

**Provider and Staff Resources**

Carve out Provider	Medi-Cal	Medicare	Carve out Services	Link to website	Contact information
Medi-Cal Rx Pharmacy Benefit Manager (PBM)	X		<ul style="list-style-type: none"> <li>•Outpatient drugs (prescription and over-the-counter), including Physician-Administered Drugs (PADs)</li> <li>•Enteral nutrition products</li> <li>•Medical Supplies</li> </ul>	<a href="#">Link to Covered Product List w/Medi-Cal Rx:</a> <a href="https://medi-calrx.dhcs.ca.gov/home/cdl/">https://medi-calrx.dhcs.ca.gov/home/cdl/</a>	Toll-Free Telephone: 1-800-977-2273
Mental Health Network (MHN)	X	X	Mental Health Services	<a href="#">Home   MHN</a> <a href="https://www.healthnet.com/content/healthnet/en_us/members/medi-cal.html">https://www.healthnet.com/content/healthnet/en_us/members/medi-cal.html</a>	Call 1-888-327-0010.
American Specialty Health (ASH)	X	X	Acupuncture	<a href="#">American Specialty Health - Empowering individuals to live healthier lives   ashn.com</a>	Call 800-848-3555
Kick It	X		Quit Smoking/Tobacco Cessation Program	<a href="http://WWW.KICKITCA.ORG">WWW.KICKITCA.ORG</a>	Call 800-300-8086
CCS (California Childrens Services)	X		Applies to 21 and younger	<a href="#">California Children's Services</a>	Call 661-868-0504 - California Children's Services - Kern County Public Health Services Department - 2nd Floor Bakersfield, CA 93306 - Telephone: (661) 868-0504 - FAX: (661) 868-0280 - email: KernCCS@kerncounty.com
Diabetes, Asthma and Heart Failure Disease Management programs	X		Diabetes, Asthma and Heart Failure Disease Management programs - for Medi-Cal only	<a href="#">Medi-Cal Wellness Programs and Services   Health Net</a>	toll free at 1-800-804-6074 (TTY:711) Monday-Friday from 8:00 a.m. to 5:00 p.m. Pacific time.
Alcohol and Drug Treatment Services	X		Alcohol and Drug Treatment Services	<a href="#">Alcohol Misuse Screening and Behavioral Counseling (healthnetcalifornia.com)</a>	Kern County Drug Medi-Cal Organized Delivery System (DMC-ODS) - Kern Behavioral Health and Recovery Services' DMC-ODS member services can be accessed by calling 1-866-266-4898, 24-hours a day/7 day a week.
FIT Families for Life for Medi-Cal	X		FOR OBESITY ONLY	<a href="#">Benefits   Obesity (healthnetcalifornia.com)</a>	toll free at 1-800-804-6074 (TTY:711) Monday-Friday from 8:00 a.m. to 5:00 p.m. Pacific time.
Search and Serve for Medi-Cal	X		SPEECH THERAPY FOR MEDI-CAL PEDIATRICS ONLY (0-21)	<a href="#">Search &amp; Serve   Kern County Consortium SELPA   Kern County Superintendent of Schools - Office of Mary C. Barlow</a>	661-636-4817
Autism Spectrum Disorders for Medi-Cal only	X		Diagnostic Evaluation	<a href="#">Regional Center Listings - CA Department of Developmental Services</a>	661-327-8531, TTY: 661-327-1251
Routine Eye Exams for Medi-Cal	X		OPTOMETRY ROUTINE EYE EXAMS - ENVOLVE VISION	<a href="#">Envolve Vision (healthnetcalifornia.com)</a>	1-844- 820-8600

