State of California—Health and Human Services Agency
Department of Health Care Services

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DATE: December 27, 2022

ALL PLAN LETTER 22-028

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

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

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCP) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth Members to the appropriate Medi-Cal mental health delivery system, and ensure that Members requiring transition between delivery systems receive timely coordinated care.[1]

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 Medi-Cal 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 guide referrals to the Medi-Cal mental health delivery system (i.e., MCP or county Mental Health Plan (MHP)) that is expected to best support each Member. DHCS is requiring MCPs and MHPs to use the Screening and Transition of Care Tools for Members under age 21 (youth) and for Members age 21 and over (adults).[2] The Screening and Transition of Care Tools for Medi-Cal Mental Health Services consist of:

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[1] Subdivision (i) of Welfare and Institutions Code (WIC) section 14184.402 authorizes the Department to issue this guidance by bulletin. State law is searchable at: https://leginfo.legislature.ca.gov/faces/codes.xhtml
[2] See WIC section 14184.402. State law is searchable at: https://leginfo.legislature.ca.gov/faces/codes.xhtml

- The Adult Screening Tool for Medi-Cal Mental Health Services.[3]
- The Youth Screening Tool for Medi-Cal Mental Health Services.[3]
- The Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth).[3]

The Adult and Youth Screening Tools for Medi-Cal Mental Health Services (hereafter referred to as Screening Tools) determine the appropriate mental health delivery system referral for Members who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services. The Screening Tools are not required or intended for use with Members who are currently receiving mental health services. The Screening Tools are also not required for use with Members who contact mental health providers directly to seek mental health services. Mental health providers who are contacted directly by Members seeking mental health services are able to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in APL 22-005 and Behavioral Health Information Notice (BHIN) 22-011, No Wrong Door for Mental Health Services Policy, or subsequent updates.

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

MCPs and MHPs should reference the following information notices and APLs (and updates) to inform their implementation of the Screening and Transition of Care Tools:
- For a description of the current division of MCP and MHP responsibilities and criteria for accessing Specialty Mental Health Services (SMHS), please reference BHIN 21-073, Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements, or subsequent updates.[4]
- For a description of the division of MCP and MHP responsibilities and criteria for accessing Non-Specialty Mental Health Services (NSMHS), please reference

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[3] 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

[4] BHINs are searchable at: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-Health-Information-Notice-%28BHIN%29-Library.aspx

> APL 22-006, Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services, or subsequent updates.[5]

- For a description of the No Wrong Door Policy, please reference BHIN 22-011 and APL 22-005, No Wrong Door for Mental Health Services Policy, or subsequent updates.
- For a description of Continuity of Care requirements for Medi-Cal Members, please reference Mental Health and Substance Use Disorder Information Notice (MHSUDS IN) 18-059[6] and APL 18-008, or subsequent updates.
- For a description of coverage requirements for Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT), please reference APL 19-010, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21, or subsequent updates, and APL 19-014, Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21, or subsequent updates.

Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021) implements various components of the CalAIM initiatives.[7] The requirements outlined below, as authorized in WIC section 14184.402(h)(1)-(2), are effective January 1, 2023. DHCS BHIN 22-065, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services, provides guidance instructing MHPs to implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services by January 1, 2023.

POLICY:

Effective January 1, 2023, MCPs must implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

Adult and Youth Screening Tools for Medi-Cal Mental Health Services
The Adult and Youth Screening Tools for Medi-Cal Mental Health Services must be used by MCPs when a Member, or a person on behalf of a Member under age 21, who is not currently receiving mental health services, contacts the MCP seeking mental health services. The tools are to be used to guide a referral by the MCP to the appropriate Medi-Cal mental health delivery system (i.e., MCP or MHP). The Adult Screening Tool must be used for Members age 21 and older. The Youth Screening Tool must be used for Members under age 21. The Adult and Youth Screening Tools identify

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[5] APLs are searchable at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
[6] Please note the components of MHSUDS IN 18-059 that reference SMHS medical necessity criteria have been superseded by BHIN 21-073, which amends medical necessity criteria to align with WIC section 14059.5.
[7] Legislation is searchable at: https://leginfo.legislature.ca.gov/

initial indicators of Member needs in order to make a determination for referral to either the Member's MCP for a clinical assessment and medically necessary NSMHS or the MHP for a clinical assessment and medically necessary SMHS.

