



## 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
- 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, and the client is an adult 18-64, you can provide direct services.
  - If you are/work for a Network Provider and bill through BHCS Provider Relations/Claims department, and the client is a youth under 18 or an adult over 64, 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.
  - Network providers seeking re-authorization from BHCS Authorization Services must send a completed, signed copy of the screening form with their RES/RCR.

## ADULT SCREENING TOOL CRITERIA DESCRIPTIONS:

<b>Persistent symptoms after 2 medication trials</b>	Two failed attempts at symptom management with medication trials
<b>Multiple co-morbid health and mental health conditions</b>	Example: Diabetes, high blood pressure and bipolar disorder
<b>+ ED visits or 911 calls in past year</b>	Pattern of frequent visits to the emergency room or 911 calls due to mental health condition
<b>Non-minor dependent</b>	Age 18-21 who is a dependent of the court through the juvenile court system (WIC 300)
<b>Transitional age youth with first psychotic episode</b>	Age 16-25 with the first onset of psychotic symptoms
<b>Significant Functional Impairment</b>	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
<b>Eating disorder with medical complications</b>	The eating disorder is so severe that it has led to medical complications.
<b>Failed SBI</b>	The PCP has tried brief interventions for SUD and failed, thus requiring referral for more

## CHILD SCREENING TOOL CRITERIA DESCRIPTIONS:

<b>Impulsivity/hyperactivity</b>	May include but not limited to being fidgety, disruptive, impulsive in behaviors, difficult completing tasks or restlessness
<b>Trauma/recent loss</b>	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
<b>Self-injurious behavior</b>	Self-injury including cutting, burning and other self-harming behaviors
<b>Eating disorder with medical complications</b>	The eating disorder is so severe that it has led to medical complications.
<b>Substance abuse</b>	Pattern of substance use leading to problems or distress
<b>Oppositional</b>	Pattern of defiance, disobedience or argumentative behavior with adults

