



## ***A Toolkit for Service Delivery Providers***

*April 2016 Revision*

# HEALTH NEIGHBORHOODS

## *A Toolkit for Service Delivery Providers*

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## INTRODUCTION

The Los Angeles County Department of Mental Health (LAC-DMH), Office of Integrated Care, is pleased to welcome you to the Health Neighborhood. Health and mental health providers; public health and substance use disorder treatment providers, along with a variety of social service and community support agencies are joining together to improve the health and wellness of our communities. LAC-DMH offers this Toolkit to assist in the planning, development and participation in the health neighborhood.

The Toolkit provides information which includes, but is not limited to: an overview of the health neighborhood concepts, service delivery readiness assessment tools, an MOU template, Universal Authorization to Release Information, care coordination and referral resources, and resource links.

Please be aware that this information is provided as a reference and is in no way intended to replace or supersede any required practices, protocols or requirements of your agency. It is intended to serve as a resource in moving providers forward toward increased collaboration to better serve consumers<sup>1</sup> and their supports<sup>2</sup>. LAC-DMH anticipates that modifications and enhancements to these resources will be created through the process of collaboration.

LAC-DMH looks forward to our continued work together in developing and implementing the service delivery components of the Health Neighborhoods.

<sup>1</sup> The term “consumer” will be used throughout this toolkit and includes, but is not limited to: clients, patients, residents, non-residents, and anyone who receives or may receive services in the Health Neighborhood.

<sup>2</sup> The term “supports” will also be used throughout this toolkit and includes, but is not limited to: family members, friends, sponsors, caretakers, guardians, support organizations, and any other entities that provide assistance and care for consumers.

# HEALTH NEIGHBORHOOD OVERVIEW

## What is the Health Neighborhood Initiative?

The Health Neighborhood Initiative brings together health, mental health, and substance use disorder providers to establish and enhance collaborative relationships and promote the integration of whole-person care. Participating service providers are linked to an extensive network of governmental and community supports including, but not limited to: County and city agencies, educational institutions, housing services, faith-based groups, vocational supports, advocacy and non-profit organizations, prevention programs, social services, etc. These providers come together with vital input from the community to enhance the health and wellbeing of neighborhood residents.

## What are the two models that come together to make up a Health Neighborhood<sup>3</sup>?

### 1. Community Change Model

The Community Change Model addresses the social determinants of health for a specific population.

“The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.”<sup>4</sup> The Community Change Model mobilizes residents, community organizations, and institutions to identify the root causes of specific issues that are impacting a community. The goal of this model is to achieve community-driven health and wellness with a focus on policy and system change.

### 2. Service Delivery Model

The Service Delivery Model brings together health, mental health, public health and substance use disorder providers in each neighborhood. The aim is to cover all age groups from prenatal to older adults and identify and include culturally and linguistically appropriate services. This collaboration of providers comes together to establish and/or refine referral processes, conduct screenings across agencies, and become further educated on what services are offered by participating providers. Community input is essential in ensuring that services are responsive to the specific needs of the neighborhood residents. The overall goals of the service delivery model are to expand access to services, increase coordination of care between providers, and contain costs.

<sup>3</sup> Health Neighborhoods, Summary of Workgroups Sessions, Rigoberto Rodriguez, 2013

<sup>4</sup> World Health Organization, 2012

### **What are the advantages for providers who participate in a Health Neighborhood?**

- Screen consumers for health, mental health, and substance use disorder issues with the knowledge that there is an array of providers to refer to depending on need.
- Have greater ability to effectively coordinate care for consumers seen by multiple participating providers (e.g. physical health, mental health, and substance use disorder providers).
- Use a variety of culturally and linguistically appropriate health, mental health, and substance use disorder providers to meet the needs of a diverse consumer population.
- Improve treatment adherence and clinical outcomes for consumers through the addition of health, mental health, substance use disorder, and community services and supports.
- Decrease duplication of services by improving communication and care coordination while containing costs.
- Increase providers' understanding of supportive services in the community that may assist in the well-being of those served.

*The following page contains a conceptual framework of the Health Neighborhood that brings together both models.*

# LOS ANGELES COUNTY

## *Health Neighborhood Conceptual Framework*



# LOS ANGELES COUNTY STRATEGIC PLAN

## 2014 Proposed Update

### GOAL 2: COMMUNITY SUPPORT AND RESPONSIVENESS

#### Strategic Initiative 4: Healthy Neighborhood Projects

Use existing resources to initiate local community-involved discussions to pinpoint specific health and behavioral health issues of concern to high-need neighborhoods in Los Angeles County.

##### Focus Areas:

- ***Blueprint for creating and sustaining Healthy Neighborhoods***  
Host a Healthy Neighborhood Planning Summit that brings together relevant County and city agencies, educational and academic institutions, advocacy groups, civic bodies, non-profit organizations, health plans, providers and elected officials to discuss and provide input for creating a blueprint to roll out the Healthy Neighborhoods strategy in Los Angeles County.
- ***Oversight & Accountability***  
Develop an inclusive governing body to advise the County and its Departments on the implementation of the blueprint.
- ***Healthy Neighborhood pilot***  
Identify pilot communities using existing and newly identified resources, and engage community members to initiate discussions on the social determinants of health and behavioral health outcomes and on collaborating to develop community-based strategies for addressing them. The pilot would also assist in the development of governing bodies at the neighborhood level where one does not currently exist, and develop a blueprint for building neighborhood capacity to ensure long-term self-sufficiency.
- ***Expand access to services***  
Build upon existing service areas and ethnic or culturally-specific relationships and expand partnerships in each service area to improve access to and coordination of primary care, mental health and substance use treatment services.
- ***Enhance collaborative care***  
Develop and publish specific mechanisms to improve referrals, clinical services, care coordination and information sharing functions between all relevant partners.

## HEALTH NEIGHBORHOOD *Readiness Assessment Tools*

The Health Neighborhood Readiness Assessment Tools should be used by agencies to examine their readiness for participation in the service delivery component of the Health Neighborhoods. Agencies are asked to examine their current practices in regards to business operations, clinical procedures, and collaboration processes with providers outside of their areas of expertise. Provided are tools that may be helpful as agencies begin to assess their readiness for integration.

1. **Health Neighborhood Service Delivery Checklist** is divided into 3 sections:
  - Assessing infrastructure
  - Handling data and outcomes
  - Understanding leadership and culture
2. **Organizational Assessment Toolkit for Primary and Behavioral Health Care Integration (OATI)** – Link to assessment:

[http://www.integration.samhsa.gov/operations-administration/OATI\\_Overview\\_FINAL.pdf](http://www.integration.samhsa.gov/operations-administration/OATI_Overview_FINAL.pdf)

The OATI provides an in-depth, agency-level review comprised of 4 major self-assessment tools:

- a. **The Partnership Checklist** can assist organizations in determining the need for a partner, assessing a partner's potential contribution to the partnership, and identifying next steps for how to develop more effective partnerships.
- b. **The Executive Walkthrough** can help leadership see the organization(s) through a customer's eyes. This tool can assess the customer's service levels your organization has achieved through the use of objective data and lay out a path for improving the "customer experience" of individuals who have health and behavioral health needs.
- c. **The Administrative Readiness Tool (ART) for Primary Health Behavioral Health Integration** assesses the core administrative processes and practices needed to support successful delivery of integrated care.
- d. **The COMPASS–Primary Health and Behavioral Health™** (COMPASS-PH/PC) is a continuous quality improvement tool for clinics and treatment programs, whether working in their own integration process or in partnership with others, to develop core integrated capabilities able to meet the needs of service populations with physical and behavioral health issues.



## HEALTH NEIGHBORHOOD

### Service Delivery Checklist

Assessing infrastructure		Yes	No	If yes, then who/what?
1	Does your agency have established screening procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
2	Do you assess for issues outside of your specialty area at intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
3	Is there a process for determining different levels of care (urgent vs. routine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
4	Do you have referral procedures in place with collaborating providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
5	Do you have a referral tracking system?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Do you receive information back from collaborating providers when a referral is made?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Do you have HIPAA compliant means of exchanging client/patient information with collaborating providers?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Do you provide training to staff on integration?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Do you provide educational programs on comorbid conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Do you have mandated/established access to care procedures/policies?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Handling data and outcomes</b>		<b>Yes</b>	<b>No</b>	
11	Do you collect client/patient data?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Do you track client/patient outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Do you have an electronic medical/health record system?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Understanding leadership and culture</b>		<b>Yes</b>	<b>No</b>	
14	Are leaders actively supporting collaboration?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Is agency committed to a whole person approach to care?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Is collaboration part of agency's strategic plan?	<input type="checkbox"/>	<input type="checkbox"/>	
17	Does agency's policies offer flexibility to staff to perform roles related to collaboration?	<input type="checkbox"/>	<input type="checkbox"/>	

# MEMORANDUM OF UNDERSTANDING

## Overview

The MOU template includes the background for establishing Health Neighborhoods as set forth in the LA County Strategic Plan, Goal 2: Community Support and Responsiveness, Strategic Initiative 4: Health Neighborhoods Projects. There are also provisions that describe essential objectives of the Health Neighborhood, such as:

- Commitment,
- Overview of Parties,
- Medical Records,
- Sharing of Information,
- Meetings and Review,
- Term, Termination and Amendments

There have been previous versions of the MOU template. This updated version allows for the inclusivity of community providers. Lastly, the MOU template has five (5) form attachments for Health Providers, Mental Health Providers, Public Health Providers, Substance Use Disorder Treatment Providers and Neighborhood Participants, as well as an attachment for a Health Neighborhood boundary map.

