

<p style="text-align: center;"><b>Alameda County</b> ac  <b>Behavioral Health Care Services</b> bh</p> <p style="text-align: center;">MENTAL HEALTH &amp; SUBSTANCE USE SERVICES</p>	<p>DocuSigned by: By:  Karvn L. Tribble, PsyD, LCSW, Director B4167CA0C0D444A...</p>
<p><b>POLICY TITLE</b></p> <p><b>Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services</b></p>	<p><b>Policy No:</b> 100-3-3 <b>Reference to BHIN No.:</b> 22-065 <b>Effective Date:</b> January 1, 2023 <b>Original Date of Issue:</b> January 11, 2023 <b>Last Revision Date:</b> N/A</p> <p style="text-align: right;"><input checked="" type="checkbox"/> MH <input type="checkbox"/> SUD</p>

## PURPOSE

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.<sup>1</sup>

## BACKGROUND

The Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative for “Screening and Transition of Care Tools for Medi-Cal Mental Health Services” aims to ensure all Medi-Cal beneficiaries receive coordinated services across Medi-Cal mental health delivery systems and improve health outcomes. The goal is to ensure beneficiary access to the right care, in the right place, at the right time.

The Screening and Transition of Care Tools for Medi-Cal Mental Health Services guide referrals to the Medi-Cal mental health delivery system (i.e., Medi-Cal Managed Care Health Plan (MCP) or MHP) that is expected to best support each beneficiary. DHCS is requiring MCPs and MHPs to use the Screening and Transition of Care Tools – for beneficiaries under age 21 (youth) and for beneficiaries age 21 and over (adults).<sup>2</sup> The Screening and Transition of Care Tools for Medi-Cal Mental Health Services consist of:

- The Adult Screening Tool for Medi-Cal Mental Health Services.<sup>3</sup>
- The Youth Screening Tool for Medi-Cal Mental Health Services.<sup>3</sup>
- The Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth).<sup>3</sup>

The Adult and Youth Screening Tools for Medi-Cal Mental Health Services (hereafter referred to as Screening Tools) determine the appropriate delivery system referral for beneficiaries who

<sup>1</sup> Subdivision (i) of W&I section 14184.402 authorizes the Department issue this guidance by bulletin.

<sup>2</sup> See Welfare and Institutions Code (W&I) [section 14184.402](#)

<sup>3</sup> The Screening and Transition of Care Tools for Medi-Cal Mental Health Services can be accessed at: <https://www.dhcs.ca.gov/Pages/Screening-and-Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx>

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are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services. The Screening Tools are not required or intended for use with beneficiaries who are 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 are able 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 All Plan Letter (APL) 22-005 and BHIN 22-011, or subsequent updates.

The Transition of Care Tool for Medi-Cal Mental Health Services (hereafter referred to as the Transition of Care Tool) ensures that beneficiaries who are receiving mental health services from one delivery system 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.

MCPs and MHPs should reference the following information notices and APLs (and updates) to inform their implementation of the Screening and Transition of Care Tools:

- For a description of the current division of MCP and MHP responsibilities and criteria for accessing Specialty Mental Health Services (SMHS), please reference BHIN 21-073, Criteria for beneficiary access to SMHS, medical necessity and other coverage requirements, or subsequent updates.<sup>4</sup>
- For a description of the division of MCP and MHP responsibilities and criteria for accessing Non-Specialty Mental Health Services (NSMHS), please reference APL 22-006, Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services, or subsequent updates.<sup>5</sup>
- For a description of the No Wrong Door Policy, please reference BHIN 22-011 and APL 22-005, No Wrong Door for Mental Health Services Policy, or subsequent updates.
- For a description of Continuity of Care requirements for Medi-Cal beneficiaries, please reference Mental Health and Substance Use Disorder Services Information Notice (MHSUDS IN) 18-059<sup>6</sup> and APL18-008, or subsequent updates.
- For a description of coverage requirements for Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT), please reference APL 19-010, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Beneficiaries Under the Age of 21, or subsequent updates, and APL 19-014, Responsibilities for Behavioral Health Treatment Coverage for Beneficiaries under the Age of 21, or subsequent updates

