



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

DATE:

Behavioral Health Information Notice No:

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services

PURPOSE: The purpose of this Behavioral Health Information Notice (BHIN) is to provide guidance to Mental Health Plans (MHPs) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of Adult and Youth beneficiaries to the appropriate Medi-Cal mental health delivery system and ensure that beneficiaries requiring transition between delivery systems receive timely coordinated care.

REFERENCE: Welfare and Institutions Code (W&I) [Section 14184.402](#),
[APL 18-008](#), [APL 19-010](#), [APL 19-014](#), [APL 22-005](#), [APL 22-006](#),
[BHIN 18-059](#), [BHIN 21-073](#), [BHIN 21-075](#), [BHIN 22-011](#)

BACKGROUND:

The Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative for “Screening and Transition of Care Tools for Medi-Cal Mental Health Services” aims to ensure all Medi-Cal beneficiaries receive coordinated services across Medi-Cal mental health delivery systems and improve health outcomes.

The goal is to ensure beneficiary access to the right care, in the right place, at the right time.

The Screening and Transition of Care Tools for Medi-Cal Mental Health Services guide referrals to the Medi-Cal mental health delivery system (i.e., Medi-Cal Managed Care Health Plan (MCP) or MHP) that is expected to best support each beneficiary. DHCS is requiring MCPs and MHPs to use the Screening and Transition of Care Tools – for beneficiaries under age 21 (youth) and for beneficiaries age 21 and over (adults).¹ The Screening and Transition of Care Tools for Medi-Cal Mental Health Services consist of:

- The Adult Screening Tool for Medi-Cal Mental Health Services.
- The Youth Screening Tool for Medi-Cal Mental Health Services.
- The Transition of Care Tool for Medi-Cal Mental Health Services.

The Adult and Youth Screening Tools for Medi-Cal Mental Health Services (hereafter referred to as Screening Tools) determine the appropriate delivery system referral for beneficiaries who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services. The Screening Tools are not required or intended for use with beneficiaries who are currently receiving mental health services. The Screening Tools are also not required for use with beneficiaries who contact mental health providers directly to seek mental health services. Mental health providers who are contacted directly by beneficiaries seeking mental health services are able to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in All Plan Letter ([APL 22-005](#) and [BHIN 22-011](#)), or subsequent updates.

The Transition of Care Tool for Medi-Cal Mental Health Services (hereafter referred to as the Transition of Care Tool) ensures that beneficiaries who are receiving mental health services from one delivery system receive timely and coordinated care when their existing services are being transitioned to the other delivery system (transition of care referral), or when services are being added to their existing mental health treatment from the other delivery system (service referral).

The Screening and Transition of Care Tools were developed with robust stakeholder input, including beta and pilot testing with participating MCPs and MHPs in a variety of counties across the state including counties with large urban areas, small population sizes, and large rural regions. As part of the development of the Youth Screening Tool,

¹ See Welfare and Institutions Code (W&I) [section 14184.402](#).

DHCS also consulted the Research and Development Corporation (RAND) to provide analysis and recommendations to inform tool development.

MCPs and MHPs should reference existing policy (or subsequent updates) to inform implementation of Screening and Transition of Care Tools:

- For a description of the current division of MCP and MHP responsibilities and criteria for accessing Specialty Mental Health Services (SMHS), please reference [BHIN 21-073](#), Criteria for beneficiary access to SMHS, medical necessity and other coverage requirements, or subsequent updates.²
- For a description of the division of MCP and MHP responsibilities and criteria for accessing Non-Specialty Mental Health Services (NSMHS), please reference [APL 22-006](#), Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services, or subsequent updates.³
- For a description of the DHCS No Wrong Door Policy, please reference [BHIN 22-011](#) and [APL 22-005](#), No Wrong Door for Mental Health Services Policy, or subsequent updates. For a description of Continuity of Care requirements for Medi-Cal beneficiaries, please reference Mental Health and Substance Use Disorder Services Information Notice (MHSUDS IN) [18-059](#)⁴ and [APL18-008](#), or subsequent updates.
- For a description of coverage requirements for Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT), please reference [APL 19-010](#), Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal beneficiaries Under the Age of 21, or subsequent updates, and [APL 19-014](#), Responsibilities for Behavioral Health Treatment Coverage for beneficiaries under the Age of 21, or subsequent updates.

