

Kern Health Systems Behavioral Health

DHCS ADULT AND YOUTH SCREENING AND
TRANSITION OF CARE TOOLS FOR MEDI-
CAL MENTAL HEALTH SERVICES

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Agenda

- Introduction of the Behavioral Health (BH) Team
- History of Non-Specialty Mental Health Services (NSMHS)
- Purpose of the Adult and Youth Screening Tool
- Purpose of Transition of Care Tool
- Use of Transition of Care Tool
- Compliance
- Referrals/Coordination of Care

Introduction to BH Team

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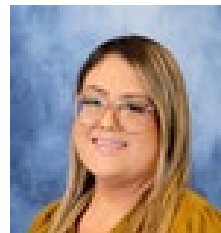
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History

- **Outpatient Mental Health Services**
 - KHS has been responsible for the provision of Non-Specialty Mental Health Services (NSMHS) since January 1, 2014.
 - KHS has contracts with 34 NSMHS providers



DHCS Adult and Youth Screening Tools

Purpose of Screening Tools

- The Screening Tools determine the appropriate mental health delivery system referral for an initial assessment for Medi-Cal beneficiaries who are not currently receiving mental health services when they contact the Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) seeking mental health services.
- The use of tools is to ensure individuals receive coordinated services across Medi-Cal mental health delivery systems and improve health outcomes. The goal is to ensure access to the right care, in the right place, at the right time.
- To determine the appropriate Medi-Cal mental health delivery system to refer an individual who is not currently receiving mental health services. The MCP and MHP are required to use the tools when contacted by an individual, or a person on their behalf if under age 21, seeking mental health services.
- The Screening Tools are not assessments and do not replace assessments.

DHCS Adult and Youth Screening Tools

Tool Administration/Scoring

- Mental health providers who are contacted directly by beneficiaries seeking mental health services may 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 [APL 22-005](#)
- The Screening Tools each include a scoring methodology based on responses to the tools' questions. The score generated by the Screening Tools determines whether the individual will be referred to the MCP or the MHP for clinical assessment. The screening score does not determine level of care or which services are medically necessary. These determinations are made during clinical assessment and clinically appropriate services may be provided during the assessment period, as described in [APL 22-005](#)
 - If an individual has a screening score of "0-5," they should be referred to the MCP for the clinical assessment.
 - If an individual has a screening score of 6+, they should be referred to the MHP for the clinical assessment.
- Individuals must be referred to the appropriate Medi-Cal mental health delivery system (i.e., the MCP or the MHP) for a clinical assessment based on their screening score. The Screening Tools are designed for administration by both non-clinicians and clinicians and do not require clinical judgment to be administered.
- If the provider disagrees with the referral, a clinical assessment will be completed to determine the level of care and medically necessary services. Based on the Mental Health assessment, if individual requires a higher level of care, clinician will complete the Transition of Care tool.
- If an individual receives a screening in one delivery system (MCP or MHP) but declines the referral to the other delivery system for assessment, the delivery system (MCP or MHP) that administered the screening must provide an assessment.

DHCS Transition of Care Tools

Purpose of Transition of Care Tools

- The Transition of Care Tool supports timely and coordinated care when adding a service from the other Medi-Cal mental health delivery system (i.e., MCP or MHP) or completing a transition of care to the other Medi-Cal mental health delivery system.
- The tool does this by providing a standardized process for sharing information and facilitating coordination across delivery systems.
- The tool is not meant to be diagnostic, and it is also not meant to replace existing DHCS criteria for access to specialty and non-specialty mental health services.
- MCPs and MHPs should follow existing access criteria and processes when determining whether a transition of care to, or addition of services from, the other delivery system is necessary for a beneficiary.
- Importantly, the determination as to whether a transition of care or addition of services should occur must be made by a clinician.
- This approach preserves flexibility for MCPs and MHPs; KBHRS follows the medical necessity criteria per DHCS requirements to support determination of whether a referral for a transition of care to, or addition of services from, the individual's MCP or MHP is needed.
- Once a determination has been made to transition care to, and/or add services from, the other delivery system, MCPs and MHPs are required to use the Transition of Care Tool to facilitate the referral.

DHCS Transition of Care Tool

Transition of Care Template

- The Transition of Care Tool is broken down into the following sections.
 - Referring Plan Information
 - Beneficiary Information
 - Demographics, BH Dx, Supporting Clinical Documents (summarize), Cultural and Linguistic preferences, Current Presenting symptoms/behaviors (including substance use if appropriate), Current environmental Factors, Brief Behavioral Health History, Brief Medical History, Current Medication/Dosage, Referring Provider/Current Care Team
 - Services Requested
 - Transition of Care to MHP
 - Addition of Service through the MHP
 - Transition of Care or Service Referral Destination
- Link to Transition of Care Tool

<https://www.dhcs.ca.gov/Documents/DHCS-8765-B.pdf>

DHCS Transition of Care Tool

Instructions

- 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.
- 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 KHS. KHS BH Team will coordinate the transition.
 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.



Compliance

- Access to Care standards from point of referral to the appointment for clinical assessment is within 10 business days for routine appointments. Urgent appointments require appointment for clinical assessment within 48 hours from initial request. All members have a right to "Timely Access" to receive a Clinical assessment, APL 22-005.
- MCP/Providers must ensure mental health parity and no wrong door. Therefore, no prior authorization may be required for an initial mental health assessment, APL 22-005.
- All Members have a right to make a grievance against MCP and MHP providers who do not meet access to care standards or refuse them initial assessment.
- KHS and DHCS conducts ongoing quarterly Timely Access Surveys. Phone calls are made to random provider offices to request current appointment availability to ensure members receive necessary care in a timely fashion. KHS encourages providers to participate in these surveys and would like to remind providers the importance of our regulatory requirements.
- DHCS intends to evaluate the Screening and Transition of Care Tools initiative over time to ensure individuals are receiving appropriate and timely access to care. As part of this process, additional reporting may be requested.

Referrals and Coordination of Care

- MCP providers are required to continue to provide care to members through out the transition of care process until the member completes full transition to the new provider.
- KHS BH Team is required by DHCS to monitor members in transition of care, high risk groups, and new requests for BH service. KHS BH Care Managers will be available for liaison with BH provider during the Transition of Care process regarding Transition of Care Tool questions, and monitoring/linking members to MHP providers for additional services.
- MCP providers may retain a part of member's BH services even if requesting additional services from a MHP SMHS provider. If deemed clinically appropriate by MCP provider, member may continue to receive Psychiatric services with current provider, but additional services may be requested from SMHS such as therapy, case management or group services. Additionally, if member is receiving therapy services with MCP provider, Transition of care tool could be submitted to add services such as psychiatry, case management, or group services, as appropriate.
- KHS BH Care Managers will be assigned to members that are receiving MCP and MHP services concurrently to ensure linkage, and engagement.
- KHS BH Team's goal is to coordinate and assist both members and MCP providers. KHS BH Team will work to ensure linkage to services, provide support with transition of care/additional services request, and ensure engagement of member to new services.



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