Alameda Alliance for Health Behavioral/Mental Health Provider Training

ALAMEDA Alliance FOR HEALTH

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

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

Source: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide

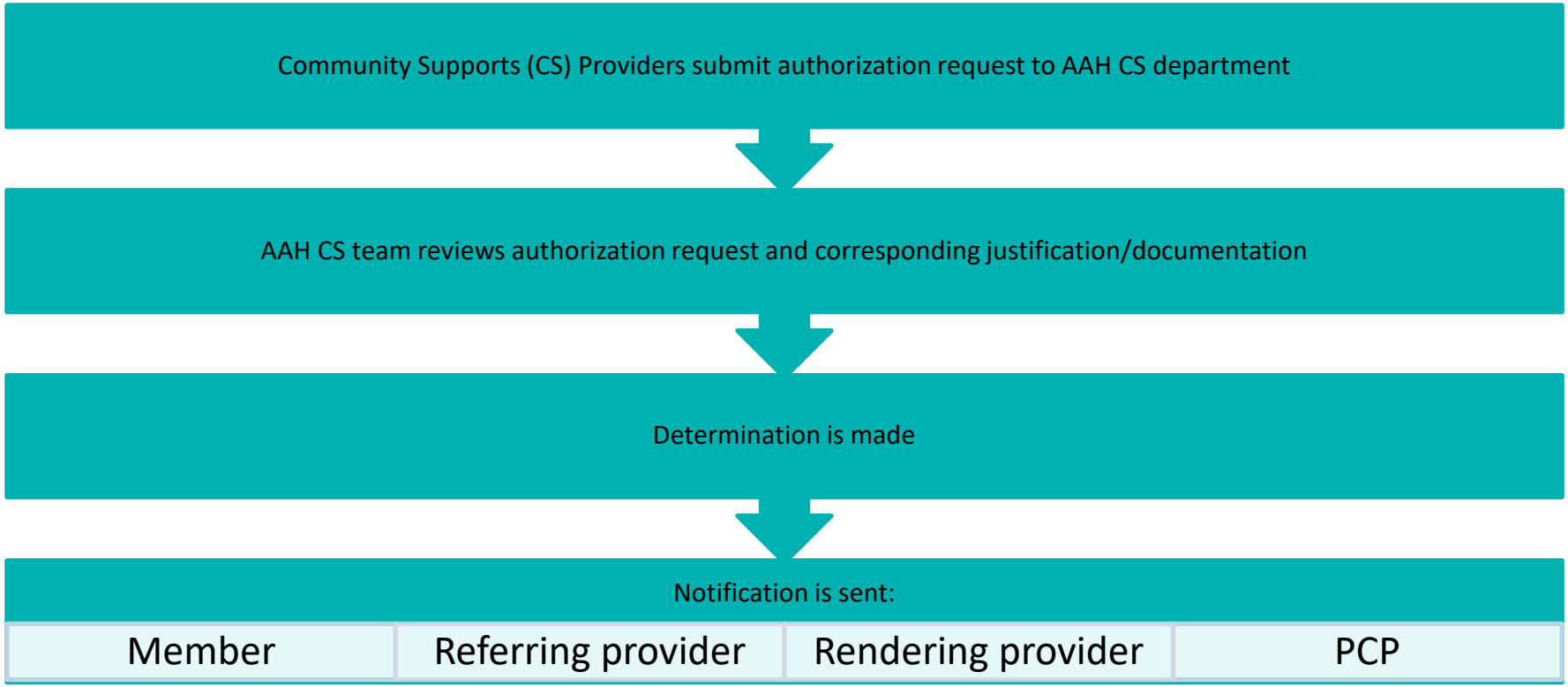
Community Supports offered by AAH

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



Enhanced Care Management (ECM)

at Alameda Alliance for Health

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	

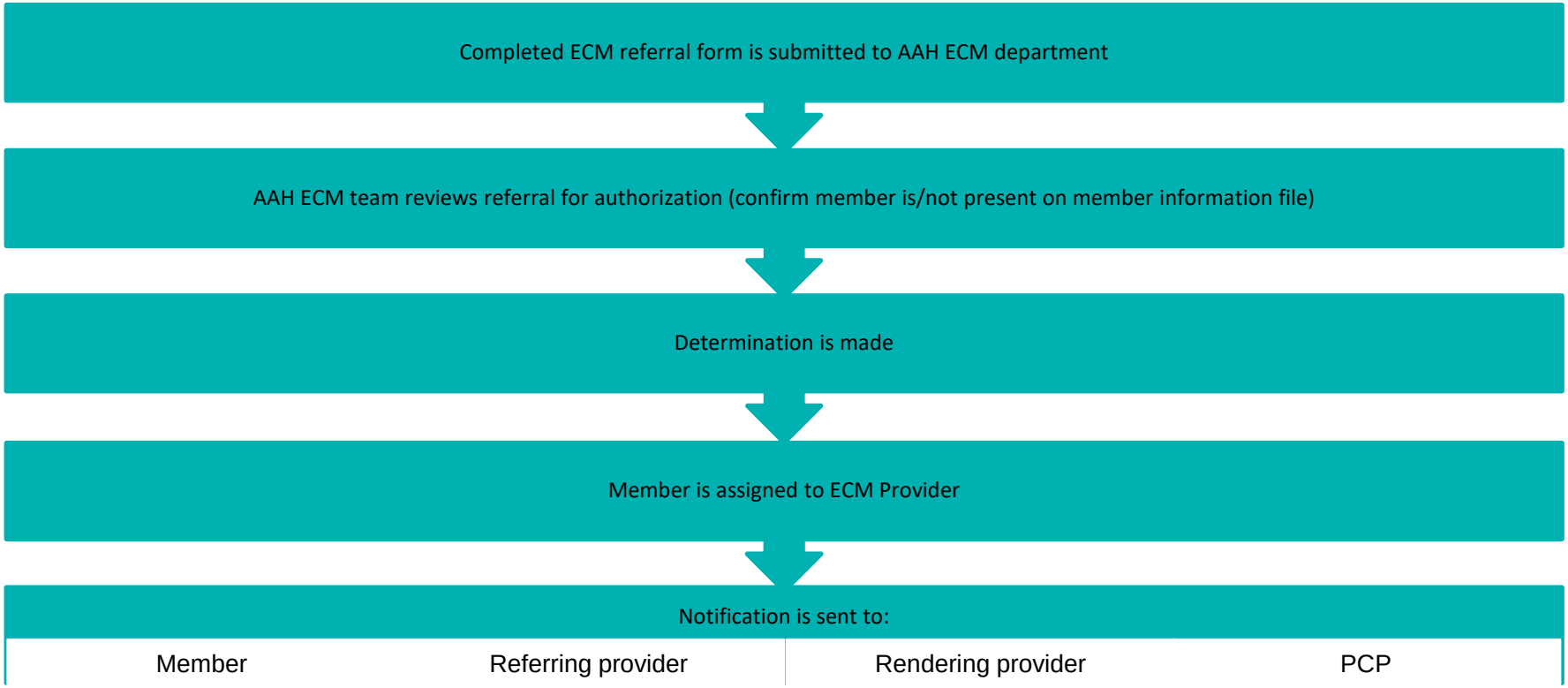
ECM Implementation To-Date

Go-Live Date	ECM Populations of Focus
Jan 1, 2022 (WPC / HHP counties) **Jul 1, 2022 (all other counties)**	• 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)
Jan 1, 2023	• Adults Living in the Community and At Risk for LTC Institutionalization • Adult Nursing Facility Residents Transitioning to the Community
Jul 1, 2023	• Children & Youth Populations of Focus
Jan 1, 2024	• 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

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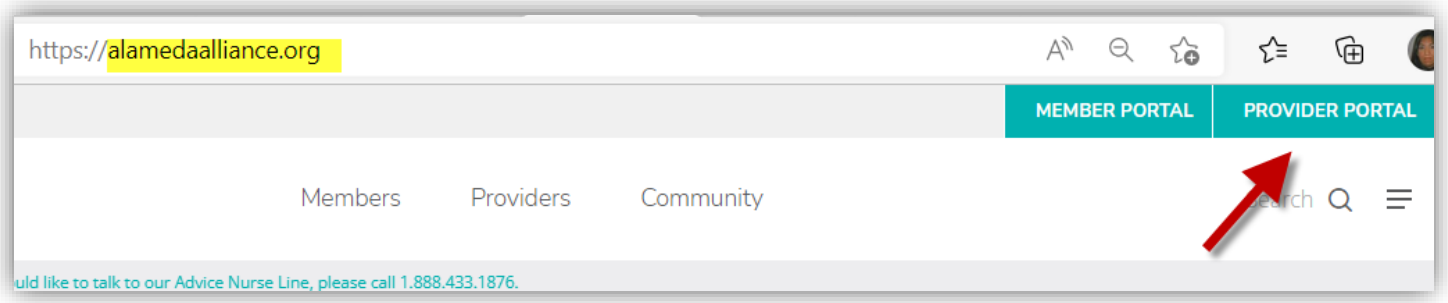
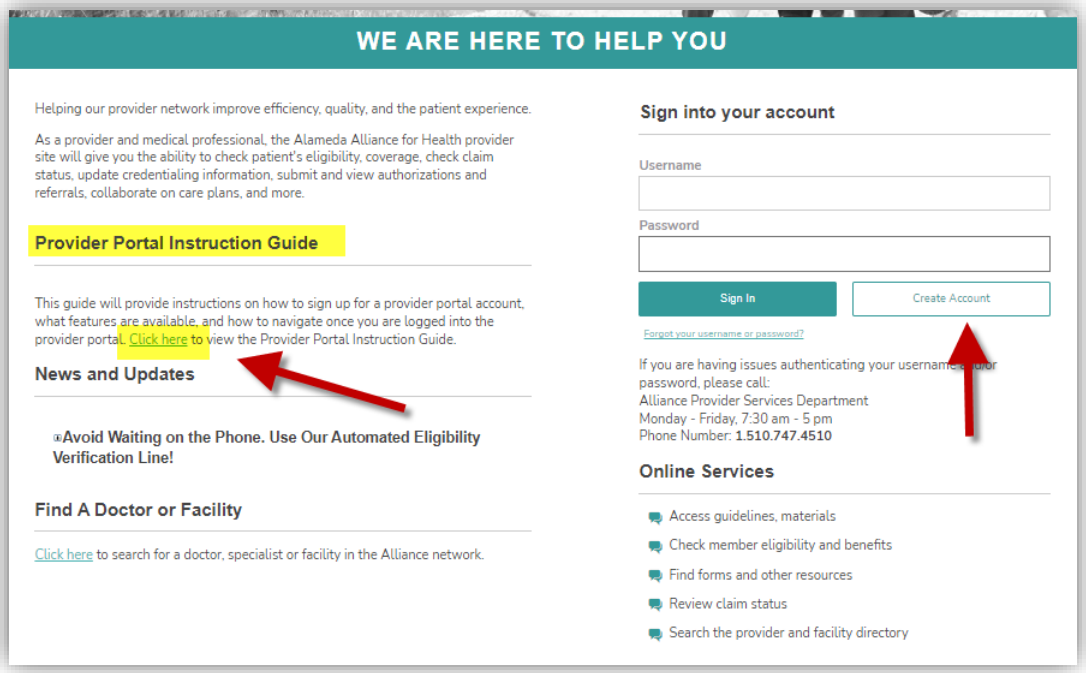
Alliance Provider Portal

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



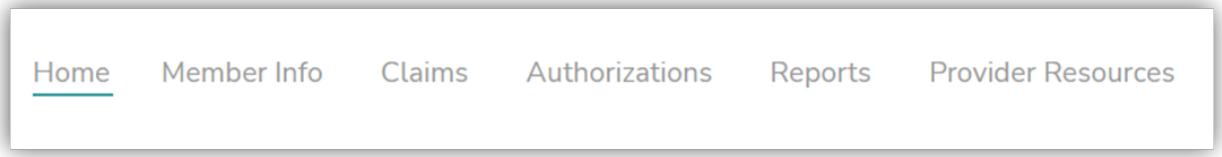
Alliance Provider Portal (cont.)

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



Alliance Provider Portal (cont.)

