

Cal AlM: Mental Health Screening Process

Agenda

- Where Beacon works in California
- 2 Mild/Mod Screening Process
- 3 Step ups & Step downs
- 4 Questions & Discussion

Presenters

Kristen Slater, LCSW AVP Clinical Programs

Sarah Arnquist, MPH VP Client Partnerships



Beacon works with Medi-Cal in 26 California Counties

- Beacon contracts with 8 Medi-Cal plans to manage mild/mod MH services in 25 counties.
- Services include screening & referral process, network contracting & credentialing, utilization management, quality management & claims payment.
- Orange County contracts with Beacon for its MH & SUD access screening and referral line and outpatient provider network.
- Beacon clinicians in California overseeing our Medi-Cal services have experience working at a county and are knowledgeable about Title IX specialty MH criteria.





Medi-Cal Screening & Referrals, 2016 - 2019



Beacon conducts ~40,000 screenings per year.

Goal is to make the process simple to connect people to the right source of care as quickly as possible.



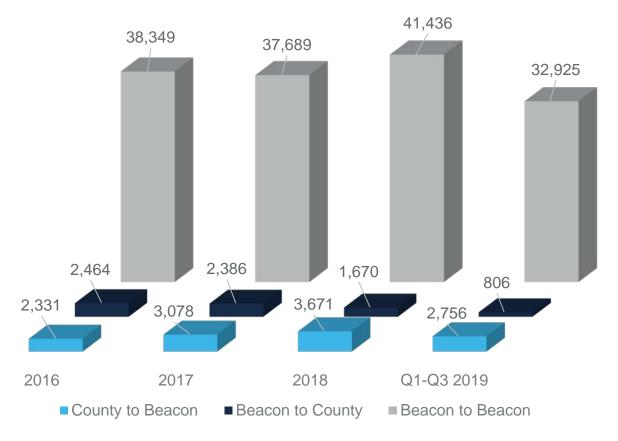
Different tools depending on the county: ~ 8 adult & 10 child screening tools

Uncomplicated screenings take ~12 minutes; complex screenings that require county referrals take ~30 min and follow up.



Start with assumption individual is mild/ moderate and work backward to look for significant issues.





Most people coming into our call center are referred to mild/moderate provider in Beacon network.

2016	2017	2018	2019
94%	94%	96%	98%

Beacon call center screening workflow

Member calls Beacon

Verify eligibility, demographics, etc.

→ Crisis Calls: Immediate transfer to clinician for triage and linkage

LOC
Screening

NO. does not meet SMHS

YES, meets SMHS criteria: Refer to COUNTY services. Beacon follows defined process for each county.

NO, does not meet SMHS criteria: Refer to in-network providers. No authorization required.

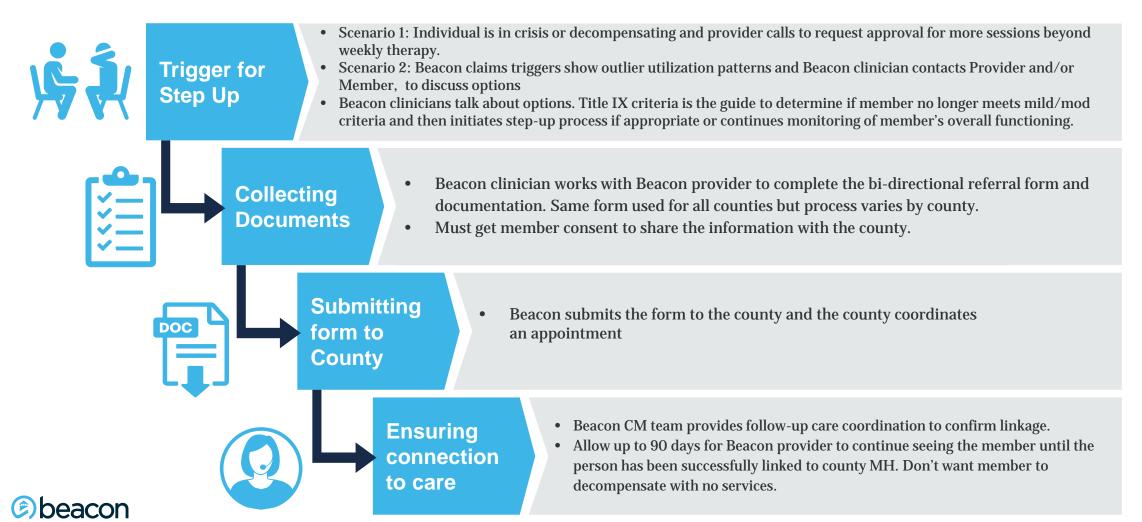
4

If no claims received within 45 days, outreach to member to confirm treatment and if additional linkage support is needed



Claims reporting identifies cases falling outside of typical mild/mod outpatient utilization to indicate a member might meet county criteria. These are reviewed by a clinician and may indicate a step-up is needed.

County Step-Up Process



County Step-Down Process

	2018	2019
Step Downs	527	484
Step Ups	115	84

- County clinician works to complete the bi-directional referral form and documentation. Same as the step up form.
- Must get member consent to share the information with Beacon.

1. Collecting Documents



• County submits the form to the Beacon. Beacon clinician reviews for completeness and seeks more info, if needed.

2. County
Submits
form to
Beacon



- Beacon team schedules an appointment with a Beacon provider.
- Beacon's care management team follows up with member to offer care coordination and ensure member attends appointment

3. Ensuring connection to care





Beacon providers are not required to use a specific assessment tool; they must follow documentation requirements based on NCQA standards.

Audit tool used to review provider charts includes ~ 70 questions, including some on screenings/assessments.

- Is the reason for admission/ beginning of treatment documented?
- Is there documentation of mandated assessment under 21 when applicable (ie CANS under 18)?
- Adequate risk assessment completed?

- Screening for alcohol & other substance use?
- Screening for depression with PHQ-9?
- Measurement-based care is evident?
- Is there evidence of a scale to measure changes in function and/or improvements?

Beacon Medi-Cal network:

- ✓ 2,029 solo practitioners
- √ 476 groups
- ✓ 330 FQHCs



Thank You

Contact Us



www.beaconhealthoptions.com

■ Sarah.arnquist@beaconhealthoptions.com