

COMPLIANCE BULLETIN

Fresno County Behavioral Health

Publication Date: 02/28/2023

INFORMATION NOTICE

- ❖ Policy Being Summarized Screening and Transition of Care Tools for Medi-Cal Mental Health Services
- ❖ CB-Screening and Transition of Care Tools
- ❖ Effective date: 02/28/2023
- ❖ Created by: Bulletins and News, Compliance Bulletins, Department Of Behavioral Health

This Compliance Bulletin impacts all Mental Health, Individual, Group & Organizational providers.

Background

Previously, multiple behavioral health screening and transition of care tools were in use for Medi-Cal beneficiaries across the state, leading to inconsistencies for when beneficiaries were referred to the County Mental Health Plan (MHP) versus the Managed Care Plan (MCP). CalAIM seeks to streamline this process and improve care by creating standardized statewide tools for both adults and individuals under 21 years old (youth).

The standardized Screening Tools are used to determine the most appropriate Medi-Cal mental health delivery system referral (i.e., MHP or MCP) for beneficiaries who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services.

The standardized Transition of Care Tool is used to ensure that Medi-Cal beneficiaries receive timely and coordinated care when completing a transition of services to the other delivery system or when adding a service from the other delivery system to their existing mental health treatment.

Statewide implementation of Screening and Transition of Care Tools became effective January 1, 2023. Fresno County MHP will operationalize these tools in the following way:

Screening Tool

The Fresno County Access Line will utilize the Adult and Youth Screening tools when an individual, or a person on behalf of an individual under age 21, who is not currently receiving mental health services, calls seeking mental health services, and will refer the individual to the appropriate system of care, either the MHP or the MCP.

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The Adult and Youth Screening Tools identify initial indicators of needs to decide for referral to either the beneficiary's MCP for a clinical assessment and medically necessary non-specialty mental health services or to the beneficiary's MHP for a clinical assessment and medically necessary specialty mental health services.

The Adult and Youth Screening Tools are not required to be used when individuals contact mental health providers directly to seek mental health services. 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 or subsequent updates.

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

Transition of Care Tool

The Transition of Care Tool is intended to ensure that individuals 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.

The Transition of Care Tool documents beneficiary needs for a transition of care referral or a service referral to the MCP or MHP. Completion of the Transition of Care Tool is not considered a clinical assessment.

The Transition of Care Tool is designed to be used for both adults and youth. It is designed to provide key information such as contact information, demographics, diagnosis, cultural and linguistic requests, presenting symptoms, health and behavioral health history and medications, as well as the services being requested from the receiving Plan. 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. The person-served must be engaged in the process. The staff coordinating the transition shall obtain appropriate consents in accordance with standards of clinical practice.

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Those programs and practitioners currently using the Fresno County Bi-Directional Referral form shall begin to use the Transition of Care Tool.

For more information about screening and transition of care, please refer to the CalMHSAs Documentation Guides found on the Fresno County Department of Behavioral Health CalAIM webpage: [Cal AIM Documentation Manuals | County of Fresno](#)

CalMHSAs is now offering two new trainings via the Learning Management System (LMS):

- Administering the Adult & Youth Screening Tools (New in February 2023)
- Administering the Transition of Care Tools (New in February 2023)

These two trainings are a supplement to the preexisting Screening and Transition Tool trainings that have been available in the LMS since summer 2022. To complete both trainings, log into your LMS account: <https://moodle.calmhsalearns.org/login/index.php>

For more information on the screening and transition of care tools, please visit the DHCS webpage: [Screening and Transition of Care Tools for Medi-Cal Mental Health Services](#)

FORMS/ATTACHMENTS - [Adult screening](#), [Youth screening](#) and the [Transition](#) tools found on the DHCS webpage]

REFERENCES

- [W&I section 14184.402\(f\)](#)
- [BHIN 22-011](#) and [APL 22-005](#)
- [MHSUDS IN 18-059](#) and [APL18-008](#), or subsequent updates.

If you have any questions, please submit them to DBHCompliance@fresnocountyca.gov