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<sup>4</sup> BHINs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-Health-Information-Notice-%28BHIN%29-Library.aspx>

<sup>5</sup> APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

<sup>6</sup> Please note the components of MHSUDS IN 18-059 that describe SMHS medical necessity criteria have been superseded by BHIN 21-073

Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021) implements various components of the CalAIM initiatives.<sup>7</sup> The requirements outlined below, as authorized in W&I section 14184.402(h)(1)-(2), are effective January 1, 2023. Draft DHCS APL 22-028, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services, provides corresponding guidance instructing MCPs to implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services by January 1, 2023.

## **POLICY**

Effective January 1, 2023, MHPs shall implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

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

The Adult and Youth Screening Tools for Medi-Cal Mental Health Services shall be used by MHPs 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 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). 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. 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 to the beneficiary's MHP for a clinical assessment and medically necessary SMHS medically necessary SMHS.

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.

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.

**Completion of the Adult or Youth 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.**

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<sup>7</sup> Bills are searchable at: <https://leginfo.legislature.ca.gov/faces/home.xhtml>

### Description of the Adult and Youth Screening Tools

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. The Adult and Youth Screening Tools include both screening questions and an associated scoring methodology. The screening questions and associated scoring methodology of the Adult and Youth Screening Tools are distinct and described below.

#### ***Description of the Adult Screening Tool***

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.<sup>8</sup>

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***

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:

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<sup>8</sup> If the beneficiary responds affirmatively to the question related to suicidality, the MHP must immediately coordinate referral to an MHP provider (county-operated or contracted) for further clinical evaluation of suicidality after the screening is complete. Referral coordination should include sharing the completed Adult Screening Tool and follow up to ensure an evaluation was rendered. The referral and subsequent evaluation may or may not impact the mental health system referral generated by the screening score.

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- 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.<sup>9</sup>

The Youth Screening Tool includes questions related to SMHS access and referral of other services. Specifically:

- 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.
- 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.
- 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.

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. Detailed instructions for appropriate application of the scoring methodology are provided in the tools. MHPs shall use the scoring methodology and follow the referral determination generated by the score. For all referrals, the beneficiary shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

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<sup>9</sup> If the beneficiary, or the person on their behalf, responds affirmatively to the questions related to suicidality, self-harm and/or harm to others, the MHP must immediately coordinate referral to an MHP provider (county-operated or contracted) for further clinical evaluation of suicidality after the screening is complete. Referral coordination should include sharing the completed Youth Screening Tool and follow up to ensure an evaluation was rendered. The referral and subsequent evaluation may or may not impact the mental health system referral generated by the screening score.

### Administering Adult and Youth Screening Tools

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. 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. The Adult and Youth Screening Tools are not required or intended for use with beneficiaries who are currently receiving mental health services. 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.

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.<sup>10</sup> 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.<sup>11</sup> 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. 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, 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). The contents of the Adult and Youth Screening Tools, including the specific wording, the order of questions, and the scoring methodology shall remain intact.<sup>12</sup>

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<sup>10</sup> For the purposes of this BHIN, clinicians are the provider types defined on Supplement 3 to Attachment 3.1-A, pages 2m-2p in the California Medicaid State Plan as providers of Rehabilitative Mental Health Services. (<https://www.dhcs.ca.gov/Documents/Att-3-1-A-Supp-3-5-5-22.pdf>). Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition for clinician.

<sup>11</sup> Deviation from the specific wording of screening questions is allowable as part of translation into another language if DHCS has not yet provided translated versions of the tools in that language. If DHCS has provided translated versions of the tools, MHPs may only deviate from the wording in those translated versions if they, or an entity on their behalf, have facilitated additional testing of translations in the local community that indicates the need for associated shifts in language to meet beneficiary needs. For additional information on cultural and linguistic requirements, please reference California Code of Regulations (CCR) [Title 9 section 1810.410](#) and [BHIN 20-070](#), Threshold Languages Data, or subsequent updates.

