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Behavioral Health Treatment & Mental Health Benefit Overview

PCP Provider Training
April 2024

Training Objectives

- **Mental Health Benefit & Eligibility**
 - Referral and Authorization
 - Primary Care Provider Screenings
 - Non-Specialty Mental Health Services
- **Substance Use Benefit**
 - Primary Care Provider SABIRT screenings
 - Member Eligibility
- **Behavioral Health Treatment (ABA) Benefits**
 - Behavioral Health Forms
- **CalAIM Initiative Highlight**



Today's Presenter



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Mental Health Benefit & Eligibility: Non-Specialty Mental Health Services

Mental Health Benefit

Mental health services are a covered benefit and may be provided by:

- A Primary Care Physician
- A mental health practitioner employed by a CenCal Health contracted FQHC
- A mental health practitioner contracted with the CenCal Health



Mental Health Benefit: Non-Specialty Mental Health Services

CenCal Health covers Non-Specialty Mental Health Services, which include:

- Mental health evaluation and treatment including individual, group, and family psychotherapy and dyadic behavioral health services
- Psychological and neuropsychological testing
- Outpatient services for the purpose of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies, and supplements

Mental Health Benefit-Carve Out

Level of Impairment	Mild	Moderate	Severe
Benefit	Non-Specialty Mental Health Services	Non-Specialty Mental Health Services	Specialty Mental Health Services (SMHS)
MCP/MHP	CenCal Provider	CenCal Provider	County Provider

Eligibility

Members who meet the following criteria are eligible:

- Members aged 21 years and over with **mild to moderate distress** or **impairment** from a mental health disorder.
- Members under the age of 21, to the extent otherwise eligible for services through **EPSDT**, regardless of level of distress or impairment or the presence of a diagnosis
- Members of any age with potential mental health disorders not yet diagnosed



Preventive Services & Early, Periodic Screening, Diagnosis and Testing (EPSDT)

CenCal Health PCPs are required to ensure the provision of all screening, preventive and medically necessary diagnostic and treatment services for Members under 21 years of age required under the Early and Periodic Screen, Diagnosis and Treatment (EPSDT) benefit described in Title 42 of the United States Code section 1396d(r) and W&I Code section 14132(v).

The benefits covered under EPSDT are key to ensuring children and youth receive:

- Appropriate preventive medical
- Dental
- Vision
- Hearing
- **Mental health, substance use disorder**
- **Developmental and specialty services**
- Medically necessary services to address any defects, illnesses or conditions identified.



[Click here to download](#) the Medi-Cal for Kids & Teens Provider Training, scan this QR code or go to cencalhealth.org/providers/provider-training-resources/

Mental Health Referral and Authorization

Referral and Authorization

The following Mental Health services require preauthorization:

- Psychological Testing
- Neuropsychological Testing

The following Mental Health services are open access for members:

- Psychotherapy
- Medication Management

Mental Health Open Access

Members may be referred to therapy or psychiatry:

1

Contacting the Behavioral Health Call Center at (800) 421-2560 to obtain names and numbers of available providers.

2

Referred to the provider directory at CenCalHealth.org to find an available mental health provider.

3

Providers may complete a Behavioral Health Care Coordination Form and submit to the Behavioral Health Department for outreach and assistance to obtain an appointment with a contracted provider.

Mental Health Access: Eating Disorder Treatment

Eligible CenCal Health Members who are determined to meet medical necessity have the following **covered benefits with CenCal Health:**

- Partial Hospitalization
- Residential Treatment

Eligible CenCal Health Members who are determined to meet medical necessity have the following **covered benefits with the County Mental Health Plan:**

- In Patient Psychiatric Hospitalization
- Intensive Outpatient Programs

Mental Health Access: Eating Disorder Treatment Referral


- To refer a member to medical case management, please complete the [Case Management Referral Form](#).
- To refer a member for behavioral health care coordination for a suspected or diagnosed Eating Disorder, please complete the [Eating Disorder Treatment Referral Form](#).
- To refer a member to a specialist, including a registered dietician for nutritional counseling and monitoring please complete the [Referral Form](#).

Referral and Authorization: Psychological and Neuropsychological Testing

Physicians who recommend Psychological or Neuropsychological Testing, should refer a member to a contracted Psychologist (No REFERRAL Required):

1. Identify and Consult with a contracted psychologist.
 - o Please see the PCP Psychological Evaluation Request form.
2. Assist or direct the member to schedule an appointment.
3. The psychologist will meet with the member and evaluate if testing is medically necessary and share their clinical recommendations with the referring physician.
4. The psychologist will submit an authorization for testing to CenCal Health, if testing is clinically indicated.

