



**SAN FRANCISCO
HEALTH PLAN™**

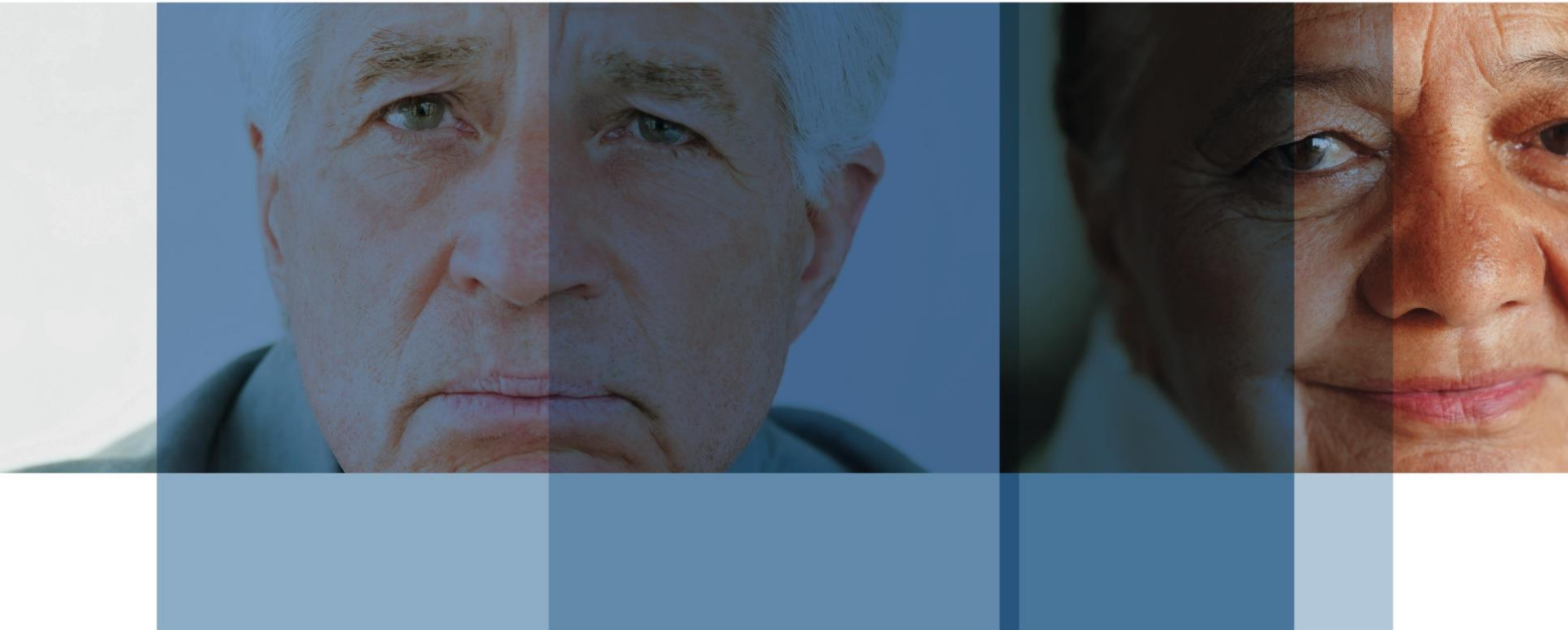


Here for you

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**

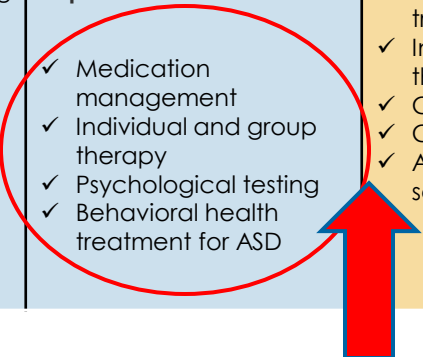
Managed by Beacon

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

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 | | 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

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.