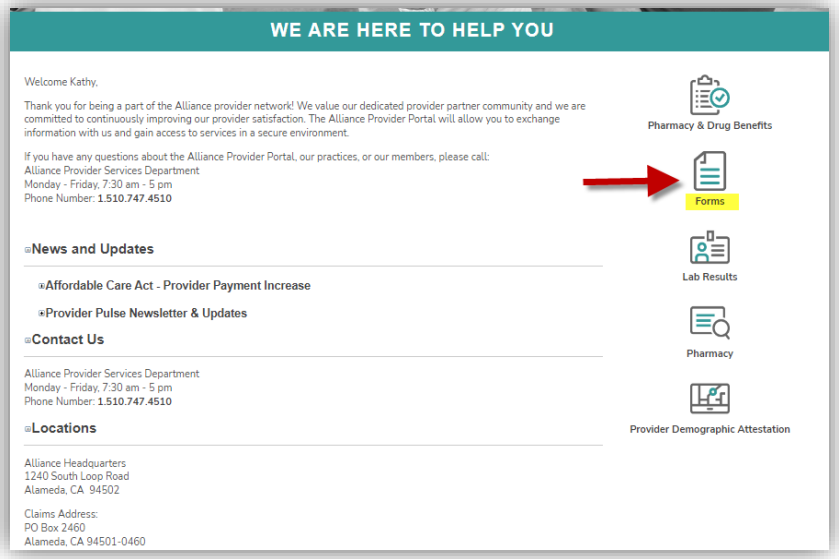
- The toolbar at the top of the Alliance Provider Portal will have dropdown options that will allow the following functions:
  - Check member eligibility
  - Check claim status and view your Remittance Advice statemtn
  - Submit professional claims
  - View and submit authorizations

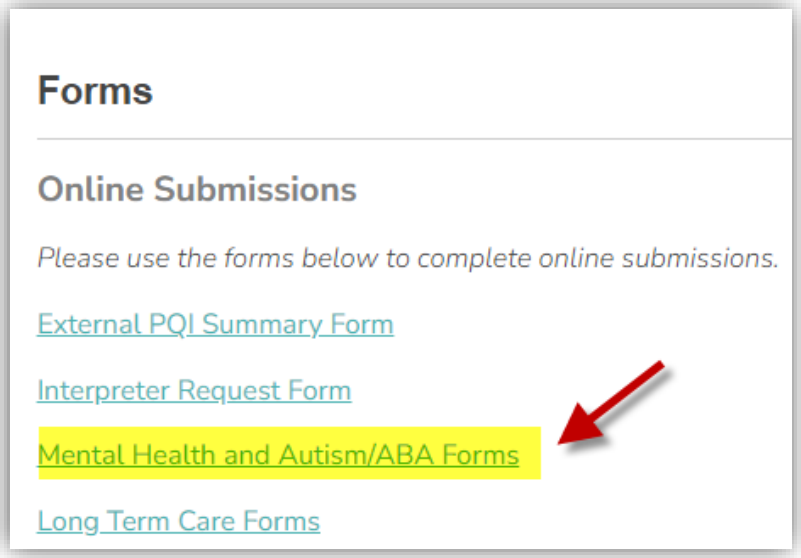


Alliance Provider Portal (cont.)

Accessing the Mental Health Initial Evaluation Form

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





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

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Care Coordination

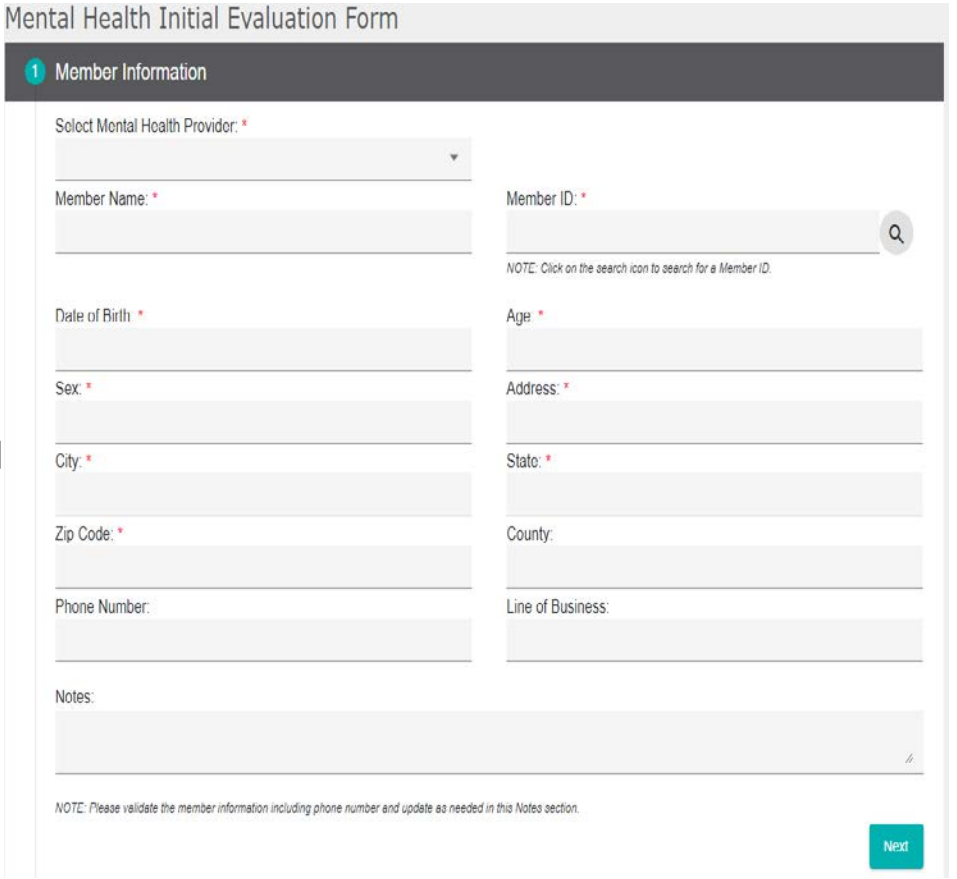
- The Alliance has developed a form to help you submit the required information for care coordination with PCPs, and co-treating mental health care providers outside of your office including co-treating providers within ACBH.
- We have a specialized **Behavioral Health care management team**. We are 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

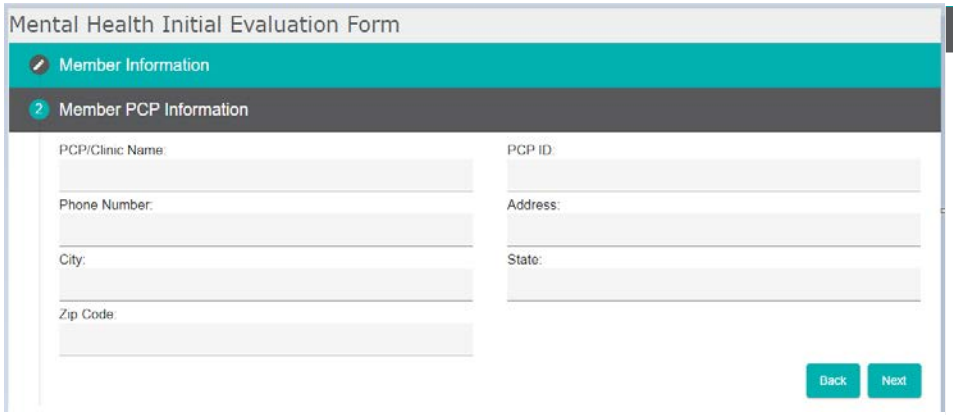
- Used when a member has been evaluated for the first time by a Mental Health provider.
- Used to communicate to the Alliance Behavioral Health Care Management Team and to co-treating providers/PCPs.
- To submit, please log into our secure Alliance Provider Portal.

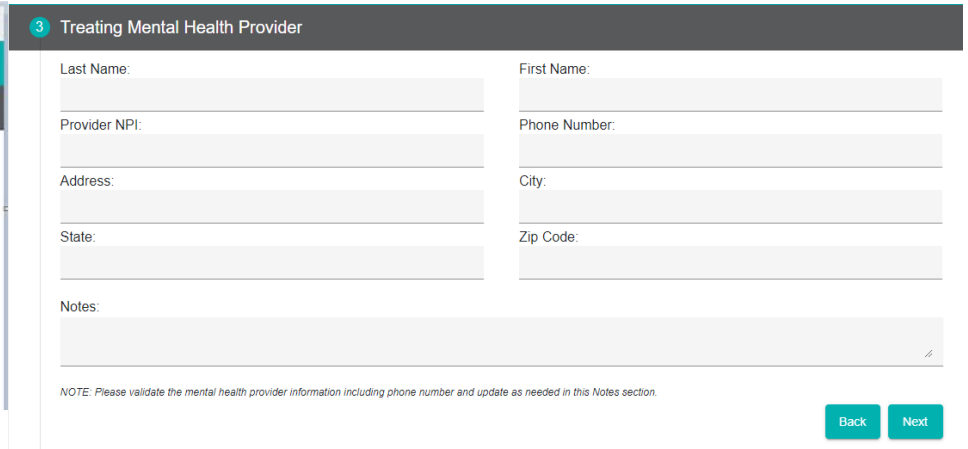
Mental Health Initial Evaluation Form (cont.)

- 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 – PCP & Mental Health Provider Information (You)





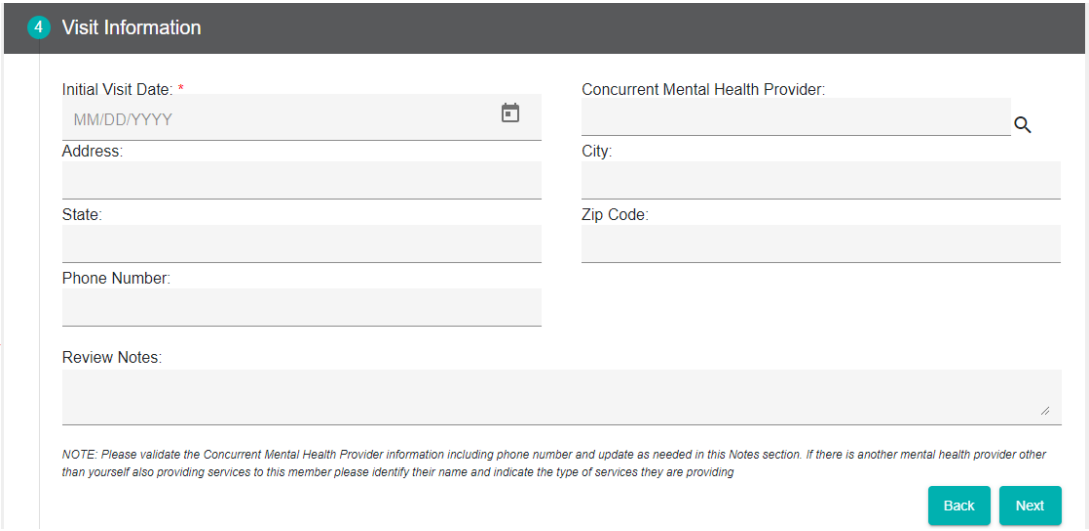
Member PCP Information

- 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.

