

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-08-02
	Effective Date	12-28-2020
	Revision Date	
Title: Continuity of Care	Functional Area: Coordination and Continuity of Care	
Approved By: (Signature on File) Signed version available upon request		
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BACKGROUND/CONTEXT:

In accordance with the Code of Federal Regulations (CFR), section 438.62, Sacramento County Mental Health Plan (MHP) is committed to ensuring that beneficiaries have access to continued mental health services as he or she transitions from a Medi-Cal Fee-For-Service (FFS) or Managed Care Plan (MCP) to the Sacramento County MHP or transitions from the Sacramento County MHP to another MHP or MCP when the beneficiary, in the absence of continued services, would suffer serious detriment to his or her health or be at risk of hospitalization or institutionalization.

DEFINITIONS:

Network Provider: An employee of the Sacramento County MHP or a contracted organizational provider, provider group, or individual practitioner.

Out-of Network Provider: An individual practitioner, provider group, or organizational provider that is not contracted with the Sacramento County MHP to provide Specialty Mental Health Services (SMHS) and is not a Medi-Cal certified provider.

Pre-Existing Relationship: The beneficiary has received mental health services from an out-of-network provider at least once during the 12 month period prior to: 1) the beneficiary establishing residency in Sacramento County, and/or 2) the Sacramento County MHP receiving a referral from another MHP or MCP, and/or 3) the Sacramento County MHP making a determination that the beneficiary meets medical necessity criteria for SMHS, and/or 4) the beneficiary or provider making information available to the Sacramento County MHP verifying the pre-existing relationship.

Termination: The provider voluntarily terminated employment or contract with the Sacramento County MHP, or the Sacramento County MHP terminated employment of the provider 's contract, for a reason other than issues related to quality of care or eligibility of the provider to participate in the Medi-Cal program.

PURPOSE:

The purpose of this policy is to provide guidance on how to respond to a beneficiary's request for continuity of care services when transitioning to the Sacramento County MHP from a pre-existing out-of-network provider, or when transitioning from the Sacramento County MHP to another MHP or MCP.

DETAILS:

All eligible Medi-Cal beneficiaries, who meet medical necessity criteria for Specialty Mental Health Services (SMHS) with the MHP, have the right to request continuity of care services. The request may also be made on behalf of the beneficiary by an authorized representative. Beneficiaries with pre-existing provider relationships, who make a request to the Sacramento County MHP for continuity of care services, will be given the option to continue services for a period not to exceed 12 months, with an eligible out-of-network Medi-Cal provider or a terminated network provider. The purpose is to allow the beneficiary to complete a course of treatment or to arrange for a safe transfer of services as determined by the MHP, in consultation with the beneficiary and the provider, and consistent with good professional practice.

At any time, eligible beneficiaries who meet SMHS criteria, may change their provider from an out-of-network provider to the Sacramento County MHP, whether or not a continuity of care relationship has been established.

Qualifications

This policy applies to all Medi-Cal beneficiaries who are transitioning as follows:

1. The provider has voluntarily terminated employment or the contract with the Sacramento County MHP and, at the time of the contract's termination, the beneficiary was receiving SMHS from the provider;
2. The provider's employment or contract was terminated by the Sacramento County MHP and, at the time of the contract's termination, the beneficiary was receiving SMHS from the provider;
3. The beneficiary is transitioning to or from the Sacramento County MHP to or from another county MHP due to a change in the beneficiary's county of residence;
4. The beneficiary is transitioning from a Managed Care Plan to the Sacramento County MHP; or
5. The beneficiary is transitioning from a Medi-Cal FFS to the Sacramento County MHP.

For continuity of care requests for services with an eligible out-of-network provider, all of the following conditions must be met:

1. The MHP must be able to determine that the beneficiary has a pre-existing relationship with the provider,
2. The provider type is consistent with the State Plan and the provider meets the applicable professional standards under State law;
3. The provider agrees, in writing, to be subject to the same contractual terms and conditions that are imposed upon currently contracting network providers, including, but not limited to, credentialing, utilization review, and quality assurance;
4. Terminated providers, whose services are continued beyond the contracted termination date, shall agree, in writing, to be subject to the same contractual terms
5. and conditions, including rates of compensation that were imposed upon them prior to termination;

6. The provider agrees, in writing, to comply with State requirements for SMHS, including documentation requirements in accordance with the MHP's contract with DHCS;
7. The provider supplies the MHP with all relevant treatment information for the purposes of determining medical necessity, including documentation of a current assessment, a current treatment plan, and relevant progress notes, as long as it is allowable under Federal and State privacy laws and regulations;
8. The provider is willing to accept the higher of the MHP's provider contract rates or Medi-Cal Fee-for-Service rates;
9. The MHP has not identified, verified, or documented disqualifying quality of care issues to the extent that the provider would not be eligible to provide services to any other beneficiaries of the MHP.