**Adult Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary
For San Francisco Health Plan Medi-Cal Members**

MEMBER INFO

Patient Name: _____ Date of Birth: ____/____/____
 Preferred Name: _____ M F T O
 Medi-Cal # (CIN): _____ San Francisco Health Plan #: _____
 Language/cultural requirements (client or caregiver): _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Referring Clinician: _____ Phone: (____) _____
 Primary Care Provider _____ Phone: (____) _____
 DSM diagnosis, if known: (1) _____ (2) _____ Consent to share information received (verbal/written): Yes No
 Desired behavioral health clinician/provider/program, if any: _____

Is provisional diagnosis/diagnosis an included diagnosis for MHP services (page 2) Yes No Unsure

| List A (check all that apply) | List B (Check all that apply) | List C |
|---|--|--|
| <input type="checkbox"/> Persistent symptoms & impairments after 2 recent medication trials <input type="checkbox"/> Multiple co-morbid health and mental health conditions <input type="checkbox"/> Behavior problems (aggressive/self-destructive/assaultive/extreme isolation) <input type="checkbox"/> Excessive ED visits or 911 calls <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Trauma/recent loss/significant life stressors <input type="checkbox"/> Depressive symptoms <input type="checkbox"/> Anxiety symptoms <input type="checkbox"/> Homelessness/housing instability resulting from mental health condition <input type="checkbox"/> ADHD symptoms <input type="checkbox"/> Lack of diagnostic clarity | <input type="checkbox"/> 2 or more psychiatric hospitalizations within 12 months <input type="checkbox"/> Functionally significant, non-substance induced paranoia, delusions, hallucinations, mania, dissociative symptoms, depression, personality disorder <input type="checkbox"/> Suicidal/Homicidal preoccupation with plan or behavior in past year <input type="checkbox"/> Transitional Age Youth with prodromal psychotic symptoms <input type="checkbox"/> Eating disorder with medical complications (with medical condition being treated by Health Plan) | <input type="checkbox"/> Substance use disorder not responding to SBI (screening & brief intervention at primary care) |

| Referral Algorithm | |
|--------------------|---|
| 1 | PCP to manage medications with the option to refer to Beacon for therapy and/or PCP decision support Fax: (866) 422-3413, Phone: (855)371-8117 |
| 2 | Refer to Beacon for brief therapy and/or psychiatry Fax: (866) 422-3413, Phone: (855)371-8117 |
| 3 | Refer to San Francisco Behavioral Health Services (ACCESS), Phone: (415) 255-3737 Fax: (415) 255-3629 |
| 4 | Refer to San Francisco County Substance Use Services (IAP) Phone: (415) 503-4730- Walk in between 8am-4pm 1380 Howard Street |

Provider completing screening: _____ Phone: (____) _____
 Signature _____ Date _____
 PCP MFT/LCSW NP Psychiatrist Other

VI 12.30.14 Page 1

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



Beacon Health Strategies Primary Care Provider (PCP) Referral Form

Date: _____ PCP Name: _____ Phone #: _____

Member Name: _____ Member ID #: _____ DOB: _____

Language: _____ Phone #'s: _____ ; _____

PCP Request (one request per referral form)

PCP Decision Support: Request a telephone consultation with a Beacon psychiatrist to provide decision support related to member diagnosis and medication clarification or other clinical decision supports.

****Include medication list and last 2 PCP Progress Notes for Psychiatrist review before phone consult with PCP. Fax: 866.422.3413 OR secure email: medi-calreferral@beaconhs.com**

Referral for Outpatient Behavioral Health Services: Refer members for therapy or medication management via Beacon's network of providers when their needs are outside the PCP scope of practice. Beacon can coordinate member care with county mental health.

**** For exchange of information back to the PCP, include signed member Consent to Release of Information. Fax: 866.422.3413 OR secure email: medi-calreferral@beaconhs.com**

Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA) Services: Specialty services for youth under 21 years old with established diagnosis of Autism Spectrum Disorder (ASD).

****Include Progress Note with diagnosis of ASD and physician order requesting ABA services. Fax to: 800.596.2712**

Referral for Care Management: Local behavioral health care coordination services to help link members to mental health providers, support their transition between levels of care, or engage members with history of non-compliance and link them to community support services.

**** For exchange of information back to the PCP, include signed member Consent to Release of Information. Fax: 855-371-8113 OR email: MC_SFHP@Beaconhs.com**

Request Reason (check all that apply):

Depression Anxiety Other BH Diagnosis: _____
 Isolation Delusional Auditory/Visual hallucinations
 Trauma Cognitively Impaired (or cognitive impairment) Poor self-care due to mental health
 Violence/Abuse Substance use type: _____

Other BH symptoms: _____

Medical Diagnosis: _____

Medications (list below or send medication list with this form):

Other known barriers to member adherence to medical care: _____

Motivation for Services (check all that apply):

Member (or guardian) has been informed of referral to Beacon Health Strategies
 Member wants services for self (or dependent)
 If applicable, Patient has completed a PHQ-2/PHQ-9. Score _____

SFHP Final

June 2015

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.
- 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.

Reasons for Psychological Testing

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.