<sup>12</sup> For a description of MCP responsibilities related to use of the Adult and Youth Screening Tools, please reference APL 22-028, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

### Following Administration of the Adult and Youth Screening Tools

After administration of the Adult or Youth Screening Tool, a beneficiary's score is generated. 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.

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.<sup>13</sup>

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. 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. 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. Beneficiaries shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

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 for Medi-Cal Mental Health Services:**

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 consistent with the No Wrong Door policies regarding concurrent treatment set forth in W&I section 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. The Transition of Care Tool documents beneficiary needs for a transition of care referral or a service referral to the MCP or MHP.<sup>14</sup>

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<sup>13</sup> For information about timely access to services, please reference 42 C.F.R. [Part 438.206\(c\)\(1\)](#), Availability of Services, and [BHIN 21-023](#), 2021 Federal Network Certification Requirements for County MHPs and Drug Medi-Cal Organized Delivery Systems, or subsequent updates.

<sup>14</sup> Please note the components of [MHSUDS IN 18-059](#) that reference SMHS medical necessity criteria have been superseded by [BHIN 21-073](#), which amends medical necessity criteria to align with W&I [section 14059.5](#).

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.

**Completion of the Transition of Care Tool is not considered an assessment.**

Description of Transition of Care Tool

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. The Transition of Care Tool documents the beneficiary's information and referring provider information. Beneficiaries may be transitioned to their MCP or MHP for all, or a subset of, their mental health services based on their needs. The Transition of Care Tool is designed to be used for both adults and youth alike.<sup>15</sup>

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

- Referring plan contact information and care team.
- Beneficiary demographics and contact information.
- Beneficiary behavioral health diagnosis, cultural and linguistic requests, presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.
- Services requested and receiving plan contact information.

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

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.

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

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<sup>15</sup> Following updates based on stakeholder feedback and beta and pilot of an Adult Transition of Care Tool and a separate Youth Transition of Care Tool, no distinctions between the two versions remained; hence, the Transition of Care Tool is a single, integrated tool for both adult and youth populations.

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with MHP protocols.<sup>16</sup> 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. Beneficiaries shall be engaged in the process and appropriate consents 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.

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. However, the contents of the Transition of Care Tool, including the specific wording and order of fields, shall remain intact.<sup>17</sup> 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. Additional information enclosed with the Transition of Care Tool may include documentation such as medical history reviews, care plans, and medication lists. Please refer to the Transition of Care Tool for further instructions on how to complete the tool.<sup>18</sup>

### Following Administration of the Transition of Care Tool

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.<sup>19</sup> 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. All appropriate consents shall be obtained in accordance with accepted standards of clinical practice.

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<sup>16</sup> For the purposes of this BHIN, clinicians are the provider types listed on Supplement 3 to Attachment 3.1-A, pages 2m-2p in the California Medicaid State Plan as providers of Rehabilitative Mental Health Services. (<https://www.dhcs.ca.gov/Documents/Att-3-1-A-Supp-3-5-5-22.pdf>). Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition for clinician.

<sup>17</sup> Deviation from the specific wording of transition of care tool fields is allowable as part of translation into another language if DHCS has not yet provided a translated version of the tool in that language. If DHCS has provided translated versions of the tools, MHPs may only deviate from the wording in those translated versions if they, or an entity on their behalf, have facilitated additional testing of translations in the local community that indicates the need for associate shifts in language to meet beneficiary needs. For additional information on cultural and linguistic requirements, please reference CCR [Title 9 section 1810.410](#) and [BHIN 20-070](#), Threshold Languages Data, or subsequent updates.

<sup>18</sup> For a description of MCP responsibilities related to use of the Adult and Youth Transition of Care Tool, please reference APL 22-028, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

<sup>19</sup> An MHP may only refer directly to an MCP provider of NSMHS if the MHP has established policies and procedures and an MOU with the MCP to ensure timely, medically necessary services from an appropriate in-network provider are made available to the beneficiary.

