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Division: Care Management	
Department: Care Management	
Title: PHC-CA Adults and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	
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Reviewed/Revised by: Sandy Johansson	Review/Revision Date: 8/18/2025
Approving Committee: Utilization Management Committee	Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

The purpose of this Policy and Procedure is to describe the guidance set forth in the Department of Health Care Services (DHCS) All Plan Letter (APL) 22-028 Adults and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services

Policy:

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 (i.e., Managed Care Plan (MCP) or county Mental Health Plan (MHP)) that is expected to best support each Member. DHCS requires MCPs and MHPs to use the Screening and Transition of Care Tools for Members under age twenty-one (21) (youth) and for Members age twenty-one (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 the MCP or MHP seeking mental health services. The Screening Tools are not required or intended for use with Members who are currently receiving mental health services. The Screening Tools are also not required for use with Members who contact mental health providers directly to seek mental health services. Mental health providers who are contacted directly by Members 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 APL 22-005 and Behavioral Health Information Notice (BHIN) 22-011, No Wrong Door for Mental Health Services Policy, 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 Members who are receiving mental health services from one delivery system receive timely and coordinated care when their existing services need to be transitioned to the other delivery system, or when services need to be added to their existing mental health treatment from the other delivery system

Effective January 1, 2023, PHC California (the Plan) must implement the Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

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

    a. The Adult and Youth Screening Tools for Medi-Cal Mental Health Services must be used by the Plan when a Member, or a person on behalf of a Member under age twenty-one (21), who is not currently receiving mental health services, contacts the Plan seeking mental health services.

        i. The tools are to be used to guide a referral by the Health Plan to the appropriate Medi-Cal mental health delivery system (i.e., the Plan or MHP). The Adult Screening Tool must be used for Members age twenty-one (21) and older.

        ii. The Youth Screening Tool must be used for Members under age twenty-one (21). It is noted that the Plan is not contracted to provide services to persons under the age of twenty-one (21). However, for purposes of this policy, both are included.

        iii. The Adult and Youth Screening Tools identify initial indicators of Member needs in order to make a determination for referral to either the Member's Plan for a clinical assessment and medically necessary non-specialty mental health services (NSMHS) or the MHP for a clinical assessment and medically necessary specialty mental health services (SMHS).

    b. The Adult and Youth Screening Tools are:

        i. Not required or intended for use with Members who are currently receiving mental health services

        ii. Not required to be used when Members contact mental health providers directly to seek mental health services. The Health Plan 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 for Mental Health Services Policy described in a DHCS APL 22-005, No Wrong Door for Mental Health Services Policy, or subsequent updates.

    c. The Adult and Youth Screening Tools do not replace:

        i. Health Plan policies and procedures\ that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.

ii. Health Plan protocols that address clinically appropriate, timely, and equitable access to care.

iii. Health Plan clinical assessments, level of care determinations and service recommendations.

iv. Plan requirements to provide EPSDT services.

d. Completion of the Adult or Youth Screening Tool is not considered an assessment. Once a member is referred to the Plan or MHP, they must receive an assessment from a Provider in that system to determine medically necessary mental health services.

2. Description of the Adult and Youth Screening Tools

a. 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 Plan must refer the Member to a Network Provider or 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.

b. Description of the Adult Screening Tool

i. 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.

ii. If the Member, or the person on their behalf, responds affirmatively to the questions related to suicidality, self-harm and/or harm to others, the MCP must immediately coordinate a referral to an MCP Network Provider for further clinical evaluation of suicidality after the screening is complete. Referral coordination should include sharing the completed Youth Screening Tool. The referral and subsequent evaluation may or may not impact the mental health system referral generated by the screening score.

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

c. Description of the Youth Screening Tool

i. The Youth Screening Tool includes screening questions designed to address a broad range of indicators for Members under the age of twenty-one (21). A distinct set of questions are provided when a Member under the age of twenty-one (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 Plan on behalf of a Member under the age of twenty-one (21). 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.

5. SMHS access and referral of other services

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

1. 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.

a. If a Member under the age of twenty-one (21), or the person on their behalf, responds affirmatively to the questions related to SMHS access criteria, they must be referred to the MHP for an assessment and medically necessary services.

b. Please reference BHIN 21-073 for additional detail on SMHS criteria and definitions of key terminology.

