



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 6, CHAPTER 10, POLICY 002

CONTINUITY OF CARE AND CARE COORDINATION

POLICY NUMBER:	6-10-002
SYSTEM OF CARE:	SUBSTANCE USE
FINALIZED DATE:	06.28.23
EFFECTIVE:	06.28.23
SUPERSEDES # :	Supersedes Policy #'s:

A. PURPOSE: To inform Yolo County Health and Human Services Agency (HHS) staff and its subcontracted providers of continuity of care and care coordination requirements for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services.

B. DEFINITIONS: N/A

C. RELATED DOCUMENTS: N/A

D. POLICY:

1. Care coordination shall be provided to beneficiaries in conjunction with all levels of treatment. It may also be delivered and claimed as a standalone service.
2. Care coordination shall be provided by a Licensed Practitioner of Healing Arts (LPHA) or a registered/certified counselor.
3. Care coordination may be provided in clinical or non-clinical settings (including the community) and can be provided face-to-face, by telehealth, or telephone.
4. Care Coordination shall be implemented, through executed memoranda of understanding, to provide the coordination of services with other Substance Use Disorder (SUD), physical, and or mental health services in order to ensure a client-centered and whole-person approach to wellness.

E. PROCEDURE:

1. Care coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support beneficiaries with linkages

to services and supports designed to restore the beneficiary to their best possible functional level.

2. Care coordination includes one or more of the following components:
 - a. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
 - b. Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
 - c. Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educations, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage educations, cultural sources, and mutual aid support groups.
3. The coordination of services shall be provided to beneficiaries with the services they receive from Medi-Cal Fee for Service and Managed Care Plans. This includes but is not limited to ensuring coordination for American Society of Addiction Medicine (ASAM) Levels 3.7 and 4.0.
4. Care coordinators (or case managers) shall ensure warm hand-offs are utilized when transitioning beneficiaries between levels of care to ensure there are no disruptions in services, which may require collaboration from staff at both SUD agencies. The collaboration may include but is not limited to communication through emails or phone calls, transportation, or other practical supports.
5. Each beneficiary shall have an ongoing source of care appropriate to their needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.
6. Beneficiary records shall be maintained and shared, as appropriate, in accordance with professional standards.
 - a. The results of any identification and assessment of a beneficiary's needs shall be shared with the Department or other managed care organizations serving the beneficiary to prevent the duplication of those activities.
 - b. Each beneficiary's privacy shall be protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.
7. At every access point in Yolo County, beneficiaries are triaged for risk (suicidality, homelessness, emergency physical health needs, and detoxification services) and will be advised of the benefits to which they are entitled under DMC-ODS. Initial screenings shall be completed using a universal screening tool based on the ASM dimension by trained screening staff.
 - a. Upon screening, the beneficiary shall be referred/linked to the appropriate ASAM level of care (LOC) for an intake appointment within

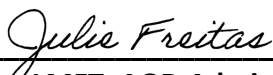
required timelines. Placement considerations include findings from the screening, geographic accessibility, threshold language needs, and the beneficiary’s preferences.

8. Yolo County HHSA shall have a SUD Case Management Hub (CM Hub), a team of staff assigned to assist beneficiaries moving through the SUD continuum of care.
 - a. High service utilization beneficiaries will be connected with the HHSA SUD-CM Hub from the start of services and ongoing, focused on assuring effective linkage and continuing service engagement.
 - b. For non- high service utilizing beneficiaries, the primary case management services will be provided by the SUD service agency. The HHSA SUD-CM staff may collaborate at beneficiary entry and exit from programs when appropriate.
 - c. Beneficiaries placed on a residential waitlist shall be connected with a County HHSA SUD -CM Hub. The HHSA SUD-CM clinician and case manager shall provide interim services as needed.
9. The most current DMC-ODS Billing Manual shall be utilized to determine appropriate claiming for care coordination within a level of care or as a standalone service.

F. REFERENCES:

1. DMC-ODS Intergovernmental Agreement
2. DHCS Information Notice 23-001: Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026
3. 42 C.F.R. §438.208
4. 45 C.F.R. Parts 160 and 164 subparts A and E
5. 42 C.F.R. Part 2

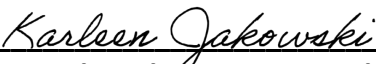
Approved by:



Julie Freitas, LMFT, AOD Administrator
Yolo County Health and Human Services Agency

6/28/23

Date



Karleen Jakowski, LMFT, Mental Health Director
Yolo County Health and Human Services Agency

6/28/23

Date