SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #ADM-016

Primary Category	**Impacts**
Line of Business	☒ Medi-Cal ☐ Non-Medi-Cal ☒ Managed Care ☐ Fee for Service ☐AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☐SUTS ☒ TAY
Effected Parties	☐ All Workforce Members ☒ Practitioners ☒ BHSD ☒ Contracted Providers ☐ Inpatient Providers ☐Quality Managers

BHSD POLICY & PROCEDURE APPROVAL REQUEST

I. BHSD P&P INFORMATION

Assigned Policy Name: Screening and Transition of Care Tool Policy

Assigned Policy Number: ADM-016

Policy Owner: Access and Unplanned Services

Impacted Managed Care Policy Area(s): Mark All That Apply

☒	Administration (ADM)	☐	Appeals, Grievances, Incidents (AGI)
☒	Clinical (CLI)	☒	Compliance and Confidentiality (COP)
☒	Contracts (CON)	☒	Data Management (DTM)
☐	Fiscal (FIS)	☒	General Operations (GEO)
☐	Health and Safety (HAS)	☐	Health Education (HED)
☐	Legal (LEG)	☐	Medical & Pharmacy (MPS)
☐	Member Services & Materials (MSM)	☐	Personnel (PER)
☐	Provider Relations (PRR)	☒	Quality Management (QAM)
☒	Reporting (RPT)	☒	Service Delivery (SDM)
☒	Utilization Management (UMR)		

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: Date:

County Counsel: Date:

Section B: BHSD Director

BHSD Director: DocuSigned by: Sherri Terao DAB699BA2A1544D... Date: 9/28/2023

Approved/Issue Date: 9/26/2023	**Behavioral Health Services Director:**	Sherri Terao
Last Review/Revision Date:	**Next Review Date:** 9/26/2026	**Inactive Date:**

III. REPLACES	• *None*

IV. REFERENCES:

- WIC §§14184.100- 14184.800. California Advancing and Innovating Medi-Cal Act
- Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021) implements various components of the Cal AIM initiatives.

- APL18-008. Continuity of Care requirements for Medi-Cal beneficiaries
- APL 19-010. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Beneficiaries Under the Age of 21
- APL 19-014. Responsibilities for Behavioral Health Treatment Coverage for Beneficiaries under the Age of 21
- APL 22-005. No Wrong Door for Mental Health Services Policy
- APL 22-006. Medi-Cal Managed Care Health Plan Responsibilities for Non Specialty Mental Health Services, or subsequent updates.
- BHIN 18-059. Continuity of Care requirements for Medi-Cal Beneficiaries and, please reference Mental Health and Substance Use Disorder
- BHIN 21-073. Criteria for beneficiary access to SMHS, medical necessity and other coverage requirements, or subsequent updates.
- BHIN 22-011. No Wrong Door for Behavioral Health Services
- BHIN 22-065. Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.
- BHSD Policy #ADM-014. No Wrong Door for Specialty Mental Health Services

V. PURPOSE:

The objective of this policy is to provide guidance for using the Department of Health Care Services (DHCS) standardized screening and transition of care tools. The screening tool is used, upon first contact with either the Mental Health Plan (MHP), or the Managed Care Plan (MCP), to determine the most appropriate level of Mental Health services to connect Medi-Cal beneficiaries to. The options are Specialty Mental Health Services (SMHS) thru the MHP, or Mild to Moderate services thru the MCP. The Transition of Care Tool is designed to determine whether a beneficiary, who is already receiving services at either the MCP or MHP, would be better served in either a higher or lower level of care.

The Behavioral Health Services Department (BHSD) is the MHP for Santa Clara County.

VI. POLICY:

The Screening and Transition of Care Tools guide either new Mental Health referrals, or the transition of care for beneficiaries already receiving services. Beneficiaries may be referred to two (2) levels of care within the Medi-Cal mental health delivery system, either to the Medi-Cal Managed Care Plan (MCP) for mild to moderate services, or the Mental Health Plan (MHP) for Specialty Mental Health Services. DHCS requires MCPs and MHPs to use the Youth Screening Tool for beneficiaries under age 21, and the adult screening tool for beneficiaries age 21 and over. The Transition of Care Tool is to be used for all ages. The 3 new tools are:

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

The Adult and Youth Screening and the Transition of Care Tools do not replace:

1. MHP policies and procedures (P&P) that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
2. MHP protocols that address clinically appropriate, timely, and equitable access to care.
3. MHP clinical assessments, level of care determinations, and service recommendations.
4. MHP requirements to provide EPSDT services.