2. A question related to substance use. If a Member under the age of twenty-one (21), or the person on their behalf, responds affirmatively to

the question related to substance use, they must be offered a referral to the county behavioral health plan for SUD assessment. The Member may decline this referral without impact to their mental health delivery system referral.

3. A question related to connection to primary care. If a Member under the age of twenty-one (21), or the person on their behalf, indicates that there is a gap in connection to primary care, they must be offered linkage to the Plan for a primary care visit.

3. Administering the Adult and Youth Screening Tools

a. The Plan is required to administer the Adult Screening Tool for all Members age twenty-one (21) and older, who are not currently receiving mental health services, when they contact the Plan to seek mental health services.

i. The Health Plan is required to administer the Youth Screening Tool for all Members under age twenty-one (21), who are not currently receiving mental health services, when they, or a person on their behalf, contact the Plan to seek mental health services.

ii. 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.

iii. The Health Plan 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 for Mental Health Services Policy described in DHCS APL 22-005, No Wrong Door for Mental Health Services Policy, or subsequent updates.

b. The Adult and Youth Screening Tools can be administered by designated staff, licensed or unlicensed, who are trained by the Health Plan to administer the Screening Tools in alignment with the Health Plan's protocols and in accordance with DHCS APL 25-010. The Screening Tools may be administered in a variety of ways, including in person, by telephone, or by video conference. Adult and Youth Screening Tools are are administered using the exact wording provided in the tool and in the specific order the questions appear in the tools, to the extent that the Member is able to respond. Additional questions cannot be added to the tool. The scoring methodologies within the Adult and Youth Screening Tools must be used to determine an overall score for each screened Member. The Adult and Youth Screening Tool score determines whether a Member is referred to the Health Plan or the MHP for assessment and medically necessary services. Please reference the Adult and Youth Screening Tools for further instructions on how to administer each tool.

i. 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, MCPs 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.

1. For additional information on federal and state requirements regarding nondiscrimination, discrimination grievance procedures, language assistance, and communications with individuals with disabilities, please reference California Code of Regulations (CCR) Title 9 section 1810.410 and DHCS APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, or subsequent updates.

c. The Adult and Youth Screening Tools are provided as portable document formats (PDFs); however, the Health Plan is not required to use the PDF format to administer the tools. The Plan 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 must remain intact.

4. Following Administration of the Adult and Youth Screening Tools

a. 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 Member must be referred to the Plan 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. The Health Plan must use the scoring methodology and follow the referral determination generated by the score unless the Health Plan overrides the score consistent with the guidance outlined in DHCS All Plan Letter (APL) 25-010. For all referrals, the Member must be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

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

c. If a Member must be referred by the Health Plan to the MHP based on the score generated by the Health Plan's administration of the Adult or Youth Screening Tool, the Plan must coordinate Member referrals with MHPs or directly to MHP providers delivering SMHS. The Plan may only refer directly to an MHP provider of SMHS if policies and procedures have been established and MOUs are in place with the MHP to ensure a timely clinical assessment with an appropriate in-network provider is made available to the Member. Referral coordination must include sharing the completed Adult or Youth Screening Tool and following up to ensure a timely clinical assessment has been made available to the Member. Members must be engaged in the process and appropriate consents obtained in accordance with accepted standards of clinical practice.

d. The Adult and Youth Screening Tools must not replace Plan protocols for emergencies or urgent and emergent crisis referrals. For instance, if a Member is in crisis or experiencing a psychiatric emergency, the Health Plan's emergency and crisis protocols must be followed.

5. Overriding the Screening Tool Score

a. The Health Plan may override the Screening Tool score when the result is inconsistent with the Member's clinical presentation (e.g., the Screening Tool does not capture the need for SMHS in Members who are unable to respond to the Screening Tool questions due to serious mental health symptoms).

b. Overriding the Screening Tool score must be conducted only by specified Practitioners of NSMHS. Health Plan practitioner types that may override the Screening Tool score include Licensed Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Psychologists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, Licensed Physicians, and their waivered, Registered, or Clinical Trainee counterparts. The Health Plan is responsible for ensuring that all Practitioners deliver services within their scope of practice under California law.

c. The Health Plan's Practitioner must provide their rationale and information supporting the rationale for overriding the Screening Tool score based on the following two options:

i. Additional information was provided during the screening indicating a higher level of services than NSMHS is needed. The Health Plan should refer the Member to the MHP for a timely assessment.

ii. Additional information was provided during the screening indicating a lower level of services than SMHS is needed. The member should be referred to the Health Plan so the plan can coordinate a timely assessment.

d. The Health Plan must record overrides as well as the Practitioner's rationale through the plan's preferred monitoring method (e.g., electronic health record, Excel spreadsheet, etc.) 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 Tool are subject to auditing and the Health Plan must provide the records, including the override rationale, to DHCS upon request.

