



# Mental Health Benefit Overview

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## Agenda

- Introductions
- Review of the Medi-Cal managed care mental health benefits
- Beacon's Role in managing new benefit
- How members will access the benefit
- How providers can access the benefit
- Beacon Screening Tool
- Resources & Toolkits
- FAQs
- Contact Information



# About Us



**Mission:**

*To help our members, and the communities we serve, be healthy.*

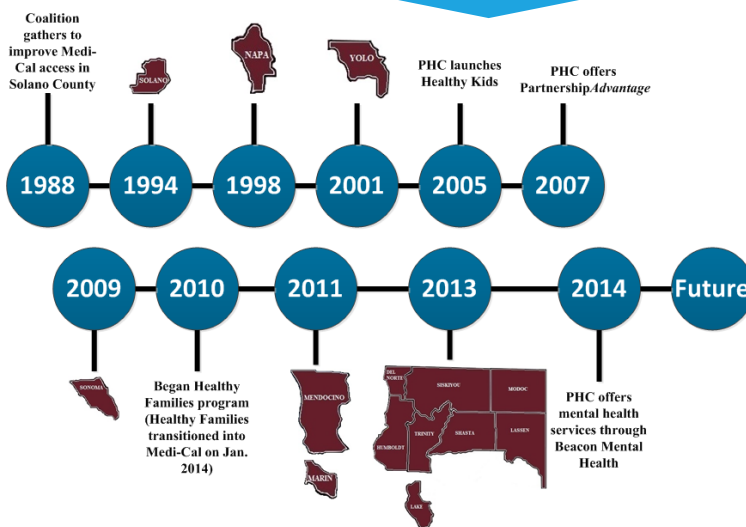
**Vision:**

*To be the most highly regarded managed care plan in California.*

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# Our History



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## Review: Medi-Cal Managed Care Mental Health Benefits

- **Jan 1, 2014:** DHCS APL 13-021 Managed Care Plans (MCPs) responsible for the delivery of certain outpatient mental health service to all members; Mild to Moderate
- County Mental Health Plan (MHP) responsible for moderate to severe SPMI (Severe-Persistent Mental Illness)
- Drug Medi-Cal: County Alcohol and Other Drug Program (AOD) continued responsible for those services

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## Review: PHC Mental Health Benefits

### Per DHCS:

- Mild to Moderate impairment of mental, emotional, or behavioral functioning
- Mental health disorder as defined by the current DSM
- Encompasses services both within and outside of PCP's scope of practice; provide by network mental health professional if outside of PCP scope
- Referral and coordination with county Mental Health Plans (MHPs) for specialty mental health services

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## Review: PHC Mental Health Benefits (continued)

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing, when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, drugs, supplies and supplements (excluding non-capitated psychiatric drugs\*)
- Psychiatric consultation
- The number of visits for mental health services is not limited as long as the member meets medically necessity criteria

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## Review: Specialty Mental Health Services (County)

- Moderate to Severe / Persistent
- Rehabilitative Services: medication support, day treatment intensive, day rehabilitation
- Crisis Intervention / Stabilization
- Adult residential treatment services
- Psychiatric health Facility Services
- Psychiatric Inpatient hospital services
- Targeted Case Management
- Psychiatrist Services
- Psychological Services

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## Review: Drug Med-Cal County Alcohol and Other Drugs (AOD)

- PCPs should conduct screening and brief intervention for alcohol misuse (SBIRT)
- Members who upon screening and further evaluation, are found to meet criteria for alcohol use disorder as defined by the DSM, or those whose diagnosis are uncertain, should be referred for further evaluation and treatment.
- Process to access substance abuse services varies by each county; consult PHC website

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## PHC Policies

### *MCUP3028 Mental Health Services*

<http://www.partnershiphp.org/Providers/Policies/Pages/UtilizationManagement.aspx>

### *MPCP2017 Scope of Primary Care – Behavioral Health & Indications for Referrals*

<http://www.partnershiphp.org/Providers/Policies/Pages/CareCoordination.aspx>

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# Review: PHC Mental Health Benefits

