

## List of Medi-Cal Assessments and Screenings

Assessments								
Name	Type: Assessment or Screening	Required Timeframe	Required Frequency	Tool Source	Who is responsible: PCP, Plan, Both or Other (If other, who?)	Where data lives?	Required for all aid codes? If no, who is it required for?	Policy Letters (APL, IN, PPL, etc)
<b>Initial Health Assessment (IHA)</b>	Clinical Assessment	Regulations do not list a timeframe.  Contract lists 120 days of MCP enrollment	None specified	No specific tool; comprehensive physical exam, medical history and IHEBA (see below)	MCP responsible to ensure completion by PCP (MD/DO or NMP)	PCP office (medical record)	Yes	PL 08-003 Initial Comprehensive Health Assessment  Lists required components of the IHA Incorporates age-specific IHEBA requirement Also requires plans to adhere to: USPSTF A&B recommendations; AAP guidelines & periodicity schedule for under 21; ACOG standards & guidelines for pregnant women
<b>Individual Health Education Behavioral Assessment (IHEBA)</b>	Behavioral Risk Assessment	Contract lists 120 days: all new Members complete the IHEBA within 120 calendar days of enrollment as part of the initial health assessment	The IHEBA is re-administered by the PCP at the appropriate age-intervals utilized by the Staying Healthy Assessment (SHA) (0-3 years, 4-8 years, 9-11 years, 12-17 years, and 18 years and older). This should occur at the patient's first scheduled health screening exam upon changing into the next age group.  Every 3-5 years for adults.	The SHA is a form of IHEBA developed by DHCS that MCPs/providers may use; MCPs and/or providers may develop their own IHEBA and use w/DHCS review and approval	MCP responsible to ensure completion by PCP (member may fill out IHEBA or be assisted by non-clinical staff, but PCP must review w/member)	PCP office (medical record)	Yes	PL 13-001 Requirements for the Staying Healthy Assessment/Individual Health Education Behavioral Assessment  DHCS developed the SHA, a type of IHEBA. It outlines the different assessments depending on the age ranges.  APL 13-017 Staying Healthy Assessment/Individual Health Education Behavioral Assessment for Enrollees From Low-Income Health Program (LIHP).  Requires MCPs to conduct the IHEBA for the LIHP beneficiaries transitioning into Medi-Cal managed care on January 1, 2014.

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HIF/MET	Risk Assessment	<p>Sent at enrollment</p> <p><b>Per federal requirement:</b> best effort to conduct initial screening of enrollee needs w/in 90 days of enrollment</p> <p><b>Per APL,</b> initial risk stratification w/in 44 days of enrollment using HIF/MET data if available; two follow-ups by phone w/in 90 days of enrollment to attempt collection of the HIF/MET</p>	<p>Upon MCP enrollment only</p> <p>MCPs must have mechanism to share HIF/MET results with new MCP</p>	DHCS developed a sample form	Mailed to member by MCP	MCP	Yes	<p>APL 17-013: Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities (Supersedes PL 14-005)</p> <p>* Addresses SPD requirements; refers to "utilization of HIF/MET data (when it exists)"; First PL to include HIF/MET was 12-004.</p>
Health Risk Assessment	Risk Assessment	<p>W&amp;I Code § 14182 requires within 45 days for high risk; 105 days for low risk members which is consistent with APL 17-013 for SPDs</p> <p>W&amp;I Code § 14182.17 does not specify a timeframe, the directive provided by DPL 17-001 is Within 45 days for high risk; 90 days for low risk duals</p>	<p>For SPDs, W&amp;I Code §14182 allows the MCPs to determine the timeframes for reassessment and, if necessary, circumstances or conditions that require redetermination of risk level based on the initial assessment.</p> <p>For Duals, DPL 17-001 requires reassessments to be conducted at least annually, within 12 months of completing the last HRA, or as often as the health and/or functional status of the enrollee requires. The W&amp;I Code § 14182.17 authorizes the department to set the reassessment timeframe.</p>	MCP developed	MCP	MCP	SPDs (17-013) and Duals (DPL 17-001) only	<p>APL 17-013 Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities Provides guidance on HRA processes for Medi-Cal Seniors and Persons with Disabilities (SPDs)</p> <p>DPL 17-001 Health Risk Assessment and Risk Stratification Requirements for Cal MediConnect (Duals Demonstration Project) Provides guidance on HRA processes that are participating in the Duals Demonstration Project</p>