The Adult and Youth Screening Tools are not required to be used when Members contact mental health providers directly to seek mental health services. MCPs must allow contracted mental health providers who are contacted directly by Members seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in APL 22-005, No Wrong Door for Mental Health Services Policy, or subsequent updates.

The Adult and Youth Screening Tools do not replace:
1) MCP policies and procedures (P&P) that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
2) MCP protocols that address clinically appropriate, timely, and equitable access to care.
3) MCP clinical assessments, level of care determinations and service recommendations.
4) MCP requirements to provide EPSDT services.

Completion of the Adult or Youth Screening Tool is not considered an assessment. Once a Member is referred to the MCP or MHP, they must receive an assessment from a Provider in that system to determine medically necessary mental health services.

Description of the Adult and Youth Screening Tools
The Adult and Youth Screening Tools are designed to capture information necessary for identification of initial indicators of a Member's mental health needs for the purpose of determining whether the MCP must refer the Member to an MCP Network Provider or the MHP to receive an assessment. The Adult and Youth Screening Tools include both screening questions and an associated scoring methodology. The screening questions and associated scoring methodology of the Adult and Youth 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 treatments 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.[8]

The Adult Screening Tool also includes questions related to substance use disorder (SUD). If a Member responds affirmatively to these SUD questions, they must be offered a referral to the county behavioral health plan for SUD assessment. The Member may decline this referral without impact to their mental health delivery system referral.

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 when a Member under the age of 21 is contacting the MHP on their own. A second set of questions with slightly modified language is provided for use when a person is contacting the MCP on behalf of a Member under the age of 21. The Youth Screening Tool screening questions are intended to elicit information about the following:

1) **Safety:** information about whether the Member needs immediate attention and the reason(s) a Member is seeking services.
2) **System Involvement:** information about whether the Member is currently receiving treatment and if they have been involved in foster care, child welfare services, or the juvenile justice system.
3) **Life Circumstances:** information about challenges the Member may be experiencing related to family support, school, work, relationships, housing, or other life circumstances.

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

4) **Risk:** information about suicidality, self-harm, harm to others, and hospitalizations.[9]

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 on their behalf, responds affirmatively to the questions related to SMHS access criteria, they must be referred to the MHP for an assessment and medically necessary services. Please reference BHIN 21-073 for additional detail on SMHS criteria and definitions of key terminology.
- A question related to substance use. If a Member under the age of 21, or the person on their behalf, responds affirmatively to the question related to substance use, they must be offered a referral to the county behavioral health plan for SUD assessment. The Member may decline this referral without impact to their mental health delivery system referral.
- A question related to connection to primary care. If a Member under the age of 21, or the person on their behalf, indicates that there is a gap in connection to primary care, they must be offered linkage to their MCP for a primary care visit.

Based on responses to the screening tool questions, the Adult Screening Tool and the Youth Screening Tool each include a scoring methodology to determine whether the Member must be referred to the MCP or to the MHP for clinical assessment and medically necessary services. Detailed instructions for appropriate application of the scoring methodology are provided in the tools. MCPs must use the scoring methodology and follow the referral determination generated by the score. For all referrals, the Member must be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

Administering the Adult and Youth Screening Tools
MCPs are required to administer the Adult Screening Tool for all Members age 21 and older, who are not currently receiving mental health services, when they contact the MCP to seek mental health services. MCPs are required to administer the Youth Screening Tool for all Members under age 21, who are not currently receiving mental

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

health services, when they, or a person on their behalf, contact the MCP to seek mental health services. The Adult and Youth Screening Tools are not required or intended for use with Members who are currently receiving mental health services. The Adult and Youth Screening Tools are not required to be used when Members contact mental health providers directly to seek mental health services. MCPs must allow contracted mental health providers who are contacted directly by Members seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in APL 22-005, No Wrong Door for Mental Health Services Policy, or subsequent updates.

