

DATE: June 3, 2025

Behavioral Health Information Notice (BHIN) No: 25-020  
Supersedes: [BHIN 22-065](#)

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: This Behavioral Health Information Notice (BHIN) provides guidance to Behavioral Health Plans (BHPs) 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.<sup>1</sup>

REFERENCE: Welfare and Institutions Code (W&I) [Section 14184.402](#), [BHIN 21-073](#), [BHIN 24-001](#), [BHIN 24-046](#), [BHIN 22-011](#), [BHIN 21-023](#), [BHIN 18-059](#), [APL 24-019](#), [APL 23-022](#), [APL 23-010](#), [APL 23-005](#), [APL 22-006](#), [APL 22-005](#)

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<sup>1</sup> 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.



#### 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 members receive timely, coordinated services across Medi-Cal mental health delivery systems and improve member health outcomes. The goal is to ensure member 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 Plan (MCP) or county Behavioral Health Plan (BHP<sup>2</sup> (previously referred to as Mental Health Plans)) that is expected to best support each member. DHCS requires MCPs and BHPs 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 BHP; or referred directly to a mental health delivery system by a practitioner<sup>3</sup> 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.<sup>4</sup> The Screening and Transition of Care Tools for Medi-Cal Mental Health Services consist of: <sup>5</sup>

- 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).

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 BHP seeking mental health services. The Screening Tools are not required or intended for use with members who are currently receiving mental health

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<sup>2</sup> In this context, “BHP” means the entity that holds the contract for specialty mental health services (SMHS) and includes either a “standalone” Mental Health Plan (MHP) contract, or an integrated SMHS/Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS) contract.

<sup>3</sup> The term “practitioner” is used when referring to individual practitioners while “provider” is used to refer to organizational provider entities.

<sup>4</sup> See W&I [section 14184.402](https://leginfo.ca.gov/faces/codes.xhtml). State law is searchable at <https://leginfo.ca.gov/faces/codes.xhtml>.

<sup>5</sup> 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>.

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 All Plan Letter (APL) [22-005](#) and [BHIN 22-011](#), or subsequent updates. In addition, the Screening Tools are not intended for use if a practitioner refers a member specifically to the BHP for SMHS based on an understanding of the member's needs and using their own clinical judgment. If a practitioner refers a member directly to the BHP for SMHS, the BHP 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 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 BHPs 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 BHP responsibilities and criteria for accessing SMHS, please reference [BHIN 21-073](#) and any forthcoming guidance criteria for Medi-Cal member access to SMHS, medical necessity, and other coverage requirements, or subsequent updates.<sup>6</sup>
- For a description of the current division of MCP and BHP responsibilities and criteria for accessing Non-Specialty Mental Health Services (NSMHS), please reference [APL 22-006](#) and any forthcoming guidance, Medi-Cal Managed Care Health Plan Responsibilities for NSMHS, or subsequent updates.<sup>7</sup>
- 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 Services

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<sup>6</sup> BHINs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-Health-Information-Notice-%28BHIN%29-Library.aspx>

<sup>7</sup> APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

Information Notice (MHSUDS IN) [18-059](#)<sup>8</sup> and [APL 23-022](#), 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 EPSDT for Medi-Cal Beneficiaries Under the Age of 21, or subsequent updates, and [APL 23-010](#), Responsibilities for Behavioral Health Treatment Coverage for Beneficiaries under the Age of 21, or subsequent updates.
- For a description of the Memorandum of Understanding (MOU) MCPs and BHPs must enter into as required under the DHCS contract, please reference [BHIN 23-056](#), MOU Requirements for MCPs and Medi-Cal Mental Health Plans, or subsequent updates, and [APL 23-029](#), MOU Requirements for MCPs and Third-Party Entities, 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.<sup>9</sup> 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. The requirements in this BHIN are effective as of the date of publication.

#### **POLICY:**

BHPs shall use the Screening and Transition of Care Tools for Medi-Cal Mental Health Services as set forth in this BHIN unless the member is currently receiving mental health services through the MCP or BHP; 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 BHIN outlines new policy guidance for BHPs 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 BHP for SMHS or the MCP for NSMHS.

