
Alameda Alliance for Health Behavioral/Mental Health Provider Training

Welcome

Alameda Alliance for Health (Alliance) is excited about having a directly contracted relationship with behavioral health (BH) care providers to better offer whole-person care and services to our members. We appreciate your participation in helping us fulfill our mission to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high-quality, accessible, and affordable health care services.

Meeting Objectives

- ▶ Brief summary of the changes for BH care services in Alameda County.
- ▶ Overview of Community Supports & Enhanced Care Management Resources.
- ▶ Overview of the Alliance Provider Portal.
- ▶ Review the required Mental Health Initial Evaluation Form and the Mental Health Update Form.
- ▶ Review submission processes for referrals to County Behavioral Health and coordination of care.
- ▶ Q&A.

What's Changed

Previous State

- ▶ The Alliance worked with Beacon Health Options (Beacon) to provide mild to moderate Mental Health services to Alliance members.

As of Saturday, April 1, 2023

- ▶ The Alliance assumed all responsibilities for managing mild to moderate Mental Health services and benefits for our members.



Community Supports

at Alameda Alliance for Health

What are Community Supports?

- Part of the CalAIM initiative by the Department of Health Care Services (DHCS) to **improve the quality of life and health outcomes of Medi-Cal beneficiaries** by implementing broad delivery system, programmatic, and payment system reforms.
- Community Supports are services or settings that managed care plans (Alameda Alliance for Health) may offer in place of services or settings covered under the California Medicaid State Plan that are:
 - medically appropriate
 - cost effective alternatives

Community Supports offered by AAH

Community Supports	Provider	Active
Housing Transition Navigation Services	HCSA	X
Housing Deposits	HCSA	X
Housing Tenancy and Sustaining Services	HCSA	X
Recuperative Care (Medical Respite)	Cardea Health BACS Lifelong Adeline	X
(Caregiver) Respite Services	24 Hour Home Care	X
Nursing Facility Transition/Diversion to Assisted Living Facility (ALF)	East Bay Innovations (EBI)	January 1, 2024
Community Transition Services/Nursing Facility Transition to a Home	East Bay Innovations (EBI)	January 1, 2024
Personal Care and Homemaker Services	24 Hour Home Care	X
Environmental Accessibility Adaptations (Home Modifications)	East Bay Innovations (EBI)	X
Medically Tailored Meals/Medically Supportive Food	Project Open Hand Recipe 4 Health	X
Sobering Centers	TBD	January 1, 2024
Asthma Remediation (<19 years old)	Asthma Start – HCSA	Children – X Adults – January 1, 2024
Short-Term Post-Hospitalization Housing	TBD	TBD
Day Habilitation Programs	TBD	TBD

How to Refer to Community Supports

Community Supports	How to Refer
Housing Transition Navigation Services	Call 211 or walk into a Housing Resource Center
Housing Deposits	Call 211 or walk into a Housing Resource Center
Housing Tenancy and Sustaining Services	Call 211 or walk into a Housing Resource Center
Recuperative Care (Medical Respite)	Outreach to Medical Respite Providers
(Caregiver) Respite Services	Complete Request Form and send to CSDept@alamedaalliance.org
Nursing Facility Transition/Diversion to Assisted Living Facility (ALF)	Please refer to East Bay Innovations (EBI) for further evaluation
Community Transition Services/Nursing Facility Transition to a Home	Please refer to East Bay Innovations (EBI) for further evaluation
Personal Care and Homemaker Services	Complete Request Form and send to CSDept@alamedaalliance.org
Environmental Accessibility Adaptations (Home Modifications)	Please refer to East Bay Innovations (EBI) for further evaluation
Medically Tailored Meals/Medically Supportive Food	Complete Request Form and send to CSDept@alamedaalliance.org
Sobering Centers	TBD
Asthma Remediation (<19 years old)	Please refer to Asthma Start Program through HCSA
Short-Term Post-Hospitalization Housing	TBD
Day Habilitation Programs	TBD

Authorization Process of Community Supports

Community Supports (CS) Providers submit authorization request to AAH CS department



AAH CS team reviews authorization request and corresponding justification/documentation



Determination is made



Notification is sent:

Member

Referring provider

Rendering provider

PCP



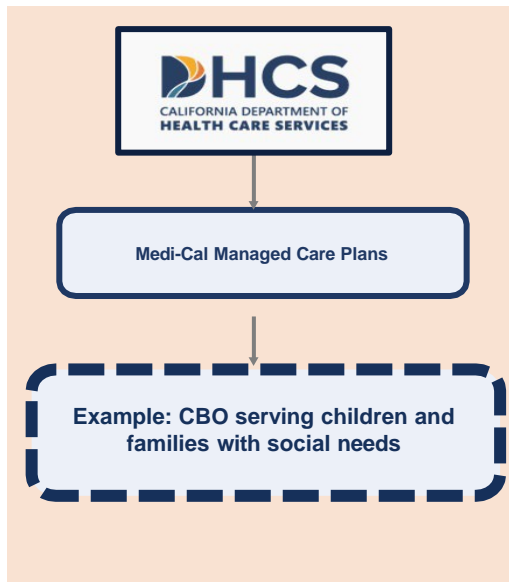
Enhanced Care Management (ECM)

at Alameda Alliance for Health

What is Enhanced Care Management (ECM)?

- ▶ ECM is a **statewide Medi-Cal Managed Care Plan (MCP) benefit** to support comprehensive care management for members with complex needs
- ▶ ECM is part of a broader Population Health Management ([PHM](#)) program within CalAIM in which MCPs systematically risk-stratify their enrolled populations and offer a menu of care management interventions at different levels of intensity with **ECM at the highest intensity level**
- ▶ ECM and Community Supports represents an opportunity for MCPs to work with providers, counties, and community-based organizations to deliver a strong set of integrated supports for those who need them most

How is ECM Provided?



