



Carelon Behavioral Health Primary Care Provider Training

Referral and Resource Guide
November 2024

Agenda

1. Review Medi-Cal Managed Care Mental Health Benefits for Non-Specialty Mental Health Services (NSMHS)
2. Screening and Transition of Care Tools
3. Referring Members to Carelon Network for Therapy or Medication Management
4. Requesting Primary Care Provider (PCP) Decision Support from a Carelon Psychiatrist
5. Requesting Behavioral Health Care Coordination/Case Management Support for Members
6. Requesting Applied Behavioral Analysis (ABA)/BHT Services and Testing (varies per client)
7. Carelon's Online PCP Toolkit
8. Summary + Contact Information for Referrals



Non-Specialty Mental Health Services



Services that Carelon Behavioral Health Offers

Functional Area	Services
Outpatient Therapy	<ul style="list-style-type: none">• Individual, group, and family psychotherapy
Psychiatry/Med Management	<ul style="list-style-type: none">• Psychiatric Consultations and Medication Management
Testing	<ul style="list-style-type: none">• Psychological and neuropsychological testing to evaluate a mental health condition
ABA/BHT (varies per client)	<ul style="list-style-type: none">• Applied Behavioral Analysis/BHT Services and Testing for members under the age of 21
Care Coordination/Case Management	<ul style="list-style-type: none">• For members with complex co-morbidities, ensuring coordination between physical and behavioral health care
PCP Support	<ul style="list-style-type: none">• Psych Consults supported by Carelon psychiatrist
County Coordination	<ul style="list-style-type: none">• Support referrals and linkages with counties



Screening & Transition of Care



Screening and Transition of Care Tools

Statewide implementation of the **Screening and Transition of Care tools for Medi-Cal Mental Health Services** became effective January 1, 2023. DHCS developed standardized Adult and Youth Screening Tools to determine the most appropriate Medi-Cal mental health delivery system referral.

The Adult Screening Tool for Medi-Cal Mental Health Services is required for use when an individual age 21 or older, who is not currently receiving mental health services, contacts the Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services.

The Youth Screening Tool for Medi-Cal Mental Health Services is required for use when an individual under age 21, or a person on behalf of an individual under age 21, who is not currently receiving mental health services, contacts their Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services.

State of California – Health and Human Services AgencyDepartment of Health Care Services

Youth Screening Tool for Medi-Cal Mental Health Services
Youth Respondent

Name:	Date of Birth:
Age:	<i>NOTE: If age 21 or older, switch to the "Adult Screening Tool for Medi-Cal Mental Health Services."</i>
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</i>	
2. Are you calling about yourself or about someone else?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
• If calling about someone else, who are you calling about and what is your relationship to them?	
<i>NOTE: If someone else, please switch to the "Respondent on Behalf of Youth" version of the tool.</i>	
3. Can you tell me the reason you are seeking mental health services today?	
Services: Address: Best Call Back: Primary language: Caregiver name (if applicable):	
4. Are you currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, where are you receiving those services?	
<i>NOTE: If the individual is currently receiving mental health services from their MCP or MHP, do not finish the screening. Instead, connect them with their current provider for further assessment.</i>	
5. When was the last time you saw your pediatrician or primary care doctor?	
<i>NOTE: If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.</i>	



Screening and Transition of Care Tools (cont.)

The Transition of Care Tool for Medi-Cal Mental Health Services (hereafter referred to as the Transition of Care Tool) leverages existing clinical information to document an individual’s mental health needs and facilitate a referral to the individual’s Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) as needed. The Transition of Care Tool is to be used when an individual who is receiving mental health services from one delivery system experiences a change in their service needs and,

- 1) their existing services need to be transitioned to the other delivery system or
- 2) services need to be added to their existing mental health treatment from the other delivery system.