The Adult and Youth Screening Tool is built into the BHSD electronic health record. Participating Providers are not required to complete the tool at this time as they are directing beneficiaries to the Call Center.

Once the screening tool has been administered, there may be a referral for an assessment by an LPHA to develop a clinical understanding of the person's behavioral health needs, including diagnosis and determination of medical necessity. The assessment may take more than one session to fully determine the overall care needs.

Clinically appropriate services include prevention, screening, assessment, and treatment services (e.g., therapy, rehabilitation, collateral, case management, medication support) and are covered and reimbursable under Medi-Cal even when:

1. Services are provided prior to determination of a diagnosis, during the assessment process, or prior to determination of whether SMHS access criteria are met.
    a. While a mental health diagnosis is not a prerequisite for access to covered services and while a person may access necessary services prior to determining a diagnosis, a provisional diagnostic impression and corresponding ICD-1010 code must be assigned to submit a service claim for reimbursement. There are ICD-10 codes LPHAs may use prior to the determination of a diagnosis – if there is a suspected disorder within the LPHA's scope, "Other Specified" or Unspecified" ICD-10 codes are available. Additionally, the code Z03.89 "Encounter for observation for other suspected diseases and conditions ruled out" may be used.
    b. As appropriate, LPHAs and non-LPHAs alike may use ICD-10 codes Z55-Z65 "Persons with potential health hazards related to socioeconomic and psychosocial circumstances.
2. The person in care has a co-occurring mental health condition and substance use disorder (SUD); or
3. Non-specialty mental health services (NSMHS) and specialty mental health services (SMHS) are provided concurrently if those services are coordinated and not duplicative.

The responsibilities for covered services by each of the service delivery systems remains in place, with each delivery system responsible for providing covered services per its contract with DHCS. This remains true even when persons in care are receiving services from multiple delivery systems, as each delivery system has separate and distinct services for which it provides coverage.

VII. DEFINITIONS:

Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

Beneficiary. A person seeking or receiving behavioral health services from BHSD that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person's medically necessary behavioral health services.

Corrective Action Plan (CAP). A step by step plan of action that is developed to achieve targeted outcomes for resolution of identified errors in an effort to:

- Identify the most cost-effective actions that can be implemented to correct error causes.
- Develop and implement a plan of action to improve processes or methods so that outcomes are more effective and efficient.
- Achieve measurable improvement in the highest priority areas.
- Eliminate repeated deficient practices.

Department of Health Care Services (DHCS). Department within the California Health and Human Services Agency that finances and administers a number of individual health care service delivery programs, including Medi-Cal, which provides health care services to low-income people.

Diagnostic and Statistical Manual of Mental Disorders (DSM). American Psychiatric Association set of diagnostic criteria, descriptions and other information related to behavioral health disorders.

Drug Medi-Cal Organized Delivery System (DMC-ODS). The Drug Medi-Cal Organized Delivery System (DMC-ODS) provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices in substance abuse treatment, and coordinates with other systems of care. This approach provides the beneficiary with access to the care and system interaction needed in order to achieve sustainable recovery. DHCS initially received approval in August 2015 from the Centers for Medicare & Medicaid Services (CMS) to implement the DMC-ODS through the State's prior Section 1115 demonstration. DHCS received approval from CMS on December 29, 2021, to reauthorize the DMC-ODS in the Cal AIM Section 1915(b) waiver through December 31, 2026, alongside the State's other Medi-Cal delivery systems: Medi-Cal managed care, dental managed care, and Specialty Mental Health Services (SMHS).

International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM). A medical classification list by the World Health Organization (WHO) used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States. Maintained by the National Center for Health Statistics, Centers for Disease Control (CDC) within the Department of Health and Human Services (HHS).

