

San Diego County MHP and DMC-ODS
Policy/Procedure: **Screening, Assessment, and Referrals**
Date: **September 30, 2025**

I. PURPOSE

To establish how Parties work collaboratively in addressing how Members are screened, assessed, and referred for MCP Covered Services and DMC-ODS services.

To establish an assessment method used by the Plans serving the Expanded Medi-Cal population and criteria for when and how it will refer beneficiaries to Specialty Mental Health Services (via County Behavioral Health Services [MHP]).

II. BACKGROUND

On October 12, 2023, DHCS released BHIN [23-056](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans and [Attachment 1](#) and BHIN [23-057](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Drug Medi-Cal Organized Delivery System Counties and [Attachment 1](#). Both BHINs provide guidance to county Mental Health Plans (MHP) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) entering a Memoranda of Understanding (MOU) with Managed Care Plans (MCP). The MOU template outlines the responsibilities and obligations of each party to coordinate and facilitate the provision of services to members where they are served by both parties. In addition, the BHIN specifies the oversight, compliance, and reporting requirements.

III. POLICY

The MCP will ensure the provision of screening services in alignment with regulatory guidance from DHCS. The MCP will work to ensure appropriate referrals to Substance Use Disorder Services as indicated.

BHS contracted providers will accept referrals and determine if designated BHS target population and medical necessity requirements are met and indicate an appropriate treatment level of care.

[MHP] The Plan, MHP, or subcontractors will use the required screening and transition tools when applicable, and complete assessments and referrals within specified time frames to Members to determine appropriate service systems and level of care to be provided while ensuring a “no wrong door” referral process.

IV. SCOPE

The scope of this policy applies to County DMC-ODS and/or MHP, MCP, and their providers who work directly with members, caregivers, and providers.

V. PROCEDURES

A. DMC-ODS

1. Managed Care Plan will:
 - a. Be in compliance to ensure eligible Members receive comprehensive substance use, physical, and mental health screening services, including the use of American Society of Addiction Medicine (ASAM) Level 0.5 SABIRT guidelines.
 - b. Provide or arrange for the provision of medications for Addiction Treatment (also known as Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings.
 - c. Refer Members using a patient-centered, shared decision-making process.

- d. Work to ensure appropriate referrals to Substance Use Disorder Services as indicated. All requests and referrals for SUD services will be directed to the Access and Crisis Line or to a DMC-ODS provider for further screening and assessment.
 - e. Have a process by which MCP accepts referrals from DMC-ODS staff, providers, or a self-referred Member for assessment, makes a determination of medical necessity for the Member to receive DMC-ODS Covered Services, and provides referrals within the DMC-ODS provider network.
2. BHS DMC-ODS contracted providers will:
- a. Utilize an American Society of Addiction Medicine (ASAM) Criteria assessment to determine medical necessity and the appropriate treatment level of care for beneficiaries seeking SUD services.
 - b. Refer Members to the MCP for Covered Services, as well as any Community Supports services or care management programs for which they may qualify, such as Enhanced Care Management (“ECM”) or Complex Case Management (“CCM”).
 - 1) If DMC-ODS is an ECM Provider, DMC-ODS provides ECM services pursuant to that separate agreement between MCP and DMC-ODS for ECM services; this MOA does not govern DMC-ODS’s provision of ECM
 - c. Have a process by which they accept referrals from MCP staff, providers, or a self-referred Member for assessment, and a mechanism for communicating such acceptance to MCP, the provider, or the self-referred Member, respectively.
3. Both parties will:
- a. Adopt a “no wrong door” referral process for Members and work collaboratively to ensure that Members may access services through multiple pathways and are not turned away based on which pathway they rely on pursuant to BHIN 22-011, or subsequent updates to DHCS regulations.
 - b. Ensure Members receive SUD services when Members have co-occurring SMHS and/or NSMHS and SUD needs.

B. MHP

1. Screening & Assessments:
- a. MCP and MHP will use the required screening tools for Members who are not currently receiving mental health services, except when a Member contacts the mental health provider directly to seek mental health services.
 - i. When member contacts the mental health provider directly to seek services, a psychosocial assessment will be conducted within timelines outlined in Network Adequacy standards to determine the most appropriate level of care.
 - b. If the delivery system that completes the screening determines services are most appropriate in the other delivery system, the following steps will be taken.
 - i. MHP Access and Crisis Line (ACL) or MCP receives initial call and completes the screening tool.
 - ii. MHP ACL/ MCP representative makes an immediate warm transfer to the appropriate contact via identified central phone number and sends screening form to identified email/fax. MHP/MCP receiving warm handoff works to connect individual to a provider within appropriate Network Adequacy timelines.
 - a) If referral is during the evening or weekend and warm transfer unavailable, MHP ACL/MCP representative informs the caller that a referral is being sent to the MCP/MHP and someone will reach out on the next business day.
 - b) MHP ACL/MHP representative sends screening form to MCP/MHP via identified email/fax on contact sheet mutually developed.
 - c) MCP/MHP ACL representative receives the screening form via email/fax next business day and confirms receipt if received via fax.