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<p>Modivare (formerly LogistiCare)</p>	<p>X</p>	<p>X</p>	<p>Non-Emergency Transportation  Modivare™ (formerly LogistiCare) is Health Net of California's capitated preferred provider for all covered, non-emergency transportation services for HMO members and fee-for-service (FFS) HMOs, as well as Cal MediConnect and Medicare Advantage HMO members assigned to participating physician groups (PPGs) delegated for utilization management but not financially at risk for transportation services. These PPGs are not required to issue transportation authorization to Modivare; however, all referral sources (PPGs, hospitals, skilled nursing facilities, etc.) are required to contact Modivare to arrange for transportation services. Failure to do so may result in the denial of the claim for which you may be liable. Providers must request non-emergency transportation services (other than 911) through Modivare.</p>	<p><a href="http://Ambulance.Modivare.com">Ambulance   MODIVCARE (healthnetcalifornia.com)</a></p>	<p>Reservations and ride assistance (Where's My Ride? line) for Medi-Cal members:  855-253-6863  Ride assistance (Where's My Ride? line) for CalViva Health members: 855-253-6864  Hearing impaired (TTY) line:  866-288-3133  For providers:  Facility line: 866-529-2128  Facility fax: 877-601-0535  866-344-7756</p>
<p>Hearing Care Solutions for Medicare (Check Benefit first)</p>		<p>X</p>	<p>Diagnostic hearing and balance evaluations are covered to determine whether the member needs medical treatment. For individual and group Medicare Advantage (MA) HMO members, the evaluation can be furnished by the member's primary care physician (PCP), or a Health Net participating ear specialist or audiologist when referred by the member's PCP. MA PPO members can self-refer for in-network or out-of-network levels of coverage.   Some individual and group MA HMO plans cover routine hearing tests by a Health Net participating audiologist when referred by the member's PCP.   Individual Plan Coverage Hearing Aids  Hearing aid coverage is included for some individual MA HMO plans. Refer to the member's Schedule of Benefits Evidence of Coverage (EOC) for specific information on plan coverage and exclusions.   For plans that cover hearing aids, the member must obtain the hearing aids directly through Hearing Care Solutions. Members must call Hearing Care Solutions directly to schedule an appointment. Referrals are not required.</p>	<p><a href="http://Benefits.Hearing.netcalifornia.com">Benefits   Hearing (healthnetcalifornia.com)</a></p>	

## Additional Community Resources

Early Start	X	<p>Early Start is California's early intervention program for infants and toddlers with disabilities and their families. Early Start services are available statewide and are provided in a coordinated, family-centered system.</p>	<p><a href="#">Early Start - CA Department of Developmental Services</a></p>	<p>For more information regarding Early Start services and referrals, please contact the Early Start Baby Line at 800 – 515 – BABY (800 – 515 – 2229) or <a href="mailto:earlystart@dds.ca.gov">earlystart@dds.ca.gov</a>.</p>
Developmentally Disabled Services (DDS)	X	<p>DDS oversees the coordination and delivery of services for Californians with developmental disabilities through a statewide network of 21 community-based, non-profit agencies known as Regional Centers. These centers provide assessments, determine eligibility for services, and offer case management services. Regional Centers also develop, purchase, and coordinate the services in each person's individual program plan.</p>	<p><a href="#">DDS- Department of Developmental Services</a></p>	<p>For more information regarding Early Start services and referrals, please contact the Early Start Baby Line at 800 – 515 – BABY (800 – 515 – 2229) or <a href="mailto:earlystart@dds.ca.gov">earlystart@dds.ca.gov</a>.</p>
Palliative Care	x	<p>The palliative care team screens members for eligibility and enrollment criteria. Eligible members at any age may receive covered benefits and services while receiving palliative care. The member must be diagnosed with advanced cancer, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), or liver disease. Life expectancy is 12 months or less, health status continues to worsen and the emergency department (ED) or hospital is used to manage the illness.</p> <p>Members receiving palliative care may move to hospice care if they meet the hospice eligibility criteria. For members ages 21 and older, palliative care benefits and curative care are not available once the patient moves to hospice. For members under age 21, curative care is available with hospice care.</p>	<p><a href="#">Palliative Care Policies</a></p>	<p>For more information regarding Palliative please refer to the HealthNet Provider Manual:</p> <p><a href="https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/utilization-management/care-management/palliative-care-services-medi-cal.html">https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/utilization-management/care-management/palliative-care-services-medi-cal.html</a></p>
End of Life Option Act	x	<p>The End of Life Option Act allows an adult diagnosed with a terminal disease, who meets certain qualifications, to request the aid-in-dying drugs from their attending physician. The Act requires physicians to submit specified forms and information to the California Department of Public Health (CDPH). CDPH will collect data from forms submitted by physicians. Annual reports will be made pursuant to the Act and relevant privacy requirements.</p>	<p><a href="#">End of Life Option Act</a></p>	<p>Please contact the EOLA Program at (916) 445-2890.</p>
Initial Health Assessment (IHA)	X	<p>The IHA occurs during a Member's encounter with a Provider within the primary care medical setting. It is not necessary if the Member's primary care physician (PCP) determines that member's medical record contains complete information that was updated within the previous 12 months. Must be provided in a way that is culturally and linguistically appropriate for the member. Must be documented in the Member's medical record. An IHA must include the following: A history of the Member's physical and mental health, an identification of risks, an assessment of need for preventative screens or services, Health education, and the diagnosis and plan for treatment for any diseases.</p>	<p><a href="#">Initial Health Assessment Guidelines</a></p>	<p>IHA Provider Web Training can be found on the Health Net Website at IHA Provider Web Training can be found on the Health Net Website at <a href="https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/quality_imp_tools.html">https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/quality_imp_tools.html</a></p>