The Health Neighborhood MOU template that follows may be used as a guide to assist collaborating providers in memorializing their roles and responsibilities of participation in the Health Neighborhoods.

It is not mandatory however, that this specific MOU template be used by a Health Neighborhood so long as substantially similar objectives are documented and agreed upon by all parties of the Health Neighborhood.

Also included in this section are suggested general guidelines for a process on signing the MOU which was designed to be used due to the inclusion of a Counterparts provision for signing. Additionally, the signing process guidelines include information related to amending in other service providers that might choose to be added into the MOU after its inception date.

## Memorandum of Understanding –XXX Health Neighborhood

### Purpose

The purpose of this multi-party Memorandum of Understanding (MOU) is to formalize the collaborative working relationships between and among the parties and to establish each party's agreement and commitments for the establishment of and participation in the "insert here the name of the respective HN".

### Background

In June 2014, the County of Los Angeles (County) Chief Executive Office amended the County Strategic Plan, Goal 2: Community Support and Responsiveness, Strategic Initiative 4: Health Neighborhood Projects in order to "pinpoint specific health and behavioral health issues of concern to high-need neighborhoods in Los Angeles County."

This strategic initiative is aimed at improving coordination, collaboration and effective use of resources for supporting the overall health and well-being of neighborhood residents at both the individual and population levels.

Originally, participation in a health neighborhood collaboration was directed toward those agencies offering direct clinical services to individuals or families, such as health, mental health, public health and substance use disorder treatment providers. In recognition of the fact that a variety of other types of services and supports are needed, both at the individual and population levels, these collaborations are being expanded to reflect the broader scope of participants essential for each neighborhood to function to its potential. This MOU formalizes the partnerships that contribute to this initiative.

Participating agencies in the XX Health Neighborhood do so voluntarily and may provide services and supports to the patients/clients/consumers/residents in the XXX area, whom they currently serve or will serve in the future.

NOW THEREFORE, the parties agree to formalize and establish the "insert here the name of the respective HN" as follows:

### Commitments

To form a Health Neighborhood, the parties have identified, and commit to, the following critical processes:

- Work with each of the other parties to outline the array of services and supports available in the area,
- Provide services and support to patients/clients/consumers/residents within the scope of participating agencies' expertise and in accordance with any applicable eligibility and exclusion criteria,

- Exchange information between providers, to the extent permitted by law and in keeping with all applicable rules and regulations, for the purpose of treatment and care coordination,
- Refer to other partnering agencies for services and supports outside the scope of the referring agency's expertise in accordance with the partnering agencies' eligibility/screening criteria and exclusion criteria, where applicable,
- Develop an agreed upon mechanism for referrals, response to referrals, and care coordination, where applicable,
- Respond to partnering agencies' referrals so the outcomes of referrals are clear, consistent and timely as agreed upon by all parties, where applicable,
- Coordinate care among agencies providing services and supports to the same patients/clients/consumers/residents, where applicable,
- Identify key contacts within each participating agency for both urgent follow-up and problem resolution, and
- Other key elements that may later be identified by the parties.

#### Overview of Parties

In consideration of the unique nature of each participating agency, a specific Attachment at the conclusion of this MOU will identify each participating agency and set forth the services and supports provided, the eligibility and exclusion criteria for each agency, where applicable, and the contact mechanism for both routine and urgent communication and/or problem resolution. Attachment A will be used for primary health care providers; Attachment B will be used for mental health providers; Attachment C will be used for public health providers; Attachment D will be used for substance use disorder treatment providers; and Attachment E will be used for all other participating agencies/providers.

The following provisions are specific to Health Care Providers.

#### Medical Records

All parties shall maintain their own separate medical records systems.

#### Confidentiality and Sharing of Information for Referrals and Care Coordination

All participating agencies agree that the medical records and health information associated with each agency are confidential. Applicable State and federal laws and regulations may include, but are not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Welfare and Institutions Code (WIC) section 5328 et seq., the Confidentiality of Medical Information Act (CMIA) Civil Code 56 et seq., and 42 CFR Part 2. Each party is responsible for ensuring that it adheres to any applicable legal requirements pertaining to the confidentiality of its information and medical records.

To the extent permitted by law, the parties will share health information and/or medical records as necessary to make referrals, respond to referrals, and to coordinate a patient/client/consumer's care. Certain laws permit health care providers to share confidential health information with other health care providers

for purposes of treatment, referral, and coordination of care. Laws also permit the sharing of client information with a written patient/client/consumer authorization that meets all applicable legal requirements. Each party is responsible for ensuring that it adheres to any applicable legal requirements pertaining to the confidentiality of its information and medical records and the party's disclosure of such information and records.

All participating agencies shall ensure that staff who receive patient/client/consumer/resident medical information, protected health information (PHI), and/or mental health or substance use disorder treatment information from another agency shall abide by all State and federal statutes, rules, and regulations regarding the confidentiality of such information, including, but not limited to HIPAA, WIC, CMIA, 42 C.F.R. Part 2, as applicable, and shall not further use or disclose such information unless required or permitted by law.

Registration, Financial Screening, and/or Fee Collection Each party is responsible for its own registration, financial screening, and/or fee collection, where applicable, for each patient/client/consumer/resident that it serves.

Reimbursement for Services Each party will be responsible for its own submission of claims for reimbursement related to the services and supports provided by their respective agency and no party will seek reimbursement for services and supports from any other party or submit claims for reimbursement for services and supports provided by any other party.

Costs This MOU is a non-financial agreement. Parties shall not receive compensation for entering into this MOU and each party shall bear its own costs of participation and no party will receive compensation from any other party for costs incurred as a consequence of entering into this MOU.

Meetings and Review Participating agencies will agree to meet at mutually agreed upon intervals to discuss program implementation, address and resolve any operational issues.

Term This MOU is effective on the date of signature by all parties and shall remain in full effect until terminated as set forth below.

Termination Any party to this MOU may terminate its participation without cause, provided written notice is given at least 30 calendar days in advance to all remaining parties. Notice shall be provided to the party's Executive level contact person as specified on Attachment A, B, C, D, or E as applicable. The parties may terminate this MOU at any time upon the mutual agreement of all parties.

Amendment The parties may amend this MOU from time to time by a written amendment signed by an authorized representative from each party.

Attachments to this MOU The parties may revise information contained in the Attachment(s) to this MOU from time to time and without an amendment to this MOU to reflect changes or updates to such information, and are obligated to provide the revised Attachment to all other parties' Executive Contacts, and/or their appointed designees.

No Third Party Beneficiaries Nothing in this MOU, express or implied, is intended to nor shall be construed to confer upon any person or entity, other than the parties to this Agreement, any remedy or claim under or by reason of this MOU as third-party beneficiaries or otherwise. The terms of this Agreement are for the sole and exclusive benefit of the parties to this MOU.

Counterparts This MOU may be executed in one or more counterparts; all counterparts shall be deemed to constitute one document and shall have the same force and effects as if all signatures had been obtained on one document. Further, a faxed or other form of electronic signature shall have the same force and effect as an original signature.

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In witness thereof, the parties have caused their duly authorized representative to execute this MOU as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Agency Name:\_\_\_\_\_

By:\_\_\_\_\_

Printed Name:\_\_\_\_\_

Its:\_\_\_\_\_

## List of Attachments

Attachment A – Health Provider

Attachment B – Mental Health Provider

Attachment C – Public Health Provider

Attachment D – Substance Use Disorder Treatment Provider

Attachment E – Other Participating Agencies/Providers

Attachment F – Health Neighborhood Boundary Map



<b>HEALTH NEIGHBORHOOD MOU Attachment</b>			
<b><i>Agency Information (Corporate or Administrative)</i></b>			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:		Fax:	
How many sites does this agency have where services are provided that will participate in this Health Neighborhood?*			
<b><i>Agency Contact Information (Corporate or Administrative)</i></b>			
Primary Agency Contact Person:			
Title:			
Phone:	E-mail:	Fax:	
<p><b>*Please include separate attachment for each site where you provide services.</b></p> <p><b>How many attachments are included?</b></p>			

SITE INFORMATION		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Hours of Operation:
SITE CONTACT INFORMATION		
Primary Site Contact Person:		
Title:		
Phone:	E-mail:	Fax:
REFERRAL CONTACT INFORMATION		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		

**SERVICES**

Please list all services that agency is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, etc.):

Please provide your agencies accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted:

Treatment capabilities (languages served, hearing-impaired services, etc.):

**REFERRAL ELIGIBILITY INFORMATION**

Please provide any referral eligibility and exclusion criteria for the services in your agency that other providers in your Health Neighborhood should be made aware of:

<b>HEALTH NEIGHBORHOOD MOU Attachment</b>			
<b><i>Agency Information (Corporate or Administrative)</i></b>			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:		Fax:	
How many sites does this agency have where services are provided that will participate in this Health Neighborhood?*			
<b><i>Agency Contact Information (Corporate or Administrative)</i></b>			
Primary Agency Contact Person:			
Title:			
Phone:	E-mail:	Fax:	
<p><b>*Please include separate attachment for each site where you provide services.</b></p> <p><b>How many attachments are included?</b></p>			

SITE INFORMATION		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Hours of Operation:
SITE CONTACT INFORMATION		
Primary Site Contact Person:		
Title:		
Phone:	E-mail:	Fax:
REFERRAL CONTACT INFORMATION		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		

**SERVICES**

Please list all services that agency is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, etc.):

Please provide your agencies accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted:

Treatment capabilities (languages served, hearing-impaired services, etc.):

**REFERRAL ELIGIBILITY INFORMATION**

Please provide any referral eligibility and exclusion criteria for the services in your agency that other providers in your Health Neighborhood should be made aware of:

<b>HEALTH NEIGHBORHOOD MOU Attachment</b>			
<b><i>Agency Information (Corporate or Administrative)</i></b>			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:		Fax:	
How many sites does this agency have where services are provided that will participate in this Health Neighborhood?*			
<b><i>Agency Contact Information (Corporate or Administrative)</i></b>			
Primary Agency Contact Person:			
Title:			
Phone:	E-mail:	Fax:	
<p><b>*Please include separate attachment for each site where you provide services.</b></p> <p><b>How many attachments are included?</b></p>			

SITE INFORMATION		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Hours of Operation:
SITE CONTACT INFORMATION		
Primary Site Contact Person:		
Title:		
Phone:	E-mail:	Fax:
REFERRAL CONTACT INFORMATION		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		



**SERVICES**

Please list all services that agency is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, etc.):

Please provide your agencies accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted:

Treatment capabilities (languages served, hearing-impaired services, etc.):

**REFERRAL ELIGIBILITY INFORMATION**

Please provide any referral eligibility and exclusion criteria for the services in your agency that other providers in your Health Neighborhood should be made aware of:

## HEALTH NEIGHBORHOOD MOU Attachment

### ***Agency Information (Corporate or Administrative)***

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

How many sites does this agency have where services are provided that will participate in this Health Neighborhood?\*

### ***Agency Contact Information (Corporate or Administrative)***

Primary Agency Contact Person:

Title:

Phone:

E-mail:

Fax:

**\*Please include separate attachment for each site where you provide services.**

**How many attachments are included?**

## Attachment D – Substance Use Disorder Treatment Providers

<b>SITE INFORMATION</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Hours of Operation:
<b>SITE CONTACT INFORMATION</b>		
Primary Site Contact Person:		
Title:		
Phone:	E-mail:	Fax:
<b>REFERRAL CONTACT INFORMATION</b>		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		

***SERVICES***

Please list all services that agency is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, etc.):

Please provide your agencies accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted:

Treatment capabilities (languages served, hearing-impaired services, etc.):

***REFERRAL ELIGIBILITY INFORMATION***

Please provide any referral eligibility and exclusion criteria for the services in your agency that other providers in your Health Neighborhood should be made aware of:

## HEALTH NEIGHBORHOOD MOU Attachment

### *Neighborhood Participant Information (Corporate or Administrative, if applicable)*

Type of AGENCY/PROGRAM/SERVICE (social services, faith community, government agency, etc.)

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

How many sites will participate in this Health Neighborhood?\*

### *Neighborhood Participant Contact Information (Corporate or Administrative, if applicable)*

Primary Contact Person:

Title:

Phone:

E-mail:

Fax:

**\*Please include separate attachment for each site that will be participating in the neighborhood.**

**How many attachments are included?**

SITE INFORMATION		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Hours of Operation:
SITE CONTACT INFORMATION		
Primary Site Contact Person:		
Title:		
Phone:	E-mail:	Fax:

REFERRAL CONTACT INFORMATION (where applicable)		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		

**SERVICES/PROGRAMS/ACTIVITIES**

Please list all services, programs, or activities that neighborhood participant is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, job training, support groups, etc.):

Please provide your accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted, where applicable:

Service, program, or activity capabilities (languages served, transportation assistance, hearing-impaired services, etc.):

***REFERRAL ELIGIBILITY INFORMATION (where applicable)***

Please provide any referral eligibility and exclusion criteria for the services or programs that other neighborhood participants in your Health Neighborhood should be made aware of:

## **SIGNING PROCESS FOR A HEALTH NEIGHBORHOOD (HN) MOU**

1. An agency must first complete (in its entirety) their respective Agency Attachments (Attachments) (A-E as applicable) for each of its participating sites and turn the Attachments into the respective DMH SA District Chief (or their appointed designee) so they can be reviewed for completion.
2. The respective DMH SA District Chief (or their appointed designee) will confirm with the agency if the Attachments have been completed appropriately and/or if the Attachments are in need of any revisions. If revisions are requested, then the agency will need to resubmit the revised Attachments to DMH SA District Chief (or their appointed designee).
3. The DMH SA District Chief (or their appointed designee) will select a cut-off date for the initial completion of Attachments. Once DMH collects all applicable Attachments from each agency, DMH will then combine Attachments into one single MOU, thereby certifying it as the complete HN MOU so it can be copied and distributed accordingly for signature via the Counterparts clause in the MOU.
  - a. The Counterpart clause cites:  
“This MOU may be executed in one or more counterparts; all counterparts shall be deemed to constitute one document and shall have the same force and effects as if all signatures had been obtained on one document. Further, a faxed or other form of electronic signature shall have the same force and effect as an original signature.”
  - b. DMH’s Office of Integrated Care (OIC) will serve as the lead agency in securing the collected documents electronically, certify the MOU as complete, and return the finalized completed MOU with all Attachments back to the DMH SA District Chief (or their appointed designee) for dissemination to the signing agencies.
4. Upon receipt of the HN MOU, each agency must then complete the signature block portion on the signature page of the MOU and return just the original signature page to the DMH SA District Chief (or their appointed designee) in one of the following manners:
  - a. Hand delivery or Messenger Service the documents
  - b. Mail the documents
  - c. Pdf the documents and submit electronically
  - d. Fax the documents
5. The DMH SA District Chief (or their appointed designee) will then forward all agency signature pages to OIC to be electronically secured and filed.
6. Once all signature pages are electronically stored by OIC, they will be sent collectively to each of the signing agencies for their respective filing.

**An agency that wishes to participate in the HN after the initial signing is eligible to participate in the HN, through an amendment. For these agencies follow the process below.**



## Amendment Signing Process Guidelines

1. Each time a new agency chooses to join the existing HN, a new amendment must be drafted accordingly.
2. Amendments will proceed sequentially by number (1,2,3, etc.).
3. If more than 1 agency is ready to join in the HN simultaneously, then the same (next numbered Amendment) can be utilized  
*(Example: Two separate agencies are ready to join the HN at the same time, and thus both agencies will be part of Amendment No. 3.)*
4. Complete Steps 1 and 2 from the MOU signing process on page 1.
5. The DMH SA District Chief (or their appointed designee) will select a cut-off date for the Attachments of any agency looking to be added to the HN via the signing of an Amendment. Once DMH collects all applicable Attachments from each agency, DMH will then combine Attachments into one single Amendment, thereby certifying it as the complete HN MOU Amendment so it can be copied and distributed accordingly for signature via the Counterparts clause in the Amendment.
  - a. The Counterpart clause cites:  
“This Amendment may be executed in one or more counterparts; all counterparts shall be deemed to constitute one document and shall have the same force and effects as if all signatures had been obtained on one document. Further, a faxed or other form of electronic signature shall have the same force and effect as an original signature.”
  - b. DMH’s Office of Integrated Care (OIC) will serve as the lead agency in securing the collected documents electronically, certify the Amendment as complete, and return the finalized completed Amendment with all Attachments back to the DMH SA District Chief (or their appointed designee) for dissemination to the signing agencies. (This shall include the new agencies joining the HN, as well as all existing HN agencies.)
6. Upon receipt of the Amendment, each agency must then complete the signature block portion on the signature page of the Amendment and return just the original signature page to the DMH SA District Chief (or their appointed designee) in one of the following manners:
  - a. Hand delivery or Messenger Service the documents
  - b. Mail the documents
  - c. Pdf the documents and submit electronically
  - d. Fax the documents
7. The DMH SA District Chief (or their appointed designee) will then forward all agency signature pages to OIC to be electronically secured and filed.
8. Once all signature pages are electronically stored by OIC, they will be sent collectively to each of the signing agencies for their respective filing.

## CARE COORDINATION AND REFERRAL RESOURCES

This section contains an explanation of care coordination as well as tools that can be used within the Health Neighborhoods to facilitate care coordination, referral processes and tracking referrals between providers.

### 1. What is Care Coordination?

It is important to develop a common understanding of the term “care coordination” across participating agencies in the Health Neighborhood, particularly as we move to integrated, whole-person care. In many respects, care coordination is at the very heart of the service delivery model and has the utmost power in determining the consumer’s experience of care as well as the quality and cost of the services received by the consumer. Yet, care coordination may be understood differently by various stakeholders.

For the purpose of the Health Neighborhoods, it may be useful to borrow a definition from the Agency for Health Research and Quality (AHRQ). As noted in the Care Coordination Measures Atlas, Updated 2014, Pub. No. 14-0037-EE, “The systematic review authors combined the common elements from many definitions to develop one working definition for use in identifying reviews of interventions in the vicinity of care coordination and, as a result, developed a purposely broad definition:

*Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care."*

According to AHRQ, key areas of coordination activities include the following:

- Establishing accountability and agreeing on responsibility
- Communicating/sharing knowledge
- Helping with transitions of care
- Assessing patient needs and goals
- Creating a proactive care plan
- Monitoring and follow up, including responding to changes in patients' needs
- Supporting patients' self-management goals
- Linking to community resources
- Working to align resources with patient and population needs

Additional information on Care Coordination is available at the reference noted above and in the Resource Links portion of the Toolkit.

