



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Medi-Cal Managed Care
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	SIGNATURE	DATE APPROVED
Deputy Director Behavioral Health Services	<u>Signature on File</u>	<u>2/27/2024</u>

SUBJECT: Adult and Youth Screening and Transition of Care Tools

PURPOSE:

Behavioral Health Services (BHS) will utilize the Department of Health Care Services (DHCS) standardized Adult and Youth Screening and Transition of Care Tools to guide referrals of Adult and Youth beneficiaries/members to the appropriate Medi-Cal mental health delivery system, either Managed Care Plan (MCP) or Mental Health Plan (MHP) and ensure that beneficiaries/members requiring transition between delivery systems receive timely coordinated care.

POLICY:

The Adult and Youth Screening Tools are to be utilized to determine the appropriate mental health delivery system referral for beneficiaries/members who are not currently receiving mental health services when they contact the Orange of Orange Mental Health Plan (hereby referred to as Orange MHP) seeking mental health services. The Screening Tools are not to be used with beneficiaries/members who are currently receiving mental health services with Orange MHP. Orange MHP mental health providers who are contacted directly by beneficiaries/members seeking mental health services are able to begin the assessment process and may provide services during the assessment period without using the Screening Tools.

The Transition of Care Tool is to be completed for all Medi-Cal beneficiaries/members when their mental health services need to be transitioned to another delivery system (MCP) or in circumstances when services need to be added to the existing mental health treatment from the other delivery system (MCP).

SCOPE:

Orange MHP designated access points and Administrative Services Organization (ASO) providing 24/7 support and access to care shall utilize the Adult and Youth Screening Tools. The provisions of this procedure are applicable to ASO staff who provide 24/7 Beneficiary Access Line (BAL) support on behalf of the Orange MHP.

Orange MHP licensed and licensed waived staff initiating collaborative transitions of care or referrals for additional services by another delivery system (MCP) shall utilize the Transition of Care Tool.

REFERENCES:

[Behavioral Health Information Notice No: 22-065 Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services](#)

[Behavioral Health Information Notice No: 23-035 Updated guidance for the California Advancing and Innovating Medi-Cal Initiative \(CalAIM\) Behavioral Health Quality Improvement Program \(BHQIP\)](#)

[BHS 01.03.06 Access Criteria for Specialty Mental Health Services](#)

[BHS 01.03.07 Access Criteria for Drug Medi-Cal Organized Delivery System](#)

[BHS 04.02.10 No Wrong Door Mental Health Services](#)

[BHS 05.01.03 Documentation of Services and Assessment Standards](#)

[BHS 05.01.15 DMC-ODS Documentation of Services and Assessment Standards](#)

FORMS:

[DHCS-8765-A-Adult Screening Tool for Medi-Cal Mental Health Services](#)

[DHCS-8765-B-Adult & Youth Transition of Care Tool for Medi-Cal Mental Health Services](#)

[DHCS-8765-C-Youth Screening Tool for Medi-Cal Mental Health Services \(Youth\)](#)

PROCEDURE:

- I. Adult and Youth Screening Tools for Medi-Cal Mental Health Services
 - A. The Adult and Youth Screening Tools identify initial indicators of beneficiary/members needs in order to make a determination for referral to either the beneficiary's/member's MCP for a clinical assessment and medically necessary non specialty mental health services (NSMHS) or to the beneficiary's/member's MHP for a clinical assessment and medically necessary specialty mental health services (SMHS).
 1. Adult Screening Tool shall be used for beneficiaries/members age 21 and older.
 2. Youth Screening Tool shall be used for beneficiaries/members under age 21.
 3. The standardized Screening Tools shall be used by the MHPs when a beneficiary/member, or a person on behalf of a beneficiary/member under age 21, who is not currently receiving mental health services, contacts the MHP seeking mental health services.

- B. The Adult and Youth Screening Tools are not required to be used when Beneficiaries/members contact mental health providers directly to seek mental health services.
- C. County operated and contracted mental health providers who are contacted directly by beneficiaries/members seeking mental health services may begin the assessment process and may provide services during the assessment period without using the Screening Tools. See [BHS 04.02.10 No Wrong Door Mental Health Services](#) policy.
- D. Completion of the Adult or Youth Screening Tool is not considered an assessment. Once a beneficiary/member is referred to the MHP based on the outcome of the Adult or Youth Screening Tool, they shall receive an assessment from a provider in the MHP to determine medically necessary mental health services.
- E. BHS staff shall use the Adult Screening Tool and the Youth Screening Tool specific scoring methodology and follow the referral determination generated by the score to determine whether the beneficiary must be referred to the MCP or to the MHP for clinical assessment and medically necessary services.
- F. The Adult and Youth Screening Tools shall not replace the MHPs' protocols for emergencies or urgent and emergent crisis referrals.

