



Screening & Transition of Care Tools

Technical Assistance Webinar

November 3, 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

- » **Jesse Raynak**, MSW, Medi-Cal Behavioral Health Division, California Department of Health Care Services

Agenda

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- » Draft Guidance for Adult & Youth Screening & Transition of Care Tools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



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 networks and managed care plan networks.

CalAIM seeks to streamline this process and improve patient care by creating standardized statewide Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

Background (continued)

» **Adult and Youth Screening Tools for Medi-Cal Mental Health**

Services: Distinct Screening Tools are being developed for Adults ages 21 and over and Youth under age 21.

» **Transition of Care Tool for Medi-Cal Mental Health Services:** A single Transition of Care Tool is being developed for all beneficiaries, including Adults and Youth.

» The 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 Tools** determine the appropriate delivery system for beneficiaries who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services.
- » The **Transition of Care Tool** supports timely and coordinated care when completing a transition of services to the other delivery system or adding a service from 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 the Screening and Transition of Care Tools has 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** (as needed) to identify critical issues following updates
- » **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**.

Field testing was conducted for 4 weeks by 2 MCP/MHP pairs in Fall 2022. DHCS updated the Adult Screening tool in response to field testing results.

Development of Youth Tools



DHCS drafted youth tools in response to a landscape analysis conducted by the RAND Corporation and released for stakeholder review in Winter 2022.

DHCS, in consultation with the working group, incorporated stakeholder feedback into the draft youth screening and transition of care tools.

Beta testing was conducted for 4 weeks by an MCP/MHP pair in Spring 2022.

DHCS updated the tools in response to beta testing results and released the tools for **public comment in Spring 2022**.

Pilot testing was conducted for 3 months by 7 MCP/MHP pairs in Summer 2022. DHCS updated the tools in response to Pilot results.

Draft Guidance

- » DHCS has released a draft All Plan Letter (APL) and Behavioral Health Information Notice (BHIN) to provide aligned guidance to MCPs and MHPs on Adult and Youth Screening and Transition of Care Tools implementation.
- » Guidance provides an overview of each tool and outlines when, how, and by whom the tools are required for use.

Key Updates

Current guidance includes several updates, in response to stakeholder feedback received through public comment and the Youth Pilot:

- » **One aligned APL/BHIN** that includes both Adult and Youth guidance
- » **One Transition of Care Tool**, specifically the “Transition of Care Tool for Medical Mental Health Services,” to be administered for both Adults and Youth
- » **Updated language to clarify requirements** and expectations regarding:
 - » When to administer the tools
 - » Who can administer the tools
 - » Referrals
 - » Existing requirements, including continuity of care, timely access to care, and beneficiary engagement and consent

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

- » The Adult Screening Tool and Youth Screening Tool identify 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.

Screening Tools: Scope

The Adult and Youth Screening Tools do not replace:

- MCP or MHP policies and procedures that address urgent or emergency care needs.
- MCP or MHP protocols that address clinically appropriate, timely, and equitable access to care.
- MCP or MHP clinical assessments, level of care determinations and service recommendations.
- MCP or MHP requirements to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

The Adult and Youth Screening Tools are not an assessment.

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

Screening Tools: Requirements for Use

- » MCPs and MHPs must administer the **Adult Screening Tool** for all beneficiaries ages 21 and older, who are not currently receiving mental health services, when they contact the MCP or MHP seeking mental health services.
- » MCPs and MHPs must administer the **Youth Screening Tool** for all beneficiaries under age 21, who are not currently receiving mental health services, when they, or an adult on their behalf, contact the 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 who contact mental health providers directly to seek mental health services.

Adult Screening Tool: Questions

» The Adult Screening Tool includes 14 screening questions that are intended to elicit information about the following:



Clinical Complexity



Life Circumstances



Risk

Youth Screening Tool: Questions

» The Youth Screening Tool includes 23 screening questions that are intended to elicit information about the following:



Safety



Life Circumstances



System Involvement



Risk

- » Notably, there are two versions of the Youth Screening Tool.
- » One version is provided for when a youth is reaching out on their own.
 - » The other is provided for when an adult is reaching out on behalf of the youth.

Screening Tools: Scoring Methodology

- » The Adult Screening Tool and Youth Screening Tool each include a scoring methodology with a formula for referral determination to the beneficiary's MCP or the MHP for clinical assessment.
- » MCPs and MHPs must use the scoring methodologies and follow the referral determination generated by the score.
- » Detailed instructions are provided in the tools.

Screening Tools: Format

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

Frequently Asked Question

Q: Will DHCS be providing translated versions of the Screening Tools? If not, will plans be allowed to modify wording in order to translate the tool?

