Screening & Transition of Care Tools

Technical Assistance Webinar

February 22, 2023

DHCS

Housekeeping

Participants are in listen only mode.

Please submit questions via the Q&A function.

Live closed captioning is available. Please find the link in the Chat.

The webinar slides will be posted to the DHCS CalAIM webpage soon.

Welcome & Introductions

- **Alexandria Simpson**, Medi-Cal Behavioral Health Policy Division, California Department of Health Care Services
- **Jesse Raynak**, Medi-Cal Behavioral Health Policy Division, California Department of Health Care Services

Agenda

- Background
- Lessons from Beta and Pilot Testing
- FAQs
- Next Steps
- Questions & Answers

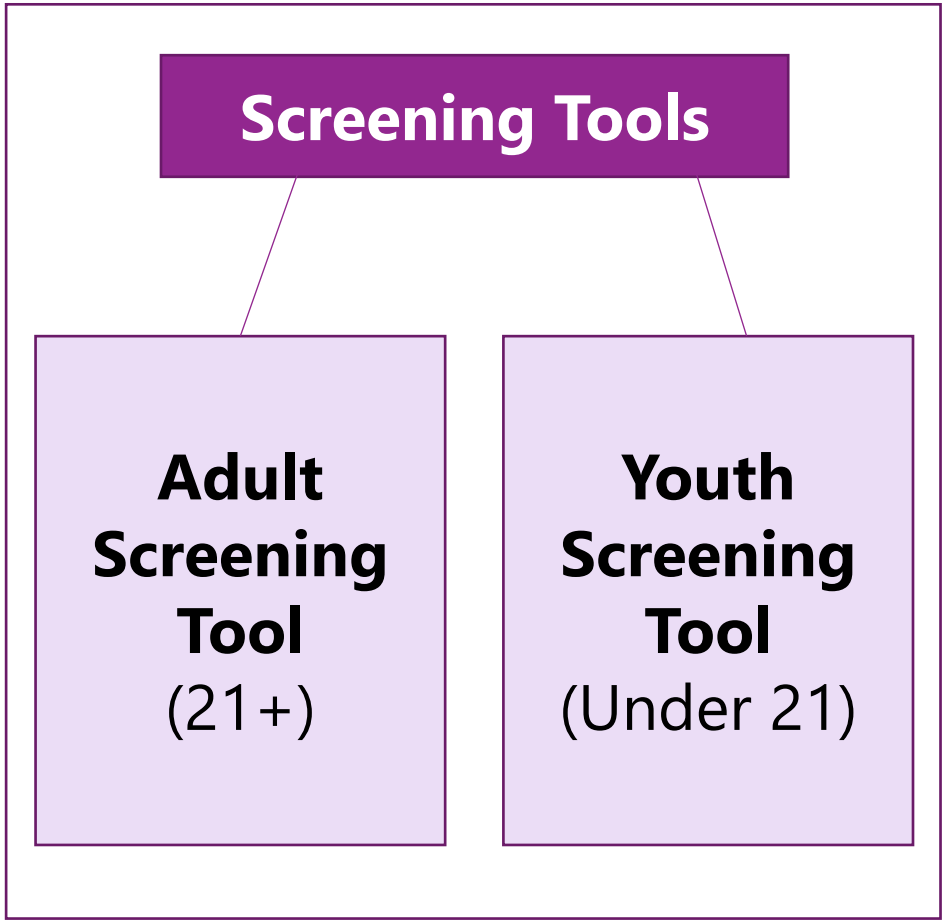
Background

- Previously, multiple mental health screening and transition tools were in use for Medi-Cal beneficiaries across the state, which led to inconsistencies around when and how beneficiaries were referred to county networks and managed care plan networks.
- To streamline this process and improve patient care, DHCS developed standardized Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

Statewide implementation of the initiative began on January 1, 2023.

