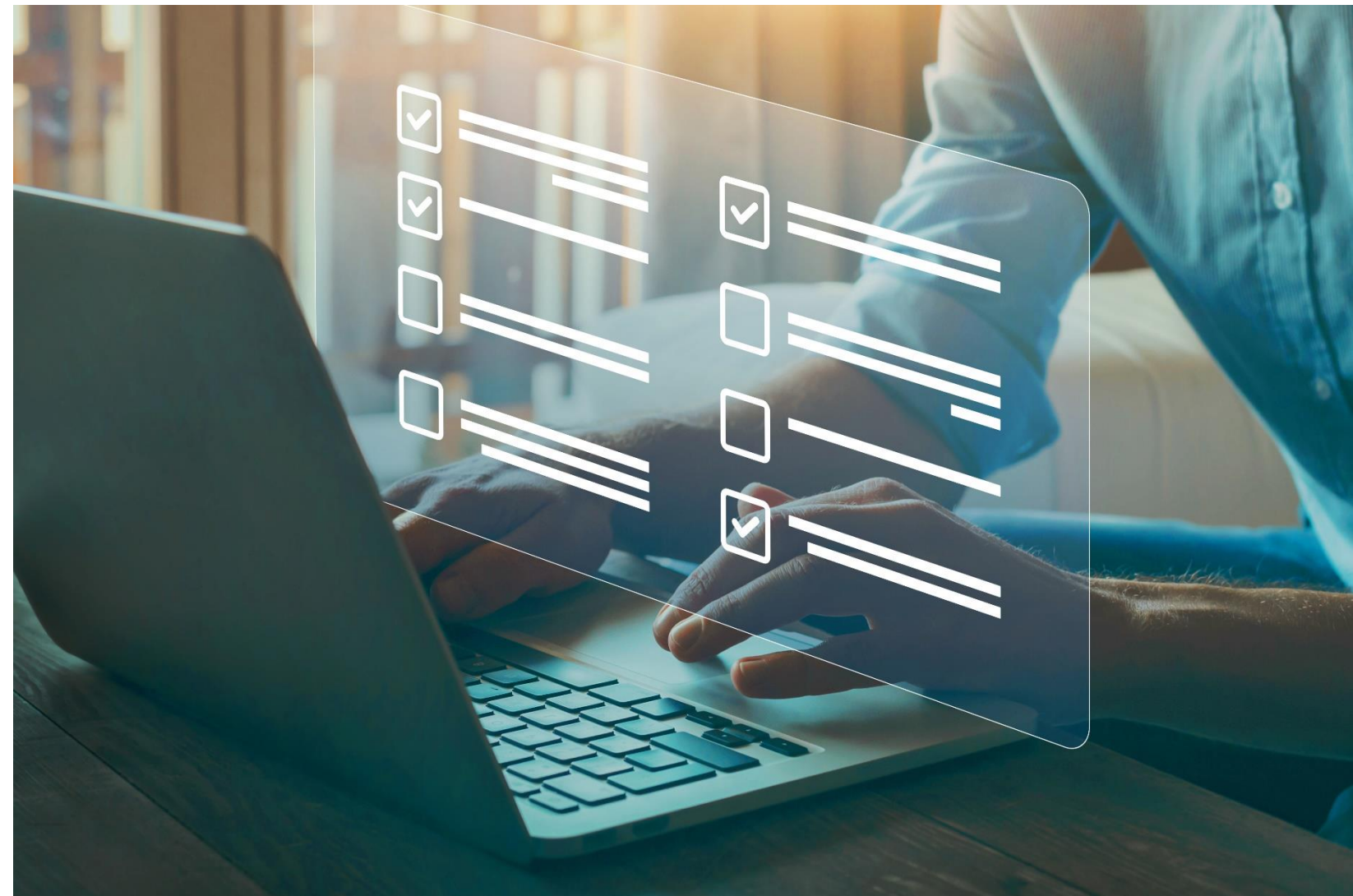
To best serve our members together, the most up-to-date provider data is essential.

Accurate provider data is members' primary gateway to access care - align with your current availability, your areas of practice and services, and optimize matching members to the right providers - you!

Carelon is committed to helping members find you. In addition to maintaining your provider data with CAQH and Carelon Behavioral Health's (CBH) ProviderConnect, you may receive a CBH Provider Data Validation Audit via email or text. Please keep an eye out for these digital audits. By participating in these provider data validations, you will help keep your data up-to-date by validating select directory fields and your current availability to see members. Together we are making a difference!

\*CAQH Providers should attest, confirm, or update their data through the [CAQH portal](#). Non-CAQH Providers and Facilities should attest, confirm, or update their data directly with [Carelon Behavioral Health](#).

**NEW:** Federal regulations now require an annual submission of providers offering telehealth services. Please indicate whether you offer telehealth services when validating your information.





# SEPTEMBER IS NATIONAL RECOVERY MONTH

September is [National Recovery Month](#).