ECM Providers must:

- Be **community-based entities**.
- Have **experience** providing care to members of the specific POFs they serve, in addition to clinic-based providers who serve a generalist role.
- Have **expertise** providing culturally appropriate, intensive, in-person, timely care management services.
- Agree to **contract with Medi-Cal MCPs** as ECM Providers and negotiate rates. DHCS does not set ECM Provider Rates.
- Must be able to **either submit claims to MCPs or use a DHCS invoicing template** to bill MCPs if unable to submit claims and **must have a documentation system for care management**.
- Have appropriate staffing in place to meet responsibilities in delivering care to each assigned member

Source: [DHCS: Launching ECM for Children and Youth Webinar](#)

ECM Populations of Focus

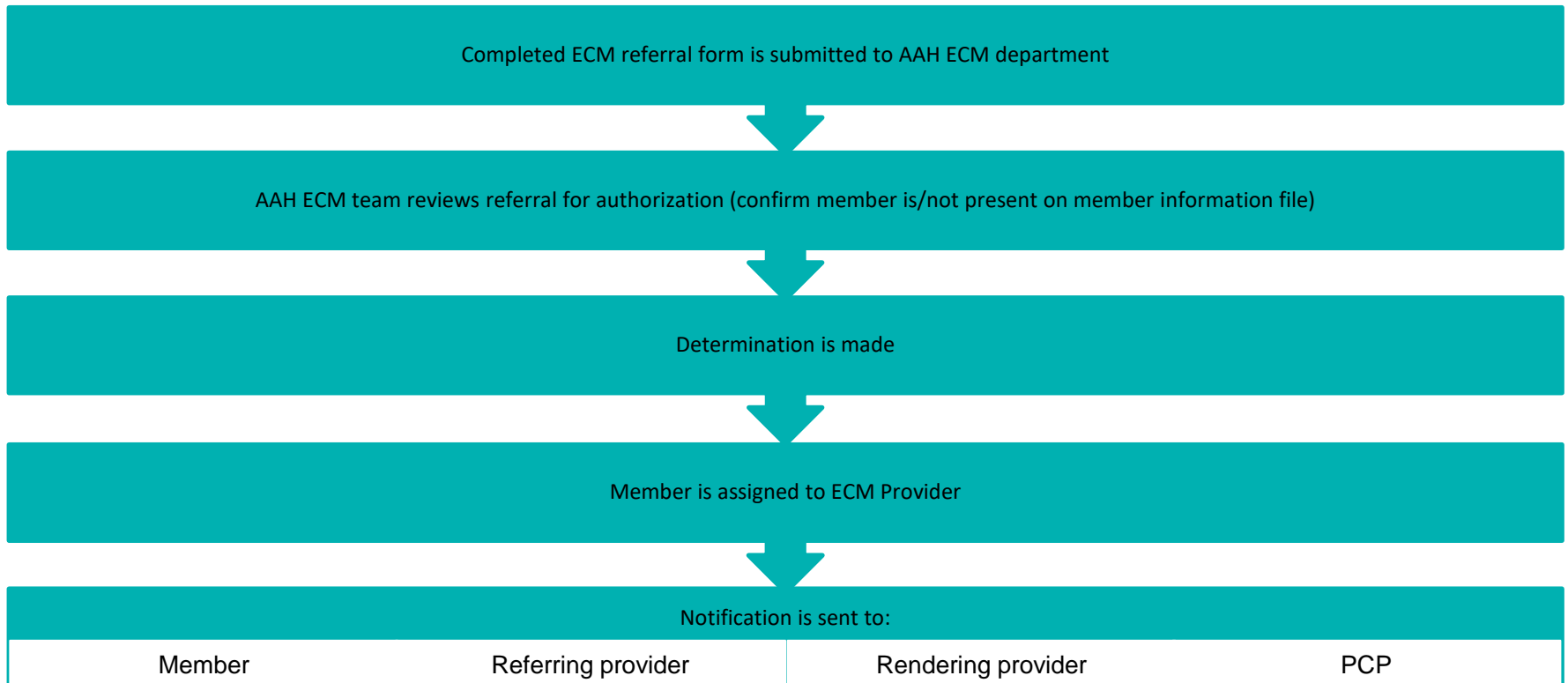
ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experience Homelessness	✓	
1b	Individuals Experience Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	Go-Live January 1, 2024	
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	Go-Live January 1, 2024	

ECM Implementation To-Date

Go-Live Date	ECM Populations of Focus
<p>Jan 1, 2022 (WPC / HHP counties)</p> <p>Jul 1, 2022 (all other counties)</p>	<ul style="list-style-type: none"> • Adults and Their Families Experiencing Homelessness • Adults At Risk of Avoidable Hospital or ED Utilization • Adults with Serious Mental Health and/or SUD Needs • Individuals Transitioning from Incarceration (some WPC counties)
<p>Jan 1, 2023</p>	<ul style="list-style-type: none"> • Adults Living in the Community and At Risk for LTC Institutionalization • Adult Nursing Facility Residents Transitioning to the Community
<p>Jul 1, 2023</p>	<ul style="list-style-type: none"> • Children & Youth Populations of Focus
<p>Jan 1, 2024</p>	<ul style="list-style-type: none"> • Birth Equity Population of Focus • Individuals Transitioning from Incarceration (statewide)

Source: [DHCS: ECM and CS Data Guidance Webinar](#)
 For more information see [ECM Policy Guide \(July 2023\)](#).

Referral and Authorization Process for ECM

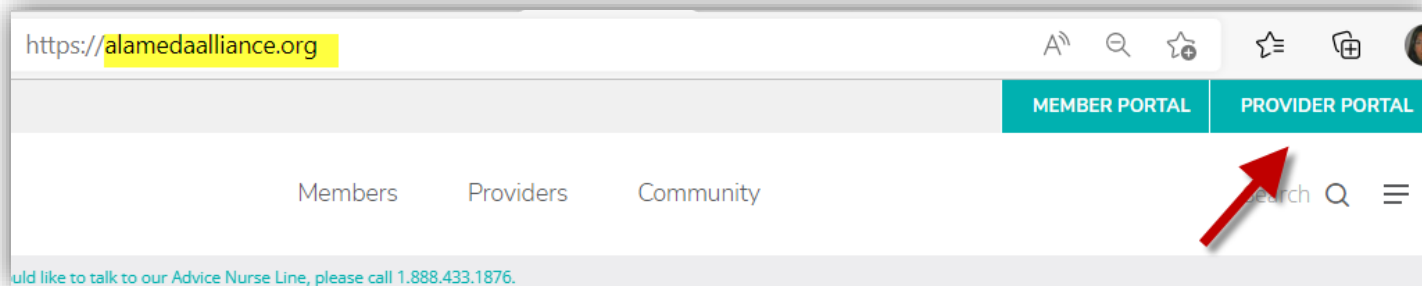


Alliance Provider Portal

The Initial Mental Health Evaluation Form &
The Mental Health Coordination of Care Update Form

Alliance Provider Portal

- ▶ Visit www.alamedaalliance.org.
- ▶ Select **Provider Portal** on the upper right section of the page.



