



COUNTY OF MONTEREY HEALTH DEPARTMENT

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Administration Clinic Services Public Health
Behavioral Health Emergency Medical Services Public Administrator/Public Guardian
Environmental Health/Animal Services

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 Updated January 6 th , 2020

Policy

- 1 Monterey County Behavioral Health (MCBH) and its contracted providers shall ensure that each
- 2 beneficiary has an ongoing source of care appropriate to his/her needs. A designated person
- 3 (Coordinator) shall be responsible for coordinating the services and provide contact information. Coordination of services shall take
- 4 place between settings of care, including appropriate discharge planning for short term and long-
- 5 term hospital and institutional stays, between other managed care organization, in Fee-For-Service

6 (FFS) Medicaid, from community and social support providers, and other human services agencies
7 used by its beneficiaries.

Procedure

1. In addition to the general coordination and continuity of care requirements, MCBH and its contractors will ensure 9 that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health 10 record in accordance with professional standards and while in the process of coordinating care, each beneficiary's 11 privacy is protected in accordance with the privacy requirements in 45CFR.

MCBH and its contractors will comply with the following coordination and continuity of care requirements for substance use disorder treatment providers:

2. Initial Assessments

- 15 i. The coordinator will make effort to conduct an initial assessment of each beneficiaries needs, within
16 90 calendar days of the effective date of admission for all new beneficiaries, including
17 subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.
18 ii. The coordinator will share with the department of other managed care organizations the results of any
19 identification and assessment of the beneficiaries needs to prevent duplication of those activities.

3. Re-Assessments

- 21 i. Individual treatment plans in all modalities of service shall be reviewed, at 60and 90-day intervals
22 except for narcotic treatment programs (NTP) services, which require annual re-authorization.
23 ii. Adult beneficiaries in Residential treatment shall be re-assessed at a minimum of every 45 days, unless
24 there are significant changes warranting re-assessments that are more frequent. Changes that could
25 warrant an assessment and possibly a transfer to a higher or lower Level of Care (LOC) include, but are
26 not limited to:
27 1.) Achieving treatment plan goals
28 2.) Inability or incapacity of beneficiary to achieve treatment plan goals
29 3) Change in service needs based upon medical necessity
30 4) At the request of the beneficiary

4. Transitions to Other Levels of Care

- 32 i. County shall ensure Contractor's and subcontractor's Case Coordinators will be
33 responsible for assisting the beneficiary with initial placement, transitions to
34 different LOCs, and discharge planning. Case Coordinators will also provide
35 support in scheduling intake appointments and linking beneficiaries to ancillary
36 support services.
37 ii. Case Coordinators shall ensure coordination of transitions to other levels of care,
38 occur within 10 business days from the date of re-assessment.
39 1) Case Coordinators from both the discharging and admitting provider agencies
40 shall be responsible to facilitate the transition between levels of care, including:
41 assisting in scheduling an intake appointment, ensuring a minimal delay between
42 discharge and admission at the next LOC, and documenting all information in the
43 Electronic Health Record.
44 2) If the discharging provider is unable to determine an appropriate referral, the
45 beneficiary's Case Coordinators will consult to determine an appropriate referral and assist with
46 linkage to services. e) When a beneficiary receives, or requires
47 inpatient (SUD) services (ASAM level 3.7 and 4.0 services) in an acute care
48 hospital, or another Fee for Service (FFS) facility, the Contractor shall manage the
49 needed transition of care to any lower or higher LOC provided by a DMC-ODS
50 provider. If the Contractor has subcontracted with either a Chemical Dependency
51 Recovery Hospital (CDRH) or Acute Freestanding Psychiatric hospital for inpatient
52 SUD services using other county funds, the same transition of care coordination is
53 required.

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