National Recovery Month, which started in 1989, is a national observance held every September to promote and support new evidence-based treatment and recovery practices, the nation's strong and proud recovery community, and the dedication of service providers and communities who make recovery in all its forms possible.

[Recovery is](#) “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

With the right treatment, support, and resources, recovery is possible for everyone. Use this [Toolkit](#) to learn more about what SAMHSA is doing to support people in recovery and how to share this information.

SAMHSA also offers a document, “[What Individuals in Recovery Need to Know About Wellness](#)” that explains the importance of wellness and how it affects overall quality of life, particularly for people living with mental illness.

Carelon Behavioral Health offers many programs that address recovery for our members including:

- The Resilience through Information, Support and Education (RISE) program
- What recovery means to our team of Wellness and Recovery Specialists (Peers)
- “Connections”, the eRecovery app
- The Substance Use Disorder Transition of Care program
- Member stories from those in recovery



**29 million**

adults [perceived that they ever had a substance use problem](#)

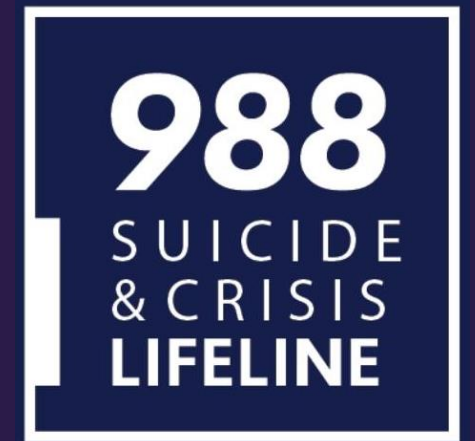
**20.9 million**

[considered themselves to be in recovery or to have recovered](#) from their drug or alcohol use problem

**3 out of 4**

people who experience addiction [eventually recover](#).





# CRISIS SERVICE LINE - 988

In a moment of crisis, when every second counts, reaching someone knowledgeable and compassionate can make all the difference. Our regional, statewide, and nationwide crisis contact centers provide a “front door” to a responsive crisis system.

With just a call, text, or online chat, a connection is made with a crisis specialist or licensed clinician who listens closely, assesses the situation, and provides support. When needed, a mobile crisis response team or emergency service is quickly contacted and sent to the scene to ensure everyone’s safety.

## What happens when a person contacts the crisis line service?

### 1. Safety assessment and de-escalation

Clinically trained crisis specialists actively engage to assess the person's safety. They consult local resources for problem-solving, de-escalation, and referral options.

### 2. Appropriate response

When de-escalation is successful, we provide referrals to clinical providers, community and peer resources, and additional support. We conduct follow-up calls to individuals when needed.

If the initial de-escalation is unsuccessful, a community safety assessment is performed to determine the appropriate level of mobile crisis response with or without active rescue.

### 3. Field interventions

When the mobile response de-escalation is successful, the team connects the person in crisis to an appropriate referral.

If the mobile response is insufficient, a higher level of care or emergency service is employed to ensure the individual’s safety.

## We put core competencies into action throughout the crisis service delivery system to



**Address recovery needs**



**Leverage the role of peers**



**Offer trauma-informed and equitable care**



**Establish partnerships with law enforcement and first responders**



**Provide suicide-safer care**



**Ensure the safety of people in crisis**

The 988 Lifeline offers free and confidential support for anyone in crisis. That includes people who need support for a suicidal, mental health and/or substance use crisis, or who are in emotional distress. 988 offers 24/7 judgment-free support for mental health, substance use, and more. Text, call, or chat 988.



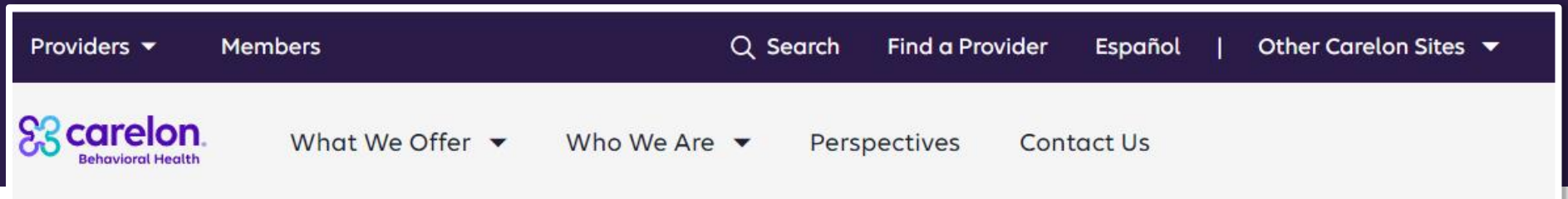
# PROVIDER TRAININGS

We provide a full range of trainings year-round to educate, inform, and share industry-wide best practices and policies.

Trainings cover a variety of topics ranging from claim submission guidelines and provider portal support to behavioral health in youth and motivational interviewing.

