

Screening & Transition of Care Tools

Informational Webinar

July 28, 2022

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

- » Ivan Bhardwaj
- » Alexandria Simpson

Agenda

- » Background & Overview
- » Draft Guidance for Adult Screening & Transition of Care Tools
- » Timeline Review
- » Questions & Next Steps



Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

Public Health Emergency (PHE) Unwinding

» Phase One: Encourage Beneficiaries to Update Contact Information

- » **Launch immediately.**

- » Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices

- » Post flyers in provider/clinic offices, social media, call scripts, website banners.

» Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!

- » **Launch 60 days prior to COVID-19 PHE termination.**

- » Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Background

- » Currently, multiple mental health screening and transition tools are in use for Medi-Cal beneficiaries across the state, which can lead to inconsistencies around when and how beneficiaries are referred to county mental health plan networks and managed care networks.

CalAIM seeks to streamline this process and improve patient care by creating standardized statewide Screening and Transition of Care Tools for both adults and individuals under 21 years (youth).

Background (continued)

- » Distinct Screening Tools and Transition of Care Tools are being developed for adults (individuals age 21 and over) and youth (individuals under age 21).
- » Tools are designed for use by Managed Care Plans (MCPs) and Mental Health Plans (MHPs).

Statewide implementation of adult and youth Screening and Transition of Care Tools occurs January 1, 2023.

Overview

- » The **Screening Tool** recommends the appropriate delivery system for beneficiaries newly seeking an assessment of mental health needs and services.
- » The **Transition of Care Tool** supports timely and coordinated care when adding a service from the other delivery system or completing a transition of services to the other delivery system.

Together, the tools ensure beneficiaries have access to the right care, in the right place, at the right time.

Development Process

The development process for both adult and youth screening and transition of care tools has included 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
- » **Public comment** periods to solicit additional feedback

Development of Adult Tools



DHCS convened a working group comprised of MCP and MHP representatives in Spring 2021 to create initial drafts of the adult tools.

Beta testing was conducted for 4 weeks by an MCP/MHP pair in Fall 2021.

DHCS, in consultation with the working group, updated the tools in response to beta testing results and stakeholder feedback in Winter 2021/22.

Pilot testing was conducted for 3 months by 4 MCP/MHP pairs in Spring 2022.

DHCS updated the tools in response to pilot testing results and released draft guidance, along with draft tools for public comment in Summer 2022.

Draft Guidance

- » DHCS is drafting aligned All Plan Letters (APL) and Behavioral Health Information Notices (BHIN) to provide guidance to MCPs and MHPs on screening and transition tool implementation.
- » Distinct APLs/BHINs will be released for the adult tools and youth tools. Draft guidance for the adult tools is currently out for public comment.
- » Guidance provides an overview of each tool and outlines when, how, and by whom the tools are required for use.

Adult Screening Tool

- » **The tool identifies initial indicators of beneficiary needs to determine a referral to either the beneficiary's MCP or MHP for a clinical assessment and medically necessary mental health services.**

Adult Screening Tool: Scope

The Adult Screening Tool does not:

- Replace MCP or MHP policies and procedures that address urgent or emergency care needs.
- Replace MCP or MHP clinical assessments, level of care determinations and service recommendations.
- Replace MCP or MHP protocols that address clinically appropriate and equitable access to care.

The Adult Screening Tool is not an assessment.

Once a beneficiary is referred to the appropriate delivery system, they must receive an assessment to determine necessary services.

Adult Screening Tool: Requirement for Use

- » MCPs and MHPs must administer the Adult Screening Tool for all beneficiaries age 21 and older who are newly seeking mental health services.
- » The Adult Screening Tool is not required for use with beneficiaries who are already receiving mental health services or whose mental health needs have been clinically assessed.

Adult Screening Tool: Questions

» The Adult Screening Tool includes 16 screening questions that are intended to elicit information about the following:



Clinical Complexity



Life Circumstances



Risk

Adult Screening Tool: Scoring Methodology

- » The Adult Screening Tool also includes a scoring methodology with a formula for referral determination that is calculated based on a beneficiary's responses to the questions.
- » MCPs and MHPs must use the scoring methodology and follow the referral determination generated by the score.
- » Detailed instructions are provided in the tool.


Adult Screening Tool: Format

- » The Adult Screening Tool will be provided as a PDF document. However, MCPs and MHPs are not required to use the PDF format to administer the tool.
- » MCPs and MHPs may build the Adult Screening Tool into existing software systems, such as electronic health records. However, the contents of tool must remain intact, including:
 - » Specific wording of questions;
 - » Number and order of questions (additional questions may not be added); and
 - » Scoring methodology.


