Beacon Health Options Primary Care Provider Training

REFERRAL AND RESOURCE GUIDE

Updated October 2015
Agenda

1. Review Medi-Cal Managed Care Mental Health Benefits for Mild to Moderate Impairments
2. Referring Members to Beacon Network for Therapy or Medication Management
3. Referring Members Under 21 with Autism Spectrum Disorder for Behavioral Health Treatment/ABA Services
4. Requesting Primary Care Provider (PCP) Decision Support from a Beacon Psychiatrist
5. Requesting Behavioral Health Care Coordination Support for Members
6. Requesting Authorization for Psychological & Neuropsychological Testing
7. Beacon’s Online PCP Toolkit
8. Summary + Contact Information for Referrals
9. Submitting Grievances on Behalf of Members
New Medi-Cal Managed Care Mental Health Benefits

- New CA Medi-Cal Managed Care Plan outpatient mental health benefits starting January 1, 2014
- **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

- **Individual and group mental health treatment (psychotherapy)**
- Psychological testing to evaluate a mental health condition
- Outpatient services to monitor drug therapy
- Psychiatric consultation

- Outpatient laboratory, supplies and supplements
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Prescription drugs carved into Medi-Cal Managed Care Plan

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Managed by Beacon

Managed by Medi-Cal Managed Care Plan
## Review: Medi-Cal Managed Care Mental Health Benefits for Mild to Moderate Impairments

### Medi-Cal Managed Care Plan

- 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

**Mental health services for Mild to Moderate Impairments**

- Medication management
- Individual and group therapy
- Psychological testing
- Behavioral health treatment for ASD

### County Funded & Provided Mental Health Services

- Medication management
- Assessment and treatment planning
- Individual and group therapy
- Crisis intervention
- Crisis stabilization
- Adult crisis residential services

### County-funded Substance Use Disorder Services

- 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*
Integrated Sites: Using the Screening Form to Determine Level of Impairment

Form Purpose:

1. All integrated sites must screen Medi-Cal members to ID appropriate payer source.

2. Mild to Moderate = bill Beacon

3. Significant = bill DHCS directly

4. Please be reminded to fax the form to Beacon even if you intend to keep the member and treat them at your level of care.

Form Completion:

1. Complete member info or attach a face sheet/printout from your EMR

2. Check boxes that apply in each list

3. Use algorithm to inform level of care

4. Be specific on what you are requesting & provide relevant member history to prevent need for member rescreening

5. Beacon will follow up with referral source on outcome
PCP Referral Form: An Easy Way to Link Members with Mental Health Services

Form Purpose:

- Streamline PCP referral process on one form
- Primary Care Provider = MD, NP, or PA

Getting the Form:

1. Download a copy from the Beacon website at www.beaconhealthstrategies.com
2. Get a copy by emailing MC_SFHP@beaconhs.com

Form Completion:

1. Complete member info or attach a face sheet/printout from your EMR
2. Select ONE referral reason per form:
   - PCP decision support
   - Referral for OP BH services
   - Referral for BHT/ABA
   - Referral for Care Management
3. Provide basic background info on the members. **Medications and suspected diagnosis are important to streamline decision support with psychiatrist.
Referring Members to Beacon’s network for therapy or medication management when needs are outside the PCP’s Scope of Practice

**PCP Referral Options:**

1. Complete the **PCP Referral Form** and fax to **866-422-3413** or send via secure email to medi-calreferral@beaconhs.com.

   **OR**

2. Call, or have the member call, Beacon at **(855) 371-8117** during routine business hours (M-F 8:30 am - 5 pm).

   A. **Press 2** to bypass the phone tree. Say, "**I am calling from a PCP office and requesting a referral for mental health services for my patient.**"

   B. If the patient is not with you at the time to provide verbal consent to release information, Beacon requires written consent to share information about a member’s mental health utilization and to close the loop after a referral is completed.

**Beacon’s Internal Steps:**

- Beacon will contact the member to connect them to services at the appropriate level of care.
- Beacon will contact the source of the referral to confirm completion of referral process.
Referring Members with Autism Spectrum Disorder (ASD) Diagnosis for Behavioral Health Treatment/Applied Behavior Analysis

PCP’s Referral Options:

1. For members under age 21, complete the PCP Referral Form and attach a Progress Note indicating an ASD diagnosis and a physician order recommending ABA services. Fax it to 800-596-2712.