Registration is on a first come first serve basis. To see our upcoming trainings and to register for a training, visit [www.carelonbehavioralhealth.com/providers/resources/trainings](http://www.carelonbehavioralhealth.com/providers/resources/trainings).

For questions, please contact your local contracting entity.



[Home](#) / ... / [Trainings](#)

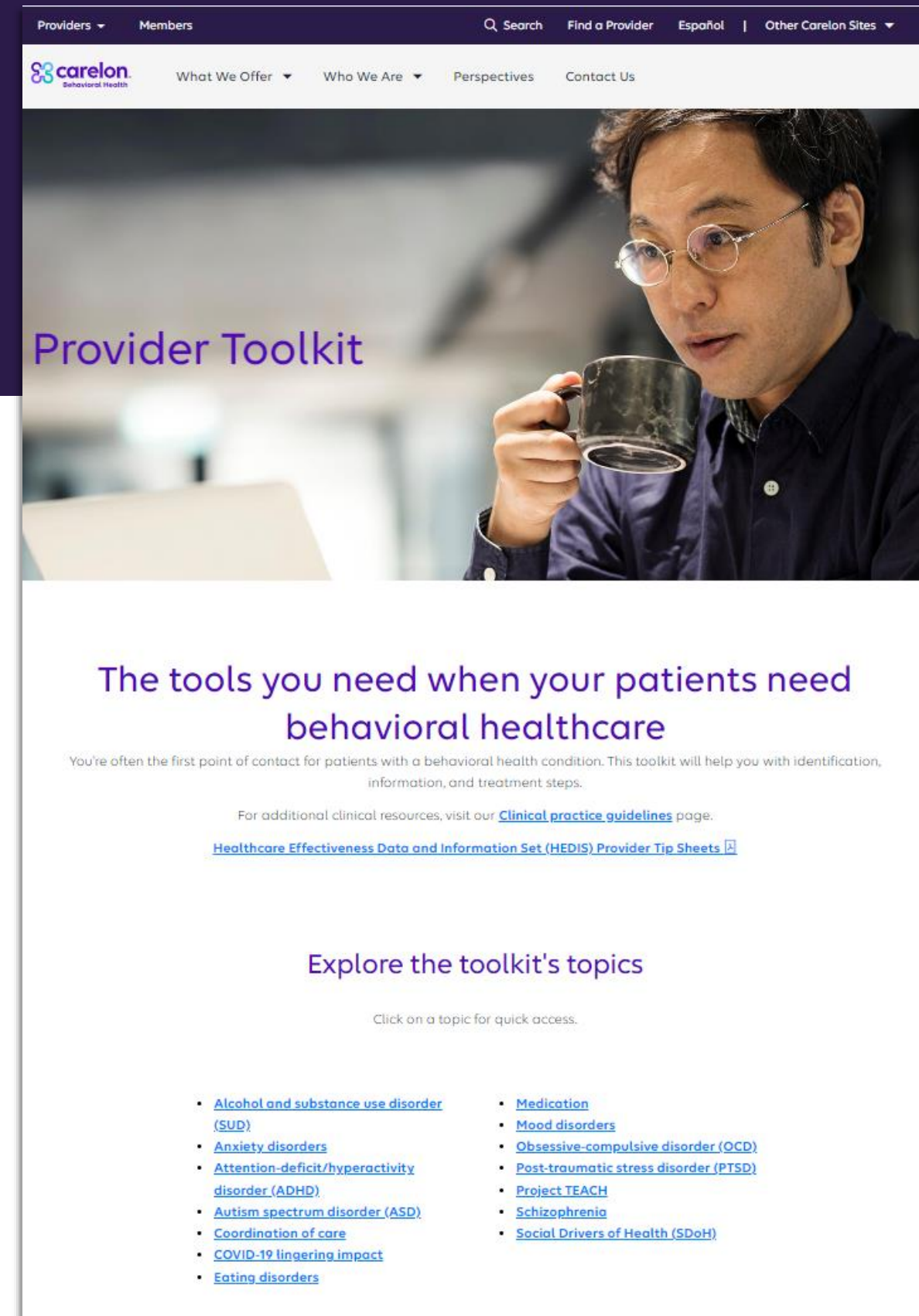


# THE PROVIDER TOOLKIT

The Provider Toolkit is intended to support primary care clinicians by providing a quick guide to behavioral health references. The toolkit is also a great resource for behavioral health providers and our health plan partners. The toolkit is useful for managing populations with co-occurring disorders. The toolkit promotes an integrated healthcare approach encouraging whole person health by offering provider resources they can use with the members they serve.

The toolkit includes resources for the management of attention-deficit/hyperactivity disorder, alcohol and substance use disorders, anxiety disorders, autism spectrum disorder, mood disorders (depression and bipolar disorder), eating disorders (including binge-eating disorder), obsessive-compulsive disorder, post-traumatic stress disorder, and schizophrenia disorder. The toolkit also includes information as it pertains to coordination of care, COVID-19, behavioral health medications, and social determinants of health, and Project TEACH. All sections include resources that the provider can use with the member including screening tools.