» **A:** DHCS intends to translate the final Screening Tools into Spanish and other threshold languages. Given this process will take some time, deviation from the specific wording of the tools is allowable as part of translation into another language if DHCS has not yet provided a translated version of the tool in that language.

Screening Tools: Administration


- » The Screening Tools 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.
- » Questions from the Screening Tools must be asked using the specific wording provided in the tools and in the specific order the questions appear in the tools.

Frequently Asked Question


Q: What does DHCS mean by “clinician?” Does this refer to Licensed mental health professionals?

» **A:** For the purposes of this BHIN, clinicians are the following provider types defined in the State Plan: licensed mental health professionals, waived/registered, waived professionals, or individuals providing services under the direction of a licensed mental health professional. Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition for clinician.

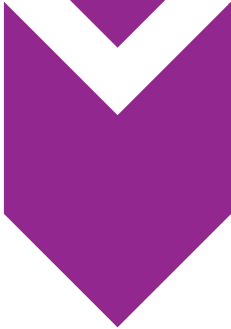
Screening Tools: Referral Process



After administration of the Screening Tools, the beneficiary must be referred to the appropriate Medi-Cal mental health delivery system based on their score (i.e., MCP or MHP).



Once a beneficiary is referred to their MCP or MHP (or directly to a provider in the MCP or MHP network) 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 offered and rendered.

Transition of Care Tool for Medi-Cal Mental Health Services

- » The Transition of Care Tool is intended to ensure that beneficiaries who are receiving mental health services from one delivery system, receive timely and coordinated care when either:
1. Their existing services are being transitioned to the other delivery system, or
 2. Services are being added from the other delivery system to their existing mental health treatment.

Transition of Care Tool: Scope

The Transition of Care Tool does not replace:

- MCP or MHP policies and procedures that address urgent or emergency care needs.
- MCP or MHP protocols that address clinically appropriate, timely, and equitable access to care.
- MCP or MHP clinical assessments, level of care determinations and service recommendations.
- MCP or MHP requirements to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

The Transition of Care Tool is not an assessment.

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

Transition of Care Tool: Requirement for Use

- » MCPs and MHPs are required to use the Transition of Care Tool to facilitate transitions of care to the other delivery system for all beneficiaries, including Adults ages 21 and older and Youth under age 21, when their service needs change.
- » The determination to transition services to and/or add services from the other delivery system must be made by a clinician in alignment with MCP/MHP protocols.

Transition of Care Tool: Contents

- » The Transition of Care Tool is designed to leverage existing clinical information to document a beneficiary's mental health needs and facilitate a transition of care or service referral.
- » The Transition of Care Tool has specific fields to document:
 - » Referring plan and care team
 - » Beneficiary demographics and contact information
 - » Beneficiary presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications
 - » Services requested and destination plan information
- » Referring entities may provide additional documentation, such as care plans and medication lists, as attachments.


Transition of Care Tool: Format

- » The 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 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 (except when providing translation); and
 - » Order of fields.

Transition of Care Tool: Administration

- » The determination to transition and/or add services from the other delivery system must be made by a clinician in alignment with MCP/MHP protocols.
- » Once a clinician has made the determination to transition care or refer for services, the Transition of Care Tool may be filled out by a clinician or non-clinician.
- » Beneficiaries must be engaged in the process and appropriate consents must be obtained prior to the transition/service referral.

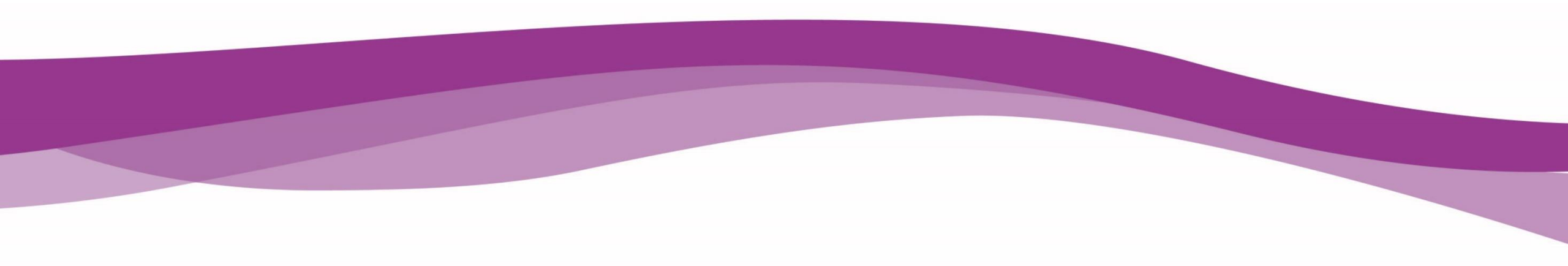
Transition of Care Tool: Referral Process