2. **Provider Communication Form (MH 707)** is the DMH form for providers to use to communicate about consumer services and care. The types of communication included in this form are health information exchanges for care coordination, transfer of care, referral for services, care consultation, and discharge from care.
3. **Health Neighborhood Referral and Care Coordination Log and Guidelines** are tools to assist providers in a Health Neighborhood to keep track of consumers that are being referred to other agencies or for whom contact is attempted with another agency for care coordination purposes. The log is designed to assist in the identification of any challenges to referral and/or care coordination so that remedies may be implemented. The log captures which agency the referral was sent to, if a response was received, what the response was, how long it took, and when an appointment was given. Each agency that sends the initial referral is responsible for completion of the log. This log contains a limited number of data elements for tracking activity in the Health Neighborhoods. Additional data elements may be added for each neighborhood depending on their specific needs as outlined on the guidelines.
4. **Health Neighborhood Welcome Letter** can be given to consumers who may become part of the Health Neighborhood. The letter explains what the Health Neighborhood is and what the expectations are when receiving services from providers who are focused on whole person care.

## PROVIDER COMMUNICATION

<b>TYPE OF COMMUNICATION REQUESTED:</b> <input type="checkbox"/> INFORMATION EXCHANGE ONLY <input type="checkbox"/> CONSULTATION (Use Page 1) <input type="checkbox"/> REFERRAL <input type="checkbox"/> TRANSFER <input type="checkbox"/> NOTIFICATION OF DISCHARGE (Use Pages 1 and 2) <i>*Indicates required sections for ALL communication types</i>	
<b>SENDER*</b> Agency: _____ Contact Person: _____ Phone Number: _____ Fax Number: _____ E-mail: _____	<b>RECIPIENT*</b> Agency: _____ Contact Person: _____ Phone Number: _____ Fax Number: _____ E-mail: _____
<b>RENDERING PROVIDER INFORMATION*</b>	
Name: _____ Title: _____ Contact Information (if different from Sender information above): _____ Provider Signature: _____ Date: _____	
<b>CLIENT INFORMATION*</b>	
Name: _____ Medi-Cal CIN: _____ DOB: _____ Address: _____ Phone Number: _____ Gender: _____ Client's Preferred Language: _____ Caregiver's Name (if applicable): _____ Caregiver's Preferred Language: _____ Caregiver's Phone Number: _____ Payor Source: <input type="checkbox"/> Medi-Cal Only <input type="checkbox"/> Medicare Only <input type="checkbox"/> Medi-Medi <input type="checkbox"/> Uninsured <input type="checkbox"/> Other _____	
<b>DOCUMENTS <input type="checkbox"/> PROVIDED – or – <input type="checkbox"/> REQUESTED*</b> <i>Note: The release of Protected Health Information may require a signed client authorization under certain circumstances.</i>	
Check as many boxes as applicable: <input type="checkbox"/> Authorization <input type="checkbox"/> History & Physical <input type="checkbox"/> Laboratory (specify) _____ <input type="checkbox"/> Assessment <input type="checkbox"/> Assessment Summary <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Treatment Summary <input type="checkbox"/> Problem List <input type="checkbox"/> Medication List <input type="checkbox"/> Progress Notes <input type="checkbox"/> Consultation Outcome <input type="checkbox"/> Discharge Plan <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None Explanation/Additional Comments: _____ _____ _____	
<b>COMPLETE THE SECTION BELOW THAT CORRESPONDS TO THE TYPE OF COMMUNICATION REQUEST</b>	
<b>Information Exchange Only – Required Information</b>	
Sender must complete form through “Documents Provided or Requested” section above. No additional information necessary.	
<b>Request for Care Consultation - Required Information</b>	
Description of question or request: _____ _____ _____	
<small>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.</small>	<div style="text-align: right; font-weight: bold; font-size: small;">DMH USE ONLY</div> Name: _____ DMH ID#: _____ Agency: _____ Provider #: _____ <div style="text-align: center; font-weight: bold;">Los Angeles County – Department of Mental Health</div>

Original Copy – Receiving Agency  
Copy – Initiating Agency

## PROVIDER COMMUNICATION

## PROVIDER COMMUNICATION

### Notification of Referral for Services - Required Information

Reason(s) for Referral: ☐ Health Care Services ☐ Substance Use Disorder Services ☐ Housing Assistance ☐ Employment Assistance ☐ Non-specialty Mental Health Services ☐ Specialty Mental Health Services (see below) ☐ Other: \_\_\_\_\_

Explanation/Additional Comments: \_\_\_\_\_

### Additional Information Required for Specialty Mental Health Services Referral\*\*

Recently released (within past 15 days) from: ☐ Jail ☐ Juvenile Hall ☐ Inpatient facility

☐ Current thoughts of suicide/self-harm? ☐ Current thoughts of homicide/harm to others? ☐ Evidence of grave disability?

Is the individual currently taking psychiatric medication for which a refill may be necessary? ☐ Y ☐ N If yes, # of days remaining? \_\_\_\_\_

\*\*Medi-Cal Managed Care Plans: For urgent referrals, please use the Behavioral Health Screening Form to Obtain Behavioral Health Assessment. For routine referrals, either form may be used.

### Notification of Transfer of Services - Required Information

Discharge Date: \_\_\_\_\_ Description of client's current services: \_\_\_\_\_

Reason for Transfer of Care: ☐ Client in need of a higher level of care ☐ Client in need of a lower level of care

☐ Client would like services in a different Service Area ☐ Client in need of services not offered at agency

☐ Client no longer meets specialty mental health criteria ☐ Other: \_\_\_\_\_

Rendering Provider's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notification of Discharge from Care - Required Information

Discharge Date: \_\_\_\_\_

Reason for Discharge: ☐ Treatment goals met ☐ Assessment does not indicate need for services

☐ Client requests termination of services ☐ Client in need of a lower level of care ☐ Needed services are unavailable

☐ Client absent from services (missed appointments/unable to contact) ☐ Further services would not produce additional benefits

☐ Client unwilling to participate in necessary payment, billing, and reimbursement

☐ Other: \_\_\_\_\_

Discharge Summary: \_\_\_\_\_

### FOR RECIPIENT USE ONLY

#### **Instructions:** Fax this form to the number and person indicated at the top of the form

Outcome of Transfer/Referral: ☐ Client Accepted for Services ☐ Client Did Not Show\* ☐ Client Declined Services\*

☐ Other: \_\_\_\_\_ \*Transferring/referring provider to follow up with individual

Assigned Case Manager/MD/Therapist Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date disposition sent to transfer/referral source: \_\_\_\_/\_\_\_\_/\_\_\_\_

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

DMH USE ONLY

Name: \_\_\_\_\_ DMH ID#: \_\_\_\_\_

Agency: \_\_\_\_\_ Provider #: \_\_\_\_\_

Los Angeles County – Department of Mental Health

Original Copy – Receiving Agency  
Copy – Initiating Agency

## PROVIDER COMMUNICATION

## PROVIDER COMMUNICATION FORM INSTRUCTIONS

**Purpose** This form is for use by providers to communicate about client services and care. Specifically, the form can be used for the following reasons:

Communication Type	Communication Purpose
Information Exchange for Coordination of Care	To facilitate exchange of information between providers regarding a shared patient/client for coordination of care.
Transfer of Care	To request confirmation of the transfer of responsibility for patient/client care from one treating mental health provider to another when the current mental health provider is discontinuing services.
Referral for Services	To request services for a patient/client not provided by the provider/agency.
Care Consultation	To request the clinical expertise or opinion of another provider regarding treatment of a patient/client currently under the care of the requesting provider.
Discharge from Care	To notify another treating provider when the current treating provider has discontinued patient's/client's services. For information only; does not indicate a transfer of responsibility for patient/client care or require feedback or follow-up unless desired by recipient.

### **Completion Instructions**

**The following sections are required for all communication types.**

#### **Type of Communication Requested:**

- Select the reason for using this form.

#### **Sender:**

- The person completing the form should fill in their information as requested on the form.

#### **Recipient:**

- The person completing the form (Sender) should complete the information for who the form is intended to be sent (Recipient).

#### **Rendering Provider Information:**

- If the agency using this form does not have rendering providers, this section should be used by the person who is making the request on behalf of the individual/client.
- Fill in rendering provider name and title. If person completing the form is not the rendering provider, contact information for the rendering provider should also be completed.
- Provider signature and date should always be completed.

#### **Client Information:**

- Fill-in the specific client information requested on the form.
- If appropriate, enter in the caregiver's name, preferred language, and phone number. These fields are not required to be completed.
- Payor Source: only one box should be checked; if "Other" is checked, fill in the specific payor source information.

#### **Documents Provided or Requested:**

- The release of Protected Health Information may require a signed authorization from the client or his/her representative. Individuals completing this form are advised to refer to their agency policy when making this determination.

- Check whether the documents listed are provided with the communication or requested from the recipient.
- Check off the information that is being requested or provided. Multiple boxes may be checked and additional comments may be provided. If “Laboratory” is checked, please identify the types of labs. If “Other” is checked, please specify.

**Of the sections following, only complete the one that is listed as “Required Information” for the communication type for which the form is being completed. After completing the required section, no further information is needed and the form is complete.**

**Information Exchange Only – Required Information:**

- If the form is being completed only for the purpose of information exchange, no further information is required.

**Request for Care Consultation – Required Information:**

- Provide a written description of the question or request.

**Notification of Referral for Services – Required Information:**

- Check the reason for referral. More than one box may be checked if offered by the recipient, and comments can be provided. If “Other” is checked, please specify.
- If the referral is for Specialty Mental Health Services, complete the “Additional Information” section.
- Medi-Cal Managed Care plans and providers referring a patient/client for an urgent appointment must use the Behavioral Health Screening Form to Obtain Behavioral Health Assessment referral.

**Notification of Transfer of Services – Required Information:**

- Complete the discharge date and include a description of the client’s services.
- Check the reason for transfer of care. If “Other” is checked, please specify.
- The name, title, and signature of the rendering provider’s supervisor are required.

