

Behavioral Health / Medical Care Coordination Referral Form

- Northern Colorado Member Visiting Member CD Res Rehab
 Autism Referral Request: Dx: yes no Cross-Market Dependent
 Inpatient Admission Alert: Facility Name _____ Contact #: _____
 Southern or Mountain Colorado Member

Referral Date: _____ Referrer's Name _____ Tele# _____

Member Name: _____ B.D. _____ Kaiser ID #: _____

Parent Name (ABA): _____ Contact # _____ or _____

Address (only if different than Kaiser/ Beacon in system): _____

Member Contact (or Representative) Tele # _____

Primary Care Physician (per the member): _____

Reason for Referral: _____

Is member aware that we may be calling? yes no

Behavioral Health Status: _____

Medical Status: _____

Behavioral Health to Medical: Beacon CM Name _____ Tele# _____

Untreated medical condition and/or non compliance with medical treatments impacting the member's behavioral health recovery an/or potential for worsening of condition

- Uncontrolled Diabetes
- Congested Heart Failure along with Chronic Obstructive Pulmonary Disease
- Terminal or end stage cancer
- Eating Disorder that may result in medical inpatient treatment.
- Chronic pain out of control impacting the member's mental health status.
- Polypharmacy with no obvious physician management coordination (more than one prescriber).
- Other (specify): _____

Medical Health to Behavioral: KP CC Name _____ Tele# _____

- Risk Rating of 3 identified during Utilization Review
- Untreated psychiatric condition with risk to self or others.
- Depression or other behavioral health issue(s) affecting compliance with medical treatment and/or impacting medical health.
- Polypharmacy with no obvious physician management coordination (more than one prescriber).
- Controlled Substance case identified by Kaiser Permanente Polypharmacy Initiative via the Pharmacy Department and/or Resource Stewardship Care Management process for behavioral health intervention.
- Other (specify) _____

Attachments: yes no Explain: _____

Signature: _____ Title: _____

Call Beacon at 866-702-9026 to alert that fax sent.

Return Call / Disposition Requested: yes no Contact #: _____