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# Training Guide for the Alliance Provider Portal – Minor Consent to Outpatient Mental Health Treatment or Counseling

# Presentation Topics

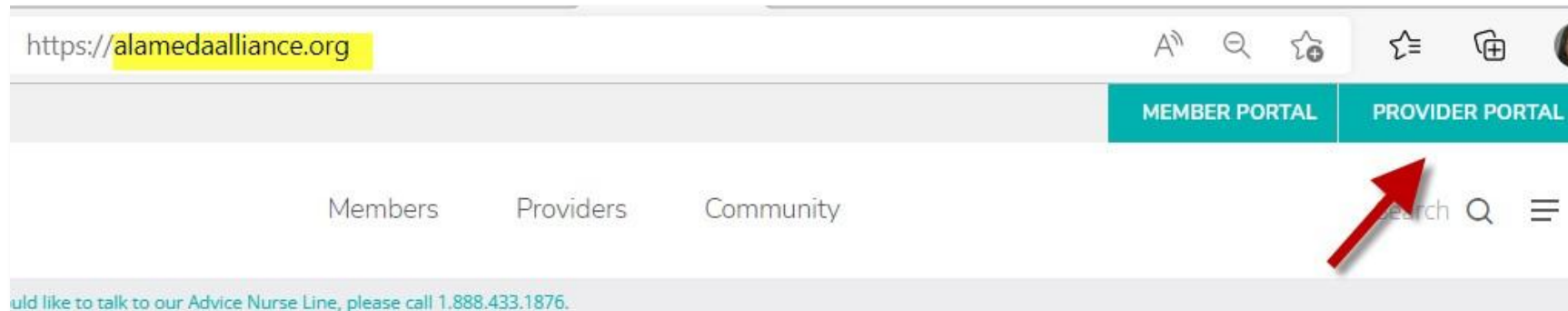
- ▶ How to Create an Account or Log in to the Alliance Provider Portal
- ▶ New Questions Added To The Mental Health Forms
  - ▶ Mental Health Initial Evaluation Form
  - ▶ Coordination of Care form
- ▶ Resources

# How to Create an Account or Log in to the Alliance Provider Portal



# Alliance Provider Portal

- ▶ Visit [www.alamedaalliance.org](https://www.alamedaalliance.org).
- ▶ Click the **Provider Portal** button at the upper right corner of the webpage.



# Alliance Provider Portal (cont.)

- ▶ Create an account or sign in.
- ▶ The **Provider Portal Instruction Guide** is available on the homepage with instructions on how to use the portal and its functions.

**WE ARE HERE TO HELP YOU**

Helping our provider network improve efficiency, quality, and the patient experience.

As a provider and medical professional, the Alameda Alliance for Health provider site will give you the ability to check patient's eligibility, coverage, check claim status, update credentialing information, submit and view authorizations and referrals, collaborate on care plans, and more.

**Provider Portal Instruction Guide**

This guide will provide instructions on how to sign up for a provider portal account, what features are available, and how to navigate once you are logged into the provider portal. [Click here](#) to view the Provider Portal Instruction Guide.

**News and Updates**

⚡ **Avoid Waiting on the Phone. Use Our Automated Eligibility Verification Line!**

**Find A Doctor or Facility**

[Click here](#) to search for a doctor, specialist or facility in the Alliance network.

**Sign into your account**

Username

Password

[Sign In](#) [Create Account](#)

[Forgot your username or password?](#)

If you are having issues authenticating your username or password, please call:  
Alliance Provider Services Department  
Monday - Friday, 7:30 am - 5 pm  
Phone Number: 1.510.747.4510

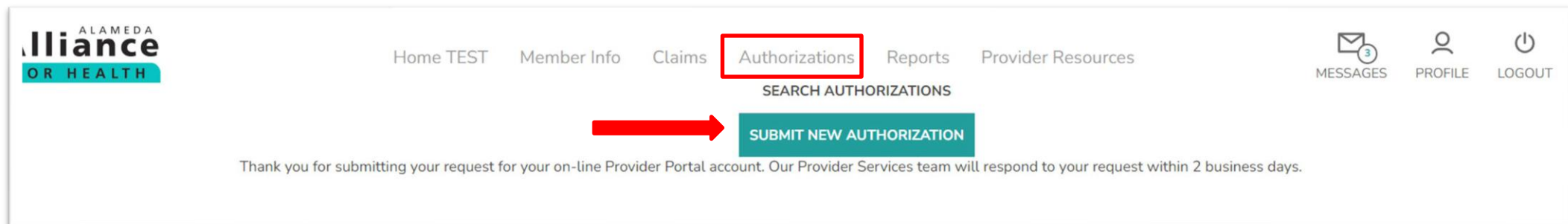
**Online Services**

- Access guidelines, materials
- Check member eligibility and benefits
- Find forms and other resources
- Review claim status
- Search the provider and facility directory