PCP Psychological Evaluation Request

PCP Psychological Evaluation Request  Local. Quality. Healthcare.

Referring Provider Name:

Office Contact:

Phone: Fax: Email:

NPI:

Office Address:

Referred Member Name:

Parent/Guardian Name:

DOB: CenCal ID:

Phone:

Reason for Consultation (Please describe the reason member is being referred and provide a brief clinical background):

Provided Documents (Highly Recommended)

- Member's evaluation history
- Health and Physical
- Recent Progress Notes and Treatment Plans (may include those provided by a mental healthy provider)
- School and Regional Center Records (IEP, IFSP, Service Plans, and Psychological Testing)

[Please send directly to the servicing provider.](#)

1

Mental Health Screenings

Depression Screenings

Primary Care Physicians:

- AAP recommends screening for major depressive disorder in adolescents aged 12 to 20 years.
- Screenings should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up if screening is positive and a follow up plan is documented.
- Maternal depression screenings must occur at 1-month, 2-month, 4-month and 6-month visits.
- Maternal depression screening must be done using a validated screening tool.

Validated Screenings

Primary Care Physicians:

Depression screening may be completed using a validated screening tool.

Approved screening tools include:

- Patient Health Questionnaire-9 (PHQ-9)
- Patient Health Questionnaire-2 (PHQ-2)

Perinatal Depression Screening:

- A Safe Environment for Every Kid (SEEK) Questionnaire-R (PQ-R)
- Edinburgh Postpartum Depression Scale (EPDS)
- Patient Health Questionnaire-9 (PHQ-9)

Billing Codes

Primary Care Physicians may use the following codes:

- G8431, Screening for Depression, Positive Result and Provision of Recommendations Provided.
- G8510, Screening for Depression, Negative Result
- H0050 Alcohol and/or drug services, brief intervention, per 15 minutes

Practitioners certified to complete ACE screenings may use the following codes:

- G9919, Positive and Provisions of Recommendations Provided (ACE score 4+)
- G9920, Screening performed and results negative (ACE score 0 to 3)

Screening Referral

- Members may be referred, with appropriate consent, for mental health services using the Behavioral Health Care Coordination form to the Behavioral Health Department at (805) 681-3070.
- Members do not require a referral or authorization to access mental health services. Members may also contact the Behavioral Health Call Center at (800) 421-2560 to obtain names and numbers of available providers.
- Members may also be referred to Case Management Services.

Screening Documentation Requirements

Providers must document all of the following:

- The screening tool that was used,
- That the completed screen was reviewed,
- The results of the screening,
- The interpretation of results; and
- What was discussed with the member and/or family, and any appropriate actions taken.



Timely Access Standards

Mental Health Providers & Primary Care Physicians:

Medi-Cal requires an appointment within 10 business days of the request for appointment.

Appointment Time	Standard Time Frame
Non-urgent Primary Care Appointment	Appointment within 10 business days from request
Non-urgent Specialty Appointment	Appointment within 15 business days from request
Non-urgent OB/GYN Specialty Care Appointment	Appointment within 15 business days from request
Non-urgent OB/GYN Primary Care Appointment	Appointment within 10 business days from request
Non-urgent Mental Health (non-psychiatry) Outpatient Services Appointment	Appointment within 10 business days from request
Non-urgent Ancillary Services Appointment (for diagnosis or treatment)	Appointment within 15 business days from request
Urgent Care Appointment	Within 48 hours for services that do not require prior approval Within 96 hours for services that do require prior approval
Emergency Care	Immediately
+Primary Care Triage and Screening	Within 30 minutes
Mental Health Care Triage and Screening	Within 30 minutes
Wait Time in Office	Within 30 minutes
After Hours Care	24 hours a day
Telephone Access	24 hours a day

Specialty Mental Health Services – A Carve Out Benefit

Specialty Mental Health Services

Specialty Mental Health Services are covered by the County Mental Health Plan.

Members who meet criteria for Specialty Mental Health Services may be referred to the county directly or CenCal Health Behavioral Health Department for care coordination.

- *PCP Providers, please use the [Behavioral Health Care Coordination Form](#).*

Both available on the Mental Health and Behavioral Health Treatment Provider webpage .



Specialty Mental Health Services

Specialty Mental Health Services are carved out to the County Mental Health Plan. Members must meet the criteria 1 and 2 below:

Criterion 1: The member has on or both of the following:

- Significant impairment, where impairment is defined as distress, disability or dysfunction in an important area of life.
- A reasonable probability or significant deterioration in an important are of life.

