



# Continuity of Care Orange County Mental Health Plan

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AUTHORITY & QUALITY IMPROVEMENT SERVICES (AQIS)

# Continuity of Care

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Per the Department of Health Care Services  
(DHCS)

Effective July 1, 2018, Title 42 of the Code of Federal Regulations, part 438.62 requires the State to have in effect a transition of care policy to ensure continued access to services during a beneficiary's transition from Medi-Cal fee-for-service (FFS) to a Managed Care Program (MCP) or transition from one managed care entity to another, when the beneficiary, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

[MHSUDS Information Notice No. 18-059 - Federal Continuity of Care Requirements for Mental Health Plans](#)



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

DATE: December 17, 2018

MHSUDS INFORMATION NOTICE NO.: 18-059

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS  
COUNTY DRUG & ALCOHOL ADMINISTRATORS  
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA  
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES  
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS  
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.  
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES  
CALIFORNIA OPIOID MAINTENANCE PROVIDERS  
CALIFORNIA STATE ASSOCIATION OF COUNTIES

SUBJECT: FEDERAL CONTINUITY OF CARE REQUIREMENTS FOR MENTAL HEALTH PLANS

## PURPOSE

The Department of Health Care Services (DHCS) is issuing this Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) to set forth continuity of care requirements for Medi-Cal beneficiaries who receive specialty mental health services (SMHS) from county mental health plans (MHPs).

# Continuity of Care

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**Effective immediately, all eligible Medi-Cal beneficiaries who meet medical necessity criteria for Specialty Mental Health Services (SMHS) have the right to request continuity of care.**

Beneficiaries with pre-existing provider relationships who make a continuity of care request to the Orange MHP must be given the option to continue treatment for up to 12 months with an individual out-of-network Medi-Cal provider or an individual terminated network provider (i.e. an individual employed by the MHP, an individual employed by a contracted organization, or an individual practitioner).

SMHS shall continue to be provided, at the request of the beneficiary, for a period of time, not to exceed 12 months, necessary to complete a course of treatment and to arrange for a safe transfer to another provider as determined by the MHP, in consultation with the beneficiary and the provider, and consistent with good professional practice.

# Continuity of Care Example Scenario

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## The Pre-existing Provider's Role and Other Considerations

Beneficiary, Sally Smith, recently moved to Orange County from Riverside County. Sally walks into an Orange County AOABH Open Access Clinic and verbally requests to continue receiving Specialty Mental Health Services (SMHS) from her Pre-existing Provider in Riverside County: Jane Doe, LMFT.

Jane Doe, LMFT is employed by Riverside County Mental Health Plan and she meets all the necessary requirements and conditions for Continuity of Care (information provided on next slides). The Orange MHP reaches out to Jane to negotiate a single contract agreement for Continuity of Care for the beneficiary, Sally Smith.

Jane must determine: 1) if her current employer (Riverside MHP) will allow her to enter into a single contract agreement with the Orange MHP to continue providing services to the beneficiary; and 2) if she, as an individual provider, is willing and able to accept the Orange MHP's terms and conditions for a period of up to 12 months.

**If Jane's employer approves of her entering into a single contract agreement with the Orange MHP and Jane accepts the MHPs terms and conditions (compensation rates, etc.) then the Orange MHP may approve the beneficiary's request for continuity of care and will notify the beneficiary of the approval and next steps.**

# Continuity of Care Policy

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- I. This policy applies to all **Medi-Cal beneficiaries** who are transitioning into the SMHS delivery system, as follows:
  - A. The provider has voluntarily terminated employment or the contract with the Orange Mental Health Plan (MHP);
  - B. The provider's employment or contract has been terminated, for a reason other than issues related to quality of care or eligibility of the provider to participate in the Medi-Cal program;
  - C. Transitioning from one county MHP to another county MHP due to a change in the beneficiary's county of residence;
  - D. Transitioning from a Managed Care Plan (MCP) to an MHP; or,
  - E. Transitioning from Medi-Cal Fee-For-Service to the MHP.

[See Continuity of Care P&P](#)

# Continuity of Care Procedures

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- I. The beneficiary may choose an **authorized Representative** to act on his/her behalf. This person can be a family member, significant other or other person of his/her choice. The beneficiary's legal Representative may make a continuity of care request on the beneficiary's behalf.
  - A. The beneficiary shall provide written confirmation of the authorization of a Representative by completing an [Authorization to Use and Disclose \(ATD\) Protected Health Information \(PHI\) Form](#).
  - B. The beneficiary will complete all necessary sections and document the representative's name, address and phone number and indicate under Part 4 Other: "Acting as representative for continuity of care request."