<b>Medi-Cal Managed Care Plan (MCP) for mild to moderate</b>	<b>County Mental Health Plan (MHP) for Severe-Persistent Mental Illness</b>	<b>Drug Medi-Cal: County Alcohol and Other Drug Programs (AOD)</b>
<b>MCP services beginning 1/1/14</b> <ul style="list-style-type: none"> <li>✓ MH services (evaluations, psychotherapy and collateral)</li> <li>✓ Coordination of care (no CM)</li> <li>✓ Psychiatric consultation for medication management</li> <li>✓ Psych testing when clinically indicated to evaluate MH condition</li> <li>✓ Outpatient laboratory</li> <li>✓ Medications (anti-psychotic drugs are covered by Medi-Cal FFS)</li> <li>✓ Screening and Brief Intervention (SBIRT) – in Primary Care Office</li> </ul>	<b>Specialty MH Services before and now</b> <ul style="list-style-type: none"> <li>✓ MH services (assessments, therapy, rehabilitation and collateral)</li> <li>✓ Targeted case management</li> <li>✓ CMH psychiatrists</li> <li>✓ Crisis intervention and stabilization</li> <li>✓ Therapeutic behavior services</li> </ul> <b>Residential Services</b> <ul style="list-style-type: none"> <li>✓ Adult residential Tx services</li> </ul> <b>Inpatient Services</b> <ul style="list-style-type: none"> <li>✓ Psychiatric hospital &amp; pro fees</li> <li>✓ Crisis residential Tx services</li> </ul> <b>Fee-for-Service Psychiatrists</b> <ul style="list-style-type: none"> <li>✓ Typically moderate severity</li> <li>✓ Lower level of care for engaged members in the Recovery Model</li> </ul>	<b>Drug Medi-Cal Providers</b> <ul style="list-style-type: none"> <li>✓ Outpatient</li> <li>✓ Intensive outpatient</li> <li>✓ Narcotic treatment program</li> <li>✓ Direct or access line possible</li> <li>✓ Inpatient detoxification services</li> </ul> <b>County AOD Providers</b> <ul style="list-style-type: none"> <li>✓ Residential</li> <li>✓ Residential drug-free detox</li> <li>✓ Outpatient</li> <li>✓ Intensive outpatient</li> <li>✓ OC LINKS access line</li> </ul>
<b>NO Excluded Diagnoses</b> <ul style="list-style-type: none"> <li>✓ Dementias – Psychiatric consultation</li> <li>✓ Mental Retardation – Coordinate with Regional Center</li> <li>✓ Autism – (including new ABA as of 9/15)</li> </ul> <b>Mild to Moderate mental illness</b> <ul style="list-style-type: none"> <li>✓ Helping members</li> <li>✓ Reducing medical utilization (IC)</li> </ul>	<b>Excluded Diagnoses</b> <ul style="list-style-type: none"> <li>✓ Dementias</li> <li>✓ Mental Retardation (<i>Intellectual Disability Disorder – DSM 5</i>)</li> <li>✓ Autism</li> </ul> <b>Mild to Moderate mental illness</b> <ul style="list-style-type: none"> <li>✓ Often not sufficient impairment to receive services</li> </ul>	<b>SBIRT</b> <ul style="list-style-type: none"> <li>✓ Referral for treatment is a skill</li> <li>✓ Treatment portion of SBIRT by AOD</li> </ul>

