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DATE: June 3, 2025

ALL PLAN LETTER 25-010
SUPERSEDES ALL PLAN LETTER 22-028

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: ADULT AND YOUTH SCREENING AND TRANSITION OF CARE TOOLS FOR MEDI-CAL MENTAL HEALTH SERVICES

PURPOSE:

This All Plan Letter (APL) provides guidance to Medi-Cal managed care plans (MCP) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth Members to the appropriate Medi-Cal mental health delivery system and guide timely care coordination for Members requiring transition between delivery systems.¹ This APL supersedes APL 22-028.

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 Plan (MCP) or county Medi-Cal Mental Health Plan (MHP)) that is expected to best support each Member. DHCS is requiring MCPs and MHPs to use the Screening and Transition of Care Tools for Members under age 21 (youth) and for Members ages 21 years and older (adults) unless the member is currently receiving mental health services through the MCP or MHP; or referred directly to a mental health delivery system by a Practitioner² based on an understanding of the member's needs and using their own clinical judgment; or the member reaches out directly to the mental health delivery system.³ The Screening and Transition of Care Tools for Medi-Cal Mental Health Services consist of:⁴

- 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 (Adult and Youth)

¹ Welfare and Institutions Code (W&I) section 14184.402 authorizes the Department to issue this guidance by bulletin. Bills and state law is searchable at: <https://leginfo.legislature.ca.gov/faces/codes.xhtml>. See W&I section 14184.102 for additional guidance.

² The term "Practitioner" is used when referring to individual practitioners while "Provider" is used to refer to organizational provider entities.

³ See W&I section 14184.402.

⁴ The Screening and Transition of Care Tools for Medi-Cal Mental Health Services can be accessed at: <https://www.dhcs.ca.gov/Pages/Screening-and-Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx>.



The Adult and Youth Screening Tools for Medi-Cal Mental Health Services (hereafter referred to as Screening Tools) determine the appropriate mental health delivery system referral for Members 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 Members who are currently receiving mental health services. The Screening Tools are also not required for use with Members who contact mental health Providers directly to seek mental health services. Mental health Providers who are contacted directly by Members seeking mental health services may 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 APL 22-005 and Behavioral Health Information Notice (BHIN) 22-011, or subsequent updates.⁵ In addition, the Screening Tools are not intended for use if a Practitioner refers a member specifically to the MCP for NSMHS based on an understanding of the Member's needs and using their own clinical judgment. If a Practitioner refers a Member directly to the MCP for NSMHS, the MCP should follow existing protocols for referrals in these scenarios.

The Transition of Care Tool for Medi-Cal Mental Health Services (hereafter referred to as the Transition of Care Tool) is intended to facilitate timely care coordination, in particular for Members who are receiving mental health services from one delivery system receive and when their existing services need to be transitioned to the other delivery system, or when services need to be added to their existing mental health treatment from the other delivery system.

MCPs and MHPs should reference the following APLs and information notices (and updates) to inform their implementation of the 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 Medi-Cal Member access to SMHS, medical necessity and other coverage requirements, or subsequent updates.
- For a description of the current 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 NSMH, or any subsequent updates.
- For a description of the 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 Members, please reference Mental Health and Substance Use Disorder Information Notice

⁵ APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>. BHINs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-Health-Information-Notice-%28BHIN%29-Library.aspx>.

(MHSUDS IN) 18-059⁶ and APL 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023, or subsequent updates.

- For a description of coverage requirements for Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT), please reference APL 23-005, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21, or subsequent updates, and APL 23-010, Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21, or subsequent updates.
- For a description of the Memorandum of Understanding (MOU) MCPs and MHPs must enter into as required under the DHCS Contract, please reference APL 23-029, MOU Requirements for Medi-Cal Managed Care Plans and Third-Party Entities, and BHIN 23-056, MOU Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans, or subsequent updates.
- For a description of the current consent standards for minors accessing outpatient SMHS or NSMSHS through Medi-Cal, please reference BHIN 24-046 and APL 24-019, Minor Consent to Outpatient Mental Health Treatment or Counseling.

Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021) implemented various components of the CalAIM initiatives. The requirement to implement the Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services, as authorized in W&I section 14184.402(h)(1)-(2), was effective on January 1, 2023. MCPs must continue to implement requirements as previously outlined.

POLICY:

MCPs must use the Screening and Transition of Care Tools for Medi-Cal Mental Health Services as set forth in this APL unless the Member is currently receiving mental health services through the MCP or MHP; or referred directly to a mental health delivery system by a Practitioner based on an understanding of the member's needs and using their own clinical judgment; or the member reaches out directly to the mental health delivery system. This updated APL outlines new policy guidance for MCPs to override the Screening Tool score and reiterates existing guidance that the Screening Tools are not intended for use if a Practitioner refers a Member to the MCP for NSMHS or the MHP for SMHS.

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

⁶ Please note the components of MHSUDS IN 18-059 that reference SMHS medical necessity criteria were superseded by BHIN 21-073, which amended medical necessity criteria to align with W&I section 14059.5. MHSUDS INs are searchable at: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx.

The Screening Tools for Medi-Cal Health Services must be used by MCPs when a Member who is not currently receiving mental health services, or a person on behalf of a Member under the age of 21, who is not currently receiving mental health services, contacts the MCP seeking mental health services. The Screening Tools are to be used to guide a referral by the MCP to the appropriate Medi-Cal mental health delivery system (i.e., MCP or MHP). The Adult Screening Tool must only be used for Members ages 21 and older. The Youth Screening Tool must only be used for Members under the age of 21. The Screening Tools identify initial indicators of a Member's needs in order to make a determination for referral to either the Member's MCP for a clinical assessment and Medically Necessary NSMHS or to the Member's MHP for a clinical assessment and Medically Necessary SMHS.

The Screening Tools are not required to be used when Members contact mental health Providers directly seeking mental health services. MCPs must allow contracted mental health Providers who are contacted directly by Members 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 APL 22-005 and BHIN 22-011, or subsequent updates.

The Screening Tools are also not required to be used when a Practitioner refers a member specifically to the MCP for NSMHS based on an understanding of the member's needs and using their own clinical judgment. If a Practitioner refers a member directly to the MCP for NSMHS, the MCP should follow existing protocols for referrals in these scenarios.

The Screening Tools do not replace:

- 1) MCP policies and procedures (P&Ps) that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
 - a. If a member is in crisis or experiencing a psychiatric emergency, the MCP's emergency and crisis protocols shall be followed as medically necessary.
- 2) MCP protocols that address clinically appropriate, timely, and equitable access to care.
- 3) MCP clinical assessments, level of care determinations, and service recommendations.
- 4) MCP requirements to provide EPSDT services including MCP responsibilities for behavioral health treatment coverage for Members under the age of 21 per APL 23-010.

Completion of both Screening Tools is not considered an assessment. Once a Member is referred to the MCP or MHP, they must receive an assessment from a Practitioner in that delivery system to determine their need for Medically Necessary mental health services.

Description of the Adult and Youth Screening Tools

The Screening Tools are designed to capture information necessary for identification of initial indicators of a Member's mental health to determine whether the MCP must refer the Member to an MCP Network Provider or to the MHP to receive an assessment. The Screening Tools include screening questions and an associated scoring methodology. The screening questions and associated scoring methodology of the 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) **Safety**: information about whether the Member needs immediate attention and the reason(s) a Member is seeking services.
- 2) **Clinical Experiences**: information about whether the Member 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 Member may be experiencing related to school, work, relationships, housing, or other circumstances.
- 4) **Risk**: information about suicidality, self-harm, emergency treatment, and hospitalizations.⁷

Description of the Youth Screening Tool

The Youth Screening Tool includes screening questions designed to address a broad range of indicators for Medi-Cal members under the age of 21. A distinct set of questions are provided when a Member under the age of 21 contacts the MCP on their own. A second set of questions with slightly modified language are provided for use when a person contacts the MCP on behalf of a Member 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 Member needs immediate attention and the reason(s) a Member is seeking services.
- 2) **System Involvement**: information about whether the Member is currently receiving treatment and if they have been involved in foster care, child welfare services, or the juvenile justice system.

