

## Transition of Care Tool for Medi-Cal Mental Health Services

<b>REFERRING PLAN INFORMATION</b>		
<input checked="" type="checkbox"/> County Mental Health Plan	<input type="checkbox"/> Managed Care Network Plan	
<b>Submitting Plan:</b> San Luis Obispo		
<b>Plan Contact Name:</b> Getten, Amanda Margaret		<b>Title:</b> MFT Marriage and Family Therapist
<b>Phone:</b>	<b>Email:</b> agetten@co.slo.ca.us	<b>Address:</b> 2180 Johnson Ave
<b>City:</b> San Luis Obispo	<b>State:</b> California	<b>Zip:</b> 93401
<b>BENEFICIARY INFORMATION</b>		
<b>Beneficiary's Name:</b> Mh Client, Fictional A	<b>Beneficiary's Preferred Name:</b>	<b>Date of Birth:</b> 1/1/1988
<input checked="" type="checkbox"/> <b>Beneficiary or Legal Representative in Agreement with Referral or Transition of Care</b>	<b>Gender Identity:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-binary <input type="checkbox"/> _____ <b>Pronouns</b> <input type="checkbox"/> He/Him <input checked="" type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> _____	
<b>Address:</b> 11 FICTION WAY		<b>City:</b> SAN LUIS OBISPO <b>Zip:</b> 93401
<b>Phone:</b> 8055555555	<b>Email:</b> Not Collected.	
<b>Caregiver/Guardian:</b> Not Collected.		<b>Phone:</b> Not Collected.
<b>Medi-Cal# (CIN)/SSN:</b> 555000001	<b>Race:</b>	<b>Ethnicity:</b>
<b>Behavioral Health Diagnosis or Diagnoses, if known:</b> Recent Diagnosis Document Attached to End of Form.		
<b>Supporting Clinical Documents Included:</b> No Recent CalAIM Assessment. No Recent CANS Assessment.		
<b>Cultural and Linguistic Requests:</b> Primary Language: Spanish. Client does NOT speak English. Additional Information: Include information to assist CenCal in identifying a provider who may be a good match for the client.		
<b>Current Presenting Symptoms/Behaviors (including substance use if appropriate):</b> See attached document. Additional Information: Describe the client's symptoms, impairments, and needs that will be the focus of treatment.		
<input checked="" type="checkbox"/> Additional Pages Attached		

**Current Environmental Factors (including changes in caregiver relationships, living environment, and educational considerations):**

Describe any changes in the client's relationships, living, school, and/or work environments since the client's last assessment. If the last assessment document is up to date indicate there have been no changes in these factors since the (reference last assessment name and date).

Additional Pages Attached

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

Describe the services the client has received, the focus of treatment, the client's responsiveness to services, and discussions with client/family about this transition of care.

Additional Pages Attached

**Brief Medical History:**

Additional Information: Describe any changes in the client's medical needs since the client's last assessment. If the last assessment document is up to date indicate there have been no changes in the client's medical needs since the (reference last assessment name and date).

Additional Pages Attached

**Current Medications/Dosage:**

See attached document.

Medication List Attached

**Primary Care Provider/Current Care Team:** PCP NAME: N/A- Not Collected. **Phone:** N/A

See attached Tx Team document.

**SERVICES REQUESTED:**  Transition Care to: CenCal  
 Adding Service(s) from: \_\_\_\_\_

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

Indicate the services the client is being referred for - therapy and/or psychiatric services

**TRANSITION OF CARE OR SERVICE REFERRAL DESTINATION**

**Managed Care Plan:** CenCal Health

**Managed Care Plan Contact Information**

**Fax:** 805-681-3019      **Phone:** 805-685-9525      **Toll Free:** 800-421-2560      **TTY:** 800-977-2273 TTY

**County Mental Health Plan:**

**County Mental Health Plan Contact Information**

**Fax:**                      **Phone:**                      **Toll Free:**                      **TTY:**

**Behavioral Health Diagnosis or Diagnoses, if known:**

**CalMHSA - San Luis Obispo County**

**Diagnosis Document**

**Client Name:** Mh Client, Fictional A **Client ID:** 400001  
**DOB:** 01/01/1988 **Effective Date:** 07/01/2023  
**Program:** SLO Clinic MD Youth  
**Diagnosis** (1608)