**Notification of Discharge from Care – Required Information:**

- Complete the discharge date and reason for discharge. If “Other” is checked, please specify.
- Provide a summary of the discharge in the space provided on the form.

**For Recipient Use Only:**

- If sending the Provider Communication form, do not complete this section.
- If receiving the Provider Communication form for the purpose of Referral or Transfer:
  - Check the outcome of the transfer or referral. If “Other” is checked, please specify.
  - Complete the assigned case manager/MD/Therapist name and contact information.
  - Complete the date that the disposition was sent to the transfer or referral source, and fax the form to the contact person listed in the “Sender” portion of the form.

NOTE: Sharing information must comply with all HIPAA rules. DMH Directly Operated staff should refer to DMH Policy & Procedures related to HIPAA Privacy. Other providers should refer to their own legal counsel and policies.

**Filing Procedures for DMH:**

- Paper Chart: File chronologically in Section 2 Correspondence of the Clinical Record
- IBHIS: Scan into the Correspondence folder.



Health Neighborhood  
Referral and Care Coordination Tracking Log

Name of Agency/Site: \_\_\_\_\_

For Month and Year of: \_\_\_\_\_

Counting Rows	Date of Attempted Contact	Outbound Referral or Outbound Attempt of Communication for Care Coordination with: (List name of Agency)	Type of Service Provider	Age Group	Did agency receive a response back to their attempted contact?	Date receiving agency responded (if applicable)	Disposition for Outbound Referral or Outbound Attempt of Communication for Care Coordination	Date appointment scheduled at receiving agency (if applicable)	Comments
			Health, Mental Health, Substance Use Disorder or Public Health		Children, TAY, Adult or Older Adult	Yes or No (Y or N)	Evs. appt scheduled, exchange of info shared, unable to contact, etc.		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Age Group Legend: Children (0-15); Tay (16-25); Adults (26-60); and Older Adults (60+)  
DO NOT INCLUDE ANY PROTECTED HEALTH INFORMATION (PHI) ON THIS FORM

Zip codes include:



## Guidelines for Tracking Health Neighborhood (HN) Pilot Resident Referrals and Care Coordination

- A Service Provider shall track (on the HN Tracking Log) those **outbound** referrals and **outbound** attempts of communication for care coordination (includes telephonic and electronic means) of residents in the HN, as defined by the specified geographic neighborhood boundaries.
- Only those referrals and attempts of communication for care coordination from Service Providers who completed the MOU that are being sent to other Service Providers who completed the MOU should be tracked on the HN Tracking Log.
- HN Tracking Logs shall be routinely completed and forwarded to a centralized location on a previously determined date.
- Even if a Service Provider doesn't have any **outbound** referrals or **outbound** attempts of communication for care coordination for that month, they should send a reply stating such, so all Service Providers are accounted for each month.
- **HN Tracking Logs shall not contain any Protected Health Information or any elements considered to be a specific identifier such as patient name, medical record number, or date of birth.**
- HN Tracking Log results from the previous month will be aggregated and reported in the following HN monthly meeting in a manner and format agreed to by HN members.
- General guidelines for which **outbound** referrals are to be tracked on the HN Tracking Log are as follows:
  - A referral between different types of services (health, mental health, substance use disorder and public health).
    - ✓ Exception: An Intra-agency referral.  
Example: An FQHC refers one of its health service recipients for a mental health service within the FQHC.
    - ✓ Exception: Referrals to emergent health, mental health or substance use disorder services.
  - Participating Hospital (Emergency and Inpatient) and Urgent Care (Health and Mental Health) providers that have signed the MOU should track **outbound** referrals within the Health Neighborhood.
  - Each **attempt** to refer an HN resident should be counted as 1 tracked item on the HN Tracking Log.
    - Example: Agency A had to make three (3) attempts to refer a client for a particular service. The HN Tracking Log should therefore have three (3) separate line items on the HN Tracking Log.
- General guidelines for which **outbound** attempts of communication for care coordination are to be tracked on the HN Tracking Log are as follows:
  - Any attempt to facilitate and coordinate the appropriate delivery of any health care services for an HN resident, as well as any attempt to have an exchange of information among participants responsible for different aspects of care.

# Welcome to the Health Neighborhood

## What is a Health Neighborhood?

Health Neighborhoods bring together health, mental health, and substance use disorder service providers in your area. Through increased collaboration and coordination, the goal of the Health Neighborhood is to enhance the quality of care that you receive and improve the well-being of neighborhood residents.

## Why would you want to be a member of the Health Neighborhood?

When someone is confronted with multiple health concerns, it can be challenging to access all the various services necessary to address a person's health care needs. The Health Neighborhood seeks to address these challenges by creating a streamlined process that includes increased communication between providers, whole-person screening procedures, and easier referral pathways.

## What should you expect from participation in the Health Neighborhood?

Many agencies in your area are either currently participating, or looking to participate in the Health Neighborhood. You will be asked if you are receiving health, mental health, and substance use disorder services from the providers, and to then give your consent for the treating providers to talk to each other to better coordinate your care.

If you do not want these providers to share information on your health care treatment or services that is ok. Your decision will not impact any of the current services you are receiving.

If you are not currently receiving services for other health care needs, you will be asked if you would like to be referred to other providers who may be able to assist you.



## MANAGED CARE RESOURCES

This section contains resources and tools that may be used by service providers when assisting consumers who are enrolled in Medi-Cal Managed Care Plans for Los Angeles County. These include:

1. The **LAC DMH Revenue Management Division (RMD) Bulletin dated 1/14/13** provides a brief overview of a Medi-Cal Managed Care Plan, a Prepaid Health Plan program, which allows recipients to enroll in Health Maintenance Organization(s) (HMOs), as an alternative to the Medi-Cal fee-for-service program.

This bulletin additionally provides samples of eligibility messages for both carved out and non-carved out mental health services.

If you need further information, please contact LAC DMH RMD at (213) 480-3444 or [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).

2. The **Medi-Cal Managed Care Member Services Contact Information** includes contact phone numbers for both L.A. Care and Health Net Health Plans.
3. The **Referral and Transition in Level of Care with Medi-Cal Managed Care Members** section consists of two tables: one is for new referrals from Federally Qualified Health Centers/Community Clinics to mental health services, and the other is for members already in treatment for mental health services. The “New Referrals” table provides referral instructions with a “No wrong door” approach for Specialty and Non-Specialty Mental Health Services. The “Transition in Level of Care” table for members already in mental health treatment provides step-by-step instructions on how to transition from one level of care to another.
4. The **Medi-Cal Behavioral Health Overview** prepared by L.A. Care includes contact information and services provided under Medi-Cal Behavioral Health programs.
5. The **Membership Identification Cards** and the **Navitus Health System** prepared by L.A. Care includes the various sample identification cards and corresponding member services’ contact information.

If you need further information, please contact the consumer’s health plan. The phone numbers for health plans are provided on the Medi-Cal Managed Care Member Services Contact Information document.

## **RMD Bulletin**

*Knowledge is power...*



### **Medi-Cal Managed Care Plans**

*(Re-issued - With More Eligibility Message Samples!)*

The Medi-Cal managed care plan is a Prepaid Health Plan (PHP) program designed to allow Medi-Cal recipients to enroll in Health Maintenance Organizations (HMOs) as an alternative to the Medi-Cal fee-for-service program. The purpose of the PHP program is to develop a more efficient delivery of care to Medi-Cal recipients, reduce inflationary costs of Medi-Cal, and to improve the access to and continuity of Medi-Cal services. Medi-Cal managed care plans are **not** considered other health coverage (OHC).

The State implemented the Specialty Mental Health Services Consolidation Program for Medi-Cal recipients currently receiving or requiring outpatient or medical professional mental health services. Under the consolidation program, coverage for specialty mental health services is offered through the Mental Health Plans (MHPs) in California's 58 counties. The Department of Mental Health is the mental health plan for Los Angeles County. This means that public mental health services funded by Medi-Cal are separate from the physical health services offered in the managed care system. The State believes that "carving out" mental health care ensures that specialty mental health services will be provided more appropriately and effectively.

Recipients eligible for Medi-Cal are entitled to the full range of benefits authorized by Medi-Cal. If a client is a Medi-Cal beneficiary and has assigned their Medi-Cal benefit to an HMO, Short-Doyle/Medi-Cal providers are allowed to treat the client and bill Medi-Cal for mental health services rendered. Before rendering services to recipients enrolled in a Medi-Cal managed care plan, providers must verify Medi-Cal eligibility through the Integrated System (IS) or by using one of the following three methods: Point of Service (POS) device, calling the Automated Eligibility Verification System (AEVS) at 1-800-456-AEVS (2387), or visiting the Medi-Cal website at <https://www.medi-cal.ca.gov/Eligibility/Login.asp>.