Licensed Practitioner of the Healing Arts (LPHA). Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Non-Physician LPHAs include:

1. Nurse Practitioners
2. Physician Assistants
3. Registered Nurses
4. Registered Pharmacists
5. Licensed Clinical Psychologist (LCP)
6. Licensed Clinical Social Worker (LCSW)
7. Licensed Professional Clinical Counselor (LPCC)
8. Licensed Marriage and Family Therapist (LMFT)
9. Licensed-eligible practitioners working under the supervision of licensed clinicians.

Managed Care Plan (MCP). MCPs are responsible for the Medi-Cal physical healthcare benefit. They are also responsible for a portion of the mental health benefit and must provide specified services to adults diagnosed with a mental health disorder, as defined by the

current Diagnostic and Statistical Manual of Mental Disorders (DSM), that results in mild to moderate distress or impairment of mental, emotional, or behavioral functioning. MCPs must also provide medically necessary non-specialty mental health services to children under the age of 21. MCPs refer to and coordinate with county Mental Health Plans (MHPs) such as BHSD, for the delivery of specialty mental health services (SMHS).

Mental Health Plan (MHP). MHP means an entity that enters into a contract with DHCS to provide directly or arrange and pay for specialty mental health services to beneficiaries in a county. An MHP may be a county, counties acting jointly, or another governmental or non-governmental entity. For Santa Clara County Behavioral Health Services Department (BHSD) Plan is the behavioral health care program which manages the County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Non-Specialty Mental Health Services (NSMHS). NSMHS are delivered via MCP and FFS delivery systems and are provided to recipients 21 years and over with mild- to- moderate distress or mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders. NSMHS may be provided to recipients under age 21, to the extent otherwise eligible for services through EPSDT, regardless of level of distress or impairment or the presence of a diagnosis, and recipients of any age with potential mental health disorders not yet diagnosed.

Participating Provider. A County, Individual Provider or Contracted Certified Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

Practitioner. Workforce Members that provide direct Beneficiary care services, and are licensed, registered, waivered, certified or meet criteria as a paraprofessional.

Specialty Mental Health Services (SMHS). Specialty mental health services include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination (ICC), Intensive Home- Based Services (IHBS) and Therapeutic Behavioral Services (TBS). SMHS are provided to Medi-Cal beneficiaries through County Mental Health Plans (MHPs). BHSD is the Santa Clara MHP that can provide services through its own employees or through contract providers.

The Plan. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

VIII. OVERSIGHT AND MONITORING PROCEDURE	
Processes	**Requirements**
Adult and Youth Screening Tools for Medi-Cal Mental Health Services	A. The Adult and Youth Screening Tools for Medi-Cal Mental Health Services shall be used by MHPs or MCPs when a beneficiary, or a person on behalf of a beneficiary under age 21, who is not currently receiving mental health services, contacts the MHP/MCP seeking mental health services. B. The tools are used to guide a referral to the appropriate Medi-Cal mental health delivery system (i.e., MCP or MHP). 1. The Adult Screening Tool shall be used for beneficiaries age 21 and older. 2. The Youth Screening Tool shall be used for beneficiaries under age 21.

	C. The Adult and Youth Screening Tools identify initial mental health service needs, in order to direct the referral to the appropriate level of care within the mental health system. D. The levels of are the Specialty Mental Health services (SMH) thru the MHP, or Non-Specialty Mental Health services (NSMH) thru the MCP. E. The Adult and Youth Screening Tools are not required to be used when beneficiaries contact mental health providers directly to seek mental health services. MHPs must allow contracted mental health providers who are contacted directly by beneficiaries 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 BHIN 22-011 or subsequent updates. F. The Adult and Youth Screening Tools do not replace: 1. MHP policies and procedures (P&P) that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals. 2. MHP protocols that address clinically appropriate, timely, and equitable access to care. 3. MHP clinical assessments, level of care determinations, and service recommendations. 4. MHP requirements to provide EPSDT services. G. Completion of the Adult or Youth Screening Tool is not considered an assessment. 1. Once a beneficiary is referred to the MCP or MHP, they shall receive an assessment from a provider in that system to determine medically necessary mental health services. H. Description of the Adult and Youth Screening Tools: 1. The Adult and Youth Screening Tools are designed to capture information necessary for identification of initial indicators of a beneficiary's mental health needs for the purpose of determining whether the MHP must refer the beneficiary to their MCP or to an MHP provider (county-operated or contracted) to receive an assessment. 2. The Adult and Youth Screening Tools include both screening questions and an associated scoring methodology. I. The screening questions and associated scoring methodology of the Adult and Youth Screening Tools are distinct and described oversight and monitoring procedures in this section.
Description of the Adult Screening Tool	A. The Adult Screening Tool includes screening questions that are intended to elicit information about the following: 1. **Safety:** information about whether the beneficiary needs immediate attention and the reason(s) a beneficiary is seeking services. 2. **Clinical Experiences**: information about whether the beneficiary is currently receiving treatment, if they have sought treatment in the past, and their current or past