# New Questions Added To The Mental Health Forms

# Accessing the Mental Health Authorization Form

- ▶ Hover over **Authorizations** from the menu bar
- ▶ Click **SUBMIT NEW AUTHORIZATION**



# Submitting the Mental Health Initial Evaluation/Coordination of Care Form

- ▶ To access the form, click the teal text [here](#) next to For Mental Health forms including Evaluation/Coordination of Care Update Form and referral forms.

**Alliance** ALAMEDA  
FOR HEALTH

Home TEST Member Info Claims Authorizations Reports Provider Resources ME

Thank you for using the Alliance Provider Portal. We are here to help you. On this page, you can select a form to submit a request for authorization or access other online forms.

For Behavioral Health Outpatient\*, please click [here](#).

For Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Treatment Plan-Authorization Request form, please click [here](#). ←

For Hospital, or Skilled Nursing admission or Discharge forms, please click [here](#).

For Inpatient Elective Authorizations, please click [here](#).

For Long-Term Care (LTC) forms including room and board or ancillary professional services, please click [here](#).

**For Mental Health forms including Initial Evaluation/Coordination of Care Form, Coordination of Care Update Form, and referral forms, please click [here](#).** ←

For Outpatient Elective Authorizations, please click [here](#).

\*Behavioral Health Prior Authorization Form for Applied Behavior Analysis (ABA), Functional Behavior Assessment (FBA), Psychological Testing, or Outpatient Transcranial Magnetic Stimulation (TMS)

# New Question on the Mental Health Form

## Initial Evaluation Form

- ▶ **Section 8 – Behavioral Health Provider Findings and Recommendations**
  - ▶ This new question is to confirm if a consultation with the minor will occur to determine the appropriateness of parental/guardian involvement prior to service delivery.
- ▶ Click **Next** to proceed to the next section and continue with the form.

**8 Behavioral Health Provider Findings and Recommendations**

**Message to PCP**

☒ None  
☐ Message to PCP  
☐ Consider initiating psychotropic medication  
☐ Consider adjusting existing psychotropic medication

Please explain message:

*Question will only show up for minors ages 12-21.*

**Behavioral Health Provider to provide Follow-Up Treatment: \***  
Select Behavioral Health Provider

**For Minors ages 12 to 21:**  
Parental/Guardian consent for Treatment required by provider: \* ☐ Yes ☐ No

**Recommendation for Behavioral Health Treatment**

**Behavior Health Treatment:**  
Select Behavioral Health Treatment

**CPT Code - Description: \***  
Select CPT Code - Description

**Units: \***  
Units

# New Question on Mental Health Form

## Initial Evaluation Form

- ▶ By clicking **Yes**, the *provider attests that all contact attempts and date in which parent/guardian provided consent is documented in the member record.*
- ▶ Click **Next** to proceed to the next section and continue with the form.

8 Behavioral Health Provider Findings and Recommendations

Message to PCP

☒ None  
☐ Message to PCP  
☐ Consider initiating psychotropic medication  
☐ Consider adjusting existing psychotropic medication

Please explain message:

Behavioral Health Provider to provide Follow-Up Treatment: \*

Select Behavioral Health Provider

For Minors ages 12 to 21:

Parental/Guardian consent for Treatment required by provider: \* ☒ Yes ☐ No

Provider attests all contact attempts and date in which parent/guardian provided consent are documented in the member record.

Question will only show up for minors ages 12-21.

# New Question on Mental Health Form

## Initial Evaluation Form

- ▶ By clicking **No** the *mental health provider confirms they have consulted with the minor before determining that the involvement of the minor's parent or guardian would be inappropriate. The mental health provider confirms having used their clinical judgment and expertise to determine that the minor is mature enough to participate intelligently in these services. The mental health provider attests that they have documented in the member record why it is inappropriate to contact the minor's parent/guardian.*
- ▶ **Please Note:** The mental health provider will provide the recommended mental health services and requests that the minor's confidentiality is maintained by the Alliance. The mental health provider will notify the Alliance via submission of the Coordination of Care Form if and when the parental/guardian consent for treatment is obtained during the course of treatment.
- ▶ Click **Next** to proceed to the next section and continue with the form.