Criterion 2: The member's condition in criterion 1 is due to the either of the following:

- A diagnosed mental health disorder.
- A suspected mental health disorder that has not yet been diagnosed.

Specialty Mental Health Services

Members under 21 year of age must meet EITHER criteria 1 and 2 below:

Criterion 1: The member has a condition putting them at high risk for a mental health disorder due to experiencing trauma evidenced by at least one of the following:

- Scoring in the high-risk range on an approved trauma screening tool
- Involvement in the child welfare system
- Juvenile justice involvement
- Experiencing homelessness



Specialty Mental Health Services

Members under 21 year of age must meet EITHER criteria 1 and 2 below:

Criterion 2: The recipient meets both requirements A and B:

A. The member has at least one of the following conditions:

- A significant impairment
- A reasonable probability of significant deterioration in an important area of life functioning.
- A reasonable probability of not progressing developmentally as appropriate.
- A need for SMHS, regardless of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

B. The member's condition in requirement A above is due to at least one of the following:

- A diagnosed mental health disorder, according to the criteria of the current edition of the DSM.
- A suspected mental health disorder that has not yet been diagnosed
- Significant trauma placing the member at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

Coordinated Mental Health Benefits

When a member meets criteria for both Non-Specialty and Specialty Mental Health services, the member should receive services based on:

- Individual need
- Established therapeutic relationship
- Coordination and not duplicative

For example, a member may receive psychiatry services from CenCal but not from the County at the same time. Such decisions should be made via a patient-centered shared decision-making process.

Substance Use Benefit

Substance Use Treatment

Substance use treatment services remain a carve-out benefit to the County.

- Detox (social model)
- Medication Assisted Treatment
- Outpatient Services
- Dual Diagnosis Programs
- IOP
- Residential

Substance Use Benefit-SABIRT

Primary Care Providers are responsible to provide all preventive services for members

- Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.
- Services may be provided by providers within their scope of practice and must comply with laws and regulations relating to the privacy of SUD including state law concerning the right of minors over 12 years of age.



SABIRT Validated Screening Tools

Primary Care Providers approved screening tools:

- Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
- Tobacco Alcohol, Prescription medication and other Substances (TAPS)
- National Institute on Drug Abuse (NIDA) Quick Screen for adults o The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening
- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population.

SABIRT Validated Assessment Tools

Primary Care Providers approved brief assessment tools:

- NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
- Drug Abuse Screening Test (DAST-20)
- Alcohol Use Disorders Identification Test (AUDIT)

SABIRT Brief Interventions and Referrals

Brief interventions include the following:

- Providing feedback to the patient regarding screening and assessment results;
- Discussing negative consequences that have occurred and the overall severity of the problem;
- Supporting the patient in making behavioral changes; and
- Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated.

SABIRT Brief Interventions and Referrals

For individuals requiring alcohol and Substance Use Disorder Treatment, providers must arrange their referral to:

- County for Alcohol and Drug treatment programs;
- Community resources when services are not available through the county;
- Outpatient heroin detoxification providers that are available through Medi-Cal fee-for-service program, for appropriate services.

Providers may refer Members to the Behavioral health Department for care coordination.

Please complete the [Behavioral Health Care Coordination Form](#)

SABIRT Documentation Requirements

Documentation Requirements Member medical records must include the following:

- The service provided (e.g., screen and brief intervention);
- The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record);
- The name of the assessment instrument (when indicated) and the score on the assessment (unless the screening tool is embedded in the electronic health record); and
- If and where a referral to an AUD or SUD program was made.

SABIRT Billing

Primary Care Physicians may use the following codes:

- G0042 Alcohol Screening
- H0049 Drug Use Screening
- H0050 Brief Interventions for Alcohol and/or Drug Use



Behavioral Health Treatment Benefit & Eligibility

Behavioral Health Treatment (ABA) Benefit

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) Eligibility

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

- Under 21 years of age consistent with EPSDT guidelines
- Medically Stable
- Not in need of 24-hour nursing
- Not in an Intermediate Care Facility

The Member has a recommendation that BHT services are medically necessary by a Physician, Psychologist or Surgeon.

Recommendation

Providers who recommend BHT services as medically necessary should submit a:

- Completed **BHT Recommendation Form** to the Behavioral Health Department.

Consistent with All Plan Letter 20-010, Responsibilities of Behavioral Health Treatment Coverage for Members Under the Age of 21:

- An Autism Spectrum Disorder diagnosis is not required
- A Comprehensive Developmental Evaluation is not required.

