

# PROVIDER Bulletin



KERN HEALTH  
SYSTEMS

May 20, 2025

## Updated Behavioral Health Referral Process

Dear Provider,

Effective May 19, 2025, providers will have access to an updated Behavioral Health referral assessment in the KHS Provider Portal.

### Behavioral Health Services Overview

Kern Health Systems (KHS) is responsible for ensuring access to medically necessary Behavioral Health Services. KHS maintains a network of Behavioral Health providers who offer non-specialty mental health services (NSMHS) and Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA).

KHS coordinates care with:

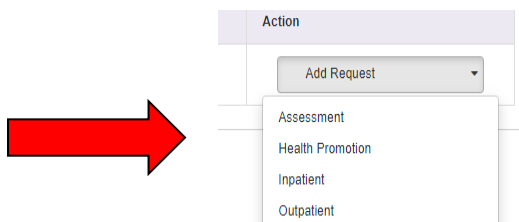
- The County Mental Health Plan, Kern Behavioral Health and Recovery Services (KBHRS), for Specialty Mental Health Services (SMHS)
- The Drug Medi-Cal Organized Delivery System (DMC-ODS) for Substance Use Disorder (SUD) services

### Submitting a Behavioral Health Referral

If you believe a KHS member may benefit from behavioral health services, please submit a referral assessment through the **KHS Provider Portal** using the updated process:

#### How to Submit a Referral:

1. Go to [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com)
2. Click on **“Provider Portal”**
3. Enter your **username and password**
4. Click on **“Authorizations”**
5. Click on **“Menu”**
6. Select **“New Request”**
7. Enter the required member information and click **“Search”**
8. Under **“Action”**, select **“Assessment”**



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## KERN HEALTH SYSTEMS

9. Click “Add Assessment”

10. Select “Behavioral Health Referral-PP” and click “Start Assessment”

Behavioral Health Referral PP

BH Minor Consent Notification PP

Community Supports Assessment PP

ECM Screening Assessment PP

ECM Streamlined Eligibility Assessment

Specialty Program Request - PP

Selected Assessment

Actions	Assessment Title
⊖	Behavioral Health Referral PP

Start Assessment Add Cancel

You will now be guided through the full **Behavioral Health Referral PP** assessment, which includes required questions depending on the type of service needed. Referral options now include:

- **Mental Health**
- **Substance Use Disorder**
- **BHT/ABA**

Complete the assessment by answering all required questions and selecting “**Complete.**” Once submitted, the assessment will be sent directly to the **KHS Behavioral Health Department.**

*Please note submitting this referral **does not replace** the authorization process. The provider should refer to the [Prior Authorization List](#) to determine if an authorization is required. In addition, a referral does not need to be completed each time an authorization is needed and should only be submitted if it is determined a member would benefit from behavioral health services.*

[Provider Bulletins](#) are available on the [KHS website](#). Please visit the site regularly to stay informed about the latest updates and announcements.

If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000, silent prompt option #5.

Sincerely,

Melinda Santiago  
Director of Behavioral Health  
Kern Health Systems