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<b>Pediatric Health Risk Assessment</b>	Risk Assessment	<b>New Members / Newly CCS-Eligible Members</b> ALL: Risk stratification within 45 days of enrollment (includes use of existing assessments or survey data)  HIGH RISK: • Assessment within 90 days of enrollment • Development of ICP within 90 days of completed assessment  LOW RISK: • Assessment within 120 calendar days.	<b>Per APL 18-011:</b>  Reassess annually at CCS eligibility redetermination or upon change in condition.	Minimum or baseline tool in development by DHCS; can be modified by MCPs	MCP	MCP	For CCS eligible children younger than 21 yoa in the 5 Whole Child Model (WCM) MCPs	APL 18-011: California Children's Services Whole Child Model Program  Contains details on time frames, requirements, and methods for completing risk stratification, risk assessments, and ICPs (when applicable)
<b>Health Action Plan (HAP) for Health Homes Program (HHP)</b>	Individualized Care Plan (part of Comprehensive Care Management service)	Within 90 days of enrollment into the Health Homes Program	As needed based on member's health status	Required elements are described in the HHP Program Guide. The MCP or the MCP-contracted HHP provider (Community Based Care Management Entities - CBCME) develop the tool based on stated required elements.	The MCP is responsible to ensure the HAP is completed, but in most cases the community provider (such as FQHC) that is contracted as the HHP CBCME will complete the HAP.	At the CBCME	Yes, but only for those individuals who meet HHP eligibility criteria	APL 18-012: Health Homes Program Requirements  (directs MCPs to follow the Program Guide)

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<b>Targeted Case Management (TCM)</b>	Comprehensive Assessment and Periodic Reassessment	Comprehensive Assessment must be completed in the initial meeting with the client and prior to services being rendered.  An Assessment or Periodic Reassessment must be conducted every six months.	At a minimum every six months to determine if client's need have been met.	An assessment form developed by the provider; either the Local Governmental Agency (LGA) or its subcontractor.	LGA and/or its subcontractor	LGA and/or its subcontractor	Yes	TCM Provider Manual  The State Plan Supplements 1a, 1b, 1d, 1e, and 1f to Attachment 3.1-A  42 CFR Section 440.169  Various Policy and Procedure Letters (PPLs), for example: PPL 02-016, PPL 11-015  Memorandum of Understanding (MOU) between LGA and MCPs States protocols for LGAs and MCPs to follow to coordinate care and ensure non-duplication. Provides program requirements.
<b>ASAM Criteria</b>	Level of care	On admission	No legal requirement, beneficiaries must be reassessed at regular intervals to ensure appropriate level of care	American Association of Addiction Medicine Criteria for SUD Treatment	The MCP is responsible to ensure the ASAM is conducted on all beneficiaries in SUD treatment.	Beneficiary treatment record	Yes	MHSUD IN #17-035 Provides guidance to MCPs on reporting ASAM data to DHCS
<b>SUD Physical Exam</b>	Clinical Assessment	Within 12 months previous to admission or within 30 days of admission. If Exam not completed in timeframe, a goal to complete a physical exam must be added to the treatment plan	One time	No specific tool, based on requirements determined by provider's Medical Director	MCP is responsible to ensure all beneficiaries receive a physical exam	Beneficiary treatment record	Yes	
<b>Child and Adolescent Needs and Strengths (CANS)</b>	Assessment	At new intake and every 6 months thereafter	At new intake and every 6 months thereafter	PRAED Foundation	MHP	Medical record, then MHP will submit data to DHCS	For all Medi-Cal beneficiaries ages 6 to 20	IN 17-052 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Specialty Mental Health Services Performance Outcomes System Functional Assessment Tools for Children and Youth