**Additional Community Resources**

American Association for the Study of Liver Disease (AASLD)	X	<p>The AASLD/IDSA guidance on hepatitis C addresses management issues ranging from testing and linkage to care, the crucial first steps toward improving health outcomes for HCV-infected persons, to the optimal treatment regimen in particular patient situations. Recommendations are evidence based and rapidly updated as new data from peer-reviewed research become available. For each treatment option, recommendations reflect the best possible management for a given patient and a given point of disease progression. Recommendations are rated with regard to the level of the evidence and strength of the recommendation. The AASLD/IDSA guidance on hepatitis C is supported by the membership-based societies and not by pharmaceutical companies or other commercial interests. The governing boards of AASLD and IDSA have appointed an oversight committee of 4 co-chairs and selected panel members from the societies.</p>	<p><a href="#">DHCS - Treatment for Management of Chronic Hepatitis C</a></p>	<p>AASLD guidelines can be found at <a href="http://hcvguidelines.org">hcvguidelines.org</a></p>
Comprehensive Perinatal Services Program (CPSP)	X	<p>The Comprehensive Perinatal Services Program (CPSP) provides a wide range of culturally competent services to Medi-Cal pregnant women, from conception through 60 days postpartum. In addition to standard obstetric services, women receive enhanced services in the areas of nutrition, psychosocial and health education.</p>	<p><a href="#">CPSP - Provider Resources</a></p>	<p>Comprehensive Perinatal Services Program (ca.gov)</p>
Child Health and Disability Program (CHDP)	X	<p>The California Child Health and Disability Prevention (CHDP) program focuses on the Early and Periodic Screening portion of the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit. The EPSDT benefit provides comprehensive health coverage for all children under age 21 who are enrolled in Medicaid. Created in 1967 and required by the federal government in every state with Medicaid, EPSDT finances a wide array of medically necessary services. EPSDT/CHDP information is integrated into the following Medi-Cal provider manual sections.</p>	<p><a href="#">CHDP Provider Manual</a></p>	<p>For more information in regards to the referral process please refer to the following <a href="https://www.healthnet.com/content/healthnet/en_us/providers/support/count_y_resources.html">https://www.healthnet.com/content/healthnet/en_us/providers/support/count_y_resources.html</a></p>
Sterilization Consent	X	<p>Providers must inform Medi-Cal members before they undergo sterilization procedures and providers must obtain the member's consent. Sterilization performed because pregnancy would be life-threatening to the mother (therapeutic sterilization) is included in this requirement; however, sterilization that is the unavoidable secondary result of a medical procedure, and the procedure is not being done in order to achieve it, is not. Procedures that would ordinarily require consent are excluded if the member is already sterile. Providers must provide members to be sterilized with the Department of Health Care Services (DHCS)-published brochure on sterilization before obtaining consent.</p>	<p><a href="#">Human Sterilization and Informed Consent - Provider Manual (HealthnetCalifornia.com)</a></p>	<p>Questions about Medi-Cal-covered sterilization services can be directed to the Department of Health Care Services, Benefits Division, at (916) 552-9400.</p>