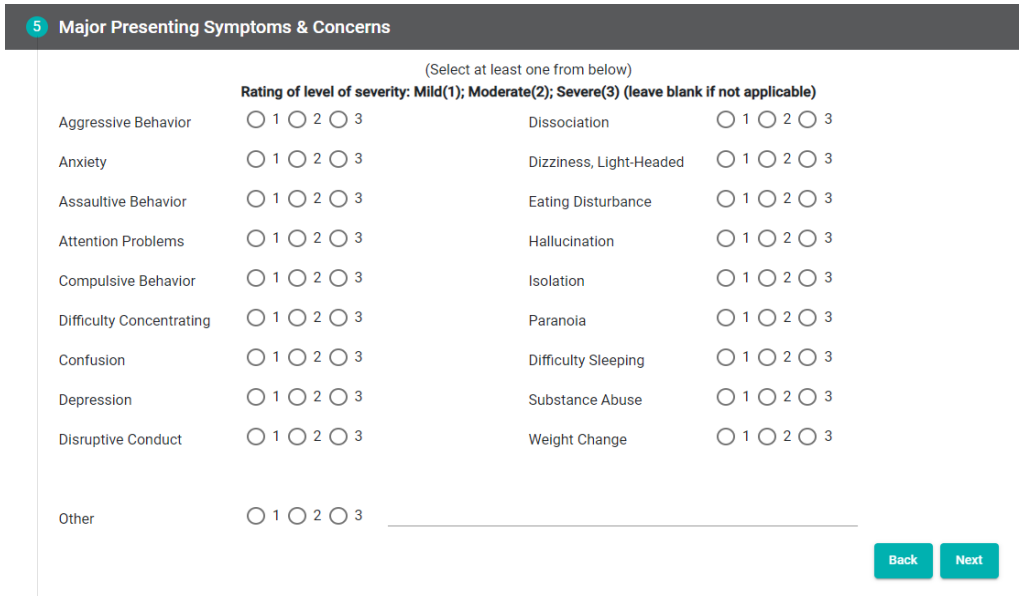
Mental Health Initial Evaluation Form
Visit Information



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)

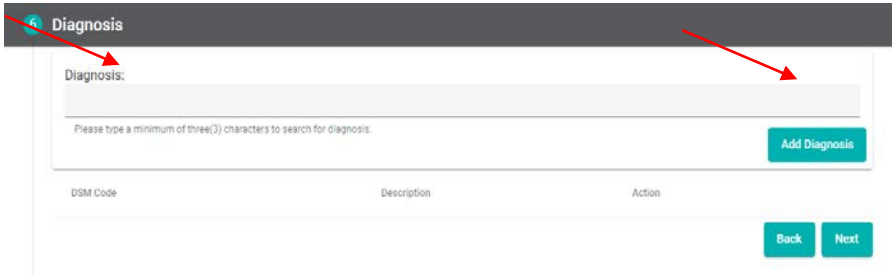
Aggressive Behavior	○ 1 ○ 2 ○ 3	Dissociation	○ 1 ○ 2 ○ 3
Anxiety	○ 1 ○ 2 ○ 3	Dizziness, Light-Headed	○ 1 ○ 2 ○ 3
Assaultive Behavior	○ 1 ○ 2 ○ 3	Eating Disturbance	○ 1 ○ 2 ○ 3
Attention Problems	○ 1 ○ 2 ○ 3	Hallucination	○ 1 ○ 2 ○ 3
Compulsive Behavior	○ 1 ○ 2 ○ 3	Isolation	○ 1 ○ 2 ○ 3
Difficulty Concentrating	○ 1 ○ 2 ○ 3	Paranoia	○ 1 ○ 2 ○ 3
Confusion	○ 1 ○ 2 ○ 3	Difficulty Sleeping	○ 1 ○ 2 ○ 3
Depression	○ 1 ○ 2 ○ 3	Substance Abuse	○ 1 ○ 2 ○ 3
Disruptive Conduct	○ 1 ○ 2 ○ 3	Weight Change	○ 1 ○ 2 ○ 3
Other	○ 1 ○ 2 ○ 3		

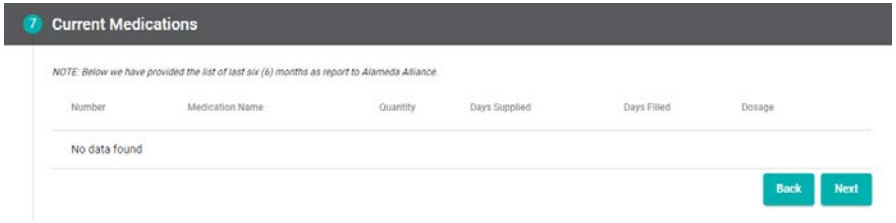
Back Next

Major Presenting Symptoms & Concerns

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

Mental Health Initial Evaluation Form
Diagnosis & Current Medications





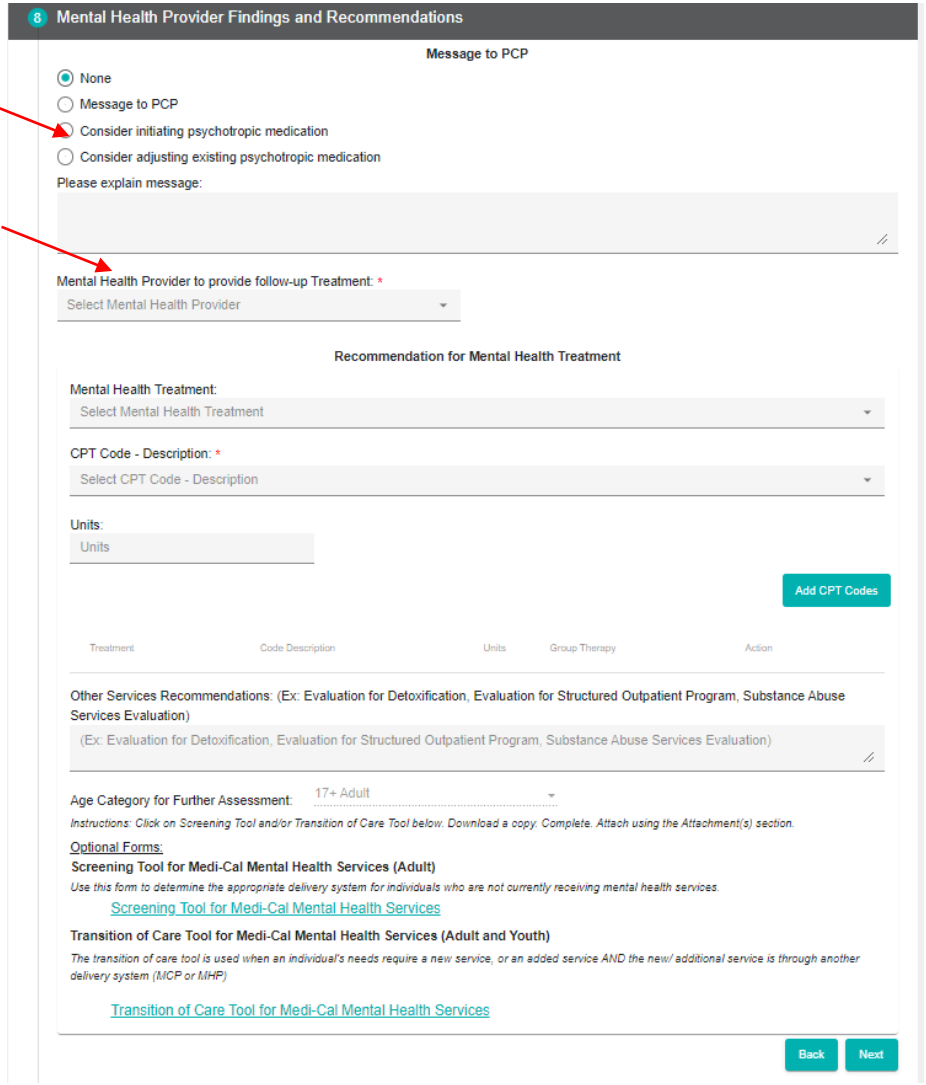
Diagnosis

- 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.

Current Medication

- All pharmacy information will populate.

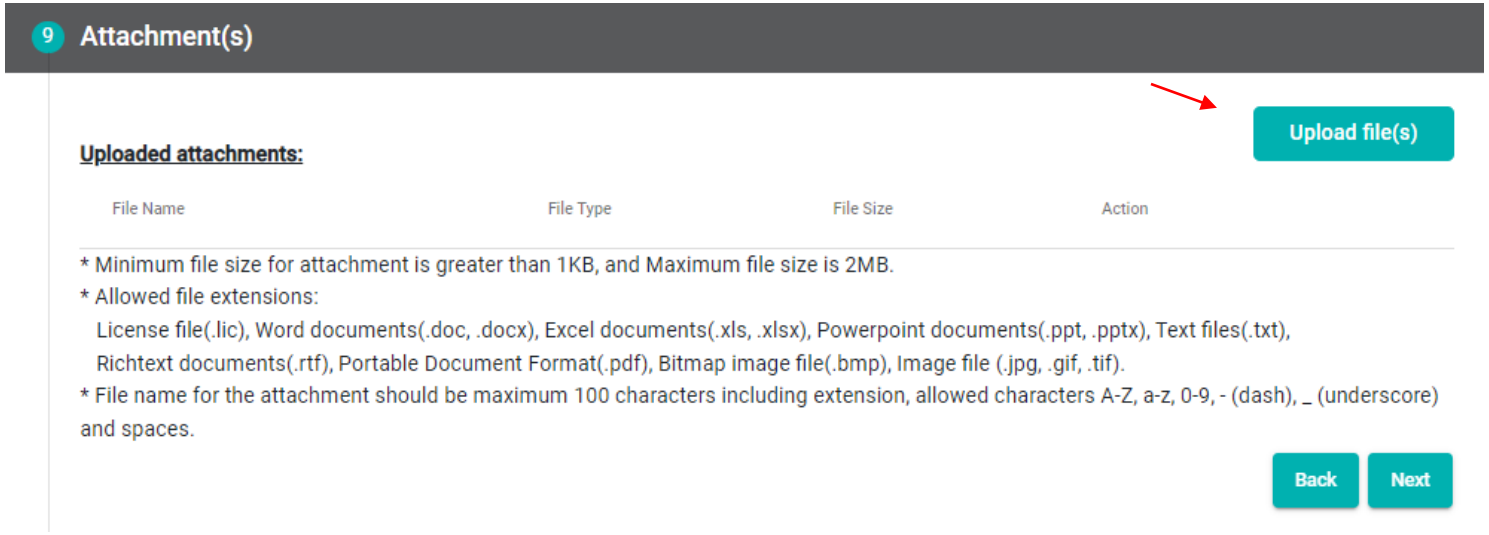
Mental Health Initial Evaluation Form – Mental Health Provider Findings and Recommendations



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)

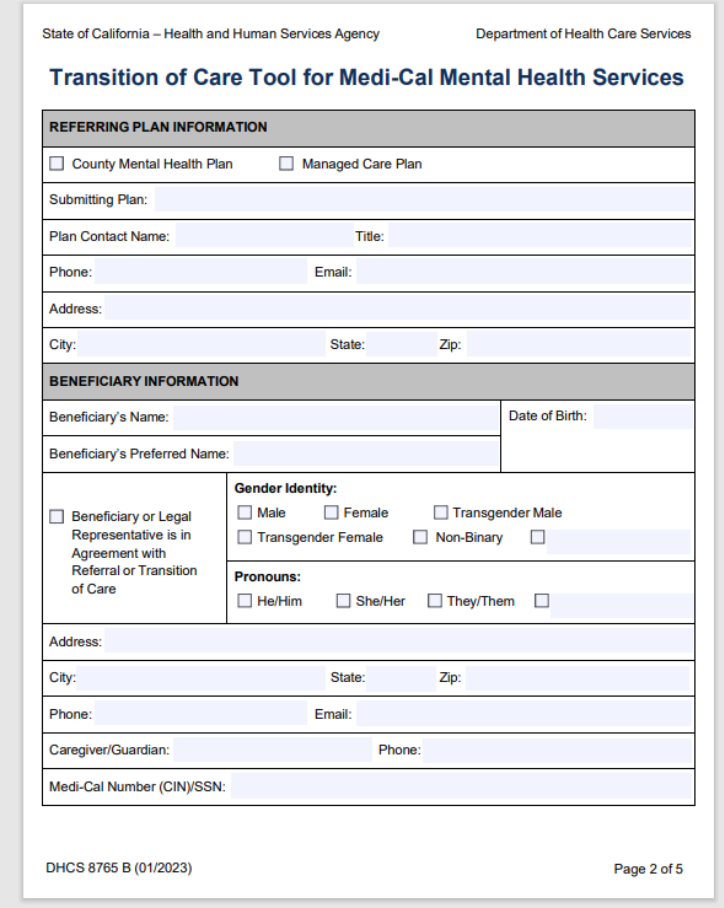


Attachments

- 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.



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

☐ County Mental Health Plan ☐ 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:

☐ Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care

Gender Identity:
☐ Male ☐ Female ☐ Transgender Male
☐ Transgender Female ☐ Non-Binary ☐

Pronouns:
☐ He/Him ☐ She/Her ☐ They/Them ☐

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.

