

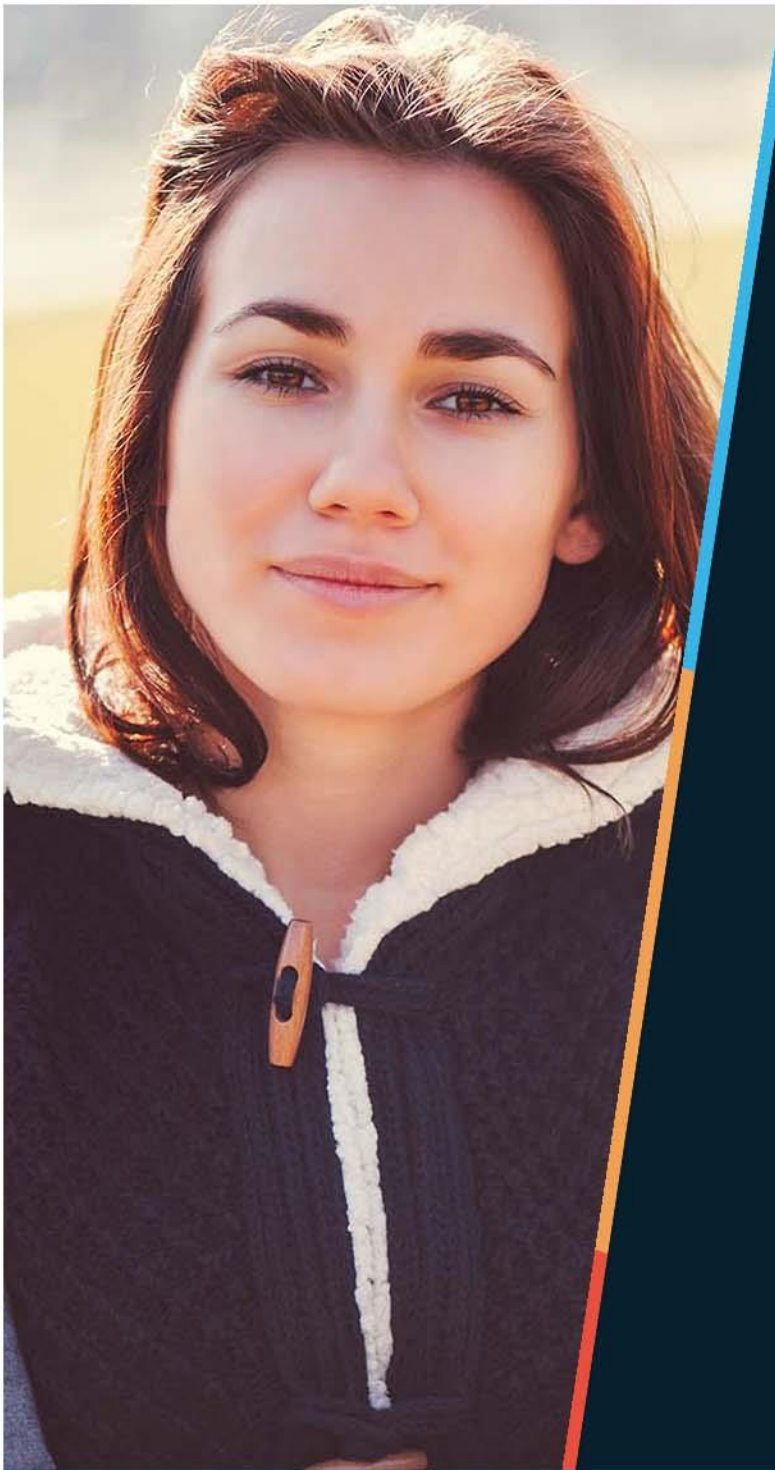
beacon
health options

Integrating Behavioral Health into Medi-Cal

July 15, 2015

Agenda

1. Beacon Health Options Overview
2. California's and San Francisco's Behavioral Health Context
3. Mental Health Coverage and the Affordable Care Act
4. Beacon's Role in Providing Mental Health Services and Behavioral Health Treatment to Medi-Cal Beneficiaries in CA
5. Beacon's Care Management Model
6. Beacon and San Francisco Health Plan
7. Beacon Coverage of Autism Services
8. Questions



Beacon Health Options Overview

Beacon Health Options: Our Mission



We help people live their lives to the fullest potential.

This shared mission guides our purpose.

Everything we do matters and how we do it helps us improve the lives of those we serve.

Our Values



Integrity: We earn trust

Dignity: We respect others

Community: We thrive together

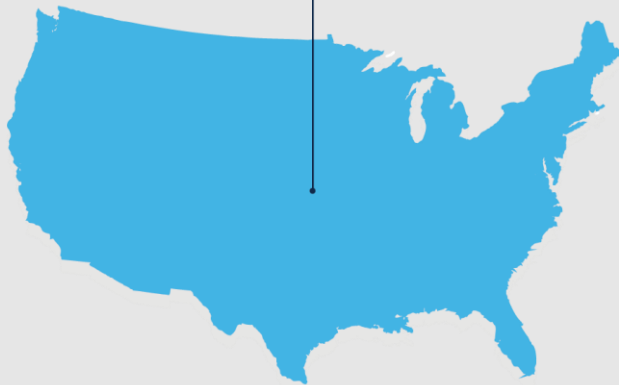
Resiliency: We overcome adversity

Ingenuity: We prove ourselves

Advocacy: We lead with purpose

About Beacon Health Options

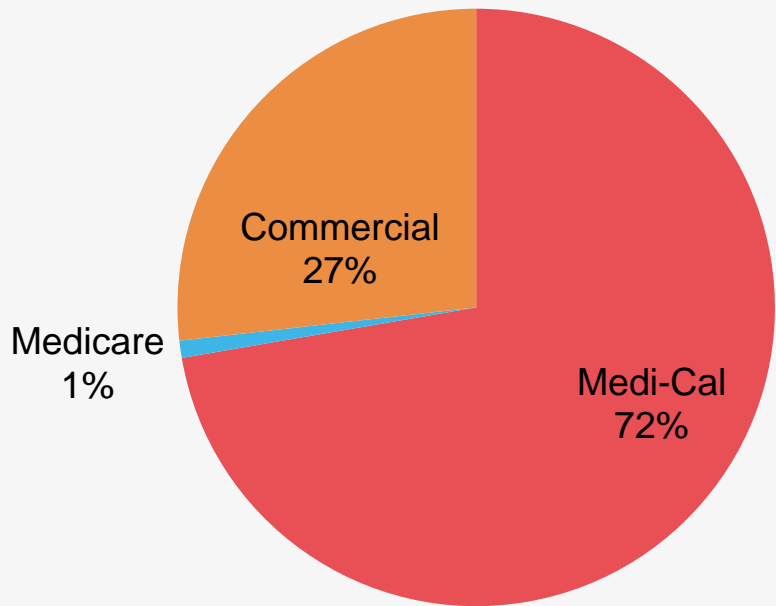
45
million
members



- We are 4,300 employees strong with 70 office locations in the U.S. locations and a London office
- We have more than 350 clients – from health plans to employers to federal government to state Medicaid agencies
- We serve 26 Medicaid programs (state direct or via Health Plans)
- We serve all active military and dependents on a global basis through TriCare and Military OneSource