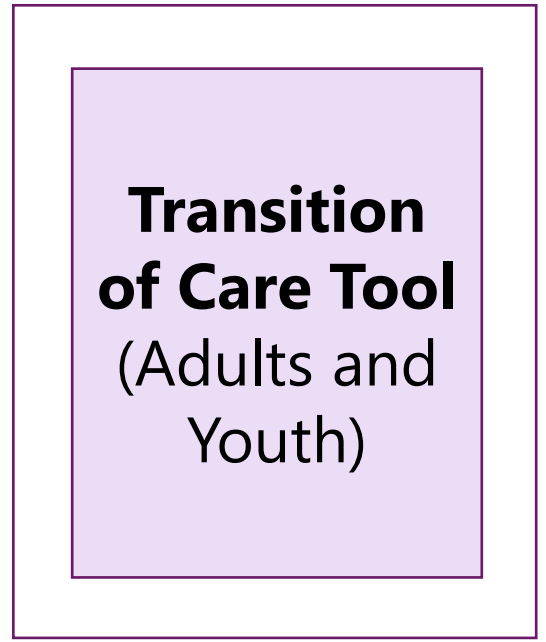
Adult and Youth Screening Tools for Medi-Cal Mental Health Services

- The Adult and Youth Screening Tools for Medi-Cal Mental Health Services determine the appropriate delivery system for beneficiaries who are not currently receiving mental health services when they contact the Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) seeking mental health services.
- Distinct Screening Tools have been developed for Adults ages 21 and over and Youth under age 21.



Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)

- The Transition of Care Tool for Medi-Cal Mental Health Services supports timely and coordinated care for individuals currently receiving mental health services. This tool is used when completing a transition of services to the other delivery system (i.e., MCP to MHP or MHP to MCP) or adding a service from the other delivery system.
- A single Transition of Care Tool has been developed for all beneficiaries, including Adults and Youth.



Final Guidance

In late December, DHCS released APL 22-028 and BHIN 22-065 to provide **aligned guidance** on Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

- Final Guidance:
  - Provides an overview of each tool;
  - Outlines when, how, and by whom the tools are required for use; and
  - Includes a link to the Screening and Transition of Care Tools for Medi-Cal Mental Health Services webpage, which provides the Adult Screening Tool, Youth Screening Tool, and Transition of Care Tool.

Screening Tools: Notable Requirements

When to Administer

- The Screening Tools are *required* for use by MCPs and MHPs when individuals contact the MCP or MHP seeking mental health services.
- The Screening Tools are *not required* for use:
  - With beneficiaries who are currently receiving mental health services, or
  - When individuals contact providers directly seeking mental health services.

How to Administer

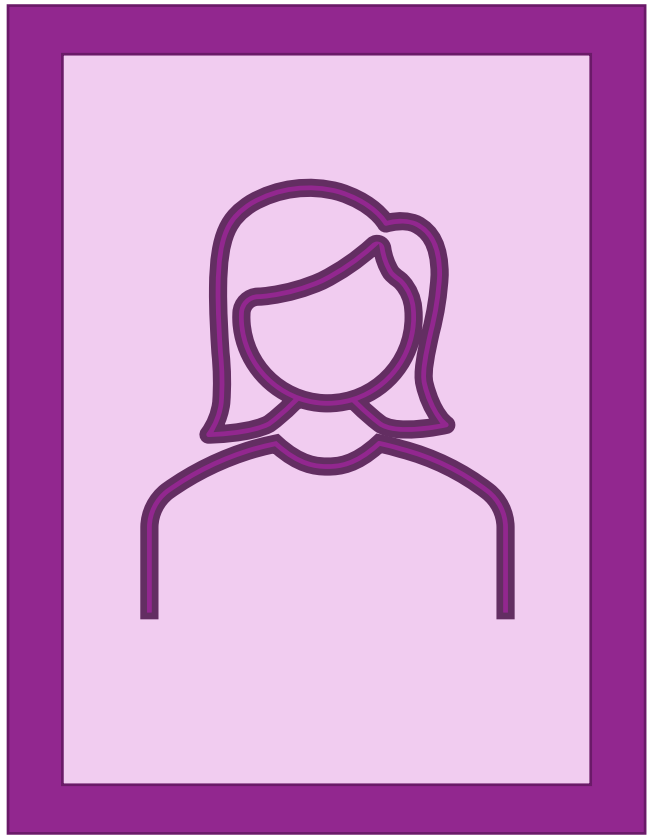
- The Screening Tools *can be* administered by clinicians or non-clinicians and in a variety of ways (e.g., by phone or in person) or formats (e.g., PDF or EHR).
- The specific order and wording of questions *cannot be* altered.