[Assembly Bill \(AB\) 133](#) (Committee on Budget, Chapter 143, Statutes of 2021) implements various components of the CalAIM initiatives.⁵ The requirements outlined below, as authorized in W&I [section 14184.402\(h\)\(1\)-\(2\)](#), are effective January 1, 2023. Draft DHCS APL 22-XXX, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services, provides corresponding guidance instructing MCPs to implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services by January 1, 2023.

² BHINs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-Health-Information-Notice-%28BHIN%29-Library.aspx>

³ APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

⁴ Please note the components of [MHSUDS IN 18-059](#) that describe SMHS medical necessity criteria have been superseded by [BHIN 21-073](#).

⁵ Bills are searchable at: <https://leginfo.legislature.ca.gov/faces/home.xhtml>

POLICY:

Effective January 1, 2023, MHPs shall implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

Adult and Youth Screening Tools for Medi-Cal Mental Health Services:

Adult and Youth Screening Tools for Medi-Cal Mental Health Services shall be used by MHPs when a beneficiary, or an adult on behalf of a beneficiary under age 21, who is not currently receiving mental health services, contacts the MHP seeking mental health services. The tools are to be used to guide a referral by the MHP to the appropriate Medi-Cal mental health delivery system (i.e., MCP or MHP). The Adult Screening Tool shall be used for beneficiaries age 21 and older. The Youth Screening Tool shall be used for beneficiaries under age 21. The Adult and Youth Screening Tools identify initial indicators of beneficiary needs in order to make a determination for referral to either the beneficiary's MCP for a clinical assessment and medically necessary NSMHS or the MHP for a clinical assessment and medically necessary SMHS.

The Adult and Youth Screening Tools are not required to be used when beneficiaries contact mental health providers directly to seek mental health services. MHPs must allow contracted mental health providers who are contacted directly by beneficiaries seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in [BHIN 22-011 or subsequent updates](#).

The Adult and Youth Screening Tools do not replace:

- 1) MHP policies and procedures (P&P) that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
- 2) MHP protocols that address clinically appropriate, timely, and equitable access to care.
- 3) MHP clinical assessments, level of care determinations, and service recommendations.
- 4) MHP requirements to provide EPSDT services.

Completion of the Adult or Youth Screening Tool is not considered an assessment. Once a beneficiary is referred to the MCP or MHP, they shall receive an assessment from a provider in that system to determine medically necessary mental health services.

Description of the Adult and Youth Screening Tools

The Adult and Youth Screening Tools are designed to capture information necessary for identification of initial indicators of a beneficiary's mental health needs for the purpose of determining whether they should be referred by the MHP to their MCP or MHP to receive an assessment. The Adult and Youth Screening Tools include both screening questions and an associated scoring methodology. The screening questions and associated scoring methodology of the Adult and Youth Screening Tools are distinct and described below.

Description of the Adult Screening Tool

The [Adult Screening Tool](#) includes screening questions that are intended to elicit information about the following:

- 1) *Clinical Experiences*: information about the reason(s) a beneficiary is seeking services, if they are currently receiving treatment, if they have sought treatment in the past, and their current or past use of prescription mental health medications.
- 2) *Life Circumstances*: information about challenges a beneficiary may be experiencing related to school, work, relationships, housing, or other circumstances (e.g., personal hygiene, sleep, energy level, concentration).
- 3) *Risk*: information about suicidality, self-harm, emergency treatment, and hospitalizations.