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<b>Specialty Mental Health Services (SMHS) Assessment</b>	Assessment	Mental Health Plans (MHPs) establish written standards for timeliness and frequency for the elements of the Assessment.	MHPs establish written standards for timeliness and frequency for the elements of the Assessment.	There is no standard or required tool for the assessment. MHPs determine the assessment tool that they use to capture all required elements of the assessment.	MHPs	DHCS does not collect assessment data. MHPs retain assessment data.	The assessment is used to determine SMHS medical necessity. All beneficiaries receiving SMHS must have an assessment.  *Screening is not required and any related provisions of the Managed Care Regulations are not applicable to the MHPs.	Assessment requirements are in the DHCS/MHP contract, Title 9, CCR, Chapter 11, Section 1810.204, and MHSUDS IN 17-040.  The State Plan includes the following definition of Rehabilitative Mental Health Services: Rehabilitative Mental Health Services are provided as part of a comprehensive specialty mental health services program available to Medi-Cal beneficiaries that meet medical necessity criteria established by the State, based on the beneficiary's need for Rehabilitative Mental Health Services <u>established by an assessment</u> and documented in the client plan.
<b>Oral Health Assessment</b>	Risk Assessment	Per federal requirement: best effort to conduct initial screening of enrollee needs w/in 90 days of enrollment.	Sent at Enrollment	DHCS developed a sample form	Mailed to member by DMC Plan	Primary Care Dentist (dental record)	Yes	APL 18-007: Requirements for Oral Health Assessment
<b>Assisted Living Waiver (ALW)</b>	Clinical Assessment	Assessment as part of enrollment process, and every 6 months thereafter, or if significant change in beneficiary status occurs.	Upon intake and every 6 months thereafter	DHCS approved electronically scored ALW Assessment Tool	Other - Care Coordination Agency (CCA)	DHCS database	Yes - all except aid codes with a Share of Cost (SOC)	Waiver Requirement
<b>Community Based Adult Services (CBAS)</b>	Clinical Assessment	No required timeframe, but required for enrollment in the program	Upon intake and annually thereafter	Individual Plan of Care	Other- CBAS	CBAS Center	Yes	18-01, from CDA
<b>HCBS Wavier for Individuals with Developmental Disabilities (DD) Wavier</b>	Person-Centered Planning Assessment	No required timeframe, but required for enrollment in the program.	Upon intake and annually thereafter	Individual Program Plan	Other - Regional Center Case Manager	Regional Center/Day Program/ Residential Facility	Yes	Waiver Requirement
<b>HIV/AIDS Waiver</b>	Clinical Assessment	No required timeframe, but required for enrollment in the program.	Upon intake and every 6 months thereafter	Comprehensive Service Plan	Other - Agency Nurse or Social Worker	Aids Waiver Agency	Yes	Waiver Requirement
<b>In-Home Operations (IHO) Wavier</b>	Clinical Assessment	No required timeframe, but required for enrollment in the program.	Upon intake and annually thereafter	Intake Medical Summary, Case Management Report	Other - DHCS Nurse	DHCS database	Yes	Waiver Requirement

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<b>Multipurpose Senior Services Program (MSSP)</b>	Clinical Assessment	Initial Level of Care assessment is required within 30 days of MSSP application	Within 365 days of the previous Level of Care assessment	MSSP specific assessment and re-assessment form	Other - MSSP Provider	MSSP Provider Site	Yes	Waiver Requirement
<b>Pediatric Palliative Care (PPC) Waiver</b>	Clinical Assessment	No required timeframe, but required for enrollment in the program.	Every 60 days and every 6 months thereafter	DHCS Assessment Tool	Other - County Nurse	DHCS	Yes	Waiver Requirement
<b>Home and Community Based Alternatives (HCBA) Waiver</b>	Clinical Assessment	No required timeframe, but required for enrollment in the program.	Upon intake and annually thereafter	Intake Medical Summary, Case Management Report	Other - DHCS Nurse or Waiver Agency Nurse	DHCS database	Yes	Waiver Requirement
<b>California Children's Services</b>	Clinical Assessment	An initial assessment is performed for medical eligibility. An annual assessment is performed based on the date of eligibility.	At determination of program eligibility and annually thereafter	Medical Records/SAR	Other - DHCS Nurse, County Nurse, or MCP for Whole Child Model	Medical record, CMSNET	Yes	H&S Code Section 123800-123995 CCR Title 22. Social Security Division 2. Department of Social Services - Department of Health Services, Subdivision 7. California Children's Services
<b>Genetically Handicapped Persons Program</b>	Clinical Assessment	An initial assessment is performed for medical eligibility. An annual assessment is performed based on the date of eligibility.	At determination of program eligibility and annually thereafter, thereafter	Medical Records/SAR	Other- DHCS Nurse	Medical record, CMSNET	Yes	H&S Code Section 125125-125180 CCR Title 17. Social Security Division 2. Department of Social Services - Department of Health Services, Article 4 Genetically Handicapped Persons Program
<b>Medical Therapy Program</b>	Clinical Assessment	An initial assessment (evaluation) is performed. An annual assessment is performed based on the date of eligibility for clients being monitored. An assessment is performed twice a year for those receiving active therapy.	At determination of program eligibility and up to twice a year	Medical Records/SAR	MTP/Medical Therapy Unit Conference Team	Medical record, CMSNET	Yes	H&S Code Section 123950 CCR Title 22, Division 2, Subdivision 7, Section 41517.5

