
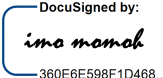


BHS Policies and Procedures	
 <p>City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES</p>	<p>1380 Howard Street, 5th Floor San Francisco, CA 94103 (628) 754-9500 FAX (628) 754-9575</p>
Policy or Procedure Title: Screening and Transition of Care Tools	
<p>Issued By:  Imo Momoh Director of Managed Care</p> <p>Date: March 1, 2023</p>	<p>Manual Number: 3.03-23</p> <p>References: APL 22-032, APL 23-005, APL 23-010, APL 22-006, APL 22-005, APL 25-010, BHIN-25-020, BHIN 21-073, BHIN 22-011, BHS 3.04-11</p>

Technical Revision. Last Reviewed Date: December 1, 2025

Equity Statement: Behavioral Health Services (BHS) is committed to prioritizing intersectionality, including race, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to become an anti-racist and trauma informed organization. We are committed to ensuring that every policy and procedure leads with an equity lens. We are dedicated to ensuring that our providers are equipped to respond to our members' diverse needs and lived experiences.

Purpose: The purpose of this policy and procedure is to provide guidance on the standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth members to the appropriate Medi-Cal mental health delivery system and ensure that members requiring transition between delivery systems receive timely and coordinated care.¹

Background: The Screening and Transition of Care Tools for Medi-Cal Mental Health Services guide referrals to the Medi-Cal mental health delivery system (i.e., Medi-Cal Managed Care Health Plan (MCP) or Behavioral Health Plan (BHP)) that is expected to best support each member.

The Adult and Youth Screening Tools for Medi-Cal Mental Health Services (Screening Tools) determine the appropriate mental health delivery system referral for members but are not required or intended for:

- Members who are currently receiving mental health services,
- Members contacting a mental health provider directly; or
- Practitioner-initiated referrals consistent with the *No Wrong Door for Mental Health Services Policy* (APL 22-005, BHIN 22-011, or subsequent updates).

¹ 1 Subdivision (i) of W&I section 14184.402 authorizes DHCS to issue this guidance by bulletin

This is inclusive of county-owned and county-operated providers. Some counties may also have established referral pathways (e.g. schools, hospitals) whereby service providers have already conducted some level of screening of a member -who likely requires SMHS- refer the member to the BHP. In these situations, providers may begin assessment and provide services during the assessment period consistent with the “No Wrong Door” Policy (BHIN 22-011, BHIN 25-020, or subsequent updates.

The Transition of Care Tool ensures that members receive timely and coordinated care in the event of modifications to/with existing services.

Scope: The screening tool portion of this policy applies to centralized access points in the Behavioral Health Services (BHS) delivery system. Centralized access points include the Behavioral Health Access Line (BHAL) and the Behavioral Health Access Center (BHAC). The transition tool portion of the policy applies to BHS civil service and contracted providers providing specialty mental health services (SMHS).

Policy: Effective January 1, 2023, the San Francisco BHP will use the standardized Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

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

The Adult Screening Tool shall be used for members age 21 and older and the Youth Screening Tool for members under age 21. The Screening Tools identify initial indicators of member needs to decide on referral to either the member’s Managed Care Plan (MCP) for a clinical assessment and medically necessary NSMHS or to the member’s Behavioral Health Plan (BHP) for a clinical assessment and medically necessary SMHS.

Note: Completion of the Screening Tool is not considered an assessment. Once a member is referred to the MCP or BHP, they shall receive an assessment from a provider in that system to determine medically necessary mental health services.

I. Description of the Adult and Youth Screening Tools

The Adult and Youth Screening Tools are designed to capture information necessary for identification of initial indicators of a member’s mental health needs for the purpose of determining whether the BHP must refer the member to their MCP or to a BHP provider (county operated or contracted) to receive an assessment. The Screening Tools include both screening questions and an associated scoring methodology, which are distinct. Their full descriptions can be found in BHIN 25-020.

Based on responses to the screening tool questions, each Screening Tool’s scoring methodology will determine whether the member must be referred to the MCP or to the BHP for clinical assessment and medically necessary services, unless the BHP overrides the score consistent with guidance outlined in BHIN 25-020. For all referrals, the member shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

Note: BHPs must allow contracted mental health providers who are contacted directly by members 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 Policy described in BHIN 22-011 or subsequent updates.

II. Administering Adult and Youth Screening Tools

The Screening Tools may be administered by clinicians or non-clinicians who are trained by the BHP to do so in alignment with BHP protocols and may be administered in person, by telephone, or by video conference. Screening Tool questions shall be asked in full using the specific wording provided and in the specific order they appear in the tools, to the extent that the member is able to respond.² Additional questions shall not be added. The scoring methodologies within the Screening Tools shall be used to determine an overall score for each screened member.

If a member is referred to a BHP based on the score generated by MCP administration of the Screening Tool, the BHP must offer and provide a timely clinical assessment to them without requiring an additional screening and in alignment with existing standards as well as medically necessary mental health services.³

If a member shall be referred by the BHP to the MCP based on the score, BHPs shall coordinate member referrals with MCPs or directly to MCP providers delivering NSMHS. BHPs may only refer directly to an MCP provider of NSMHS if P&Ps have been established and MOUs are in place with the MCP to ensure a timely clinical assessment with an appropriate in-network provider is made available to the member. Referral coordination shall include sharing the completed Screening Tool and following up to ensure a timely clinical assessment has been made available to the member.

The Screening Tools shall not replace BHPs' protocols for emergencies or urgent and emergent crisis referrals. For instance, if a member is in crisis or experiencing a psychiatric emergency, the BHP's emergency and crisis protocols shall be followed.

III. Override of the Screening Tool Score

In certain circumstances, the BHP may override the Screening Tool score when the result is inconsistent with the member's clinical presentation (e.g., the Screening Tool score does not capture the need for SMHS in members who are unable to respond to the questions due to serious mental health symptoms).

² Deviation from the specific wording of screening questions is allowable as part of translation into another language if DHCS has not yet provided translated versions of the tools in that language. For additional information on linguistic requirements, please reference CCR Title 9 section 1810.410 and BHIN 20-070.

³ For information about timely access to services, reference 42 C.F.R. Part 438.206(c)(1), and BHIN 21-023.

Overriding the Screening Tool score shall only be conducted by specified practitioners of SMHS as defined in the State Plan. BHP practitioner types that may override the Screening Tool score include the following:

- Registered Nurses
- Physician Assistants
- Licensed Physicians
- Licensed Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Clinical Counselors
- Licensed Marriage and Family Therapists
- Licensed Occupational Therapists
- Waivered, Registered, or Clinical Trainee counterparts.

The BHP practitioner shall provide their rationale and information supporting it (e.g. Excel spreadsheet) for overriding the Screening Tool score based on the following two options:

- Additional information was provided during the screening indicating a higher level of services than NSMHS is needed. The BHP should refer the member to an SMHS practitioner for a timely assessment.
- Additional information was provided during the screening indicating a lower level of services than SMHS is needed. The member should be referred to their MCP so the MCP can coordinate a timely assessment.

The BHP must record overrides as well as the practitioner's rationale through its preferred monitoring method and share this information when referring a member to the appropriate Medi-Cal mental health delivery system following the administration of the Screening Tool. Overrides of the Screening Tools are subject to auditing and BHPs must provide the records, including the override rationale, to DHCS upon request.

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

The Transition of Care Tool is intended to ensure that members 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 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 APL 22-032, or subsequent updates. The Transition of Care Tool documents member needs for a transition of care referral or a service referral to the MCP or BHP.⁴

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

⁴ Please note the components of MHSUDS IN 18-059 that reference SMHS medical necessity criteria have been superseded by BHIN 21-073, which amends medical necessity criteria to align with W&I section 14059.5.

The Transition of Care Tool is designed to leverage existing clinical information to document a member's mental health needs and facilitate a referral for a transition of care to, or addition of services from the member's MCP or BHP, as needed. It documents the member's information and referring provider information. Members may be transitioned to their MCP or BHP for all, or a subset of, their mental health services based on their needs. The Tool is designed to be used for both adults and youth alike.

It provides information from the entity making the referral to the receiving delivery system to begin the transition of the member's care. The Transition of Care Tool includes specific fields to document the following elements:

- Referring plan contact information and care team.
- Member demographics and contact information.
- Member behavioral health diagnosis, cultural and linguistic requests, presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.
- Services requested and receiving plan contact information. Referring entities may provide additional documentation, such as medical history reviews, care plans, and medication lists, as attachments to the Transition of Care Tool.

V. Administering the Transition of Care Tool

BHPs are required to use the Transition of Care Tool to facilitate transitions of care to MCPs for all members, including adults age 21 and older and youth under 21, when their service needs change. The determination to transition services to and/or add services from the MCP delivery system must be made by a clinician via a patient-centered shared decision-making process in alignment with BHP protocols.⁵ Once a clinician has made the determination to transition care or refer for services, the Tool may be filled out by a clinician or a non-clinician. Members shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice. It may be completed in person, by telephone, or by video conference.

BHPs may build the Tool into existing systems, such as EHRs, but its contents – such as exact wording and order of fields - shall remain intact.⁶ The information shall be collected and documented in the order it appears, and additional information shall not be added to the forms but may be included as attachments. That additional information may include documentation such as medical history reviews, care plans, and medication lists.⁷

⁵ For the purposes of this policy, clinicians are the provider types listed on Supplement 3 to Attachment 3.1-A, pages 2m-2p in the California Medicaid State Plan as providers of Rehabilitative Mental Health Services. (<https://www.dhcs.ca.gov/Documents/Att-3-1-A-Supp-3-5-5-22.pdf>). Non-clinicians may include administrative staff, peer support staff, or other professionals who do not meet the definition for clinician.

⁶ Deviation from the specific wording of transition of care tool fields is allowable as part of translation into another language if DHCS has not yet provided a translated version of the tool in that language. For more information on linguistic requirements, reference CCR Title 9 section 1810.410 and BHIN 20-070.

⁷ For a description of MCP responsibilities related to use of the Transition of Care Tool, reference APL 25-010

After the Tool is completed by the BHP, the member shall be referred to their MCP, or directly to an MCP provider delivering NSMHS if appropriate processes have been established in coordination with MCPs.⁸ Relatedly, after it is completed by the MCP, the member shall be referred to their BHP, or directly to a BHP provider delivering SMHS if appropriate processes have been established in coordination with BHPs and referral is consistent with agreed-upon processes in accordance with their MOU. BHPs shall coordinate member care services with MCPs 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.

Note: The following are NOT replaced by the Screening Tools or the Transition of Care Tools:

1. BHP policies and procedures (P&P) that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
 - a. If a member is in crisis or experiencing a psychiatric emergency, the BHP's emergency and crisis protocols shall be followed as medically necessary.
2. BHP protocols that address clinically appropriate, timely, and equitable access to care.
3. BHP clinical assessments, level of care determinations, and service recommendations.
4. BHP requirements to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

Procedure:

Members Contacting BHAL/BHAC Seeking Services Who Are Not Currently Receiving MH Services from BHP or MCP

Upon being contacted by members seeking mental health services, BHAL and BHAC staff will administer the appropriate screening tool and make refer to either SMHS or NSMHS based on the scoring methodology.

Members Currently Receiving SMHS and Ready to Transition to NSMHS

Clinicians will make a determination of need for NSMHS and ensure the transition of care tool is completed and submitted to the MCP. Services are then coordinated between the existing provider and the MCP to ensure members receive an assessment and connect to NSMHS.

Members Currently Receiving NSMHS with MCP and Ready to Transition/Add SMHS with BHP

MCPs/contracted MCP providers will submit the Transition of Care Tool to BHAL, which will make the appropriate referral into SMHS and document that it is a transition from MCP. MCP providers are informed of the referrals made.

⁸ An BHP may only refer directly to an MCP provider of NSMHS if the BHP has established P&Ps and an MOU with the MCP to ensure timely, medically necessary services from an appropriate in-network provider are made available to the member.

Definitions:

Managed Care Plan (MCP): MCPs are responsible for the Medi-Cal physical healthcare benefit. They are also responsible for a portion of the mental health benefit and must provide specified services to adults diagnosed with a mental health disorder, as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM), that results in mild to moderate distress or impairment of mental, emotional, or behavioral functioning. MCPs must also provide medically necessary non-specialty mental health services to children under the age of 21. MCPs refer to and coordinate with county Mental Health Plans (MHPs) for the delivery of specialty mental health services (SMHS).

Mental Health Plan (MHP): an entity that enters into a contract with DHCS to provide directly or arrange and pay for specialty mental health services to members in a county. An MHP may be a county, counties acting jointly, or another governmental or non-governmental entity.

Non-Specialty Mental Health Services (NSMHS): NSMHS are delivered via MCP and Fee-for-Service delivery systems and are provided to recipients 21 years and over with mild-to-moderate distress or 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): SMHS include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, 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 County Mental Health Plans (MHPs).

Contact Person: Director, Office of Coordinated Care

Attachments:

Enclosure 1: The Adult Screening Tool for Medi-Cal Mental Health Services

Enclosure 2: The Youth Screening Tool for Medi-Cal Mental Health Services

Enclosure 3: The Transition of Care Tool for Medi-Cal Mental Health Services

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