



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

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| Policy Number | 726 |
| Policy Title | Coordination and Continuity of Care |
| References | <p>45 C.F.R. § 160 and § 164 Title 42 United States Code, to the extent that these requirements are applicable; 42 C.F.R. to the extent that these requirements are applicable; 42 C.F.R. Part 438, Medicaid Managed Care, limited to those provisions that apply to Prepaid Inpatient Health Plans (PIHPs), except for the provisions listed in paragraph B of the Contract 42 C.F.R. § 438.208(b) 42 C.F.R. § 455 to the extent that these requirements are applicable; 42 C.F.R. § 438.208(b)(2)(i)-(iv), Cal. Code Regulations, title 9 § 1810.415 Title VI of the Civil Rights Act of 1964 Title IX of the Education Amendments of 1972 California Code of Regulations Title 22, Section 51341.1, Section 51341.1, Section 51490.1, Section 51008.5, Section 51341.1, California Health and Safety Code Section 1596.792(e) Age Discrimination Act of 1975 Rehabilitation Act of 1973 Americans with Disabilities Act Section 1557 of the Patient Protection and Affordable Care Act Deficit Reduction Act of 2005; Balanced Budget Act of 1997; Medicaid Managed Care Final Rule Network Adequacy Standards (July 19, 2017), Department of Health Care Services (DHCS) Monterey County Behavioral Health Polices Monterey County Health Department Policies</p> |
| Form | none |
| Effective | November 29, 2017 |

1 **Policy**
 2 Monterey County Behavioral Health (MCBH) and its contracted providers shall ensure that each
 3 beneficiary has an ongoing source of care appropriate to his/her needs. A designated person
 4 (Coordinator) shall be responsible for coordinating the services. Coordination of services shall take
 5 place between settings of care, including appropriate discharge planning for short term and long-
 6 term hospital and institutional stays, between other managed care organization, in Fee-For-Service
 7 (FFS) Medicaid, from community and social support providers, and other human services agencies
 8 used by its beneficiaries.
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10 **Procedure**

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- 12 1. In addition to the general coordination and continuity of care requirements MCBH and its
- 13 contractors will comply with the following coordination and continuity of care
- 14 requirements for substance use disorder treatment providers:
- 15 2. Re-Assessments
- 16 a. Individual treatment plans in all modalities of service shall be reviewed, at 60 and
- 17 90-day intervals, except for narcotic treatment programs (NTP) services, which
- 18 require annual re-authorization.
- 19 i. Adult beneficiaries in Residential treatment shall be re-assessed at a
- 20 minimum of every 45 days, unless there are significant changes
- 21 warranting re-assessments that are more frequent. Changes that could
- 22 warrant a re-assessment and possibly a transfer to a higher or lower Level
- 23 of Care (LOC) include, but are not limited to:
- 24 • Achieving treatment plan goals
- 25 • Inability or incapacity of beneficiary to achieve treatment plan
- 26 goals
- 27 • Change in service needs based upon medical necessity
- 28 • At the request of the beneficiary
- 29 3. Transitions to Other Levels of Care
- 30 a. County shall ensure Contractor's and subcontractor's Case Coordinators will be
- 31 responsible for assisting the beneficiary with initial placement, transitions to
- 32 different LOCs, and discharge planning. Case Coordinators will also provide
- 33 support in scheduling intake appointments and linking beneficiaries to ancillary
- 34 support services.
- 35 b. Case Coordinators shall ensure coordination of transitions to other levels of care,
- 36 occur within 10 business days from the date of re-assessment.
- 37 c. Case Coordinators from both the discharging and admitting provider agencies
- 38 shall be responsible to facilitate the transition between levels of care, including
- 39 assisting in scheduling an intake appointment, ensuring a minimal delay between
- 40 discharge and admission at the next LOC, and documenting all information in the
- 41 Electronic Health Record.
- 42 d. If the discharging provider is unable to determine an appropriate referral, the
- 43 beneficiary's Case Coordinators will consult to determine an appropriate referral
- 44 and assist with linkage to services. e) When a beneficiary receives, or requires
- 45 inpatient (SUD) services (ASAM level 3.7 and 4.0 services) in an acute care
- 46 hospital, or another Fee for Service (FFS) facility, the Contractor shall manage the
- 47 needed transition of care to any lower or higher LOC provided by a DMC-ODS
- 48 provider. If the Contractor has subcontracted with either a Chemical Dependency
- 49 Recovery Hospital (CDRH) or Acute Freestanding Psychiatric hospital for inpatient
- 50 SUD services using other county funds, the same transition of care coordination is
- 51 required.
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