Behavioral Health Services (BHS)
Quality Management Services (QMS)

# Orange County Mental Health Plan

# Continuity of Care

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

- ✓ You have Orange County Medi-Cal
- ✓ Meet the access criteria for Specialty Mental Health Services
- ✓ Have a pre-existing relationship (received services from a provider within the past 12 months)
- ✓ The provider is an out-of-network Medi-Cal provider or a terminated network provider

If you answered yes to all of the above, you may request to continue services with your pre-existing 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 County MHP" means that your provider must enter into an agreement with the Orange County MHP so that your provider gets compensation from the Orange County MHP. If your provider will not work with the Orange County 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
Quality Management Services
400 W. Civic Center Dr. 4th Floor
Santa Ana, CA 92701

By Verbal Request:

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

By Phone:

Quality Management Services
Main Line - (800) 723-8641
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)
Quality Management Services (QMS)

# 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 Quality Management Services (QMS) at (800) 723-8641 or (866) 308-3073 TDD.

Date of Request: _____ Medi-Cal Insurance: ☐ Yes ☐ No

## Medi-Cal Member Information:

Name: _____ DOB: _____

Street Address: _____ Phone: _____

City, State, Zip: _____

| | | |
|---|---|---|
| Member has seen this provider at least once during the past 12 months prior to their initial enrollment in the MHP: | ☐ Yes | ☐ No |
| Member has evidence of treatment within the past 12 months (treatment records, letter from provider, etc.): | ☐ Yes | ☐ No |
| Member has completed an Authorization to Disclose Protected Health Information (attach, if completed) to verify treatment history with this provider: | ☐ Yes | ☐ No |
| Member 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 member

☐ Other, not the member

Relationship to member: _____

Name: _____

Phone: _____

## Additional Information: [if applicable]

## Mail Form To:

Health Care Agency - Quality Management Services
400 W. Civic Center Dr. 4th Floor, Santa Ana, CA 92701