

#### Behavioral Health & Mental Health

**Primary Care Provider Training** 

#### **Learning Objectives**

- Review Member Benefits
- Review PCP Screening Tools
- Authorizations, Access & Referrals
- Care Coordination
- Helpful Resources and Numbers



## General Definitions: Provider Types

## Primary Care Physician (PCP)

- Each member is assigned a PCP, who directs care for the member.
- The PCP submits referrals and coordinates care with other specialists on behalf of the member.

#### **Specialist**

- Mental Health Providers, Psychiatrists, ABA/Behavioral Health Treatment Providers, Clinical Psychologist (Psychological Testing)
- Physical Health Specialists (i.e. oncologist, endocrinologist, speech therapist).

## General Definitions-4 R's

#### Recommendation

A Provider will make a recommendation to the member on what care/service may be beneficial

#### **Request for Consultation**

- A PCP refers the member to contact a specialist. The PCP provides the specialist's number.
- The specialist completes an evaluation of member or consults with the PCP on the care of the member
- The specialist coordinates care and follows up directly with the PCP on recommendations
- No authorization is required for consultation

#### Referral

• This is a CenCal form. For the physical health side, this is labeled referral. For Behavioral Health, it is labeled RAFB within the CenCal Health Provider Portal.

#### **Requests for Authorization**

- This is a request for treatment, which is done on CenCal Health's 50-1 Medical /Treatment Authorization Form.
- This is submitted to CenCal from a specialist before starting treatment.



## PCP Mental Health Screening Tools



## PCP Mental Health Screening Tools

#### Complete annually or more frequently as recommended

- Depression Screening age 11+
  - PHQ 9
  - Edinburgh Postnatal Depression Scale
  - How to bill us:
    - G8510 for a negative screen
    - G8431 for a positive screen with a documented follow-up plan
    - 96127 for a brief emotional or behavioral assessment w/ scoring & documentation
- Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) – age 11+
  - CAGE-AID or other recommended screening tool
- Adverse Childhood Experiences (ACEs) all ages
  - PEARLS for children
  - ACEs screening for adults



- Mental Health Services
- Substance Use Benefit
   Services
- Behavioral Health
   Treatment Benefits-ABA

## **Authorization Overview**





## Mental Health Benefit

## Members <u>do not require</u> a referral or authorization from CenCal for the following:

- Outpatient Therapy (individual, family, group)
- Psychiatric Evaluations/Initial Mental Health Assessments
- Medication Management

#### Members do require an authorization for:

- Psychological Testing-this is submitted by the Psychologist
- Behavioral Health Treatment (ABA Treatment)





## Mental Health Services

Level of Impairment	Mild	Moderate	Severe
Benefit	Primary Care Physician/In- Network Provider	Primary Care Physician/In- Network Provider	Specialty Mental Health Services (SMHS)
MCP/MHP	CenCal Provider	CenCal Provider	County Provider



## Mental Health Access

PCP recommends
Psychotherapy or
Medication
Management
or
Completes the Level
of Care Screening
with Member



#### **Member Access:**

1)Schedule directly with a contracted MH Specialist



- 3) Find Provider on Directory
- 4) Refer Member to ACCESS Line



MH Specialist
completes
assessment and level
of care screening.
Starts treatment as
indicated



## Mental Health Access

#### Members may access by:

- Contacting and scheduling with a contracted provider.
- Calling the Behavioral Health Care Coordination Center for assistance to find a provider
- Searching the Provider Directory on CenCal Health Website

#### Providers may assist members by:

- Contact the County Access line directly with/for Member
- **Submit** a Behavioral Health Care Coordination Request Form (formerly CM Referral)



## Psychological Evaluation by a Psychologist

PCP Meets with the Member and refers the member to a Psychologist as a consultation (Request for Consultation)

Member will contact the Psychologist and schedules with the Psychologist informing of reason for consultation

OR the PCP office will assist to schedule for the member and inform the Psychologist of the request for consultation

The Psychologist completes an evaluation and provides findings and recommendations to the PCP

If recommended, the
Psychologist submits a
Treatment Authorization
Request (50-1) to CenCal for
psychological testing or
submits an ABA Referral for the
member.