   OR

2. Call Beacon Service Center at 855-371-8117 during routine business hours (M-F 8:30 am- 5 pm) to make a request.

   A. Press 2 to bypass the phone tree. Say, “I am calling from a PCP office and requesting a referral for autism services for my patient.

Beacon’s Internal Steps

• Upon receipt of the referral, a Beacon Autism Services Care Coordinator will contact the member and assist them in securing resources for services
• Beacon will contact the source of the referral to confirm completion of referral process
Requesting PCP Decision Support from a Beacon Psychiatrist

1. **PCP Decision Support** is a telephone call between a Beacon Psychiatrist and a member’s PCP to assist PCPs with diagnostic clarification or prescribing psychiatric medication.

2. Beacon has psychiatrists available M-F to return calls to PCPs. Current Beacon call return hours are **4 to 5 pm Monday thru Thursday** and **2 to 5 pm Friday**.

Two Options for Requesting PCP Decision Support

**Option 1:** PCP completes the PCP Referral Form, along with 2 progress notes + medication list, and faxes documents to **866-422-3413**. Specify your available windows for receiving return calls within timeframes above and best number to call.

A. A Beacon psychiatrist will call the PCP the same day or desired day at requested time.

**Option 2:** PCP calls Beacon Member Services at **(855) 371-8117** requesting to connect with a Beacon psychiatrist.

A. Press 2 to bypass the phone tree. Say, “**I am calling from a PCP office and requesting PCP Decision Support.**”

B. You will be transferred to a Beacon clinician (LCSW or LMFT) to complete an internal MD referral form (to get basic history + medical list). Provide your preferred call back time and number.

C. A Beacon psychiatrist will call the PCP the same day or desired day at requested time.
Requesting Behavioral Health Care Coordination for Members

Beacon provides *local behavioral health care coordination services* from clinical staff who are co-located at the health plan. Examples include:

1) Linking members to a mental health provider

2) Supporting members transitioning between levels of care (e.g. Beacon to County or vice versa)

3) Engaging members with history of non-compliance and/or linking them to community support services (food, shelter, transportation).

**PCP's Referral Option:**

1. Complete the PCP Referral Form indicating member’s openness to receiving support and any requested specific interventions and fax it to (855) 371-8113.

**Beacon’s Internal Steps:**

1. Beacon Care Manager will triage and attempt to connect with the member within 2 business days of referral date.

2. Beacon Care Manager will keep the PCP/referral source informed of the case and provide updates as needed per member consent to release information.
Authorization for Psychological & Neuropsychological Testing

- All psych & neuropsych testing requires prior authorization using a specific Beacon form. Requests for testing should be made only after a comprehensive clinical evaluation has been conducted.

- PCPs may refer members for neuropsychological testing. Psychological testing referrals should come from a treating behavioral health provider.

- Psych/neuropsych testing authorization form can be downloaded here: http://bit.ly/1qLJRe9 after completion fax it to 866-422-3413.

- Upon receipt of the referral, Beacon will contact the member and assist them in securing resources for services. Beacon also will notify the referral source to confirm outcome.

<table>
<thead>
<tr>
<th>Reasons for Psychological Testing</th>
<th>Reasons for Neuropsychological Testing</th>
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</thead>
<tbody>
<tr>
<td>The member usually is receiving mental health services and the referral comes from a behavioral health provider to further assess a member’s psychological functioning or to modify or revise an ongoing treatment plan. Testing is not authorized as part of an initial evaluation.</td>
<td>The member usually is not receiving mental health services. A member who is experiencing cognitive impairments that interfere with day-to-day functioning may require neuropsych testing to better define, localize and quantify the deficits, aid in diagnostic clarity, and inform appropriate treatment planning.</td>
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Beacon’s Online Toolkit to Support Primary Care Practices

