

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

**LINES OF BUSINESS:**

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Marketplace (Covered CA)

**PROVIDER TYPES:** **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

**Specialists**

- Directs
- IPA

 **Hospitals****Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

## Adult And Youth Screening and Transition of Care Tools For Medi-Cal Mental Health Services APL 22-028

This is an advisory notification to Molina Healthcare of California (MHC) network providers to provide guidance on 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 coordinated care.

This notification is based on an All-Plan Letter (APL) 22-028, which can be found in full on the Department of Health Care Services (DHCS) website at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-028.pdf>

### **BACKGROUND**

The Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative for "Screening and Transition of Care Tools for Medi-Cal Mental Health Services" aims to ensure all Medi-Cal Members receive timely, coordinated services across Medi-Cal mental health delivery systems and improve Member health outcomes. The goal is to ensure Member access to the right care, in the right place, at the right time.

The Screening and Transition of Care Tools guide referrals to the Medi-Cal mental health delivery system that is expected to best support each Member. DHCS is requiring MHC to use the Screening and Transition of Care Tools for Members under age 21 (youth) and for Members aged 21 and over (adults). The Screening and Transition of Care Tools for Medi-Cal Mental Health Services consist of:

- The Adult Screening Tool for Medi-Cal Mental Health Services.
- The Youth Screening Tool for Medi-Cal Mental Health Services.
- The Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth).

The Adult and Youth Screening Tools for Medi-Cal Mental Health Services (hereafter referred to as Screening Tools) determine the appropriate mental health delivery system referral for Members who are not currently receiving mental health services when they contact MHC seeking mental health services. The Screening Tools are not required or intended for use with Members who are currently receiving mental health services.

### **POLICY**

Effective January 1, 2023, MHC will implement the 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 and Youth Screening Tools for Medi-Cal Mental Health Services must be used by MHC when a member, or a person on behalf of a member under age 21, who is not currently receiving mental health services, contacts MHC seeking mental health services. The tools are to be used to guide a referral by MHC to the appropriate Medi-Cal mental health delivery system. The Adult Screening Tool must be used for Members aged 21 and older. The Youth Screening Tool must be used for Members under age 21.

The Adult and Youth Screening Tools are not required to be used when Members contact mental health providers directly to seek mental health services. The Adult and Youth Screening Tools do not replace:

- 1) MHC policies and procedures (P&P) that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
- 2) MHC protocols that address clinically appropriate, timely, and equitable access to care.
- 3) MHC clinical assessments, level of care determinations and service recommendations.
- 4) MHC requirements to provide Early and Periodic Screening,
- 5) Diagnostic, and Treatment (EPSDT) services

## 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 MHC must refer the Member to a MHC Network Provider or the Mental Health Plan (MHP) to receive an assessment. The Adult and Youth Screening Tools include both screening questions and an associated scoring methodology. The screening questions and associated scoring methodology of the Adult and Youth Screening Tools are distinct and described below.

### **Description of the Adult Screening Tool**

The Adult Screening Tool includes screening questions that are intended to elicit information about the following:

- 1) **Safety:** information about whether the Member needs immediate attention and the reason(s) a member is seeking services.
- 2) **Clinical Experiences:** information about whether the Member is currently receiving treatment, if they have sought treatments in the past, and their current or past use of prescription mental health medications.
- 3) **Life Circumstances:** information about challenges the Member may be experiencing related to school, work, relationships, housing, or other circumstances.
- 4) **Risk:** information about suicidality, self-harm, emergency treatment, and hospitalizations.

### **Description of the Youth Screening Tool**

The Youth Screening Tool screening questions are intended to elicit information about the following:

- 1) **Safety:** information about whether the Member needs immediate attention and the reason(s) a member is seeking services.
- 2) **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.
- 3) **Life Circumstances:** information about challenges the Member 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.

### Administering the Adult and Youth Screening Tools

MHC is required to administer the Adult Screening Tool for all Members aged 21 and older, who are not currently receiving mental health services, when they contact MHC to seek mental health services. MHC is required to administer the Youth Screening Tool for all Members under age 21, who are not currently receiving mental health services, when they, or a person on their behalf, contact MHC to seek mental health services. The Adult and Youth Screening Tools are not required or intended for use with Members who are currently receiving mental health services. The Adult and Youth Screening Tools are not required to be used when Members contact mental health providers directly to seek mental health services.

The Adult and Youth Screening Tools can be administered by clinicians or non-clinicians in alignment with MHC's protocols, and may be administered in a variety of ways, including in person, by telephone, or by video conference.

### Following Administration of the Adult and Youth Screening Tools

After administration of the Adult or Youth Screening Tool, a member's score is generated. Based on their screening score the Member must be referred to the appropriate Medi-Cal Mental Health delivery system for a clinical assessment.

### **Transition of Care Tool for Medi-Cal Mental Health Services**

The Transition of Care Tool for Medi-Cal Mental Health Services is intended to ensure that Members who are receiving mental health services from one delivery system receive timely and coordinated care when either: (1) their existing services are being transitioned to the other delivery system; or (2) services are being added to their existing mental health treatment from the other delivery system consistent with the No Wrong Door policies.

The Transition of Care Tool does not replace:

- 1) MHC P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
- 2) MHC protocols that address clinically appropriate, timely, and equitable access to care.
- 3) MHC clinical assessments, level of care determinations and service recommendations.
- 4) MHC requirements to provide EPSDT services.

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

### Description of Transition of Care Tool

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 MHC or MHP as needed.

The Transition of Care Tool 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

### Administering the Transition of Care Tool

MHC is required to use the Transition of Care Tool to facilitate transitions of care to MHPs for all Members, including adults aged 21 and older and youth under age 21, when their service needs change.

The determination to transition services to and/or add services from the MHP delivery system must be made by a clinician via a patient-centered shared decision-making process in alignment with MHC 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. Members must be engaged in the process and appropriate consents must be obtained in accordance with accepted standards of clinical practice. The Transition of Care Tool may be completed in a variety of ways, including in person, by telephone, or by video conference.

### Following Administration of the Transition of Care Tool

After the Transition of Care Tool is completed, the Member must be referred to the MHP, or directly to an MHP provider delivering SMHS if appropriate processes have been established in coordination with MHPs.

### **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	<a href="mailto:Deletha.Foster@molinahealthcare.com">Deletha.Foster@molinahealthcare.com</a>
	Shelly Lilly	858-614-1586	<a href="mailto:Michelle.Lilly@molinahealthcare.com">Michelle.Lilly@molinahealthcare.com</a>
Los Angeles	Clemente Arias	562-517-1014	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento	Jennifer Rivera Carrasco	562-542-2250	<a href="mailto:Jennifer.RiveraCarrasco@molinahealthcare.com">Jennifer.RiveraCarrasco@molinahealthcare.com</a>
San Bernardino	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
San Diego / Imperial County	Briana Givens	562-549-4403	<a href="mailto:Briana.Givens@molinahealthcare.com">Briana.Givens@molinahealthcare.com</a>
	Carlos Liciaga	858-614-1591	<a href="mailto:Carlos.Liciaga@molinahealthcare.com">Carlos.Liciaga@molinahealthcare.com</a>
	Salvador Perez	562-549-3825	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a>

If you are not contracted with Molina and wish to opt out of the Just the Fax, email: [mhcproviderjustthefax@molinahealthcare.com](mailto:mhcproviderjustthefax@molinahealthcare.com)  
Please include provider name and fax number and you will be removed within 30 days.