Beacon's Market Footprint in California

Beacon CA Market Segmentation



- 4.6 million covered lives in CA
- Nearly $\frac{3}{4}$ public sector
- 22 clients; statewide presence
- Mix of risk and ASO models
- VO of CA has statewide Knox-Keene License



Beacon's Public Sector Footprint in CA



- 11 public health plan partners
- 25 Counties for Medi-Cal mild to moderate Medi-Cal benefits
- 2 counties & 4 plans for Cal MediConnect
- About 3.5 million covered lives



California's and San Francisco's Behavioral Health Context

Who needs behavioral health care in California?

Prevalence of Mental Illness



7.6% Children with Serious Emotional Disturbance



4.3% Adults with Serious Mental Illness



15.9% Adults with Any Mental Illness



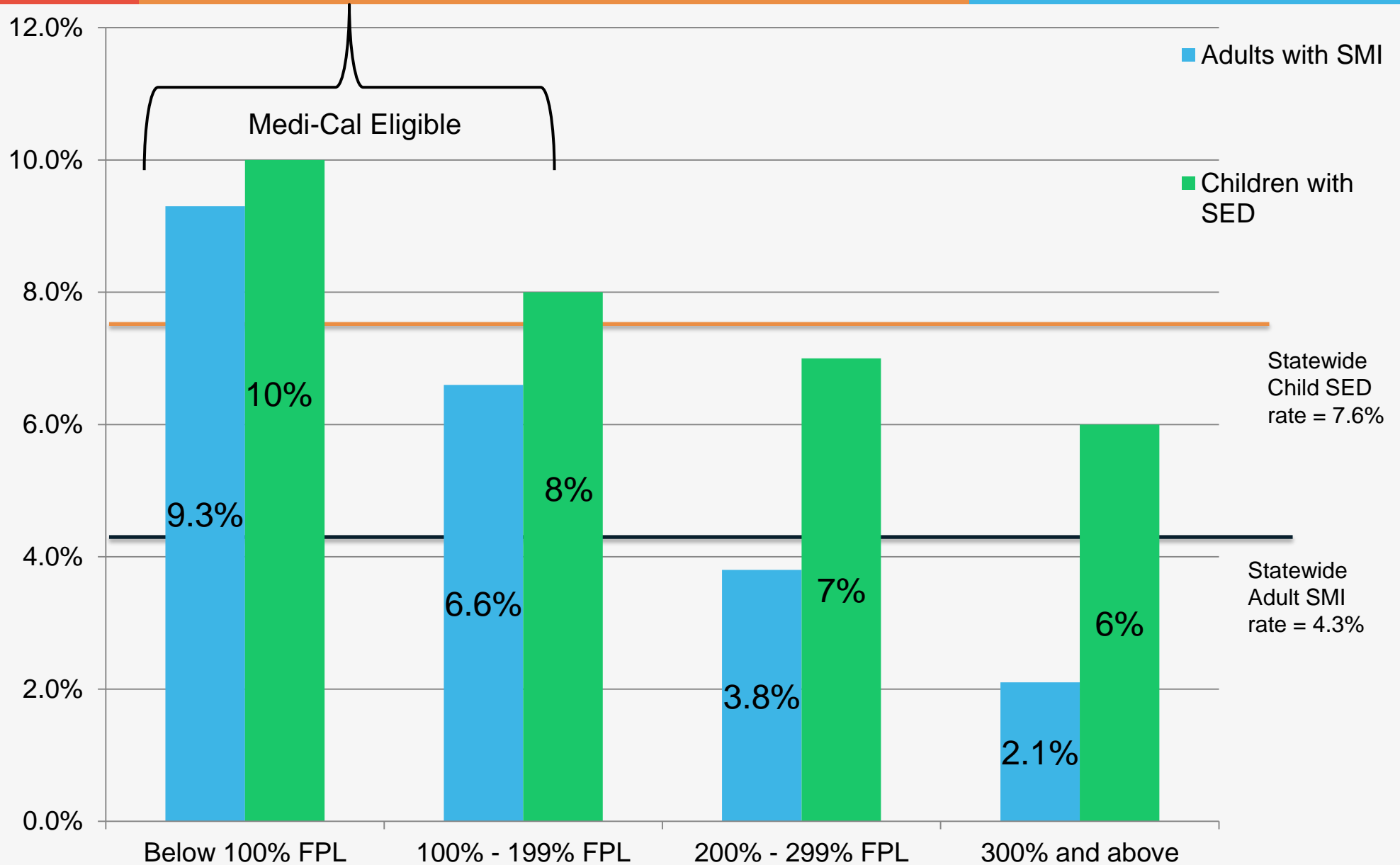
Prevalence of Substance Use Disorders

Youth with an alcohol or drug diagnosis (0-17) **2.7%**

Adults with an alcohol or drug diagnosis **8.76%**

Source: Technical Assistance Collaborate and Human Services Research Institute, California Mental Health and Substance Use Needs Assessment (February 2012).

