



Carelon Behavioral Health Primary Care Provider Training

Referral and Resource Guide

Agenda

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 - Applied Behavioral Analysis (ABA)/BHT Services
 - Psychological Testing Services
 - Transcranial Magnetic Stimulation (TMS)
 - PCP Decision Support Services
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 - Dyadic Care Services



PCPs Critical Role to Behavioral Health



PCPs are already delivering behavioral health...

20%

Of all primary care visits include a mental health indicator (screening, counseling, MH dx/reason, psychotropic medication). [cdc.gov](https://www.cdc.gov)

73.6%

Among adults treated with an antidepressant, 73.6% received it from a general medical provider (not a psychiatrist). pure.johnshopkins.edu

Nearly two thirds of people experiencing depression and other mental health conditions...are treated exclusively in primary care settings. [effectivehealthcare.ahrq.gov](https://www.effectivehealthcare.ahrq.gov)

“Nearly 70% of U.S. adults with a mental health disorder reported having at least one general medical disorder.” [genomind.com](https://www.genomind.com)



Don't Do It Alone: Partner & Refer Early

- A behavioral health referral is a proactive step, not a last resort.
 - *Connecting patients to collaborative care improved depression outcomes at 6 months vs. usual care with evidence of longer-term benefit (jamanetwork.com)*
- Your recommendation matters – many patients will try therapy or psychiatry because you suggested it.
 - *74% of U.S. Adults want their PCP to discuss mental health during routine checkups (axios.com)*
 - *On average, 45% of suicide decedents had primary care contact within 1 month, while 1/3 had mental health contact within 1 year. (pubmed.ncbi.nlm.nih.gov)*



Behavioral Health Services in California



Summary of CA's Behavioral Health Services

- In CA, “behavioral health” usually includes mental health and substance use disorder (SUD) care.
- The behavioral health system is a tiered model split between:

| “Non-Specialty” Routine Outpatient Care | “Specialty” Higher-Acuity Care |
|---|---|
| <ul style="list-style-type: none">• Generally mild-to-moderate conditions and stable patients.• Screening, brief intervention, outpatient therapy, outpatient psychiatry/med management. | <ul style="list-style-type: none">• Serious mental illness/emotional disturbance, psychiatric crisis.• Intensive case management, crisis services, inpatient/residential psychiatric care. |

- All members are screened using the statewide **Screening and Transition of Care tools for Medi-Cal Mental Health Services*** to determine the best delivery system.

*please see the appendix for more details on the screening and transition tools



Non-Specialty Mental Health Services (NSMHS) vs. Specialty Mental Health Services (SMHS)

| Medi-Cal Managed Care Plan Provided Non-Specialty Mental Health Services (NSMHS) | County Funded & Provided Specialty Mental Health Services (SMHS) | County-funded Substance Use Disorder Services |
|--|--|--|
| <ul style="list-style-type: none"> ✓ Maternity and newborn care ✓ Pediatric services, including oral and vision care ✓ Ambulatory patient services ✓ Prescription drugs (carved in) ✓ Laboratory services ✓ Preventive and wellness services and chronic disease management <p style="text-align: center;">Mental health services for <u>Mild to Moderate</u> Impairments</p> <ul style="list-style-type: none"> ✓ Medication management ✓ Individual and group therapy ✓ Psychological testing ✓ Behavioral health treatment for ASD | <ul style="list-style-type: none"> ✓ Medication management ✓ Assessment and treatment planning ✓ Individual and group therapy ✓ Crisis intervention ✓ Crisis stabilization ✓ Adult crisis residential services <ul style="list-style-type: none"> ✓ Targeted case management ✓ Adult residential treatment services ✓ Full service partnerships ✓ Acute Psychiatric Hospital Services ✓ Inpatient Professional Services ✓ IMD Psychiatric Services | <ul style="list-style-type: none"> ✓ Outpatient Drug Free ✓ Intensive Outpatient ✓ Residential Services for pregnant women ✓ Narcotic Treatment Program ✓ Naltrexone ✓ Inpatient Detoxification Services ✓ (Administrative linkage to County AOD still being discussed) |

- If Member is experiencing Non-Specialty Mental Health symptoms or functional impairments, Member is referred to a **Carelon** Contracted Provider
- If Member meets the Specialty Mental Health symptoms and impairments, Member is referred to the **County Mental Health Plan (MHP)**.



*Effective, 7/23 members can be open at both MCP and MHP if the services are non – duplicative, coordinated and covered

Carelon Behavioral Health Services



Carelon Behavioral Health

- Carelon Behavioral Health (Carelon) is a behavioral health organization. Carelon provides a range of services to health plans to manage behavioral health programs effectively; Carelon is a delegated behavioral health partner to health plans.
- Services are coordinated through the expertise of Carelon’s clinical staff and an extensive network of behavioral health (BH) providers.

| Functional Area | Services | Provider |
|-----------------------------------|--|-----------------------------|
| Outpatient Therapy | <ul style="list-style-type: none"> • Individual, group, family psychotherapy, and dyadic care | Carelon’s INN BH Providers |
| Psychiatry/Med Management | <ul style="list-style-type: none"> • Psychiatric Consultations and Medication Management | Carelon’s INN BH Providers |
| Testing | <ul style="list-style-type: none"> • Psychological and neuropsychological testing to evaluate a mental health condition | Carelon’s INN BH Providers |
| TMS | <ul style="list-style-type: none"> • Transcranial Magnetic Stimulation | Carelon’s INN BH Providers |
| ABA/BHT (varies per client) | <ul style="list-style-type: none"> • Applied Behavioral Analysis/BHT Services and Testing for members under the age of 21 | Carelon’s INN BHT Providers |
| Care Coordination/Case Management | <ul style="list-style-type: none"> • For members with complex co-morbidities, ensuring coordination between physical and behavioral health care; supports referrals to BH providers | Carelon |
| PCP Support | <ul style="list-style-type: none"> • Psych Consults supported by Carelon psychiatrist | Carelon |
| County Coordination | <ul style="list-style-type: none"> • Support referrals and linkages with counties | Carelon |



Care Coordination / Care Management



Carelon CM Program

Care Management (CM) Program is available to help members with behavioral health care needs obtain the right services, skills and supports to achieve optimal health and life functioning in the community.

Program Goals:

- Improve access to mental health and substance use services. *Carelon's primary responsibility is ensuring access to mental health services*
- Promote member engagement
- Increase care collaboration
- Coordinate access to the most appropriate level of care
- Improve overall member health outcomes



Considerations for Referral to our Care Management Team

- Members who have multiple diagnoses with chronic physical ailments and unmet mental health needs resulting in preventable declines in health status
- At-risk for Escalating to Specialty Mental Health Services
- Perinatal Depression: Women at risk for or exhibiting symptoms of maternal mental health needs
- Members who are non-compliant with recommended mental health treatment, including pharmacy
- Requires assistance in obtaining and coordinating behavioral health treatment and community resources or services
- Members who may need assistance with county transitions – either needing a higher level of care or currently at county level who are now eligible to step down to non-specialty mental health level of care



ABA/BHT Services



Applied Behavioral Analysis (ABA)/ Behavioral Health Therapy (BHT) is treatment modality for children and youth.

Eligibility Criteria:

- **Requires prior authorization** for ABA services (IN-Network/Out-of-Network)
- Member must be under 21 years of age
- A licensed Physician or psychologist can recommend ABA with any diagnosis code
- Requires a completed referral and/or recommendation from the requesting provider
 - This must be completed and signed by a Licensed Physician or Psychologist
- Be medically stable
- The member must be without need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities



Psychological & Neuropsychological Testing



Psychological & Neuropsychological Testing

- Psychological & neuropsychological testing **does not require prior authorization.**
- PCPs may refer members for neuropsychological testing. Psychological testing referrals should come from a treating behavioral health provider when clinically indicated to evaluate a mental health condition.
- Upon receipt of the referral, Carelon will contact the member and assist them in securing an appointment or referral to complete a comprehensive clinical evaluation. Carelon will notify the referral source to confirm outcome.

| Reasons for Psychological Testing | Reasons for Neuropsychological Testing |
|--|---|
| The member can be receiving mental health services and the referral comes from a behavioral health provider to further assess a member's psychological functioning or to modify or revise an ongoing treatment plan. | The member usually <i>is not</i> receiving mental health services. A member who is experiencing cognitive impairments that interfere with day-to-day functioning may require neuropsychological testing to better define, localize and quantify the deficits, aid in diagnostic clarity, and inform appropriate treatment planning. |



Transcranial Magnetic Stimulation (TMS)



Transcranial Magnetic Stimulation (TMS)

- Transcranial Magnetic Stimulation (TMS) **does require prior authorization.**
- TMS treatment is ordered by a psychiatrist (MD or DO) who has examined the member and reviewed the record. The physician has experience in administering TMS therapy.

Reasons for TMS

Requests for TMS should be made only after a comprehensive clinical evaluation has been conducted with a diagnosis of treatment-resistance Major Depressive Disorder (MDD) or OCD having failed.

Referral Form:

[Transcranial-Magnetic-Stimulation-Medi-Cal-and-DSNP-Form.docx](#)



Requesting PCP Decision Support



Requesting PCP Decision Support from a Carelon Psychiatrist



Carelon's National
Peer Advisor Line
877-241-5575

PCP Decision Support is a telephone call between a Carelon Psychiatrist and a member's PCP to assist PCPs with psychiatric diagnosis/medications.

When a call is made, Carelon will give availability for our psychiatrists to call back Monday-Friday from 6am-5pm (PST).

Information is general educational consultation only and is not intended to constitute practice of medicine.



Referring Patients to Carelon



Call or Direct Members to Carelon Services

PCPs have a few options to refer members to Carelon for outpatient services.

Option 1

- Call Carelon's Customer Service Line at 855-765-9702
- Press 2 to bypass the phone tree
- Inform the Customer Service Representative that you are with a PCP office {"I am calling from a PCP office and requesting a referral for mental health services for my patient"}

If the patient is not with you at the time to provide verbal consent to release information, Carelon requires written consent to share information about a member's mental health utilization and to close the loop after a referral is completed.



Complete & Submit a PCP Referral Form

Carelon Behavioral Health Carelon Behavioral Health / Primary Care Provider (PCP) Referral Form

Referral Date: _____ Member Name: _____ Medi-Cal CIN ID#: _____
DOB: _____ Parent/Guardian Name: _____ Preferred Language: _____
Phone: _____ (home); _____ (parent/guardian's cell); _____ (member's cell)
Member address: _____
Does the minor 12 and older have capacity to give consent to services? Yes No If no, please explain _____
Best day/time to reach the member: _____ Best day and time to reach the parent/guardian: _____
PCP Clinic/Agency: _____ Name of PCP: _____ PCP Phone #: _____

To receive a confirmation of this referral's outcome, please check the box below noting preferred method and contact details:
 Email address: _____ Fax Number: _____
 Please check to confirm member eligibility was verified

PCP Request (one request per referral form)

PCP Decision Support: To obtain a mental health educational conversation with a Carelon Behavioral Health psychiatrist related to psychiatric diagnoses/medications. Contact the National Peer Advisor line: **Office Hours:** 8am-5pm PST Monday – Friday
Please call phone number: 877-241-5575

Referral for Outpatient Behavioral Health Services: Refer members for therapy or medication management via Carelon Behavioral Health's network of providers when their needs are outside the PCP scope of practice. Carelon Behavioral Health can coordinate member care with county mental health. Fax: **877.321.1787** OR secure email: Medi-Cal.Referral@carelon.com

Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA) Services: Specialty services for youth under 21 years old with established diagnosis of Autism Spectrum Disorder (ASD) or for whom BHT/ABA services are medically necessary. **Include documentation or progress note with physician order requesting ABA services.
Fax: **877.321.1776** OR secure email ASGCare.Managers@carelon.com

Form Completion:

1. Complete member info or attach a face sheet/printout from your EMR

2. Select **ONE** referral reason per form:

- PCP decision support
- Referral for OP BH services
- Referral for ABA/BHT (if delegated)

3. Provide basic background info on the members.
**Medications and suspected diagnosis are important to streamline decision support with psychiatrist.

Getting the Form:

Download a copy from the Carelon website at:
<https://www.carelonbehavioralhealth.com/providers/forms-and-guides/ca>

Request Reason (check all that apply):

Symptoms:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Perinatal depression/anxiety | <input type="checkbox"/> PTSD/Trauma |
| <input type="checkbox"/> Poor self-care due to mental health | <input type="checkbox"/> Violence/Aggressive behavior | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Psychosis (auditory/visual hallucinations, delusions) | <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Adverse Childhood experiences (ACEs) | <input type="checkbox"/> Neuropsychological testing | |
| <input type="checkbox"/> Substance use, please specify: _____ | | |
| <input type="checkbox"/> Other BH symptoms: _____ | | |

Impairments:

- Difficulties/Unable to complete ADLs Difficulties maintaining relationships Legal CPS
 Difficulties/Unable to go to work/school Other: _____

Medications (list below or send medication list with this form, please include dosage):

Motivation for Services (check all that apply)

- Member (or guardian) has been informed of referral to Carelon Behavioral Health
 Member wants services for self (or dependent)
 Member is unsure or ambivalent about services for self (or dependent)
 If applicable, Member has completed a PHQ-2/PHQ-9, Score _____



Option 3: Call or Direct Members to Carelon Services

Call on behalf, or direct members, to call Carelon

- Carelon Member Services: **855-765-9702** is available during routine business hours (M-F 8:30 am – 5 pm PST).



Carelon Provider Directory



Log In

Find Providers Services Content Library Forms and Documents Contact Us

Search [magnifying glass icon] ENG [globe icon]



Search by keyword

Specialty, service, provider name

Refine results:

Expand all filters Clear all filters

Distance 2 5 10 25 50 100 200

Telehealth providers are included.

- Accepting new patients 1674
- Accepting online appointment requests 8
- Wheelchair access 1558
- Public transport access 1517

Telehealth types

Ages treated

Practitioner type

COUNSELOR

Specialty, service, provider name 91360

2 filter(s) applied / 1674 result(s) found for Gold Coast Health Plan - MediCal

Sort by Default Show on page 10

Card view [hamburger icon] [share icon]

Print Share

SHUSHANIK KHACHATRYAN, LMFT

COUNSELOR

(818) 926-3030
shushantherapy@gmail.com
2100 Lynn Rd Ste 120, Thousand Oaks, CA, 91360
0.7 miles
County: Ventura
Telehealth in CA

- ATTENTION DEFICIT HYPERACTIVITY DISORDER
- ANXIETY DISORDERS
- MARITAL/SEPARATION /DIVORCE
- OBSESSIVE COMPULSIVE DISORDERS
- PANIC/PHOBIA
- TELEHEALTH SERVICES
- BIPOLAR DISORDER

View more

Accepting new patients [no wheelchair icon] [no hearing aid icon] [no speech icon] Telehealth provider Medicaid provider

HOURS OF OPERATION

| | |
|-----|--------------------|
| Mon | 9:00 AM to 7:00 PM |
| Tue | 9:00 AM to 7:00 PM |
| Wed | 9:00 AM to 7:00 PM |
| Thu | 9:00 AM to 7:00 PM |
| Fri | 9:00 AM to 7:00 PM |
| Sat | 9:00 AM to 7:00 PM |
| Sun | Not available |

Add to compare

- Provider searches can be specified by benefit coverage, specialty, or location.
- The website and directory can be translated into multiple languages (top right-hand corner).
- Additional filters can be applied to refine results.
- Members can contact providers directly.



Carelon Care Management Program Referrals


Consider a referral to Care Management for members who could benefit from local behavioral health care coordination services:

- Link members to mental health providers
- Link members to community support services
- Assist members with coordination between multiple agencies
- Engage members with history of non-compliance



[Carelon Care Management Referral Form](#)

Carelon Behavioral Health/Gold Coast Health Plan Behavioral Health Care Management Referral Form



Referral Date: _____ Member Name: _____ Medi-Cal CIN ID#: _____
DOB: _____ Parent/Guardian Name: _____ Preferred Language: _____
Phone: _____ (home); _____ (parent/guardian's cell); _____ (member's cell)
Member address: _____

Member notified of this referral: Yes No Parent/guardian notified of this referral: Yes No

If the member is a minor 12 and older, who is requesting MH care management and services?
 Member only (parent/guardian is unaware) Parent/guardian only Both member and parent/guardian

Does the minor 12 and older have capacity to give consent to services? Yes No If no, please explain _____

Best day/time to reach the member: _____ Best day and time to reach the parent/guardian: _____

PCP Clinic/Agency: _____ Name of PCP: _____ PCP Phone #: _____

REFERRAL SOURCE:
 Health Plan PCP Behavioral Health Provider Specialty Provider Community Partner Hospital

Referring Clinic/Agency/Location: _____ Referring Provider: _____
Email: _____ Contact Phone #: _____ Fax#: _____

Referral for Care Management: Local behavioral health care coordination services to: link members to mental health providers, engage members with history of non-compliance and/or link them to community support services, and assist with coordination between multiple agencies

Requested Services: Individual/Group Therapy Family Therapy Medication Management Other: _____

Referral Reason (check all that apply):

| | |
|---|--|
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Suicidal or Homicidal Ideation: If yes, Current <input type="checkbox"/> History <input type="checkbox"/> |
| <input type="checkbox"/> Poor self-care due to mental health | <input type="checkbox"/> Response Given on HRA: _____ |
| <input type="checkbox"/> Psychosis (auditory/visual hallucinations, delusional) | <input type="checkbox"/> Difficulties Maintaining Relationships |
| <input type="checkbox"/> PTSD/Trauma | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Violence/Aggressive Behavior | <input type="checkbox"/> Legal, Child or Elder Abuse |
| <input type="checkbox"/> Difficult/Unable to Complete ADLs | <input type="checkbox"/> Adverse Childhood Experiences (ACEs): Score _____ |
| <input type="checkbox"/> Difficult/Unable to go to work/school | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Perinatal Depression and/or Anxiety | <input type="checkbox"/> Other: _____ |

Step-down from County SMHS: Yes No

Substance Use: If yes, Current History Substance Use (type): _____

Mental health and medical diagnoses: _____

Medications (list below or send medication list with this form): _____

Additional Information: _____

Member Motivation for Services:
 Member wants services for self (or dependent)
 Member is unsure or ambivalent about services for self (or dependent)
 Member does not want services or does not believe they are needed
 Member has not been informed of this referral to Carelon

Please complete the form as fully as possible. Send referral via secure email: GCHP.ColocatedTeam@carelon.com or fax to: 855.371.3947
For members 12 and older, in certain situations under privacy law AB1194, a written ROI may be required to share sensitive information with anyone including parents and guardians. If possible, please send this referral form along with a completed release of information for anyone who may be involved in the member's care.



ABA/BHT Referral Form

Form Purpose:

- This form is for providers who are referring members that need **ABA Services**. Once completed and signed form is received, one of our Outreach Specialists will reach out to the family and assist in finding an ABA provider.

Getting the Form:

- Our ABA team can provide a copy of the form to the provider. Member or provider can call us at 855.371.8117 or send us an email to ASGCare.Managers@Carelon.com

Sending the Form:

- Fax the completed and signed form to: 877-321-1776
- Send via secure email to: ASGCare.Managers@Carelon.com

ABA Services Team:

Carelon has a dedicated Outreach Care Specialists team who can assist parents/guardians with appointment assistance with BHT/ABA service providers including CDE and ABA treatment.



ABA/BHT Referral Form (Medi-Cal)

Must be completed by Licensed Physician, Surgeon, or Psychologist
Information provided will be protected in accordance with HIPAA requirements and other applicable confidentiality regulations

ALL SECTIONS MUST BE COMPLETED FOR SUBMISSION

Patient Information:

Patient's Last Name/First Name: _____
Patient's DOB: _____ Subscriber ID #: _____
Diagnosis if available (not required): _____
Patient is: Under 21 years of age? ___ Yes ___ No Medically stable? ___ Yes ___ No
Does the patient need 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities? ___ Yes ___ No

Provider Information:

Name of Provider: _____ License/Certification/Fed Tax ID #: _____
Street Address: _____ City/State/Zip: _____
Telephone #: _____ Fax #: _____

Presenting Behavioral Concerns:

- | | | |
|---|---|--|
| <input type="checkbox"/> Speech Delay | <input type="checkbox"/> Poor Eye Contact | <input type="checkbox"/> Low Social Response |
| <input type="checkbox"/> Low Peer Interaction | <input type="checkbox"/> Repetitive Behaviors | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Preoccupation of Interests | <input type="checkbox"/> Stereotypic Movement | <input type="checkbox"/> Echolalia |
| <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Aggression | <input type="checkbox"/> Elopement |

Clinical Information

1. Is BHT/ABA Treatment Assessment Recommended? ___ Yes ___ No

2. Has family/caregiver chosen a BHT/ABA Provider? ___ Yes ___ No

If yes, ABA/BHT Provider Name: _____

Signature of Provider: _____ Date: _____

*Return Completed ABA/BHT Referral Form to:

Email: ASGCare.Managers@carelon.com

Fax: 877-321-1776

Carelon's Online PCP Toolkit



Carelon's Online Toolkit to Support Primary Care Practices

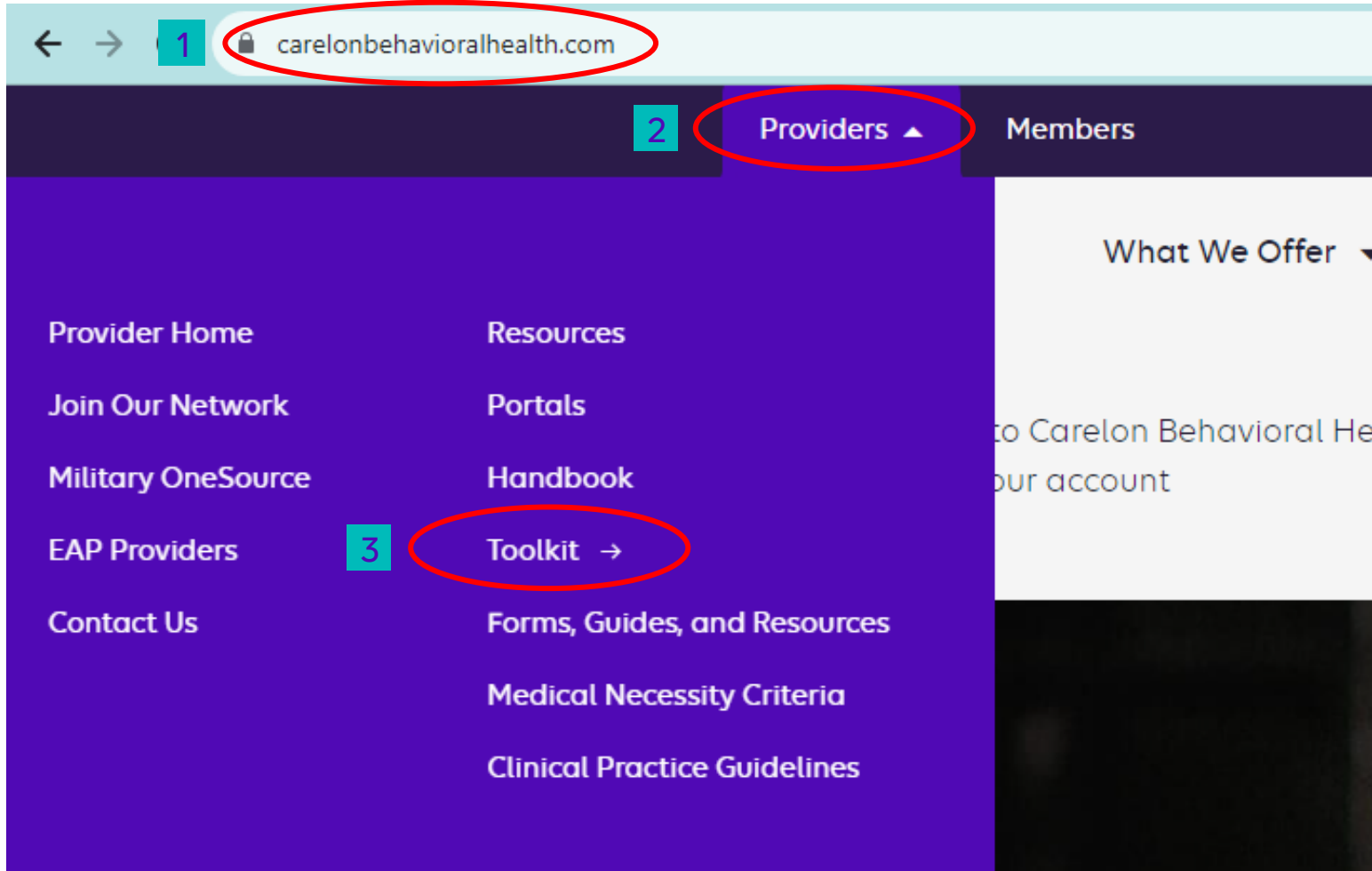


The tools you need when your patients need behavioral healthcare

You're often the first point of contact for patients with a behavioral health condition. This toolkit will help you with identification, information, and treatment steps.



Toolkit is Accessible Directly from Carelon's Homepage



1. Go to:
www.carelonbehavioralhealth.com
2. Hover over the Providers tab
3. Click on Toolkit



Toolkit Components

For additional clinical resources, visit our [Clinical practice guidelines](#) page.

[Healthcare Effectiveness Data and Information Set \(HEDIS\) Provider Tip Sheets](#) 

Explore the toolkit's topics

Click on a topic for quick access.

- [Alcohol and substance use disorder \(SUD\)](#)
- [Anxiety disorders](#)
- [Attention-deficit/hyperactivity disorder \(ADHD\)](#)
- [Autism spectrum disorder \(ASD\)](#)
- [Coordination of care](#)
- [COVID-19 lingering impact](#)
- [Eating disorders](#)
- [Medication](#)
- [Mood disorders](#)
- [Obsessive-compulsive disorder \(OCD\)](#)
- [Post-traumatic stress disorder \(PTSD\)](#)
- [Project TEACH](#)
- [Schizophrenia](#)
- [Social Drivers of Health \(SDoH\)](#)



Each topic includes an overview as well as additional links and resources for PCPs and Members



Anxiety disorders are among the most common mental disorders, yet their chronic and debilitating nature is often seriously underestimated. Anxiety disorders are characterized by excessive anxiety, fear, worry, avoidance, and compulsive rituals — all of which are associated with impaired functioning or significant distress.

According to the Anxiety and Depression Association of America, approximately 31% of all adults will experience an anxiety disorder at some point in their life. Additionally, people with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for a psychiatric disorder.

Types of anxiety disorders include generalized anxiety disorder, panic disorder, social anxiety disorder, and various phobia-related disorders.

Anxiety resources

▼ [Guidelines for diagnosis and treatment](#)

▼ [Medication](#)

▼ [Member materials](#)

▼ [Screening tools](#)

Appendix



Screening & Transition of Care (Medi-Cal)



CA Screening and Transition of Care Tools

Statewide implementation of the **Screening and Transition of Care tools for Medi-Cal Mental Health Services** became effective January 1, 2023. DHCS developed standardized Adult and Youth Screening Tools to determine the most appropriate Medi-Cal mental health delivery system referral.

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.

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.

| | | |
|--|--|------------------------------------|
| State of California – Health and Human Services Agency | | Department of Health Care Services |
| Youth Screening Tool for Medi-Cal Mental Health Services <i>Youth Respondent</i> | | |
| Name: | Date of Birth: | |
| Age: | <i>NOTE: 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 | |
| <i>NOTE: 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 | |
| • If calling about someone else, who are you calling about and what is your relationship to them? | | |
| <i>NOTE: 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? | | |
| Services: | | |
| Address: | | |
| Best Call Back: | | |
| Primary language: Caregiver name (if applicable): | | |
| 4. Are you currently receiving mental health treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| • If yes, where are you receiving those services? | | |
| <i>NOTE: 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? | | |
| <i>NOTE: 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> | | |



Screening and Transition of Care Tools (cont.)

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.



State of California – Health and Human Services Agency Department of Health Care Services

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 | Gender Identity: <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"/> | |
| | Pronouns: <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: | | |

Dyadic Care Services



“Babies Don’t Go to the Doctor By Themselves”

- Dyadic Care is a healthcare approach that recognizes the **importance of the relationship, and thus provides simultaneous support for the child/caregiver** as part of healthcare interventions
- Dyadic Care is modeled after HealthySteps which provides evidence that:
 - the health and well-being of children are linked directly to how their parent(s) or other primary caretaker(s) are faring
 - the relationship between an infant or young child and their caregiver(s) is one of the most critical factors influencing health and development for the rest of a person’s life.
- Both the caregiver and child have the chance to experience more positive ways to interact with each other, **all while attending a regular well-child visit or behavioral health visit**
- Dyadic Care acknowledges that environmental influence, especially in the context of caregiving, is a **critical prevention and health promotion to support healthy child development**



Dyadic Care Services: Overview

Effective January 1, 2023, Dyadic Care is the name of a Medi-Cal benefit that covers services provided to the parent(s) or caregiver(s) in service of promoting child health during a child's healthcare visit.

- Dyadic Care Services are a form of behavioral health services provided to **both children under 21 years of age and their parent(s) or caregiver(s)** for the direct benefit of the child
- This treatment model is a form of therapy in which the child and parent(s) or caregiver(s) are treated holistically
- This healthcare approach recognizes the importance of the relationship between the child and parent(s)/caregiver(s) and promotes simultaneous support as part of healthcare interventions
- Medi-Cal covers Dyadic Care Services provided to the parent(s)/caregiver(s) and child in service to promote the child's health
 - Dyadic Care Services include assessments, screenings, counseling, and brief intervention services



Dyadic Care Providers

- Dyadic Care can be provided across setting types, including pediatric primary, outpatient mental health treatment, and via telehealth.
- Dyadic Care Services can be provided by:
 - Physicians (MD/DO), including licensed psychiatrists
 - Licensed Clinical Social Workers
 - Licensed Professional Counselors
 - Licensed Marriage and Family Therapists
 - Licensed Psychologists
 - Psychiatric Physician Assistants
 - Psychiatric Nurse Practitioners
 - Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Associate Clinical Social Workers, and Psychology Assistants may render services under a supervising clinician.



Types of Dyadic Care Services

Dyadic Behavioral Health (DBH) Well-Child Visits

- Provided for the child and caregiver(s) **at medical visits**.
- The child and caregiver(s) can be screened for behavioral health problems, tobacco and substance misuse, social determinants of health, as well as provided referrals for appropriate follow-up care.

Dyadic Comprehensive Community Support Services

- Helps the child and their caregiver(s) gain access to needed medical, social, educational, and other health-related services.

Dyadic Psychoeducational Services

- Planned, structured interventions that provide or demonstrate information with the goal of preventing the development or worsening of behavioral health conditions.

Dyadic Family Training and Counseling for Child Development

- Provides training and counseling related to a child's behavioral issues, developmentally appropriate parenting strategies, parent/child interactions, and other related issues



Contact Carelon for more information on Dyadic Care Services

If your medical practice is already providing Dyadic Care types of services or if you are interested in learning more:

1. ALL PLAN LETTER 22-029 (REVISED): SUBJECT: DYADIC SERVICES AND FAMILY THERAPY BENEFIT. (n.d.). In *California Department of Healthcare Services*. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-029.pdf>
2. Center for Advancing Dyadic Care in Pediatrics. (n.d.). <https://dyadiccare.ucsf.edu/>
3. Dhcs.ca.gov. (n.d.). <https://www.dhcs.ca.gov/provgovpart/Pages/Dyadic-Services.aspx>
4. *Medi-Cal Provider Manual, Dyadic services*. (2025, March). Dyadic Services as a Medi-Cal Benefit. Retrieved October 16, 2025, from: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/6713E472-B513-4499-AE4D-4B809C64AD93/dyadicser.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYylPyP5ULO
5. Contact Carelon's National Provider Service Line at 800-37-1630, Monday through Friday, 8:30 a.m. to 5 p.m. EST or email the CA Provider Relations Team at: provider.inquiry@carelon.com



