



# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, MS, MPH, FACHE  
DIRECTOR

ELIGIBILITY OPERATIONS

P.O. Box 85524 (MS-O557A), SAN DIEGO, CALIFORNIA 92186-5524  
(858) 492-2222 • FAX (858) 492-2265

RICK WANNE, MA, MFT  
ELIGIBILITY OPERATIONS DIRECTOR

## IMPORTANT NOTICE

### Primary Care, Specialists, and Mental Health Providers

The Low Income Health Program (LIHP) is scheduled to terminate on December 31, 2013. When the LIHP comes to an end, most enrollees will be transferred to a Medi-Cal Managed Care Health Plan. Before the transfer occurs we would like to know which patients are of greatest concern for you. We will be coordinating and providing the information to the Medi-Cal Managed Care Health Plan for those patients you have identified as high risk with special needs in order to facilitate their continuity of care during the transfer.

The purpose of this letter is to provide you with a document to guide the coordination of those patients during transfer. LIHP will no longer be responsible to cover care for these beneficiaries as of January 1, 2014. The goal during the transfer to the Medi-Cal Managed Care Health Plans is to continue treatment/services of enrollees without interruption to the maximum extent possible.

Please fill out the attached form for each of the enrollees you have identified as being high risk with special needs and return by fax number listed below by **December 10, 2013**:

Fax Number: (858) 565-4091

Please be sure to use the correct fax number and a fax cover sheet to protect patient confidentiality.

For assistance or questions, please contact our Provider Line at 858-658-8650.

**Thank you for your assistance.**

**LIHP Transition of Care Form**

*For Use Between Physical, Specialty, and Behavioral Health Practitioners  
 For Patients Identified as High Risk During Transition*

SECTION A. CLIENT INFORMATION							
Name: Last		First	Middle Initial	Date of Birth	LIHP ID or Social Security Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address			City, State, Zip				
Telephone #			Alternate Telephone #				
Emergency Contact/Legal Guardian			Relationship	Telephone #			
SECTION B. PRACTITIONER INFORMATION							
Name							
Organization OR Medical Group							
Street Address			City, State, Zip				
Telephone #			Fax #				
Date of Initial Assessment	Behavioral Health Diagnosis			Medical Diagnosis			
Current Medications							
Transition Plan							
<b>Treatment Summary</b> <input type="checkbox"/> Client's behavior health diagnosis can be safely managed by primary care physician <input type="checkbox"/> Client requires ongoing treatment with behavioral health provider <input type="checkbox"/> Needs Managed Care Medi-Cal Plan Care Case Management <input type="checkbox"/> Request by current Specialist for continued treatment for continuity of care							
TO REACH A PLAN REPRESENTATIVE							
Care1st Health Plan (800) 605-2556 		Community Health Group (800) 404-3332 		Health Net (800) 675-6110 		Molina Healthcare (888) 665-4621 	