

# Transition of Care Tool Explanation Sheet

## COMPLETED BY:

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.

1. Clinicians are the provider types listed on [Supplemental 3 to Attachment 3.1-A](#) (pages 2m-2p) in the California Medicaid State Plan as providers of Rehabilitative Mental Health Services.
2. Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition of clinician.

## COMPLIANCE REQUIREMENTS:

1. Effective 1/1/2023, DHCS is requiring Managed Care Plans (MCP) and Behavioral Health Plans (BHP) to use the Transition of Care Tool for all adult and youth beneficiaries. The Transition of Care Tool does not replace the BHP P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals, the BHP protocols that address clinically appropriate, timely, and equitable access to care, the BHP clinical assessments, level of care determinations, and service recommendations or the BHP requirements to provide EPSDT services.

The Transition of Care Tool includes specific fields to document the following elements:

- a. Referring plan contact information and care team.
  - b. Beneficiary demographics and contact information.
  - c. Beneficiary behavioral health diagnosis, cultural and linguistic requests, presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.
  - d. Services requested and receiving plan contact information.
  - e. Referring entities may provide additional documentation, such as medical history reviews, care plans, and medication lists, as attachments to the Transition of Care Tool.
2. It is intended to ensure that beneficiaries who are receiving mental health services from one delivery system receive timely and coordinated care when either:
    - a. Their existing mental health services need to be transitioned to another delivery system (example: from BHP specialty mental health services to MCP non-specialty mental health services or DMC/DMC-ODS substance use services); or
    - b. Services need to be added to their existing mental health treatment from the other delivery system.
    - c. Please see [DHCS BHIN 22-065](#) for detailed information.

## BHP Provider Completion of Transition of Care (TOC) Tool to MCP:

1. Provider within the BHP completes the TOC tool in SmartCare. Please see link for instructions on completing the TOC tool in SmartCare: [CalMHSA- How to Transfer the Client to the MCP](#)

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2. Beneficiaries shall be engaged in the process and appropriate consents obtained.
3. The TOC Tool can be completed in person, by telephone, or by video.
4. All fields and prompts shall be completed in full.
5. Provider within the BHP will identify the appropriate MCP referral (outside BHP) Please see the [Screening and Transition of Care Contact Card](#) for the MCPs located on the Optum Website Healthy San Diego Page.
6. Once the TOC tool has been completed, provider to print from SmartCare and send completed tool to the identified MCP.
7. Provider within the BHP will receive a receipt of confirmation from the MCP within 2 business days. If the provider does not receive a confirmation receipt within 2 business days, provider should follow up with the MCP to ensure receipt and close the loop of the referral.
8. BHP provider is to follow up with the beneficiary until they confirm that the member has completed an appointment with the MCP or the MCP confirms that the client is engaged.