
 <p><b>Behavioral Health Department</b> Alameda County Health</p>	<p>Signed by:    By: <u>BA167CA0C0D444A...</u>  <b>Karyn L. Tribble, PsyD, LCSW, Director</b></p>
<p><b>POLICY TITLE</b></p> <p><b>Adult and Older Adult System of Care Coordination of Medi-Cal Specialty Mental Health Services</b></p>	<p><b>Policy No: 100-2-5</b></p> <p><b>Date of Original Approval: 12/16/19</b></p> <p><b>Date(s) of Revision(s): 6/23/2026</b></p>

**PURPOSE**

This policy outlines the responsibilities of the Alameda County Behavioral Health Department (ACBHD) Adult/Older Adult System of Care (AOASOC) to coordinate care for the Alameda County Medi-Cal member. Care coordination includes within the Specialty Mental Health Services (SMHS) continuum of care, with Managed Care Plans (MCPs) for Non-Specialty Mental Health Services (NSMHS) and physical health services, substance use disorder (SUD) services, community and social support providers, and other human services agencies, for a whole-person approach to wellness.

**AUTHORITY**

- [Department of Health Care Service \(DHCS\) Mental Health Plan \(MHP\) Contract, Exhibit A, Attachment 10](#)
- [42 Code of Federal Regulations \(CFR\) § 438.62 Continued services to enrollees.](#)
- [42 CFR § 438.208 Coordination and continuity of care.](#)
- [DHCS Behavioral Health Information Notice \(BHIN\) 22-065 Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services](#)
- [MHSUD Information Notice No. 18-059 Federal Continuity of Care Requirements for Mental Health Plans](#)

**SCOPE**

All ACBHD AOASOC County-Operated programs, in addition to entities, individuals, and programs providing behavioral health services under a contract or subcontract with ACBHD, are required to adhere to this policy.

**POLICY**

This policy establishes that members of ACBHD AOASOC will be assessed for needs, obtain access to a full continuum of mental health services and be linked to other necessary wellness services (i.e., physical health, SUD, community-based services and supports). Emphasis is on engaging the member in the right care, at the right time, for the right reason(s) with the right provider. Members will be linked to all levels of outpatient mental health care through ACBHD’s Acute Crisis Care and Evaluation for Systemwide Services (ACCESS).

## **PROCEDURE**

### **I. Care Coordination of Services Will Occur:**

- A. Between service providers both within and outside of the ACBHD mental health network. This includes coordination between settings and levels of mental health treatment, including appropriate discharge planning for short-term and long-term psychiatric hospital and institutional stays.
  - 1. With services a member receives from any Medi-Cal Managed Care Plan (MCP).
  - 2. With services a member receives from any Medi-Cal SUD treatment provider.
  - 3. With services a member receives from any Fee-for-Service (FFS) provider.
  - 4. With services a member receives from community and social support providers and other human services agencies.
  - 5. With ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.

### **II. Care Coordination Efforts Will Ensure:**

- A. As appropriate and with the necessary releases in place, the results of any identification and assessment of the member's needs are shared with DHCS or other MCPs to prevent duplication of those activities.
- B. That each contracted provider maintains and shares, as appropriate, a member health record in accordance with professional standards.
- C. That the member's privacy is protected according to all State and Federal regulations.
- D. That the assessment and any SMHS provided during the assessment period for any member seeking care are covered. For SUD services, that the member is being linked appropriately.
- E. That DHCS-approved standardized mental health screening tools, set forth in DHCS guidance (including standardized screening tools specific for adults and standardized screening tools specific for members 18+), are used to ensure members seeking mental health services who are not currently receiving covered SMHS, or non-specialty mental health services (NSMHS), are referred to the appropriate delivery system for mental health services, either in the MHP's network or the MCP network.
- F. That the MHP ensures and monitors the care coordination components of the MOU with Medi-Cal MCPs.

- G. That the MHP coordinates with MCPs to ensure medically necessary NSMHS and SMHS are concurrently provided to Medi-Cal members, and are non-duplicative.
- H. That the MHP uses DHCS-approved standardized transition tools, per applicable DHCS guidance, as required when members who have established relationships with contracted mental health providers experience a change in condition requiring NSMHS, for members who are receiving covered SMHS and are determined to meet the criteria for NSMHS covered by Medi-Cal FFS and MCPs, per DHCS regulations.
- I. That the MHP uses DHCS-approved standardized transition tools, per applicable DHCS guidance, as required when members who have established relationships with NSMHS providers experience a change in condition requiring SMHS, for members who are receiving NSMHS and are determined to meet the access criteria for SMHS, per DHCS regulations. Likewise, that the MHP continue to cover the provision of medically necessary SMHS provided to members who meets SMHS access criteria who are concurrently receiving NSMHS when those services are not duplicative and provide coordination of care with the MCP.
- J. That the MHP develop and implement written policies and procedures to ensure that members meeting criteria for NSMHS, as indicated by a DHCS-approved standardized transition tool (including standardized transition tools specific for adults), are referred to the MCP or a FFS provider offering NSMHS. Likewise, that the MHP develops and implements written policies and procedures to ensure that members meeting access criteria for SMHS and as indicated by a DHCS-approved standardized transition tool (including standardized transition tools specific for adults and standardized transition tools specific for children and youth) are referred by the MCP to the MHP.