Alliance Provider Portal (cont.)

- ▶ Create an account or Sign In.
- ▶ A **Provider Portal Instruction Guide** is available on the landing page.

WE ARE HERE TO HELP YOU

Helping our provider network improve efficiency, quality, and the patient experience.

As a provider and medical professional, the Alameda Alliance for Health provider site will give you the ability to check patient's eligibility, coverage, check claim status, update credentialing information, submit and view authorizations and referrals, collaborate on care plans, and more.

Provider Portal Instruction Guide

This guide will provide instructions on how to sign up for a provider portal account, what features are available, and how to navigate once you are logged into the provider portal. [Click here](#) to view the Provider Portal Instruction Guide.

News and Updates

Ⓜ **Avoid Waiting on the Phone. Use Our Automated Eligibility Verification Line!**

Find A Doctor or Facility

[Click here](#) to search for a doctor, specialist or facility in the Alliance network.

Sign into your account

Username

Password

Sign In **Create Account**

[Forgot your username or password?](#)

If you are having issues authenticating your username or password, please call:
 Alliance Provider Services Department
 Monday - Friday, 7:30 am - 5 pm
 Phone Number: 1.510.747.4510

Online Services

- Access guidelines, materials
- Check member eligibility and benefits
- Find forms and other resources
- Review claim status
- Search the provider and facility directory

Alliance Provider Portal (cont.)

- ▶ The toolbar at the top of the Alliance Provider Portal will have dropdown options that will allow the following functions:
 - ▶ Check member eligibility
 - ▶ Check claim status and view your Remittance Advice statement
 - ▶ Submit professional claims
 - ▶ View and submit authorizations

[Home](#)

[Member Info](#)

[Claims](#)

[Authorizations](#)

[Reports](#)

[Provider Resources](#)

Alliance Provider Portal (cont.)

Accessing the Mental Health Initial Evaluation Form

- ▶ Click on the **Forms** icon on the home page
- ▶ Click **Mental Health and Autism/ABA Forms**

WE ARE HERE TO HELP YOU

Welcome Kathy.

Thank you for being a part of the Alliance provider network! We value our dedicated provider partner community and we are committed to continuously improving our provider satisfaction. The Alliance Provider Portal will allow you to exchange information with us and gain access to services in a secure environment.

If you have any questions about the Alliance Provider Portal, our practices, or our members, please call:
Alliance Provider Services Department
Monday - Friday, 7:30 am - 5 pm
Phone Number: 1.510.747.4510

Pharmacy & Drug Benefits

Forms

Lab Results

Pharmacy

Provider Demographic Attestation

»News and Updates

- »Affordable Care Act - Provider Payment Increase
- »Provider Pulse Newsletter & Updates

»Contact Us

Alliance Provider Services Department
1240 South Loop Road
Alameda, CA 94502

Claims Address:
PO Box 2460
Alameda, CA 94501-0460

Forms

Online Submissions

Please use the forms below to complete online submissions.

[External PQI Summary Form](#)

[Interpreter Request Form](#)

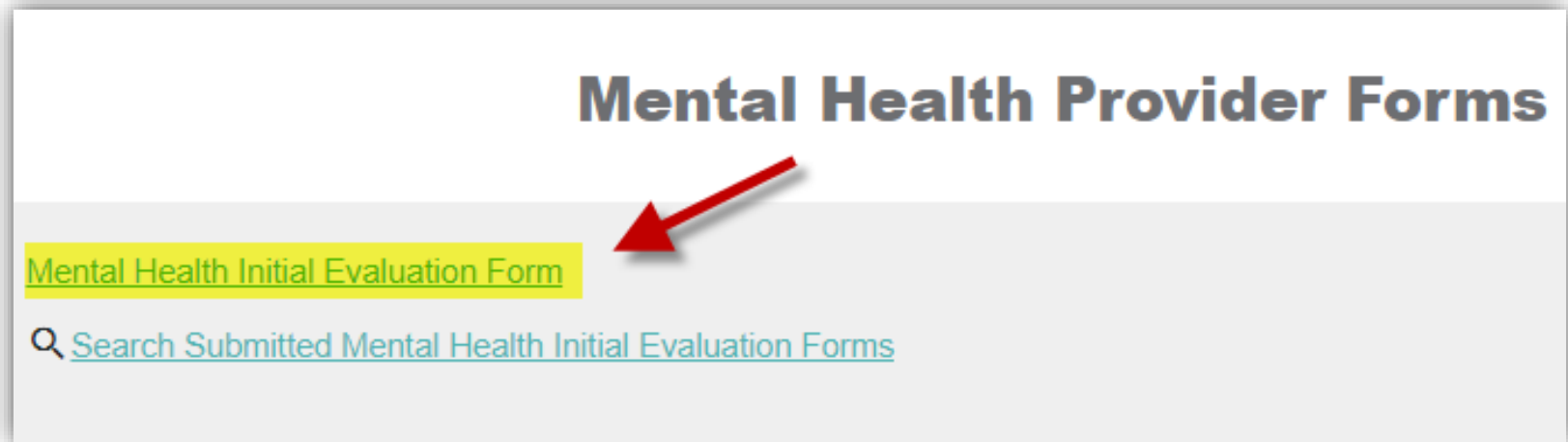
[Mental Health and Autism/ABA Forms](#)

[Long Term Care Forms](#)

Alliance Provider Portal (cont.)

Accessing the Mental Health Initial Evaluation Form

- ▶ Click on the **Mental Health Initial Evaluation Form** link
- ▶ Link is role-based for mental health providers who see members.
Contact Provider Services at 510.747.4510 if the link does not appear.



Care Coordination

The Initial Mental Health Evaluation Form

Care Coordination



- ▶ The Alliance has developed a form to help you submit the required information for care coordination with PCPs, and co-treating mental health care providers outside of your office including co-treating providers within ACBH.



- ▶ We have a specialized **Behavioral Health care management team**. We are committed to improving access to mental health care services by **eliminating prior authorizations (PA)** for most mental health care services including psychiatric medication consultation, group and individual psychotherapy.



- ▶ We are focused on **communication between mental health providers and physical health providers and co-treating mental health providers within ACBH** by leveraging communication through our Provider Portal.

Mental Health Initial Evaluation Form

- ▶ Used when a member has been evaluated for the first time by a Mental Health provider.
- ▶ Used to communicate to the Alliance Behavioral Health Care Management Team and to co-treating providers/PCPs.
- ▶ To submit, please log into our secure Alliance Provider Portal.