[Click here to access the Provider Toolkit](#)



Providers ▾ Members Search Find a Provider Español | Other Caringwell Sites ▾

**carelon**  
Behavioral Health

What We Offer ▾ Who We Are ▾ Perspectives Contact Us

## Provider Toolkit

### The tools you need when your patients need behavioral healthcare

You're often the first point of contact for patients with a behavioral health condition. This toolkit will help you with identification, information, and treatment steps.

For additional clinical resources, visit our [Clinical practice guidelines](#) page.

[Healthcare Effectiveness Data and Information Set \(HEDIS\) Provider Tip Sheets](#)

#### Explore the toolkit's topics

Click on a topic for quick access.

- [Alcohol and substance use disorder \(SUD\)](#)
- [Anxiety disorders](#)
- [Attention-deficit/hyperactivity disorder \(ADHD\)](#)
- [Autism spectrum disorder \(ASD\)](#)
- [Coordination of care](#)
- [COVID-19 lingering impact](#)
- [Eating disorders](#)
- [Medication](#)
- [Mood disorders](#)
- [Obsessive-compulsive disorder \(OCD\)](#)
- [Post-traumatic stress disorder \(PTSD\)](#)
- [Project TEACH](#)
- [Schizophrenia](#)
- [Social Drivers of Health \(SDoH\)](#)



# PROVIDER SPOTLIGHT



Soutenders is dedicated to bridging the gap in access to care and fostering community connections. Whether we're participating in local events or providing information at school health fairs for students, faculty, and staff, our mission is to enhance community engagement. We accept over 20 types of insurance, including Medicare and Medi-Cal plans, and are continuously working to expand this list to ensure patients have better access to affordable, high-quality mental health care through their insurance plans. Our network, which now includes over 300 therapists and is steadily growing, offers both telehealth and in-person services across 14 locations. Recently, we've expanded to Orange County and Long Beach with new offices in Placentia and Signal Hill, aiming to reach even more communities and provide valuable office space for local therapists.

Soutenders ranks among the Top 10 telehealth providers for the LA Care Health Plan and manage a significant volume of Carelon Members. We are proud to "Spotlight" them in our National Provider Newsletter.



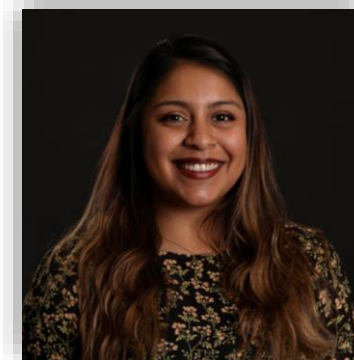
Virginia De Lira CAO  
Dr. Wendy Selevitch Founder and CEO  
Maureen Leigh-Magee Dir of Provider Sourcing



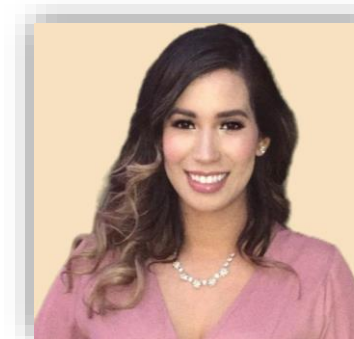
Executive Management Team



Administrative Support Team



Lauren Sanchez  
Manager of Contracts and Credentialing



Elisa Ramos  
Carelon Provider Relations Manager

“ We enjoy making a difference in addressing the ever-growing need for accessible mental health care. It is a privilege to be able to provide support and make a positive impact in an often frustrating and difficult journey towards getting help. ”

Lauren Sanchez

# HELPFUL REMINDERS

## Member Rights and Responsibilities

Carelon Behavioral Health's Member Rights and Responsibilities Statements are available in [English](#) and [Spanish](#) for download from our website.

Providers and practitioners are encouraged to ensure your practice supports the Rights and Responsibilities of our Members.

[Learn more](#)

## Reminders Regarding Carelon's Ethical Approach to Utilization Management Decisions

Licensed behavioral health care professionals work cooperatively with practitioners and provider agencies to ensure member needs are met. Utilization management decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientific-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

Carelon Behavioral Health does not provide rewards to any of the individuals involved in conducting utilization review for issuing denials of coverage or service. There are no financial incentives to encourage adherence to utilization targets and discourage under-utilization. Financial incentives based on the number of adverse determination or denials of payment made by any individual involved in utilization management decision making are prohibited.

## Appointment Access Reminder

Carelon Behavioral Health strives to provide members with accurate, current Provider Directory information. Participating providers are expected to maintain established office hours and appointment access. Carelon Behavioral Health's provider contract requires that the hours of operation of all network providers be convenient to the members served and not discriminatory. Participating providers are required to maintain the following access standards:

If a member has a:	They must be seen:
Life-threatening emergency	Immediately
Non-life threatening emergency	Within 6 hours
Urgent needs	Within 48 hours
Routine office visit	Within 10 business days
Routine Follow-up office visit (non-prescriber)	Within 30 business days of initial visit
Routine Follow-up office visit (prescriber)	Within 90 business days of initial visit

The table above reflects the access standards that are the minimum standards for Appointment Accessibility for all states. Some state or market specific requirements may be stricter.