The Adult and Youth Screening Tools can be administered by clinicians or non-clinicians in alignment with MCP protocols, and may be administered in a variety of ways, including in person, by telephone, or by video conference.[10] Adult and Youth Screening Tool questions must be asked in full using the specific wording provided in the tool and in the specific order the questions appear in the tools, to the extent that the Member is able to respond.[11] Additional questions cannot be added to the tool. The scoring methodologies within the Adult and Youth Screening Tools must be used to determine an overall score for each screened Member. The Adult and Youth Screening Tool score determines whether a Member is referred to their MCP or the MHP for assessment and medically necessary services. Please reference the Adult and Youth Screening Tools for further instructions on how to administer each tool.

The Adult and Youth Screening Tools are provided as portable document formats (PDFs); however, MCPs are not required to use the PDF format to administer the tools. MCPs may build the Adult and Youth Screening Tools into existing software systems,

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[10] For the purposes of this APL, clinicians are the provider types defined on Supplement 3 to Attachment 3.1-A, pages 2m-2p in the California Medicaid State Plan as providers of Rehabilitative Mental Health Services (https://www.dhcs.ca.gov/Documents/Att-3-1-A-Supp-3-5-5-22.pdf). Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition for clinician.

[11] Deviation from the specific wording of screening questions is allowable as part of translation into another language if DHCS has not yet provided translated versions of the tools in that language. If DHCS has provided translated versions of the tools, MCPs may only deviate from the wording in those translated versions if they, or an entity on their behalf, have facilitated additional testing of translations in the local community that indicates the need for associated shifts in language to meet beneficiary needs. For additional information on federal and state requirements regarding nondiscrimination, discrimination grievance procedures, language assistance, and communications with individuals with disabilities, please reference California Code of Regulations (CCR) Title 9 section 1810.410 and APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, or subsequent updates.

such as electronic health records (EHRs). The contents of the Adult and Youth Screening Tools, including the specific wording, the order of questions, and the scoring methodology must remain intact.[12]

Following Administration of the Adult and Youth Screening Tools
After administration of the Adult or Youth Screening Tool, a Member's score is generated. Based on their screening score the Member must be referred to the appropriate Medi-Cal Mental Health delivery system (i.e., either the MCP or the MHP) for a clinical assessment.

If a Member is referred to an MCP based on the score generated by MHP administration of the Adult or Youth Screening Tool, the MCP must offer and provide a timely clinical assessment to the Member without requiring an additional screening in alignment with existing standards as well as medically necessary mental health services. [13]

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

The Adult and Youth Screening Tools must not replace MCP protocols for emergencies or urgent and emergent crisis referrals. For instance, if a Member is in crisis or experiencing a psychiatric emergency, the MCP's emergency and crisis protocols must be followed.

Transition of Care Tool for Medi-Cal Mental Health Services
The Transition of Care Tool for Medi-Cal Mental Health Services is intended to ensure that Members who are receiving mental health services from one delivery system receive timely and coordinated care when either: (1) their existing services are being

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[12] For a description of MHP responsibilities related to use of the Adult and Youth Screening Tools, please reference Draft BHIN 22-065, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

[13] For information about timely access to services, please reference 42 C.F.R. Part 438.206(c)(1), Availability of Services, and APL 21-006, Network Certification Requirements, or subsequent updates.

transitioned to the other delivery system; or (2) services are being added to their existing mental health treatment from the other delivery system consistent with the No Wrong Door policies regarding concurrent treatment set forth in WIC section 14184.402(f) and described in APL 22-005 and BHIN 22-011 and continuity of care requirements described in MHSUDS IN 18-059[14] and APL 18-008, or subsequent updates. The Transition of Care Tool documents Member needs for a transition of care referral, or a service referral, to the MCP or MHP.

The Transition of Care Tool <u>does not replace</u>:
1) MCP P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
2) MCP protocols that address clinically appropriate, timely, and equitable access to care.
3) MCP clinical assessments, level of care determinations and service recommendations.
4) MCP requirements to provide EPSDT services.

Completion of the Transition of Care Tool is not considered an assessment.

<u>Description of Transition of Care Tool</u>
The Transition of Care Tool is designed to leverage existing clinical information to document a Member's mental health needs and facilitate a referral for a transition of care to, or addition of services from the Member's MCP or MHP as needed. The Transition of Care Tool documents the Member's information and referring Provider information. Members may be transitioned to their MCP or MHP for all, or a subset of, their mental health services based on their needs. The Transition of Care Tool is designed to be used for both adults and youth alike.[15]

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.