State of California – Health and Human Services AgencyDepartment of Health Care Services

Transition of Care Tool for Medi-Cal Mental Health Services

REFERRING PLAN INFORMATION		
<input type="checkbox"/> County Mental Health Plan <input type="checkbox"/> Managed Care Plan		
Submitting Plan:		
Plan Contact Name:	Title:	
Phone:	Email:	
Address:		
City:	State:	Zip:
BENEFICIARY INFORMATION		
Beneficiary's Name:		Date of Birth:
Beneficiary's Preferred Name:		
<input type="checkbox"/> Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>	
	Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/>	
Address:		
City:	State:	Zip:
Phone:	Email:	
Caregiver/Guardian:	Phone:	
Medi-Cal Number (CIN)/SSN:		

Review: Non-Specialty Mental Health Services vs. Specialty Mental Health Services

Medi-Cal Managed Care Plan Provided Non-Specialty Mental Health Services (NSMHS)		County Funded & Provided Specialty Mental Health Services (SMHS)		County-funded Substance Use Disorder Services
<ul style="list-style-type: none">✓ 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	<p>Mental health services for <u>Mild to Moderate</u> Impairments</p> <ul style="list-style-type: none">✓ Medication management✓ Individual and group therapy✓ Psychological testing✓ Behavioral health treatment for ASD	<ul style="list-style-type: none">✓ Medication management✓ Assessment and treatment planning✓ Individual and group therapy✓ Crisis intervention✓ Crisis stabilization✓ Adult crisis residential services	<ul style="list-style-type: none">✓ Targeted case management✓ Adult residential treatment services✓ Full service partnerships✓ Acute Psychiatric Hospital Services✓ Inpatient Professional Services✓ IMD Psychiatric Services	<ul style="list-style-type: none">✓ 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)

All members are screened to determine severity of symptoms based on the algorithm of the standardized screening tool.

- If Member is experiencing **Non-Specialty Mental Health** symptoms or functional impairments, Member is referred to a **Carelon** Contracted Provider
- If Member meets the **Specialty Mental Health** symptoms and impairments, Member is referred to the MHP County Mental Health.



Referring Members to Carelon



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 Carelon website at:
<https://www.carelonbehavioralhealth.com/providers/forms-and-guides/ca>



 **Carelon Behavioral Health**

Carelon Behavioral Health / Primary Care Provider (PCP) Referral Form

Referral Date: _____ Member Name: _____ Medi-Cal CIN ID#: _____
DOB: _____ Parent/Guardian Name: _____ Preferred Language: _____
Phone: _____ (home); _____ (parent/guardian's cell); _____ (member's cell)
Member address: _____
Does the minor 12 and older have capacity to give consent to services? ☐ Yes ☐ No If no, please explain: _____
Best day/time to reach the member: _____ Best day and time to reach the parent/guardian: _____
PCP Clinic/Agency: _____ Name of PCP: _____ PCP Phone #: _____

To receive a confirmation of this referral's outcome, please check the box below noting preferred method and contact details:
☐ Email address: _____ ☐ Fax Number: _____

☐ Please check to confirm member eligibility was verified

PCP Request (one request per referral form)

PCP Decision Support: To obtain a mental health educational conversation with a Carelon Behavioral Health psychiatrist related to psychiatric diagnoses/medications. Contact the National Peer Advisor line: **Office Hours:** 8am-5pm PST Monday – Friday
Please call phone number: 877-241-5575

☐ **Referral for Outpatient Behavioral Health Services:** Refer members for therapy or medication management via Carelon Behavioral Health's network of providers when their needs are outside the PCP scope of practice. Carelon Behavioral Health can coordinate member care with county mental health. Fax: **877.321.1787** OR secure email: Medi-Cal.Referral@carelon.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) or for whom BHT/ABA services are medically necessary. **Include documentation or progress note with physician order requesting ABA services.
Fax: **877.321.1776** OR secure email ASGCase.Managers@carelon.com

Request Reason (check all that apply):

Symptoms:

<input type="checkbox"/> Depression	<input type="checkbox"/> Perinatal depression/anxiety	<input type="checkbox"/> PTSD/Trauma
<input type="checkbox"/> Poor self-care due to mental health	<input type="checkbox"/> Violence/Aggressive behavior	<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Psychosis (auditory/visual hallucinations, delusions)	<input type="checkbox"/> Psychological testing	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Adverse Childhood experiences (ACEs)	<input type="checkbox"/> Neuropsychological testing	
<input type="checkbox"/> Substance use, please specify: _____		
<input type="checkbox"/> Other BH symptoms: _____		

Impairments:

<input type="checkbox"/> Difficulties/Unable to complete ADLs	<input type="checkbox"/> Difficulties maintaining relationships	<input type="checkbox"/> Legal	<input type="checkbox"/> CPS
<input type="checkbox"/> Difficulties/Unable to go to work/school <input type="checkbox"/> Other: _____			

Medications (list below or send medication list with this form, please include dosage):

Motivation for Services (check all that apply)

<input type="checkbox"/> Member (or guardian) has been informed of referral to Carelon Behavioral Health
<input type="checkbox"/> Member wants services for self (or dependent)
<input type="checkbox"/> Member is unsure or ambivalent about services for self (or dependent)
<input type="checkbox"/> If applicable, Member has completed a PHQ-2/PHQ-9, Score _____

For members 12 and older, in certain situations under privacy law AB1184 a written ROI may be required to share sensitive information with anyone including parents and guardians. If possible, please send this referral form along with a completed release of information for anyone who may be involved in the member's care.

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 ABA/BHT (if delegated)
3. Provide basic background info on the members.
**Medications and suspected diagnosis are important to streamline decision support with psychiatrist.

Referring Members to Carelon'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 866-321-1787 or send via secure email to: medi-cal.referral@carelon.com

OR

2. Call, or have the member call, Carelon 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, Carelon requires written consent to share information about a member's mental health utilization and to close the loop after a referral is completed.

Carelon's Internal Steps:

- Carelon will contact the member to connect them to services at the appropriate level of care.
- Carelon will contact the source of the referral to confirm completion of referral process.



Requesting Decision Support



Requesting PCP Decision Support from a Carelon Psychiatrist

PCP Decision Support is a telephone call between a Carelon Psychiatrist and a member's PCP to assist PCPs with psychiatric diagnosis/medications.

- Carelon has psychiatrists available Monday-Friday from 6am-5pm (PST).
- PCP's can contact Carelon's National Peer Advisor line directly: phone number 877-241-5575.
- PCP Referral form also includes the National Peer Advisor phone number and office hours (PCP Referral form is not needed to request a consultation).
- Information is general educational consultation only and is not intended to constitute practice of medicine.



Care Coordination / Care Management



Carelon Care Management Program

Care Management (CM) Program is available to help members with behavioral health care needs obtain the right services, skills and supports to achieve optimal health and life functioning in the community.

Program Goals:

- Improve access to mental health and substance use services. Carelon's primary responsibility is ensuring access to mental health services
- Promote member engagement
- Increase care collaboration
- Coordinate access to the most appropriate level of care
- Improve overall member health outcomes



Considerations for Referral to our Care Management Team

- Members who have multiple diagnoses with chronic physical ailments and unmet mental health needs resulting in preventable declines in health status
- At-risk for Escalating to Specialty Mental Health Services
- Perinatal Depression: Women at risk for or exhibiting symptoms of maternal mental health needs
- Members who are non-compliant with recommended mental health treatment, including pharmacy
- Requires assistance in obtaining and coordinating behavioral health treatment and community resources or services
- Members who may need assistance with county transitions – either needing a higher level of care or currently at county level who are now eligible to step down to non-specialty mental health level of care



Requesting Behavioral Health Care Coordination for Members

Carelon provides *local behavioral health care coordination services* from clinical staff who are local to the health plan. Examples include:

- 1) Linking members to a mental health provider
- 2) Supporting members transitioning between levels of care (e.g. Carelon to County or vice versa)
- 3) Engaging members with history of non-compliance and/or linking them to community support services (food, shelter, transportation).

PCP's Referral Option:

Complete the PCP Referral Form indicating member's openness to receiving support and any requested specific interventions and fax it to **855-321-1787** or email **MediCal_Health Plan Name@carelon.com**

Carelon's Internal Steps:

1. Carelon Care Manager will triage and attempt to connect with the member within 2 business days of referral date.
2. Carelon Care Manager will keep the PCP/referral source informed of the case and provide updates as needed per member consent to release information.

ABA/BHT Services



Carelon ABA/BHT

Applied Behavioral Analysis (ABA)/ Behavioral Health Therapy (BHT) is treatment modality for children and youth.