- Mental Health Services
- Substance Use Benefit Services
- Behavioral Health
   Treatment Benefits-ABA

## **Authorization Overview**





## Substance Use Treatment

Members may be referred for Substance Use Treatment through the County Behavioral Health Access Line for:

- Withdrawal Management
- Residential
- Medication Assisted Treatment (MAT)
- Outpatient Treatment
- Case Management Services focusing on the coordination of SUD care



## Substance Use Benefit

- PCP's are responsible to provide screening, assessments, behavioral interventions and referrals to treatment for Members 11 year of age and older, including pregnant women for unhealth alcohol use, unhealthy drug use, and tobacco use.
- PCP's may also prescribe and manage medications for SUD treatment (known as medication assisted treatment (MAT) when they are provided in:
  - Primary Care offices
  - Departments
  - Hospitals
  - Other contracted medical facilities



## Substance Use Services Access

- 1. Member may be referred to contact the Behavioral Health Call Center at (877) 814-1961
  - Our Behavioral Health Department will facilitate their referral to the County Substance Use Department.
- 2. PCP can complete a Behavioral Health Care Coordination Request
- Our Behavioral Health Navigators will outreach to contact member and facilitate their referral to the County Substance Use Department.
- 3. Member may be referred to contact the county or PCP can make a referral directly to the county



## Behavioral Health Care Coordination Request Form

#### CenCal HEALTH® **Behavioral Health Care Coordination Request Form** This form is for linkage to CenCal Health Mental Health Providers or County Substance Use Treatment Services. Please fax this form to the Behavioral Health Department (805) 681-3070 or upload to https://gateway.cencalhealth.org/form/bh. Questions? Please call (805) 562-1600 If you are a community agency submitting a request, please include a signed release of information from the Member that indicates you have their permission to submit a referral for Care Coordination to CenCal Health Behavioral Health Department. **Referring Provider/Agency** Name: Email: Agency Name Member Information (cont.) Reason for Care Coordination Request: Care Coordination Request for Mental Health Services Psychotherapy Medication Management (psychiatry) County Department of Behavioral Health Substance Use Services \* (Must include Release of Information Member signs agreeing for CenCal to share information with County (Santa Barbara or SLO Substance Use Department) Brief description of Member's needs, including interventions tried:

**Resource Link: Behavioral Health Care Coordination Request Form** 



- Mental Health Services
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## **Authorization Overview**





## Behavioral Health Treatment-ABA

CenCal Health covers
Behavioral Health Treatment
(BHT) for individuals under
the age of 21 in accordance
with DHCS EPSDT guidelines.

Behavioral Health Treatment services may include but is not limited to Applied Behavior Analysis (ABA), behavioral interventions and parent training.



## Behavioral Health Treatment (ABA)

#### A member may qualify for Behavioral Health Treatment Services if all of the following criteria are met:

- The member is under 21 years of age
- The member has CenCal as insurance.
  - o If CenCal is secondary, please submit with a denial letter from primary insurance.
- The member is presenting with a pattern of developmentally inappropriate behaviors that is significantly affecting their ability to function in the community and at home.
  - Please note CenCal covered BHT services do not address behaviors affecting the member's functioning in the primary academic educational setting as outlined in an Individualized Education Plan (IEP)



## Behavioral Health Treatment (ABA)

- The behaviors are not a result of an untreated medical condition, sensory
  impairment or mental health disorder that can be treated with another modality
  (i.e. speech therapy, physical therapy, occupational therapy, counseling services or
  medication) or the behaviors can be further treated or ameliorated by the provision
  of BHT in addition to existing treatment modalities
- The member is medically stable
- The member is not in need of a 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities
- BHT services are medically necessary and are recommended by a licensed physician, surgeon or clinical psychologist



## Behavioral Health Treatment (ABA) Referral Process

#### Primary Care Providers can refer a member to ABA by:

- 1. Complete an ABA Referral Form
- 2. If unable to complete an ABA Referral form, refer member for a psychological evaluation with a contracted psychologist to determine member's needs.



