



Policy:	23-01
Subject:	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services
Authority:	Department of Health Care Services Behavioral Information Notice 22-065 ; See footnotes
Original Policy Date:	January 11, 2023 <i>Effective January 1, 2023</i>
Amended:	Technical Edit 1/23/23
Attachments:	See Forms/Attachments (page 13)

PURPOSE

The purpose of this policy and procedure is to provide guidance to Mental Health Plans (MHPs) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of Adult and Youth beneficiaries to the appropriate Medi-Cal mental health delivery system and ensure that beneficiaries requiring transition between delivery systems receive timely coordinated care.¹

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 beneficiaries receive timely, coordinated services across Medi-Cal mental health delivery systems and improve beneficiary health outcomes. The goal is to ensure beneficiary access to the right care, in the right place, at the right time.

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 MHP) that is expected to best support each beneficiary. DHCS is requiring MCPs and MHPs to use the Screening and Transition of Care Tools for beneficiaries under age 21 (youth) and for beneficiaries age 21 and over (adults).²The Screening and Transition of Care Tools for Medi-Cal Mental Health Services consist of:

- The Adult Screening Tool for Medi-Cal Mental Health Services.³
- The Youth Screening Tool for Medi-Cal Mental Health Services.³
- The Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth).³

¹Subdivision (i) of W&I section 14184.402 authorizes the Department issue this guidance by bulletin.

²See Welfare and Institutions Code (W&I) [section 14184.402](#)

³The Screening and Transition of Care Tools for Medi-Cal Mental Health Services can be accessed at: <https://www.dhcs.ca.gov/Pages/Screening-and-Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx>



The Adult and Youth Screening Tools for Medi-Cal Mental Health Services (hereafter referred to as Screening Tools) determine the appropriate delivery system referral for beneficiaries who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services. The Screening Tools are not required or intended for use with beneficiaries who are currently receiving mental health services. The Screening Tools are also not required for use with beneficiaries who contact mental health providers directly to seek mental health services. Mental health providers who are contacted directly by beneficiaries seeking mental health services are able to 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 All Plan Letter (APL) 22-005 and BHIN 22-011, or subsequent updates.

The Transition of Care Tool for Medi-Cal Mental Health Services (hereafter referred to as the Transition of Care Tool) ensures that beneficiaries who are receiving mental health services from one delivery system receive timely and coordinated care when their existing services are being transitioned to the other delivery system, or when services need to be added to their existing mental health treatment from the other delivery system.

MCPs and MHPs should reference the following information notices and APLs (and updates) to inform their implementation of the Screening and Transition of Care Tools:

- For a description of the current division of MCP and MHP responsibilities and criteria for accessing Specialty Mental Health Services (SMHS), please reference BHIN 21-073, Criteria for beneficiary access to SMHS, medical necessity and other coverage requirements, or subsequent updates.⁴
- For a description of the division of MCP and MHP responsibilities and criteria for accessing Non-Specialty Mental Health Services (NSMHS), please reference APL 22-006, Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services, or subsequent updates.⁵
- For a description of the No Wrong Door Policy, please reference BHIN 22-011 and APL 22-005, No Wrong Door for Mental Health Services Policy, or subsequent updates.
- For a description of Continuity of Care requirements for Medi-Cal beneficiaries,

⁴ BHINs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-Health-Information-Notice-%28BHIN%29-Library.aspx>

⁵ APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>



please reference Mental Health and Substance Use Disorder Services Information Notice (MHSUDS IN) 18-059⁶ and APL18-008, or subsequent updates.

- For a description of coverage requirements for Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT), please reference APL 19-010, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Beneficiaries Under the Age of 21, or subsequent updates, and APL 19-014, Responsibilities for Behavioral Health Treatment Coverage for Beneficiaries under the Age of 21, or subsequent updates

Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021) implements various components of the CalAIM initiatives.⁷ The requirements outlined below, as authorized in W&I section 14184.402(h)(1)-(2), are effective January 1, 2023. Draft DHCS APL 22-028, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services, provides corresponding guidance instructing MCPs to implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services by January 1, 2023.

POLICY

Effective January 1, 2023, MHPs shall 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 shall be used by MHPs when a beneficiary, or a person on behalf of a beneficiary under age 21, who is not currently receiving mental health services, contacts the MHP seeking mental health services. The tools are to be used to guide a referral by the MHP to the appropriate Medi-Cal mental health delivery system (i.e., MCP or MHP). The Adult Screening Tool shall be used for beneficiaries age 21 and older. The Youth Screening Tool shall be used for beneficiaries under age 21. The Adult and Youth Screening Tools identify initial indicators of beneficiary needs in order to make a determination for referral to either the beneficiary's MCP for a clinical assessment and medically necessary NSMHS or to the beneficiary's MHP for a clinical assessment and medically necessary SMHS.