II. Adult and Youth Screening Tool

- A. Adult Screening Tool and Youth Screening Tool includes screening questions that are intended to elicit information about the following:
 - 1. Safety - information about whether the beneficiary needs immediate attention and the reason(s) a beneficiary is seeking services.
 - 2. Clinical Experiences - information about whether the beneficiary is currently receiving treatment, if they have sought treatment in the past, and their current or past use of prescription mental health medications.
 - 3. Life Circumstances - information about challenges the beneficiary may be experiencing related to school, work, relationships, housing, or other circumstances.
 - 4. Risk - information about suicidality, self-harm, emergency treatment, and hospitalizations.
- B. Includes questions related to substance use disorder (SUD). If a beneficiary/member responds affirmatively to these SUD questions, they shall be offered a referral to the county Drug Medi-Cal Organized Delivery System (DMC-ODS) for SUD assessment. The beneficiary/member may decline this referral without impact to their MHP referral.

III. Youth Screening Tool

- A. Youth Screening Tool includes screening questions designed to address a broad range of indicators for beneficiaries/members under the age of 21. A distinct set of questions are provided for when a beneficiary/member under the age of 21 is contacting the MHP on their own. A second set of questions with slightly modified language is provided for use when a person is contacting the MHP on behalf of a beneficiary under the age of 21.
- B. Youth Screening Tool includes questions related to SMHS access and referral of other services.
 - 1. The screening tool contains questions related to SMHS access criteria, including those related to involvement in foster care or child welfare services, involvement in the juvenile justice system, and experience with homelessness. If a beneficiary/member under the age of 21, or the person on their behalf, responds affirmatively to the questions related to SMHS access criteria, they shall be referred to the MHP for an assessment and medically necessary services. See [BHS 01.03.06 Access Criteria for Specialty Mental Health Services](#) policy.
 - 2. If a beneficiary/member under the age of 21, or the person on their behalf, responds affirmatively to the question related to substance use, they shall be offered a referral to the county DMC-ODS for SUD assessment. The beneficiary may decline this referral without impact to their MHP referral.
 - 3. If a beneficiary/member under the age of 21, or the person on their behalf, indicates that there is a gap in connection to primary care, they shall be offered linkage to their MCP for a primary care visit.

IV. Administration and Follow Up of the Adult and Youth Screening Tools by Orange MHP

- A. The Orange MHP BHS designated access points and ASO/BAL shall administer the Adult Screening Tool for all beneficiaries/members age 21 and older, and the Youth Screening Tool for all beneficiaries/members under age 21, to all callers who are not currently receiving mental health services, when they contact the MHP to seek mental health services.
- B. The Adult and Youth Screening Tools can be administered by clinicians or non-clinicians and may be administered in a variety of ways, including in person, by telephone, or by video conference.
- C. Adult and Youth Screening Tool questions shall be asked in full using the specific wording provided on the tools and in the specific order the questions appear on the tools, to the extent that the beneficiary/member is able to respond. To maintain the integrity of the scoring system, additional questions shall not be added to the tools.

- D. After administration of the Adult or Youth Screening Tool, the beneficiary shall be referred to the appropriate Medi-Cal mental health delivery system (i.e., either the MCP or the MHP) for a clinical assessment based on the beneficiary's/member's screening score.
1. If a beneficiary/member is referred to the MHP based on the score generated by MCP administration of the Adult or Youth Screening Tool, the Orange MHP shall offer and provide a timely clinical assessment to the beneficiary/member without requiring an additional screening.
 2. If a beneficiary/member is to be referred by the MHP to the MCP based on the score generated by the MHP's administration of the Adult or Youth Screening Tool, the Orange MHP shall coordinate the referral with the County MCPs.

Referral coordination shall include sharing the completed Adult or Youth Screening Tool and follow up, with appropriate beneficiary/member consent, to ensure a timely clinical assessment has been made available to the beneficiary/member.

- a) The completed Adult or Youth Screening Tool shall be shared with the County Managed Care Organizations (MCOs) via the approved data sharing method and scanned into the appropriate folder in the EHR.