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# Beacon's Role

<b>Medi-Cal Managed Care Plan</b> <ol style="list-style-type: none"> <li>1. Maternity and newborn care</li> <li>2. Pediatric services, including oral and vision care</li> <li>3. Ambulatory patient services</li> <li>4. Prescription drugs (carved in)</li> <li>5. Laboratory services</li> <li>6. Preventive and wellness services and chronic disease management</li> </ol>	<b>County Operated Mental Health Plan</b> <table border="1"> <tr> <td data-bbox="671 1217 799 1499"> <b>7. Mental Health Services</b> <ul style="list-style-type: none"> <li><b>Mild to Moderate Impairment</b> <ul style="list-style-type: none"> <li>-Medication management</li> <li>-Individual and group therapy</li> <li>-Psychological testing</li> </ul> </li> <li><b>Significant impairment</b> <ul style="list-style-type: none"> <li>-Medication management</li> <li>-Assessment and treatment planning</li> <li>-Individual and group therapy</li> </ul> </li> </ul> </td> <td data-bbox="799 1217 928 1499"> <b>8. Rehabilitative and habilitative services (for mental health services)</b> <ul style="list-style-type: none"> <li>-Targeted case management</li> <li>-Adult residential treatment services</li> <li>-Full service partnerships</li> </ul> </td> <td data-bbox="928 1217 1042 1499"> <b>9. Emergency mental health services</b> <ul style="list-style-type: none"> <li>-Crisis intervention</li> <li>-Crisis stabilization</li> <li>-Adult crisis residential services</li> </ul> </td> <td data-bbox="1042 1217 1113 1499"> <b>10. Inpatient Services</b> <ul style="list-style-type: none"> <li>-Acute Psychiatric Hospital Services</li> <li>-Inpatient Professional Services</li> <li>-IMD Psychiatric Services</li> </ul> </td> </tr> </table>	<b>7. Mental Health Services</b> <ul style="list-style-type: none"> <li><b>Mild to Moderate Impairment</b> <ul style="list-style-type: none"> <li>-Medication management</li> <li>-Individual and group therapy</li> <li>-Psychological testing</li> </ul> </li> <li><b>Significant impairment</b> <ul style="list-style-type: none"> <li>-Medication management</li> <li>-Assessment and treatment planning</li> <li>-Individual and group therapy</li> </ul> </li> </ul>	<b>8. Rehabilitative and habilitative services (for mental health services)</b> <ul style="list-style-type: none"> <li>-Targeted case management</li> <li>-Adult residential treatment services</li> <li>-Full service partnerships</li> </ul>	<b>9. Emergency mental health services</b> <ul style="list-style-type: none"> <li>-Crisis intervention</li> <li>-Crisis stabilization</li> <li>-Adult crisis residential services</li> </ul>	<b>10. Inpatient Services</b> <ul style="list-style-type: none"> <li>-Acute Psychiatric Hospital Services</li> <li>-Inpatient Professional Services</li> <li>-IMD Psychiatric Services</li> </ul>
<b>7. Mental Health Services</b> <ul style="list-style-type: none"> <li><b>Mild to Moderate Impairment</b> <ul style="list-style-type: none"> <li>-Medication management</li> <li>-Individual and group therapy</li> <li>-Psychological testing</li> </ul> </li> <li><b>Significant impairment</b> <ul style="list-style-type: none"> <li>-Medication management</li> <li>-Assessment and treatment planning</li> <li>-Individual and group therapy</li> </ul> </li> </ul>	<b>8. Rehabilitative and habilitative services (for mental health services)</b> <ul style="list-style-type: none"> <li>-Targeted case management</li> <li>-Adult residential treatment services</li> <li>-Full service partnerships</li> </ul>	<b>9. Emergency mental health services</b> <ul style="list-style-type: none"> <li>-Crisis intervention</li> <li>-Crisis stabilization</li> <li>-Adult crisis residential services</li> </ul>	<b>10. Inpatient Services</b> <ul style="list-style-type: none"> <li>-Acute Psychiatric Hospital Services</li> <li>-Inpatient Professional Services</li> <li>-IMD Psychiatric Services</li> </ul>		

To receive Specialty Mental Health Services through a county MHP, a Medi-Cal beneficiary must be determined by the county to meet the following medical necessity criteria set in state regulation:

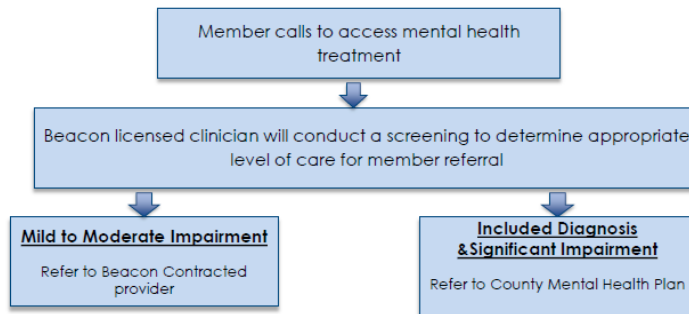
1. **Diagnosis:** Must fall within one or more of the 18 specified diagnostic ranges
2. **Impairment:** The mental disorder must result in one of the following:
  - a) Significant impairment or probability of significant deterioration in an important area of life functioning
  - b) For those under 21, 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

