

	County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	MH Access
		Policy Number	02-08
		Effective Date	02/01/2023
		Revision Date	03/25/2024
Title: Screening and Transition of Care Tools Referral Process		Functional Area: Access	
Approved By: <i>Signed version available upon request.</i>			
Dana Sebastian, LMFT, LPCC Program Manager			
Sheri Green, LMFT Division Manager			

BACKGROUND:

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

The Screening Tools for Medi-Cal Mental Health Services guides referrals to the Managed Care Plan (MCP) or Mental Health Plan (MHP) - designed to best support each member. DHCS requires MCPs and MHPs to use the Screening Tools for members under age 21 (youth) and for members ages 21 and over (adults). The Screening Tools for Medi-Cal Mental Health Services consists of:

- [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 Screening Tools for Medi-Cal Mental Health Services determines the appropriate delivery system for members who are not currently receiving mental health services. The Screening Tools are not intended for use with members who are currently receiving mental health services, nor are they required for members who contact mental health providers directly for services.

Mental health providers who are contacted directly by members for 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 [Behavioral Health Information Notice \(BHIN\) 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 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

The Transition of Care Tool for Medi-Cal Mental Health Services (Transition of Care Tool) ensures that members receive timely and coordinated care when their existing services are being transitioned to another delivery system, or services need to be added to their existing mental health treatment.

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.

DEFINITIONS:

Adult: A member 21 years of age or older being screened or transitioned using the tools described in this policy and procedure.

Access Team: Access is a call center that links Sacramento County residents of all ages to mental health services. The Access team determines the eligibility for MHP services using the DHCS Screening Tools and, if eligible, will link a member with a provider. The Access Team provides services or support per DHCS requirement. While Access can provide linkages, they are not required for members to request an assessment from a provider directly.

MCP: Medi-Cal Managed Care Plan with a current executed Memorandum of Understanding (MOU) with Sacramento County Behavioral Health Services (BHS). The MCP is responsible for serving adult Medi-Cal members with low to moderate impairment in mental, emotional, or behavioral functioning that meet the [medical necessity](#) criteria and youth who are eligible under the EPSDT* benefit.

Member: An individual enrolled in Medi-Cal.

Mental Health Plan (MHP): Consists of Sacramento County contracted providers, County Operated programs, and Access Team that are responsible for serving adult Medi-Cal members with moderate to severe impairment in mental, emotional, or behavioral functioning that meet the [medical necessity](#) criteria, and youth who are eligible under the EPSDT* benefit.

Non-Specialty Mental Health Services (NSMHS): NSMHS are delivered via MCP and fee for service (FFS) delivery systems and are provided to recipients 21 years and older 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, 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 members through the county MHP. The MHP is part of the County Behavioral Health Department and the MHP provides services through County operated programs and contracted providers.

Youth: A member under 21 years old being screened or transitioned using the tools described in this policy and procedure.

*The Youth Screening Tools will make the determination if EPSDT linkage should be through MCP or MHP.

PURPOSE:

This policy and procedure replace the Bi-Directional Process: Whole Person Care (MH 03-07) and Bi-Directional Managed Care Plan (MCP) Referral Process (MH 03-08). The purpose is to provide instruction about when and how to submit the statewide Adult and Youth Screening and Transition of Care Tools outlined in PP-BHS-QM-01-10 to the Access Team and/or to the appropriate Medi-Cal MCP.

DETAILS:

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

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

a. How to Submit the Completed Adult and Youth Screening Tools to the MHP:

If a determination is made that the member requires linkage to the MHP, send the completed Adult or Youth Screening Tool directly to the member's outpatient provider of choice or fax the Access Team at 916-875-1190 who will support the member with linkage. For the fastest service, members may access current list of outpatient providers accepting new clients [here](#), which is updated weekly. For information about completing and scoring the Adult and Youth Screening Tools, refer to PP-BHS-QM-01-10.

b. How to Submit the Completed Adult and Youth Screening Tools to the MCP:

If a determination is made that the member requires linkage to the MCP, follow the below process to submit the tool to the applicable MCP. For information about scoring the Adult and Youth Screening Tools, refer to PP-BHS-QM-01-10.

- **Anthem:** Send completed Adult and Youth Screening Tools via fax to Anthem at 855-473-7902.
- **Health Net:** Send completed Adult and Youth Screening Tools to "HealthNet - Behavioral Health Unit" via secure email to MHNAdminGroup@centene.com or via fax to 855-703-3268.
- **Kaiser:** Notify Kaiser member services line at 1-800-464-4000.
- **Molina:** Send completed Adult and Youth Screening Tools via secure email to MHC_BH_Solutions@Molinahealthcare.com.