V. Transition of Care Tool for Medi-Cal Mental Health Services

- A. The Transition of Care Tool serves the following purposes:
1. Document beneficiary/member needs for a transition of care referral or a service referral to either the MCP or MHP.
 2. Ensure beneficiaries/members receive timely and coordinated care when either of the following occurs.
 - a) The beneficiary's/member's existing services need to be transitioned to the other delivery system; or
 - b) Services need to be added to the beneficiary's/member's existing mental health treatment from the other delivery system consistent with the No Wrong Door policies regarding concurrent treatment set forth in W&I section 14184.402(f).
 3. Document the beneficiary's/member's information and referring provider's information.
 4. Provide information from the entity making the referral to the receiving delivery system to begin the transition of the beneficiary's/member's care.

- B. The following information shall be included on the completed tool by the MHP.
 - 1. MHP contact information and care team.
 - 2. Beneficiary/member demographics and contact information.
 - 3. Beneficiary/member behavioral health diagnosis, cultural and linguistic requests, presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.
 - 4. Services requested and receiving MCP contact information.

VI. Administering and Follow up for the Transition of Care Tool by Orange MHP

- A. BHS County and County contracted providers are required to use the Transition of Care Tool to facilitate transitions of care to MCPs for all beneficiaries/members, including adults age 21 and older and youth under age 21, when their service needs change.
- B. Determination by the MHP to transition services to and/or add services from the MCP must be made by a clinician via a patient-centered shared decision-making process.
 - 1. Once an MHP clinician has made the determination to transition care to or refer for additional services from the MCP, the Transition of Care Tool may be filled out by a clinician or a non-clinician.
- C. Beneficiaries/members shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.
- D. The Transition of Care Tool may be completed in a variety of ways, including in person, by telephone, or by video conference.
 - 1. Completed Transition of Care Tools must be scanned into the Referrals/Linkages folder in the beneficiary's/member's EHR.
- E. Contents of the Transition of Care Tool, including the specific wording and order of fields, shall remain intact. The information shall be collected and documented in the order it appears on the Transition of Care Tool, and additional information shall not be added to the form but may be included as attachments. Additional information enclosed with the Transition of Care Tool may include documentation such as medical history reviews, care plans, and medication lists.
- F. After the Transition of Care Tool is completed, the beneficiary/member shall be referred to their MCP.
 - 1. Orange MHP shall coordinate beneficiary care services with MCPs to facilitate care transitions or additional of services, including ensuring that

the referral process has been completed, the beneficiary has been connected with a provider in the new system, and the new provider accepts the care of the beneficiary, and medically necessary services have been made available to the beneficiary.

VII. Data Reporting Requirements

- A. Orange MHP shall retain and make available to DHCS reports showing tracking of referrals to and from the MCPs, using the Screening and Transition of Care Tools, and showing completed referrals. The following data elements will be included at minimum.
1. Total number of times and total number that the MHP administered the Adult Screening Tool.
 2. The percent of adults referred to MCPs (those with a screening score of 0 –5) by the MHP, following administration of the tool.
 3. The percentage of adults retained/referred for assessment within the MHP (those screening score of 6 and above) following administration of the tool.
 4. The number of adults referred to the MHP (those with a screening score of 6 or above). by the MCPs following administration of the screening tool by the MCP.
 5. The percent of adults referred back to the MHP by the MCPs following clinical assessment by the MCPs.
 6. The percent of adults referred back to the MCPs by the MHP following clinical assessment by the MHP.
 7. The total number of screenings for adults that resulted in a referral for DMC-ODS services.
 8. Total number of times and total number that the MHP administered the Youth Screening Tool.
 9. The percent of youth referred to MCPs (those with a screening score of 0 – 5) by the MHP, following administration of the tool.
 10. The percentage of youth retained/referred for assessment within the MHP (those screening score of 6 and above) following administration of the tool.
 11. The total number of screenings for youths that resulted in a referral to DMC-ODS.

12. The number of youths referred to the MHP (those with a screening score of 6 or above) by the MCPs following administration of the screening tool by the MCP.
13. The total number and percentage of youth referred back to the MHP by the MCPs following clinical assessment by the MCPs.
14. The number and percentage of youth referred back to the MCPs by the MHP following clinical assessment by the MHP.
15. The total number of times the MHP administers the Transition of Care tool.
16. The total number and percentage of beneficiaries/members returned to the MHP by the MCPs following submission of the Transition of Care tool and referral into the MCPs.
17. The total number of referrals received by the MHP from the MCP following administration of the transition of care tool by the MCPs.
18. The total number and percentage of beneficiaries/members needing re-referral back to the MCPs following assessment by the MHP after receipt of tool and referral from the MCPs.