



7.2.9 Youth and Adult Screening and Transition of Care

Issue Date: 2/7/2023

Revision History: Not Applicable

References: BHIN 18-059, 22-011, 21-023, 21-073, and 22-065

Policy Owner: Sonoma County Behavioral Health Division, QAPI, QA Manager

Director Signature: Signature on File

I. Policy Statement

The purpose of this policy and procedure is to provide guidance to Mental Health Plans (MHPs) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of Adult and Youth beneficiaries to the appropriate Medi-Cal mental health delivery system and ensure that beneficiaries requiring transition between delivery systems receive timely coordinated care. Effective January 1, 2023, MHPs shall implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

II. Scope

This policy applies to all Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) staff who conduct outpatient SMHS screenings and assessments to make delivery system and transition of care determinations for Sonoma County Medi-Cal beneficiaries

III. Definitions

- A. Early and Periodic Screening, Diagnostic and Treatment (EPSDT): services are a benefit of the Medi-Cal program as specified in Title XIX of the Social Security Act (SSA), Section 1905(r)(5), Title 42 of the United States Code, Section 1396d(r). The benefits covered under EPSDT provide comprehensive and preventive health care services for individuals younger than 21 years of age who are enrolled in Medi-Cal. These services are key to ensuring children and youth receive appropriate preventive medical, dental, vision, hearing, mental health, substance use disorder, developmental and specialty services, as well as all necessary services to address any defects, illnesses or conditions identified.
- B. 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). All the MHPs are part of county mental health or behavioral health departments and the MHP can provide services through its own employees or through contract providers.
- C. **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) for the delivery of specialty mental health services (SMHS).
 - D. **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.
 - E. **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.
 - F. **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,

IV. Policy

Adult and Youth Screening Tools for Medi-Cal Mental Health Services:

- A. Adult and Youth Screening Tools for Medi-Cal Mental Health Services shall be used by MHPs when a beneficiary, or an adult on behalf of a beneficiary under age 21, who is not currently receiving mental health services, contacts the MHP seeking mental health services. The tools are to be used to guide a referral by the MHP to the appropriate Medi-Cal mental health delivery system (i.e., MCP or MHP).

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- B. The Adult Screening Tool shall be used for beneficiaries age 21 and older. The Youth Screening Tool shall be used for beneficiaries under age 21.
 - C. The Adult and Youth Screening Tools identify initial indicators of beneficiary needs in order to make a determination for referral to either the beneficiary's MCP for a clinical assessment and medically necessary NSMHS or the MHP for a clinical assessment and medically necessary SMHS.
 - 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.
 - E. 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.
 - 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.
 - H. 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.

Description of the Adult and Youth Screening Tools

- A. 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.
- B. The Adult Screening Tool includes screening questions that are intended to elicit information about the following:

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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.
- C. The Adult Screening Tool also includes questions related to substance use disorder (SUD).
1. If a beneficiary responds affirmatively to these SUD questions, they shall be offered a referral to the county behavioral health plan for SUD assessment.
 2. 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.
- B. 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.
- C. 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.

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4. Risk: information about suicidality, self-harm, harm to others, and hospitalizations.
- D. 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.
 - a. 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.
 2. A question related to substance use.
 - a. 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.
 - b. The beneficiary may decline this referral without impact to their mental health delivery system referral.
 3. A question related to connection to primary care.
 - a. 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.

Referral Post Screening

- 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. MHPs may only refer directly to an MCP provider of NSMHS if policies and procedures (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.
- C. Detailed instructions for appropriate application of the scoring methodology are provided in the screening tools.
- D. MHPs shall use the scoring methodology and follow the referral determination generated by the score.

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- E. For all referrals, the beneficiary shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

Transition of Care Tool for Medi-Cal Mental Health Services:

- A. The Transition of Care Tool for Medi-Cal Mental Health 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
- 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.

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- 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, cultural and linguistic requests.
 - 4. Presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.
 - 5. Services requested and receiving plan contact information.
 - 6. Referring entities may provide additional documentation, such as medical history reviews, care plans, and medication lists, as attachments to the Transition of Care Tool.
 - 7. Detailed instructions are included in the Transition of Care Tool outlining how to complete the form and ensure a closed loop transition to the appropriate care provider.

V. Procedures

Administering 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.

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- 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.
 - H. The scoring methodologies within the Adult and Youth Screening Tools shall be used to determine an overall score for each screened beneficiary.
 - I. 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.
 - J. Please refer to the Adult and Youth Screening Tools for further instructions on how to administer each tool.

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.
- B. 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.
- C. 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.
- D. 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.
- E. 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.
- F. Beneficiaries shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.
- G. The Adult and Youth Screening Tools shall not replace MHPs' protocols for emergencies or urgent and emergent crisis referrals.

1. For instance, if a beneficiary is in crisis or experiencing a psychiatric emergency, the MHP's emergency and crisis protocols shall be followed.

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.
- C. 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.
- D. Beneficiaries shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.
- E. The Transition of Care Tool may be completed in a variety of ways, including in person, by telephone, or by video conference.
- F. 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.
- G. Additional information enclosed with the Transition of Care Tool may include documentation such as medical history reviews, care plans, and medication lists.
- H. 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.
- B. MHPs shall coordinate beneficiary care services with MCPs to facilitate care transitions or addition of services, including:
 1. Ensuring that the referral process has been completed,
 2. the beneficiary has been connected with a provider in the new system,
 3. the new provider accepts the care of the beneficiary, and

4. medically necessary services have been made available to the beneficiary.
- C. All appropriate consents shall be obtained in accordance with accepted standards of clinical practice

VI. Forms

Adult Screening Tool for Medi-Cal SMHS

Youth Screening Tool for Medi-Cal SMHS

Transition of Care Tool for Medi-Cal Mental Health Services

VII. Attachments

None