

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>SUPT</b>
	Policy Number	<b>SUPT-03-11</b>
	Effective Date	<b>11-01-2018</b>
	Revision Date	<b>02-17-2021</b>
Title: <b>Coordination and Continuity of Care</b>	Functional Area: <b>Treatment</b>	
Approved By: (Signature on File) <b>Signed version available upon request</b>		
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**BACKGROUND/CONTEXT:**

Sacramento County Substance Use Prevention and Treatment (SUPT) Services, in accordance with specifications outlined in the State of California, Department of Health Care Services (DHCS) Intergovernmental Agreement (IA) and Title 42 and Title 45 of the Code of Federal Regulations (CFR), follows established mechanisms to meet care coordination guidelines for all recipients of SUPT substance use prevention and treatment services.

SUPT contracted providers rendering treatment services maintain and share, as appropriate, the client’s health record in accordance with professional and privacy standards to the extent they are applicable. Determining the appropriate level of care is based on the client’s individual condition and need, and is used to identify and verify that the client is receiving care at the appropriate level. As such, discharge planning and coordination of care is indicated in all levels of care.

**DEFINITIONS:**

- **Substance Use Disorder (SUD):** Recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
- **American Society of Addiction Medicine (ASAM):** An organization representing medical professionals who specialize in addiction prevention and treatment. An ASAM multidimensional assessment tool is utilized by SUPT to recommend a level of care that matches intensity of treatment services to identified patient needs.
- **Level of Care (LOC):** based on ASAM Criteria, levels of care include a range of SUD service from early intervention through medically managed intensive inpatient services.
- **Medical Necessity:** ASAM guidelines used to determine the medically necessary level of treatment services and helps qualify an individual for treatment.
- **Continuum of Care:** ASAM describes treatment as a continuum marked by levels and intensity of service. Clients enter treatment at a level appropriate to

their needs and then step up to more intense treatment or down to less intense treatment as needed.

- **Sacramento County System of Care:** SUPT operates two primary entry points (one for adults and one for youth) for all alcohol and drug treatment services, including preliminary SUD Assessment based on the ASAM, determine medical necessity and appropriate level of care, data collection and entry, and referral to contracted service providers.
- **Drug Medi-Cal Organized Delivery System (DMC-ODS):** On July 1, 2019, SUPT began implementing the DMC-ODS State Pilot to test a new way of delivering health care services for Medi-Cal eligible individuals with SUDs. Critical elements of the DMC-ODS include providing a continuum of care modeled after the ASAM criteria for substance use treatment services, increased local control and accountability, evidence-based practices in substance use treatment, and increased coordination of care.
- **Managed Care Plans:** Medi-Cal Managed Care contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. SUPT has signed Memorandums of Understanding with two local Medi-Cal Managed Care Health Plans for further care coordination and case management services for shared beneficiaries, including health consultations and navigation and referral to resources for social support.
- **Client:** any individual, family, consumer or resident for whom SUPT provides services, including those persons requesting information or an assessment for services.
- **Contracted Service Provider:** Community-based service providers contracted by SUPT to provide substance use prevention and treatment services. These are licensed, registered, and DMC approved or certified SUD prevention or treatment programs that are operated in accordance with applicable laws and regulations.

#### **PURPOSE:**

The purpose of this policy and procedure is to formalize the coordination and continuity of care for clients transitioning between levels of care and to ensure that clients are receiving care at the appropriate level.

#### **DETAILS:**

##### **Policy:**

It is SUPT's policy that facilitating client coordination between levels of care among County-operated programs, contracted providers, managed care plans, the criminal justice system (if applicable), and/or community and social support providers ensures appropriate service delivery and helps clients achieve optimal functioning in the least restrictive environment.

## **Procedure:**

Individuals will be assessed, and as medically necessary, will have access to a full continuum of Substance Use Disorder (SUD) treatment services with an emphasis on engaging the individual in the correct level of care (LOC), at the right time, with the right provider, utilizing the principles of ASAM Placement Criteria. As there are multiple treatment entry points and contracted service providers, the expectation is treatment on demand, which will enhance prompt responsiveness to requests for treatment.

Treatment services will be coordinated across the continuum of SUD treatment services; from the initial point of contact, first call or in-person visit, first offered appointment, referral, intake/assessment and determination of diagnosis and medical necessity, treatment planning, transition planning, discharge, and recovery. Prior to any changes in the LOC, the contracted provider shall conduct an LOC re-assessment. When a change in the LOC is confirmed and authorized, as required, the treatment plan must be updated to reflect the change in SUD treatment and frequency of services.

### **A. Access**

1. Individuals shall access SUD care through the following entry points:
  - a.) 24-hour toll free phone line and linkage to Sacramento County System of Care or contracted provider.
  - b.) Walk-ins or referrals directly to an in-person or telehealth ASAM screening at the Sacramento County System of Care.
  - c.) Walk-ins or referrals to an in-person or telehealth ASAM screening at contracted provider site locations.

### **B. 24/7 Call Center**

1. The Sacramento County 24/7 Call Center is an access point for current and potential clients to be referred to SUD treatment services.
  - The 24 hour, 7 days per week toll free number is 1-888-881-4881
2. Individuals who contact the 24/7 Call Center may be referred to a County System of Care access point for screening or directly to an identified contracted provider on the SUPT Community Resource List or DMC-ODS Provider Directory to receive a level of care screening using the ASAM criteria.
  - SUPT System of Care can be reached at (916) 874-9754
3. When applicable, the 24/7 Call Center will provide linkage for clients to a designated person for coordination of care, including
  - a.) Sacramento County System of Care.
  - b.) Case manager (if services were authorized).
  - c.) DMC-ODS contracted provider liaison or designee.

### **C. Sacramento County SUPT Services**

1. SUPT is responsible for
  - a.) Ensuring that individuals seeking SUD treatment services receive an initial screening to determine the appropriate LOC.

- b.) Designating of a point of contact responsible for coordinating services, whether services are provided by the County and/or by a contracted provider.
- c.) Ensuring that individuals seeking SUD treatment services are provided information on how to contact the individual or agency responsible as the primary coordinator of their services.
- d.) Preventing duplication of services by sharing with DHCS or other managed care organizations the results of any identification and assessment of the client's needs.
- e.) Overseeing the maintenance of client's health records in accordance with all professional standards and privacy safeguards.
- f.) Ensuring that client's privacy is protected in the process of coordinating care.
- g.) Collaborating with Sacramento County Behavioral Health Services Division, Quality Management to conduct regularly scheduled reviews of contracted providers to ensure coordination of care guidelines are followed including, but not limited to, chart reviews, policy reviews, and utilization reviews of claims and authorized services.

#### D. SUPT Contracted Providers

##### 1. SUPT Contracted Providers are responsible for

- a.) Ensuring that each client has an ongoing source of care appropriate to their need.
- b.) Admitting clients within five (5) business days and no later than 10 business days
  - i. If admission into treatment will be greater than 10 business days, contracted providers will provide access to interim services and link the client with another contracted provider offering the appropriate ASAM LOC.
  - ii. If admission into treatment will be greater than 10 business days, contracted provider will give referrals to other programs that have immediate availability.
  - iii. In instances where a Residential Treatment Provider submits a prior authorization request to the System of Care or Access Line, SUPT shall respond with an approval or denial within 24 hours of the request.
- c.) Ensuring the transition of clients to appropriate levels of care, including step-up or step-down in SUD treatment services, as medically necessary, and "warm hand-off".
- d.) Maintaining a point of contact responsible for coordinating clients services and informing clients on how to access the designated point of contact
  - i. If a case manager is authorized, the case manager will be the point of contact to provide coordination of care
- e.) Preventing duplication of services by sharing with SUPT, DHCS or other managed care organizations the results of any identification and assessment of the client's needs.
- f.) Maintaining and sharing client's health records in accordance with all professional standards and privacy safeguards.

- g.) Ensuring that client’s privacy is protected in the process of coordinating care.
- h.) Providing clients access to recovery supports and services immediately after discharge or upon completion of a treatment stay.
- i.) Ensuring the required documentation is included in client’s individualized treatment plan
  - i. Referrals to other services and contracted providers
  - ii. Reasons for discharge, referral, or LOC transition
  - iii. Descriptions with recommendations for follow-up

E. Managed Care Plan (MCP)

1. MCPs are responsible for
  - a.) Identifying a point of contact who will serve as a liaison and initiate, provide, and maintain the coordination of care.
  - b.) Promoting availability of clinical consultation for shared clients receiving physical health, mental health, and/or SUD services, including consultation on medications when appropriate.
  - c.) Meeting with Sacramento County representatives on a quarterly basis to review referral, care coordination, and information exchange protocols and processes.
  - d.) Providing information about access to MCP-covered services to increase navigation support for clients.
  - e.) Accepting referrals from County staff, contracted providers and client self-referral for physical health services.

F. Re-Assessments

1. Contracted providers are required to demonstrate that clients continue to meet current LOC criteria or determine that an alternative is most appropriate.
2. Contracted providers will reassess for medical necessity and appropriate LOC within the following maximum time frames

<b>Level of Care</b>	<b>Re-Assessment Timeframe</b>
Residential Detoxification (3.2)	5, 3 or 1 day
Residential Treatment (3.1, 3.5)	30 days
Intensive Outpatient (2.1)	90 days
Outpatient (1.0)	90 days
Narcotic Treatment Programs	1 year
Medication Assisted Treatment	1 year
Recovery Services	180 days

3. All clients will also be re-assessed
  - a.) Any time there is a significant change in their status or diagnosis;
  - b.) When there is a revision to the client’s individualized treatment plan;
  - or
  - c.) As requested by the client

## G. Special Health Care Needs

1. Individuals with special health care needs shall be assessed to identify any ongoing special conditions that may require a course of treatment or regular monitoring
2. Treatment plans will indicate any health care needs with linkage to appropriate providers and include the following criteria
  - a.) Be developed with client participation and in consultation with any providers caring for the beneficiary;
  - b.) Be developed by a person trained in person-centered planning using a person-centered process;
  - c.) Approved by the contracted provider and SUPT in a timely manner, if this approval is required by SUPT;
  - d.) Meet any applicable quality assurance and utilization review standards; and;
  - e.) Be reviewed and revised upon reassessment of functional need
    - i. at least every 12 months, or
    - ii. when the client's circumstances or needs change significantly, or
    - iii. at the request of the client
3. For clients with special health care needs determined through screening/assessment to need a course of treatment or regular care monitoring, the contracted provider will ensure access to a specialist as appropriate for the client's condition and identified needs through referral to a managed care plan, primary care provider, or Federally Qualified Health Center.

## **REFERENCE(S)/ATTACHMENTS:**

- Exhibit A, Attachment I, Program Specifications, County of Sacramento, Intergovernmental Agreement
- Title 45 CFR Parts 160 and 164, Subparts A and E – Privacy Rule
- Title 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records
- ASAM Placement Criteria  
<https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>
- Sacramento County Substance Use Prevention and Treatment Services Continuum of Care  
<https://dhs.saccounty.net/BHS/Documents/SUPT/GD-BHS-SUPT-Services-Continuum.pdf>
- Sacramento County Substance Use Disorder Treatment Practice Guidelines and Provider Manual  
<https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS-Sacramento-County-SUD-Treatment-Practice-Guidelines-and-Provider-Manual.pdf>
- Community Resource List for Substance Use Prevention and Treatment Services  
<https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS-SUPT-Community-Resource-List.pdf>
- DMC-ODS Provider Directory  
<https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS-SUPT-DMC-ODS-Provider-Directory-English.pdf>

**RELATED POLICIES:**

- PP-BHS-SUPT-10-01 Confidentiality and Release of Client Information
- PP-BHS-SUPT-05-02 Admissions, Authorization, and Reauthorization of Services

**DISTRIBUTION:**

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<b>X</b>	SUPT County Counselors	<b>X</b>	SUPT Adult Treatment Providers
	SUPT Collaborative Courts	<b>X</b>	SUPT Youth Treatment Providers
<b>X</b>	SUPT System of Care		ADS Advisory Board
<b>X</b>	SUPT Administrative Support Staff		BHS Mental Health Services
<b>X</b>	SUPT Options for Recovery	<b>X</b>	BHS Quality Management
	SUPT Proposition 36		

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