As a reminder, if at any time your practice is not able to meet the appointment access requirements, please update your Provider Directory information:

- Practitioners: Visit [CAQH](#), update, and attest
- Provider Groups and Facilities: Visit our [provider portal](#) or call our National Provider Service Line at 1-800-397-1630



# EXCELLING IN THE 90834 CPT CODE

## ***APPLIES ONLY FOR CONNECTICUT, MAINE AND NEW HAMPSHIRE PROVIDERS***

The 90834 CPT code stands as a cornerstone in psychotherapy billing, specifically for individual therapy sessions providing insight oriented, behavior modifying, supportive, and/or interactive psychotherapy. These sessions typically last between 45 to 50 minutes. This prominent procedure code is an indispensable tool for mental health professionals, ensuring their services are accurately represented and appropriately reimbursed. Precise coding with the 90834 CPT code prevents claim denials, ensuring smooth reimbursements and minimizing potential audits that could adversely affect your practice.

Proper coding provides a clear and comprehensive depiction of your clients' treatment journey, aiding in effective treatment planning and overall efficiency; ultimately leading to better patient care and treatment outcomes.





# COMING SOON: CMS 1500 CLAIM TRANSITION FOR EAP

## **APPLIES ONLY TO THE CARELON BEHAVIORAL HEALTH (CARELON) EAP NETWORK**

Thank you for participating in the Carelon EAP network and providing support to our members.

In an effort to create administrative ease, Carelon is pleased to announce that we are making changes to our EAP reimbursement process. Our current process requires that a Case Activity Form (CAF) be submitted for reimbursement. Moving forward, our new process will allow providers to submit a CMS 1500 Claim Form to be reimbursed for EAP services through the Availity Essentials portal. **Additional communications regarding this change and the timeline for transition will be forthcoming. Keep an eye out!**

*Please note that this change does not apply to Anthem EAP claim submissions.*



## **New to Availity?**

Providers who are not yet registered with Availity, can learn more, and sign up today, at **no charge** by visiting [Availity.com](https://www.availity.com).

You can also visit the [Register and Get Started with Availity Essentials page](#) to learn more. Here you can register for live webinars to guide you through registering an account and organization with Availity, access pre-recorded webinars, and download Availity registration guides. If you need further assistance, contact Availity Client Services at 1-800-282-4548. Assistance is available Monday through Friday 8 AM – 8 PM ET.



# IMPLEMENTATION OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) 4<sup>th</sup> EDITION CRITERIA

The American Society of Addiction Medicine (ASAM) has issued updated criteria for adults (December, 2023). This will be effective October 1, 2024.

The following sources provide an overview of the changes:

- » [The ASAM Criteria 4th Edition Webinar Handout | The Change Companies.pdf](#)
- » [The ASAM Criteria – Fourth Edition](#)

Since the revised criteria only applies to adults, adolescent cases will depend on criteria currently in use (The ASAM Criteria Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions, American Society of Addiction Medicine Third Edition, 2013).



# TAKE THE SURVEY ON TIMELY ACCESS

Each year, Health Plans in California conduct Provider Appointment Survey to assess our network's ability to provide care within timely access standards. The survey is administered to specific randomly selected network providers. The PAAS Survey assists in evaluating whether members can obtain care provider appointments within time frames mandated by the Department of Managed Health Care (DMHC) and California Department of Insurance (CDI).

Some providers will receive a survey by email. If there is no response within 5 business days, providers will receive a survey call. **Carelon requires your participation in PAAS to meet regulatory requirements. Repeated non-responses by your group will result in corrective action by Carelon.** You may receive survey requests from multiple health plans.

Telehealth appointments demonstrate the means to provide timely access and should be included in your responses.

## Timely access standards monitored through the PAAS include:

Urgent Care Appointments	Wait Times
Services that do not require prior authorization (PA)	48 hours
Specialty services that require PA	96 hours
Non-Urgent Care Appointments	Wait Times
Non-Physician Mental Health Providers	10 business days
Follow-Up Care Appointments	Wait Times
Mental Health/Substance Use Disorder	10 business days



## Why is this important?

Providers are required by law to share their appointment availability annually with every Health Plan that sends a survey. Carelon must ensure that its network of providers can offer members an appointment within a specific number of days or hours. This means that there are limits on how long members can wait for to receive health care appointments and telephone advice.



# ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTHCARE (AABH)

The state of Connecticut requires that the current version of Association for Ambulatory Health Care (AABH) criteria be used to evaluate Behavioral Health medical necessity (Applicable to insured members in the State of Connecticut subject to state law SB1160). The Association for Ambulatory Health Care has revised its guidelines (06/2024). The organization reports no substantive changes to the 2024 Standards and Guidelines for Partial Hospitalization (PHP) and Intensive Outpatient Programs (IOP).