Screening Tools: Notable Requirements (continued)

Following Administration

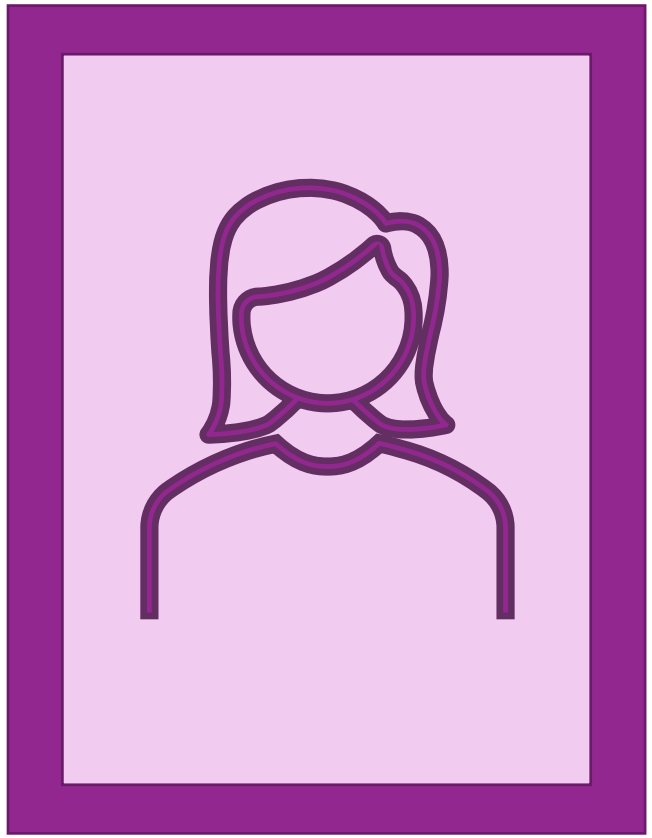
- After administration of the Screening Tools, individuals *must be* referred to the appropriate Medi-Cal mental health delivery system based on their score.
- Once an individual is referred to the MCP or MHP, they *must* receive a timely, clinical assessment and medically necessary services.
- MCPs and MHPs *must* coordinate to facilitate referrals.

Screening Tool Case Study: Carla



- Carla is 43 years old and recently moved to California. She is experiencing mental health challenges and would like to receive support.
- At the recommendation of her friend, she calls the number on the back of her Medi-Cal card.
- When she calls, she explains she is hoping to be connected to mental health services. The call center employee at her Managed Care Plan administers the Adult Screening Tool, explaining that the questions will determine the best place for her to receive a full assessment.

Screening Tool Case Study: Carla (continued)



- As Carla responds to the screening questions, the Managed Care Plan representative records her answers. Once complete, they tabulate Carla's total score.
- Carla has a total score of 6, indicating referral to the county Mental Health Plan. The Managed Care Plan representative explains the next steps to Carla and begins coordinating the referral.
- Once the referral has been made, the Managed Care Plan follows up with the county Mental Health Plan to ensure Carla has been offered an appointment for assessment.

Transition of Care Tool: Notable Requirements

When to Administer

- *Required* for use by MCPs and MHPs when an individual needs their care transitioned to or services added from the other mental health delivery system.
- *Not required* for use when referring an individual for services within the same delivery system.

