#   [ ]  URGENT

KINGS COUNTY

Kings County Medi-Cal: Behavioral Health Transition of Care

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| HEALTH PLAN MEMBERSHIP (check ONE): | Date of Referral:       |
| [ ]  Anthem Blue CrossContact Anthem Behavioral Health Customer Care at (800) 407-4627 or Referrals for prior authorization for behavioral health services at (888) 831-2246. FAX REFERRALS TO (855) 473-7902. | [ ]  CalViva HealthContact CalViva Member Services at (888) 893-1569 or Referrals/Urgent to Managed Health Network (MHN) at (888) 426-0030. FAX REFERRALS TO (855) 703-3268. |
| SECTION A. CLIENT INFORMATION |
| Name: Last      | First      | Middle Initial  | Date of Birth      | [ ]  Male [x]  Female |
| Medi-Cal Number (CIN)      | Primary Language / Other Cultural Considerations      |
| Street Address, City, State, Zip      | Telephone #      |
| Mailing Address, City, State, Zip [x]  Same as address above      | Alternate Telephone #      |
| IF CHILD/YOUTH IS UNDER AGE 21 AND HAS AN OPEN CHILD WELFARE CASE:Social Worker (SW) / CWS Agency:       | SW Telephone #       |
| Is Client a current Katie A Subclass member? [ ]  Yes [ ]  No [ ]  Unknown | SW Email       |
| Emergency Contact/Parent/Guardian/Caregiver and Address (if different from above)  | Relationship to Client      | Telephone #       |
| SECTION B. REFERRING PRACTITIONER INFORMATION | Date of [ ]  Screening OR [ ]  Evaluation:       |
| Name, Credential/Discipline Type      | Telephone # and Extension      | Email      |
| Organization, Agency, or Groupkings view BEHAVIORAL HEALTH SYSTEMS, KINGS COUNTY | Street Address, City, State, Zip1393 BAILEY DR. HANFORD, CA 93230 |
| Behavioral Health and/or Developmentally-Related Diagnosis OR Symptoms/Behaviors [ ]  Provisional [ ]  Rule Out [ ]  No DiagnosisMild sxs and requested to refer out for counseling.  |
| Current Medications and Dosages [ ]  As Reported by Client   | Medical Diagnosis [ ]  As Reported by Client       |
| Summary of Treatment and/or Brief Behavioral Health History [ ]  Additional Page(s) Attached      |
| RECOMMENDED TREATMENT (CHECK ONE):[ ]  Client can be safely managed by Primary Care Physician.[ ]  Client can be safely managed by Health Plan behavioral health provider (client has a mild to moderate mental health condition).[ ]  Comprehensive Diagnostic Evaluation (for suspected ASD) or was previously served by Regional Center and is in need of BHT (e.g., ABA).[ ]  Client requires treatment with a County Mental Health Plan provider (client has a serious mental health condition). |
| Discharge/Transition Plan [ ]  Additional Page(s) Attached      |
| SECTION C. AUTHORIZATIONS |
| [ ]  Client has provided verbal consent and is expecting contact by the Health Plan/Service Provider. [ ]  Client has provided written consent and authorization for disclosure of Protected Health Information, attached (REQUIRED for SUD info). [ ]  Client’s stated communication preferences/limitations:       |
| SECTION D. DISPOSITION TO BE COMPLETED BY HEALTH PLAN  | FAX DISPOSITION ATTN: VALERIE GASTELUM e-FAX 1(209) 729-5725 |
| [ ]  Outreach Successful; Date Contacted: |  |  [ ]  Outreach Unsuccessful |
| [ ]  Declined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Kings County (MHP) Managed Care Fax: (559) 380-2873 ● Urgent Referrals, call Valerie Gastelum (559) 639-1009 or email vgastelum@kingsview.org*