PROCEDURE

The beneficiary, the beneficiary's authorized representative, or the beneficiary's provider may contact the Sacramento County MHP to request continuity of care requests. Beneficiaries may request continuity of care services in person, in writing, or via telephone. Beneficiaries shall *not* be required to make electronic or written requests. Sacramento County MHP shall provide reasonable assistance to beneficiaries in completing requests for continuity of care. Oral interpretation and auxiliary aids shall be made available to beneficiaries, upon request, and at no cost to the beneficiary.

Sacramento County MHP, upon receiving a request for continuity of care services, will verify that all of the above qualifications have been met. Once verified, the request will be approved and the following steps will be taken:

1. Make a good faith effort to contact the provider and enter into a contract, letter of agreement, single case agreement, or other form of formal relationship to establish continuity of care for the beneficiary.
2. The MHP and the out-of-network provider will establish a Client Plan and Transition Plan for the beneficiary.
3. Notify the beneficiary, and/or his or her authorized representative, in writing, that the continuity of care request has been approved. The approval letter must specify:
 - a. The duration of the continuity of care arrangement;
 - b. The process that will occur to transition the beneficiary's care at the end of the continuity of care period; and
 - c. The beneficiary's right to choose a different provider from the Sacramento County MHP's provider network.
4. Each continuity of care request must be completed within the following timelines:
 - a. Thirty (30) calendar days from the date the Sacramento County MHP received the request.
 - b. Fifteen (15) calendar days if the beneficiary's condition requires more immediate attention, such as upcoming appointments or other pressing needs.
 - c. Three (3) calendar days if there is a risk of harm to the beneficiary.
5. Thirty (30) calendar days before the end of the continuity of care period, the Sacramento MHP must engage the provider, the beneficiary, and/or the beneficiary's representative, to ensure the continuity of services through the transition to a new provider.

Retroactive Approval

Sacramento County MHP must retroactively approve a continuity of care request and reimburse providers for services that were already provided to a beneficiary under the following circumstances:

- a. The provider meets the continuity of care requirements.
- b. Services were provided after a referral was made to Sacramento MHP, and
- c. The beneficiary is determined to meet medical necessity criteria for SMHS.

Repeated Requests for Continued of Care

After the beneficiary's continuity of care period ends, the beneficiary must return to the Sacramento County MHP for SMHS, if he or she chooses to continue receiving mental health services. The continuity of care period may start over, **one (1) time**, when the beneficiary transitions from the Sacramento MHP to a MCP or Medi-Cal FFS for non-specialty mental health services and subsequently transitions back to Sacramento County MHP.

If the beneficiary changes county of residence more than once in a 12 month period, the 12 month continuity of care period may start over with the second MHP and third MHP. After this, the beneficiary may not be granted additional continuity of care requests with the same pre-existing provider. If the Sacramento County MHP determines that additional continuity of care requests will not be granted, the Sacramento County MHP should inform the beneficiary's new county of residence about the beneficiary's existing continuity of care request.

Denial of Continuity of Care Requests

If the provider does not agree to comply or does not comply with the contractual terms and conditions, the MHP is not required to approve the continuity of care request. In addition, the Sacramento County MHP may deny a continuity of care request if:

1. The MHP has documented quality of care issues with the provider or,
2. The MHP makes a good faith effort to contact the provider and the provider is non-responsive for thirty (30) calendar days.

If the continuity of care request is denied, for any reason, the MHP must notify the beneficiary, and/or the beneficiary's authorized representative. This will be done by sending the appropriate Notice of Adverse Benefit Determination (NOABD), which contains the following information:

1. A clear explanation of the reason for the denial;
2. The availability of In-Network providers for SMHS;
3. How and where to access SMHS from the MHP;
4. The beneficiary's right to file an appeal based on the NOABD; and
5. The MHP's Beneficiary Handbook and Provider Directory.

Reporting Requirements

Sacramento County MHP must report all continuity of care requests and approvals to DHCS with the quarterly network adequacy submissions. The continuity of care report must include:

1. The date of the request
2. The beneficiary's name
3. The name of the beneficiary's pre-existing provider
4. The address/location of the provider's office
5. Whether the provider agreed to the MHP's terms and conditions

- 6. The status of the request, including the deadline for making a decision regarding the beneficiary's request.

REFERENCE(S)/ATTACHMENTS:

- 42 CFR § 438.62
- DHCS MHSUDS Information Notice No.:18-059
- DHCS MHSUDS Information Notice No.: 18-010E

RELATED POLICIES:

- PP-BHS-QM-02-01 Notice Of Adverse Benefit Determination

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use Prevention and Treatment Services		
X	Specific grant/specialty resource		

CONTACT INFORMATION:

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