# Continuity of Care Procedures

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- II. The Medi-Cal beneficiary or the beneficiary's authorized representative may make a direct request to the MHP for continuity of care **in writing or via telephone and shall not be required to submit an electronic or written request.**
  
- III. The MHP shall provide reasonable assistance to beneficiaries in completing requests for continuity of care including oral interpretation and auxiliary aids and services, including but not limited to, interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

# Continuity of Care External Workflow (Clinic)

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- I. Orange MHP Clinic staff (i.e. Intake Coordinator, Plan Coordinator, Provider Representative, Program Director, Service Chief) receives a continuity of care request from Medi-Cal beneficiary or beneficiary representative; Clinic Staff to:
  - A. confirm Medi-Cal status of beneficiary;
  - B. assist beneficiary (as needed and requested) in filling out Continuity of Care Request Form (next slide) and applicable ATD's; copy medical record(s);
  - C. scan and secure email the Continuity of Care Request Form and other associated documentation (ATD's, treatment records) to Authority and Quality Improvement Services (AQIS); and
  - D. inform the beneficiary that an AQIS representative will process the request and get back to the beneficiary in writing no later than 30 days from the date AQIS receives the request.
  - E. No further action required - AQIS to take over and process Continuity of Care request.

# Continuity of Care Request Form



Behavioral Health Services (BHS)  
Authority and Quality Improvement Services (AQIS)  
**Orange County Mental Health Plan**

## Continuity of Care

### How do I know if this information applies to me?

If you have Orange County Medi-Cal and are receiving ongoing Specialty Mental Health Services (SMHS) from a non-Medi-Cal or out-of-county network provider, or if you received SMHS from an out-of-network or terminated provider within the past 12 months, you may request to continue services with your pre-existing or current provider.

### Can I keep the provider I have now?

If your provider agrees to work with the County of Orange Mental Health Plan (MHP) and the request meets all additional requirements for continuity of care, then you may be able to keep your pre-existing or current provider for up to 12 months. To "work with the Orange MHP" means that your provider must enter into an agreement with the Orange MHP so that your provider gets compensation from the Orange MHP. If your provider will not work with the Orange MHP, we will assist you in finding a new provider.

### Ways to request Continuity of Care:

#### By Mail:

Send the Continuity of Care Request form to:  
Health Care Agency  
Authority & Quality Improvement Services  
405 West 5<sup>th</sup> Street, Suite 410  
Santa Ana, CA 92701

#### By Verbal Request:

Speak to the Provider Representative, the Service Chief, or the Program Director at this location

#### By Phone:

Authority & Quality Improvement Services  
Main Line - (866) 308-3074  
TDD only - (866) 308-3073

**Please note:** You may make a direct request to the Mental Health Plan for continuity of care verbally, in writing or via telephone. Beneficiaries are not required to submit an electronic or written request



Behavioral Health Services (BHS)  
Authority and Quality Improvement Services (AQIS)  
**Continuity of Care Request Form**

To make a request without completing and submitting a form, you may ask to speak with the Provider Representative, the Service Chief or Program Director at this location or you can call Authority & Quality Improvement Services (AQIS) at (866) 308-3074 or (866) 308-3073 TDD.

Date of Request: \_\_\_\_\_ Medi-Cal Insurance:  Yes  No

#### Medi-Cal Beneficiary Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Beneficiary has seen this provider at least once during the past 12 months prior to their initial enrollment in the MHP:  Yes  No

Beneficiary has evidence of treatment within the past 12 months (treatment records, letter from provider, etc.):  Yes  No

Beneficiary has completed an Authorization to Disclose Protected Health Information (attach, if completed) to verify treatment history with this provider:  Yes  No

Beneficiary feels the absence of continued services with this provider may result in detriment to their overall health and wellbeing:  Yes  No

**Provider Information:** [information of the individual with whom continued services are desired]

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

#### Form Completed By:

Myself, the beneficiary  
 Other, not the beneficiary

Relationship to beneficiary: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Additional Information:** [if applicable]

**Mail Form To:** Health Care Agency - Authority & Quality Improvement Services  
405 West 5<sup>th</sup> Street, Suite 410, Santa Ana, CA 92701

# Continuity of Care Request - Timeline

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- I. The following timeline requirements must be followed by AQIS upon receiving the Continuity of Care request:
  - A. Thirty calendar days;
  - B. Fifteen calendar days if the beneficiary's condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or
  - C. Three calendar days if there is a risk of harm to the beneficiary.