Mental illness in California by Income



MH Prevalence Estimates – San Francisco

	San Francisco		Statewide	
	Population	%	Population	%
Population with SMI (all ages)	32,816	4.02%	1.18 million	4.28%
Population with SMI (all ages) < 200% FPL	13,504	6.95%	615,555	7.69%
Population with Any Mental Illness (all ages)	105,092	12.9%	4.36 million	15.85%
Population with Any Mental Illness (all ages) < 200% FPL	35,205	18.12%	1.89 million	23.64%

Source: California Mental Health Prevalence Estimates, 2013: DHCS BH Needs Assessment
<http://www.dhcs.ca.gov/provgovpart/Documents/California%20Prevalence%20Estimates%20-%20Introduction.pdf>



Mental Health Coverage and the Affordable Care Act

Medi-Cal Outpatient Mental Health Benefits and the Affordable Care Act Requirements

Medi-Cal outpatient mental health benefits added on Jan. 1, 2014 to comply with Affordable Care Act requirements

- State Medi-Cal program added **new** mental health benefits modeled on Kaiser's small group benefit package; designed as "traditional" outpatient services provided in an office-based setting
- **Target population:** Medi-Cal beneficiaries with a DSM diagnosis and "**mild to moderate**" impairment in mental, emotional or behavioral functioning
- The intent is that these therapeutic services are time-limited and solution focused
- Often the goal is to return patients to primary care management when possible
- There was **no change** to Medi-Cal specialty mental health services available through the county Mental Health Plans (MHPs)

Medi-Cal MHSUD Delivery System

Medi-Cal Managed Care Plans (MCP)

Target Population: Medi-Cal beneficiaries enrolled in Managed Care Plans who meet medical necessity or EPSDT for mental health services

MCP services effective 1/1/14

- ✓ Individual/group mental health evaluation and treatment (psychotherapy)
- ✓ Psychological testing when clinically indicated to evaluate a mental health condition
- ✓ Psychiatric consultation for medication management
- ✓ Outpatient laboratory, supplies and supplements
- ✓ Screening and Brief Intervention (SBI)
- ✓ Drugs, excluding anti-psychotic drugs (which are covered by Medi-Cal FFS)

County Mental Health Plan (MHP)

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services

Outpatient Services

- ✓ Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)
- ✓ Medication Support
- ✓ Day Treatment Services and Day Rehabilitation
- ✓ Crises Intervention and Crises Stabilization
- ✓ Targeted Case Management
- ✓ Therapeutic Behavior Services

Residential Services

- ✓ Adult Residential Treatment Services
- ✓ Crises Residential Treatment Services

Inpatient Services

- ✓ Acute Psychiatric Inpatient Hospital Services
- ✓ Psychiatric Inpatient Hospital Professional Services
- ✓ Psychiatric Health Facility services

County Alcohol and Other Drug Programs (AOD)

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services

Outpatient Services

- ✓ Outpatient Drug Free
- ✓ Intensive Outpatient (newly expanded to additional populations)
- ✓ Residential Services (newly expanded to additional populations)
- ✓ Narcotic Treatment Program
- ✓ Naltrexone

New Services

- ✓ Inpatient Detoxification Services
- ✓ (Administrative linkage to County AOD still being discussed)

Medi-Cal Behavioral Health Care: Divided across three systems

Medi-Cal Managed Care Plan		County Funded & Provided Mental Health Services		County-funded Substance Use Disorder Services
<ul style="list-style-type: none"> ✓ Maternity and newborn care ✓ Pediatric services, including oral and vision care ✓ Ambulatory patient services ✓ Prescription drugs (carved in) ✓ Laboratory services ✓ Preventive and wellness services and chronic disease management 	<p>Mental health services for <u>Mild to Moderate Impairments</u></p> <ul style="list-style-type: none"> ✓ Medication management ✓ Individual and group therapy ✓ Psychological testing ✓ Behavioral health treatment for ASD 	<ul style="list-style-type: none"> ✓ Medication management ✓ Assessment and treatment planning ✓ Individual and group therapy ✓ Crisis intervention ✓ Crisis stabilization ✓ Adult crisis residential services 	<ul style="list-style-type: none"> ✓ Targeted case management ✓ Adult residential treatment services ✓ Full service partnerships ✓ Acute Psychiatric Hospital Services ✓ Inpatient Professional Services ✓ IMD Psychiatric Services 	<ul style="list-style-type: none"> ✓ Outpatient Drug Free ✓ Intensive Outpatient ✓ Residential Services for pregnant women ✓ Narcotic Treatment Program ✓ Naltrexone ✓ Inpatient Detoxification Services ✓ (Administrative linkage to County AOD still being discussed)

Defining the Bright Line Between Mild to Moderate vs Significant Impairments

To be eligible for County-Funded Mental Health Services **ALL** of the following must be true:

1. **Diagnosis:** Must fall within one or more of the 18 specified diagnostic ranges
2. **Impairment.** The mental disorder must result in one of the following:
 - a) Significant impairment or probability of significant deterioration in an important area of life functioning
 - b) For those under 21, a probability that the patient will not progress developmentally as appropriate, or when specialty mental health services are necessary to ameliorate the patient's mental illness or condition
3. **Intervention:** Services must address the impairment, be expected to significantly improve the condition, and the condition would **not be responsive to** physical health care-based treatment.

Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205, and 1830.210

Therapy Services

Therapeutic Model

- No single specific modality required for services under the Managed Care Plan
- Expectation is therapy is evidenced based, solution-focused and targeted to member's mental health diagnosis
- Therapy should be short-term and episodic related to member's mental health needs

Services with both the Managed Care Plan and the County

- Members should only be receiving services in one system of care at a time
- If member is transitioned to the County for more intensive services, current services with the Managed Care Plan would terminate
- Member can transition back to the Managed Care Plan when impairments are reduced to a mild to moderate level
- The expectation is that many members will transition back and forth between systems as impairments increase and decrease



Beacon's Role in Providing Mental Health Services and Behavioral Health Treatment to Medi-Cal Beneficiaries in CA

Beacon's Medi-Cal Program Goals

1. Improve & coordinate access to mental health services at the most ***appropriate*** level of care and promote ***appropriate*** utilization
2. Promote member engagement
3. Increase care collaboration (across behavioral and medical)
4. Support clinical and data integration
5. Improve overall member health outcomes

Beacon's Role in Managing the New Medi-Cal Managed Care Plan Mental Health Services

Functional Area	Services
Network	<ul style="list-style-type: none"> Contracting and Credentialing
Claims	<ul style="list-style-type: none"> Payment: EFT and Paper
Screening & Referral	<ul style="list-style-type: none"> Telephonic intake, screening and referral process – either to county for assessment for SMHS or to a Beacon provider
Utilization management	<ul style="list-style-type: none"> Clinical review of outpatient claims and peer-to-peer outreach
County Coordination	<ul style="list-style-type: none"> Support referrals and linkages with counties Dispute resolution process
Care Coordination	<ul style="list-style-type: none"> For members with complex co-morbidities, ensuring coordination between physical and behavioral health care
PCP Support	<ul style="list-style-type: none"> Psych Consults: Beacon Physician Advisors Panel
Appeals & Grievances	<ul style="list-style-type: none"> Manage member and provider appeals and grievances

