

CONFIDENTIAL

Alameda County Behavioral Health Care Services
ACCESS Program (Child/Young Adult Services)

Fax#: (510) 346-1083; Phone#: (800) 491-9099

Facsimile Transmittal Sheet

To BHCS Provider: Referring a Presumptive Transfer Foster Client

Date: _____ Total # of Pages (including cover): _____

To: _____

Provider Fax#: _____ Phone#: _____

Sender's Name: _____ Phone#: 800-491-9099

This fax coversheet is being sent as part of a Specialty Mental Health Services referral for a foster child/young adult from another county who is placed in Alameda Co. via Presumptive Transfer, as described below.

PLEASE CONTACT CAREGIVER IMMEDIATELY TO OFFER AN APPOINTMENT THAT IS WITHIN 10 BUSINESS DAYS OF THE DATE ON THIS REFERRAL FAX. IF YOU CANNOT OFFER THIS WITHIN THE TIMEFRAME, INFORM THE SENDER OF THIS FAX IMMEDIATELY THAT YOU CANNOT ACCEPT THE CASE.

Service Authorization Requests (SAR's) are no longer used in this situation. PLEASE FILE THIS DOCUMENT IN THE CLIENT'S CLINICAL RECORD.

The foster child/young adult identified in the attached materials is being referred for Medi-Cal Specialty Mental Health Services (SMHS) to you, a BHCS-contracted provider. The youth was placed in Alameda County via Presumptive Transfer (per AB 1299) by their Child Welfare Worker (CWW) or Probation Officer (PO) from another county. The child/young adult remains a dependent of that county.

The responsible CWW/PO provided the attached materials which include the caregiver's contact information and who can sign Consent for Treatment & Release of Information forms (OR the signed forms are attached). If the client currently receives psychiatric medication and you are a prescribing provider, the current JV220 document may be attached. **If a recent mental health assessment by the other county is attached, it must be used for treatment purposes until your assessment is done.** (Initial MH Assessment with required timeframes must still be completed by BHCS provider.)

Services: The client's Medi-Cal will remain with the placing county. SMHS must be provided as they would to any Alameda Co. resident meeting medical necessity. Providers must stay in contact with the client's CWW/PO. Please note the following:

- If CWW/PO closes case but more SMHS are required, you may only provide services if the client's Medi-Cal changes to Alameda County.
- If client is placed in another county, you must facilitate closing the case.

Reimbursement: Claim for services per your usual procedures. For claims questions, call BHCS at 510-567-8100 -- CBO providers should ask for the Finance Office and Network providers should ask for the Claims Office.

The information contained in this fax is confidential under the California Penal Code. It is intended *only* for the use of the individual to whom it is addressed. If you are not the intended recipient, or the employee or agent responsible for delivery to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify the sender by voice telephone.