# Continuity of Care (CC) Internal Workflow

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- I. AQIS staff will process all continuity of care requests whether in writing, fax, email, or phone. If a continuity of care request is received by phone, the AQIS representative will complete a Continuity of Care Request Form on behalf of the beneficiary. The AQIS representative will (w/in timeline requirements):
  - A. log receipt of the request on the day it is received in the AQIS CC Request Tracking Log;
  - B. send an acknowledgement letter to the beneficiary regardless of how the request is received, confirming receipt of the beneficiary's continuity of care request; and
  - C. log the date the acknowledgement letter was sent to the beneficiary in the tracking log.

# Continuity of Care – Tracking Log

AQIS Continuity of Care Request - Tracking Log

# Continuity of Care – Acknowledgement Letter



## CONTINUITY OF CARE REQUEST ACKNOWLEDGEMENT LETTER

### Continuity of Care Acknowledgement

RICHARD SANCHEZ  
DIRECTOR

JEFFREY A. NAGEL, Ph.D.  
DEPUTY AGENCY DIRECTOR  
BEHAVIORAL HEALTH SERVICES

KATHLEEN MURRAY, LMFT, CHC  
DIRECTOR  
AUTHORITY & QUALITY IMPROVEMENT SERVICES

KELLY K. SABET, LCSW  
ADMINISTRATIVE MANAGER II  
AUTHORITY & QUALITY IMPROVEMENT SERVICES  
DESIGNATION UNIT

405 W. 5<sup>th</sup> STREET, 4<sup>th</sup> FLOOR SUITE 410  
SANTA ANA, CA 92701  
TELEPHONE: (714) 834-5601  
FAX: (714) 834-8575

Date

Beneficiary's Name  
Address

AOABH/CYBH Program  
Address

RE: Continuity of Care Request

Dear Ms. /Mr.

This letter is to acknowledge receipt of your request to Orange County Mental Health Plan (MHP) to continue Specialty Mental Health Services (SMHS) with your pre-existing provider. Your request was received by Authority Quality and Improvement Services (AQIS) on (Date).

We strive to provide quality care to the residents of Orange County, and we appreciate you bringing this Continuity of Care request to the attention of the MHP. The AQIS Representative, [REDACTED], will be reaching out to your provider and you will be notified of the outcome. Please be advised that the review process may take up to [REDACTED] # of days based on [REDACTED] appropriate timeframe (i.e. 30 days) to complete. Therefore, contact us if your phone number or address changes.

If you have any questions about the status of your continuity of care request, please call (714) 834-5601.

Sincerely,

**Kelly K. Sabet, LCSW, Administrative Manager II**  
Authority & Quality Improvement Services  
Adult & Older Adult Behavioral Health Support Manager / Designation Unit  
405 W. 5<sup>th</sup> Street, Suite #410  
Santa Ana, CA 92701

# Continuity of Care (CC) Internal Workflow Continued

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- II. AQIS staff assigned to CC case will then begin the review process. AQIS staff will:
  - A. review any relevant treatment documentation or information provided by the beneficiary and/or the beneficiary's previous or pre-existing out-of-network/terminated provider *for the purposes of determining medical necessity*;
  - B. determine if the provider meets applicable professional standards under State law;
  - C. contact the individual out-of-network/terminated provider to confirm the beneficiary has received SMHS at least once during the 12 months prior to the beneficiary's initial enrollment into the MHP; and ensure all other requirements are met per the information notice: [MHSUDS Information Notice No. 18-059 - Federal Continuity of Care Requirements for Mental Health Plans](#)
  - D. coordinate with HCA Contract Services who will make a good faith effort to enter into a contract, letter of agreement, single-case agreement, or other form of formal relationship with the individual provider to establish continuity of care for the beneficiary.

# Continuity of Care (CC) Internal Workflow Continued

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- III. HCA Contract Services will determine with out-of-network/terminated provider (as appropriate);
  - A. the duration and scope of the Continuity of Care (CC) agreement for the beneficiary; and
  - B. the terms and conditions of the CC agreement between the provider and the Orange MHP.
  
- IV. HCA Contract Services will inform AQIS staff assigned to CC case of the disposition (approval/denial). Possible reasons for denial on the next slide.
  - CC Approval Letter – Slide 17
  - CC Denial Letter – Slide 18

# **Continuity of Care (CC) Reasons for Denial**

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**A beneficiary's Continuity of Care Request may be denied due to some of the following reasons (this list is not all-inclusive):**

- The Orange MHP made a good faith effort to contact the pre-existing provider and the provider was non-responsive for 30 calendar days;
- The Orange MHP and the out-of-network provider were unable to agree to a rate or other contractual terms and conditions;
- The Orange MHP became aware of documented quality of care issues with the pre-existing provider; and/or
- The pre-existing provider declined due to other reasons.