Key Medi-Cal MH Clinical Program Activities

1. Screening & Referrals

- Conducted via phone and on paper to determine appropriate level of care; coordination of referrals to county

2. Care coordination

- Care management teams assist members finding appointments, provide referrals to plan resources (e.g. transportation) and community resources; teach self-management skills
- Care managers also do screenings and facilitate county collaboration, and facilitate PCP decision support with Beacon psychiatrist

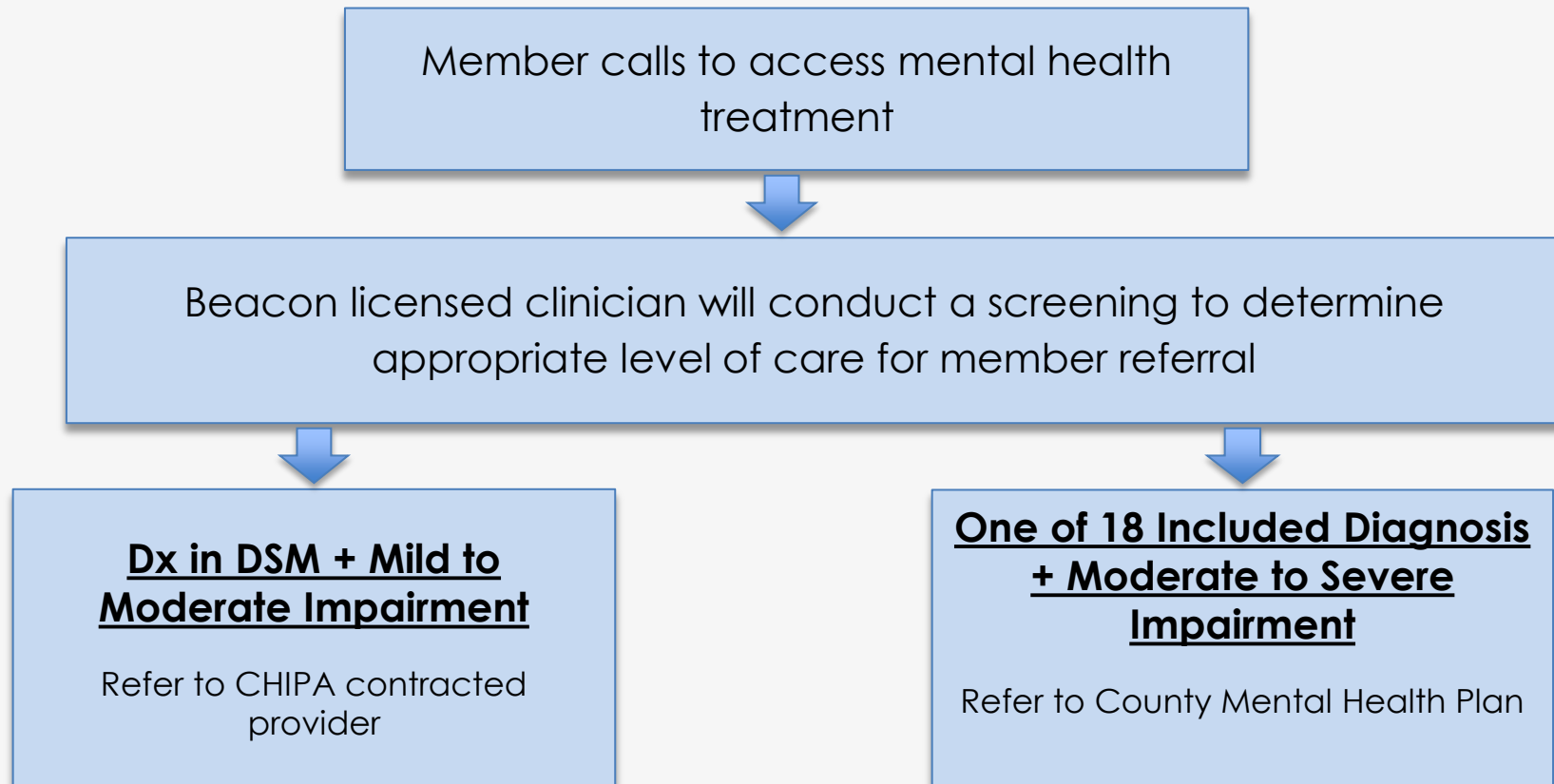
3. County Collaboration:

- Regular conferences with county access teams to coordinate care for members

4. Utilization Management

- Retrospective review to identify outliers
- Peer-to-peer clinical review

Overview of Beacon's Screening of New Medi-Cal Enrollees



Note: FQHC/RHC/IHC have the option to conduct screening internally.

Determining Mild to Moderate Impairments

How is it determined if a member's mental health disorder is mild to moderate or severe?

- A screening tool has been created to assist in making determinations regarding a "mild to moderate" or a "severe" level of impairment related to the mental health diagnosis.
- Someone with a "severe" level of impairment will have significant impairments in areas of life functioning due to the mental health diagnosis.
- This can include but is not limited to frequent psychiatric hospitalizations, housing instability, incarcerations and/or violent or aggressive behavior, difficulty/inability managing activities of daily living.
- The level of services needed also will indicate the severity of impairment. If a member needs more than weekly therapy to manage mental health issues, he or she may be appropriate for County level services.

Authorization Process

- Beacon/CHIPA does not require prior authorization for most outpatient services.
- The exception is psychological testing, which does require online or telephonic prior authorization.
- Upon completion of screening, a six-month open registration for outpatient mental health services with no limit on # of visits is generated, subject to ongoing clinical review.
- Providers will make every effort to ensure Medi-Cal beneficiaries can access an initial appointment within 14 days of referral.

Service	Requirement
Psychiatric Diagnostic Evaluation	Patient screening through Beacon
New Patient Evaluation and Management (60 min): - A Comprehensive History - A Comprehensive Examination - Medical decision making of high complexity - Develop an appropriate treatment plan	Patient screening through Beacon
Psychological testing	Phone or online prior-authorization.
Medication management	Patient screening through Beacon No limit on number of visits
Psychotherapy: individual and group	Patient screening + six-month registration No limit on number of visits

Top Diagnoses of Mental Health Service Utilizers

Children 0-18	Adults 19+
ADHD	Anxiety
Anxiety	Depression
Adjustment disorder	Major Depression
Depression	Post-traumatic stress disorder
Post-traumatic stress disorder	Adjustment disorder

Reporting Period: Jan. 1 – Dec. 31, 2014



Beacon's Care Management Model

Care Management Model

▪ Consultation

- Consultations are episodic care management interventions aimed at integrating medical and behavioral health care, and improving access to services.
- Referral sources: Medical Care Managers, PCPs or other community providers seeking behavioral health input and information regarding insurance based and community services.
- Timeframe: Consultations are generally **closed within 30 days**. They may or may not include member outreach contacts. Often they involve helping a patient find an appointment.