**Alcohol use disorder, Severe**

**DSM5/ICD10** F10.20 **SNOMED**  
**ICD/ DSM Description** Alcohol use disorder, Severe  
**Remission** **Specifier** **Type** Primary  
**Source** **Severity** **Order** 1  
**Rule Out** No **Billable** Yes

**Paranoid schizophrenia**

**DSM5/ICD10** F20.0 **SNOMED**  
**ICD/ DSM Description** Paranoid schizophrenia  
**Remission** **Specifier** **Type** Additional  
**Source** **Severity** **Order** 2  
**Rule Out** No **Billable** Yes

**Additional Information**

**Screening Tools Used**

**Other General Medical Conditions**

**Psychosocial, Environmental, and Other Factors**

**Comments**

**Level of Functioning Score**

**GAF Score**

**WHODAS Score**

**CAFAS Score**

**Staff:** Wyatt Elliott Ryan **Signature Date:** 07/01/2023



**Current Symptoms and Behaviors:****Current Presenting Symptoms/Behaviors:**

<b>ICD10 Description</b>	<b>ICD10 Code</b>	<b>Start Date</b>
Other problems related to social environment	Z60.8	5/14/2023
Depression, unspecified	F32.A	6/29/2023
Sheltered homelessness	Z59.01	7/1/2023
Parent-child relational problem	Z62.820	7/21/2023

**Current Medications/Dosage:**

Name: Mh Client, Fictional A

DOB: 1/1/1988

Sex: M

**Diagnosis**

ICD 10 Code: F41.1 - Generalized anxiety disorder

**Medication List**

Medication	Date Initiated	Instructions	Rx Start	Rx End	Prescriber
 Prozac	7/5/2023	10mg, cap, Oral 1 each Annually	7/5/2023	7/5/2023	Ilano, Maria Daisy MD Medical Doctor

**TEST TEST TEST**

**Primary Care Provider/Current Care Team:**

**External Primary Care Provider:**

**Client does not have External Primary Care Provider.**

**Current Treatment Team:**

Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Statler, Cami		TMHA MHSA Adult FSP (3210)		
Moss, Fred		SLO Clinic MD Youth (1608)		
Fraer, Michelle		TMHA Residential CM - Empleo (3240)		
Miller, Triesha		SMW MHSA CSS MHET Crsis Hold (3101)		
Rogez, Jennfier		CDC Child Devlpmnt Center MHS (3801)		
Boaz Alvarez, Meghan Kathleen		TMHA Adult Referral (3217)	mboazalvarez@t-mha.org	
Remy, Elaine Summers		TMHA Adult Referral (3217)		
Lofgren, Ly-Lan Marie Vo		TMHA MHSA Adult HOT Engagement (3248)		
Buckley, Coleen Winona		SMW MHSA CSS MHET Crsis Divert (3102)		
Branche, Janette L		WCS MHSA Older Adult FSP (3301)		
Gabriel, Mary Katherine		SLO Clinic Intake Adult (1401)	mgabriel@co.slo.ca.us	
Gabriel, Mary Katherine		SMW MHSA CSS MHET Crsis Hold (3101)	mgabriel@co.slo.ca.us	
Gabriel, Mary Katherine		SMW MHSA CSS MHET Crsis Divert (3102)	mgabriel@co.slo.ca.us	
Gabriel, Mary Katherine		SLO Generic Clients Only Youth (1691)	mgabriel@co.slo.ca.us	
Gabriel, Mary Katherine		SLO Martha's PI Generic Client (1812)	mgabriel@co.slo.ca.us	
Gabriel, Mary Katherine		NCA Generic Clients Only Youth (2096)	mgabriel@co.slo.ca.us	
Gabriel, Mary Katherine		TMHA Generic Client Only Youth (3261)	mgabriel@co.slo.ca.us	
McGuire, Kathy		ADM MAA Services (2601)	kmcguire@co.slo.ca.us	
Koenig, Rachael		SLO Clinic Adult (1402)	rkoenig@co.slo.ca.us	
Koenig, Rachael		SLO Clinic Youth (1602)	rkoenig@co.slo.ca.us	
Koenig, Rachael		MC MHSA CSS Crisis Interventn (3001)	rkoenig@co.slo.ca.us	
Koenig, Rachael		TMHA Residential CM (3201)	rkoenig@co.slo.ca.us	
Koenig, Rachael		SCA Generic Clients Only Youth (2299)	rkoenig@co.slo.ca.us	
Atwell, Brian Rick		SLO PHF Adult (1201)	batwell@co.slo.ca.us	
Ryan, Wyatt Elliott		NCA Clinic Youth (2004)		
Ryan, Wyatt Elliott		SCA Arroyo Grande High School (2254)		
Heintz, Molly		NCA Abused Children Trtmnt Srv (2060)	mheintz@co.slo.ca.us	
Heintz, Molly		SLO Generic Clients Only Adult (1487)	mheintz@co.slo.ca.us	
Goodman, Ramona		SLO Clinic Med Mgr Adult (1404)	rgoodman@co.slo.ca.us	
Drews, Nicholas		SLO Clinic Youth (1602)	ndrews@co.slo.ca.us	
Andrews-Wise, Lesley		SCA Clinic Youth (2204)		
Green, Chandler	Family/Friend	FCN Therapeutic Foster Care (3469)		
Greenberg, Erin	Family/Friend	FCN Therapeutic Foster Care (3469)	egreenberg@fcni.org	