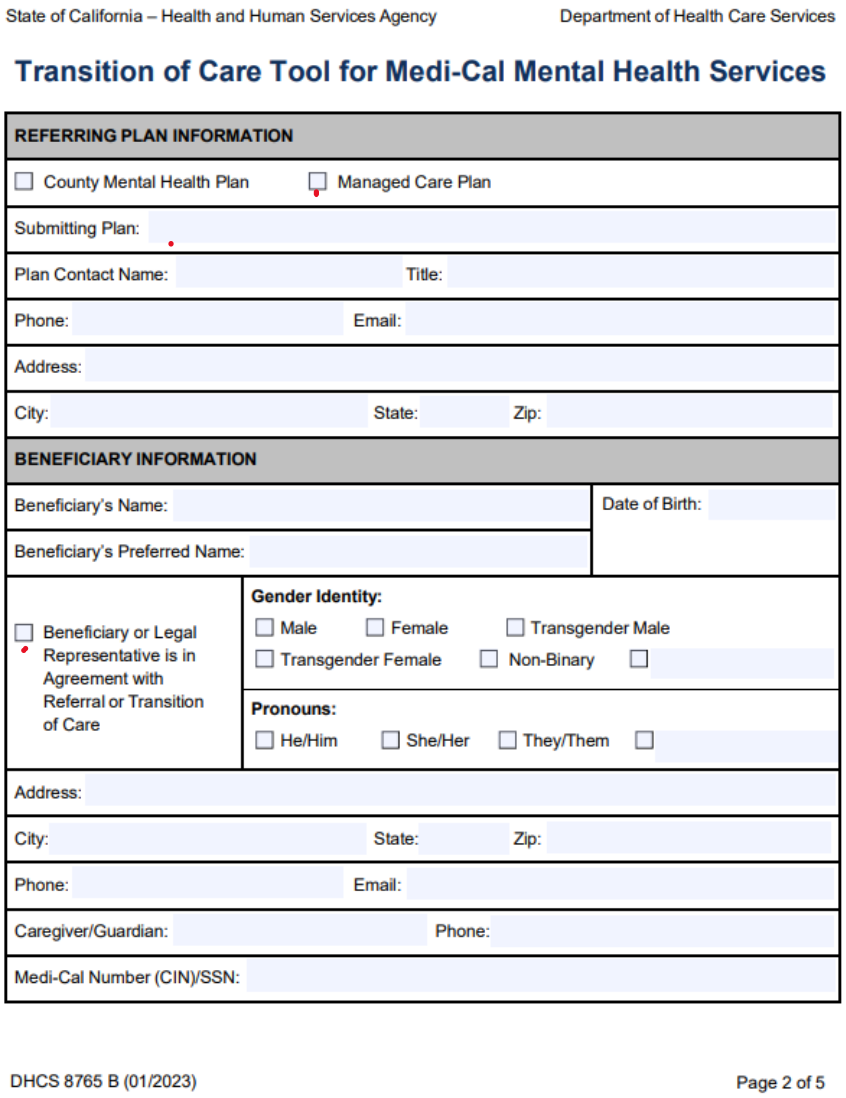
Completing the Transition of Care Tool

- 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

☐ County Mental Health Plan ☐ 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:

☐ Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care

Gender Identity:
☐ Male ☐ Female ☐ Transgender Male
☐ Transgender Female ☐ Non-Binary ☐

Pronouns:
☐ He/Him ☐ She/Her ☐ They/Them ☐

Address:

City: State: Zip:

Phone: Email:

Caregiver/Guardian: Phone:

Medi-Cal Number (CIN)/SSN:

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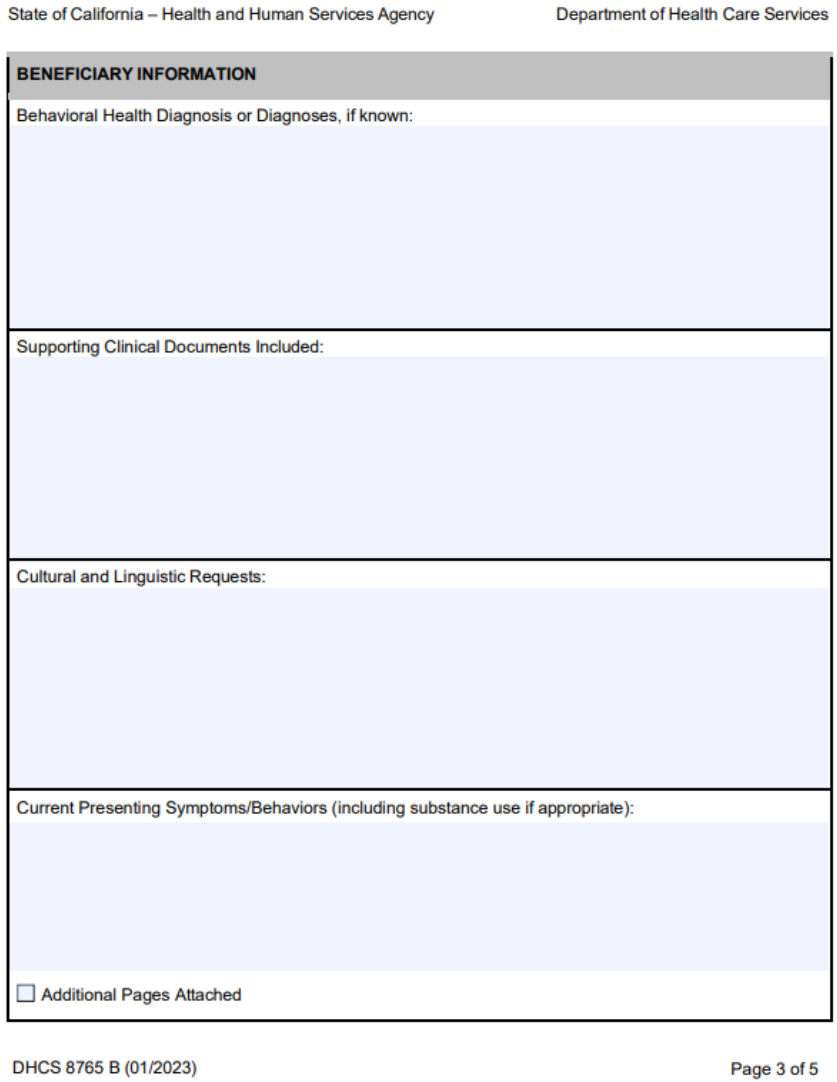
Transition of Care Tool: Beneficiary Information

- 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):

☐ Additional Pages Attached

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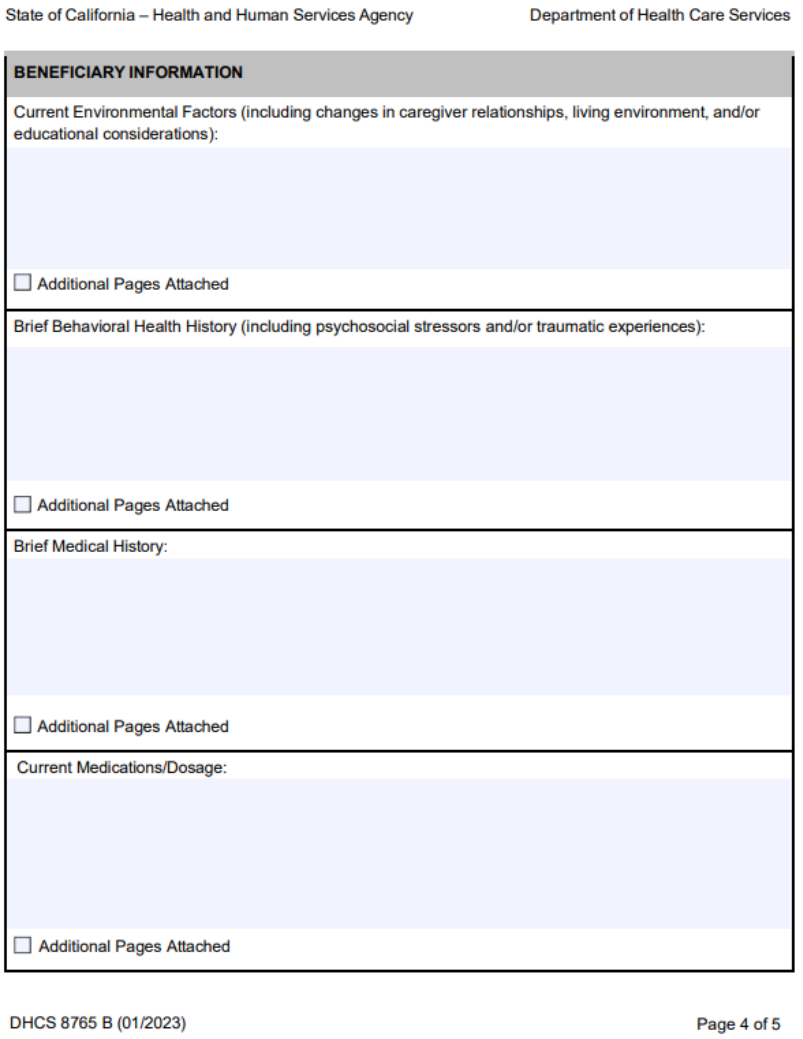
Transition of Care Form: Beneficiary Information Continued

- 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):

☐ Additional Pages Attached

Brief Behavioral Health History (including psychosocial stressors and/or traumatic experiences):

☐ Additional Pages Attached

Brief Medical History:

☐ Additional Pages Attached

Current Medications/Dosage:

☐ Additional Pages Attached

DHCS 8765 B (01/2023) Page 4 of 5

Transition of Care Form: Beneficiary Information Continued

- Referring Provider –

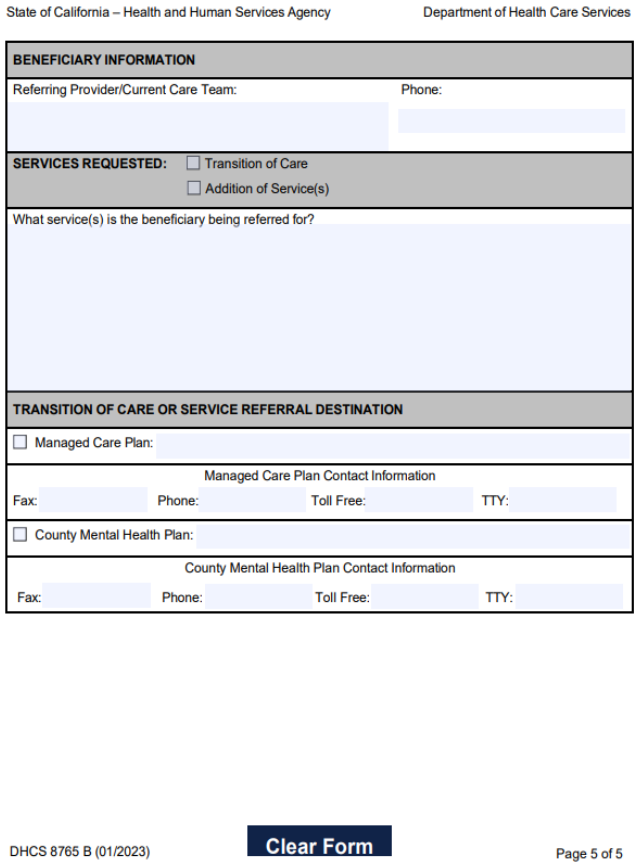
  Enter your name & phone #

- 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:

SERVICES REQUESTED: ☐ Transition of Care ☐ Addition of Service(s)

What service(s) is the beneficiary being referred for?