The Adult Screening Tool also includes questions related to substance use disorder (SUD). If a beneficiary responds affirmatively to these SUD questions, they shall be offered a referral to the county behavioral health plan for SUD assessment. The beneficiary may decline this referral without impact to their mental health services.

Description of the Youth Screening Tool

The [Youth Screening Tool](#) includes screening questions designed to address the needs of a range of ages under 21. Distinct questions are provided for when a beneficiary under the age of 21 is contacting the MHP on their own. There are different questions for when an adult is contacting the MHP on behalf of a beneficiary under the age of 21. The Youth Screening Tool screening questions 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) *System Involvement*: information about whether a beneficiary has been involved in foster care, child welfare services, or the juvenile justice system.
- 3) *Life Circumstances*: information about challenges a beneficiary may be experiencing related to family support, school, work, relationships, housing, or other life circumstances.
- 4) *Risk*: information about suicidality, self-harm, harm to others, and hospitalizations.

The Youth Screening Tool also includes questions related to SMHS access and referral of other services:

- Questions related to current involvement in foster care or child welfare services, current or past involvement in the juvenile justice system, and whether the beneficiary under the age of 21 is currently experiencing homelessness. If a beneficiary under the age of 21, or an adult 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.
- A question related to substance use. If a beneficiary under the age of 21, or adult on their behalf, responds affirmatively to the question related to substance use, they shall be offered a referral to the county behavioral health plan for SUD assessment. The beneficiary may decline the referral to the county behavioral health plan without impact to their mental health services.
- A question related to connection to primary care. If a beneficiary under the age of 21, or an adult on their behalf, indicates that there is a gap in connection to primary care, they shall be offered a referral to their MCP for a pediatrician visit.

Based on responses to the screening tool questions, the Adult Screening Tool and the Youth Screening Tool each include a scoring methodology to determine whether the beneficiary must be referred to the MCP or the MHP for clinical assessment. Detailed instructions for appropriate application of the scoring methodology are provided in the

tools. MHPs shall use the scoring methodology and follow the referral determination generated by the score. For all referrals, the beneficiary shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

Administering Adult and Youth Screening Tools

MHPs are required to administer the Adult Screening Tool for all beneficiaries age 21 and older, who are not currently receiving mental health services, when they contact the MHP to seek mental health services. MHPs are required to administer the Youth Screening Tool for all beneficiaries under age 21, who are not currently receiving mental health services, when they, or an adult on their behalf, contact the MHP to seek mental health services. The Adult and Youth Screening Tools are not required or intended for use with beneficiaries who are currently receiving mental health services. The Adult and Youth Screening Tools are not required to be used when beneficiaries contact mental health providers directly to seek mental health services. MHPs must allow contracted mental health providers who are contacted directly by beneficiaries seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in [BHIN 22-011](#).

The Adult and Youth Screening Tools can be administered by clinicians or non-clinicians in alignment with MHP protocols and may be administered in a variety of ways, including in person, by telephone, or by video conference.⁶ Adult and Youth Screening Tool questions shall be asked in full using the specific wording provided in the tools and in the specific order the questions appear in the tools, to the extent that the beneficiary is able to respond.⁷ Additional questions shall not be added to the tools. The scoring methodologies within the Adult and Youth Screening Tools shall be used to determine an overall score for each screened beneficiary. The Adult and Youth Screening Tool score determines whether a beneficiary is referred to their MCP or the

⁶ For the purposes of this BHIN, clinicians are the following provider types defined in the State Plan: licensed mental health professionals, waived/registered, waived professionals, or individuals providing services under the direction of a licensed mental health professional. See California Medicaid State Plan: <https://www.dhcs.ca.gov/formsandpubs/laws/Pages/SPdocs.aspx>. See California Medicaid State Plan Attachment 3.1A, Supplement 3: <https://www.dhcs.ca.gov/Documents/Att-3-1-A-Supp-3-5-5-22.pdf>. Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition for clinician.