How to Administer

- The determination to transition and/or add services *must be* made by a clinician.
- Once a determination is made, the Transition of Care Tool *can be* completed by clinicians or non-clinicians and in a variety of formats.
- The specific order and wording of fields *cannot be* altered.

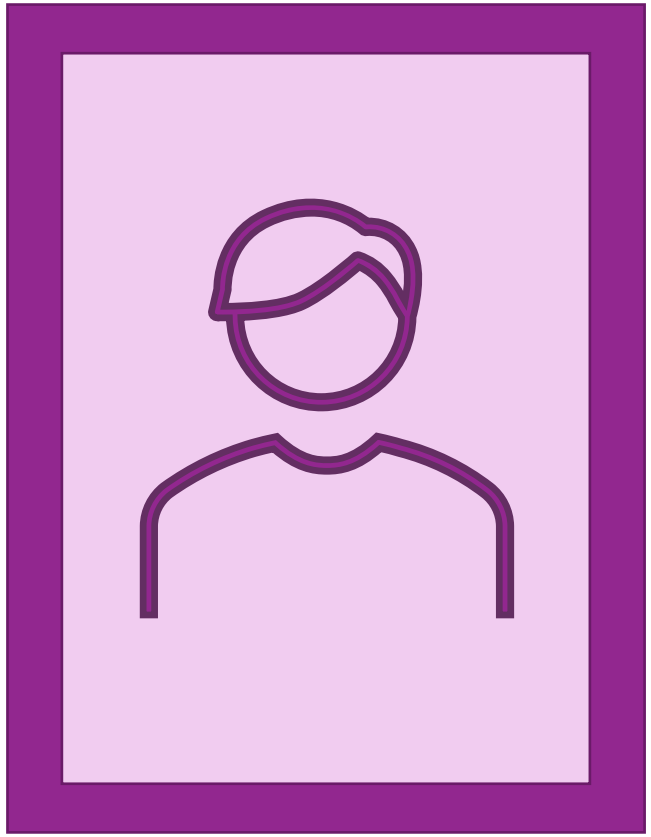
Transition of Care Tool: Notable Requirements (continued)

Following Administration

- After the Transition of Care Tool is completed, the individual *must be* referred to their MCP or MHP.
- MCPs and MHPs *must* coordinate to facilitate transitions of care and addition of services from the other delivery system to ensure the referral process has been completed.

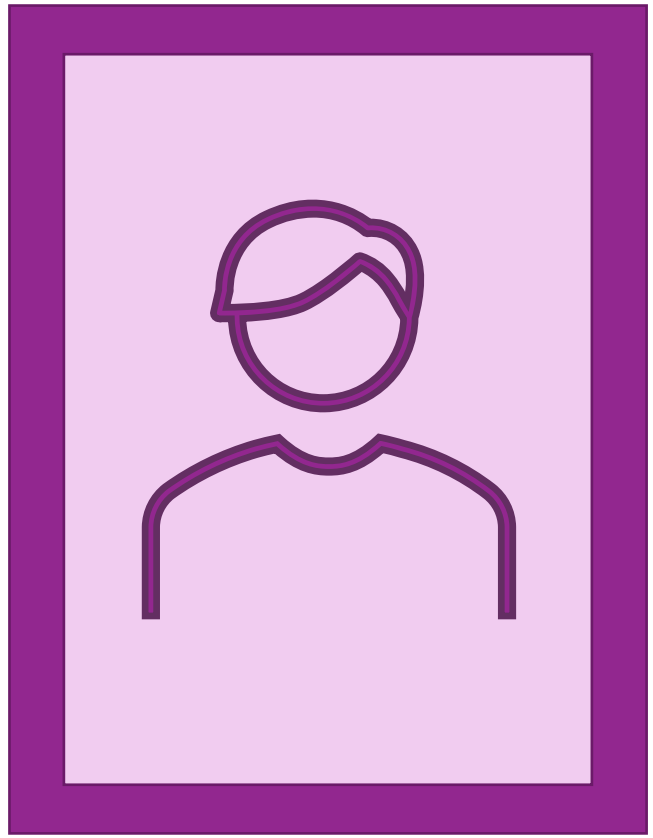
Transition of Care Tool Case Study: Mateo