# CULTURAL COMPETENCY TRAINING REQUIREMENT



Carelon Behavioral Health is committed to building a network of trusted providers that can meet the social, cultural, and linguistic needs of our member community. All contracted providers, facilities, and delegated provider groups servicing New York State must complete New York State-approved cultural competency training on an annual basis. This requirement includes training on the use of interpreters, ensuring we are effectively communicating with patients.

Being able to access care from culturally competent providers not only affects members' satisfaction but also their willingness to continue to stay engaged in the care they need, which ultimately drives the pathway to wellness. To help support us in maintaining access to a culturally competent network we have included a link to the DOH memo (advising this is a requirement) as well as a direct link to the training.

- » Cultural Competency DOH Notice:  
[cultural\\_competence\\_mmc\\_notice.pdf \(ny.gov\)](#)
- » Cultural Competency Training:  
<https://thinkculturalhealth.hhs.gov/education>

**Attestation to cultural competency training is a yearly requirement for continued inclusion in the Carelon Behavioral Medicaid Network. Please follow the steps to the right to attest for your training as soon as possible.**

## Group / Facility Solutions

Providers employed by your facility and/or Delegated Group must be able attest to your Credentialing Department that they have completed the Cultural Competency Training annually.

## Individual Practitioner Solutions

Use CAQH Provider Data Portal to attest that you have completed the Cultural Competency Training annually.

### CAQH Provider Data Portal

It is important that our members have current, accurate information about you and your practice. It is your responsibility to ensure all the information in our provider directory is accurate and up to date. As the directory takes your individual professional and practice information directly from CAQH, we encourage you to update and attest to your information via CAQH each quarter. By keeping your information current, patients who are seeking care will have instant access to accurate and timely provider directory information. It will also simplify future attestation for required trainings.

Get started:

1. Visit CAQH at <https://proview.caqh.org/Login/Index?ReturnUrl=%2FPR>
2. Log in using your CAQH credentials, or click "Register Now" to register
3. Authorize release of your individual profile information to Carelon
3. Click "Review & Attest" to confirm that your information is up-to-date



# FOR PROVIDERS SERVICING VILLAGECAREMAX MEMBERS: COMPLETE YOUR ANNUAL REQUIRED TRAININGS

Carelon Behavioral Health providers who service VillageCareMAX members are required to complete both the Culturally and Linguistically Appropriate Services (CLAS) Training Program as well as the Special Needs Plans (SNP) Model of Care Training Program and attest to completing both trainings. This is a reminder to ensure you have completed both trainings if you have not done so already.

The Culturally and Linguistically Appropriate Services (CLAS) Training Program is a training required by VillageCareMAX and the Office for Minority Health (OMH) at the U.S Department of Health and Human Services (HHS). As a VCMAX provider, you are required to complete this training. The purpose of the Program is to communicate with providers the 15 National CLAS Standards broken up into (4) categories: Principal Standard; Governance, Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement, and Accountability.

The Special Needs Plans (SNP) Model of Care Training Program is a basic training required by The Centers for Medicare & Medicaid Services (CMS) for all contracted medical Providers and staff. As per CMS, “the Model of Care is a vital quality improvement tool and integral component for ensuring that the unique needs of each enrollee are identified by the SNP and addressed through the plan's care management practices.

## **ACTION REQUIRED:**

Below are the training and attestation links. **Please review the trainings and attest to completing them on your behalf and or on the behalf of your organization by December 1, 2024.** A receipt of your completed Attestation Form will ensure the VillageCareMAX and provider remain compliant in these requirements.

### **Cultural Sensitivity Awareness Training**

- » [Cultural Sensitivity Awareness Training \(PDF\)](#)
- » [Cultural Sensitivity Awareness Training Online Attestation Form](#)

### **Special Needs Plan (SNP) Model of Care Training**

- » [Special Needs Plan \(SNP\) Model of Care Training 2024 \(PDF\)](#)
- » [Special Needs Plan \(SNP\) Model of Care Online Attestation Form](#)

For additional questions and/or to verify if you are a provider who services VillageCareMAX members, call Carelon's Provider Service Line at 1-800-397-1630, Monday through Friday, 8 a.m. to 8 p.m. ET.

# CREATING A CULTURE OF CELEBRATION

## Celebrating Carelon Staff Recognition!

We are excited to announce **Rachel Lee-Price** as Carelon of PA's new Director of Prevention, Education, and Outreach! Rachel comes into this position on the back of 13 years of experience at Carelon, serving diligently in various clinical roles, most recently as the Manager of Behavioral Health Clinical Services. As a Licensed Clinical Social Worker and graduate of the University of Pittsburgh School of Social Work, she brings extensive knowledge and experience, having worked with members directly on their behavioral and physical health needs, as well as health-related social needs (HRSN). Rachel's colleagues know her to be a hardworking, passionate, and engaging professional who always puts our members first. We are excited to see how she will bring these skills and energy to the team so that Prevention, Education, and Outreach may continue to flourish, building on the foundation set by former Director Sue Klaus!