⁷ If the Member responds affirmatively to the question related to suicidality, the MCP must immediately coordinate a referral to an MCP Network Provider for further clinical evaluation of suicidality after the screening is complete. Referral coordination should include sharing the completed Adult Screening Tool and follow up to make sure an evaluation was rendered. The referral and subsequent evaluation may or may not impact the mental health system referral generated by the screening score.

- 3) **Life Circumstances:** information about challenges the Member 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.⁸

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

- 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 Member under the age of 21, or the person acting on their behalf, responds affirmatively to the questions related to SMHS access criteria, they must be referred to the MHP for an assessment and Medically Necessary services. Please reference BHIN 21-073 and any forthcoming guidance for additional details on SMHS criteria and definitions of key terminology.
- A question related to substance use. If a Member under the age of 21, or the person acting on their behalf, responds affirmatively to the question related to substance use, they must be offered a referral to the county behavioral health plan for SUD assessment. The Member may decline this referral without impact to their mental health delivery system referral.
- A question related to connection to primary care. If a Member under the age of 21, or the person acting on their behalf, indicates that there is a gap in connection to primary care, they must be offered linkage to their MCP for a primary care 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 Member must be referred to the MCP or to the MHP for clinical assessment and Medically Necessary services. Detailed instructions for appropriate application of the scoring methodology are provided in the tools. MCPs must use the scoring methodology and adhere the referral determination generated by the score unless the MCP overrides the score consistent with guidance outlined in this APL. For all referrals, the Member must be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

Administering the Adult and Youth Screening Tools

⁸ If the Member, or the person acting on their behalf, responds affirmatively to the questions related to suicidality, self-harm and/or harm to others, the MCP must immediately coordinate a referral to an MCP Network Provider for further clinical evaluation of suicidality after the screening is complete. Referral coordination should include sharing the completed Youth Screening Tool and follow up to make sure an evaluation was rendered. The referral and subsequent evaluation may or may not impact the mental health system referral generated by the screening score.

MCPs are required to administer the Adult Screening Tool for all Members ages 21 years and older, who are not currently receiving mental health services, when they contact the MCP seeking mental health services. MCPs are required to administer the Youth Screening Tool for all Members under age 21, who are not currently receiving mental health services, when they, or a person acting on their behalf, contact the MCP seeking mental health services.⁹ Both Screening Tools are not required or intended for use with Members who are currently receiving mental health services. The Screening Tools are not required to be used when Members contact mental health Providers directly to seek mental health services.

In addition, the Screening Tools are not intended for use if a Practitioner refers a Member specifically to the MCP for NSMHS based on an understanding of the Member's needs and using their own clinical judgment. For example, MCPs may be contacted by individuals who have been referred by their Provider specifically for individual psychotherapy services. Providers are also encouraged to coordinate referrals to the other delivery system on behalf of members transitioning between delivery systems to streamline the process.

The Screening Tools may be administered by designated MCP staff, licensed or unlicensed, who are trained by the MCP to administer the Screening Tools in alignment with MCP protocols, and may be administered in a variety of ways, including in person, by telephone, or by video conference. Adult and Youth Screening Tool questions must be asked in full using the exact wording provided in the tool and in the exact order the questions appear in the tools, to the extent that the Member is able to respond.¹⁰ Additional questions cannot be added to the Screening Tools. The scoring methodologies within the Screening Tools must be used to determine an overall score for each screened Member. The score determines whether a Member is referred by the MCP to an MCP Provider or the MHP for assessment and Medically Necessary services. Please reference the Screening Tools for further instructions on how to administer each tool.¹¹

⁹ When administering the Youth Screening Tool for members ages 12 through 17, MCPs are required to follow consent standards for minors accessing outpatient mental health treatment or counseling through Medi-Cal as established in APL 24-019 or any superseding APL.

