POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Coordination and Continuity of Care

Assigned Policy Number: BHSD 10000

Policy Area(s): Mark All That Apply

☐ Plan Administration and Organization      ☐ Provider Network
☐ Scope of Services                        ☐ Documentation Requirements
☐ Financial Reporting Requirements        ☐ Coordination and Continuity of Care
☐ Management Information Systems          ☐ Beneficiary Rights
☐ Quality Improvement System               ☐ Beneficiary Problem Resolution
☐ Utilization Management Program          ☐ Program Integrity
☐ Access and Availability of Services     ☐ Reporting Requirements

Submitted by: victor Ibabao                  Date: 9/24/2019
Policy developed by: Tianna Nelson, Mary Harnish, Domingo Acevedo

Attach P&P Document For Review In this Section [Include Paperclip Icon Here]

II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: Date: 9/24/2019
County Counsel: Date: 9/24/2019

Section B: BHSD Executive Director

BHSD Executive Director: Date: 9/25/2019

Note - A copy of the Approved P&P Form will be emailed to: BHSD Compliance Unit
Policy & Procedure Number: BHSD # 10000

Title: COORDINATION AND CONTINUITY OF CARE

<table>
<thead>
<tr>
<th>Approved/Issue Date: 4/11/2018</th>
<th>Behavioral Health Services Director:</th>
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<tbody>
<tr>
<td>Last Review/Revision Date: 9/24/2019</td>
<td>Next Review Date:</td>
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<td>Inactive Date:</td>
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REFERENCE:

- 42 CFR § 438.208 Coordination and continuity of care
- 42 CFR § 438.62(b)(1)-(2) Continued services to beneficiaries
- 42 CFR § 438.3(I) Choice of Provider
- 42 CFR § 438.114(d)(3) Emergency and Post stabilization Services
- 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records
- 45 C.F.R. § 160 and §164 Health Insurance Portability and Accountability Act
- CCR § 1810.370. Memorandum of Understanding (MOU) with Medi-Cal Managed Care Plans
- 9 CCR §1810.425 Hospital Selection Criteria
- BHSD Practice Guidelines Manual (MH only) August 1, 2017

DEFINITIONS:

Assessment. A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment...
# Policy & Procedure Number: BHSD # 10000

- BHSD County Staff
- Contract Providers
- Specialty Mental Health
- Specialty Substance Use Treatment Services

## Title: COORDINATION AND CONTINUITY OF CARE

Facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.

## POLICY:

The Behavioral Health Services Department (BHSD) will ensure:

1. BHSD make its best effort to conduct an initial screening of each beneficiary’s needs, within 90 calendar days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.
2. Each beneficiary has an ongoing source of care appropriate to his or her needs.
3. A person or entity is formally designated as primarily responsible for coordinating services accessed by the beneficiary.
4. The beneficiary is provided information on how to contact their designated person or entity.
5. Each beneficiary’s right to change the designated network provider when such change is clinically appropriate and possible.
6. Efforts are made to share with the Department of Health Care Services or other managed care organizations serving the beneficiary the results of any identification and assessment of that beneficiary’s needs to prevent duplication of those activities.
7. Each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
Title: COORDINATION AND CONTINUITY OF CARE

Care Coordination Services will occur:

1. Between settings of care, including appropriate discharge planning for short and long term hospital stays, substance use withdrawal management, residential placements, institutional stays, and all levels of outpatient care.
2. With services a beneficiary receives from any other Managed Care Plan (MCP).
3. With services a beneficiary receives from Fee for Service (FFS).
4. With services a beneficiary received from community and social support providers.

Care coordination efforts will ensure that the beneficiary's privacy is protected according to all state and federal regulations.