Adult Screening Tool: Administration

- » The Adult Screening Tool can be administered by clinicians or non-clinicians and may be administered in a variety of ways, including in-person, by telephone, by video conference, or through other virtual means.
- » Adult Screening Tool questions must be asked using the specific wording provided in the tool and in the specific order the questions appear in the tool.

Adult Screening Tool: Referral Process



After the administration of the Adult Screening Tool, the beneficiary must be referred to their MCP or MHP based on their score.



Once a beneficiary is referred to their MCP or MHP, they must receive a timely clinical assessment and medically necessary services.



MCPs and MHPs must coordinate beneficiary referrals, including follow up to ensure an assessment has been rendered.

Adult Transition of Care Tool

- » **The Adult Transition of Care Tool is intended to ensure beneficiaries age 21 and older, who are only receiving mental health services from one delivery system, receive timely and coordinated care when:**
- 1. Their existing services are being fully transitioned to the other delivery system, or**
 - 2. Services are being added from the other delivery system to their existing care plan.**

Adult Transition of Care Tool: Scope

The Adult Transition of Care Tool does not:

- Replace MCP or MHP policies and procedures that address urgent or emergency care needs.
- Replace MCP or MHP clinical assessments, level of care determinations and service recommendations.
- Replace MCP or MHP protocols that address clinically appropriate and equitable access to care.

The Adult Transition of Care Tool is not an assessment.

The tool is used to document a beneficiary's mental health needs and facilitate a referral to the beneficiary's MCP or MHP.

Adult Transition of Care Tool: Requirement for Use

- » MCPs and MHPs are required to use the Adult Transition of Care Tool to facilitate transitions of care to the other delivery system for beneficiaries age 21 and older when their service needs change.
- » The Transition of Care Tool is to be used once a clinician has made the determination to transfer services to, or add services from, the other delivery system and received consent from the beneficiary.

Adult Transition of Care Tool: Contents

- » The Adult Transition of Care Tool includes a transition of care or service referral request form (referral request form)
- » The referral request form has specific fields to document:
 - » Referring plan and care team
 - » Member demographics
 - » Member presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications
 - » Services requested
- » Referring entities may provide additional documentation, such as care plans and medication lists, as attachments

Adult Transition of Care Tool: Format

- » The Adult Transition of Care Tool will be provided as a PDF document. However, MCPs and MHPs are not required to use the PDF format to administer the tool.
- » MCPs and MHPs may build the Adult Transition of Care Tool into existing software systems, such as electronic health records.
- » However, the contents of the tool must remain intact, including:
 - » Specific wording;
 - » Fields (additional information cannot be added to the form but may be included as attachments); and
 - » Order of fields.


Adult Transition of Care Tool: Administration

- » The determination to transition and/or add services from the other delivery system must be made by a clinician.
- » However, the referral request form may be completed by a clinician or a non-clinician.
- » Beneficiaries must be engaged in the process and appropriate consents must be obtained prior to the transition/service referral.

Adult Transition of Care Tool: Referral Process



After the Adult Transition of Care Tool is completed, the beneficiary must be referred to their MCP or MHP.



MCPs and MHPs must coordinate beneficiary services to facilitate care changes and transitions, including ensuring that the referral loop is closed, and the new provider accepts the care of the patient.

Upcoming Milestones: Adult Tools

Summer 2022

- **Public Comment** period for adult BHIN and APL

Fall 2022

- Incorporate stakeholder feedback and **finalize guidance and tools**
- Provide **technical assistance**

Winter 2022

- Provide **technical assistance**
- **Statewide go-live January 1, 2023**

Upcoming Milestones: Youth Tools

Summer 2022

- **Pilot** youth tools for 3 months, from 6/20/22 to 9/16/22

Fall 2022

- **Revise** youth tools based on key findings from pilot
- **Public Comment** period for youth BHIN and APL
- Provide **technical assistance**

Winter 2022

- Incorporate stakeholder feedback and **finalize guidance and tools**
- Provide **technical assistance**
- **Statewide go-live January 1, 2023**

Connecting the Dots

- » **Access Criteria for SMHS** ([BHIN 21-073](#))
- » **No Wrong Door** ([BHIN 22-011](#))
- » **Behavioral Health Quality Improvement Program (BHQIP)**
([BHIN 21-074](#))

Next Steps

- » On July 15 DHCS released the draft Adult Screening and Transition of Care Tools BHIN and APL for public comment.
- » Please send written comments to BHCalAIM@dhcs.ca.gov (MHPs) or dhcs_pmmb@dhcs.ca.gov (MCPs) by **Friday, July 29.**



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"

The background features a purple-tinted image of a stethoscope on a surface, overlaid with a white line graph on a grid. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The text 'Thank You' is centered in white.

Thank You