

Cal AIM: Mental Health Screening Process

December 2019

Agenda

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

Presenters

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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.



beacon

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.

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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



by a clinician and may indicate a step-up is needed.

5

County Step-Up Process



County Step-Down Process

| 2019 | 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. | |
|-----------|--|--|
| 484 84 | • County submits the form to the Beacon. Beacon clinician reviews for completeness and seeks more info, if needed. | |
| | 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 | |



Step Downs 527

Step Ups

2018

115

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



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