

Sacramento County Bi-Directional Medi-Cal Transition of Care Request (Child/Youth)

Per instructions on page 3: Complete Sections A, B, and either C or D. Fax to MCP (for Kaiser, call) or to MHP.

		A: REF	ERRING	G PRO	/IDER	INFO	DRN	<i>1ATION</i>					
Sacramento County Mental Health Plan	Provid	er:	☐ Sac	ramento	Count	y Ment	al He	ealth Plan (MHI	P)				
Managed Care Plan (MCP) Network Prov	ider:		☐ Aet	na 🗆 A	nthem	Blue Cı	ross	☐ Health Net	□ Kais	er 🗆 N	lolina		
Submitting Agency:					Submi	tting P	rogra	am/Clinic:					
Contact Name:		Title/Discipline:				Pho	Phone:						
Address:				City:			State/Zip:			Dat	eted:		
			B: CLI	ENT IN	IFORI	MATI	ON						
Client Name:						Date o	of Bir	rth:		Grade:		IEP: □ Y □ N	
Cultural & Linguistic Requests:				Gender:			Race:			Ethnici	ty:		
Address:			City:		State/Zip:			Phone:		ne:			
Medi-Cal# (CIN)/SSN:		Caregiv	er/Guard	lian:					Phone	:			
☐ CPS Worker: Phone:				□ Pr			obation Officer:					Phone:	
PCP: Phone:				□ Ch			ild Attorney:					Phone:	
Behavioral Health Diagnosis: 1)				2)				3)					
Documents Included: ☐ Required Consents/ROIs (JV-220, JC/E 366) ☐ Assessment ☐ Notes ☐ History & Physical Exam ☐ Med List													
□ Other:													
Current Presenting Symptoms/Behaviors (where occurring: Home, School, Community):													
Behavioral Health History (including Family, Education and Substance Use):													
Brief Medical History:													
C: CRITER	IA FO	OR TRA	NSITIC	N OF	CARE	FROI	м с	OUNTY MH	Р ТО І	МСР			
 □ Does not meet medical necessity for MHP. (See page 2 for Determination of Medical Necessity) □ Stable on psychotropic medication for a minimum of 6 months (if applicable). Last Medication Change Date: 											Π		
☐ Client/Caregiver/Child Family Te							oie).	Last Medicati	on Cna	inge Da	ite:		
SERVICES REQUESTED:				,									
☐ Medication management (See me☐ Additional/Other:	edicati	ion list a	and dosa	iges)									
Aetna Better Health Fax: 866-489-7441 Phone: 855-772-9076 Fax: (855)473-7902 bchmservices@anthem.				Fax: (85	th Net/MHN (5) 703-3268 (800) 675-6110		N	Molina Healt Fax: (562) 499-6: MHCCaseManagem Molinahealthcare.		.05 ent@ North Pl		er Permanente Triage one: 916-973-5300 one: 916-525-6100)
D: CRITERIA FOR TRANSITION OF CARE FROM MCP TO COUNTY MHP													
☐ Meets medical necessity for Cou	nty M	HP (See	page 2	for Det	ermina	ition o	f Me	edical Necessi	ty)				
SERVICES REQUESTED:	· □	w/ Ma	dication	Samica		w/o B	104:4	cation Carvisa					
□ Outpatient Mental Health Services □ w/ Medication Services □ w/o Medication Services □ Sacramento County Access													
Fax: (916) 875-1190	Phon					-		8-881-4881	TTY	': (916	874-8	3070	

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Sacramento County Child/Youth Mental Health Screening Tool
Managed Care Plans and Mental Health Plan will follow Medical Necessity Criteria for
Medi-Cal Specialty Mental Health Services described in Title 9CCR & County Policy

Children's Medical Necessity Criteria for the MHP require A, B, and C are met per Title 9, CCR, Chapter 11, Section 1830.205

Pervasive Developmental Disorders except Autistic Disorder, which is excluded Attention Deficit and Disruptive Behavior Disorders Delirium, Deriand Other Commental Disorders of Infancy and Early Childhood Mental Disorders Medical Commental Disorders Medical Commental Disorders Schizophrenia and other Psychotic Disorders Sexual Dysfus Sleep Disorders Anxiety Disorders Anxiety Disorders Anxiety Disorders Somatoform Disorders Anxiety Disorders Anxiety Disorders Dissociative Disorders Dissociative Disorders Dissociative Disorders Disorders Disorders Disorders Actient may an included condition Adjustment Disorders Personality Disorders Actient may an included diapresent. Personality Disorders, excluding Antisocial Personality Disorder Medication-Induced Movement Disorders B. Functional Impairment Criteria Must have one of the following as a result of the mental health disorder(s) identified criteria: 1. A significant impairment in an important area of life functioning; OR 2. A probability the child will not progress developmentally as individually appropic covered under EPSDT qualify if they have a mental disorder which can be corrected C. Intervention Related Criteria	Disorders hication Disorders Disorders rders The Disorders The Disorder
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☐ C. Intervention Related Criteria	ning;
	propriated. Children
	propriated. Children
Must have all (1, 2, and 3 listed below):	propriated. Children
☐ 1. The focus of proposed intervention is to address the condition identified in imp	propriated. Children
above;	propriated. Children ected or ameliorated.
AND	propriated. Children ected or ameliorated.
☐ 2. It is expected the beneficiary will benefit from the proposed intervention by sign	propriated. Children ected or ameliorated.
the impairment, or preventing significant deterioration in an important are of life fund	propriated. Children ected or ameliorated.
AND	propriated. Children ected or ameliorated. impairment criteria "B"
\square 3. The condition would not be responsive to physical healthcare based treatment.	propriated. Children ected or ameliorated. impairment criteria "B" significantly diminishing functioning;
 above; AND □ 2. It is expected the beneficiary will benefit from the proposed intervention by sign 	propriated. Children ected or ameliorated.

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Instructions

- 1. Sacramento County Bi-Directional Medi-Cal Transition of Care Request (Child/Youth) form:
 - a. Section C: Criteria for Transition of Care from County MHP to MCP: Complete all requested information, including Services Requested if no longer meeting medical necessity in accordance with County policy PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population, as well as page 2 of this document.
 - b. Section D: Criteria for Transition of Care from MCP to County MHP:
 - i. Check the box for Meets Medical Necessity for County MHP if A, B, and C are checked on Screening Tool.
- 2. If the Sacramento County Child/Youth Mental Health Screening Tool indicates a member meets criteria for a transition of care, AND the member is in agreement with a transition of care:
 - a. Complete the Sacramento County Bi-Directional Medic-Cal Transition of Care Request (Child/Youth), Page 1 of 3.
 - b. Send the Sacramento County Bi-Directional Medi-Cal Transition of Care Request (Child/Youth) and the Sacramento County Child/Youth Mental Health Screening Tool to the indicated Plan along with any relevant collateral documentation.
 - c. Coordinate the transition of care with the receiving provider until able to confirm the member has attended an initial appointment, and the receiving provider indicates they have everything they need from the transferring provider.

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