	use of prescription mental health medications. 3. **Life Circumstances:** information about challenges the beneficiary may be experiencing related to school, work, relationships, housing, or other circumstances. 4. **Risk:** information about suicidality, self-harm, emergency treatment, and hospitalizations.8 B. The Adult Screening Tool also includes questions related to substance use disorder (SUD). If a beneficiary responds affirmatively to these SUD questions, they shall be offered a referral to the county behavioral health plan for SUD assessment. The beneficiary may decline this referral without impact to their mental health delivery system referral.
Description of the Youth Screening Tool	A. The Youth Screening Tool includes screening questions designed to address a broad range of indicators for beneficiaries under the age of 21. A distinct set of questions are provided for when a beneficiary 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 MHP on behalf of a beneficiary 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 beneficiary needs immediate attention and the reason(s) a beneficiary is seeking services. 2. **System Involvement:** information about whether the beneficiary 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 beneficiary may be experiencing related to family support, school, work, relationships, housing, or other life circumstances. 4. **Risk:** information about suicidality, self-harm, harm to others, and hospitalizations.9 B. The Youth Screening Tool includes questions related to SMHS access and referral of other services. Specifically: 1. 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 beneficiary under the age of 21, or the person on their behalf, responds affirmatively to the questions related to SMHS access criteria, they shall 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. 2. A question related to substance use. If a beneficiary under the age of 21, or the person on their behalf, responds affirmatively to the question related to

	substance use, they shall be offered a referral to the county behavioral health plan for SUD assessment. The beneficiary may decline this referral without impact to their mental health delivery system referral. C. A question related to connection to primary care. If a beneficiary under the age of 21, or the person on their behalf, indicates that there is a gap in connection to primary care, they shall be offered linkage to their MCP for a primary care visit.
Scoring Methodology	A. 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 beneficiary must be referred to the MCP or to the MHP for clinical assessment and medically necessary services. B. Detailed instructions for appropriate application of the scoring methodology are provided in the tools. C. MHPs shall use the scoring methodology and follow the referral determination generated by the score. 1. For all referrals, the beneficiary shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.
Administering the Adult and Youth Screening Tools	A. MHPs are required to administer the Adult Screening Tool for all beneficiaries age 21 and older, who are not currently receiving mental health services, when they contact the MHP to seek mental health services. B. MHPs are required to administer the Youth Screening Tool for all beneficiaries under age 21, who are not currently receiving mental health services, when they, or a person on their behalf, contact the MHP to seek mental health services. C. The Adult and Youth Screening Tools are not required or intended for use with beneficiaries who are currently receiving mental health services. D. The Adult and Youth Screening Tools are not required to be used when beneficiaries contact mental health providers directly to seek mental health services. MHPs must allow contracted mental health providers who are contacted directly by beneficiaries 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 BHIN 22-011, No Wrong Door for Mental Health Services Policy, or subsequent updates. E. The Adult and Youth Screening Tools can be administered by clinicians or non-clinicians in alignment with MHP protocols and may be administered in a variety of ways, including in person, by telephone, or by video conference. F. Adult and Youth Screening Tool questions shall be asked in full using the specific wording provided in the tools and in the specific order the questions appear in the tools, to the extent that the beneficiary is able to respond. G. Additional questions shall not be added to the tools. The

