**COMPLETED BY:**

All disciplines listed below can complete the tool once the determination to transition care or refer for additional services has been made by a clinician:

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor\*\*
4. Physician (MD or DO)
5. Licensed Psychiatric Technician
6. Registered Nurse
7. Master Level Student Intern
8. MHRS
9. Paraprofessional

**COMPLIANCE REQUIREMENTS:**

1. Intended to ensure that clients who are receiving mental health services from one delivery system receive timely and coordinated care when either:
	1. Their existing services need to be transitioned to another delivery system; or
	2. Services need to be added to their existing mental health treatment
2. Provider within the MHP completed the tool and once completed will identify the appropriate MCP referral (outside MHP) and send completed tool:

|  |  |
| --- | --- |
| **Health Plan** | **Transition Tool Referrals & Contact**  |
| **Aetna Better Health** | AetnaBetterHealthCACM@aetna.com |
| **Blue Shield CA****Promise Health Plan** | BSCPromiseCMC@beaconhealthoptions.com |
| **Community Health Group** | Salvador Tapia1-800-404-3332Stapia@chgsd.com |
| **Health Net****\*press 0 for English, 1 for member, then 2 for BH** | 24/7 line: 800-675-6110\*MHNAdminGroup@centene.com  or fax to 855-703-3268  |
| **Kaiser Permanente** | Transition Tools Fax: 858-451-5199Questions: Michelé BulandMichele.k.buland@kp.org |
| **Molina Healthcare** | Adults: (833) 234-1258 – Care MngmntYouth: (562) 506-1249 – Care MngmntEmail:MHCHealthcareservicesCCS/RCCasemanagement@MolinaHealthcare.com and cc below cc: MHC\_BH\_Solutions@MolinaHealthcare.com |

1. If the MCP is completing and transitioning client to a provider with the MHP, the MHP provider will need to select MCP-MH Provider as Referred From on the ASJ.

**DOCUMENTATION STANDARDS:**

1. The information shall be collected and documented in the order it appears on the Tool.
2. Clients shall be engaged in the process and appropriate consents obtained.
3. The Tool can be completed in person, by telephone, or by video.
4. Additional information enclosed with the Tool may include documentation such as medical history review, care plans, and medication lists.
5. All fields and prompts shall be completed in full.

\*\*See Assessment and Discharge Summary Explanation Sheets for guidance on Referred To/From selections when Transition of Care of Tool has been utilized for services.

 \*\*Note: Programs within the CYF SOC must verify that all training requirements have been met in order for an LPCC/PCI to provide services to youth and families.