KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	**Policy #**	21.01-P
Policy Owner	Behavioral Health Department	**Original Effective Date**	12/27/2022
Revision Effective Date	8/11/2025	**Approval Date**	11/04/2025
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

The purpose of this policy is to ensure Kern Health Systems (KHS) complies with the Department of Health Care Services (DHCS) All Plan Letter (APL) 25-010, which requires Medi-Cal Managed Care Plans (MCPs) and county Mental Health Plans (MHPs) to administer standardized Screening and Transition of Care Tools for all Medi-Cal members under age 21 (youth) and 21 and older (adults) who are not currently receiving mental health services and request such services. These tools support appropriate referrals to the correct mental health delivery system—either the MCP or MHP—and ensure timely, coordinated transitions of care. KHS will implement these tools using DHCS-approved language, format, and scoring to help members receive the right care, in the right place, at the right time.

II. POLICY

A. General Requirements

1. Screening Tools

    a. The Adult Screening Tool must be used for members age 21 and older.
    b. The Youth Screening Tool must be used for members under age 21.
    c. Screening Tools:

        i. Are not required or intended for use with Members who are currently receiving mental health services.

ii. Are not required when Members directly contact a mental health provider to request mental health services.
iii. Must be used when a member or a person on behalf of a Member under age 21, who is not currently receiving mental health services, contacts KHS seeking mental health services.

2. Limitations
Screening Tools and the Transition of Care Tool do not replace:

a. KHS Policy and Procedures (P&Ps) that address urgent or emergency care needs, including protocols for emergency or urgent and emergent crisis referrals.
b. KHS protocols that address clinically appropriate, timely, and equitable access-to-care.
c. Comprehensive clinical assessments, level-of-care determinations, or service recommendations.
d. KHS requirements to provide EPSDT services.

3. Administration

a. Tools may be administered by licensed or unlicensed staff, in person, by phone, or by video.
b. Exact wording, sequence, and scoring methodologies must be followed.
c. Overrides are allowed only by DHCS-specified licensed practitioners, with documented rationale.

B. Screening Tool Description

1. Adult Screening Tool includes questions on:

a. Safety: information about whether the Member needs immediate attention and the reasons a Member is seeking services.
b. Clinical Experiences: information about whether the Member is currently receiving treatment, if they have sought treatment in the past, and their current or past use of prescription mental health medications.
c. Life Circumstances: information about challenges the Member may be experiencing with issues related to work, school, housing, relationships or other circumstances.
d. Risk: information about suicidality, self-harm, emergency treatment and hospitalizations.
e. Substance Use Disorders (SUD): If a member responds affirmatively to these SUD questions, they must be offered a referral to county behavioral health plan for SUD assessment. The member may decline this referral without impacting their mental health referral.

2. Youth Screening Tool includes questions on:

a. Safety: information about whether the Member needs immediate attention and the reason(s) a Member is seeking services.
b. System Involvement: information about whether the Member is currently receiving treatment, and if they have been involved in foster care, child welfare services, or the juvenile justice system.
c. Life Circumstances: information about challenges the Member may be experiencing related to family support, school, work, housing, relationships, other life circumstances.
d. Risk: information about suicidality, self-harm, harm to others, hospitalization.
e. Specialty Mental Health Services (SMHS): Access and referral to KernBHRS.

C. Scoring and Referral Determination

1. Administration of Screening Tools

    a. May be administered by trained staff (licensed or unlicensed).
    b. May be conducted in person, by phone, or via video conference.
    c. Staff must use exact wording and order of questions; tools must remain intact and unchanged; and the scoring methodologies within the Adult and Youth Screening Tools must be used to determine an overall score for each screened Member

2. Members are triaged based on screening tool scores:

    a. Mild-to-Moderate Need (score ≤ 5): Referred to KHS Behavioral Health Providers within KHS network. Providers must be accepting new patients, provide culturally/linguistically appropriate care, and meet KHS access standards (Policy 4.30-P).
    b. Specialty Mental Health Need (score ≥ 6): Referred to KernBHRS Care Coordination Unit (CCU) for SMHS per APL 22-005 No Wrong Door for Mental Health Services.