# Continuity of Care - Approval

- V. If the Continuity of Care Request is approved, AQIS staff to draft and send the beneficiary a **Continuity of Care Request Approval letter** and log the date the approval letter was sent to the beneficiary in the CC Request tracking log



## CONTINUITY OF CARE REQUEST APPROVAL NOTICE

Date

Beneficiary's Name  
Address

### Continuity of Care Approval

RICHARD SANCHEZ  
DIRECTOR

JEFFREY A. NAGEL, PH.D.  
DEPUTY AGENCY DIRECTOR  
BEHAVIORAL HEALTH SERVICES

KATHLEEN MURRAY, LMFT, CHC  
DIRECTOR  
AUTHORITY & QUALITY IMPROVEMENT SERVICES

KELLY K. SABET, LCSW  
ADMINISTRATIVE MANAGER II  
AUTHORITY & QUALITY IMPROVEMENT SERVICES  
DESIGNATION UNIT

405 W. 5<sup>th</sup> STREET, 4<sup>th</sup> FLOOR SUITE 410  
SANTA ANA, CA 92701  
TELEPHONE: (714) 834-6801  
FAX: (714) 834-6575

### RE: Continuity of Care Request

Dear Ms./Mr.,

You filed a continuity of care request with the Orange County Mental Health Plan (MHP) on MM/DD/YYYY to continue receiving Specialty Mental Health Services (SMHS) with the following out-of-network Provider:

Provider First, Last Name  
Provider Address

Your out-of-network provider has agreed to the Orange MHP's terms and conditions for your continuity of care, and has agreed to comply with Department of Health Care Services (DHCS) requirements for SMHS. The Orange MHP has approved your request for continuity of SMHS for a period not to exceed 12 months, necessary to complete a course of treatment (**duration of the continuity of care arrangement**).

Thirty days prior to the end of the continuity of care period with your out-of-network provider, the MHP shall:

1. contact you and your provider to determine appropriate transition of care,
2. notify you about the process that will occur to transition your care at the end of the continuity of care period; and
3. remind you, of your right to choose a different provider from the MHP's provider network located on this website : [http://www.ochealthinfo.com/bhs/about/medi\\_cal](http://www.ochealthinfo.com/bhs/about/medi_cal).

If, at any point during the continuity of care arrangement, you wish to discontinue SMHS with your out-of-network provider, you have a right to choose a different provider from the

Name  
Subject Line – same font  
Date  
Page 2 of 2

Orange MHP's provider network. The Orange MHP Provider Directory can be located on this website: [http://www.ochealthinfo.com/bhs/about/medi\\_cal](http://www.ochealthinfo.com/bhs/about/medi_cal).

The Plan can help you with any questions you have about this letter. For help, you may call the MHP Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-866-308-3074. If you have trouble hearing or speaking, please call the TTY/TTD number, 1-866-308-3073 between the hours of 8am to 5pm PST, excluding holidays, for help.

If you need this letter and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact the MHP by calling 1-866-308-3074.

If the Plan does not help to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

Respectfully,

**Kelly K. Sabet, LCSW, Administrative Manager II**  
**Authority & Quality Improvement Services**  
**Adult & Older Adult Behavioral Health Support Manager / Designation Unit**  
**405 W. 5<sup>th</sup> Street, Suite #410**  
**Santa Ana, CA 92701**

cc: Kathleen Murray, AQIS Director  
cc: Kelly K. Sabet, Administrative Manager II  
cc: Name, Program Manager  
cc: Name, Service Chief, Program Director or Facility  
cc: Pre-existing Provider

# Continuity of Care - Denial

**VI.** If Continuity of Care Request is denied, AQIS staff to draft and send beneficiary the **Notice of Adverse Benefit Determination (NOABD) Continuity of Care Request Denial letter** along with enclosure documents:

- “Your Rights”
- Language Assistance Taglines
- Non-Discrimination Notice

and document when the letter was sent to beneficiary in the AQIS CC Request tracking log.

*“Continuity of Care Denial”*

  
NOTICE OF ADVERSE BENEFIT DETERMINATION  
About Your Continuity of Care Request

Date \_\_\_\_\_

Beneficiary's Name _____ Address _____ City, State Zip _____	AOABH/CYBH Program _____ Address _____ City, State Zip _____
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RE: Service requested

Name of requestor has asked Orange County Mental Health Plan to approve a continuity of care request for Specialty Mental Health Services with Pre-existing/Previous Provider. This notice lets you know that Orange County Mental Health Plan (MHP) has determined that your request has been denied. Using plain language, insert: 1. A description of the criteria or guidelines used, including a citation to the specific regulations and plan authorization procedures that support the action; and, 2. The clinical reasons for the decision regarding medical necessity/denial.