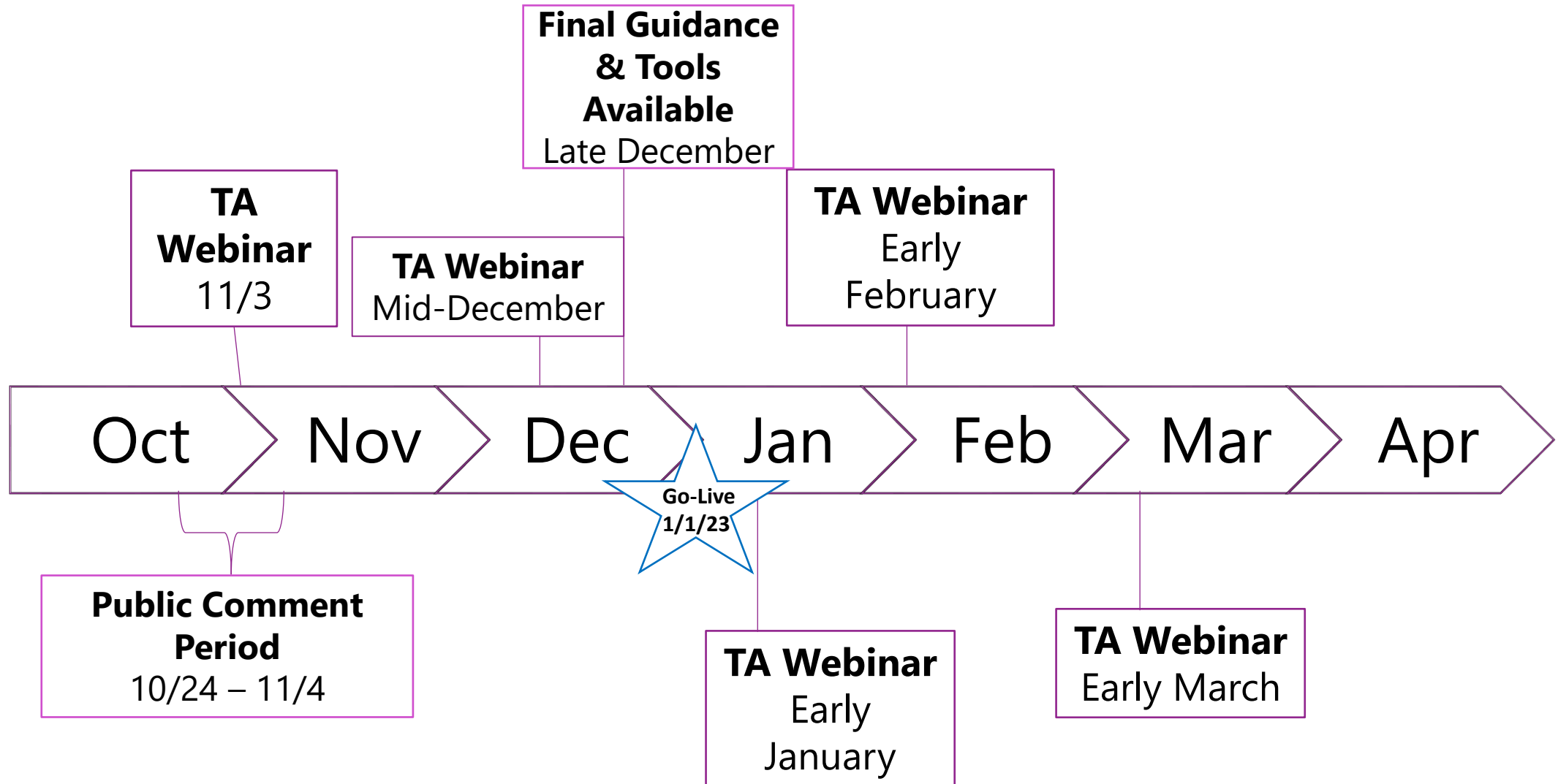
After the Transition of Care Tool is completed, the beneficiary must be referred to their MCP or MHP (or directly to a provider in the MCP or MHP network).

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.

Timelines & Next Steps



Milestones & Technical Assistance



*dates subject to change

Objectives for Upcoming TA

- » Review expectations for launch and implementation considerations
- » Review final tools and guidance
- » Provide updates on post-implementation activities
- » Address stakeholder questions

Next Steps

- » On October 24, DHCS released the draft Screening and Transition of Care Tools APL and BHIN for public comment.
- » Please send written comments to BHCalAIM@dhcs.ca.gov (MHPs) or dhcs_pmmb@dhcs.ca.gov (MCPs) by **Friday, November 4th.**



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 desk next to a line graph. 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