



# 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

<b>Policy Number</b>	726
<b>Policy Title</b>	Coordination and Continuity of Care
<b>References</b>	<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>
<b>Form</b>	none
<b>Effective</b>	November 29, 2017 Updated January 6 <sup>th</sup> , 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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