

State of California—Health and Human Services Agency Department of Health Care Services



DATE: May 22, 2017

MHSUDS INFORMATION NOTICE NO.: 17-024

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS

COUNTY DRUG & ALCOHOL ADMINISTRATORS

COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF

CALIFORNIA

CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH

AGENCIES

COALITION OF ALCOHOL AND DRUG ASSOCIATIONS

CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM

EXECUTIVES, INC.

CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: OUT-OF-COUNTY PROVIDER REFERRAL FORM

PURPOSE

The purpose of this Information Notice is to direct Alcohol and Other Drug (AOD) County Administrators to use the newly designed Out-Of-County Provider Referral (OOCR) Form in order to obtain a data reporting number for an Out-Of-County provider.

BACKGROUND

Effective August 1, 2016, the management of the Master Provider File (MPF) database, also known as the Provider Registry Information Management Enterprise, moved to the Department of Health Care Services (DHCS) Statewide Planning Unit in the Program Support and Grants Management Branch. It was determined that in order to reduce processing times, and provide clarity to the counties requesting an out of county data reporting number, a newly designed OOCR Form was necessary.

POLICY

On May 1, 2017, DHCS will begin accepting the OOCR form. This new form is posted on the MPF Management Team web page located at:

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http://www.dhcs.ca.gov/provgovpart/Pages/Master-Provider-File.aspx

OUT-OF-COUNTY REFERRAL FORM

An "Out-Of-County Provider" is defined as a provider located in a neighboring county (aka Receiving/Host county) that provides Substance Use Disorder (SUD) Treatment and/or Prevention services that are not available in the Referring/Home County. This was previously known as a Special Services Contract.

The OOCR Form will be used to request a data reporting number for the subcontracted provider and it will be added to their existing record to track data outcomes for the referred beneficiaries.

TECHNICAL ASSISTANCE

In order to get the most out of the interactive Adobe Acrobat PDF forms, stakeholders who do not have Adobe Acrobat Reader installed on their computers will need to download the free Adobe Acrobat Reader software, available for both Mac and PC computers. The Adobe software may be downloaded here: https://get.adobe.com/reader/.

Prior to submitting a form to the MPF Management Team, requesters are encouraged to read the detailed instructions provided. Forms not submitted in the proper format will be returned without being reviewed in order to expedite the processing time for all those making requests.

If you have any questions or concerns, you may contact the MPF Management Team at (916) 322-3686.

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director Mental Health & Substance Use Disorder Services