You may be able to receive Specialty mental health services from the Orange County Mental Health Plan or Entity responsible for mental health services, e.g., physical health care provider. You can call them at telephone number. If applicable, insert additional action taken by the Mental Health Plan to coordinate care and/or additional follow-up needed by the Member.

You may appeal this decision if you think it is incorrect. The enclosed “Your Rights” information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed “Your Rights” information notice provides timelines you must follow when requesting an appeal.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that we used to make our decision. To ask for this, please call Orange County Mental Health Plan at (866) 308-3074.

*“Continuity of Care Denial”*

If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter, or before the date your mental health plan says services will be stopped or reduced.

The Plan can help you with any questions you have about this notice. For help, you may call Orange County Mental Health Plan 8:00 AM to 5:00 PM, Monday through Friday at (866) 308-3074. If you have trouble speaking or hearing, please call TTY/TTD number (866) 308-3073, between 8:00 AM to 5:00 PM, Monday through Friday for help.

If you need this notice and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact Orange County Mental Health Plan by calling (866) 308-3074.

If the Plan does not help you to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

This notice does not affect any of your other Medi-Cal services.

*Kelly Sabet, LCSW  
Administrative Manager, Authority and Quality Improvement Services*

Enclosed: “Your Rights”  
Language Assistance Taglines  
Non-Discrimination Notice

*Enclose notice with each letter*

# Continuity of Care Follow-Up

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- I. Thirty days prior to the end of the continuity of care period; AQIS will:
  - A. contact the beneficiary and the beneficiary's out-of-network provider to coordinate and determine appropriate transition of care; and
  - B. provide the beneficiary (if appropriate) with referral information and/or warm linkage to the appropriate Orange MHP Provider.
- II. AQIS staff to follow up with the beneficiary one week prior to the end of the CC period to ensure beneficiary has made contact with/scheduled/linked with an Orange MHP provider as appropriate.

# **Important Notice for all Orange County Mental Health Plan Providers**

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If you are an Orange County Mental Health Plan (MHP) Provider and you receive a request for Continuity of Care from another MHP/entity, please contact Authority and Quality Improvement Services (AQIS) immediately at (714) 834-5601.

# Visit the Department of Health Care Services (DHCS) website for more information on Continuity of Care Protections



## Continuity of Care for Medi-Cal Managed Care Beneficiaries

[Back to Medi-Cal Managed Care](#)

As a Medi-Cal Managed Care beneficiary, you can now **keep your doctor, keep receiving your medications, and continue your healthcare when you move to a Medi-Cal Managed Care Health Plan** through Continuity of Care.

You may be able to continue care with your current doctor and continue with medications that are important to your health. Learn about your rights to Continuity of Care and about being enrolled in a Medi-Cal Managed Care plan.

Below are resources to help answer your questions about what Continuity of Care is, how you can request it, and more information.

See [Medi-Cal Managed Care All Plan, Policy, and Dual Plan Letters](#) for policy updates.

### Continuity of Care Information

- [What is Continuity of Care for Providers?](#)
- [How Can I Request to Keep Seeing My Doctor?](#)
- [What is Continuity of Care for Services and Medicines?](#)
- [Frequently Asked Questions \(FAQ\) about Continuity of Care](#)
- [Continuity of Care Statistics \(PDF\)](#)

### Continuity of Care Flyer for Beneficiaries

- [Continuity of Care Provider Flyer \(PDF\)](#)

### Policy for Medi-Cal Managed Care Plans

- [Continuity of Care for Enrollees who Transitioned from Fee for Service to Managed Care \(All Plan Letter 13-023\)](#)
- [Continuity of Care for Enrollees who Requested a Medical Exemption Request \(All Plan Letter 13-013\)](#)
- [Continuity of Care \(Dual Plan Letter 13-005\)](#)

### Contact Information

- [Office of the Ombudsman](#)  
1-888-452-8609
- [Department of Managed Health Care \(DMHC\) Help Center \(Not DHCS\)](#)  
1-888-466-2219

Last modified date: 3/2/2019 9:00 PM

# Questions

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## AQIS Managers:

- AOABH/PRAS: Kelly K. Sabet, LCSW,AMII
- CYPBH: Vacant, AM II

## AQIS CC Lead/Primary Contact:

- AOABH Support Team: Jessica Rycroft, LMFT

## AQIS Main Line:

- (714) 834-5601