- Mateo has been receiving day rehabilitation services and medication support from the county Mental Health Plan for several months and has made progress.
- His psychiatrist believes he no longer needs day rehabilitation services and would instead benefit from psychotherapy services from his Managed Care Plan. He discusses this idea with Mateo.
- Together, Mateo and his psychiatrist come to the decision that he will begin receiving psychotherapy services from the Managed Care Plan but will continue to get medication support from the county Mental Health Plan.



Transition of Care Tool Case Study: Mateo

- Following the conversation, Mateo's psychiatrist asks the care coordinator at his office to complete the Transition of Care Tool and refer Mateo to his Managed Care Plan for psychotherapy services.
- The care coordinator completes the tool and sends it to the Managed Care Plan as part of the referral, along with a few attachments that provide additional detail on Mateo's treatment history.
- The care coordinator follows up with the Managed Care Plan to ensure the referral process has been completed, Mateo has been connected with a provider, and psychotherapy services have been made available to him.



Development Process

The development process for the Screening and Transition of Care Tools involved robust testing and stakeholder input, including:

- **Working groups** to inform tool development and process
- **Beta testing** to refine tools before piloting on a larger scale
- **Pilot testing** to ensure statewide applicability
- **Field testing** to identify critical issues following updates
- **Public comment** periods to solicit additional feedback

Testing Periods

Beta Testing (4 weeks)	Pilot Testing (3 months)	Field Testing* (4 weeks)
» **Adult**: 9/7/21 – 10/8/21 » **Youth**: 2/22/22 – 3/18/22	» **Adult**: 3/1/22 – 5/31/22 » **Youth**: 6/20/22 – 8/16/22	» **Adult**: 9/6/22 – 10/3/22

* Field testing was conducted to identify critical issues following updates to the Adult Screening Tool as a result of changes made to the scoring methodology after pilot testing.

Highlights from Testing

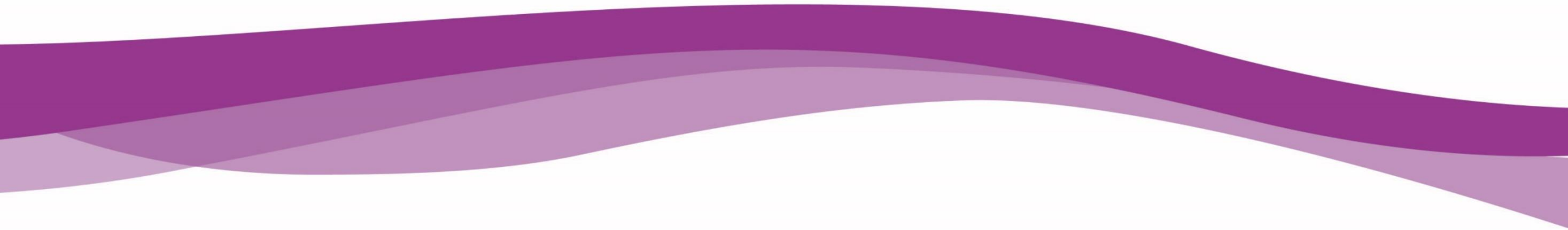
High beneficiary satisfaction

Able to be quickly administered

Appropriate for staff with varied training levels

Confidence in appropriateness of referrals

Lessons from Testing



Introductions

- **Susan Cozolino**, Health Program Analyst, LA County
- **Jennifer Hallman**, Quality Assurance Manager, LA County
- **Heena Hemani**, Behavioral Health Services Program Manager, Riverside University Health System
- **Arlene Ferrer**, County Programs Liaison, Inland Empire Health Plan
- **Rochelle Rucobo,** Supervisor, Behavioral Health Call Center, Inland Empire Health Plan

