california health & wellness

MHN A Health Net Company℠

Medical / Behavioral Care Coordination Referral Form

Date of Referral: E-Mail:	Referred by: Referrer's phone #:	
Patient Name: Patient Contact Information: Patient Expecting MHN's Call: Special Instructions:	Patient ID #:	DOB:
Current Provider / Primary Care Physician / Specialist Name: Telephone #: Office Contact Name:	Fax #: Telephone #:	
If Inpatient, complete the following: Service Requested: Facility Name: Facility Contact Name:	Diagnosis: Facility City/State: Telephone #:	

Requesting:

- ☐ Outbound call to member
- ☐ Outbound call to provider/facility
- ☐ Psych consult on med bed/nursing home/SNF
- ☐ Consultation with Referring Case Manager
- ☐ Other / Unknown

Referral to MHN (Behavioral Health Triggers)

- ☐ Eating Disorder admitted to medical unit
- ☐ Catastrophic Illness requiring behavioral health support
- ☐ Behavioral health follow-up upon discharge from medical admission
- ☐ Complicated detox requiring medical admission
- ☐ Difficult placement due to behavioral health problems
- ☐ Medical admission with planned or actual transfer to psychiatric unit
- ☐ Referrals for post discharge substance abuse treatment while still at medical facility
- ☐ Pain management with substance abuse issues
- ☐ Frequent ER visits for behavioral health diagnoses or medical reason impacted by behavioral health issues
- ☐ Dementia with acute exacerbation of behavioral / psychological symptoms
- ☐ Autism Spectrum Disorders with behavioral health needs
- ☐ Member screened positive on depression screening
- ☐ Other

MHN referral to Health Net (Medical Triggers)

- ☐ Lack of an established or an ineffective treatment plan
- ☐ Over/under/inappropriate utilization of services
- ☐ Discharged/discharging from behavioral inpatient with medical needs
- ☐ Medical condition needing follow-up
- ☐ Lack of education of disease course/process
- ☐ Non-adherence to treatment/medications, missed appointments
- ☐ Compromised patient safety
- ☐ Lack of family/social support
- ☐ Lack of financial resources to meet health needs
- ☐ Exhaustion of medical benefits
- ☐ Member requesting medical Case Manager
- ☐ Autism Spectrum Disorders (OT, PT, ST requests)
- ☐ Pharmacological question
- ☐ Other

Additional Information:

Contact Information for Referrals to MHN

- Email completed form to MHN at: MHN.Case.Management.Referrals@healthnet.com
  OR fax completed form to MHN at (855) 703-3268
- Urgent/Emergent requests, also call (888) 426-0030

Note: for referrals from MHN to CHW, please complete the Behavioral Health Case Management Referral form and fax to the Medi-Cal (SHP) team.

Created by R. Lewis 8.6.19