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<sup>8</sup> Please note the components of [MHSUDS IN 18-059](#) that describe 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](https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx).

<sup>9</sup> Legislation is searchable at: <https://leginfo.legislature.ca.gov/faces/home.xhtml>

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

The Screening Tools shall be used by BHPs 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 BHP seeking mental health services. The Screening Tools are to be used to guide a referral by the BHP to the appropriate Medi-Cal mental health delivery system (i.e., MCP or BHP). The Adult Screening Tool shall only be used for members ages 21 and older. The Youth Screening Tool shall 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 BHP 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. BHPs shall 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 [BHIN 22-011](#) and [APL 22-005](#), or subsequent updates.

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

The Screening Tools do not replace:

- 1) BHP 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 BHP's emergency and crisis protocols shall be followed as medically necessary.
- 2) BHP protocols that address clinically appropriate, timely, and equitable access to care.
- 3) BHP clinical assessments, level of care determinations, and service recommendations.
- 4) BHP requirements to provide EPSDT services.

Completion of both Screening Tools is not considered an assessment. Once a member is referred to the MCP or BHP, they shall 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 needs to determine whether the BHP must refer the member to the MCP or to a BHP provider (county-operated or contracted) to receive an assessment. The Screening Tools include both 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.<sup>10</sup>

The Adult Screening Tool also includes questions related to substance use disorder (SUD). If a member responds affirmatively to these SUD related questions, they shall be offered a referral for SUD assessment via the county Drug Medi-Cal (DMC) delivery system/Drug Medi-Cal Organized Delivery System (DMC-ODS) program. The member may decline this referral without impact to their mental health delivery system referral.

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<sup>10</sup> If the member responds affirmatively to the question related to suicidality, the BHP must immediately coordinate referral to an BHP provider (county-operated or contracted) 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.

### **Description of the Youth Screening Tool**

The Youth Screening Tool includes screening questions designed to address a broad range of indicators for members under the age of 21. A distinct set of questions are provided for when a member under the age of 21 contacts the BHP on their own. A second set of questions with slightly modified language are provided for use when a person contacts the BHP 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.
- 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.<sup>11</sup>

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 shall be referred to the BHP for an assessment and medically necessary services. Please reference [BHIN 21-073](#) for additional details on SMHS access criteria and definitions of key terminology.
- A question related to substance use. If a member under the age of 21, or the person on their behalf, responds affirmatively to the question related to substance use, they shall be referred to the county behavioral health plan for SUD assessment. The member may decline this referral without impact to their

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<sup>11</sup> 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 BHP must immediately coordinate referral to an BHP provider (county-operated or contracted) 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.



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 shall 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 BHP for clinical assessment and medically necessary services. Detailed instructions for appropriate application of the scoring methodology are provided in the tools. BHPs shall use the scoring methodology and adhere to the referral determination generated by the score unless the BHP overrides the score consistent with guidance outlined in this BHIN. For all referrals, the member shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

#### Administering Adult and Youth Screening Tools

BHPs 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 BHP seeking mental health services.

BHPs 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 BHP seeking mental health services.<sup>12</sup>

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 BHP for SMHS based on an understanding of the member's needs and using their own clinical judgment. This is inclusive of county-owned and county-operated providers. For example, counties may have established referral pathways whereby schools or other service providers have already conducted some

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<sup>12</sup> When administering the Youth Screening Tool for members ages 12 through 17, BHPs are required to follow consent standards for minors accessing outpatient mental health treatment or counseling through Medi-Cal as established in [BHIN 24-046](#).



level of screening of a member who likely requires SMHS refer the member to the BHP. Providers are also encouraged to coordinate referrals to the other delivery system on behalf of members transitioning between systems to streamline the process.