Los Angeles County Department of Mental Health (LACDMH)
Lessons from Testing – Staffing Models

- Youth Beta, Adult Pilot, and Youth Pilot Testing

- Screening Tools: Call Center agents & Officer of the Day practitioners
  - Notable Shifts for Implementation:
    - Identifying beneficiaries' MCPs
    - Clarifying evaluative process by 'clinician' when high risk items endorsed
    - Improving communication/coordination with MCPs
- Transition of Care Tool: Practitioners with client caseloads
  - Notable Shifts for Implementation:
    - Providing guidance on determining when existing clients may be ready to transition to lower level of care (non-SMHS)
    - Improving communication/coordination with MCPs

LACDMH
Lessons from Testing – Training

APPROACH

- Participation in the pilots – created draft trainings/workflows, recurring weekly/bi-monthly meetings with staff and MCPs to obtain feedback
- Recurring meetings w/ MCPs – standardized workflows, coordination of care, ongoing feedback
- Communicating/disseminating info and training to providers/call center supervisors via various webinars, meetings, virtual trainings, QA Bulletin, workflow document, and recorded PowerPoint trainings

LESSONS LEARNED

- Participating in pilots provided opportunities to get gradual feel for the tools' content/process; and ongoing communication with staff and MCPs enabled forums for feedback/dialogue/issues
- Communicating info via various methods allowed time and space for providers to ask questions/voice concerns
- PowerPoint recorded trainings provide flexibility and allow for tracking (Microsoft Forms – Quiz w/PowerAutomate)
- Additional steps/training – getting tools in eHR; creating report/widget to ensure closed loop for Transitions

LACDMH
Lessons from Testing – Coordination

APPROACH

- Recurring bi-monthly meetings w/MCPs since November 2022: developing standardized workflows, discussing methods to improve coordination between systems of care, and providing ongoing feedback

LESSONS LEARNED

- Coordination with MCPs has allowed for a healthy exchange of ideas / feedback
- Our 'Phase 1 workflow' clearly needs to improve – inefficiencies with warm transfers / needing to have MCP call ACCESS on client's behalf

RUHS Behavioral Health
Lessons from Testing – Staffing Models

- Adult Beta, Pilot & Field Testing
- Youth Beta & Pilot Testing

- Screening Tools: Peers, Case Managers, Therapists
  - Comfort level of non-clinicians and acceptance of County feedback on clinical and diagnostic wording
  - Removing the initial rubric which required more clinical analysis to score was beneficial. The simple yes or no scoring method helped the bachelor level staff feel more confident about their scoring and placement.
- Transition of Care Tool: Therapists
  - Receiving provider Level of Care agreement and trust.

RUHS Behavioral Health
Lessons from Testing – Training

APPROACH

- DHCS webinar training developed by DHCS, MCP, MHP
- Weekly team meetings, case specific discussions
- Oversight training support from classification leads

LESSONS LEARNED

- Success comes from practice
  - May need to adjust rate, volume, or tone of speech and/or repeat
  - Slow with impairment questions, bite sized
- Tips and caution points
  - Adult Screening Tool
  - Youth Screening Tool

RUHS Behavioral Health
Lessons from Testing – Coordination

APPROACH

- Weekly meetings with CARES and MHP supervisors if a referral was not processed within 72 hours/3 business days
- Real time communication within and across systems to ensure flow, and continuity of care
- Scoring methodology as frame of reference, consideration of timing of transitions

LESSONS LEARNED

- Referrals between MCP and MHP
  - Trust, Teamwork/Communication
  - Need for standard work flow
  - Identification of roles within and across delivery system on a macro level
  - Assignment of transition cases for ownership to follow up and close loop on a micro level
  - Training and retraining for all receiving and referring in both systems, new employees for consistency in transition of care model.