Mental Health Initial Evaluation Form (cont.)

- ▶ Confirm the **Mental Health Provider** who completed the evaluation.
- ▶ Search Member using
 - ▶ **Member ID** (Either AAH Member ID or MCAL CIN or SSN)
 - ▶ **Or Member First Name, Last Name and DOB.**
- ▶ The demographic data will auto-populate based on the Provider Portal login information.
- ▶ **Member Information** – You can look up the member to pre-populate data.

Mental Health Initial Evaluation Form

1 Member Information

Select Mental Health Provider: *

Member Name: *

Member ID: *

NOTE: Click on the search icon to search for a Member ID.

Date of Birth: *

Age: *

Sex: *

Address: *

City: *

State: *

Zip Code: *

County:

Phone Number:

Line of Business:

Notes:

NOTE: Please validate the member information including phone number and update as needed in this Notes section.

Next

Mental Health Initial Evaluation Form – PCP & Mental Health Provider Information (You)

Mental Health Initial Evaluation Form

Member Information

Member PCP Information

PCP/Clinic Name:

Phone Number:

City:

Zip Code:

PCP ID:

Address:

State:

Back Next

3 Treating Mental Health Provider

Last Name:

Provider NPI:

Address:

State:

Notes:

First Name:

Phone Number:

City:

Zip Code:

NOTE: Please validate the mental health provider information including phone number and update as needed in this Notes section.

Back Next

Member PCP Information

- ▶ The PCP information will auto-populate based on the PCP assignment

Treating Mental Health Provider

- ▶ Your information as “Treating Mental Health Provider” will be displayed to review for accuracy.
- ▶ Demographic changes can be added to the **Notes** section.

Mental Health Initial Evaluation Form

Visit Information

4 Visit Information

Initial Visit Date: *
 MM/DD/YYYY

Address:

State:

Phone Number:

Concurrent Mental Health Provider:

City:

Zip Code:

Review Notes:

NOTE: Please validate the Concurrent Mental Health Provider information including phone number and update as needed in this Notes section. If there is another mental health provider other than yourself also providing services to this member please identify their name and indicate the type of services they are providing

Back Next

Visit Information

- ▶ Enter the **Initial Visit Date**.
- ▶ If another **mental health care provider** is also treating this member, please enter their name as a “Concurrent Mental Health Provider”.
- ▶ The provider information will auto-populate. You do not need to enter their address or phone #.

Mental Health Initial Evaluation Form

Major Presenting Problems and Concerns

5 Major Presenting Symptoms & Concerns

(Select at least one from below)

Rating of level of severity: Mild(1); Moderate(2); Severe(3) (leave blank if not applicable)

Aggressive Behavior	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Dissociation	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Anxiety	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Dizziness, Light-Headed	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Assaultive Behavior	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Eating Disturbance	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Attention Problems	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Hallucination	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Compulsive Behavior	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Isolation	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Difficulty Concentrating	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Paranoia	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Confusion	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Difficulty Sleeping	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Depression	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Substance Abuse	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Disruptive Conduct	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Weight Change	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Other	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	_____	

Back

Next

Major Presenting Symptoms & Concerns

- ▶ Identify the major presenting symptoms and concerns and rate the severity.

Mental Health Initial Evaluation Form

Diagnosis & Current Medications

The screenshot shows the 'Diagnosis' section of the form. It features a search bar with the text 'Diagnosis:' and a placeholder 'Please type a minimum of three(3) characters to search for diagnosis.' Below the search bar is a table with columns for 'DSM Code', 'Description', and 'Action'. There are 'Add Diagnosis', 'Back', and 'Next' buttons.

Diagnosis

- ▶ Enter the Primary **Diagnosis** by entering the diagnostic codes from the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM DX code) or the code description to auto populate.
- ▶ Enter any secondary diagnosis as needed.

The screenshot shows the 'Current Medications' section of the form. It includes a note: 'NOTE: Below we have provided the list of last six (6) months as report to Alameda Alliance.' Below the note is a table with columns for 'Number', 'Medication Name', 'Quantity', 'Days Supplied', 'Days Filled', and 'Dosage'. The table currently displays 'No data found'. There are 'Back' and 'Next' buttons.

Current Medication

- ▶ All pharmacy information will populate.

Mental Health Initial Evaluation Form – Mental Health Provider Findings and Recommendations

8 Mental Health Provider Findings and Recommendations

Message to PCP

None
 Message to PCP
 Consider initiating psychotropic medication
 Consider adjusting existing psychotropic medication

Please explain message:

Mental Health Provider to provide follow-up Treatment: *

Select Mental Health Provider

Recommendation for Mental Health Treatment

Mental Health Treatment:
Select Mental Health Treatment

CPT Code - Description: *
Select CPT Code - Description

Units:
Units

Add CPT Codes

Treatment	Code Description	Units	Group Therapy	Action
Other Services Recommendations: (Ex: Evaluation for Detoxification, Evaluation for Structured Outpatient Program, Substance Abuse Services Evaluation)				
(Ex: Evaluation for Detoxification, Evaluation for Structured Outpatient Program, Substance Abuse Services Evaluation)				

Age Category for Further Assessment: 17+ Adult

Instructions: Click on Screening Tool and/or Transition of Care Tool below. Download a copy. Complete. Attach using the Attachment(s) section.

Optional Forms:

Screening Tool for Medi-Cal Mental Health Services (Adult)
Use this form to determine the appropriate delivery system for individuals who are not currently receiving mental health services.
[Screening Tool for Medi-Cal Mental Health Services](#)

Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)
The transition of care tool is used when an individual's needs require a new service, or an added service AND the new/ additional service is through another delivery system (MCP or MHP)
[Transition of Care Tool for Medi-Cal Mental Health Services](#)

Back Next

Mental Health Provider Findings and Recommendations

▶ This section allows you to send a message to the member's PCP.

- ▶ Select **None** or **Message to PCP**.
- ▶ Type the message in the field below.
- ▶ Under the **Mental Health Provider to provide follow-up Treatment** dropdown, select **Self** or **First Available Alliance Contracted(Panel) Mental Health Provider** or **Specific Alliance Contracted(Panel) Mental Health Provider**
- ▶ Select treatment modality(s) (e.g., individual, family, etc.).
- ▶ **When referring to County Behavioral Health (ACBH), select the transition of care tool.**
- ▶ Select **Next**.

