

Behavioral Health Care Coordination Request Form



This form is for linkage to CenCal Health Mental Health Providers or County Substance Use Treatment Services.

Please fax this form to the Behavioral Health Department (805) 681-3070 or upload to <https://gateway.cencalhealth.org/form/bh>. Questions? Please call (805) 562-1600

If you are a community agency submitting a request, please include a signed release of information from the Member that indicates you have their permission to submit a referral for Care Coordination to CenCal Health Behavioral Health Department.

Referring Provider/Agency

Name: Phone:
Email: Fax:
Agency Name:

Member Information

☐ Member Aware of Referral (Required)

Member Name:

CenCal Health Member ID:

Phone: DoB:

Language: Parent/Guardian:

Is member participating in other community programs (ECM, Whole Person Care, CCS, IOPCM, etc):

Member Motivation:

- ☐ Member wants service for self (or dependent)
- ☐ Member is unsure or ambivalent about services for self (or dependent)
- ☐ Member does not want services or does not believe they are needed *
- ☐ Member has not been informed of referral *

**Member must be in agreement*

Member Information (cont.)

Reason for Care Coordination Request:

☐ **Care Coordination Request for Mental Health Services**

☐ Psychotherapy

☐ Medication Management (psychiatry)

☐ **County Department of Behavioral Health Substance Use Services ***

(Must include Release of Information Member signs agreeing for CenCal to share information with County (Santa Barbara or SLO Substance Use Department)

Brief description of Member's needs, including interventions tried:

All Care Coordination Requests will be resolved within 30 days. Referring provider will receive a status update within 30 days.