# 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 Cross  Contact 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 Health  Contact 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  Female |
| Medi-Cal Number (CIN) | Primary Language / Other Cultural Considerations | | | | | | | | | | | | |
| Street Address, City, State, Zip | | | | | | | | | | | | Telephone # | |
| Mailing Address, City, State, Zip  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 Group  kings view BEHAVIORAL HEALTH SYSTEMS, KINGS COUNTY | | | | | Street Address, City, State, Zip  1393 BAILEY DR. HANFORD, CA 93230 | | | | | | | | |
| Behavioral Health and/or Developmentally-Related Diagnosis OR Symptoms/Behaviors  Provisional  Rule Out  No Diagnosis  Mild 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*