As of September 15, 2014, Medi-Cal plans are responsible for providing Behavioral Health Therapy (BHT) services to individuals under the age of 21 who have an Autism Spectrum Disorder (ASD) diagnosis.

The Health Plan of San Joaquin’s Behavioral Health Benefits Manager, Beacon Health Strategies now manages this benefit for beneficiaries. All new referrals will go to Beacon. The state is currently defining the continued care process for members being followed by the Regional Centers. Please refer any beneficiaries that meet the eligibility criteria and are not already being served through a regional center to Beacon at 888-581-PLAN (7526).

ROLE OF PRIMARY CARE

Often a pediatrician, physician or child-adolescent psychologist will make the initial diagnosis if excesses and/or deficits of behaviors that significantly interfere with home or community activities are detected.

These can include: poor understanding of social relationships, significant language and communication problems, high need for sameness and predictability, impaired thinking abilities, organizational problems and uneven patterns of development. The role of the PCP is particularly important in securing an ASD diagnosis as well as providing medical follow-up for the commonly co-occurring medical disorders that complicate treatment.

HOW BEACON CAN HELP

1. Medi-Cal beneficiaries are eligible for coordination of behavioral health services. Beacon Health Strategies in partnership with participating health plans will help coordinate these services by offering support and guidance to pediatricians/primary care physicians serving members with Behavioral Health needs.

2. Primary care physicians can gain access to consultation and coordination services conveniently through any of our existing systems, including directly calling the designated health plan Customer Service line, submitting by fax a simple referral form or contacting our care managers integrated within the primary health care case management team.

3. Primary Care Physicians can access variety of services for patients with behavioral health needs, including psychiatric consultations for treatment decisions, outpatient BH referral and access, assessment and triage for patients at risk, care management, behavioral health treatment (BHT) for Autism Spectrum Disorders and psychological evaluations for prescreening of medical procedures.

4. Health Plan of San Joaquin’s Behavioral Health Benefits Manager, Beacon Health Strategies will manage and coordinate service for these Medi-Cal beneficiaries. All requests and referrals for behavioral health services can be submitted to Beacon, or beneficiaries can be directed to contact Beacon’s Customer Service Department at 888-581-PLAN (7526).
A new tool in the fight to diagnose and treat autism spectrum disorders (ASD) shows promise through earlier and more accurate detection of the condition. This updated screening tool allows physicians to ask parents questions that can help determine whether a very young child could benefit from treatment autism spectrum disorder. The new tool has been shown to be much more accurate than earlier versions at identifying children who could benefit from further evaluation.

Developed by researchers supported by the National Institutes of Health (NIH), the **Modified Checklist for Autism in Toddlers — Revised, with Follow-Up** (M-CHAT–R/F) — is a free, two-step screening tool to be used at regular well-child checkups for children 16 to 30 months old. With the M-CHAT-R/F, healthcare providers can classify a child’s risk of having autism as low, medium or high, on the basis of parents’ answers to 20 questions.

The checklist makes it possible to detect autism earlier – at age 2 instead of the typical diagnosis at age 4. This is very important because earlier intervention can help improve outcomes for children on the spectrum. The results of the screening put children at low, medium or high risk for autism spectrum disorders. If the child has a score in the high-risk range, it will warrant a referral for further evaluation. A medium-risk result includes a follow-up questionnaire.

The researchers updated an earlier version of the autism screening tool, adding examples, rephrasing some questions and dropping others that previously did not elicit strong responses.

Researchers at the NIH found that a smaller proportion of children received a medium- or high-risk assessment with this version than with earlier versions of the checklist. However, more total cases of autism were detected with the revised two-part checklist than with earlier versions because of the more accurate nature of the two-step screening tool. Of all children whom the test determined were at risk for ASD after the M-CHAT follow-up, 95 percent were diagnosed with a developmental delay or concern about development, including more than 47 percent with an ASD diagnosis.

You can download the free, updated tool in multiple languages at: http://www2.gsu.edu/~psydir/M-CHAT/Official_M-CHAT_Website.html