Mental Health Initial Evaluation Form – Attachments (e.g: Transition of Care Tool)

9
Attachment(s)

Upload file(s)

Uploaded attachments:

File Name	File Type	File Size	Action
<p>* Minimum file size for attachment is greater than 1KB, and Maximum file size is 2MB.</p> <p>* Allowed file extensions: License file(.lic), Word documents(.doc, .docx), Excel documents(.xls, .xlsx), Powerpoint documents(.ppt, .pptx), Text files(.txt), Richtext documents(.rtf), Portable Document Format(.pdf), Bitmap image file(.bmp), Image file (.jpg, .gif, .tif).</p> <p>* File name for the attachment should be maximum 100 characters including extension, allowed characters A-Z, a-z, 0-9, - (dash), _ (underscore) and spaces.</p>			

Back
Next

Attachments

- ▶ Attach additional documents as needed (e.g., the Transition of Care Tool when referring to county)

Transition of Care Tool (Referrals to Alameda County Specialty Mental Health)

- ▶ **NO WRONG DOOR Policy**
 - ▶ Members can now receive mental health services from Alameda County Behavioral Health (ACBH) and the Alliance simultaneously.
 - ▶ Care coordination between Alliance providers (you) and ACBH providers (e.g., county psychiatrist, Intensive Outpatient Program (IOP), Full-Service Partnership (FSP), etc.) is required to ensure non-duplicative services and collaborative care.
- ▶ **New Transition of Care Tool** is required when Alliance mental health providers refer members to ACBH for specialty mental health services (SMHS).
- ▶ **Youth and adult screening tools** are to be used by the Alliance non-clinical member services staff and ACBH ACCESS team members only.

REFERRING PLAN INFORMATION	
<input type="checkbox"/> County Mental Health Plan <input type="checkbox"/> Managed Care Plan	
Submitting Plan:	
Plan Contact Name:	Title:
Phone:	Email:
Address:	
City:	State: Zip:
BENEFICIARY INFORMATION	
Beneficiary's Name:	Date of Birth:
Beneficiary's Preferred Name:	
<input type="checkbox"/> Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>
	Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/>
Address:	
City:	State: Zip:
Phone:	Email:
Caregiver/Guardian:	Phone:
Medi-Cal Number (CIN)/SSN:	

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The Dept of Health Care Services (DHCS) Transition of Care Tool Instructions

▶ Review DHCS Instructions:

State of California – Health and Human Services Agency

Department of Health Care Services

Transition of Care Tool for Medi-Cal Mental Health Services

The Transition of Care Tool for Medi-Cal Mental Health Services (hereafter referred to as the Transition of Care Tool) leverages existing clinical information to document an individual's mental health needs and facilitate a referral to the individual's Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) as needed. The Transition of Care Tool is to be used when an individual who is receiving mental health services from one delivery system experiences a change in their service needs and 1) their existing services need to be transitioned to the other delivery system or 2) services need to be added to their existing mental health treatment from the other delivery system.

Instructions: The determination to transition services to and/or add services from the other mental health delivery system must be made by a clinician in alignment with protocols. Once a clinician has made the determination to transition care or refer for services, all of the following actions must be taken:

1. Complete the Transition of Care Tool.
2. Send the Transition of Care Tool and any relevant supporting documentation to the plan the beneficiary is being referred to.
3. Continue to provide necessary mental health services and coordinate the transition of care or service referral with the receiving plan, including follow up to ensure services have been made available to the individual.

Completing the Transition of Care Tool

- ▶ Select Managed Care Plan
- ▶ Referring Plan Information:
Alameda Alliance for Health
- ▶ Enter Beneficiary Information
- ▶ Check the box to indicate that member agrees with referral
- ▶ Fill in address Caregiver/Guardian and Medi-Cal or SSN number

State of California – Health and Human Services Agency

Department of Health Care Services

Transition of Care Tool for Medi-Cal Mental Health Services

REFERRING PLAN INFORMATION	
<input type="checkbox"/> County Mental Health Plan <input checked="" type="checkbox"/> Managed Care Plan	
Submitting Plan: _____	
Plan Contact Name: _____	Title: _____
Phone: _____	Email: _____
Address: _____	
City: _____	State: _____ Zip: _____
BENEFICIARY INFORMATION	
Beneficiary's Name: _____	Date of Birth: _____
Beneficiary's Preferred Name: _____	
<input type="checkbox"/> Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> _____
	Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Email: _____
Caregiver/Guardian: _____	Phone: _____
Medi-Cal Number (CIN)/SSN: _____	

Transition of Care Tool: Beneficiary Information

- ▶ List the BH Diagnoses
- ▶ List any Supporting Documents
- ▶ List any Cultural or Linguistic Requests
- ▶ Describe Presenting Symptoms/Behaviors

State of California – Health and Human Services Agency

Department of Health Care Services

BENEFICIARY INFORMATION
Behavioral Health Diagnosis or Diagnoses, if known:
Supporting Clinical Documents Included:
Cultural and Linguistic Requests:
Current Presenting Symptoms/Behaviors (including substance use if appropriate):
<input type="checkbox"/> Additional Pages Attached

Transition of Care Form: Beneficiary Information Continued

- ▶ Describe Current Environmental Factors
- ▶ Enter Brief BH History
- ▶ Enter Brief Medical History
- ▶ Enter Current Medications (See Pharmacy Data Provided)

State of California – Health and Human Services Agency

Department of Health Care Services

BENEFICIARY INFORMATION
Current Environmental Factors (including changes in caregiver relationships, living environment, and/or educational considerations): <input type="checkbox"/> Additional Pages Attached
Brief Behavioral Health History (including psychosocial stressors and/or traumatic experiences): <input type="checkbox"/> Additional Pages Attached
Brief Medical History: <input type="checkbox"/> Additional Pages Attached
Current Medications/Dosage: <input type="checkbox"/> Additional Pages Attached

Transition of Care Form: Beneficiary Information Continued

- ▶ Referring Provider –
Enter your name & phone #
- ▶ Services Requested:
 - ▶ Select “Transition of Care”
To fully transition care to ACBH
 - ▶ Select “Addition of Service(s)”
To continue your treatment &
Add additional services through ACBH

State of California – Health and Human Services Agency Department of Health Care Services