QCIP Behavioral Health Measure Reminder

Priority: Quality measures that will be incentivized (\$)

Informational Only: Quality measures that will be reported but not incentivized.

Category	Measure Title	Measure Description	Incentive Eligible
Behavioral Health	Antidepressant Medication Management - Acute Treatment	The percentage of members age 18 and older who were diagnosed with major depression and remained on an antidepressant for at least 12 weeks.	\$
	Antidepressant Medication Management - Continuing Treatment	The percentage of members age 18 and older who were diagnosed with major depression and remained on an antidepressant for at least 6 months.	\$
	Avoidance of Opioids at a High Dosage	The percentage of members who were prescribed 2 or more opioids on different dates that had less than 15 days of total opioid prescription coverage.	Information Only

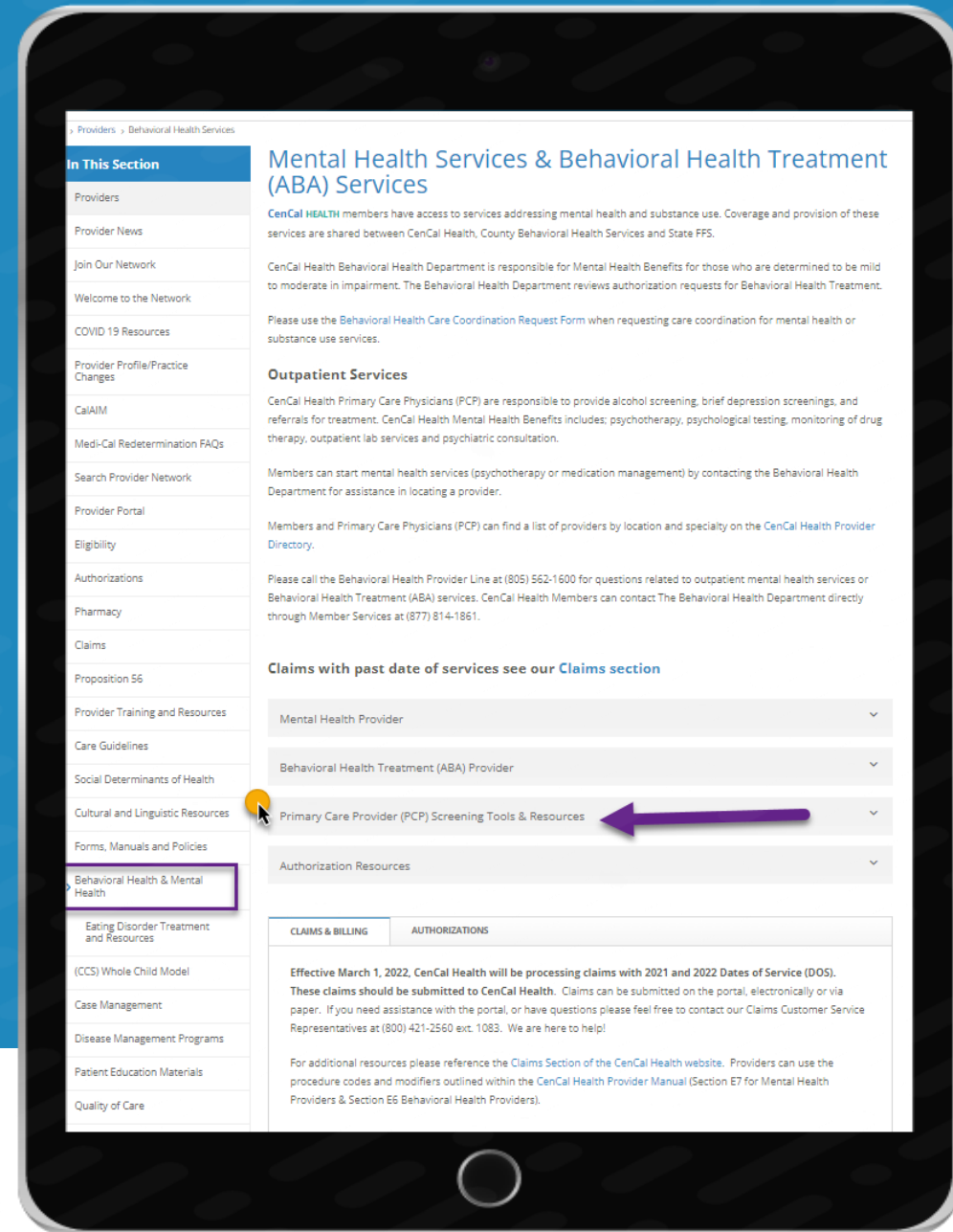
- G8431: Screening for depression is documented as positive and a follow-up plan is documented
- G8510: Screening for depression is documented as negatives, a follow-up plan is not required

Behavioral Health & Mental Health Online Resources and Forms



Online Mental Health Provider Resources

cencalhealth.org/providers/forms-manuals-policies/forms-library/





Behavioral Health ABA Recommendation Form

cencalhealth.org/providers/forms-manuals-policies/forms-library/



ABA Recommendation 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. This is not a referral for authorization.