¹⁰ DHCS has provided translated versions of the Screening Tools available at: <https://www.dhcs.ca.gov/Pages/Screening-and-Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx>. MCPs may only deviate from the wording in the translated versions if they, or an entity on their behalf, have facilitated additional testing of translations in the local community that indicates the need for associated shifts in language to meet Member needs. For additional information on federal and state requirements regarding nondiscrimination, discrimination grievance procedures, language assistance, and communications with individuals with disabilities, please reference California Code of Regulations (CCR) Title 9 section 1810.410 and APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, or subsequent updates. The CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>.

¹¹ The term "clinicians," as used within the Adult and Youth Screening Tools when referencing referral instructions, are the Practitioner types defined in Supplement 3 to Attachment 3.1-A, pages 2h-2k in the California Medicaid State Plan as Practitioners of Rehabilitative Mental Health Treatment Services,

The Screening Tools are provided as portable document formats (PDFs). However, MCPs are not required to use the PDF format to administer the tools. MCPs may build the Screening Tools into existing software systems, such as electronic health records (EHRs). The contents of the Screening Tools, including the exact wording, the order of questions, and the scoring methodology must remain intact.¹²

Following Administration of the Adult and Youth Screening Tools

After administration of the Adult or Youth Screening Tool, a Member's score is generated. Based on their screening score, the Member must be referred by the MCP to the appropriate Medi-Cal mental health delivery system (i.e., either the MCP or the MHP) for a clinical assessment. MCPs may deviate from the referral determination generated by the Screening Tools only if an allowable Practitioner type overrides the score consistent with guidance outlined in this APL.¹³

If a Member is referred to an MCP based on the score generated by MHP administration of the Adult or Youth Screening Tool, the MCP must offer and provide a timely clinical assessment to the Member without requiring an additional screening and in alignment with existing standards as well as Medically Necessary mental health services.¹⁴

If a Member must be referred by the MCP to the MHP based on the score generated by the MCP's administration of the Adult or Youth Screening Tool, MCPs must coordinate Member referrals with MHPs or directly to MHP Practitioners delivering SMHS. MCPs may only refer directly to an MHP Practitioner of SMHS if P&Ps have been established and MOUs are in place with the MHP to facilitate timely clinical assessment with an appropriate in-Network Practitioner is made available to the Member. Referral coordination must include sharing the completed Adult or Youth Screening Tool and following up to facilitate timely clinical assessment for the Member. Members must be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

Override of the Screening Tool Score

available at: <https://www.dhcs.ca.gov/SPA/Documents/Supplement-3-to-Attachment-3-1-A.pdf> and the NSMHS: Psychiatric and Psychological Services manual, available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

¹² For a description of MHP responsibilities related to use of the Adult and Youth Screening Tools, please reference BHIN 25-020, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

¹³ "Allowable Practitioner type" in this instance refers to the specified Practitioners of NSMHS listed in the Override of the Screening Tool Score section of this APL. MCP staff who are not "allowable Practitioner types" must not override the Screening Tool score.

¹⁴ For information about timely access to services, please reference 42 Code of Federal Regulations (CFR) Part 438.206(c)(1), Availability of Services, and APL 23-001, Network Certification Requirements, or subsequent updates. The CFR is searchable at: <https://www.ecfr.gov/search>. Also see BHIN 23-060.

In certain circumstances as outlined below, the MCP may override the Screening Tool score when the result is inconsistent with the Member's clinical presentation (e.g., the Screening Tool does not capture the need for SMHS in Members who are unable to respond to the Screening Tool questions due to serious mental health symptoms). Administration of the Screening Tool can be completed by designated MCP staff, licensed or unlicensed. However, overriding the Screening Tool score must be conducted only by specified Practitioners of NSMHS.¹⁵ MCP Practitioner types that may override the Screening Tool score include Licensed Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Psychologists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, Licensed Physicians, and their waived, Registered, or Clinical Trainee counterparts. MCPs are responsible for ensuring that all Practitioners deliver services within their scope of practice under California law.¹⁶

The MCP Practitioner must provide their rationale and information supporting the rationale for overriding the Screening Tool score based on the following two options:

- Additional information was provided during the screening indicating a higher level of services than NSMHS is needed. The MCP should refer the Member to the MHP for a timely assessment.
- Additional information was provided during the screening indicating a lower level of services than SMHS is needed. The Member should be referred to their MCP so the MCP can coordinate a timely assessment.