RUHS Behavioral Health
Lessons from Testing

- Used Integrated Referral System to exchange referral data and screening tools completed, which helped avoid duplication and supported completion of outreach efforts to the patient in a timely manner
- Formalized step up/step down protocols in coordination with MCP/MHP. Same platform works both ways
- No Wrong Door

Inland Empire Health Plan

Lessons from Pilot– Staffing Models

- Adult Pilot and Youth Pilot Testing

- IEHP selected the Behavioral Health Call Center to pilot the DHCS Screening Tool
  - All Call Center Representatives are Bachelor's Level Behavioral Health Specialists
  - Calls had longer than average handle times due to screen and manual upload of screening tool
- A select number of Behavioral Health Providers piloted the DHCS Transition of Care Tool
  - Provider support includes:
    - Training of the Provider's by a Bachelor's level Provider Service Representatives
    - In-depth training of the Transition of Care Tools and DHCS requirements by our Bachelor's level Behavioral Health County Liaison Specialists
  - We had few IEHP Providers that utilized and submitted the DHCS Transition Tool for Member transitions

Lessons from Pilot – Training for Implementation (Screening)

APPROACH

- Launched a Department wide training for those who may interact with a first-time caller for Behavioral Health Services

LESSONS LEARNED

- Key Takeaways:
  - An adjustment period is needed
  - Changes/process updates will need to be developed as the process evolves
- What worked well:
  - Hands on training for Team Members
- What will change/need further attention:
  - Develop a process to auto populate member info to help eliminate human error
  - Develop an automated process to refer Member's for identified care needs

Lessons from Testing – Training for Implementation (Transition)

APPROACH

- IEHP established a workgroup with our internal departments that will be impacted with APL 22-028
- Multiple meetings with County Mental Health Plans were established to:
  - Develop an agreed upon workflow for referring Members to and from each other's health care systems
  - Develop a process to ensure that Members were offered an assessment

LESSONS LEARNED

- Key takeaways:
  - Open Communication with County Mental Health Plans is imperative
- What worked well:
  - Established an agreed upon system in sending and receiving referrals
- What will change/need further attention:
  - Develop a standard interdepartmental processes to share information seamlessly and quickly.
  - Develop an automated process of ensuring that Member is offered an assessment, within a standardized timeframe

Inland Empire Health Plan

Lessons from Testing-Pilot Outcomes

Pilot Outcomes:

- **84.5%** of Members screened remained in Managed Care Plan Network
- **15.5%** of Members were referred to the County Mental Health Plan

RUHS - PILOT

1st Adult Pilot

Date	# Met Criteria for MHP	Total # of Screenings Conducted
Sep-21	1	31
Oct-21	0	1
Totals:	1	32

2nd Adult Pilot

Date	# Met Criteria for MHP	Total # of Screenings Conducted
Mar-22	0	17
Apr-22	0	13
May-22	0	5
Jun-22	0	0
Jul-22	0	0
Aug-22	0	0
Sep-22	2	6
Totals:	2	41

Youth Pilot

Date	# Met Criteria for MHP	Total # of Screenings Conducted
Jul-22	1	3
Aug-22	0	10
Sep-22	1	3
Total:	2	16

Total # Met Criteria for MHP **RUHS** Pilot:	Total # of Screenings for **RUHS** Pilot:
5	89

SBDBH - PILOT

Adult Pilot

Date	# Met Criteria for MHP	Total # of Screenings Conducted
Sep-22	1	3
Oct-22	0	1
Total:	1	4

Total # Met Criteria for MHP for **SBDBH** Pilot:	Total # of Screenings for **SBDBH** Pilot:
1	4

Total # Met Criteria for MHP for **All** Pilots:	Total # of Screenings for **All** Pilots:
6	93

Frequently Asked Questions

Frequently Asked Question

Q: Are the Screening Tools intended to function as assessments to determine medically necessary services?

- **A:** No. The Screening Tools are not assessments and do not replace assessments. The Screening Tools identify initial indicators for the mental health needs of an individual who is not currently receiving mental health services. The Screening Tools determine whether an individual should be referred to the MCP or MHP to receive an assessment. Once the Screening Tool has been administered, the individual will be referred to the appropriate Medi-Cal mental health delivery system for a clinical assessment.