PCP toolkit components

<table>
<thead>
<tr>
<th>Member resources</th>
<th>Diagnostic references</th>
<th>Screening tools</th>
<th>Prescribing references</th>
<th>Beacon access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference: Fact sheets</td>
<td>Reference: APA guidelines</td>
<td>Reference: PHQ-2/9</td>
<td>Reference: Prescription dosing range and side effects</td>
<td>Toll free number or web-based access to Beacon psychiatrists for diagnostic, prescription, or crisis support</td>
</tr>
</tbody>
</table>
The Toolkit is Accessible Directly From Beacon’s homepage

1. Go to beaconhealthstrategies.com
2. Hover over the Provider tab
3. Click on PCP toolkit
Each BH Condition Tab Includes Resources for PCPs and Members

ADOLESCENT DEPRESSION

The prevalence of depression in children and adolescents ranges from 2% to 8% of the population, depending upon age and the methods used to screen individuals. Undiagnosed and untreated depression places people at increased risk for illness and interpersonal as well as psychosocial difficulties. In addition, depression is associated with increased risk of suicidal behaviors particularly among adolescent boys.

GUIDELINES FOR DIAGNOSIS AND TREATMENT

- Adolescent Depression Guidelines Summary
- Clinical Management Flowchart
- The Importance of Screening Adolescents for Depressive Disorders

MEMBER MATERIALS

- Adolescent Depression and Suicide
- Depression in Children and Teens

SCREENING TOOLS

- Adolescent PHQ-9
Recap: Key Takeaway Points for Primary Care Providers

1. Members with a DSM diagnosis and **mild to moderate** levels of impairment are managed by Beacon. Members with significant levels and substance use disorder will be managed by the county mental health plan.

2. Beacon offers PCPs psychiatric decision support to help with diagnostic clarification and management of psychiatric medications.

3. Medi-Cal plan enrollees under age 21 with a diagnosis of Autism Spectrum Disorder can be referred to Beacon for linkage to BHT/ABA services.

4. Beacon offers members behavioral health care coordination support.

5. PCPs have **two options to refer** members to Beacon for any of these services.

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**Option 1: Fax a PCP Referral Form**

1. Complete form
2. Include clinically relevant background
3. Fax to **866-422-3413**
4. BHT/ABA Fax to **800-596-2712**

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**Option 2: Call (855) 371-8117**

1. **Press 2** to bypass phone tree
2. Tell customer service representative you are with a PCP office and specify request
Submitting Grievances on Behalf of Members

Per Beacon's P&P QM 306.01:

1. Members may appoint a representative to act on their behalf with respect to an inquiry, complaint or grievance by completing a Designation of Grievance Representative Form.

2. A member’s designated representative will be granted all the rights of a member with respect to the inquiry, complaint or grievance.

3. Possible subjects for grievances include but are not limited to: the quality of care of services provided, attitude and service (i.e. unhelpfulness or rudeness of a provider/office staff); the quality of a provider’s physical site (i.e. dirty, unsafe, not ADA accessible); and/or Beacon employees or operations.

4. Grievances may include: complaints regarding the timeliness, appropriateness, access to, and/or setting of a provided behavioral health service; or that one of these services did not meet accepted standards for delivery of care.

5. Data generated from the reporting and processing of inquiries, complaints and grievances is used to identify opportunities for improvement in clinical care and administrative services that Beacon’s members and/or providers receive.
Submitting Grievances on Behalf of Members

- Member complaint forms can be directly accessed here:
  http://www.beaconhealthstrategies.com/private/pdfs/forms/Member%20Complaint%20Form.pdf

- Or they can be accessed on Beacon’s homepage here:
  http://www.beaconhealthstrategies.com/index.html
  o Click Members < Member Materials
  o When prompted, enter SFHP in Plan Name field, select the language, then click Go

- As noted on the form, completed Member Complaint Forms should be faxed to Beacon at 1-877-635-4602, or mailed to Ombudsman, Beacon Health Options, 5665 Plaza Drive, Suite 400, Cypress, CA 90630
Submitting Grievances on Behalf of Members

1. Acknowledgement letter sent to member within 5 calendar days of receipt
2. Investigation opened
3. Provider letter or Department lead asked for a formal written response to the grievance
4. Resolution letter to member within 30 calendar of receipt of the grievances
5. Grievances are reviewed at Beacon’s monthly Peer Review Committee
6. All potential Quality of Care grievances are reviewed with the Medical Director