MCPs must record overrides as well as the Practitioner's rationale through the MCP's preferred monitoring method (e.g., EHR, Excel spreadsheet, etc.) and share this information when referring a Member to the appropriate Medi-Cal mental health delivery system following the administration of the Screening Tool. Overrides of the Screening Tool are subject to auditing and MCPs must provide the records, including the override rationale, to DHCS upon request.

Transition of Care Tool for Medi-Cal Mental Health Services

The Transition of Care Tool for Medi-Cal Mental Health Services is intended to facilitate timely care coordination, in particular for Members who are receiving mental health services from one delivery system and when either: (1) their existing services are being transitioned to the other delivery system; or (2) services are being added to their 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) and described in APL 22-005 and BHIN 22-011 and continuity of care

¹⁵ NSMHS Practitioner types who are not listed in this section of the APL may not override the Screening Tool score.

¹⁶ For additional background and guidance on these Provider types, see NSMHS: Psychiatric and Psychological Services manual, available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

requirements described in MHSUDS IN 18-059 and APL 23-022, or subsequent updates. The Transition of Care Tool documents Member 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) MCP P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
- 2) MCP protocols that address clinically appropriate, timely, and equitable access to care.
- 3) MCP clinical assessments, level of care determinations and service recommendations.
- 4) MCP 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 Member's mental health needs and facilitate a referral for a transition of care to, or addition of services from, the Member's MCP or MHP as needed. The Transition of Care Tool documents the Member's information and referring Provider/Practitioner information. Members may be transitioned to their MCP or MHP for all, or a subset of, their mental health services based on their needs. The Transition of Care Tool is designed to be used for both adults and youth.¹⁷

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

- Referring plan contact information and care team
- Member demographics and contact information
- Member behavioral health diagnosis, cultural and linguistic requests, presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications
- Services requested and receiving plan contact 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

¹⁷ Following updates based on stakeholder feedback and beta and pilot testing 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.

MCPs are required to use the Transition of Care Tool to facilitate transitions of care to MHPs for all Members, including adults ages 21 years and older and youth under the age of 21, when their service needs change.¹⁸

The determination to transition services to and/or add services from the MHP delivery system must be made by a clinician via a patient-centered shared decision-making process in alignment with MCP protocols.¹⁹ Once a clinician has made the determination to transition care or refer for additional services, the Transition of Care Tool may be filled out by a clinician or a non-clinician. Members must be engaged in the process and appropriate consents must be 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.

The Transition of Care Tool is provided as a PDF document, but MCPs are not required to use the PDF format to complete the tool. MCPs may build the Transition of Care Tool into existing systems, such as EHRs. However, the contents of the Transition of Care Tool, including the exact wording and order of fields must remain intact.²⁰ The information must be collected and documented in the order it appears on the Transition of Care Tool, and additional information cannot 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. Please refer to the Transition of Care Tool for further instructions on how to complete the tool.²¹

Following Administration of the Transition of Care Tool

¹⁸ When administering the Transition of Care Tool for Members ages 12 through 17, MCPs are required to follow consent standards for minors accessing outpatient mental health treatment or counseling through Medi-Cal as established in APL 24-019 or any superseding APL.

¹⁹ The term “clinicians” within the Transition of Care Tool section of this APL are the Practitioner types listed on Supplement 3 to Attachment 3.1-A, pages 2h-2k in the California Medicaid State Plan as Practitioners of Rehabilitative Mental Health Services, available at:

<https://www.dhcs.ca.gov/SPA/Documents/Supplement-3-to-Attachment-3-1-A.pdf> and the NSMHS: Psychiatric and Psychological Services manual, available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

²⁰ 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. If DHCS has provided translated versions of the tools, MCPs may only deviate from the wording in those translated versions if they, or an entity on their behalf, have facilitated additional testing of translations in the local community that indicates the need for associated shifts in language to meet Member needs. For additional information on federal and state requirements regarding nondiscrimination, discrimination grievance procedures, language assistance, and communications with individuals with disabilities, please reference 9 CCR section 1810.410 and APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, or any superseding APL.

