

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



GRAY DAVIS  
Governor



California  
Department of  
Health Services

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Director

June 21, 2002

MMCD Policy Letter 02-04

TO:            Two-Plan Model Health Plans  
                  Geographic Managed Care Health Plans (GMC)  
                  County Organized Health Systems (COHS)

SUBJECT: HEALTH EDUCATION

**PURPOSE:**

The purpose of this policy letter is to provide clarification of Medi-Cal managed care health education requirements for Two-Plan Model health plans, Geographic Managed Care health plans and County Organized Health Systems.

**BACKGROUND:**

Leading causes of major health problems, chronic diseases and medical conditions can be directly correlated to certain health risk behaviors and health practices. An effective health education system is essential in promoting member involvement in health care decisions, effective use of health care services, risk reduction and healthy lifestyles, and self-management of chronic health problems.

**Policy:**

All Medi-Cal managed care plans are required to implement and maintain a health education system that provides the organized programs, services, functions, and resources necessary to deliver health education, health promotion and patient education to Medi-Cal members. Health plans must maintain, and present upon request, documentation that demonstrates provision of the following:

1. Administrative Oversight:

Health plans will ensure direction, management and supervision of the health education system by a qualified full-time health educator. Two-plan model health plan contracts require that this individual possess a master's degree in public or community health (MPH) with specialization in health education. Health education program activities must



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Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

be coordinated and integrated with the plan's overall health care and quality improvement plan.

2. Needs Assessment:

Health plans will ensure that the findings of the Group Needs Assessment, as well as other relevant information, are used to establish health education program priorities and appropriate levels of intervention for specific health issues and target populations. The health education system shall be reviewed at least annually to ensure appropriate allocation of health education resources based upon needs assessment findings, program evaluation results, and other plan data.

3. Program Delivery:

Health plans will ensure delivery of health education programs using educational strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. Health plans will provide these programs at no charge to members directly and/or through subcontracts or other formal agreements with providers that have expertise in delivering health education services. Health plans will conduct targeted outreach to promote optimal program use and participation by members, and will ensure that these programs are available and accessible upon self-referral or referral by contracting medical providers.

4. Program Scope:

Health plans will ensure provision of the following program interventions for Medi-Cal members:

A. **Effective Use of Managed Health Care Services:** Educational interventions designed to assist members to effectively use the managed health care system, preventive and primary health care services, obstetrical care, and health education services, and appropriately use complementary and alternative care.

B. **Risk-Reduction and Healthy Lifestyles:** Educational interventions designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including programs for tobacco use and cessation; alcohol and drug use; injury prevention; prevention of sexually transmitted diseases, HIV and unintended pregnancy; nutrition, weight control, and physical activity; and parenting.

C. **Self-Care and Management of Health Conditions:** Educational interventions designed to assist members to learn and follow self-care regimens and treatment therapies for existing medical conditions, chronic diseases or health conditions, including programs for pregnancy, asthma, diabetes, and hypertension.

5. Point of Service Education:

Health plans will ensure that individual members receive health education services as part of preventive and primary health care visits. Health plans will ensure that health risk behaviors, health practices and health education needs related to health conditions are identified, and that educational intervention, including counseling and referral for health education services, is conducted and documented in the member's medical record. Health plans will ensure that medical providers use an Individual Health Education Behavioral Assessment tool and other relevant clinical evidence as part of the basis for identifying members' health education needs and conducting educational intervention. Health plans will provide resource information, educational material and other program resources to assist contracting medical providers to provide effective health education services for Medi-Cal members.

6. Practitioner Education and Training:

Health plans will ensure education and training of contracting medical practitioners and other allied health care providers to support delivery of effective health education services for members. Practitioner education and training must cover at least the following topics: a) Group Needs Assessment findings, b) The individual health education behavioral assessment; c) Techniques to enhance effectiveness of provider/patient interaction, d) Educational tools, modules, materials and staff resources, e) Plan-specific resource and referral information, and, f) Health education requirements, standards, guidelines, and monitoring.

7. Program Standards, Evaluation, Monitoring and Quality Improvement:

Health plans will adopt appropriate health education program standards/guidelines, and conduct appropriate levels of evaluation, e.g. formative, process, impact and outcome evaluation, to ensure effectiveness in achieving health education program goals and objectives. Professional experts or peers, best practices, and/or published research findings must support the standards/guidelines adopted by the plan. Health plans will monitor the performance of providers that are contracted to deliver health education programs and services to members, and implement strategies to improve provider performance and effectiveness.

Sincerely,



Cheri Rice, Chief  
Medi-Cal Managed Care Division