TRANSITION OF CARE OR SERVICE REFERRAL DESTINATION

☐ Managed Care Plan:

Managed Care Plan Contact Information

Fax: Phone: Toll Free: TTY:

☐ County Mental Health Plan:

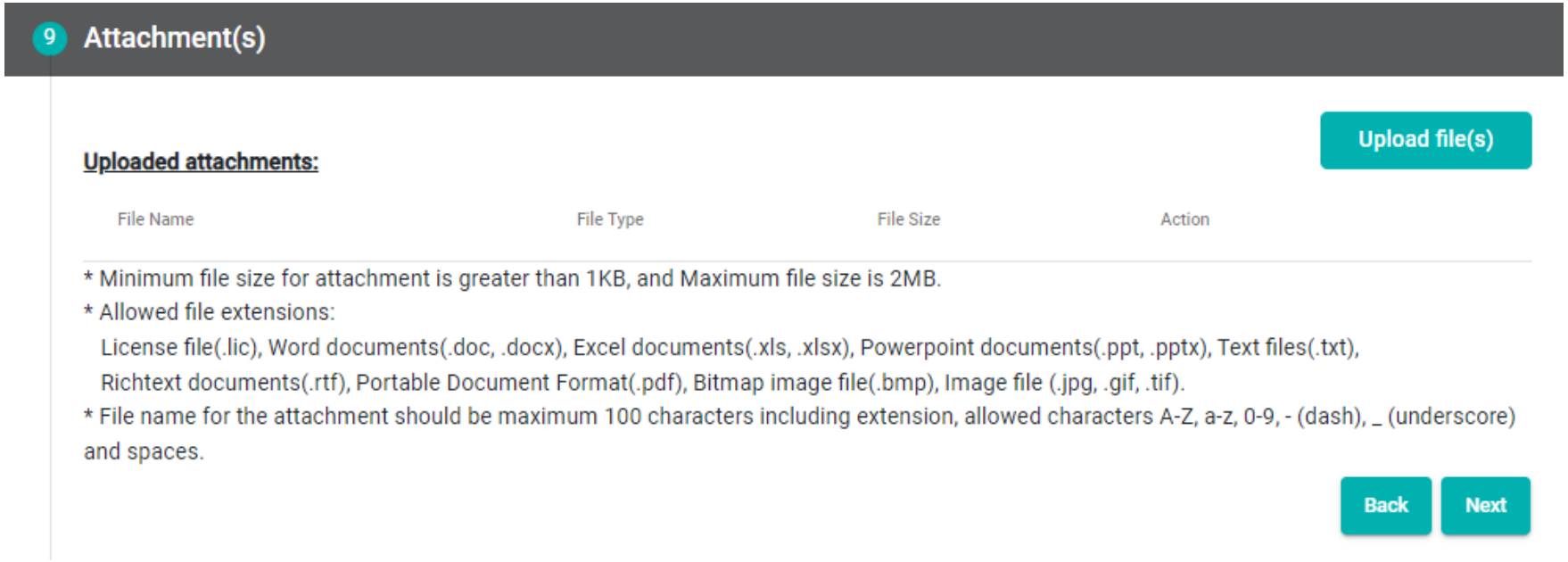
County Mental Health Plan Contact Information

Fax: Phone: Toll Free: TTY:

DHCS 8765 B (01/2023) Clear Form Page 5 of 5

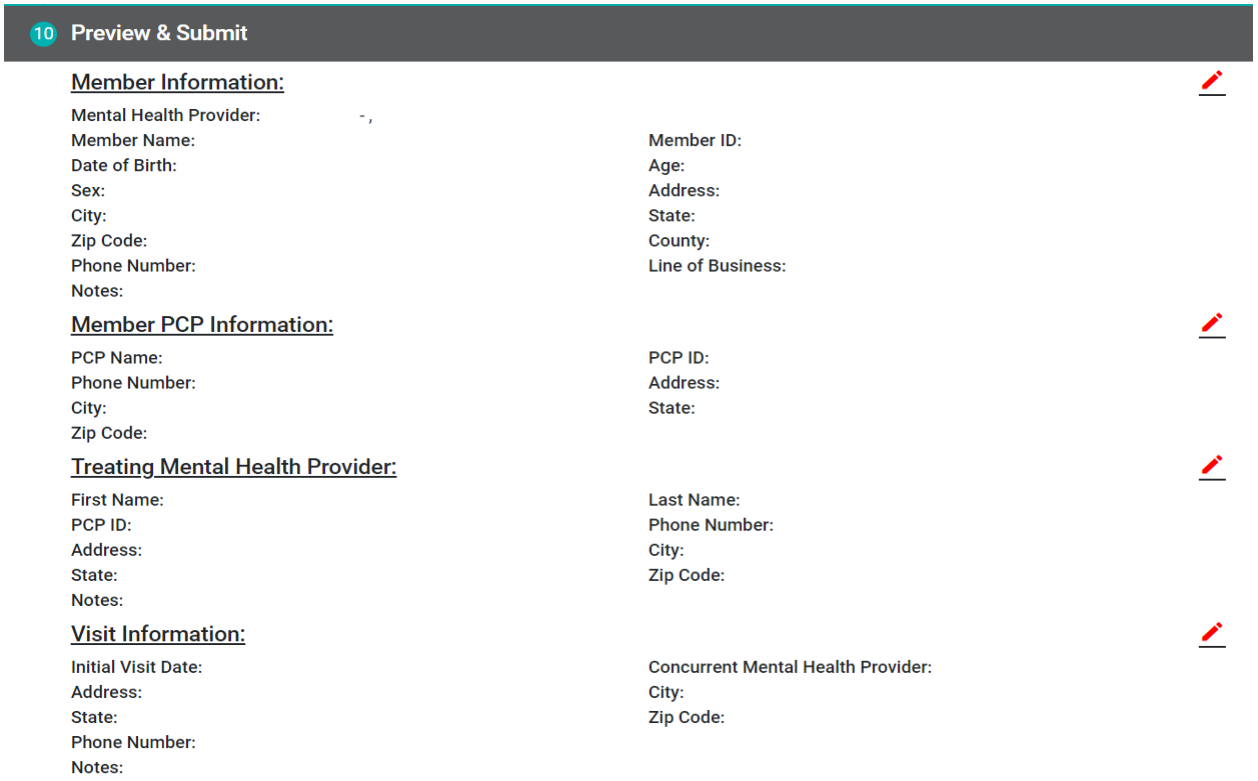
Completing and Submitting the Transition of Care Tool

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



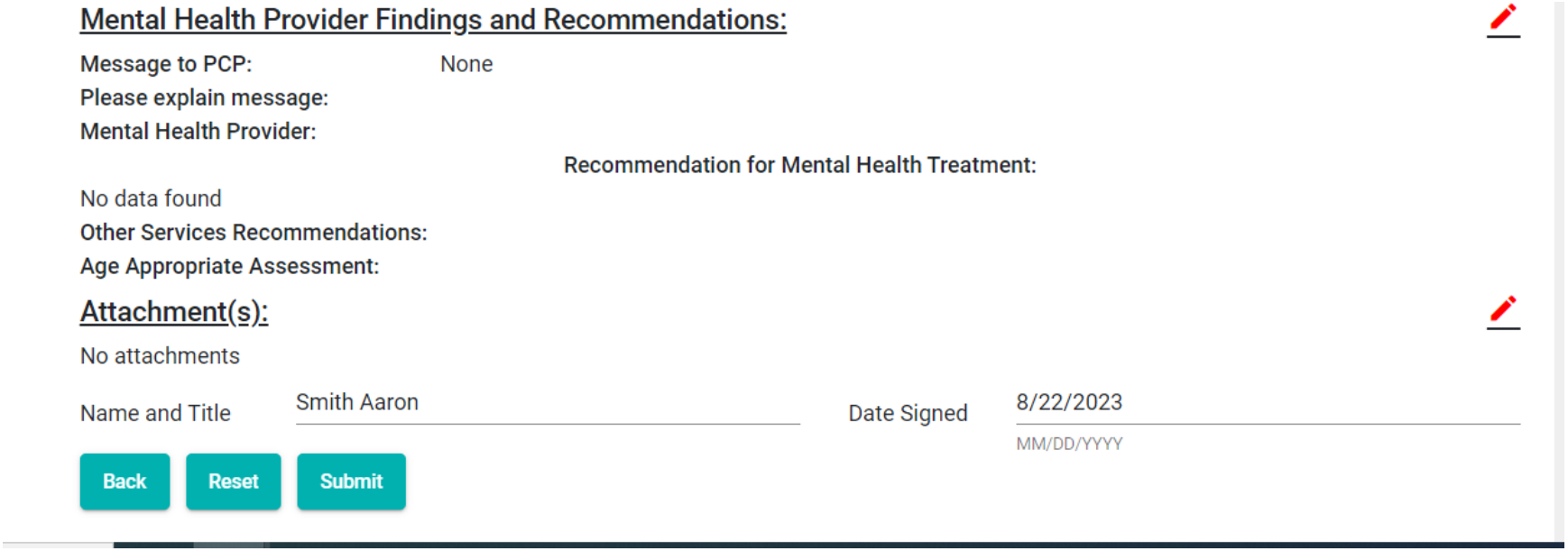
Preview and Submit

- 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.



Initial Evaluation Form– Submission

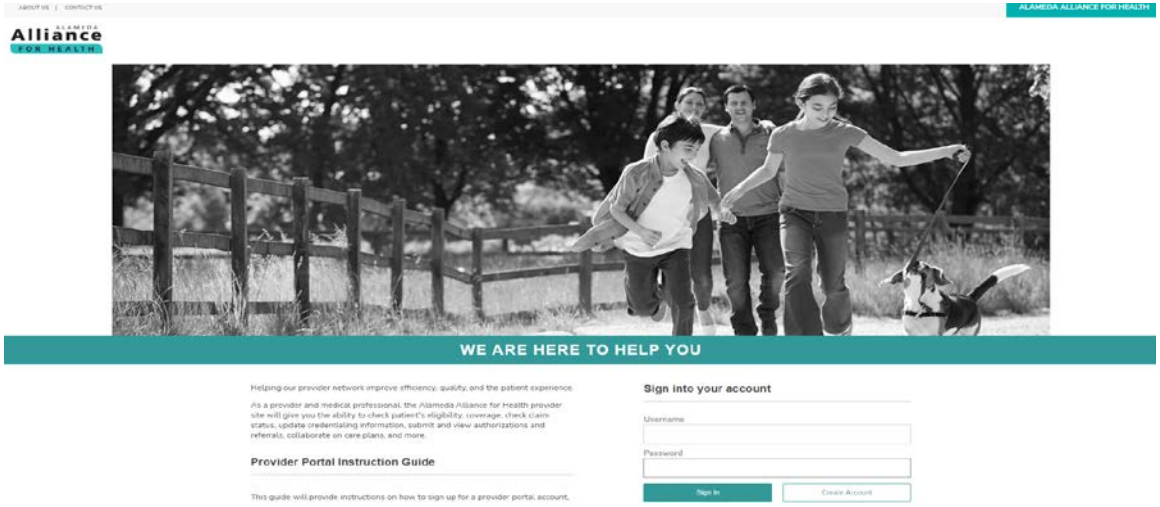
- After reviewing the entered form, Click on **Submit** to Submit the form.
- Copy of the submitted form will be auto downloaded for future reference.



Mental Health Coordination of Care Update Form - Alameda Alliance Provider Portal Login

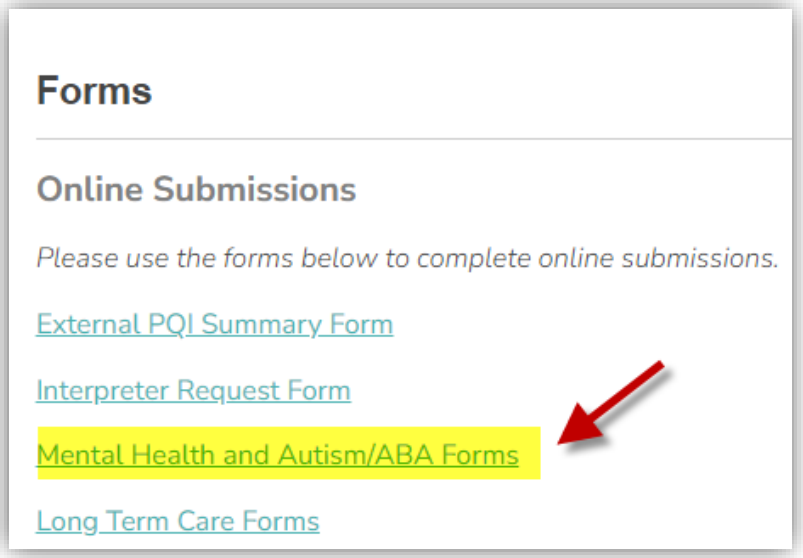
What's important

- 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.