## **DEFINITIONS**

**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).

**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.

**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.

**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). 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.

## **FORMS/ATTACHMENTS**

- [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 Med-Cal Mental Health Services](#)

## **REVISION HISTORY**

<b>Date</b>	<b>Revision</b>	<b>Page Number(s)</b>
1/23/23	Changed “coordinated services across Medi-Cal mental health delivery systems and improve health outcomes” to “timely, coordinated services across Medi-Cal mental health delivery systems and improve beneficiary health outcomes”	1

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1/23/23	Added "(Adult and Youth)" to bullet three	1
1/23/23	Added "The" to the beginning of the last paragraph	3
1/23/23	Changed "an adult on behalf of a beneficiary under age 21" to "a person on behalf of a beneficiary under age 21"	3
1/23/23	Changed "or the MHP for a clinical assessment and medically necessary SMHS" to "or to the beneficiary's MHP for a clinical assessment and medically necessary SMHS"	3
1/23/23	Added a period to the end of footnote 16	10
1/23/23	Removed an extra space in footnote 18	11

# Adult Screening Tool for Medi-Cal Mental Health Services

The Adult Screening Tool for Medi-Cal Mental Health Services is required for use when an individual age 21 or older, who is not currently receiving mental health services, contacts the Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Adult Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.<sup>1</sup>

## Instructions:

1. Each scored question is a “Yes” or “No” question. Not every question is scored.
2. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet.
3. Select/mark the number in the “Yes” or “No” column based on the response provided.
4. If the individual is unable or chooses not to answer a question, skip the question and score it as “0.”
5. If the individual responds “Yes” to question 11, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality after the screening is completed. Referral coordination should include sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.
6. A response of “Yes” to question 13 or 14 does not impact the screening score. If the individual responds “Yes” to question 13 or question 14, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score. The individual may decline this referral without impact to the mental health delivery system referral.
7. Once responses to questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box.
  - a. Individuals with a total score of 0 – 5 must be referred to the MCP for a clinical assessment.
  - b. Individuals with a total score of 6 and above must be referred to the MHP for a clinical assessment.

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<sup>1</sup> As described in APL 22-028 and BHIN 22-065, MCPs and MHPs must allow contracted mental health providers who are contacted directly by individuals 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.

8. Once a score has been generated, a referral must be coordinated.
  - a. If the individual's score requires referral within the same delivery system, a timely clinical assessment must be offered and provided.
  - b. If the individual's score requires referral to the other mental health delivery system (i.e., MCP to MHP or MHP to MCP), the referral must be coordinated with the other delivery system, including sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services and following up to ensure a timely clinical assessment has been made available to the individual.



Question	Yes	No
4. Have you ever sought help before today for your mental health needs?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. Are you currently taking, or have you ever taken, any prescription mental health medication?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. Are you without housing or a safe place to sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. Are you having difficulties in important areas of your life like school, work, relationships, or housing, because of how you are feeling or due to your mental health?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. Have you recently had any changes or challenges with areas of your life, such as personal hygiene, sleep, energy level, appetite, weight, sexual activity, concentration, or motivation?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Have you completely withdrawn from all or almost all of your relationships, such as family, friends, or other important people?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. Have you sought emergency treatment for emotional distress or been admitted to a psychiatric hospital in the past year?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
a. If yes, have you had more than one hospitalization?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. If yes, was your last hospitalization within the last six months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and not wake up? <sup>1</sup>  <i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
12. Have you recently engaged in any self-harming behavior like cutting or hurting yourself?	<input type="checkbox"/> 2	<input type="checkbox"/> 0

Question	Yes	No
<p>13. Are you concerned about your current level of alcohol or drug use?<sup>2</sup></p> <p><i><b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i></p>	<input type="checkbox"/> —	<input type="checkbox"/> —
<p>14. Has alcohol or any other drug or medication caused you to behave in a way that was dangerous to yourself or others (e.g., impaired driving, overdose, aggression, loss of memory, being arrested, etc.)?<sup>2</sup></p> <p><i><b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i></p>	<input type="checkbox"/> —	<input type="checkbox"/> —
<p><b>Total Score: 0</b></p> <p><b>If score is 0 – 5, refer to the MCP per instruction #8</b></p> <p><b>If score is 6 or above, refer to the MHP per instruction #8</b></p>		
<p><sup>1</sup> A response of “yes” to question 11 results in immediate coordination of a referral to a clinician for further evaluation of suicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.</p> <p><sup>2</sup> Questions 13 and 14 are not scored. A response of “yes” results in a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p>		

