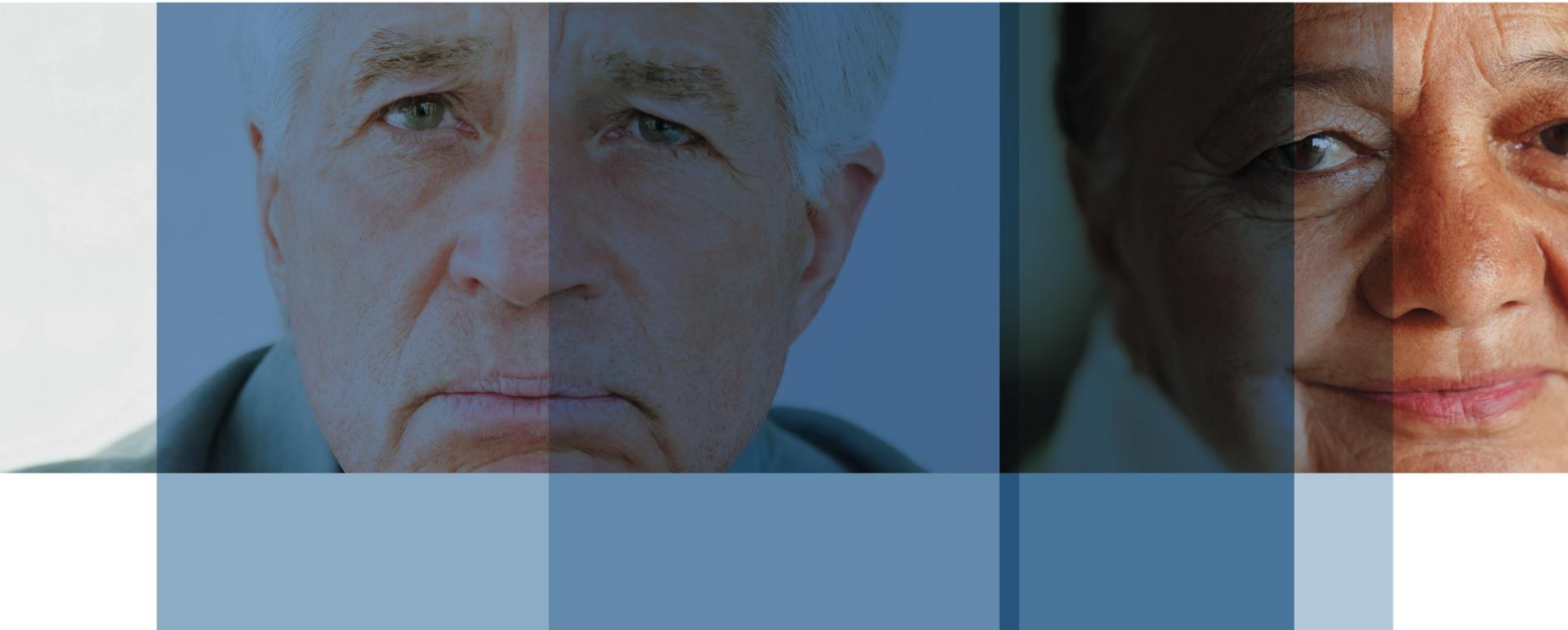# Beacon Health Strategies Primary Care Provider Training

REFERRAL AND RESOURCE GUIDE

Updated June 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

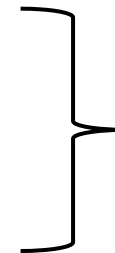# New Medi-Cal Managed Care Mental Health Benefits

- 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**
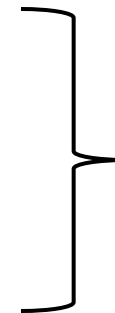
Managed by Beacon

- 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
✓ 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	✓ Medication management ✓ Assessment and treatment planning ✓ Individual and group therapy ✓ Crisis intervention ✓ Crisis stabilization ✓ Adult crisis residential services	✓ Targeted case management ✓ Adult residential treatment services ✓ Full service partnerships ✓ Acute Psychiatric Hospital Services ✓ Inpatient Professional Services ✓ IMD Psychiatric 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. Do NOT fax the form to Beacon if you intend to keep the member and treat them at your level of care.