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

a. 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 regarding concurrent treatment set forth in WIC section 14184.402(f) and described in DHCS APL 22-005 and BHIN 22-011 and continuity of care requirements described in MHSUDS IN 18-05914 and APL 18-008, or subsequent updates. The Transition of Care

Tool documents Member needs for a transition of care referral, or a service referral, to the Health Plan or MHP.

b. The Transition of Care Tool does not replace:

   i. Health Plan policies and procedures that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.

   ii. Health Plan protocols that address clinically appropriate, timely, and equitable access to care.

   iii. Health Plan clinical assessments, level of care determinations and service recommendations.

   iv. Health Plan requirements to provide EPSDT services.

7. Description of Transition of Care Tool

   a. The Transition of Care Tool is utilized to ensure Members that are receiving mental health services from one delivery system receive timely and coordinated care when their existing services are transitioned to another delivery system or when services need to be added to their existing mental health treatment from another delivery system. The Transition of Care Tool is intended to document the Member's information and provide information from the entity making the referral to the receiving delivery system to begin the Member's care transition. Members may be transitioned to the Health Plan 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. The Health Plan is required to administer the Transition of Care Tool to facilitate transitions of care to the MHP for all Members, including adults aged 21 and older and youth under age 21, when their service needs change.

   b. The Transition of Care Tool includes specific fields to document the following elements:

      i. Referring Health Plan contact information and care team.

      ii. Member demographics and contact information.

      iii. Member behavioral health diagnosis, cultural and linguistic requests, presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.

      iv. Services requested and receiving Health Plan contact information

   c. The Transition of Care Tool is not considered an assessment and does not replace:

      i. The Health Plan's policies and procedures that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis

referrals.

ii. Health Plan protocols that address clinically appropriate, timely, and equitable access to care.

iii. Health Plan clinical assessments, level of care determinations, and service recommendations.

iv. Health Plan requirements to provide EPSDT services.

d. Referring entities may provide additional documentation, such as medical history reviews, care plans, and medication lists, as attachments to Transition of Care Tool

8. Administering the Transition of Care Tool

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

b. The Health Plan is required to use the Transition of Care Tool to facilitate transitions of care to MHPs for all Members, including adults age twenty-one (21) and older and youth under age twenty-one (21), when their service needs change.

c. 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 Health Plan 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.

d. The Transition of Care Tool is provided as a PDF document, but the Plan is not required to use the PDF format to complete the tool. The Health Plan 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 must remain intact and unchanged. The information must be collected and documented in the order it appears on the Transition of Care Tool, and additional information cannot be added to the form 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.

9. Following Administration of the Transition of Care Tool

a. 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. Consistent with DHCS APL 25-010 and BHIN 22-011, or subsequent updates, the Health Plan must coordinate Member care services with MHPs 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, the new Provider accepts the care of the Member, and medically

necessary services have been made available to the Member. All appropriate consents must be obtained in accordance with accepted standards of clinical practice.

i. The Health Plan may only refer directly to an MHP provider of SMHS if the MCP has established policies and procedures and an MOU with the MHP to ensure medically necessary services from an appropriate in-network provider are made available to the Member.

b. Documentation

i. DHCS intends to evaluate the CalAIM Screening and Transition of Care Tools for Medi-Cal Mental Health Services initiative over time to ensure Members are receiving timely access to medically necessary care. As part of this process, additional reporting may be requested.

c. Compliance

i. The Health Plan must implement the Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services effective January 1, 2023.

ii. The Health Plan is responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by the Plan to all Subcontractors and Network Providers.

