Objectives of Today's Webinar

- Increase understanding of the requirements of both the Screening Tools and Transition of Care Tool for Medi-Cal Mental Health Services.

- Clarification of new Department of Health Care Services (DHCS) guidance that allows certain providers to "override" Screening Tool scores in certain instances.

- Answer participant questions about these documents to ensure a clear understanding of expectations.

Screening Tools: Purpose

- Guides whether mental health services should be provided by the Behavioral Health Plan (BHP) or Managed Care Plan (MCP).

- Required for all counties as of January 1, 2023.

- Note: Not used by Substance Use Disorder (SUD) providers.

Screening Tools: More Than Compliance - A Path to the Right Care

- Screening Tools play a critical role in ensuring individuals receive the right care in the right place, at the right time.

- BHPs must ensure individuals are referred to the MCP when appropriate, reserving BHP resources for those eligible for a BHP assessment.

Screening Tools: 3 Versions

1. **Adult:** To be used for individuals 21 years of age or older.

2. **Youth:** To be used for individuals for individuals under age 21.

3. **Respondent on Behalf of Youth:** To be used when a person is responding on behalf of the youth.

The Screening Tools include completion instructions.

Content of Adult Screening Tool

1) **Safety:** information about whether the individual needs immediate attention and the reason(s) an individual is seeking services.

2) **Clinical Experiences:** information about whether the individual is currently receiving treatment, if they have sought treatment in the past, and their current or past use of prescription mental health medications.

3) **Life Circumstances:** information about challenges the individual may be experiencing related to family support, school, work, relationships, housing, or other life circumstances.

4) **Risk:** information about suicidality, self-harm, harm to others, and hospitalizations.

Content of Youth Screening Tools

1) **Safety:** information about whether the individual needs immediate attention and the reason(s) an individual is seeking services.

2) **System Involvement:** information about whether the individual is currently receiving treatment and if they have been involved in foster care, child welfare services, or the juvenile justice system.

3) **Life Circumstances:** information about challenges the individual may be experiencing related to family support, school, work, relationships, housing, or other life circumstances.

4) **Risk:** information about suicidality, self-harm, harm to others, and hospitalizations.

Who Can Administer Screening Tools?

• Administered by clinical and non-clinical staff <u>with appropriate training.</u>

• Training is necessary to ensure effective, supportive, compassionate administration of the Screening Tools.

• May be completed in a variety of ways, including in person, by telephone, or by video conference.

When Screening Tools Are Not Needed

- Individuals already receiving services from the BHP or those who are not enrolled in Medi-Cal (e.g., uninsured/privately insured).

- Individuals who contact mental health practitioners directly to seek mental health services (including practitioners from contract provider organizations). **Note: If a contracted provider organization is contacted via their access line, a Screening Tool should be completed.**

- If a provider (e.g., primary care physician or school nurse, therapist outside the BHP) directly refers an individual to an BHP for specialty mental health services or an MCP for non-specialty mental health services based on their understanding of the individual's needs.

Screening Tools: What They Do Not Replace

- BHP policies and procedures that address urgent or emergency care needs.

- If an individual is in crisis or experiencing a psychiatric emergency, the BHP's emergency crisis protocols shall be followed.

- BHP protocols that address clinically appropriate, timely, and equitable access to care.

- BHP clinical assessments, level of care determinations and service recommendations.

Screening Tools: What They Do Not Replace (continued)

- BHP requirements to provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.

- BHP trauma screenings that are used as part of the assessment process to determine if an individual meets access criteria for SMHS.

- Screening Tools are **NOT** considered an assessment service nor are they part of the clinical assessment. Once an individual is referred to the appropriate system of care, they shall receive an assessment to determine the need for medically necessary mental health services within that system.

Screening Tools: Can They Be Edited?

•**Exact** wording, the order of questions, and the scoring methodology shall remain intact.

•DHCS has made the Screening Tools available in 12 threshold languages – Counties may only deviate from the wording in the translated versions if they, or an entity on their behalf, have facilitated additional testing of translations in the local community that indicates the need for associated shifts in language to meet the individual's needs.

•May be built into electronic health records (EHRs) – not required to use them in PDF format.

Screening Tools: Override of Score

• In certain circumstances, DHCS will allow specified providers to "override" Screening Tool scores when screening tool results are inconsistent with the individual's clinical presentation, such as when serious mental health symptoms prevent accurate responses.

• SMHS practitioner types that may override the Screening Tool score include Registered Nurses, Physician Assistants, Licensed Physicians, Licensed Psychologists, Licensed Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Occupational Therapists, and their Waivered, Registered, or Clinical Trainee counterparts.

Screening Tools: Documentation of Score Override

The BHP practitioner shall provide their rationale and information supporting the rationale 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.

Screening Tools – Documentation of Score Override (continued)

- BHPs must record overrides as well as the practitioner's rationale through their preferred monitoring method – ideally within the individual's record.

- Overrides of the Screening Tool scores are subject to auditing and BHPs must provide the records, including the override rationale, to DHCS upon request.

Screening Tools: After Administration

•Refer the individual to the system of care determined by the score.

•May only refer to MCP if an Memorandum of Understanding (MOU) is in place – discuss with your supervisor/QA Department if you are unclear about your county's MCP and whether an MOU is in place.

•If referred to the BHP – must provide timely assessment without requiring additional screening and in alignment with existing standards.