	scoring methodologies within the Adult and Youth Screening Tools shall be used to determine an overall score for each screened beneficiary. The Adult and Youth Screening Tool score determines whether a beneficiary is referred to their MCP or the MHP for assessment and medically necessary services. H. Please refer to 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, 1. MHPs are not required to use the PDF format to administer the tools. MHPs may build the Adult and Youth Screening Tools into existing software systems, such as electronic health records (EHRs). I. The contents of the Adult and Youth Screening Tools, including the specific wording, the order of questions, and the scoring methodology shall remain intact.
Following Administration of the Adult and Youth Screening Tools	A. After administration of the Adult or Youth Screening Tool, a beneficiary's score is generated. 1. Based on their screening score, the beneficiary shall be referred to the appropriate Medi-Cal mental health delivery system (i.e., either the MCP or the MHP) for a clinical assessment. 2. If a beneficiary is referred to an MHP based on the score generated by MCP administration of the Adult or Youth Screening Tool, the MHP must offer and provide a timely clinical assessment to the beneficiary without requiring an additional screening and in alignment with existing standards as well as medically necessary mental health services. 3. If a beneficiary shall be referred by the MHP to the MCP based on the score generated by the MHP's administration of the Adult or Youth Screening Tool, MHPs shall coordinate beneficiary referrals with MCPs or directly to MCP providers delivering NSMHS. 4. MHPs may only refer directly to an MCP provider of NSMHS if P&Ps have been established and MOUs are in place with the MCP to ensure a timely clinical assessment with an appropriate in-network provider is made available to the beneficiary. 5. Referral coordination shall include sharing the completed Adult or Youth Screening Tool and following up to ensure a timely clinical assessment has been made available to the beneficiary. 6. Beneficiaries shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice. B. The Adult and Youth Screening Tools shall not replace MHPs' protocols for emergencies or urgent and emergent crisis referrals. For instance, if a beneficiary is in crisis or experiencing a psychiatric emergency, the MHP's emergency and crisis protocols shall be followed.
Transition of Care Tool	A. The Transition of Care Tool for Medi-Cal Mental Health

for Medi-Cal Mental Health Services	Services 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 need to be transitioned to the other delivery system; or 2. Services need to be 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 § 14184.402(f) and described in BHIN 22-011 and APL 22-005 and continuity of care requirements described in MHSUDS IN 18-059 and APL18-008, or subsequent updates. B. The Transition of Care Tool documents beneficiary needs for a transition of care referral or a service referral to the MCP or MHP. C. The Transition of Care Tool does not replace: 1. MHP P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals. 2. MHP protocols that address clinically appropriate, timely, and equitable access to care. 3. MHP clinical assessments, level of care determinations, and service recommendations. 4. MHP requirements to provide EPSDT services. D. Completion of the Transition of Care Tool is not considered an assessment.
Description of Transition of Care Tool	A. The Transition of Care Tool is designed to leverage existing clinical information to document a beneficiary's mental health needs and facilitate a referral for a transition of care to, or addition of services from the beneficiary's MCP or MHP, as needed. B. The Transition of Care Tool documents the beneficiary's information and referring provider information. C. Beneficiaries may be transitioned to their MCP or MHP for all, or a subset of, their mental health services based on their needs. D. The Transition of Care Tool is designed to be used for both adults and youth alike. E. The Transition of Care Tool provides information from the entity making the referral to the receiving delivery system to begin the transition of the beneficiary's care. F. The Transition of Care Tool includes specific fields to document the following elements: 1. Referring plan contact information and care team. 2. Beneficiary demographics and contact information. 3. Beneficiary behavioral health diagnosis, 4. cultural and linguistic requests. 5. presenting behaviors/symptoms, 6. environmental factors, 7. behavioral health history, 8. medical history, and 9. medications. 10. Services requested and