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[14] Please note the components of MHSUDS IN 18-059 that reference SMHS medical necessity criteria have been superseded by BHIN 21-073, which amends medical necessity criteria to align with WIC section 14059.5.
[15] 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.

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

Referring entities may provide additional documentation, such as medical history reviews, care plans, and medication lists, as attachments to Transition of Care Tool.

<u>Administering the Transition of Care Tool</u>
MCPs are required to use the Transition of Care Tool to facilitate transitions of care to MHPs for all Members, including adults age 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 MHP delivery system must be made by a clinician via a patient-centered shared decision-making process in alignment with MCP protocols.[16] Once a clinician has made the determination to transition care or refer for additional services, the Transition of Care Tool may be filled out by a clinician or a non-clinician. Members must be engaged in the process and appropriate consents must be obtained in accordance with accepted standards of clinical practice. The Transition of Care Tool may be completed in a variety of ways, including in person, by telephone, or by video conference.

The Transition of Care Tool is provided as a PDF document, but MCPs are not required to use the PDF format to complete the tool. MCPs may build the Transition of Care Tool into existing systems, such as EHRs. However, the contents of the Transition of Care Tool, including the specific wording and order of fields must remain intact.[17] The information must be collected and documented in the order it appears on the Transition

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[16] For the purposes of this APL, clinicians are the provider types listed on Supplement 3 to Attachment 3.1-A, pages 2m-2p in the California Medicaid State Plan as providers of Rehabilitative Mental Health Services (https://www.dhcs.ca.gov/Documents/Att-3-1-A-Supp-3-5-5-22.pdf). Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition for clinician.

[17] Deviation from the specific wording of transition of care tool fields is allowable as part of translation into another language if DHCS has not yet provided a translated version of the tool in that language. If DHCS has provided translated versions of the tools, MCPs may only deviate from the wording in those translated versions if they, or an entity on their behalf, have facilitated additional testing of translations in the local community that indicates the need for associated shifts in language to meet beneficiary needs. For additional information on federal and state requirements regarding nondiscrimination, discrimination grievance procedures, language assistance, and communications with individuals with disabilities, please reference CCR Title 9 section 1810.410 and APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, or subsequent updates.

of Care Tool, and additional information cannot not be added to the form, but may be included as attachments. Additional information enclosed with the Transition of Care Tool may include documentation such as medical history reviews, care plans, and medication lists. Please refer to the Transition of Care Tool for further instructions on how to complete the tool.[18]

Following Administration of the Transition of Care Tool
After the Transition of Care Tool is completed, the Member must be referred to the MHP, or directly to an MHP provider delivering SMHS if appropriate processes have been established in coordination with MHPs.[19] Consistent with APL 22-005 and BHIN 22-011, or subsequent updates, MCPs must coordinate Member care services with MHPs to facilitate care transitions or addition of services, including ensuring that the referral process has been completed, the Member has been connected with a Provider in the new system, the new Provider accepts the care of the Member, and medically necessary services have been made available to the Member. All appropriate consents must be obtained in accordance with accepted standards of clinical practice.

Documentation
DHCS intends to evaluate the CalAIM Screening and Transition of Care Tools for Medi-Cal Mental Health Services initiative over time to ensure Members are receiving timely access to medically necessary care. As part of this process, additional reporting may be requested.

Compliance
MCPs must implement the Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services effective January 1, 2023. The requirements contained in this APL will necessitate a change in MCPs' contractually required P&Ps. MCPs must submit their updated P&Ps to their Managed Care Operations Division (MCOD) Contract manager within 90 days of the release of this APL.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract

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[18] For a description of MHP responsibilities related to use of the Adult and Youth Transition of Care Tool, please reference Draft BHIN 22-065, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.
[19] An MCP may only refer directly to an MHP provider of SMHS if the MCP has established policies and procedures and an MOU with the MHP to ensure medically necessary services from an appropriate in-network provider are made available to the Member.

requirements, and other DHCS guidance, including APLs and Policy Letters.[20] These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

For any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

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[20] For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.