



Mental Health Plan (MHP) to Medi-Cal Plan (MCP) Referral Form For Non Open Cases (Tier III to Tier I, II coordination)

This document is to be used by **Mental Health Plan (MHP) Treatment Providers** (FFS Providers, DBH, Contract Agencies) for the purpose of making a treatment referral of beneficiaries/clients needing **Tier I, II Level** services provided by Managed Care Plans (MCP): IEHP, Kaiser, Molina Health Care **For Non-Open Cases**.

This form is not to be used for open cases which have a different referral process.

The goal is to provide the MCP with necessary information for coordination of transition of services to Beneficiaries not meeting Tier III criteria.

BENEFICIARY INFORMATION

Last Name: _____ First Name: _____
 DOB: _____ Age: _____ Telephone: _____
 Address: _____
 City: _____ Zip Code: _____ County: _____
 SSN: _____ or Medi-Cal # _____
 Current MCP Health Plan: IEHP Kaiser Molina Health Care Health Net Mental Health Network

REFERRAL COORDINATION INFORMATION

Coordination Referral Date: _____
 The above Beneficiary was:
 Assessed by the MHP on _____ (date), but does not meet Tier III SMHS criteria (NOA-A Issued)
 Authorization signed and on file with Department of Behavioral Health
 NOA given to client

MHP PROVIDER INFORMATION

MHP Program/Clinic/Provider Name: _____
 MHP Treatment Provider Name: _____
 Address: _____ City: _____ Zip Code: _____
 Fax: _____ Telephone: _____

Based on my assessment of this beneficiary's current treatment needs, Tier III SMHS criterion is currently not met. If there is additional information you feel necessary in order to provide the best possible transition Tier.I, II care to this beneficiary, or if you would like to discuss treatment, please contact me at the following telephone number/email.

Provider's Signature: _____ Date: _____

Telephone: _____ Email: _____

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