5. Fax the form ONLY if requesting an outside referral or support making a referral into the county.

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

Adult Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Beneficiary Name: _____ Date of Birth: ___/___/____ ☐ M ☐ F
Medi-Cal # (CIN): _____ Current Eligibility: ☐ Yes ☐ No Language/cultural needs: _____
Address: _____ City: _____ Zip: _____ Phone: (___) _____
Caregiver/Guardian: _____ Phone: (___) _____
Behavioral Health Diagnosis 1) _____ 2) _____ 3) _____

Is provisional diagnosis/diagnosis an included diagnosis for MHP services ☐ Yes ☐ No ☐ Unsure

Documents Included: ☐ Required Release of Info completed ☐ MD notes ☐ H&P ☐ Assessment ☐ Other: _____
Primary Care Provider _____ Phone: (___) _____

List A (check all that currently apply)	List B (Check all that currently apply)	List C
☐ Persistent mental health symptoms & impairments after psychiatric consult and 2 or more medication trials in past 6 months ☐ Co-morbid mental health and serious health conditions (specify below) ☐ Behavior problems (aggressive/assaultive/self-destructive/extreme isolation) (specify below) ☐ 3+ ED visits or 911 calls in past year ☐ Significant current life stressors [e.g. homelessness, domestic violence, recent loss] (specify below) ☐ Hx of trauma/PTSD that is impacting current functioning** ☐ Non-minor dependent ☐ May not progress developmentally as individually appropriate without mental health intervention (ages 18 to 21only)	☐ 2+ in-patient psychiatric hospitalizations within past 18 months ☐ Functionally significant paranoia, delusions, hallucinations** ☐ Current & on-going suicidal/significant self-injurious/homicidal preoccupation or behavior in past year (specify below) ☐ Transitional Age Youth with acute psychotic episode ☐ Eating disorder with related medical complications ☐ Personality disorder with significant functional impairment** ☐ Significant functional impairment (not listed above) due to a mental health condition**	☐ Drug or alcohol addiction and failed SBI (screening & brief intervention at primary care)

Referral Algorithm

1	Remains in **PCP care** with Beacon consult or therapy only	☐ 1-2 in List A and none in List B
2	Refer to **Beacon Health Strategies** (eFax (866) 422-3413)	☐ 3 in list A (2 if ages 18-21) and none in list B OR ☐ Diagnosis excluded from county MHP
3	Refer to **County Mental Health Plan** for assessment (Fax – 510-346-1083)	☐ 4 or more in list A (3 or more if ages 18-21) OR ☐ 1 or more in list B
4	Refer to County Alcohol & Drug Program (1-800-491-9099)	☐ 1 from list C

Referring Provider Name: _____ Phone: (___) _____

Referring/Treating Provider Type ☐ PCP ☐ MFT/LCSW ☐ ARNP ☐ Psychiatrist ☐ Other _____
Requested service ☐ Outpatient therapy ☐ Medication management ☐ Assessment for Specialty Mental Health Services

Pertinent Current/Past Information (**Please specify current functional impairments in a core area of life due to the condition(s) checked) :

Current symptoms and functional impairments: _____

Brief Patient history: _____

Name and Title*(Print:)_____ Signature: _____ Date:____
*Licensed LPHA, MD, DO, NP, CNS, PA

For Receiving Clinician Use ONLY
Assigned Case Manager/MD/Therapist Name: _____ Phone: (___) _____
Date communicated assessment outcome with referral source: _____
FINAL Alameda County Behavioral Health Care Services   March 2015

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 cmc_aah@beaconhs.com

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 diagnostic and medication clarification or other clinical decision supports.
**Include medication list and last 2 PCP Progress Notes for Psychiatrist review prior to 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 Release of Information
Fax: _____ OR email: _____

Request Reason (check all that apply):
☐ Depression   ☐ Anxiety   ☐ Other BH Diagnosis: _____
☐ Isolation   ☐ Delusional   ☐ Audio/Visual hallucinations
☐ Trauma   ☐ Cognitive Impaired ☐ 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 _____

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) 856-0577** 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 **855-834-5654** 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

<u>Option 1</u>: 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.