Procedure:

1. The Adult Screening tool is completed when a member not currently receiving mental health services, contacts the Health Plan to seek mental health services. This tool determines whether an individual should be referred to the Plan delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Adult Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services. Each scored question is a “Yes” or “No” question. Not every question is scored. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet. Select/mark the number in the “Yes” or “No” column based on the response provided.

   a. If the individual is unable or chooses not to answer a question, skip the question and score it as “0f the individual responds “Yes” to question 11, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality after the screening is completed.

   b. Referral coordination should include sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.

c. A response of “Yes” to question 13 or 14 does not impact the screening score. If the individual responds “Yes” to question 13 or question 14, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.

   i. The individual may decline this referral without impact to the mental health delivery system referral. Once responses to questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box. Individuals with a total score of 0 – 5 will be immediately referred to the Health Plan Behavioral Health Vendor for a clinical assessment and followed via Interdisciplinary team meetings held weekly.

d. Individuals with a total score of 6 and above will be referred to the MHP for a clinical assessment. The Health Plan’s Care Coordination team will facilitate this referral however at this time does not have access to records once referred. The Health Plan reaches out to MHP referred members for self-reported updates. The Screening Tool is loaded into the Care Management software system as a PDF as part of the member’s care management chart and history. Follow-up on referrals continues as part of acuity encounters.

e. The Screening Tool PDF is also uploaded into the member’s EMR as part of member history and referrals. As part of ongoing provider collaboration with the Plan, the provider is notified of the upload of the tool for review.

2. 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 their existing services need to be transitioned to the other delivery system or services need to be added to their existing mental health treatment from the other delivery system. The determination to transition services to and/or add services from the other mental health delivery system will be made by the provider in alignment with protocols. Once the provider has made the determination to transition care or refer for services, the following actions will be taken.

   a. The Health Plan’s Care Coordination Team will ensure that the provider completes the Transition of Care Tool and it is uploaded into both the Care Management Software system and the member’s EMR.

   b. The Health Plan will work with our Behavioral Health vendor to send the Transition of Care Tool and any relevant supporting documentation to the MHP.

   c. The Health Plan will continue to facilitate the necessary mental health services and coordinate the transition of care or service referral with the receiving plan, including follow up to ensure services have been made available to the individual.

Definitions:

1. Behavioral Health: means mental health conditions and Substance Use Disorders (SUD).

2. Behavioral Health Services: means Specialty Mental Health Services (SMHS), Non-Specialty Mental Health Services (NSMHS), and Substance Use Disorders (SUD) treatment.

3. Behavioral Health Treatment (BHT): means services and treatment programs including applied behavioral analysis and other evidence-based intervention programs, that prevent or minimize the adverse effects of symptoms and behaviors that may interfere with learning and social interaction and promote, to the maximum extent practicable, the functioning of a Member under 21 years of age, including those diagnosed with Autism Spectrum Disorder (ASD), as determined to be medically necessary for the child by a licensed physician, or psychologist.

4. BHT Provider: means a Qualified Autism Services (QAS) Provider, QAS Professional, or QAS Paraprofessional.

5. 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.

6. No Wrong Door: means Members receive timely Behavioral Health Services without delay, regardless of delivery system where they seek care and are able to maintain treatment relationships with trusted Providers without interruption. This includes concurrent service provision, whereby Health Plan must cover Medically Necessary Non Specialty Mental Health Services (NSMHS) for a Member concurrently receiving Specialty Mental Health Services (SMHS) covered by the county Mental Health Plan (MHP), and ensure those services are coordinated and not duplicative. Health Plan must ensure compliance with No Wrong Door pursuant to W&I section 14184.402.

Monitoring:

The Utilization Management Committee is responsible for reviewing and approving at least annually.

Reference(s):

1. Department of Health Care Services (DHCS) All Plan Letter (APL) 25-010, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services, supersedes APL 22-028, published June 3, 2025.

2. The 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-MediCal-Mental-Health-Services.aspx

3. BHINs are searchable at: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-HealthInformation-Notice-%28BHIN%29-Library.aspx

4. For a description of MHP responsibilities related to use of the Adult and Youth Screening Tools, please reference Draft BHIN 22-065, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services

5. For information about timely access to services, please reference 42 C.F.R. Part 438.206(c)(1), Availability of Services, and APL 21-006, Network Certification Requirements, or subsequent updates.

6. 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 WIC section 14059.5

Regulatory Agency Approval(s):

Date	Version	Regulatory Agency	Purpose	Response
5/24/2023	32.0	Department of Health Care Services (DHCS)	APL 22-029	Approved
10/10/2025	32.1	DHCS	APL 25-010	Approved