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: Phone Number:
Member ID: Preferred Language:
Diagnosis or Provisional Diagnosis:

EVALUATING PROVIDER INFORMATION **Only a Physician, Surgeon or Clinical Psychologist May Refer a Member for ABA*

Provider Name:
License Type: Primary Care Physician Psychiatrist Psychologist Other (M.D./D.O.)
Street Address:
City: State: Zip:
Office Phone Number: Office Fax Number:

Must Answer YES in order to proceed. If you've answered **NO** to any of the questions, please contact BH Provider Line at (805) 562-1600 before sending.

- 1) Is Member under 21 years of age? YES NO
2) Is Member medically stable? YES NO

Must Answer NO in order to proceed. If you've answered **YES** to any of the questions, please contact BH Provider Line at (805) 562-1600 before sending.

Does Member have a need for 24 hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities? YES NO

Is ABA treatment assessment recommended? YES NO

Has family/caregiver chosen a BHT/ABA Agency? YES NO Provider Name:

If no, refer to BH Call Center at (877) 814-1861 or cencalhealth.org to identify a preferred provider before sending.

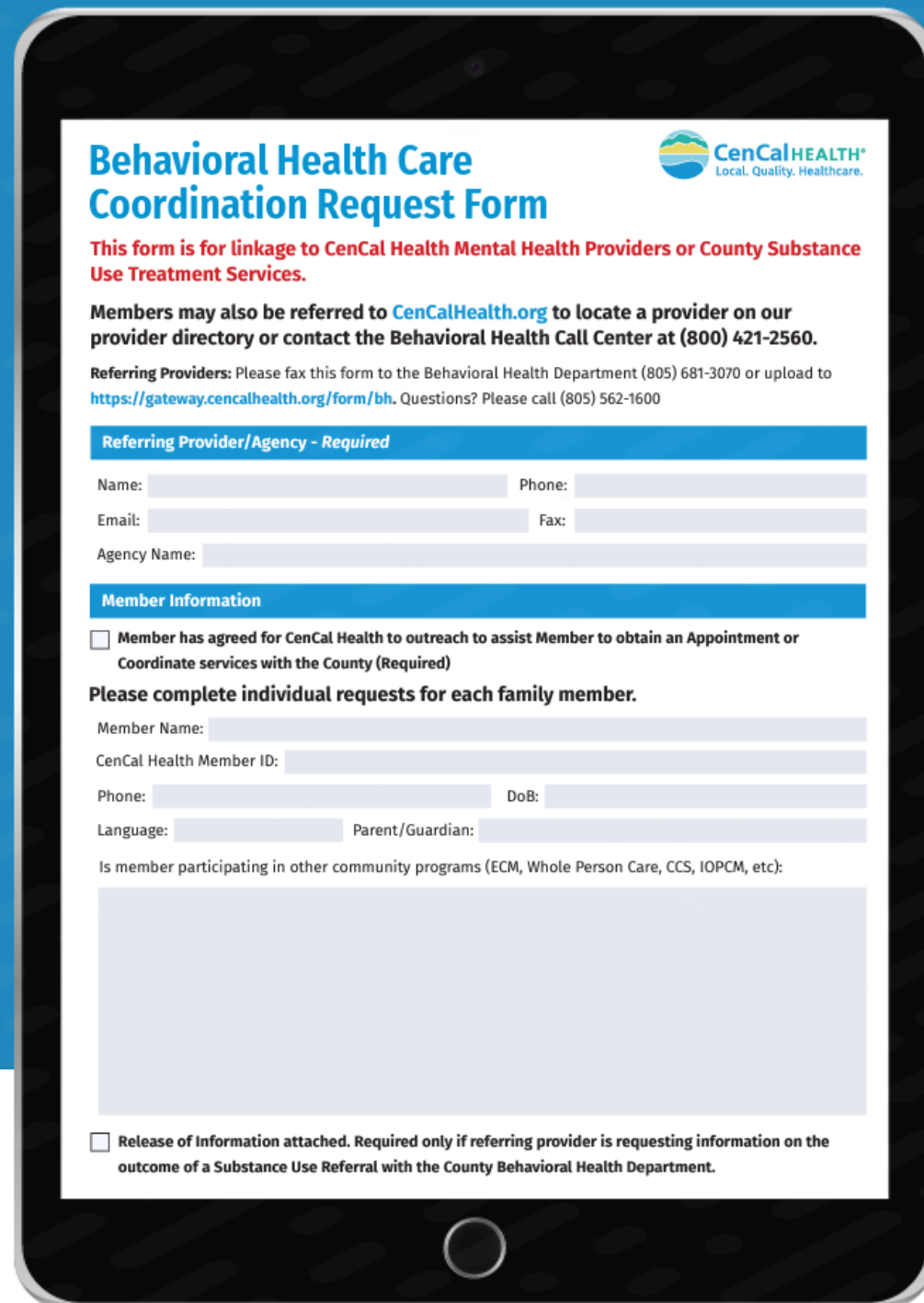
Provider Signature: Date:

This recommendation is good for 6 months from the date of signature.
For providers with questions, contact the Behavioral Health Provider Line at (805) 562-1600
For members with questions, contact the Behavioral Health Call Center at (877) 814-1861




Behavioral Health Care Coordination Request Form

cencalhealth.org/providers/forms-manuals-policies/forms-library/



**Behavioral Health Care
Coordination Request Form**

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This form is for linkage to CenCal Health Mental Health Providers or County Substance Use Treatment Services.

Members may also be referred to [CenCalHealth.org](https://cencalhealth.org) to locate a provider on our provider directory or contact the Behavioral Health Call Center at (800) 421-2560.

Referring Providers: 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

Referring Provider/Agency - Required

Name: Phone:
Email: Fax:
Agency Name:

Member Information

Member has agreed for CenCal Health to outreach to assist Member to obtain an Appointment or Coordinate services with the County (Required)

Please complete individual requests for each family member.

Member Name:
CenCal Health Member ID:
Phone: DoB:
Language: Parent/Guardian:

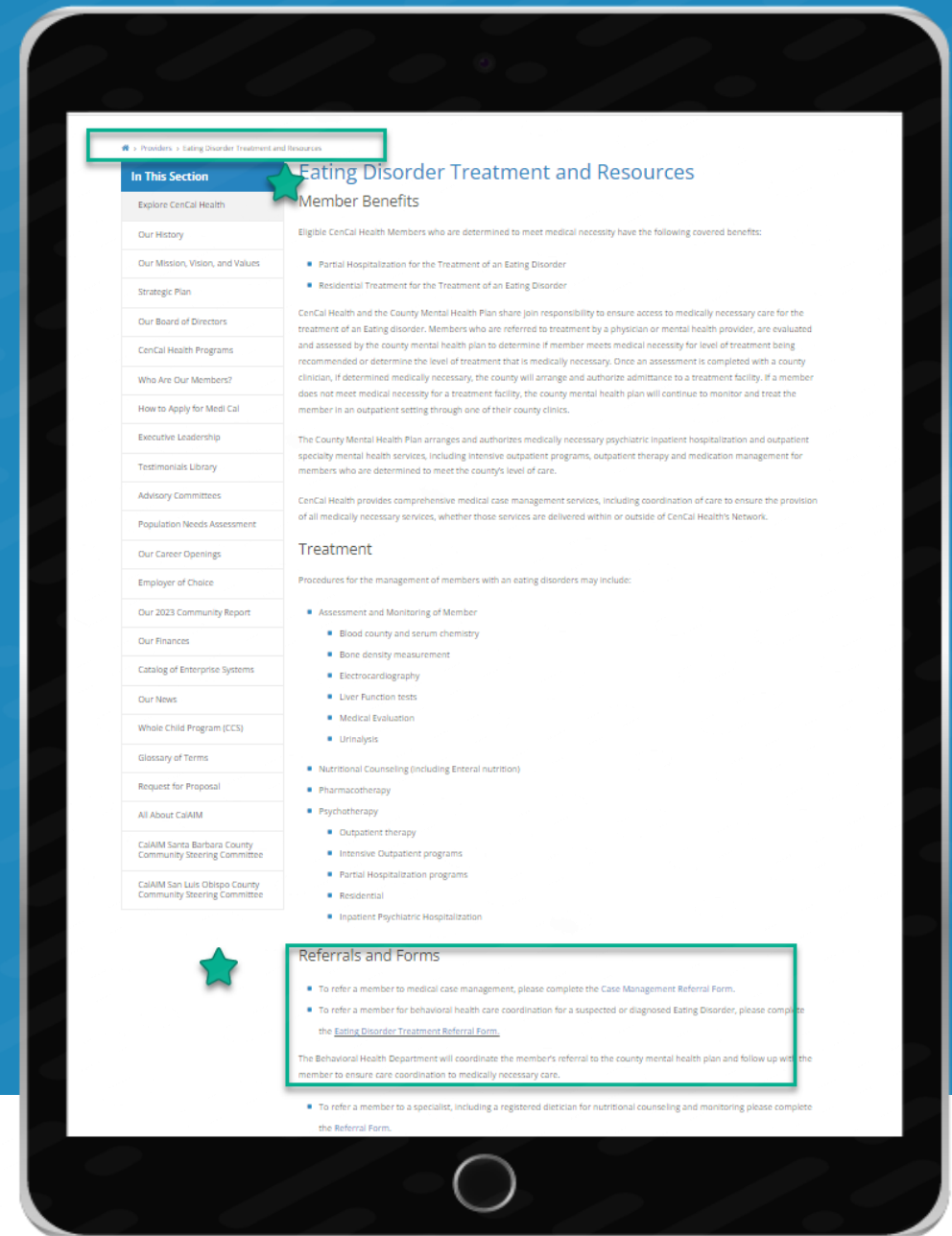
Is member participating in other community programs (ECM, Whole Person Care, CCS, IOPCM, etc):

