

This form is ONLY for

- Outpatient provider use
- Behavioral health conditions
- Initiation of new services

Do NOT use this form for

- **Psychiatric emergencies:** either call **9-1-1** or **650-573-2662** for San Mateo Medical Center Psychiatric Emergency Services
- **Psychiatric hospital discharges:** call the ACCESS Call Center at **800-686-0101**.
- **Patients in treatment that need a higher level of care:** please download and use Mental Health Provider Higher Level of Care form from hpsm.org/provider/resources/forms

If you have NOT discussed a referral with your patient or if they are NOT interested in services, STOP and go to page 2

If you are behavioral health provider embedded in a PCP clinic please use this form if a member needs treatment beyond what you have provided

PATIENT INFORMATION

Name and pronoun _____ Date of birth: _____

Name of Parent/Guardian/Responsible party (if applicable) _____

Phone number: _____ Member ID# or CIN number: _____ Preferred language: _____

HPSM Primary Health Coverage Yes (If no, STOP and read the instructions on page 2)

	Yes	No
Member is motivated for treatment — If NO STOP and review the instructions on page 2		
Is the patient expecting a call regarding these services?		
Maternal mental health — pregnant and/or six months post-partum		
Current thoughts of harming themselves or others — If no safety plan can be put in place, consider need to call 911		

SERVICE REQUESTED

Psychiatric medication
evaluation

Mental health
therapy

Substance use
treatment

Psychological testing: *please discuss with
primary care provider (PCP) before referring*

ASSESSMENT OF NEED

Optional: attach any recent relevant clinical notes

	List relevant issues (ex: diagnosis, treatment, medication, service provider name and contact)
Mental health	
Medical	
Social factors e.g., homelessness, domestic violence, etc.	

Level of impairment caused by a mental health symptoms. Select ONE that applies to your assessment of members functioning:

Can still complete all social, occupational tasks, and ADLs. However, having more difficulty with completion due to mental health symptoms. Job or school functions impacted slightly.

Can complete many social and occupational tasks and ADLs but having difficulty completing consistently. May have absenteeism at work or school that is negatively impacting performance and/or placing status at risk.

Ability to complete social and occupational tasks and ADLs is significantly impaired. Inability to maintain a job or passing grades in school. Preoccupation with negative or intrusive thoughts.

No information available

REFERRED BY

Name and provider type: _____ Phone number: _____

Clinic/office/agency name: _____ Fax number: _____

How to refer an HPSM member for Behavioral Health Services

Do not use the Behavioral Health Referral Form for

- **Psychiatric emergencies:** either call **9-1-1** or **650-573-2662** for San Mateo Medical Center Psychiatric Emergency Services
- **Psychiatric hospital discharges:** call the ACCESS Call Center at **800-686-0101**

Members can self-refer for mental health or substance use treatment at any time by calling **1-800-686-0101**.

As their provider, you play a critical role in helping them identify when they may benefit from additional treatment.

Instructions for mental health and substance use treatment referrals:

1. Assess each patient regularly for mental health and substance use issues, paying special attention to people in high-risk groups.
2. Discuss your recommendation for mental health or substance use treatment with the patient, including enlisting their existing supports or services.
3. Assess the patient's interest in receiving a referral for an initial assessment with a mental health or substance use provider. If a patient is not ready to be referred to or start treatment, inform them they can self-refer by calling the ACCESS call center 1-800-686-0101.
4. When a patient is ready to start behavioral health services, fill out the Behavioral Health Referral Form. Fax the completed referral form to the ACCESS Call Center at **650-596-8065**.
5. Once the ACCESS Call Center receives your referral, they will screen and refer the patient to the appropriate pathway for requested services.

Provider networks and referral pathways are managed according to the Medi-Cal benefit structure, which includes severity of symptoms and treatment type.

Benefit and Provider Network	How providers refer
Other health coverage primary — primary coverage network	Refer to primary coverage network
Specialty mental health treatment — BHRS	Fax the Behavioral Health Referral form to the ACCESS Call Center 650-596-8065
Mild to moderate mental health treatment — HPSM network	
Substance use treatment — BHRS	
Autism and autism-like treatment (21 and younger only)	Use the Applied Behavioral Analysis Screening and Referral Form at www.hpsm.org/provider-forms
Autism and autism-like treatment (22 and older)	Refer to Golden Gate Regional Center (GGRC) for services related to their suspected or diagnosed developmental disability 888-339-3305

**Kaiser assigned members may have Mild-to-Moderate services available through Kaiser*

**See member handbook for coverage details. Coverage may vary.*

If you identify a member who will benefit from support in navigating their health care needs, please consider referring them to our Integrated Care Management Team by:

- Visiting our website at hpsm.org/provider/care-coordination
- Calling **650-616-2060**
- Emailing CareCoordinationRequests@hpsm.org