3. Referral Coordination:

    a. Completed Screening Tools must be shared with KernBHRS Care Coordination Unit (CCU).
    b. Follow-up is required to confirm timely clinical assessment and engagement.
    c. Members must consent to referral and be active participants in the process.
    d. KHS coordinates all Screening Tools with scores **6 or higher** to KernBHRS CCU in order to align with policy and the executed Memorandum of Understanding (MOU) between KHS and KernBHRS.

4. Overrides

    a. KHS may override the Screening Tool score when the result is inconsistent with the Member's clinical presentation (e.g., when the Screening Tool does not capture the need

for Specialty Mental Health Services (SMHS) in Members who are unable to respond to the Screening Tools questions due to serious mental health symptoms.

b. Overriding the Screening Tool score must be conducted only by specified Practitioners of Non-Specialty Mental Health Services (NSMHS). KHS Practitioner types that may override the Screening Tool score include:

    i. Licensed Clinical Social Workers (LCSWs)
    ii. Licensed Professional Clinical Counselors (LPCCs)
    iii. Licensed Marriage and Family Therapists (LMFTs)
    iv. Licensed Psychologists
    v. Psychiatric Physician Assistants (PAs)
    vi. Psychiatric Nurse Practitioners (NPs)
    vii. Licensed Physicians
    viii. Waivered, Registered, or Clinical Trainee counterparts

c. KHS is responsible for ensuring that all Practitioners deliver services within their scope of practice under California law.
d. The KHS Practitioner must provide the rationale and information supporting the rationale for overriding the Screening Tool score based on the following two options:

    i. **Higher Level of Services Needed** – Additional information was provided during the screening indicating that a higher level of services than NSMHS is needed. KHS must refer the Member to the MHP for a timely assessment.
    ii. **Lower Level of Services Needed** – Additional information was provided during the screening indicating that a lower level of services than SMHS is needed. The Member must be referred to KHS so that the KHS can coordinate a timely assessment.

e. The rationale for all overrides must be documented in the Member's health record.
f. All override decisions must be retained for DHCS audit.

D. Transition of Care Tool Description

1. Ensure all members, including adults aged 21 and older and youth under age 21, transitioning between KHS and MHP receive timely, coordinated, and non-duplicative services. May also be used when adding services across delivery systems.

2. Completed by treating providers in person, by phone, or via video.

3. The Transition of Care (TOC) Tool is used by both adults and youth and is intended to document the Member's information and provide information from the entity making the referral to the receiving delivery system to begin the Member's care transition.

4. TOC Tool includes specific fields to document the following elements:

a. Referring plan contact information and care team.
b. Member demographics and contact information.
c. Member behavioral health diagnosis, cultural and linguistic requests, presenting behaviors/symptoms, environmental factors, Behavioral health history, medical history, and medications.
d. Requested services and receiving plan contact information.

5. Process:

a. Determination to transition or add services must be made by a clinician via shared decision-making.
b. The treating providers complete the DHCS-approved tool, sends to KHS BH Department for review for appropriateness.
c. KHS BH staff sends it to KernBHRS CCU and facilitate closed-loop referrals.
d. Members may continue receiving NSMHS services simultaneously with SMHS if services are non-duplicative.

6. Exclusions:

a. TOC does not replace urgent/emergency protocols, access standards, EPSDT, or clinical assessments.

III. DEFINITIONS

TERMS	DEFINITIONS
SMHS	Outpatient mental health services provided through the county Mental Health Plans (MHPs) for Medi-Cal beneficiaries who meet medical necessity criteria. SMHS typically includes services such as individual/group therapy, case management, medication support, crisis intervention, day treatment, and residential treatment for individuals with serious emotional disturbance (SED) or serious mental illness (SMI).
NSMHS	Lower-intensity outpatient mental health services provided through Medi-Cal Managed Care Plans (MCPs). NSMHS typically includes services such as individual or group counseling, psychological testing (in some cases), and medication management for beneficiaries with mild-to-moderate mental health conditions that do not meet criteria for SMHS.

EPSDT	A federal Medicaid benefit that requires the MCP to provide comprehensive and preventive health services for individuals under age 21. EPSDT covers all medically necessary services—including mental health and substance use disorder treatment—whether or not the service is part of the state's standard Medi-Cal benefit package.

IV. PROCEDURES

A. Member Contact and Initial Intake

1. Eligibility Verification

    a. Each time a member contacts the KHS Member Services Line requesting behavioral health services, staff must verify:

        i. The member's Medi-Cal eligibility;
        ii. Health network assignment (KHS or other MCP);
        iii. Whether the member is currently receiving behavioral health services.

    b. If the member is already in care, the Screening Tool is not required.

2. Warm Transfer to Behavioral Health (BH) Team

    a. If the member is not currently receiving services, Member Services staff will complete a warm transfer to the KHS BH Team.
    b. BH Team staff are responsible for administering the DHCS-approved Adult or Youth Screening Tool.

B. Screening Administration

1. Screening Method

    a. The tool may be administered by licensed or non-licensed staff in person, by telephone, or by video conference.
    b. Staff must:

        i. Ask all questions in the tool in the exact wording and order;
        ii. Record answers fully;
        iii. Score responses according to the DHCS-approved methodology.

2. Immediate Risk and Safety

a. If at any point the member endorses imminent risk of harm to self or others, or another urgent/emergency situation, staff must immediately follow KHS emergency protocols rather than continuing with the screening.

3. Documentation

    a. Completed screening forms must be uploaded into the member's record in the electronic health system the same day of contact.

C. Referral Determination

1. Mild to Moderate Need (Score ≤ 5)

    a. BH staff schedule an appointment with an appropriate KHS Behavioral Health Provider.
    b. The provider selected must:

        i. Be contracted and credentialed within the KHS network;
        ii. Be currently accepting new Medi-Cal patients;
        iii. Provide services in the member's preferred language or ensure interpreter availability;
        iv. Offer an appointment within DHCS/KHS access standards (see Policy 4.30-P).

2. Specialty Mental Health Services Need (Score ≥ 6)

    a. BH staff will initiate a referral to KernBHRS Care Coordination Unit (CCU).
    b. Staff must:

        i. Transfer the member via warm handoff whenever possible;
        ii. Submit the completed screening tool to KernBHRS CCU;
        iii. Obtain member consent to share information.

3. Overrides

    a. If staff determine the screening score does not reflect the member's clinical presentation, a licensed practitioner of the healing arts (LPHA), as defined by DHCS, may override the score.
    b. The override rationale must be documented in the member's chart.

D. Transition of Care Process

1. When Required

    a. The Transition of Care Tool must be completed when:

i. A member receiving MCP-level care is determined to need Specialty Mental Health Services (SMHS);
ii. A member receiving SMHS requires MCP behavioral health services in addition;
iii. A member requires a transfer of services between MCP and MHP providers.

2. Completion of Tool and Coordination with MHP

a. The treating provider will complete TOC Tool and submit to KHS for review.
b. KHS will forward the completed TOC Tool to KernBHRS Care Coordination Unit to initiate linkage to SMHS.
c. KHS Behavioral Health Department will coordinate with the MHP to ensure:

i. The referral has been received and accepted by KernBHRS.
ii. The member has been scheduled for a timely assessment.
iii. The member is engaged in services and all required consents have been obtained
iv. Closed-loop referral is documented.

3. Concurrent Services

a. If clinically appropriate, members may continue to receive MCP behavioral health services at the same time as SMHS, provided services are not duplicative.

E. Documentation and Quality Assurance

1. All screening and transition tools must be retained in the member's health record and made available for DHCS audit.

2. KHS Quality Department will conduct periodic audits of screening and referral documentation to ensure compliance with DHCS standards.

3. Staff not following the policy will receive corrective action and retraining.

V. ATTACHMENTS

Attachment A:	DHCS Adult Screening Tool (Form 8765-A)
Attachment B:	DHCS Youth Screening Tool (Form 8765-B)
Attachment C:	DHCS Transition of Care Tool (Form 8765-C)

VI. REFERENCES

Reference Type	Specific Reference
All Plan Letter(s) (APL)	APL 25-010 Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services
Other KHS Policies	Policy 4.30-P
All Plan Letter(s) (APL)	APL 22-005 No Wrong Door for Mental Health Services.

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	08/11/2025	Submitted for DHCS APL 25-010 (Entire policy was rewritten, no redline submitted)	-
Created	03/2023	Submitted new policy for APL 22-028	-

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Department of Health Care Services (DHCS)	09/02/2025	10/02/2025
Department of Health Care Services (DHCS)	03/27/2023	04/11/2023
Choose an item.		