



# Sacramento County Bi-Directional Medi-Cal Transition of Care Request

<b>REFERRING PROVIDER INFORMATION</b>				
Sacramento County Mental Health Provider: <input type="checkbox"/> Sacramento County Mental Health Plan				
Managed Care Plan Network Provider: <input type="checkbox"/> Aetna <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> Health Net <input type="checkbox"/> Kaiser <input type="checkbox"/> Molina <input type="checkbox"/> United Health Care				
Submitting Agency:		Submitting Program/Clinic:		
Contact Name:		Title/Discipline:		Phone:
Address:		City:	State:	Zip:
<b>CLIENT INFORMATION</b>				
Client Name:			Date of Birth:	
<input type="checkbox"/> Client in Agreement with Transition of Care		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____	
Address:		City:	Zip:	Phone:
Caregiver/Guardian:			Phone:	
Medi-Cal# (CIN)/SSN:		Race/Ethnicity:		
Behavioral Health Diagnosis: 1)		2)	3)	
Documents Included: <input type="checkbox"/> Required Consents/ROIs <input type="checkbox"/> Assessment <input type="checkbox"/> Notes <input type="checkbox"/> H&P <input type="checkbox"/> Other: _____				
Primary Care Provider:				Phone:
Cultural and Linguistic Requests:				
Current Presenting Symptoms/Behaviors:				<input type="checkbox"/> Additional Pages Attached
Behavioral Health History (including Substance Use):				<input type="checkbox"/> Additional Pages Attached
Brief Medical History:				
Current Medications/Dosage:				<input type="checkbox"/> Medication List Attached
<b>SERVICES REQUESTED:</b>				
<b>SCREENING OUTCOME</b>				
<input type="checkbox"/> Total Score: 0 – 4 = Mild		Managed Care Plan		
<input type="checkbox"/> Total Score: 5 – 8 = Moderate		Managed Care Plan		
<input type="checkbox"/> Aetna Better Health TBD (Contact Aetna Member Services)	<input type="checkbox"/> Anthem Blue Cross Fax: 855-473-7902 bhcmreferrals@anthem.com	<input type="checkbox"/> Health Net/MHN Fax: 855-703-3268 Phone: 800-675-6110	<input type="checkbox"/> Molina Healthcare Fax: 562-499-6105 MHCCaseManagement@Molinahealthcare.com	<input type="checkbox"/> United Healthcare TBD (Contact UnitedHealthcare Member Services)
<input type="checkbox"/> Total Score: 9 – 12 = Severe		Sacramento County Mental Health Plan		
<b>Sacramento County Access</b>				
Fax: 916-875-1190    Phone: 916-875-1055    Toll Free: 1-888-881-4881    TTY: 916-874-8070				