Once eligibility is verified, a copy of the eligibility verification should be placed in the client's financial folder and the mental health service(s) should be billed to Medi-Cal in the IS. Below are several sample eligibility responses that will assist you with identification of a Medi-Cal Managed Care plan and distinguishing it from other health coverage:

**DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS**  
[RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov)

**RMD Bulletin No.: DMH 13-006**  
**January 14, 2013**

# **RMD Bulletin**

***Knowledge is power...***

## **CARVED OUT MENTAL HEALTH SERVICES (MHS)**

**Services may be billed directly to Medi-Cal through the IS**

Sample 1: Regular Medi-Cal with MHS Carved out

SUBSCRIBER LAST NAME: Doe. EVC #: 000000ZX0. CNTY CODE: 19. PRMY AID CODE: 3N. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: ANTHEM BLUE CROSS CALL: (123) 123-1234. PCP: DR. K CALL: (123) 123-1234. ACCESS DENTAL PLAN: DENTAL CALL (123)123-1234

Sample 2: Regular Medi-Cal with MHS Carved out

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 34. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: L.A. CARE HLTH PLAN CALL: (123) 123-1234. PCP: DR. B CALL: (123) 123-1234

## **NON CARVED OUT MENTAL HEALTH SERVICES (MHS)**

**Services MUST be billed to ALL eligible third-party benefits BEFORE claiming to Medi-Cal**

Sample 3: Regular Medi-Cal with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. 1ST SPECIAL AID CODE: 4F. MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: KAISER CALL: (123) 123-1234. PCP: DR. K CALL: (123) 123-1234. OTHER HEALTH INSURANCE COV UNDER CODE K – KAISER. CARRIER NAME: KAISER PERMANENTE HEALTH PLAN. ID: XXXXXXXXXX. COV: OIM P

Sample 4: Regular Medi-Cal with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: CARE FIRST CALL: (123) 123-1234. PCP: DR. C CALL: (123) 123-1234. OTHER HEALTH INSURANCE COV UNDER CODE V. CARRIER NAME: CALIFORNIA CARE BLUE CROSS HMO. ID: XXXAXXXXXX. CARRIER NAME: DENTAL NET BLUE CROSS. ID: XXXAXXXXXX. COV: OIM P D

Sample 5: Regular Medi-Cal, Medicare and Medicare Part D with NO OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 1H. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV WHIC #XXXXXXXXXA . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: HUMANA INSURANCE COMPANY. COV: R

**DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS**  
**RevenueManagement@dmh.lacounty.gov**

**RMD Bulletin No.: DMH 13-006**  
**January 14, 2013**

## **RMD Bulletin**

*Knowledge is power...*

Sample 6: Regular Medi-Cal, Medicare, Medicare Part D and with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC #XXXXXXXXXA . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER MEDICARE RISK HMO. CARRIER NAME: EVERCARE COV: OIM R

Below is a list of the Medi-Cal Managed Care Plans for Los Angeles County in effect at this time:

- L.A. Care Health Plan
- Blue Cross of California Partnership Plan, Inc.
- Care1<sup>st</sup> Partner Plan, LLC
- Kaiser Permanente (KP) California, LLC (KA)
- Health Net Community Solutions, Inc. (Health Net)
- Molina Healthcare of California Plan Partner, Inc.

### **We're here to help you...**

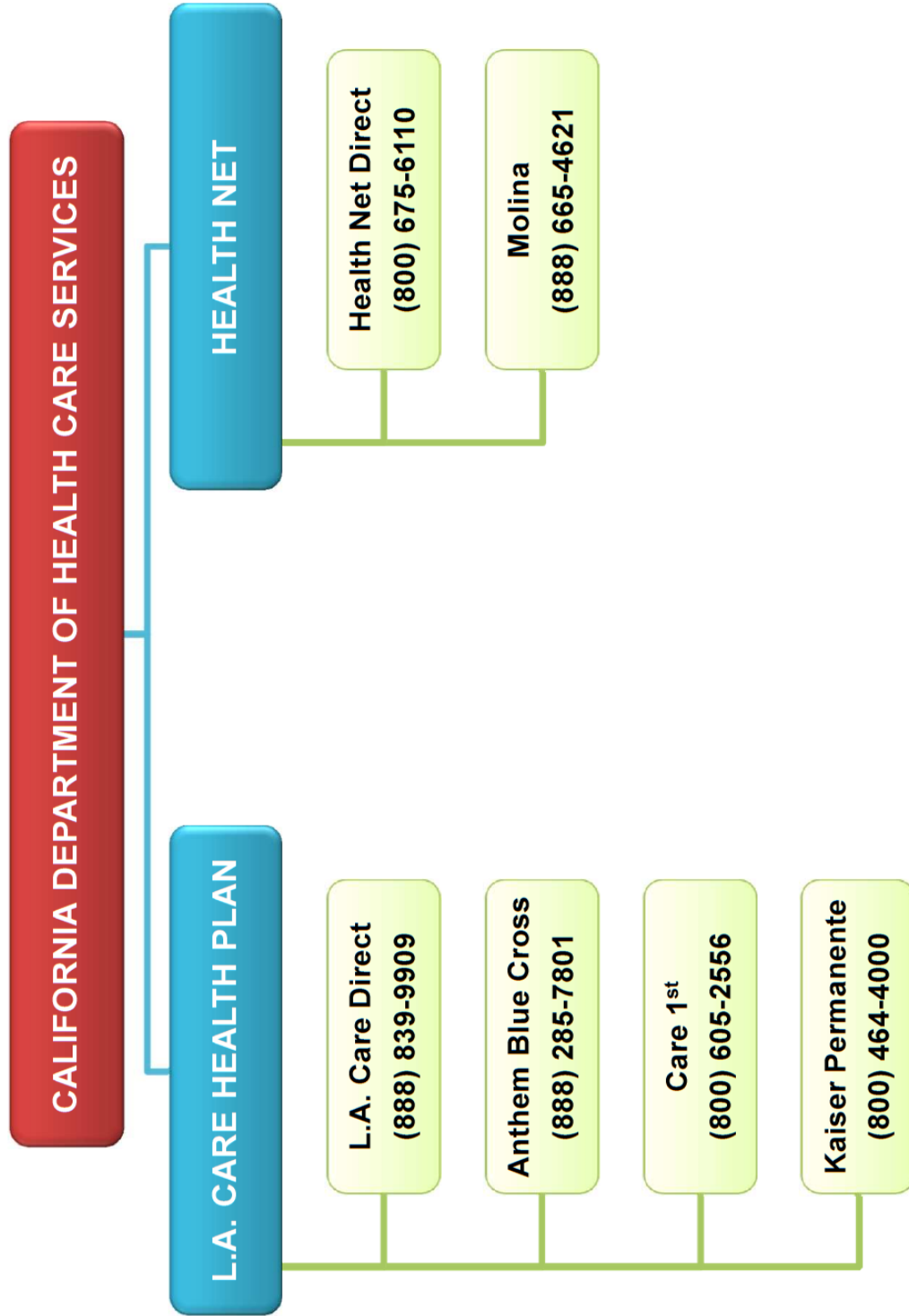
If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 [or RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).

**DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS**  
[RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov)

**RMD Bulletin No.: DMH 13-006**  
**January 14, 2013**



## Medi-Cal Managed Care Member Services Contact Information



**L.A. County Medi-Cal Managed Care Members**  
**New Referrals from FQHC/Community Clinic to Mental Health Care**

<b>Referral from FQHC / Community Clinic with...</b>	<b>To Specialty Mental Health Services (through DMH)</b>	<b>To Non-Specialty Mental Health Services (through Health Plan)</b>	<b>Not sure what level of mental health care is needed</b>
No mental health services in organization	OK to do direct referral to the DMH (800) 854-7771  or  Refer directly to DMH provider in the health neighborhood network	For L.A. Care members, Contact Beacon: 877-344-2858  Response to referral: Routine – receipt of referral within 5 days Urgent – receipt of referral within 3 days	<b>No wrong door</b> Use algorithm in the screening form to help identify level of care.  Use the screening form for urgent DMH appt.  Refer for evaluation to either DMH provider or Health Plan.
Health Plan-contracted, non-specialty mental health services in organization	OK to do direct referral to the DMH (800) 854-7771  or  Refer to DMH specialty mental health provider in the health neighborhood network	Provide services	<b>No wrong door</b> Use algorithm in the screening form to help identify level of care.  Use the screening form for urgent DMH appt.  Refer for evaluation to either DMH provider or Health Plan
Specialty MH services in organization (but not contracted with health plan for non-specialty mental health services)	Provide services in organization  or  If geographically or programmatically better for member, refer to nearby specialty provider	For L.A. Care members, Contact Beacon: 877-344-2858  Response to referral: Routine – receipt of referral within 5 days Urgent – receipt of referral within 3 days	<b>No wrong door</b> Use algorithm in the screening form to help identify level of care.  Use the screening form for urgent DMH appt.  Refer for evaluation to either DMH provider or Health Plan
Both specialty and health plan-contracted, non-specialty mental health services in organization	Provide services in organization  Or  If geographically or programmatically better for member, refer to nearby specialty provider	Provide services	<b>No wrong door</b> Use algorithm in the screening form to help identify level of care.  Use the screening form for urgent DMH appt.  Refer for evaluation to either DMH provider or Health Plan

Created by L.A. Care Health Plan (4/22/2015)