Eligibility Criteria:

- Requires prior authorization
- Member must be under 21 years of age
- A licensed MD or psychologist can prescribe ABA for any diagnosis
- Be medically stable
- The member must be without need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities
- **Note: CDE does not require PCP recommendation or authorization for In-Network providers.*



ABA/BHT Referral

ABA Services Team

Carelon has a dedicated Outreach Care Specialists team who can assist parents/guardians with:

- Appointment assistance with BHT/ABA service providers including CDE and ABA treatment

Referral Options:

1. For members under age 21: Fax completed PCP Referral Form/DEF form, *signed* by a MD/Psychologist. Submission of recommendation to:
 1. Preferred method **email:**
ASGCase.Managers@carelon.com
 2. Or Fax at 877-321-1776
2. Call Carelon Service Center during our business hours (M-F 8:30 am- 5 pm PST). **Press 2** to bypass the phone tree. Say, **“I am calling from _____ and requesting a referral for BHT/ABA services for my patient.”**

Carelon’s Next Steps:

1. Outreach Care Specialist contacts member/family/guardian to determine what services are requested and if appointment assistance is needed.
2. Carelon “matches” the member with an available CDE/ABA provider appointment



Psychological & Neuropsychological Testing



Psychological & Neuropsychological Testing

- Psych & neuropsych testing does not require prior authorization. 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 when clinically indicated to evaluate a mental health condition.
- Upon receipt of the referral, Carelon will contact the member and assist them in securing an appointment or referral to complete a comprehensive clinical evaluation. Carelon will notify the referral source to confirm outcome.

Reasons for Psychological Testing	Reasons for Neuropsychological Testing
The member can be 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.	The member usually <u>is not</u> 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.