Completion of the Adult or Youth Screening Tool is not considered an assessment. Once a member 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.

B. Transition of Care Tool for Medi-Cal Mental Health Services

a. When to Utilize the Transition of Care Tool:

The Transition of Care Tool for Medi-Cal Mental Health Services is intended to ensure that members who currently receive mental health services from one delivery system receive timely and coordinated care when either:

1. Their existing services need to be transitioned to another delivery system; or
2. Services need to be added to their existing mental health treatment from another 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.

MHP SMHS and MCP NSMHS providers (including sub-contracted providers acting on behalf of the MHP or MCP) must complete the Transition of Care Tool when requesting a transition of care to another delivery system.

After the Transition of Care Tool is completed, the member shall be referred to the MHP for SMHS or to their MCP for NSMHS. Consistent with [BHIN 22-011](#) and [APL 22-005](#), or subsequent updates, MHPs and MCPs shall coordinate member care services with one another to facilitate care transitions or addition of services, including ensuring that the referral process has been completed, the member has been connected with a provider in the new system, and the new provider accepts the care of the member, and medically necessary services have been made available to the member. All appropriate consents shall be obtained in accordance with accepted standards of clinical practice.

b. How to Submit the Completed Transition of Care Tool to the MHP:

If a determination is made that a member receiving NSMHS requires SMHS services, send the completed Transition of Care Tool directly to the member's outpatient provider of choice or fax the completed Transition of Care Tool to the Access Team at 916-875-1190. For information about completing the Transition of Care Tool, refer to PP-BHS-QM-01-10.

c. How to Submit the Completed Transition of Care Tool to an MCP:

If a determination is made that a member receiving mental health services outside of the member's MCP requires mental health services within the member's MCP, follow the below process to submit a Transition of Care Tool to the appropriate MCP.

- **Anthem:** Send completed Transition of Care Tool via secure email to bhcmreferrals@anthem.com and provide a warm transfer via Anthem BH Case Management Phone: 800-407-4627
- **Health Net:** Send completed Transition of Care Tool to "HealthNet - Behavioral Health Unit" via secure email to MHNAdminGroup@centene.com or via fax to 855-703-3268.
- **Kaiser:** Notify Kaiser member services line at 1-800-464-4000.
- **Molina:** Send completed Transition of Care Tool via secure email to MHC_BH_Solutions@Molinahealthcare.com.

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

C. Problem Resolution Process

- a. If an issue arises requiring problem resolution, please follow the steps below to file a grievance.

1. MHP Problem Resolution Process:

Please reference [PP-BHS-QM-03-01](#) for information about the MHP problem resolution process.

2. MCP Grievance Process:

Please contact the MCP associated with the member directly using the below contact information.

- **Anthem:** Customer Care: (800) 407-4627 (TTY 711)
<https://member.anthem.com/secure/grievances-form>
- **Health Net:** Member Services: (800) 675-6110
https://www.healthnet.com/content/healthnet/en_us/members/appeals-and-grievances/medi-cal-appeals-and-grievances.html
- **Kaiser:** Member Services: (800) 464-4000
<https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/forms/member-grievance-form-ncal-en.pdf>
- **Molina:** Member Services: (888) 665-4621
<https://www.molinahealthcare.com/members/ca/en-us/mem/medicaid/medical/quality/cna/cna.aspx>

REFERENCES/ATTACHMENTS:

- The Adult Screening Tool for Medi-Cal Mental Health Services (<https://www.dhcs.ca.gov/Documents/DHCS-8765-A.pdf>)
- The Youth Screening Tool for Medi-Cal Mental Health Services (<https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf>)
- The Transition of Care Tool for Medi-Cal Mental Health Services (<https://www.dhcs.ca.gov/Documents/DHCS-8765-B.pdf>)
- [BHIN 21-073 Criteria for Member Access to SMHS, medical necessity](#)
- [BHIN-22-011 No Wrong Door](#)
- [BHIN-22-065 Adult and Youth Screening and Transition of Care Tools](#)
- [APL 18-008 Continuity of Care](#)
- [APL 22-005 No Wrong Door](#)

RELATED POLICIES:

- [PP-BHS-Access 02-02-Access Team Services](#)
- [PP-BHS-Access 02-04-Authorization Requests](#)
- [PP-BHS-QM-01-07 Determination for Medical Necessity and Access to SMHS](#)

- [PP-BHS-QM-03-01 Problem Resolution](#)

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Managed Care Plans
X	Adult Contract Providers	X	Children's Contract Providers
X	Substance Use Prevention and Treatment Staff	X	Intranet
X	Internet		

CONTACT INFORMATION:

BHS-DHS@saccounty.gov