The Screening Tools may be administered by designated BHP staff, licensed or unlicensed, who are trained by the BHP to administer the Screening Tools in alignment with BHP 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 shall be asked in full using the exact wording provided in the tools and in the exact order the questions appear in the tools, to the extent that the member is able to respond.<sup>13</sup> Additional questions shall not be added to the Screening Tools. The scoring methodologies within the Screening Tools shall be used to determine an overall score for each screened member. The score determines whether a member is referred by the BHP to a BHP provider or the MCP for assessment and medically necessary services. Please refer to the Screening Tools for further instructions on how to administer each tool.<sup>14</sup>

The Screening Tools are provided as portable document formats (PDFs). However, BHPs are not required to use the PDF format to administer the tools. BHPs 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 exact order of questions, and the scoring methodology shall remain intact.<sup>15</sup>

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<sup>13</sup> 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>. BHPs 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 cultural and linguistic requirements, please reference California Code of Regulations (CCR) [Title 9 section 1810.410](#) and [BHIN 20-070](#), Threshold Languages Data, or subsequent updates. The CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>.

<sup>14</sup> 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, available at: <https://www.dhcs.ca.gov/SPA/Documents/Supplement-3-to-Attachment-3-1-A.pdf>

<sup>15</sup> For a description of MCP responsibilities related to use of the Adult and Youth Screening Tools, please reference APL 25-010, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

### 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 shall be referred by the BHP to the appropriate Medi-Cal mental health delivery system (i.e., either the MCP or the BHP) for a clinical assessment. BHPs 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 BHIN.<sup>16</sup>

If a member is referred to an BHP based on the score generated by MCP administration of the Adult or Youth Screening Tool, the BHP 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.<sup>17</sup>

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

### Override of the Screening Tool Score

In certain circumstances as outlined below, the BHP may override the Screening Tool score when the result is inconsistent with the member's clinical presentation (e.g., the Screening Tool score 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).

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<sup>16</sup> "Allowable practitioner type" in this instance refers to the specified practitioners of SMHS listed in the "Override of the Screening Tool Score" section of this BHIN. BHP staff who are not "allowable practitioner types" shall not override the Screening Tool score.

<sup>17</sup> For information about timely access to services, please reference 42 Code of Federal Regulations (CFR) [Part 438.206\(c\)\(1\)](#), Availability of Services, and [BHIN 24-020](#), 2024 Network Certification Requirements for County MHPs and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans, or subsequent updates. For more information on "Timely Access Submission Requirements for Mental Health Plans" see [BHIN 23-060](#). The CFR is searchable at: <https://www.ecfr.gov/search>.

Administration of the Screening Tool can be completed by designated BHP staff, licensed or unlicensed. However, overriding the Screening Tool score shall only be conducted by specified practitioners of SMHS as defined in the State Plan.<sup>18</sup> BHP practitioner types that may override the Screening Tool score include Registered Nurses, Physician Assistants, Licensed Physicians, Licensed Psychologists, Licensed Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Occupational Therapists, and their waived, Registered, or Clinical Trainee counterparts. BHPs are responsible for ensuring that all practitioners deliver services within their scope of practice under California law.

The BHP practitioner shall provide their rationale and information supporting (e.g., EHR, excel spreadsheet, etc.) 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 BHP should refer the member to an SMHS practitioner 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.

BHPs must record overrides as well as the practitioner's rationale through the BHP'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 Tools are subject to auditing and BHPs must provide the records, including the override rationale (e.g., EHR, excel spreadsheet, etc.), 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 when either: (1) their existing services need to be transitioned to the other delivery system or (2) services need to be added to their existing mental health treatment from the other delivery system consistent with the No

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<sup>18</sup> For more information on SMHS practitioners as defined by the State Plan, please see Supplement 3 to Attachment 3.1-A, pages 2h-2k in the California Medicaid State Plan as practitioners of Rehabilitative Mental Health Treatment Services, available at: <https://www.dhcs.ca.gov/SPA/Documents/Supplement-3-to-Attachment-3-1-A.pdf>. SMHS practitioner types that are not listed in this section of the BHIN shall not override the Screening Tool score.

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](#) 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 BHP.