III. Breakdown of Care Coordination Responsibilities:

A. **ACBHD Responsibilities**

- 1. Ensures each member who needs and requests behavioral health care has access to ongoing source of behavioral health care appropriate to their needs.
- 2. Works with providers to ensure a person or entity is formally designated as primarily responsible for coordinating services accessed by the member, and ensures the member is provided with information on how to contact the person or entity.
- 3. Maintains, distributes and shares a Provider Directory, which includes information about providers within the plan, contact information, languages served, alternatives and other cultural options, and the populations served, to all providers and members, including posting the Provider Directory on the [ACBHD website](#).
- 4. Maintains and provides oversight to contracted and designated providers to ensure they meet the care coordination and continuity of care requirements.

5. Develops and implements a transition of care policy that is consistent with applicable Federal and State regulations (See ACBHD policy # [100-2-6, Adult and Older Adult Specialty Mental Health Member Care Transitions Within the Mental Health Plan](#) and ACBHD policy # [100-2-1 Out of Network Access and Continuity of Care for Medi-Cal Specialty Mental Health Services and Substance Use Disorder Services](#)).

**B. ACCESS Responsibilities**

1. ACCESS completes initial screenings for SMHS, for members seeking treatment on their own and/or others seeking treatment on behalf of members.
2. For members not connected to mental health services, ACCESS completes the initial screening utilizing the appropriate DHCS screening tool.
  - a. For members who score a six or higher on the screening tool (or due to clinician override), ACCESS completes a referral to a provider(s) in the MHP for assessment and treatment.
  - b. For members who score a five or below on the screening tool (or due to clinician override), ACCESS completes a referral to the appropriate MCP for assessment and treatment.
3. For members currently receiving SMHS, existing MHP providers may refer to ACCESS for new or additional SMHS for a member. ACCESS reviews and completes referrals as appropriate for a new or additional provider/service in the MHP.
4. ACCESS receives screening tools from the MCPs, where a member's score (six or higher) or clinician override has indicated the need for the member to receive an assessment in the MHP. Upon receipt and review of the screening tool, ACCESS will coordinate a referral to a provider(s) in the MHP for the member to receive assessment and treatment.
5. ACCESS receives transition of care tools from MCPs, where the treating clinician in the MCP is indicating the member's needs to transition their treatment entirely, or a service to the MHP. Upon receipt of the transition of care tool, ACCESS will review for medical necessity to receive SMHS in the MHP. ACCESS will follow up with the treating clinician in the MCP and/or the member as needed. If appropriate, ACCESS will coordinate a referral to a provider(s) in the MHP for treatment and further assessment.
6. ACCESS holds routine meetings with the MCPs to address issues of workflow with sending and receiving the DHCS tools/referrals to each other. These meetings also support case specific clinical discussion between the MCPs, ACCESS, specific ACBHD system of care leadership and MHP providers if appropriate.

7. Reviews electronic health record information to determine if the SMHS member has a person or entity formally designated as primarily responsible for care coordination (provider).
8. Conducts initial screening to identify the member's SMHS needs. Subsequent attempts will be made to conduct the initial screening if initial attempt is unsuccessful.
9. Refers members to a SMHS provider if they do not have one assigned.
10. Refers to MCP if the member does not meet medical necessity for SMHS.

