



Mental Health Screening Tool and Referral Instructions for Alameda County Behavioral Health Care Services Providers

KEY CONTACT INFORMATION

Mental Health Plan (MHP) / Specialty Mental Health Services (SMHS) :

Alameda County ACCESS Phone: 1-800-491-9099 Fax: 510-346-1083

Managed Care Plans (MCP):

Alameda Alliance/Beacon Phone: 1-855-856-0577 Fax: 866-422-3413

Kaiser Permanente Phone: 510-752-1075

Anthem Blue Cross Phone: 1-888-831-2246

DIRECTIONS FOR USING THE SCREENING TOOL FORM

- 1) Providers must complete the screening tool to determine if a consumer meets Specialty Mental Health Services criteria with moderate-severe impairment or should be referred to their managed care plan due to mild-moderate impairment.
- 2) Administer the screening tool. Please complete as much information on the screening tool as you can.
Clarifying information:
 - MEMBER INFO section/Documents Included – Consent form only required if sending clinical information to MCP/Primary Care Provider (PCP)
 - Referring Provider Name section – Only required if sending to MCP
 - Name, Title, Signature and Date – Clinician who completed screening form
 - Select screening tool criteria descriptions are listed on the back of this page

**Please note – If screening tool is completed for client currently in service who continues to meet medical necessity for specialty mental health services, clinician only has to complete the name, date of birth and diagnosis under "Member Info" and file in client's chart.*

- 3) Use the algorithm to determine if consumer should receive services through specialty mental health services or managed care plan.
- 4) If algorithm indicates mild-to-moderate condition, refer the consumer to his/her managed care plan or PCP for services (see contact information above). The name of the managed care plan should be listed on the back of consumer's Medi-Cal card.
- 5) If algorithm indicates significant impairment or moderate-severe condition, which meets medical necessity for SMHS :
 - **Please retain a copy of the completed screening tool form in the client's chart. This will be particularly important if the chart is audited in the future.**
 - If you work for a CBO/Master Contract Provider and bill through INSYT you can provide direct services.
 - If you are/work for a Network Provider and bill through BHCS Provider Relations/Claims department, it is necessary to obtain prior authorization through ACCESS. Please have the completed screening form with you when you call ACCESS seeking authorization or attach a copy of the screening form if you are submitting a Request for Prior Consultation. This is the only situation in which you need to send the completed screening form to ACCESS.

ADULT SCREENING TOOL CRITERIA DESCRIPTIONS:

Persistent symptoms after 2 medication trials	Two failed attempts at symptom management with medication trials
Multiple co-morbid health and mental health conditions	Example: Diabetes, high blood pressure and bipolar disorder
+ ED visits or 911 calls in past year	Pattern of frequent visits to the emergency room or 911 calls due to mental health condition
Non-minor dependent	Age 18-21 who is a dependent of the court through the juvenile court system (WIC 300)
Transitional age youth with first psychotic episode	Age 16-25 with the first onset of psychotic symptoms
Significant Functional Impairment	Patient is has significant impairment in a core area of life functioning due to the mental health condition. If using the World Health Organization Disability Assessment Schedule, a score of 4-5 denotes a "severe" or "extreme" functional impairment
Eating disorder with medical complications	The eating disorder is so severe that it has led to medical complications.
Failed SBI	The PCP has tried brief interventions for SUD and failed, thus requiring referral for more

CHILD SCREENING TOOL CRITERIA DESCRIPTIONS:

Impulsivity/hyperactivity	May include but not limited to being fidgety, disruptive, impulsive in behaviors, difficult completing tasks or restlessness
Trauma/recent loss	Any incidents including but not limited to death, witness or victim of violence, recent illnesses or family changes that are impacting a child's ability to cope
Self-injurious behavior	Self-injury including cutting, burning and other self-harming behaviors
Eating disorder with medical complications	The eating disorder is so severe that it has led to medical complications.
Substance abuse	Pattern of substance use leading to problems or distress
Oppositional	Pattern of defiance, disobedience or argumentative behavior with adults