⁶ Please note the components of [MHSUDS IN 18-059](#) that describe SMHS medical necessity criteria have been superseded by [BHIN 21-073](#)

⁷ Bills are searchable at: <https://leginfo.legislature.ca.gov/faces/home.xhtml>



The Adult and Youth Screening Tools are not required to be used when beneficiaries contact mental health providers directly to seek mental health services. MHPs must allow contracted mental health providers who are contacted directly by beneficiaries 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 for Mental Health Services Policy described in BHIN 22-011 or subsequent updates.

The Adult and Youth Screening Tools do not replace:

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

Completion of the Adult or Youth Screening Tool is not considered an assessment. Once a beneficiary is referred to the MCP or MHP, they shall receive an assessment from a provider in that system to determine medically necessary mental health 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 beneficiary's mental health needs for the purpose of determining whether the MHP must refer the beneficiary to their MCP or to an MHP provider (county-operated or contracted) 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 beneficiary needs immediate attention and



the reason(s) a beneficiary is seeking services.

- 2) *Clinical Experiences*: information about whether the beneficiary 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 beneficiary may be experiencing related to school, work, relationships, housing, or other circumstances.
- 4) *Risk*: information about suicidality, self-harm, emergency treatment, and hospitalizations.⁸

The Adult Screening Tool also includes questions related to substance use disorder (SUD). If a beneficiary responds affirmatively to these SUD questions, they shall be offered a referral to the county behavioral health plan for SUD assessment. The beneficiary may decline this referral without impact to their mental health delivery system referral.

Description of the Youth Screening Tool

The Youth Screening Tool includes screening questions designed to address a broad range of indicators for beneficiaries under the age of 21. A distinct set of questions are provided for when a beneficiary under the age of 21 is contacting the MHP on their own. A second set of questions with slightly modified language is provided for use when a person is contacting the MHP on behalf of a beneficiary under the age of 21. The Youth Screening Tool screening questions are intended to elicit information about the following:

- 1) *Safety*: information about whether the beneficiary needs immediate attention and the reason(s) a beneficiary is seeking services.
- 2) *System Involvement*: information about whether the beneficiary 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 beneficiary may be experiencing related to family support, school, work, relationships, housing, or other life circumstances.

⁸ If the beneficiary responds affirmatively to the question related to suicidality, the MHP must immediately coordinate referral to an MHP provider (county-operated or contracted) for further clinical evaluation of suicidality after the screening is complete. Referral coordination should include sharing the completed Adult Screening Tool and follow up to ensure an evaluation was rendered. The referral and subsequent evaluation may or may not impact the mental health system referral generated by the screening score.



- 4) *Risk*: information about suicidality, self-harm, harm to others, and hospitalizations.⁹

The Youth Screening Tool includes questions related to SMHS access and referral of other services. Specifically:

- Questions related to SMHS access criteria, including those related to involvement in foster care or child welfare services, involvement in the juvenile justice system, and experience with homelessness. If a beneficiary under the age of 21, or the person on their behalf, responds affirmatively to the questions related to SMHS access criteria, they shall be referred to the MHP for an assessment and medically necessary services. Please reference BHIN 21-073 for additional detail on SMHS criteria and definitions of key terminology.
- A question related to substance use. If a beneficiary under the age of 21, or the person on their behalf, responds affirmatively to the question related to substance use, they shall be offered a referral to the county behavioral health plan for SUD assessment. The beneficiary may decline this referral without impact to their mental health delivery system referral.
- A question related to connection to primary care. If a beneficiary under the age of 21, or the person on their behalf, indicates that there is a gap in connection to primary care, they shall be offered linkage to their MCP for a primary care visit.

Based on responses to the screening tool questions, the Adult Screening Tool and the Youth Screening Tool each include a scoring methodology to determine whether the beneficiary must be referred to the MCP or to the MHP for clinical assessment and medically necessary services. Detailed instructions for appropriate application of the scoring methodology are provided in the tools. MHPs shall use the scoring methodology and follow the referral determination generated by the score. For all referrals, the beneficiary shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

⁹ If the beneficiary, or the person on their behalf, responds affirmatively to the questions related to suicidality, self-harm and/or harm to others, the MHP must immediately coordinate referral to an MHP provider (county-operated or contracted) for further clinical evaluation of suicidality after the screening is complete. Referral coordination should include sharing the completed Youth Screening Tool and follow up to ensure an evaluation was rendered. The referral and subsequent evaluation may or may not impact the mental health system referral generated by the screening score.