**Current Treatment Team:**

Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Sommers, Allison Gayle		SLO MHSA Martha's Place (1806)	ASommers@co.slo.ca.us	8054616076
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Hoffman, Christine Marie		SCA MHSA Youth Intake (2275)	cmhoffman@co.slo.ca.us	
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Mc Spadden Tarver, Rachel Diane		SLO MHSA Martha's Place (1806)	rtarver@co.slo.ca.us	8057814295
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Kindem, Anneliese Lorraine D		SLO Clinic Youth (1602)	akindem@co.slo.ca.us	
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Sommers, Allison Gayle		SLO Clinic Youth ERSESS (1603)	ASommers@co.slo.ca.us	8054616076
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Abdul Cader, Nisha		SLO Martha's Place MD (1804)	nabdulcader@co.slo.ca.us	8057814948
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Abdul Cader, Nisha		SLO Martha's Place MD (1804)	nabdulcader@co.slo.ca.us	8057814948
Mc Spadden Tarver, Rachel Diane		SLO MHSA Martha's Place (1806)	rtarver@co.slo.ca.us	8057814295
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Martinez, Jennifer Ramirez		NCA MHSA Case Mgr Youth (2089)	jmartinezramirez@co.slo.ca.us	
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Getten, Amanda Margaret		SLO MC Authorizations Adult (1001)	agetten@co.slo.ca.us	
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Mc Spadden Tarver, Rachel Diane		SLO MHSA Martha's Place (1806)	rtarver@co.slo.ca.us	8057814295
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Atencio, Danielle Sophia		GB Drug Testing Moderate Level (52G3)		
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Myers, Sean		DAS SLO Adult MAT Vivitrol 1.0 (5480)	smyers@co.slo.ca.us	8057814844
Cearley, Jana		SLO (2180) JAG Med Mgr Adult (1391)	JCearley@co.slo.ca.us	8057814334
Benavidez, Anthony		SA Sober Living Restor Partner (7429)	abenavidez@co.slo.ca.us	8057814853
Benavidez, Anthony		SLO (2180) JAG Case Mgr Adult (1392)	abenavidez@co.slo.ca.us	8057814853
Masullo, Maria		SLO (2180) MHSA Adult BHTC (1341)	mmasullo@co.slo.ca.us	8057814282
Vierra, Allie Noelle		DAS SLO Drug Testing Only (5407)	avierra@co.slo.ca.us	
Vierra, Allie Noelle		SLO (2180) JAG Pgm Adult (1390)	avierra@co.slo.ca.us	
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Kindem, Anneliese Lorraine D		SLO Clinic Youth (1602)	akindem@co.slo.ca.us	
Treatment Team Staff Name	Role	Program	Staff Email	Staff Phone
Garcia-Noriega, Alyssa	Behavioral Health Worker	FCN ICC/IHBS (3464)	agarcianoriega@fcni.org	

**Current Treatment Team:**

<b>Treatment Team Staff Name</b>	<b>Role</b>	<b>Program</b>	<b>Staff Email</b>	<b>Staff Phone</b>
Martinez, Jennifer Ramirez		NCA MHSA Case Mgr Youth (2089)	jmartinezramirez@co.slo. ca.us	
<b>Treatment Team Staff Name</b>	<b>Role</b>	<b>Program</b>	<b>Staff Email</b>	<b>Staff Phone</b>
Kindem, Anneliese Lorraine D		SLO Clinic Intake Youth (1601)	akindem@co.slo.ca.us	