# Youth Screening Tool for Medi-Cal Mental Health Services

The Youth Screening Tool for Medi-Cal Mental Health Services is required for use when an individual under age 21, or a person on behalf of an individual under age 21, who is not currently receiving mental health services, contacts their Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Youth Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.<sup>1</sup>

## Instructions:

1. There are two versions of the Youth Screening Tool for Medi-Cal Mental Health Services:
  - One version of the tool is used when a youth is responding on their own behalf: ***Youth Screening Tool for Medi-Cal Mental Health Services: Youth Respondent.***
  - One version of the tool is used when a person is responding on behalf of the youth: ***Youth Screening Tool for Medi-Cal Mental Health Services: Respondent on Behalf of Youth.***
2. The answer to screening question 2 determines which version of the tool is used.
3. Each scored question is a “Yes” or “No” question. Not every question is scored.
4. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet.
5. Select/mark the number in the “Yes” or “No” column based on the response provided.
6. If the youth, or the person responding on their behalf, is unable or chooses not to answer a question, skip the question and score it as “0.”

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<sup>1</sup> As described in APL 22-028 and BHIN 22-065, MCPs and MHPs must allow contracted mental health providers who are contacted directly by individuals 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](#).

7. If a response to question 5 indicates that a child who is age 3 or younger has not seen a pediatrician in the last 6 months, or that a child/youth age 4 or older has not seen a pediatrician or primary care physician (PCP) in the last year, the screener must offer to connect them to their MCP for a pediatrician/PCP visit in addition to the mental health delivery system referral generated by the screening score.<sup>2</sup>
8. If the youth, or the person responding on their behalf, responds “Yes” to question 6, 7, or 9, they meet criteria for specialty mental health services per [BHIN 21-073](#). In these cases, the screening is not required, and the screener must offer and coordinate a referral for clinical assessment by the MHP. Referral coordination must include follow up to ensure an assessment has been made available to the individual. Please reference [BHIN 21-073](#) for additional detail on specialty mental health services criteria and definitions of key terminology.
9. If the youth, or the person responding on their behalf, responds “Yes” to question 19, 20, or 21, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.
10. A response of “Yes” to question 17 does not impact the screening score. If the youth, or the person responding on their behalf, responds “Yes” to question 17, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score. The individual may decline this referral without impact to the mental health delivery system referral.
11. Once responses to all questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box.
  - a. Individuals with a total score of 0 – 5 must be referred to the MCP for a clinical assessment.
  - b. Individuals with a total score of 6 and above must be referred to the MHP for a clinical assessment.
12. Once a score has been generated, a referral must be coordinated.
  - a. If the individual’s score requires referral within the same delivery system, a timely clinical assessment must be offered and provided.
  - b. If the individual’s score requires referral to the other mental health delivery system (i.e., MCP to MHP or MHP to MCP), the referral must be coordinated with the other delivery system, including sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services and following up to ensure a timely clinical assessment has been made available to the individual.

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<sup>2</sup> Bright Futures well-child visit guidelines indicate a child age 4 and older should be seen by a pediatrician annually, and a child age 3 and under should be seen by a pediatrician every 1, 3, or 6 months depending on their age.

# Youth Screening Tool for Medi-Cal Mental Health Services

## Youth Respondent

Name:	Date of Birth:
Age:	<b>NOTE:</b> <i>If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”</i>
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b> <i>If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</i>	
2. Are you calling about yourself or about someone else?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
<ul style="list-style-type: none"> <li>If calling about someone else, who are you calling about and what is your relationship to them?</li> </ul>	
<b>NOTE:</b> <i>If someone else, please switch to the “Respondent on Behalf of Youth” version of the tool.</i>	
3. Can you tell me the reason you are seeking mental health services today?	
4. Are you currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, where are you receiving those services?</li> </ul>	
<b>NOTE:</b> <i>If the individual is currently receiving mental health services from their MCP or MHP, do not finish the screening. Instead, connect them with their current provider for further assessment.</i>	
5. When was the last time you saw your pediatrician or primary care doctor?	
<b>NOTE:</b> <i>If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.</i>	