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## How Members Can Access the Benefit



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

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## How Providers Can Access the Benefit

- Beacon offers support to PHC Providers:
  - Telephone consult with Psychiatrist
  - Direct referrals for outpatient services
  - Referrals for Case Management

PCP referral form via fax or email:

<http://www.beaconhealthstrategies.com/private/pdfs/107/PCP%20Referral%20Form%20PHC%20Final.pdf>

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# Beacon's Screening Tool

- Screening tool developed through collaboration with Beacon, PHC and County Mental Health Plans
- Goal of screening tool is not to replace face to face assessments with either a contracted provider or County Mental Health Plan.
- Screening tool used to make initial determination for appropriate level of care

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# Beacon Screening Tools

## 3 Different Screening Tools:

- Children Behavioral Health Screening 0 – 5
- Children Behavioral Health Screening 6 – 17
- Adult Behavioral Health Screening 18+

<https://www.beaconhealthoptions.com/providers/forms-and-resources/>

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

**MEMBER INFO**

Referral Number: \_\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_  H  C

Medi-Cal # (CH): \_\_\_\_\_ Current Eligibility: \_\_\_\_\_ (Language/Cultural Requirements)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

County/Coordinator: \_\_\_\_\_ Ref: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Behavioral Health Diagnosis (I): \_\_\_\_\_

Documents Indicated:  Headshot  Consent  CHD notes  H&P  Assessment  Other \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Referring/Referral Provider Type:  PCP  MFT/CNLP  Jahn  Psychiatrist  Other \_\_\_\_\_

Requested service:  Outpatient Therapy  Medication management  Assessment for Specialty Mental Health Services

LIST A: Functional Impairment in the member's ability to function in the community	LIST B: Functional impairment in the member's ability to function in the community	LIST C: Probability of self-harm or harm to others related to mental disorder	LIST D: Substance Use Disorder
<input type="checkbox"/> Personality/Behavioral disorder	<input type="checkbox"/> Impairment from acute or chronic physical condition, hearing, with impairment	<input type="checkbox"/> Persistent suicidal ideation in last 6 months (or more)	<input type="checkbox"/> One or more of alcohol or drug abuse
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Social isolation (current or previous) that affects current functioning	<input type="checkbox"/> Clinical history (previous level of clinical activity) suggests a recent onset in the past 6 months	<input type="checkbox"/> Social Stigmatization or discrimination as primary cause
<input type="checkbox"/> Depression	<input type="checkbox"/> Physical condition (chronic medical condition)	<input type="checkbox"/> Suicidal/lethal behaviors within or in the last 6 months	
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Vocational/Community (Occupational) behavior problems with work performance	<input type="checkbox"/> Transient Age Youth with acute psychiatric episode	
<input type="checkbox"/> Personality disorder (except Antisocial Personality Disorder)	<input type="checkbox"/> Safety (Impaired) to users (disruptive behavior)	<input type="checkbox"/> Self-harm behaviors that require medical attention in last 6 months	
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Self-care (Impaired) to users (disruptive behavior)	<input type="checkbox"/> Social Aggression with acute risk of re-offending	
<input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/> In multiple self-care skills		
<input type="checkbox"/> Obsessive Compulsive Disorder (OCD)	<input type="checkbox"/> Disruptive (Impaired) to users through problems and activities (contingency)		
<input type="checkbox"/> Major Depressive Disorder	<input type="checkbox"/> Legal (Impaired) to users (disruptive behavior)		
<input type="checkbox"/> Generalized Anxiety Disorder	<input type="checkbox"/> Offenses with risk of incarceration		
<input type="checkbox"/> Panic Disorder	<input type="checkbox"/> Recurrent suicidal ideation or suicidal ideation with risk of re-offending		
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Recurrent suicidal ideation or suicidal ideation with risk of re-offending		
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> UNUSUAL Score _____		
<input type="checkbox"/> Borderline Personality Disorder			

