



Closed Loop Referrals Tip Sheet

This Tip Sheet will walk users on how to close a loop when receiving a step down or step up referral from the Manage Care Plan (MCP). This Tip Sheet may change as our trainings and systems are updated. Please visit our website <u>https://dhs.saccounty.gov/BHS/Avatar/Pages/Avatar.aspx</u> for the most updated version. If any additional help is needed you can contact us at <u>bhs-ehrsupport@saccounty.gov</u>.

What is Closing the Loop

When a client receiving services from a Manage Care Plan (MCP) needs a step up in services, the MCP can request services from BHS SAC. Once the client is fully linked in the program, the provider will then close the loop in services to notify MCP. When the client is ready to step down to MCP, it will be the MCP's responsibility to close the loop.

Referrals from Manage Care Plan to BHS SAC

When a provider receives an inquiry with the Referral Type, **Manage Care Plan**, that's how they will know that they are responsible for Closing the Loop with the MCP after they have seen the client. After seeing the client, the Provider will then need to close the referral loop by communicating with the MCP point of contact to let them know that the client is fully linked in the program. They will document the communication in SmartCare via the Contact Notes Detail screen.

Inquiries (My Office)

1. When viewing an inquiry sent from BHS SAC, if the Referral Type is Managed Care Plan, this means after the client is linked with your program, you'll need to close the loop with the MCP.

Referral Date	02/28/2025	iii -	Referral Type	Managed Care Plan	~	Referral Subtype MCP Anthem 🗸 🕧
Organization Name						Phone
irst Name						Last Name
Address Line 1						Address Line 2
City			State	✓ Zip		Email
Comments						





Contact Notes (My Office)

1. In the search bar, enter Contact Notes and select **Contact Notes (My Office)**. This will pull up the Contact Notes list page and show previous contact notes that had been entered based on the selected filters.

All Reasons	~	All Statuses	5	~	All Types	6	~	Apply Filte	
All Assigned To 🗸		All Reference Types		~	From 03	/03/2024 🛗 🕶	To 03/03/2025	ii -	
Individual/Organizatio	on Contacted								
Date/Time		Status	Туре	Assig	ned To	Reference Type	Message	Individual/Organization	
02/28/2025 11:48 AM	<u>1</u> Appointment	Compl	. Phone	Chh	ioeung, Sa	Contact Note			
	A 11 1 11	Compl	Phone	Chb		Contact Note			

- 2. Create a new Contact Note by clicking on the New button on the top right.
- 3. Fill out the details of the contact.

Contact Note			
Contact Date/Time : 03/19/2025 💼 🔻 2:50 PM	Reference T	ype : <u>Contact Note</u> Reference Id : 0	
Reason : Closed Loop with MCP 🗸	3 Type:	Phone 🗸	
Status : (4) Completed 🗸	5 Assigned To	: Chhoeung, Sambo	
Individual/Organization Contacted : Manage Care Ar	nthem 6 Associated Program :	Select Program 🗸	7
Details of contact: 8 Other			
Contacted MCP			
Notify team about this contact			~
□ Notify staff member about this contact			~
Created By: Created Date:	Modified By:	Modified Date:	





- 1. Contact Date/Time field: Enter the first date of contact with MCP
- 2. Reason: Select 'Closed Loop with MCP'
- 3. Type: This will be how the provider contacted MCP
- 4. Status: Select "Completed" to indicate that the contact has been completed.
- 5. Assigned To: The name of the clinician that the client was assigned to
- 6. Individual/Organization Contacted: Name of the Manage Care Plan
- 7. Associated Program: The program the client is enrolled in
- 8. Details of contact: Select 'Other'
- 9. Text box: Enter verbiage into the text box indicating that the MCP was contacted
- **10.** Save the Contact Note Detail by clicking on the **save** icon on the top right. The bottom section of the form will then populate the user's information.

	Created By: chhoeungs2	Created Date: 03/03/2025 2:12	Modified By: chhoeungs2	Modified Date: 03/03/2025 2:12 PN
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Referrals from BHS SAC to Manage Care Plan

If the client needs a step down in services from Behavioral Health to MCP, then the BHS/Contracted Provider will need to complete the Transition of Care tool in SmartCare and send it to MCP via fax/email. The Managed Care Plan will then confirm the referral & linkage receipt to the referring BHS Provider. The BHS/Contracted Provider will then discharge the client to MCP in SmartCare.

Transition of Care (CalMHSA)

- 1. In the search bar, enter Transition of Care (CalMHSA) and navigate to the screen.
- 2. Complete all information in the text box fields.
- 3. In the **Brief Medical History** section, this will attach the client's most recent CalAIM assessment to the PDF, if one has been created.

Services Request	ed
Transition Care	
Adding Service(s)	
What service(s) is the	beneficiary being referred for? (Character limit: 160) 5
What service(s) is the Managed Care Plan: *	beneficiary being referred for? (Character limit: 160) 5 Aetna Better Health of California 6





- 4. Transition Care: Select this checkbox
- 5. *What service(s) is the beneficiary being referred for?:* Enter in the services that the client is being referred to the MCP for.
- 6. *Manage Care Plan*: Select the MCP that the client is being referred to.
- 7. *Click this checkbox if the Beneficiary of Guardian does NOT agree with this transfer:* Select if applicable
- 8. Once the form is completed, save and sign.

Discharging the Client through Client Programs (Client)

The MCP will then confirm the referral and linkage receipt to the referring BHS/Contracted Provider. They will then discharge the client in SmartCare.

1. Open **Client Programs (Client**) and click on the enrollment hyperlink for your program.

Program Assignme	Additional Information				
General					
Program Name	SacCo-BHS SAC-East PKWY-11/26/2024-11/26/2(>	Primary	Current Status	Discharged	~
Client	Test, Andrew		Discharge Reason	Transfer to lower level of car	~
Assigned Staff	~		Requested Date	11/26/2024 🛅 🔽	
			Enrolled Date	11/26/2024 🛅 🔽	
Comment			Discharged Date	11/26/2024 🛅 🔽	
			Next Schedule Service		

- 2. Switch the **Current Status** from Enrolled to Discharged, select the **Discharge Reason** on the dropdown to *Transfer to lower level of care* and enter the **Discharged Date**.
- 3. Click the **save** button on the top right.