Reasons for Neuropsychological Testing

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.

Beacon's Online Toolkit to Support Primary Care Practices

PCP toolkit components

Member resources

Reference:
Fact sheets

Reference:
Self-management strategies

Diagnostic references

Reference:
APA guidelines

Reference:
DSM diagnostic criteria

Screening tools

Reference:
PHQ-2/9

Reference:
GAD-7

Prescribing references

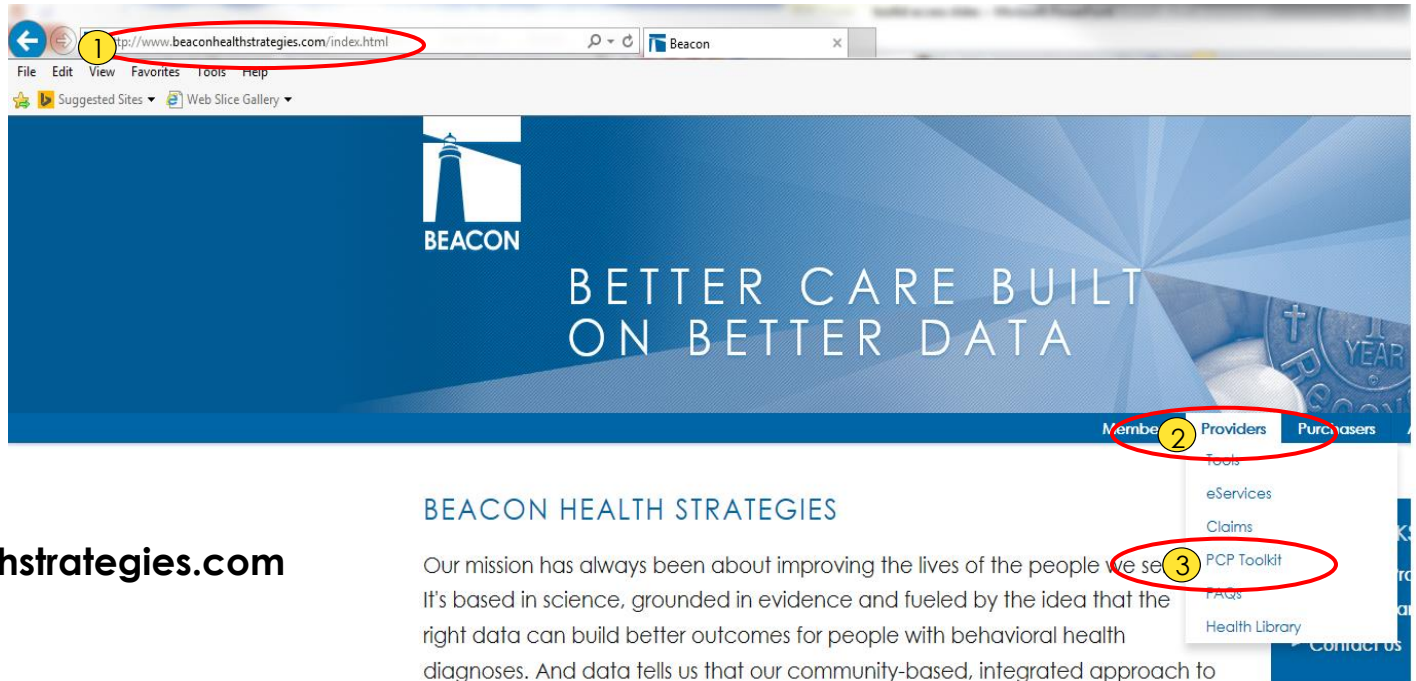
Reference:
Prescription dosing range and side effects

Reference:
Treatment algorithms

Beacon access

Toll free number or web-based access to Beacon psychiatrists for diagnostic, prescription, or crisis support

The Toolkit is Accessible Directly From Beacon's homepage



1 Go to [beaconhealthstrategies.com](http://www.beaconhealthstrategies.com)

2 Hover over the Provider tab

3 Click on PCP toolkit

BEACON HEALTH STRATEGIES

Our mission has always been about improving the lives of the people we serve. It's based in science, grounded in evidence and fueled by the idea that the right data can build better outcomes for people with behavioral health diagnoses. And data tells us that our community-based, integrated approach to behavioral health management improves and saves lives. And we can prove it.

COMMUNITY-BASED SOLUTIONS FOR BEHAVIORAL HEALTH

For nearly two decades, Beacon Health Strategies has worked to fill treatment

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.

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**

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>

- Click Members < Member Materials
- 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