**Referral Algorithm**

1. Referral to PCP only/Therapy only with Beacon  Discharge with note in List B or C

2. Referral to Beacon Health Options (407-431-3113)  Unstable diagnosis or diagnosis not in List A

3. Referral to County Mental Health Plan for assessment  MSB - Moderate Impairment in List B and none in List C

4. Referral to County Alcohol & Drug Program  Discharge in List A and 1 in Significant impairment in List B

5. Referral to County Alcohol & Drug Program  Discharge in List A and 1 in List C

6. Referral to County Alcohol & Drug Program  Form 60

Additional Relevant Clinical Information (medications, psychiatric/substance abuse history): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Receiving Clinician Use ONLY**

Referred Case Manager/Referral Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date communicated assessment outcome with referral source: \_\_\_\_\_

\_\_\_\_\_

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## Resources & Tools

- PHC Website:  
<http://www.partnershiphp.org/Providers/HealthServices/Pages/Mental-Health-Services.aspx>
- Beacon Provider Directory:  
<https://www.beaconhealthoptions.com/members/login/>
- PCP Toolkit & Dashboard:  
<http://pcptoolkit.beaconhealthoptions.com/>  
<https://www.beaconhealthoptions.com/providers/dashboard/>

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## FAQs

- **Can a member be served by the County for SMI and Beacon?**

No. A member must be receiving services in one system for a MH issue. Members can transition care between systems as level(s) of functioning increase or decrease. Both the Counties and Beacon will assist coordinating care between the transition.

- **Are parents included in therapy sessions with children?**

The Medi-Cal benefit does not cover family therapy. For therapy with a child, when it is clinically appropriate for the child's treatment, parents can be involved in the therapy process as long as this is targeted to improvement of the child's mental health diagnosis. The therapy session should be billed for as individual therapy for the primary patient, the child

- **Can FQHC's get reimbursed by Beacon for services provided a Licensed Marriage and Family Therapist (LMFT)?**

Yes, clinics may bill Beacon for a service rendered by a LMFT, however, the clinics at this time the clinics not able to receive a wrap-around payment from the state for services provided by LMFTs

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## FAQs

- **Can FQHCs limit their BH staff to only those members who have a medical home at the FQHC?**

Yes, an FQHC seeing members assigned to other PCPs for behavioral health services. I just want to make sure you are aware, that MCC can elect to see their current members only, or be open to seeing members assigned to other PCPs, but just for behavioral health services. No referral is needed.

- **Is Telehealth Available?**

Yes, in certain circumstances Telehealth through Beacon is available. Providers should contact Beacon directly for more information.

- **Does Beacon manage PHC's Autism Benefit? (ABA Therapy / BHT )**

No. Providers can directly refer members to one of PHC's Autism Providers for therapy without contacting Beacon and with out a PHC Referral Authorization Form (RAF). ABA / BHT providers are found in PHC's directory here: <http://www.partnershiphp.org/Providers/Medi-Cal/Pages/Provider-Directory.aspx>

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## Contact Information

### Partnership HealthPlan of California

Provider Relations: 707-863-4100  
 Care Coordination: 1-800-809-1350  
 Member Services: 1-800-863-4155  
<http://www.partnershiphp.org/Pages/PHC.aspx>

### Beacon

1-855-765-9703  
<https://www.beaconhealthoptions.com/providers/dashboard/>

### DHCS – Mental Health Services Division

916-322-7445  
[DHCSMHSDivision@dhcs.ca.gov](mailto:DHCSMHSDivision@dhcs.ca.gov)  
<http://www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx>

### DHCS – Quality Measures & Reporting

Mental Health Program Reports  
 Performance & Outcomes System for Medical Specialty MH Services for Children and Youth  
<http://www.dhcs.ca.gov/dataandstats/Pages/QualityMeasurementAndReporting.aspx>

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