Carelon's Online PCP Toolkit



Carelon's Online Toolkit to Support Primary Care Practices

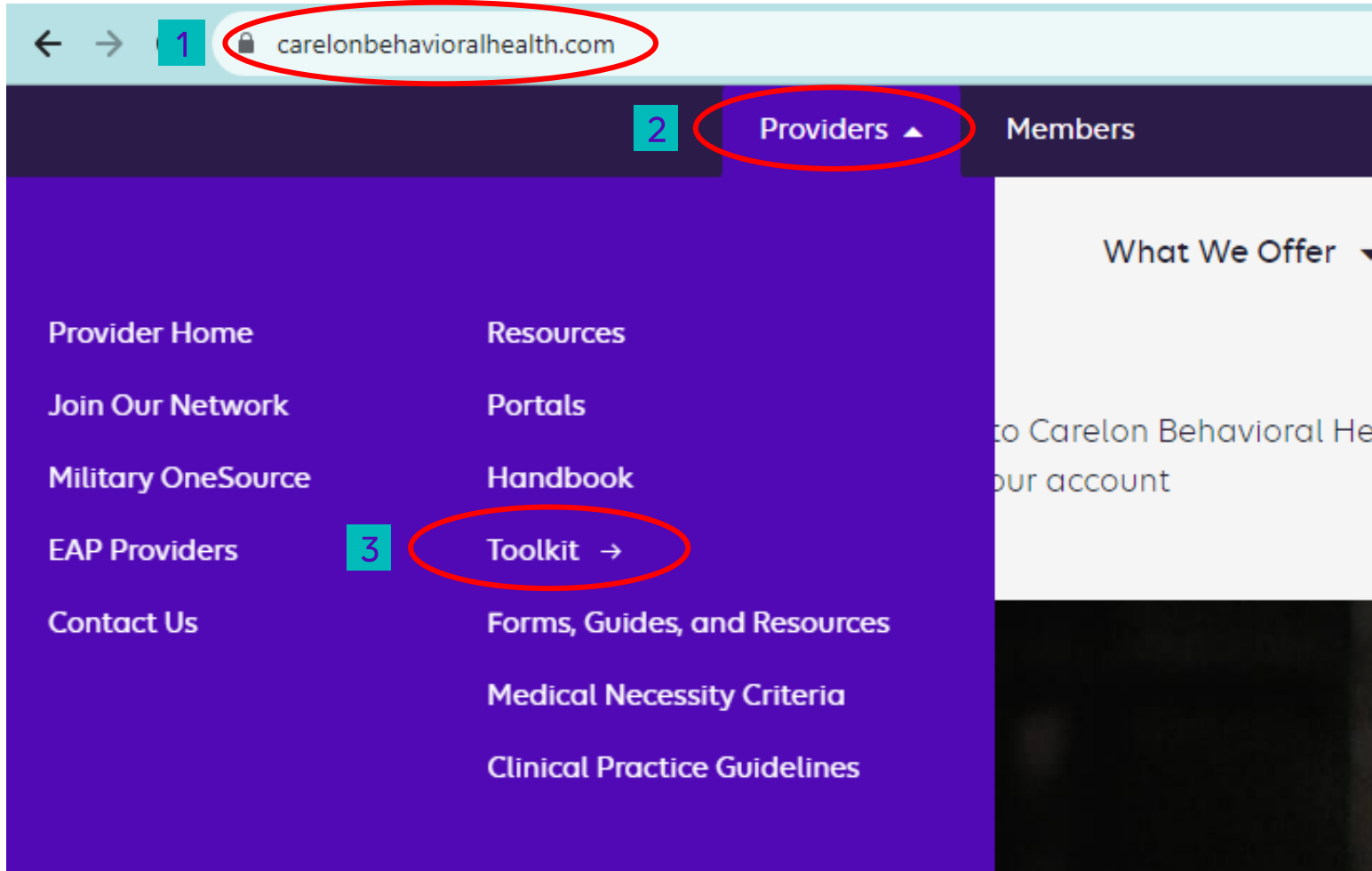
Provider Toolkit

The tools you need when your patients need behavioral healthcare

You're often the first point of contact for patients with a behavioral health condition. This toolkit will help you with identification, information, and treatment steps.



Toolkit Accessible Directly from Carelon's Homepage



1. Go to:
www.carelonbehavioralhealth.com
2. Hover over the Providers tab
3. Click on Toolkit



Toolkit Components

For additional clinical resources, visit our [Clinical practice guidelines](#) page.

[Healthcare Effectiveness Data and Information Set \(HEDIS\) Provider Tip Sheets](#) 

Explore the toolkit's topics

Click on a topic for quick access.

- [Alcohol and substance use disorder \(SUD\)](#)
- [Anxiety disorders](#)
- [Attention-deficit/hyperactivity disorder \(ADHD\)](#)
- [Autism spectrum disorder \(ASD\)](#)
- [Coordination of care](#)
- [COVID-19 lingering impact](#)
- [Eating disorders](#)
- [Medication](#)
- [Mood disorders](#)
- [Obsessive-compulsive disorder \(OCD\)](#)
- [Post-traumatic stress disorder \(PTSD\)](#)
- [Project TEACH](#)
- [Schizophrenia](#)
- [Social Drivers of Health \(SDoH\)](#)



Each topic includes an overview as well as additional links and resources for PCPs and Members



Anxiety disorders are among the most common mental disorders, yet their chronic and debilitating nature is often seriously underestimated. Anxiety disorders are characterized by excessive anxiety, fear, worry, avoidance, and compulsive rituals — all of which are associated with impaired functioning or significant distress.

According to the Anxiety and Depression Association of America, approximately 31% of all adults will experience an anxiety disorder at some point in their life. Additionally, people with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for a psychiatric disorder.

Types of anxiety disorders include generalized anxiety disorder, panic disorder, social anxiety disorder, and various phobia-related disorders.

Anxiety resources

- ✓ Guidelines for diagnosis and treatment
- ✓ Medication
- ✓ Member materials
- ✓ Screening tools

Summary & Contact Information



Recap: Key Takeaway Points for Primary Care Providers

1. Members with a potential or a DSM mental health diagnosis with mild to moderate impairment are managed by Carelon. Members with significant levels of impairment and/or substance use disorder will be managed by the county mental health plan. Members can be open at both Carelon and County mental health plan if the services are non-duplicative, coordinated and covered.
2. Carelon offers PCPs psychiatric decision support to help with diagnostic clarification and management of psychiatric medications.
3. Carelon offers members behavioral health care management & coordination support.
4. 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 877-321-1787
4. Email Medi-Cal.Referral@carelon.com

Option 2: Call Carelon Health Plan Customer Service Line

1. Press 2 to bypass phone tree
2. Tell Customer Service Representative you are with a PCP office and specify request



Thank you!