Is there a team or program you would like to celebrate? Are you producing outcomes that are making a positive impact on our members? Is there a service delivery that is new and innovative that you believe will produce a positive impact? Are you successfully collaborating with our members' physical health provider/s? If so, I encourage you to share your outcomes, stories, and the stories behind the stories.

Our partnership is a shared journey; we look forward to learning from you and celebrating with you.

Please remit your submissions to [providerrelationsgeneralinbox@carelon.com](mailto:providerrelationsgeneralinbox@carelon.com)



## SAVE THE DATES FOR OUR UPCOMING ANNUAL PROVIDER EDUCATION WEBINARS

Thank you for being an in-network provider with Carelon Health of Pennsylvania. Our goal is to offer you the resources and support that you need to succeed. As part of this commitment, we will be hosting our annual provider education Webinars for both individual practitioners and facilities. This will be a live demonstration of our website that will provide you and your staff with the opportunity to learn about your responsibilities as a contracted provider and the opportunity to meet the Provider Relations team. An invitation and registration link is soon to follow. We look forward to having you join us!

**Thursday, November 14, 2024**

11:00 AM - 12:00 PM

or

**Friday, November 15, 2024**

1:00 PM - 2:00 PM





# RESOURCE GUIDE FOR PROVIDERS SUPPORTING DEAF, DEAFBLIND AND HARD OF HEARING INDIVIDUALS

Pennsylvania's Office of Developmental Programs (ODP) has updated the annual publication of the Resource Guide for Supporting Deaf, DeafBlind and Hard of Hearing Individuals.

The purpose of this guide is to offer resources in one central location for those who support or care for someone who is Deaf, Hard of Hearing, or DeafBlind and receives supports from ODP. The Guide provides some of the most frequently accessed resources to assist in addressing the unique needs of these populations, such as information about American Sign Language (ASL) courses, home modifications, assistive technology, a foundational organizations directory, and so much more!

Development of this guide included input from individuals within the Deaf, DeafBlind, hard of hearing, and hearing communities and will be revised annually and included on OPD's website and ours.

[Resource Guide for Supporting Deaf, DeafBlind, and Hard of Hearing Individuals.pdf \(pcdn.co\)](https://pcdn.co/Resource-Guide-for-Supporting-Deaf-DeafBlind-and-Hard-of-Hearing-Individuals.pdf)





# QUIT VAPING

People who vape can become addicted to nicotine. This can make it [hard to quit](#), but you don't have to do it alone. For example, trained quit coaches are available via 1-800-QUIT-NOW to provide confidential help at no cost to callers. There are several free and low-cost resources available, some of which are designed [specifically for teens who vape](#).



Source: cdc.gov

Consider doing one or more of the following:

- Make a quit plan
- Talk to your health care provider about tools and resources you can use to help you quit. They may suggest [medications](#) to help you manage nicotine withdrawal symptoms and cravings.
- Consider using counseling and medication together. Adults who smoke have the best chance of quitting for good when they use medication and counseling together.
- Learn strategies to [manage nicotine withdrawal](#) symptoms.
- Call a [Quit Line](#) to talk with trained quit coaches:
  - [1-800-QUIT-NOW](#)
  - [1-800-DEJÉLO-YA](#) (Spanish) (Español)
- Get support from text messaging services:
  - [National Texting Portal](#)
  - [SmokefreeTXT](#)
  - [SmokefreeTXT for Teens](#)
  - [SmokefreeTXT en español](#)
- Get tips and tools online:
  - [CDC.gov/Quit](#)
  - [Smokefree.gov](#)
  - [Smokefree Teen](#)
  - [Smokefree en español](#)
  - Download the [quitSTARTapp](#) to your mobile device.

# LGBTQIA2S+ YOUTH AND HEALTH INEQUITIES

LGBTQIA2S+ youth face health inequities in our communities. More help and accurate information are needed for families and youth to make decisions about their health. Two approaches can help. These approaches support healthy development for LGBTQIA2S+ youth:

- Strong and positive family, school and community engagement
- Proper and compassionate therapeutic treatment – by physical and behavioral health providers.

Policies at all levels of government are needed. Policies help create valuable settings and ensure access to care.

Being a person of a sexual or gender minority does not mean the person has a mental illness. Differences in sexual orientation, gender identity and expression are normal. LGBTQIA2S+ youth have unique mental health and physical health needs. They also can experience stress due to poor judgement from others and barriers to support their needs. Sometimes there is stress when one's body does not feel like the gender they are identifying with.

Therapeutic approaches to working with LGBTQIA2S+ youth include:

- Providing the correct information on sexual orientation, gender identity and expression
- Finding causes of stress and working to reduce the stress
- Supporting healthy coping skills
- Supporting youth as they learn more about their sexual orientation and gender identity
- Supporting families in accessing patient centered care for their transgender youth – when indicated.