8 Behavioral Health Provider Findings and Recommendations

**Message to PCP**

☒ None  
☐ Message to PCP  
☐ Consider initiating psychotropic medication  
☐ Consider adjusting existing psychotropic medication

Please explain message:

Question will only show up for minors ages 12-21.

Behavioral Health Provider to provide Follow-Up Treatment: \*

Select Behavioral Health Provider

For Minors ages 12 to 21:

Parental/Guardian consent for Treatment required by provider: \* ☐ Yes ☒ No

Mental Health Provider confirms they have consulted with the minor before determining that the involvement of the minor's parent or guardian would be inappropriate. The Mental Health Provider confirms having used their clinical judgment and expertise to determine that the minor is mature enough to participate intelligently in these services. Mental Health Provider attests they have documented in the member record why it is inappropriate to contact the minor's parent/guardian.

Please note: The Mental Health Provider will provide the recommended mental health services and requests that this minor's confidentiality is maintained by Alameda Alliance. Mental Health Provider will notify Alameda Alliance via submission of the Coordination of Care update form if and when parental/guardian consent for treatment is obtained during the course of treatment.

**Recommendation for Behavioral Health Treatment**

# New Question on Mental Health Form

## Coordination of Care Form

- ▶ \*Previous selection will be prepopulated
- ▶ By clicking **Yes**, the *provider has previously provided mental health services to the minor without parental guardian consent and involvement and is now requiring parental guardian consent and involvement for treatment of this minor. Provider understands that this newly obtained parental/guardian consent for mental health treatment for this minor, the Alliance will update the confidentiality information in our systems and resume member notifications without the specific protections previously in place to prevent parental/guardian notification of minor's mental health treatment. Provider attests all contact attempts and date in which parent/guardian provided consent is documented in the member's record.*
- ▶ Click **Next** to proceed to the next section and continue with the form.

8
Mental Health Provider Findings and Recommendations

Message to PCP

☒ None  
☐ Message to PCP  
☐ Consider initiating psychotropic medication  
☐ Consider adjusting existing psychotropic medication

Please explain message:

Question will only show up for minors ages 12-21.

Mental Health Provider to provide Follow-Up Treatment: \*  
Select Behavioral Health Provider

For Minors ages 12 to 21:  
Is there a change in Parental/Guardian consent for Treatment required by provider: \* ☒ Yes ☐ No

Provider has previously provided mental health services to this minor without parental/guardian consent and involvement and has now decided to obtain parental/guardian consent and involvement for treatment of this minor.

Provider understands that this newly obtained parental/guardian consent for mental health treatment for this minor, the Alliance will update the confidentiality information in our systems and resume member notifications without the special protections previously in place to prevent parental/guardian notification of minor's mental health treatment.

Provider attests all contact attempts and date in which parent/guardian provided consent is documented in the member record.

# New Question on Mental Health Form

## Coordination of Care Form

- ▶ \*Previous selection will be prepopulated.
- ▶ By clicking **No**, the *provider affirms there is no change in the consent requirements as initially determined.*
- ▶ Click **Next** to proceed to the next section and continue with the form.

8
Mental Health Provider Findings and Recommendations

Message to PCP

☒ None  
☐ Message to PCP  
☐ Consider initiating psychotropic medication  
☐ Consider adjusting existing psychotropic medication

Please explain message:

Mental Health Provider to provide Follow-Up Treatment: \*

Select Behavioral Health Provider

For Minors ages 12 to 21:  
Is there a change in Parental/Guardian consent for Treatment required by provider: \* ☐ Yes ☒ No  
Provider affirms there is no change in the consent requirements as initially determined.

Recommendation for Mental Health Treatment

Mental Health Treatment:

Select Mental Health Treatment

CPT Code - Description: \*

Select CPT Code - Description

# Resources

We are here to help

- ▶ Alliance Website: [www.alamedaalliance.org](http://www.alamedaalliance.org)
- ▶ Provider Manual: [www.alamedaalliance.org/providers/alliance-provider-manual/](http://www.alamedaalliance.org/providers/alliance-provider-manual/)
- ▶ Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
Email: [ProviderServices@alamedaalliance.org](mailto:ProviderServices@alamedaalliance.org)

# Thank you!