BENEFICIARY INFORMATION			
Referring Provider/Current Care Team:		Phone:	
<input type="text"/>		<input type="text"/>	
SERVICES REQUESTED: <input type="checkbox"/> Transition of Care <input type="checkbox"/> Addition of Service(s)			
What service(s) is the beneficiary being referred for?			
<input style="height: 100px;" type="text"/>			
TRANSITION OF CARE OR SERVICE REFERRAL DESTINATION			
<input type="checkbox"/> Managed Care Plan:			
Managed Care Plan Contact Information			
Fax: <input type="text"/>	Phone: <input type="text"/>	Toll Free: <input type="text"/>	TTY: <input type="text"/>
<input type="checkbox"/> County Mental Health Plan:			
County Mental Health Plan Contact Information			
Fax: <input type="text"/>	Phone: <input type="text"/>	Toll Free: <input type="text"/>	TTY: <input type="text"/>

Completing and Submitting the Transition of Care Tool

- ▶ Select entered and saved Transition of Care Tool and upload as an attachment and click Next

9 Attachment(s)

Upload file(s)

Uploaded attachments:

File Name	File Type	File Size	Action
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* Minimum file size for attachment is greater than 1KB, and Maximum file size is 2MB.

* Allowed file extensions:

License file(.lic), Word documents(.doc, .docx), Excel documents(.xls, .xlsx), Powerpoint documents(.ppt, .pptx), Text files(.txt), Richtext documents(.rtf), Portable Document Format(.pdf), Bitmap image file(.bmp), Image file (.jpg, .gif, .tif).

* File name for the attachment should be maximum 100 characters including extension, allowed characters A-Z, a-z, 0-9, - (dash), _ (underscore) and spaces.





Back

Next

Preview and Submit

- ▶ The summary of your completed Mental Health Initial Evaluation Form will be displayed for your review.
- ▶ You can edit any section by selecting the **red** pencil.

10
Preview & Submit

<u>Member Information:</u>		
Mental Health Provider:		
Member Name:	Member ID:	
Date of Birth:	Age:	
Sex:	Address:	
City:	State:	
Zip Code:	County:	
Phone Number:	Line of Business:	
Notes:		
<u>Member PCP Information:</u>		
PCP Name:	PCP ID:	
Phone Number:	Address:	
City:	State:	
Zip Code:		
<u>Treating Mental Health Provider:</u>		
First Name:	Last Name:	
PCP ID:	Phone Number:	
Address:	City:	
State:	Zip Code:	
Notes:		
<u>Visit Information:</u>		
Initial Visit Date:	Concurrent Mental Health Provider:	
Address:	City:	
State:	Zip Code:	
Phone Number:		
Notes:		

Initial Evaluation Form– Submission

- ▶ After reviewing the entered form, Click on **Submit** to Submit the form.
- ▶ Copy of the submitted form will be auto downloaded for future reference.

Mental Health Provider Findings and Recommendations:



Message to PCP: None

Please explain message:

Mental Health Provider:

Recommendation for Mental Health Treatment:

No data found

Other Services Recommendations:

Age Appropriate Assessment:

Attachment(s):



No attachments

Name and Title Smith Aaron

Date Signed 8/22/2023

MM/DD/YYYY

Mental Health Coordination of Care Update Form - [Alameda Alliance Provider Portal Login](#)

What's important

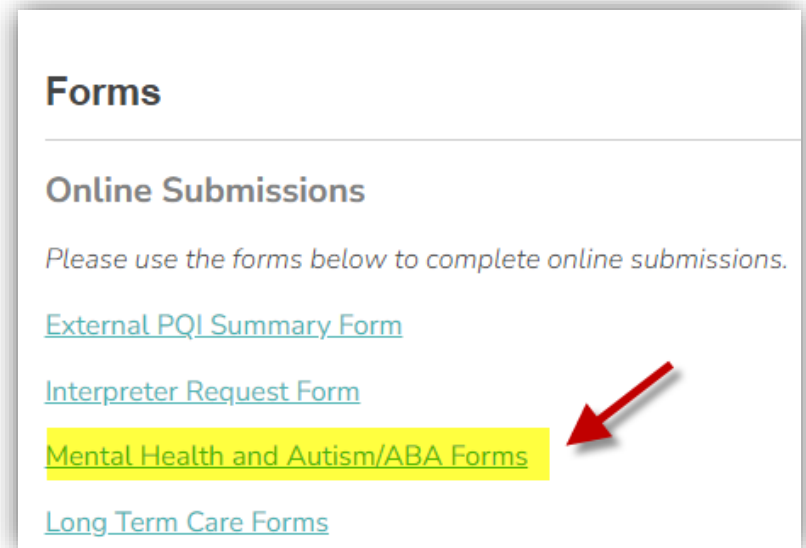
- ▶ This form is to be used when a member has been seen for 12 visits to provide an update to the Alliance and co-treating providers including the member's PCP
- ▶ This form can be used at any time during treatment to communicate with the Alliance BH team or to refer a member to ACBH for Specialty Mental Health Services or to coordinate care with Co-treating providers/PCPs.

The screenshot shows the Alameda Alliance for Health website. At the top left, there are links for 'ABOUT US' and 'CONTACT US'. The logo 'ALAMEDA Alliance FOR HEALTH' is visible. A teal banner at the top right reads 'ALAMEDA ALLIANCE FOR HEALTH'. Below the banner is a large image of a family (a man, a woman, and two children) walking a dog in a park. Below the image is a teal banner with the text 'WE ARE HERE TO HELP YOU'. Underneath, there is a section titled 'Helping our provider network improve efficiency, quality, and the patient experience.' followed by a paragraph: 'As a provider and medical professional, the Alameda Alliance for Health provider site will give you the ability to check patient's eligibility, coverage, if not, claim status, update credentialing information, submit and view authorizations and referrals, collaborate on care plans, and more.' Below this is a link for 'Provider Portal Instruction Guide' with a note: 'This guide will provide instructions on how to sign up for a provider portal account.' To the right is a 'Sign into your account' section with input fields for 'Username' and 'Password', and buttons for 'Sign In' and 'Create Account'.

Mental Health Coordination of Care

Update Form- [Behavioral Health Forms link to AAH Portal](#)

- ▶ From the Forms Section select “Mental Health and Autism/ABA Forms”



Forms

Online Submissions

Please use the forms below to complete online submissions.

