



**POLICIES & PROCEDURES**

**SECTION 5, CHAPTER 5, POLICY 028**

**MEMBER CHANGE OF CIRCUMSTANCES REPORTING**

|                        |                           |
|------------------------|---------------------------|
| <b>POLICY NUMBER:</b>  | 5-5-028                   |
| <b>SYSTEM OF CARE:</b> | BEHAVIORAL HEALTH         |
| <b>FINALIZED DATE:</b> | 10.16.2024                |
| <b>EFFECTIVE:</b>      | 10.18.2024                |
| <b>SUPERSEDES # :</b>  | Supersedes Policy #s: n/a |

**A. PURPOSE:** To establish uniform guidelines, requirements, and timelines for reporting of Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) member changes of circumstance to ensure that Yolo County Health and Human Services Agency (HHSA) Behavioral Health (BH) and its Network Providers are following applicable federal and state regulations and Department of Health Care Services (DHCS) requirements.

**B. DEFINITIONS:**

1. Change of Residence – For the purposes of this policy, a change of residence is defined as a move out of county which may impact a member’s Medi-Cal benefit eligibility.
2. Death of member – The death of a member by any cause, including natural causes.
3. Member – Also referred to as a Medi-Cal member; this is a Medi-Cal recipient who is currently receiving services from the Mental Health Plan (MHP). Member may be used interchangeably with beneficiary and client.

**C. RELATED DOCUMENTS:**

1. Beneficiary Change in Circumstances Report Form

**D. POLICY:** HHSA and contracted providers of both SMHS and SUD treatment services shall report changes in Yolo County Medi-Cal member circumstances that may affect the member’s eligibility in a timely manner in accordance with 42 CFR §438.608 and this policy.

1. Reportable changes:
  - a. Change of Residence
  - b. Member death

**E. PROCEDURE:**

1. If HHSA and contracted providers of SMHS and SUD treatment services become aware of a change in member circumstance related to either a move out of county or a member death from any cause, the change shall be reported to HHSA BH-Quality Management (BH-QM) when discovered or no later than five business days after discovery of the change. When identified, appropriate staff shall submit a completed Beneficiary Change in Circumstances Report Form via encrypted email.
  - a. To keep member contact information current in the electronic health record, HHSA and contracted providers shall update all changes in contact information via the Update Client Data function as they become aware of them.
2. BH-QM staff shall log reportable changes of circumstance, including the date of report and the reporting party/provider.
3. BH-QM staff shall provide change of circumstances data to DHCS on a quarterly basis and as requested.

**F. REFERENCES:**

1. 42 CFR §438.608(a), (a)(3)
2. DHCS Yolo County Mental Health Plan Contract
3. DMC-ODS Intergovernmental Agreement

**Approved by:**

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

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**Date**