Release of Information attached. Required only if referring provider is requesting information on the outcome of a Substance Use Referral with the County Behavioral Health Department.



Member Eating Disorder Treatment & Resources

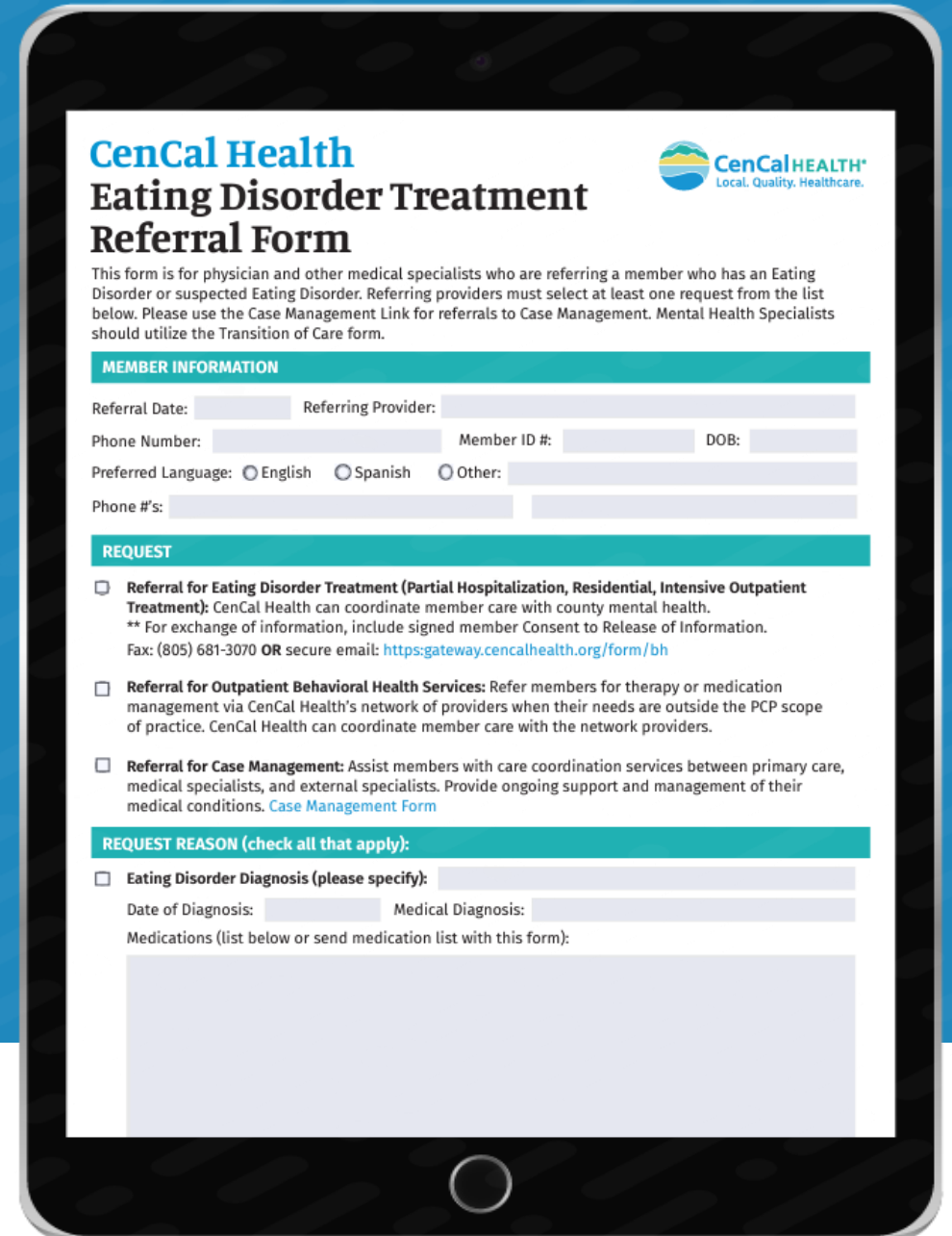
cencalhealth.org/members/behavioral-health/eating-disorder-treatment-and-resources/