Frequently Asked Question

Q: Do the Screening Tools address substance use disorder service needs?

- **A:** The primary purpose of the Screening Tools is to identify the most appropriate Medi-Cal mental health delivery system when a beneficiary is not currently receiving mental health services. The Screening Tools include questions related to substance use disorder (SUD) that do not impact the screening score but require a referral for SUD assessment if an individual responds affirmatively. If an individual responds affirmatively to an SUD question, the MCP or MHP must offer a referral to the county behavioral health plan for SUD assessment in addition to completing the Screening Tool and making an appropriate mental health delivery system referral. The beneficiary may decline the referral for SUD assessment without impact to their mental health delivery system referral.

Frequently Asked Question

Q: Who is required to use the Screening Tools?

- **A:** MCPs and MHPs are required to use the Screening Tools as outlined in APL 22-028 and BHIN 22-065. The Screening Tools are not required for use by mental health providers (or other community providers) when individuals contact them directly to seek mental health services. Mental health providers who are contacted directly by beneficiaries 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 BHIN 22-011.

Frequently Asked Question

Q: Are MCPs and MHPs required to use the Screening Tools with everyone who contacts them for any purpose?

- **A:** No. MCPs and MHPs are only required to use the Screening Tools when individuals who are not currently receiving mental health services from either Medi-Cal mental health delivery system contact them to seek mental health services. The Screening Tools are not required for use with individuals who are currently receiving mental health services or individuals who contact the MCP or MHP for purposes other than to seek mental health services. Additionally, the Screening Tools do not replace MCP or MHP policies and procedures that address urgent or emergency care needs. If an individual is in crisis or experiencing a psychiatric emergency, the MCP or MHP should follow their emergency and crisis protocols.

Frequently Asked Question

Q: Can questions/fields be added to the Screening and Transition of Care Tools and/or can the tools be integrated with existing tools?

- **A:** No. Questions/fields may not be added to, or removed from, the Screening Tools or Transition of Care Tool. Further, the specific wording and ordering of the questions/fields in the tools must remain intact and the scoring methodology for the Screening Tools may not be altered. MCP or MHP processes that follow administration of the tools and do not alter these components of the tools, such as asking questions to coordinate referrals, are allowable.

Frequently Asked Question

Q: Are MCPs and MHPs allowed to re-screen individuals if they feel they were not scored appropriately?

- **A:** No. Once an individual is referred to an MCP or MHP after using the Screening Tools, the receiving MCP or MHP may not re-screen individuals. If an individual is referred to an MCP or MHP based on the score generated by administration of the Screening Tool, the MCP or MHP must ensure the individual receives timely access to care, including a timely clinical assessment in alignment with existing standards and medically necessary services.

Frequently Asked Question

Q: How soon after receiving a referral from the other delivery system must MCPs and MHPs offer an appointment for clinical assessment?

- **A:** In accordance with AB 205, plans must comply with the appointment time standards pursuant to Section 1300.67.2.2 of Title 28 of the California Code of Regulations (CCR), as well as the standards set forth in contracts between DHCS and plans. Appointment time standards begin from the time of the initial request for health care services by an enrollee or the enrollee's treating provider. If one Medi-Cal mental health delivery system (i.e., the MCP or MHP) is referring an individual to the other mental health delivery system based on their screening score, appointment time standards would begin the day the MCP or MHP receives the referral.

Next Steps

Next Steps

- Additional Technical Assistance
  - March TA Webinar
    - Address stakeholder questions
    - Provide updates on post-implementation activities
  - FAQs will be available on the DHCS website
- MHP P&Ps due March 1
- MCP P&Ps due March 27

Q&A

Questions?

- If you have additional questions, please e-mail DHCS at: BHCalAIM@dhcs.ca.gov and/or MCQMD@dhcs.ca.gov
  - Subject Line “Screening and Transition of Care Tools”

Thank You

DHCS