PROCEDURE

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action Required</th>
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<tbody>
<tr>
<td>BHSD</td>
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<tr>
<td></td>
<td>1. Maintains, distributes and shares a Behavioral Health Service Provider Directory, which includes information about providers within the plan, contact information, languages served, alternatives and other cultural options and the populations served, to all providers and beneficiaries.</td>
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<td>2. Post Provider Directory on the BHSD’s website.</td>
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<td>3. Maintains and provides oversight to contracted and designated providers to ensure they meet the care coordination and continuity of care requirements.</td>
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<td>4. Ensures beneficiaries receive information on how to contact the person or entity formally designated as primarily responsible for coordinating their services.</td>
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<td>5. Develops and implements a transition of care policy that is consistent with Federal and State requirements.</td>
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<td>6. The BHSD SUTS MCP has prepared brochures that will be distributed to Social Services Agency. The eligibility worker, upon beneficiary’s enrollment, will give the beneficiary the brochure that includes contact information for the BHSD SUTS MCP, the Gateway Call Center to access services, and the beneficiary member phone line.</td>
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## Title: COORDINATION AND CONTINUITY OF CARE

### Call Center

1. Reviews electronic health record information to determine if the beneficiary has a person or entity formally designated as primarily responsible for care coordination (provider).
2. Conducts initial screening to identify the beneficiary’s needs. Staff will make subsequent attempts to conduct initial screening if initial attempt is unsuccessful.
3. Notifies the assigned provider of beneficiary short or long term hospitalization or institutional placement.
4. Refers beneficiaries to a provider if they do not have one assigned.

### Assigned Providers

1. Provide the Provider Directory to all beneficiaries. Provider Directory is available in threshold languages, and can be obtained through the Call Centers, from providers, or on BHSD’s website.
2. Upon referral or receipt of referral, identify the designated person or entity primarily responsible for care coordination and provide the designated contact information.
3. Obtain consent from the patient/guardian for ongoing communication relating to their treatment using the SCVHHS Authorization for Use or Disclosure of Protected Health Information.
4. Coordinate physical health primary care assignment for beneficiaries who do not have a primary care provider.
5. Determine any biomedical, behavioral health, and community and social support needs as a part of the assessment. Assessments must include any special provisions for the target population such as age, gender, developmental appropriateness, culture, and type of systems or program involvement.
6. Document care coordination needs in the care plan including goals that are achievable with objectives that are specific, measurable, and attainable with specific timelines for completion.
7. Initiate the coordination of care needed, including linkage with other providers and institutions that serve the client population as appropriate.
8. Provide coordination for transitions between all settings and levels of care, including collaborative discharge planning. For Mental Health transfers between MCO providers reference SCVHHS MH Policy #412-309 Client Transfer Between Specialty Mental Health Service Providers. There is a separate SUTS client transfer policy document.
Title: COORDINATION AND CONTINUITY OF CARE

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<td>9.</td>
<td>As appropriate, share and communicate beneficiary's needs, relevant information for treatment, services, and referrals, and coordinate follow-up with other providers, in order to prevent duplication of services.</td>
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10. Document referrals, progress toward the care plan goals and objectives, and coordination of care in progress notes using the appropriate service code. |

11. Will make every attempt to link beneficiaries to another network provider, when a beneficiary requests a change or transfer of providers, and the change is deemed clinically appropriate and possible [SCVHHS MH Policy #412-309 Client Transfer Between Specialty Mental Health Service Providers; Beneficiary Rights Policy #11400]. There is a separate SUTS client transfer policy document. |

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<td>MH MCP, Psychiatric Hospitals, and Institutions:</td>
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1. Contact the Call Center to identify if the beneficiary has an existing provider or requires a referral. |

2. Coordinate between settings of care, including discharge planning consistent with the State and Federal requirements and Memorandum of Understanding with Santa Clara County's Medi-Cal Managed Care Plans. |

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<td>SUTS MCP QI, Medical Hospitals, and Ambulatory Care:</td>
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1. Hospital and Ambulatory Care social workers coordinate care by contacting the Substance Use Treatment Services Managed Care Plan Quality Improvement Coordinator (SUTS MCP QI) when a beneficiary needs substance use services. |

2. The MCP QI approves and facilitates placement into the appropriate level of SUTS services. |
Title: COORDINATION AND CONTINUITY OF CARE

Quality Management:

1. Regularly monitors provider coordination of care efforts through retrospective record reviews and audits.
2. Provides training to and consultation for network providers to improve efforts to coordinate care.

Attachments:

- SCVHHS Authorization for Use or Disclosure of Protected Health Information