<u>Option 2</u>: PCP calls Beacon Member Services at **(855) 856-0577** 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**. Examples include:

1) Link members to a mental health provider

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

3) Engage members with history of non-compliance and/or link 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 **(877) 768-2306**.

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	Reasons for Neuropsychological 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.	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	Diagnostic references	Screening tools	Prescribing references	Beacon access
Reference: Fact sheets	Reference: APA guidelines	Reference: PHQ-2/9	Reference: Prescription dosing range and side effects	Toll free number or web-based access to Beacon psychiatrists for diagnostic, prescription, or crisis support
Reference: Self-management strategies	Reference: DSM diagnostic criteria	Reference: GAD-7	Reference: Treatment algorithms	

The Toolkit is Accessible Directly From Beacon's homepage
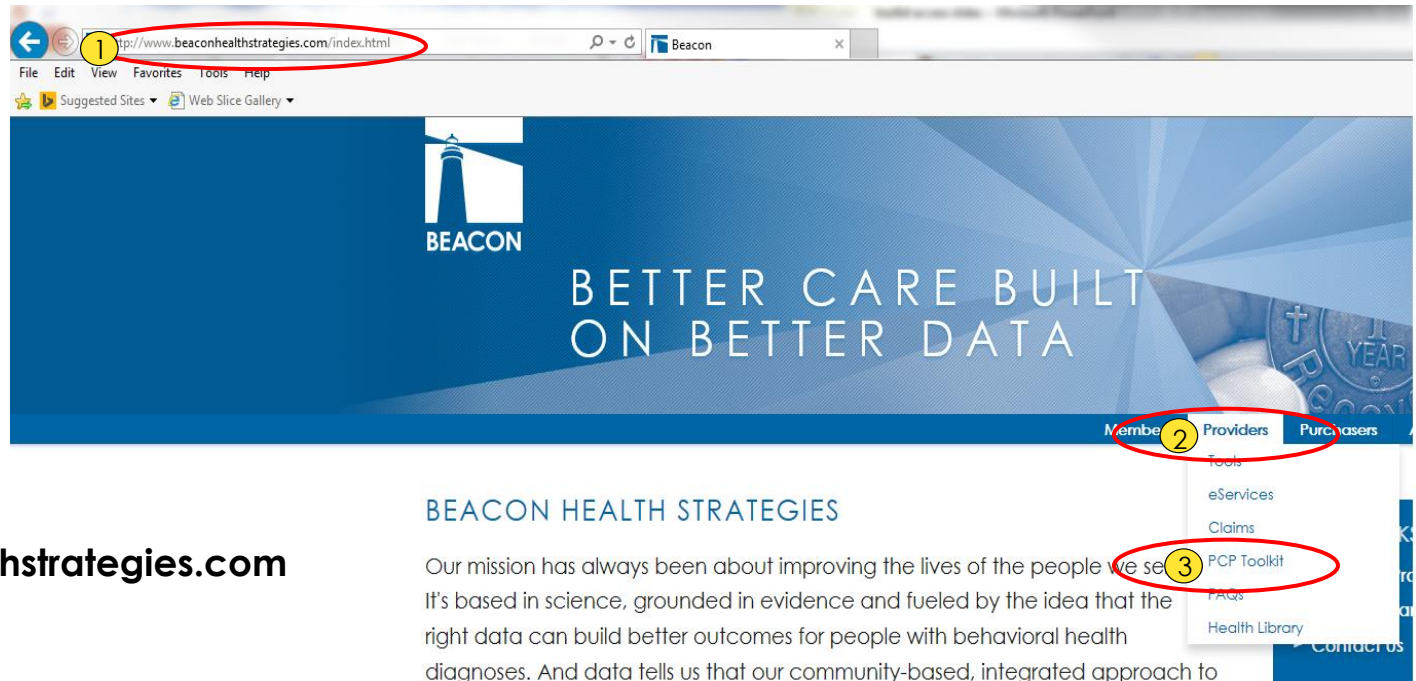
1 **Go to beaconhealthstrategies.com**

2 **Hover over the Provider tab**

3 **Click on PCP toolkit**

Each BH Condition Tab Includes Resources for PCPs and Members

PCP Overview

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 PCP's 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) 856-0577

1. **Press 2** to bypass phone tree
2. Tell customer service representative you are with a PCP office and specify request