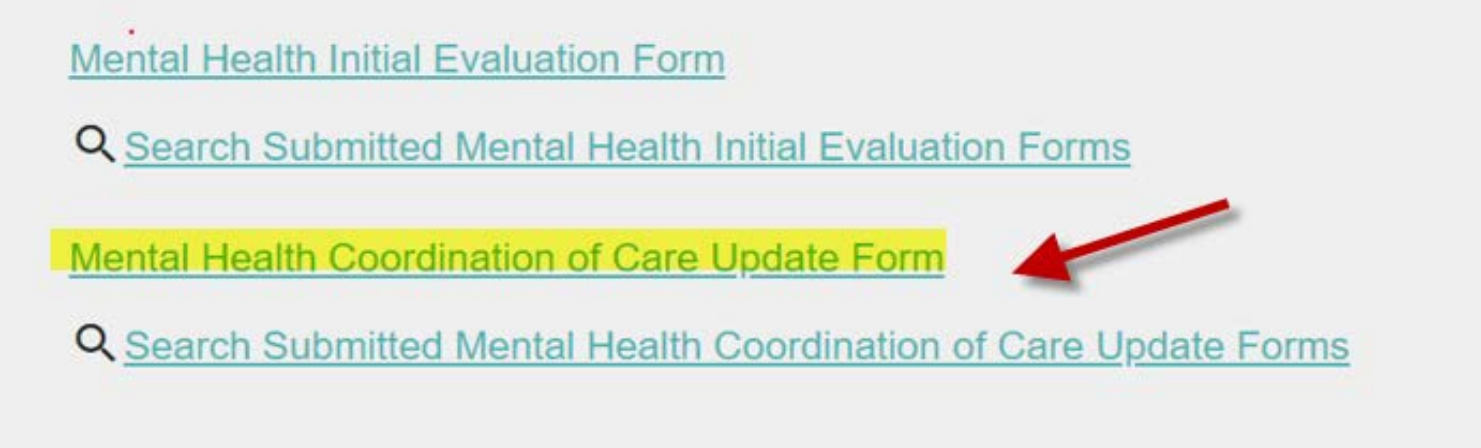
Mental Health Coordination of Care Update Form- Behavioral Health Forms link to AAH Portal

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



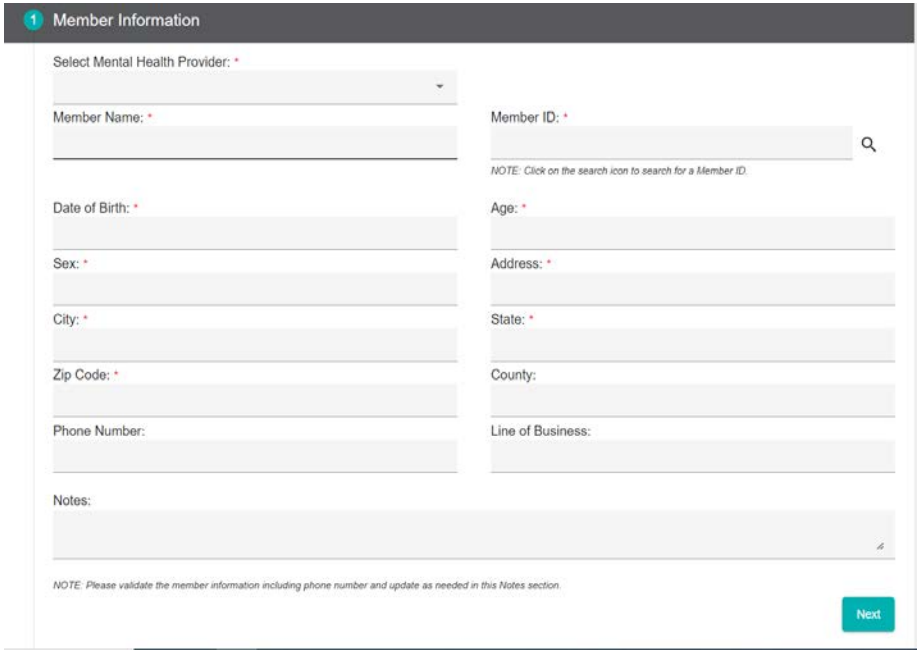
Mental Health Coordination of Care Update Form - Alliance Portal Behavioral Health Home Page with links

- 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



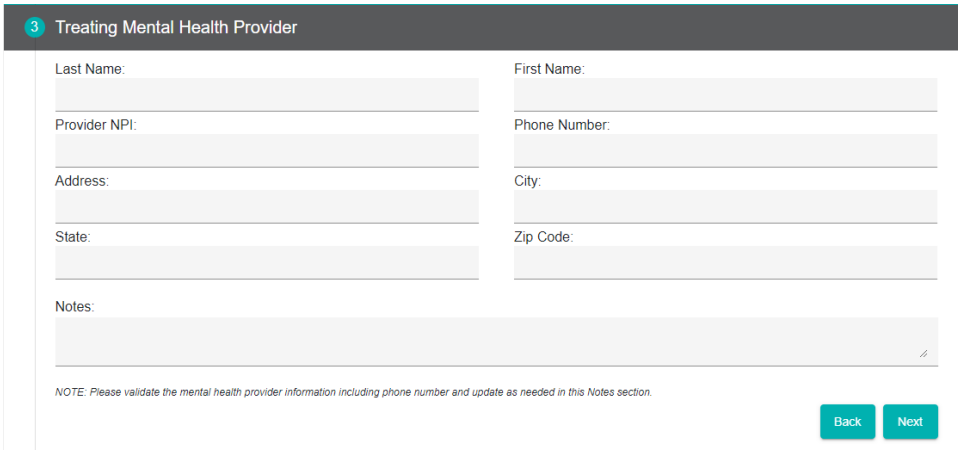
Mental Health Coordination of Care Update Form – Member Information

- 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.



Mental Health Coordination of Care Update Form

– PCP & Mental Health Provider Information



Member PCP Information

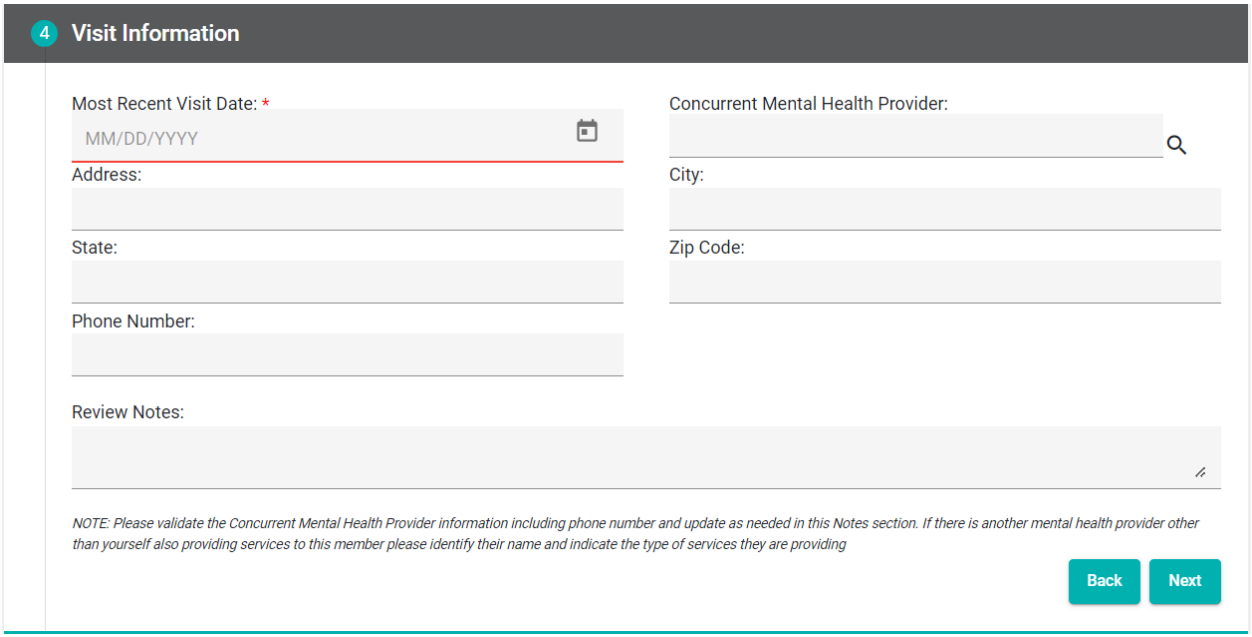
- The PCP information will auto-populate based on the PCP assignment.

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.

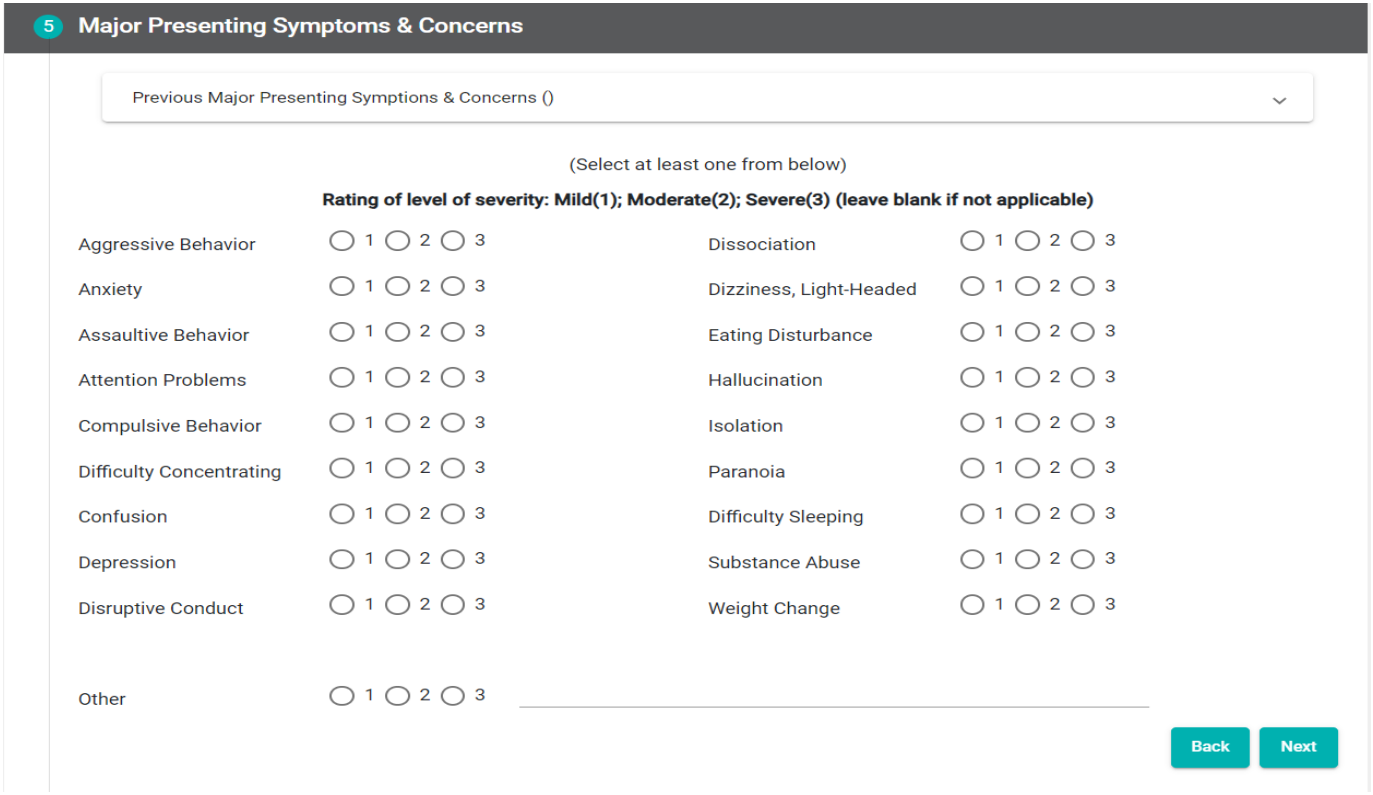
Mental Health Coordination of Care Update Form - Visit Information

- 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.