▪ Care Coordination

- Short-term intervention for members with potential risk due to barriers in services, poor transitional care, and/or co-morbid medical issues that require brief targeted care management interventions.
- Care Coordination cares are focused on adding and integrating services, while eliminating barriers that may reduce the efficacy of treatment.
- Referral sources: Medical Care Managers, PCPs or other community providers seeking behavioral health input and information regarding insurance based and community services.
- Timeframe: These cases generally remain open for **no longer than 90 days**.

Care Management Activities

- **Outreach & Engagement:** Activities to effectively contact the member and maximize the likelihood that they enroll in care management, seek needed mental health or substance use disorder services, and engage in activities that support their well-being.
- **Screening & Assessment:** Ongoing evaluation of the member using validated tools to assess health status, determine bio-psycho-social needs, and measure progress over time.
- **Care Planning:** Person-centered, coordinated care planning between Beacon, health plans, county MHP, other service providers, and social supports to reduce barriers to treatment and improve health.
- **Service and Care Coordination:** Ongoing support for the member focused on assisting with health system navigation, including such activities as appointment scheduling, appointment reminders, transportation assistance, interpretation of clinical information.
- **Social Support Assistance:** Help identifying and connecting to services that help address a members comprehensive needs, and positively impact and influence a member's physical and mental well-being, including assistance with housing programs, accessing affordable food, and other community resources.
- **Training with Self-management Tools:** Ongoing psycho-education and skill development to support members in using self-management tools.

Care Management: Target Population

Population Category	Definition
Members needing support securing a MH appointment	Members who need additional support to secure MH appointment due to their own limitations or due to a limited network in their geographic region.
Chronically Ill with BH Comorbidity	Members with chronic physical ailments and an untreated mental health condition or substance use disorder that is resulting in preventable declines in health status and significant unnecessary or avoidable use of health care services.
At-Risk for Escalating to Specialty Mental Health (SMH) Services	Members receiving MH treatment through the Beacon benefit with moderate impairments who may be at risk for decompensation and may require transition to SMH services through the county.
Transitioning from Specialty MH Service to Beacon's level of care	Members the county MHP has identified as being ready to transition to a mild to moderate level of care.
Co-occurring Disorder	Members with a mental health diagnosis accompanied by an unmanaged or poorly managed substance use disorder.
Post-Partum Depression	Women at-risk for or women exhibiting symptoms of post-partum depression.
Non-Compliant	Members that are non-compliant with recommended mental health treatment, including pharmacy.

Care Management: Case Example 1

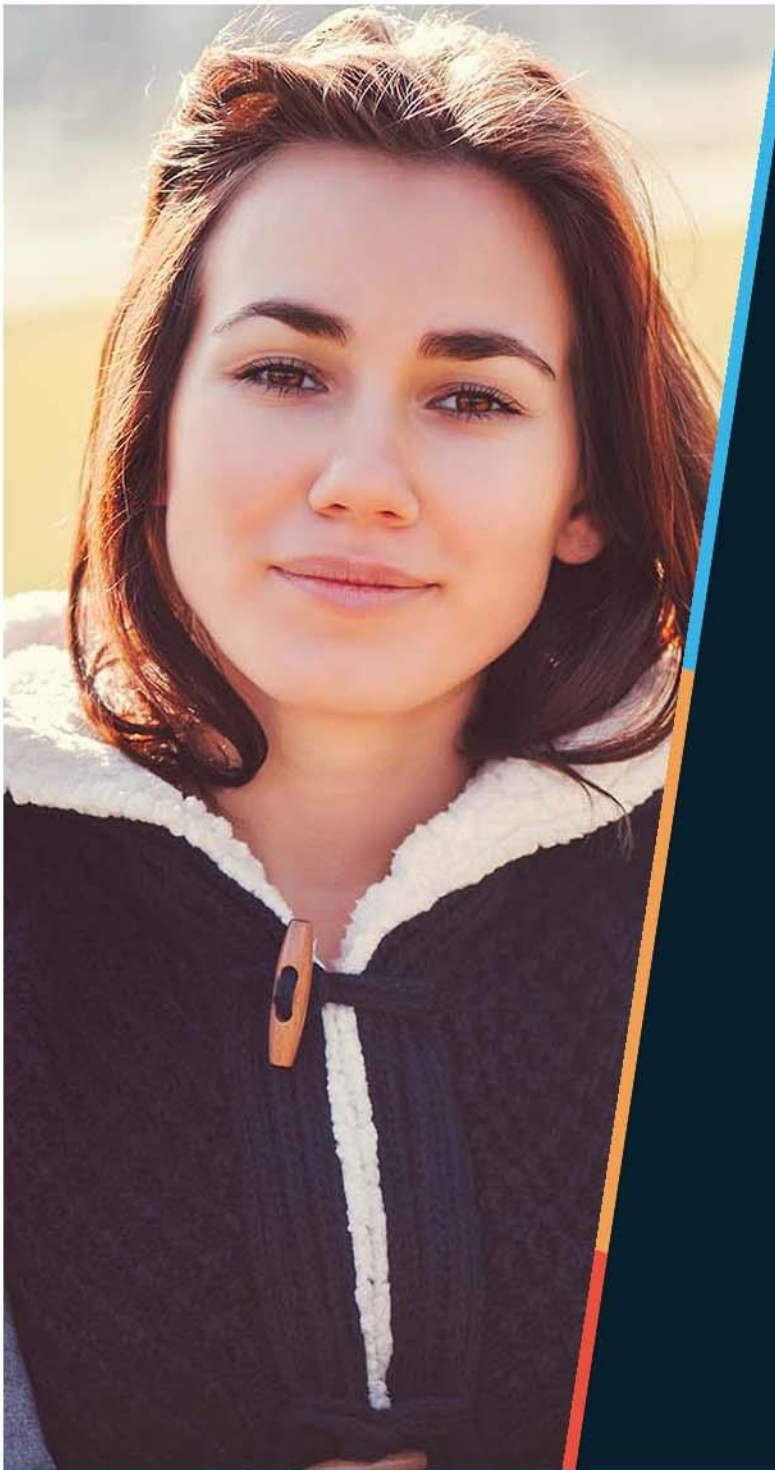
Continuity of Care

- Case profile: Member has symptoms of anxiety with panic attacks, trouble sleeping, depressed mood, recent feelings of hopelessness and helplessness with suicidal ideation due to recent change in PCP. Member is currently prescribed several medications for anxiety and pain management, including Methadone.
 - Reason for referral
 - Problem summary
 - Steps taken to address the issue
 - Outcome/result