Administering Adult and Youth Screening Tools

MHPs are required to administer the Adult Screening Tool for all beneficiaries age 21 and older, who are not currently receiving mental health services, when they contact the MHP to seek mental health services. MHPs are required to administer the Youth Screening Tool for all beneficiaries under age 21, who are not currently receiving mental health services, when they, or a person on their behalf, contact the MHP to seek mental health services. The Adult and Youth Screening Tools are not required or intended for use with beneficiaries who are currently receiving mental health services. The Adult and Youth Screening Tools are not required to be used when beneficiaries contact mental health providers directly to seek mental health services. MHPs must allow contracted mental health providers who are contacted directly by beneficiaries 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 for Mental Health Services Policy described in BHIN 22-011, No Wrong Door for Mental Health Services Policy, or subsequent updates.

The Adult and Youth Screening Tools can be administered by clinicians or non-clinicians in alignment with MHP protocols and may be administered in a variety of ways, including in person, by telephone, or by video conference.¹⁰ Adult and Youth Screening Tool questions shall be asked in full using the specific wording provided in the tools and in the specific order the questions appear in the tools, to the extent that the beneficiary is able to respond.¹¹ Additional questions shall not be added to the tools. The scoring methodologies within the Adult and Youth Screening Tools shall be used to determine an overall score for each screened beneficiary. The Adult and Youth Screening Tool score determines whether a beneficiary is referred to their MCP or the MHP for assessment and medically necessary services. Please refer to the Adult and

¹⁰ For the purposes of this BHIN, clinicians are the provider types defined 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.

¹¹ 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. If DHCS has provided translated versions of the tools, MHPs may only deviate from the wording in those 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 beneficiary needs.

For additional information on cultural and linguistic requirements, please reference California Code of Regulations (CCR) [Title 9 section 1810.410](#) and [BHIN 20-070](#), Threshold Languages Data, or subsequent updates.



Youth Screening Tools for further instructions on how to administer each tool.

The Adult and Youth Screening Tools are provided as portable document formats (PDFs); however, MHPs are not required to use the PDF format to administer the tools. MHPs may build the Adult and Youth Screening Tools into existing software systems, such as electronic health records (EHRs). The contents of the Adult and Youth Screening Tools, including the specific wording, the order of questions, and the scoring methodology shall remain intact.¹²

Following Administration of the Adult and Youth Screening Tools

After administration of the Adult or Youth Screening Tool, a beneficiary's score is generated. Based on their screening score, the beneficiary shall be referred to the appropriate Medi-Cal mental health delivery system (i.e., either the MCP or the MHP) for a clinical assessment.

If a beneficiary is referred to an MHP based on the score generated by MCP administration of the Adult or Youth Screening Tool, the MHP must offer and provide a timely clinical assessment to the beneficiary without requiring an additional screening and in alignment with existing standards as well as medically necessary mental health services.¹³

If a beneficiary shall be referred by the MHP to the MCP based on the score generated by the MHP's administration of the Adult or Youth Screening Tool, MHPs shall coordinate beneficiary referrals with MCPs or directly to MCP providers delivering NSMHS. MHPs 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 beneficiary. Referral coordination shall include sharing the completed Adult or Youth Screening Tool and following up to ensure a timely clinical assessment has been made available to the beneficiary. Beneficiaries shall be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

¹² For a description of MCP responsibilities related to use of the Adult and Youth Screening Tools, please reference APL 22-028, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

¹³ For information about timely access to services, please reference 42 C.F.R. [Part 438.206\(c\)\(1\)](#), Availability of Services, and [BHIN 21-023](#), 2021 Federal Network Certification Requirements for County MHPs and Drug Medi-Cal Organized Delivery Systems, or subsequent updates.



The Adult and Youth Screening Tools shall not replace MHPs' protocols for emergencies or urgent and emergent crisis referrals. For instance, if a beneficiary is in crisis or experiencing a psychiatric emergency, the MHP's emergency and crisis protocols shall be followed.

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 beneficiaries who are 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 APL18-008, or subsequent updates. The Transition of Care Tool documents beneficiary needs for a transition of care referral or a service referral to the MCP or MHP.¹⁴

The Transition of Care Tool does not replace:

1. MHP P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
2. MHP protocols that address clinically appropriate, timely, and equitable access to care.
3. MHP clinical assessments, level of care determinations, and service recommendations.
4. MHP 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 beneficiary's mental health needs and facilitate a referral for a transition of care to, or addition of services from the beneficiary's MCP or MHP, as needed. The Transition of Care Tool documents the beneficiary's information and referring provider

¹⁴ 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](#).



information. Beneficiaries may be transitioned to their MCP or MHP for all, or a subset of, their mental health services based on their needs. The Transition of Care Tool is designed to be used for both adults and youth alike.¹⁵

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

- Referring plan contact information and care team.
- Beneficiary demographics and contact information.
- Beneficiary 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.