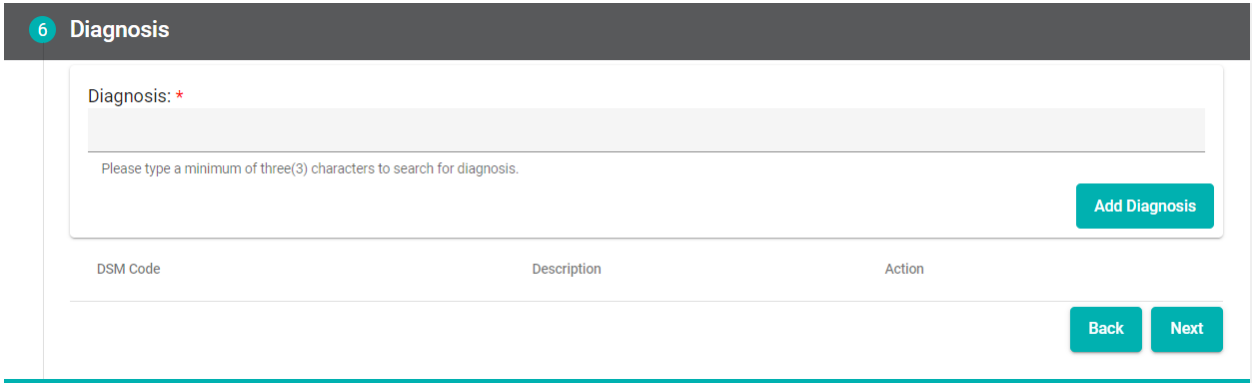
Mental Health Coordination of Care Update Form – Major Presenting Symptoms & Concerns

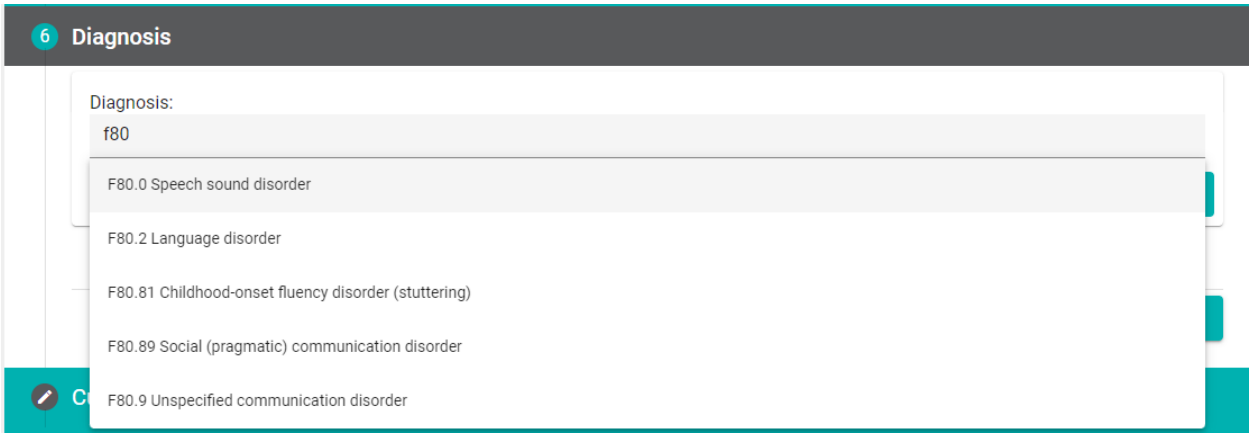
- The symptoms, problems and level of severity ratings from your previous submission will auto-populate and you can revise based on member's status at most recent visit.



Mental Health Coordination of Care Update Form - Diagnosis

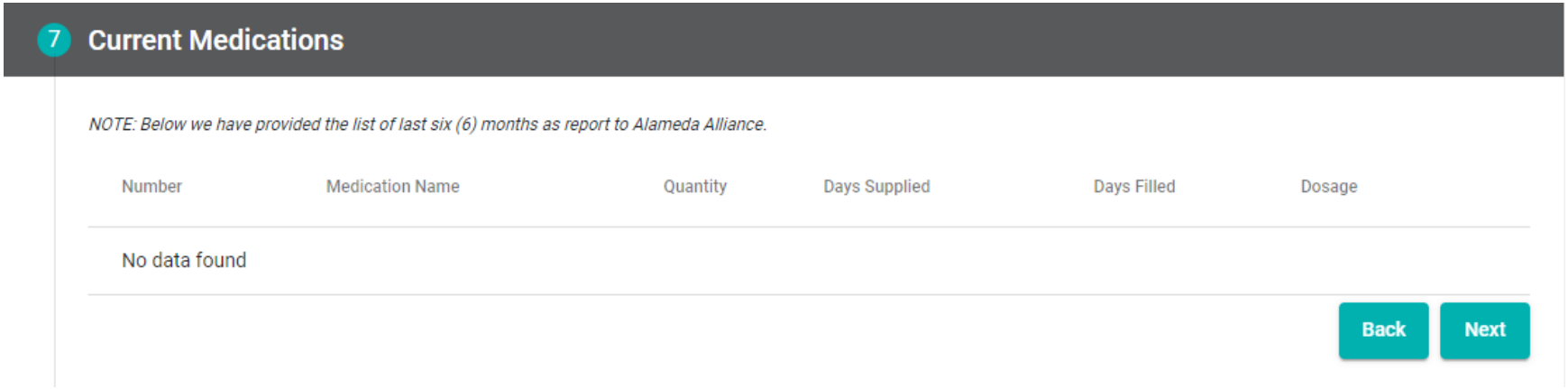
- The Diagnosis(s) from your previous submission will populate and you can revise based on the member's status as of their most recent visit. You can update the diagnosis(s) as needed.



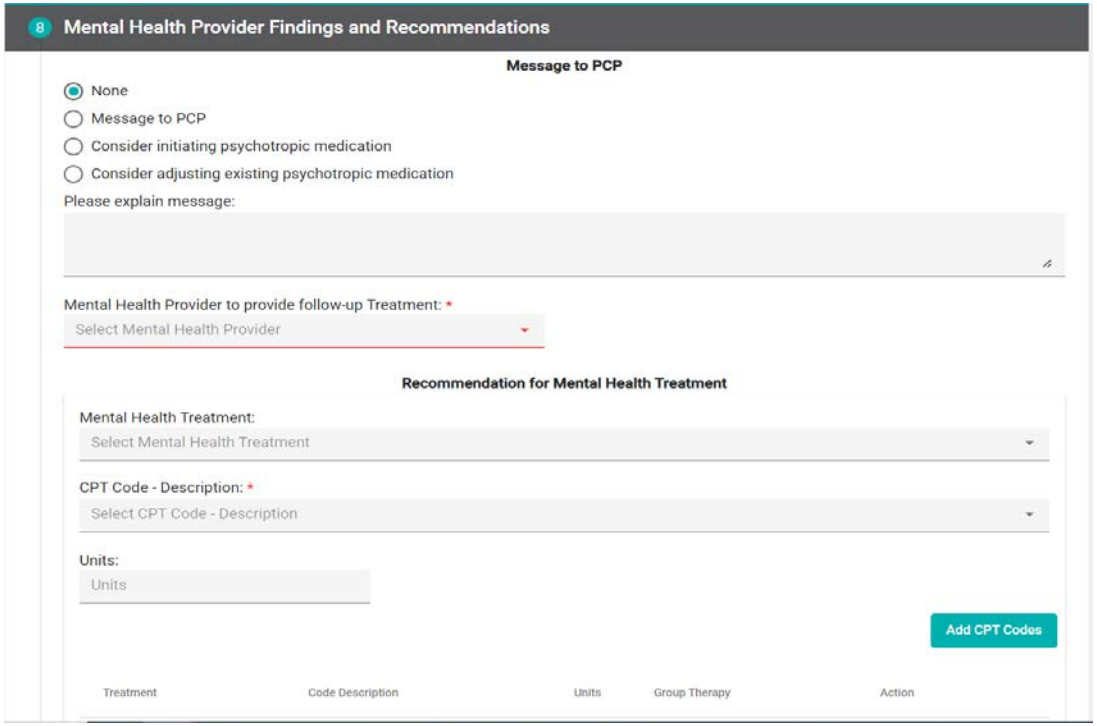


Mental Health Coordination of Care Update Form – Current Member Medications

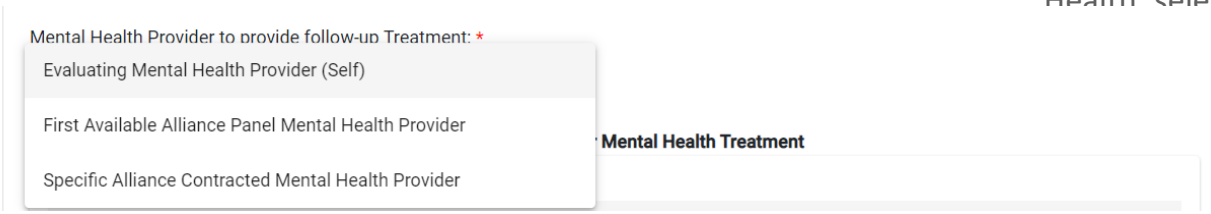
- All pharmacy information will auto-populate.



Mental Health Coordination of Care Update Form – Mental Health Provider Findings and Recommendations

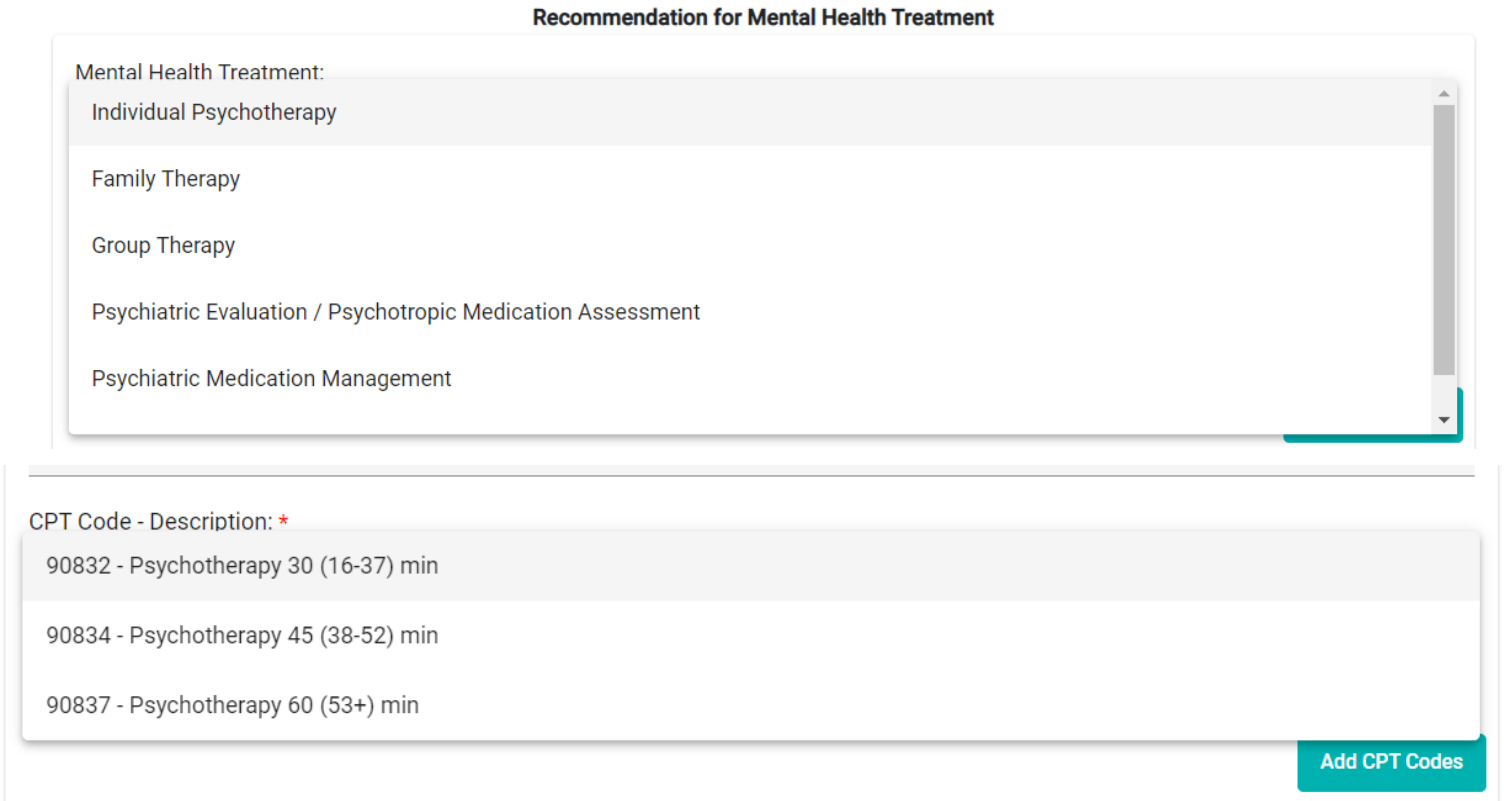


- This section allows you to send a message to the member's PCP.
  - Select **None** or **Message to PCP**.
  - Type the message in the field below.
  - Under the **Mental Health Provider to provide follow-up Treatment** dropdown, select **Self or First Available Alliance Contracted(Panel) Mental Health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