²¹ For a description of MHP responsibilities related to use of the Adult and Youth Transition of Care Tool, please reference BHIN 25-020, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

After the Transition of Care Tool is completed by the MCP, the Member must be referred to the MHP, or directly to an MHP Provider delivering SMHS if appropriate processes have been established in coordination with MHPs.²² Relatedly, after the Transition of Care Tool is completed by the MHP, the Member shall be referred to the MCP, or directly to an MCP Provider delivering NSMHS if appropriate processes have been established in coordination with the MCPs and referral is consistent with agreed-upon processes in accordance with their MOU.²³

Consistent with APL 22-005 and BHIN 22-011, or subsequent updates, MCPs must coordinate Member care services with MHPs to facilitate care transitions or addition of services, including ensuring that the referral process has been completed, the Member has been connected with a Provider in the new system, the new Provider accepts the care of the Member, and Medically Necessary services have been made available to the Member. All appropriate Member consents must be obtained in accordance with accepted standards of clinical practice.

Data and Information Sharing

Except where prohibited by law or regulation, MCPs and MHPs must share the minimum necessary data and information to facilitate referrals and coordinate care in accordance with their MCP Contract,²⁴ MOU, and applicable state laws, including W&I section 14184.102(j), which governs the exchange of health information among health care entities for the purposes of implementing CalAIM. MCPs and MHPs must have P&Ps for supporting the timely and frequent exchange of member information and data, including behavioral health and physical health data; for ensuring the confidentiality of exchanged information and data; and for obtaining Member consent, when required.²⁵

Documentation

DHCS intends to evaluate the CalAIM Screening and Transition of Care Tools for Medi-Cal Mental Health Services initiative over time to assess consistent application of the Screening and Transition of Care Tools and assess whether Members are receiving timely access to Medically Necessary care. As part of this process, DHCS may require additional reporting.

Compliance

²² An MCP may only refer directly to an MHP Provider of SMHS if the MCP has established P&Ps and an MOU with the MHP to ensure Medically Necessary services from an appropriate in-Network Provider are made available to the Member. For a description of the MOU MHPs and MCPs must enter into under the DHCS Contract, please reference APL 23-029, or any superseding APL.

²³ For more information, see APL 23-029, MOU requirements for Medi-Cal Managed Care Plans and Third-Party Entities.

²⁴ The boilerplate MCP Contract is available at:
<https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

²⁵ For more information, see APL 23-029, MOU Requirements for Medi-Cal Managed Care Plans and Third-Party Entities, or any superseding APL, and the MOU template.

MCPs have 90 days from the publish date of this APL to implement the updates to this guidance. This includes review and updates of its P&Ps to align with the requirements of this APL, provide additional training as needed, and monitor adherence to those requirements to comply with requirements for member access, continuity and coordination of care within 90 days from its release date.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to the Managed Care Operations Division (MCPD)-MCP Submission Portal²⁶ within 90 calendar days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must attach an attestation to the Portal within 90 days of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The attestation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all Subcontractors and Network Providers. DHCS may impose enforcement actions, including Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Network Provider and/or Subcontractor Agreements, including Division of Financial Responsibility provisions as appropriate, to ensure compliance with this APL. For additional information regarding enforcement actions, see APL 25-007, and any subsequent iterations on this topic. Any failure to meet the requirements of this APL may result in enforcement actions.

If you have any questions regarding this APL, please contact your MCPD Contract Manager.

Sincerely,

Bambi Cisneros

Bambi Cisneros, Acting Division Chief

Managed Care Quality and Monitoring Division

Assistant Deputy Director, Health Care Delivery Systems

²⁶ The MCPD-MCP Submission Portal is located at: <https://cadhcs.sharepoint.com/sites/MCPD-MCPSubmissionPortal/SitePages/Home.aspx>.