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Screenings								
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<b>Behavioral Health Treatment Plan</b>	Treatment Plan (includes review of assessments)	No legal requirements regarding time frames.  All children must be screened at regular intervals in accordance with AAP Bright Futures guidelines	Review, revise and/or modify no less than once every 6 months (per APL 18-006 & the draft Contract Amendment; no legal requirements)	Provider developed; MCPs may use current Cal MediConnect or SPD tools "such as the HRA and ICP" as a base for developing health assessments.	BHT services provider (MCP must approve)	Medical record	Children under 21 yoa	APL 18-006: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (Supersedes APL 15-025)
<b>USPSTF A and B Screening</b>	Clinical Screenings	<a href="https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/">https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/</a>	As specified by USPSTF (see previous link)	USPSTF	MCP is responsible to ensure PCP follows all A and B recommendations	Medical record, MCP will receive encounter data for screenings	Yes	None specifically for USPSTF, although USPSTF is referenced in guidance on multiple other policies.
<b>AAP Bright Futures Periodicity Schedule</b>	Clinical Screenings	All preventive health visits per the AAP Periodicity Schedule ( <a href="https://www.aap.org/en-us/Documents/periodicity_schedule.pdf">https://www.aap.org/en-us/Documents/periodicity_schedule.pdf</a> )	As specified by AAP (see previous link)	AAP Bright Futures	MCP is responsible to ensure PCP follows all AAP Bright Futures Periodicity Schedules	Medical record	For all children under 21 yoa	APL 18-007 Requirements for Coverage of Early and Periodic Screening, Diagnosis, and Treatment Services for Medi-Cal Members Under Age 21  CHDP Statutes: H&S Code Section 124025-124110 CCR Title 17, Sections 6800-6874

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<b>SBIRT</b>	Clinical Screening	Per APL 17-016, in concordance w/IHEBA, so w/in 120 days of enrollment and q 3-5 years for adults	Per APL 17-016, in concordance w/IHEBA, so q 3-5 years for adults	Questions are based on USPFTF recommendations	MCP is responsible to ensure that PCPs perform screen	Medical record	For members 18 yoa and older	APL 17-016 Alcohol Misuse: Screening Behavioral Counseling Interventions in Primary Care
<b>Pediatric Symptom Checklist (PSC-35)</b>	Clinical Screening	At new intake and every 6 months thereafter	At new intake and every 6 months thereafter	Massachussets General Hospital	MHP	Medical record, then MHP will submit data to DHCS	For all Medi-Cal beneficiaries ages 3 to 18	IN 17-052 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Specialty Mental Health Services Performance Outcomes System Functional Assessment Tools for Children and Youth
<b>Comprehensive Perinatal Services Program (CPSP)</b>	Clinical Screening	Upon enrollment for pregnancy-related services	Initial assessment and reassessment	CPSP Provider Handbook	CDPH	CDPH or Counties	Pregnant and postpartum women	WIC Section 14132 (u) and Title 22, CCR Section 51179
<b>Newborn Hearing Screening</b>	Clinical Screening	On the birth admission with re-screening performed within one month if initial screening not passed. Initial outpatient screening is performed within one month if not screened at birth.	A single initial screening is performed. Rescreening is performed for those that do not pass the initial screen.	N/A	Birthing hospital  Outpatient screening provider  Newborn Hearing Screening Program	Medical record	Yes all aid codes. Required for all Medi-Cal newborns	CCS/NHSP policy

**This list is not meant to be exhaustive list. There may be other required Medi-Cal assessments and screenings not listed.**

The Language Assistance requirements are part of the Knox-Keene laws. Also, in Knox Keene, there is one requirement in HCS 1367.62 for maternal and neonatal physical assessments. However, there are no comprehensive assessments requirements in Knox Keene that are similar in scope to those in Medi-Cal.

The following delivery systems will result in assessment and plan of treatment: 1915c waivers, Mental Health, Substance User Disorders, Dental, Targeted Case Management, Public Health Programs (such as family planning, STDs, HIV, PKU, DOT, etc.), GHPP and CCS/MTP. Additionally, Early Start Program (Regional Center) - leads to Individual Family Service Plan and Local Education Agency (LEA) – leads to Individual Education Plan.

Screening vs Assessment: Screening is defined as a brief, formal, standardized evaluation, the purpose of which is the early identification of patients with unsuspected deviations from normal. The purpose of assessment is to gather the detailed information needed for a treatment plan that meets the individual needs of the person (based on definitions from SAMSHA and developmental screening protocols).