	11. receiving plan contact information. G. Referring entities may provide additional documentation, such as medical history reviews, care plans, and medication lists, as attachments to the Transition of Care Tool.
Administering the Transition of Care Tool	A. MHPs are required to use the Transition of Care Tool to facilitate transitions of care to MCPs for all beneficiaries, including adults age 21 and older and youth under age 21, when their service needs change. B. The determination to transition services to and/or add services from the MCP delivery system must be made by a clinician via a patient-centered shared decision-making process in alignment with MHP protocols. 1. 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 a non-clinician. 2. Beneficiaries shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice. 3. The Transition of Care Tool may be completed in a variety of ways, including in person, by telephone, or by video conference. C. The Transition of Care Tool is provided as a PDF document, but MHPs are not required to use the PDF format to complete the tool. MHPs may build the Transition of Care Tool into existing systems, such as EHRs. 1. However, the contents of the Transition of Care Tool, including the specific wording and order of fields, shall remain intact. 2. The information shall be collected and documented in the order it appears on the Transition of Care Tool, and additional information shall not be added to the forms but may be included as attachments. 3. Additional information enclosed with the Transition of Care Tool may include documentation such as medical history reviews, care plans, and medication lists. D. Please refer to the Transition of Care Tool for further instructions on how to complete the tool.
Following Administration of the Transition of Care Tool	A. After the Transition of Care Tool is completed, the beneficiary shall be referred to their MCP, or directly to an MCP provider delivering NSMHS if appropriate processes have been established in coordination with MCPs. 1. Consistent with BHIN 22-011 and APL 22-005, or subsequent updates, MHPs shall coordinate beneficiary care services with MCPs to facilitate care transitions or addition of services, including ensuring that the referral process has been completed, the beneficiary has been connected with a provider in the new system, and the new provider accepts the care of the beneficiary, and medically necessary services have been made available to the beneficiary. 2. All appropriate consents shall be obtained in

	accordance with accepted standards of clinical practice.
Drug Medi-Cal Organized Delivery System (DMC-ODS)	A. For DMC and DMC-ODS, covered and clinically appropriate services (except residential treatment services) are Medi-Cal reimbursable for up to 30 days following the first visit with a LPHA or registered/certified counselor, or up to 60 days if the person in care is under age 21 or experiencing homelessness and therefore requires additional time to complete the assessment.

IX. WORKFLOW PROCEDURE	
Responsible Party	**Action Required**
Call Center	1. Screening may or may not be completed by an LPHA. When a beneficiary seeks care, the "Adult Screening Tool," or the "Youth Screening Tool" (henceforth referred to as the "Screening Tool") is used to understand the person's needs and get them to the provider that is best suited to meet their needs. 2. The screening tool may be completed in person, by phone, or in a community setting. 3. Will screen and refer urgent and emergent crisis referrals. a. Crisis referrals will be directed to a hospital or connected with a mobile outreach program. b. In instances where serious risk factors are identified (danger to self, danger to others, etc.), the individual administering the tool is expected to immediately contact appropriate staff within their plan (or emergency services if warranted) to conduct a more in-depth risk evaluation, including crisis supports. 4. Will administer the correct Screening Tool based on the age of the beneficiary. 5. Based on the screening score, the Center will refer the beneficiary to the appropriate Medi-Cal mental health delivery system (i.e., either the MCP or the MHP) for a clinical assessment. 6. Will train participating providers and monitor the use of the Transition of Care tool.
Participating Provider	1. The Screening Tools are not required for use with beneficiaries who contact the participating providers directly to seek mental health services. 2. Participating providers who are contacted directly by beneficiaries seeking mental health services are able to begin the assessment process and provide services during the assessment period without using the Screening Tools. 3. Completion of the Screening Tool is not considered an assessment. Once a beneficiary is referred to the MCP or MHP, they shall receive an assessment from a provider in that system to determine medically necessary mental health services.

Practitioner	1. Will administer the Transition of Care Tool to document a beneficiary's mental health needs and facilitate a referral for a transition of care to, or addition of services from the beneficiary's MCP or MHP. 2. Compile supporting documentation. 3. Coordinate beneficiary care transition. 4. Obtain appropriate consents.
Data and Analytics	1. Will review and exchange referrals and care transitions with the MCP and MHP, including bi-directional referrals and status.
X. ATTACHMENTS	A. The Adult Screening Tool for Medi-Cal Mental Health Services (https://www.dhcs.ca.gov/Documents/DHCS-8765-A.pdf) B. The Youth Screening Tool for Medi-Cal Mental Health Services (https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf) C. The Transition of Care Tool for Med-Cal Mental Health Services (https://www.dhcs.ca.gov/Documents/DHCS-8765-B.pdf)

XI. REVISION HISTORY				
Policy Name	**Active Dates Range**	**Date Approved**	**Reason for Review**	**Summary of Changes**