## L.A. Care Medi-Cal Managed Care: Transition in Level of Care for Members Already in Mental Health Treatment

Transition from specialty mental health (DMH) to non-specialty (Beacon)	Transition from non-specialty (Beacon contractor) to specialty mental health (DMH)	Transition between levels of care WITHIN the same organization
<p>Step 1) DMH specialty mental health provider assessment of need for lower level of care.</p> <ul style="list-style-type: none"> <li>Use the Care Coordination form to document. Requires signature by the clinical administrator / director at the specialty MH agency.</li> </ul>	<p>Step 1) Non-specialty MH provider assessment of need for higher level of care.</p> <ul style="list-style-type: none"> <li>Use the Care Coordination form to document. Requires signature by the clinical administrator / director at the non-specialty MH agency.</li> </ul>	<p>If your organization has <u>both</u> DMH and Beacon Medi-Cal contracts, the process is:</p> <p>Step 1) Current clinician assessment of need for new level of care (higher or lower).</p> <ul style="list-style-type: none"> <li>Document care coordination. Requires signature by clinical supervisor, in addition to treating clinician.</li> </ul>
<p>Step 2) Call Beacon at (877) 344-2858 to request transition of care.</p> <ul style="list-style-type: none"> <li>Can request specific provider (e.g. local FQHC with Beacon contract) <ul style="list-style-type: none"> <li>Best practice - refer to non-specialty provider in same organization as PCP, if available.</li> <li>Best practice - respect the member's preference / choice.</li> </ul> </li> </ul>	<p>Step 2) Call Beacon at (877) 344-2858 to request transition of care.</p> <ul style="list-style-type: none"> <li>Can request specific provider (e.g. nearby DMH provider in Health Neighborhood network) <ul style="list-style-type: none"> <li>Best practice - respect the member's preference / choice.</li> </ul> </li> </ul>	
<p>Step 3) Beacon will provide care through contracted provider</p> <ul style="list-style-type: none"> <li>Appointment info will be provided to member &amp; referring provider.</li> </ul> <p><b>Routine – Beacon acknowledges referral within 5 days</b></p>	<p>Step 3) Beacon will arrange for transition to DMH provider</p> <ul style="list-style-type: none"> <li>Appointment info will be provided to member &amp; referring provider.</li> </ul> <p><b>Routine – Beacon acknowledges referral within 5 days</b>  <b>Urgent – Beacon acknowledges referral within 3 days</b></p>	<p>Step 2) File documentation in the member's chart.</p>
<p>Step 4) DMH specialty mental health provider notifies member's PCP of new Beacon mental health provider.</p> <ul style="list-style-type: none"> <li>Must have member consent to share information regarding MH.</li> </ul>	<p>Step 4) Non-specialty MH provider notifies member's PCP of new DMH mental health provider.</p> <ul style="list-style-type: none"> <li>Must have member consent to share information regarding MH.</li> <li>Beacon can assist with contacting PCP if needed.</li> </ul>	<p>Step 3) Provide care at the new level and bill through the appropriate contract.</p>

For any behavioral health questions, and/or support, please contact the L.A. Care Behavioral Health Services Team during business hours at: **(844) 858-9940** or [behavioralhealth@lacare.org](mailto:behavioralhealth@lacare.org)

L.A. Care Behavioral Health Website: <http://www.lacare.org/providers/behavioral-health/behavioral-health-services>

Prepared by L.A. Care Health Plan (8/10/2015)






# Behavioral Health in Medi-Cal

<p><b>L.A. Care</b> HEALTH PLAN®</p>	<p><b>PPG/PCP</b></p> <p><b>Target Population:</b> Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services</p> <p><b>Outpatient Services by PCP</b></p> <ul style="list-style-type: none"> <li>✓ Routine Screening for Emotional Health and substance misuse</li> <li>✓ Outpatient Medication and Monitoring for Mental Health Treatment and Medication Assisted Treatment (MAT) for Substance Use Disorders</li> <li>✓ Brief Counseling/Support/Education</li> <li>✓ Screening, Brief Intervention and Referral for Treatment (SBIRT) for Alcohol*</li> <li>✓ Referral to Regional Centers for Comprehensive Diagnostic Evaluation</li> </ul> <p><small>* Indicates new service by primary care setting</small></p> <p>✓ Behavioral Health eManagement on eConsult Platform (Available in April 2016)</p>	<p><b>LA Care/Beacon</b> 877-344-2858</p> <p><b>Target Population:</b> Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services</p> <p><b>Outpatient Services</b></p> <ul style="list-style-type: none"> <li>✓ Individual/group mental health evaluation and treatment (Psychotherapy)</li> <li>✓ Psychological testing when clinically indicated to evaluate a mental health condition</li> <li>✓ Psychiatric consultation</li> <li>✓ Outpatient services for the purposes of monitoring medication treatment</li> <li>✓ Outpatient laboratory, supplies and supplements</li> </ul> <p><b>L.A. Care</b> 844-858-9940</p> <p>✓ Behavioral Health Treatment for individuals under age 21 with Autistic Spectrum Disorders</p>	<p><b>LA County DMH</b> 800-854-7771</p> <p><b>Target Population:</b> Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental Health Services</p> <p><b>Outpatient Services</b></p> <ul style="list-style-type: none"> <li>✓ Mental Health Services (Assessments, Plan Development, Therapy, Rehabilitation &amp; Collateral)</li> <li>✓ Medication Support</li> <li>✓ Day Treatment Services &amp; Day Rehabilitation</li> <li>✓ Crisis Intervention &amp; Crisis Stabilization</li> <li>✓ Targeted Case Management</li> <li>✓ Therapeutic Behavior Services</li> </ul> <p><b>Residential Services</b></p> <ul style="list-style-type: none"> <li>✓ Adult Residential Treatment Services</li> <li>✓ Crisis Residential Treatment Services</li> </ul> <p><b>Inpatient Services</b></p> <ul style="list-style-type: none"> <li>✓ Acute Psychiatric Inpatient Hospital Services</li> <li>✓ Psychiatric Inpatient Hospital Professional Services</li> <li>✓ Psychiatric Health Facility services</li> </ul>	<p><b>LA County DPH- SAPC</b> 888-742-7900</p> <p><b>Target Population:</b> Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services</p> <p><b>Outpatient Services</b></p> <ul style="list-style-type: none"> <li>✓ Outpatient Drug Free</li> <li>✓ Intensive Outpatient *</li> <li>✓ Narcotic Treatment Program</li> <li>✓ Naltrexone</li> </ul> <p><b>Residential Services:</b> Pregnant and Postpartum Women only</p> <p><small>*Benefit expanded to all populations</small></p> <p><b>DHCS Local Field Office</b> 866-644-6341</p> <p><b>Inpatient Services (Fee-For-Service)</b></p> <ul style="list-style-type: none"> <li>✓ Voluntary Inpatient Detoxification Services *</li> </ul> <p><small>*Benefit expanded with NO restriction for physical medical necessity</small></p>
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Updated 3/2/2016



# Membership Identification Cards

Medi-Cal	Medi-Cal SPD	Medi-Cal Medi-Medi
 <b>Medi-Cal Program</b> Name: Member ID:  Effective Date: PCP/Clinic: PCP/Clinic Phone: Medical Group:  RxBIN: 610602 RxPCN: MCD RxGRP: MCAL  www.lacare.org	 <b>Medi-Cal Program</b> Name: Member ID:  Effective Date: PCP/Clinic: PCP/Clinic Phone: Medical Group: Hospital:  RxBIN: 610602 RxPCN: MCD RxGRP: MCAL  www.lacare.org	 <b>Medi-Cal Program</b> Name: Member ID: Effective Date:  You will need this card to access your Medi-Cal services. Medicare is your main health insurance that pays for your medical services, such as doctor visits, hospital stays, and lab work.  RxBIN: 610602 RxPCN: MCD RxGRP: MCAL

**Member Services: 1-888-839-9909** (TTY/TDD 1-866-522-2731)

L.A. Care Covered	L.A. Care Covered Direct
  Effective Date:      Plan Level:  Name: Member ID: PCP/Clinic: PCP Phone: Medical Group: Medical Group Phone:  PCP Visit: RxBIN: 610602 RxPCN: NVT RxGroup: LCC	 Effective Date: Plan Level Direct™:  Name: Member ID: PCP/Clinic: PCP Phone: Medical Group: Medical Group Phone:  PCP Visit: RxBIN: 610602 RxPCN: NVT RxGroup: CCOX

**Member Services: 1-855-270-2327** TTY/TDD 1-855-576-1620)

**Healthy Kids Program**


**Healthy Kids Program**  
 Name:  
 Member ID:  
  
 Effective Date:  
 PCP/Clinic:  
 PCP/Clinic Phone:  
 Medical Group:  
  
 RxBIN: 610602  
 RxPCN: NVT  
 RxGRP: HKID  
  
 Co-pay: \$5    ER Co-pay (Waived if admitted): \$5    Preventive Care Visits: \$0


**Member Services: 1-888-839-9909**  
(TTY/TDD 1-866-522-2731)

**PASC Program**


**PASC-SEIU Homecare Workers Health Care Plan**  
 Name:  
 Member ID:  
  
 Effective Date:  
 PCP/Clinic:  
 PCP/Clinic Phone:  
 Medical Group:  
 Hospital:  
 Office Visit: \$5    Urgent Care: \$5    ER Visit (Waived if admitted): \$35  
  
 RxBIN: 610602  
 RxPCN: NVT  
 RxGRP: PASC

**Member Services: 1-888-839-9909**  
(TTY/TDD 1-866-522-2731)

**Cal MediConnect Program**


**Cal MediConnect Plan**  
 Name:  
 Member ID:  
 Health Plan (80840): 7477556592  
  
 Effective Date:  
 PCP Name:  
 PCP Phone:  
  
 RxBIN: 610602  
 RxPCN: NVT  
 RxGRP: CMC  
  
 H8258 001      MedicareR  
Prescription Drug Coverage

**Member Services: 1-888-522-1298**  
(TTY 1-888-212-4460)



**Nurse Advice Line:**  
**1-800-249-3619** (TTY/TDD 711)









**Mental Health or  
Substance Abuse Services:**  
**1-877-344-2858**  
(TTY/TDD 1-800-735-2929)

[www.lacare.org](http://www.lacare.org)