Care Management: Case Example 2

Coordination of Care

- Case Profile: Member is a 16 year old who had been adopted and was diagnosed with fetal alcohol syndrome. Member was already connected to the County for medication and therapy services.
 - Reason for referral
 - Problem summary
 - Steps taken to address the issue
 - Outcome/result



Beacon and San Francisco Health Plan

San Francisco Health Plan and Beacon

- Beacon, on behalf of San Francisco health Plan (SFHP), provides outpatient behavioral health services to SFHP members, including non-specialty (mild to moderate) mental health services and the behavioral health therapy (BHT) component of Autism Spectrum Disorder.
- For non-specialty mental health services:
 - **Target population:** Medi-Cal beneficiaries with a DSM diagnosis and “**mild to moderate**” impairment in mental, emotional or behavioral functioning
 - The state’s intent is that these therapeutic services are **time-limited** and **solution-focused** with the goal of returning patients to primary care management when clinically appropriate

Beacon: Integrated Partner Model



- Beacon has staff in local offices in all of the communities where we work
- Local staff include Managers of Provider Partnerships to work with the network
- Local clinical staff to support care coordination and referrals
- Recruiting local consumers to participate in advisory committee

Key Services

Functional Area	Services
Screening & Referral	<ul style="list-style-type: none">• Telephonic intake, screening and referral process – either to county for assessment for SMHS or to a Beacon provider
County Coordination	<ul style="list-style-type: none">• Support referrals and linkages with counties• Dispute resolution process
Care Coordination	<ul style="list-style-type: none">• For members with complex co-morbidities, ensuring coordination between physical and behavioral health care
PCP Support	<ul style="list-style-type: none">• Psych Consults: Beacon Physician Advisors Panel

Therapeutic Model

- No single specific modality required for services under the Managed Care Plan
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New Patient Evaluation and Management (60 min): <ul style="list-style-type: none"> - A Comprehensive History - A Comprehensive Examination - Medical decision making of high complexity - Develop an appropriate treatment plan 	Patient screening through Beacon
Psychological testing	Phone or online prior-authorization. Patient screening through Beacon
Medication management	No limit on number of visits
Psychotherapy: individual and group	Patient screening + six-month registration No limit on number of visits

Beacon SFHP Provider Network

- Provider Types:
 - PhD/PsyD
 - LCSWs/LMFTs
 - MD
- SFHP provider network:
 - SF city and county clinics
 - Federally qualified health centers (FQHCs)
 - Independent therapists

Accessing Services

- Beacon SFHP Number: 855.371.8117
- Beacon website: www.beaconhs.com

BEACON

BETTER CARE BUILT ON BETTER DATA

Members Providers Purchasers About Contact

Home > Members > Member Materials

Member Materials

LOCATE A PROVIDER

- ▶ Locate a provider

MEMBER PORTAL

- ▶ myBeacon Member Portal

EDUCATION AND SCREENING MATERIALS

- ▶ Depression detection and treatment
 - ▶ Depression brochure
 - ▶ Member depression treatment tool
 - ▶ Antidepressant Poster
- ▶ Postpartum Depression
- ▶ Adolescent Depression

SAN FRANCISCO HEALTH PLAN™ 
Here for you

BEACON'S MEMBER POLICIES AND INFORMATION



Beacon Coverage of Autism Services

Beacon Health Options is the largest managed autism administrator in the country

- Beacon acquired 100% of **Autism Services Group** to be clinically prepared to address increasing costs and clinical pressures from autism mandates
- Howard Savin, the founder and CEO of ASG, previously served as the chief clinical officer for Devereux – the nation’s largest not-for-profit provider of child and adult behavior health services
- Beacon offers **complete management of autism benefits** around an ABA model
- Beacon has scaled experience managing autism benefits under California SB946
 - Fully integrated into the Cypress Service Center
 - Specialized autism care management team
 - Statewide network of BCBAs and Paraprofessionals

Nearly 16,000 ABA management cases in care every week

Autism: Facts and Figures

Prevalence and Diagnosis

- The prevalence of autism spectrum disorder (ASD) is estimated at around **1 in 68 children**
- Better detection and a broader definition of autism has resulted in an **increased rate of diagnosis**

Cost of Care

- It is estimated to cost **at least \$17,000 a year more to care for a child with ASD compared to a child without ASD**. Costs include health care, education, ASD-related therapy, family-coordinated services, and caregiver time. (CDC Data & Statistics)
- Intensive behavioral interventions for children with ASD cost **\$40,000 to \$60,000** per child per year
- The cost of autism over the lifespan is about **\$2.4 million for a person with an intellectual disability** and **\$1.4 million for a person without intellectual disability** (Buescher et al, 2014)

Funding and Administration

- Low-income communities have been historically hampered by **limited Medicaid coverage and high out of pocket costs**
- Much of the responsibility for the **administration and funding of ASD services has traditionally fallen to the schools**, which have restrictive budgets and are less equipped to provide accountable treatment

Medi-Cal Coverage of BHT

Medi-Cal mandated the coverage of BHT for individuals ages 0 to 21 effective September 15, 2014

Criteria

To qualify for autism services, a member must:

- **Be 0 to 21 years of age** with an ASD diagnosis
- Have a comprehensive diagnostic evaluation that **indicates BHT services are medically necessary**
- Have a **prescription for BHT services** from a licensed physician, surgeon or licensed psychologist

Medi-Cal Coverage of BHT

Medi-Cal mandated the coverage of BHT for individuals ages 0 to 21 effective September 15, 2014

Covered Services and Limitations

- Services must be **administered by a qualified autism service provider or a qualified autism service professional or paraprofessional** under the supervision of a qualified autism service provider
- BHT services must be based upon a **treatment plan that is reviewed no less than every six months** by a qualified autism service provider and **prior authorized by the MCP for a time period not to exceed 180 days**
- Treatment plans must include **care coordination and parent training**