When a loved one comes out, reactions vary. People have different responses when a loved one comes out. Here are some tips to support your LGBTQIA2S+ youth:

1. Start with Love – No matter how hard or easy it may seem to respond; it was more difficult for the youth to come out to you. A simple hug can go a long way and show you care.
2. Listen to Understand – Give the youth time to share their thoughts and feelings. Open-ended questions/statements are best. “Tell me about your day.”
3. Show Delicate Support – Whether it's talking positively about an LGBTQIA2S+ person you know or commenting positively about a news story – it shows your support.
4. Learn the Language – Take time to learn the terms and language of the LGBTQIA2S+ population. This will help as you and your LGBTQIA2S+ youth engage in important and meaningful talk.

Resources:

<https://pflag.org>

<https://www.cdc.gov/lgbthealth/youth.htm>

Sources:

<https://pflag.org/resources/parents-comingout>

<https://store.samhsa.gov/sites/default/files/pep22-03-12-001.pdf>



# ADVANCE DIRECTIVES FREQUENTLY ASKED QUESTIONS

**Q. What is a Mental Health Advance Directive?**

A. A Mental Health Advanced Directive is a document that allows a person to make preferences regarding mental health treatment known in the event that the person is incapacitated by his/her mental illness. In effect, the person is giving or withholding consent to treatment in advance of when treatment is needed. This allows a person to make more informed decisions and to communicate his/her wishes more clearly. A new law was passed in Pennsylvania, effective January 28, 2005, that makes it possible for a person to make and enforce a mental health advance directive. Pennsylvania law allows for three types of mental health care advance directive: a declaration, a power of attorney, or a combination of both.

**Q. What are my responsibilities as a provider?**

A. You must do the following things:

- » Inquire whether or not a person has a mental health care advance directive.
- » Inform people who are being discharged from treatment about mental health care advance directives as part of discharge planning.
- » You may not choose whether to accept someone as a patient based solely on the existence or absence of a mental health care advance directive.
- » Upon notification of the existence of an advance directive, you must place a copy in the person's mental health care record.
- » You must make any revocation or amendments part of the person's mental health care record.
- » You must comply with the instructions unless the instructions are contrary to accepted clinical practice and medical standards or because medical treatment is unavailable, or if the policies of the provider preclude compliance.
- » If you are the mental health care provider that makes a determination regarding capacity to mental health care decisions, you must make that determination part of the person's mental health record.

## Advance Directives Frequently Asked Questions *continued*

### **Q. What if I can't comply with the instructions in the mental health care advance directive?**

A. As soon as the possibility of non-compliance becomes apparent, you must inform the person, agent, guardian, and/or any other legal representative. It may be possible to discuss and resolve the issue with the person or agent. If compliance is still not possible, you must make every reasonable effort to transfer the person to another mental health care provider who will comply with the instructions. While the transfer is pending, you must treat the patient in a way consistent with his/her advance directive. If all efforts to transfer fail, you may discharge the patient.

Remember that just because consent is provided in advance to a particular medication or treatment, that you will not prescribe that treatment or drug unless it is appropriate treatment at the time of the person's illness. Consent only means that consent is given to treatment if it is a suitable choice at that time within the standards of medical care. You will also have to consider if a particular treatment option is covered by the person's insurance. If, for example, the HMO does not cover a certain drug on its formulary, you may prescribe a drug that is similar, but is on the HMO formulary (unless the person has specifically withheld consent to that drug).

### **Q. What if compliance with the instructions could cause irreparable harm or death?**

A. You may file a petition with the court seeking a determination that following the instructions may cause irreparable harm or death. The court may invalidate some or all of the provisions of the mental health advance directive and issue an appropriate order within 72 hours from the filing of the petition. Even if the court invalidates some of the provisions of the directive, the remaining provisions will remain in effect.

### **Q. What if there is a conflict with instructions in another power of attorney or declaration?**

A. If there is a conflict, the provisions of the document latest in date of execution must be followed.

### **Q. How does a Mental Health Advance Directive affect commitment under the Mental Health Procedures Act?**

A. The voluntary and involuntary commitment provisions of the Mental Health Procedures Act are not affected by having a mental health care advance directive. What is affected is the provision of treatment after a person is committed.

\*Instructions and forms for Mental Health Advanced Directives for Pennsylvanians <https://www.dhs.pa.gov/docs/For-Providers/Documents/Behavioral%20Health%20Services/Instructions%20%20Forms%20-%20English.pdf>



# DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) PROVIDER ENROLLMENT REQUIREMENTS FOR COMPREHENSIVE CRISIS AND TRANSITION SERVICES

Carelon Behavioral Health wants to bring to your attention the recent regulatory updates from DMAS that will impact licensed crisis providers. It's crucial for all Department of Behavioral Health and Developmental Services (DBHDS) licensed providers of Medicaid to comply with the licensing rules regarding services by **October 17, 2024**.

The details of the regulatory update can be found by clicking the link below.

[DMAS Crisis Bulletin](#)