[External PQI Summary Form](#)

[Interpreter Request Form](#)

[Mental Health and Autism/ABA Forms](#)

[Long Term Care Forms](#)

Mental Health Coordination of Care Update

Form - [Alliance Portal Behavioral Health Home Page with links](#)

- ▶ Select “Mental Health Coordination of Care Update Form” to coordinate care after 12 visits; or at any time you wish to coordinate care with co-treating providers, the Alliance Behavioral Health Care Managers, or when you want to refer members to ACBH.
- ▶ To view previously submitted Update Forms - optional

[Mental Health Initial Evaluation Form](#)

🔍 [Search Submitted Mental Health Initial Evaluation Forms](#)

[Mental Health Coordination of Care Update Form](#)



🔍 [Search Submitted Mental Health Coordination of Care Update Forms](#)

Mental Health Coordination of Care Update Form

Member Information

- ▶ Confirm the **Mental Health Provider** who completed the evaluation.
- ▶ Search Member using
 - ▶ Member ID (Either AAH Member ID or MCAL CIN or SSN)
 - ▶ Or Member First Name, Last Name and DOB.
- ▶ Based on the Member ID/Data, previously submitted form details will be listed.
 - ▶ The most recently submitted form can be selected for Care Coordination Update.
- ▶ The demographic data will auto-populate based on the Provider Portal login information.
- ▶ **Member Information** – You can look up the member to pre-populate data.

1 Member Information

Select Mental Health Provider: *

Member Name: *

Date of Birth: *

Sex: *

City: *

Zip Code: *

Phone Number:

Notes:

NOTE: Please validate the member information including phone number and update as needed in this Notes section.

Member ID: *

NOTE: Click on the search icon to search for a Member ID.

Age: *

Address: *

State: *

County:

Line of Business:

[Next](#)

Member search by: AAH Member ID / MCAL CIN / SSN Last Name, First Name, Date of Birth

Search by: AAH Member ID / MCAL CIN / SSN

Find a member by: *

MCAL CIN * XXXXXXXXXX

[Search](#) [Clear](#)

Action	Member ID	ID Type	Last Name	First Name	Date of Birth	Address	Status
Select	XXXXXXXXXX						

Action	Tracking ID	Submitted Date
Load	BI20230907122839822	09/07/2023
Download	BU20230517090435238	05/17/2023

Mental Health Coordination of Care Update Form

— PCP & Mental Health Provider Information

1 Member Information

2 Member PCP Information

PCP/Clinic Name:

Phone Number:

City:

Zip Code:

PCP ID:

Address:

State:

3 Treating Mental Health Provider

Last Name:

Provider NPI:

Address:

State:

Notes:

First Name:

Phone Number:

City:

Zip Code:

NOTE: Please validate the mental health provider information including phone number and update as needed in this Notes section.

Member PCP Information

- The PCP information will auto-populate based on the PCP assignment.



Treating Mental Health Provider

- The behavioral health care provider information will be displayed to review for accuracy.
- Demographic changes can be added to the Notes section.

Mental Health Coordination of Care Update Form - Visit Information

- ▶ Enter the Most Recent Visit Date.
- ▶ If another behavioral health care provider (Concurrent Mental Health Provider) is also treating this member, please enter their name.
- ▶ The provider information will auto-populate.
- ▶ Make any corrections in the “**Review Notes**” section.

4 Visit Information

Most Recent Visit Date: * MM/DD/YYYY 	Concurrent Mental Health Provider: <input type="text"/> 
Address: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/>	Zip Code: <input type="text"/>
Phone Number: <input type="text"/>	
Review Notes: <input type="text"/>	

NOTE: Please validate the Concurrent Mental Health Provider information including phone number and update as needed in this Notes section. If there is another mental health provider other than yourself also providing services to this member please identify their name and indicate the type of services they are providing

[Back](#) [Next](#)

Mental Health Coordination of Care

Update Form – Major Presenting Symptoms & Concerns

- ▶ The symptoms, problems and level of severity ratings from your previous submission will auto-populate and you can revise based on member’s status at most recent visit.

5 Major Presenting Symptoms & Concerns

Previous Major Presenting Symptoms & Concerns ()

(Select at least one from below)

Rating of level of severity: Mild(1); Moderate(2); Severe(3) (leave blank if not applicable)

Aggressive Behavior	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Dissociation	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Anxiety	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Dizziness, Light-Headed	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Assaultive Behavior	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Eating Disturbance	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Attention Problems	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Hallucination	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Compulsive Behavior	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Isolation	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Difficulty Concentrating	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Paranoia	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Confusion	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Difficulty Sleeping	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Depression	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Substance Abuse	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Disruptive Conduct	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	Weight Change	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3
Other	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3							

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Next

Mental Health Coordination of Care

Update Form - Diagnosis

- ▶ The Diagnosis(s) from your previous submission will populate and you can revise based on the member's status as of their most recent visit. You can update the diagnosis(s) as needed.

6 **Diagnosis**

Diagnosis: *

Please type a minimum of three(3) characters to search for diagnosis.

Add Diagnosis

DSM Code	Description	Action

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Next

6 **Diagnosis**

Diagnosis:

f80

F80.0 Speech sound disorder

F80.2 Language disorder

F80.81 Childhood-onset fluency disorder (stuttering)

F80.89 Social (pragmatic) communication disorder

F80.9 Unspecified communication disorder

Mental Health Coordination of Care

Update Form – Current Member Medications

- ▶ All pharmacy information will auto-populate.

7 **Current Medications**

NOTE: Below we have provided the list of last six (6) months as report to Alameda Alliance.

Number	Medication Name	Quantity	Days Supplied	Days Filled	Dosage
No data found					

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Mental Health Coordination of Care Update

Form – Mental Health Provider Findings and Recommendations

8 Mental Health Provider Findings and Recommendations

Message to PCP

None
 Message to PCP
 Consider initiating psychotropic medication
 Consider adjusting existing psychotropic medication

Please explain message:

Mental Health Provider to provide follow-up Treatment: *

Select Mental Health Provider

Recommendation for Mental Health Treatment

Mental Health Treatment:

Select Mental Health Treatment

CPT Code - Description: *

Select CPT Code - Description

Units:

Units

Add CPT Codes

Treatment	Code Description	Units	Group Therapy	Action
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- ▶ This section allows you to send a message to the member's PCP.
 - ▶ Select **None** or **Message to PCP**.
 - ▶ Type the message in the field below.
 - ▶ Under the **Mental Health Provider to provide follow-up Treatment** dropdown, select **Self or First Available Alliance Contracted(Panel) Mental Health Provider or Specific Alliance Contracted(Panel) Mental Health Provider**
 - ▶ Select treatment modality (e.g., individual, family, etc.).
 - ▶ When referring to county Behavioral Health select the transition of care

Mental Health Provider to provide follow-up Treatment: *

Evaluating Mental Health Provider (Self)

First Available Alliance Panel Mental Health Provider

Specific Alliance Contracted Mental Health Provider

Mental Health Treatment

Mental Health Coordination of Care Update

Form – Recommendations for Mental Health Treatment

- ▶ Select the treatment modality(s) to be provided.
- ▶ Select the appropriate corresponding CPT codes.

