



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: November 18, 2013

ALL PLAN LETTER 13-017

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: STAYING HEALTHY ASSESSMENT/INDIVIDUAL HEALTH EDUCATION BEHAVIORAL ASSESSMENT FOR ENROLLEES FROM LOW-INCOME HEALTH PROGRAM

PURPOSE:

The purpose of this All Plan Letter (APL) is to notify Medi-Cal managed care health plans (MCPs) of the required Individual Health Education Behavioral Assessment (IHEBA) that MCPs must conduct for the new Low-Income Health Program (LIHP) beneficiaries transitioning into Medi-Cal managed care on January 1, 2014.

BACKGROUND:

LIHP is a county-based, optional health care services program under the California "Bridge to Reform" §1115 Medicaid Demonstration Waiver. The program is operational from July 1, 2011 through December 31, 2013, and its purpose is to provide coordinated, comprehensive health care coverage to low-income adults who are not eligible for Medi-Cal or the Healthy Families Program, and who have limited or no other health care coverage. To the extent possible, the Department of Health Care Services (DHCS) is required to provide LIHP beneficiaries with a seamless transition to Medi-Cal, specifically Medi-Cal managed care, or into subsidized health coverage through California's health benefit exchange, Covered California, as authorized by the Affordable Care Act. Currently, there are over 600,000 individuals enrolled in the local LIHPs and it is projected that approximately 95 percent of this population will transition into Medi-Cal.

POLICY:

The IHEBA is a required component of the Initial Comprehensive Health Assessment (IHA). DHCS provided specific requirements and guidance regarding the use of the IHEBA in Policy Letter (PL) 13-001 (Revised), "Requirements for the Staying Healthy Assessment/Individual Health Education Behavioral Assessment."¹ MCPs should refer to PL 08-003 for specific requirements regarding the IHA. MCPs must ensure that they administer an IHEBA to all new beneficiaries within the first 120 days of enrollment

¹ Policy Letters are available at <http://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx>

unless the LIHP provider administered an IHEBA to the beneficiary within the 12 months prior to enrollment into the MCP, AND:

- Either the new beneficiary stays with the Primary Care Provider (PCP) that he or she was assigned to under LIHP upon transition into the MCP;

OR

- The MCP obtains a copy of the IHEBA from the LIHP provider and provides it to the new PCP.

Regardless of the administration date of the previous IHEBA, an assessment must be administered to any beneficiary upon request and if the beneficiary's health status or life circumstances have changed significantly in the past year. The adult or senior IHA must be re-administered every 3-to-5 years, at a minimum.

If you have questions regarding this APL, please contact a Health Education Consultant by email at MMCDHealthEducationMailbox@dhcs.ca.gov.

Sincerely,

Original Signed by Margaret Tatar

Margaret Tatar, Assistant Deputy Director
Health Care Delivery Systems