**C. Assigned Provider Responsibilities**

1. Provides the Provider Directory to all members (see [Informing Materials](#) on BHCS Providers website). The Provider Directory is available in English and the threshold languages on the [ACBHD website](#).
2. Upon referral or receipt of referral, identifies the designated person or entity primarily responsible for care coordination and provides the designated contact information.
3. If member/guardian is agreeable, obtains consent from the member/guardian for ongoing communications relating to their treatment and care coordination using an appropriate Release of Protected Health Information form.
4. Coordinates services with primary care providers if appropriate to the level of SMHS being provided.
5. Coordinates SUD treatment for members identified as having a need for SUD treatment services if the member accepts such treatment.
6. Determines any biomedical, behavioral health, community and social support needs as a part of the assessment. Assessments must include any special provisions for the target population such as age, gender, developmental appropriateness, culture, and type of systems or program involvement in accordance with SMHS guidelines and the Medi-Cal Billing Manual.
7. Documents care coordination needs and goals member's, including member stated goals that are achievable with objectives that are specific, measurable, and attainable with specific timelines for completion.
8. Initiates the coordination of care needed, including linkage with other providers and institutions that serve the member population as appropriate.
9. Provides coordination for transitions between all settings and levels of SMHS care, including collaborative discharge planning. Follows the ACBHD policy [100-2-6](#), Adult and Older Adult Specialty Mental Health Member Care Transitions, for member transfers between SMHS providers.

10. As appropriate, shares and communicates member's needs, relevant Information for treatment, services, and referrals, and coordinates follow-up with other providers, to prevent duplication of services.
11. Documents referrals, progress toward the goals and objectives, and coordination of care in progress notes using the appropriate service codes relevant to the level of care/services being provided.
12. In conjunction with ACBHD's ACCESS, makes every attempt to link members to another network provider when a member requests a change or transfer of providers, and the change is deemed clinically appropriate.
13. Provides supports based on member preferences, needs and strengths identified by the comprehensive assessment, including mental health, SUD, primary care, housing, employment, education socialization, spiritual, and other.

**D. For Mental Health MCP, Psychiatric Hospitals, and Institutions:**

1. Contact ACBHD ACCESS to identify if the member has an existing provider or requires a referral.
2. Coordinate between settings of care, including discharge planning consistent with State and Federal requirements and MOU with Alameda County Medi-Cal MCP.
3. Acute psychiatric hospitals to notify ACBHD Utilization Management (UM) of member admission, request authorizations, and render care coordination, to include but not limited to non-acute residential treatment options, as clinically indicated.

**E. For SUD MCP Quality Improvement, Medical Hospitals, and Ambulatory Care:**

1. (Hospital and Ambulatory Care Social Workers) Coordinate care by contacting the Substance Use Treatment and Referral Helpline if an individual needs substance use treatment and prevention resources. The Referral Helpline will have designated individuals for these entities to connect with directly to conduct referrals and connect to appropriate providers for needed levels of care.
2. Provide consultation services to hospital and ambulatory social workers as needed.

Provide training on an as requested basis by the system of care.

**IV. Coordination Meeting on an as needed basis with social workers, referral line and appropriate substance use system of care staff.**

- A. In addition to the care coordination responsibilities noted above, ACBHD and its

partners conduct a weekly care coordination meeting described below:

1. The purpose of the weekly care coordination meeting is to:
  - a. Plan for members across acute, sub-acute, crisis residential and outpatient care settings.
  - b. Provide a venue for determining facility capacity to accommodate movement of members between appropriate levels of care.
  - c. Serve as a place for system level problem solving for "high utilizers" of services.
  - d. Convene remotely from 8:30 am to 9:00 am every Wednesday at the ACBHD offices.
  - e. Consist of the following sections: Facility Report Outs and Individual Care Coordination.

### NON-COMPLIANCE

- I. Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.
- II. ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
- III. The cost to implement the CAP or CCP shall be borne by the Contractor.
- IV. Staff shall report incidents of non-compliance to their department manager, who shall submit those incidents of non-compliance to ACBHD Quality Management (QM).
- V. Incidents of non-compliance shall be submitted within 15 days of reasonable awareness of the non-compliance.
- VI. Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in [ACBHD Policy # 1302-1-1](#), Contract Compliance and Sanctions for ACBHD-Contracted Providers.
- VII. Staff shall not face retribution for submitting a notice of non-compliance.
- VIII. Any communication that contains protected health information (PHI) or otherwise confidential information (e.g., as defined by the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR, Part 2, etc.) shall be sent through secure methods such as email with secure encryption.

### CONTACT

ACBHD Office	Current As Of	Email
AOASOC	2/27/2026	<a href="mailto:Katherine.Jones@acgov.org">Katherine.Jones@acgov.org</a>

### DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** Kate Jones, Director, AOASOC

**Original Date of Approval:** 12/16/19

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Kate Jones, Director, AOASOC  Henning Schulz, Division Director Outpatient Services, AOASOC	Updated to be consistent with contract requirements, changes to Medi-Cal practice guidelines and current ACBHD practices.	6/23/2026 by Dr. Karyn Tribble, Behavioral Health Director

**DEFINITIONS**

Term	Definition

**APPENDICES**

None