

## PCP FREQUENTLY ASKED QUESTIONS: Medi-Cal Behavioral Health Services

*updated 2/5/14 for PCPs in networks that provide non-specialty mental health*

1. **Why do I have to be the gate-keeper** for my patients to get counseling?
  - a. Good practice: patients should be evaluated for medical causes of depression or anxiety before seeing a mental health provider.
  - b. Confirming a mental health diagnosis. This service is only available for Medi-Cal members with a DSM-4 or 5 mental health diagnosis. You as the PCP know your patient best and are qualified to make that diagnosis.
2. **What is required to make a referral?**
  - a. For **non-specialty mental health**: ask your medical group or clinic contact.
    - i. NEMS: MSO UM at 415-352-5045.
    - ii. CCHCA: Member Services @ 834-2118.
    - iii. SFCCC clinics: ask your medical director or behavioral health lead
    - iv. SFHN clinics: refer to your clinic behaviorists, or CBHS.
  - b. For **specialty mental health** (mental health diagnosis and severe dysfunction from the diagnosis, including severely and persistently mentally ill): fill out the attached BRIEF referral form and fax to CBHS: (415) 255-3629.
  - c. This form can be completed without an in-person visit, if you know the patient. If you don't know the patient, the patient should come in to establish care and receive recommended preventive services and primary care management.
3. **What is the difference between specialty mental health and nonspecialty mental health?**
  - a. **Nonspecialty mental health** means services for members with mental health diagnoses and mild to moderate dysfunction from these diagnoses. This is provided by your clinic or medical group, and paid by SFHP or Blue Cross.
  - b. **Specialty mental health** means services for members with mental health diagnoses and severe dysfunction from the diagnosis. This is provided by CBHS and is billed directly to the State.
4. **Who can get services?**
  - a. Services are only available to members with a mental health diagnosis, with life dysfunction because of that diagnosis. Services are not available for members who don't have a mental health diagnosis OR have no dysfunction from the diagnosis.
  - b. NOT included in Medi-Cal: family or couples counseling, counseling for patients without a diagnosis or life dysfunction (e.g. self-improvement purposes)
5. **What services are available** to Medi-Cal members?
  - a. Individual and group counseling
  - b. Psychiatric consultation
  - c. Psychological testing (only when clinically indicated to evaluate a mental health condition)
  - d. Lab follow-up for medication management
6. **What is expected of me?**
  - a. Initial evaluation, diagnosis, and referral to behavioral health when needed
  - b. Ongoing management of the patient, and coordination of care for patients receiving psychiatric services
  - c. If a psychiatrist provides initial evaluation, and the patient is stable, they may transfer the patient back to you for ongoing management. Examples: ongoing treatment of children for ADHD, ongoing medication management of stable patients.

- 7. How will I get medical records and coordinate care?**
  - a. Mental health providers should send an initial treatment plan, documentation of medication changes, discharge summary, and annual status update (for ongoing care).
  - b. CBHS is committed to set up systems to ensure communication back to the PCP for members enrolled in specialty mental health services. This is a new process, and will take time to set up.
- 8. Who pays for psychiatric medications?**
  - a. Nothing has changed. Certain medications are covered by the managed care plans (anti-depressants and other primary care meds), and others are covered by the State (anti-psychotics, substance use treatment).
  - b. The pharmacy is able to figure out who to bill for the services – this does not fall on the PCP to decide.
- 9. Is there a limit to the number of visits my patients can use?**
  - a. With the Mental Health Parity act, health plans can no longer arbitrarily restrict the number of visits.
  - b. Your clinic or medical group may review patients for medical necessity, and may limit visits based on utilization review.
- 10. What do I do if a patient has an acute mental health emergency in the office, and I need immediate assistance? Example: patient who is a danger to others.**
  - a. Call the Mobile Crisis Team. (415) 970-3800
  - b. They will come on-site and do an evaluation
- 11. What number can I give patients to call if they have a mental health emergency?**
  - a. Patients can call (415) 781-0500. This number is for suicide prevention and other mental health emergencies.
  - b. This number is listed on the new SFHP member ID cards.
- 12. Where can I get drug or alcohol treatment for my patients?**
  - a. Medi-Cal will now cover treatment for members without special conditions, both inpatient and outpatient.
  - b. Inpatient detoxification is now a benefit when indicated.
  - c. Patients can self-refer to the Access line at (800) 870-8786 phone
  - d. PCPs can fax referrals to (415) 255-3629.
- 13. Where can I get the answers to other questions?**
  - a. [Provider.relations@sfhp.org](mailto:Provider.relations@sfhp.org)
  - b. (415) 547-7818 X 7084