

Behavioral Health Services (BHS) – Information Notice



To:	Mental Health County Operated and Contracted Service Providers
From:	Behavioral Health Services – Quality Assurance Unit
Date:	February 22, 2023
Title	Adult and Youth Screening and Transition of Care Tools

The Department of Health Care Services (DHCS) released the final information notice regarding the **Adult and Youth Screening and Transition of Care Tools**, [BHIN 22-065 \(ca.gov\)](https://www.bhin22-065.ca.gov) effective **January 1, 2023**. The notice outlines new requirements that guide referrals to the appropriate Medi-Cal mental health delivery system either through the County Mental Health Plan (MHP) or Managed Care Plan (MCP) to ensure beneficiaries requiring transition between delivery systems receive timely coordinated care.

Adult and Youth Screening Tool: COUNTY IMPLEMENTATION DATE: 1/1/23

The Adult and Youth Screening Tools for Medi-Cal Mental Health Services determine the appropriate mental health delivery system for beneficiaries not currently receiving mental health services when they contact the MCP or MHP seeking mental health services.

Screening Tools are not required in the following circumstances:

- The Screening Tools are not required or intended for use with beneficiaries currently receiving mental health services.
- The Screening Tools are also not required for use with beneficiaries who contact mental health providers directly to seek mental health services. Mental health providers who are contacted directly by beneficiaries seeking mental health services may 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.

As the Screening Tools are meant to be used as a guide to determine if the MHP or the MCP is the appropriate delivery system, it will be completed when a beneficiary contacts the MCP or the Optum Access and Crisis Line (ACL) requesting mental health services. When the MHP system is deemed appropriate, a warm transfer or referral will be made from the ACL to a provider. Upon receiving the referral, the program will ensure that the Access to Services Journal is completed and that Timeliness Standard requirements are followed.

Transition of Care Tool: COUNTY GO LIVE DATE: 3/1/23

The Transition of Care Tool ensures that beneficiaries who are receiving mental health services from either the MHP or MCP receive timely and coordinated care when:

- Their existing services are being transitioned to the other delivery system; or
- When services need to be added to their existing mental health treatment from the other delivery system.

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. 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. Beneficiaries shall be engaged in the process and appropriate consents are to 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.

This form does not replace the requirement for the Coordination of Care with Primary Care Physician (PCP) Form. The Coordination of Care with PCP focuses on client’s physical health, rather than mental health symptoms, and is still required in addition to the completion of the Transition of Care Tool.

The Transition of Care Tool is intended to be completed by the MHP only when transitioning/referring to a provider outside of the MHP. If programs are referring to programs within the MHP, this form is not required to be utilized. MCPs may also utilize the form and coordinate with the MHP to identify the first offered appointment as well as first service date required for reporting purposes. Please refer to the OPOH Section C: Assessing Services and/or the Transition of Care Tool Explanation Sheet for MCP referral contact information.

DHCS requires counties to collect data on referrals to and from transitions between delivery systems. The County of San Diego will capture this data utilizing the following functions:

- When accepting a referral from the MCP based on receipt of the Transition of Care Tool, the Access to Services Journal (ASJ) should be completed and reflect the Referral From option of “MCP-MH Provider” and the Referral Source selection within the Behavioral Health Assessment should be “51 – Managed Care Plan – MH Provider.”
- Upon Discharge: When completing the Transition of Care Tool, the Referred To selection on the Discharge Summary form should be “51 – Managed Care Plan – MH.”

The functions above will be used to capture the necessary data points to report to DHCS; programs will not be expected to do any additional tracking internally.

For More Information:

- HHSa, QI Matters: qimatters.hhsa@sdcounty.ca.gov