SANTA CRUZ COUNTY
Behavioral Health Services

POLICY AND PROCEDURE MANUAL

Subject: Coordination and Continuity of Care	**Policy Number: 2669**
Date Effective: 11/15/17	**Pages:** 4
Replaces: N/A	**Responsible for Updating:** Substance Use Disorder Services
Approval: _____ Behavioral Health Director	12-20-17 Date

POLICY:

The County of Santa Cruz Substance Use Disorder Services (SUDS) shall deliver care to and coordinate services for all its beneficiaries. County SUDS and agencies under contract who provide treatment services shall provide patient-centered individualized treatment where the length of stay in programs varies based on the patient's progress and goal achievement. This requires regular reassessment of the individual's needs and progress.

County SUDS and agencies under contract who provide treatment services shall establish procedures that

1. Ensure that each beneficiary has an ongoing source of care appropriate to his or her 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.

2. Coordinate the services
    a. Between settings of care, including appropriate discharge planning for short term and long-term treatment.
    b. With other services the beneficiary receives from any other managed care organization.
    c. With other services the beneficiary receives in FFS Medicaid.
    d. With the services the beneficiary receives form community and social support providers.

3. Make a best effort to conduct an initial screening of each beneficiary's needs, within 90 calendar days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.

4. Share with the Department or other managed care organizations serving the beneficiary the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities.

5. Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.

6. Ensure that in the process of coordinating care, each beneficiary's privacy is 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.

PURPOSE:

To ensure that treatment is tailored to the needs of the individual and is provided at the appropriate level of care.

To establish county-wide standards of assessment and reassessment of the individual needs and progress of each beneficiary based on the six dimensions of the ASAM criteria.

To guide clinicians, counselors, and service coordinators in making objective decisions about continuing care, transfer and discharge from treatment.

DEFINITIONS:

1. ASAM criteria
   The ASAM Criteria are clinical guidelines designed by the American Society of Addiction Medicine to improve assessment and outcomes-driven treatment and recovery services. It is used to match patients to appropriate types and levels of care.

2. Access gates
   The County of Santa Cruz Behavioral Health Services Access teams for adult and children's services, the County SUDS Service Coordination team, and all treatment providers under contract with County SUDS may serve as an entry to substance use disorder services.

PROCEDURES:

1. Initial screening

Through identified access gates to services, each beneficiary will undergo screening using a brief ASAM assessment tool to determine risk level in the six dimensions of the ASAM criteria. Each beneficiary will be provided a recommendation regarding the appropriate level of care, and offered the opportunity to enter that level of care, if he or she is interested in getting treatment.

a. The person providing the screening will use the Treatment Availability Management Tool to locate openings in treatment programs offering the agreed upon level of care, and obtain an intake appointment for the beneficiary with the treatment

provider within 10 days of the request for outpatient services, and 3 days for NTP services.

2. Admission

a. Upon admission, County SUDS and agencies under contract who provide treatment services shall conduct the full ASAM assessment to identify needs, establish a diagnosis and plan of treatment. Each beneficiary will have a person or entity formally designated as primarily responsible for coordinating care, who will develop a patient-centered treatment plan with the beneficiary. The diagnosis and treatment plan must be established and developed with an LPHA. The treatment plan must be completed within 30 days of admission.

3. Continued service

In reassessing the appropriateness of continuing service at the current level of care, the following issues are to be considered:

a. The beneficiary is making progress, but has not yet achieved the goals articulated in the individual treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the beneficiary to continue to work toward his or her treatment goals; or
b. The beneficiary is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the beneficiary to continue to work toward his or her treatment goals.
c. New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the beneficiary receiving treatment is therefore the least intensive level at which the patient's new problems can be addressed effectively.

4. Discharge or transfer

In reassessing the appropriateness of transfer or discharge from the current level of care, the following issues are to be considered:

a. The beneficiary has achieved the goals in the treatment plan that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition in a less intensive level of care is indicated; or
b. The beneficiary has been unable to resolve the problem(s) that warranted admission to the current level of care, despite amendments to the treatment plan. It has been determined that the beneficiary has achieved the maximum possible benefit from engagement at the current level of care. Treatment at another level of

care (more or less intensive) in the same type of service of discharge from treatment is therefore indicated; or

c. The patent has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit her or his ability to resolve the problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or
d. The beneficiary has experienced an intensification of her or his problem(s), or has developed new problem(s) that can be treated effectively only at a more intensive level of care.

PRIOR VERSIONS: Continuity of Care, Policy 2669, Effective 11/15/17

REFERENCES:

1. The American Society of Addiction Medicine Criteria, 3rd Edition 2013
2. DHCS DMC-ODS Intergovernmental Agreement Exhibit A, Attachment 1, Coordination and Continuity of Care, 42 CFR 438.208

FORMS/ATTACHMENTS: N/A