- d) If MCP/MHP ACL representative cannot reach the beneficiary within 5 business days, they will notify MHP ACL/MHP representative via email and work together to reach the client for follow up.
 - iii. After the referrals are routed accordingly, MHP ACL/MHP representative will enter the applicable identified fields in the bi-directional excel spreadsheet developed for sharing of information.
 - a) These identified fields include: Medi-Cal number, member first name, last name, DOB, phone number, screening tool completion date, outcome, member contact date, referral delivery method.
 - b) By the 2nd Tuesday of each month, MHP ACL/MCP representative uploads the excel spreadsheet to the designated secure portal. If the 2nd Tuesday falls on a holiday, upload will occur on the next business day.
 - 1) The MCP/MHP ACL representative will retrieve the excel spreadsheet from the designated secure portal.
 - 2) The MCP/MHP ACL representative enters applicable identified fields on the excel spreadsheet.
 - 3) Identified fields include the following: Referral received date, first available appointment date, first service date, disposition.
 - c) MCP/MHP ACL representative will then upload the excel spreadsheet to the designated secure portal by the 3rd Tuesday of each month. If the 3rd Tuesday falls on a holiday, upload will occur on the next business day.
 - d) MHP ACL/MCP representative retrieves the completed excel spreadsheet from the designated secure portal for continuous data tracking.
 - iv. When individuals decline screening, MHP ACL staff will educate on the benefit of screening further to assist in getting the most appropriate resources/referrals and would attempt to gather as much information from the beneficiary as possible to provide the most appropriate referrals. If an appropriate direction for referral cannot be determined the MHP ACL staff will educate the beneficiary as to their different access points through the MHP and MCP.
 - v. When the MHP ACL staff determine that an individual would benefit from a pediatrician/Primary Care Physician (“PCP”) visit, they will educate them on the process for accessing their Managed Care Plan and provide a referral to the appropriate MCP. If the individual does not know who their managed care plan is, the MHP ACL staff will look the information up for them and continue with a referral to the identified MCP.
2. Referrals:
 - a. MCP, MHP and subcontractors will adopt a “no wrong door” referral process for Members and work collaboratively to ensure that Members may access services through multiple pathways and are not turned away based on which pathway they rely.
 - b. MCP and MHP will ensure that Members receiving mental health services from one delivery system receive timely and coordinated care when their existing services are being transitioned to another delivery system or when services are being added to their existing mental health treatment from another delivery system, using a patient-centered, shared decision-making process.
 - c. MCP and MHP will use the required Transition of Care (TOC) Tool to facilitate transitions of care for Members when their service needs change and 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.
 - d. Upon completion of the TOC Tool, the following steps are taken.
 - i. MHP/MCP sends completed transition tool to the MHP/MCP identified secure email/fax during business hours
 - ii. MCP/MHP representative receives referral and transition tool and confirms receipt.

- a) MCP representative identifies a network provider for connection and sends transition tool to ensure network adequacy timelines.
 - b) MHP program reaches out to contact client within one business day.
 - iii. MHP/MCP representatives contact individual who completed the Transition Tool to coordinate care.
 - iv. MHP/MCP utilize a bi-directional excel spreadsheet to track referrals and disposition
 - a) System initiating the referral enter applicable identified fields in the spreadsheet.
 - 1) Identified fields include the following: Medi-Cal number, member first name, last name, DOB, phone number, transition tool completion date, member contact date, referral delivery method.
 - v. By the 2nd Tuesday of each month, MHP/MCP staff uploads the excel spreadsheet to the designated secure portal. If the 2nd Tuesday falls on a holiday, upload on the next business day.
 - a) MHP/MCP representative retrieves excel spreadsheet from the designated secure portal.
 - b) MHP/MCP representative enters applicable identified fields on the excel spreadsheet and uploads to the designated secure portal by the 3rd Tuesday of each month. If the 3rd Tuesday falls on a holiday, upload to occur on the next business day.
 - c) Identified fields include the following: Referral received date, referral received date, first available appointment date, first service date, disposition.
 - d) MHP/MCP representative retrieves the completed excel spreadsheet from the designated secure portal for continuous data tracking to ensure care is coordinated.
 - e. MHP will also refer Members to MCP for MCP's Covered Services, as well as any Community Supports services or care management programs for which Members may qualify, such as Enhanced Care Management ("ECM"), Complex Care Management ("CCM"), or Community Supports, per MCP referral processes.
 - f. In addition to referrals to the MHP, MCP will refer eligible Members for substance use disorder ("SUD") services to Drug Medi-Cal Organized Delivery System ("DMC-ODS") program in accordance with the Medi-Cal Managed Care Contract.

VI. REVIEW STATEMENT

The Medi-Cal Behavioral Health policies and procedures are subject to amendment at any time at the discretion and mutual agreement of the County of San Diego Behavioral Health Services Division and Managed Care Health Plans.

VII. REFERENCES

- A. MCP's Medi-Cal Managed Care Contract Exhibit A, Attachment III
- B. MHP contract
- C. DMC-ODS Intergovernmental Agreement
- D. California DHCS Behavioral Health Information Notice (BHIN) [23-056](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans and [Attachment 1](#)
- E. California DHCS Behavioral Health Information Notice (BHIN) [23-057](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Drug Medi-Cal Organized Delivery System Counties and [Attachment 1](#).
- F. CalAIM Population Health Policy Guide

VIII. ATTACHMENTS

N/A

IX. REVIEW/REVISION HISTORY

First Issued: September 30, 2025