Question	Yes	No
6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	<input type="checkbox"/> —	<input type="checkbox"/> —
7. Are you currently in foster care or involved in the child welfare system? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	<input type="checkbox"/> —	<input type="checkbox"/> —
8. Have you ever been in foster care or involved in the child welfare system?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Are you currently without housing or a safe place to sleep? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	<input type="checkbox"/> —	<input type="checkbox"/> —
10. Have you ever been without housing or a safe place to sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. Are you having thoughts, feelings or behaviors that make it hard for you at home, school, or work?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12. Are you having thoughts, feelings, or behaviors that make it hard to be with your friends or have fun?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13. Are you often absent from school, work, or activities due to not feeling well?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. Is the person who takes care of you often not around or unable to take care of you?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. Do you feel unsupported or unsafe?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. Is anyone hurting you?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17. Are you having trouble with drugs or alcohol? <sup>2</sup>  <i><b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i>	<input type="checkbox"/> —	<input type="checkbox"/> —

Question	Yes	No
18. Is anyone in your family or who lives with you having trouble with drugs or alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
19. Do you hurt yourself on purpose? <sup>3</sup> <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
20. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and never wake up? <sup>3</sup> <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
21. Do you have plans to hurt others? <sup>3</sup> <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
22. Has someone outside of your family told you that you need help with anxiety, depression, or your behaviors?	<input type="checkbox"/> 2	<input type="checkbox"/> 0
23. Have you been seen in the hospital to get help for a mental health condition within the last six months?	<input type="checkbox"/> 2	<input type="checkbox"/> 0
<p><b>Total Score: 0</b></p> <p><b>If score is 0 – 5, refer to the MCP per instruction #11</b></p> <p><b>If score is 6 or above, refer to the MHP per instruction #11</b></p>		
<p>1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference <a href="#">BHIN 21-073</a> for additional detail on specialty mental health services criteria and definitions of key terminology.</p> <p>2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p> <p>3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.</p>		

# Youth Screening Tool for Medi-Cal Mental Health Services

## Respondent on Behalf of Youth

Name:	Date of Birth:
Age:	<b>NOTE:</b> If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b> If yes, do not finish the screening and handle according to existing emergency or crisis protocols.	
2. Are you calling about yourself or about someone else?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
<ul style="list-style-type: none"> <li>If calling about someone else, who are you calling about and what is your relationship to them?</li> </ul>	
<b>NOTE:</b> If calling about themselves, switch to the “Youth Respondent” version of the tool.	
3. Can you tell me the reason you are seeking mental health services for the child/youth today?	
4. Is the child/youth currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, where are they receiving those services?</li> </ul>	
<b>NOTE:</b> If the individual is currently receiving mental health services from their MCP or MHP or MCP do not finish the screening. Instead, connect them with their current provider for further assessment.	
5. When was the last time the child/youth saw their pediatrician or primary care provider?	
<b>NOTE:</b> If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.	