•If referred to the MCP – the BHP must ensure timely clinical assessment occurs (provide the Screening Tool with the referral).

Referrals

• If a Screening Tool determines an individual needs a referral to the MCP – no Notice of Adverse Benefit Determination (NOABD) is necessary.

• If an individual declines the referral - complete the assessment and follow usual process for referring out if they do not meet the access criteria for Specialty Mental Health Services.

• If an individual needs a referral but is not enrolled with the MCP - the BHP must provide an assessment or facilitate the individual's enrollment in an MCP to ensure timely clinical assessment.

Transition of Care Tool

Transition of Care Tool: Purpose

Intended to ensure individuals that are currently 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 an individual's existing mental health treatment from the other delivery system.

In other words, the Transition of Care Tool documents the needs for a transition of care referral or service referral to the MCP.

Note: Not used by SUD providers.

Transition of Care Tool: Versions & Content

It is a single, integrated tool for both adults and youth.

Includes the following elements:
- Referring plan contact information and care team.
- Individual demographics and contact information.
- Individual 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 as necessary as attachments to the Tool (medication lists, care plans, etc.).

Transition of Care Tool: Versions & Content (continued)

- Individuals shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

- The Transition of Care Tool includes completion instructions.

Who Can Administer the Transition of Care Tool?

•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.

• Once a clinician has made the determination to transition care or refer for additional services, the Transition of Care Tool may be filled out by a clinician or a non-clinician.

•The Transition of Care Tool may be completed in a variety of ways, including in person, by telephone, or by video conference.

•Contract provider organizations shall also complete the Transition of Care Tool.

Transition of Care Tool: What It Does Not Replace

- BHP policies & procedures that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.

- BHP protocols that address clinically appropriate, timely, and equitable access to care.

- BHP clinical assessments, level of care determinations, and service recommendations (completion of the Transition of Care Tool is **not** considered an assessment service).

- BHP requirements to provide EPSDT services.

Transition of Care Tool: Can It Be Edited?

- BHPs may build the Transition of Care Tool into existing systems, such as EHRs. However, the contents of the Tool, including the specific wording and order of fields, shall remain intact.

- 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.

Following Administration of the Transition of Care Tool

- After the Transition of Care Tool is completed, the individual should be referred to the MCP.

- Counties should coordinate with MCPs to facilitate care transitions or addition of services, including ensuring the referral process has been completed.

- This means ensuring the individual has been connected with the MCP provider, the new provider accepts the care of the individual and medically necessary services have been made available.

- Again, all consents shall be obtained in accordance with accepted standards of clinical practice.

Claiming for Screening & Transition of Care Tools

Counties may be reimbursed for these activities, including tool administration and referral coordination, as appropriate through a variety of existing pathways:

- Medi-Cal administrative costs.
- Mental Health Medi-Cal Administrative Activities (MH MAA) and/or
- Targeted Case Management, when applicable.

Claiming pathways utilized by BHPs may vary depending on individual county processes, member eligibility for services, and other factors.

Screening and Transition of Care Tools should not be billed as as assessment service.

Documentation & Compliance

For the Adult and Youth Screening Tools **AND** the Transition of Care Tool:

- DHCS intends to evaluate these requirements over time to ensure consistent application and to ensure individuals are receiving timely access to medically necessary care.

- This may mean DHCS requires additional reporting.

- BHPs should revise existing policies and procedures related to these tools to ensure compliance with the revised Behavioral Health Information Notice (BHIN) and communicate the updates to providers as necessary.

Testing Your Knowledge

Scenario 1

And individual seeking care is experiencing a mental health crisis and requires urgent assistance. The BHP staff wonders if they should complete the Screening Tool to determine the most appropriate next steps to address the crisis. Should the staff:

A. Follow existing BHP crisis protocols

A. Complete the Screening Tool

Scenario 2

A clinical supervisor wants to customize the Screening Tool by changing the wording of some questions to better fit their county's treatment approach:

A. The Screening Tools cannot be altered unless the DHCS requirements are met related to altering the translated versions

B. This is acceptable because it allows for individualizing to the county's approach for care

Scenario 3

A primary care physician refers an individual to a BHP based on the physician's understanding of the individual's mental health needs:

A. The BHP still must complete a Screening Tool because the person is new to their system

B. A Screening Tool is not required in this instance

Scenario 4

Should a Transition of Care Tool be completed directly after the Screening Tool if an individual's Screening Tool score indicates that the person requires a referral to an MCP?

A. No, the Transition of Care Tool would be required if after a full assessment it is determined that a person requires a referral to the MCP (Or in instances where an individual already receiving care needs to be transferred to the MCP or requires additional services from the MCP)

A. Yes, the Transition of Care Tool should be completed directly after the Screening Tool if a referral to the MCP is being made

Scenario 5

The Transition of Care Tool can be completed by any type of provider:

A. This is true

B. Once a clinician has made the determination to transition care or refer for additional services, the Transition of Care Tool may be filled out by a clinician or a non-clinician

Scenario 7

Screening and Transition of Care Tools are billable as an Assessment service:

A. True

B. False

Additional Resources

- DHCS Screening and Transition of Care Tools for Medi-Cal Mental Health Services [website](#) (FAQs, translated tools, etc.).

- Revised CalMHSA Learning Management System trainings coming soon.

Questions?

Please feel free to reach out to
managedcare@calmhsa.org

Thank You

CalMHSA

California Mental Health Services Authority