



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: REFERRING PROVIDER INFORMATION

Sacramento County Mental Health Plan Provider: Sacramento County Mental Health Plan (MHP)
 Managed Care Plan (MCP) Network Provider: Aetna Anthem Blue Cross Health Net Kaiser Molina

Submitting Agency: _____ Submitting Program/Clinic: _____

Contact Name: _____ Title/Discipline: _____ Phone: _____

Address: _____ City: _____ State/Zip: _____ Date Completed: _____

B: CLIENT INFORMATION

Client Name: _____ Date of Birth: _____ Grade: _____ IEP: Y N

Cultural & Linguistic Requests: _____ Gender: _____ Race: _____ Ethnicity: _____

Address: _____ City: _____ State/Zip: _____ Phone: _____

Medi-Cal# (CIN)/SSN: _____ Caregiver/Guardian: _____ Phone: _____

CPS Worker: _____ Phone: _____ Probation Officer: _____ Phone: _____

PCP: _____ Phone: _____ Child 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): _____ Additional Pages Attached

Behavioral Health History (including Family, Education and Substance Use): _____ Additional Pages Attached

Brief Medical History: _____

C: CRITERIA FOR TRANSITION OF CARE FROM COUNTY MHP TO MCP

- 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: _____
- Client/Caregiver/Child Family Team in Agreement with Transition of Care

SERVICES REQUESTED:

- Medication management (See medication list and dosages)
- Additional/Other: _____

Aetna Better Health
Fax: 866-489-7441
Phone: 855-772-9076

Anthem Blue Cross
Fax: (855)473-7902
bchmservices@anthem.com

Health Net/MHN
Fax: (855) 703-3268
Phone: (800) 675-6110

Molina Healthcare
Fax: (562) 499-6105
MHCCaseManagement@
Molinahealthcare.com

Kaiser Permanente
Triage
North Phone: 916-973-5300
South Phone: 916-525-6100

D: CRITERIA FOR TRANSITION OF CARE FROM MCP TO COUNTY MHP

- Meets medical necessity for County MHP (See page 2 for Determination of Medical Necessity)

SERVICES REQUESTED:

- Outpatient Mental Health Services w/ Medication Services w/o Medication Services

Sacramento County Access

Fax: (916) 875-1190 Phone: (916) 875-1055 Toll Free: 1-888-881-4881 TTY: (916) 874-8070



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**

A. Covered Psychiatric Diagnosis

Must have one of the following DSM-5 diagnoses, which will be the focus of the intervention being provided:

INCLUDED DIAGNOSIS:

- Pervasive Developmental Disorders except Autistic Disorder, which is excluded
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorder
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- 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 in the diagnostic “A” criteria:

- 1. A significant impairment in an important area of life functioning;
OR
- 2. A probability of significant deterioration in an important area of life functioning;
OR
- 3. A probability the child will not progress developmentally as individually appropriated. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated.

C. Intervention Related Criteria

Must have all (1, 2, and 3 listed below):

- 1. The focus of proposed intervention is to address the condition identified in impairment criteria “B” above;
AND
- 2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important are of life functioning;
AND
- 3. The condition would not be responsive to physical healthcare based treatment.

EXCLUDED DIAGNOSES

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autistic Disorders
- Tic Disorders
- Delirium, Dementia, and Amnestic and Other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions that may be a focus of clinical attention, except Medication Induced Movement Disorders, which are included.

A client may receive services for an included diagnosis when an excluded diagnosis is also present.

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.