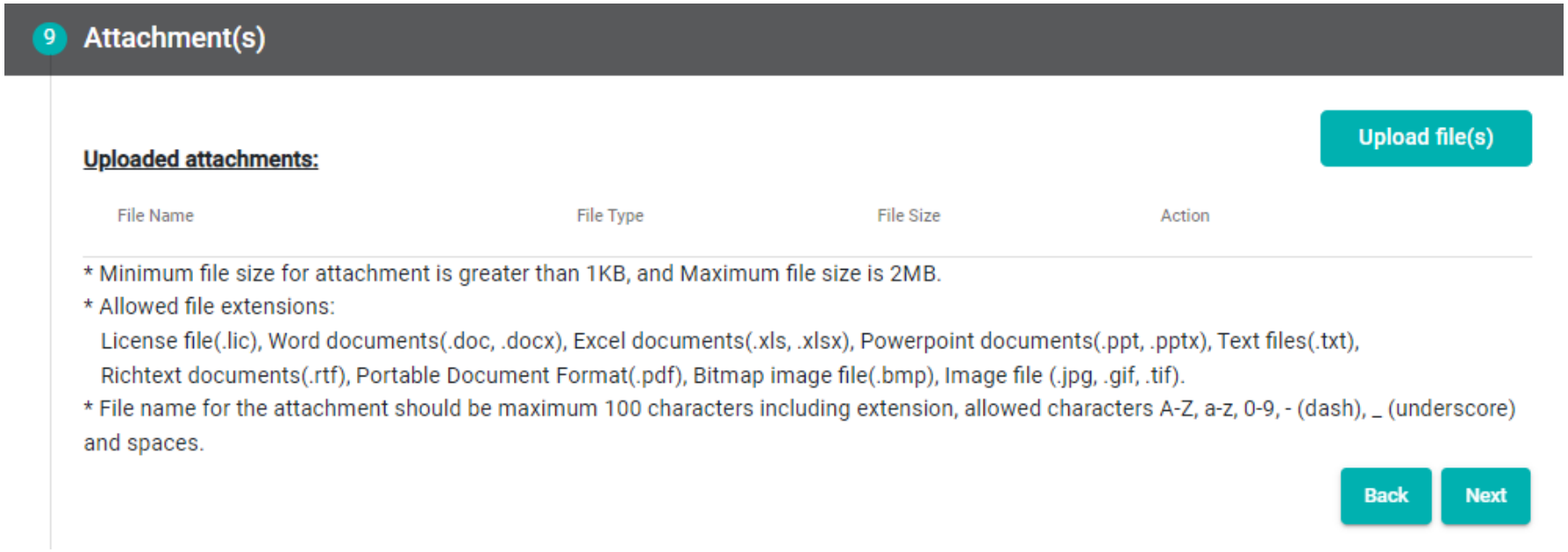
Mental Health Coordination of Care Update Form – Recommendations for Mental Health Treatment

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



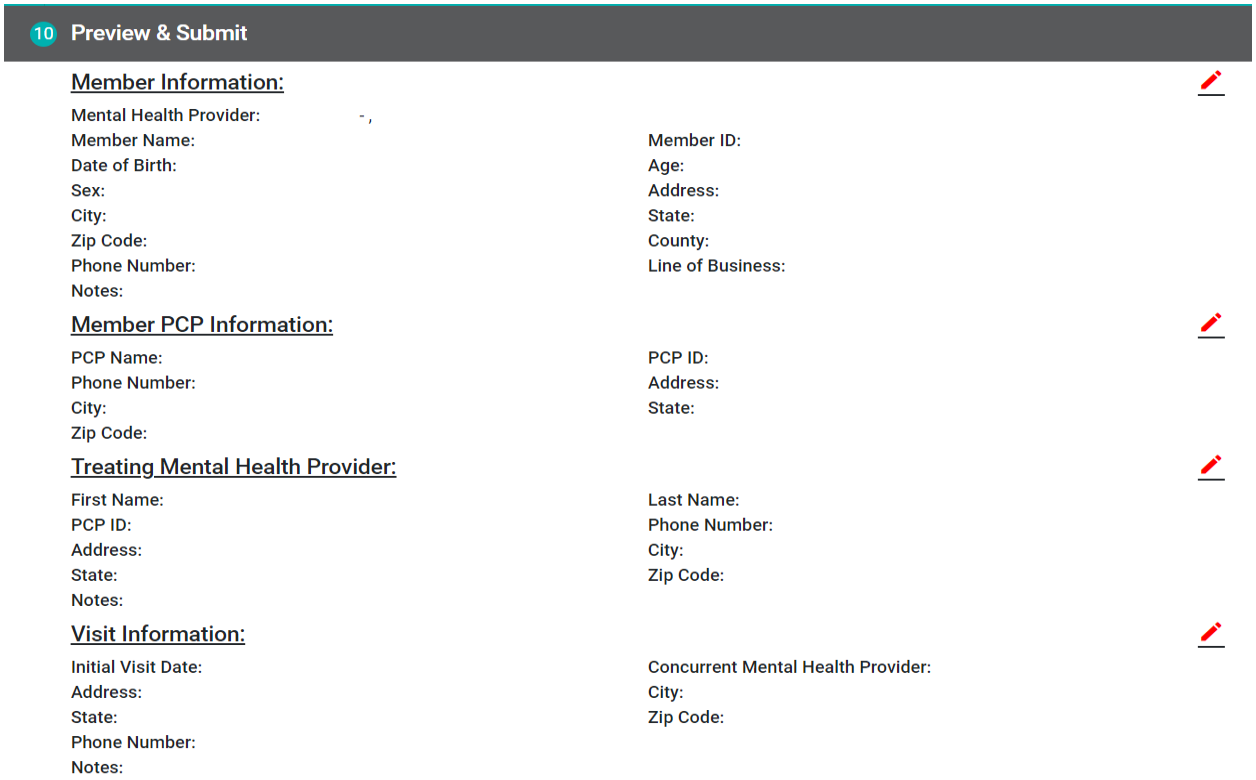
Mental Health Coordination of Care Update Form – Attachment(s)

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



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

Member Information:

Mental Health Provider: -,
Member Name:
Member ID:
Date of Birth:
Age:
Sex:
Address:
City:
State:
Zip Code:
County:
Phone Number:
Line of Business:
Notes:

Member PCP Information:

PCP Name:
PCP ID:
Phone Number:
Address:
City:
State:
Zip Code:

Treating Mental Health Provider:

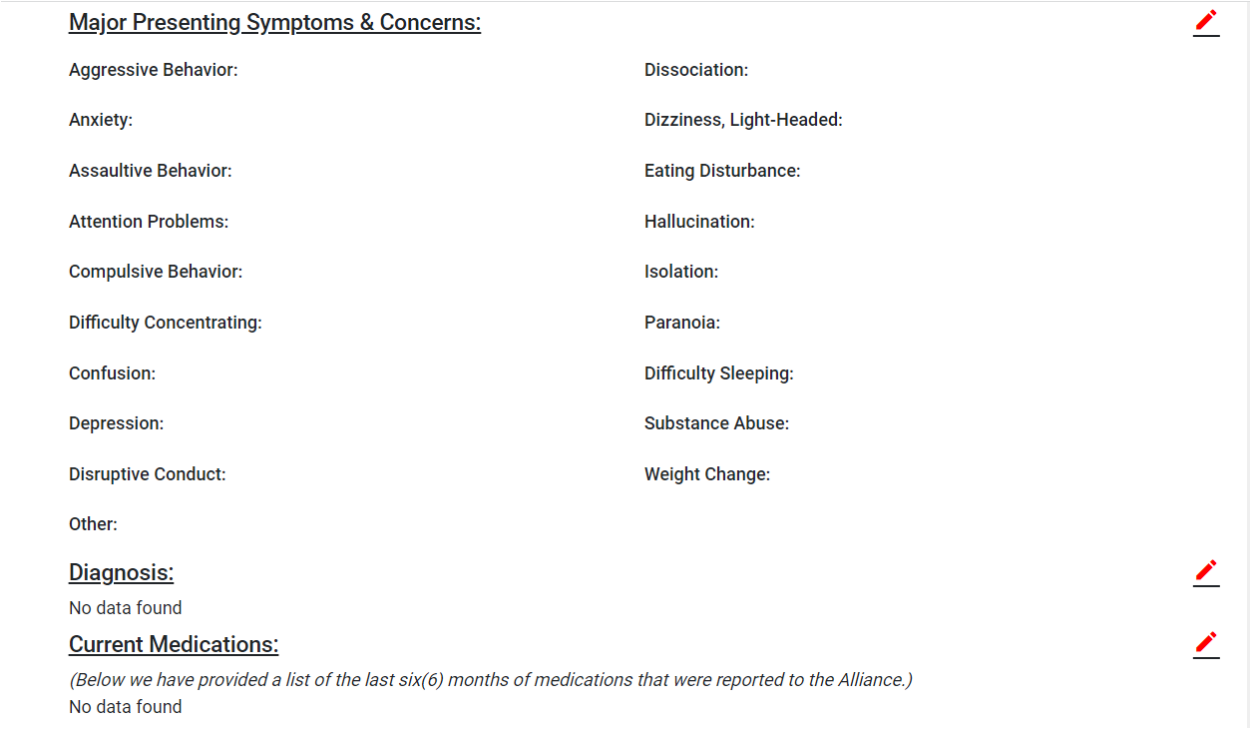
First Name:
Last Name:
PCP ID:
Phone Number:
Address:
City:
State:
Zip Code:
Notes:

Visit Information:

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

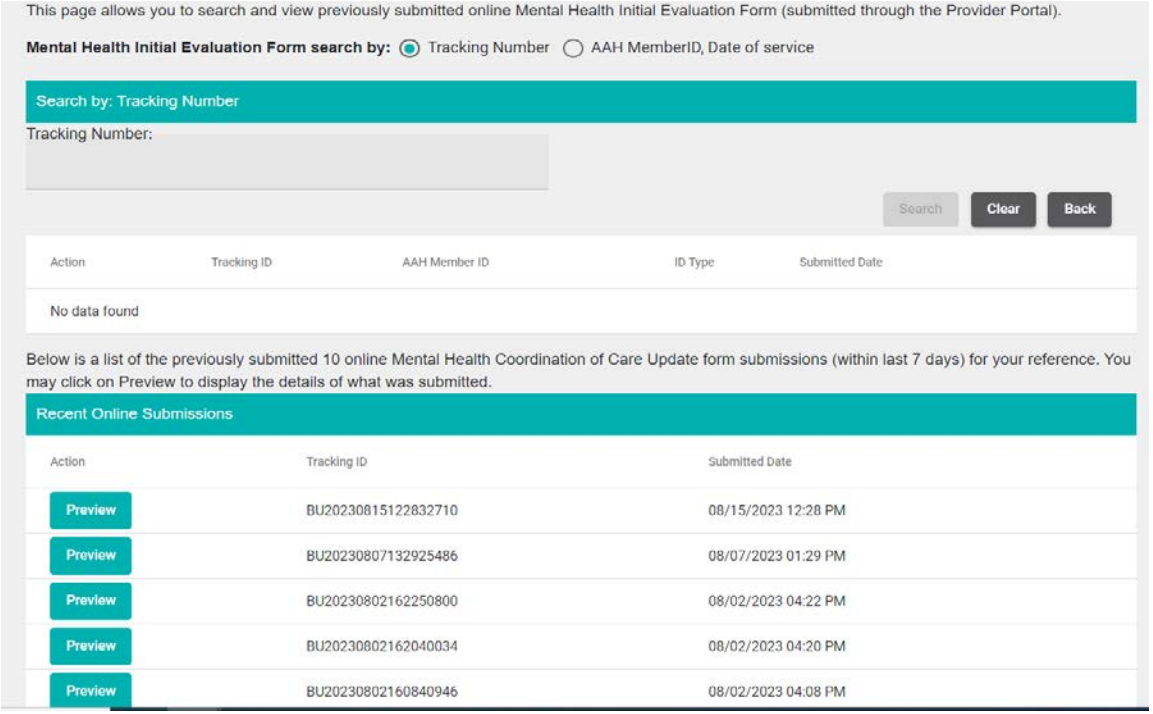
Current Medications:

(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.



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?