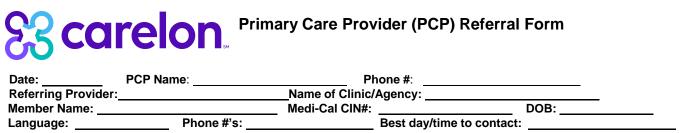
Carelon Health Options/Central California Alliance for Health



To Receive a Confirmation of This referral's outcome, please check the box below noting preferred method and contact details:

Email address: ______ Fax Number: _____

PCP Request (one request per referral form)

PCP Decision Support: Request a telephone consultation with a Carelon psychiatrist to provide decision support related to member diagnostic and medication clarification or other clinical decision supports. **Include medication list and last 2 PCP Progress Notes for Psychiatrist review before phone consult with PCP. Fax: 877.321.1787 OR secure email: medi-cal.referral@carelonbehavioralhealth.com

Referral for Outpatient Behavioral Health Services: Refer members for therapy or medication management via Carelon's network of providers when their needs are outside the PCP scope of practice. Carelon can coordinate member care with county mental health.

Fax: 877.321.1787 OR secure email: medi-cal.referral@carelonbehavioralhealth.com

Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA) Services: Specialty services for youth under 21 years old with established diagnosis of Autism Spectrum Disorder (ASD). *Include Progress Note with diagnosis of ASD and physician order requesting ABA services.

Fax: 877.321.1776 OR secure email: care.managers@carelonbehavioralhealth.com

Referral for Care Management: Local behavioral health care coordination services to help link members to mental health providers, support their transition between levels of care, or engage members with history of noncompliance and link them to community support services. secure email: MC_CCAH@carelonbehavioralhealth.com

Referral for Psychological or Neuropsychological testing: Refer members to psychological/neuropsychological testing via Carelon's network of providers when their needs are outside the PCP scope of practice. Carelon can coordinate member care with county mental health.

Fax: 877.321.1787 OR secure email: medi-cal.referral@carelonbehavioralhealth.com

Request Reason (check all that apply):			
Symptoms:			
Depression	Perinatal depression/anxiety		□ Violence/Aggressive bx
 Poor self-care due to mental health Psychosis (auditory/visual hallucinations, delusional) 	□ Abuse/CPS □ Anxiety	□ Anxiety	Neuropsychological testing
	PTSD/Trauma	Chronic pain	
	□ Psychological testing		
Substance use type:Other BH symptoms:			
Impairments:			
□ Difficult/Unable to complete ADLs □ Diffi	culties maintaining rela	ationships □Legal/CPS	
□ Difficult/Unable to go to work/school □ Other:			
Medications (list below or send medication list with this form):			
Mativation for Company (shack all that annh.)			
Motivation for Services (check all that apply):			
□ Member (or guardian) has been informed of re	eterral to Carelon Healt	'n	
Options			
Member wants services for self (or dependent)			

□ If applicable, Patient has completed a PHQ-2/PHQ-9. Score