Medi-Cal Coverage of BHT

Medi-Cal mandated the coverage of BHT for individuals ages 0 to 21 effective September 15, 2014

Continuity of Care

- Eligible beneficiaries who are currently receiving BHT services, including ABA, through a Regional Center (RC) will continue to receive these services through a RC until the state transitions them to a MCP
- MCPs shall ensure **continuity of care for up to 12 months**
- Members not currently receiving autism services and newly diagnosed members will be the responsibility of MCPs

Latest DHCS Guidance

Transition Plan

- ~11,400 members will be transitioning
- DHCS will require plans to send **beneficiary notices 60 days and 30 days prior to the 11/1/2015 transition**
 - Plans will be required to **make up to five phone calls** to reach the members after sending out the 60 day notice

Transition Approach

- Small Counties: counties with fewer than 100 beneficiaries will transition **all members at once in November 2015 – San Francisco**
- Medium Counties: counties with more than 100 members will **transition by birthdate** over the course of six months from November '15 to April '16
- Los Angeles County: will transition approximately **one regional center per month** (7 RCs over 6 months, meaning two RCs will transition in one of the months)

Continuity of Care

- MCPs must consider every beneficiary transitioning to the MCP as an **automatic continuity of care request**, for at least 12 months
- In order to qualify for continuity of care, a member must have seen an out of network provider **at least four times in the six months** prior to the RC transition

Key stakeholders in the delivery of services

Regional Centers (RCs) provide or coordinate services and supports for individuals with developmental disabilities, including ASD. The RCs themselves do not provide ASD services, but refer eligible Medi-Cal beneficiaries to their network providers and resources. After September 15, 2014, MCPs will be taking all new ASD cases for which RCs were previously responsible. **RCs will be transitioning their current cases to MCPs starting on 11/1/2015.**

Medi-Cal Managed Care Plans will cover medically necessary BHT, including ABA, to all newly eligible Medi-Cal children effective September 15, 2015.

Schools have been providing children with ASD services, including ABA, under the provision of the **Individuals with Disabilities Act (IDEA)**. Under IDEA, schools provide special education services develop an Individual Education Plan (IEP). **Schools have continued to provide non-medically necessary BHT services**

Parents and caretakers play a pivotal role in the treatment plan for their children. Parents and caretakers work with children to ensure that gains made in 1X1 therapy are sustained after each session. Once a treatment episode is complete, providers hand off continued treatment responsibilities to the parents

Coordination of services among these stakeholders will be crucial to ensure the continued development of Medi-Cal children with developmental disabilities

ABA Overview

ABA therapy is at the core of Beacon's clinical delivery model

What is ABA?

Applied Behavior Analysis (ABA) is a scientifically validated approach to understanding behavior and how it is affected by the environment. In this context, “behavior” refers to actions and skills. “Environment” includes any influence – physical or social – that might change or be changed by one’s behavior.

ABA and principles are used with Autism for the...

- Reduction of Maladaptive Behaviors
- Increase in Skills such as communication, social skills, daily living, leisure, etc.
- Goal is to bridge the gap between chronological age and developmental age

In addition to ABA, a variety of services are needed to achieve optimal outcomes

- **Occupational Therapy (OT)** brings together cognitive, physical and motor skills. The aim is to enable the child to gain independence and participate more fully in life. For a child with autism, the focus may be on appropriate play, learning, and basic life skills.
- **Physical Therapy (PT)** is focused on any problems with movement that cause functional limitations. Children with autism frequently have challenges with motor skills such as sitting, walking, running or jumping. PT can address poor muscle tone, balance and coordination.
- **Speech Therapy (ST)** is intended to help individuals who are unable to speak, have difficulty understanding information, or may struggle to express themselves. ST is designed to coordinate the mechanics of speech and the meaning and social value of language
- **Social Skills Group Training for Children** offers an opportunity for individuals with autism to practice their social skills with each other and/or typical peers on a regular basis
- **Parent Training** involves parents and/or other family members and caregivers receiving training so they can support learning and skills practice throughout the day. Parental involvement is necessary to manage the overall cost of ABA services and reinforce the gains made through individual ABA therapy

Beacon has established a set of clinical guidelines that ensure high quality and predictable costs

- **Early Diagnosis is imperative**, including a developmental assessment and early intervention screening
- **Parent or caretaker involvement in treatment is a requirement** ; with Medicaid, this may be broadened to include a foster parent, group home leader, etc.
- **Peer-to-Peer collaboration** with network BCBA providers in weekly case reviews and on any clinical and quality concerns to shape behavior and promote quality
- **Authorization periods are 6 months**; a shorter period may occur if there is a question of treatment plan appropriateness
- **Reassessments should be done one month prior to the end of an authorization period** to determine progress to date, gauge additional need for care, and avoid a lapse in treatment
- **Reduce duplicative services** by ensuring that home and community based services compliment services being provided in the schools
- Require a minimum of **one hour of supervision for every 10 hours of direct services**
- **Termination of services** when skills gains plateau or no evidence of ABA leading to further gains and care transitioned to caretaker

Beacon Autism Services Program Components

1

Diagnostic & Medical Necessity Verification

Medi-Cal beneficiary under age 21

Diagnosis of Autism Spectrum Disorder

A “prescription” or evidence of medical necessity for ABA-based therapy services by a qualified professional (MD, psychologist) within the last 12 months

2

Comprehensive Intake and Treatment Planning

Authorization is given to a qualified autism service(QAS) provider for an 8 hour comprehensive assessment, which includes a functional behavior assessment (FBA)

The QAS provider completes a developmental screening and an FBA and then submits the assessment summary and recommended treatment plan to CHIPA

3

Initial authorization of services no longer than six months

Case manager (BCBA) reviews treatment plan and authorizes a suite of ABA services, or consults with QAS provider to modify the services clinical request.

4

Ongoing Progress Tracking and Review of medical necessity

Progress is monitored regularly as evidenced by changes in maladaptive behaviors and utilization patterns.

Treatment plans are reviewed no less than every 6 months, but may occur more frequently if there is no measureable progress.