Eating Disorder Treatment Referral Form

cencalhealth.org/providers/eating-disorder-treatment-and-resources/



CenCal Health
Eating Disorder Treatment Referral Form

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This form is for physician and other medical specialists who are referring a member who has an Eating Disorder or suspected Eating Disorder. Referring providers must select at least one request from the list below. Please use the Case Management Link for referrals to Case Management. Mental Health Specialists should utilize the Transition of Care form.

MEMBER INFORMATION

Referral Date: Referring Provider:

Phone Number: Member ID #: DOB:

Preferred Language: English Spanish Other:

Phone #'s:

REQUEST

- Referral for Eating Disorder Treatment (Partial Hospitalization, Residential, Intensive Outpatient Treatment):** CenCal Health can coordinate member care with county mental health.
** For exchange of information, include signed member Consent to Release of Information.
Fax: (805) 681-3070 OR secure email: <https://gateway.cencalhealth.org/form/bh>
- Referral for Outpatient Behavioral Health Services:** Refer members for therapy or medication management via CenCal Health's network of providers when their needs are outside the PCP scope of practice. CenCal Health can coordinate member care with the network providers.
- Referral for Case Management:** Assist members with care coordination services between primary care, medical specialists, and external specialists. Provide ongoing support and management of their medical conditions. [Case Management Form](#)

REQUEST REASON (check all that apply):

- Eating Disorder Diagnosis (please specify):**

Date of Diagnosis: Medical Diagnosis:

Medications (list below or send medication list with this form):

Opioid Drug Utilization Review (DUR) Activities

- Retrospective DUR Provider Outreaches:
 - Direct outreach based on pharmacy claims data.
 - Focus on opioid utilization:
 - Concomitant use with benzodiazepines or antipsychotics.
 - High morphine milligram equivalent (MME) values.
 - Members with high MME and no naloxone utilization.
- DUR Education Articles:
 - Available on the CenCal Health pharmacy webpage.
<https://www.cencalhealth.org/providers/pharmacy/drug-utilization-review/>
- CenCal Health Pharmacy Pain Management Webpage
 - Provides resources to help providers weigh risks and benefits of opioid treatment.
<https://www.cencalhealth.org/providers/pharmacy/pain-management-resources/>
- Medi-Cal Rx Pharmacy Benefit
 - Providers should refer to Medi-Cal Rx Contract Drug Lists for covered medications.
<https://www.medi-calrx.dhcs.ca.gov/home/cdl/>



Contact Us: Behavioral Health Dept.

Behavioral Health Call Center Member line
1-877-814-1861

Behavioral Health Call Center Provider Line
(805) 562-1600

BH Department Fax Line
(805) 682-5117

BH Secure Link: <https://gateway.cencalhealth.org/form/bh>

CenCal Health Pediatric Case Management
(805) 562-1082



Additional References

Refer to the CenCal Health Provider Manual (Section E6 & E7):

[cencalhealth.org/providers/forms-manuals-policies/provider-manual/](https://www.cencalhealth.org/providers/forms-manuals-policies/provider-manual/)

- List of approved screening, assessment tools
- Documentation Requirements
- Approved CPT and HCPCS Codes

Cultural & Linguistic Interpreter Service Resources

<https://www.cencalhealth.org/providers/cultural-linguistic-resources/>

- Member Language Point Chart
- Phone & Video Remote Interpreting Services
- Alternative Format Selections (AFS) Resources



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