# Navitus Health System



	Medi-Cal	Healthy Kids	PASC-SEIU	CMC	LA Care Covered
 <b>PBM Telephone Number</b>	<b>844-268-9786</b>	<b>844-268-9787</b>	<b>844-268-9787</b>	<b>844-268-9785</b>	<b>844-268-9787</b>
 <b>ELIGIBILITY</b>	<b>866-522-2736</b>	<b>866-522-2736</b>	<b>866-522-2736</b>	<b>866-522-2736</b>	<b>866-522-2736</b>
 <b>Prior AUTH Telephone Number</b>	<b>844-268-9786</b>	<b>844-268-9787</b>	<b>844-268-9787</b>	<b>844-268-97855</b>	<b>844-268-9787</b>
 <b>Prior AUTH Fax Number</b>	<b>855-878-9209</b>	<b>855-878-9210</b>	<b>855-878-9210</b>	<b>855-878-9207</b>	<b>855-878-9210</b>
 <b>Interpreter Services: DOCTORS</b>	<b>888-930-3031</b>	<b>888-930-3031</b>	<b>888-930-3031</b>	<b>888-930-3031</b>	<b>888-930-3031</b>
 <b>Interpreter Services: PHARMACISTS</b>	<b>888-942-7670</b>	<b>888-942-7670</b>	<b>888-942-7670</b>	<b>888-942-7670</b>	<b>888-942-7670</b>

## RESOURCES LINKS

INTEGRATING CARE	
<b>A Standard Framework for Levels of Integrated Healthcare</b>	<a href="http://www.integration.samhsa.gov/resource/standard-framework-for-levels-of-integrated-healthcare">http://www.integration.samhsa.gov/resource/standard-framework-for-levels-of-integrated-healthcare</a>
<b>SAMHSA-HRSA Center for Integrated Health Solutions</b>	<a href="http://www.integration.samhsa.gov/">http://www.integration.samhsa.gov/</a>
<b>Essential Elements of Effective Integrated Primary Care and Behavioral Health Teams</b>	<a href="http://www.integration.samhsa.gov/workforce/teammembers/EssentialElementsofanIntegratedTeam.pdf">http://www.integration.samhsa.gov/workforce/teammembers/EssentialElementsofanIntegratedTeam.pdf</a>
<b>Integrated Health Services – What and Why?</b>	<a href="http://www.who.int/healthsystems/technical_brief_final.pdf">http://www.who.int/healthsystems/technical_brief_final.pdf</a>
<b>Integrating Behavioral Health Across the Continuum of Care</b>	<a href="http://www.hpoe.org/resources/hpoehretah-guides/1588">http://www.hpoe.org/resources/hpoehretah-guides/1588</a>
<b>Integrating Behavioral Health and Primary Care Services: Opportunities and Challenges for State Mental Health Authorities</b>	<a href="http://www.integration.samhsa.gov/workforce/Final_Technical_Report_on_Primary_Care_-_Behavioral_Health_Integration.final.pdf">http://www.integration.samhsa.gov/workforce/Final_Technical_Report_on_Primary_Care_-_Behavioral_Health_Integration.final.pdf</a>
<b>Integrated Behavioral Health Project – The Business Case for Bidirectional Integrated Care</b>	<a href="http://www.ibhp.org/uploads/file/TheBusinessCaseforBidirectionalIntegratedCare7-13-10.pdf">http://www.ibhp.org/uploads/file/TheBusinessCaseforBidirectionalIntegratedCare7-13-10.pdf</a>
<b>Integration of Mental Health, Substance Use, and Primary Care Services – Embracing Our Values from a Client and Family Member Perspective</b>	<a href="http://www.integration.samhsa.gov/sliders/slider_10.3.pdf">http://www.integration.samhsa.gov/sliders/slider_10.3.pdf</a>
<b>Integrating Physical and Behavioral Health – Strategies for Overcoming Legal Barriers to Health Information Exchange</b>	<a href="http://www.rwjf.org/en/library/research/2014/01/integrating-physical-and-behavioral-health--strategies-for-overc.html">http://www.rwjf.org/en/library/research/2014/01/integrating-physical-and-behavioral-health--strategies-for-overc.html</a>
<b>Agency for Healthcare and Research Quality – The Academy – Lexicon for Behavioral Health and Primary Care Integration</b>	<a href="http://integrationacademy.ahrq.gov/lexicon">http://integrationacademy.ahrq.gov/lexicon</a>
<b>Eliminating Disparities through the Integration of Behavioral Health and Primary Care Services for Racial and Ethnic Minority Populations, Including Individuals with Limited English Proficiency</b>	<a href="http://www.hogg.utexas.edu/uploads/documents/OMH%20Report_FINAL-FINAL.pdf">http://www.hogg.utexas.edu/uploads/documents/OMH%20Report_FINAL-FINAL.pdf</a>
<b>Partners in Health Interagency Collaboration Toolkit</b>	<a href="http://calmhsa.org/wp-content/uploads/2013/04/IBHP_Interagency_Collaboration_Tool_Kit_2013.pdf">http://calmhsa.org/wp-content/uploads/2013/04/IBHP_Interagency_Collaboration_Tool_Kit_2013.pdf</a>
<b>AIMS Center – Advancing Integrated Mental Health Solutions – Collaborative Care Implementation Guide</b>	<a href="http://aims.uw.edu/resource-library/collaborative-care-implementation-guide">http://aims.uw.edu/resource-library/collaborative-care-implementation-guide</a>
<b>California Health and Human Services Agency – California State Health Care Innovation Plan</b>	<a href="http://www.chhs.ca.gov/pages/pritab.aspx">http://www.chhs.ca.gov/pages/pritab.aspx</a>
CARE COORDINATION	
<b>Care Coordination. Agency for Healthcare Research and Quality (June 2015)</b>	<a href="http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html">http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html</a>
<b>Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Volume 7 – Care Coordination</b>	<a href="http://www.ncbi.nlm.nih.gov/books/NBK44015/pdf/Bookshelf_NBK44015.pdf">http://www.ncbi.nlm.nih.gov/books/NBK44015/pdf/Bookshelf_NBK44015.pdf</a>

## RESOURCES LINKS (cont.)

<b>Coordinating Your Care</b>	<a href="http://www.medicare.gov/manage-your-health/coordinating-your-care/coordinating-your-care.html">http://www.medicare.gov/manage-your-health/coordinating-your-care/coordinating-your-care.html</a>
<b>Coordinating Care in the Medical Neighborhood: Critical Components and Available Mechanisms</b>	<a href="http://pcmh.ahrq.gov/sites/default/files/attachments/Coordinating%20Care%20in%20the%20Medical%20Neighborhood.pdf">http://pcmh.ahrq.gov/sites/default/files/attachments/Coordinating%20Care%20in%20the%20Medical%20Neighborhood.pdf</a>
<b>COMMUNITY CHANGE INITIATIVES</b>	
<b>Best Start Communities – First 5 LA</b>	<a href="http://www.first5la.org/index.php?r=site/tag&amp;id=576">http://www.first5la.org/index.php?r=site/tag&amp;id=576</a>
<b>The California Endowment – Building Healthy Communities</b>	<a href="http://www.calendow.org/places/">http://www.calendow.org/places/</a>
<b>City of Los Angeles Promise Zone Initiative</b>	<a href="https://www.hudexchange.info/onecpd/assets/File/Promise-Zones-Designee-Los-Angeles.pdf">https://www.hudexchange.info/onecpd/assets/File/Promise-Zones-Designee-Los-Angeles.pdf</a>
<b>COMMUNITY-BASED RESEARCH &amp; RESOURCES</b>	
<b>An Implementation Evaluation of the Community Engagement and Planning Intervention in the CPIC Depression Care Improvement Trial</b>	<a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3758395/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3758395/</a>
<b>Los Angeles County Department of Public Health – Key Indicators of Health - March 2013</b>	<a href="http://publichealth.lacounty.gov/ha/docs/kir_2013_finals.pdf">http://publichealth.lacounty.gov/ha/docs/kir_2013_finals.pdf</a>
<b>Center for the Study of Social Policy – Neighborhood Investment</b>	<a href="http://www.cssp.org/community/neighborhood-investment">http://www.cssp.org/community/neighborhood-investment</a>
<b>Frontiers of Health Services Management – Engaging Stakeholders in Population Health</b>	<a href="https://uwphi.pophealth.wisc.edu/publications/other/frontiers-of-health-services-management-vol30-num4.pdf">https://uwphi.pophealth.wisc.edu/publications/other/frontiers-of-health-services-management-vol30-num4.pdf</a>
<b>Community-Based Participatory Research: A Strategy for Building Healthy Communities and Promoting Health through Policy Change</b>	<a href="http://www.policylink.org/sites/default/files/CBPR.pdf">http://www.policylink.org/sites/default/files/CBPR.pdf</a>
<b>AGENCY LINKS</b>	
<b>Los Angeles County</b>	<a href="http://www.lacounty.gov/">http://www.lacounty.gov/</a>
<b>Los Angeles County Department of Mental Health</b>	<a href="http://dmh.lacounty.gov/">http://dmh.lacounty.gov/</a>
<b>Los Angeles County Department of Public Health</b>	<a href="http://publichealth.lacounty.gov/">http://publichealth.lacounty.gov/</a>
<b>Los Angeles County Department of Health Services</b>	<a href="http://dhs.lacounty.gov/">http://dhs.lacounty.gov/</a>
<b>L.A. Care Health Plan</b>	<a href="http://www.lacare.org/">http://www.lacare.org/</a>
<b>Health Net Health Plan</b>	<a href="https://www.healthnet.com/">https://www.healthnet.com/</a>
<b>Insure the Uninsured Project – Los Angeles</b>	<a href="http://itup.org/tag/los-angeles-2/">http://itup.org/tag/los-angeles-2/</a>
<b>Los Angeles County Department of Public Social Services - 2015 Resource Guide</b>	<a href="http://dpss.lacounty.gov/dpss/IGR/pdf/2015_Resource_Guide.pdf">http://dpss.lacounty.gov/dpss/IGR/pdf/2015_Resource_Guide.pdf</a>