Question	Yes	No
6. Is the child/youth currently or have they ever been in juvenile hall, on probation, or under court supervision? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	<input type="checkbox"/> —	<input type="checkbox"/> —
7. Is the child/youth currently in foster care or involved in the child welfare system? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	<input type="checkbox"/> —	<input type="checkbox"/> —
8. Has the child/youth ever been in foster care or involved in the child welfare system?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Is the child/youth currently without housing or a safe place to sleep? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	<input type="checkbox"/> —	<input type="checkbox"/> —
10. Has the child/youth ever been without housing or a safe place to sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. Is the child/youth having thoughts, feelings or behaviors that make it hard for them at home, school, or work?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12. Is the child/youth having thoughts, feelings, or behaviors that make it hard to be with their friends or have fun?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13. Is the child/youth often absent from school, work, or activities due to not feeling well?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. Is the primary caretaker for the child/youth often not around or unable to take care of the child/youth?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. Does the child/youth feel unsupported or unsafe?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. Is anyone hurting the child/youth?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Question	Yes	No
<p>17. Is the child/youth having trouble with drugs or alcohol?<sup>2</sup></p> <p><i><b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i></p>	<input type="checkbox"/> —	<input type="checkbox"/> —
<p>18. Is anyone in the child/youth’s family or who lives with them having trouble with drugs or alcohol?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>19. Does the child/youth self-harm or behave in a manner that may cause harm to themselves?<sup>3</sup></p> <p><i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i></p>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
<p>20. In the past month, has the child/youth had thoughts about ending their life, wished they were dead, or wished they could go to sleep and never wake up?<sup>3</sup></p> <p><i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i></p>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
<p>21. Does the child/youth have plans to hurt others?<sup>3</sup></p> <p><i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i></p>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
<p>22. Has someone outside of the child/youth’s family said that the child/youth needs help with anxiety, depression, or their behaviors?</p>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
<p>23. Has the child/youth been seen in a hospital for a mental health condition within the last six months?</p>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
<p style="text-align: center;"><b>Total Score: 0</b></p> <p style="text-align: center;"><b>If score is 0 – 5, refer to the MCP per instruction #11</b></p> <p style="text-align: center;"><b>If score is 6 or above, refer to the MHP per instruction #11</b></p>		

- 1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference [BHIN 21-073](#) for additional detail on specialty mental health services criteria and definitions of key terminology.
- 2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.
- 3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.

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

The Transition of Care Tool for Medi-Cal Mental Health Services (hereafter referred to as the Transition of Care Tool) leverages existing clinical information to document an individual's mental health needs and facilitate a referral to the individual's Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) as needed. The Transition of Care Tool is to be used when an individual who is receiving mental health services from one delivery system experiences a change in their service needs and 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.

**Instructions:** The determination to transition services to and/or add services from the other mental health delivery system must be made by a clinician in alignment with protocols. Once a clinician has made the determination to transition care or refer for services, all of the following actions must be taken:

1. Complete the Transition of Care Tool.
2. Send the Transition of Care Tool and any relevant supporting documentation to the plan the beneficiary is being referred to.
3. Continue to provide necessary mental health services and coordinate the transition of care or service referral with the receiving plan, including follow up to ensure services have been made available to the individual.

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

REFERRING PLAN INFORMATION	
<input type="checkbox"/> County Mental Health Plan	<input type="checkbox"/> Managed Care Plan
Submitting Plan:	
Plan Contact Name:	Title:
Phone:	Email:
Address:	
City:	State: Zip:
BENEFICIARY INFORMATION	
Beneficiary's Name:	Date of Birth:
Beneficiary's Preferred Name:	
<input type="checkbox"/> Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care	<b>Gender Identity:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>
	<b>Pronouns:</b> <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/>
Address:	
City:	State: Zip:
Phone:	Email:
Caregiver/Guardian:	Phone:
Medi-Cal Number (CIN)/SSN:	

**BENEFICIARY INFORMATION**

Behavioral Health Diagnosis or Diagnoses, if known:

Supporting Clinical Documents Included:

Cultural and Linguistic Requests:

Current Presenting Symptoms/Behaviors (including substance use if appropriate):

Additional Pages Attached

**BENEFICIARY INFORMATION**

Current Environmental Factors (including changes in caregiver relationships, living environment, and/or educational considerations):

Additional Pages Attached

Brief Behavioral Health History (including psychosocial stressors and/or traumatic experiences):

Additional Pages Attached

Brief Medical History:

Additional Pages Attached

Current Medications/Dosage:

Additional Pages Attached

**BENEFICIARY INFORMATION**

Referring Provider/Current Care Team:

Phone:

**SERVICES REQUESTED:**     Transition of Care  
     Addition of Service(s)

What service(s) is the beneficiary being referred for?

**TRANSITION OF CARE OR SERVICE REFERRAL DESTINATION**

Managed Care Plan:

Managed Care Plan Contact Information

Fax:                                      Phone:                                      Toll Free:                                      TTY:

County Mental Health Plan:

County Mental Health Plan Contact Information

Fax:                                      Phone:                                      Toll Free:                                      TTY: