

# Continuity of Care

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## Fresno County Mental Health Plan Managed Care Division

June 2021



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# Have you ever had a therapist that you really liked?

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# Then one of you moved away?

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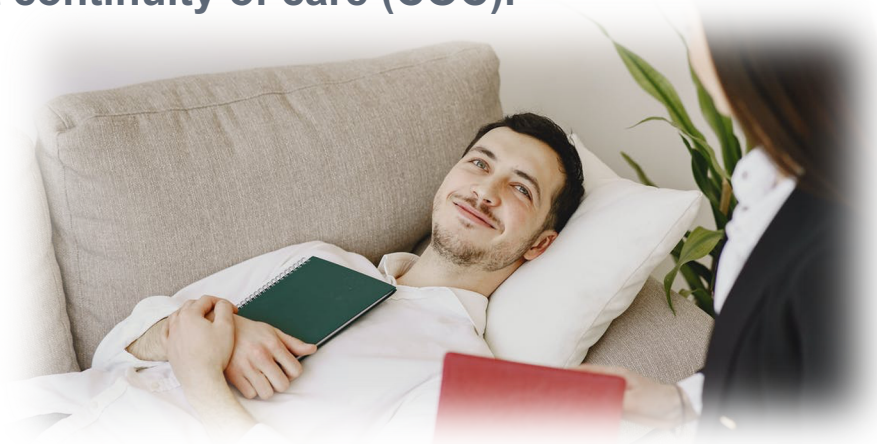
# Mental Health & Substance Use Disorder Services INFORMATION NOTICE NO.: 18-059

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## Continuity of Care

The notice refers to the person served's right to continue receiving Specialty Mental Health Services (SMHS) with their out-of-network or terminated mental health network provider for up to 12 months.

Effective December 17, 2018, all eligible Medi-Cal beneficiaries who meet medical necessity criteria for SMHS and have seen their provider at least once in the last 12 months have the right to request continuity of care (COC).





# Continuity of Care Criteria

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Fresno County Mental Health Plan (FCMHP) COC policy for SMHS applies to all beneficiaries who are transitioning as follows:

- ❖ Transitioning from one county Mental Health Plan (MHP) to FCMHP due to a change in the beneficiary's county of residence.
- ❖ Transitioning from a Managed Care Plan or a Medi-Cal Fee-For-Service (FFS) to FCMHP.
- ❖ The provider has voluntarily terminated employment or the contract with FCMHP.
- ❖ 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.



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# ACCESS POINTS

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Any Fresno County owned, operated and contracted programs that function as an entry point for specialty mental health services (SMHS) by providing screening and/or assessment services and/or service connection/linkage to care for those in need of SMHS for the FCMHP.

Access Points for requesting services include, but are not limited to the following:

A call received by the 24/7 Access Line;

A beneficiary calls or walks into a clinic or provider site;

A written request submitted via email, fax, letter, referral form, or authorization request;

A beneficiary requests additional services from a current provider.



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# Authorization for Continuity of Care

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## The following conditions must be met to allow for Continuity of Care:

FCMHP is able to determine that the person served has a pre-existing relationship with the provider;

Provider type is consistent with the State Plan and the provider meets the applicable professional standards under State law;

Provider agrees, in writing, to be subject to the same contractual terms and conditions that are imposed upon currently contracting network providers;

Provider agrees, in writing, to comply with State requirements for SMHS, including documentation requirements in accordance with FCMHP's contract with the Department of Health Care Services (DHCS);

Provider supplies FCMHP with all relevant treatment information, for the purpose of determining medical necessity;

Provider is willing to accept the higher of the FCMHP's provider contract or Medi-Cal Fee-For-Service (FFS) rates, and;

FCMHP has not identified, verified, and documented disqualifying quality of care issues to the extent that the provider would not be eligible to provide services to any other beneficiaries of FCMHP.



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# Continuity of Care Timeline Requirements

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The timeline begins when the FCMHP receives the request made by the person served or their Authorized Representative.

- Each continuity of care request must be completed within the following timelines:
- Thirty (30) calendar days from the date FCMHP received the request;
- Fifteen (15) calendar days if the person served's condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or,
- Three (3) calendar days if there is a risk of harm to the person served.



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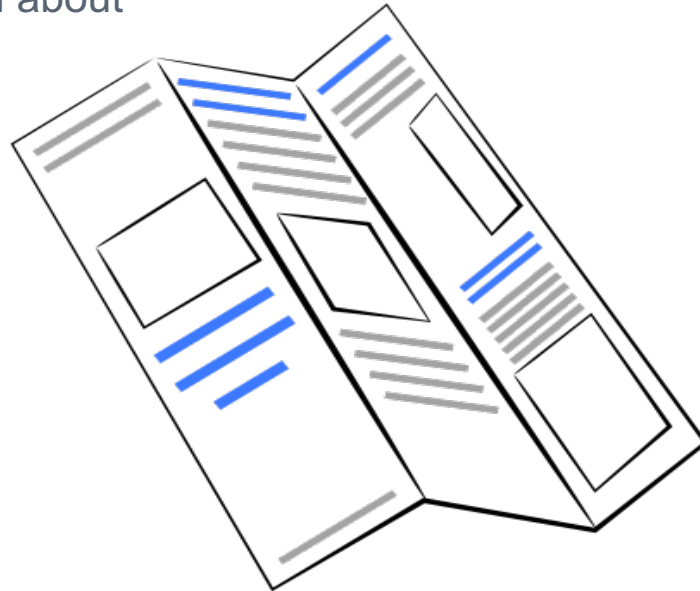




# Continuity of Care Brochures

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Please see the attached brochures that are to be provided to the people we serve to inform them about these protections.



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Continuity of Care Brochure-English



Continuity of Care Brochure- Hmong



Continuity of Care Brochure-Spanish



# Release of information (ROI)

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Prefilled COC ROI  
Form



COC ROI Form  
Example



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# Form Submission

COC may be requested in person, in writing, or via telephone, and is not required to be submitted electronically or in writing. Email is strongly recommended to ensure the documents are processed efficiently and in a timely matter.

The COC forms are to be ENCRYPTED, include “Continuity of Care – Provider Name” on the subject line and emailed to the Managed Care mailbox at [mcare@fresnocountyca.gov](mailto:mcare@fresnocountyca.gov).



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# THANK YOU!

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For questions regarding Continuity of Care, please contact us at:

Phone

(559) 600-4645

Email

[mcare@fresnocountyca.gov](mailto:mcare@fresnocountyca.gov)