Beacon's IT capabilities allow for real-time tracking of autism-specific clinical information

- Behaviors and skills are rated after each session and are entered into the provider portal, which tracks a child's progress and generates charts and reports showing the child's progress
- Case notes collected during the delivery of services are entered into the system which may lead to readjustments in the treatment plan

Maladaptive Behaviors

Selected week: 4/6/2014 to 4/12/2014

Baseline	Data Type	Behavior Name	Measurement Type	Measurement Units	Interval Units	Data Value
<input type="checkbox"/>	Aggression 1					
<input type="checkbox"/>	Aggression 2					
<input type="checkbox"/>	Aggression 3					
<input type="checkbox"/>	Elopement					
<input type="checkbox"/>	Non-Compliance					
<input type="checkbox"/>	Property Destruction					
<input type="checkbox"/>	Self-Injury 1					
<input type="checkbox"/>	Self-Injury 2					
<input type="checkbox"/>	Self-Injury 3					
<input type="checkbox"/>	Stereotypy 1					
<input type="checkbox"/>	Stereotypy 2					
<input type="checkbox"/>	Stereotypy 3					
<input type="checkbox"/>	Tantrum					

Skills

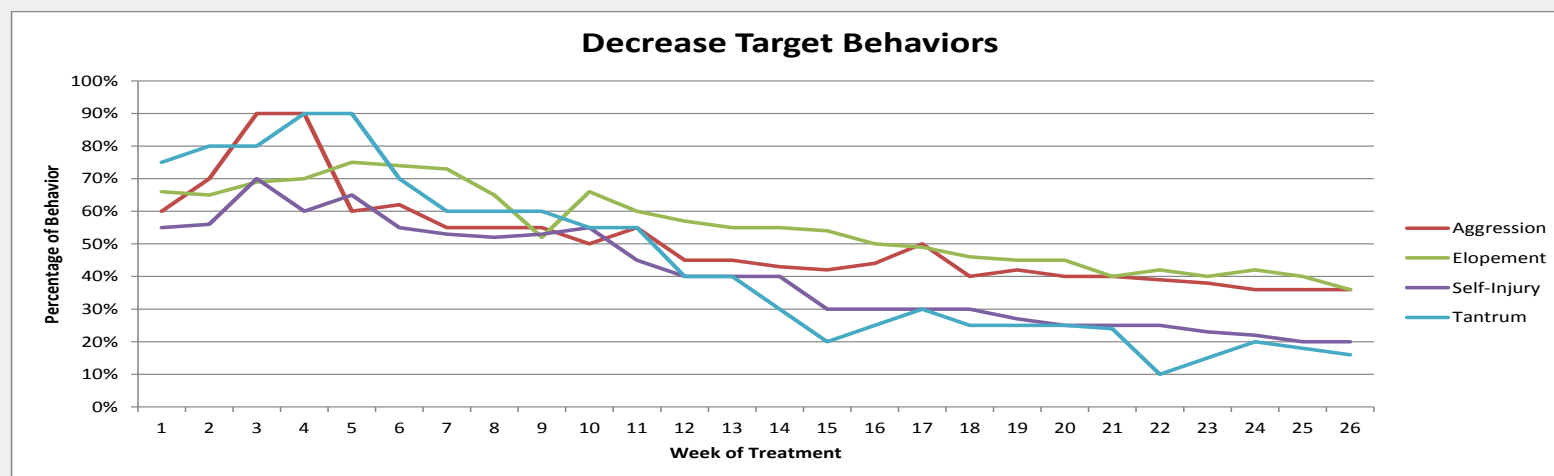
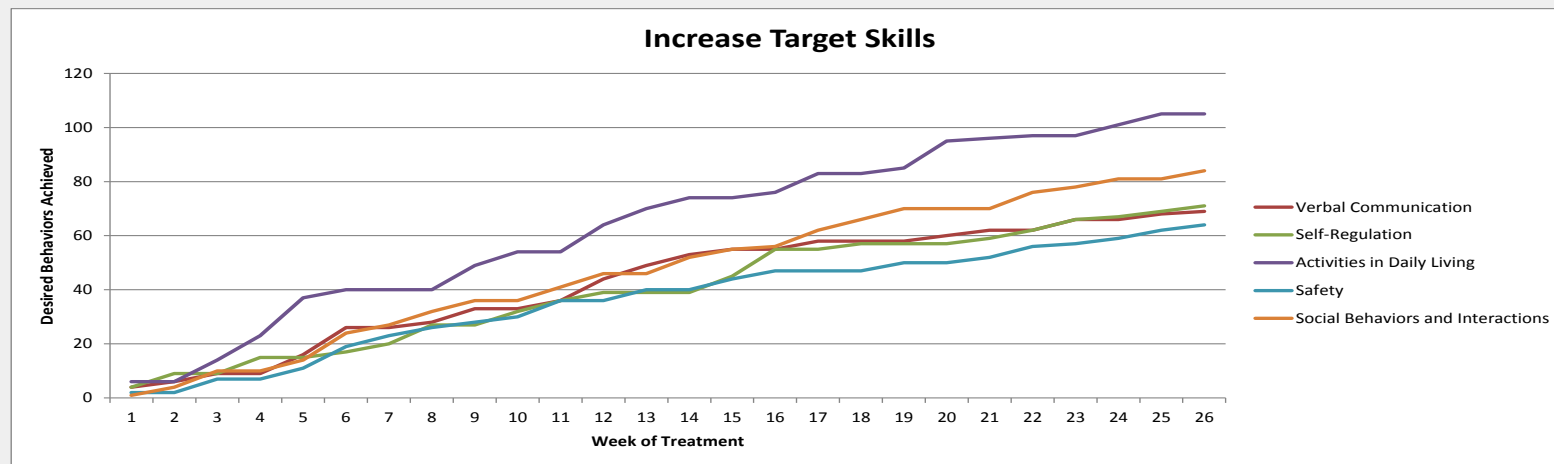
Selected week: 4/6/2014 to 4/12/2014

Readiness Skills	Language/Communication	Daily Living/Self Help
Attending	Intraverbals	Chores
Fine Motor	Label/Tact	Dressing
Gross Motor	Receptive Language	Eating
Motor Imitation	Request/Mands	Grooming
Routine/Schedule	Social Interactions	Play and Leisure
Visual Performance	Syntax and Grammar	Toileting
	Vocal Imitation	Vocational

Social Skills	Academics	Generalized Responding
Group Instruction	Math	Academics
Pragmatic Language	Reading	Daily Living/Self Help
Social Interaction	Spelling	Language/Communications
	Writing	Readiness Skills
		Safety
		Social Skills

Beacon's autism services model delivers tangible results for its members

- Based on the first 18 months of experience under California's commercial mandate, Beacon has quantified cost and quality outcomes associated with its model



Questions?