#### **ABA Referral Form**



This form is designed to meet the Department of Health Care Services (DHCS) requirement for a medical necessity recommendation for behavioral health treatment (BHT) or applied behavioral analysis (ABA) services. A physician or licensed psychologist should complete this form.

Please submit this completed form via secure link at https://gateway.cencalhealth.org/form/bh or by fax at (805) 681-3070.

#### ALL SECTIONS MUST BE COMPLETE FOR SUBMISSION AND TO BE ACCEPTED

MEMBER INFORMATION				
Full Name:				
D.O.B:	Age:	F	Phone Number:	
Member ID:		F	Preferred Language:	
Diagnosis or Provisional Diagn	osis:			
EVALUATING PROVIDER IN	IFORMATION *Only a I	Physician, Surgeon o	r Clinical Psychologist	t May Refer a Member for ABA
Provider Name:				
License Type: O Primary Care	Physician 🔿 Psychiatri	st O Psychologist	O Other (M.D./D.O.	.)
Street Address:				
City:	9	State:		Zlp:
Office Phone Number:		Offic	ce Fax Number:	
) is Member medically stable?	○YES ○ NO			
BH Provider Line at (80 1) Are the current behavlors be TBI, ADHD, Trauma, Depressi	5) 562–1600 before tter attributed to an und on, Parent Child Conflicts r 24 hour medical/nursir	e sending. derlying medical issue ? • YES • NO ng monitoring or proce	or mental health issu	e questions, please contact e such as diabetes-uncontrolled, nospital or intermediate care facility
is ABA treatment assessment re Has family/caregiver chosen a	_	_		
Provider Name:	on management	.5 0 110	NPI:	
If no, refer to BH Call Center at	(877) 814-1861 or cenca	lhealth.org to Identif	y a preferred provide	r before sending
Provider Signature:			Date	0:
This recommendation is good for 6 ma				



Effective 8/15/22 this form will be available online Provider>Behavioral Health website page & Downloadable via the Provider Portal

https://www.cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/



# Care Coordination Responsibilities



# Care Coordination: Local Educational Agency Services



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- Health and mental health evaluation
- Health and nutritional assessment and education
- Developmental assessment
- Vision assessment
- Hearing assessment
- Education and psychosocial assessment
- Psychological and

- counseling services
- Nursing services
- School aid health services
- Specialized medical transportation services and the associated mileage
- Therapy Services (OT, ST, ABA, Behavioral Therapy, Mental Health) Identification

# Care Coordination: Local Education Agency (LEA) and Referrals of Members for BHT



- CenCal Health, LEA Practitioner or the Member's Primary Care Practitioner shall identify a Member eligible for LEA Services.
- Upon appropriate identification of a Member eligible for LEA services, CenCal Health, or the Member's PCP shall refer the Member to their LEA.
- A Member's PCP shall collaborate with CenCal Health and the LEA to coordinate the provision of Medically Necessary services identified on the Member's Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP).
- A PCP should notate other services a Member is receiving or has been referred to on all referrals for BHT-ABA services.



## Helpful Resources

https://www.cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/primary-care-provider-screening-tools-and-resources/



#### CenCal Contact Numbers:

#### **CenCal Health Behavioral Health Department**

1(877) 814-1861-Member access

(805) 562-1600 Provider line

Fax number: (805)681-3070

#### Santa Barbara County Department of Behavioral Wellness

Access Line (24/7) (888) 868-1649

Psychiatry Consultation Services: 1-805 681-5103

#### San Luis Obispo Department of Behavioral Health

Access Line (24/7) (800) 838-1381

Psychiatry Consultation Services: (805) 781-4719