⁷ Deviation from the specific wording of screening questions is allowable as part of translation into another language if DHCS has not yet provided translated versions of the tools in that language. For additional information on cultural and linguistic requirements, please reference California Code Regulations (CCR) [Title 9 section 1810.410](#).

MHP for assessment. Please refer to the Adult and Youth Screening Tools for further instructions on how to administer each tool.

The Adult and Youth Screening Tools are provided as portable document formats (PDFs); however, MHPs are not required to use the PDF format to administer the tools. MHPs may build the Adult and Youth Screening Tools into existing software systems, such as electronic health records (EHRs). The contents of the Adult and Youth Screening Tools, including the specific wording, the order of questions, and the scoring methodology shall remain intact.⁸

Following Administration of the Adult and Youth Screening Tools

After administration of the Adult or Youth Screening Tool, a beneficiary's score is generated. Based on their screening score, 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.

If a beneficiary is referred to the MHP based on the score generated by MCP administration of the Adult or Youth Screening Tool, MHPs must offer and provide a timely clinical assessment to the beneficiary without requiring an additional screening and in alignment with existing standards as well as medically necessary mental health services.⁹

If a beneficiary shall 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, MHPs shall coordinate beneficiary referrals with MCPs or directly to MCP providers delivering NSMHS, including sharing the completed Adult or Youth Screening Tool and following up to ensure the beneficiary has been connected with a provider and a timely clinical assessment has been offered and rendered.¹⁰ Beneficiaries shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

The Adult and Youth Screening Tools shall not replace MHPs' protocols for emergencies or urgent and emergent crisis referrals. For instance, if a beneficiary is in

⁸ For a description of MCP responsibilities related to use of the Adult and Youth Screening Tools, please reference Draft APL 22-XXX, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

⁹ For information about timely access to services, please reference [BHIN 20-062](#), Timely Access Submission Requirements for Mental Health Plans, or subsequent updates.

¹⁰ If the MHP refers an individual directly to an MCP provider, the MHP must still coordinate with the MCP to ensure a timely clinical assessment has been offered and rendered.

crisis or experiencing a psychiatric emergency, the MHP's emergency and crisis protocols should be followed.

Transition of Care Tool for Medi-Cal Mental Health Services:

The Transition of Care Tool for Medi-Cal Mental Health Services is intended to ensure that beneficiaries who are receiving mental health services from one delivery system receive timely and coordinated care when either: (1) their existing services are being transitioned to the other delivery system (transition of care referral); or (2) services are being added to their existing mental health treatment from the other delivery system (service referral) consistent with the No Wrong Door policies regarding concurrent treatment set forth in W&I [section 14184.402\(f\)](#) and described in [BHIN 22-011](#) and [APL 22-005](#) and continuity of care requirements described in [MHSUDS IN 18-059](#)¹¹ and [APL18-008](#), or subsequent updates. The Transition of Care Tool documents beneficiary needs for a transition of care referral or a service referral to the MCP or MHP.

The Transition of Care Tool does not replace:

- 1) MHP P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
- 2) MHP protocols that address clinically appropriate, timely, and equitable access to care.
- 3) MHP clinical assessments, level of care determinations, and service recommendations.
- 4) MHP requirements to provide EPSDT services.

Completion of the Transition of Care Tool is not considered an assessment.

Description of Transition of Care Tool

The [Transition of Care Tool](#) is designed to leverage existing clinical information to document a beneficiary's mental health needs and facilitate a transition of care referral, or a service referral, to the beneficiary's MCP or MHP, as needed. The Transition of Care Tool documents the beneficiary's information and referring provider information. Beneficiaries may be transitioned to their MCP or MHP for all, or a subset of, their

¹¹ Please note the components of [MHSUDS IN 18-059](#) that reference SMHS medical necessity criteria have been superseded by [BHIN 21-073](#), which amends medical necessity criteria to align with W&I [section 14059.5](#).

mental health services based on their needs. The Transition of Care Tool is designed to be used for both adults and youth alike.¹²

The Transition of Care Tool provides information from the entity making the referral to the receiving delivery system to begin the transition of the beneficiary's care. The Transition of Care Tool includes specific fields to document the following elements:

- Referring plan and care team.
- Beneficiary demographics and contact information.
- Beneficiary presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.
- Services requested and receiving plan information.