The Transition of Care Tool does not replace:

- 1) BHP P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
- 2) BHP protocols that address clinically appropriate, timely, and equitable access to care.
- 3) BHP clinical assessments, level of care determinations, and service recommendations.
- 4) BHP 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 BHP, 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 BHP 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.<sup>19</sup>

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.

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<sup>19</sup> 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.

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

BHPs are required to use the Transition of Care Tool to facilitate transitions of care to MCPs for all members, including adults ages 21 and older and youth under age 21, when their service needs change.<sup>20</sup>

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 BHP protocols.<sup>21</sup> 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 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.

The Transition of Care Tool is provided as a PDF document, but BHPs are not required to use the PDF format to complete the tool. BHPs 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 exact order of fields, shall remain intact.<sup>22</sup> 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

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<sup>20</sup> When administering the Transition of Care Tool for members ages 12 through 17, BHPs are required to follow consent standards for minors accessing outpatient mental health treatment or counseling through Medi-Cal as established in [BHIN 24-046](#).

<sup>21</sup> The term “clinicians” within the Transition of Care Tool section of this BHIN 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 (<https://www.dhcs.ca.gov/SPA/Documents/Supplement-3-to-Attachment-3-1-A.pdf>). Non-

clinicians may include administrative staff and others who do not meet the definition for clinician.  
<sup>22</sup> 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, BHPs 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 associate shifts in language to meet member needs. For additional information on cultural and linguistic requirements, please reference CCR [Title 9 section 1810.410](#) and [BHIN 20-070](#), Threshold Languages Data, or subsequent updates.

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.<sup>23</sup>

### Following Administration of the Transition of Care Tool

After the Transition of Care Tool is completed by the BHP, the member shall be referred to their MCP, or directly to an MCP provider delivering NSMHS if appropriate processes have been established in coordination with MCPs.<sup>24</sup> Relatedly, after the Transition of Care Tool is completed by the MCP, the member shall be referred to their BHP, or directly to a BHP provider delivering SMHS if appropriate processes have been established in coordination with BHPs and referral is consistent with agreed-upon processes in accordance with their MOU.<sup>25</sup>

Consistent with [BHIN 22-011](#) and [APL 22-005](#), or subsequent updates, BHPs shall coordinate member services with MCPs 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 and the new provider accepts the care of the member, and medically necessary services have been made available to the member. All appropriate member consents shall be obtained in accordance with accepted standards of clinical practice.

### **Data and Information Sharing:**

Except where prohibited by law or regulation, MCPs and BHPs must share the minimum necessary data and information to facilitate referrals and coordinate care in accordance with their MOU and applicable state laws, including WIC Section 14184.102(j) which governs the exchange of health information among health care entities for the purposes of implementing CalAIM. MCPs and BHPs must have P&Ps for supporting the timely and frequent exchange of member information and data, including behavioral health

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<sup>23</sup> For a description of MCP responsibilities related to use of the Adult and Youth Transition of Care Tool, please reference APL 25-010, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

<sup>24</sup> A BHP may only refer directly to an MCP provider of NSMHS if the BHP has established P&Ps and an MOU with the MCP to ensure timely, medically necessary services from an appropriate in-network provider are made available to the member. For a description of the MOU MCPs and BHPs must enter into under the DHCS contract, please reference [BHIN 23-056](#), or any superseding BHIN.

<sup>25</sup> For more information, see [BHIN 23-056](#) MOU Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans.

and physical health data; for ensuring the confidentiality of exchanged information and data; and for obtaining member consent, when required.<sup>26</sup>

**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:**

BHPs shall update its written P&Ps to align with the requirements of this BHIN, provide additional training as needed, and monitor adherence to those requirements to comply with requirements for member access, continuity and coordination of care.

Please direct any questions to [BHCalAIM@dhcs.ca.gov](mailto:BHCalAIM@dhcs.ca.gov).

Sincerely,

Original signed by

Ivan Bhardwaj, Chief  
Medi-Cal Behavioral Health – Policy Division

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<sup>26</sup> For more information, see [BHIN 23-056](#) MOU Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans and the [MOU template](#).