Recommendation for Mental Health Treatment

Mental Health Treatment:

Individual Psychotherapy

Family Therapy

Group Therapy

Psychiatric Evaluation / Psychotropic Medication Assessment

Psychiatric Medication Management

CPT Code - Description: *

90832 - Psychotherapy 30 (16-37) min

90834 - Psychotherapy 45 (38-52) min

90837 - Psychotherapy 60 (53+) min

Add CPT Codes

Mental Health Coordination of Care

Update Form — Attachment(s)

- ▶ Attach additional documents as needed (e.g., the Transition of Care Tool when referring to county) and upload as an attachment and click Next

9 Attachment(s)

Uploaded attachments:

Upload file(s)

File Name	File Type	File Size	Action
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* Minimum file size for attachment is greater than 1KB, and Maximum file size is 2MB.

* Allowed file extensions:

License file(.lic), Word documents(.doc, .docx), Excel documents(.xls, .xlsx), Powerpoint documents(.ppt, .pptx), Text files(.txt), Richtext documents(.rtf), Portable Document Format(.pdf), Bitmap image file(.bmp), Image file (.jpg, .gif, .tif).

* File name for the attachment should be maximum 100 characters including extension, allowed characters A-Z, a-z, 0-9, - (dash), _ (underscore) and spaces.

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Next

Mental Health Coordination of Care

Update Form — Preview & Submit

- ▶ The summary of your completed Coordination of Care Form will appear for your review.
- ▶ You can edit any section by selecting the **red** pencil.


10
Preview & Submit

<u>Member Information:</u>		
Mental Health Provider: _____ ,		
Member Name:	Member ID:	
Date of Birth:	Age:	
Sex:	Address:	
City:	State:	
Zip Code:	County:	
Phone Number:	Line of Business:	
Notes:		
<u>Member PCP Information:</u>		
PCP Name:	PCP ID:	
Phone Number:	Address:	
City:	State:	
Zip Code:		
<u>Treating Mental Health Provider:</u>		
First Name:	Last Name:	
PCP ID:	Phone Number:	
Address:	City:	
State:	Zip Code:	
Notes:		
<u>Visit Information:</u>		
Initial Visit Date:	Concurrent Mental Health Provider:	
Address:	City:	
State:	Zip Code:	
Phone Number:		
Notes:		

Mental Health Coordination of Care

Update Form — Preview and Submit

- ▶ After reviewing the entered form, Click on Submit to Submit the form.
- ▶ Copy of the submitted form will be auto downloaded for future reference.

Major Presenting Symptoms & Concerns: 

Aggressive Behavior:

Dissociation:

Anxiety:

Dizziness, Light-Headed:

Assaultive Behavior:

Eating Disturbance:

Attention Problems:

Hallucination:

Compulsive Behavior:

Isolation:

Difficulty Concentrating:

Paranoia:

Confusion:

Difficulty Sleeping:


Depression:

Substance Abuse:

Disruptive Conduct:

Weight Change:

Other:

Diagnosis: 

No data found

Current Medications: 

(Below we have provided a list of the last six(6) months of medications that were reported to the Alliance.)

No data found

Mental Health Coordination of Care

Update Form — Search Previous Submissions

- ▶ Optional: You can search previous Coordination of Care Form Submissions.



This page allows you to search and view previously submitted online Mental Health Initial Evaluation Form (submitted through the Provider Portal).

Mental Health Initial Evaluation Form search by: Tracking Number AAH MemberID, Date of service

Search by: Tracking Number

Tracking Number:

Action	Tracking ID	AAH Member ID	ID Type	Submitted Date
No data found				

Below is a list of the previously submitted 10 online Mental Health Coordination of Care Update form submissions (within last 7 days) for your reference. You may click on Preview to display the details of what was submitted.

Recent Online Submissions

Action	Tracking ID	Submitted Date
<input type="button" value="Preview"/>	BU20230815122832710	08/15/2023 12:28 PM
<input type="button" value="Preview"/>	BU20230807132925486	08/07/2023 01:29 PM
<input type="button" value="Preview"/>	BU20230802162250800	08/02/2023 04:22 PM
<input type="button" value="Preview"/>	BU20230802162040034	08/02/2023 04:20 PM
<input type="button" value="Preview"/>	BU20230802160840946	08/02/2023 04:08 PM

Key Points

Continuity of Care (CoC) – 12 months

- ▶ The Alliance will automatically provide 12 months of continuity of care (CoC) for BH care providers serving any member of any age prior to 04/01/2023. Automatic CoC means that if the member received services through Beacon in the 12 months prior to 04/01/2023 from a provider, that member has the right to continue to receive services from that provider. Members who received mental health services through Beacon may continue to receive services from their existing providers if their provider is contracted with the Alliance or entered into a Letter of Agreement with the Alliance.
- ▶ Providers who do not elect to contract with the Alliance may continue to provide care to existing members in treatment by executing a Single Case Letter of Agreement.

Key Points

Changes in Level of Care

- ▶ The Alliance is responsible for mild-to-moderate benefits. ACBH is responsible for moderate-to-severe benefits.
- ▶ Members who would benefit from services provided in either Alliance or ACBH systems of care may be referred using the Transition of Care Tool provided in the Alliance Provider Portal and as an attachment to the Initial Evaluation and Subsequent Coordination of Care Forms.
- ▶ Recent changes provided by the Department of Health Care Services (DHCS) now allow members to be treated in both systems simultaneously for medically necessary mental health services.
- ▶ The Alliance and ACBH will coordinate all transitions of care to ensure that members receive the appropriate care in both systems.

Provider Resources

We are here to help

Please contact us if you have any questions or concerns, including authorization and billing inquiries.

- ▶ Alliance Website
www.alamedaalliance.org

- ▶ Provider Manual
www.alamedaalliance.org/providers/alliance-provider-manual/

- ▶ Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
ProviderServices@alamedaalliance.org

Thank You!
Questions?