Administering the Transition of Care Tool

MHPs are required to use the Transition of Care Tool to facilitate transitions of care to MCPs for all beneficiaries, including adults age 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 MCP delivery system must be made by a clinician via a patient-centered shared decision-making process in alignment with MHP protocols.¹⁶ Once a clinician has made the determination to transition care or refer for services, the Transition of Care Tool may be filled out by a clinician or a non-clinician. Beneficiaries shall be engaged in the process and appropriate consents 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.

¹⁵ Following updates based on stakeholder feedback and beta and pilot of an Adult Transition of Care Tool and a separate Youth Transition of Care Tool, no distinctions between the two versions remained; hence, the Transition of Care Tool is a single, integrated tool for both adult and youth populations.

¹⁶ For the purposes of this BHIN, 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.



The Transition of Care Tool is provided as a PDF document, but MHPs are not required to use the PDF format to complete the tool. MHPs may build the Transition of Care Tool into existing systems, such as EHRs. However, the contents of the Transition of Care Tool, including the specific wording and order of fields, shall remain intact.¹⁷ The information shall be collected and documented in the order it appears on the Transition of Care Tool, and additional information shall not be added to the forms but may be included as attachments. Additional information enclosed with the Transition of Care Tool may include documentation such as medical history reviews, care plans, and medication lists. Please refer to the Transition of Care Tool for further instructions on how to complete the tool.¹⁸

Following Administration of the Transition of Care Tool

After the Transition of Care Tool is completed, the beneficiary shall be referred to their MCP, or directly to an MCP provider delivering NSMHS if appropriate processes have been established in coordination with MCPs.¹⁹ Consistent with BHIN 22-011 and APL 22-005, or subsequent updates, MHPs shall coordinate beneficiary care services with MCPs to facilitate care transitions or addition of services, including ensuring that the referral process has been completed, the beneficiary has been connected with a provider in the new system, and the new provider accepts the care of the beneficiary, and medically necessary services have been made available to the beneficiary. All appropriate consents shall be obtained in accordance with accepted standards of clinical practice.

¹⁷ 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. If DHCS has provided translated versions of the tools, MHPs may only deviate from the wording in those 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 associate shifts in language to meet beneficiary needs.

For additional information on cultural and linguistic requirements, please reference CCR [Title 9 section 1810.410](#) and [BHIN 20-070](#), [Threshold Languages Data](#), or [subsequent updates](#).

¹⁸ For a description of MCP responsibilities related to use of the Adult and Youth Transition of Care Tool, please reference APL 22-028, [Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services](#).

¹⁹ An MHP may only refer directly to an MCP provider of NSMHS if the MHP has established policies and procedures and an MOU with the MCP to ensure timely, medically necessary services from an appropriate in-network provider are made available to the beneficiary.



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): MHP means an entity that enters into a contract with DHCS to provide directly or arrange and pay for specialty mental health services to beneficiaries 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 FFS delivery systems and are provided to recipients 21 years and over with mild-to-moderate distress or mild-to-moderate 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): Specialty mental health services 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 beneficiaries through County Mental Health Plans (MHPs). All the MHPs are part of county mental health or behavioral health departments and the MHP can provide services through its own employees or through contract providers.



FORMS/ATTACHMENTS

- The Adult Screening Tool for Medi-Cal Mental Health Services (<https://www.dhcs.ca.gov/Documents/DHCS-8765-A.pdf>)
- The Youth Screening Tool for Medi-Cal Mental Health Services (<https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf>)
- The Transition of Care Tool for Med-Cal Mental Health Services (<https://www.dhcs.ca.gov/Documents/DHCS-8765-B.pdf>)

REVISION HISTORY

Date	Revision	Page Number(s)
1/23/23	Changed “coordinated services across Medi-Cal mental health delivery systems and improve health outcomes” to “timely, coordinated services across Medi-Cal mental health delivery systems and improve beneficiary health outcomes”	1
1/23/23	Added “(Adult and Youth)” to bullet three	1
1/23/23	Added “The” to the beginning of the last paragraph	3
1/23/23	Changed "an adult on behalf of a beneficiary under age 21" to "a person on behalf of a beneficiary under age 21"	3
1/23/23	Changed “or the MHP for a clinical assessment and medically necessary SMHS” to “or to the beneficiary’s MHP for a clinical assessment and medically necessary SMHS”	3
1/23/23	Added a period to the end of footnote 16	10
1/23/23	Removed an extra space in footnote 18	11

Approved: *Signature on File*
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