Referring entities may provide additional documentation, such as medical history reviews, care plans, and medication lists, as attachments to the Transition of Care Tool.

Administering the Transition of Care Tool

MHPs are required to use the Transition of Care Tool to facilitate transitions of care to MCPs for all beneficiaries, including adults age 21 and older and youth under age 21, when their service needs change.

The determination to transition services to and/or add services from the MCP delivery system must be made by a clinician via a patient-centered shared decision-making process in alignment with MHP protocols.¹³ Once a clinician has made the determination to transition care or refer for services, the Transition of Care Tool may be filled out by a clinician or a non-clinician. Beneficiaries shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice. The Transition of Care Tool may be completed in a variety of ways, including in person, by telephone, or by video conference.

¹² Following updates based on stakeholder feedback and beta and pilot of an Adult Transition of Care Tool and a separate Youth Transition of Care Tool, no distinctions between the two versions remained; hence, the Transition of Care Tool is a single, integrated tool for both adult and youth populations.

¹³ For the purposes of this BHIN, clinicians are the following provider types defined in the State Plan: licensed mental health professionals, waived/registered professionals, or individuals providing services under the direction of a licensed mental health professional. See California Medicaid State Plan: <https://www.dhcs.ca.gov/formsandpubs/laws/Pages/SPdocs.aspx>. See California Medicaid State Plan Attachment 3.1A, Supplement 3: <https://www.dhcs.ca.gov/Documents/Att-3-1-A-Supp-3-5-5-22.pdf>. Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition for clinician.

The Transition of Care Tool is provided as a PDF document, but MHPs are not required to use the PDF format to complete the tool. MHPs may build the Transition of Care Tool into existing systems, such as EHRs. However, the contents of the Transition of Care Tool, including the specific wording and order of fields, shall remain intact.¹⁴ 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 forms 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. Please refer to the Transition of Care Tool for further instructions on how to complete the tool.¹⁵

Following Administration of the Transition of Care Tool

After the Transition of Care Tool is completed, the beneficiary shall be referred to their MCP, or directly to an MCP provider delivering NSMHS.¹⁶ Consistent with [BHIN 22-011](#) and [APL 22-005](#), or subsequent updates, MHPs shall coordinate beneficiary care services with MCPs to facilitate care changes and transitions, 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 rendered. All appropriate consents shall be obtained in accordance with accepted standards of clinical practice.

Documentation:

DHCS intends to evaluate the Screening and Transition of Care Tools initiative over time to ensure beneficiaries are receiving appropriate and timely access to care. As part of this process, additional reporting may be requested.

COMPLIANCE:

MHPs shall implement the Screening and Transition of Care Tools effective January 1, 2023, update policies, procedures and memoranda of understanding in alignment with

¹⁴ Deviation from the specific wording of transition of care tool fields is allowable as part of translation into another language if DHCS has not yet provided a translated version of the tool in that language. For additional information on cultural and linguistic requirements, please reference CCR [Title 9 section 1810.410](#).

¹⁵ For a description of MCP responsibilities related to use of the Adult and Youth Transition of Care Tool, please reference Draft APL 22-XXX, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

¹⁶ If the MHP refers an individual directly to an MCP provider, the MHP must still coordinate with the MCP to ensure medically necessary changes have been rendered.

Behavioral Health Information Notice No.: 22-XXX
Page 12
Date

MCPs as needed to ensure compliance with this policy effective January 1, 2023, and communicate these updates to providers as necessary.

Please direct any questions to BHCalAIM@dhcs.ca.gov.

Sincerely,

Ivan Bhardwaj, Acting Chief
Medi-Cal Behavioral Health Division

DRAFT