# Sacramento County Adult Medi-Cal 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 9 CCR & County Policy

Element	Severe (3)	Moderate (2)	Mild (1)	Score
<b>Risk</b> (suicidal/violent, high risk behavior, criminogenic behavior, impulsivity)  * Criminogenic Bx is only marked when directly related to mental health	<input type="checkbox"/> <u>Suicidal/Homicidal Ideation:</u> Recent or current active ideation, intent, or plan <input type="checkbox"/> <u>Danger to Self/Danger to Others:</u> Recent or current attempts or threats w/in past 6 months <input type="checkbox"/> <u>Criminogenic Bx:</u> 1+ arrests w/in past 6 months – violence related arrests <input type="checkbox"/> <u>Impulse Control:</u> Meets 1 of the above & has poor impulse control	<input type="checkbox"/> <u>Suicidal/Homicidal Ideation:</u> Active without intent <input type="checkbox"/> <u>Danger to Self/Danger to Others:</u> No threats or attempts w/in past 6 months <input type="checkbox"/> <u>Criminogenic Bx:</u> No arrests w/in past 6 months <input type="checkbox"/> <u>Impulse Control:</u> Meets 1 of the above & rarely loses control	<input type="checkbox"/> <u>Suicidal/Homicidal Ideation:</u> Passive <input type="checkbox"/> <u>Danger to Self/Danger to Others:</u> None <input type="checkbox"/> <u>Criminogenic Bx:</u> Minimal – No arrests w/in past year <input type="checkbox"/> <u>Impulse Control:</u> Meets one of the above & has good impulse control	
<b>Clinical Complexity</b> (serious & persistent mental illness vs situational/reactive, recovery status, functional impairment, treatment engagement, medication complexity, psychiatric hospitalizations)	<input type="checkbox"/> <u>Depression:</u> Severe (per current DSM) <input type="checkbox"/> <u>Mental Health History:</u> Schizophrenia or other included Dx with recent instability or worsening function. Hx of severe impairment with poor response to Tx <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> 1+ within past 6 months <input type="checkbox"/> <u>Treatment Engagement:</u> Requires consistent support and prompting to participate in order to maintain in the community <input type="checkbox"/> <u>Psychotropic Medication Stability:</u> Not yet stable to stable for less than 6 months	<input type="checkbox"/> <u>Depression:</u> Moderate (per current DSM) <input type="checkbox"/> <u>Mental Health History:</u> Schizophrenia, major mood, or other included Dx with uncomplicated management or sustained recovery. Hx of severe impairment with effective response to Tx <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> None within past 6 months <input type="checkbox"/> <u>Treatment Engagement:</u> Intermittent participation and/or uses services in cases of extreme need <input type="checkbox"/> <u>Psychotropic medication Stability:</u> Stable for 6 months	<input type="checkbox"/> <u>Depression:</u> Mild (per current DSM) <input type="checkbox"/> <u>Mental Health History:</u> Adjustment reaction, grief, job loss, marital distress, relationship difficulty No Hx of severe impairment <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> None within past year <input type="checkbox"/> <u>Treatment Engagement:</u> Active participation <input type="checkbox"/> <u>Psychotropic Medication Stability:</u> Stable for over a year	
<b>Life Circumstances</b> (biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support)	<input type="checkbox"/> <u>Emotional Distress:</u> Persistent as a manifestation of chronic mental health symptoms <input type="checkbox"/> <u>Relationships/Supports:</u> Relies on behavioral health system for resources & support	<input type="checkbox"/> <u>Emotional Distress:</u> Intermittent as a manifestation of a mental health symptoms which is worsened by life stressors <input type="checkbox"/> <u>Relationships/Supports:</u> Limited resources & support	<input type="checkbox"/> <u>Emotional Distress:</u> Arising in the course of normal life stresses <input type="checkbox"/> <u>Relationships/Supports:</u> Adequately resourced & supported	
<b>Co-Occurring</b> (Clients with co-occurring physical, substance, and mental health disorders)	<input type="checkbox"/> <u>Alcohol &amp; Other Drug Use:</u> Current and chronic abuse or dependence <input type="checkbox"/> <u>Medical:</u> Conditions exist which are clearly made worse by a Mental Health Disorder and/or medical condition (s) impair ability to recover from a co-existing Mental Health Disorder	<input type="checkbox"/> <u>Alcohol &amp; Other Drug Use:</u> History of abuse/dependence and/or occasional misuse <input type="checkbox"/> <u>Medical:</u> Conditions exist, which may negatively affect and/or be affected by a Mental Health Disorder	<input type="checkbox"/> <u>Alcohol &amp; Other Drug Use:</u> None to Occasional Misuse <input type="checkbox"/> <u>Medical:</u> Conditions may exist, with no impact on Mental Health Disorder	
<b>TOTAL SCORE:</b>				



## Instructions

1. Each evaluation element is defined along a scale of zero to three.
2. Each score in the scale is defined by one or more criteria.
3. Only one of these criteria need be met for a score to be assigned for that element (with the exception of the "Impulse Control" criterion under the "Risk" element, which must include one additional criterion).
4. The evaluator should start in the "Severe" column and select the highest score or rating in which at least one of the criterion is met. For example, if one or more criterion is met, place a score of "3" in the "Score" column. If no criterion is met under the "Severe" column, the evaluator should next review the "Moderate" column and so forth.
5. If no criterion is met under an element, a score of zero should be given for that element.
6. Scores are placed in the far right column and summed under "Total Score."
7. On the Sacramento County Bi-Directional Medi-Cal Transition of Care Request form under the SCREENING OUTCOME, check the box in which the total score score falls.
8. If the score 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 Medi-Cal Transition of Care Request.
  - b. Send the Sacramento County Bi-Directional Medi-Cal Transition of Care Request and the Sacramento County Adult Medi-Cal 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.